Symposium 19719 to Session ID 5965
, - , Luxembourg

Workshop: Treatment of Selective Mutism: The parent-child-interaction therapy for selective mutism (PCIT-SM)
T03 - Anxiety disorders

Abstract:

Authors:

Symposium 17159 to Session ID 5761
Day 1 - 29.06.2025, 08:30 - 10:00, Schweitzer

# The Digital World: Why Clinicians Need to Engage With Young People's Online Lives

T01 - AI and digital health

Abstract:
This symposium aims to present an update of UK Royal College of Psychiatrists position statement on the impact of technology on children and young people (CYP), including research recommendations and guidance for clinicians regarding assessments of online behaviours. Within this symposium, we will hear from clinicians working at the forefront of digital risk, and present research on: the perceived impact of sexting on the mental health of young women; the impact of digital technology use on self-harm and suicidality, focussing on context and content; digital use assessments to aid clinicians understand digital risks and protective factors.

Authors:
**Chair** Peter KH Deschamps Karakter- Radboud University Medical Centre

Subcontribution 17415 to Session ID 5761
Day 1 - 29.06.2025, 08:30 - 08:45, Schweitzer

Online safety: evidence, policy, and practice - a perspective from the UK Royal College of Psychiatrists
T01 - AI and digital health

Abstract:
Aim: to present an update of UK Royal College of Psychiatrists position statement on the impact of technology on children and young people (CYP), including research recommendations and guidance for clinicians regarding assessments of online behaviours.
Method: scoping reviews of key areas of concern of the impact of social media on mental health (self-harm/suicidality, depression, sleep, body image and eating disorders, as well as gaming) to share with stakeholder round tables (young people, carers, clinicians, and academics/policy makers).
Results: a brief overview of findings from the reviews will be presented, together with feedback from stakeholders. Detailed findings regarding self-harm/suicidality and guidance for clinicians will be presented separately in the symposium. Research recommendations will be discussed, including issues around data sharing with technology companies. An alternative to data sharing will be presented - a new infrastructure for data donation at the University of York (the Smart Data Donation Service).
Conclusions: clinicians need to enquire about CYP's online environments, and new paradigms need to be considered for accessing data for research.

Authors:
**Presenter,** Prof Bernadka Dubicka

Subcontribution 17414 to Session ID 5761
Day 1 - 29.06.2025, 08:45 - 09:00, Schweitzer

# Understanding young people's online lives: a Digital Use Assessment tool for clinicians

T01 - AI and digital health

Abstract:
Aims: With the proliferation of digital technologies in the lives of children and young people (CYP), clinicians face a challenge in keeping abreast of their digital technology use and associated risks. One can argue that mental health research has taken a myopic approach to understanding the interaction between young people's technology use and their mental health. Mental health clinicians need a better understanding of the digital lives of CYP and how technology may be supporting or harming their mental health. Our aim was to delineate key areas and questions that would be important to consider as part of a malleable Digital Use Assessment (DUA), which could be utilised by clinicians.
Methods: We reviewed the academic literature around digital risks and developed a series of questions clinicians can use to explore technology use by CYP. Themes explored included: understanding the online lives of CYP; impact on health and well-being; online aggression, hate and radicalization; misinformation; digital skills and resilience; suicide and self-harm; substance misuse; gaming and gambling; sexual risks; cyber-crime; and body image.
Results and Conclusions: We offer a series of questions clinicians can use as well as a formulation matrix to help clinicians develop management plans. Such an aide memoire may empower clinicians to have wider discussions around digital technology use, while also helping to develop appropriate safety and management plans. We argue that there is an essential need for a standardised DUA tool, which assimilates CYP use of technology and their vulnerabilities/resilience to online risks.

Authors:
**Presenter,** Dr. Saam Idelji-Tehrani

Subcontribution 17417 to Session ID 5761
Day 1 - 29.06.2025, 09:00 - 09:15, Schweitzer

# Exploring the impact of sexting on the mental health of young women

T01 - AI and digital health

Abstract:
Aims: Sexting is common among young women, with a recent UK survey showing more than 70% of young women receive sexts. We explored young women's perspectives of sexting, the potential impact on their mental health and the barriers to help-seeking.
Methods: We conducted online focus groups with 27 young women between 16 to 20 years old based in the UK. Young women were recruited from universities, mental health charities and social media. We hosted five online focus groups. We are currently conducting reflexive thematic analysis.
Results and conclusions: Preliminary results indicate that some young women started sexting in adolescence to seek validation from their peers and improve their body image. They reported consensual sexting to be enjoyable and beneficial for their relationships and self-esteem as they got older. However, others found non-consensual sexting to negatively affect their mental health, for example, by being cyberflashed. This could lead to rumination and self-blame. Others felt anxious after sending nudes due to the potential for images to be shared without their consent and the shame this could bring. Regarding help-seeking, some distrusted authorities for confidentiality reasons and concern that parents would be informed. Instead, they wanted to seek help from professionals who are experienced with these issues or through the sharing of these experiences in support groups. They also suggested parental education around sexting to help parents support their children and reduce barriers to help-seeking. We will be presenting the main themes and conclusions of the study after finalising our analysis.

Authors:
**Presenter,** Dr Gloria Cheung
**Presenter** Dr. Miriam Al-Idari
**Presenter** Dr. Amy McCulloch

Subcontribution 17423 to Session ID 5761
Day 1 - 29.06.2025, 09:15 - 09:30, Schweitzer

Digital Technologies, Self-Harm, and Suicide in Children and Young People. What's new? A scoping review
T01 - AI and digital health

Abstract:
Aims: Suicide remains one of the leading causes of death in young people, and one of our urgent goals in mental healthcare is to reduce this risk. Digital technology use is increasing, and its impact on young people is uncertain. In this review we aim to examine the scope of recent evidence pertaining to digital technology use and its relationship with young people's self-harm or suicide.
Methods: A literature search was conducted by independent reviewers, seeking publications in the date range (January 2019-March 2024) within five electronic databases (MEDLINE (Ovid), PsycINFO (Ovid), EMBASE (Ovid), Scopus (Elsevier) and CINAHL). Search results were limited to peer-reviewed English-language publications with the full-text available. Qualitative studies, case reports, editorials and grey literature were excluded.
Results and conclusions: 53 papers met our criteria: 6 longitudinal studies and 47 cross-sectional. Evidence quality varied but was generally high. Countries outside the US were underrepresented. Exposures and outcomes were heterogenous, and often measured with unvalidated tools. Results broadly indicate weak positive correlations between digital media use and self-harm/suicide outcomes, though this effect may not exist for males.
Evidence in this field is increasing, but poorly coordinated. Firm conclusions or policies will be difficult to draw. More longitudinal studies are needed, especially using clinical samples. Future research should attend to psychiatric comorbidities in their sample demographics. Exposures in this field would benefit from validated measuring tools. Outcomes in this field should be more clearly defined and differentiated.

Authors:
**Presenter,** Dr Jeremy McCabe

Subcontribution 17426 to Session ID 5761
Day 1 - 29.06.2025, 09:30 - 09:45, Schweitzer

The impact of video games on the development of mental disorders in young people: an overview of the longitudinal data in the context of clinical experience from the National Centre for Gaming Disorders, UK.
T01 - AI and digital health

Abstract:
Aims: An overview of the Royal College of Psychiatrists' (RCPsych) longitudinal data review on videogames and mental disorders in people aged 13 – 1, situated in the clinical context of work with young people at the UK's National Centre for Gaming Disorders (NCGD).
Methods: A systematised review was undertaken to evaluate the longitudinal evidence for the role of video game exposure in the development of mental health disorders in people aged 13 to 17. The NCGD is the first NHS clinic to treat people with difficulties related to gaming. Findings on the diagnosis and treatment of gaming disorder will be presented.
Results and Conclusions: Several themes were identified and complement clinical findings including the interaction between gaming and depression, anxiety and neurodiversity. The NCGD has established its expertise in the diagnosis and management of gaming disorder whilst working in conjunction with the RCPsych. Future priorities include further longitudinal and clinical studies.

Authors:
**Presenter,** Dr. Stephen Kaar

Symposium 17429 to Session ID 5759
Day 1 - 29.06.2025, 08:30 - 10:00, Cassin

# Exploring Psychopathology in Adolescents' Daily Lives Using Ecological Momentary Assessment

T05 - Assessment

Abstract:
Ecological momentary assessment (EMA), also known as experience sampling methodology, enables the real-time collection of data on symptoms, emotions, cognitions, and contextual factors in daily life. By minimizing recall biases and enhancing the ecological validity of findings, EMA offers unique insights into the psychological mechanisms underlying a wide range of psychopathologies in adolescents. This symposium highlights the potential of EMA through the following contributions:
The first presentation investigates the bidirectional relationships between subjective stress and clinical high-risk symptoms for psychosis (CHR-P) in individuals aged 11–36 years using EMA. Findings suggest that CHR-P symptoms exert a stronger influence on stress levels than stress does on CHR-P symptoms.
The second contribution examines the dynamic interplay between negative affect and dissociation in adolescent psychiatric inpatients, utilizing EMA. Results indicate that dissociation may significantly contribute to the maintenance of negative affect over time.
Next, a study is presented that integrates EMA with electrocardiogram (ECG) assessments to predict non-suicidal self-injury (NSSI) in adolescent outpatients. Results demonstrate that changes in cardiac autonomic activity precede increases in the urge to engage in NSSI.
The fourth talk presents research combining EMA, a laboratory-based Go/No-Go task, and actigraphy to investigate intra-individual variability in behavioral symptoms among adolescents with Attention-Deficit/Hyperactivity Disorder (ADHD), offering insights into the fluctuating nature of ADHD symptoms.
The final presentation investigates the use of EMA to assess the momentary dynamics of emotions in male adolescents with adjustment problems, with a particular focus on the influence of social environmental factors and psychological characteristics, such as self-control, on emotional states in real-life contexts.

Authors:
Dr. Marialuisa Cavelti University Hospital for Child and Adolescent Psychiatry and Psychotherapy
**Co-chair** Dr. Sébastien Urben

Subcontribution 17430 to Session ID 5759
Day 1 - 29.06.2025, 08:30 - 08:45, Cassin

# The relationship between stress and clinical high-risk symptoms of psychosis in daily life: Impact of contemporaneous paths on cross-lagged effects

T05 - Assessment

Abstract:
Aims: This study aimed to deepen the understanding of the psychological mechanisms underlying the formation and maintenance of clinical high-risk symptoms for psychosis (CHR-P) in real-life contexts. Specifically, it examined whether (i) momentary feelings of stress increase the frequency of CHR-P symptoms, or conversely, (ii) CHR-P symptoms increase the intensity of stress. Additionally, potential moderators of the relationship between stress and CHR-P symptoms were explored. Methods: Using Ecological Momentary Assessment, 79 patients (age: 11-36; 50.6% female) recruited from an early detection centre for psychosis, reported their momentary stress levels and the frequency of CHR-P symptoms eight times a day for seven days. Time series data were analysed using residual dynamic structural equation modelling in a random intercept cross-lagged panel design, comparing differently modelled contemporaneous effects. Results: There was no evidence of a contemporaneous or temporal link of stress on CHR-P symptoms. However, a contemporaneous effect of CHR-P symptoms on stress was found, while the corresponding temporal effect was not significant. The severity of interview-assessed CHR-P symptoms, age, and type of CHR-P symptoms (i.e., basic symptoms vs. [attenuated] positive symptoms) did not affect the contemporaneous effect of CHR-P symptoms on stress. However, non-perceptive symptoms had a greater contemporaneous effect on stress than perceptive symptoms. Conclusions: The findings suggest a greater impact of CHR-P symptoms on stress than vice versa. The experience of non-perceptive symptoms, in particular, may alter the appraisal of stress in daily life and represent a target for early interventions in real-time daily life.

Authors:
**Presenter,** Janko Mario Kaeser
Dr. Marialuisa Cavelti
Dr. Silvano Sele
Prof. Dr. phil. Thomas Berger
Prof. Dr. Michael Kaess
Jochen Kindler
Michel Chantal

Subcontribution 17431 to Session ID 5759
Day 1 - 29.06.2025, 08:45 - 09:00, Cassin

# Dissociation as an emotion regulation strategy? An examination in adolescent psychiatric inpatients using ecological momentary assessment

T05 - Assessment

Abstract:
Aim: Dissociation has been conceptualized as a maladaptive emotion regulation strategy of non-deliberate avoidance and over-control of emotionally relevant situations and related reactions. The aim of the current study was to examine the reciprocal relationships of negative affect and dissociation in daily life of adolescent psychiatric inpatients using ecological momentary assessment (EMA). Methods: The sample consisted of 49 adolescents aged 14 to 18 years receiving psychiatric inpatient treatment. Over five consecutive days, participants rated momentary negative affect and dissociative experiences twelve times a day. The data was analysed using two-level dynamic structural equation modelling (DSEM). Results: At the within-person level, no significant temporal effects were observed from negative affect to dissociation or from dissociation to negative affect. However, bidirectional positive contemporaneous effects were identified, with dissociation increasing negative affect and, conversely, negative affect amplifying dissociation. Conclusion: These findings indicate the potential for a bidirectional relationship between negative affect and dissociation, occurring within a time frame shorter than the one-hour interval between assessments used in the current study. This dynamic may contribute to a vicious cycle that perpetuates negative affect over time.

Authors:
**Presenter,** Meret Salome Brunner
Dr. Marialuisa Cavelti
Dr. Silvano Sele
Prof. Dr. Ines Mürner-Lavanchy
Prof. Dr. Michael Kaess

Subcontribution 17433 to Session ID 5759
Day 1 - 29.06.2025, 09:00 - 09:15, Cassin

Predicting urges for non-suicidal self-injury using cardiac autonomic indices in outpatient adolescents: A pilot ecological momentary assessment study
T05 - Assessment

Abstract:
Aims: The purpose of the present study was to examine cardiac autonomic indices as potential short-term predictors of non-suicidal self-injury (NSSI) urges and NSSI incidents in adolescents at high risk for NSSI. Methods: The sample consisted of 29 female adolescents aged 13–17 years from the outpatient clinic for adolescent risk-taking and self-harming behavior in Heidelberg (AtR!Sk). During one weekend, participants were instructed to both wear an ECG belt to continuously record heart rate (HR), heart rate variability (HRV) and accelerometric data and to respond to mobile phone assessments regarding NSSI incidents in the past hour, their current urge to engage in NSSI, and current negative affect with an average of one prompt per hour during each day. Dynamic structural equation modeling was conducted. When cross-lagged effects did not significantly affect the results, the models were recalculated by removing the cross-lagged effects to reduce model complexity. Results and Conclusions: 14 acts of NSSI were reported by 6 participants (20.67% of the sample). Due to the low intra-individual variance in NSSI, models including the parameter NSSI did not converge stably. When calculating the reduced models, we found a significant negative effect of HR in the previous hour on NSSI urge. When negative affect was included in the models, no significant effect of HR and HRV on NSSI urge was found. The results of this pilot study suggest that changes in cardiac autonomic activity precede increases in NSSI urge. The findings warrant review in study designs with higher NSSI incidence.

Authors:
**Presenter,** Dr. Luisa von den Driesch
Prof. Dr. Julian Koenig
Dr. Corinna Reichl
Christine Sigrist
Dr. Silvano Sele
Prof. Dr. Michael Kaess

Subcontribution 17434 to Session ID 5759
Day 1 - 29.06.2025, 09:15 - 09:30, Cassin

Intraindividual variability of attention and cognitive inhibition in different sensory conditions, as well as sleep and activity in daily life in children with ADHD
T05 - Assessment

Abstract:
Aims: Intra-individual variability (IIV) (i.e., variation within subject) in behavioral symptoms, often linked to contextual factors, is a hallmark of Attention-Deficit/Hyperactivity Disorder (ADHD). While IIV in laboratory-based metrics, such as reaction time (RTs) is well-documented, its relationship with IIV in daily activities (e.g., activity, sleep, emotions) remains unclear. It is likewise unclear if multisensory stimulus conditions - known to reduce IIV in healthy participants – have the same impact on children with ADHD. This study investigates ADHD-related behavioral patterns under naturalistic and multisensory conditions to better understand IIV and multisensory integration (MSI) (i.e., how the brain processes multisensory stimulus) in children with ADHD.
Methods: We recruited 27 children with ADHD (mean age = 9.38) and 48 controls participated. Laboratory-based IIV was acquired with a multisensory (i.e., auditory (A), visual (V), auditory-visual (AV)) Go-NoGo task. Daily life IIV was acquired from actigraphy devices and Ecological Momentary Assessment (EMA).
Results/conclusions: Preliminary findings showed that children with ADHD tend to display higher Moderate-to-Vigorous Physical Activity (MVPA), shorter sleep duration and higher IIV in both sleep and MVPA parameters than controls. All participants showed shorter RTs under the V condition compared to the A condition. Moreover, control children responded faster than children with ADHD under the AV condition. RT variability (RTV) was higher under the AV condition and consistently greater in ADHD children across all sensory modalities. Future analyses using Miller's race model will explore whether these differences reflect early MSI.

Authors:
**Presenter,** Nastia Junod
Jennifer Glaus
Maria Antoniou-Paraskevi
Naomi K. Middelmann
Dr. Olga Sidiropoulou
Prof. Micah M. Murray
Prof. Dr. Kerstin J. von Plessen

Subcontribution 17435 to Session ID 5759
Day 1 - 29.06.2025, 09:30 - 09:45, Cassin

# Examining Emotion Dynamics in Daily Life in Male Adolescents: An Experience Sampling Method Study

T05 - Assessment

Abstract:
Background: The dynamics of emotions, encompassing intensity (the strength of an individual's emotional experiences) and emotion differentiation (the ability to identify and distinguish fine-grained differences in one's own emotional states) are pivotal for adolescents' mental health. Psychological characteristics, as well as factors of the social environment, such as the context of occurrence and the presence of others, influence the dynamics of emotions. Aims: This study, thus, aimed to examine how psychological characteristics and social environment influence the dynamics of emotions in male adolescents during their daily lives. Methods: Sixty-two male adolescents with varying degrees of adjustment problems (combining internalizing and externalizing difficulties) participated in an experience sampling study over nine days (four assessments per day, excluding weekends). Results: At between-person level, greater adjustment problems were associated with fewer positive emotions, and greater use of non-adaptive emotion regulation was linked to more negative emotions. At the within-person level, being in an external context compared to a familiar one was associated with more fine-grained differentiation between negative emotions. Being alone was linked to lower intensity of positive emotions and higher intensity of negative ones. Higher self-control (e.g., better ability to resist temptation) was related to higher intensity of positive emotions and lower intensity of negative ones. Discussion: This study provides novel insights into the momentary dynamics of adolescents' emotional experiences by enhancing the understanding of emotions' contextual anchoring combined with psychological characteristics. Such knowledge is crucial for developing more effective treatments, such as ecological momentary interventions or just-in-time adaptive interventions.

Authors:
**Presenter,** Dr. Sébastien Urben
Prof. Dr. Kerstin J. von Plessen

Symposium 19633 to Session ID 5742
Day 1 - 29.06.2025, 08:30 - 09:00, Curie A

Intro congrès - Programme SFPEADA

Abstract:
In 2025, child and adolescent psychiatry continues to raise many important questions. What are the latest developments in medication and psychotherapy? What about AI and digital mental health in a world where our patients are constantly connected? How should we approach issues related to gender identity? A historical perspective might help us gain the necessary distance – as would reflections rooted in psychopathology. These are the key themes of the programme we are pleased to present to you, featuring young speakers, more experienced ones, and of course, with gender balance ensured.

Authors:

Symposium 18880 to Session ID 5888
Day 1 - 29.06.2025, 08:30 - 10:00, Curie B

Lived experiences of gender dysphoria
T49 - Patient and Public Involvement

Abstract:
This panel will explore young people's attitudes, beliefs, knowledge, intentions, expectations, and experiences with gender dysphoria, trans identification, transition, desistance, and detransition. Panelists will include an adult who transitioned 40 years ago at age 18, a young person who transitioned and detransitioned, a young person who desisted from a trans identity after 10 years of transgender identification, the parent of a trans-identified young person, and a researcher who studies online trans communities. Panelists will reflect on what gender dysphoria is, how distress over one's body can arise and resolve, what factors contribute to trans identification, the expectations that satisfied and dissatisfied patients bring to transition, dynamics in online communities where young people access information and social support around trans identification and transition, the factors that contribute to trans identification and desistance or destransition, the repercussions of trans identification for those who did and did not pursue medical transition, the long-term needs of patients who have transitioned, perspectives on psychiatric and medical care, and the experiences of parents and family members of trans-identified young people.

Authors:
**Chair** Prof. Dr. Robert Vermeiren Curium-Leiden University Medical Centre
**Co-chair** Prof. Dr. Maja Drobnic Radobuljac University Psychiatric Hospital Ljubljana

Subcontribution 18883 to Session ID 5888
Day 1 - 29.06.2025, 08:30 - 08:45, Curie B

Disenchantment of Transition: Navigating Identity and Irreversible Change
T49 - Patient and Public Involvement

Abstract:
This presentation offers a deeply personal account of the speaker's journey as a male-to-female transsexual who began medical transition at age 18 and underwent sex-reassignment surgery at 19. Now 49, the speaker identifies as his birth sex and has spent the past decade slowly disentangling from their trans identity. Eschewing the term "transgender," the speaker embraces "transsexual" to describe his experience.
The talk will explore the unique and often overlooked challenges faced by those who transition early and spend their entire adult lives under a trans identity. These include navigating complex personal and family relationships, sustaining friendships and intimate partnerships, managing professional reputation, and engaging in public life—all within the framework of an identity that no longer resonates.
Particular attention will be given to the enduring effects of irreversible medical interventions, highlighting how transitioning itself complicates one's understanding of identity. The act of transitioning profoundly shapes self-perception, relationships, and social dynamics in ways that can persist even after trans identification ceases. These complexities underscore the need for a deeper examination of the long-term psychological and social impacts of medical and social transition.
The presentation concludes by addressing the implications for the growing cohort of early transitioners and others who may later question their transition. By exploring how transition complicates the interplay between identity and lived experience, the speaker offers insights into the long-term realities of such decisions and the importance of individualized support systems. This perspective aims to spark dialogue about the complexities of transsexual identities and their societal impact.

Authors:
**Presenter,** Corinna Cohn

Subcontribution 18884 to Session ID 5888
Day 1 - 29.06.2025, 08:45 - 09:00, Curie B

# A road to a meaningful life

T49 - Patient and Public Involvement

Abstract:
My story of transition and self-discovery goes back to my early childhood, where I felt my diversity at the age of four or five years old. I just knew that I didn't belong in my body. My role in society never matched what I felt inside. After being screened for dyslexia, I got a recommendation to see a child psychiatrist with specialty in youth gender dysphoria, where I was finally able to feel that I was being heard. I entered the social and medical transition, which today has enabled me to live a life unburdened by the pressures of my identity, a life that has a meaning and is worth every day on an ongoing basis.

Authors:
**Presenter,** Lucian Wolf

Subcontribution 18885 to Session ID 5888
Day 1 - 29.06.2025, 09:00 - 09:15, Curie B

# The Invisible Scars of Transition and Desistance

T49 - Patient and Public Involvement

Abstract:
From ages 12 to 24, I was fully committed to my transgender identity and social transition, though I never transitioned medically and ultimately desisted. This experience taught me that the process of walking away from a transgender identity and social transition is neither a simple nor a linear process and gave me insights into the intricate psychological and developmental needs that may be at play when a young person adopts a transgender identity.
Transition unfolds in stages: ideation, social transition, and medicalization. But these stages are far from straightforward. I spent years in trans ideation before socially transitioning. Social transition brought its own set of psychological and physical harms, including lasting damage from years of binding. Each phase introduces its own challenges and compounds the difficulties of leaving a transgender identity behind.
Through my experience, I've developed a model for understanding the critical "off ramps" that may help clinicians (and parents) to develop compassionate and informed strategies to help support gender-questioning youth. My goal is to shed light on the poorly understood harms of the "early" stages of transition that do not involve medicalization but nonetheless may enact profound and lasting harms. The harms of social transition will likely afflict a growing group of young people now that medical transition is more strictly regulated in a growing number of European countries.

Authors:
**Presenter,** Maia Poet

Subcontribution 18886 to Session ID 5888
Day 1 - 29.06.2025, 09:15 - 09:30, Curie B

Questions and doubts in online trans communities
T49 - Patient and Public Involvement

Abstract:
I will summarize the findings from my research into online trans communities, including prevailing attitudes, beliefs, and knowledge about gender identity, expectations and intentions for transition, and experiences with gender dysphoria, transition, desistance, and detransition.
My research is particularly interested in the question of how trans communities handle uncertainty and doubt around gender dysphoria, trans identification, and transition—topics that raise sensitive issues around both personal identity and belonging within the trans community. Doubts may concern the etiology and natural course of gender dysphoria, the appropriateness of diagnosis and treatment under the gender-affirming care model, and the consideration of potential alternative explanations, including the role of mental health comorbidities, differences of cognitive development, and adverse life experiences; the possibility of social influence; and rejection of the female body and sex-role expectations.
Finally, I will discuss themes in detransition-related communities, including the persistence of gender dysphoria, the lingering appeal of transition (typically alongside an acceptance of the limits of what transition can provide), the adoption of alternative explanations for the experiences and desires that led posters to identify as trans and seek transition in the first place, and the process of ideological detransition: a shift in beliefs about sex and gender that may have contributed to distress over gender, transgender identification, and the desire to transition in the first place. My research suggests that transgender identification among adolescent and young-adult females may be a response to common developmental challenges and an attempt to accomplish basic developmental tasks, with transgender identification emerging as the product of a complex mix of needs and drives, some adaptive, some maladaptive.

Authors:
**Presenter,** Sarah Mittermaier

Subcontribution 18887 to Session ID 5888
Day 1 - 29.06.2025, 09:30 - 09:45, Curie B

Insights from parents of trans-identified youth
T49 - Patient and Public Involvement

Abstract:
This presentation will share a parent's perspective on her daughter's trans identification, transition, and desistance, including an exploration of online and other social influences on her adolescent daughter's trans identification and desire to transition; the role of school administrators, teachers, and social workers; the pressures to medicalize inherent in social transition; the ways trans identification can place young people in high-risk situations, such as the promotion of black-market hormones, encouragement to conceal trans identification and steps to transition from one's family, and incitement to estrange or leave the family home; the burden trans identification and transition can place on the family as a whole; the loss of trust in mental health services; the sensitive process of desistance or detransition; and the need for reflection on the role trans identification played in a young person's development.

Authors:
**Presenter,** 'Helen'

Symposium 18914 to Session ID 5804
Day 1 - 29.06.2025, 08:30 - 10:00, Luxembourg

Advancing Early and Accessible Interventions for Anxiety and Depression in Children and Adolescents
T47 - Prevention & intervention

Abstract:
Aims: This symposium brings together cutting-edge research, showcasing rigorous and innovative studies that have the potential to advance the field significantly. The symposium includes three fully powered randomized controlled trials (RCTs), one pilot study, and one large cohort study, highlighting the breadth and depth of current research efforts.
Methods: Five presentations are included in this symposium. The first presentation addresses the gap in the treatment of mild to moderate adolescent depression by evaluating the efficacy of remotely delivered behavioral activation (BA) interventions compared with treatment as usual. The second presentation addresses psychological treatment for mild to moderate anxiety for children treated in primary care. In this RCT, a stepped-care cognitive behavioral therapy intervention, Step by Step, is compared to the established Cool Kids program. The third presentation concerns the development and preliminary testing of the Tiny Heroes program, designed to prevent anxiety in inhibited young children, by targeting their parents. The fourth presentation explores parental behaviors as potential mediators of intervention effects reported in an RCT of the Confident Parents Brave Children, a program targeting anxious parents with the aim of preventing anxiety for their children. The last presentation addresses adolescents' needs and preferences for support for emotional distress and disorders.
Results and Conclusions: Together, these presentations offer a comprehensive overview of innovative approaches in child and adolescent psychiatry, from prevention to treatment. The findings are expected to provide insights into effective interventions for anxiety and depression, highlighting the importance of tailoring interventions to meet the needs of young people.

Authors:
**Chair** Dr. Sarah Vigerland Karolinska Institutet
**Co-chair** Dr. Johan Åhlén Karolinska Institutet
**Co-chair** Prof. Eva Serlachius Lund University

Subcontribution 18918 to Session ID 5804
Day 1 - 29.06.2025, 08:30 - 08:45, Luxembourg

Online Behavioral Activation for Mild to Moderate Adolescent Depression: A Randomized Controlled Trial
T47 - Prevention & intervention

Abstract:
Aims: Adolescent depression is a leading cause of disability and a global health priority, yet it often remains undetected and undertreated. This project addresses this critical gap by evaluating the efficacy and cost-effectiveness of remotely delivered psychological treatments – both with and without therapist support – for major depression. Moreover, there is a shortage of randomised trials on behavioural activation (BA) for adolescent depression, and none have investigated remotely delivered BA specifically.
Methods: This was a single-blinded, parallel, randomised controlled trial involving 219 adolescents (aged 13 to 17 years) with mild to moderate major depression. Participants were randomly assigned (1:1:1) to receive 10 weeks of either therapist-guided (n = 73) or self-guided I-BA (n = 73), or treatment as usual (TAU, n = 73). The I-BA conditions included a concurrent eight-module course for parents, while either Child and Adolescent Mental Health Services or primary care provided TAU. The primary outcome was a blinded evaluation of depressive symptom severity using the Children's Depression Rating Scale-Revised (CDRS-R) at the 3-month follow-up (the primary endpoint). Treatment response was measured with the Clinical Global Impression—Improvement scale. Health economic analyses will also be conducted.
Results Data collection for the primary endpoint concluded in mid-October 2025. The results are currently being analyzed and will be presented at this symposium.
Conclusions: If either or both I-BA interventions are found to be efficacious and cost-effective, they could greatly improve access to evidence-based care for adolescents struggling with depression.

Authors:
**Presenter,** Rebecca Andersson Karolinska Institutet
Dr. Sarah Vigerland Karolinska Institutet
Dr. Anna Ohlis Karolinska Institutet
Dr. Johan Åhlén Karolinska Institutet
Prof. David Mataix-Cols Karolinska Institutet
Prof. Eva Serlachius Lund University

Subcontribution 18920 to Session ID 5804
Day 1 - 29.06.2025, 08:45 - 09:00, Luxembourg

# Step by Step vs. Cool Kids: A Non-Inferiority Trial of CBT Approaches for Childhood Anxiety in Primary Care

T47 - Prevention & intervention

Abstract:
Aims: Anxiety disorders are common in childhood, yet many children lack access to evidence-based interventions. To improve accessibility, we co-developed Step by Step, a stepped-care cognitive behavioral therapy (CBT) intervention designed for primary care. This randomized controlled trial evaluates whether Step by Step is non-inferior to Cool Kids, an established standard CBT group program.
Methods: This multi-site non-inferiority trial is being conducted in routine primary care settings in Sweden. Children aged 7–12 years with mild to moderate anxiety problems are randomized to either Step by Step or Cool Kids. The Step by Step intervention comprises two steps: Step 1: Four group sessions and one individual follow-up session. Step 2: For children with persistent treatment needs, three additional individual sessions are offered. The primary outcome is clinician-rated anxiety severity, assessed using the Pediatric Anxiety Rating Scale (PARS) at baseline and post-treatment (12 weeks after treatment start). Secondary outcomes include parent- and child-reported symptom severity and behavioral measures.
Results: Recruitment began in January 2024 and is ongoing, with 100 participants recruited to date. We aim to enroll 154 participants and complete post-treatment assessments by June 2025. Results for the primary endpoint will be presented at the ESCAP 2025 symposium.
Conclusion: Step by Step was designed to address the unique challenges of treating childhood anxiety in primary care. This flexible and scalable approach has the potential to improve accessibility to evidence-based care and serve as a model for future primary care interventions.

Authors:
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Subcontribution 18925 to Session ID 5804
Day 1 - 29.06.2025, 09:00 - 09:15, Luxembourg

Tiny Heroes: Co-Development and Pilot Study of an Internet-Based CBT Program to Prevent Anxiety in Young Children
T47 - Prevention & intervention

Abstract:
Aims: The aim of the study is to develop and preliminary evaluate Tiny Heroes, an internet-based cognitive behavioral therapy (CBT) directed at parents or other caretakers. Tiny Heroes was designed to target and prevent anxiety problems in 3–6-year-old children.
Methods: In the project, researchers collaborate with clinicians and parents to adapt parent-based CBT to an online treatment. Methods included identification of core components and reflection workshops. A pilot study (n=20) with a pre-to-post design is currently being conducted to evaluate the preliminary effectiveness of Tiny Heroes. Measures include diagnostic status assessed with the Anxiety Disorders Interview Schedule for DSM-V, anxiety symptoms using the Preschool Anxiety Scale, and family accommodation to the child's anxiety using the Family Accommodation Scale-Anxiety. The last post-assessment is expected to be completed in May 2025.
Results: Preliminary results from the ongoing pilot study will be available for presentation at the ESCAP 2025 symposium. Also, experiences from the co-development process will be presented, including how core components were identified and lessons learned from using reflection workshops.
Conclusions: If proven effective in future trials, this innovative approach holds promise for broad implementation and could serve as a foundation for scalable prevention programs targeting early childhood anxiety.

Authors:
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Subcontribution 18928 to Session ID 5804
Day 1 - 29.06.2025, 09:15 - 09:30, Luxembourg

# Testing Mechanisms of Change: Parenting Behaviors as Mediators in a Randomized Controlled Trial to Prevent Child Anxiety

T47 - Prevention & intervention

Abstract:
Aims: Children of anxious parents face an elevated risk of developing anxiety disorders, with specific parenting behaviors identified as potential risk factors. Mediation analysis offers a framework to test the role of these hypothesized mechanisms. This study investigates potential mediators within a large randomized controlled trial of the Confident Parents Brave Children (CPBC) program, a parent-only group intervention for anxious parents, aimed at preventing anxiety in children.
Methods: A total of 215 parents and their children (ages 5–9) were randomly assigned to either the CPBC intervention or a self-help control condition. Child anxiety symptoms were assessed using the SCARED parent-report measure. Candidate mediators—parental overprotection, anxious modeling, and warmth—were evaluated through parent-rated questionnaires collected at baseline, post-intervention, and at a 12-month follow-up.
Results: The main findings from the RCT suggested that children in the CPBC group exhibited significantly lower anxiety symptoms at the 12-month follow-up compared to children in the control condition (Cohen's d = 0.35). Additionally, parents in the CPBC group reported reductions in overprotection and increases in warmth relative to controls. Ongoing mediation analyses using the Causal Mediation Framework, to be completed prior to the symposium, will examine whether changes in parenting behaviors mediated the CPBC's effects on child anxiety symptoms.
Conclusions: These findings aim to deepen our understanding of the mechanisms driving intervention outcomes and inform future preventive strategies.

Authors:
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Subcontribution 18929 to Session ID 5804
Day 1 - 29.06.2025, 09:30 - 09:45, Luxembourg

What Support Do Adolescents Want? Insights from a Nationwide Study in Sweden
T47 - Prevention & intervention

Abstract:
Aims: Within the PEDALS project (Prevalence of Emotional Distress in AdoLescence and need of Support), we explore adolescents' preferences and perceived needs for mental health support. Results indicate that 30% of adolescents reported needing support in the past month due to feelings of sadness, worry, or anxiety; however, two-thirds of these adolescents did not seek help, primarily due to shame or fear. This study aims to identify how support systems can be better aligned with adolescent preferences.
Methods: We combine quantitative data from the first year of data collection (survey responses from 1,860 adolescents) with qualitative insights from focus group discussions (49 participants, across 10 schools). The survey addresses self-reported mental health needs and preferences for support, while the focus groups provide in-depth, interactive discussions to explore these preferences in detail.
Results: Our findings reveal that most adolescents who recognize a need for support but hesitate to seek it prefer confiding in family and friends, while many also value non-professional support, such as trusted adults, online chat groups, or peer networks. Fewer adolescents preferred professional mental health services. Adolescents emphasized 'being listened to' and reassured, highlighting a need for support interventions that foster joy and enhance coping mechanisms for anxiety and depression. The analysis of focus group discussions will provide further insights and will be presented at the symposium.
Conclusions: These findings underscore the need for mental health support systems that are tailored to adolescents' preferences.

Authors:
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**Presenter** Dr. Johan Åhlén Karolinska Institutet

Symposium 16386 to Session ID 5767
Day 1 - 29.06.2025, 08:30 - 10:00, Madrid 1

Selective Mutism: From underlying mechanisms to treatment
T03 - Anxiety disorders

Abstract:
Selective Mutism (SM) is an anxiety disorder that is defined by the consistent failure to speak in certain social situations like at school or in public. At the same time, in other situations, like at home, speaking is possible. Around one percent of all children and adolescents are affected by the disorder. Despite this high prevalence and the pronounced impairment associated with the disorder, SM is under-researched and under-treated. The current symposium aims at presenting current research results from different research groups regarding underlying mechanisms and treatment of SM. Two presentations discuss avoidance and freezing as mechanisms underlying the disorder. Data collected in quasi-experimental studies using eye tracking, peripheral physiology and bodysway are presented. Three further presentations deal with evidence regarding cognitive-behavioral treatment approaches for SM. Data from various therapeutic settings and their short- and long-term effects on symptomatology are discussed.

Authors:
Prof. Dr. Christina Schwenck Justus-Liebig-University Giessen

Subcontribution 17116 to Session ID 5767
Day 1 - 29.06.2025, 08:30 - 08:45, Madrid 1

# Silent Stress: Stress in Response to Verbal and Nonverbal Social Interaction in Young Children with Selective Mutism

T03 - Anxiety disorders

Abstract:
Objective: While the silents of children with Selective Mutism (SM) is assumed to be a regulation strategy to avoid extreme anxiety, objective evidence supporting this hypothesis is scarce, especially regarding very young children who are still stuck in silence. The aim of the present study is to explore chronic stress and arousal as potential regulatory mechanisms of SM in response to verbal and nonverbal socially demanding situations.
Methods: In this longitudinal study 82 children (SM group n=36, mean age 5.7 years, 28 girls; Comparison Group (CG) n=46, mean age 5.8 years, 24 girls) participated in a verbal and non-verbal interaction stress paradigm, modeled after the approach of Vogel et al., 2021. In addition, children with SM were seen at follow-up (12-18 months later). We assessed chronic stress i.e., hair cortisol concentration, and heart rate (HR) trajectories in response to the social interaction tasks.
Results: Children with SM are characterized by increased baseline arousal and chronic stress compared to non-anxious controls. During the verbal and non-verbal task, they showed an overall increased HR over time. However, the trajectory of HR differed between groups only during the verbal task. The preliminary results of the assessment at follow-up showed that the arousal of children with SM normalized after treatment.
Conclusions: Children with SM seem to experience more daily stress and show an altered stress response to verbal interaction. Avoidance of verbal interaction prevents further increase in arousal. Treatment of SM may alter stress responsiveness.

Authors:
**Presenter,** Nikki Nibbering
Dr. Sophie van Rijn
Eva J. Brouwer
Prof. Dr. Hanna Swaab
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Subcontribution 17117 to Session ID 5767
Day 1 - 29.06.2025, 08:45 - 09:00, Madrid 1

# Freezing as underlying mechanism of silence in children with Selective Mutism

T03 - Anxiety disorders

Abstract:
Objective: Clinically, children with Selective Mutism (SM) are frequently described as over-aroused and frozen with fear. Freezing is a defense mechanism when confronted with threat. Psychophysiologically, this mechanism is associated with reduced motor activation including body-sway, vocal inhibition and visual exploration as well as heart rate deceleration. The aim of the current study is to assess the freeze response as an underlying mechanism for silence in children with SM in comparison to children with social anxiety disorder (SAD) and typically developing children (TD).
Methods: A total sample of N = 141 children aged six to ten years are included in the study. Tonic arousal during baseline, freeze response and coping in verbal and non-verbal stress-tasks are assessed adopting body-sway, heart-rate, visual exploration, and behavioral reactions as dependent measures.
Results: Preliminary results of the ongoing study are presented. Negative relationships were found between SM and SAD symptom severity for body sway. However, only SM symptom severity correlated negatively with heart rate and scan path length during the verbal stress task.
Conclusion: The current results indicate freezing as a likely mechanism for silence in children with SM. Given that an over-arousal seems to display in important role for the inability to speak, treatment strategies that include measures to decline arousal before practicing active talking could be beneficial for children with SM.

Authors:
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Carolin Röse-Werkmann
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Subcontribution 17119 to Session ID 5767
Day 1 - 29.06.2025, 09:00 - 09:15, Madrid 1

Meeting Meeky:  A Singapore Compendium for helping Selective Mutism
T03 - Anxiety disorders

Abstract:
This is a translation of over 20 years of working with children with selective mutism into a book called “Finding Your Voice”.  We will describe the history of the management of selective mutism in Singapore including the development of resources and a brief overview of SM treatment including pharmacotherapy, psychotherapy and school and family involvement as well as a local cognitive behavioural treatment called Meeky Mouse featuring a CHAT plan.

Authors:
**Presenter,** Adj A/Prof Daniel Fung Institute of Mental Health Singapore

Subcontribution 17121 to Session ID 5767
Day 1 - 29.06.2025, 09:15 - 09:30, Madrid 1

# Outcomes for Parent-Child Interaction Therapy Adapted for Selective Mutism (PCIT-SM)

T03 - Anxiety disorders

Abstract:
Parent-Child Interaction Therapy Adapted for Selective Mutism (PCIT-SM) is an empirically-supported adaptation of Parent-Child Interaction Therapy, a gold standard treatment for conduct problems. PCIT-SM is a behavior therapy protocol predicated on the Hanf two-stage model of first building a strong adult-child relationship in a play context as a necessary but not sufficient condition for prompting children to engage in graduated anxiety-provoking brave talking exposures with copious amounts of contingent reinforcement. Parents, teachers and therapists all act as agents of change to facilitate generalization, then maintenance, of gains.
PCIT-SM has documented efficacy across multiple formats and settings. Catchpole et al. (2019) validated a 16-week individual family PCIT-SM model, finding significant improvements in speaking across settings sustained over 1-year follow-up. With 63% of participants presenting comorbid social anxiety disorder (SAD), this study observed progressive gains in school settings, with notable SMQ improvements indicating frequent verbal engagement post-treatment. Roslin (2013) further demonstrated treatment generalization with a 12-session PCIT-SM model, supporting the adaptability of this approach.
Group models also show promising outcomes. Cornacchio et al. (2019) evaluated a 5-day PCIT-SM summer camp, yielding high caregiver satisfaction and 46% remission among children at the two-month follow-up, with SAD comorbidity decreasing from 72.5% to 58.3%. Webb (2023) corroborated these findings in a 1-week camp, reporting a notable shift in verbalization levels. Aldrich et al. (2023) tested an 8-week group model for children aged 3-14, observing significant increases in verbal engagement, while Hong et al. (2022) adapted this model to remote delivery during the pandemic, finding positive, though limited, outcomes.

Authors:
**Presenter,** Dr. Steven Kurtz

Subcontribution 17122 to Session ID 5767
Day 1 - 29.06.2025, 09:30 - 09:45, Madrid 1

# Long-term outcomes of youth with selective mutism following cognitive and behavioral services

T03 - Anxiety disorders

Abstract:
Selective mutism (SM) is an anxiety disorder in which a person is unable to speak in certain social situations, yet can speak comfortably in their home or other environments (APA, 2015. SM typically presents between ages 2 and 4 years and families often seek services a few years later when their children start school and the discrepancy is often noted by their teachers or other school staff. More recently, evidence-based treatments for SM have included cognitive and behavioral therapies in weekly and intensive individual and group-based models, including the intensive group behavioral therapy for SM (IGBT-SM) or camp-like programs. This talk addresses long-term outcomes of youth with SM (n=50) who presented for services between 2-10 years ago. Findings discussed will include changes in diagnostic status, SM clinical severity, and overall functioning over time as determined by the Anxiety Disorders Interview Schedule-V-Child and Parent Versions (ADIS-V-C/P), and Clinical Global Impression Severity Scale (CGI-S), and the Children Global Assessment Scale (CGAS), respectively. Implications of these findings will be reviewed within the context of our current treatment models and how we can incorporate additional therapeutic components into our future work with youth with SM to help more of them maintain gains and find their voice.

Authors:
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Symposium 17383 to Session ID 6011
Day 1 - 29.06.2025, 08:30 - 10:00, Madrid 2

Diagnosis on the edge: Is there evidence of benefit?
T48 - Public Health and Organisation of CAP Services

Abstract:
In recent years, an increase in mental health issues among children and adolescents has been documented worldwide. The determinants of this surge still need to be clarified, but increased public concern about mental health and possible overdiagnosis are candidate contributors. This consideration underscores the urgency of the overarching discussion about the meaning and value of psychiatric diagnoses (as medical and culturally-informed constructs), particularly during adolescence, a rapidly developing and turbulent stage of life.
Everyday clinical experience and real-world data suggest that many patients do not align with strict diagnostic criteria and/or manifest with several symptoms on the edge of clinical relevance, often leading to multi-comorbid and uncertain diagnoses and complex treatment plans with potential benefits and risks. Moreover, as all medical diagnoses, psychiatric diagnoses and societal cost and incentive structures are intertwined in a complex dynamic relationship. Nonetheless, a diagnosis remains crucial for providing evidence-based therapies and access to healthcare support.
In this context, mental health stigma continues to influence our willingness to provide a diagnosis and communicate it to adolescents and their families, and child and adolescent psychiatrists increasingly face the challenge of balancing the concepts of “disorder/disability” and “identity/diversity”, considering the insights gained from neurodevelopmental conditions.
Finally, clinicians are regularly confronted with the power of their diagnoses, and how they could forge adolescents' self-concept and developing social identity, highlighting the urgent need for a scientifically grounded discussion on this topic.

Authors:
**Chair** Prof. Dr. Benedetto Vitiello University of Turin
**Chair** Prof. Dr. Dr. Tobias Banaschewski

Subcontribution 18913 to Session ID 6011
Day 1 - 29.06.2025, 08:30 - 08:45, Madrid 2

# Is getting an ADHD-diagnosis harmful or benefitial for children in the grey zone for the diagnosis?

T48 - Public Health and Organisation of CAP Services

Abstract:

Introduction

Attention-deficit/hyperactivity disorder (ADHD) is among the most common mental disorders in children and adolescents, and it is a strong risk factor for several adverse psychosocial outcomes over the lifespan. There are large between-country and within-country variations in diagnosis. Most diagnosed patients will start medication, but many quit after months and years. Liberal clinicians are concerned about under-diagnosis and under-treatment, and believe the diagnosis benefit the patient by access to medication and other interventions. Restrictive clinicians are concerned about over-diagnosis and over-treatment, less optimistic about treatment effects, and concerned about medicalization, stigma, changed expectations, and labelling.

Method and analysis

We link several Norwegian registries covering patients aged 5–18 years, recruited by contact with public sector child and adolescent mental health outpatient services (CAMHS) in 2009–2011, with follow-up data for 10 years in public registries. We used preference-based instrument variables based on provider preferences for ADHD diagnosis and ADHD medication.

Results

There is a 10-fold variation in ADHD diagnosis between CAMHS within Norway, despite no variation in ADHD symptoms between their catchment areas. We find adverse causal effects of a liberal approach of the diagnosis on occupational and educational outcomes during 10 years follow-up.

Conclusion

The finding of this project indicates that a restrictive approach to the diagnosis in 2009-11 was more beneficial in the long term than a liberal approach, for children at the margin of diagnosis. Since 2009-11, the general development in CAMHS has been in the liberal direction, which may be causing more harm than benefits to patients at the margin of diagnosis.

Authors:

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Subcontribution 18916 to Session ID 6011
Day 1 - 29.06.2025, 08:45 - 09:00, Madrid 2

Child Mental Health: stigma and communication issues
T48 - Public Health and Organisation of CAP Services

Abstract:
Background/Objective:
Despite the scientific advances in the field of genetic and biological psychiatry, negative attitudes towards people with mental illness are still very common (1) and mental health professionals also contribute to stigmatization (2) amplifying the distance between patients and mental health services.
Methods: An anonymized online questionnaire including the OMS-HC (3) was used to evaluate the stigmatizing and diagnostic communication attitudes of a sample of Italian adult and child psychiatrists within an observational-cross-sectional-multicentre study.
Results: Preliminary analysis of a partial sample of 146 questionnaires showed that overall, the professionals do not appear to have significantly higher levels of stigma than those found in previous studies. Most (84.2%) referred to have relatives and/or friends suffering from psychiatric illness. Child psychiatrists resulted slightly more stigmatizing than adult psychiatrists, however, they are more likely to seek help for themselves and to reveal their own psychiatric illnesses. Age (rho= -0,177; p=0,035) and years of work experience (rho= -0,310; p=< 0,001) negative correlate with social distancing and stigmatizing attitudes. Analyses on communication issues are on due course.
Conclusions: Stigma is a crucial issue in mental health with serious consequences for the physical and psychological health of patients and a devastating impact on the quality of care and their recovery. The approach to addressing stigma in healthcare facilities must be multidimensional with the involvement of all levels of the system, and it is essential that mental health professional become aware of this issue and try to address it in a proactive way.

Authors:
**Presenter,** Prof. Dr. Sara Carucci

Subcontribution 19265 to Session ID 6011
Day 1 - 29.06.2025, 09:00 - 09:15, Madrid 2

# What is the impact of information interventions for mental health? An evaluation framework for policy makers, clinicians and researchers.

T48 - Public Health and Organisation of CAP Services

Abstract:
Increasing awareness of mental health problems, including that of young people, is generally seen as positive and several interventions to increase awareness are underway internationally. Yet, a principled evaluation of benefits and harms of increasing awareness is still lacking.
Here, we present a conceptual framework for the evaluation of information interventions aimed at increasing public awareness of mental health problems. Borrowing from infection spread and related population dynamic models, we show how benefits, but also harms, may accrue at substantial rates over time. Specifically, we model the links of a causal chain that starts with an attempt to increase public awareness through an information intervention. By changing the mental health awareness in the public, information interventions influence the number of help seekers, but may also influence how clinicians practise and the accuracy of diagnoses. A consequence of changing diagnostic accuracy is that eventually people who do not need treatment are exposed to it. This is important because harm from treatment affect people with false positive diagnoses as much as those with true positives, while only true positives will generally respond to treatments. This then can cause
unfavourable shifts in the benefit to harm ratio. Consequently, we show that information interventions can increase both benefits and harms to the general population, depending on parameters that our framework can accommodate.
We detail the rigorous mathematical foundations but also present a web-application that can be used by professionals who wish to predict the effect of mental health information interventions.

Authors:
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Subcontribution 19269 to Session ID 6011
Day 1 - 29.06.2025, 09:15 - 09:30, Madrid 2

Clinical high risk for psychosis and subsequent diagnosis
T48 - Public Health and Organisation of CAP Services

Abstract:
The increase in mental health concerns among children and adolescents has highlighted significant challenges in the diagnosis and management of youth at Clinical High Risk (CHR) for psychosis. Adolescents with CHR-P often exhibit subthreshold or attenuated symptoms such as heightened anxiety, perceptual disturbances, and mild paranoia, complicating the clinical picture and raising concerns about overdiagnosis and stigmatization. Traditional diagnostic criteria may not adequately capture the nuances of these early, evolving symptoms.
In this developmental phase, a diagnosis of CHR-P can significantly influence an adolescent's self-concept and identity formation, where the concepts of “disorder” versus “diversity” are critically examined. Moreover, a growing body of research indicates that mentalization abilities—the capacity to understand and reflect on one’s own and others’ mental states—play a key role in functional outcomes for adolescents at CHR-P. Impaired mentalization is associated with greater dysfunction in social, academic, and emotional domains, further complicating diagnosis and treatment.
Through our research, we present data highlighting the high frequency of comorbidity among adolescents at CHR-P, emphasizing the importance of focusing on functional outcomes and dysfunction rather than solely on symptom-based diagnostic criteria. By shifting the focus to mentalization abilities and their impact on everyday functioning, we propose a more holistic approach to understanding and intervening with this population. Our findings support the need for a nuanced, comprehensive perspective that integrates mentalization with functional assessment to guide effective treatment and prevent the onset of psychosis.

Authors:
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Subcontribution 19276 to Session ID 6011
Day 1 - 29.06.2025, 09:30 - 09:45, Madrid 2

# Psychiatric diagnoses among adolescents with suicide attempt and their relevance to clinical care

T48 - Public Health and Organisation of CAP Services

Abstract:
Aims: As more adolescents are referred for a consultation for suicidal ideation or suicidal attempts, it is important to understand the underlying psychiatric conditions and to examine the relevant diagnoses, which are supposed to guide treatment choice and predict outcome. A large amount of data is available on suicidal behaviors in patients with specific diagnoses, but the literature based on the opposite perspective, i.e., mental health diagnosis in youths with suicidal behaviors, is less abundant. Some reports suggest that the most common diagnoses of suicidal youths presenting at emergency departments are depression, anxiety, and substance misuse, but also ADHD and conduct disorders have been reported (Hawton, 2013). The purpose of the study is to evaluate diagnosis of adolescent referred for suicidal attempts with both the analysis of an Italian sample of hospitalized adolescents and with a systematic review of the existing literature.
Methods: A hospital chart review and a systematic review of the existing literature will be presented. All 1845 hospitalization in a large university hospital in the North West of Italy between Jan 2009 and Dec 2024 were examined. Of them, 20.9% (n=386) were for suicidal attempts, with percentage increasing over the years. More frequent discharge diagnosis was depressive disorder (41%), bipolar disorder (21%), disruptive behavior disorders (7%) and personality disorder (7%). Clinical and demographic characteristics and treatment at discharge associated with specific diagnosis are described. Therefore, we plan to systematically review the existing literature on the psychiatric diagnosis assigned to adolescents who are clinically referred for suicidal ideation or attempts, with a focus on the classification systems and the methods used to formulate the diagnosis. Possible geographic differences and temporal changes in diagnoses will be also considered. In addition, the medium and long term outcome associated with the different diagnoses will be examined. A systematic review of relevant publications up to 31 Dec 2024 will be conducted in three databases (PubMed, Embase, and PsycInfo).
Results and conclusions: the results are expected to provide important elements to gauge the clinical significance, methodological soundness, and practical usefulness of psychiatric diagnosis of adolescents referred for suicidal problems.

Authors:
**Presenter,** Prof. Chiara Davico

Symposium 19049 to Session ID 5992
Day 1 - 29.06.2025, 08:30 - 10:00, Rome

Clinical guidance in everyday practice - a symposia organized by ESCAP Clinical Division
T13 - Treatment - Pediatric Liaison and other

Abstract:
The symposium will provide insight into the reasons and plans that the ESCAP Clinical Division has for European guidelines. Presentations of the new ESCAP clinical guidance on the transition from child to adult mental health services - A systematic litterature review of telemental health practices for children and adolescents - The ESCAP Research Academy Survey on ADHD - and a view on how we can advance the treatment of child abuse in Europe through shared initiatives between paediatricians, child and adolescent psychiatrists, forensic and other specialists.

Authors:
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**Presenter Co-chair** Prof. Dr. Pieter Hoekstra Groningen University, Faculty of Medical Sciences
**Co-chair** Dr. Kiss Enikő University of Szeged

Subcontribution 19062 to Session ID 5992
Day 1 - 29.06.2025, 08:30 - 08:45, Rome

From National Guidelines to European Guidance papers - How do we get there ?
T13 - Treatment - Pediatric Liaison and other

Abstract:
The Clinical Division of ESCAP aims to promote the development and implementation of Euro-pean practical guidance's on screening, diagnosis, and treatment of psychiatric disorders in children and adolescents. The guidance focuses on specific populations of infants, school-aged children and adolescents or specific at-risk groups/populations such as minorities and refugees, or any related topic of general interest based on scientific evidence and best clinical practice.
Child and adolescent psychiatry have historically undergone many changes. Today, we are proud to work evidence-based and according to the latest scientific principles. Yet we have many geographical differences. To name a few: ADHD frequency and differences in treatment among European Countries, differences in use of SSRI in the Nordic countries and variations of diagnosis of developmental disorders between different centers. There may be several reasons for this, but we lose credibility if the number and treatment are so different within and across national borders. Children and adolescents may not receive optimal treatment.
The difference between a guideline and a clinical guidance will be elaborated. ESCAP has no formal authority and therefore only has academic expertise to contribute. However, ESCAP is well placed to distribute guidelines between the national societies.By putting together our different national guidelines, we can contribute to a more equitable distribution of knowledge.
ESCAP has a unique organization to distribute knowledge about new studies regarding new research and guidelines from National Societies.
Synergy and collaboration will take us further.

Authors:
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Subcontribution 19066 to Session ID 5992
Day 1 - 29.06.2025, 08:45 - 09:00, Rome

Developing ESCAP clinical guidance on transition from child to adult mental health services
T13 - Treatment - Pediatric Liaison and other

Abstract:
Aims: The transition from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS) is a complex process, as highlighted by the MILESTONE study, with significant gaps in care observed across Europe. Few European countries have implemented transition-specific national or service guidelines or guidance. To address this, the ESCAP clinical guidance on transition was developed to improve transitional care and provide direction to clinicians and services. Methods: The ESCAP guidance was developed through an iterative, three-stage process: 1. A review of existing literature, systematic searches, and identification of relevant guidelines informed the initial draft. 2. Input was sought from key stakeholders, including clinicians, patients, and parents, to ensure relevance and comprehensiveness. 3. The draft was revised and refined based on feedback. Results and conclusions: The draft guidance comprises three parts and includes 66 recommendations: Part 1: Focuses on CAMHS and AMHS clinicians, covering key areas such as transition planning, decision-making, preparation, continuity of care, inter-service collaboration, post-transition care, and managed discharge. Part 2: Addresses the role of CAMHS managers in supporting and enhancing transitional care processes. Part 3: Provides recommendations on clinician training for transition-related care. The guidance will be finalized following expert review to ensure clinical consensus and applicability across Europe. It is designed to address critical gaps in transitional care and improve outcomes for young people navigating the shift from CAMHS to AMHS. This structured process highlights the importance of evidence-based and stakeholder-informed approaches in developing effective clinical tools.

Authors:
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Subcontribution 19068 to Session ID 5992
Day 1 - 29.06.2025, 09:00 - 09:15, Rome

# Telemental health practices and guidelines in child and adolescent psychiatry

T13 - Treatment - Pediatric Liaison and other

Abstract:
Introduction: The use of telehealth practices gained increased importance during COVID-19 lockdown. In order to use telepsychiatry in clinical practice with children and adolescents, evidence based on the literature and guidelines for clinical use are needed. The Clinical Division of ESCAP aims to develop a European guidance about telepsychiatry with children and adolescents. Methods: A systematic literature search was carried out from 2015 to 2021 and complemented with literature related to COVID 19 in order to examine the feasibility, effectivity and effectiveness of telemental health practices with youngsters. A search for national and international guidelines was also carried out. Results: There was high acceptance and satisfaction in participants for the use of telepsychiatry. A few randomized clinical trials and numerous comparative studies showed efficacy and effectiveness comparable to face-to-face practice in the assessment, diagnosis, psycho- and pharmacotherapy of child psychiatric disorders. There are few national guidelines on telepsychiatry and telepsychology but none specifically about child and adolescent telepsychiatry practice. Conclusion: A comprehensive evidence based European clinical guidance is needed which would ensure a high quality telemental health service for children, adolescents and parents.

Authors:
**Presenter,** Dr Eniko Kiss University of Szeged

Subcontribution 19070 to Session ID 5992
Day 1 - 29.06.2025, 09:15 - 09:30, Rome

# ESCAP Research Academy Survey on ADHD

T13 - Treatment - Pediatric Liaison and other

Abstract:
Attention Deficit Hyperactivity Disorder (ADHD) is a well-defined neurodevelopmental disorder, yet its management varies widely across Europe, influenced by national policies, cultural norms, and socio-economic factors. To address this complexity, the ESCAP Research Academy is launching a European survey in the first trimester of 2025 to systematically assess ADHD care practices across around 30 ESCAP members countries. This initiative aims to explore pharmacological and non-pharmacological treatments and examine how local characteristics, and societal perceptions shape clinical approaches.
The study is structured around three key areas: 1) the use of psychostimulants and other medications for ADHD; 2) access to non-pharmacological therapies and educational support; and 3) socio-cultural perspectives on ADHD. By systematically analyzing barriers, facilitators, and variations in clinical practices across diverse national contexts, the survey aims to identify the underlying factors that influence the accessibility, consistency, and effectiveness of ADHD care. This includes exploring possible differences in healthcare practices, healthcare infrastructures, cultural attitudes, and resource availability that may potentially impact the quality of care delivered to children and adolescents. By uncovering these critical elements, the study seeks to provide actionable insights to bridge gaps in care, promote equitable treatment approaches, and enhance overall support for children and adolescents with ADHD across Europe.
This presentation will outline the rationale, methodology, and objectives of the survey, setting the stage for collaborative discussions, and present the first results. While respecting local specificities, the ultimate goal is to propose evidence-based strategies for more coherent and accessible ADHD care across Europe.

Authors:
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Prof. Dr. Samuele Cortese University of Southhampton, Center for Innovation in Mental Health,

Subcontribution 19073 to Session ID 5992
Day 1 - 29.06.2025, 09:30 - 09:45, Rome

Advancing Child Abuse Medicine in Europe Through Evidence-Based Clinical Practice Guidelines: Lessons from the Euro-CAN COST Action Research Network
T13 - Treatment - Pediatric Liaison and other

Abstract:
Evidence-based clinical practice guidelines (CPGs) are critical to ensuring the consistent, high-quality care of children and young people subjected to sexual abuse. However, a 2024 systematic review published in The Lancet Regional Health – Europe revealed significant gaps in the availability and quality of national CPGs across Europe. Findings from the Euro-CAN COST Action highlighted the urgent need to strengthen healthcare sector responses to address these disparities. Building on this work, this presentation will explore pathways to developing a sustainable framework for advancing child abuse medicine across European healthcare systems. Drawing from the Euro-CAN network's findings, this session will emphasize the importance of aligning CPGs with trauma-informed care principles, continuous quality improvement (CQI) methodologies, and child-centred approaches. Key lessons from the Lancet study, such as the need for stakeholder engagement, robust evidence synthesis, and culturally adaptable guidelines, will be discussed. Additionally, the session will reflect on the role of the WHO 2017 and 2019 guidelines as benchmarks for the development of a pan-European approach to the clinical management of child sexual abuse.
The presentation will advocate for healthcare systems to move beyond siloed practices by promoting shared protocols, joint training initiatives, and collaborative clinical pathways between paediatricians, child and adolescent psychiatrists, forensic and other specialists. Strengthening interdisciplinary collaboration within healthcare will foster a cohesive, trauma-informed response that addresses both the physical and mental health impacts of abuse in a timely and holistic manner, ultimately improving outcomes for children across Europe.

Authors:
**Presenter,** Dr. Gabriel Otterman Linköping University, Linköping

Symposium 17267 to Session ID 5771
Day 1 - 29.06.2025, 08:30 - 10:00, Amsterdam

# Novel Insights into the Pharmacological Treatment of ADHD

T08 - ADHD

Abstract:
This symposium explores cutting-edge research on the pharmacological treatment of ADHD, highlighting advances in treatment response prediction, efficacy optimisation, safety, and emerging therapies.

1. Predictors of Treatment Response: Leveraging multimodal neuroimaging, findings from the Brain Connectivity in ADHD study reveal how anatomical and functional brain features predict individual responses to methylphenidate. Integrating imaging and neuropsychological data via machine learning enhances treatment personalisation.
2. Efficacy of Pharmacological Interventions, a Dose-Response Network Meta-Analysis: By analysing dose-response relationships, this network meta-analysis identifies optimal dosing strategies for ADHD medications in children and adults, aiming at maximising efficacy while reducing adverse effects.
3. Cardiovascular Safety of ADHD Medications: Combining pharmacovigilance data and a network meta-analysis, this research assesses cardiovascular risks associated with ADHD medications across age groups. It provides crucial insights to guide management of these risks in clinical practice.
4. Impact of ADHD Medications on Physical Comorbidities: Using longitudinal data, this study examines how ADHD medications influence associations between ADHD symptoms and physical health conditions from childhood to adulthood, providing a comprehensive overview of their somatic effects.
5. Novel Compounds on the Horizon: A review of recent clinical trials highlights the limited but promising developments in ADHD pharmacology, emphasising the need for continued innovation alongside optimal use of existing treatments.

Together, these projects advance our understanding of ADHD pharmacotherapy, offering pathways toward safer, more effective, and personalised treatments.

Authors:
Dr. Valeria Parlatini University of Southampton

Subcontribution 17268 to Session ID 5771
Day 1 - 29.06.2025, 08:30 - 08:45, Amsterdam

Predictors of Treatment Response
T08 - ADHD

Abstract:
Stimulants, such as methylphenidate (MPH), are effective in treating Attention-Deficit/Hyperactivity Disorder (ADHD), but there is individual variability in response. The most suitable treatment for an individual is selected through sequential trials of medications, an approach which can delay recovery and is not cost-effective. This presentation will discuss findings from the Brain Connectivity in ADHD study, a longitudinal multimodal neuroimaging project aimed at identifying predictors of treatment response in adults with ADHD.
60 adults with ADHD underwent magnetic resonance imaging (MRI) scans and neuropsychological assessments twice, once under placebo and once under a single MPH dose, before starting longer-term treatment. Twenty neurotypical controls provided baseline scans for comparative analyses. Results revealed anatomical and functional brain features associated with clinical response at two months. For instance, MPH was less effective in individuals with greater anatomical alterations in attentive networks. Combining anatomical and neuropsychological measures via machine learning significantly improved prediction accuracy. Structural MRI combined with virtual histology highlighted ADHD-related brain differences enriched for genes involved in noradrenaline transport, a target of MPH.
In sum, pre-treatment brain characteristics, at baseline or under a single dose of MPH, were associated with the clinical response at two months. Although clinical utility of neuroimaging approaches is currently limited by costs, these findings advance our understanding of ADHD pathophysiology and may pave the way to more individualised treatment approaches.

Authors:
**Presenter,** Dr. Valeria Parlatini

Subcontribution 17269 to Session ID 5771
Day 1 - 29.06.2025, 08:45 - 09:00, Amsterdam

# Efficacy of pharmacological interventions for ADHD: an updated systematic review and dose-response network meta-analysis.

T08 - ADHD

Abstract:
Attention-deficit/hyperactivity disorder (ADHD) affects approximately 5% of children globally, with symptoms often persisting into adulthood. While pharmacological interventions are commonly used, identifying optimal dosing for efficacy and tolerability remains crucial. Hence, we have conducted a dose-response network meta-analysis (NMA) to estimate the efficacy of pharmacological treatments across different doses.
We updated an NMA conducted in 2018 (PROSPERO CRD42014008976) to include randomized controlled trials (RCT) evaluating ADHD medication efficacy in children, adolescents, and adults with no language restrictions up to January 2024 (Registered on OSF https://doi.org/10.17605/OSF.IO/3MY4A). For the main analysis, only fixed-dose studies were included. The primary outcome was the severity of ADHD core symptoms assessed by clinician, teacher or parents, while secondary outcomes considered treatment tolerability. A total of 73 fixed-dose studies were included for the main analysis: 49 for children and adolescents, 24 for adults. A dose-response Bayesian hierarchical model was used to estimate dose-response curves for efficacy and tolerability of each medication, identifying optimal dosing strategies.
Overall, this dose-response NMA provides novel insights into optimal dosing, informing clinical decision-making and supporting personalised approaches to ADHD.

Authors:
**Presenter,** Dr. Lucie Jurek

Subcontribution 17270 to Session ID 5771
Day 1 - 29.06.2025, 09:00 - 09:15, Amsterdam

# New Data on the Cardiovascular Effects of ADHD Medications

T08 - ADHD

Abstract:
While pharmacotherapy is a key component of the multimodal treatment of ADHD, the cardiovascular safety of ADHD medications remains a concern from both a clinical and public health perspective.
Hence, we present the results of two complementary studies aiming at comparing the risk of cardiovascular events among drugs used to treat ADHD, individually and grouped according to their main pharmacological classes. These studies are 1) a pharmacovigilance study based on case/non-case analyses and 2) a large network meta-analysis (NMA).
The first study used VigiBase, the WHO's pharmacovigilance database, to assess the disproportionality of cardiovascular events (cardiac arrhythmias, central nervous system ischemic vascular disorders, heart failure, hypertension, ischemic heart disease, torsade de Pointes/QT interval prolongation, heart valve disorders, myocardial disorders) reporting among adverse reactions linked to ADHD drugs, from January 1967 to May 2022, in patients in three age groups: 6-11 years, 12-17 years and over 18 years. The association between cardiovascular symptoms and psychostimulants was estimated by calculating the reporting odds ratio.
The NMA involved the systematic search 12 electronic databases until the 18th January 2024 to identify randomised controlled trials comparing ADHD medications against each other or placebo (PROSPERO CRD42021295352). Outcomes were change in systolic and diastolic blood pressure, pulse, and electrocardiogram parameters at timepoints closest to 12, 26, and 52 weeks. Summary data were extracted and pooled in random-effects network meta-analyses stratified by age group.
These studies provide critical insights into the cardiovascular safety of ADHD medications, informing safer prescribing and public health strategies.

Authors:
**Presenter,** Prof. Alexis Revet

Subcontribution 17271 to Session ID 5771
Day 1 - 29.06.2025, 09:15 - 09:30, Amsterdam

# Effects of ADHD medications on associations between ADHD symptoms and physical conditions from childhood to young adulthood

T08 - ADHD

Abstract:
The co-occurrence of Attention-Deficit/Hyperactivity Disorder (ADHD) and physical health conditions is common but often underexplored. Most studies on this relationship rely on cross-sectional data, without examining the potential impact of ADHD medication. Understanding how ADHD medications influence these associations is essential for improving treatment and developing prevention strategies.
We present the results of a population-based cohort study, based on the Quebec Longitudinal Study of Child Development, including individuals from the Quebec Birth Registry (1997–1998). Participants were followed-up through early childhood (n=2,120; ages 5 months to 5 years), middle childhood (n=1,750; ages 6–12 years), adolescence (n=1,573; ages 13–17 years), and adulthood (n=1,400; ages 20–25 years). ADHD symptom severity, physical health conditions, and medication use were the key outcome measures.
We applied multivariable regression analyses to investigate: 1) prospective associations between ADHD symptoms and subsequent physical conditions, as well as physical conditions and later ADHD symptoms, while adjusting for multiple confounding variables, and 2) the effect of ADHD medications on these associations, while controlling for confounders.
Overall, findings provide new insights into how ADHD medications influence the long-term interplay between ADHD symptoms and physical health, informing tailored approaches to care.

Authors:
**Presenter,** Prof. Dr. Cedric Galera

Subcontribution 17272 to Session ID 5771
Day 1 - 29.06.2025, 09:30 - 09:45, Amsterdam

Novel Compounds on the Horizon
T08 - ADHD

Abstract:
Medications play an important role in the management of ADHD. Stimulant medications, such as methylphenidate and amphetamines, are the most effective and widely used in child and adolescent psychiatry and are generally well-tolerated. About 70% of individuals with ADHD respond to stimulants. Some who do not respond to stimulants may benefit from non-stimulants. However, some individuals either do not respond to treatment or cannot tolerate the medications currently available for ADHD. Therefore, there is a need to identify more effective and safe pharmacological treatments.
This talk will summarise recent literature on compounds in development for ADHD.
Specifically, I will present the results of a systematic review (Cortese et al., Neuroscience and Biobehavioral Reviews, 2023), including an updated search. The review examined phase 2, 3, and 4 randomized controlled trials (RCTs) of pharmacological agents without regulatory approval or for unapproved ADHD indications. The review, which searched databases such as ClinicalTrials.gov and ClinicalTrialsRegister.eu, found only one compound with evidence of significant effects for ADHD—dasotraline—which was replicated in at least one additional RCT without negative results.
The landscape for developing/implementing novel compounds for ADHD does not appear promising. Clinicians should be trained to use currently available treatments as effectively as possible, while alternative formulations and new treatments should continue to be developed to meet patients' needs.

Authors:
**Presenter,** Prof. Dr. Samuele Cortese

Symposium 19722 to Session ID 5956
Day 1 - 29.06.2025, 08:30 - 10:00, Londres 1

Workshop: Typologies and treatment of underage sex offenders with a particular focus on sexual assault among siblings
T33 - Forensic CAP

Abstract:

Authors:

Subcontribution 18362 to Session ID 5956
Day 1 - 29.06.2025, 08:30 - 10:00, Londres 1

Typologies and treatment of underage sex offenders with a particular focus on sexual assault among siblings
T33 - Forensic CAP

Abstract:
Aims: In the recent past, increased media coverage within Switzerland has attracted public attention to rising juvenile delinquency. Sexual offenses in particular have been unsettling with regard to not only the victims, but also the perpetrators. Who are these underaged offenders in general and specifically if the assault has taken place amongst siblings? What are the specific problems arising from intrafamilial offences and what therapeutic approaches will help minimize the risk of recidivism?
Methods: Underage sex offenders are often regarded as “one inclusive” group of offenders. However, risk assessment methods and treatments that appear effective for some juveniles or some adult offenders, may not prove suitable for other juvenile sex offenders. Thus, the development of a sound typology and appropriate treatment for this population requires a nuanced understanding of the individual and environmental factors that lead to such abusive behavior. The differentiated assessment of underage sex offenders is therefore necessary for individualized treatment planning, and to minimize risk factors for recidivism.
Results/Conclusions: The workshop will begin by analyzing the various types of sex offenders based on our data, collected between 2015 and 2023 (n=80), followed by a description of the specifics of the 17 intra-familial sexual assault among siblings. Then various treatment approaches and interventions will be presented and discussed in order to enable a holistic view of the topic. Both the challenges and the opportunities in dealing with this specific group of underage offenders will be highlighted. Finally, implications for practice will be presented , evaluated and discussed, specifically focusing on intrafamilial offenses since parents are confronted with both victim and perpetrator under the same roof.

Authors:
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**Presenter** Dr. Dorothea Stiefel University Hospital of Psychiatry and Psychotherapy of Zurich

Symposium 16465 to Session ID 5775
Day 1 - 29.06.2025, 08:30 - 10:00, Londres 2

Clinical and Ethical Dilemmas in treating eating disorders in youth
T18 - Eating disorders

Abstract:
Eating disorders (ED) are serious and life-threatening conditions typically presenting at ages 15-24. They are becoming increasingly prevalent, especially in younger children and in boys, where it is recognised to be atypical in presentation, both in terms of extent and nature of eating pathology, exercise and compensatory behaviours with many falling short of full diagnostic criteria. Post Covid-19, numbers of referrals for ED have increased significantly.
Recognition and assessment of their clinical presentation can be challenging for clinicians in non-specialist settings, where consultation time is short and experience with ED limited. The early detection and appropriate referral of individuals with ED is essential for timely management. Failure to consider ED diagnosis in low weight individuals may have serious immediate and long-term implications. However, failure to consider ED in youth with normal or higher weights, and other non-organic causes of weight loss may be equally detrimental to health. Ethical and legal considerations treating ED will be considered in each case, with reference to the four guiding principles: Respect for autonomy, Non-malfeasance, Beneficence and Justice. Attendees will be encouraged to consider these as they apply to youth with ED. Each presenter will refer to clinically useful psychometric assessments to assist in assessment and treatment review.
Using a number of varied clinical cases presenting to paediatric services, and adopting an interactive approach, this workshop offers the attendees an interesting and stimulating opportunity to consider a variety of differential diagnosis for weight loss, food restriction and over exercising. The attendees will work in small groups and will engage in treatment planning.
Format:
Each presenter will outline a case (5-7 min) and use as the basis for small group discussion (10mins) addressing various learning objectives. Following individual case discussions, each group will feedback to the larger group, and the workshop will end with a closing discussion on identified clinical dilemmas.

Authors:
Prof. Fiona McNicholas SMMS UCD Dublin

Subcontribution 16466 to Session ID 5775
Day 1 - 29.06.2025, 08:30 - 08:45, Londres 2

# Childhood onset exercise addiction during Covid-19

T18 - Eating disorders

Abstract:

This report examines clinical features suggestive of Anorexia Nervosa and the specific diagnostic differential of exercise addiction and challenges faced during Covid-19 restrictions

Authors:
**Presenter,** Prof. Fiona McNicholas UCD Dublin

Subcontribution 16467 to Session ID 5775
Day 1 - 29.06.2025, 08:45 - 09:00, Londres 2

Avoidant Restrictive Food Intake Disorder –ARFID
T18 - Eating disorders

Abstract:
ARFID has recently been added to DSM-5, describing presentation with clinically significant restrictive eating, leading to nutritional deficiencies, weight loss (or failure to gain weight) and/or cause psycho-social impairment not due to another ED such as anorexia nervosa. The speaker will engage the attendees in discussions surrounding the management of a case with severe weight loss post-surgical complications, and ongoing aversive response to eating. Neurodevelopmental considerations will also be covered.

Authors:
**Presenter,** Prof. Dr. Hakan Öğütlü Ankara City Hospital, Ankara, Turkey.'

Subcontribution 16468 to Session ID 5775
Day 1 - 29.06.2025, 09:00 - 09:15, Londres 2

# Atypical AN secondary to psychotic depression

T18 - Eating disorders

Abstract:

This case describes the onset of weight loss and restrictive eating in context of a girl with psychotic depression, pre-morbidly overweight. The case discussion will highlight diagnostic issues, dilemmas regarding treatment target weight range, contributions to ED onset and prioritising treatment gaols, ED or depressive state.

Authors:
**Presenter,** Dr. Diarmuid Lynch Ankara City Hospital, Ankara, Turkey.'

Subcontribution 16469 to Session ID 5775
Day 1 - 29.06.2025, 09:15 - 09:30, Londres 2

# Medically compromised AN in the context of cardiac anomalies and neurodevelopmental disorders

T18 - Eating disorders

Abstract:
The learning objectives of this discussion will be to engage the group in discussions around the medical management of a young girl with severe weight loss, calorie restriction and cardiac anomalies, and an exploration of the refeeding syndrome. The rights of a varied group of patients, with regard to medical decision-making processes, each with their own unique challenges by virtue of age, specific disorders, neurodevelopmental issues, research participation or service provision will be reviewed.

Authors:
**Presenter,** Dr Ngozi Oketah Children's Health Ireland at Crumlin Hospital

Subcontribution 16470 to Session ID 5775
Day 1 - 29.06.2025, 09:30 - 09:45, Londres 2

# OCD with obsessional ideas regarding need for fitness and associated compulsive exercise.

T18 - Eating disorders

Abstract:
Obsessive-compulsive disorder (OCD) and eating disorders (ED) share compulsive features, yet OCD rarely involves severe weight loss and exercise-driven medical complications. We present a 15-year-old male with atypical OCD symptoms leading to critical medical issues. Covid-19 restrictions on team sports triggered compulsive exercise linked to intrusive thoughts. When stress fractures curtailed his activity, he resorted to food restriction, resulting in bradycardia, hypothermia, and hypoglycemia due to malnourishment. At 80% of his ideal body weight (10-15kg below premorbid weight), he was admitted and later developed exercise-induced rhabdomyolysis, requiring intensive care. Treatment involved lamotrigine, olanzapine, high-dose fluoxetine, and cognitive behavioral therapy. Medical stabilization enabled discharge to outpatient CAMHS. This case illustrates life-threatening risks associated with excessive exercise in OCD and highlights the diagnostic challenges with anorexia nervosa, orthorexia, and exercise addiction. A psychodynamic formulation will also be presented.

Authors:
**Presenter,** Dr. Neil Adamson CHI Crumlin Hospital

Symposium 19010 to Session ID 5890
Day 1 - 29.06.2025, 08:30 - 10:00, Berlin

Overcoming Barriers: Identifying and treating PTSD in children and young people across contexts
T43 - Trauma

Abstract:
This international paper symposium will present novel empirical research exploring the identification and treatment of post-traumatic stress disorder (PTSD) in children and young people across contexts. PTSD affects approximately 3.9% of the world's population – resulting from an interplay between traumatic environmental exposures and pre-existing vulnerabilities. While robust approaches for the assessment and treatment of PTSD exist, there remain a significant proportion of people for whom their PTSD symptoms are not identified, or they do not receive timely or appropriate treatment. Questions also remain about the vulnerability of certain groups to PTSD, and the responsiveness of symptoms to treatment across affected groups. In this symposium, our five speakers will present new findings relating to PTSD symptomology, diagnosis and treatment across different geographical and demographic contexts – focusing on groups facing additional barriers to diagnosis and treatment (e.g., young refugees, children living in state care, adults with autistic traits). Our work explores the diagnosis provision for young people in the UK (Lewis et al.), the identification of PTSD symptomology in children living in the UK's care system (Sprecher et al.), diagnosis of PTSD in adults with autistic traits in childhood (Quinton et al.,), support for unaccompanied young refugees via a stepped-care approach (Sachser et al.), and the feasibility and effectiveness of implementing trauma-focused CBT for children, young people and families with experience of the war in Ukraine (Pfeiffer et al.). These new findings regarding the identification and treatment of PTSD in children and young people provide important insights for enhancing policy and practice.

Authors:
**Co-chair** Dr. Eva A Sprecher UCL
**Co-chair** Prof. Andrea Danese King's College London

Subcontribution 19013 to Session ID 5890
Day 1 - 29.06.2025, 08:30 - 08:45, Berlin

# Gaps and biases in the provision of PTSD diagnoses for young people: a clinical record study

T43 - Trauma

Abstract:
Background: PTSD affects up to one in four trauma-exposed young people. Without treatment, most do not recover well. However, little is known about the healthcare provided to young people with PTSD. Although we know that only a minority see professionals for their mental health, we do not know how many of these young people are provided with a diagnosis, which is needed to inform evidence-based treatment decisions.
Aim: We investigated the provision of PTSD diagnoses by specialist services, focusing on 17-year-olds from South London in 2008-2019.
Method: We examined diagnoses documented in mental health records and compared with population and epidemiological data to calculate PTSD diagnosis provision rates.
Results: Of 17-year-olds from South London in 2008–2019, 0.2% had a PTSD diagnosis in mental health records during the previous year. This PTSD diagnosis provision covered only 1 in 20 of those estimated to have had PTSD, and only 1 in 8 of those estimated to have also used any health service for help with their mental health. Diagnosis provision was lower in girls than boys with PTSD, and in young people living in the most deprived neighbourhoods compared with their peers from neighbourhoods with average deprivation levels in those with PTSD who used any health service.
Conclusion: This pragmatic use of data demonstrates large gaps and biases in the provision of PTSD diagnoses for young people, including within health services. There is a need for commissioners and service providers to improve equitable provision of healthcare for young people with PTSD.

Authors:
**Presenter,** Dr Stephanie Lewis Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology and Neuroscience
Alan J Meehan King’s College London
Prof. Dr. Louise Arseneault Kings College London
Sarah Byford King’s College London
Avshalom Caspi Kings College London & Duke Universitym Durham NC
Bruce Clark South London and Maudsley NHS Foundation Trust, London
Prof. Johnny Downs King's College London / South London and Maudsley NHS Foundation Trust London
Prof. Tamsin Ford University of Cambridge
Prof. Dr. Helen L. Fisher King's College London
Karestan C Koenen Harvard TH Chan School of Public Health
Dr. Terrie E. Moffitt Kings College London / Duke University Durham NC
Dr. Joanne Newbury King's College London / University of Bristol
Candice L. Odgers University of California-Irvine
Megan Pritchard South London and Maudsley NHS Foundation Trust, London / University of East Anglia, Norwich
Prof. Dr. Emily Simonoff King's College London / South London and Maudsley NHS Foundation Trust London
Prof. Andrea Danese Kings College London / South London and Maudsley NHS Foundation Trust

Subcontribution 19015 to Session ID 5890
Day 1 - 29.06.2025, 08:45 - 09:00, Berlin

# Sufficiency of current practice: How well does the Strengths and Difficulties Questionnaire detect clinically elevated PTSD, anxiety, and depression symptoms in children in care?

T43 - Trauma

Abstract:

Background

Children in care are at far greater risk of common and trauma-specific mental health difficulties than their peers including depression, anxiety and posttraumatic stress disorder (PTSD). In England, statutory monitoring of mental health difficulties amongst children in care consists solely of the carer-report Strengths and Difficulties Questionnaire (SDQ). Our aim was to understand the sufficiency of current screening practices for children in care. We investigated how sensitive the SDQ was to clinically elevated PTSD, anxiety, and depression symptoms.

Methods

The sample included 491 children aged 10 to 18 years old, under local authority care, and their caregiver where available (n = 342 carers, including foster carers, kinship carers and residential keyworkers). Children and caregivers completed the SDQ, along with child self-report standardised measures of anxiety and depression and PTSD symptom, using established clinical cut-offs.

Results

Most of the sample scored above clinical threshold on at least one measure. A large proportion of children scoring in the clinical range on the anxiety (44%), depression (46%), or PTSD (48%) symptoms measures did not score in the carer-report SDQ clinical range. Similar patterns were found using the self-report SDQ, with higher detection rates found when combining self- and carer-report SDQ.

Conclusions

Relying only on the carer-report SDQ as a mental health screening tool is likely inadequate to detect children living in care struggling with disorder-specific symptomology, particularly PTSD symptoms. We discuss benefits of using disorder-specific screening tools and incorporating child-report SDQ scores into mental health assessments for children in care.

Authors:

**Presenter,** Dr. Eva A Sprecher University College London (UCL), UK
Prof. Katherine Shelton Cardiff University, UK
Prof. Lisa Holmes University of Sussex, UK
Dr. Bethan Carter Cardiff University, UK
Dr. Charlotte Robinson Cardiff University, UK
Maryam Javed University College London (UCL), UK
Ruby Khan University College London (UCL), UK
John MacLeod University of Bristol, UK
Dr. Jeongeun Park University of Sussex, UK
Julie Selwyn University of Oxford, UK
Iram Siraj University of Oxford, UK and University of Maynooth, Republic of Ireland
Martin So University College London (UCL), UK
Prof. Rachel M Hiller University College London (UCL), UK

Subcontribution 19025 to Session ID 5890
Day 1 - 29.06.2025, 09:00 - 09:15, Berlin

# Autistic traits in childhood and Post-Traumatic Stress Disorder as young adults

T43 - Trauma

Abstract:
Background:
Despite the higher prevalence of childhood traumatic experiences and post-traumatic stress disorder (PTSD) in autistic adults, research in autistic youths is lacking. This study examined if high autistic traits in childhood predispose to traumatic experiences, the development of PTSD and general psychopathology, and greater functional impairment by age 18, in both the general population and a subsample of trauma-exposed young people.
Method:
Using data from the Environmental Risk (E-Risk) Longitudinal Twin Study, we analysed 1,504 children whose parents completed the Childhood Autism Spectrum Test (CAST) at ages 8, 9 and/or 12 years (N = 1,504). We examined associations between childhood autistic traits and age-18 outcomes of lifetime trauma exposure, PTSD diagnosis, general psychopathology ('p-factor'), and NEET status ('not in employment, education or training'), controlling for sex, socioeconomic status, IQ, and family clustering.
Results:
Higher autistic traits in childhood were significantly associated with greater reports of trauma exposure (Odd Ratio [OR]=1.26, 95% Confidence Intervals [CI]=1.03;1.54), PTSD diagnosis (OR=1.91, 95% CI=1.29;2.82), general psychopathology (beta=3.22, 95% CI=1.84;4.60), and NEET status (OR=1.48, 95% CI=1.05;2.09) at age 18. After adjusting for confounders, only associations with PTSD and psychopathology remained significant. Among trauma-exposed children, autistic traits were also significantly associated with lifetime PTSD diagnosis (OR=1.75, 95% CI=1.15;2.68), even after being adjusted for confounders.
Conclusions:
Our findings suggest a need to develop targeted assessments and evidence-based treatments for PTSD to meet the needs of children with high autistic traits. However, whether our findings extend to diagnosed autistic children requires further investigation.

Authors:
**Presenter,** Alice Quinton
Dr. Freya Rumball
Prof. Angelica Ronald
Prof. Dr. Helen L. Fisher
Prof. Dr. Louise Arseneault
Prof. Francesca Happé
Prof. Andrea Danese

Subcontribution 19029 to Session ID 5890
Day 1 - 29.06.2025, 09:15 - 09:30, Berlin

Improving mental health care for unaccompanied young refugees (UYR) through a stepped-care approach: a cluster randomized controlled hybrid effectiveness implementation trial
T43 - Trauma

Abstract:
Aims: The prevalence of PTSD, depression, and anxiety among unaccompanied young refugees (UYR) highlights an urgent need for scalable interventions. This trial seeks to evaluate a stepped-care model (BETTER CARE (BC), comprising (1) initial screening, (2) the preventive trauma-focused group intervention “Mein Weg” conducted by qualified child welfare personnel, and (3) trauma-focused cognitive behavioral therapy (TF-CBT) administered by community therapists) against the conventional care (UC) provided to UYR in German child and youth welfare settings (CYWS).
Methods: The findings will be analyzed using mixed-methods (quantitative analyses: linear hierarchical mixed models to assess effectiveness (primary outcome: PTSD symptoms) and treatment pathways, along with predictions regarding service utilization and dropout rates; qualitative analyses: exploring facilitators and obstacles to service uptake) to evaluate the outcomes and implementation challenges associated with the stepped-care model.
Results: A total of 58 child welfare institutions (BC = 29; UC = 29) participated in the trial, encompassing 627 unaccompanied young refugees (UYR) (BC = 317; UC = 310; 90.7% male, mean age = 16.73). The final follow-up has been completed, enabling a presentation of the effectiveness outcomes during the conference using linear hierarchical mixed models, as well as insights into the opportunities and barriers for implementation derived from qualitative interviews with UYR.
Conclusions: This study stands as one of the pioneering large-scale implementation trials assessing a stepped-care framework to treat trauma-related disorders in UYR with evidence-based interventions. Should it prove successful, this trial could establish a framework for the adaptation of stepped-care strategies for UYR in high-income nations.

Authors:
**Presenter,** Prof. Cedric Sachser
Prof. Dr. Elisa Pfeiffer
Prof. Rita Rosner

Subcontribution 19030 to Session ID 5890
Day 1 - 29.06.2025, 09:30 - 09:45, Berlin

# Evaluation of the Feasibility and Effectiveness of Trauma-focused Therapy During the War in Ukraine

T43 - Trauma

Abstract:
Aims: The large-scale Russian invasion into Ukraine in early 2022 resulted in a humanitarian crisis with hundreds of thousands of children and their families exposed to traumatic events. Hence, this study aims at evaluating 1) the feasibility of a training program for Ukrainian therapists on Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) and 2) the feasibility and effectiveness of the treatment for children, youth and their families in and from Ukraine during the ongoing war.
Method: The project "TF-CBT Ukraine" was implemented between March 2022 and May 2024, in close collaboration with local and international partners. Therapists completed questionnaires before/after the training and patients were asked to complete a measure on posttraumatic stress disorder (PTSD) before/after treatment.
Results: Altogether 138 therapists started the training program and n = 62 were certified as TF-CBT therapists. The program completers reported overall high satisfaction with the training program, a positive change in their attitude towards evidence-based treatments (EBTs) and trauma-related knowledge gain. As part of their training, the therapists recruited 323 patients (age 3-21, 37% male). The patients reported significant improvement in symptoms of PTSD at the end of treatment with large pre-post effect sizes for DSM-5 PTSD (dselfreport = 2.58; dcaregiverreport = 2.38), ICD-11 PTSD (dselfreport = 2.19; dcaregiverreport = 1.90), ICD-11 CPTSD (dselfreport = 2.26; dcaregiverreport = 2.13) and DSM-5 pre-school PTSD (dcaregiverreport = 4.03).
Conclusions: The results of this study are promising in regard to the general implementation of trauma-focused EBTs in active conflict areas. Future studies need to replicate these findings in a randomized controlled study design.

Authors:
**Presenter,** Prof. Dr. Elisa Pfeiffer Ulm University / German Center for Mental Health (DZPG) / Catholic University Eichstätt-Ingolstadt
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Michael Larsson Private Practice / Child and Youth Psychiatry, Falun Sweden
Anthony Mannarino Allegheny General Hospital
Gavin Moffitt TF-CBT Australia
Marja Onsjö University of Gothenburg / Private practice
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Anna Vikgren Centre for Support and Treatment, Save the Children Sweden
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Vitalii Klymchuk University of Luxembourg & Mental Health of Ukraine Project
Prof. Cedric Sachser Ulm University / German Center for Mental Health (DZPG) / Otto Friedrich University Bamberg

Symposium 17329 to Session ID 5779
Day 1 - 29.06.2025, 08:30 - 10:00, Bruxelles

Parental adversity in the perinatal period
T21 - Infants

Abstract:
Since the concept of fetal programming was first introduced 30 years ago, researchers have toiled to uncover mechanisms by which the effects of parents' adverse experiences from their infancy onwards can be transmitted to their children as early as during pregnancy. This symposium brings together clinical researchers and developmental neuroscientists from three different countries who study the interaction of trauma and attachment, risk and resilience during the perinatal period. The implications for prenatal and early postnatal intervention are clearer, as are evidence informed interventions as well as new intervention models that require further testing. The symposium's discussant will update us on the latter and animate lively discussion on this crucial topic.

Authors:
**Chair** Daniel Scott Schechter CHUV Centre Hospitalier Universitaire Vaudois
**Co-chair** Prof. Dr. Erica Willheim New York University Grossman School of Medicine

Subcontribution 17333 to Session ID 5779
Day 1 - 29.06.2025, 08:30 - 08:45, Bruxelles

# Maternal Pre-Conception Adversity and Prenatal Attachment Quality and Pregnancy Specific Anxiety in the Lausanne Prequel Study

T21 - Infants

Abstract:
This study aimed to determine whether early life exposure to interpersonal violent events and severity of related psychopathology (PTSD and/or MDD) are related to pregnancy-related anxiety, and whether these factors could predict altered attachment behaviors toward her unborn child.
Methods: Out of an initial total of 81 pregnant participants (age: 31.01 ± 5.32), 65 who had complete and valid data as of 24-26 weeks gestation. The Maternal Prenatal Attachment Scale (MAAS) questionnaire (Condon, 1989), including its two subscales, Attachment Quality and Attachment Time was administered as an outcome measure.
Following simple multiple linear regression analyses, strongest predictors of our outcome variables were determined using a stringent linear mixed-effects model selection process. The model selection process used a stepwise linear regression approach, employing both backward and forward selection. Mediation of the effects of PTSD by comorbid depressive symptom severity was then explored. Results: Both maternal PTSD and depressive symptom severity predicted pregnancy specific anxiety ($p = .051$, $p = .019$ respectively). Similarly maternal PTSD and depressive symptom severity strongly predicted the overall quality and preoccupation with prenatal attachment on the MAAS ($p = .017$, $p < .001$ respectively). With respect to mediation, maternal depression severity partially mediated the effects of maternal PTSD on overall quality and preoccupation with prenatal attachment on he MAAS ($p = .054$) and on quality of attachment only ($p < .01$). Conclusions: Depression symptom severity consistently emerged as the strongest predictor across multiple outcome variables, including Pregnancy-Specific Anxiety and Attachment Quality. These finding were consistent across both stepwise and regularization regressions, reinforcing depression's significant influence on these domains.

Authors:
**Presenter,** Daniel Scott Schechter Lausanne University Hospital And Faculty Of Biology & Medicine
Dr. Ryan Murray Lausanne University Hospital And Faculty Of Biology & Medicine
Shannen Graf Lausanne University Hospital And Faculty Of Biology & Medicine
Dr. Sébastien Urben Lausanne University Hospital And Faculty Of Biology & Medicine
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Subcontribution 17331 to Session ID 5779
Day 1 - 29.06.2025, 08:45 - 09:00, Bruxelles

# The Legacy of Maternal Childhood Maltreatment during the Perinatal Period: Links with Prenatal Disrupted Caregiving Representations, Parenting Behavior, and Toddler Development

T21 - Infants

Abstract:
Research has shown that exposure to childhood maltreatment has multi-generational effects. Pregnancy often evokes thoughts/feelings about one's own history of being parented and oneself as a parent, yet sparse research has examined associations between childhood maltreatment history, perinatal mental health symptoms, deleterious caregiving representations and behavior, and early childhood outcomes. The current study included 120 racially diverse (47% African American, 36% Caucasian, 12% Multi-Racial), primarily low income (Median = $1500USD/month) women recruited during their last trimester of pregnancy (T1) in the Midwestern United States. Participants completed prospective follow-up assessments when their children were 1- (T2; 95% retention) and 2-years-old (T3; 83% retention). Bivariate analyses revealed significant ($p < .05$) associations between childhood maltreatment, prenatal PTSD symptoms, prenatal disrupted caregiving representations, disrupted postnatal parenting behaviors at T2, and problematic toddler developmental outcomes at T3. Moderated mediation analyses indicated: 1) a significant indirect effect of maternal childhood maltreatment on toddler development via prenatal PTSD symptoms, with postnatal disrupted parenting moderating the association between PTSD symptoms and toddler development (overall model $R2 = .11$, $F[4,97] = 2.92$, $p = .02$), and 2) a significant indirect effect of prenatal PTSD symptoms on toddler social-emotional problems via prenatal disrupted caregiving representations, with postnatal disrupted parenting moderating (trend-level) the path between disrupted representations and toddler problems (overall model $R2 = .23$, $F[4,96] = 7.25$, $p = .00$). Results suggest that trauma-informed, dyadic interventions may be particularly beneficial to address the intergenerational impacts of trauma on women and their young children during the perinatal period.

Authors:
**Presenter,** Prof. Alissa Huth-Bocks Merill-Palmer Skillman Institute, Wayne State University
Sarah Ahlfs-Dunn St. David's Center for Child and Family Development
Katherine Guyon-Harris University of Pittsburgh School of Medicine
Jessica Riggs University of Michigan/Michigan Medicine
Jerrica Pitzen Rochester University

Subcontribution 17334 to Session ID 5779
Day 1 - 29.06.2025, 09:00 - 09:15, Bruxelles

# Maternal Childhood Experiences of Abuse versus Neglect: Differential Effects on Infant Brain Volumes and White Matter Microstructure

T21 - Infants

Abstract:
Emerging evidence suggests that maternal maltreatment in childhood may have intergenerational effects on offspring brain development. Models of adversity that distinguish between experiences of threat versus deprivation may be relevant for understanding differential effects of abuse versus neglect. We will present findings from a cohort of mother-infant dyads assessing associations among maternal childhood maltreatment, infant cortisol stress reactivity, and infant brain volumes and white matter microstructure. Mothers completed a questionnaire assessing experiences of childhood abuse and neglect. Infant cortisol output following the Still-Face Paradigm was assessed at 4 months. Infants completed a T1- and diffusion-weighted MRI scan (M=12 months). Whole brain, amygdala, hippocampus, thalamus, basal ganglia, and insular cortex volumes were extracted via automated segmentation. Preprocessing of diffusion MRI data was performed with DTIPrep and FSL, with whole brain tracts constructed with Diffusion Toolkit. Corpus callosum, bilateral cingulum, corticospinal tract, medial lemniscus, and dorsal and ventral language networks were extracted via manual ROI placement using TrackVis. In the brain volume analysis (N=57), maternal childhood neglect, but not abuse, was indirectly associated with larger infant amygdala, hippocampus, and thalamus volumes through greater infant cortisol output to the Still-Face Paradigm. In the white matter analysis (N=44), maternal childhood maltreatment was associated with decreased infant white matter integrity (lower fractional anisotropy, higher apparent diffusion coefficient and axial and radial diffusivity), particularly for neglect in relation to the right long segment of the dorsal language network. These findings suggest that maternal childhood neglect may have specific, robust effects on offspring brain development in infancy.

Authors:
**Presenter,** Dr. Michelle Bosquet Enlow Boston Children's Hospital
Banu Ahtam Boston Children’s Hospital
Jennifer Khoury Mount Saint Vincent University
Henry Feldman Boston Children’s Hospital
Prof. Karlen Lyons-Ruth Cambridge Health Alliance
P. Ellen Grant Boston Children's Hospital

Subcontribution 17336 to Session ID 5779
Day 1 - 29.06.2025, 09:15 - 09:30, Bruxelles

# Infant colic and behavioral problems from childhood to adolescence – moderation by maternal childhood trauma and attachment style.

T21 - Infants

Abstract:
Approximately 25% of infants are affected by colic, defined as excessive, unsoothable crying for three or more hours per day within the first 12 weeks postpartum. While colic is a major stressor for parents and has been linked to early behavioral difficulties, its long-term association with behavioral problems from childhood to adolescence remains unexplored. Additionally, some parents may be particularly vulnerable to the stress of caring for a colicky infant, yet the role of maternal childhood trauma and insecure attachment in moderating this association between infant colic and later behavioral problems is unknown. The current study will create trajectories of children's behavioral problems across development from ages 2.5 to 16. After, we will examine whether infant colic predicts these behavioral problems trajectories, and assess whether maternal adverse childhood experiences (ACEs) and attachment insecurity moderate these associations. We use data from the longitudinal BIBO cohort, which includes maternally reported child behavior across eight assessment waves. Infant colic was assessed at six weeks postpartum using a four-day maternal diary. Latent class growth analysis (LCGA) will model behavioral problem trajectories, with additional predictors incorporated subsequently. Analyses are ongoing, and findings will be presented at the conference. Importantly, previous results from the BIBO study have demonstrated the long-term role of infant colic on adolescent sleep problems (Rheinheimer & de Weerth, 2025) and steeper diurnal cortisol slopes (Brett et al., 2024). This study will provide crucial insights into the possible lasting impact of infant colic and help identify families most vulnerable to its effects.

Authors:
**Presenter,** Nina Bruinhof Radboud University Medical Center
Asia Latini Radboud University Medical Center
Carolina de Weerth Radboud University Medical Center

Subcontribution 17337 to Session ID 5779
Day 1 - 29.06.2025, 09:30 - 09:45, Bruxelles

A brief discussion of clinical implications: Therapeutic interventions for trauma-exposed infants and their caregivers in the perinatal period
T21 - Infants

Abstract:
Trauma-focused psychotherapies for infants, toddlers, and preschoolers comprise a unique subset of child trauma interventions. Additionally, new trauma-focused psychotherapy models for during the perinatal period beginning even before birth offer new opportunities for the earliest preventive intervention. Given the developmental age-range in question, certain characteristics of these therapies can differ significantly from those for older children. This discussion briefly reviews some examples of evidence-based treatments, followed by promising, evidence-informed interventions for traumatized infants and their caregivers during the perinatal period and mentions a few interventions that do not target trauma directly, but rather reinforce attachment-related protective factors such as parental sensitivity and reflective functioning. Directions for further research are discussed.

Authors:
**Presenter,** Prof. Dr. Erica Willheim New York University Grossman School of Medicine

Symposium 18567 to Session ID 5908
Day 1 - 29.06.2025, 08:30 - 10:00, Boston

Family and Social Dynamics Across the Early Lifespan and Generations: Evidence from Community-Based Prospective-Longitudinal Cohort Studies
T45 - Birth Cohorts and longitudinal studies

Abstract:
Prospective-longitudinal cohort studies lend themselves to the investigation of social dynamics and well-being across a person's life and also across generations. This symposium brings together prospective-longitudinal, community-based cohort studies from Europe and the U.S. Each study began in childhood, and assessed participants and their parents on behavioral characteristics and social and family dynamics. As participants became adults, the studies added intergenerational data collections by assessing children of original cohort members. The papers in this symposium each draw on data from 2-3 generations, and focus on the associations of social experiences in the family and peer contexts on health and well-being across the early lifespan and across generations.
Paper 1 examines whether the childhood caregiving environment "gets under the skin" to predict epigenetic aging. Paper 2 examines physical family aggression: from youth to parents and vice versa, and how childhood social experiences predict developmental patterns of family aggression. Paper 3 tests whether parents' childhood bullying roles, assessed prospectively, predict their children's mental health and mediators of these associations. Paper 4 analyzes the genetically-informed multi-generation TRAILS study, documenting the important role of parenting in the intergenerational transmission of aggression and delinquency. Paper 5 investigates whether a multi-site childhood intervention in the U.S. interrupted the transmission of family violence from one generation to the next.
With their shared prospective-longitudinal cohorts designs and their unique aspects (i.e., biological data collections, childhood interventions, different timing of intergenerational data collections), these studies suggest that social influences in childhood contribute to shaping development across decades and generations.

Authors:
Prof. Dr. Lilly Shanahan University of Zurich

Subcontribution 18569 to Session ID 5908
Day 1 - 29.06.2025, 08:30 - 08:45, Boston

# The Impacts of the Early Childhood Caregiving Environment on Epigenetic Aging Across the Life Course: Findings from a Representative Epidemiological Sample

T45 - Birth Cohorts and longitudinal studies

Abstract:
Aims. Whether caregiving environments “get under the skin” to predict biological aging is not well understood. The current study examines how five aspects of the caregiving environment provided in childhood (family social relationships, sibling relationships, relationships between caregivers, prenatal/perinatal caregiving experiences, and caregiving during middle childhood) predict epigenetic aging in childhood and adulthood, as well as acceleration in epigenetic aging from childhood to adulthood.
Methods. 381 participants in the Great Smoky Mountain Longitudinal Study (a longitudinal, epidemiological representative study in the Southeastern United States) were followed from ages 9-30. These participants completed annual structured clinical interviews that assessed the 5 aspects of the caregiving environment. Participants also gave blood in childhood (between ages 9-16) and adulthood (between ages 19-30) which was used to calculate participants’ childhood epigenetic age, adult epigenetic age, and different between child and adult epigenetic age. Structural equation models examined whether the five aspects of the caregiving environment predicted epigenetic aging.
Results and Conclusions. Two aspects of the childhood caregiving environment predicted epigenetic age; prenatal/perinatal caregiving experiences, and sibling relationships. Every one additional positive prenatal/perinatal caregiving experience predicted a .29 year younger childhood epigenetic age. Moreover, participants who reported the presence of poor relationships with siblings between ages 9-16 aged 1.34 years more between childhood and adulthood than those who did not report poor sibling relationships. Other aspects of childhood caregiving environment were not significant predictors of epigenetic age.
Prenatal/perinatal caregiving environments and sibling relationships are protective factors in childhood that could prevent biological aging.

Authors:
**Presenter,** Dr. W. Andrew Rothenberg
Dr. Silvia Middei
Dr. Jennifer Godwin
Lauren Gaydosh
Iliya Gutin
Prof. Dr. Lilly Shanahan
Prof. William Copeland

Subcontribution 18571 to Session ID 5908
Day 1 - 29.06.2025, 08:45 - 09:00, Boston

# Youth-to-Parent Aggression from ages 11 to 24: Prevalence, Childhood Predictors, and Associations with Parent-to-Youth Aggression

T45 - Birth Cohorts and longitudinal studies

Abstract:
Aims. Physical youth-to-parent aggression (PYPA) is well-recognized in clinical, child-welfare, and juvenile-justice settings, but it is understudied in the general population. Aim 1 was to document the prevalence and developmental course of PYPA across adolescence and young adulthood in the general population and to examine childhood behavioral and interpersonal risk and protective factors of PYPA. Aim 2 was to understand how adolescents and their parents move into and out of physical family aggression and predictors of these transitions.
Methods. The community-representative Zurich Project on Social Development from Childhood to Adulthood (z-proso) assessed PYPA between ages 11 and 24 (N = 1,522) with items that assessed whether the adolescents had hit or kicked their parents or threw objects at them. Data on risk and protective factors were assessed from age 7. Generalized estimating equations examined the prevalence of PYPA, logistic regressions examined risk and protective factors, and Markov modelling examined transitions between types of family aggression.
Results and Conclusions. 32.5% of adolescents reported PYPA at least once. The point prevalence was highest (15.8%) at age 13 and then decreased at varying rates. Adolescents' ADHD symptoms, harsh parenting, and parental disagreement increased the risk of PYPA; whereas competent conflict coping and parental involvement reduced it. Youth in families who consistently displayed both PYPA and parent-to youth aggression across development had distinct risk profiles, including low self-control, low competent conflict-coping, low parental involvement, and problems with peers. PYPA is common and occurs in contexts characterized by behavioral and interpersonal risk.

Authors:
**Presenter,** Dr. Laura Bechtiger
Dr. David Bürgin
Dr. Clarissa Janousch
Dr. Denis Ribeaud
Prof. Dr. Manuel Eisner
Prof. Dr. Lilly Shanahan

Subcontribution 18573 to Session ID 5908
Day 1 - 29.06.2025, 09:00 - 09:15, Boston

# Associations of Parent Bullying with their Children's Mental Health: A Prospective Study

T45 - Birth Cohorts and longitudinal studies

Abstract:
Aims: To test whether childhood bullying roles of parents assessed prospectively predicts their children's bullying involvement and mental health 20 years later.
Methods: This study used data from a prospective, population-based study of 1420 participants assessed four to six times between ages 9 and 16 about their bullying involvement. Participants were categorized as bullies only, victims only, bullies and victims (bully/victims), or uninvolved. Twenty years later, their children's bullying involvement and mental health were assessed with the Strengths and Difficulties Questionnaire.
Results and Conclusions: Children of victims of bullying (either victims or bully/victims) were at increased risk of being victims of bullying themselves (OR=1.9, 95% CI 1.0-3.6, p=0.05). After controlling for their parent's other experiences of adversity and early mental health problems, children of victims had higher levels of hyperactivity/inattention (mean ratio (MR)=1.3, 95% CI=1.1-1.6, p=0.02) and total problems (MR=1.3 95% CI= 1.0-1.6, p=0.05) as compared to children whose parents were uninvolved in bullying. Children of bully/victims were at greatest risk with elevated levels of emotional problems (MR=2.3, 95% CI= 1.6-3.2, $p < 0.01$), hyperactivity/inattention (MR=1.8, 95% CI= 1.3-2.6, $p < 0.01$), peer problems (MR=2.0, 95% CI= 1.4-3.0, $p < 0.01$), and total problems (MR=2.1, 95%CI=1.4-3.0, $p < 0.01$). These intergenerational associations were mediated by parent depressive problems in adulthood, parenting behavior, and family income. Being bullied is associated with increased mental health problems that may persist from one generation to the next with the worst outcomes for children of parents who were both victims and bullies themselves.

Authors:
**Presenter,** Prof. William Copeland
Shania Prytherch
Prof. Dr. Dieter Wolke

Subcontribution 18574 to Session ID 5908
Day 1 - 29.06.2025, 09:15 - 09:30, Boston

Intergenerational Transmission of Problem Behavior: Genetic and Environmental Pathways
T45 - Birth Cohorts and longitudinal studies

Abstract:
Aims. Despite growing interest in the intergenerational transmission of problem behavior, methodological shortcoming hamper conclusions about whether indeed "the apple doesn't fall far from the tree" and, if so, why. Problem behavior is often measured retrospectively, one generation reports on own and other generation's problem behavior, or problem behavior is assessed in vastly different developmental periods. Moreover, the interplay between genetic and environmental transmission pathways has been neglected.
Methods. Longitudinal data from TRAILS (n = 2201), a genetically-informed multiple-generation Dutch cohort study were used to examine whether parents' problem behavior (lifetime antisocial behavior and substance use, reported at ~40yrs) predicts offspring problem behavior nearly two decades later (aggression and delinquency at ~ 29 and ~32yrs). We computed path models, starting with a simple direct effect model, adding direct genetic effects and genetic nurture via parent problem behavior first, environmental mediation by psychologically aggressive parenting (but no genetic effect) second, and both the direct genetic effects, genetic nurture via parent problem behavior and environmental mediation via psychologically aggressive parenting third.
Results and Conclusions. Parenting was a stable intergenerational transmission mechanism, even when taking genes into account. In contrast, we only found partial support for genetic prediction of offspring aggression and delinquency. As such, our study underscores the enduring impact of parenting as an environmental pathway in the intergenerational transmission of problem behavior. While genetic factors are not to be discounted, the robustness of environmental influences, particularly parenting, calls for continued focus on improving family environments to mitigate problem behavior across generations.

Authors:
Miranda Sentse
Marte de Roo
**Presenter** Prof. Dr. Tina Kretschmer

Subcontribution 18577 to Session ID 5908
Day 1 - 29.06.2025, 09:30 - 09:45, Boston

# The Effects of the Fast Track Intervention on the Intergenerational Transmission of Violence Across Three Generations

T45 - Birth Cohorts and longitudinal studies

Abstract:
Aims. Though much theoretical work proposes that violent home environments can be passed across generations, few prospective intergenerational longitudinal studies evaluate this hypothesis, and none explore whether this intergenerational transmission can be disrupted by early childhood prevention programs. This study explores this question.
Methods. This study uses data from the Fast Track intervention, an evidence-based multicomponent intervention (e.g., parent training, social skills training, classroom curricula) designed to prevent conduct problems in adulthood by beginning to intervene with children at high-risk for conduct problems in 1st grade. Fast Track randomized control trial participants have been followed as they have aged and started their own families. Therefore, though data collection is ongoing, this sample will include at least 389 Generation 1 (G1) parents and Generation 2 (G2) children from the original Fast Track trial, and at least 1057 Generation 3 (G3) children of those G2s who already have complete data. Violence in the G1-G2 home in the 1990s, and the G2-G3 home in the present day are measured using the Conflict Tactics Scale. G3 psychological adjustment is measured using the Strengths and Difficulties Questionnaire. Structural equation models will examine whether G1-G2 home violence predicts G2-G3 home violence, which subsequently predicts G3 psychological difficulties. Multiple group modeling will reveal whether these links are weakened in families who received the Fast Track Intervention, compared to the control group.
Results and Conclusions. This study will reveal whether and when childhood interventions can break intergenerational cycles of family violence. Results will be ready for the conference.

Authors:
**Presenter,** Dr. Laura Gorla
Dr. W. Andrew Rothenberg
Jennifer Lansford
Conduct Problems Prevention Research Group

Symposium 19634 to Session ID 5743
Day 1 - 29.06.2025, 09:00 - 10:15, Curie A

Round table - History of French child psychiatry: issues and controversies

Abstract:
Crisis and controversies in the history of child psychiatry
Jean-Christophe COFFIN, Maître de conférences en histoire de la psychiatrie de l'enfant et éducation spéciale, au département des sciences de l'éducation de Paris 8.
La pédopsychiatrie tout en développement. Une histoire contemporaine et courante
Yann Craus : MD PhD - GHU PPN site Ste-Anne
Institut d'Histoire et de Philosophie des Sciences et Techniques (IHPST, Paris 1 Panthéon Sorbonne)
Institut de Humanités en Médecine (IHM, Université de Lausanne).Crises et divergences dans l'histoire de la psychiatrie de l'enfant et de l'adolescent.
Depuis de 20e siècle, le terme de crise est utilisé pour caractériser la situation de la pédopsychiatrie française. Il est repris par des familles de patients, par certaines autorités politiques et sanitaires et par les pédopsychiatres eux-mêmes. Le diagnostic semble irréfutable. On fera cependant l'hypothèse que le terme de crise n'est pas défini exclusivement de la même manière. Je propose d'identifier trois niveaux de crise : une crise des moyens financiers, une crise de la prise en charge du patient et enfin une crise concernant plus particulièrement le savoir psychiatrique. C'est sur ce dernier point que je développerai mon intervention tout en pensant que ces trois dimensions du sentiment de crise ont des aspects en commun. Je m'appuierai sur la prise de parole intitulée « Nous ne pouvons plus nous taire » parue en 2021. Portée et soutenue par différents représentants du monde la santé et de la protection de l'enfance, le texte dénonçait la situation de la prise en charge des mineurs en demande (potentielle) de transition du sexe de naissance. De nombreux point étaient dénoncés contribuant à créer le sentiment d'une crise majeure. Les points suivants seront abordés : tout d'abord, j'examinerai pourquoi ces professionnels ont retenu l'usage du terme de crise dans ce contexte précis et quels étaient leurs arguments. Ensuite, j'aborderai la question de savoir ce que signifie produire des expertises dans un contexte de pluralisme moral et de divergences parmi les professionnels. Enfin je discuterai si l'usage du terme de crise est le plus approprié pour qualifier des situations que je perçois plus volontiers comme des situations de controverses.
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La pédopsychiatrie tout en développement. Une histoire contemporaine et courante
Alors que la notion de développement est devenue centrale en pédopsychiatrie, nous proposons d'en donner une perspective historique. L'histoire de la psychiatrie peut se décliner en trois c : classique, contemporaine et courante. Nous laisserons ici l'histoire classique qui concerne les grands auteurs et leurs descriptions cliniques du XIXe siècle jusqu'au mitan du XXe siècle, pour nous concentrer sur l'histoire contemporaine qui commence après-guerre et se déploie à partir des différentes versions du manuel statistique et diagnostique DSM. Une histoire courante rend quant à elle particulièrement sensible l'intérêt d'un questionnement épistémologique pour une spécialité médicale en rapide évolution. Des troubles du développement des années 1980 – intéressant les apprentissages et les psychoses de l'enfant (Craus, à paraître) jusqu'aux troubles neurodéveloppementaux qui gagnent actuellement l'ensemble des pathologies pédopsychiatriques, la perspective développementaliste adoptée influence aujourd'hui toute la psychiatrie (Craus, 2024).

Authors:
**Presenter, Chair** Dr. Marie-Michèle Bourrat

Symposium 19617 to Session ID 5726
Day 1 - 29.06.2025, 10:15 - 11:00, Schweitzer

ESCAP SOA Session I - Neeltje van Haren: Running in the family - the role of brain imaging in the intergenerational transmission of mental illness

Abstract:
Abstract
Mental illness runs in the family. A family history of mental illness is the most important risk factor for the development of mental health problems. About 60-70% of children with a parent with severe mental illness (SMI), e.g. schizophrenia, bipolar disorder, major depression, will develop a mental disorder in their lifecourse. This prevalence is much lower in the general population, approximating ~20% of adults; this suggests an intergenerational transmission of disease risk from affected parents to offspring. Despite ample evidence that mental illness can be passed from parent(s) to children, how and when this occurs is still poorly understood. Studies with a variety of family-based designs, including twin, within-family, and adoption studies have suggested that the aetiology of SMI is governed by a complex interplay of genetic factors (heritability estimates between 0.4 and 0.8) and environmental risk. Such gene-environment interplay involves many susceptibility genes with small effects, few rare genetic variants with larger effects, and a variety of environmental risk factors (e.g. trauma or family-environment, such as maladaptive parenting and suboptimal bonding). Developmental brain features (e.g. intracranial and brain growth, myelination, connectome development) and infant socioemotional development possibly mediate how genetic and environmental factors ultimately materialise into mental disorder. I will present work from the ENIGMA Relatives working group, where we pooled neuroimaging data from family cohorts across multiple sites and from our longitudinal child and adolescent offspring neuroimaging study (DBSOS) where we estimated brain developmental trajectories, and investigated the role of IQ and psychopathology.
CV
Neeltje van Haren is trained as a neuropsychologist and specialised in psychiatric neuroimaging research. She is a professor of brain development and psychopathology at the Department of child and adolescent psychiatry/psychology (CAPP) at the Erasmus Medical Centre (Rotterdam). Dr. van Haren focuses her research on investigating the neurobiological and (social) cognitive basis of schizophrenia and bipolar disorder, using experimental cognitive paradigms, neuroimaging, and family designs. She investigated the confounders (e.g., outcome, antipsychotic medication intake, life events, cannabis) that influence the (excessive) structural brain abnormalities in these disorders. This work included family designs (e.g. offspring, siblings, twins and parents) on the heritability of brain structure. She is actively involved in several large international MRI consortia (e.g., ENIGMA). Currently, her main projects focus on 1) the Positive Valence system (funded by NIMH) where her group investigates the genetic basis of and the interaction between key Positive Valence domains in patients with schizophrenia or bipolar disorder, their family members and controls, 2) (very early) brain development in offspring of parents with severe mental illness in the psychosis-mood spectrum, both in the perinatal period and adolescence, and 3) brain imaging in neonates with critical illness. Recently, the FAMILY consortium, which she leads, received funding from the Horizon Europe program to set up a comprehensive project to develop novel prediction models that promote a better understanding the mechanisms of intergenerational transmission of mental illness.

Authors:
**Presenter, Chair** Prof. Dr. Nathalie Godart FSEF/INSERM

Symposium 19618 to Session ID 5727
Day 1 - 29.06.2025, 10:15 - 11:00, Cassin

ESCAP SOA Session I - Laelia Benoît: Climate change and children mental health.

Abstract:
Abstract
Climate change is a growing public health crisis with profound implications for children's mental health. This state-of-the-art presentation explores the multiple pathways through which climate change affects young people's psychological well-being, including direct exposures (e.g., extreme weather events, displacement) and indirect effects (e.g., food insecurity, air pollution, eco-anxiety). We will review the latest research on the prevalence and nature of climate-related mental health challenges in children, emphasizing disparities affecting marginalized communities. Additionally, we will discuss emerging interventions, from trauma-informed care to community-based resilience programs, and the role of child and adolescent psychiatrists in advocacy and systemic change. Drawing from interdisciplinary and international perspectives, this presentation aims to equip clinicians, researchers, and policymakers with the knowledge to address climate-related mental health risks in youth and to foster resilience in an era of environmental uncertainty.
CV
Dr. Laelia Benoit, MD, PhD is a Child and Adolescent Psychiatrist, trained in France, currently based at the Yale Child Study Center. She co-directs the QUALab, Qualitative and Mixed Methods Lab, a collaboration between Yale (Dr. Andrés Martin) and the French NIH (Inserm, CESP, Dr. Bruno Falissard).
Her research focuses on qualitative methods, youth mental health, climate change, school refusal, migration, and access to care. Her current project examines the impact of climate change on child and adolescent mental health in the US, Brazil, and France, using citizen research approaches that engage youth, families, and professionals.
She teaches qualitative methods at Yale, the University of São Paulo, and the University of Paris. Awards include the Yale International Physician-Scientist Award (2023) and Fulbright (2021).
Books: L'Adolescent fragile (2016), Phobie scolaire (2020), Infantisme (2023).

Authors:
**Presenter, Chair** Prof. Dr. Paul Klauser Lausanne University Hospital

Symposium 19635 to Session ID 5744
Day 1 - 29.06.2025, 10:15 - 11:00, Curie A

Rencontre avec l'expert : Numérique et pédopsychiatrie : je t'aime moi non plus (J. Fegert)

Abstract:
Intervenant:
Jörg Fegert
Modération par:
Olivier BonnotDans le contexte d'une numérisation croissante, la relation des adolescents et des jeunes adultes avec la technologie mobile, en particulier les smartphones, est marquée par une profonde ambivalence. D'une part, les médias numériques offrent un lien social, un divertissement et même un soutien à la santé mentale; d'autre part, ils présentent des risques de surutilisation, de détresse psychologique et d'exploitation sexuelle. Cette ambivalence est particulièrement évidente dans la citation suivante d'un jeune adulte de Manille: « Quand je me sentais mal, 80 % [du contenu] concernait la santé mentale. C'est un trou de lapin, parce que ça commence avec une seule vidéo. Si une vidéo attire votre attention, même si vous ne l'aimez pas, la prochaine fois que vous ouvrez TikTok, vous la voyez, et parce qu'elle vous semble familière, vous la regardez à nouveau, puis vous regardez à nouveau la vidéo, et la fréquence de ce type de vidéos dans votre fil d'actualité augmente de manière exponentielle » (Amnesty International, 2023). Cette présentation explore les attitudes contradictoires des jeunes vis-à-vis de l'utilisation de leur téléphone portable, en mettant l'accent sur les résultats d'études récentes en Allemagne et à l'international.
Si la plupart des adolescents font état d'expériences numériques globalement positives, les comportements problématiques tels que l'utilisation excessive, l'engagement nocturne et les interactions sociales à risque sont très répandus. Cette ambivalence est particulièrement prononcée chez les jeunes exposés à des traumatismes, qui sont à la fois plus susceptibles de faire confiance aux médias sociaux pour construire leur identité et créer des liens, et plus vulnérables aux risques en ligne tels que la cyberintimidation, la sollicitation sexuelle et l'exposition à des contenus préjudiciables.
Cette contribution, basée sur des données provenant d'enquêtes et d'études d'observation, y compris des analyses basées sur l'intelligence artificielle du comportement sur TikTok et du sentiment dans les messages directs, souligne comment les technologies numériques peuvent à la fois soutenir et mettre en danger la santé mentale des jeunes ainsi que la protection de l'enfance. Les résultats mettent en évidence la nécessité de reconnaître les différences individuelles en matière de vulnérabilité et de comportements numériques.
Cette présentation encourage une compréhension nuancée de la vie numérique des adolescents et plaide en faveur de stratégies interdisciplinaires de prévention, d'éducation et de soutien à la santé mentale en psychiatrie infantile et adolescente. Elle soutient que l'ambivalence numérique n'est pas une contradiction, mais une dynamique centrale qui doit être reconnue pour soutenir efficacement les jeunes dans un monde connecté.
Source:
Amnesty International (2023). Driven Into The Darkness. How TikTok's 'For You' Feed Encourages Self-Harm and Suicidal Ideation.

Authors:
**Presenter, Moderator** Prof Olivier Bonnot Université Paris Saclay

Symposium 19620 to Session ID 5729
Day 1 - 29.06.2025, 10:15 - 11:00, Curie B

ESCAP SOA Session I - David Mataix-Cols: Nature and nurture in OCD: what are we learning that could inform prevention?

Abstract:
Abstract
Obsessive-compulsive disorder (OCD) is a relatively prevalent, childhood-onset condition associated with substantial disability, school failure, alcohol and substance misuse, suicide risk, and high societal costs. In this lecture, I will summarise the latest research on OCD and related disorders, with a focus on risk factors (e.g. genetics, childhood infections, bullying and traumatic experiences) and discuss whether and how this research may eventually result in actionable prevention efforts.
CV
Professor Mataix-Cols specialises in the study and treatment of OCD and related disorders across the lifespan. He completed his PhD in 1999 and held positions at Imperial College London and King's College London, becoming a full professor in 2012. In 2013, he joined Karolinska Institutet in Stockholm where he leads a research group and helped set up a specialist OCD and related disorders clinic. The research focuses on understanding both the causes and the consequences of these disorders, and on the development of novel interventions. Much of his team's current research involves the development of digital tools for the dissemination of psychological therapies for young people. He is a highly cited researcher, with over 400 publications in peer-reviewed journals.

Authors:
**Presenter, Chair** Prof. Dr. Jean-Philippe Raynaud Toulouse University Hospital

Symposium 17177 to Session ID 5787
Day 1 - 29.06.2025, 11:15 - 12:45, Cassin

# Can we identify - and reduce - psychosis risk in child and adolescent mental health services?

T32 - Psychosis

Abstract:
Recent research has highlighted important opportunities for psychosis prediction and prevention within routine child and adolescent psychiatry (CAP) services. This symposium will explore the latest research on identifying risk for psychosis within CAP services. It will use total population healthcare register data from Finland and the UK to demonstrate how risk for psychosis can be captured in CAP services. It will identify specific risk factors for psychosis amongst CAP patients. It will discuss how measures of psychotic symptoms in CAP inpatients relates to risk of later psychotic disorders. And it will present cutting edge causal inference research on the relationship between childhood psychiatric and non-psychiatric treatments and subsequent risk of psychosis.

Authors:
**Chair** Prof. Dr. Ian Kelleher University of Edinburgh

Subcontribution 17178 to Session ID 5787
Day 1 - 29.06.2025, 11:15 - 11:30, Cassin

# Psychosis and bipolar disorder risk in Child and Adolescent Mental Health Services in the United Kingdom: A population cohort study

T32 - Psychosis

Abstract:
Background: Psychotic disorders are amongst the most disabling mental disorders globally, resulting in a strong research and policy focus on prediction and prevention. Current approaches to identifying individuals at elevated risk for psychosis, however, capture only a very small proportion of future psychotic disorders. Recent Finnish research suggests that a substantial proportion of individuals at risk of psychosis may attend child and adolescent mental health services (CAMHS) earlier in life, creating important opportunities for prediction and prevention. We aimed to establish the proportion of all psychotic and bipolar disorder diagnoses that occurred in individuals who had, at some stage in childhood and adolescence, attended CAMHS in the United Kingdom (UK).
Method: We examined healthcare contacts in Wales for individuals born 1991-1998 (n=348,226), followed up to age 25-32 years. Using linked administrative healthcare records, we identified all psychotic and bipolar disorder diagnoses in the population and then identified the proportion of cases where the individual had, at some stage in childhood or adolescence, attended CAMHS. Regression analyses were used to examine associations between sociodemographic and clinical risk markers with psychotic and bipolar disorder outcomes.
Results: Of all individuals diagnosed with a psychotic or bipolar disorder, 45% had, at some point in childhood or adolescence, attended CAMHS. Male sex, low birthweight, out-of-home care experience, inpatient CAMHS admission, and attending CAMHS in childhood (in addition to adolescence) were all within-CAMHS risk markers for psychotic and bipolar disorders.
Conclusions: A substantial proportion (45%) of future psychotic and bipolar disorder cases emerge in individuals who had attended CAMHS. This demonstrates important opportunities for early intervention and prevention at a greater scale than current strategies allow.

Authors:
**Presenter,** Dr. Kirstie O'Hare

Subcontribution 17179 to Session ID 5787
Day 1 - 29.06.2025, 11:30 - 11:45, Cassin

# What is the relationship between psychotic symptoms in adolescent psychiatry services and risk of later psychotic disorder? A 15-year cohort study

T32 - Psychosis

Abstract:
Background: Individuals with a history of inpatient admission to adolescent psychiatry services have a high risk of schizophrenia-spectrum disorders when followed to adulthood. Whether psychotic symptoms predict subsequent schizophrenia-spectrum disorders in inpatient cohorts, however, is an important unanswered question.
Method: The patient sample consisted of adolescents (aged 13-17) admitted to psychiatric inpatient care (Oulu, Finland) April 2001-March 2006. The Schedule for Affective Disorders and Schizophrenia was used to assess for psychotic symptoms. Specialised health care use and diagnoses were followed up in the national health care register until June 2023. Cox regression was used to predict schizophrenia-spectrum disorders by the presence of baseline psychotic symptoms.
Results: Of 404 adolescent inpatients admitted with non-psychotic mental disorders, 28% (n=113) reported psychotic symptoms: 17% (n=68) subthreshold and 11% (n=45) full threshold. By the end of follow-up, 23% of the total cohort went on to be diagnosed with an SSD. Subthreshold psychotic symptoms did not differentiate patients who would subsequently develop schizophrenia-spectrum disorders (cumulative incidence 24%; HR = 1.42, 95%CI=0.81-2.50). Full threshold psychotic symptoms, on the other hand, were associated with an increased risk of subsequent schizophrenia-spectrum disorders (cumulative incidence 33%; HR = 2.00, 95%CI=1.12-3.56). Most subsequent schizophrenia-spectrum disorders (83%), however, occurred in individuals who had not reported threshold psychotic symptoms during inpatient admission.
Conclusion: There was a high risk of subsequent schizophrenia-spectrum disorders among adolescent psychiatry inpatients when followed over time. Schizophrenia-spectrum disorders were not predicted by subthreshold psychotic symptoms. Full threshold psychotic symptoms were associated with a significantly increased risk of subsequent schizophrenia-spectrum disorders, though with low sensitivity.

Authors:
**Presenter,** Dr. Valentina Kieseppä University of Oulu

Subcontribution 17180 to Session ID 5787
Day 1 - 29.06.2025, 11:45 - 12:00, Cassin

Predictors of later psychotic disorders in adolescents attending psychiatric services: a longitudinal total population study
T32 - Psychosis

Abstract:
Background: As many as half of all psychotic disorders diagnosed by age 30 in the population emerge in individuals who had attended child and adolescent psychiatry (CAP) services. This highlights important opportunities for psychosis prediction and prevention within existing CAP services. We do not know, however, whether particular clinical, demographic or service use factors are predictive of later psychosis in patients attending CAP services. In the current study, we assessed whether a number of clinical, service use and sociodemographic factors were predictors of adulthood psychosis among patients who attended adolescent psychiatry services.
Method: We linked Finnish population-wide health care register data for all individuals born 1987-1992 who had attended adolescent (ages 13 to 17) psychiatry services. Using survival analyses, we assessed the relationship between fifteen clinical, service use and sociodemographic factors in adolescence and risk of psychotic disorder in adulthood (up to age 30 years).
Results: Of all individuals who had attended adolescent psychiatry services (N=27,626), 8.5% went on to be diagnosed with a psychotic disorder between ages 18 and 30 years. Nine of the fifteen investigated clinical, service use and socio-demographic factors were significant predictors of later psychotic disorder among CAP service patients.
Conclusion: A number of clinical, service use and sociodemographic factors are significant predictors of psychotic disorders in patients attending CAP services. This demonstrates how even routinely collected administrative healthcare data can help identify subgroups of patients at higher psychosis risk within CAP services.

Authors:
**Presenter,** Dr. Ulla Lång University of Oulu

Subcontribution 17181 to Session ID 5787
Day 1 - 29.06.2025, 12:00 - 12:15, Cassin

Does treatment of common mental health disorders in adolescence reduce risk of later psychosis: a quasi-experimental study
T32 - Psychosis

Abstract:
Background: Psychotic disorders are frequently preceded by depressive and anxiety disorders and some researchers have proposed that treatment of these common mental health disorders in youth may reduce risk for later psychosis. Using quasi-experimental methods, we estimated the causal relationship between treatment of childhood depression and anxiety with the selective serotonin reuptake inhibitor fluoxetine and risk of future psychosis.
Methods: We used data linkage from multiple national Finnish registries for all individuals born between 1987-1997 to identify childhood (age < 18) depression and anxiety from the year 2000 onwards, fluoxetine treatment, and psychotic disorder diagnoses up to the end of follow-up. We used instrumental variable analyses, exploiting the variability in prescribing across hospital districts to estimate the causal effect. Analyses were conducted using the two-stage least squared and ivprobit models.
Results: Within this cohort, 23,050 individuals were diagnosed with childhood depression, and 10,860 with childhood anxiety disorders. 10.8% of individuals with a history of childhood depression diagnoses and 10.0% of individuals with a history of anxiety diagnoses went on to be diagnosed with a non-affective psychotic disorder. Fluoxetine treatment for childhood depressive and anxiety disorders was not associated with a reduced risk of psychotic disorder.
Conclusions: Our quasi-experimental methods do not support the hypothesis that antidepressant treatment for common mental disorders (anxiety and depression) in youth has a preventative effect on risk for psychosis.

Authors:
**Presenter,** Dr. Colm Healy University College Dublin

Subcontribution 17182 to Session ID 5787
Day 1 - 29.06.2025, 12:15 - 12:30, Cassin

# Doxycycline treatment in adolescent psychiatry patients and risk of schizophrenia – a nationwide register-based emulated target trial

T32 - Psychosis

Abstract:
Background: As many as half of individuals who develop psychosis had, at some stage in childhood, attended child and adolescent psychiatry services, highlighting substantial opportunities for prevention within these services if an effective preventive intervention were identified. We hypothesised that adolescent psychiatry patients exposed to doxycycline, an antibiotic with putative neuroprotective properties, would have a lower risk of developing schizophrenia.
Methods: We conducted an emulated target trial using nationwide Finnish health register data on all individuals born 1987-1997 who attended adolescent psychiatry services between ages 13-18 years. The exposed group was adolescent psychiatry patients who were doxycycline users. The comparison group was adolescent psychiatry patients who were treated with a non-doxycycline antibiotic (propensity score matched for: sex; age at study entry; birth year; parental education). We followed individuals from first dispensed antibiotic prescription up to age 30. The main outcome was recorded schizophrenia diagnosis. We used Cox-regression to estimate hazard ratios (HR) and 95% confidence intervals (95%CI).
Results: 56,395 individuals had attended adolescent psychiatry services and had used antibiotics. Of them, 16,189 (28.7%) had used doxycycline. The matched, analytical sample included 29,723 individuals, of whom 50% had used doxycycline. By the study endpoint there were 21.9 cases of schizophrenia per 10,000 person-years in adolescent psychiatry patients treated with a non-doxycycline antibiotic compared to 15.7 in doxycycline-treated patients (HR 0.71, 95%CI 0.55-0.90), and 8.7 cases in high cumulative dose doxycycline-treated patients (HR 0.39, 95%CI 0.21-0.72).
Conclusions: These findings raise the tentative but exciting possibility of preventive interventions for schizophrenia within child and adolescent psychiatry services.

Authors:
**Presenter,** Prof. Dr. Ian Kelleher University of Edinburgh

Symposium 19636 to Session ID 5745
Day 1 - 29.06.2025, 11:15 - 12:45, Curie A

Symposium : Protecting Children from Pregnancy to Adolescence: A Collective Challenge!

Abstract:
Parentalités précoces, quand il faut protéger le parent et l'enfant : enjeux cliniques et parcours de soins spécifiques
Lisa VITTE, MD-PhD, Pédopsychiatre, Hôpital Jacques Monod, Groupe Hospitalier du Havre
100 Primo-Placés de la cohorte EvolASE-PEA : Plongée au Cœur de Leurs Parcours.
Héloïse YOUNG, MD, PhD Student, Centre Hospitalier Universitaire de Rouen
MI-BTS : protocole d'intervention ultra-précoce pour protéger la relation mère- bébé
Takoua BRAHIM, MD, PhD Student, Centre Hospitalier Universitaire de RouenCe symposium propose une réflexion collective sur la protection de l'enfance, de la grossesse à l'adolescence, à travers le regard croisé de trois médecins pédopsychiatres investies dans des dispositifs cliniques et de recherche innovants. Dans un contexte où les connaissances sur les effets de l'adversité précoce sur le développement de l'enfant se sont considérablement enrichies, les pratiques de soin, d'évaluation et de protection doivent évoluer pour mieux répondre aux besoins de ces enfants et de leurs familles. Or, en France, les données restent rares sur l'état de santé mentale des enfants placés, les trajectoires développementales à risque, ou encore les dispositifs réellement efficaces pour prévenir les ruptures précoces de la relation mère-bébé. À l'interface entre la pédopsychiatrie, la protection de l'enfance et la santé publique, ce symposium met en lumière des approches centrées sur la relation précoce, l'évaluation transversale des vulnérabilités, et les perspectives de prévention à court et long terme.
Trois interventions viendront illustrer ces enjeux. Dr Lisa Vitte abordera les situations de parentalité précoce à risque. Dr Héloïse Young présentera les premiers résultats de la cohorte EvolASE. Dr Takoua Brahim exposera le protocole MI-BTS, centré sur la sécurisation du lien mère- bébé en contexte de vulnérabilité extrême.

Authors:
**Presenter, Co-chair** Prof. Gisèle Apter INSERM
**Co-chair** Prof. Priscille Gerardin INSERM

Symposium 18815 to Session ID 5931
Day 1 - 29.06.2025, 11:15 - 12:45, Curie B

# Mental Health Impact of Mass Violence and Terrorism on Children and Adolescents

T43 - Trauma

Abstract:
This symposium explores the profound impact of mass violence and terrorism on children and adolescents, focusing on mental health outcomes, public health policies, and therapeutic interventions. An estimated 32 million children and adolescents are affected by humanitarian emergencies worldwide, with recent conflicts (e.g., Ukraine, Israel/Hamas) exacerbating the situation.
Overview of the core components of the symposium:
Objectives: Summarize current research and practice-based findings; Highlight critical factors influencing mental health outcomes in affected children and adolescents; Discuss policy implications for countries facing such challenges.
Unique insights provided by experts from:
Germany: Scoping review on the impact of abductions and hostage-takings on the mental health of children and adolescents.
Israel: Acute response to the October 7th hostage release.
Norway: Learnings from the Utøya youth camp shooting.
France: Insights from the 2016 Nice terrorist attack.
Results: Exposure to terrorism and mass violence has pervasive negative effects on the mental health and development of young people. Sharing resources for recovery is critical for clinicians, educators, families, and youth. Key recommendations include strengthening preparedness, implementing a tiered intervention approach, and integrating findings into European public policy frameworks.
Conclusion: This comprehensive approach improves understanding of the topic while providing actionable recommendations to mitigate the mental health impact of mass violence and terrorism on children and adolescents.

Authors:
**Chair** Prof. Florence Askenazy université côte d'azur
**Moderator** Dr. Philippe Auby université côte d'azur

Subcontribution 19237 to Session ID 5931
Day 1 - 29.06.2025, 11:15 - 11:30, Curie B

# The impact of abduction and hostage-taking on the mental health of children and adolescents: a scoping review

T43 - Trauma

Abstract:
Background: Child abductions are considered a major challenge and humanitarian problem in many countries around the world. This can be seen, for example, in the increasing number of child abductions due to armed conflicts and in the context of October 7th, 2023. Since child abductions are associated with traumatic experiences, there is a significant risk of negative effects on psychosocial health and development. Given the current humanitarian crisis, the goal of the paper is to provide an overview of empirical findings on mental health of children and adolescents who were abducted earlier in their lives, especially in the context of war, armed groups, or terror organizations.
Methods: The research data was collected through a scoping review, for which the literature search was conducted on October 23rd, 2023, in the Medline, Embase, and PsycInfo databases. Several search strategies and synonyms were used as search terms for keywords to find relevant evidence on the impact of abduction on mental health and psychosocial functioning in children and adolescents. A total of 252 studies were found, of which 24 were finally selected.
Results: The studies of the scoping review addressed different contexts of child abductions and hostage-takings. Overall, the results illustrated that abducted children and adolescents, specifically in the context of war, rebel groups, terroristic groups but also in the school context, were more likely to show symptoms of PTSD, depression, appetitive aggression, and general anxiety. There were some differences in the development of symptoms between boys and girls. Negative effects on intellectual performance and behavior in the personal environment were also shown in cases of hostage-takings in schools. Regardless of the context, the length of abduction was associated with the severity of symptoms. The abductions also affected those who were indirectly exposed to the event, including the victim's family members.
Conclusion: Child abductions or hostage-takings, regardless of the circumstances under which they occur, have a significant negative impact on mental health. The scoping review findings can help develop an appropriate support system and adapt different therapy options. In the future, more longitudinal studies should be conducted to investigate long-term effects, with greater consideration of individual differences.

Authors:
**Presenter,** Emily Sitarski Ulm University
Katrin Erlewein Ulm University
Therese Hiller Ulm University
Patricia Mayer Ulm University
Prof. Cedric Sachser Ulm University
Prof. Dr. Vera Clemens Ulm University
Prof. Dr. Jörg Fegert Ulm University

Subcontribution 19225 to Session ID 5931
Day 1 - 29.06.2025, 11:30 - 11:45, Curie B

# Acute response to the October 7th hostage release: rapid development and evaluation of a novel ReSPOND protocol implementation within a children's' hospital

T43 - Trauma

Abstract:
Background The decision to allocate hospitals for initial reception of hostages abducted on the October 7th Hamas attack introduced an array of unprecedented challenges.
Objective to describe the rapid development, implementation and evaluation of the Hostage-ReSPOND protocol, a comprehensive trauma-informed procedure for the care of hostages, including young children, their caregivers and families, immediately following their release from prolonged captivity.
Methods A multidisciplinary expert focus group developed the ReSPOND protocol, consisting of: Readiness of teams via multifaceted trainings, utilizing live simulations and video debriefings; Specialized professional teams experienced in providing holistic trauma-informed care; Personalized care tailored to individualized and developmentally-informed needs; Optimal safety rooted in creating a secure environments and trauma-informed response to young children, adolescents, caregivers and families; and Navigating Discharge, through coordination with community-based care systems.
Results A designated facility at the Children's hospital was prepared for receiving 29 hostages, aged 3.9-80 years, 28% under the age of 18. Implementation of the ReSPOND protocol, which prioritized holistic psychosocial interventions above urgent medical care, proved feasible and effective in managing the diverse and complex needs of returnees as per provider report. Finally, systemic assessment of returnee's immediate and long-term mental health needs proved highly challenging.
Conclusions There is currently no literature addressing the response to released hostage situations, especially those involving infants, young children and families within a children's' hospital facility. This study has the potential to fill a crucial gap in knowledge by introducing a novel protocol which could offer valuable insights for public health organizations.

Authors:
Dr. Naama De La Fontaine Yale School of Medicine
Dr. Tamar Silberg The Edmond and Lily Safra Children's Hospital
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Prof. Dr. Itai Pessach Tel-Aviv University
**Presenter** Prof Doron Gothelf Tel-Aviv University

Subcontribution 19234 to Session ID 5931
Day 1 - 29.06.2025, 11:45 - 12:00, Curie B

Enhancing Psychosocial Care for Youth after Terrorism: Insights from Norway
T43 - Trauma

Abstract:
Aims
The international terrorism threat impacts children and adolescents, necessitating improved planning and organization of psychosocial care to address their needs post-attacks. This presentation aims to contribute to cross-national learning by outlining the content, target populations, and providers of psychosocial care for youth and families affected by the 2011 Utøya attack in Norway. It also compares Norwegian policies for psychosocial outreach to youth with models in other European countries affected by terrorist attacks.
Methods
A review of grey literature, including documents, guidelines, and reports, was conducted to examine the psychosocial care response to the 22 July 2011 terrorist attack on the youth labour summer camp on Utøya island, Norway, which directly affected many adolescents and youth.
Results and Discussion
In response to the attack, a proactive follow-up model within primary care was developed. This model included a primary care-based approach with multidisciplinary crisis teams and a designated contact person in local municipalities to address the needs of those directly affected. The model recommended at least three screening assessments throughout the year. However, implementation was not mandatory, leading to disparities in follow-up. This presentation will highlight significant differences in psychosocial care responses for children and youth across European countries and discuss potential actions to enhance post-disaster psychosocial care internationally.

Authors:
**Presenter,** Prof. Dr. Lise Eilin Stene Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS)

Subcontribution 19222 to Session ID 5931
Day 1 - 29.06.2025, 12:00 - 12:15, Curie B

Targeting Pediatric PTSD: Insights from the 7/14 Program after the Nice Terrorist Attack
T43 - Trauma

Abstract:
Objective: On July 14, 2016, a terrorist attack involving a ram truck occurred in Nice, causing 86 fatalities, including 15 children, and impacting approximately 30,000 people. This abstract presents new findings from the ongoing longitudinal prospective cohort study ("7/14 Program"), focusing on children and adolescents affected by the attack. The study aims to assess the prevalence of PTSD and associated DSM-5 diagnoses while identifying risk factors across pre-trauma, trauma-related, and post-trauma phases.
Methods: The "7/14 Program" includes participants under 18 years old at the time of the attack, with standardized psychiatric (DSM-5), psychological, and cognitive assessments conducted at baseline, after 2 years, and every 5 years until the participants reach 25 years old.
Results: 728 children, adolescents and parents have been included in the cohort. Preliminary analysis of 271 participants (Mage = 8.10 years; 48.7% female) directly impacted by the attack revealed a high PTSD prevalence (62%), significant comorbidities (67%) : anxiety disorders (79%) and attentional disorders with or without hyperactivity (133%). Results indicated that age and sex were not significant predictors of PTSD diagnosis. A regression model incorporating comorbidities, subjective fear intensity, and maternal symptoms demonstrated 84% accuracy in predicting PTSD presence ($\chi^2[3] = 2.4$, $p < .001$).
Conclusion: These findings highlight the need for regular diagnostic assessments to personalize pediatric trauma care, the importance of international clinical research networks for studying long-term PTSD outcomes, and the necessity of identifying specific PTSD risk factors to provide targeted care for children and families after mass trauma events.

Authors:
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morgane gindt hôpital Lenval
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Subcontribution 19124 to Session ID 5931
Day 1 - 29.06.2025, 12:15 - 12:30, Curie B

# NR3C1 (Nuclear Receptor Subfamily 3 Group C Member 1) encoding the glucocorticoid receptor, gene expression levels in mononuclear cells and risk for PTSD

T43 - Trauma

Abstract:
Background: Posttraumatic Stress Disorder (PTSD) is a common reason for distress, reduced functioning and an increase in physical morbidity and mortality. Altered cortisol reactivity pro inflammatory state may contribute to the increased physical morbidity. Exposure to trauma and the development of PTSD may cause gene regulatory changes in mononuclear cells and may be used as a marker in the prediction of both the expression and the developmental course of the disease.
Aims: Identify the contribution of the putative changes in the expression levels of the NR3C1 (Nuclear Receptor Subfamily 3 Group C Member 1) encoding the glucocorticoid receptor in mononuclear cells to the development of PTSD among survivors of acute traumatic events.
Methods: Comparison of mononuclear cell NR3C1gene expression levels among 200 trauma exposed adolescents and adults between those who did or did not develop PTSD after an acute traumatic event, using the Caps-5 interview and additional questionnaires validated by the literature.
Preliminary Results: So far, a partial sample has been recruited. I will complete the sample size to 200 subjects, incorporating psychiatric interviews, scales, blood collection, and the processing of mononuclear cells. Additionally, I will assist in establishing the laboratory methods for analyzing NR3C1 gene expression under supervision and contribute to the analysis and reporting of the results.
Study Relevance: Identifying a unique signal of altered blood NR3C1mononuclear cell expression related to the development of PTSD will broaden our perspective on the transcriptional reprogramming of the endocrine – immune interactions regulated by NR3C1 and their potential involvement in the development of PTSD and may help discover a biomarker to predict the risk for developing PTSD.

Authors:
**Presenter,** Dr. Yossi Martin The Herman-Danna Department of Child and Adolescent Psychiatry, Hadassah Medical Organization and Faculty of Medicine, Hebrew University of Jerusalem, Israel
Dr. Amit Shalev
Dr. Tanya Goltser-Dubner
Dr. Fortu Benarroch
Prof. Ronen Segman

Symposium 19707 to Session ID 5940
Day 1 - 29.06.2025, 11:15 - 12:45, Varsovie

Workshop: Transition from trainee to trainer: a workshop on how to supervise for trainees and early career psychiatrists

Abstract:

Authors:

Subcontribution 17462 to Session ID 5940
Day 1 - 29.06.2025, 11:15 - 12:45, Varsovie

Transition from trainee to trainer: a workshop on how to supervise for trainees and early career psychiatrists

Abstract:
Aims: Although most child and adolescent psychiatrists share a common interest in development and learning in general, we all need to develop the different skills needed to supervise more junior/ inexperienced colleagues. Many trainees may find themselves in workplace settings having to take on supervisory and training responsibilities for junior colleagues, quite soon after completing their specialist training. This workshop was developed to help trainees and early career psychiatrists explore and expand their skills in workplace-training and supervision and to help them set goals for personal continuous professional in the CanMeds-role of scholar-educator.
Methods: The workshop starts by (1) tapping into the participants´ experiences identifying successes and challenges in individual reflection, partner and group work. After (2) a presentation on educational theory concepts (e.g., formal and informal supervision; relationship building & mentalizing; setting a framework; autonomy versus control; role-modeling; and workplace-based assessment, feedback and remediation) participants are invited to create (3) a personal plan of change via individual reflection, partner and group work. We will (4) suggest a follow-up to evaluate after 2 months based on feedback from trainees.
Results: Participants will understand their own strengths and areas for further development regarding supervision and workplace-based training better and develop a personal plan for desired change and future development.
Conclusion: Reflection on supervision and training skills early on in career paths can strengthen supervision skills and attract trainees and early career psychiatrists to further developing careers as clinician-educators.

Authors:
**Presenter,** Peter KH Deschamps Karakter Child and Adolescent Psychiatry University Centre Nijmegen, Nijmegen, The Netherlands
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Dr. Thorsten Schumann Psychiatry Region Southern Jutland Child and Adolescent Psychiatry Southern Denmark, Aabenraa

Symposium 17183 to Session ID 5785
Day 1 - 29.06.2025, 11:15 - 12:45, Luxembourg

WORKSHOP- Supporting Reflective Practice in Paediatric Hospital Settings: Balint Groups and Schwartz Rounds- Experiences from 3 countries
T30 - Policy / advocacy

Abstract:
Overview: Healthcare is constantly changing, but at the heart of care is usually a human interaction between professionals and a person seeking their help. Reflective space is important in preventing burnout of clinicians supporting enhanced meaning and joy in practice.
We have developed Schwartz Rounds, Reflective Practice rounds, and interdisciplinary trainee Balint groups, in three countries on both sides of the Atlantic. Additionally, we have experience of online offerings having pivoted during the pandemic to support a virtual cross hospital reflective practice groups. We have also piloted and established interdisciplinary reflective practice groups. One participant has also undertaken research post-pandemic on the needs identified by clinicians.
Aims/ Methods: This workshop will explore these different approaches. We hope to foster collaboration and international networks.
Each speaker will present their groups and some of the difficulties encountered. Brief overview of Schwartz Rounds and Balint groups, training and accreditation processes will be provided.
Dilemmas within these groups will be discussed and explored-What are their strengths and limitations? What training and network supports are helpful? What sort of problems arise and how can these be tackled?
How do clinicians maintain empathy and find meaning in their work, in the face of systemic pressures such as understaffing and depleted resources? Can clinicians in a reflective practice group learn to reflect on these issues? Can they be a support structure for each other?
Reflective practice patient-centred groups can provide a structured environment to share multiple perspectives and explore feelings and ideas about doctor- patient engagements
Outcomes: Reflective practice group leaders, participants and those curious about these approaches are encouraged to attend this interactive session, where we will explore factors that help groups to flourish and explore experiences when groups flounder.
The presenters will speak about their own groups, which occur in diverse settings. They will present some dilemmas that have arisen. We are also working in 3 different countries, which may highlight cultural differences and expectations. Together attendees will explore what helps groups to keep going. Attendees are encouraged to bring their own dilemmas for group discussion.
Connections with others working in these arenas across the globe will be supported.

Authors:
Prof. Elizabeth Barrett UCD School of Medicine

Subcontribution 17184 to Session ID 5785
Day 1 - 29.06.2025, 11:15 - 11:30, Luxembourg

Interdisciplinary reflective practice for interdisciplinary clinicians, supported by Liaison Psychiatry, in Children's hospital settings- 7years on.
T30 - Policy / advocacy

Abstract:
Schwarz Rounds and Balint Groups in Paediatric Settings
Our Balint groups of around 12 clinicians, meet monthly with experienced facilitators and now have been running from 1- to 7 years (3 current groups).
Schwartz and recurrent groups in hospital settings may facilitate much larger groups- larger scale, non- closed, interdisciplinary reflective practice opportunities. Both approaches are structured, well evidenced and acceptable to clinicians. These groups are a space to think about clinician- patient interactions. They offer structured, regular, supportive, predictable peer support. Groups focus on the emotional impact of the work we undertake. This is an important strategy in combatting moral injury and compassion fatigue.
We will discuss the challenges in setting up and sustaining groups, outcomes from trainee/ consultant groups and the impacts as reported by participants.
We will also explore the experiences of participants in a workshop-- style approach.
We aim to foster networks and supports for these initiatives

Authors:
**Presenter,** Prof. Elizabeth Barrett UCD School of Medicine

Subcontribution 17188 to Session ID 5785
Day 1 - 29.06.2025, 11:30 - 11:45, Luxembourg

Compassionate Care Rounds: Reflecting on Child Psychiatric Clinical Practice
T30 - Policy / advocacy

Abstract:
Compassionate Care Rounds:
Reflecting on Child Psychiatric Clinical Practice
The Schwartz Rounds model of collaborative reflection started at the Massachusetts General Hospital in Boston over two decades ago. A variation of the traditional “M & M” (morbidity and mortality) rounds that have long been a staple of hospitals and medical centers, the Schwartz Rounds approach swivels away from thinking about disease to illness – from what the patient has to who the patient is. Moreover, it moves the focus to those providing clinical care, typically physicians, nurses, and trainees.
When adapted to child psychiatric clinical settings (as we have done for over a decade through Compassionate Care Rounds at the Yale Child Study Center), we have also included social workers, educators, and behavioral technicians, among other patient-facing professionals. The benefits of this approach have been to enhance compassionate practice, to reflect on the many challenges (and joys) of child psychiatric care, to prevent burnout, to inspire young trainees, and to help reclaim meaning in the profession.

Authors:
**Presenter,** Prof. Dr. Andrés Martin Andrés Martin, MD, MPH Riva Ariella Ritvo Professor

Subcontribution 17186 to Session ID 5785
Day 1 - 29.06.2025, 11:45 - 12:00, Luxembourg

Practical Experience on the ground- From Schwartz Rounds to corridor conversations in Paediatric settings, and everything in between: experience from London Liaison psychiatry
T30 - Policy / advocacy

Abstract:
This workshop brings together Paediatric Liaison Psychiatrists in different settings.
The current situation where child and adolescent mental health services in the UK and across Europe are facing escalating demands due to a combination of increased burden and referrals, as well as a stretched workforce; means that the pragmatic choice may sometimes be using principles of reflection drawn from the Schwartz Round, Balint Group and the broader psychotherapeutic evidence base, in more informal 'corridor' conversations with professionals from different specialties and/or disciplines.
We will present our experience in this area including a distillation of relevant principles, so that participants can practically deliver this in their own settings.
We will also discuss our experience work in the inclusion of neurodivergent professionals in such multidisciplinary discussions too.

Authors:
**Presenter,** Dr. Ashley Liew South London & Maudsley NHS Foundation Trust and Evelina London Children's Hospital

Subcontribution 17373 to Session ID 5785
Day 1 - 29.06.2025, 12:00 - 12:15, Luxembourg

Views from Child and Adolescent Psychiatry Practice and from a patient safety perspective- as told by Director of Patient Safety
T30 - Policy / advocacy

Abstract:
Deborah approaches this complex issue from 2 perspectives- as a Consultant Child and Adolescent Psychiatrist and as a Director of Patient Safety based at East London NHS Foundation Trust.
In her safety role she is sponsoring and supporting the development and embedding of Schwarz Rounds across the trust, as part of work to maintain and grow a culture of safety, based in compassion, support and continuous learning. She has experience as both a facilitator and storyteller within schwarz rounds.
Prior to this, she spent over a decade as lead clinician within the paediatric liaison service with Royal Free Barnet Hospital, where she co-facilitated reflective practice groups for the paediatric department and contributed to an active programme of hospital-wide schwarz rounds.
In this session Deborah will share her varied experiences and learning from developing and delivering Schwarz Rounds and reflective practice in a range of settings, along with practical tips for embedding these approaches in services.

Authors:
**Presenter,** Dr Deborah Dover

Subcontribution 17189 to Session ID 5785
Day 1 - 29.06.2025, 12:15 - 12:30, Luxembourg

Why reflective practice is needed? Burnout Among Mental Health Clinicians in Ireland: Pre- and Post-COVID-19 Pandemic Comparison
T30 - Policy / advocacy

Abstract:

Aim:
This study examined burnout (BO) rates among mental health clinicians and non-clinical staff in Ireland pre- and during the COVID-19 pandemic. It aimed to assess changes in BO levels and explore barriers to accessing occupational supports, with a focus on Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services (AMHS), and Intellectual Disability Services.
Methods:
A mixed-methods approach was used, comparing data collected pre-COVID (N=163) and during COVID (N=396) using the Copenhagen Burnout Inventory (CBI). Staff across clinical and non-clinical roles completed surveys assessing personal, work-related, and patient-related burnout.
Results:
Burnout rates increased significantly during COVID-19 across all domains. CAMHS consultants consistently exhibited the highest levels of BO compared to other groups. Pre-pandemic, moderate-to-high burnout rates were already prevalent among clinical and non-clinical staff, ranging from 31-65%, surpassing international averages. During the pandemic, increased demand and resource inadequacy exacerbated these rates, with personal and work-related burnout particularly pronounced among CAMHS clinicians. Post Covid, univariate analysis linked BO with factors such as effort-reward imbalance, overcommitment, and decreased willingness to continue in CAMHS roles.
Conclusions:
We are keen to discuss these results and impact in a workshop format with participants. Interventions targeting individual resilience and organizational culture are critical. Reflective practices, peer support, and mentorship can mitigate burnout, while systemic change are essential. Addressing burnout comprehensively will enhance clinician well-being and improve mental health service delivery quality.

Authors:
**Presenter,** Prof. Fiona McNicholas UCD School of Medicine

Symposium 17302 to Session ID 6002
Day 1 - 29.06.2025, 11:15 - 12:45, Madrid 1

SYMPOSIUM ON SLEEP IN CHILDREN WITH NEURODEVELOPMENTAL DISORDERS (NDDs)
T04 - ASD

Abstract:
Sleep disturbances are extremely common in children and adolescents with NDDs, especially in those with autism spectrum disorders (ASD). The detection and treatment of sleep disorders in this population deserve a separate argument, due to their specific features and the greater criticality compared to neurotypical subjects.
Eve Reynaud will explain what objective sleep parameters (sleep quality, duration or timing) are linked to the most behavioral difficulties in ASD.
Oriane Kolb will review the alterations in the circadian rhythms and especially the melatonin secretion in children with ASD, and their consequences on behavioral difficulties and quality of life.
Aurore Guyon will report the objective effects of exogenous melatonin on sleep structure in polysomnographic recordings of children with ASD.
Valeria Mammarella will explain how sleep disturbances could impact sensory processing and integration in children andadolescents with ASD and the bidirectional link between sleep and sensoriality in this population.
Finally, Georgia Cook will emphasize the importance to take care of sleep problems in the management approaches of children with epilepsy through the CASTLE sleep-e trial.

Authors:
Prof. Patricia Franco
Prof. Oliviero Bruni

Subcontribution 17306 to Session ID 6002
Day 1 - 29.06.2025, 11:15 - 11:30, Madrid 1

# The impact of sleep disturbances on sensory processing and integration in children and adolescents with autism spectrum disorder

T04 - ASD

Abstract:
Sensory processing and integration anomalies represent one of the core symptoms of autism. Similarly, sleep problems are also more represented and significant in children with autism than in general population. Moreover, both sensory and sleep profiles are very different from each other within the same spectrum. Sensory anomalies may take the form of both hypo- and hypersensitivities and include different sensory modalities, while sleep problems can vary from difficulty falling asleep, frequent night-wakings, shorter sleep duration, restlessness during sleep, etc. Both sensory and sleep problems have a significant impact on autism severity and the quality of life of patients and families. Therefore, it is important to assess how different sleep problems can have an impact on sensory disturbances, and so on the severity of core symptoms.

Authors:
**Presenter,** Dr. Valeria Mammarella

Subcontribution 17304 to Session ID 6002
Day 1 - 29.06.2025, 11:30 - 11:45, Madrid 1

# 24h urinary melatonin excretion patterns in children with ASD: link with objective sleep-wake rhythms, behavioral patterns and family quality of life

T04 - ASD

Abstract:
The speaker 2 will review the alterations in the circadian rhythms and especially the melatonin secretion in children with ASD, and their consequences on behavioral difficulties and quality of life.

Authors:
**Presenter,** Dr. Oriane Kolb Hopital Universitaire de Strasbourg

Subcontribution 17303 to Session ID 6002
Day 1 - 29.06.2025, 11:45 - 12:00, Madrid 1

# How do sleep and circadian rhythm disturbances relate to cognitive and emotion regulation disturbances in ASD and ADHD across the ages ?

T04 - ASD

Abstract:
...

Authors:
**Presenter,** Amélia Walter Institut des Neurosciences Cellulaires et Intégratives, UPR-3212, CNRS

Subcontribution 17305 to Session ID 6002
Day 1 - 29.06.2025, 12:00 - 12:15, Madrid 1

# Impact of exogenous melatonin on sleep structure in children with ASD

T04 - ASD

Abstract:
The speaker 3 will report the objective effects of exogenous melatonin on sleep structure in polysomnographic recordings of children with ASD.

Authors:
**Presenter,** Aurore Guyon

Symposium 19474 to Session ID 5806
Day 1 - 29.06.2025, 11:15 - 12:45, Madrid 2

Risk Factors in Neurodevelopmental Disorders: Insights from Multi-Cohort Studies
T45 - Birth Cohorts and longitudinal studies

Abstract:
This symposium explores critical risk factors influencing the development, prognosis, and management of neurodevelopmental disorders (NDD), with a specific focus on autism spectrum disorder (ASD). Five presentations, leveraging data from the MARIANNE and ELENA cohorts, will provide novel insights into perinatal, environmental, and familial determinants of outcomes in ASD.

The first presentation introduces the MARIANNE study protocol, a prospective cohort tracking parent-infant dyads to identify early markers and modifiable risk factors in the development of NDD.

The second presentation examines the association between early motor difficulties and long-term socio-adaptive prognosis in ASD, utilizing data from the ELENA cohort. Findings underscore the importance of motor assessment in early diagnostic processes and therapeutic interventions.

The third presentation addresses the impact of perinatal exposure to air pollution, access to green and white spaces, and healthcare accessibility on ASD outcomes. This study highlights actionable environmental risk factors with public health implications.

The fourth presentation investigates differences in parental coping strategies within the ELENA cohort, emphasizing how the timing of an ASD diagnosis influences parental adaptation and stress management.

The final presentation provides a comprehensive review of the literature on the role of sex hormones in ASD, integrating biological and clinical perspectives to elucidate potential mechanisms and therapeutic targets.

Together, these presentations aim to deepen our understanding of the multifaceted risk factors in NDD and inform strategies for early intervention, personalized care, and public health policy.

Authors:
**Presenter, Chair** Prof. Amaria Baghdadli
**Co-chair** Prof. Dr. Kerim Munir Harvard University School of Medicine

Subcontribution 19475 to Session ID 5806
Day 1 - 29.06.2025, 11:15 - 11:30, Madrid 2

# Study Protocol for the MARIANNE Prenatal Cohort: A Prospective Mother-Infant Study on Determinants of Neurodevelopmental Disorders

T45 - Birth Cohorts and longitudinal studies

Abstract:

Background:

Neurodevelopmental disorders (NDDs) are complex, multifactorial, and chronic conditions that typically emerge in early childhood. With a prevalence of 10–20 % in the general population, this rate increases to 50 % among siblings of children with Autism Spectrum Disorder (ASD). The MARIANNE study represents a pioneering French cohort designed to elucidate the genetic and environmental perinatal determinants of NDDs.

Methods and Analysis:

This prospective cohort includes 1,700 families recruited from 10 regions across France. Participants are enrolled during the second trimester of pregnancy and include mothers, their partners, and subsequently, their children. The cohort comprises two subgroups: 1,200 families at high risk for NDDs (with a prior child diagnosed with ASD) and 500 low-risk families (no familial history of NDDs). Data collection spans pregnancy, childbirth, infancy, and early childhood. At 72 months, clinical evaluations are conducted to establish NDD diagnoses. The dataset includes biological, environmental, social, and clinical variables. Additionally, passive follow-up is facilitated through linkage to the national health data system.

Strengths and Limitations:

The MARIANNE cohort leverages an innovative, multidimensional design, encompassing early and long-term follow-up, to identify potential risk and prognostic factors for NDDs. This approach also seeks to establish a robust national research infrastructure for advancing understanding of these disorders. However, recruiting and retaining families at elevated risk presents logistical challenges that may impact the study timeline. Despite these hurdles, the study holds considerable promise for enhancing the identification, prevention, and management of NDDs, ultimately contributing to mitigating their impact on affected families.

Authors:

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Subcontribution 19476 to Session ID 5806
Day 1 - 29.06.2025, 11:30 - 11:45, Madrid 2

# Sex Differences in Coping Profiles among Parents of Children with Autism Spectrum Disorder at the Time of Diagnosis

T45 - Birth Cohorts and longitudinal studies

Abstract:
Aims. This study examines coping strategies among 554 parents (318 mothers and 236 fathers) in France from the ELENA cohort at the time of their child's Autism Spectrum Disorder (ASD) diagnosis. Using an adapted version of the French Ways of Coping Checklist-Revised (WCC-R) to improve construct validity, the study identifies and compares coping profiles between mothers and fathers.
Methods. A Confirmatory Factor Analysis was use to adapt the WCC-R. Hierarchical Cluster Analysis (HCA) was applied to the entire sample, with stratified analyses by parent sex, to identify coping profiles. Latent Profile Analysis (LPA) was conducted to explore the underlying structure of coping profiles. To examine gender differences, 3-way Student's t-tests assessed if the probabilities of cluster membership differed by sex. A discriminant analysis, with sex as a covariate, was also used to examine the influence of gender on coping profiles.
Results & Conclusions. The CFA confirmed five coping dimensions: Problem-Solving, Positive Reappraisal, Seeking Social Support, Wishful Thinking, and Self-Blame. Mothers reported significantly higher use of all coping strategies compared to fathers, except for Wishful Thinking. HCA revealed three general coping profiles for the full sample, with four clusters for mothers and three for fathers, suggesting more diverse coping profiles among mothers. LPA supported these findings, showing significant gender differences in coping profiles. These findings highlight gender differences in coping strategies among parents of children with ASD, offering a more nuanced understanding of these differences and emphasizing the need for tailored interventions for mothers and fathers in clinical practice and research.

Authors:
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Dr. Hugo Peyre on behalf of the Elena Study Group
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Subcontribution 19477 to Session ID 5806
Day 1 - 29.06.2025, 11:45 - 12:00, Madrid 2

# Perinatal Air Pollution, Green and Grey Spaces, and Healthcare Accessibility: Insights into Autism Spectrum Disorder Severity from the ELENA Cohort

T45 - Birth Cohorts and longitudinal studies

Abstract:
Introduction: Autism Spectrum Disorder (ASD) is influenced by environmental, genetic, and socioeconomic factors. While air pollution exposure during critical developmental periods has been associated with ASD outcomes, the role of green spaces (NDVI), grey spaces (HRLI), and healthcare accessibility remains poorly explored. This study investigated how proximity to Autism Resource Centers (CRAs), NDVI, and HRLI modulate the association between air pollution exposure and ASD severity in the French ELENA cohort.
Methods: Data from 237 children with ASD were analyzed. Prenatal and early-life exposures to PM10 and PM2.5 were estimated, while NDVI and HRLI were used to quantify green and grey spaces. CRA accessibility was measured as the distance to facilities during the first 1,000 days of life and at time of diagnosis. ASD severity was assessed using the Social Responsiveness Scale (SRS-2). Linear regression models explored interactions between NDVI, HRLI, and pollution levels on SRS-2 scores, adjusted for sex, parental age, and SES. Interaction effects were further analyzed using SEM.
Results: Higher PM10 and PM2.5 exposures were paradoxically associated with lower SRS-2 scores in unadjusted and adjusted models. However, interactions revealed that higher NDVI mitigated, while higher HRLI amplified, the association between pollution and SRS-2 severity. Most importantly, CRA proximity influenced these patterns. When CRA distance was included, PM exposure was no longer associated with SRS-2 scores, suggesting healthcare accessibility confounds these associations.
Conclusions: Healthcare accessibility and environmental factors significantly shape the relationship between air pollution exposure and ASD severity. The moderating effects of NDVI, HRLI, and CRA proximity direct effect highlight the need to account for geographic and environmental contexts in ASD research.

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Subcontribution 19478 to Session ID 5806
Day 1 - 29.06.2025, 12:00 - 12:15, Madrid 2

# Autism and Sexual Hormone Disturbances: A Literature Review

T45 - Birth Cohorts and longitudinal studies

Abstract:
Autism spectrum disorders (ASD) are neurodevelopmental disorders whose aetiology remains obscure. Multiple human and animal studies have shown that prenatal exposure to a disturbed hormonal milieu increases the risk of ASD in children. Indeed, it has been shown that women with epilepsy or bipolar disorder treated with valproate, an endocrine disruptor, are at an increased risk of experiencing hyperandrogenism or an androgen-associated pathology such as polycystic ovary syndrome (PCOS) or diabetes, probably due to inhibition of aromatase, the enzyme responsible for the aromatisation of androgens into oestrogens. ASD also seems to occur more frequently in the children of women with PCOS or in cases of pre-eclampsia during pregnancy. Moreover, ASD appears to be associated with prenatal exposure to other endocrinian disruptors like bisphenol A. The disruption of sex hormones could be explained by the involvement of the orphan retinoic acid receptor alpha (RORA), a nuclear receptor whose expression is regulated by dihydrotestosterone (DHT) as well as oestradiol, and whose transcriptional targets are implicated in ASD, but also by the disruption of the neuroestradiol pathway. This provides a better understanding of valproate-induced autism patterns and opens up new avenues of research to better understand the development of this disorder.

Authors:
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Subcontribution 19479 to Session ID 5806
Day 1 - 29.06.2025, 12:15 - 12:30, Madrid 2

# Association of Difficulties in Motor Skills with Longitudinal Changes in Social Skills in Children with Autism Spectrum Disorder

T45 - Birth Cohorts and longitudinal studies

Abstract:
Abstract:
Motor difficulties are common in children with autism spectrum disorder (ASD) and may significantly impact their social development. This study investigates the relationship between motor deficits and social skills using data from the ELENA cohort, a French longitudinal study of children with ASD.
Motor skills were assessed at baseline using the Movement Assessment Battery for Children, while social skills were measured through the Autism Diagnostic Observation Schedule (ADOS-2) and the Vineland Adaptive Behavior Scales (VABS-II) at baseline and after a 3-year follow-up. A composite score of social skills was created for both time points. Linear regression models were applied to assess associations between motor skill difficulties and changes in social skills, adjusting for potential confounders, including IQ, age, and gender.
Among 162 children with ASD, 114 exhibited motor difficulties. These children experienced less favorable development in social skills compared to their peers without motor challenges, with consistent results across both ADOS-2 and VABS-II measures.
Our findings underline that motor difficulties in ASD are linked to slower progress in social skill acquisition. Early identification and targeted interventions addressing motor deficits may support not only motor function but also social development in children with ASD. This study emphasizes the importance of integrating motor skill assessments into early evaluations and interventions to foster comprehensive developmental support for children with ASD.

Authors:
**Presenter,** Dr. Hugo Peyre

Symposium 17276 to Session ID 5807
Day 1 - 29.06.2025, 11:15 - 12:45, Rome

Group-based interventions for children and adolescents with ADHD/ASD and their parents
T47 - Prevention & intervention

Abstract:
The focus of this symposium is on group based (evidence based) interventions for children and adolescents with neurodevelopmental disorders (e.g. ADHD, ASD) and their parents. As there are a long waiting lists to reach evidence based treatments for children, group based interventions have some advantages such as being cost effective. Also some forms of interventions are more effective when delivered in group format (including social skills training). In this symposium several evidence based group based interventions will be presented. These are: 1- Group based social skills training for autistic children and adolescents: KONTAKT Program, 2- Group based mindfullness for children and adolescents: My MIND Program, 3- Group based Acceptance and Commitment Therapy for parents of autistic children: Navigator ACT, and 4- Group based parent mediated intervention for social communication skills and behavioral problems in young children: OYNA Program. The aim of this symposium is to increase the knowledge of participants on recent research findings about group based interventions.

Authors:
Assoc. Prof. Dr. Sabri Hergüner Ankara Autism Center
Prof. Sven Bölte

Subcontribution 18220 to Session ID 5807
Day 1 - 29.06.2025, 11:15 - 11:30, Rome

# Group Based Parent Mediated Intervention for Social Communication Skills and Behavioral Problems of Young Autistic Children: OYNA Program

T47 - Prevention & intervention

Abstract:
Background: Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by impairments in social communication and interaction, and restricted, repetitive patterns of behavior, interests and activities. In addition to the core symptoms, autistic children often exhibit a range of behavioral problems including temper-tantrums, aggression towards others, self-injurious behaviors, hyperactivity / impulsivity, and oppositional defiant behaviors. The presence of problem behaviors has been reported to be associated with deficits in adaptive functioning, lower family quality of life, and increased parental stress. Objectives: One of the most widely examined intervention for problem behaviors is parent management training (PMT). PMT involves educating and training parents to manage their child's behavior without a therapist directly intervening with the child. PMTs have been found to be effective in lowering disruptive behaviors. Recent research indicates the positive effects of PMT for families of autistic children and reported as feasible and acceptable by the parents. Methods: This was a randomized-controlled study of group-based PMT for young children between the ages of 4 and 10 years. Parents completed the baseline measures (Social Responsiveness Scale (SRS), Aberrant Behaviour Checklist (ABC), Depression Anxiety Stress Scale (DSS)) before the intervention (pre-intervention) and same measures were taken immediately at the end of the intervention (post-intervention) and during the follow up. Results: Ninety parents were included to the study and randomized into the Intervention Group (IG) (n=45) and Waitlist Group (WG) (n=45). The mean age of the children was 6.2 ± 1.4 years and %84 was male. The results indicated that Hyperactivity and Social Withdrawal measured by ABC decreased and parental anxiety levels measured by DASS reduced significantly in the IG when compared to WG. Social communication measured by SRS increased significantly. Multivariate regression analysis revealed that change in ABC was predicted by change in SRS score. Conclusions: These results suggest that Group Based PMT decreased maladaptive behaviors of the children and parental stress levels. Our findings also demonstrated that a PMT focusing primarily on disruptive behaviors may have additional effects on social communication.

Authors:
**Presenter,** Assoc. Prof. Dr. Sabri Hergüner

Subcontribution 17277 to Session ID 5807
Day 1 - 29.06.2025, 11:30 - 11:45, Rome

Social skills group training in autistic children and adolescents – 15 years of international clinical research on the KONTAKT program
T47 - Prevention & intervention

Abstract:
Aims. To present the collective evidence of the KONTAKT program, a social skills group training for autistic children and adolescents, predominantly from Sweden and Australia.
Methods. Several large RCTs using different outcomes have been conducted on short, intermediate and long variants of the training. In addition, qualitative studies on lived experience of the program, genetic studies on molecular predictors of training outcome, and moderator analyses have been carried-out. Currently, ~500 former KONTAKT participants are followed up after 5 to 10 years. An educational version adapted to school settings (SKOLKONTAKT) has also been developed and evaluated.
Results and Conclusions. KONTAKT is a safe and effective intervention. Effect sizes for outcomes are of medium size for short and intermediate and large for long training, and survive active control conditions. Qualitative studies confirm that the program is appreciated and that certain elements, such as individual missions and parent involvement, are crucial for training success. Age, sex, ADHD and genetic variants moderate KONTAKT program outcomes. The school version of the program has shown to improve autistic students' quality of life, teacher skills, the social school climate overall and is deem by principals to be doable and well-placed in an educational environment.

Authors:
**Presenter,** Prof. Sven Bölte

Subcontribution 17278 to Session ID 5807
Day 1 - 29.06.2025, 11:45 - 12:00, Rome

Child and Parent Mindfulness-Based Training versus Medication for Childhood ADHD: Primary Findings from A Randomized Clinical Trial
T47 - Prevention & intervention

Abstract:
Objectives Medication is the predominant treatment for childhood Attention Deficit Hyperactivity Disorder (ADHD) but has side-effects and limited longer-term effects. Mindfulness for children and their parents could be an alternative as it targets children's core symptoms and supports parents. This study compared the effectiveness of a family mindfulness-based intervention to methylphenidate in children with ADHD. Methods We conducted a Randomized Controlled Trial (RCT) and a Preference Trial (PT) for families who refused randomisation. Mindfulness ("MYmind") consisted of 2-months weekly group-based 1.5-hr mindfulness sessions for children and parallel mindful parenting for their parents, plus a follow-up session 2 months later. Medication concerned 4-months short-acting methylphenidate. Intent-to-treat (ITT) and Per-protocol (PP) analyses were performed using multilevel modelling. Both parents and adolescents (not children) completed questionnaires on child ADHD pre-treatment, and at 2-, 4- and 10-months follow-up, whereas teachers and blind observers completed these questionnaires at pre-treatment and 2-months follow-up only. Similarly, neuropsychological attention measures were administered pre-treatment and at 2-months follow-up only. Results In the RCT, 91 children with ADHD (Mage=11.29, range 9-18, 71% boys), 172 parents (91 mothers, 81 fathers), 81 teachers and 85 observers participated, in the PT, 29 children (Mage=11.57, 55% boys), 52 parents (28 mothers, 24 fathers), 24 teachers and 26 observers. Medication was more effective than family mindfulness at 2 and 4 months on multi-informant questionnaires but not on objective (neuropsychological and blind observer) measures. Differences between treatments diminished at mid-term even though in the medication group treatment was continued after 2 months while the mindfulness training was already finished at 2 months. Differences between treatment groups disappeared at 10 months, but note that in the long-term, children from the mindfulness arm started taking medication and vice versa, so that we cannot be sure to what extent the long-term results are caused by mindfulness, medication, or its combination. Findings in the PT and according to PP-analyses were similar. Note moreover that one in four children (26%) discontinued taking medication during the first two months versus almost no families (2%) discontinued mindfulness, suggesting that mindfulness was more easily accepted.

Authors:
**Presenter,** Assoc. Prof. Esther de Bruin

Subcontribution 17279 to Session ID 5807
Day 1 - 29.06.2025, 12:00 - 12:15, Rome

Child and Parent Mindfulness-Based Training versus Medication for Childhood ADHD: Secondary Findings from A Randomized Clinical Trial
T47 - Prevention & intervention

Abstract:
Objectives This pre-registered 'ADHD: Medication or Meditation?' trial presents the effects on parental outcomes comparing a mindfulness-based intervention (MYmind) for both parents and children with medication (methylphenidate) for children's ADHD. Additionally, we examined correlations between meditation practice and outcomes in the mindfulness arm. Methods Parental scores were compared within and across treatments at four time points (pre-test, 2-, 4- and 10-months follow-ups). MYmind consisted of 8 weekly group-based 1,5 hours mindfulness sessions for children and parallel mindful parenting for their parents, and a booster 2 months later. Medication treatment consisted of 4 months short-acting methylphenidate. Parents (70 mothers and 29 fathers) filled out self-reports on four domains: Parental stress (general stress, parenting stress, parenting discipline styles), mindfulness (general mindfulness, mindful parenting, self-compassion), parental ADHD (hyperactivity/impulsivity, inattention), and parental well-being (overall well-being, externalizing and internalizing symptoms, attention problems, sleep). Results Regression analyses of significant interaction effects for time and condition showed that mothers in the mindfulness arm improved more than mothers in the medication arm on levels of overreactive parenting, self-compassion and quality of sleep. Fathers in the mindfulness arm had larger improvements over fathers in the medication arm on parental stress, mindful parenting, self-compassion, internalizing and attention problems. Positive relations were found for mothers between amount of meditation practice and general mindfulness, parental stress, internalizing symptoms and sleep. All outcome improvements between arms favored the family mindfulness over medication. Conclusions Our findings suggest that parents fair far better when families of children with ADHD take part in a mindfulness-based program compared to treating the child with medication. The results warrant further and more robust investigation between family mindfulness and medication for child ADHD.

Authors:
**Presenter,** Assoc Prof Brett Kosterman-Zoller

Subcontribution 17547 to Session ID 5807
Day 1 - 29.06.2025, 12:15 - 12:30, Rome

# Acceptance and Commitment Therapy-based group treatment for stressed and distressed parents of children with disabilities

T47 - Prevention & intervention

Abstract:
Background: Parents of children with disabilities such as autism, ADHD or intellectual disability often face chronic stress, leading to depression, anxiety, and parental psychological inflexibility, which can negatively affect parenting and child wellbeing. There is an urgent need to treat these parents. To address this, we developed a manualized, transdiagnostic 5-session Acceptance and Commitment Therapy (ACT) group treatment tailored for these parents.
Objectives: This study aimed to evaluate the feasibility, user satisfaction, and effectiveness of the Navigator ACT program. It also sought to compare its impact on parental psychological flexibility, parenting stress, depression, and anxiety with treatment-as-usual (TAU) in outpatient habilitation (disability) services.
Methods: Data were collected from 2016 to 2020 at multiple outpatient centres in Sweden. A randomized controlled trial (RCT) included 182 participants, block-randomized into Navigator ACT (n=94) or TAU (n=88). Linear mixed regression models were applied to analyse outcomes. The trial was pre-registered at clinical trials.
Results: Navigator ACT proved feasible, well-received, and effective. Both groups showed comparable initial characteristics, including depression and anxiety, low psychological flexibility, and parenting stress. Navigator ACT demonstrated superiority over TAU in improving parental psychological flexibility and reducing parenting stress, but not depression and anxiety. Parents in the Navigator ACT group also reported greater increases in their children's prosocial behaviours over time.
Conclusion: Navigator ACT is an effective group intervention for enhancing parental wellbeing in challenging parenting contexts, with potential benefits extending to children's social behaviours.

Authors:
**Presenter,** Tiina Holmberg Bergman

Symposium 18823 to Session ID 5894
Day 1 - 29.06.2025, 11:15 - 12:45, Amsterdam

From Neurobiology to Mental Health in Children with Specific Learning Disorders
T24 - Neuroimaging

Abstract:
Reading, spelling, and mathematics are cornerstone academic skills, yet difficulties in their acquisition can lead to significant educational challenges and adversely affect children's mental well-being. Early identification and intervention for children with specific learning difficulties (SLD) are crucial to mitigate these risks and foster children's scholastic and socio-emotional development. This symposium delves into the neural and cognitive mechanisms underlying learning disabilities, focusing on reading, spelling, and mathematics. Using electroencephalography, functional magnetic resonance imaging and behavioural measures, we first explore brain networks involved in reading and dyslexia. Next, we examine intergenerational transmission of cognitive abilities, revealing family-specific neural patterns in arithmetic processing and their impact on math skills and adaptive development. Then we highlight the role of phonological skills, letter knowledge and graphotactic sensitivity for prediction of reading and spelling outcomes in longitudinal assessments of children. The part on behavioural and neural insights will be followed by a talk highlighting the elevated psychological risks faced by boys and girls with specific learning disorders. By presenting evidence demonstrating a threefold increase in comorbid psychological challenges, the research underscores the urgent need for comprehensive, integrated mental health assessments and support strategies. The symposium concludes with a translational perspective, introducing the "Platform for Learning and Learning Disorders" an innovative resource designed to provide accessible support for affected youth, families, and professionals. In conclusion, by bridging cutting-edge neurobiological research, mental health considerations, and practical resources for support, this symposium offers a comprehensive, multidisciplinary approach to understanding and supporting children with specific learning disorders.

Authors:
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**Chair** PD Dr. Karin Kucian University of Zurich

Subcontribution 18829 to Session ID 5894
Day 1 - 29.06.2025, 11:15 - 11:30, Amsterdam

# Print processing and neural adaptation effects in children with dyslexia

T24 - Neuroimaging

Abstract:
Repeated stimulus presentation leads to reduced neural activity, also called neural adaptation (NA) effect, in brain regions involved in processing the presented information (Grill -Spector et al., 2006). NA has previously been reported as a potential core impairment to explain reading deficits in individuals with dyslexia (Perrachione et al., 2016). In a multimodal EEG-fMRI study, we aimed to replicate these neural adaptation effects in a group of children and secondly to investigate potential phonological and lexical adaptation effects to pseudohomophone processing within the reading network. A group of 85 fifth grade children with varying reading skills (11.4 ± .4 years) performed a visual adaptation paradigm during EEG-fMRI, consisting of block-wise visual presentation of words, objects and pseudowords. The stimuli were presented for the following conditions: Repeated presentation of the same stimulus (adapt: A) and stimuli without repetition (non-adapt: N); words and objects were additionally presented as pseudohomophones/objects shown from different angles for a third condition (pseudo-adapt: P). Our fMRI results reveal NA effects to words, objects and pseudowords in the respective brain regions of the reading network for print processing and of the visual network for object processing. Additionally, adaptation for pseudohomophones could be shown in the superior temporal gyrus, a brain area responsible for auditory processing of speech sounds and with a deactivation of key structures implicated in the default mode network during pseudohomophone processing. Poor reading skills were associated with reduced neural adaptation in the left ventral occipitotemporal cortex, and the frontal cortex but only for pseudowords and not for the other visual conditions. Reading skills also modulated the adaptation effect in the P2 ERP component for pseudowords. The present study speaks against a general, but rather for a specific neural adaptation deficit in the visual domain when children with dyslexia process phonologically demanding pseudowords and provides new insights into how unfamiliar word forms with familiar phonological information are processed in primary school-children.

Authors:
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Subcontribution 18835 to Session ID 5894
Day 1 - 29.06.2025, 11:30 - 11:45, Amsterdam

# Familial transmission of neural representations for mental arithmetic across two generations

T24 - Neuroimaging

Abstract:
Parental skills are among the most powerful predictors of children's outcomes. For example, children with dyscalculia, a learning disability that affects arithmetic learning, are more likely to have a parent with the same condition. While distal genetic and environmental pathways likely contribute to skill transmission within families, much less is known about the proximal neural markers that support the transmission of cognitive functioning from parents to children. It is also unclear whether brain similarity between parents and children predicts similarity in cognitive skills. In this study, we used fMRI to measure brain activity associated with mental arithmetic—a task for which intergenerational transmission is consistently observed—in 89 individuals, including 37 familial dyads of 8-year-old children and their mothers. Regardless of familial ties, multivariate searchlight representational similarity analyses revealed remarkable adult-child similarity in the neural representations of a signature of arithmetic processing, the problem-size effect, within a broad occipito-parieto-frontal system. Comparing familial to non-familial adult-child dyads, family-specific transmission of neural representations was identified in the bilateral anterior insula and left precentral gyrus, key regions of the arithmetic processing network. Greater mother-child similarity in insular and precentral neural patterns was systematically detrimental for children's math and working memory skills. It predicted that children of lower-skilled mothers would resemble their mothers while children of higher-skilled mothers would diverge from their mothers. This suggests that individuation of brain mechanisms throughout development may serve as a neural marker of adaptive behavior. Our findings demonstrate that task-related intergenerational neuroimaging can identify brain regions involved in the intergenerational transmission of cognitive skills. They may also pave the way for identifying neural markers of learning disabilities characterized by familial transmission.

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Subcontribution 18837 to Session ID 5894
Day 1 - 29.06.2025, 11:45 - 12:00, Amsterdam

# Predictors of Early Typical and Atypical Spelling Development

T24 - Neuroimaging

Abstract:
Aims: Although developmental models propose that reading and spelling evolve together, evidence suggests that deficits in these skills can occur independently and are influenced by partly distinct predictors. However, previous research has predominantly focused on reading development, giving relatively limited attention to spelling. The aim of this longitudinal study is to identify predictors that explain developmental changes in predictive patterns of typical and atypical early spelling, and to analyse mechanisms that affect children with and without spelling problems.
Methods: The analyses are based on the four time points of the longitudinal Topp-Spell study, which investigates spelling development in a representative sample of 445 German-speaking children from kindergarten to grade 3. Predictors include phonological skills, letter knowledge, graphotactic sensitivity and morphological awareness, assessed before the start of formal literacy instruction and again in grade 1. Spelling outcomes were measured in grades 1 to 3. Structural equation modelling will be used to analyse the predictive relationships between these variables and to detect potential differences in the predictive patterns between children with and without spelling problems.
Results and Conclusions: Data are currently being analysed. Letter knowledge and phonological processing are expected to serve as foundational predictors of early spelling. With increasing literacy experience and orthographic knowledge, we expect other predictors, such as graphotactic sensitivity and morphological awareness to gain importance and account for unique variance over and above the early predictors. These findings will enhance cognitive causal models of spelling development and will inform targeted interventions.

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Subcontribution 18840 to Session ID 5894
Day 1 - 29.06.2025, 12:00 - 12:15, Amsterdam

# Gender Differences in the Prevalence of Combined Learning and Behavioral Disorders

T24 - Neuroimaging

Abstract:
Prevalence rates of specific learning disorders (SLD) (isolated reading, spelling, arithmetic, as well as combined under the use of a simple discrepancy criterion) and the co-occurrence of emotional and behavioral problems reported by parents were analyzed with respect to children's gender in a large German epidemiological sample of 1,264 second graders (53% boys). Overall, the prevalence of SLD in one or more learning domain was 19%; psychopathological problems were reported for 8% of the sample. In terms of gender differences, there was a significant overrepresentation of girls with arithmetic disorder and of boys in spelling, and marginally, combined reading and spelling disorders. Compared to children without SLD, girls with combined arithmetic and spelling disorders and combined spelling and reading disorders showed significantly higher odds (compared to boys) for psychopathological problems (OR for combined arithmetic: 1.7; combined reading: 2.8). The odds for conduct problems were particularly higher for girls with isolated arithmetic difficulties (OR=2.9) and combined spelling difficulties (OR up to 3.7). The probability of comorbid psychopathological problems was three times higher for children with SLD than for their unaffected peers. Children with arithmetic disorders (isolated and combined) were the most affected by additional behavioral, emotional, or attentional problems (up to 32%). The results highlight gender-specific odds for learning disorders and co-occurring behavioral problems and therefore emphasize the need for psychopathological assessment of children with SLD.

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Subcontribution 18842 to Session ID 5894
Day 1 - 29.06.2025, 12:15 - 12:30, Amsterdam

Bridging research and practice: Platform for learning and learning disorders
T24 - Neuroimaging

Abstract:
The Platform for Learning and Learning Disorders was established at the University of Zurich to address the need for accessible, research-based knowledge and support for individuals with dyslexia (reading and/or writing difficulties) and dyscalculia (numerical understanding difficulties). It brings together research groups to bridge the gap between scientific research and practical application. Learning disorders affect up to 15 percent of the population and often co-occur. These conditions are lifelong and, without intervention, the challenges faced by affected individuals persist. Unfortunately, misconceptions and lack of information often result in inadequate support and limited access to diagnostic and therapeutic resources. If left unaddressed, learning disorders can lead to long-term consequences, including lower educational achievement, even for those with high intellectual potential. Secondary impacts, such as anxiety and depression, affect up to 40 percent of those with dyslexia and/or dyscalculia. The platform's goal is to improve the psychological well-being and educational outcomes of those affected, from children to adults. By fostering interdisciplinary research, it focuses on understanding the causes of these disorders and developing new tools, therapies, and strategies. It provides comprehensive resources for children, families, educators, professionals, and researchers, while promoting collaboration with diagnostic and therapeutic institutions. This approach helps raise awareness and understanding of learning disorders.

Authors:
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Symposium 19718 to Session ID 5954
Day 1 - 29.06.2025, 11:15 - 12:45, Londres 1

Workshop: Social prescribing for youth: Exploring the why and how
T47 - Prevention & intervention

Abstract:

Authors:

Subcontribution 19457 to Session ID 5954
Day 1 - 29.06.2025, 11:15 - 12:45, Londres 1

Social prescribing for youth: Exploring the why and how
T47 - Prevention & intervention

Abstract:
Globally youth mental health needs exceed available resources, and youth often experience unmet treatment needs at a developmentally critical time. These system shortcomings can have long-lasting impacts on health, social and academic outcomes. Conventional specialist models of service delivery exacerbate these challenges. Moreover, youth physical, mental, and substance use health, and family, social and educational functioning are closely intertwined, with social determinants of health playing a key role in inequitable outcomes. Accordingly, new models of intervention that provide multi-disciplinary and holistic approaches to addressing youth mental health needs are required. Aims: This workshop will introduce participants to models of youth mental health service delivery that integrate holistic approaches to care, including social prescribing. Methods: Participants will learn about three major activities to prepare one's practice, organization or community for embarking on social prescribing: 1. Youth and family engagement; 2. Community network and capacity building; and 3. Measurement-based care and monitoring success. Attendees will be introduced to each of these domains and how they can be used to build intervention capacity and improve outcomes. Attendees will engage in individual or small group activities to assess current performance in each of these domains and examine readiness for practice change in these areas. Participants will also explore tools to support engagement, community networking, and monitoring success, and will be supported to identify specific next steps. Results and Conclusions: Participants will leave the workshop with knowledge, tools, awareness of resources, and an initial plan for integrating social prescribing into their practice.

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Symposium 17134 to Session ID 5773
Day 1 - 29.06.2025, 11:15 - 12:45, Londres 2

# Intergenerational transmission of psychopathology - results from longitudinal cohort studies and suggestions for clinical practice

T16 - Depression

Abstract:
Having a parent with psychopathology is one of the strongest risk factors for developing psychopathology. In this symposium, we will present results from 4 longitudinal cohort studies on intergenerational transmission of psychopathology and 1 study on implementation of screening and prevention strategies in clinical care. In particular, Dr. Preisig will present on perinatal risk factors in the Lausanne-Geneva cohort. Dr. Vreeker will show the first findings on psychopathology in offspring of parents with a mood disorder from the MARIO study. Dr. Elgaard Thorup will discuss findings on psychopathology in offspring of parents with a mood disorder from the VIA study. Dr. De La Serna will present on the effects of parental characteristics on psychopathology in the offspring from the BASYS study. Dr. Mesman will show findings from the Connect 2 Grow-up project, in which a qualitative study is carried out on how to implement screening and prevention strategies in clinical care.

Authors:
Prof. Dr. Manon H. J. Hillegers Erasmus Medical Center Rotterdam
Dr. Annabel Vreeker

Subcontribution 17136 to Session ID 5773
Day 1 - 29.06.2025, 11:15 - 11:30, Londres 2

# Perinatatal Risk Factors in Offspring at High-Risk of mood disorders

T16 - Depression

Abstract:
Aims: The aim of this study was to establish the role of perinatal risk factors in the parent-child transmission of bipolar disorders (BPD) and major depressive disorder (MDD).
Methods: The cohort included 177 offspring of parents with BPD, 144 offspring of parents with MDD and 182 offspring of comparison probands. Children were 6 to 17-year-old at study entry (mean age: 10.1 years). Offspring and their parents were directly interviewed every 3 years with a mean duration of follow-up of 13.2 years. Diagnostic information was collected in parents and offspring using direct interviews, whereas data on perinatal conditions were collected from mothers using self-rating questionnaires.
Results: The risk for any mood disorder was positively associated with maternal age and smoking but negatively associated with maternal consumption of more than two drinks of alcohol per day. However, none of the measured perinatal risk factors were associated with the onset of BPD in offspring, which was only predicted by parental BPD. In contrast, the risk of MDD in offspring was associated with increasing maternal age and lower alcohol consumption, but not with parental MDD.
Conclusions: Our data support findings of earlier studies showing that increasing maternal age and smoking are risk factors for any mood disorders or MDD. Surprisingly, our data revealed a protective effect of alcohol consumption of more than 2 drinks per day on the risk of any mood disorder or MDD. There was no evidence for a mediating role of perinatal factors in the parent-child transmission of BPD or MDD.

Authors:
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Subcontribution 17135 to Session ID 5773
Day 1 - 29.06.2025, 11:30 - 11:45, Londres 2

# Mood disorders and emotional and behavioral problems in offspring of parents with and without a mood disorder

T16 - Depression

Abstract:
Aims: Having a parent with a mood disorder (i.e., major depressive disorder (MDD) or bipolar disorder (BD)) is one of the strongest risk factors for developing a mood disorder. In the Mood and Resilience in Offspring (MARIO) study we examine the development of mood disorders in offspring with a parent with a mood disorder and offspring of controls (control offspring). Here, we compare the prevalence of mood and other psychiatric disorders as well as emotional and behavioral problems between offspring of parents with a mood disorder and control offspring.

Methods: The MARIO study is an ongoing observational, longitudinal cohort study in 590 offspring, of which ~70% has a parent with a mood disorder and ~30% is offspring of controls (age 10-25 years). Over three years 4 assessments take place, in which extensive clinical, environmental and biological data are collected. Information on psychiatric diagnoses is obtained through the Computerized Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) – present and lifetime. Emotional and behavioral problems are assessed using the Youth Self Report (YSR), Adult Self Report (ASR), Adult Behavior Checklist (ABCL) and Child Behavior Checklist (CBCL). Here, we describe demographics, psychiatric diagnoses and emotional and behavioral problems in the offspring of parents with and without a mood disorder at baseline. Mixed-effects models will be used to examine the relationship between parental psychopathology and psychiatric disorders and emotional and behavioral problems in the offspring. These analyses will be stratified by parental disorder (any mood, BD, MDD, other, healthy controls).

Results: Preliminary results show that offspring of parents with a mood disorder more often have a history of a mood disorder compared to control offspring ($\chi 2 = 14.91$, $p < 0.001$). In particular, older offspring of parents with a mood disorder appear to have more externalizing and internalizing symptoms than older control offspring.
Conclusions: From this unique cohort, we present new data on mood disorders and emotional and behavioral problems. The data highlight the need for preventative care in this vulnerable group.

Authors:
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Subcontribution 17137 to Session ID 5773
Day 1 - 29.06.2025, 11:45 - 12:00, Londres 2

# Intergenerational transmission of psychopathology in a national cohort of children born to parents with severe mental illness – from early childhood mental disorders at age 7 to mental health status at age 15

T16 - Depression

Abstract:
Aims: Mental health starts from conception and birth and the risk for being ill for an individual is influenced by multiple factors during childhood and adolescence, including genetic predisposition, environmental influences, and gene-environment interactions. By studying individuals from early childhood through adulthood, we aim to provide knowledge about early signs of increased risk for psychopathology in children with familial risk for severe mental illness.
Method: The Danish High Risk and Resilience Study – the VIA study is a prospective cohort study of 522 7-year - old children, 202 of them born to at least one parent diagnosed with schizophrenia in the Danish registries, 120 of them born to a least one parent diagnosed with bipolar disorder and 200 of them born to parents without these diagnoses. A comprehensive battery has been used combining assessments from several domains for both parents and children, and all children were assessed thoroughly at age 7, 11 and 15 using K-sads-PL interview and ratings of psychotic experiences.
Results: Results show that children born to parents with schizophrenia and to some extent also bipolar disorder are at increased risk for developing mental disorders early in life i.e., at age 7 and age 11 compared to controls. Levels of global functioning and prevalence of psychopathology at age 15, in the three groups will be presented.
Conclusions: Results from the VIA 7 and the VIA 11 studies indicate that many children and families have unmet needs and problems. This unique cohort is now being assessed at age 19. Suggestions for interventions will be discussed.

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Subcontribution 17138 to Session ID 5773
Day 1 - 29.06.2025, 12:00 - 12:15, Londres 2

# Effects of parental characteristics on the risk of psychopathology in offspring. A four-year follow-up study

T16 - Depression

Abstract:
Aims: To assess psychopathology and prodromal psychotic/bipolar symptoms in offspring of patients diagnosed with schizophrenia (SZoff) or bipolar disorder (BDoff). To study the effects of parental characteristics on offspring's risk of developing psychopathology.
Methods: This is part of the BASYS study that included 90 BDoff, 41 SZoff, and 10 controls (CCoff) aged 6 to 17 years at baseline. Parents' and offspring's psychiatric diagnoses, socio-economic status (SES), global functioning, parents' ages at childbirth, and offspring prodromal symptoms were assessed. The risk of psychiatric disorders and prodromal psychotic/bipolar symptoms in the offspring was analyzed using Kaplan-Meier. The association of some parents' variables and risk of psychopathology and prodromal psychotic/bipolar symptoms was studied using a Cox regression analysis.
Results: SZoff and BDoff had a higher risk of psychopathology than CCoff at four-year follow-up. SZoff showed a higher risk for ADHD, disruptive disorders, and prodromal psychotic symptoms, whereas BDoff displayed a heightened risk for mood disorders, ADHD and prodromal bipolar symptoms when compared to CCoff. Higher parental psychosocial functioning and SES were associated with lower prevalence of psychopathology.
Conclusions: Both SZoff and BDoff samples present higher risk of developing psychopathology but the pattern of this psychopathology seems to be group specific. Longer follow-up studies are needed to assess the capacity of psychopathological disorder and prodromal symptoms to predict progression to full-fledged disorders. This study was supported by the Spanish Ministry of Science and Innovation, Instituto de Salud Carlos III(PI21/00519), co-financed by the European Union "A way of making Europe" and Fundació Marató de TV3.

Authors:
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Subcontribution 17622 to Session ID 5773
Day 1 - 29.06.2025, 12:15 - 12:30, Londres 2

# Connect 2 Grow-up: screening and monitoring in children at familial risk for psychiatric disorders. A qualitative study among parents, children and professionals in the Netherlands

T16 - Depression

Abstract:
Aims: Familial risk for severe mental illness is one of the most important predictors for psychopathology in children, stressing the importance of early detection and preventative strategies. Despite agreement that screening and prevention strategies for children are important, clinical practice shows difficulty in reaching the offspring.
Methods: From August 2024 until March 2025 we recruited 20 families with a parent with severe mental illness and 5 mental health care providers from Rotterdam, the Netherlands. All families participated in a digital survey on mental health, parenthood and emotional and behavioral problems in their children, followed by clinical consultation with a research psychologist with a background in child and adolescent psychiatry. Using qualitative interviews professionals, parents with severe mental illness, spouse and their children were asked to share their experiences and asked how to best implement screening and monitoring in these families.
Results: We will present findings of 3 different projects. Project 1 focused on the strengths and limitations in terms of screening and monitoring in clinical practice from the perspective of professionals working with parents or children and policy makers. In project 2 we investigated the experiences in 10 families of which 1 parent is currently receiving specialized mental health care. In project 3 we investigate the experiences of families participating in a longitudinal monitoring study. The port of entry in project 3 was the parent-child interaction in the first 1000 days.
Conclusions: Opportunities and challenges for screening and monitoring in this high risk population will be discussed.

Authors:
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Symposium 18529 to Session ID 5909
Day 1 - 29.06.2025, 11:15 - 12:45, Berlin

Neurodevelopmental disorders across the lifespan: in childhood and in adulthood
T04 - ASD

Abstract:
This symposium will explore research on neurodevelopmental disorders (NDDs), examining their presentation, progression, and associated outcomes from childhood into adulthood. The session will feature data from studies addressing the complex interplay between NDDs and behavioral or psychiatric challenges, offering insights into how these disorders manifest and evolve over time. Key topics will include an analysis of predictors for long-term outcomes in individuals with NDDs and 22q11.2 deletion syndrome and in a middle-aged cohort diagnosed with autism in childhood, focusing on how childhood factors influence adult trajectories. The symposium will also present data from two cross-sectional studies on the distribution of autistic traits in the general population of school children and psychiatric disorders in adult psychiatric outpatients with autism. The discussion will provide a platform to consider implications for early intervention strategies and long-term management approaches, fostering a nuanced understanding of how to optimize outcomes across developmental stages.

Authors:
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Subcontribution 18530 to Session ID 5909
Day 1 - 29.06.2025, 11:15 - 11:30, Berlin

: "Autistic traits in a sample of 7-9-year-old children from the general population"
T04 - ASD

Abstract:
Description: Autistic traits are present on a continuum in the general population are not limited to children with ASD diagnosis. Using Social Responsiveness Scale (SRS), we described the distribution of autistic traits in a cross-sectional sample of 7-9-year-old children (N=874) from the general population with equal proportions of boys and girls. We also examined if autistic traits were associated with behavioural difficulties measured with the Strengths and Difficulties Questionnaire . We will present the distribution of autistic traits in the sample, findings as regards the proportion of the proportion of boys and girls meeting SRS cut-offs, and on the impact of autistic traits, general intellectual functioning on behavioural difficulties.

Authors:
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Subcontribution 18532 to Session ID 5909
Day 1 - 29.06.2025, 11:30 - 11:45, Berlin

# Psychiatric disorders in adults with autism, or autism in psychiatric adults?

T04 - ASD

Abstract:
Psychiatric disorders are more common in adults with autism than in the general population, and receiving a first diagnosis of autism after reaching adult age is increasingly common. We included a cohort of adult psychiatric outpatients with autism or sub-threshold autism, 97% diagnosed with autism after age 18. Through clinical assessments, we described the group regarding psychiatrically relevant factors and compared the results to patients without autism. We will present our findings of similarities and differences between the groups regarding psychiatric presentation and history, sociodemographic variables, suicidality, associations between autism and PTSD, and associations between autism and alcohol/substance use disorders in this population. Recent studies have suggested autism spectrum disorder (ASD) to be a significant minority of both in- and outpatient adult psychiatric populations.

Authors:
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Subcontribution 18533 to Session ID 5909
Day 1 - 29.06.2025, 11:45 - 12:00, Berlin

# Neurodevelopmental disorders in a longitudinal study of adults with 22q11DS

T04 - ASD

Abstract:
22q11.2 deletion syndrome (22q11.2DS) affecting about 1 in 2000-4000 births is the most common microdeletion syndrome impacting multiple organ systems. Effects on the brain include NDDs but also higher rates of anxiety, depression and psychosis. We followed 100 individuals with 22q11.2DS from childhood to adulthood. The objectives of this longitudinal study were to study NDD and psychiatric disorders in adulthood, evaluate the stability of childhood diagnoses over time, and to examine associations between clinical characteristics in childhood/adolescence and diagnostic outcome in adult age. A total of 79 participants out of an original cohort of 100 individuals were examined at ages 18-50 years using validated instruments for cognitive, psychiatric, and global functional disorders/problems in context of an in-depth clinical evaluation by an experienced psychiatrist taking all available information into account. We found adult age stability in NDD diagnoses from childhood. However, there was actually an increase in the rate of NDDs at follow up; from 43% to 63%. There were high rates of anxiety, mood and psychotic disorders, with a majority meeting diagnostic criteria for one or more psychiatric disorders. The rate of psychotic disorders was much lower in our sample compared to many other studies. Variability in functioning at follow-up was primarily associated with cognitive ability at T1. The findings obtained in this cohort of representative cases of 22q11DS highlight the increased risk of neurodevelopmental and psychiatric disorders/problems, cognitive impairment, and reduced levels of global functioning over time.

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Subcontribution 18534 to Session ID 5909
Day 1 - 29.06.2025, 12:00 - 12:15, Berlin

# Children with autism grow up. Clinical outcome 30 to 50 years after diagnosis

T04 - ASD

Abstract:
The purpose of this study is to study life-span trajectories in adults diagnosed in childhood with autism spectrum disorder (ASD), and to study associations between childhood/early adult factors and outcome (good/poor) in adulthood. The first generation of individuals who received ASD diagnosis in childhood is now middle to old age. However, most research still focuses on children or adolescents with ASD. The few existing studies on ASD in adult age are mostly cross sectional and the longitudinal perspective is missing, leaving out the transition from childhood to middle age. This proposed longitudinal study covers more than 4 decades, and includes a cohort born between 1962 and 1984 (n=120), diagnosed in childhood with ASD with the current criteria at that time. They have all been included in clinical population-based studies in the 1980s and 1990s and been followed up in the 2000s. We have data from childhood and early adult age on e.g. medical/psychiatric comorbidity, intellectual/adaptive functions, schooling, societal support, family situations etc. We will present register data from the National Patient Register, the Prescribed Drug Register, the Swedish Social Insurance Agency register, and the Cause of Death Register to study association between childhood factors and outcome in middle age.

Authors:
**Presenter,** Prof. Eva Billstedt

Symposium 19897 to Session ID 5979
Day 1 - 29.06.2025, 11:15 - 12:45, Bruxelles

Oral Session: Family
T20 - Family / systemic therapy

Abstract:

Authors:

Subcontribution 16403 to Session ID 5979
Day 1 - 29.06.2025, 11:15 - 11:30, Bruxelles

# Does multifamily therapy help parents of adolescents with anxiety-based school refusal? A qualitative approach

T20 - Family / systemic therapy

Abstract:
Introduction: 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. Multifamily therapy has been shown to be effective in the management of many psychological disorders including anxiety-related disorders. The aim of this qualitative study is to explore the experiences of parents who participated in the MULTI FAST program (a multifamily therapy focused on anxiety-based school refusal).
Method: The study was offered to all families who participated in a MULTI FAST group in 2022 and 2023. A semi-structured interview was conducted with each 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: Thirty-one parents (out of 37) 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 parents looking at themselves in a new light, with less sense of abnormality, less guilt, and looking back at their own relation to school. The third theme is the expression of parental distress to their adolescents, and the fourth describes better communication and a stronger family group after the multifamily therapy.
Discussion: all the parents who took part in the study emphasized the help that multifamily therapy had given them. This included an increased sense of parental self-efficacy, better mentalization, and a positive impact on family interactions, with changes in everyone's place in the family.

Authors:
**Presenter,** Dr. Aurélie Harf Hôpital Cochin
Claire Snegaroff
Dr. Maude Ludot Grégoire

Subcontribution 17158 to Session ID 5979
Day 1 - 29.06.2025, 11:30 - 11:45, Bruxelles

# Transgender Parenting: Identity Construction and Intergenerational Transmission in Children

T20 - Family / systemic therapy

Abstract:

1. Objectives

This presentation explores the psychological challenges of parenting among transgender individuals and their potential effects on children's identity construction and intergenerational transmission. In our practice as clinical psychologists in a reproductive medicine department, we work with heterosexual couples where the man was assigned female at birth and couples with a transitioning partner. We focus on these configurations due to the compounded effects of gender transition and assisted reproductive technologies (ART). The aim is to transcend the nature-culture dichotomy, showing how transgender parenting redefines traditional notions of filiation and gender norms while examining its impact on children's psycho-affective development.

2. Methods

The analysis is based on a psychodynamic approach, using clinical vignettes from hospital and private psychotherapeutic practice. Psychoanalytic concepts of identity construction and intergenerational transmission are applied to understand the experiences of children with transgender parents. A review of literature and qualitative studies on children’s development in atypical family structures, including transgender parenting, supports the discussion.

3. Results and Conclusions

Children of transgender parents may develop flexible gender norm perceptions but face social tensions. Parental narratives of gender transition uniquely shape intergenerational transmission. The findings underscore the importance of tailored psychosocial support to address the challenges and resilience in these families. Inclusive clinical approaches are essential to support parents and children navigating these complex dynamics.

Authors:

**Presenter,** Prof. Dr. Sylvie Bourdet-Loubère Université Toulouse 2 Jean Jaurès

Prof. Dr. Anne-Valérie Mazoyer Université Toulouse 2 Jean Jaurès

Subcontribution 17355 to Session ID 5979
Day 1 - 29.06.2025, 11:45 - 12:00, Bruxelles

Early treatment for children with mental health problems and genetic conditions through a parenting intervention (The GAP): study protocol for a pragmatic randomized controlled trial.
T20 - Family / systemic therapy

Abstract:
Aims: to examine the feasibility and preliminary effectiveness of implementing the Incredible Years-Autism Spectrum and Language Delays (IY-ASLD®) intervention for parents of children with genetic syndromes and mental health problems.
Methods: prospective multicenter pragmatic randomized controlled trial including 53 children aged 3 to 7 years, recruited from three tertiary care hospitals. Inclusion criteria necessitates genetic confirmation of a neurodevelopmental disorder along with language, communication, or socialization difficulties. Individuals with an Autism Spectrum Disorder were excluded. Families were randomly allocated to intervention or treatment as usual group. The IY-ASLD® intervention encourages positive parent-child relationships to promote children's social competence, language skills, and emotion and behavior regulation. Primary feasibility outcomes were parents' engagement with the program, and parents' and clinicians' satisfaction and overall experiences with the intervention. Secondary effectiveness outcomes were parental stress, parenting practices and expressed emotions. A mixed-method approach was used, using quantitative and qualitative analysis methods. We followed an intention-to-treat principle. Trial registration: NCT06 125093.
Results and conclusions: We screened 271 families, and 101 met inclusion criteria. Fifty-three parents were randomized (n=27 intervention, n=26 control group) and 42 parents were analyzed at follow-up (n=22 intervention, n=21 control group). 81.5% of the parents finished the program (attended at least 15/22 sessions), and satisfaction levels were high. Preliminary analyses show a marginally significant effect favoring the intervention group regarding decreased parents' use of corporal punishment ($F = 3.967$, $p = 0.053$). Preliminary results suggest that it is feasible to implement the IY-ASLD® intervention for this vulnerable and overlooked group of infants.

Authors:
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Beatriz Morente Parc Tauli Hospital Universitari

Subcontribution 17392 to Session ID 5979
Day 1 - 29.06.2025, 12:00 - 12:15, Bruxelles

# Role of Social Capital in Mental Health Outcomes in Children of Parents with Mental Illness (CoPMI)

T20 - Family / systemic therapy

Abstract:
Aim: Children of parents with mental illness (CoPMI) are at high risk of developing mental health problems due to genetic, environmental, and social factors. This research examines the role of social capital, including family cohesion, bonding climate, peer relationships, trust, and social participation, in poor mental health outcomes, i.e., psychopathological symptoms among this vulnerable population.
Method: A purposive sample of 268 children (58.2% girls & 41.8% boys) with ages ranging between 11-17 years, having at least one parent diagnosed with mental illness were approached through in and outpatient departments of 3 public sector hospitals of 3 major cities of province Punjab (Pakistan) including Lahore, Faisalabad, and Multan. Social Capital Scale for Adolescents, DSM-5 Cross Cutting Symptoms Measures Level 1, and a detailed demographic information sheet were administered.
Results: Social capital was associated with better mental health outcomes, and more particularly, family cohesion and social participation were significant negative predictors of repetitive thoughts and substance use among CoPMI. Additionally, lower scores on companionship contributed to the higher scores on depressive symptoms. Results of moderation analysis through PROCESS MACRO (Hayes, 2022) showed that gender moderated the relationship between specific facets of social capital and psychopathological outcomes in CoPMI.
Conclusion: The findings emphasize the need to foster social capital among vulnerable children as it has shown a buffering role on psychopathological symptoms among CoPMI.
Keywords: Social Capital, Mental Health, Children of Parents with Mental Illness (CoPMI)

Authors:
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Samavia Hussain Government College University Faisalabad
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Dr. Rizwana Amin Effet University

Subcontribution 17818 to Session ID 5979
Day 1 - 29.06.2025, 12:15 - 12:30, Bruxelles

# Emotional stability and Social Maturity in Adolescence with and without siblings - A study in India

T20 - Family / systemic therapy

Abstract:
Objective: This study aimed to explore the impact of sibling status on emotional stability and social maturity in adolescents aged 15-18 years. The study compares adolescents with siblings to those without siblings to assess differences in emotional stability and social maturity.
Method: A total of 100 adolescents (50 with siblings and 50 without siblings) from schools in Delhi, India, participated in this study. Participants were selected through teacher referrals, with ethical clearance and permission granted by school authorities. The Emotional Stability Questionnaire (60 items) and Rao's Social Maturity Scale (90 items) were administered to assess emotional stability and social maturity, respectively.
Results: Analysis using a two-tailed t-test revealed that adolescents with siblings had significantly higher emotional stability scores compared to those without siblings ($t = 2.35$, $p > 0.05$). Conversely, adolescents without siblings exhibited significantly higher levels of social maturity than their peers with siblings ($t = 6.31$, $p < 0.01$).
Conclusion: The findings suggest that sibling status plays a role in emotional stability and social maturity during adolescence. While adolescents with siblings may demonstrate greater emotional stability, those without siblings show higher social maturity. These psychological attributes are crucial in the development of both pathology and resilience. Understanding the dynamics underlying these traits can have important implications for preventing psychological issues and improving treatment approaches for adolescents, particularly in the context of family structure.
Keywords: Adolescents, Sibling Status, Emotional Stability, Social Maturity, Family Structure, prevention and treatment.

Authors:
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Aafreen Khan NA

Symposium 18787 to Session ID 5781
Day 1 - 29.06.2025, 11:15 - 12:45, Boston

Enhancing Understanding of OCD
T27 - OCD

Abstract:
Obsessive-compulsive disorder (OCD) is a serious psychiatric disorder that affects 1-3% of children and adolescents. OCD is characterised by recurrent obsessive thoughts and/or compulsive actions, often aimed at reducing the anxiety or discomfort caused by the thoughts. Although Cognitive behavioural therapy (CBT) with a focus on exposure and response prevention (ERP) is the most effective treatments for OCD, recommended first-line treatment, either alone or in combination with SSRI treatment, accessibility of care and adherence is still an important question and new guidelines try to integrate the view of the patients'. Moreover, identifying the specific phenotype can improve interventions, but also the broader phenotype can facilitate earlier identification. Early treatment is associated with better long-term outcomes, as it can prevent the escalation of symptoms and their associated impairments. In this symposium we aim to give a recent overview of these topics and to facilitate transformative discussions and collaborative interventions to contribute to improved identification and outcome in child and adolescent's concerned by this disorder:
Prof. Dr. Susanne Walitza will give an introduction with an overview of the most recent guidelines of OCD that are published or in the process to be published soon.
Dr. Damian Krinitski, will share preliminary findings of a network analysis, looking into the comparative efficacy and acceptability of interventions for pediatric OCD.
Melanie Ritter will present outcomes from the TECTO Trial: Daily Life Executive Function during Treatment for Childhood OCD.
Anna-Rosa Cecilie Mora-Jensen and Christine Lykke Thoustrup will present results from computationally derived parent-child interaction patterns and oxytocin in children with and without OCD derived in the TECTO Trial.
Dr. Hugues Lamothe, will present a novel observation concerning the close relationship of obsessions and mind-wandering observed in an empirical study in adolescents and young adults.

Authors:
Prof. Dr. Kerstin J. von Plessen Division of Child and Adolescent Psychiatry, Lausanne Hospital (CHUV), Lausanne, Switzerland; Faculty of Biology and Medicine, University of Lausanne, Lausanne, Switzerland
Prof. Dr. Susanne Walitza

Subcontribution 19058 to Session ID 5781
Day 1 - 29.06.2025, 11:15 - 11:30, Boston

# Update of guidelines for childhood OCD

T27 - OCD

Abstract:
This brief update of guideline status on childhood OCD is intended as an introduction for the symposium "Enhancing Understanding of OCD: Clinical and Research Perspectives in Children and Adolescents ". We would like to present highlights of three most recent treatment OCD guidelines and at the same time discuss potentially critical questions of the accessibility of care. In 2021, a German speaking S3 guideline for OCD in childhood was published. S3 guidelines are based on a very rigorous and standardized process to ensure that the guideline is evidence based and can be practicably implemented in the available services. A resulting "patient guideline" is due to be published in 2025. This is not only a translation of the 2021 S3 guideline for children and adolescents into a language that is easy for patients and relatives to understand, but also covers the entire age range of patients including the S3 guideline for adults, which was published in 2023. A translation in further languages is in progress.
The most recent CANMAT-ICOCS guideline is currently about to be published. This also covers the entire age range and is intended to be internationally valid. It is also intended to form the basis for new WPA (World Psychiatric Association) guidelines, which in turn should be nationally adaptable. For this symposium, the most important recommendations will be summarized very briefly and the two points that differ in the guidelines will be discussed in particular: This is the recommendation as to which therapy should be used to start treatment and whether treatment should be carried out by specialists. We aim to answer this question also with the study "Comparative efficacy and acceptability of interventions for pediatric OCD", that will be presented in this symposium.

Authors:
**Presenter,** Prof. Dr. Susanne Walitza
Dr Lukasz Smigielski

Subcontribution 19060 to Session ID 5781
Day 1 - 29.06.2025, 11:30 - 11:45, Boston

# Comparative efficacy and acceptability of interventions for pediatric OCD: Preliminary findings from a network meta-analysis

T27 - OCD

Abstract:
Background: Obsessive-compulsive disorder (OCD) in children and adolescents is a significant mental health problem. This study aims to assess the comparative efficacy and acceptability of exposure and response prevention (ERP) therapy, selective serotonin reuptake inhibitors (SSRIs), and their combination for the treatment of paediatric OCD.
Methods: A systematic review and network meta-analysis (NMA) will be conducted. We will search multiple databases, including PubMed, Embase, PsycINFO, and the Cochrane Library, for randomised controlled trials (RCTs) involving children and adolescents with OCD. Data on changes in Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS) scores, treatment response (≥35% reduction in CY-BOCS score) and treatment acceptability (dropout rate) at week 10 (8-12 weeks) will be extracted. Pairwise and network meta-analyses will be performed using a Bayesian random effects model.
Results: The NMA will provide a comprehensive comparison of ERP, SSRIs and their combination, along with various control conditions. Treatment efficacy will be assessed by mean change in CY-BOCS scores and proportion of responders. Acceptability will be determined by the proportion of patients withdrawing from treatment. Surface Under the Cumulative Ranking Curve (SUCRA) will rank treatments based on efficacy and acceptability. Sensitivity and subgroup analyses will explore the robustness of the results and the impact of potential effect modifiers.
Conclusion: This study will provide a detailed comparison of the efficacy and acceptability of interventions for paediatric OCD, guiding clinicians in making evidence-based treatment decisions. The results will highlight the most effective and well tolerated treatments, potentially improving outcomes for children and adolescents with OCD.

Authors:
**Presenter,** Dr. Damir Krinitski
Nadine Kirchen
Dr Lukasz Smigielski
Prof. Dr. Susanne Walitza

Subcontribution 19063 to Session ID 5781
Day 1 - 29.06.2025, 11:45 - 12:00, Boston

Daily Life Executive Function during Treatment for Childhood OCD
T27 - OCD

Abstract:
Aims: Executive function deficits, reflecting imbalance in underlying cortico-striatal brain circuits, are suggested to interact with psychotherapeutic treatment response in childhood obsessive-compulsive disorder (OCD). However, few studies investigated executive function during psychotherapy in this group, and child-reported executive function has never been studied. This study examines parent- and child reported executive function during psychotherapy and its association with therapy-induced symptom change.
Methods: We aimed to include all 130 patients and 90 non-psychiatric control children (age 8-17) enrolled in the Danish TECTO randomized controlled trial (ClinicalTrials.gov: NCT03595098). Patients were assessed before and after 16 weeks of either Cognitive Behavioral Therapy (CBT) or an active control treatment of Psychoeducation and Relaxation Therapy. Executive function deficits were assessed with the Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-II) questionnaire.
Results and Conclusions: 72 patients and 70 control children were included. Patients (≥ 11 years) and their parents reported elevated BRIEF total scores (MD = 6.98, $p < 0.001$; MD = 13.32, $p < 0.001$) and sub-scale scores at intake relative to controls. Symptom level improved significantly after both treatments, but significantly more for CBT. BRIEF total scores also improved (MD = 5.90, $p < .001$; MD = 3.84, $p < 0.001$) along with most sub-scale scores, however with no differential response by treatment type and no correlation with symptom change. The results support prior findings of parent-reported executive dysfunction and adds important knowledge to the puzzling discrepancy between neuropsychological test results and patient-reported outcomes of executive function in childhood OCD.

Authors:
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Subcontribution 19064 to Session ID 5781
Day 1 - 29.06.2025, 12:00 - 12:15, Boston

# Computationally derived parent-child interaction patterns and oxytocin in children with and without OCD

T27 - OCD

Abstract:
Background: Parent-child interactive processes are important factors in pediatric OCD. Understanding biological mechanisms of parent-child interactive behavior could help improve treatment of pediatric OCD. Oxytocin has been suggested as a biological mechanism in parent-child interactions. However, no studies in pediatric OCD exist. We used machine learning to discover latent patterns in parent-child interactive behaviors and explored associations with oxytocin in children with and without OCD.
Methods: We used parent and child salivary oxytocin levels measured with enzyme-linked immunosorbent assay (ELISA) and investigator-rated parent-child behaviors during a frustration task. Children with or without OCD and their parents – 107 mother-child and 62 father-child pairs were included. We used machine learning to generate data-driven, theory agnostic behavioral variables; and regression to estimate their associations with oxytocin.
Results: Principal component and archetype analyses identified behavioral patterns describing the mother-child and father-child interactions. We found an association between child and
mother oxytocin and the interaction patterns "overinvolved interaction" and "emotional interaction" and a negative relation to "distant interaction". Additionally, mother oxytocin was associated with "supportive interaction" and "varied-coping interaction", and negatively related to "conflictual interaction" and "negative-low support interaction". Father oxytocin was associated with “supportive interactions” only in the presence of child OCD.
Conclusion: Child and mother oxytocin seem related with mother-child interactive patterns. Fathers’ oxytocin was related with interaction patterns only in children with OCD. Implications for future clinical research are discussed.

Authors:
**Presenter,** Anna-Rosa Cecilie Mora-Jensen Child and Adolescent Mental Health Center, Copenhagen University Hospital
**Presenter** Dr. Christine Lykke Thoustrup Child and Adolescent Mental Health Center, Copenhagen University Hospital
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Subcontribution 19067 to Session ID 5781
Day 1 - 29.06.2025, 12:15 - 12:30, Boston

# Obsessions and mind-wandering: a close relationship between two types of thoughts

T27 - OCD

Abstract:

Introduction

Obsessive-compulsive disorder (OCD) affects approximately 2% of children and adolescents. This disorder is characterized by the presence of obsessions and compulsions. Typically, thoughts are categorized as either mind-wandering or focused on an external task. We hypothesized that obsessions, when present, replace mind-wandering in situations with low external attentional demand (e.g., waiting for a bus). Conversely, we hypothesized that situations with high external attentional demand (e.g., playing video games, engaging in conversation) reduce the levels of both obsessions and mind-wandering.

Method

To test our hypothesis, we developed a scale to explore the phenomenology of both obsessions and wandering thoughts (also known as mind-wandering) in situations with The scale was specifically designed for students (adolescents and young adults). We consecutively enrolled 40 adolescent and young adult outpatients with OCD according to DSM-5 criteria, and 40 sex- and age- matched healthy controls

Results

As hypothesized, we found that OCD patients showed a strong correlation between the percentage of time spent on mind-wandering and obsessions in the same situations. For example, patients exhibited high levels of both mind-wandering and obsessions while waiting for the bus, and low levels of both during conversations. Additionally, as expected, OCD patients spent less time on mind-wandering compared to healthy controls. This supports our hypothesis that obsessions may replace mind-wandering in OCD patients.

Conclusion

Based on our phenomenological results, we hypothesize that obsessions may be perceived as dangers requiring attention, thereby replacing mind-wandering but not to the same extent as external stimuli. Considering the distinct neurological networks supporting these types of thoughts (the default mode, salience, and frontoparietal networks), we propose a model illustrating how these thoughts and networks interact. This approach is particularly important for advancing our understanding of OCD biology, extending beyond the classical cortico-striatal loops, and for developing new treatments.

Authors:

**Presenter,** Dr. Hugues Lamothe Robert Debré University Hospital, Paris, France

Prof. Dr. Richard Delorme

Prof. Antoine Pelissolo

Symposium 19704 to Session ID 5937
Day 1 - 29.06.2025, 13:00 - 14:00, Schweitzer

Official opening ceremony with lunch

Abstract:
Welcome words by:
> Pr Carmen Schroder, ESCAP congress president
> Pr Jörg Fegert, ESCAP President
> Pr Bruno Falissard, French CAP society president
> Alexandre Feltz, representative of mayor of Strasbourg
> Sarah El Haïry, Haut-commissaire à l'enfance
> Denis Huber, head of the Health Department in the Council of Europe Directorate General of Human Rights and the Rule of Law

Authors:

Symposium 19705 to Session ID 5938
Day 1 - 29.06.2025, 14:00 - 14:45, Schweitzer

Keynote I - Tom Osborne: Accessible, Community-based Youth Mental Health At Scale: What Africa Can Teach the World

Abstract:
Around the world, young people are facing a mental health crisis—but traditional care systems remain costly, stigmatized, and inaccessible to most. In this talk, we share the story of the Shamiri model, a youth-led, evidence-based initiative launched in Kenya that has reached over 135,000 adolescents with brief, low-cost mental health interventions delivered by trained lay-providers. Built around a scalable three-tier care model and grounded in positive psychology principles—such as growth mindset, gratitude, and value affirmation—Shamiri interventions have consistently demonstrated clinical effectiveness through randomized controlled trials. We explore how this model has been scaled with fidelity and cultural sensitivity, offering a blueprint for accessible, community-driven mental health solutions globally. This is not only a lesson from Africa—it is a call to rethink who delivers care, how it is delivered, and what it means to make youth mental health truly inclusive and sustainable at scale.
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**Tom Osborn** is the Founder and CEO of **Shamiri**, Africa's largest youth mental health provider, serving over 100,000 young people annually. Widely recognized for his leadership in social innovation, community building, and entrepreneurship, Tom is a TED Fellow, Ashoka Fellow, Echoing Green Fellow, Forbes 30 Under 30 Global Honoree, Mulago Foundation Rainer Arnhold Fellow, Acumen Fellow, and Draper Richards Kaplan Entrepreneur.
Before founding Shamiri, Tom launched **GreenChar** at age 18, an award-winning clean energy venture that provided thousands of low-income families with life-saving clean cooking fuel. A committed researcher and innovator, he has led multiple research projects (securing over $5 million in funding) and authored more than 50 peer-reviewed papers in leading journals, including *JAMA Psychiatry*, *The British Medical Journal*, *World Psychiatry*, and *The Lancet*. He is also the co-author of *What We Can't Burn*, a memoir on friendship, friction, and the global energy transition.

Authors:
**Presenter, Chair** Prof. Dr. Bruno Falissard Unité Inserm U 1178

Symposium 19637 to Session ID 5746
Day 1 - 29.06.2025, 14:00 - 15:30, Curie A

Symposium - Video guidance in neurodevelopmental disorders: Benefits and obstacles

Abstract:
La guidance parentale dans les troubles du neurodéveloppement : des
propositions variées à adapter aux familles,
Marie-Joëlle OREVE, Pédopsychiatre, Responsable de la filière TND, CH de Versailles
Guidances par vidéo feed back : spécificités, indications, limites,
Lisa OUSS, Pédopsychiatre, Université et CHU de Liège, Belgique
Implémentation des guidances parentales auprès des professionnels et des parents,
Marie-Maude GEOFFRAY CASSAR, Pédopsychiatre, CH Le Vinatier, Reshape, Inserm, Lyon 1La guidance parentale figure désormais comme un des éléments essentiels du suivi des enfants présentant un trouble du neurodéveloppement. Les propositions étant multiples, ce symposium propose un abord pratique pour se repérer dans ce champ. Nous développerons particulièrement les guidances par video feedback.
La Pediatric autism therapy (PACT) sera décrite à titre d'exemple, et les spécificités des différentes guidances par vidéo feed-back seront développées, soulignant leur intérêt, leur mode de pratique, et leurs limites.
La question de comment transmettre des savoirs et des savoir-faire aux familles sera réfléchie à travers l'exemple d'une organisation mise en place à l'hôpital de Versailles, Parcours Parents, destinée à accompagner l'engament des parents dans les guidances. A travers une étude d'implémentation de la PACT menée à Lyon, l'analyse des facilitateurs et obstacles à son adoption sera décrite, via une enquête auprès de professionnels et de parents.

Authors:
**Presenter, Chair** Dr. Bérengère Beauquier-Maccotta EPS Ville-Evrard

Symposium 19706 to Session ID 5939
Day 1 - 29.06.2025, 14:45 - 15:30, Schweitzer

Keynote II - Edmund Sonuga-Barke: Can 'paradigm flipping' reinvigorate the translational science of neuro-developmental conditions?

Abstract:
Abstract
Progress toward new science-driven interventions for people with neuro-developmental conditions has stalled. At the same time the scientific credibility of the framework of assumptions on which our current disorder paradigm rests is being challenged by data emerging from our labs. Solutions to this 'crisis' are sought in ever bigger data analytics, greater transparency increasing reproducibility, and/or technological advances. In this talk I argue, rather, that the time is ripe to explore alternative paradigms to shake up our thinking, reinvigorate our science and so increase its translational potential. Introducing the concept of 'paradigm flipping', I describe how this can be achieved by the exchange of ideas with collaborators from different intellectual traditions to our own and the experience-derived insight neurodivergent people. I illustrate this with reference to RE-STAR, an ongoing research programme, that 'flips' from a neuro-disorder to a neuro-diversity paradigm to build and test hypotheses about the roots of depression in ADHD and autism.
CV
Motivated by his own childhood experience of learning difficulties, Edmund has devoted his research career to improving the life chances of young people, especially those with neurodevelopmental conditions, such as ADHD. To this end he has developed new ways of thinking about and studying neurodevelopment using experimental developmental neuroscience methods and theories. Edmund is an elected Fellow of The Academy of Medical Sciences (2016), The British Academy (2018),The Danish Academy of Honorary Skou Professors (2019) and a Member of the Academia Europea (2023). He holds visiting professorships at the Universities of Aarhus and Hong Kong. He is Editor-in-Chief of The Journal of Child Psychology and Psychiatry. He is a Roman Catholic husband and father, soul music aficionado & lifelong Derby County supporter (Come On You Rams).

Authors:
**Presenter, Chair** Prof. Carmen Schröder Faculty of Medicine, Strasbourg University

Symposium 20579 to Session ID 6403
Day 1 - 29.06.2025, 15:30 - 15:45, Schweitzer

# An introduction to Wellcome’s funding opportunities

Abstract:
Wellcome is a global charitable foundation, supporting science to solve the urgent health challenges facing everyone. We plan to spend £16 billion by 2032 to advance scientific discovery and take on three worldwide health challenges: mental health, infectious disease and climate and health. In the mental health team, we fund research globally and aim to enable a step change in early intervention for anxiety, depression and psychosis. We focus on a full range of interventions covering psychosocial, digital and pharmacological, and we fund a wide range of disciplines relevant to mental health science. Attend this talk to find out about the upcoming funding opportunities in youth mental health.

Authors:

Symposium 20016 to Session ID 6043
Day 1 - 29.06.2025, 15:45 - 16:45, Curie A

Rencontre avec l'expert - Preventing youth suicide in 2025: finding the strength to continue mobilising (C.E. Notre Dame)

Abstract:
Charles-Edouard NOTREDAME
Psychiatre de l'enfant et de l'adolescent, MCU-PH, CHU de LilleDepuis une dizaine d'année, l'épidémiologie des conduites suicidaires connait des mouvements inédits. Les adolescent – et singulièrement les adolescentes – en payent le plus lourd tribut. Dans cette population, la hausse du nombre de tentative de suicide est telle qu'elle en transfigure les courbes que nous connaissions. Pour la première fois depuis 40 ans, les taux de suicide ont augmenté en France, augmentation que portent surtout les jeunes femmes, voire les jeunes filles.
Entêtantes, les interrogations sociologiques sur le mal-être des jeunes occupent les discours médiatiques, politiques et scientifiques. La tentation est double : voir en la jeunesse une génération désespérée ou en faire le symptôme des maux de notre société.
S'il compte indubitablement, le « pourquoi » ne devrait pas faire oublier le « comment » : comment faire face à ce défi inédit de santé publique ? Comme concevoir une stratégie de prévention à la hauteur des enjeux ? Comment adapter nos pratiques, nos dispositifs, nos partenariats aux besoins nouveaux ? Comment éviter la sidération et puiser dans l'observation de la détresse de jeunes de plus en plus nombreux les ressources de la mobilisation?

Authors:
**Presenter, Chair** Prof. Dr. Sylvie Bourdet-Loubère Université Toulouse 2 Jean Jaurès

Symposium 19188 to Session ID 5932
Day 1 - 29.06.2025, 16:00 - 17:00, Schweitzer

Paediatric Liaison Psychiatry and Rare Diseases: Developing Integrated Pathways of Care
T13 - Treatment - Pediatric Liaison and other

Abstract:
Children and adolescents with rare diseases present unique challenges to mental health professionals, as they frequently experience co-occurring psychiatric disorders that can complicate their overall care. Despite the complexity of their needs, these children often struggle to access specialist mental health services due to gaps in resources and expertise. This lack of access can result in them falling through the cracks of healthcare systems, particularly in Ireland, where services for rare diseases and associated psychiatric care are limited.
To address these challenges, Children's Health Ireland at Crumlin has developed pathways to improve access to mental health care for this vulnerable population. These pathways aim to bridge the gaps between general medical care, psychiatry, and specialist services, ensuring comprehensive and coordinated care. Additionally, they aim to contribute to the limited literature on the psychiatric difficulties experienced by these children, while also helping to develop standards of care for managing their complex needs.
This symposium will focus on the psychiatric dimensions of three rare genetic and immunological conditions: Severe Combined Immunodeficiency (SCID), Romano-Ward Syndrome, and 22q11.2 Deletion Syndrome (22q). Each presentation will provide an in-depth exploration of one rare disease, outlining its clinical features, commonly associated psychiatric conditions, and evidence-based management strategies. These discussions will be grounded in the presenters' clinical expertise and enriched by insights from the current literature. The final presentation will provide an overview of the Centre for Interventional Paediatric Psychopharmacology & Rare Diseases (CIPPRD) Model of Care, emphasizing its innovative approach to integrated mental and physical health management for children with rare diseases.

Authors:
**Chair** Prof. Fiona McNicholas University College Dublin

Subcontribution 19189 to Session ID 5932
Day 1 - 29.06.2025, 16:00 - 16:15, Schweitzer

Addressing Psychiatric Challenges in Severe Combined Immunodeficiency: A Collaborative Pathway Approach
T13 - Treatment - Pediatric Liaison and other

Abstract:
Severe Combined Immunodeficiency (SCID) is a rare, life-threatening condition characterised by profound immune deficiency, requiring early detection and complex medical interventions such as haematopoietic stem cell transplantation. While the medical management of SCID has advanced significantly, there remains limited understanding of its psychiatric and neurocognitive implications. Emerging evidence highlights high rates of mental health challenges, including ADHD, anxiety, and behavioural difficulties, particularly in subsets such as ADA-SCID. These conditions often arise independently of medical treatments, underscoring potential neurotoxic and neurodevelopmental mechanisms.
In Ireland, the absence of specialised mental health pathways for children with SCID has historically left many of their psychiatric needs unmet, leading to delays in assessment and intervention. In response, Children's Health Ireland at Crumlin has developed an innovative pathway integrating immunology and paediatric liaison psychiatry. This collaboration facilitates early identification, comprehensive psychiatric assessment, and targeted interventions for SCID patients, addressing a critical gap in care. Additionally, psychoeducational initiatives for families aim to empower caregivers with knowledge and resources to support their children's mental health.
This presentation will provide an overview of SCID, its psychiatric complexities, and the collaborative model developed at Crumlin. Drawing from clinical experience and limited existing literature, it will highlight the high prevalence of ADHD in this cohort, discuss challenges in integrating care across specialties, and explore strategies for addressing these issues. Attendees will gain insights into the value of interdisciplinary approaches in managing rare diseases with complex mental health needs.

Authors:
**Presenter,** Dr. Laura Bond

Subcontribution 19190 to Session ID 5932
Day 1 - 29.06.2025, 16:15 - 16:30, Schweitzer

Integrating psychiatry into paediatric care for 22q11.2 Deletion Syndrome: a multidisciplinary approach
T13 - Treatment - Pediatric Liaison and other

Abstract:
Aims: 22q11.2 Deletion Syndrome (22q11.2DS) is the most common microdeletion syndrome, with a prevalence of 1:2,000–1:3,000 live births. It is characterized by multisystemic clinical features, significant individual variability, a high prevalence of neurodevelopmental disorders, and diverse psychiatric comorbidities, including psychosis. This presentation describes the development of a liaison psychiatry clinic for children with 22q11.2DS, integrated into a paediatric hospital care pathway.
Methods: A retrospective chart review was conducted to report clinical findings following psychiatric assessments of children with 22q11.2DS attending the paediatric 22q clinic. Screening tools, including the Child Behaviour Checklist (CBCL), Teacher Report Form (TRF), and Conner's 4, are routinely used. In response to parent feedback from the 22q integrated care clinic, the liaison psychiatry team provided mental health psychoeducation and supported the development of a parenting course.
Results: Psychiatric assessments were conducted for over 100 children and adolescents (aged 5–19 years) with 22q11.2DS. Approximately 70% met diagnostic criteria for at least one psychiatric disorder, with anxiety disorders being the most prevalent, followed by ADHD. CBCL and TRF scores revealed that externalising problems were less commonly reported in this cohort. Parental feedback on the psychoeducation sessions and parenting course was highly positive, highlighting the value of these interventions.
Conclusion: This study emphasizes the importance of early psychiatric assessments and timely interventions for children with 22q11.2DS. The integration of liaison psychiatry services into paediatric care pathways is crucial in addressing the multifaceted needs of this vulnerable and often overlooked patient population.

Authors:
**Presenter,** Dr. Veselina Gadancheva

Subcontribution 19192 to Session ID 5932
Day 1 - 29.06.2025, 16:30 - 16:45, Schweitzer

Setting up a Paediatric Liaison Psychiatry Service for Romano-Ward Syndrome Patients.
T13 - Treatment - Pediatric Liaison and other

Abstract:
Introduction: Romano-Ward Syndrome (RWS) is a rare genetic disorder caused by mutations in the KCNQ1 gene, leading to prolonged QT intervals and increased risk of arrhythmias, syncope, and sudden cardiac death. Affecting approximately 1 in 2,500 individuals, cardiac events can begin in infancy, with symptoms often triggered by stress or exercise. Studies in adults with RWS have demonstrated a high prevalence of depression and anxiety, with a graded relationship between disease severity and mental health outcomes. However, the psychological impact on paediatric RWS patients remains underexplored. Anecdotal reports from Crumlin cardiologists indicate a high prevalence of mental health issues among ~25 paediatric RWS patients in their clinic. Further research is needed to assess the psychological burden of living with the lifelong risk of sudden cardiac arrest.
Methods: A clinical survey will be conducted for RWS patients. The Child Behaviour Checklist (CBCL) will identify emotional and behavioural issues. A scoping review will explore Mental health of RWS patients and appropriate prescribing in psychiatric conditions, as many psychotropics can affect the QT interval.
Results: Patients with positive CBCL scores will receive a full mental health assessment. Psychoeducation for patients and families will be offered. A prescribing algorithm will be developed to inform CAMHS following the scoping review.
Conclusion: Mental illness can exacerbate cardiac events in RWS patients, as can treating it, highlighting the need for early intervention. A contribution will be made to the limited literature on RWS-related mental health and improving care standards for these patients.

Authors:
**Presenter,** Dr. Sinead Murphy

Subcontribution 19194 to Session ID 5932
Day 1 - 29.06.2025, 16:45 - 17:00, Schweitzer

Findings from the Centre for Interventional Paediatric Psychopharmacology & Rare Diseases (CIPPRD), a Specialist Service for Emotional, Behavioural, and Autonomic Dysregulation in Rare Diseases
T13 - Treatment - Pediatric Liaison and other

Abstract:
The Centre for Interventional Paediatric Psychopharmacology and Rare Diseases (CIPPRD), an outpatient National & Specialist CAMH Service in the Maudsley Hospital, London, UK, manages children and young people with rare diseases characterized by emotional, behavioural, and autonomic dysregulation (EBAD). The Centre aims to provide whole-person integrated mental and physical health care for children with rare diseases and conducts research and clinical trials.
The Centre manages patients with complex genetic or neurodegenerative disorders such as Rett Syndrome, Septo-Optic Dysplasia, Mucopolysaccharidoses and other rare diseases and uses digital health strategies such as web-based monitoring using the HealthTracker platform and wearables. Rare neuropsychiatric disorders such as catatonias, bipolar disorders, childhood psychoses, EBAD in neuro-inflammatory disorders and the context of transformative therapies such as organ transplants and gene therapy.
The CIPP Rett Centre is part of the CIPPRD and provides whole-person care for Rett syndrome across the lifespan. It is the only one globally providing clinical care to Rett patients every working day of the year.
Details about the CIPPRD Model of Care and the symptom profiles and outcomes of subjects with rare diseases in the Centre will be presented. Key components such as adapted multi-speciality care coordination, the need for repackaging medical information, personalized psychological support, and individualized patient passports will be highlighted.

Authors:
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Symposium 16417 to Session ID 5793
Day 1 - 29.06.2025, 16:00 - 17:00, Cassin

How do we nurture the interest of medical students in Child and Adolescent Psychiatry ?
T48 - Public Health and Organisation of CAP Services

Abstract:
Background:
Professional Identity Formation (PIF) is a continuous interactive process that encompasses career choices like specialization. Pathways to specialization start in undergraduate training of medical students. Child and adolescent psychiatry (CAP) globally is challenged by increasing demands and shortages in workforce, not least in medical specialists. Medical students are exposed late, little and loosely to CAP theory and practice in undergraduate curricula. At a previous symposium at ESCAP 2023, we established an international cooperation to examine and address possibilities to nurture the interest of medical students in CAP at an early stage in their PIF.
Method:
The symposium will give an overview of initiatives in a variety of contexts aimed at / cocreated with medical students. Firstly, the Fulbright-CAP initiative for medical students will be presented – an international collaborative mentorship network in CAP ultimately aiming at increasing children's and young people´s access to mental health care worldwide. Secondly, "Early Psychiatry" will be presented - a project engaging medical students with videos on patient cases & theory & junior doctor role models. Thirdly, the impact of participation in an ESCAP conference on engagement with CAP issues will be discussed on the background of qualitative data. Finally, we will focus on the PIF of young doctors and the role of our parental (professional / CAP) examples as part of the UEMS-CAP project "Like Parent like child".
Results:
The symposium will provide participants with ideas on intensifying contact with CAP issues in undergraduate training and inspire the participants with training and recruitment initiatives to bring back to their own institutions. At the same time, this symposium will deepen the collaboration in the international network aimed at nurturing interest in CAP among medical students.
Conclusion:
Engaging medical students in CAP issues is possible in a variety of ways thereby nurturing their interest in CAP and influencing their career choices as part of their PIF.

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Subcontribution 17573 to Session ID 5793
Day 1 - 29.06.2025, 16:00 - 16:15, Cassin

The Fulbright project to engage medical students in CAP
T48 - Public Health and Organisation of CAP Services

Abstract:
BACKGROUND: Recruitment into Child and Adolescent Psychiatry (CAP) is a challenge and even resource-rich nations, lack the number of child psychiatrists needed to treat the increasing number of children suffering from psychiatric illness. The Fulbright international collaborative mentorship network is a network for medical students interested in child and adolescent psychiatry (CAP), including now many universities in Australia, India, the Netherlands, France, Denmark, Rwanda, China and the US. Fulbright was first established in the Netherlands in 2019 in Amsterdam.
METHODS: All Fulbright medical students are allowed to virtually join the lunch seminars about CAP at Stanford University and the KTGF National Medical Student Conference. In addition Fulbright medical students and faculty host events at their own medical school for other Fulbrighters.
RESULTS: Hundreds of medical students have signed up for the Fulbright network and have participated in the international lunch CAP seminars and four students participated in the KTGF Medical Student Conference since Dr. Kishore founded the Network in 2019 with a U.S. State Department funded Fulbright Global Scholar Award.
CONCLUSIONS: The establishment of the Fulbright international collaborative mentorship network has shown that there are medical students interested in CAP willing to increase their knowledge and experience outside the regular medical curriculum. Therefore, the Fulbright Program is a superb opportunity to engage international medical students in CAP early in their medical education.

Authors:
**Presenter,** Prof. Anita Rani KIshore Stanford School of Medicine

Subcontribution 17574 to Session ID 5793
Day 1 - 29.06.2025, 16:15 - 16:30, Cassin

Recruiting the psychiatrist of tomorrow - By improving the medical students first meeting with psychiatry
T48 - Public Health and Organisation of CAP Services

Abstract:
Introduction: Early interest in psychiatry amongst medical students is a key predictor for pursuing a career within the field. At Copenhagen University, psychiatry is introduced in the final years of the medical curriculum. Both Denmark and many other countries face a significant shortage of psychiatrists, emphasizing the need for innovative strategies to attract doctors into the specialty.
This study aims to develop inspiring psychiatric content for the bachelor curriculum and investigate the impact of early exposure to psychiatry on students' perception of psychiatry as a medical specialty and future choice of career.
Method: Fifteen educational videos were developed in 2024 to complement three existing courses in the bachelor medical curriculum. These videos were informed by ongoing feedback from medical students, young doctors, and video production experts, focusing on young doctors' perspectives on psychiatric topics.
Videos were chosen as a medium to engage students, present authentic perspectives from

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Subcontribution 17575 to Session ID 5793
Day 1 - 29.06.2025, 16:30 - 16:45, Cassin

Medical Students at ESCAP: A Qualitative Study
T48 - Public Health and Organisation of CAP Services

Abstract:
BACKGROUND: The growing demands on child and adolescent mental health services are not being matched by an increase in human resources, posing a serious problem to wellbeing of young people and families in virtually all countries. Still too few medical students choose child and adolescent psychiatry (CAP) as a career path compared to other medical specialties in Europe.
METHODS: At the ESCAP congress in Copenhagen 2023, Danish medical students were recruited as volunteers in a student workforce. They worked 8 hours and in return could benefit from all events offered outside of their duty hours. The present study explored their experiences and perspectives through pre- and post-conference self-questionnaires including open questions on motivations and expectations towards the congress, and how this experience may have affected their views about the field of CAP and their potential choice of preference of CAP as a medical specialty.
RESULTS: Qualitative methods using thematic analysis were applied by two inde

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Subcontribution 17578 to Session ID 5793
Day 1 - 29.06.2025, 16:45 - 17:00, Cassin

# Like parent like child: Influence of parental profession on offspring career choice in child and adolescent psychiatrists

T48 - Public Health and Organisation of CAP Services

Abstract:
Background: Preliminary evidence suggests that one in five medical school students has a parent practicing medicine. A combination of factors may steer children towards or away from a similar career as their parent including stories told at home, parental role modeling and transmission of personality traits.
Aim: To explore perspectives of practicing child and adolescent psychiatrists (CAP) on career choice and professional development at two levels: past-influence of their parents on their own choices and present/future-influence of their career on (career choices of) their children.
Methods: A convenience sample of students, trainees and practicing CAP (n=46) participated in a reflective online questionnaire on parental influence on career choice. They invited their parents (n=x) and children aged 16+ (n=x) to contribute their perspectives. Data were analyzed using qualitative thematic analysis. As a theoretical framework the three domains of education formulated by Biesta were used: qualification (what

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Symposium 19888 to Session ID 5972
Day 1 - 29.06.2025, 16:00 - 17:00, Curie B

Oral Session: ASD
T04 - ASD

Abstract:

Authors:

Subcontribution 19280 to Session ID 5972
Day 1 - 29.06.2025, 16:00 - 16:15, Curie B

"Enhancing the Well-Being of Neurodivergent Minds: Mindfulness-Based Interventions for Caregivers and Adolescents with ASD"
T04 - ASD

Abstract:
Aims: Autism Spectrum Disorder (ASD) is a neurodevelopmental condition marked by challenges in social communication and repetitive behaviors, often causing distress for individuals and their caregivers. This study explored the impact of mindfulness-based exercises on global functioning in individuals with normal and high-functioning ASD and their caregivers.
Methods: The study included individuals aged 11–18 diagnosed with normal and high-functioning ASD, along with their caregivers, who sought treatment at the Ege University Hospital Child and Adolescent Psychiatry Outpatient Clinic. Participants were allocated into an intervention group (n=10), consisting of those who chose to participate in a three-week mindfulness training program, and a control group (n=7), comprising waitlist patients. The intervention included mindfulness practices such as breathing exercises, sensory awareness, and self-compassion techniques. GAS and CGI scales were administered to all participants pre- and post-intervention. Additionally, children and parents in the intervention group assessed their coping with anxiety, sadness, emotion regulation, use of mindfulness in daily life, and perceived effectiveness of the intervention using VAS (Visual Analog Scale) ratings before and after the program. Statistical analyses using Jamovi (version 2.4) included the Mann-Whitney U test, Wilcoxon signed-rank test with Bonferroni correction, and effect sizes via Rank Biserial Correlation (RBC).
Results: No significant differences in demographic or parental characteristics were found between groups. GAS scores increased significantly within the intervention group ($p=0.044$) but not in the control group ($p=0.584$), with no between-group differences ($p>.05$). CGI scores showed no significant changes within or between groups ($p>.05$). While no significant changes were observed in children's VAS scores, parents in the intervention group reported significant improvements in coping with anxiety ($p=0.030$), sadness ($p=0.040$), emotion regulation ($p=0.025$), daily use of mindfulness ($p=0.025$), and its perceived effectiveness ($p=0.030$).
Conclusion: Mindfulness-based interventions significantly enhanced emotional coping, mindfulness practice, and perceived effectiveness among caregivers of individuals with ASD. They also improved global functioning in adolescents, demonstrating their potential to promote well-being and provide meaningful support for both caregivers and youth with ASD.

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Subcontribution 19383 to Session ID 5972
Day 1 - 29.06.2025, 16:15 - 16:30, Curie B

Music for Autism: Neurobehavioral Outcomes of Music Therapy for Autistic Children
T04 - ASD

Abstract:
Aims: The Music for Autism (M4A) study is a bi-national project conducted in Norway and Austria, with the main goal of assessing the efficacy of music therapy (MT) in improving pragmatic communication, community participation, as well as brain connectivity in autism spectrum disorders (ASD) compared to a structurally matched play-based (PT) intervention.

Methods: In this assessor-blinded, crossover, RCT autistic children (6-12 years) were randomized to a sequence of interventions (MT-PT or PT-MT), consisting of weekly therapy session over 3 months. All assessments were taken before and after each intervention period, separated by a 3-month washout period. Behavioral outcomes were assessed using the Children's Communication Checklist 2nd Edition (CCC-2), and the Children and Adolescents Scale of Participation (CASP). Resting-state functional brain connectivity (rsFC) of six seeds in frontotemporal brain networks was the primary neuroscientific outcome. Statistical analyses of outcomes using an ANCOVA model will compare change from before to after each intervention within each participant.

Results: Sixty-Eight children have been randomised across the two sites. The M4A finalizes data collection in spring 2025. Preliminary findings focusing on changes in communication, participation, and rsFC, will be presented. Expected outcomes include improved communication and participation post-MT, increased rs-FC in auditory-subcortical and fronto-motor regions, decreased auditory-visual rs-FC, and an association between enhanced connectivity and communication gains.

Conclusions: The M4A trial will shed light on the behavioral and neurophysiological effects of MT with autistic children, providing robust evidence on the potential mechanisms which may drive communication skills, participation, and overall quality of life improvements.

Authors:
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Subcontribution 18600 to Session ID 5972
Day 1 - 29.06.2025, 16:30 - 16:45, Curie B

# Clinical experience of the Transition to adulthood in Autism Spectrum Disorder: results on adaptive functioning and quality of life in an Italian sample

T04 - ASD

Abstract:
Aims:
Autism Spectrum Disorder (ASD) presents unique challenges during the transition from adolescence to adulthood. In Europe, services dedicated to supporting this critical transition are often insufficient, leaving families and individuals with ASD without adequate resources or guidance. This study explores the transition from pediatric to adult services for young adults with ASD. It examines their clinical profiles, including cognitive abilities, adaptive functioning, and independence, while also investigating quality of life, expectations, and concerns regarding this transition of parents.
Methods:
70 participants (aged 16–22, mean age: 19.7 years) and their parents from an Italian cohort were evaluated. Data collection included cognitive assessments (Wechsler Scales, Leiter-R), adaptive functioning measures (ABAS-II), a parental quality-of-life questionnaire (WHOQOL-BREF), and a survey on transition-related expectations and concerns.
Results:
Statistical analysis show that WHOQOL scores were negatively correlated with ASD severity (SRS Total Score, $p < 0.05$) and adaptive functioning (ABAS scores, $p < 0.05$), but not with IQ. Regarding the possibility of independent living, 32% of parents answered “No,” 54% “Yes, with support,” and only 14% “Yes.” A Kruskal-Wallis test revealed significant differences in WHOQOL Q2 (Perception of Quality of Life) scores between these groups ($p=0.031$), with lower scores in the “No” group (mean 3.10) compared to the “Yes” group (mean 3.80, $p=0.028$). Among the participants,7% held a driver’s license, 14% attended vocational training, and only 4 (6%) were employed (2 paid, 2 unpaid). Only 37% had addressed adult guardianship with a legal representative. Parental trust in adult psychiatric services was low, with 66% expressing doubts about their competence.
Conclusions:
This study highlights the significant impact of autistic symptom severity and adaptive functioning on parental quality of life, contrasting with the lack of correlation with IQ. Additionally, a strong association was found between parental perception of their child’s potential for independent living and their own quality of life. These findings underscore the importance of promoting autonomy and adaptive skills in individuals with ASD. The low parental trust in adult psychiatric services further emphasizes the need for structured and collaborative transition pathways to ensure better outcomes.

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Subcontribution 19470 to Session ID 5972
Day 1 - 29.06.2025, 16:45 - 17:00, Curie B

Important factors related toresilience in a cohort of parents with a young adult diagnosed with ASD
T04 - ASD

Abstract:
Aims:Parenting a young adult on the spectrum comes with its unique set of challenges.In the present study, we wanted to explore how parentsdescribea number of factors related to themselves e.g. quality of life (QoL), as well asinvestigatetheir resilience levels during this critical period.
Methods:Parents of children between the ages of 18-35 years previously seen in our ASD clinicwere asked to participate. Upon agreeing, they completed:(a) a study designed questionnaire with itemsrelated to QoL, health etc., and, (b)the Connor-Davidson Resilience Scale [CD-RISC].
Results and Conclusions: Eighty-oneparentsagreed toparticipate (Child's age: m = 23.6;66 Males). Mean score on the CD-RISC was 62.2 (SD:16.18) with parents of a young adult male (m = 61.01; SD = 17.1) obtaining a lower score than parents of a young adult female (m = 67.2; SD = 10.9) (p = 0.09).Fifty-one parents (63%) reported having a good or very goodQoL, and, had significantly higher resilience scores thanthose reporting a bad or very bad QoL (p = 0.04).Similarly, 46.9%reported being very satisfied with their physical health and had higher resilience scores than parents who characterized their healthas neither good nor bad (p = 0.001), and, parents who characterized their health as bad (p = 0.01). The above results call for an in-depth exploration of therelationship between resilience and other important variables to promote better designed societal support initiatives for parents with a young adult on the spectrum.

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Symposium 19336 to Session ID 5765
Day 1 - 29.06.2025, 16:00 - 17:00, Luxembourg

# Characterizing neurodevelopmental and gene-environment interaction mechanisms mediating vulnerability to psychopathology in individuals with 22q11.2 Deletion Syndrome

T02 - Neurogenetics

Abstract:
22q11.2 Deletion Syndrome (22q11.2DS) carries a 30% risk of psychosis and high rates of anxiety, mood, and neurodevelopmental disorders. This syndrome provides a unique model to study genetic vulnerability and its role in psychopathology. Despite its homogeneous genetic origin, the mechanisms driving psychiatric outcomes are complex, multifactorial, and not fully understood, leading to a lack of consensus on optimal clinical and pharmacological strategies.
This symposium focuses on emerging evidence and promising clinical management strategies for 22q11.2DS.
- Dr. Drapish will address how traumatic life events contribute to psychiatric comorbidities, emphasizing gene-environment interactions.
- Dr. Pascucci will present novel diffusion tensor MRI approaches revealing glymphatic clearance alterations, linking these psychosis risk and highlighting a potential neurobiological pathways underpinning gene-environment interactions.
- Ms. Latreche will highlight the neuroprotective effects of early SSRI treatment on clinical and cognitive outcomes, supported by multicentric observational data.
The symposium underscores the importance of understanding neurodevelopmental and gene-environment interaction mechanisms to optimize care and improve outcomes for individuals with 22q11.2DS.

Authors:
**Co-chair** Dr. Corrado Sandini Université de Genève - Faculté de Medecine
**Co-chair** Prof Doron Gothelf The Behavioral Neurogenetics Center, The Edmond and Lily Safra Children's Hospital, Sheba Medical Center and Tel Aviv Faculty of Medical & Health Sciences, Israel

Subcontribution 19342 to Session ID 5765
Day 1 - 29.06.2025, 16:00 - 16:15, Luxembourg

# Exposure to trauma and risk for PTSD in 22q11.2 deletion syndrome

T02 - Neurogenetics

Abstract:
Background: There is paucity of research on history of exposure to trauma and rates of posttraumatic stress disorder (PTSD in neurogenetic syndromes including 22q11.2 deletion syndrome (22q11.2DS). The 22q11.2DS is associated with elevated risks of medical trauma and social victimization. This prospective study aims to comprehensively assess trauma exposure and PTSD rates in 22q11.2DS compared to Williams syndrome (WS), another neurogenetic condition with high traumatic risk.
Methods: A cohort of 51 individuals with 22q11.2DS (n=31, mean age 26.4 years, SD 13.2) and 20 individuals with WS (mean age 16.7 years, SD 9.9) underwent evaluation for trauma exposure using the Trauma History Questionnaire (THQ), posttraumatic symptomatology via the Child PTSD Symptoms Scale (CPSS), and assessment of comorbid anxiety and depression symptoms.
Results: High rates of exposure to five or more traumatic events were observed in both 22q11.2DS (58%) and WS (52.6%) cohorts. Diagnostic criteria for PTSD were met by 19.4% of 22q11.2DS and 15% of WS participants. The two most prevalent trauma exposures were medical procedures (71% 22q11.2DS, 68.4% WS) and bullying (64.5% 22q11.2DS, 79% WS).
Conclusions: These preliminary findings suggest that both 22q11.2DS and WS populations are at heightened risk for trauma exposure and PTSD and suggest that more awareness to trauma exposure and symptoms is required by clinicians treating individuals with neurogenetic syndromes.

Authors:
**Presenter,** Dr. Adi Drapisz
Prof Doron Gothelf

Subcontribution 19345 to Session ID 5765
Day 1 - 29.06.2025, 16:15 - 16:30, Luxembourg

# DTI-Based Insights into Glymphatic Clearance and Psychosis Risk in 22q11.2 Deletion Syndrome

T02 - Neurogenetics

Abstract:
Aims: The glymphatic system (GS) is essential for clearing metabolic waste and maintaining brain homeostasis, particularly during neurodevelopment. Its role in neurodevelopmental disorders remains understudied due to the lack of robust biomarkers. The ALPS index, a non-invasive diffusion tensor imaging (DTI)-based method, estimates glymphatic clearance efficiency by measuring water diffusivity along perivascular pathways relative to diffusivity perpendicular to them. This study applied the ALPS index to investigate glymphatic function in individuals with 22q11.2 deletion syndrome (22q11DS).
Methods: We analyzed 267 longitudinal MRI scans from individuals with 22q11DS and age-matched controls. ALPS index values were compared between groups and assessed for associations with psychotic symptoms and age-related trends.
Results and Conclusions: Patients with 22q11DS exhibited significantly lower ALPS index values in the right hemisphere compared to controls, with average ALPS index also reduced. Moreover, individuals with psychotic symptoms failed to show the typical age-related increases in ALPS index, suggesting impaired glymphatic maturation linked to psychosis risk. Dysfunction of the glymphatic system may contribute to the metabolic dysregulation and abnormal brain development documented in 22q11DS, with decreased right-sided ALPS index aligning with hippocampal excitotoxicity linked to positive psychotic symptoms. These findings highlight glymphatic dysfunction as a potential contributor to neurodevelopmental abnormalities in at-risk populations and underscore the value of the DTI-based ALPS index as a promising tool for non-invasive glymphatic assessment.

Authors:
**Presenter,** Alessandro Pascucci

Subcontribution 19346 to Session ID 5765
Day 1 - 29.06.2025, 16:30 - 16:45, Luxembourg

# Investigating the safety profile and neuroprotective effects of SSRIs in 22q11.2 deletion syndrome: A multicentric study

T02 - Neurogenetics

Abstract:
Aims: Cognitive deficits are a hallmark of neurodevelopmental and psychiatric disorders such as psychosis, often preceding symptoms and predicting severity. Cognitive impairments do not respond to dopaminergic antagonists, highlighting the importance of effective interventions during critical developmental stages. This study focuses on 22q11.2 deletion syndrome (22q11DS), characterized by an increased risk for psychotic disorders and a longitudinal cognitive decline in a subgroup of patients. Retrospective findings from the 22q11DS Swiss Cohort suggest that early treatment with SSRIs is associated with increased intellectual quotient (IQ) scores in deletion carriers with and without psychotic symptoms. Here we aim to assess the safety of SSRIs and to replicate these preliminary findings in a larger, multicentric sample.
Methods: Medication and cognitive retrospective data were pooled from 6 22q11DS centers in Europe and Israel. The cross-sectional sample includes 159 SSRIs-treated participants with a mean age of 26.33 years (range 6-56 years). Data on psychiatric diagnosis, effectiveness, and side effects of SSRIs were collected. For the longitudinal study, 102 treated and 175 nontreated participants (560 visits) were included. Developmental trajectories of IQ between groups were compared using mixed-model analyses.
Results and Conclusions: Preliminary results suggest that SSRIs are effective and safe in 22q11DS, with 70% of participants reporting no side effects. We show a significant increase in full-scale, verbal, and performance IQ over time in treated compared to nontreated participants, corroborating previous evidence. Altogether, our results further indicate the cognitive benefits of SSRIs and may pave the way for preventive strategies.

Authors:
**Presenter,** Caren Latrèche

Symposium 17402 to Session ID 5789
Day 1 - 29.06.2025, 16:00 - 17:00, Madrid 1

# Young people seeking treatment at the intersection of addiction and psychiatry: New findings from the Netherlands

T39 - Substance abuse

Abstract:
Most mental disorders emerge during adolescence, with substance use disorders (SUDs) typically peaking in late adolescence to early adulthood. Early intervention and treatment in youth may reduce the risk and severity of SUD and other psychiatric conditions and may prevent or reduce chronicity. Clinical epidemiological studies indicate that a substantial proportion of young people in addiction care, child and adolescent psychiatry (CAP) and forensic youth treatment settings present with comorbid SUD and other mental health disorders. This clustering of conditions argues for close collaboration between youth addiction care and youth psychiatry, particularly through early identification and treatment of at-risk substance use or SUD in psychiatric settings and assessment of psychiatric comorbidities in addiction treatment. Screening for and treatment of “the other problems” should be standard practice in both treatment sectors, but is still insufficiently done, particularly in adolescent psychiatry. This symposium will address the following three topics: (1) a 'rich' description of the clinical profile of a large, nationally representative youth addiction treatment cohort in the Netherlands; and (2) the 2-year follow-up results from the nationwide Youth in Transition (YIT) study into the long-term course of SUD, comorbid psychiatric disorders and social functioning of youth entering SUD treatment in our country, and (3) a qualitative analysis through interviews and focus groups involving CAP psychiatrists, addiction experts, and high and intensive care (HIC) care providers, to investigate the potential benefits, obstacles and dilemmas of integrating addiction expertise in the HIC model in CAP.

Authors:
**Chair** Prof. Dr. Vincent Hendriks Parnassia Group
**Co-chair** Prof. Dr. Wouter Staal Karakter, academic medical center of child and adolescent psychiatry

Subcontribution 17408 to Session ID 5789
Day 1 - 29.06.2025, 16:00 - 16:15, Madrid 1

Young people in addiction care: a 'rich' description of a nationally representative youth substance use disorder treatment cohort
T39 - Substance abuse

Abstract:
AIMS
In the Dutch addiction field we took the initiative to develop a nationwide, multi-center prospective cohort study – the Youth in Transition (YIT) study – to investigate the long-term course, from adolescence to early adulthood, of substance use disorder (SUD), comorbid psychiatric disorders, general health and social functioning in youth entering SUD treatment in our country. The baseline assessment of this study provided the opportunity to obtain a 'rich', scientifically based and nationally representative description of the clinical profile of youth coming into SUD treatment in the Netherlands.
METHODS
Recruitment occurred in 10 addiction treatment organizations, taking differences in inflow between the organizations into account. Eligible patients were 16 to 22 years old and had a primary cannabis, alcohol or stimulant use disorder (N=4,167), which comprised three-quarters of all youth addiction treatment demand in the Netherlands. From these, we recruited 423 youth, based on a predefined 10% sampling fraction.
RESULTS
Virtually all youth (93%) met de DSM-5 criteria of 'severe' SUD. Comorbid past-year psychiatric disorders were present in more than three-quarters of the cohort (78%), with the highest prevalences for depression (49%), ADHD (34%) and PTSD (28%). Adverse childhood experiences were extremely common, with 69% of youth reporting one or more ACEs before the age of 16. Notably, two-thirds of the youth had been treated for mental problems in child and adolescent psychiatry before their current addiction treatment.
CONCLUSIONS
The high co-morbidity of SUD and other psychiatric disorders argues for much more collaboration between youth addiction care and adolescent psychiatry.

Authors:
**Presenter,** Prof. Dr. Vincent Hendriks

Subcontribution 17411 to Session ID 5789
Day 1 - 29.06.2025, 16:15 - 16:30, Madrid 1

# Youth in transition: the two-year follow-up course of substance use disorder and comorbid psychiatric disorders of youth entering SUD treatment in the Netherlands

T39 - Substance abuse

Abstract:
AIMS
Following the execution of the baseline assessment of the Youth in Transition (YIT) study, the outcomes of which were presented by Vincent Hendriks at this symposium, we conducted the two-year follow-up. Baseline and follow-up assessments focused on a wide range of life domains, including substance use disorder (SUD), other mental disorders, social functioning, family history, treatment history, chronic stress indicators (hair cortisol) and neuropsychological tasks.
METHODS
In the current session, we present the major findings of the two-year follow-up of the YIT study, focusing on the baseline-to-follow-up changes in SUD-severity and frequency/intensity of substance use, psychiatric comorbidity, including suicidal ideation and suicide rate, and the youths' own view on the degree of change over time in their substance use. By means of high-intensive case-finding we were able to reach and assess 91% of the youth for the two-year follow-up assessment.
RESULTS
From baseline to follow-up, the rate of youth with a 'severe' SUD decreased to about half the baseline value, which is a considerable reduction, and around one-quarter of the youths no longer met the criteria of SUD. Similar reductions were observed in terms of frequency/intensity of substance use, and in the area of comorbid mental health disorders. However, suicidal ideation and suicide attempts remained alarmingly high.
CONCLUSIONS
Despite considerable pre- to post-treatment reductions in substance use, SUD, and much lower comorbid mental health disorder prevalence at follow-up, the high levels of suicide thoughts, plans, attempts, and actual suicide constitute red flags that should be taken very seriously.

Authors:
**Presenter,** MSc Christina Moska Parnassia Group

Subcontribution 17413 to Session ID 5789
Day 1 - 29.06.2025, 16:30 - 16:45, Madrid 1

Integrating addiction expertise in child and adolescent psychiatry in High & Intensive Care (HIC): Needs, challenges, and future perspectives
T39 - Substance abuse

Abstract:
AIMS
The treatment of youth with complex psychiatric issues in child and adolescent psychiatry (CAP) requires a multidisciplinary approach, particularly in the presence of co-occurring addiction. However, many professionals working in CAP settings experience a lack of competence to effectively address addiction. We therefore investigate the potential benefits and obstacles of integrating addiction expertise into the High & Intensive Care (HIC) model in CAP. We seek to assess how addiction expertise can contribute to improved prevention, identification, and treatment of addiction issues among youth and how this integration could enhance outcomes for this population.
METHODS
We conduct a qualitative analysis through interviews and focus groups involving CAP psychiatrists, addiction experts, and HIC care providers. Additionally, we analyze existing data on the interplay between addiction and psychiatric disorders in youth, as well as the outcomes of current treatment approaches that lack specific addiction expertise.
RESULTS
We anticipate that professional hesitation around addiction in CAP is related to:
1. Limited knowledge regarding addiction as a component of psychiatric comorbidity in youth;
2. A lack of protocols and guidelines specifically tailored for youth with dual diagnoses in CAP HIC settings
3. Resistance within teams due to unfamiliarity with addiction treatments and the necessity of these treatments for young patients.
CONCLUSIONS
Incorporating addiction expertise within CAP HIC has the potential to significantly improve treatment outcomes. Beyond overcoming institutional challenges, expanding addiction knowledge among care providers may reduce professional hesitation and enhance the quality of care for this vulnerable population.

Authors:
**Presenter,** Anne-Marie van den Hoek Karakter, academic medical center of child and adolescent psychiatry

Symposium 19969 to Session ID 6010
Day 1 - 29.06.2025, 16:00 - 17:00, Madrid 2

DGKJP/ESCAP joint Symposium: ICD-11 and child and adolescent psychiatric disorders over the life-span
T05 - Assessment

Abstract:
The ICD-11 classification of mental, behavioral and neurodevelopmental disorders changes classification in child and adolescent psychiatry, but also in psychiatry in general. One of the most prominent changes are the dimensionality and the life-span approach: for most categories no age-restrictions are applied. As the child and adolescent specific chapter of ICD-10 was omitted in ICD-11, age specific symptoms have to be defined in the future. Some diagnoses will be found in other chapters of the ICD-11, like tic-disorders. The joint symposium of ESCAP and DGKJP will present and discuss relevant changes. The and. These changes include a new chapter structure, new diagnostic categories, changes in diagnostic criteria, and steps towards dimensionality.

Authors:
**Presenter, Co-chair** Prof. Dr. Michael Kölch University Medical Center Rostock

Subcontribution 20497 to Session ID 6010
Day 1 - 29.06.2025, 16:00 - 16:30, Madrid 2

Autism Spectrum and other Neurodevelopmental disorders in ICD-11
T05 - Assessment

Abstract:
Sleep is an essential psychophysiological function, necessary for brain development, memory & learning, physical and mental health in children and adolescents. Most CAP disorders are associated with sleep disturbances which can be predictive of CAP symptomatology and trajectory, as well as their comorbidities over time, in all age groups.
In this talk, which addresses CAP clinicians as well as interested researchers, we will go over the history and current scientific rational for sleep disorder classifications, within the DSM, ICD but also the specific International Classification of Sleep Disorders (ICSD-3). In addition to sleep disorder classifications, we will introduce the more recent concept of “sleep health” and its implications for CAP.

Authors:
**Presenter,** Prof. Dr. Christine Margarete Freitag Goethe University Frankfurt
Prof. Carmen Schröder Faculty of Medicine, Strasbourg University

Subcontribution 20600 to Session ID 6010
Day 1 - 29.06.2025, 16:30 - 17:00, Madrid 2

The scientific rational behind sleep disorders classifications – an update for CAP
T05 - Assessment

Abstract:
Sleep is an essential psychophysiological function, necessary for brain development, memory & learning, physical and mental health in children and adolescents. Most CAP disorders are associated with sleep disturbances which can be predictive of CAP symptomatology and trajectory, as well as their comorbidities over time, in all age groups.
In this talk, which addresses CAP clinicians as well as interested researchers, we will go over the history and current scientific rational for sleep disorder classifications, within the DSM, ICD but also the specific International Classification of Sleep Disorders (ICSD-3). In addition to sleep disorder classifications, we will introduce the more recent concept of “sleep health” and its implications for CAP.

Authors:
**Presenter,** Prof. Carmen Schröder Faculty of Medicine, Strasbourg University

Symposium 16507 to Session ID 5809
Day 1 - 29.06.2025, 16:00 - 17:00, Rome

Treating  war traumata in a international network - the ukrainian perspective
T43 - Trauma

Abstract:
The ukraine war has made capp in this country much more complicated and demanding. Although the internally displaced children, the persons having been  under occupation and the victims of direct somatic aggression have to be treated, the "regular" patient as well as organisational , administrative and financing have to be considered  as well.Introduction
Child and adolescent psychiatric care in Ukraine already found itself in a phase of transformation before the war. In addition to the well-known issues of the lack of trainees, training issues, stigmatization and limited access to care depending on the region, the war has become an additional pertinent factor.
Method
Various concepts for the expansion of child and adolescent psychiatry in Lviv are presented, firstly through focusing on the experiences of war and occupation from a traumatological perspective (Lviv), secondly through an ongoing international supervision project (Lviv, Vienna), thirdly via an organizational development and consulting concept (Lviv, Lucerne) and finally by taking a look at the typical casuistic individual cases (Lviv) that arise in wartime care.
Results and discussion
On the one hand, care must focus on routine issues, and on the other hand, it must address the flow of refugees within the country and a significantly higher number of trauma-related disorders. To achieve this, the local health infrastructure must be expanded. In the meantime, external support is required due to the high admissions and influx of patients. This includes supervision by experts in the field of traumatology, organizational advice on the establishment and expansion of medical infrastructure (largely independent of the war situation) and individual support for the responsible specialists.

Authors:
Dr. Roksolana Yurchyshyn First Lviv Hospital/ St nicolas Hospital
**Co-chair** Dr. med. Oliver Bilke-Hentsch Luzerner Psychiatrie AG

Subcontribution 17161 to Session ID 5809
Day 1 - 29.06.2025, 16:00 - 16:15, Rome

Clinical Psychopathology of late adolescence in war traumatised ukrainians
T43 - Trauma

Abstract:
Introduction
In peaceful and healthy regions, late adolescence is already a challenging phase of life in which a certain detachment from the parental home, a change in romantic relationships, a turn to work and study, the question of moving out of the parental household and many other issues have to be clarified. Under the conditions of war and occupation, this phase of life between the ages of 16 and 19 is of particular importance.
Method
Selected cases from a child and adolescent psychiatric care clinic in Lviv in the Ukraine are analysed qualitatively to determine the extent to which there is a particular risk of psychological stress during this developmental phase.
Results
In addition to individual cases of mental illnesses such as ADHD, autism and depression, in the age phase immediately before coming of age, the question of the extent to which a young man (much less than a young woman) is obliged to do his military service, to what extent a personal attitude is necessary or whether it is a civic duty and to what extent it may be possible to avoid this responsibility is relevant.
The 16-18-year-old young man in particular is exposed to considerable stress factors here and the use of drugs, for example, in this age phase also serves to avoid having to really face up to these existential issues.
Discussion
While there is a great deal of literature on the stress experienced by children and adults in times of war, the specific constellation of late adolescence between the ages of 16 and 19 in the context of compulsory military service and eligibility for military service has received little attention. The individual cases are highly complex and systematic research is needed to plan interventions more precisely.

Authors:
**Presenter,** Dr. Roksolana Yurchyshyn

Subcontribution 16509 to Session ID 5809
Day 1 - 29.06.2025, 16:15 - 16:30, Rome

# The specific impact of living under occupation

T43 - Trauma

Abstract:
Introduction
While extensive literature has been produced, in some cases over decades, for war-traumatised patients, patients affected by man-made disasters and other severe traumas, and established therapy methods have been developed, there is little literature available on the topic of 'life under occupation'.
Method
Using exemplary individual cases from the care clinic of St Nicholas Hospital in Lviv in western Ukraine, case constellations characteristic of life under occupation are worked out.
Results
The special features of life under occupation are analysed on the basis of several individual case studies: A high degree of acute and, above all, latent threat, fluctuating emotionality between a willingness and need to co-operate with the occupying forces in practice and issues close to everyday life and a simultaneous inner and outer distance from them, considerable differences in the ways of experiencing and acting depending on age during the occupation and the duration of this occupation, clear differences in how people dealt with the situation when their own family members were not harmed by the war and occupation or not. Further aspects will be analysed.
Discussion
Life under occupation' poses a particular problem for children and adolescents, which, in addition to traumatising aspects, also fluctuates between aspects of culpable processing, for example of collaboration, and the shameful processing of a lack of knowledge about the activities of the occupying forces.
Caring for these children and adolescents is extremely challenging for parents, teachers and psychotherapists alike. The overall topic requires further intensive research.

Authors:
**Presenter,** Dr. Roksolana Yurchyshyn
Olah Shevshenko

Subcontribution 16511 to Session ID 5809
Day 1 - 29.06.2025, 16:30 - 16:45, Rome

# The role of external supervision and support

T43 - Trauma

Abstract:
Working in war conditions must be supported by colleagues in safe distance who can be a useful container for stress in the teams at the front.

Authors:
**Presenter,** Dr. Ruth Weissensteiner
Dr. Katrin Neubacher

Subcontribution 17114 to Session ID 5809
Day 1 - 29.06.2025, 16:45 - 17:00, Rome

organisational and structural issues in crisis capp
T43 - Trauma

Abstract:
Introduction
Irrespective of the heavy burdens that exist for the development and expansion of child and adolescent psychiatric care, it is the self-evident everyday issues of hospital organisation that also determine development. In addition to trauma-oriented therapy and flexibility with regard to changing refugee and patient flows, attention must be paid to fundamental organisational issues.
Method
In an exchange discussion between chief physicians of the Swiss child and adolescent psychiatric departments (VKJC) and Ukrainian colleagues, the different and common topics were discussed and recorded in qualitative interviews.
Results
Regardless of the considerable importance of war-related and trauma-related issues, the development of child and adolescent psychiatry in wartime ultimately involves the same organisational issues as in an extremely peaceful region. These are staff recruitment, staff training, staff motivation, organisation of further training, differentiation and cooperation with other (paediatric) specialist areas, establishment of empirical and science-promoting structures and management tasks of a general nature.
Discussion
Regardless of the need for trauma-specific training and structures, in addition to supervision and professional knowledge, organisational development is also necessary in order to develop viable and sustainable structures for both the war period and the post-war period.

Authors:
**Presenter,** Dr. med. Oliver Bilke-Hentsch

Symposium 18654 to Session ID 5795
Day 1 - 29.06.2025, 16:00 - 17:00, Amsterdam

# Redefining Child and Adolescent Psychiatry: The Role of Lived Experience in Policy and Practice

T49 - Patient and Public Involvement

Abstract:
This symposium brings together diverse perspectives on integrating lived experience into youth mental health care and policy. Incorporating lived experience is transformative, offering insights that bridge gaps between young people, their care providers, and policymakers by fostering recovery, reducing stigma, and creating inclusive systems.
The session opens with an overview of research on the diverse roles of people with lived experience in mental healthcare and policy, as well as the challenges and opportunities of integrating lived experience into child and adolescent psychiatry. Reflections from a lived experience worker and advocate will focus on practical approaches to involving individuals with lived experience of mental health challenges in advancing youth mental healthcare and policy. This will be followed by a psychiatrist sharing his personal journey with mental health challenges and how it has influenced his clinical practice, demonstrating the profound ripple effect of sharing lived experience. The symposium concludes with a panel discussion. Topics during the panel discussion will include scaling up the lived experience workforce, addressing systemic barriers, and ensuring meaningful youth participation in mental health systems.
By the end of the session, attendees will gain actionable insights. From advocacy to policy development, the symposium underscores how sharing and incorporating lived experiences strengthens relationships, reduces stigma, and reshapes mental health care into a more empathetic, inclusive and effective system.

Authors:
**Co-chair** Carolijn de Beer Leiden University Medical Center
**Co-chair** Prof. Dr. Robert Vermeiren Leiden University Medical Center

Subcontribution 19126 to Session ID 5795
Day 1 - 29.06.2025, 16:00 - 16:15, Amsterdam

Involving Experts by Experience: The Voices of Youths and Parents as a Healing Principle
T49 - Patient and Public Involvement

Abstract:
In this talk, Robert Vermeiren will highlight the importance of the topic and the reason why LUMC Curium, department of child and adolescent psychiatry focuses on involving experts by expertience in mental health care. He will further focus on historical developments concerning experts by experience, and international developments. The international trend to adopt a human rights based approach, also emphasized by the World Health Organisation, relates closely to this development.

Authors:
**Presenter,** Prof. Dr. Robert Vermeiren Leiden University Medical Center

Subcontribution 19127 to Session ID 5795
Day 1 - 29.06.2025, 16:15 - 16:30, Amsterdam

# Lived Experience at the Forefront: Shaping Youth Mental Health Care Through Youth Peer Support

T49 - Patient and Public Involvement

Abstract:
Introduction: Youth Peer Support Workers (YPSWs), young adults with lived experience of mental illness during childhood or adolescence, play a critical role in youth mental health treatment settings and policy. They offer unique insights into the challenges faced by young people in treatment, yet embedding them within mental health services remains difficult. To overcome these difficulties and thereby improve care and policy for young people, insight into YPSW roles, barriers and facilitators for implementing and pursuing youth peer support is a necessity.
Method: This presentation draws on a systematic review and interviews to examine YPSW roles, as well as the barriers and facilitators to their integration into practice and policy. The review included 24 studies, while 10 interviews with YPSWs and 17 with non-peer colleagues provided qualitative insights.
Results: Six key YPSW roles were identified: engagement, emotional support, navigation and planning, advocacy, research, and education. Barriers to implementation included condescending attitudes and stigma, concerns about YPSW boundaries and resilience, and conflicts arising from differing expertise. Additionally, the lack of role clarity and formal guidelines further hindered integration. To effectively embed YPSWs, it is recommended to establish clear expectations, evaluation structures, address power imbalances, and provide adequate resources for the diversity of roles for YPSWs.
Conclusion: The findings highlight the critical need for thoughtful planning and continuous evaluation to overcome integration challenges and maximize the effectiveness of YPSWs. Their inclusion in mental health services offers a transformative opportunity to enhance youth mental healthcare and policy.

Authors:
**Presenter,** Carolijn de Beer Leiden University Medical Center

Subcontribution 19128 to Session ID 5795
Day 1 - 29.06.2025, 16:30 - 16:45, Amsterdam

Lived Experience in Child and Adolescent Psychiatry: a Tool for Transformation
T49 - Patient and Public Involvement

Abstract:
This presentation explores the role of lived experience in advancing youth mental healthcare and policy, drawing on the personal journey of Kaylee van Tilburg, an experienced peer support worker at a Child and Adolescent Psychiatry facility in the Netherlands. After overcoming significant mental health challenges, Kaylee now utilizes her lived experiences to empower and support young people facing similar struggles. Her insights underscore the importance of incorporating lived experience into healthcare systems to offer recognition, understanding, and hope for those in need. Focusing on the essential requirements for involving individuals with lived experience of disability and mental health challenges, Kaylee highlights practical approaches to embedding experiential knowledge in mental health care and policy. By sharing her story, she offers valuable tips on how to integrate lived experience into practice and policy, ensuring that it becomes a sustainable and impactful part of the support offered to youth and policy regarding youth.

Authors:
**Presenter,** Kaylee van Tilburg Leiden University Medical Center

Subcontribution 19134 to Session ID 5795
Day 1 - 29.06.2025, 16:45 - 17:00, Amsterdam

# The Ripple Effect of Sharing Lived Experience

T49 - Patient and Public Involvement

Abstract:
The most potent antidote to the exclusionary, distancing, and shaming ways of stigma is social contact with members of the ostracized group. It is we, imperfect healers, the aching and the recovering among us, those of us who have experienced mental illness while dedicating our professional lives to improving the lot of others, it is we who can do so much. As experts synergized by both professional and personal experience, we have an opportunity, if not a moral obligation, to bring us closer, to demonstrate that no one is truly alone. Sharing is effective not as a confessional for the revealer, but as a salve for the informed.
There is no mandate to open one's innermost self to others—to each their own. Those of us who decide to share our living experiences can determine the radius of our intended reach and the centrifugal ripples sure to follow: our loved ones, our patients, our colleagues, our guild, our community. It would be disingenuous to claim that sharing candidly is entirely free of risk. Friends may distance themselves or offer unwelcome pity; acquaintances may shun or avoid us; colleagues may retreat in discomfort; patients or superiors may lose confidence; gossipmongers, social media influencers, or the press may distort in ways that make it hard to put the horse back in the barn. And yet, the proposition may be best phrased in the reverse: what are the possible downsides of not sharing? Missed opportunities for bridging the divide, is what.

Authors:
**Presenter,** Prof. Dr. Andrés Martin Yale School of Medicine

Symposium 18728 to Session ID 5892
Day 1 - 29.06.2025, 16:00 - 17:00, Londres 1

# What precedes self-harm? Insights from longitudinal studies spanning seconds, years, and decades

T15 - Deliberate self harm

Abstract:
Adolescent self-harm (e.g., non-suicidal self-injury) represents a major public health concern around the globe. To advance our understanding of, and enhance the potential for preventing, the emergence and exacerbation of self-harm among individuals at risk, new insights into the developmental and momentary precursors of self-harm are pivotal. This symposium showcases new findings from four prospective-longitudinal studies adopting both long-term (i.e., data collected over years and decades) and short-term (i.e., data from momentary assessments) perspective on self-harm. The data that will be presented come from clinical and representative general population samples, including self-reported, experimental, diagnostic, and biological data. Overall, the contributions provide valuable insights into promising avenues for early identification, intervention, and prevention of self-harm.

Authors:
**Chair** Prof. Dr. Oswald D. Kothgassner Medical University of Vienna
**Chair** Prof. Dr. Annekatrin Steinhoff University of Bern

Subcontribution 18734 to Session ID 5892
Day 1 - 29.06.2025, 16:00 - 16:15, Londres 1

# Co-development of social stressors and inflammation from childhood to early adulthood and subsequent risk of self-harm

T15 - Deliberate self harm

Abstract:
Aims: Inflammation, usually triggered by environmental pathogens or tissue damage, involves nonspecific immune responses such as pro-inflammatory cascades. Low-grade systemic inflammation in the absence of acute infections or injuries has been reported for adolescents exposed to severe stress and might be associated with psychopathology. However, the developmental associations between social stressors, inflammation and psychopathology remain unclear.
Self-harm, a transdiagnostic phenomenon, has been linked to both, social stressors experience and altered inflammatory responses. We examined whether co-developmental patterns of social stressors (victimization experiences) and inflammation (C-reactive protein, CRP) from childhood to early adulthood are associated with self-harm (suicidal or non-suicidal self-injury, NSSI) in early adulthood.
Methods: Data came from a general-population birth cohort (n = 7124). Victimization was self-reported at ages 8, 10, 12, 17 and 23. CRP was assayed using blood samples at ages 9, 15, 17 and 24. Self-harm was self-reported at age 24.
Results and Conclusions: Results revealed age-related increases in CRP-levels; females had higher levels than males ($p < 0.05$) at 9, 17 and 24. Elevated CRP at 15 and 17 was associated with a higher risk of suicide attempts at 24 ($p < 0.05$), but not with NSSI. Latent trajectory models revealed four distinct developmental patterns of CRP from childhood until early adulthood. Further analyses investigate links between these trajectories and victimization experiences and subsequent risk of self-harm.
Our results provide new insights into the interplay of social and biological factors in self-harm development and help identify targets and promising periods for intervention and prevention mechanisms.

Authors:
**Presenter,** Linda Katharina Dietrich University of Bern
Prof. Dr. Annekatrin Steinhoff University of Bern

Subcontribution 18735 to Session ID 5892
Day 1 - 29.06.2025, 16:15 - 16:30, Londres 1

Predicting the 5-years course of self-harm in a clinical high-risk sample
T15 - Deliberate self harm

Abstract:
Introduction: Non-suicidal self-injury (NSSI) and suicidal behavior (SB) are interrelated phenomena, which are highly prevalent among adolescents. Despite growing research in this area, there is a knowledge gap about the longitudinal course of self-harm and potential predictors.
Methods: As part of the "AtR!Sk study", conducted in Heidelberg, Germany, clinical data were collected among adolescents with NSSI at baseline (n = 672) and annually over a 5-years follow-up interval (n ranging between 353 and 113). A set of variables including self-harm (NSSI; SB), additional psychopathology (e.g. depression, borderline personality disorder), environmental variables (e.g. childhood adversity) and psychosocial functioning was assessed every year. Growth Mixture Modelling will be applied to identify interindividual differences in the longitudinal course of NSSI and SB.
Results and Conclusions: In general, the frequency of NSSI and SB significantly declined over the 5-years follow-up interval. However, we observed substantial variation in treatment outcomes between adolescents. We will present a) different courses of self-harm, b) predictors of the course of self-harm and c) relations between the course of self-harm with outcomes at follow-up. A better understanding of the course of NSSI and SB and potential predictors within clinical samples could support the tailoring of existing intervention programs.

Authors:
**Presenter,** Dr. Corinna Reichl University of Bern
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Dr. Silvano Sele University of Bern
Dr. Gloria Fischer-Waldschmidt Universitätsklinikum Heidelberg
Prof. Dr. Michael Kaess University of Bern

Subcontribution 18739 to Session ID 5892
Day 1 - 29.06.2025, 16:30 - 16:45, Londres 1

# Impact of Social Media on Triggering Nonsuicidal Self-Injury in Adolescents: A Comparative Ambulatory Assessment Study

T15 - Deliberate self harm

Abstract:
Aims: Nonsuicidal self-injury (NSSI) is a prevalent and concerning behavior among adolescents, often triggered by negative interpersonal events. As social media is essential in the daily life of adolescents, gaining a better understanding of the impact of negative online events on NSSI urges and behaviors, distinct from that of real-life events, is warranted.
Methods: We recruited 25 adolescents with a history of NSSI and 25 healthy controls. Participants reported on their stress, affect, and NSSI urges four times daily over seven days using ambulatory assessment. We examined the immediate effects of negative events in real-life and on social media on these psychological outcomes.
Results and Conclusions: In adolescents who engage in NSSI, negative events on social media were positively associated with perceived stress, negative affect, and NSSI urges to a greater extent than real-life negative events. However, NSSI events during the sampling period were mostly triggered by real-life events. While the frequency of social media use was generally similar between groups, those with NSSI reported experiencing more negative events on social media. Our findings highlight the significant impact of social media on the mental health of adolescents who engage in NSSI, possibly exacerbating stress and negative affect more than real-life events. These results underscore the need for targeted interventions addressing online interactions to mitigate NSSI behaviors and improve adolescent mental health.

Authors:
**Presenter,** Dr. Andreas Goreis Medical University of Vienna
Sofia-Marie Oehlke Medical University of Vienna
Prof. Dr. Ulrich W. Ebner-Priemer Karlsruhe Institute of Technology
Prof. Dr. Laurence Claes KU Leuven
Prof. Dr. Paul L. Plener Medical University of Vienna
Prof. Dr. Oswald D. Kothgassner Medical University of Vienna

Subcontribution 18740 to Session ID 5892
Day 1 - 29.06.2025, 16:45 - 17:00, Londres 1

# Predicting Suicide Attempts in a High-Risk Clinical Cohort of Adolescents: A Machine Learning Approach

T15 - Deliberate self harm

Abstract:
Aims. Suicide among adolescents is a major global health issue, and it remains challenging to identify those who are at risk for future suicidal behaviors. This study aimed to investigate the potential of machine learning (ML) based approaches to predict suicide attempts (SA) among at-risk adolescents. Methods. We applied three ML-algorithms – elastic net (EN), random forest (RF) and extreme gradient boosting to longitudinal clinical data, and compared their performance to a traditional statistical approach – logistic regression (LR). Models were trained using patient data from a clinical cohort specialized on adolescents prone to self-harming and risk-taking behaviors. Forty-four predictor variables obtained at baseline were selected to predict future SAs within a two-year follow-up period. Performance metrics included AUC, Brier score, sensitivity, specificity, PPV, and NPV. Moreover, individual predictor importance was explored. Results and conclusions. ML-algorithms outperformed LR in terms of overall predictive accuracy (AUC = 0.75 – 0.79 vs. 0.72) and model calibration (Brier scores = 0.18 – 0.20 vs. 0.24). A prior SA stood out as the most important predictor variable across all algorithms. Our findings demonstrate that SAs can be predicted with good overall accuracy, even among patients with high prevalences of suicidal behaviors. The clinical utility of ML-based SA-predictions is subject to several limitations. Alongside improvements of predictive performance, future research needs to address clinical and ethical implications of ML-based risk detection.

Authors:
**Presenter,** Dr. Christian Hertel University of Bern
Noel Strahm University of Bern
Dr. Stefan Lerch University of Bern
Prof. Dr. Julian Koenig University of Cologne
Dr. Marialuisa Cavelti University of Bern
Prof. Dr. Michael Kaess University of Bern

Symposium 19967 to Session ID 6008
Day 1 - 29.06.2025, 16:00 - 17:00, Londres 2

Debate: Beyond the bio-psycho-social model: is a spiritual element lacking in CAP?
T48 - Public Health and Organisation of CAP Services

Abstract:

Authors:
**Presenter,** Prof. Dr. Bruno Falissard Unité Inserm U 1178
Adj A/Prof Daniel Fung Institute of Mental Health Singapore

Symposium 19012 to Session ID 5923
Day 1 - 29.06.2025, 16:00 - 17:00, Berlin

# LIFE AS AN AUTISTIC GIRL: FROM DIAGNOSIS TO PROFESSIONAL INCLUSION THROUGH CAMOUFLAGE

T04 - ASD

Abstract:
The aim of the symposium is to review the main challenges that females with Autism Spectrum Disorder (ASD) have to face from infancy to adulthood: delayed diagnosis due to camouflaging, psychiatric comorbidities and professional inclusion.
We are still far away from understanding with certainty why the male prevalence of ASD is significantly higher in comparison to female and if a sex/gender pattern of ASD symptom onset—independently or not from developmental sex differences—exists indeed. As a matter of fact, understanding the female phenotype is important from infancy until adulthood, due to the possible impact on the quality of life of the autistic person and her family.
The symposium highlights and integrates contributions from investigators across 4 countries:1) Autism Spectrum Disorder: Understanding the autism female phenotype; 2) Camouflaging autistic traits: links to stress and quality of life; 3) Gender difference in referral pattern, clinical presentation and comorbidity patterns in High functioning individuals with ASD: A Turkish Sample; 4) Professional environment and ASD: tutoring training system.
A comprehensive overview of the literature will be provided and novel findings related to camouflaging, professional inclusion, clinical comorbidities will be presented.

Authors:
Prof. Dr. Luigi Mazzone University of Rome Tor Vergata

Subcontribution 19016 to Session ID 5923
Day 1 - 29.06.2025, 16:00 - 16:15, Berlin

Autism Spectrum Disorder: Understanding the autism female phenotype
T04 - ASD

Abstract:
Whether ASD is less represented in females or it is underestimated in female sex/gender remains an open question, being an objective of a growing body of research.
Delayed diagnosis in women has been related to a different clinical phenotype regarding the onset of symptoms, behavioral features and social motivation.
The presentation will provide a comprehensive overview of the current state of knowledge on autism in females, including diagnostic recommendations and intervention strategies. In particular, possible sex/gender difference in autism symptoms' onset, the existence of a specific "female phenotype of autism from infancy to adulthood, cognition and neuropsychological profiles in autistic females will be explored.

Authors:
**Presenter,** Dr. Martina Siracusano University of Rome Tor Vergata
**Presenter** Prof. Dr. Luigi Mazzone

Subcontribution 19018 to Session ID 5923
Day 1 - 29.06.2025, 16:15 - 16:30, Berlin

# Camouflaging autistic traits: links to stress and quality of life

T04 - ASD

Abstract:
Many autistic people camouflage their autistic traits, a phenomenon especially common among autistic females. Extensive use of such masking strategies has been linked to negative outcomes for mental health, stress, and quality of life, warranting further investigations. However, despite growing research interest, several aspects still need further investigation to gain insights into the nature of camouflaging and its potential consequences. Importantly, while camouflaging is often hypothesized to have negative effects on mental health, previous research has relied mainly on self-reported outcomes and has not sufficiently adjusted for potential confounding.

This presentation will update on recent camouflaging research, including findings from an international expert survey on gender differences in autism, a cross-sectional study using the Swedish version of the Camouflaging Autistic Traits questionnaire (CAT-Q), and data from the Roots of Autism and ADHD Twin Study in Sweden (RATSS). The included studies will address themes such as sex and gender differences, comparisons between autistic and non-autistic populations, and age effects on camouflaging. Additionally, recent findings from a co-twin control study will be highlighted, supporting a negative association between camouflaging and quality of life also when applying stringent control for confounding, including from genetic factors. Finally, preliminary data exploring the link between camouflaging and stress, including a measure of cortisol concentrations in hair, will also be presented. These data yield possible insights into mechanisms contributing to stress, burnout, and reduced quality of life in autism with implications for future support strategies.

Authors:
**Presenter,** Karl Lundin Remnélius Center of Neurodevelopmental Disorders (KIND), Centre for Psychiatry Research, Department of Women's and Children's Health, Karolinska Institutet & Stockholm Health Care Services

Subcontribution 19024 to Session ID 5923
Day 1 - 29.06.2025, 16:30 - 16:45, Berlin

# Gender differences in referral pattern, clinical presentation and psychiatric comorbidity in high functioning individuals with ASD: A Turkish Sample

T04 - ASD

Abstract:
There is increasing interest in gender related differences in individuals with in high-functioning autism spectrum disorder (HFA). There might be differences between males and females in clinical presentation, which might complicate the diagnostic evaluation especially in females. We retrospectively studied 70 HFA females aged between 5 and 28, and compared them with 70 age-matched males with HFA. All of the patients were recruited from four private practice clinics in child and adolescent psychiatry between 2022-2025 in Istanbul, Turkey. For each patient, were evaluated the sociodemographic variables, developmental milestones, core ASD symptoms, the presenting special interests and sensory hypo/hypersensitivity and presence/absence and type of psychopathological comorbidities. Diagnostic evaluation for ASD and other mental disorders were based on DSM-5. The clinical parameters in females and males will be compared and the results of the study will be presented in the congress.

Authors:
**Presenter,** Associate Prof. Ayşe Kılınçaslan Istanbul Institute of Child and Adolescent Psychiatry
Sevcan Karakoç Doğuş University
Prof. Dr. Canan Tanıdır Gelişim University
**Presenter** Prof. Dr. Nahit Motavalli Mukaddes

Subcontribution 19028 to Session ID 5923
Day 1 - 29.06.2025, 16:45 - 17:00, Berlin

Professional environment and ASD: tutoring training system
T04 - ASD

Abstract:
Better inclusion in the workplace is now a necessity for individuals with ASD. It is particularly challenging for women, due to masking, which is often driven by a desire to avoid judgment or discrimination and to gain social acceptance. It requires a continuous effort to suppress natural behaviors and mimic those of neurotypical people, which can lead to significant mental and emotional exhaustion. We have developed an innovative program designed to train company staff on how to effectively support and welcome young apprentices with ASD, with their gender specificity. Our support system offers a range of activities including two E-learning modules. the first one raises awareness of ASD among company staff and professionals, while the second addresses the challenges of integrating individuals with ASD into various professional settings. It also includes personalized tutoring to assist trainers in making specific adjustments based on their work environment. Furthermore, a customized 'toolbox' tailored to each participant is a toolkit designed to accommodate the specific needs of their professional context. Finally, we provide a community of practice. This platform enables members to exchange experiences and explore successful initiatives. Over time, we aim to see an increase in the recruitment of people with ASD as companies recognized the valuable contributions they can bring to the workplace. The implementation of these streamlined processes will ultimately benefit all employees. As neurodiversity is understood and embraced by providing support and encouraging authenticity, workplaces can benefit from the unique strengths and perspectives that autistic women bring.

Authors:
**Presenter,** Prof. Nadia Chabane CHUV Centre hospitalier universitaire vaudois; Service des Troubles du Spectre de l'Autisme & apparentés Centre Cantonal de l'Autisme, Les Allières, Lausanne
Carole Martinez

Symposium 19117 to Session ID 5799
Day 1 - 29.06.2025, 16:00 - 17:00, Bruxelles

ADHD: How we can deal better with misonceptions and stigma.
T08 - ADHD

Abstract:
Both adults and children with ADHD and their family members are confronted with stigmatization, such as disbelief, avoidance or rejection and they suffer from unmet needs, particularly in the availability of personalized mental health care. In part, this may be related to the current narrative around ADHD, with a predominant emphasis on biological causes, which is a crucial factor driving treatment selection. Common misconceptions about ADHD may be distributed through, among others, social media. Until now, this has received (too) little attention in the public debate about ADHD and/or within the care that children and adults with ADHD receive. The aim of this symposium is to generate more attention for ADHD-related stigmatizing beliefs and attitudes, its influence on the daily lives of people with ADHD, common misconceptions and a possible bias in the care that we provide from mental health care, and the influence of knowledge that is shared via social media. Marjolein Luman, the first speaker, will present two focus group studies on the experiences with regard to stigma of (young) adults with ADHD, parents of children with ADHD, teachers and mental health care employees, in which the role of sex/gender is examined. The second speaker (Annabeth Groenman) will present the results of a study on the role that social media play in spreading information about ADHD. The third speaker (Tycho Dekkers) will take us on a theoretical argument about the influence of stereotypes surrounding ADHD, whereby a person-centered approach to ADHD (biological explanation) can contribute to poor implementation of effective proven evidence-based interventions that are used from the context such as parents and teachers. The last speaker (Branco van Hulst) will present a consensus statement describing key principles for a balanced explanation for ADHD.

Authors:
Dr. Marjolein Luman Vrije Universiteit Amsterdam

Subcontribution 19118 to Session ID 5799
Day 1 - 29.06.2025, 16:00 - 16:15, Bruxelles

More insight into the role of gender and experiences of ADHD-related stigma and unmet needs.
T08 - ADHD

Abstract:
Background. People with ADHD and their families face stigmatization, such as disbelief, avoidance, or rejection. Although there are few studies on the beliefs and attitudes underlying stigma in ADHD, no research has distinguished between the perspectives of different stakeholders and little is known about the role of gender in the manifestation of ADHD-related stigma. Method. We conducted a focus group study to gain insight into ADHD-related stigma, the role of gender, and needs regarding opportunities to reduce stigma. The study included 24 respondents, including (young) adult men and women with ADHD (18-30 years), parents of children with ADHD, mental health workers, and primary school teachers. Results. All stakeholders reported that stigma consists of both subtle and more explicit cognitive, affective and/or behavioral reactions affected both men and women with ADHD. This may damage their self-confidence, with men indicating that they have difficulty with disclosure (openness) and avoid help, and women indicating that they try to compensate for ADHD behavior (masking), which can contribute to the late recognition of ADHD in girls. There is a great need for more knowledge about the diversity of ADHD, low-threshold (personalized) care, support from peers, and a more systemic approach to ADHD. Discussion. Our study contributes to a modernized perspective on ADHD and ADHD-related stigma, showing a negative spiral in which a lack of knowledge and attention for ADHD can lead to a negative self-image in those with ADHD and non-disclosure, which in turn can contribute to the maintenance of stigma and prejudice about ADHD.
References:
Visser, M. J., Peters, R. M., & Luman, M. (2024). Understanding ADHD-related stigma: A gender analysis of young adults and key stakeholder perspectives. Neurodiversity, 2.
Visser, M. J., Peters, R. M. H., & Luman, M. (2025). Unmet Needs of Children and Young Adults With ADHD: Insights From Key Stakeholders on Priorities for Stigma Reduction. Journal of Attention Disorders, 29, 195-206.

Authors:
**Presenter,** Dr. Marjolein Luman Vrije Universiteit Amsterdam
Marlies Visser Vrije Universiteit Amsterdam
Dr. Ruth Peters Vrije Universiteit Amsterdam

Subcontribution 19122 to Session ID 5799
Day 1 - 29.06.2025, 16:15 - 16:30, Bruxelles

# How Social Media Contributes to the Dissemination of Information and Perception of ADHD

T08 - ADHD

Abstract:
In recent years social media has played an important role in disseminating mental health information. This has the potential to reduce stigma by making mental health information readily accessible and facilitating open discussion of the subject. However, there is also a risk that misinformation is easily spread on social media (Gilmore et al., 2022), as there is no control over posted content. Indeed a recent study showed that only 21% of ADHD-related TikTok content is reliable (Yeung et al., 2022). Understanding social media information helps professionals comprehend what information clients encounter before seeking help, while simultanously examining the lived experiences provided by first-person ADHD perspectives.
This study analyzed 100 TikTok videos from different creators (50 male, 50 female) with ADHD. Selection criteria for the videos required that they were created by individuals with ADHD, contained spoken or written text, and that ADHD was the primary focus of the video. Videos were coded for DSM-aligned ADHD characteristics and other ADHD attributed traits.
Initial analysis reveals frequent mention of ADHD traits as described in the DSM, but also many traits not officially belonging to the ADHD classification, and numorous non-DSM traits being incorrectly attributed to ADHD. Clinical and societal implications will be discussed at the ESCAP conference.
Gilmore, R., Beezhold, J., Selwyn, V., Howard, R., Bartolome, I., & Henderson, N. (2022). Is TikTok increasing the number of self-diagnoses of ADHD in young people? European Psychiatry, 65(Suppl 1), S571. https://doi.org/10.1192/j.eurpsy.2022.1463
Yeung, A., Ng, E., & Abi-Jaoude, E. (2022). TikTok and Attention-Deficit/Hyperactivity Disorder: A Cross-Sectional Study of Social Media Content Quality. The Canadian Journal of Psychiatry, 67(12), 899–906. https://doi.org/10.1177/07067437221082854

Authors:
**Presenter,** Dr. Annabeth P. Groenman University of Amsterdam
Iris Rapoport University of Amsterdam
Dr. Tycho Dekkers Accare

Subcontribution 19123 to Session ID 5799
Day 1 - 29.06.2025, 16:30 - 16:45, Bruxelles

# The usual suspects and beyond – decontextualization as explanation for the suboptimal uptake of parenting interventions

T08 - ADHD

Abstract:
For children with ADHD, several interventions with a robust evidence-base are available. The implementation of these interventions in clinical practice, however, is suboptimal, which negatively impacts many children and their families. In this talk, I will discuss this problem from three perspectives.
First, I will present three recent studies from our PAINT (Psychosocial ADHD Interventions) research consortium, in which we detected facilitators and barriers towards evidence-based practice for ADHD (survey studies in clinicians [N=219] and school mental health professionals [N=115], and a longitudinal observation study in parents of children with ADHD [N=126]). These studies demonstrate that guidelines are often not followed, many children with ADHD receive interventions without a solid evidence base, and many factors determine families' treatment choices.
Second, I will discuss one particular finding in detail: Context-focused interventions (i.e. behavioral parent/teacher training) are recommended by all guidelines, but their uptake is problematic. We therefore developed a brief and more accessible intervention of only three sessions. I will discuss pilot work (N=29 families), showing that this brief intervention has promising effects, as well as our three ongoing randomized controlled trials in different settings.
Third, I will argue that the current narrative around ADHD, with a predominant emphasis on biological causes, is a crucial factor driving treatment selection. A too narrow biological perspective on ADHD may lead to decontextualization, which is the believe that children, or their brains, are primarily responsible for their symptoms. This narrative logically leads families towards child-focused solutions, and prevents them from selecting evidence-based contextual interventions.

Authors:
**Presenter,** Dr. Tycho Dekkers Accare

Subcontribution 19125 to Session ID 5799
Day 1 - 29.06.2025, 16:45 - 17:00, Bruxelles

# A fair and balanced explanation of ADHD – The Dutch Consensus

T08 - ADHD

Abstract:
Aims: Currently, some common misconceptions about ADHD hamper those with a classification. We will outline a consensus statement developed by Dutch ADHD experts to promote fair and balanced explanations of Attention-Deficit/Hyperactivity Disorder (ADHD). This working document aims to offer professionals a practical tool for communicating about ADHD, addressing common misconceptions and helping people better understand ADHD.
Methods: We explicitly focused on areas of agreement, as the things most experts agree on, remain underemphasized. In order to do so, we explored common issues in interpreting ADHD research because ultimately it is the translation of research findings that leads to this less balanced explanation.
Results: The consensus statement describes key principles for a balanced explanation of ADHD: describing it as a classification of behaviors, not an explanation; distinguishing between correlation and causation; acknowledging individual differences; balancing biological and contextual factors; ex

Authors:
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Dr. Tycho Dekkers Accare
Dr. Sanne te Meerman University of Groningen

Symposium 16539 to Session ID 5817
Day 1 - 29.06.2025, 16:00 - 17:00, Boston

Adverse Childhood Experiences in diagnostics and therapy
T43 - Trauma

Abstract:
The Adverse Childhood Experiences (ACE) study has impressively demonstrated the lasting effects of negative childhood experiences on health and psychopathology. These are not limited to childhood, but continue into adulthood and affect not only many children, but also many parents. This symposium will therefore present findings on the effects of traumatic events on children and parents in risk groups and community samples. The first project presents data on the relationship between adverse childhood experiences of pregnant women from the general population and their experience of stress during pregnancy. In this context, a new diagnostic tool for the assessment of prenatal risks is presented. In addition, data on the emotional availability of mothers with severe adverse childhood experiences such as physical and sexual abuse and a corresponding intervention will be presented. Conceptual, epidemiological and evaluation data from a child trauma outpatient clinic under the Crime Victims Compensation Act ("Opferentschädigungsgesetz") highlight the challenges in clinical practice. The last contribution focuses on the prevalence of traumatic events in a large sample of adolescents with substance use problems and an adapted therapeutic approach. This symposium will therefore emphasize the clinical relevance of adverse childhood experiences and provide insights into innovative treatment approaches.

Authors:
Prof. Dr. Yulia Golub Carl von Ossietzky University of Oldenburg
Prof. Dr. Eva Möhler Saarland University Hospital

Subcontribution 16540 to Session ID 5817
Day 1 - 29.06.2025, 16:00 - 16:15, Boston

# Traumatic childhood experiences and prenatal maternal stress - results of an online survey

T43 - Trauma

Abstract:
Traumatic childhood experiences can affect psychological well-being during pregnancy, which is a risk factor for childhood emotional and behavioural problems. It is still unclear whether different types of traumatic childhood experiences (emotional abuse, physical neglect, etc.) are associated with different prenatal risk factors (e.g. substance use, depression).
As part of a larger project, we have compiled a prenatal risk index based on current research findings, which measures factors (e.g. stress experience, substance use) that have been proven to represent risks for the child's psychological development. In order to analyze the retrospective validity of the prenatal risk index, data is collected during pregnancy (T1) and two years later (T2), and the data from both points in time is compared. N = 125 women in the 2nd and 3rd trimester of pregnancy from the general population have been surveyed in the first online survey using the Prenatal Risk Index and retrospectively on traumatic childhood experiences.
The type and number of traumatic childhood experiences are associated with various prenatal risk factors, e.g. substance use, and the extent of subjectively perceived prenatal stress using linear regression.
The findings can contribute to a better understanding of the long-term effects of traumatic childhood experiences and provide starting points for prevention/intervention programs for women and, above all, (expectant) mothers with traumatic childhood experiences. Their children in particular could also benefit from this, as the transgenerational transmission of psychological stress can be interrupted.

Authors:
**Presenter,** Emely Reyentanz Carl von Ossietzky Universität Oldenburg
Dr. Jennifer Gerlach University Hospital Erlangen
Prof. Dr. Yulia Golub Carl von Ossietzky Universität Oldenburg
Dr. Anna Eichler University Hospital Erlangen

Subcontribution 16541 to Session ID 5817
Day 1 - 29.06.2025, 16:15 - 16:30, Boston

# Measuring and promoting the emotional availability of parents who have experienced abuse

T43 - Trauma

Abstract:
Studies on child maltreatment show prevalence numbers of between 10 and 25%, so it can be assumed that many parents are also affected by a history of maltreatment. Studies on parenting after childhood maltreatment show numerous neurobiological and interactional changes for which exciting new treatment approaches already exist.
A community sample of mothers with experiences of maltreatment is compared with a psychosocially matched sample over the course of 3 years, among other things with regard to the variable of emotional availability, but also the potential for maltreatment in relation to their own offspring.
Both the emotional availability and the maltreatment potential deviated - increasingly with increasing age of the child - from the control group of parents without maltreatment experience. A good retention rate was achieved in the sample.
As the two samples were exactly psychosocially matched, the measured difference can be attributed to the early life maltreatment experienced by the mothers. The time course suggests a time window for protective interventions for mothers who have experienced maltreatment, such as those carried out in the Homburg parent-child center.
As the abuse experienced by most parents is very easy to remember and to query, the data suggest considerable preventive potential if these were to be collected specifically from young parents. Targeted investment should be made in promoting stress resilience and interaction training, particularly among this large risk group, in order to prevent the intergenerational transmission of experiences of violence.

Authors:
**Presenter,** Prof. Dr. Eva Möhler Saarland University Hospital

Subcontribution 16542 to Session ID 5817
Day 1 - 29.06.2025, 16:30 - 16:45, Boston

Early intervention in a trauma outpatient department for children
T43 - Trauma

Abstract:
In the trauma outpatient clinic for children, children and adolescents receive rapid assistance on the basis of the German Statutes (SGB) XIV after physical, sexual and severe psychological violence or as witnesses of violence. One in four children in Germany experiences or observes domestic violence. It is assumed that the number of unreported cases is significantly higher. But all forms of violence increase the risk of negative health effects and impairments to psycho-social development for affected children and adolescents. The aim of the child trauma outpatient unit's low-threshold and rapid assistance is to minimize or prevent the development of a mental health disorder or its chronification.
After screening and diagnosis, those affected (n = 200) receive support for stabilization and prevention of chronic trauma disorders in the child trauma outpatient clinic. Stabilizing and low-threshold interventions are carried out in the child trauma outpatient clinic.
The patients suffer from a high level of trauma from various forms of violence.
The provision of rapid therapeutic support for victims of violence is urgently needed and requires an expansion of trauma outpatient departments.

Authors:
**Presenter,** Andrea Dixius SHG Clinic

Subcontribution 16543 to Session ID 5817
Day 1 - 29.06.2025, 16:45 - 17:00, Boston

# Trauma and post-traumatic stress disorder (PTSD) in adolescents with substance use disorder (SUD)

T43 - Trauma

Abstract:
Adolescents with substance use disorders (SUD) show an increased prevalence of traumatic events and post-traumatic stress disorder (PTSD) compared to the general population. One possible mechanism is that substance use leads to an increased risk of traumatic experiences, which in turn may increase the risk of PTSD. Alternatively, pre-existing PTSD may favor substance use, as it may serve to self-medicate PTSD symptoms.
In a group of N = 340 adolescents aged 12 to 18 years in a child and adolescent psychiatric outpatient clinic, trauma exposure and PTSD diagnosis according to DSM-5 were recorded. Additionally, SUD according to DSM-5 and the severity of the SUD were recorded using the Drug Use Disorders Identification Test (DUDIT).
The results show that adolescents with SUD have a significantly higher prevalence of traumatic events and PTSD compared to adolescents without SUD. In particular, interpersonal traumatic events are associated with increased rates of PTSD. Adolescents who have both PTSD and SUD show more severe SUD than adolescents with SUD and trauma or adolescents with SUD without traumatic events. Specific patterns of substance use, such as early onset or use of certain substances such as MDMA, are particularly pronounced in adolescents with PTSD and SUD.
These findings emphasize the need for preventive interventions and integrated treatment for adolescents with SUD and PTSD. At least some adolescents appear to use substances to self-medicate PTSD symptoms. Future research should apply longitudinal designs to investigate the dynamics between PTSD and substance use over the developmental course.

Authors:
**Presenter,** Prof. Dr. Yulia Golub Carl von Ossietzky Universität Oldenburg

Symposium 19638 to Session ID 5747
Day 1 - 29.06.2025, 16:45 - 17:45, Curie A

Rencontre avec l'expert - Primum non nocere: What's new in terms of prescription safety? (S. Thummler)

Abstract:
Susanne THÜMMLER
MCU-PH Psychiatrie de l'Enfant et Adolescent (Assistant Professor in Child and Adolescent Psychiatrie) - Université Côte d'Azur, CHU-Lenval, Nice, FranceLa sécurité de la prescription en pédopsychiatrie soulève des enjeux importants, d'autant plus
que de nombreuses prescriptions se font hors AMM chez l'enfant et l'adolescent.
Les connaissances actuelles concernant la sécurité de la prescription, incluant iatrogénie et abus médicamenteux seront abordés, notamment des traitements antipsychotiques avec un accent en fonction de l'âge.
Les bénéfices et les limites des explorations pharmacogénétiques en pédopsychiatrie seront également discutés, en particulier des cytochromes P450 comme CYP2D6 et CYP2C19 impliqués dans le métabolisme de nombreux psychotropes. En plus des bilans individuels de pharmacorésistance, leur intérêt commence à être démontré pour les prescriptions chez l'adulte.
Tous ces éléments pourraient alors permettre d'améliorer le rapport bénéfice/risque de la prescription des psychotropes chez l'enfant et l'adolescent.

Authors:
**Presenter, Chair** Dr. Xavier Benarous University Hospitals Pitié Salpêtrière-Charles Foix

Symposium 16486 to Session ID 5802
Day 1 - 29.06.2025, 17:15 - 18:45, Schweitzer

Social Prescribing to Enhance the Mental Health of Children and Youth: International Perspectives
T47 - Prevention & intervention

Abstract:
One in five children are impacted by a mental health disorder leading to a total lifetime economic cost of nearly 2.1 trillion dollars. There is also currently a loneliness epidemic in children and youth with nearly 25% of children reporting they always or often feel lonely. Many determinants of mental health are social in nature, suggesting that improving the child and youth mental health requires social solutions. Social prescribing—which connects children and youth to non-clinical supports, such as art, physical activity, or community engagement, to enhance their health and wellbeing— as an upstream approach that could significantly support child and youth mental health. Although there is compelling evidence for social prescribing in adults, the research in children and youth facing mental health difficulties is severely lacking. Social prescribing has the potential to address critical components of the social determinants of health often associated with mental health difficulties. This symposium brings together burgeoning research from Canada and the United Kingdom that focuses on social prescribing to enhance mental health wellbeing in children and youth. Specifically, we highlight the use of social prescribing for child and youth mental health across school and community settings. Findings from four presenters will address social prescribing across different domains including social engagement, experience in nature, exposure to the arts, and social prescribing to children and youth in schools. Speakers will highlight the factors that lead to the successful implementation of social prescribing. Both quantitative and qualitative findings will be presented to illustrate the impact of social prescribing on child and youth mental health.

Authors:
Dr. Nicole Racine University of Ottawa

Subcontribution 18345 to Session ID 5802
Day 1 - 29.06.2025, 17:15 - 17:30, Schweitzer

# Social prescribing for youth mental health: an individualised, youth centred approach focusing on what matters to them

T47 - Prevention & intervention

Abstract:
In this talk, we will focus on the development and implementation of social prescribing for young people whilst they wait for mental health treatment in child and adolescent mental health services (CAMHS) in the UK.
Aims: Social Prescribing (SP) has been shown to improve mental health outcomes in adult populations and has shown evidence of promise in youth settings. The aim of Wellbeing While Waiting (WWW) was to develop and evaluate a SP pathway for young people (YP) whilst they wait for treatment in England
Methods: WWW is a Hybrid Type II implementation effectiveness study, which included a stepped wedge design. Working with CAMHS clinicians and young people we co-developed a SP pathway across 10 services and recruited a control group prior to the SP pathways going live. We then followed up young people over a 6 month period (baseline, 3 and 6 months). Additionally, we interviews stakeholders to explore barriers, facilitators and mechanisms of action
Results: The SP pathway was seen as feasible, acceptable and suitable for stakeholders and there were significant improvements on various mental health and wellbeing indicators.
Conclusions: SP can be implemented as part of CAMHS and can help to improve mental health and wellbeing for those waiting for treatment.

Authors:
**Presenter,** Dr Daniel Hayes University College London

Subcontribution 18347 to Session ID 5802
Day 1 - 29.06.2025, 17:30 - 17:45, Schweitzer

# A Pilot Study of Nature Social Prescription for the Mental Health of Low-Income, Urban Children

T47 - Prevention & intervention

Abstract:
Aims: Nature promotes psychological and behavioral health among children. However, children living in low-income communities often have less access to green spaces compared to their counterparts living in high-income neighborhoods, and limited research has investigated the impact of nature on well-being in children experiencing marginalization. To address this gap, this study examined the impact of social prescribing a one-week immersive nature camp on the well-being and social connectedness of 27 children aged 6-12 years referred to a community hub in Ottawa, Canada, for complex psychosocial difficulties.
Methods: Children and caregivers completed a pre- and post-survey inquiring about the child's personal well-being, social contact, loneliness, positive emotional state, and positive outlook. Children also engaged in an audio-recorded focus group about their experience.
Results and Conclusions: Although not statistically significant, small to medium effect sizes for improved positive emotional state and positive outlook were reported by children ($p = .26$, $d = .24$; $p = .14$, $d = .31$) and their caregivers ($p = .12$, $d = .37$; $p = .89$, $d = .03$). Thematic analyses of focus groups revealed nine themes including making friends, acquiring new skills, and connecting with nature. Within the Canadian child health context, investing in community programming, particularly for children with complex psychological difficulties living in low-income urban communities, less exposure to green spaces, and increased mental health burdens, will serve to lessen healthcare disparities and enhance mental health outcomes.

Authors:
**Presenter,** Dr. Nicole Racine University of Ottawa

Subcontribution 18348 to Session ID 5802
Day 1 - 29.06.2025, 17:45 - 18:00, Schweitzer

Connecting Communities for Child and Youth Mental Health: Exploring Social Prescribing as a Pathway to Wellbeing
T47 - Prevention & intervention

Abstract:
BACKGROUND: Many CYP are experiencing mental health conditions, and services are struggling to cope with the demand. 'Social prescribing' is one way to include existing community activities in health service approaches that has gained popularity and involves linking young people with activities that might improve wellbeing, and that are in line with personal interests and goals. Existing knowledge on social prescribing is primarily about adults.
AIM: Our research team, in collaboration with our youth advisory group, examined how social prescribing was being used as a pathway into community-based wellbeing activities for children and young people to prevent mental health difficulties.
FINDINGS: In work package 1, we wanted to understand how young people seek help and which agencies are involved. Across five sites in England, we found that there were differences in the way social prescribing was set up for young people compared to adult services. There was a lot of variation in which CYP were invited to social prescribing, the workers involved, as well as the actual things that people ended up doing in the community. Importantly, we found that not all young people wanted or needed to engage with community activities at all, but talking with a link worker was sufficient.
In work package 2, we wanted to explore what 'community' meant to CYP, particularly in relation to health and wellbeing. We found that CYP describe their communities in terms of people first, only then in relation to places or spaces, which is different to the ways in which adults describe communities. We developed six elements of communities that seem important to CYP for their health: being able to access them in terms of location and cost, the opportunities to advocate for others, the developing of a shared identity online, the inclusion of local trusted people, a safe environment, and the opportunities for sport. Our interviews suggest that it is locally trusted people that are most valued, who then link to other people or activities.
CONCLUSIONS: We found that there is no single model of CYP-SP but many different groups of CYP, many types of trusted workers, and many types of activity, or no activity at all. This means that services should be made up of organisations from different sectors, link to health services already working with CYP, and see trusted individuals working with CYP as central to building networks that will foster health and wellbeing through community assets.

Authors:
**Presenter,** Kerryn Husk University of Plymouth

Subcontribution 18349 to Session ID 5802
Day 1 - 29.06.2025, 18:00 - 18:15, Schweitzer

Empowering Youth: The Role of Social Prescribing in Mental Health and Social Inclusion
T47 - Prevention & intervention

Abstract:
NEET (Not in Employment, Education, or Training) status is associated with psychological distress and suicidality. Social prescribing may offer a policy solution to this. To test this proposition, this study evaluates the mental health outcomes of a social prescribing intervention—C.O.P.E. (Capabilities, Opportunities, Places, and Engagement) project—on young people in a NEET situation in Italy and Portugal. Adopting a realist evaluation approach, this study explores how context and mechanisms interact to generate outcomes. A realist synthesis of NEET interventions and co-production with stakeholders helped to create a programme theory which was tested through a mixed-methods study, combining quantitative cohort data from 416 young people with qualitative interviews with 30 young people, 13 link workers, and 9 team members. The findings indicate significant improvements in mental wellbeing and reductions in psychological distress, particularly among those with clinical mental health issues. Qualitative insights emphasise the importance of trust between link workers and young people, highlighting flexibility, emotional support, and a holistic approach as key factors in fostering engagement. This led to the creation of three programme theories. One of these focuses on young people and is discussed in this article. The study concludes that despite some challenges related to sustainability, training and long-term impact, social prescribing can be an effective tool for supporting youth in a NEET situation, particularly those suffering clinical mental health issues. This paper contributes to the growing evidence supporting social prescribing as an approach to enhance mental health and social inclusion for youth in vulnerable situations.

Authors:
**Presenter,** Prof. Marcello Bertotti University of East london

Subcontribution 18350 to Session ID 5802
Day 1 - 29.06.2025, 18:15 - 18:30, Schweitzer

Fostering Health and Wellbeing and Promoting Health Equity: Findings From Canada's First Social Prescribing Program for Children and Youth
T47 - Prevention & intervention

Abstract:
We conducted a mixed methods program evaluation of Canada's first social prescribing program for children and youth. We collected sociodemographic data and program data from the electronic medical record. We conducted semi-structured interviews with children and youth, parents/primary caregivers, staff members, and community partners to understand their experience of the program. We also conducted pre and post surveys for children and youth ages 8-17 to understand the impact of the program on health and wellbeing. Altogether, the program served 43 children and youth from equity-deserving communities, including racialized persons (77%), persons with disabilities (74%), families with an annual household income that is less than $25,000 per year (49%), immigrants and refugees (49%), newcomers (35%), and official language minorities (33%). The program was associated with improved health and wellbeing for participants. We also examined the program through the lens of a child and youth-focused theory called the Circle of Courage, revealing that the program fostered independence, belonging, mastery, and generosity in participants. The program brought joy in work to staff members and cultivated community connectedness. We uncovered several successes, challenges, and lessons learned, offering important insights for the field. Qualitative findings from the program evaluation will be presented, which bring to light the voices of those with lived experience who were involved in the social prescribing program.

Authors:
**Presenter,** Dr. Susan Bennett Children's Hospital of Eastern Ontario
Caitlin Muhl

Symposium 19483 to Session ID 6005
Day 1 - 29.06.2025, 17:15 - 18:45, Cassin

President's Panel at the ESCAP Congress 2025 in Strasbourg: Transgender healthcare for adolescents - How can the principles of medical ethics be applied for the benefit and non-harm of underage patients?
T06 - Adolescent

Abstract:
The current debate on best practice in healthcare for adolescents affected by persistent gender incongruence appears to be polarized at times not only in society, but also within the medical community. This partly has to do with a challenging ethical complexity that has to be addressed in medical decision-making when body-modifying medical interventions are considered in minors. How can irreversible implications of gender affirming hormone treatments be balanced against the life-long burdens of femininizing or masculinizing bodily changes during puberty when gender dysphoria persits? How shall considerations on how to protect minors from fatal decisions that might be regretted later in life be weighed against ethical principles of autonomy and minors' rights for participation in decisions concerning their identity as wel as their body? How can we assess a teenager's capacity to give fully informed consent to a medical treatment, that has far-reaching implications for his or her adult future? How can we address trans youth's rights to explore their own life pathways consistently with their gender identity, if gender affirming medical interventions are sought to become a crucial step on this pathway?
In this panel experts from clinical transgender health care and medical ethics give an overview on the crucial ethical issues and dilemmas professionals in transgender health care have to address in their clinical decision making and discuss practical implications. It is argued that explicit reasoning on ethical challenges and conflicts following generally established standards in medical ethics are helpful for individualized medical decision-making which should not be guided by emotionalized and polarizing controversies in transgender health care („for or against") .
The session will be closed by a Moderated Discussion (20min)
Moderation: ESCAP President Prof. Jörg Fegert
Invited co-discussant: Deekshitha Ganesan, Transgender Europe

Authors:
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Prof. Dr. Georg Romer University Hospital Münster

Subcontribution 19484 to Session ID 6005
Day 1 - 29.06.2025, 17:15 - 17:30, Cassin

Introduction: Ethical dilemmas and challenges in caring for transgender youth from a clinical perspective
T06 - Adolescent

Abstract:
As an introduction to this session, the complex ethical challenges that have do be carefully addressed in transgender health care for adolescents are summarized from the perspective of clinical decision making. To illustrate this complexity, various case vignets from a specialized outpatient gender service are presented, from which some important ethical issues that have to be addressed in a balanced and nuanced way, are derived.

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Subcontribution 19485 to Session ID 6005
Day 1 - 29.06.2025, 17:30 - 17:45, Cassin

Are hormonal interventions in minors experimental, and can young people give valid consent?
T06 - Adolescent

Abstract:
The main ethico-legal concerns around the use of puberty blockers (PBs) in minors with gender incongruence and/or dysphoria (GI/D) are of two kinds: a. the nature of treatment is ethically suspicious b. young people are not in the position to be able to consent, even if they appear competent when tested with standard capacity assessments.
With regard to the first group, one concern is that the treatment has not been authorised in young individuals with GI/D and therefore the worry is that it is administered experimentally to these patients.
With regard to the second group, there are several concerns: because the long-term effects of PBs are not known, truly informed consent cannot be given; because the treatment has widespread repercussions on someone's life, the decision is too complex for adolescents; the treatment sets adolescents on a path from which it might be difficult to step out (conveyor belt argument); these patients often present with complex histories and mental health concerns that might impact their ability to consent to treatment; these patients might be so focused on current distress, that they might be unable to appreciate alternative explanations for their distress and the long-term implication of their decisions.
This presentation explains that hormonal treatment in transgender individuals is not experimental. It will also explain what is the most likely reason for which puberty blockers have not been licenced for the particular application to GI/D. Following this, it will consider the other concerns, those around the ability of young people to give consent, and will explain how consent is typically taken in contexts of epistemic uncertainty about the future.

Authors:
**Presenter,** Prof. Simona Giordano Centre for Social Ethics and Policy (CSEP)

Subcontribution 19486 to Session ID 6005
Day 1 - 29.06.2025, 17:45 - 18:00, Cassin

# Protect or respect? Some ethical reflections on health care professionals' conflicts regarding medical treatment decisions in minors with gender dysphoria

T06 - Adolescent

Abstract:
Healthcare professionals face a number of ethical issues when treating children with gender incongruence and gender dysphoria. On the one hand, they have a professional duty to protect the most vulnerable from the negative consequences of hasty and unwise decisions. On the other hand, they are obliged to respect the autonomy and dignity of their patients and to protect them from discrimination. In this talk, I will present the results of a qualitative empirical study with professionals from psychiatry, psychotherapy, endocrinology and general medicine exploring the different practical approaches to reconciling these two concerns. I will conclude with some general remarks on how best to address ethical problems related to minors in health care.

Authors:
**Presenter,** Prof. Dr. Claudia Wiesemann Universitätsmedizin Göttingen

Subcontribution 19487 to Session ID 6005
Day 1 - 29.06.2025, 18:00 - 18:15, Cassin

Treating minors with gender dysphoria- recommendations of the Swiss National Advisory Commission on Biomedical Ethics
T06 - Adolescent

Abstract:
In my presentation, as member of the Swiss National Advisory Commission on Biomedical Ethics (NEK-CNE) I will describe the content and process of the NEK-CNE report on the treatment of minors with gender dysphoria that has been published in December 2024. An English translation will be available at the time of the congress. Based on a thorough analysis of the current medical, juridical and ethical literature, experiences of transgender and gender diverse persons and their families and health care professionals treating minors with gender dysphoria, the opinion paper provides recommendations regarding the decision-making process, decision making capacity, the role of proxy consent, right to an open future and protection against discrimination and stigmatisation. The focus of the NEK-CNE lies on an apt understanding of good evidence based medicine, the acknowledgment of the complex weighing of values and a context sensitive approach, focussing on individual risk and benefits, preferences, vulnerabilities and needs of persons with gender dysphoria and their families. As in many other medical treatments, when randomised controlled trials are lacking and also hard to undertake, and given the relevant consequences both when e.g. puberty blockers are prescribed or not prescribed, a high quality shared decision making approach including minors and their parents or other next of kin , addressing uncertainties and the right for an open future are considered as best practice from the NEK-CNE point of view.

Authors:
**Presenter,** Prof. Dr. Tanja Krones University of Zurich

Subcontribution 19488 to Session ID 6005
Day 1 - 29.06.2025, 18:15 - 18:30, Cassin

Ethical support in clinical practice - Examples of a Dutch transgender care center
T06 - Adolescent

Abstract:
The Center of Expertise on Gender Dysphoria at the Amsterdam University Medical Center has a long tradition in collaborating with the Department of Ethics, Law and Humanities of the VU university in providing, studying and developing ethical support for transgender care. In this presentation, I will present on ethical support as described in the following four papers. In addition, I will present on the current participatory action research project that aims to explore what good (decision-making in) gender-affirming medical care for youth involves.

- Hartman, L., Widdershoven, G., de Vries, A., et al. (2019). Integrative Clinical Ethics Support in Gender Affirmative Care: Lessons Learned. HEC forum: an interdisciplinary journal on hospitals' ethical and legal issues, 31(3), 241–260. https://doi.org/10.1007/s10730-019-09376-6
- Vrouenraets, L. J. J. J., Hartman, L. A., Hein, I. M., et al. (2020). Dealing with Moral Challenges in Treatment of Transgender Children and Adolescents: Evaluating the Role of Moral Case Deliberation. Archives of sexual behavior, 49(7), 2619–2634. https://doi.org/10.1007/s10508-020-01762-3
- de Snoo-Trimp, J., de Vries, A., Molewijk, B., & Hein, I. (2022). How to deal with moral challenges around the decision-making competence in transgender adolescent care? Development of an ethics support tool. BMC medical ethics, 23(1), 96. https://doi.org/10.1186/s12910-022-00837-1
- Gerritse, K., Martens, C., Bremmer, M. A., et al. (2023). GenderJourney: Participatory development of an ethics support tool to foster dialogue and reflection on shared decision-making in gender-affirming medical care. Patient education and counseling, 114, 107854. https://doi.org/10.1016/j.pec.2023.107854

Authors:
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Symposium 19894 to Session ID 5976
Day 1 - 29.06.2025, 17:15 - 18:45, Curie B

Oral Session: Depression
T16 - Depression

Abstract:

Authors:

Subcontribution 18712 to Session ID 5976
Day 1 - 29.06.2025, 17:15 - 17:30, Curie B

# Web-based platform on depression and mental health in children and adolescents - results of an online study on naturalistic use and acceptance

T16 - Depression

Abstract:
Aims: Despite the availability of effective treatments, only a minority of youth suffering from depression seek early treatment. Barriers include lack of knowledge about the illness and fear of stigmatization. In view of the negative consequences of youth depression and in order to meet the urgent need for action in a timely manner, the innovative and evidence-based online information portal “ich bin alles” (“I am everything”; www.ich-bin-alles.de) was developed. It is aimed at both healthy adolescents and adolescents with depression as well as their parents. The aim of this study is to investigate the naturalistic use and acceptance of the portal.
Methods: This pre-registered study (ClinicalTrials.gov: NCT06668701) uses a multi-method approach: On the one hand, the evaluation is based on automatically generated data from the web analytics platform Matomo. On the other hand, an online survey was developed based on established questionnaires to systematically record user characteristics, reasons for visiting the website, user experience (e.g. user-friendliness, visual aesthetics, trustworthiness, intention to revisit and recommend the website).
Results and conclusions: Data collection began in June 2024 (target sample size: 300) and first results will be presented. Preliminary analyses show that the website is very well accepted by the target groups, with users perceiving it as a helpful, user-friendly, trustworthy and attractive resource. The majority of users report the intention to revisit the website and to apply the content in everyday life, which will be verified in a follow-up study. The results can inform future approaches that aim to educate youth and their parents about mental health in an evidence-based and target group-oriented manner.

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Charlotte Elisabeth Piechaczek Hospital of the Ludwig-Maximilians-University (LMU) Munich
Dr. Lisa Feldmann Hospital of the Ludwig-Maximilians-University (LMU) Munich
Prof. Dr. Gerd Schulte-Körne Hospital of the Ludwig-Maximilians-University (LMU) Munich

Subcontribution 18888 to Session ID 5976
Day 1 - 29.06.2025, 17:30 - 17:45, Curie B

# Move the teenage mind: physical acitivy as neuromodulator in adolescent depression

T16 - Depression

Abstract:
Aims: There is an increasing number of studies on the effects of exercise in the treatment of adult and adolescent depression. Despite the positive results, the causal neurobiological factors are still unclear. They include neuroimmunological processes and neural growth factors, brain morphological changes and the excitation and inhibition balance of the cerebral cortex. In two intervention studies comparing different exercise groups, the neurobiological processes were analyzed.
Methods: In the intervention study 'Mood Vibes' (MV), N=64 adolescents were treated with bicycle ergometer and wholebody vibration (WBV) over 6 weeks as an add-on treatment. The controls only received Treatment-As-Usual (TAU). In the follow-up study 'Balancing Vibrations' (BV) (N=80), the effects of WBV-training were compared with a 'placebo'-gymnastics intervention. In both studies, neurobiological mechanisms were investigated in addition to the depression values.
Results: The neuroimmunological results of the MV study indicate a reduction in basal cytokine levels under exercise therapy. There was an increase in BDNF levels during the sports intervention, although not in the long-term course. Correlations between biomarkers and depression values were inconsistent. The BDNF Val-Val variant responded better to the sports intervention. The first results of the BV study on depression levels, cytokines and growth hormones are discussed in comparison.
Conclusion: Based on the results of the intervention study 'Mood Vibes' (MV), neurobiological mechanisms are discussed, considering the current literature. Preliminary results of the follow-up study 'Balancing Vibrations' (BV) are shown in comparison.

Authors:
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Subcontribution 18964 to Session ID 5976
Day 1 - 29.06.2025, 17:45 - 18:00, Curie B

# Temporal associations between adolescents' depression and loneliness: Examining the mediation of social isolation and social anxiety

T16 - Depression

Abstract:
Aim: Using random-intercept cross-lagged panel model (RI-CLPM) to distinguish between- and within-adolescent differences, this study aimed to investigate the temporal associations between depression, social isolation, social anxiety, and loneliness. Methods: We surveyed junior high school students at three timepoints with six-month intervals (November 2023, T1; May 2024, T2; November 2024, T3). RI-CLPM was conducted among 1079 adolescents that participated in all three waves of assessment (Age at T1: M = 13.07, SD = 0.72; 44.3% girls). Controlling for adolescents' gender and age, their parents' marital and work status, and families' socioeconomic status, four competing RI-CLPM (i.e., no time-invariant constraints, time-invariant constraints on the auto-regressive paths, on the cross-lagged paths, and on both auto-regressive and cross-lagged paths) were tested. The optimal model was selected based on model fit and the chi-square difference test. Bootstrapping was used to test the mediation effects of social isolation and social anxiety in the relationship between depression and loneliness. Results and Conclusions: In the optimal RI-CLPM model with time-invariant constraints on the auto-regressive and cross-lagged paths, between-adolescent depression, social anxiety, social isolation, and loneliness were positively correlated. Within-adolescent results indicated that social isolation at T2 mediated the association between depression at T1 and loneliness at T3; depression, social isolation, and social anxiety at a previous timepoint were related with loneliness at a subsequent timepoint. The results showed that social isolation, but not social anxiety, mediated the relationship between depression and loneliness. Interventions should work to relieve depression, social isolation, and social anxiety to prevent future loneliness.

Authors:
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Subcontribution 19310 to Session ID 5976
Day 1 - 29.06.2025, 18:00 - 18:15, Curie B

# RELATIONSHIP BETWEEN CHRONOTYPE, SLEEP DISORDERS, AND SYMPTOM SEVERITY IN CHILDREN AND ADOLESCENTS WITH DEPRESSIVE DISORDERS

T16 - Depression

Abstract:
Aims: Chronotype is a term that is used to express circadian preference. Three chronotypes have been identified: morningness, eveningness, and intermediate type. Studies have shown an association between the eveningness chronotype, depression, and suicide attempts. Recent research indicates that having an evening chronotype may independently increase the risk of depressive symptoms and the onset of depression in children and adolescents. Sleep disorders may precede the development of depression, and the presence of sleep disorders in people with depression may increase the severity of depression. Our study aims to investigate whether there is a relationship between circadian rhythm preferences, sleep disorders, and depression severity in children and adolescents with depressive disorder. Methods: Forty-nine adolescents (33 girls) aged 10 to 18 with depressive disorder were included in the study group. The Childhood Depression Inventory (CDI) was used to measure the severity of depression. The Depression, Anxiety, Stress Scale (DASS 21) was used to understand the level of accompanying anxiety and stress. The Childhood Chronotype Questionnaire (CCQ) was used to determine chronotype preferences, and the Pittsburgh Sleep Quality Index (PSQI) was used to evaluate sleep disorders. Results: Fifty-three percent of the participants had eveningness chronotypes, 35 percent had intermediate chronotypes, and 2 percent had morningness chronotypesThere was a significant correlation between the CDI total score and the PSQI total and CCQ total scores ($r = 0.495$; $p < 0.001$; $r = 0.582$; $p < 0.001$, respectively). In our comparison of patients classified with and without an evening chronotype regarding depression scores, we found that CDI scores were significantly higher in the eveningness group ($t = 2.16$; $p = 0.03$). Conclusions: Eveningness chronotype may be a predictive factor for the development of depressive disorder in children and adolescents. Sleep regulation, prevention of sleep disorders, and chronotherapeutic interventions may be important for maintaining mental health and reducing the risk of depressive disorders in the young population.

Authors:
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Dr. Duygu Murat Istinye University
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Symposium 19709 to Session ID 5942
Day 1 - 29.06.2025, 17:15 - 18:45, Varsovie

Workshop: Inspiring Career Pathways for the Future Generation of Child and Adolescent Psychiatrists
T48 - Public Health and Organisation of CAP Services

Abstract:

Authors:

Subcontribution 18513 to Session ID 5942
Day 1 - 29.06.2025, 17:15 - 18:45, Varsovie

Inspiring Career Pathways for the Future Generation of Child and Adolescent Psychiatrists
T48 - Public Health and Organisation of CAP Services

Abstract:
Aims: Research indicates that contact with inspirational clinical role models during medical school increases the possibility for residency training within that specific specialty. Additionally, career development theory emphasizes the importance of role models in fostering individual growth, suggesting that meeting with role models representing a variety of CAP subspecialties and career paths may inspire and influence the future career trajectories of CAP trainees. The aim of this workshop is to present medical students and trainees with role models within CAP and have them reflect on their own career path.
Method: This workshop builds upon a successful framework of career workshops initiated by the Danish National CAP Association. A similar event was organized by the authors at the ESCAP2023 conference in Copenhagen. Participants will hear personal narratives from senior CAP specialists (Professor Andrés Martin, Yale University; Professor Paul Klauser, Lausanne University Hospital, Professor Carmen Schröder, Strassbourg University) who will share personal narratives of their career paths. Workshop participants will be challenged to pinpoint immediate steps to advance their own career paths.
Results: Workshop participants will develop a personal action plan outlining the next steps they can take after the ESCAP2025 conference to seek mentorship and deliberately shape their career trajectories.
Conclusions: CAP is a medical specialty rich with diverse career opportunities. Providing an opportunity for CAP trainees and early-career psychiatrists, where they can be inspired by the narratives from CAP role models, will likely facilitate focus on personal development and career paths. This is likely to enhance recruitment and retention of medical professionals in this field.

Authors:
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Dr. Erik Døssing Hejmdal Private Hospital, Copenhagen, Denmark
**Presenter** Prof. Dr. Andrés Martin Andrés Martin, MD, MPH Riva Ariella Ritvo Professor
**Presenter** Prof. Dr. Paul Klauser Lausanne University Hospital
**Presenter** Prof. Carmen Schröder Faculty of Medicine, Strasbourg University

Symposium 17500 to Session ID 5891
Day 1 - 29.06.2025, 17:15 - 18:45, Luxembourg

# Advancing Interventions for Clinical High Risk of Psychosis: From Staging to Digital Innovation and Therapeutic Alliance

T32 - Psychosis

Abstract:
Early identification and intervention in individuals at clinical high risk for psychosis (CHR-P) are essential for improving outcomes. However, these require tailored, multi-faceted approaches. This symposium highlights key advancements in CHR-P interventions, integrating staging frameworks, symptom-specific insights, and innovative therapeutic methods.
The first presentation introduces a mentalization-informed staging model to refine assessment and intervention strategies for CHR-P individuals, integrating developmental and psychosocial perspectives. The second explores depressive symptoms as pivotal factors influencing CHR-P trajectories and psychosis risk.
The third presentation explores personality dysfunction (PDys) and maladaptive personality traits (MPTs) as explanatory contributors to positive psychotic symptoms (PPS) in two different clinical settings. Findings indicate that PDys and MPTs are significantly associated with PPS beyond general psychopathology, with MPTs providing incremental explanatory value.
The impact of attenuated psychotic symptoms (APS) on therapeutic alliance and perceived effectiveness of Cognitive Behavioral Therapy (CBT) is addressed next. This presentation focuses on the transdiagnostic importance of APS for engagement, trust, change mechanisms, and adherence in therapy, comparing CBT interventions in an early intervention clinic for CHR-P and a clinic for youth with risk-taking behavior, non-suicidal self-injury, and borderline personality features.
Finally, the ETRo-Trial results on “Robin,” a smartphone-supported intervention for CHR-P adolescents, showcase how digital tools can improve accessibility and adherence, addressing key barriers in treatment delivery.
Together, these presentations advocate for integrated CHR-P care, combining nuanced staging, targeted symptom management, strong therapeutic alliances, and digital innovation, offering attendees actionable insights for advancing interventions.

Authors:
**Chair** PD Dr. phil. Chantal Michel University of Bern
**Co-chair** Dr. Eva Burkhardt University of Bern

Subcontribution 17501 to Session ID 5891
Day 1 - 29.06.2025, 17:15 - 17:30, Luxembourg

# A Mentalization-Informed Staging Approach to Clinical High Risk for Psychosis

T32 - Psychosis

Abstract:
The incidence of schizophrenia peaks between 20 and 24 years of age, but, approximately, one third of individuals develop this disorder before the age of 18 (Early Onset Psychosis, EOP) with an even worse outcome than in adults. Indeed, psychoses are one of the most severe disorders in children and adolescents (CAD) representing the second cause of years lost because of disability (YLDs) worldwide.
Thus, over the last decade, valid and reliable criteria have been introduced for the prospective identification of individuals at heightened risk of developing psychosis.
In the meantime, clinicians and researchers have tested several psychosocial interventions aimed at ameliorate, delay, or even prevent onset of psychosis. Nevertheless, there is still a lack of evidence for the efficacy of specific therapeutic interventions. This is even more evident for interventions targeted on pre-adolescents and adolescents.
With the present talk, we aim to provide rationale to focus on psychosocial interventions targeted on social cognition. Indeed, recent psychological, clinical and neuroscientific studies demonstrate that socio emotional difficulties are fundamental in determining clinical and functional outcomes in CHR-P patients.
We will review the evidence suggesting that both during the premorbid phase and clinical high-risk phase, attenuated psychotic symptoms may impede the maturation of key social cognitive processes, particularly the suite of reflective thinking processes coming under the term of mentalization. From this evidence base, we will describe our staging model of psychosis progression in function of our mentalization-informed model, tailored to provide a coherent framework of care addressing the key clinical needs at every stage of psychosis progression.

Authors:
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Prof. Dr. phil. Martin Debbané University of Geneva
Velia Decoro University of Lausanne
**Presenter** Prof. Dr. med. Marco Armando University of Lausanne

Subcontribution 17502 to Session ID 5891
Day 1 - 29.06.2025, 17:30 - 17:45, Luxembourg

# Navigating the Network: The Role of Depressive Symptoms in Clinical High Risk for Psychosis

T32 - Psychosis

Abstract:
Aims: Depression is a prevalent comorbidity among individuals at Clinical High Risk for psychosis (CHR-P), significantly affecting their prognosis. Addressing depression and other transdiagnostic components is essential for meeting the clinical needs of this population. This study aims to investigate the network structure of CHR-P symptoms and their interplay with depressive symptoms.
Methods: The final sample comprised 400 help-seeking individuals from the Bern Early Recognition and Intervention Centre for Mental Crisis (FETZ Bern). Depressive symptoms were measured using the Beck Depression Inventory (BDI-II), while CHR-P symptoms were assessed with the Schizophrenia Proneness Instruments (SPI-A/SPI-CY) and the Structured Interview for Psychosis-Risk Syndromes (SIPS). A Bayesian network analysis was conducted using the R package 'easybgm'.
Results: The strongest associations were found between the cognitive BDI factor and the somato-affective BDI factor (r=0.52), and between delusional ideas and disorganized symptoms (r=0.47). CHR-P symptoms were positively correlated with BDI factors, with the general symptom domain serving as a key bridge between CHR-P and depressive symptoms. Disorganized symptoms, delusional ideas, the cognitive BDI factor, and the general symptom domain emerged as the most central variables in the network.
Conclusion: Identifying central and bridging symptoms between CHR-P and depressive symptoms is crucial for developing targeted interventions. Early attention to these interconnected symptoms may help prevent escalation and improve outcomes. Future research should explore the effectiveness of such interventions in mitigating symptom progression.

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Subcontribution 17503 to Session ID 5891
Day 1 - 29.06.2025, 17:45 - 18:00, Luxembourg

# Psychotic Symptoms in Adolescents Across Clinical Settings: Exploring the Role of Personality Dysfunction and Maladaptive Personality Traits

T32 - Psychosis

Abstract:
Aims: While the link between psychotic symptoms and categorical personality disorder (PD) is well documented, it remains unclear if these findings extend to the dimensional approach. This study aimed to determine whether positive psychotic symptoms (PPS) can be explained by (1) personality dysfunction (PDys) and (2) maladaptive personality traits (MPT), beyond the influence of general psychopathology (GP), in two distinct clinical adolescent samples.
Methods: Adolescents from a specialized outpatient clinic for early intervention in PD (N = 432) and a general inpatient setting (N = 223) were assessed using questionnaires and interviews. Multiple regression analyses were conducted to examine associations between PDys, MPTs, and PPS. Nested linear regression models were used to evaluate the incremental contributions of (1) PDys and (2) MPTs in explaining PPS beyond GP. For the inpatient sample, separate analyses were conducted for hallucinations and delusions.
Results: PDys was positively associated with PSS across both the PD and the general inpatient sample. However, differences arose when assessing the additional explanatory role of PDys beyond GP. In the PD sample, PDys explained PPS over and above GP, while in the general inpatient sample, it explained delusions but not hallucinations. Adding MPTs improved PPS explanation in both samples, rendering the contribution of PDys negligible.
Conclusions: The association between PD and PPS extends to the dimensional approach, with both PDys and MPTs showing positive associations with PPS beyond GP. Longitudinal research is needed to examine whether improvements in PDys and MPTs lead to a reduction of PPS over time.

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Subcontribution 17504 to Session ID 5891
Day 1 - 29.06.2025, 18:00 - 18:15, Luxembourg

# The role of therapeutic alliance within cognitive-behavioral therapy for young people at risk of psychosis

T32 - Psychosis

Abstract:
Aims: Attenuated psychotic symptoms (APS) may occur alone or with other conditions, such as emerging borderline personality disorder (BPD). This study aimed to examine how APS affects the therapeutic alliance, perceived effectiveness, and risk of treatment discontinuation in young people receiving cognitive-behavioral therapy (CBT).
Methods: We assessed 65 young people receiving specialized CBT for APS at FETZ Bern and 250 adolescents undergoing CBT for risk-taking behavior, non-suicidal self-injury, and BPD at the AtR!Sk clinic. Participants provided demographic data and completed pre- and post-therapy assessments of symptoms and functioning. Measures included the Prodromal Questionnaire Brief (PQ-B), Beck Depression Inventory (BDI), Social and Occupational Functioning Assessment Scale (SOFAS), and the Mini International Neuropsychiatric Interview (MINI). The therapeutic alliance and change mechanisms were evaluated using the Scale for the Multi-perspective Assessment of General Change Mechanisms in Psychotherapy (SACiP).
Results: In the FETZ group, 66% (43 participants) completed CBT, showing improvements in psychotic and depressive symptoms, functioning, and quality of life. More pronounced positive symptoms were linked to less resource activation and problem actualization. The AtR!Sk group, with a younger age and fewer APS cases, showed different outcomes.
Conclusions: APS may impact the perceived effectiveness of CBT. Therapeutic interventions for this group should focus on improving the therapy experience to address the unique challenges of APS.

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Subcontribution 17505 to Session ID 5891
Day 1 - 29.06.2025, 18:15 - 18:30, Luxembourg

# Results of the ETRo-Trial: Evaluation of the smartphone-supported treatment approach Robin for adolescents at clinical high risk for psychosis

T32 - Psychosis

Abstract:
Aims: Early identification and intervention for individuals at clinical high risk for psychosis (CHR-P) are critical, particularly during adolescence, a sensitive developmental period marked by increasing functional impairment. Age-appropriate treatment addressing youth-specific concerns and complex symptomatology is urgently needed. To fill this gap, we developed the "Robin" program, combining a structured treatment manual with the "Robin Z" smartphone app. This program targets CHR-P symptoms, comorbid conditions, and quality of life. The app offers real-time symptom assessment, coping support, and medication adherence aid, making it one of the first smartphone tools designed specifically for CHR-P adolescents.
Methods: The ETRo study is a prospective, naturalistic follow-up study comparing 40 CHR-P adolescents receiving the "Robin" intervention (16 weekly individual sessions + 4 family sessions) with 72 control participants receiving treatment as usual (TAU). Outcomes include CHR-P symptoms, comorbidities, functioning, self-efficacy, and quality of life, assessed at six time points (baseline, during treatment, post-treatment, and 6, 12, and 24 months later).
Results: Preliminary data show significantly fewer psychosis transitions in the intervention group (2.5%) compared to the control group (16.9%, $p < 0.1$). Control group data revealed significant improvements in global functioning ($p = 0.001$) and a trend toward enhanced self-efficacy but no significant changes in quality of life.
Conclusion: This trial is among the first to evaluate a smartphone-assisted treatment program for CHR-P adolescents. Preliminary findings highlight its potential to reduce psychosis transition rates and improve outcomes, underscoring the importance of digital tools in early intervention.

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Symposium 17399 to Session ID 5896
Day 1 - 29.06.2025, 17:15 - 18:45, Madrid 1

# Exploring the Clinical Utility of Personality Dysfunction according to the DSM-5 Alternative Model of Personality Disorders (AMPD) in Adolescent Patients

T28 - Personality Disorders

Abstract:
The classification of personality disorders (PD) is undergoing a paradigm shift from traditional categorical models to a dimensional approach. The DSM-5 Alternative Model for Personality Disorders (AMPD) exemplifies this transition by assessing PD based on impairments in self- and interpersonal functioning (Criterion A) combined with maladaptive personality traits (Criterion B). Although adolescence is recognized as a critical period for the emergence of PD, there remains a significant gap in our understanding of personality dysfunction in adolescents. This symposium seeks to address this gap through the following contributions:
The first presentation will introduce the youth-adapted version of the SCID-5-AMPD, presenting findings on its test-retest reliability and highlighting its potential as a tool for assessing personality pathology in adolescents.
The second presentation will focus on the relationship between childhood maltreatment and personality dysfunction in school and clinical samples of adolescents, emphasizing the impact of early adverse experiences on the development of personality pathology.
The third contribution will examine the link between personality dysfunction and problematic social media use (PSMU) or internet gaming disorder (IGD), revealing distinct associations with different types of pathological internet use.
The fourth presentation will share findings from a clinical cohort study, demonstrating that personality dysfunction and maladaptive personality traits have greater predictive value for psychosocial functioning and psychopathological burden compared to the categorical diagnosis of borderline personality disorder.
The final presentation will examine the predictive value of personality functioning and traits in suicide risk, highlighting that personality dysfunction, in particular, is a significant predictor of future suicide attempts.

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Subcontribution 17400 to Session ID 5896
Day 1 - 29.06.2025, 17:15 - 17:30, Madrid 1

# The Norwegian Study of the Alternative DSM-5 Model for Personality Disorders – Junior

T28 - Personality Disorders

Abstract:
Aims: This study investigates the clinical utility and inter-rater reliability of the Alternative DSM-5 Model for Personality Disorders (AMPD) in adolescents, alongside its alignment with the ICD-11 framework. Conducted within diverse Norwegian Child and Adolescent Mental Health Services, it employs a youth-adapted version of the Structured Clinical Interview for AMPD (SCID-5-AMPD-I-J), scheduled for publication in 2025. Methods: The study involves 136 participants aged 14–21 with varying degrees of personality pathology. In the first phase, inter-rater reliability is assessed by having two independent clinicians evaluate 36 participants within a two-week interval. ICD-11 severity ratings are documented using a structured checklist after each interview. Results from this phase of the study, focusing on test-retest reliability, will be presented at the conference. Results: The second phase examines clinical utility by randomly assigning 100 participants to either a DSM-5 categorical assessment or an AMPD-based assessment. Following these evaluations, participants complete questionnaires on perceived clinical utility, while clinicians provide feedback on the assessment process and outcomes. Conclusions: Enrollment began in February 2024, and by December 2024, 36 participants have been included. This study aims to provide valuable insights into the feasibility and relevance of AMPD in adolescent populations, informing its potential role in enhancing personality disorder diagnostics and care.

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Subcontribution 17401 to Session ID 5896
Day 1 - 29.06.2025, 17:30 - 17:45, Madrid 1

Childhood Maltreatment and Impaired Personality Functioning in Adolescence - Preliminary Findings from the EARLY Project
T28 - Personality Disorders

Abstract:
Background: Recently, Personality Disorders have been reformulated in the ICD-11, conceptualizing PDs as core impairments in self- (i.e., identity and self-direction) and interpersonal functioning (i.e., empathy and intimacy), classified according to a degree of severity. While the association between childhood maltreatment and PDs are widely acknowledged, less is known how childhood maltreatment affects self-and interpersonal functioning in adolescents. Aim: In this talk we will present preliminary findings on the association between childhood maltreatment and personality functioning, using data from the EARLY project - an international, multi-site, longitudinal research collaboration, examining early signs and the developmental course of PDs across different cultures. Methods: 187 adolescents (mean age = 14.5 (3.17) years, 46.63% female) from both public schools and clinical settings in Switzerland were included in the present study. Personality functioning was assessed with the Level of Personality Functioning Questionnaire 12-18 years (LoPF-Q 12-18). Childhood maltreatment was assessed with the Childhood Trauma Questionnaire - Short Form (CTQ-SF). Results: 23.7% (N = 63) participants indicated at least one type of childhood maltreatment, with physical neglect being most commonly reported (18.72%). About 20% reported impaired personality functioning. Compared to the school sample, patients considerably showed higher impairments in personality functioning on all subscales, except for Intimacy (p-value = 0.081). Emotional abuse was found to be the strongest predictor for impairments in personality functioning ( = 25.90, p-value = 0.001). Conclusion: The findings highlight the significant role of childhood maltreatment, particularly emotional abuse, in the development of impaired personality functioning.

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Subcontribution 17403 to Session ID 5896
Day 1 - 29.06.2025, 17:45 - 18:00, Madrid 1

# Exploring the relationship between dimensionally conceptualised personality pathology and problematic social media, and problematic internet gaming use in adolescents

T28 - Personality Disorders

Abstract:
Aims: The omnipresence of social media has brought about intense debate regarding its impact on adolescent mental health. Similarly, problematic internet gaming (PIG) is included as a disorder in section III of the DSM-5. Adolescents with personality pathology may represent a group at risk for problematic social media use (PSMU) and PIG, where similar difficulties are evidenced (e.g. emotion dysregulation or interpersonal deficits). The aim of the current study was to explore this relationship using the dimensionally conceptualised personality functioning. Methods: N=304 adolescents (11-18 years) were consecutively recruited from the University Psychiatric Hospital in Bern, Switzerland, and assessed using the Semi-Structured Interview for Personality Functioning DSM-5 (STiP-5.1) – a dimensional measure of personality pathology representing Criterion A in the Alternative Model of Personality Disorders of the DSM-5. They also completed the Social Media Disorder Scale and the Problematic Internet Use scale (items related to PIG). Results: Prevalence of Social Media Use Disorder and Internet Gaming Disorder were 16.78% and 4.61%, respectively. The STiP-5.1 was significantly associated with PSMU ($b = 0.44$, $SE = 0.16$, $p = 0.006$), but not PIG ($p = 0.606$). When entered in a hierarchical model, the STiP-5.1 did not have incremental value over and above general psychopathology in predicting PSMU ($p = 0.326$). Conclusions: Personality functioning impairments are associated with PSMU, but not as much as general psychopathology. Regardless, preliminary findings present opportunities to identify adolescents who might be at risk for the negative effects of PMSU. Future studies should examine these complex relationships using longitudinal designs.

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Subcontribution 17404 to Session ID 5896
Day 1 - 29.06.2025, 18:00 - 18:15, Madrid 1

# Comparative Analysis of the Alternative Model for Personality Disorders and the Categorical Borderline Personality Disorder Diagnosis in Predicting Clinical Outcomes in Adolescent Outpatients

T28 - Personality Disorders

Abstract:
Background: Despite increasing evidence supporting the DSM-V Alternative Model for Personality Disorder (AMPD), the AMPD is yet to demonstrate at least similar, if not superior, patient outcomes as categorical diagnoses. This study examined the predictive power of the AMPD compared to categorical Borderline Personality Disorder (BPD) diagnosis for changes in clinical outcomes in a clinical adolescent cohort. Methods: 227 adolescents, aged 12-17 (84.58% female), from a specialized early intervention outpatient clinic for (B)PD were assessed at admission and one- and two-year follow-ups. Assessments included personality functioning (AMPD Criterion A; Semi Structured Interview for Personality Disorder), maladaptive personality traits (AMPD Criterion B; Personality Inventory for DSM-5), BPD symptoms (SCID-PD), psychosocial functioning (Social and Occupational Functioning Assessment Scale) and psychopathological burden (Symptom Checklist). Results: Mixed linear regression showed that Criterion A significantly predicted psychosocial functioning ($\beta$ = -9.030, $p < .001$), while Criterion B did not ($\beta$ = -0.592, p = .792). Notably, Criterion A was a stronger predictor of psychosocial functioning than the BPD diagnosis ($\beta$ = -0.431 vs. $\beta$ = -0.349). In contrast, for psychopathological burden, Criterion B was a significant predictor ($\beta$ = 0.838, $p < .001$), while Criterion A was not ($\beta$ = 0.160, p = .053). In addition, Criterion B demonstrated greater predictive power for psychological burden than the BPD diagnosis ($\beta$ = 0.291 vs. $\beta$ = 0.307). Conclusion: Our findings suggest that dimensional models like the AMPD, may offer greater clinical utility in predicting clinical outcomes over time compared to categorical PD diagnoses.

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Subcontribution 17406 to Session ID 5896
Day 1 - 29.06.2025, 18:15 - 18:30, Madrid 1

# Predicting suicide attempts in an adolescent high-risk population: The role of personality dysfunction according to the Alternative Model of Personality Disorders (AMPD)

T28 - Personality Disorders

Abstract:
Aims: In adolescent psychiatric populations, suicidal thoughts and behaviors are frequent: 70 % report suicidal ideation and 25 % state a prior suicide attempt. To prevent suicide, it is important to identify a near future suicide attempt. One of the most important risk factors for a future suicide attempt is psychopathology, e.g. depression. With the introduction of the AMPD (Alternative Model of Personality Disorders) in the DSM-V, the level of personality dysfunction is being discussed as a different risk factor for suicide attempts: a recent study showed that personality dysfunction is associated with past suicide attempts; the association with future suicide attempts needs yet to be examined. Methods: Data from a psychiatric outpatient sample aged 12 to 18 years was analyzed. Interview and questionnaire data on depression (CDRS), suicide attempts (SITBI-G), as well as personality dysfunction (STiP 5.1) and pathological personality traits (PID-5) as described in the AMPD was obtained at three timepoints: Baseline (n = 252), one (n = 149) and two years later (n = 110). The data is analyzed using structural equation modeling. Results and Conclusion: The findings suggest that personality dysfunction can predict suicide attempts within the follow-up period. However, adding pathological personality traits to the model does not increase predictive validity, and neither predictor remains significant. When depression is included in the basic model, neither personality dysfunction nor depression significantly predicts suicide attempts, likely due to high collinearity, which complicates the interpretation of their unique contributions. Future studies should replicate these findings with more power.

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Symposium 17239 to Session ID 5803
Day 1 - 29.06.2025, 17:15 - 18:45, Madrid 2

# The Ecological Crisis and Children and Young People's Mental Health

T47 - Prevention & intervention

Abstract:
The ecological crisis is increasingly affecting the physical and mental health of children and young people (CYP) and their families across Europe. This can be from the direct impacts of extreme weather events such as floods and wildfires, which are disruptive and traumatic for the whole community or indirectly due to the socioeconomic, environmental, and political consequences of such challenges and threats. Either way, CYP are reporting increased anxiety and fear around the future of the planet in a changing climate and significant sadness about the impending loss.
This pan-European symposium aims to provide an overview of the literature on the impacts of climate change and youth mental health before considering the potential benefits of interdisciplinary approaches and nature-based interventions to improve clinical outcomes and strengthen the resilience of mental health services. We hope to give clinicians, academics, and policymakers inspiration and practical ideas to support the transition to greener, more sustainable CYP mental health services.

We will begin with a scoping review of the policy implications of climate change impacts on youth mental health in Europe. We will then showcase examples across clinical contexts: a study from Greece highlighting the importance of interdisciplinary practices; an ongoing study of a forest school intervention in primary schools in the U.K.; an evaluation of a nature group collaboration by the London Wildlife Trust and a local CYP service; and a Scottish project challenging health inequalities through connection with land, nature and community.

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Subcontribution 18977 to Session ID 5803
Day 1 - 29.06.2025, 17:15 - 17:30, Madrid 2

# Report of the intergovernmental panel on climate change: implications for the mental health policy of children and adolescents in Europe—a scoping review

T47 - Prevention & intervention

Abstract:
Aims:
Climate change is a worldwide challenge. Its consequences do not only encompass severe threats for the existence and somatic health, but also for the mental health of children and adolescents. Mental health can be impaired by direct consequences of climate change such as natural disasters, and indirect consequences such as loss of land, flight and migration, exposure to violence, change of social, ecological, economic or cultural environment. Moreover, the increasing awareness of the existential dimension of climate change in children and adolescents can influence their wellbeing or challenge their mental health. Consequences of climate change for somatic health may interact with mental health or have psychological sequelae in children and adolescents.
Methods:
Based on estimates by the United Nations Intergovernmental Panel on Climate Change, we summarize current data on these differential pathways how climate change affects the mental health of children worldwide by selective literature research in Pubmed.
Results and conclusions:
Mental health sequelae of direct and indirect consequences of climate change, increased awareness and physical health problems caused by climate change are presented. We give insights into special vulnerabilities of children and adolescents and point out high risk groups with a focus on children and adolescents in Europe.

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Subcontribution 18979 to Session ID 5803
Day 1 - 29.06.2025, 17:30 - 17:45, Madrid 2

# Climate crisis and youth mental health in Greece: an interdisciplinary approach

T47 - Prevention & intervention

Abstract:
Aims:
This study aims to explore the profound impact of climate crisis on the mental health and well-being of children and adolescents, who are among the most vulnerable populations. It underscores the necessity of an interdisciplinary approach to address the complex effects of climate change, emphasizing collaboration across healthcare, education, and policy sectors.
Methods:
The study examines the direct, indirect and cumulative psychological impacts of climate-related events. It reviews current practices in child and adolescent psychiatry, education, and policymaking to identify gaps and opportunities for integrating mental health considerations into broader climate adaptation strategies. The analysis draws on evidence-based interventions, including mindfulness, nature-based interventions, and art therapy, as well as climate-informed psychiatric practices.
Results and conclusions:
The findings reveal significant gaps in addressing youth mental health in the context of climate change. Child and adolescent psychiatrists are called to adopt climate-informed practices and advocate for policy changes that integrate mental health considerations. Educators are identified as key players in supporting students' emotional responses, but their training remains insufficient. Policymakers are urged to prioritize mental health in climate action plans and allocate resources to resilience initiatives.
The present study sheds light in a holistic framework that combines medical expertise, educational innovation, and environmental sustainability. Interdisciplinary approaches are expected to empower young people to efficiently cope with the complex emotional challenges of the climate crisis and offer a pathway to protect the mental health of future generations, while promoting their well-being in the communities.

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Subcontribution 17240 to Session ID 5803
Day 1 - 29.06.2025, 17:45 - 18:00, Madrid 2

# Feasibility trial of Forest School in the UK: background

T47 - Prevention & intervention

Abstract:
Aims: A school-based intervention which is inclusive and has the potential for widespread delivery and impact on mental health is 'Forest School'. Forest School provides children with immersive experiences in nature, pioneered in Scandinavia. There is a large body of research to suggest nature-based interventions and nature connectedness can be an effective means of supporting mental health. Forest Schools have been used increasingly in the UK but there is little evidence for their impact on mental health in children and young people (CYP). There have been no randomised controlled trials of the mental health benefits to date.
Methods: We have set up a cluster randomised feasibility trial with children aged 7-11. We are testing the acceptability and feasibility of delivery in schools, the trial process, and optimising our manual which will be informed by our process evaluation. We aim to include five schools with ~25 children per year group in the intervention arm and ~25 in the control arm (deferred intervention). Schools have been selected and Forest School interventions will take place in January and April 2025, with final follow-up data collection at 24 weeks.
Results and Conclusions: preliminary findings will be presented of the progress and challenges of the trial, some qualitative feedback and how this has led to refinements in our manualised tool kit for schools.

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Subcontribution 17242 to Session ID 5803
Day 1 - 29.06.2025, 18:00 - 18:15, Madrid 2

# Nature in Mind – 'waiting well' with Newham CAMHS and the London Wildlife Trust

T47 - Prevention & intervention

Abstract:
Aim: We are facing a crisis in Children and Young People's (CYP) mental health, at the same time as the crises of climate change and biodiversity loss. Nature in Mind responds to the 30% increase in waiting times since 2020, and addresses inequalities in access to healthcare and greenspace and is aligned with current models of holistic, community-based mental health care.
Methods: Nature in Mind is a partnership between Newham CAMHS, London Wildlife Trust (LWT) and the London Borough of Newham which swiftly supports CYP referred to CAMHS which prevents them being left unsupported and deteriorating on waiting lists. The project is offered to anyone on a 'green' pathway, which includes CYP with a range of mood, anxiety and neurodevelopmental disorders. The Nature in Mind programmes are co-delivered by a CAMHS and LWT co-ordinator in the Walthamstow Wetlands with separate offers for younger (5-11 year old) and older (11 – 17 year old) groups. These offer fun, supportive, and social activities which fuel nature-connection and boost mental health, such as nature walks, crafts and creative writing.
Results and conclusions: Since October 2023, 24 CYP have participated and found the projects accessible and desirable, and have made significant improvements to their well-being including levels of resilience, confidence and overall functioning. There is ongoing evaluation of Nature in Mind using both routine CAMHS questionnaires before and after the groups, and qualitative feedback. Nature in Mind offers an acceptable, sustainable and effective response to the problem of long CAMHS waiting lists.

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Subcontribution 17241 to Session ID 5803
Day 1 - 29.06.2025, 18:15 - 18:30, Madrid 2

Challenging health inequalities through connection with land, nature and community
T47 - Prevention & intervention

Abstract:
Aims:
If we genuinely seek to support children & young people's (CYP) mental health within the context of the climate and ecological crisis (CEC), then we need to recognise the social, economic & political drivers that are causing and perpetuating the impact of climate change. There is no point mopping the floor if we are not seeking ways of switching off the tap. Addressing inequalities and social injustices have become increasingly the focus for discussion within UN Global Climate summits (COP), and we argue needs to be central to thinking about the impact on children and young people's mental health.
Methods:
Allowing inequality and social injustice to be a focus for service transformation & delivery, CAMHS practitioners within the Highlands of Scotland have been working with young people, parents and carers as well as community organisations to develop pathways of care and support informed by working in green & creative spaces. This work builds on the evidence base of how access to green space impacts on health inequalities alongside recognition that connection with nature has a significant impact on CYP's health and wellbeing.
Results and conclusions:
We shall present some of the initial findings from this innovative work, delivered in both remote and rural settings, as well as with more urbanised populations, showing how connection with land, nature and community has become integral to enabling young people to move from a position of anxiety to agency, through connection and belonging.

Authors:
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Symposium 18520 to Session ID 5889
Day 1 - 29.06.2025, 17:15 - 18:45, Rome

Risk factors and sequelae of early traumatic event exposure among at-risk children and adolescents
T43 - Trauma

Abstract:
This symposium will provide findings from five ongoing studies across Europe on young children and adolescents at significant risk for mental disorders. First, using data on 11 year-old children from the VIA 11 study in Denmark, Nicoline Hemager will demonstrate how adverse childhood experiences (ACE) are more common among children of parents with schizophrenia and bipolar disorders than controls, and will discuss similarities in how these children as well as their primary caregivers have experienced ACEs. Next, using MRI data from the Dutch Bipolar and Schizophrenia offspring study in the Netherlands, Lisanne van Houtum will describe the impact of reported emotional maltreatment on hippocampal subfield volume and development at 2 time points in adolescents at high-familial risk. In Lausanne, Switzerland, the Geneva Early Childhood Stress Project, represented by Ryan Murray and Daniel Schechter, will show how maternal neural processing in early childhood predicts peripubertal psychopathology across 12 years of follow-up in the context of interpersonal violence-related Post-Traumatic Stress Disorders experienced by the mother. Daniel Munoz, using data from a Spanish study of children and adolescents at clinical high-risk for psychosis in Barcelona, will discuss the impact of recent stressful life events and stress sensitivity as predictors of conversion to psychosis over 18 months of follow-up. Finally, using a longitudinal population-based sample of offspring followed for over 9 years in Lausanne, Caroline Vandeleur will show how traumatic exposure and parental separation experienced before age 18 may be predictors of mood and anxiety disorders in these offspring over time.

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Subcontribution 18524 to Session ID 5889
Day 1 - 29.06.2025, 17:15 - 17:30, Rome

# Adverse childhood experiences in 11-year-old children and their caregivers in families with parental schizophrenia or bipolar disorder and population-based controls. The Danish High Risk and Resilience Study – VIA 11.

T43 - Trauma


Abstract:

Aims

Adverse childhood experiences (ACEs) are associated with later onset of psychosis as well as affective disorders. However, the intergenerational transmission of ACEs from caregivers to their children in families with parental schizophrenia (SZ) or bipolar disorder (BP) is understudied. We aimed to characterize the level of adverse childhood experiences (ACEs) in 11-year-old children at familial high-risk of schizophrenia (FHR-SZ) or bipolar disorder (FHR-BP) compared with controls as well as the intergenerational transmission of ACEs from primary caregivers to their children.

Methods

In a population-based cohort study, we examined 434 11-year-old children (FHR-SZ, N = 164; FHR-BP, N = 99; controls, N = 171) and 441 primary caregivers from families with parental SZ (N = 169), parental BP (N = 97) and controls (N = 175). To assess ACEs, we used the Childhood Trauma Screener for the children and the Adverse Childhood Experiences Questionnaire for their primary caregivers.

Results and Conclusions

Preliminary analyses indicate that 11-year-old children at FHR-SZ and FHR-BP report higher levels of adverse childhood experiences compared with controls, and that their primary caregivers report a higher prevalence of ACEs compared with control caregivers. Across groups, offspring were more likely to experience the same type of ACEs as their primary caregivers. This increased risk of exposure to ACEs in young children at FHR-SZ or FHR-BP and their primary caregivers constitutes a potential risk marker for severe mental disorders. Early identification of such precursors that are potentially susceptible to treatment is important to inform future intervention studies.



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Subcontribution 18528 to Session ID 5889
Day 1 - 29.06.2025, 17:30 - 17:45, Rome

# The impact of emotional maltreatment on hippocampal subfield development in adolescents having familial high-risk for severe mental illness

T43 - Trauma

Abstract:
Aims
Both emotional maltreatment and having a parent with severe mental illness (SMI) are key risk factors for SMI development. In adults, these key risk factors are reliably associated with smaller hippocampal volumes. We aim to investigate the effects of emotional maltreatment on hippocampal subfield volumes and development in offspring with and without parents with SMI. We additionally explore the influence of having a psychiatric diagnosis on hippocampal volumes and development, to examine whether associations with emotional maltreatment exist above and beyond having a psychiatric diagnosis.
Methods
300 T1-weighted scans were obtained from 187 offspring (age range: 8-23 years) of parents diagnosed with bipolar disorder (n = 80) or schizophrenia (n = 53) and control offspring (n = 54) participating in the Dutch Bipolar and Schizophrenia Offspring Study. 113 offspring underwent two scans. Hippocampal volumes and growth were computed using the FreeSurfer longitudinal stream and hippocampal subfield segmentat

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Subcontribution 18536 to Session ID 5889
Day 1 - 29.06.2025, 17:45 - 18:00, Rome

How Maternal Neural Processing in Early Childhood Predicts Peripubertal Psychopathology in the Context of Interpersonal Violence-Related Post-Traumatic Stress Disorders
T43 - Trauma

Abstract:
Introduction: Few studies have looked longitudinally at effects of mothers' interpersonal violence-related post-traumatic stress disorder (PTSD). The Geneva Early Childhood Stress Project, a prospective, longitudinal study, lasted for twelve years. In this presentation, we examined maternal predictors including neural activity during early childhood (Phase 1, 1-3.5 years, mean age 2) of peripubertal (Phase 3, 9-13 years, mean age 11) child outcomes.
Methods: For predictors of Phase 3 child internalizing, externalizing, and PTSD symptoms, a regularization-based approach was utilized. Predictors included Phase 1 Childhood Exposure to Violence (CETV), Maternal Sensitivity, Comorbid Maternal PTSD-Depression, Parental Stress, and two neural principal components related to emotion- and threat-related processing. Separate models were conducted for each outcome variable using Lasso regression (Lr) to address potential multicollinearity and overfitting issues associated with high-dimensional predictors in a small sa

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Subcontribution 18547 to Session ID 5889
Day 1 - 29.06.2025, 18:00 - 18:15, Rome

The role of stressful life events and socioeconomic status in children and adolescents at clinical high risk for psychosis
T43 - Trauma

Abstract:
Aims: The diathesis-stress model for Psychosis involves genetic and environmental factors which include Stressful Life Events (SLE) and Socio-economic Status (SES). Studies indicate a link between SLE and psychosis, with higher sensitivity to SLE being a possible vulnerability marker. Similar results appear on Clinical High Risk (CHR). A relationship has also been described linking low SES and Psychosis, with some data suggesting that SES affects the clinical course in CHR. Methods: Our study evaluates how SLE, SES and their interplay affect clinical and functional variables and the transition to psychosis in a child and adolescent sample over an 18-month follow up. A total of 227 CHR and 133 Healthy Controls (HC) participated in the study. Measures of stress included the Stressful Life Events Schedule (SLES) and item G4 of the Scale for Prodromal Syndromes (SOPS), while SES was measured with the Hollingshead-Redlich Scale. Results: Compared to HC, CHR subjects showed higher scores in stress measures. This increase was associated with certain clinical and functional variables, but not with transition to psychosis. CHR showed lower SES than HC but there was also no relationship between SES and transitions to psychosis. Conclusions: Our data support the role of stress and SES in CHR status and its clinical presentation, but these measures were not found to be predictors of conversion to psychosis in children and adolescents over a medium term follow-up.

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Subcontribution 18811 to Session ID 5889
Day 1 - 29.06.2025, 18:15 - 18:30, Rome

# Trauma and parental separation experienced before age 18 as predictors of psychopathology in youngsters from the community assessed longitudinally for over 9 years

T43 - Trauma

Abstract:
Aims: Although retrospective studies of adults found that mood and anxiety disorders may follow exposure to trauma, prospective longitudinal research on this topic in children and adolescents is still rare. The goal of this analysis was to assess the incidence of major depressive and anxiety disorders in offspring who experienced trauma or parental separation during childhood or adolescence, over almost a decade of follow-up.
Methods: As part of a family study in the community of Lausanne, we directly interviewed 461 offspring before age 18, who subsequently undertook a second diagnostic interview. The mean age of the offspring at study intake was 12.8 (s.d. 3.4) years and the mean follow-up duration was 9.3 (s.d. 4.4) years. Traumatic events were defined as having been in an accident, being a victim of crime or physical/sexual abuse or having witnessed events experienced by others. The hazard risk of psychopathology in affected versus non affected offspring was determined using time-varying shared gamma-frailty models, adjusted for intra-familial correlation.
Results: In total, 23 offspring reported premorbid trauma and 75 reported premorbid parental separation. Analyses revealed that offspring who had experienced early trauma reported an earlier onset of anxiety disorders than offspring who had not. In contrast, offspring who had experienced early parental separation did not report more anxiety or major depressive disorders over the follow-up than those who had not experienced parental separation.
Conclusions: These findings underline the need for early intervention with offspring who experience early trauma to alleviate the development of future anxiety disorders.

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Symposium 17553 to Session ID 5810
Day 1 - 29.06.2025, 17:15 - 18:45, Amsterdam

ESCAP Policy Division Symposium: Involuntary psychiatric treatment in children and adolescents
T30 - Policy / advocacy

Abstract:
Mental disorders all too often affect people in ways that endanger their lives and the lives of others. Children and young people are not exempt from this, even if they are sometimes better protected by their environment than adults. Although the aim should always be to provide care voluntarily, this is not always possible. In extreme circumstances, mandatory care is needed, resulting in coercive measurs being forced upon the person. Countries deal with this phenomenon in different ways, due to differences in legislation, available facilities, staffing and practice. Therefore, the aim of this symposium is to focus on the legislation and practice within different European countries related to mandatory care, and to report on an ESCAP initiative to inventarise and compare country specific measures.
In 2024, ESCAP supported activities aimed at better understanding these practices and helping ESCAP member states and other countries to ensure the treatment of mental disorders while protecting the rights of affected children, adolescents and their families. At the symposium, the results of the ESCAP survey on involuntary treatment in child and adolescent psychiatry will be presented as current practices in the countries of the European area.

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Subcontribution 17556 to Session ID 5810
Day 1 - 29.06.2025, 17:15 - 17:30, Amsterdam

# Legislative Differences in Compulsory Mental Health Care for Children and Adolescents Across European Countries

T30 - Policy / advocacy

Abstract:
Aims: The European Society for Child and Adolescent Psychiatry (ESCAP) Policy Division commissioned this study to examine procedural and legal variations in compulsory mental health care for children and adolescents compared to adults across European nations.
Methods: A structured questionnaire was created in Google Forms and distributed to representatives of 36 ESCAP member countries via an email list, asking about legislation, commitment criteria, and procedural requirements for compulsory mental health care in minors. The survey received 30 responses, covering 23 countries. Data were analysed to identify common themes and notable differences in legislative approaches.
Results and Conclusions: Over half of the participating countries have distinct legislation for involuntary hospitalization of minors, with key differences relating to commitment criteria, involvement of legal guardians, and considerations regarding minors' capacity to consent to treatment. Almost all countries require a diagnosis of mental illness for involuntary admission, with some specifying severe mental illness, and most include a legal criterion of danger to self or others. Age of consent for treatment varies widely, and most countries allow appeals by patients or their guardians against involuntary hospitalizations. Additional variation exists in the types of facilities designated for involuntary treatment and the acceptance of outpatient commitment for minors. The observed legislative disparities underscore the varied approaches to compulsory mental health care for minors in Europe, suggesting a potential benefit in developing shared guidelines to support equitable and effective care across countries.

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Subcontribution 17555 to Session ID 5810
Day 1 - 29.06.2025, 17:30 - 17:45, Amsterdam

# Legislative Variations in Regulation of Coercive Measure Use for Minors in European Child and Adolescent Psychiatry

T30 - Policy / advocacy

Abstract:
Aims: This study, commissioned by the ESCAP Policy Division, aimed to explore legal and practical differences in the use of coercive measures for minors within child and adolescent psychiatry across European countries.
Methods: We developed a structured questionnaire and shared it via Google Forms with representatives from 36 ESCAP member countries. The survey collected detailed information on legal frameworks, clinical application, allowable duration, and required re-assessment intervals for coercive practices. The questionnaire focused on three specific forms of coercion: mechanical restraint, physical restraint, and seclusion. A total of 30 responses were gathered, representing 23 countries. Data analysis aimed to identify both overarching themes and unique legislative differences across nations.
Results and Conclusions: Most participating countries lack legislation specifically tailored for minors regarding coercive measures, applying the same standards as for adults. Legal conditions for the use of restraint or seclusion generally emphasize imminent danger to self or others. Only six of the 23 countries set a maximum duration for coercive practices, with re-assessment requirements varying from 15 minutes for restraints to intervals of up to three weeks for seclusion. The study also reveals ethical concerns around the use of coercive measures and highlights discrepancies between legal frameworks and clinical practice across countries. The findings highlight a need for further discussions on shared guidelines to promote ethical and consistent application of coercive measures for minors in European mental health care.

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Subcontribution 17557 to Session ID 5810
Day 1 - 29.06.2025, 17:45 - 18:00, Amsterdam

Compulsory Psychiatric Hospitalization of Children and Adolescents: Comparative Analyses of Finland and Sweden
T30 - Policy / advocacy

Abstract:
Aims: Efforts to reduce involuntary psychiatric care require data on possible causes beyond patients' psychiatric disorders. We attempted to identify organizational and legislative determinants to compulsory psychiatric hospitalization for children and adolescents by comparing prevalence, incidence and temporal trends across two Nordic countries.
Methods: Using contemporary national data from Finland and Sweden — Nordic high-income countries with tax-funded health and welfare systems — we examine and compare organizational and legislative frameworks and their application in compulsory inpatient mental health care for minors. The cross-national analysis explores distinct and shared trends in hospitalization rates, assessing how differences in organizational and legislative structures may influence compulsory care alongside patients' psychiatric morbidity.
Results and Conclusions: Analyses are in progress and findings will be presented and discussed. Preliminary insights are expected to reveal both country-specific and common trends in hospitalization rates, as well as possible influences of organizational and legislative factors. The results may inform discussions on the challenges and effectiveness of current healthcare frameworks and laws governing compulsory hospitalization for minors, supporting efforts to enhance mental health care practices and reduce involuntary and coercive practices.

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Subcontribution 17558 to Session ID 5810
Day 1 - 29.06.2025, 18:00 - 18:15, Amsterdam

# Staff Perspectives on Factors Influencing Coercion in Inpatient Child and Adolescent Psychiatry: An Interview Study

T30 - Policy / advocacy

Abstract:
Aims: Understanding factors that influence the use of coercive practices in clinical psychiatry is essential to develop effective reduction strategies. However, there is limited evidence on staff perceptions of such factors, particularly within inpatient child and adolescent psychiatry (CAP).
Methods: In 2021, we conducted semi-structured interviews with nurses, senior consultants, and unit heads in inpatient CAP settings in Sweden (N=9). The interviews were transcribed verbatim and analysed using reflexive thematic analysis. Data related to informal coercion were analysed separately, applying a deductive approach based on established hierarchies for informal coercion.
Results and Conclusions: We identified an overarching theme, “Trust and distrust in coercive and non-coercive approaches,” which includes the subthemes “Ward culture” and “Available resources and strain.” Findings indicate a potential risk for a coercive spiral when professional confidence in non-coercive methods is low, while trust in coercive practices is high. Informal coercion was found to occur frequently in two distinct patterns: one with a continuous escalation of coercion and another with a maintained coercive level. The results suggest that fostering trust in non-coercive approaches is crucial for their success in CAP inpatient care. These insights could guide efforts to reduce coercion and manage recurrent use with specific patients.

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Subcontribution 17559 to Session ID 5810
Day 1 - 29.06.2025, 18:15 - 18:30, Amsterdam

Involuntary hospitalizations for children and adolescents in Slovenia
T30 - Policy / advocacy

Abstract:
The Slovenian Mental Health Act (MHA) allows for the involuntary hospitalization of patients who, due to their impaired mental state, are considered a danger to themselves or others or who cause significant economic loss to themselves or others. The innitial assessment can be carried out by a psychiatrist or a child and adolescent psychiatrist. All involuntary admissions to psychiatric intensive care units are reviewed by a judicial commission within 48 hours. Its task is to assess the need for psychiatric treatment and the maximum duration of involuntary admission.
Until March 2024, the MHA will not differentiate between adults and children under the age of 18. It was agreed that the Judicial Commission was informed of all admissions of patients to the child and adolescent psychiatric intensive care unit (EIOAP; the only psychiatric intensive care unit for minors in Slovenia), even if the admission was voluntary. With the update of the MHA, this now only applies to patients under the age of 15, the age specified in the Patient Rights Act, from which a person can give informed consent to medical treatment.
In our presentation, we will review the statistics, peculiarities, and dilemmas of involuntary hospitalizations in the EIOAP, as well as the MHA specified special protective measures used.

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Symposium 19140 to Session ID 5814
Day 1 - 29.06.2025, 17:15 - 18:45, Londres 1

Tic Disorders: Comprehensive Approaches to Parental Aspects, Stress and Psychopharmacological Treatment
T41 - Tic Disorders

Abstract:
This symposium explores various aspects of Tourette Syndrome (TS) and tic disorders, focusing on treatment strategies, stress involvements and comorbidities. It begins with a review of European pharmacological guidelines, emphasizing behavioral interventions as the first-line treatment, with antipsychotics used for severe cases. Non-antipsychotic options, such as clonidine, are also discussed. The EMTICS study highlights challenges in managing tic disorders with comorbidities like ADHD and OCD, revealing the limited efficacy of current medications and the need for improved therapeutic monitoring. Another study examines the role of stress in tic severity, finding significant correlations between cortisol levels and perceived stress with tic intensity, suggesting that stress management could improve patient outcomes. Further, the symposium investigates the impact of parental psychopathology on the severity of tics and comorbidities in children, showing that familial mental health plays a significant role in the expression of tic disorders. Lastly, an innovative online training program, "Parents Living Well with Tics," offers support and education to caregivers, showing significant improvements in both parental knowledge and tic-related impairment. Overall, these studies underline the complexity of treating TS and the importance of a holistic, individualized approach that incorporates both medical and psychological support for patients and their families.

Authors:
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Subcontribution 19157 to Session ID 5814
Day 1 - 29.06.2025, 17:15 - 17:30, Londres 1

# European Guidelines for the Pharmacological Treatment of Tourette Syndrome

T41 - Tic Disorders

Abstract:
In this lecture I will summarize the European guidelines for the pharmacological treatment of Tourette syndrome.
Tourette syndrome is characterized by tics (sudden, rapid, recurrent, nonrhythmic motor movements or vocalizations). Common examples include eye blinking, wrinkling the nose or grimacing, jerking or banging the head, clicking the fingers, touching other people or things, coughing, grunting or sniffing, and repeating a sound or phrase.
Up to 10% of children temporarily have tics. While tics usually spontaneously disappear after a few weeks to months, they are chronic (i.e., lasting at least a year) in about 1% of children, more often in males than in females (1:4 sex ratio).
European clinical guidelines for patients with Tourette's disorder indicate that behavioral treatment is the preferred approach. If these are not effective, pharmacological treatment may be indicated. Use of medication should be limited to periods in which tics have exacerbated to a level that clearly affects patients' quality of life. Antipsychotics are the most effective medical treatments. Agents of first choice include aripiprazole and risperidone. It is recommended to start with a low dose that can be gradually increased. Adverse effects are common, most notably weight gain, sedation, and extrapyramidal symptoms. Non-antipsychotic alternatives include the noradrenergic agents clonidine and guanfacine. These may be better tolerated, but are also generally less effective. How well a particular medication works, varies from patient to patient and is not predictable, often necessitating trying more than one option.

Authors:
**Presenter,** Prof. Dr. Pieter Hoekstra

Subcontribution 19163 to Session ID 5814
Day 1 - 29.06.2025, 17:30 - 17:45, Londres 1

# Antipsychotics treatment and severity of psychopathology in children with chronic tic disorders. An EMTICS study.

T41 - Tic Disorders

Abstract:
The treatment of Tic Disorder in children and adolescents poses significant challenges, particularly with comorbid conditions such as OCD and ADHD. Pharmacological treatments, due to their variable efficacy and risk of side effects, are reserved for severe cases or when behavioral interventions are inadequate, often relying on the clinician's judgment, prescriber preferences, and availability.
This study aims to investigate the patterns of pharmacological treatment among children and adolescents with chronic tic disorders, focusing on the relationship between tic severity, psychiatric comorbidities, and medication use.
We analyzed data from the European Multicenter Tics in Children Study (EMTICS), consisted of 709 children aged 3-16 years. Baseline assessments included parent-reported questionnaires, and clinical interviews to evaluate tic severity (YGTSS), OCD (CY-BOCS), ADHD (SNAP-IV) scale, and premonitory urges of tics (PUTS).
Approximately 32% of the participants were prescribed pharmacological treatment, primarily antipsychotics (68.7%) and ADHD medications (31.7%) with low use of alpha-2 agonists (8.7%). Patients on medication reported higher tic severity YGTSS scores (30.5 vs. 20.3, p < 0.01) and greater tic-related impairment compared to those not receiving pharmacological treatment. The presence of comorbid ADHD, measured by SNAP-IV, significantly increased the likelihood of being prescribed ADHD medications (OR: 2.5, 95% CI: 1.8-3.5).
The findings highlight the limitations of pharmacological treatments in improving symptoms severity for patients with Tic Disorder and comorbidities. It remains unclear whether existed medications are effective is questionable, or that this population requires better therapeutic drug monitoring (TDM) and adjustments are required. This emphasize the need for further studying new molecules.

Authors:
**Presenter,** Dr. Orit Peled

Subcontribution 19184 to Session ID 5814
Day 1 - 29.06.2025, 17:45 - 18:00, Londres 1

# Impact of Stress on Tourette Syndrome: Insights from Hair Cortisol and Perceived Stress

T41 - Tic Disorders

Abstract:
Objective: This study (COURSE-CAT) investigates the relationship between stress and tic severity in children and adolescents with Tourette Syndrome (TS). Previous research, including findings from the EMTICS study has highlighted the potential role of stress in TS, though results remain contradictory and controversial. By analyzing both physiological and perceived stress markers, this study seeks to provide clarity on this complex relationship.
Methods: A cohort of 69 patients (aged 7–17 years) diagnosed with TS were evaluated. Hair cortisol concentration (HCC) was measured from the proximal 1 cm segment, reflecting systemic cortisol levels over the prior month. Tic severity was assessed using the Yale Global Tic Severity Scale (YGTSS), and perceived stress was measured through a validated stress questionnaire. Correlations between HCC, perceived stress, and tic intensity were statistically analyzed.
Results: Significant associations were observed between hair cortisol levels and tic severity as measured by the YGTSS. Patients with elevated HCC exhibited more severe tics. Similarly, higher perceived stress scores correlated with both increased tic severity and cortisol levels, suggesting alignment between subjective stress experiences and physiological markers in TS.
Conclusion: This study reinforces the critical role of stress in modulating tic severity in TS, contributing to the ongoing debate fueled by prior conflicting studies. The integration of stress management strategies into TS treatment could help alleviate tic intensity and improve patient outcomes.

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Subcontribution 19198 to Session ID 5814
Day 1 - 29.06.2025, 18:00 - 18:15, Londres 1

# The Effect of Parental Psychopathology on Tic and Comorbid Psychopathology: An EMTICS Study

T41 - Tic Disorders

Abstract:
Background Tic disorders are strongly familial and heritable. Parental psychopathology may provide insights into risk factors for tic disorders and their comorbidities in children. This study aims to explore the relationship between familial psychopathology and the severity of tics and comorbid symptoms. Few studies have investigated this impact
Methods Data from 690 children (3–16 years) with chronic tic disorder (CTD) from the European Multicenter Tics in Children Study (EMTICS) were analyzed. Tic severity, functional impairment, and comorbidities were assessed using validated tools. Parental psychopathology, was classified into four groups: none, both parents, only mother, or only father. Analyses included Poisson regression.
Results Children with no parental psychopathology had significantly lower comorbidity severity (ADHD, ODD, OCD, and suspected ASD) compared to those with both parents having psychopathology.
When only the mother had psychopathology, children showed significantly higher severity of comorbidities (ODD, OCD compulsions, and suspected ASD) and vocal tic severity compared to those whose parents had no psychopathology. When only the father had psychopathology, children exhibited significantly lower OCD total severity and motor tic severity compared to those with both parents having psychopathology. Overall tic severity and impairment showed no significant differences between categories.
Conclusions This study highlights that parental psychopathology affects comorbidity severity in children with chronic tic disorders. Children with no parental psychopathology have the lowest severity, while those with both parents affected have the highest. When only the mother is affected, some comorbidities can be more severe compared to children with no parental psychopathology.

Authors:
**Presenter,** Dr. Sharon Shem Tov

Subcontribution 19203 to Session ID 5814
Day 1 - 29.06.2025, 18:15 - 18:30, Londres 1

Online Caregivers Training Group for Tic Disorders: "Parents Living Well with Tics”
T41 - Tic Disorders

Abstract:
Background:
Parents of children with chronic tic disorders (CTD) often lack knowledge about the condition and experience high caregiver burden and stress. While children's well-being is significantly influenced by parental functioning, the impact of parents' CTD-related perceptions remains understudied. We developed an online training group "Parents Living Well with Tics" and evaluated its feasibility.
Methods:
Parents of children diagnosed with CTD (n=93) completed questionnaires at three time points: before, between, and after intervention.
Measures included: Yale Global Tic Severity Scale (YGTSS); Clinical global impression (CGI); The Child Tourette Syndrome Impairment Scale (CTIM); The Beliefs About Tics Scale (BATS); strength and difficulties questionnaire (SDQ); The Schwartz Outcome Scale-10 (SOS); Perceived stress scale (PSS-C); satisfaction from intervention, change in attitudes and knowledge about tics.
Results:
64 parents completed two time-point assessments and 24 completed all three time-points. Parent demographics showed mean age 43.03±5.9 years (88.2% female); children's mean age was 10±2.26 years (68.8% male); Tics' age of onset was 5.84±2.37, with 37% showing moderate severity and 34% marked to very severe tics.
Comorbidities included anxiety, ADHD and OCD (57%-23%). Two time-point analysis showed a significant decrease in tic-related impairment (YGTSS, p<0.001). Three time-point analysis revealed significant improvements in tic-related impairment, SOS, and SDQ conduct problems (p<0.01). Post-intervention, 83% reported gaining new knowledge, with 100% reported high satisfaction and recommendation to fellow parents.
Conclusions:
Results demonstrated both the necessity and the feasibility of the newly developed online-open-ended training group. Further prospective randomized controlled study is needed to evaluate its efficacy.

Authors:
**Presenter,** Dr. Noa Benaroya-Milshtein

Symposium 18657 to Session ID 5912
Day 1 - 29.06.2025, 17:15 - 18:45, Londres 2

# Home Treatment and Other Outreach Concepts as Alternative to Inpatient Treatment and Out-of-Home Placement

T20 - Family / systemic therapy

Abstract:
Treating children and adolescents with mental disorders at home is gaining importance in the current climate of global crises and increasingly overburdened mental health services. With its potential for highly individualized, intensive therapy and cost savings, home treatment offers an opportunity to better meet the needs of young people with mental health problems and address the growing demand for services.
Home treatment allows for the intensive involvement of family, school, and peers in therapy, while eliminating the need for infrastructure such as clinics, residential facilities, or other institutional settings. Our symposium with pioneers in the implementation of home treatment in child and adolescent psychiatry in Switzerland, Austria, and Germany will provide an update on current research, practical applications, and new concepts in home treatment, multisystemic therapy, and family-based interventions.

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Subcontribution 19321 to Session ID 5912
Day 1 - 29.06.2025, 17:15 - 17:30, Londres 2

New Approaches in Home Treatment for Child and Adolescent Psychiatry: Integrated Service Delivery Between Hospitals and Social Services
T20 - Family / systemic therapy

Abstract:
Background: Home treatment has become an established form of care for children and adolescents in many countries. Under the umbrella term “home treatment”, various approaches are combined, with its overall effectiveness rarely being questioned anymore. However, many questions remain regarding the frequency of home treatment sessions, the duration of treatment, and the providers involved.
Methods: Existing variants of home treatment – ranging from low intensity (one session per week) to high intensity (seven sessions per week) – are compared and analyzed concerning their active therapeutic components.
Results: Key factors for effective home treatment include the empowerment of parents and ensuring a sufficient treatment duration. Based on these known factors, a new home treatment model from Graz (Austria) is presented, along with initial data. This model integrates hospital services with a provider from the psychosocial sector to leverage synergy effects.
Discussion and Conclusion: Home treatment is a highly individualized form of care that can be adapted to different target groups and regional contexts. However, it is crucial to maintain a focus on the core therapeutic factors to ensure its effectiveness.

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Subcontribution 19326 to Session ID 5912
Day 1 - 29.06.2025, 17:30 - 17:45, Londres 2

# MST CAN – A Family Psychiatric Approach for High-Risk Families Facing Neglect and Abuse

T20 - Family / systemic therapy

Abstract:
Background: Multisystemic Therapy for Child Abuse and Neglect (MST CAN) is a structured and licensed home-based, family psychiatric treatment program. The program aims to reduce the psychological strain on families and, most importantly, to lower the risk of neglect and abuse. It is specifically designed for high-risk families, where parents often suffer from mental health disorders and are overwhelmed by parenting responsibilities, leading child protection services to consider out-of-home placements.
Method: Several studies were conducted with N = 82 families. The children were assessed us-ing the Child Behavior Checklist (CBCL) and the Relationship Problems Questionnaire. Paren-tal stress was measured with the Parental Stress Scale and the Brief Symptom Inventory (BSI). The outcomes for children were compared to a matched control group from residential care facil-ities (N = 46). Additionally, the risk of neglect was evaluated by referring social workers using the Child Neglect Index and hair cortisol levels as biological stress markers.
Results: Both parental and child psychological distress significantly decreased, with medium to large effect sizes (d = 0.5 - 0.7). The risk of neglect, as assessed by social workers, showed a substantial reduction with a large effect size. Notably, 95% of the children were able to remain with their families, without any further reports of endangerment.
Discussion and Conclusion: MST CAN demonstrates the value of combining real-world, en-vironment-focused interventions with evidence-based psychotherapy for high-risk families. The program highlights the potential for keeping families together by addressing core psychological and environmental challenges effectively.

Authors:
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Subcontribution 19329 to Session ID 5912
Day 1 - 29.06.2025, 17:45 - 18:00, Londres 2

The Zurich Home Treatment Team: History and Implementation
T20 - Family / systemic therapy

Abstract:
The Zurich Home Treatment Team was established in 2016 as part of the overarching child and adolescent psychiatry infrastructure in the Canton of Zurich to address the urgent need to shift from hospital-based care to community-based mental health interventions. Over time, it has grown in response to increased demand for specialized out-of-hospital care, bridging the gap for patients who would otherwise be placed on lengthy waiting lists or require inpatient admission. The Home Treatment Team consists of two teams, a non-medical home treatment team augmenting regular outpatient treatment and an intensive home treatment team integrating psychiatrists, psychologists, and specialized psychiatric nursing staff with robust intersectoral collaboration. Both teams deliver immediate psychiatric assessment, risk evaluation, and short-term interventions, including crisis stabilization and bridging therapy, all within the child or adolescent's home environment.
Our home treatment teams provide a flexible framework aiming to reduce unnecessary hospitalizations by offering structured follow-up and short-term treatment, often over six to twelve weeks, while families await more permanent outpatient solutions. Our data provide some evidence of a decline in inpatient admissions among minors, suggesting that the team's direct home-based engagement effectively diverts many acute cases from hospitalization. By bridging service gaps and alleviating pressure on outpatient clinics, the home treatment team represents a cost-effective, patient-centered approach that improves continuity of care and ensures timely support for children and adolescents across Zurich. This approach is considered a promising model for other regions.

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Subcontribution 19322 to Session ID 5912
Day 1 - 29.06.2025, 18:00 - 18:15, Londres 2

# Cost-Effectiveness of Home vs. Inpatient Treatment in the AT_HOME Pilot Follow-up in Bern

T20 - Family / systemic therapy

Abstract:
Aims: The pilot project “AT_HOME” in Bern, Switzerland, provides intensive home treatment for children and adolescents with acute psychiatric disorders. This follow-up study evaluated the cost-effectiveness of AT_HOME 18 months after discharge compared to an inpatient control group. The analysis was conducted from a healthcare sector perspective, with cost outcomes reported in Swiss Francs (CHF).
Methods: 75 patients who were treated in AT_HOME (n = 27, 48% female, mean age = 15.15 ± 2.77 years) or on an inpatient ward in the CAP (n = 48, 69% female, mean age = 16.35 ± 2.87 years) between May 2019 and July 2020 were included. Clinical effectiveness was measured using the Global Assessment of Functioning Scale (GAF) at admission and follow-up. Cost outcomes included (a) direct treatment costs and (b) follow-up treatment costs of subsequent service use post-discharge. Cost-effectiveness was assessed as incremental cost-effectiveness ratio with 1000 bootstrap iterations and a cost-effectiveness acceptability curve (CEAC) derived from net-monetary benefit analyses.
Results and Conclusions: Total costs (treatment + follow-up) averaged 151’305 ± 118’521 CHF for AT_HOME versus 206’762 ± 136’073 CHF for inpatient treatment. Cost-effectiveness analyses revealed a 93% probability of AT_HOME being more effective at lower costs compared to I-TAU. The CEAC indicated at least a 94.6% probability of AT_HOME being cost-effective, irrespective of the willingness-to-pay threshold. These findings highlight AT_HOME as a cost-effective alternative to traditional inpatient care, suggesting that home treatment could provide economic benefits to healthcare decision-makers for the treatment of children and adolescents with psychiatric disorders.

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Symposium 16591 to Session ID 5815
Day 1 - 29.06.2025, 17:15 - 18:45, Berlin

Mental Health Multimorbidity in Child and Youth Mental Health
T48 - Public Health and Organisation of CAP Services

Abstract:
Multimorbidity (MM) refers to the presence of two or more chronic health conditions in an individual at a specific point in time and is distinguished from the concept of comorbidity when there is no clarity as to the primary diagnosis. Similarly, mental health multimorbidity (MHMM) is the presence of two or more mental disorders at the same point in time when there is no primary disorder. MM is a significant public health problem in old age psychiatry but has been little studied in the context of child and youth mental health. It is quite clear that mental health conditions frequently co-occur in both the clinic and in community surveys of children and youth frequently without a clear differentiation of primary and secondary diagnoses. However, there is little research on the measurement of MHMM and its impact on children and youth. The objectives of this symposium are to 1) introduce the concept of MHMM and highlight its importance for policy, research and clinical services; 2) present data on the prevalence of MHMM in the general population; 3) present data on the prevalence of MHMM in clinical samples; 4) discuss the importance of developing a core outcome set for monitoring MHMM over time; and 5) discuss the importance of MHMM as it affects functioning and quality of life.

Authors:
Prof. Dr. Peter Szatmari Centre for Addiction and Mental Health
**Co-chair** Dr. Louise Gallagher centre for addiction and mental health

Subcontribution 17478 to Session ID 5815
Day 1 - 29.06.2025, 17:15 - 17:30, Berlin

What is mental health multimorbidity and why is it important?
T48 - Public Health and Organisation of CAP Services

Abstract:
Mental health conditions frequently co-occur in children and youth. The different anxiety disorders co-occur with different depressive disorders, neurodevelopmental disorders such as ADHD frequently co-occur with other NDD such as autism or with internalizing disorders such as depression. It can be difficult to determine in these circumstances which is the primary diagnosis as there is no agreement on how to determine primacy when multiple condition are present at the same time. In these circumstances, the concept of Mental health multimorbidity (MHMM) is to be preferred over the term 'comorbidity. This presentation will highlight some of the existing clinical and population-based studies that have estimated the prevalence of MHMM and its association with other variables such as functioning, quality of life, service use and so on. The literature review will show that there is no agreement on how to estimate MHMM in either clinic or community settings and this hampers research in the area. This lack of agreement is important as associations between a single disorder (such as anxiety) and risk factors (such as adverse childhood experiences) may in fact be due to the association between with a co-occuring disorder (such as depression) and that risk factor. The symposium will conclude with a recommendation for measuring MHMM in both clinical and population based studies until further research provides a better alternative.

Authors:
**Presenter,** Prof. Dr. Peter Szatmari Centre for Addiction and Mental Health

Subcontribution 17479 to Session ID 5815
Day 1 - 29.06.2025, 17:30 - 17:45, Berlin

Differences in Trajectories of Multiple Mental Health conditions in Youth
T48 - Public Health and Organisation of CAP Services

Abstract:
Objectives: Mental health conditions often co-occur in youth. Identifying meaningful developmental subtypes of commonly co-occurring mental health issues could help identify populations in need for specific interventions. We aim to identify symptom trajectories of major depressive disorder (MDD), anxiety disorders and attention deficit/hyperactivity disorder (ADHD) in youth seeking community-based care. Methods: We used data from 230 youth participating in the YouthCan Impact Study (65% girls; mean age=15.6 ± 1.1 years). Sequence analysis, based on self-reported age at onset and offset of MDD, anxiety and ADHD symptoms, was used to derive life-long symptom trajectories. Homogeneous trajectory groups were identified by cluster analysis and their association with clinical covariates was estimated using multinomial regression models. Results: Two out of three participants were diagnosed with multiple disorders. Four distinct trajectory groups were identified: 1) youth experiencing early symptoms of anxiety (n=67); 2) youth experiencing mood or anxiety symptoms alone or in association later in life (n=49); 3) participants with early symptoms of both ADHD or anxiety (n=45) and 4) those with a rapid accumulation of symptoms of the three conditions (n=69). Compared to cluster (2), cluster (4) was associated with more substance use problems, whereas cluster (3) was associated with higher symptom severity scores. Physical health conditions were more prevalent in clusters (3) and (4). Conclusions: Our original trajectory approach allowed us to identify four different subgroups of youth who might benefit from specific strategies in order to prevent the accumulation of symptoms of multiple conditions and mitigate their impact on youth life.

Authors:
**Presenter,** Dr Florence Perquier Center for Addiction and Mental Health
Prof. Dr. Jo Henderson Centre for Addiction and Mental Health
Dr. Clement Ma Centre for Addiction and Mental Health

Subcontribution 17480 to Session ID 5815
Day 1 - 29.06.2025, 17:45 - 18:00, Berlin

3. Multimorbidity in the general population of children and youth
T48 - Public Health and Organisation of CAP Services

Abstract:
There are few population based studies of multimorbidity (MM) in child and youth. We used data from the 2019 version of the Canadian Health Survey of Children and Youth (the CHSCY) to estimate the prevalence of nine chronic health conditions (CHC) re-coded into three classes; mental (anxiety, depression, and eating problems), neurodevelopmental (ND; ADHD, learning disability, and autism) and physical (asthma, diabetes and epilepsy). The presence of a chronic health condition was based on a lifetime parental report of a health professional conferring that diagnosis. MM was defined as the presence of two or more CHC classes in the same child or youth. Data were available on over 30,000 children 5-17 years of age from across Canada. Probability sampling was used to approach families for participation in the CHSCY. MM was common in the general population (5%), and more common in adolescents compared to children. MM was also associated with a number of social determinants of health, with lower functioning according to the person most knowledgable about the child or adolescent (ie the caregiver). MM was also associated with lower perceived health and mental health, according to both the person most knowledable and youth 12-17 years of age. The interaction of a chronic mental health condition and a ND was particularly important in terms of its impact on functioning and perceived health. The implications of these findings for policy and for public health will be highlighted.

Authors:
**Presenter,** Prof. Dr. Peter Szatmari Centre for Addiction and Mental Health
Prof. Katholiki Georgiades Offord Centre for Child Studies
Dr. Li Wang McMaster University

Subcontribution 17481 to Session ID 5815
Day 1 - 29.06.2025, 18:00 - 18:15, Berlin

Core Outcome Sets: The Future of Outcome Selection & Measurement in Youth Mental Health Multi-morbidity
T48 - Public Health and Organisation of CAP Services

Abstract:
Heterogeneity in outcome selection and measurement across youth mental health clinical trials has had a significant impact on the translation of research evidence into clinical practice. A Core Outcome Set (COS), as defined by the Core Outcome Measures in Effectiveness Trials Initiative (COMET), is an agreed upon, standardized minimum set of outcomes that should be measured and reported in all clinical trials in specific areas of health or healthcare, while not precluding the inclusion of other outcomes. This presentation will discuss issues and concerns around variability in outcome selection and measurement across child and youth mental health multimorbidity trials to date and will outline the steps necessary to develop an international consensus- and evidence-based COSs for use in future mental health multimorbidity trials.
Although the concept of a COS is new to the field of youth mental health, attendees will come to understand the necessity of COS development going forward. They will gain insights into the value of engaging youth and caregivers in all steps of COS development. The development of a harmonized, evidence- and consensus-based COS for future youth mental health multimorbidity trials should allow for greater consistency across trials. This will allow trials to have greater potential to contribute to systematic reviews and meta-analyses of key outcomes, ultimately leading to better translation of research evidence into clinical practice guidelines and better outcomes for youth.

Authors:
**Presenter,** Dr. Suneeta Monga Hospital for Sick Children

Subcontribution 17482 to Session ID 5815
Day 1 - 29.06.2025, 18:15 - 18:30, Berlin

# Measuring Functioning and Quality of Life in Youth with Multimorbidity: Insights from a Scoping Umbrella Review

T48 - Public Health and Organisation of CAP Services

Abstract:
Youth with multimorbidity face unique challenges, with overlapping physical and mental health conditions impacting daily functioning and quality of life (QOL). Assessment may overlook one morbidity dimension or involve multiple condition-specific severity measures, possibly overburdening youth with extensive assessments. Parsimony is therefore needed when adding outcome measurement instruments (OMIs) that specifically assess “life impact” to ensure a comprehensive yet streamlined approach. This talk synthesizes findings from a scoping umbrella review on how OMIs of functioning and QOL can be leveraged or adapted to assess cumulative life impacts of multimorbidity. We reviewed 34 systematic, scoping, and narrative reviews evaluating OMIs of functioning, QOL, or wellbeing for youth aged 6–24 years with mental health concerns. We identified 80 OMIs and extracted data on target constructs, design characteristics, and validation settings. Most functioning OMIs (86%) were validated in mental health settings, while QOL OMIs were more often validated in physical health or general contexts. Few were validated across both, limiting applicability to multimorbidity. Functioning OMIs employed multi-informant designs, while QOL OMIs relied primarily on youth self-report. Many functioning OMIs assess condition-specific impairments, which may not reflect the intertwined impacts of multimorbidity. Generic OMIs offer holistic assessments but lack condition-specific nuance. Validating OMIs in youth with multimorbidities and evaluating their content validity is critical. Understanding whether youth find it worthwhile and feasible to distinguish life impacts from physical and mental health difficulties is also key to ensuring meaningful assessment.

Authors:
**Presenter,** Prof. Karolin Krause 2. METHODS Team, Centre of Research in Epidemiology and Statistics (CRESS-UMR 1153), Université Paris Cité, INSERM,

Symposium 17436 to Session ID 5812
Day 1 - 29.06.2025, 17:15 - 18:45, Bruxelles

Prescribing psychotropic medication in Youth, Perspectives from across Europe
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Rising mental health diagnoses in children and adolescents have coincided with increasing psychotropic medication prescriptions globally. In Ireland, a "Look Back Review," highlighted substandard prescribing and monitoring practices in a CAMHS service. Similar concerns about overprescribing and safety risks followed media reports on other Irish CAMHS services, prompting a national prescribing audit.
This session will examine psychotropic prescribing practices in Ireland and Europe, exploring trends in medication use for youth. Comparative studies across European sites will highlight evolving prescribing trends, including ADHD medication use in Denmark and France, and national psychotropic usage in Ireland.
The session will address unintended consequences of media scrutiny, such as its impact on psychiatrists' prescribing confidence and caregiver trust in medication. Changes in prescribing during COVID-19 will be discussed. This session aims to provide insights into the balance between medication safety and access, offering valuable lessons for clinicians, policymakers, and caregivers.
The format of the session will comprise oral presentations from 5 different speakers

Authors:
**Chair** Prof. Fiona McNicholas university College Dublin

Subcontribution 17437 to Session ID 5812
Day 1 - 29.06.2025, 17:15 - 17:30, Bruxelles

# Ireland's national prescribing audit of psychotropic medication in youth

T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Aim:
This audit examined national psychotropic prescribing practices in Irish CAMHS, addressing concerns raised by a look-back review. It evaluated compliance with clinical standards, including NICE guidelines, licensed dose limits (HPRA SPC, BNFc), and adherence to consent procedures outlined by HSE National Consent Policy and CAMHS operational guidelines.
Methods:
Of 21,081 children attending CAMHS from July to December 2021, 8,191 were receiving psychotropic medications, with a random sample of 3,528 analyzed from all 54 CAMHS. Data were classified as within recommended dose ranges or off-label, requiring additional clinical justification.
Results:
Most patients (71%) were prescribed a single medication, typically within recommended dose ranges. ADHD was the most common diagnosis (57%), with psychostimulants used in 94% of cases, all patients being over age six. Polypharmacy (29%) primarily involved melatonin (65%) and promethazine (4%) for sedation. Antipsychotics were off label in 82% of cases, with psychosis accounting for only 13%. Antidepressants were commonly prescribed for anxiety (43%) and depression (30%), with 88% within recommended doses. Consultant involvement was high (95%), with strong compliance in documentation (98%) and baseline monitoring (90%).
Conclusions:
Contrary to concerns raised by a single CAMHS review, the audit found largely acceptable prescribing practices. Despite pandemic-related and cyberattack challenges, follow-up and documentation compliance remained high. Key areas for improvement include baseline physical assessments, monitoring, and GP communication. Recommendations include national guidelines, a Drugs and Therapeutics Committee, and annual audits, which are awaited.

Authors:
Dr. Colette Halpin College Psychiatry Ireland
**Presenter** Prof. Fiona McNicholas University College Dublin

Subcontribution 17439 to Session ID 5812
Day 1 - 29.06.2025, 17:30 - 17:45, Bruxelles

Unintended consequences of a CAMHS 'Look Back Review" on prescribing practices and caregivers trust of medication.
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
The Maskey Report on substandard clinical care and prescribing practices in South Kerry CAMHS led to an all-Ireland CAMHS review and a national audit of prescribing practices.
Aim: This Maskey Impact Study (MIS) explored subsequent changes in child and adolescent psychiatrists' prescribing practices.
Method: A cross-sectional, mixed-methods study was conducted with senior CAMHS medical staff (n=160; response rate 63.8%). Results: 102 (64%) of all eligible psychiatrists responded. Perceived improvements included enhanced medical record-keeping (64%), informed consent documentation (54%), medication information provision (41%), GP communication (38%), and physical health monitoring (61%). However, 43% reported reluctance to prescribe psychotropic medication even when clinically indicated, and 50% avoided off-label prescribing. Increased stress levels were reported by 80% of respondents, significantly correlating with prescribing hesitancy (p=0.001). Thematic analysis revealed heightened medication hesitancy,

Authors:
**Presenter,** Dr. Laura Bond UCD Dublin
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Jia Zhe Ong UCD Dublin

Subcontribution 17440 to Session ID 5812
Day 1 - 29.06.2025, 17:45 - 18:00, Bruxelles

# A cross-sectional study of recent trends and patterns of psychotropic medication use in children and adolescents in Ireland

T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Aim: There has been a global rise in prescribing of psychotropic medications in children/adolescents. Variations in patterns of use have also been reported. This study aimed to analyse trends and patterns of psychotropic medication use in Ireland and compare with other jurisdictions.
Methods: A retrospective, repeated, cross-sectional study of the Irish pharmacy claims database was conducted. Yearly prevalence of children/adolescents receiving dispensed psychotropic medications was analysed from January 2017 to December 2021, across years, age groups (5-15, 5–11 and 12–15 years), gender and drug class type. Yearly prevalence was defined as the mean number of patients receiving medication per month per 1000 eligible population during a given year.
Results: The prevalence of all selected psychotropic medications in the 5-15 years group increased by 32%; from 6.41/1000 to 8.46/1000 eligible population. An increasing trend over time was also observed for the individual drug class types. In 2021, in the 12-1

Authors:
**Presenter,** Dr. John Hayden RCSI University of Medicine and Health Sciences
Prof Kathleen Bennett RCSI University of Medicine and Health Sciences, Dublin, Ireland
Rebecca Parkin RCSI University of Medicine and Health Sciences
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Subcontribution 17441 to Session ID 5812
Day 1 - 29.06.2025, 18:00 - 18:15, Bruxelles

# Use of ADHD medication in Denmark

T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Background
The aim was to describe the use of ADHD medication among Danish children and adolescents.
Methods
We used data on filled prescriptions of ADHD medication to Danes aged 5-17 years between 2010 and 2023. We calculated the incidence rate, and prevalence proportion, and described treatment duration, age at initiation, prescriber type, and concurrent use of psychotropic medication. Analyses were stratified by age and sex.
Results
The incidence rate of ADHD medication use followed a u-shaped pattern among boys from 2010-2023. This was most pronounced for boys 10-13-years old, with an incidence rate of 0.59 per 100 person-years in 2010, decreasing to 0.34 in 2014, and rising to 1.04 in 2023. The incidence rate among girls increased continuously from 2010 to 2023. The prevalence proportion increased in girls from 0.63% in 2010 to 1.84% in 2023 and in boys from 2.06% in 2014 to 3.41% in 2023. Girls started ADHD medication later than boys (median age 13 vs. 11). Child- and adolescent psychiatrists issued 70

Authors:
**Presenter,** Maria Højgaard Stoltz-Andersen University of Southern Denmark
Prof Lotte Rasmussen University of Southern Denmark
Dr. Rikke Wesselhöft University of Southern Denmark

Subcontribution 17442 to Session ID 5812
Day 1 - 29.06.2025, 18:15 - 18:30, Bruxelles

# MPH time trends across the Occitanie region in France covering the transition years and COVID period

T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder with long-lasting functional consequences. Our main objective was to describe the prescription rates of methylphenidate between 2013 and 2021 in the French region Occitanie. Secondary aims were to study their evolution and variations according to age and gender. We also aimed to report the disparities of prescription rates within the area and the factors that may influence them.
Methods: The data were extracted from the national health data system, specifically from the inter-regime consumption data mart for the region Occitanie. Prevalence and incidence data were compared with population data from INSEE in the same territories. Municipal deprivation indices and the classification of territories based on rurality were used as analytical variables.
Results: Between 2013 and 2021, the overall prescription rate of methylphenidate in the region Occitanie increased by 97.3%, with territorial disparities. In 2019, the prescription prevalence across all studied age groups was 0.19% and the incidence was 0.06%. The early discontinuation of treatment rate was 22.32% across all age groups. A prescription decrease was observed in the second quarter of 2020, coinciding with the COVID-19 pandemic.
Conclusions: Uneven access to medication, and early treatment discontinuation rate require further examination. Pandemic-related disruptions, may have disproportionately affected underserved areas requiring tailored interventions. Longitudinal studies assessing treatment outcomes and their relationship with prescribing trends could further inform equitable and effective ADHD management across diverse populations.

Authors:
**Presenter,** Prof. Dr. Diane Purper-Ouakil Saint Eloi and la Colombière Hospitals and University of Montpellier, France; INSERM CESP U 1018 Villejuif, France

Symposium 16794 to Session ID 5800
Day 1 - 29.06.2025, 17:15 - 18:45, Boston

Eating Disorders in Children and Young People: from risk factors to new interventions
T18 - Eating disorders

Abstract:
In this symposium, composed of both trainees (Dr Clara Faria and Dr Benjamin Geers) and leading researchers in the eating disorders field (Professor Francesca Solmi, Professor Helen Bould and Professor Tamsin Ford) we will present findings on eating disorders epidemiology in the community - sharing findings from the OxWell Student Survey and the National Survey of Mental Health of Children and Young People (Dr Faria) and describe patterns of service contact in adolescents screening positive for possible eating problems in the National survey (Dr Benjamin Geers). We will also discuss trajectories of body dissatisfaction and disordered eating behaviours in sexual and gender minority adolescents, from a general population cohort study (Professor Solmi) and a patient centred virtual reality intervention for people with eating disorders (Professor Bould). We will be chaired by Professor Tamsin Ford, who led the National Survey of Mental Health of Children and Young People and is a leading psychiatry epidemiologist.

Authors:
**Chair** Prof. Tamsin Ford University of Cambridge

Subcontribution 18206 to Session ID 5800
Day 1 - 29.06.2025, 17:15 - 17:30, Boston

# Prevalence of Eating Disorders in Children and Young People in England: Findings from the MHCYP Survey and the OxWell Student Survey

T18 - Eating disorders

Abstract:
Objectives: Since the COVID-19 pandemic, there have been growing concerns about an increase in the population prevalence of eating disorders (EDs) in young people worldwide. In England and Wales, for example, the number of urgent and emergency referrals to specialized ED services almost doubled postpandemic, with a lesser but still significant increase in routine referrals. Similarly, an analysis of more than 5 million electronic medical records (EMRs) in the United States showed an increase of 15.3% in ED diagnoses in 2020 compared to 2019. From a public health perspective, population estimates are paramount to service commissioning and planning effective interventions. Our aim was to ascertain the population-level prevalence of EDs in children and young people in England in 2023.
Methods: This research was part of the fourth follow-up to the 2017 Mental Health of Children and Young People (MHCYP) survey, commissioned by the Department of Health and Social Care. Parents of 11 to 16 year-olds, and children and young people aged 11 to 25 years, were asked to complete 5 screening questions from the Development and Well-Being Assessment (DAWBA) ED module. Responses to these questions were used to determine if the child or young person “screened positive” for possible eating problems. Those who screened positive were invited to complete the full DAWBA, and a selection of those that screened negative were also invited to participate.
Results: A total of 1110 participants took part in the survey. In 2023, the prevalence of any eating disorder was 2.6% in 11- to 16-year-olds (CI, 2.2-4.6), 12.5% in 17- to 19-year-olds (CI, 9.1-17.8) and 5.9% in 20- to 25-year-olds (CI, 3.4-8.5). The prevalence of any ED in 2023 was 4 times higher in girls compared with boys for the age group 11- to 16-years-olds; 4.3% (CI, 3.6-7.8) vs 1% (CI, 0.0-2.3) for boys. The same trend was observed in the 17- to 19-years-old group, with 20.8% (CI, 14.3-29.2) prevalence rates for girls vs 5.1% (CI, 1.4-10.7) for boys.
Conclusions: Overall, these statistics show that there was a dramatic increase in the prevalence of clinically impairing EDs among school-aged children and young people in 2023.This increase in the population prevalence of EDs reflects an urgent concern for services and health commissioners, and it echoes a global increase in ED incidence during and in the aftermath of the COVID-19 pandemic.

Authors:
**Presenter,** Dr. Clara Gitahy Falcao Faria University of Cambridge

Subcontribution 18207 to Session ID 5800
Day 1 - 29.06.2025, 17:30 - 17:45, Boston

Disordered eating and service contact in the Mental Health of Children and Young People 2017 cohort
T18 - Eating disorders

Abstract:
Objective:
Describe patterns of service contact in adolescents screening positive for possible eating problems.
Method:
We used the Mental Health of Children and Young People 2017 survey, a stratified probability sample of children and their parents and teachers across England. The screening questions from the Eating Disorders module of the Development and Wellbeing Assessment were used to assess possible eating problems in individuals aged 11-19. Individuals also answered questions regarding help-seeking for any mental health concern.
Results:
36.4% (95% CI 34.8, 38.1) of individuals aged 11-19 in England screened positive for a possible eating problem, including 47.6% of females (95% CI 45.3, 50.0) and 25.6% of males (95% CI 23.7, 27.8). 60.7% (95% CI 57.9, 63.4) of individuals who screened positive received no help over the previous year; 13.1% (95% CI 11.2, 15.4) received informal help only; 17.0% (95% CI 15.0, 19.3) received professional but not specialist help; and 9.13% (95% CI 7.67, 10.9) received specialist help. High proportions of individuals who received formal support have possible eating problems: 42.7% (95% CI 38.6, 47.0) of those receiving support from teachers, 46.9% (95% CI 40.9, 53.0) from GPs, 32.2% (95% CI 23.1, 42.9) from Child Health and 50.0% (95% CI 43.1, 56.8) from Mental Health Services.
Discussion:
Despite high numbers of adolescents screening positive for possible eating problems, rates of help seeking in this group were low. High proportions of those seeking professional help have possible eating problems. It is important for teachers, GPs and specialists to be aware of this.

Authors:
**Presenter,** Dr. Benjamin Geers

Subcontribution 18209 to Session ID 5800
Day 1 - 29.06.2025, 17:45 - 18:00, Boston

Trajectories of body dissatisfaction and disordered eating behaviours in sexual and gender minority adolescents: a general population cohort study
T18 - Eating disorders

Abstract:
Background: Sexual and gender minority youth have an increased risk of eating disorders. We compared trajectories of body dissatisfaction in late childhood and of disordered eating behaviours in adolescence between sexual and gender minority and heterosexual and cis-gender youth to understand when this increased risk emerges.
Methods: We used Longitudinal Study of Australian Children cohort data. Outcomes were body dissatisfaction (8/9, 10/11, 12/13 years) and disordered eating (any binge eating, purging, or fasting, 14/15, 16/17, 18/19 years). Exposures were binary indicators of self-reported sexual orientation and gender identity at 18/19 years. We used univariable and multivariable multilevel linear and logistic regressions to model outcome trajectories, including an exposure-by-time interaction to investigate differences in trajectories' slopes.
Results. 2,567 participants were included in the analytical sample; 23.7% identified as sexual minority and 1.2% as gender minority. Compared to heterosexuals

Authors:
**Presenter,** Prof. Francesca Solmi
Tyler Elliott
Prof. Gemma Lewis
Talen Wright
Prof. Glyn Lewis
Jane Sungmin Hahn

Subcontribution 18210 to Session ID 5800
Day 1 - 29.06.2025, 18:00 - 18:15, Boston

# Using the Person-based Approach to design a novel Virtual Reality café intervention for eating disorders

T18 - Eating disorders

Abstract:

Aims

Previous qualitative work identified that a Virtual Reality (VR) café environment within which people with eating disorders can practice activities they find challenging may be a useful treatment adjunct. The aim of this study was to gain insight from people with current or previous eating disorders, parents/carers, and clinicians, to inform the design of a VR graded-exposure café scenario.

Methods

We conducted semi-structured interviews and focus groups with people with a current or previous eating disorder, parents/carers, and clinicians, to explore what they would want in a VR café in order for it to be a helpful part of treatment. We also encouraged discussion of potential negatives and risks of such an intervention. The data were used to inform the initial development of a VR café using the Person-based Approach to digital intervention development.

Results and Conclusions

We interviewed 15 14-25 year olds with a current or previous eating disorder, four parent/carers and six clinicians. We used the content of these interviews to design the intervention. Key features that our participants wanted from the VR café included the ability to choose challenges in four areas: (1) noise and busyness of the café; (2) menu options, including presence and absence of calories; (3) level of difficulty of conversation with café staff; (4) ordering drinks and food which are more or less challenging. Interviewees highlighted the potential for the VR café to be novel and fun, and also expressed concerns, including whether skills would transfer to the real world.

Authors:

**Presenter,** Dr. Helen Bould Centre for Academic Mental Health, University of Bristol, NIHR Bristol Biomedical Research Centre

Subcontribution 19465 to Session ID 5800
Day 1 - 29.06.2025, 18:15 - 18:30, Boston

# Assessing Transition Quality in Eating Disorder Care: Development and Validation of the TRIPS Scale

T18 - Eating disorders

Abstract:
Recently, we developed and tested an actionable, evidence-based framework (TRIPS: Timely talks, Readiness, Inclusion, Preparation, and Synergy) to improve service transitions and mental health outcomes for young people with eating disorders (EDs). Preliminary findings suggest that higher levels of patient readiness, caregiver inclusion, and clinical support during transitions from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS) predict reduced ED psychopathology over time. Building on these observations, the present study details the development and validation of the TRIPS scale, guided by the lived experiences of patients, caregivers, and clinicians. As the first standardized measure of transition quality in ED care, the TRIPS scale holds promise for elucidating which aspects of transitioning influence symptom trajectories among this vulnerable population. If broadly applied across primary, secondary, and tertiary care settings, the TRIPS scale may inform healthcare policy, optimize transition management, and ultimately improve clinical outcomes for young people with EDs. Eventually, we hope the TRIPS scale becomes obsolete, reflecting a future in which seamless transitions are the norm rather than the exception.

Authors:
**Presenter,** Anya Ragnhildstveit University of Cambridge
Prof. Tamsin Ford University of Cambridge
Dr. Sharon Neufeld University of Cambridge, Department of Psychiatry

Symposium 20443 to Session ID 6384
Day 1 - 29.06.2025, 19:00 - 19:00, Foyer Schweitzer

Welcome reception at the Palais Universitire

Abstract:
Pl. de l'Université, 67000 Strasbourg, Frankreich

Authors:

Symposium 20444 to Session ID 6385
Day 1 - 29.06.2025, 19:00 - 20:00, Foyer Schweitzer

Welcome reception at the Palais Universitaire

Abstract:
Pl. de l'Université, 67000 Strasbourg, Frankreich
https://maps.app.goo.gl/R3Fq6EPAZ3bfh5nz6

Authors:

Symposium 18860 to Session ID 5998
Day 2 - 30.06.2025, 07:30 - 08:45, Schweitzer

Innovations in Early Interventions in Perinatal Mental Health
T47 - Prevention & intervention

Abstract:
Early interventions in perinatal mental health represent a unique and powerful opportunity to positively impact both parental well-being and a child's developmental trajectory during the critical early stages of life. These programs exert their influence through two primary pathways: indirectly by improving parental mental health and the caregiving environment, and directly by providing structured, developmentally supportive experiences for children.
Although grounded in diverse theoretical frameworks—such as the transactional model, attachment theory, and developmental approaches—these interventions share common therapeutic goals. They aim to empower parents by enhancing knowledge and self-efficacy, fostering nurturing parent-infant interactions, and addressing barriers to accessing professional support and external resources.
This symposium will showcase three distinct yet complementary early intervention programs, each addressing critical aspects of perinatal mental health, and highlighting the diversity of approaches and therapeutic targets in this field. Together, these presentations will explore how innovative approaches in perinatal mental health can transform early developmental outcomes by addressing the interconnected needs of parents and children.

Authors:
**Chair** PhD Judith van der Waerden INSERM U1136

Subcontribution 18861 to Session ID 5998
Day 2 - 30.06.2025, 07:30 - 07:45, Schweitzer

Features of families referred to a new French perinatal home visit program
T47 - Prevention & intervention

Abstract:
AIMS
Perinatal home visit (PHV) programs represent an opportunity to provide parenting support interventions for families they might not otherwise access due to multiple adversity factors.
METHODS
This retrospective study focused on 81 families referred for PHV since the program's creation in 2022. A 35-item grid was completed by the clinicians involved for each family to document (i) the referral's context, (ii) socio-demographic and medical characteristics, (iii) psychiatric history, (iv) care provided, and (v) the ICD-10 diagnoses. These features were compared to the 2021 French National Survey on Perinatal Health data (NSPH).
RESULTS AND CONCLUSIONS
Most cases were referred by maternities, with visits starting in the antenatal period for 33% of the family. Situations of social deprivation (i.e., related to housing, income, or social protection access) were over-represented in these families compared to data from the national survey (Odd-Ratios [OR]=8.2), as well as the contexts of violence during pregnancy (OR=12.0 ). Half of these families were naïve to any psychological or psychiatric care. The mean number of visits was 7.79 ± 8.26, with the participation of different types of professionals (e.g., psychologist, motor therapist, childcare worker, educator). The most common maternal psychiatric disorders reported were stress and trauma-related disorders, followed by depressive and anxiety disorders. Based on the Clinical Global Impression-Improvement subscale, 52% of the families were considered to have significantly improved at the end of treatment. These preliminary results show effectiveness in providing supportive parenting care for families at multiple risk.

Authors:
**Presenter,** Dr. Xavier Benarous

Subcontribution 18862 to Session ID 5998
Day 2 - 30.06.2025, 07:45 - 08:00, Schweitzer

Parents & Babies: Enhanced Perinatal Emotional Regulation and Self-Efficacy for Improved Child Development
T47 - Prevention & intervention

Abstract:
AIMS
Developmental issues that arise in infancy are associated to maternal emotional and psychological distress through exposure in pregnancy. Preventive interventions offered to the pregnant women population showing signs of psychosocial vulnerabilities, benefiting the unborn, are urgently needed. Preventing child emotional, and behavioral disorders is one of the soundest investments a society could make. The objective is to determine whether infants of mothers who participated in an intervention that aims to improve maternal well-being during pregnancy will be associated to better child cognitive and socio-emotional development at 18 and 36 months. The relationship between maternal mental health (anxiety – STAI and depression – EPDS), and pregnancy and obstetric complications will be further explored.
METHODS
The study is implemented as the continuation of a larger experimental study that aims to compare the impact of an online intervention with or without telephone support during pregnancy on the well-being of mothers. It measures mother's emotion regulation and self-efficacy and child cognitive and social-emotional development at 18 and 36 months. 500 expectant mothers were recruited from the CHU-Sainte-Justine hospital. Maternal data from the larger study will be merged with the child ancillary study data. Questionnaires will be completed digitally. Gender and sex considerations will be factored into statistical analyses.
RESULTS AND CONCLUSIONS
Results will inform perinatal care practices by aiming to increase parental psychological and emotional health and well-being. Knowledge translation activities will aim to educate stakeholders on the benefits of an intervention that promotes child development by optimizing parental well-being during pregnancy.

Authors:
**Presenter,** Prof. Dr. Tina Montreuil

Subcontribution 18864 to Session ID 5998
Day 2 - 30.06.2025, 08:00 - 08:15, Schweitzer

Ultra-early detection program for ASD/NDD risk in the first weeks of life with PREAUT grid and GMA aiming to change the neurodevelopmental trajectory
T47 - Prevention & intervention

Abstract:
AIMS
A consensus exists among the scientific communities that i) the developmental trajectories of babies exposed to risk factors of ASD/NDD aren't pre-determined and can be modulated by environmental influences, and ii) earlier interventions provide better outcomes in ASD/NDD prevention. The principle of ultra-early intervention is to sustain more optimal synchronous caregiver-infant interactions when brain plasticity is great and also to address motor and somatic targets that are meant to be entangled in the beginning autistic trajectory. An essential key step is, therefore, to develop valid tools for detecting abnormal development, from the first semester of life.
METHOD
After an overview of the research conducted by our research group on the validation of the PREAUT grid for detecting ASD/NDD risk in infants only aged 16 weeks, we will present the findings of a prospective study on the predictive performance of the spontaneous motor activity assessment (General Movement Analysis, GMA) using video in neonates (n=75) on ASD risk at 18 months based on the M-CHAT questionnaire.
RESULTS AND CONCLUSION
Atypical motor patterns measured with the GMA significantly predicted the autistic risk status but no other forms of psychopathology. These findings support the relevance of abnormal motor patterns as a clinical marker of autistic risk. Combining the PREAUT grid and GMA (focusing respectively on interactive skills and spontaneous motor activities) could allow to detect infants at ASD/NDD risk, especially in at-risk children like ASD siblings, in the first weeks of life, allowing an ultra-early intervention, simultaneously supporting early motor and interactive development.

Authors:
**Presenter,** Dr Catherine Saint-Georges
Annik Beaulieu

Symposium 18856 to Session ID 5791
Day 2 - 30.06.2025, 07:30 - 08:45, Curie A

# Lost in the Space: navigating barriers and challenges of service boundaries in child and adolescent mental health service landscape

T42 - Transition

Abstract:
Summary:
This Symposium will try to capture the barriers and challenges in navigating the extremely complex child and adolescent mental health services (CAMHS) in UK, from the perspectives of the young persons, their families and carers as well as the clinicians located in different positions and bubbles within this intricate landscape. The four researcher presenters will present their research projects. These will cover the different areas of CAMHS service and pathways, and the perceived as well as real barriers for service users and clinicians to navigate these. The presentations and the subsequent discussions with the attending delegates will aim to not only identify the specific and general themes around service barriers in different service boundaries - from primary care, to community CAMHS, to crisis CAMHS services to inpatient CAMHS hospitals - but also highlight and build further possible remedies and solutions towards a more joined-up well connected and good quality service experience and outcome for children and young people with mental health difficulties.
Learning objectives:
1. For delegates to develop a comprehensive understanding of the complexities and intricacies of the child and adolescent mental health services and the pathways crisscrossing through this service landscape.
2. For attendees to understand the general challenges and the specific barriers in transitioning the care of a child or young person in mental health difficulties across the CAMHS services, particularly from one service to another, from primary care all the way to a tier four adolescent psychiatry hospital admission, discharge and beyond.
3. To explore the different perspectives of the challenges in navigating the complexities of service boundaries in child and adolescent mental health services - the perspectives of the service users, families, carers and also that of the clinicians positioned in different parts of the CAMHS pathways.
4. To identify and develop possible remedies and solutions to improve the flow of care across a seemingly complex multiagency and multi-service CAMHS pathway and create a common understanding of the way forward to improve the service user and clinicians' experience as well as treatment outcome of children and young people in mental health difficulties.

Authors:
Dr. Pallab Majumder University of Nottingham

Subcontribution 18933 to Session ID 5791
Day 2 - 30.06.2025, 07:30 - 07:45, Curie A

# An investigation into the applicability of the SAFER-YCL care bundle for transitions from CAMHS Crisis and Liaison services: the barriers and enablers

T42 - Transition

Abstract:

Background

Crisis and Liaison teams in Child and Adolescent Mental Health Services (CAMHS) offer intensive, short-term support to young people experiencing mental health crisis in the community (Crisis) or admitted to acute hospitals (Liaison). There is no evidence-based model for how these teams operate. The SAFER care bundle, designed to improve discharges from acute hospitals, has been adapted for use in mental health inpatient discharges for adults (SAFER-MH) and young people (SAFER-YMH). This study took a care bundle designed to improve discharges from CAMHS inpatient care (SAFER-YMH) and used stakeholder feedback to adapt it for use in CAMHS Crisis and Liaison teams.

Method

Two phases of focus groups were carried out with healthcare professionals, young people and parents/carers to present the care bundle and discuss adaptations for use in CAMHS Crisis and Liaison teams. Analysis of transcripts followed a Normalisation Process Theory framework to identify barriers and facilitators to implementation and necessary adaptations.

Results

Participants expressed that if the SAFER-YCL care bundle was integrated into the electronic patient record, pulled through information from other forms and provided a template for discharge letters and safety plans, it could act as an aide-memoire and supersede current discharge documents. It would need to avoid increasing documentation burden for staff and have flexibility to be administered by different staff members and at an appropriate time.

Conclusions

The SAFER-YCL care bundle has been created for use in CAMHS Crisis and Liaison services. This requires feasibility testing as the next step to implementation.

Authors:

**Presenter,** Neve Jones

Subcontribution 18935 to Session ID 5791
Day 2 - 30.06.2025, 07:45 - 08:00, Curie A

# The CAMH Crisis evidence review: examining the organisation of crisis services across education, health, social care and voluntary sectors; the experiences and perceptions of CYP, families and staff; the effectiveness of current approaches to care and the

T42 - Transition

Abstract:
Dr Evans is a Reader in Mental Health Nursing in Cardiff University. Her presentation also focuses on service boundaries. She has recently completed CAMH Crisis evidence review and CAMH Crisis 2 empirical study which will be completed soon. She has carried out the Keeping in Touch study (young people inpatient CAMHS, staying connected with family friends and education) which build on another NIHR funded RiSC evidence review. Her The Blueprint study – services for CYP with common mental health conditions, focuses on the interesting differences in provision between NHS and third sector. She was involved in the CAMHS admission criteria evidence review for the RCPsych. Another of her projects was CAMHS triage for outpatient CAMHS, a model of brief assessments, interface between primary care and CAMHS. This presentation will summarise and examine the organisation of crisis services across education, health, social care and voluntary sectors based on children young people, families and staff experiences and perception of their journey through mental health crisis provision landscape. She will also explore and reflect on the effectiveness of current approaches to care and the goals of crisis intervention.

Authors:
**Presenter,** Dr. Nicola Evans

Subcontribution 18931 to Session ID 5791
Day 2 - 30.06.2025, 08:00 - 08:15, Curie A

Knowing Where You Are Going: Co-Producing and Standardising Information About Child and Adolescent Mental Health Services Inpatient Units
T42 - Transition

Abstract:
Dr Holland's presentation is mainly focussed on healthcare services research and the impacts of out-of-area admissions in CAMHS. This presentation will capture the national multicentre Faraway Study, which has been concluded recently and the findings are very relevant in exploring the service boundaries between community and inpatient care in young people, the challenges and possible remedies to develop a good quality transition and overall child and adolescent mental health service.

Authors:
**Presenter,** Dr. Josephine Holland

Subcontribution 18857 to Session ID 5791
Day 2 - 30.06.2025, 08:15 - 08:30, Curie A

# Experiences of clinicians working in the inpatient and community mental health care pathway for young people in the UK

T42 - Transition

Abstract:

Aims

This project aimed to explore experiences of clinicians of the admission process and transition between community and inpatient care for adolescents, with an objective to inform improvement, appropriate, timely admission and discharge, and better outcomes.

Method

Survey questionnaires were sent to professionals across six Trusts and included questions relating to admission, inpatient care, and discharge. Quantitative data was analysed descriptively, whilst the qualitative data was thematically analysed.

Results

Themes included coordination and collaboration between different parts of the services, inefficiencies and convolutedness of the processes, pros and cons of current technology, complexities around bed-finding and admission agreement, and contrasting perspectives between community and inpatients.

Clinical Implications

The findings highlight important aspects of the admissions process requiring improved, such as: pre-admission communication, integration and efficiency of admission pathway, accountable gatekeeping system with ownership of risk management, improvements to referral process, relationship between community and inpatient teams, and streamlined bed management.

Authors:

**Presenter,** Dr. Pallab Majumder
**Presenter** Dr. Josephine Holland
**Presenter** Neve Jones
**Presenter** Dr. Nicola Evans

Symposium 19896 to Session ID 5978
Day 2 - 30.06.2025, 07:30 - 08:45, Varsovie

Oral Session: Eating Disorders
T18 - Eating disorders

Abstract:

Authors:

Subcontribution 17213 to Session ID 5978
Day 2 - 30.06.2025, 07:30 - 07:45, Varsovie

# The impact of social media on illness deterioration and recovery among youth anorexia nervosa

T18 - Eating disorders

Abstract:
Background/Aims:
Social media in its various and rapidly developing forms has become intertwined with society. Youth with anorexia nervosa seem especially susceptible to the impact of social media, which happens to be full of pro-anorexic and triggering content on paradoxically named recovery accounts. The aim of this study was to deepen our understanding of social media usage among youth with anorexia nervosa and how its usage should be considered during treatment.
Methods:
Semi structured interviews were conducted among eleven youth who had suffered from severe anorexia nervosa and received compulsory feeding within the last five years. The interviews included in depth discussions about the impact of social media on their illness onset, deterioration and recovery. The analysis employed systematic coding and framework analysis to identify key themes.
Results:
The themes revealed that social media could be a safe haven away from misunderstanding family members, where youth would find acknowledgement. Online communities could further fulfill social needs during isolated clinical admissions. However, if positive future perspectives were insufficient to provide motivation for recovery, increasingly negative content was found, triggering illness deterioration. Only with intrinsic motivation for recovery, could youth filter the minefield of negative content and find truly helpful communities.
Conclusions:
Preventative measures, such as raising awareness of the dangers of social media and its purposely addictive algorithms could help protect youth with anorexia nervosa from its negative consequences. Isolating a patient from social media may also increase the sense of isolation and lack of acknowledgement and should thus be considered with care.

Authors:
**Presenter,** Drs. Tim Offringa LUMC-Curium
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Prof. Dr. Robert Vermeiren LUMC-Curium
Dr. Laura Nooteboom LUMC-Curium

Subcontribution 18266 to Session ID 5978
Day 2 - 30.06.2025, 07:45 - 08:00, Varsovie

# Association of Maternal Factors With Feeding/Eating Disorders in Preschool Children

T18 - Eating disorders

Abstract:
Aims: The limited research on psychosocial risk factors of the Avoidant/Restrictive Food Intake Disorder (ARFID) diagnosis which is the new diagnosis of DSM-V. This study aims to explore the association between maternal psychosocial factors and ARFID.
Methods: The study included 21 mother-child dyads in the ARFID group and 20 dyads in the control group. ARFID symptoms were screened using the Preschool Age Psychiatric Assessment - Eating Preference and Appetite Module. Mothers' psychopathological symptoms with the Brief Symptom Inventory, and emotion regulation with the Parent Emotion Regulation Scale. Children's mental and behavioral problems were evaluated using the Child Behaviour Checklist for Ages 1.5-5 (CBCL), and developmental level was assessed with the Ankara Developmental Screening Inventory.
Results and Conclusions: The study found that maternal sensitivity and structuring, components of emotional availability, were lower in the ARFID group, with mothers showing higher emotional avoidance, indicating impaired emotion regulation. There were no significant differences between the groups in terms of anxiety and depression ($p > 0.05$), but the ARFID group showed higher levels of hostility and somatization ($p < 0.05$). Children in the ARFID group had higher scores in all sub-dimensions of the CBCL ($p < 0.05$). Our study shows a relationship between maternal psychosocial factors and ARFID, but its cross-sectional design does not establish causality. Evaluating these factors is crucial to understanding the etiology of ARFID and developing effective interventions.

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Subcontribution 19258 to Session ID 5978
Day 2 - 30.06.2025, 08:00 - 08:15, Varsovie

Treatment Compliance in Adolescents with Binge Eating Disorder
T18 - Eating disorders

Abstract:
Title:Treatment Compliance in Adolescents with Binge Eating Disorder.Aim
Authors and Further Details:
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Ezgi Sen Yılmaz, Child and Adolescent Psychiatrist, Rumeli University, Department of Psychology
Aim:Examining the relationship between psychiatric comorbidities, parental attitudes, family structure and treatment completion rates in adolescents receiving outpatient BED.Materials-Methods:The population of this prospective, single-center clinical study, conducted over 12-month period at the child and adolescent psychiatry outpatient clinic of a tertiary training and research hospital, consisted of literate adolescents diagnosed with BED between 12 and 18 ages and their parents.The sociodemographic data form, the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version, the Multidimensional Scale of Perceived Social Support, the Parent Attitude Scale, the Parental Attitude Research Instrument were administered.Treatment compliance was assessed based on attendance at cognitive behavioral therapy sessions and medication use.Factors affecting treatment compliance were addressed using both logistic regression and path analyses.Results:Of the 70 patients included in the sample, 28 (40%) completed the treatment.The treatment discontinuation rate was found to be significantly higher in males than in females(71.4% vs. 42.9% ,$p < 0.05$).The risk of treatment noncompliance in females was found to be 70% lower than in males.The presence of comorbidity reduced the risk of treatment noncompliance by approximately 80%.The level of granting autonomy to the children by their parents and the level of family support perceived by adolescents indirectly affected treatment noncompliance($p < 0.05$). Conclusions: Gender, psychiatric comorbidities, and family dynamics were found to impact treatment compliance in adolescents with BED. So, it is crucial to consider these factors and apply a holistic approach to increase treatment success.

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Subcontribution 19289 to Session ID 5978
Day 2 - 30.06.2025, 08:15 - 08:30, Varsovie

# Eating disorders with and without Nonsuicidal Self-Injury: a comparison of personality profile in an adolescent sample

T18 - Eating disorders


Abstract:

Aims

Eating disorders (EDs) and Nonsuicidal Self-Injury (NSSI) show typical onset in adolescence, and prevalence rates of NSSI in EDs patients are currently high. Our study aimed to analyze the personality profile of adolescent patients with EDs and EDs + NSSI in order to verify correlations or overlaps between the two subpopulations.

Methods

A total of 74 EDs inpatients (12 to 17 y.o.) were assessed with: Kiddie-Sads-Present and Lifetime Version (K-SADS-PL) for diagnostic aims, Deliberate Self-Harm Inventory (DSHI) for presence/absence of NSSI investigation, Personality Inventory for DSM-5 (PID-5) and Structured Clinical Interview for DSM-5 Personality Disorders (SCID-5 PD) for personality evaluation. All patients were classified in two subgroups according to lifetime history of NSSI.

Results and conclusions

In EDs + NSSI group, significant dysfunctional personological features belonging to borderline (70.40% vs 21.70%, $p < 0.01$) and avoidant (61.40% vs 30.40%, p: 0.016) domains were observed, while in the EDs patients traits related to obsessive-compulsive (50.90% vs 27.20%, $p < 0.01$) and dependent (30.3% vs 9.10%, p: 0.025) domains were found.

Furthermore, in EDs + NSSI group negative affectivity, detachment, and disinhibitions domains were found while in EDs group we observed only traits of anxiety, emotional lability, perfectionism and tendency to take risks.

Our findings revealed that EDs + NSSI patients seem to lean towards immediate gratification with high tendency to impulsive behaviors, showing a severe psychopathological complexity, while EDs group displayed increased tendency to impulse control, obsessive behaviors and perfectionism.



Authors:

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Symposium 19892 to Session ID 5974
Day 2 - 30.06.2025, 07:30 - 08:45, Luxembourg

Oral Session: Depression
T16 - Depression

Abstract:

Authors:

Subcontribution 17012 to Session ID 5974
Day 2 - 30.06.2025, 07:30 - 07:45, Luxembourg

# Depressive Symptom Screening in Middle Schools in Istanbul: An epidemiologic study

T16 - Depression

Abstract:
Aims: Depression is a significant public health concern, with severe adolescent morbidity and mortality. The schools are suggested as sites for screening and preventative interventions to promote adolescents' mental health. This cross-sectional study aimed to screen self-reported elevated depressive symptom prevalence among secondary school students in Istanbul, Turkey. The secondary objectives involved identifying behavioral problems, resilience, and risk factors related to depressive symptoms.
Methods: In Istanbul, a school-based cross-sectional study was designed to include a selected group of students (from the 6th to the 8th grade only). Six thousand one hundred ten students from nine randomly selected schools from different city districts were included. The Centre for Epidemiological Studies Depression Scale for Children (CES-DC) is utilized for depression screening. Furthermore, the Strengths and Difficulties Questionnaire (SDQ) and the Child and Youth Resilience Measure (CYRM) were also administered.
Results and Conclusions: The final study sample included 2780 participants with a mean age of 12.4±1.1 years (females:52.7%). 31.2% of the students described elevated depressive symptoms. Children with elevated depressive symptoms had lower parental education and more siblings and were living more frequently in separated families. Female students scored higher on the CES-DC, while male students exhibited greater resilience on the CYRM. In a multiple regression analysis, female gender, lower resilience score, and lower perceived academic performance significantly predicted CES-DC [ F(6,2279 ) = 421," p < 0.01"]. Our findings showed high rates of elevated self-reported depressive symptoms in a city sample among Turkish adolescents at middle schools. The findings of this study showed that higher depressive symptoms were positively associated with poor psychosocial functioning providing evidence for the accurate identification of high-risk adolescents. The behavioral difficulties and decreased resilience indicated poor psychosocial functioning, which accompanied the depressive symptoms. The resilience promotion programs aimed at preventing adolescent depression may involve school systems in secondary high school education.

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MD, Prof. Melda Karavus
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Subcontribution 17472 to Session ID 5974
Day 2 - 30.06.2025, 07:45 - 08:00, Luxembourg

# Delivering CBT intervention (“Pesky gNATs: the feel good island” ) to individuals with 22q11.2 deletion syndrome to reduce anxiety and/or depression.

T16 - Depression

Abstract:
This research aims to deliver the Cognitive Behavioural Therapy (CBT) Computer-based Intervention “Pesky gNATs: feel good island” for the treatment of anxiety and depression in individuals with a mild-moderate intellectual disability. Given the high rates of co-morbid psychiatric conditions and mild-moderate intellectual disability present in the 22q11.2 deletion syndrome (22q11.2DS) population, this was identified as a suitable population for this research. This is a quantitative, one-group pre and post-test quasi-experimental research study. Participants self-selected from the charity organisation 22q11 Ireland. Participants completed pre- and post-intervention anxiety and depression measures (Glasgow anxiety & depression scales, Mindham & Espie, 2003 & Cuthill et al., 2003) and a Quality-of-life measure (Schalock & Keith, 1993). In the intervention, participants complete 7 levels of intervention, bi-weekly. Each level takes 1 hour to complete and is delivered 1:1 in person with the researcher. This research is currently underway and so results of same are pending (completion Feb 2025). However, the randomised-control-trial pilot study (n=52) for this intervention found a significant reduction in the intervention groups total anxiety, and reduced levels of depression. At the first comparison point (post treatment) the intervention group (n=26) had less anxiety than the group receiving regular therapy (n=26). After 3 months, the computer-game participants had continued to have a reduction in anxiety. Outside of the pilot study, this research is the first to deliver this adaptation of “pesky gNATs”. This research hopes to, not only reduce anxiety and depression, but also to further inform future intervention delivery within this population. This research tests this interventions feasibility in a high-risk population.

Authors:
**Presenter,** Elisha Minihan University College Dublin
Miranda Comar 22q11 Ireland
Prof. Fiona McNicholas University College Dublin

Subcontribution 17883 to Session ID 5974
Day 2 - 30.06.2025, 08:00 - 08:15, Luxembourg

# Childhood Clinical Features Preceding the Onset of Bipolar Versus Major Depressive Disorders During Adolescence

T16 - Depression

Abstract:
Aims: we sought to identify early clinical factors that predic Bipolar Disorder (BD) versus Unipolar Major Depressive Disorder (UD) outcomes during adolescence. We hypothesized that symptoms occurring during childhood before the onset of the first major depressive episode and psychopathological characteristics of the mood disorder at onset would effectively differentiate later emergence of diagnosable BD versus UD.
Methods: retrospective data obtained during clinical assessments were extracted from detailed clinical records of adolescents evaluated at the Mood Disorder Program of Bambino Gesù Children's Hospital in Rome. We analyzed clinical data from 495 juveniles diagnosed with DSM-5 UD (n = 359), and BD (n = 136), using bivariate analysis and multivariate logistic regression model.
Included subjects were children and adolescents aged from 6 to 18 years with a diagnosis of a major affective disorder made clinically and confirmed by the Kiddie-Schedule for Affective Disorders and Schizophrenia for School-aged Children, Present, and Lifetime version, as defined from the categorial diagnostic framework of the DSM5 criteria. All the assessments were based on detailed clinical evaluation and on semi-structured interviews performed by experienced child and adolescent psychiatrysts and psychologists.
Results: BD subjects exhibited earlier onset of any psychiatric feature compared to UD. Antecedents associated with later BD were: oppositional defiant > specific phobias > ADHD > obsessive compulsive (OCD). Antecedents selectively associated with later UD were: social anxiety and separation anxiety. Factors significantly and independently associated with later BD diagnosis were: [a] emotional dysregulation at onset of the mood disorder; [b] first depressive episode with mixed features; [c] antecedent ADHD; [d] antecedent OCD, and [e] antecedent oppositional-defiance.
Conclusions: the findings may be useful to clinicians in the early recognition of patients at high risk for treatment emergent mania when treated with antidepressants, and to define which clinical characteristics of depression should alert clinicians to the likelihood of bipolar depression. Family history of bipolar disorder, earlier onset of any type of psychopatological symptoms, antecented ADHD, OCD, specific phobias, and ODD are all clinical features arising before the onset of the first major affective episode that can help distinguishing youths with bipolar versus major depressive disorder.

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Subcontribution 18450 to Session ID 5974
Day 2 - 30.06.2025, 08:15 - 08:30, Luxembourg

# A Comparative Analysis of Endothelial Dysfunction in Adolescents with Depressive Disorder and Healthy Controls

T16 - Depression

Abstract:
Aim: The objective of this study was to investigate the relationship between depression and CVD, with a particular focus on endothelial dysfunction as a potential mechanism through which this relationship may be mediated. To this end, we compared the levels of three endothelial dysfunction markers (sICAM-1, sVICAM-1 and endocan) in a group of depressed adolescents and a control group of healthy individuals.
Materials and Methods: In this cross-sectional study, the research group consisted of 20 adolescents aged 13-18 years with major depressive disorder (MDD), while the healthy control group comprised 20 adolescents of the same age range who did not have any psychiatric disorder. The children in both groups underwent mental health examinations conducted by an experienced psychiatrist. Additionally, the Revised Child Anxiety and Depression Scale (CADS-R) was completed by both groups. The sociodemographic form was completed by the researcher through direct questioning of the participants and their caregivers. The severity of depression and functioning were evaluated using the Global Assessment Scale (GAS) and the Hamilton Depression Rating Scale (HAM-D). Anthropometric measurements, including height, weight and blood pressure, were taken. Venous blood samples were obtained from all participants between 09:00 and 10:30 hours, and analysed for sICAM-1, sVICAM-1 and endocan markers using the ELISA method.
Results: The results demonstrated no statistically significant difference in sICAM-1, sVICAM-1 and endocan levels between the two groups. No correlation was found between sICAM-1, sVICAM-1 and endocan levels and depression severity, duration or number of depressive episodes.
Conclusion: To the best of our knowledge, this is the first study to investigate depression and endothelial dysfunction in an adolescent population using sICAM-1, sVICAM-1 and endocan levels. This study contributes to the existing literature on the relationship between depression and cardiovascular diseases. Considering that the pathophysiological basis of cardiovascular diseases, especially in adulthood, starts much earlier, follow-up studies with large samples are needed to explain the relationship between depression and cardiovascular diseases

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Symposium 19883 to Session ID 5971
Day 2 - 30.06.2025, 07:30 - 08:45, Madrid 1

Oral Session: ASD
T04 - ASD

Abstract:

Authors:

Subcontribution 17358 to Session ID 5971
Day 2 - 30.06.2025, 07:45 - 08:00, Madrid 1

# Sirtuin1 and Melatonin in Autism: Unveiling Links to Sleep and Circadian Rhythms

T04 - ASD

Abstract:
Aims: This study aims to assess serum Sirtuin1 (SIRT1) levels, salivary melatonin levels, and dim light melatonin onset (DLMO) in children diagnosed with autism spectrum disorder (ASD), and to investigate the relationship between these parameters and sleep habits, along with circadian rhythm, by comparing the findings with those from healthy controls.
Methods: This cross-sectional study included 20 children aged 3–10 years with ASD and 20 age- and gender-matched healthy controls. Mental health evaluations for all children were performed using the Childhood Autism Rating Scale to assess the severity of ASD symptoms, and the Sleep Habits Questionnaire and Aberrant Behavior Checklist to evaluate sleep patterns and behavior. Saliva samples were collected at one-hour intervals starting three hours before bedtime for melatonin analysis, using ELISA. SIRT1 levels were measured from blood samples using ELISA.
Results: No significant difference in SIRT1 levels was observed between the groups. However, the ASD group exhibited a more pronounced increase in salivary melatonin levels before bedtime and higher melatonin levels upon waking, compared to the control group. A significant difference was found in the distribution of DLMO between groups. However, when analyzing early and late DLMO separately, no significant differences were observed between the groups.
Conclusions: This first clinical investigation of SIRT1 in relation to sleep and melatonin in autism highlights altered melatonin secretion patterns in ASD, emphasizing the need for further research into circadian rhythm disruptions in autism.

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Subcontribution 17377 to Session ID 5971
Day 2 - 30.06.2025, 08:00 - 08:15, Madrid 1

# Socio-emotional regulation in infants at elevated likelihood of autism: feasibility and preliminary results from an eye-tracking study

T04 - ASD

Abstract:

Aims

The aim of this study is twofold: i) to assess the acceptability, feasibility and implementation of a head-mounted eye tracker (HMET) to investigate socio-emotional stress regulation (SESR) in infants; ii) To characterize the trajectory of SESR in infants with elevated likelihood of autism (EL-ASD) compared to infants with low likelihood of developing autism (LL-ASD).

Methods

This study is part of a broader, longitudinal research aimed at assessing the specificities of SESR strategies in dyads of EL-ASD infants and their parents. We recruited dyads of EL-ASD and LL-ASD infants aged 6-12 months and their parent/caregiver for a videotaped Face-to-Face Still-Face (FFSF) session. During the experimental paradigm, we recorded simultaneous parent and child gaze using a HMET. Infants' negative emotionality and avoiding gaze, as well as parents' verbal and touching behaviors, were micro-analytically coded. The HMET provided an objective, quantitative biomarker of gaze behaviors, joint attention, and visual attention during socio-emotional stress.

Results and Conclusions

We provide preliminary evidence for the acceptability and feasibility of HMET to assess dyadic gaze behaviors during SESR. The use of this system during emotion-evoking paradigms such as the FFSF allows for the collection of quantitative objective measurements on mutual gaze behaviors. Observational data from the FFSF sessions provided preliminary support for an early alteration of gaze behavior in EL-ASD compared to the LL-ASD dyads. Further studies are warranted and underway to detect the emergence of atypical behavioral responses to social stimuli. Validating and implementing new technologies could provide insightful evidence for early profiling and intervention in the EL-ASD population.

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Subcontribution 17405 to Session ID 5971
Day 2 - 30.06.2025, 08:15 - 08:30, Madrid 1

# Maternal inflammatory proteins during pregnancy and the risk of neurodevelopmental disorders at age 10

T04 - ASD

Abstract:
Maternal inflammation during pregnancy is linked to an increased risk of neurodevelopmental disorders (NDDs), such as ADHD and autism, and cognitive deficits in early childhood. However, the contributions of a wider range of inflammatory proteins to this risk have not been investigated in a prospective clinical study. This study aimed to determine whether maternal inflammatory proteins during pregnancy are associated with the risk of NDDs and executive functions (EF) in middle childhood, and to identify protein patterns linked to NDDs and EF. In a 10-year follow-up of the Danish Copenhagen Prospective Studies on Asthma 2010 mother-child birth cohort (COPSAC2010), plasma samples from 555 mothers at week 24 of pregnancy were analyzed for 92 inflammatory proteins using the Olink panel. Offspring NDDs and EF were assessed at age 10. PCA revealed that higher levels of maternal inflammatory proteins in PC1 were associated with increased risk of NDDs (OR=1.49 [95%CI, 1.15-1.94], P=.003), particularly autism (OR=2.76 [1.45-5.63], P=.003) and ADHD-inattentive presentation (OR=1.57 [1.05-2.39], P=.03). Single-protein analysis identified 18 proteins significantly associated with any NDDs (OR range=1.41-3.0, FDR < 5%). The sPLS approach revealed 34 proteins associated with any NDDs and 39 with ADHD-inattentive presentation. No associations were found between inflammatory proteins and EF after FDR correction. We conclude that the maternal inflammatory proteins during pregnancy were associated with NDDs risks in offspring at age 10. VEGFA, CCL3, CD5, IL-12B, FGF-23, and MCP-1 emerged as top proteins associated with risk of NDDs. Further research is warranted to elucidate the specific pathways involving these proteins during pregnancy that could be targeted with prevention strategies to reduce risk of NDDs in children.

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Symposium 18239 to Session ID 5906
Day 2 - 30.06.2025, 07:30 - 08:45, Madrid 2

Innovative pedagogical practices in Child and Adolescent Psychiatry
T48 - Public Health and Organisation of CAP Services

Abstract:
The symposium explores innovative pedagogical practices in child and adolescent psychiatry (CAP), highlighting strategies to enhance training and address contemporary challenges in the field. Four presentations will focus on various methods for enriching education and engaging future practitioners. The first presentation presents "Tracer la Voix", a pedagogical podcast that aims to increase awareness of CAP practice through personal stories, interviews, and theoretical insights. By leveraging a modern, user-friendly, and widely accessible medium, the podcast increases the visibility of the discipline and engages younger generations through education. Furthermore, it offers medical and paramedical students a unique chance to explore the behind-the-scenes realities of their future profession. The second presentation explores the use of simulation in CAP education, providing students with immersive, realistic scenarios to develop clinical and relational skills. Simulation enables students to confront complex cases, “never for the first time on the patient” on the one hand, and taking into account their psychological safety on the other. The third presentation discusses a qualitative exploration of a Mental Health First Aid (MHFA) course for healthcare students, aimed at improving mental health literacy, reducing stigma, and equipping students with peer-support skills. Finally, the fourth orator presents a quantitative study on the mental health of residents in Réunion Island, assessing the prevalence of psychological distress among trainees and its impact on their professional development. Each intervention highlights the importance of innovative pedagogic practices to enhance CAP attractivity and increase mental health skills in medical students.

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Subcontribution 18248 to Session ID 5906
Day 2 - 30.06.2025, 07:30 - 07:45, Madrid 2

"Tracer la Voix: A Pedagogical Podcast to Delve into Child and Adolescent Psychiatry Practice"
T48 - Public Health and Organisation of CAP Services

Abstract:
Aims: “Tracer la Voix” (TLV) is a pedagogical podcast designed to familiarize listeners with the practical realities of working as a child and adolescent psychiatrist. It pursues two primary objectives: enriching students’ hidden curriculum by highlighting the lived experiences of practitioners and promoting child and adolescent psychiatry (CAP) to the wider public Methods: Each 30-minute episode of TLV explores a significant theme within child and adolescent psychiatry (CAP). Presented from a first-person perspective, the episodes blend real-life stories, interviews with professionals or patients, and clear explanations of key theoretical concepts. The podcast is available for free on all major streaming platforms. Results and conclusion: Two months after its release, TLV has achieved 10,000 listens, with most of the feedback being positive. We received spontaneous comments suggesting the podcast's tangible impact. For example, a medical student mentioned being inspired to consider a residency in CAP, a parent of a disabled child shared that she felt less apprehensive about consulting a psychiatrist and medical doctor stated that he got motivated to seek a deeper understanding of his colleagues’ work. In France, CAP faces a critical workforce shortage, primarily driven by its decreasing appeal to new practitioners. By leveraging a modern, user-friendly, and widely accessible medium, TLV addresses this urgent challenge by increasing the visibility of the discipline and engaging younger generations through education. Additionally, through storytelling and opportunities for identification, TLV offers medical and paramedical students a unique chance to explore the behind-the-scenes realities of their future profession.

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Subcontribution 18249 to Session ID 5906
Day 2 - 30.06.2025, 07:45 - 08:00, Madrid 2

Teaching child and adolescent psychiatry through simulation
T48 - Public Health and Organisation of CAP Services

Abstract:
Simulation has significantly expanded in the teaching of child and adolescent psychiatry, becoming an essential pedagogical tool since the 2000s. It involves recreating realistic clinical scenarios with simulated patients, offering students a safe and controlled environment to develop communication skills and handle pediatric psychiatric disorders. This method allows students to work on complex cases they might not encounter during their regular training or clinical placements, particularly subtle disorders and specific relational dynamics with young patients. One of the key advantages of simulation is its ability to address emotionally and ethically complex situations, such as dilemmas around consent, confidentiality, and child protection. Students can rehearse clinical procedures before applying them in real-life settings, thus reducing the risk of errors. However, simulation has its limitations. It struggles to fully replicate the diversity and authenticity of real-life clinical encounters, particularly when it comes to simulating the variety of human behaviors and psychopathologies. Moreover, it requires significant resources, both in terms of equipment and trained personnel, to ensure its effectiveness. In conclusion, while simulation is a valuable tool for supplementing theoretical education and clinical placements, it cannot replace the rich and varied experiences gained in real-world clinical practice in the training of future professionals in pediatric psychiatry.

Authors:
**Presenter,** Prof. Fabienne Ligier

Subcontribution 18250 to Session ID 5906
Day 2 - 30.06.2025, 08:00 - 08:15, Madrid 2

# Training healthcare students to Mental Health First aid: implementation study within Université Paris Cité

T48 - Public Health and Organisation of CAP Services

Abstract:
Aims: Healthcare students face a heightened risk of mental health challenges, including anxiety, depression, and suicidal ideation. To address this, Université Paris Cité in France has introduced a Mental Health First Aid (MHFA) course aimed at enhancing students' mental health literacy, self-care, and peer-support skills while reducing stigma surrounding mental illness. This study explores the lived experiences of the first healthcare students who participated in the MHFA training, with the goal of assessing its implementation and impact within this specific context. Methods: Employing the five-stage inductive process to analyze the structure of lived experience (IPSE) approach, we conducted a qualitative study. All healthcare students who completed the 2-day MHFA training were invited to participate. Data was gathered through individual semi-structured interviews and analyzed through an inductive, descriptive, and structuring procedure to identify the core axes of the lived experience. Results and conclusion: Twenty students participated in the study. Analysis revealed a common structure of lived experience across three central axes: (1) personal experience, (2) student experience, and (3) professional experience. Participants' motivations for taking the course were personal (concern for the topic), academic (learning and revising psychiatry), and professional (developing practical and soft skills). Participants reported transformative experiences and interventions with friends and family. However, they also expressed frustration with the course's content and format. This study highlights original insights for better adapting the MHFA course to healthcare students' specific needs.

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Subcontribution 18251 to Session ID 5906
Day 2 - 30.06.2025, 08:15 - 08:30, Madrid 2

Burnout Syndrome and Quality of Life Among Interns in the Indian Ocean Subdivision
T48 - Public Health and Organisation of CAP Services

Abstract:
Introduction: Healthcare workers' well-being is a major public health concern. To date, no study has assessed burnout among interns in Mayotte or analyzed its progression in Réunion. The primary aim of this study was to evaluate the prevalence of burnout syndrome among interns in the Indian Ocean subdivision. Methods: A quantitative, descriptive epidemiological study was conducted among interns in Mayotte and Réunion. Burnout was measured using the Maslach Burnout Inventory (MBI). Quality of life was assessed with the WHOQOL-BREF questionnaire validated by the WHO and a visual analog scale (VAS). Burnout syndrome was classified as complete when all three MBI subdimensions (emotional exhaustion, depersonalization, and reduced personal accomplishment) were present. Results: The prevalence of complete burnout syndrome was 13.6%. Bi-dimensional and uni-dimensional burnout were observed in 26.1% and 54.5% of the sample, respectively. High emotional exhaustion affected 30.7% of participants, high depersonalization 46.6%, and reduced personal accomplishment 19.3%. The median quality of life was evaluated at 8.0 [7.0; 9.0] on the VAS and 72% [52; 80] on the WHOQOL-BREF. Conclusion: The prevalence of complete burnout syndrome among interns in the Indian Ocean subdivision nearly doubled between 2015 and 2021 (7% and 13.6%, respectively). Emotional exhaustion and depersonalization have increased, while personal accomplishment and quality of life have shown improvement. These findings highlight the need to strengthen prevention and support strategies for this population. Key prevention strategies identified included the implementation of peer-support groups with a dedicated access to mental health care, structured mentoring programs, and institutional efforts to promote work-life balance, particularly for residents in underserved areas. These initiatives focused on fostering resilience, improving communication with supervisors, and providing resources for mental health support.

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Symposium 19727 to Session ID 5960
Day 2 - 30.06.2025, 07:30 - 08:45, Amsterdam

Workshop: The Swiss "Zukunftsrat / le conseil du futur U24" and more 2024 youth panels and what experts and citizen can do to promote this into healthy policy and society

Abstract:

Authors:

Subcontribution 18624 to Session ID 5960
Day 2 - 30.06.2025, 07:30 - 08:45, Amsterdam

the Swiss "Zukunftsrat / le conseil du futur U24" and more 2024 youth panels and what experts and citizen can do to promote this into healthy policy and society

Abstract:
aim:
This co-lead workshop utilizes mental health promotion with and for youth - with an OECD-informed UNESCO-"Swiss Society for Common Goods"-lead deliberation process with the Swiss youth Zukunftsrat.ch (future panel – s.a.: https://zukunfts-rat.ch )– next to WHO/ public / planetary health data and implementation (gap) expertise.
We aspire colleagues to an imaginative, well-informed & joyful, fit for future democratic Europe with ethos and pan-regional resource re-allocation for a well-off youth with agency, family quality-of-living and decent work environments.
method:
First we compare the Swiss youth panel demands & process - relating it to the 9265 European youth from the "Our Rights. Our Future. The Europe we want" survey (Jan. 2024), next to mental health (McGorry et al. 2024) and planetary health meta-data (Gupta et al. 2024) and the 2024 UN pact for future youth demands.
Second we will design-think how to fulfill youth demands within a health-care and well-being change theory incl. the 2024 WHO-Europe "behavioural and cultural insights" public health co-strategy delivered.
results:
20'000 selected Swiss youth chose mental health as core theme (40.1%)! After learning and deliberation days a representative group of 80 youth voted on 18 demands:
national monitoring of mental health, one united mental health website, half-yearly preventive in-school psychologic opt-out screening sessions, support smooth transition into adulthood, inter-regional collaboration for health promotion, social security measures for mental issues at work, mental health prevention laws, promotion of dialogue and openness, awareness campaign, free mental health capacity-building for teachers.
Additionally: social media regulation, strengthening of working rights/collective contract protection, mental health measures in corporations, capacity building in social activities and stress regulation, equity in social worker access, school subject "personality development and psychology", first parents literacy, a mini-guide book for the first 1000 days of being a parent.
Those overlap significantly with the 2024 European Youth demands. Also they fit into the public health-data informed demands made by McGorry et al., the UN and Gupta et al. for societal and educational transitions and ways of sufficient resource allocation and non-harming economies. Public health-informing pan-regional ways of stakeholder dialogues are strategies to mediate this into society.

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Symposium 19898 to Session ID 5980
Day 2 - 30.06.2025, 07:30 - 08:45, Londres 1

Oral Session: Family
T20 - Family / systemic therapy

Abstract:

Authors:

Subcontribution 17859 to Session ID 5980
Day 2 - 30.06.2025, 07:30 - 07:45, Londres 1

Individually delivered parenting program OPPI: Promising results in parental perceptions and children's behavioral symptoms in clinical settings
T20 - Family / systemic therapy

Abstract:
Introduction: Parenting programs are well-established interventions for children´s behavioral problems. However, engaging parents in these programs is challenging, and even half of the children in need are left untreated. To enhance engagement, more understanding is needed on parental perceptions of these programs. Studies are especially lacking on the feasibility and effectiveness of individually delivered programs aimed at children with high symptom levels. This study introduces a novel individually delivered parenting program, OPPI, developed for clinically referred children with behavioral disorders. We examine parental perceptions of the content and teaching formats included in the program and its preliminary effectiveness on child behavioral symptoms. Methods: The participants were 61 Finnish-speaking parents with their 45 children attending the intervention at child psychiatric clinics at Helsinki University Hospital. They filled out the Parent´s Consumer Satisfaction Questionnaire at the end of the intervention regarding their perceptions of the teaching formats and parenting practices included in the intervention and pre- and post-intervention measures regarding child symptoms. Results: Parental overall opinions about the parenting program were positive. They perceived most parenting practices, especially positive ones, as useful and easy to follow, while time-out was considered less useful. Regarding program effectiveness, children's behavioral symptoms decreased significantly from pre- to post-intervention. Conclusions: The OPPI parenting program was well-liked and perceived as useful. Our study provides valuable information on the feasibility of formats and contents in parenting program. This can guide clinicians in focusing treatment more effectively ultimately enhancing parental engagement and the overall effectiveness of parenting programs.

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Subcontribution 18377 to Session ID 5980
Day 2 - 30.06.2025, 07:45 - 08:00, Londres 1

# Are parents aware of their adolescents' risky behaviors? A diary study among families

T20 - Family / systemic therapy

Abstract:
Aims: This study investigated parents' awareness of their adolescents' daily risky behaviors and examined differences between mothers' and fathers' knowledge. This is a crucial and understudied topic, which is pivotal for 'just in time' prevention of adolescents risk taking in real-life. We hypothesized that there would be discrepancies between adolescents' reports and parents' perceptions, and that mothers would demonstrate greater awareness than fathers.
Methods: We conducted a diary study with 153 triads of adolescents (aged 15-19) and their parents in Israel. The sample included families collected before and after the COVID-19 outbreak. Participants completed daily questionnaires for one week, reporting on the adolescents' engagement in risky behaviors. We targeted a broad base of risky behaviors, including reckless driving, substance abuse, aggression and unprotected sex. Each behavior was dichotomized for either happened or not that day. To capture congruence between parent and child report on daily risk taking a gap score was calculated for each behavior.
Results and Conclusions: Adolescents generally reported low engagement in risky behaviors, with the most frequent behaviors were school truancy and falling beyond school work. Parents tended to underestimate their adolescents' involvement across all risk taking domains, and especially substance abuse and un protected sex. Mothers reported higher levels of adolescents' risky behaviors compared to fathers, particularly for sons. These results highlight the importance of improving parent-adolescent communication regarding trisk taking and developing targeted interventions to promote adolescent safety. Future research should include observations and in-depth interviews to unravel signs of risks among youth and communication patterns on risk taking within families.

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Subcontribution 18629 to Session ID 5980
Day 2 - 30.06.2025, 08:00 - 08:15, Londres 1

# Post-Traumatic Parental Emotional Reactions as Predictors of PTSD Symptoms in Children and Adolescents

T20 - Family / systemic therapy

Abstract:
Traumatic experiences, along with the coping strategies and emotional responses of both the victim and their social environment, are key post-traumatic risk factors for the development of psychopathology. The family environment, especially parental responses, plays a crucial role in the manifestation of trauma-related symptoms and the recovery process, particularly in PTSD. This study explores the impact of parental emotional reactions on the development of PTSD in children and adolescents. The sample consisted of 87 children and adolescents (aged 8–18, M = 14.6 ± 2.8) who had experienced a trauma according to DSM-5-TR PTSD Criterion A, along with their non-offending parents (mothers = 70, fathers = 17). Data were collected using the Parent Emotional Reaction Questionnaire and the Child PTSD Symptom Scale- Interview version for DSM-5. Most traumatic events (93.1%) were human-made, with 80.5% involving intra-family or familiar perpetrators. A multiple linear regression analysis was conducted, categorizing parental emotional reactions into three dimensions: shame, guilt, and distress. Results showed that distress was the only emotional response significantly predicting PTSD symptoms in children and adolescents (p = 0.006). This highlights the importance of parental resilience and coping skills in mitigating trauma effects. The study underscores the need for comprehensive evaluations of family dynamics and parental responses in understanding trauma-related psychopathology and advocates for targeted interventions to support parents during the recovery process.

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Subcontribution 19434 to Session ID 5980
Day 2 - 30.06.2025, 08:15 - 08:30, Londres 1

# Theory of mind development in children born preterm: Impact of children's verbal and executive functioning and of parental mental health status

T20 - Family / systemic therapy

Abstract:
Aims: Children born preterm are more likely to experience cognitive, motor, behavioral, and academic difficulties compared to full-term children. However, the impact of language, executive dysfunction and parent's psychopathology on the development of their social-cognitive abilities, specifically cognitive and affective components of Theories of Mind (ToM), remains poorly understood. This research aims to identify child cognitive and parental mental health factors that influence the development of ToM in preterm children compared to their full-term peers. Methods: A total of 28 school-aged children born prematurely and 28 full-term children matched for sex and age, and their parents were included. Executive functions, verbal skills, cognitive and affective ToM were assessed in the children. Anxiety, stress and depression were assessed in the parents, as well as maternal trauma related to childbirth. Results: Preterm children exhibited poorer executive function, especially in inhibition ($p < 0.01$) and flexibility ($p < 0.01$), compared to their full-term peers. In contrast, no significant differences were observed in affective ToM and verbal intelligence between the groups. In ToM assessments, preterm children exhibited significantly poorer performances exclusively on cognitive ToM tasks ($p < 0.005$). In terms of parental outcomes, the mothers of children born prematurely showed significantly higher levels of stress ($p < 0.05$) and traumatic birth experiences ($p < 0.001$) than their peers of children born at term. The two populations did not differ for anxiety, depression and paternal outcomes. Within the group of preterm born children, cognitive ToM performance showed a potential correlation with inhibition ($p < 0.05$), whereas affective ToM was strongly associated with shifting ($p < 0.05$) and with verbal skills ($p < 0.01$) and negatively associated with the presence of maternal trauma ($p < 0.05$). Conclusions: The development of both cognitive and affective ToM in school-age children born preterm appears to be related to the children's proper executive and verbal functioning, but also to the parents' mental health status, such as maternal trauma.

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Symposium 19231 to Session ID 5994
Day 2 - 30.06.2025, 07:30 - 08:45, Londres 2

# Clinical Diversity in Autism: Insights from Case Studies Across Malaysia and Indonesia

T04 - ASD

Abstract:
This symposium presents four compelling clinical cases of autism spectrum disorder (ASD) managed at different psychiatric centres in the Malaysia-Indonesia region, highlighting the diverse presentations and challenges in diagnosis and management. Case 1, from Selangor, Malaysia, details a 14-year-old girl with ASD who was discovered to have blank-staring episodes during her ADOS-2 assessment. With the eventual diagnosis of Tourette's syndrome (TS), this case illustrates the potential overlapping features of ASD, epilepsy, and TS. Case 2, from Malang, Indonesia, describes a 9-year-old girl with ASD and comorbid Tourette's syndrome. Early recognition and a multidisciplinary approach involving behavioural therapy and pharmacological interventions resulted in marked reduction of tic severity and better classroom engagement. Case 3, from Jakarta, Indonesia, involves a 5-year-old boy whose limited verbal output and repetitive behaviours masked underlying absence seizures, discovered incidentally during developmental assessment. Comprehensive management addressed both neurological and developmental needs, with positive developmental milestones achieved over 18 months. Case 4, from Bekasi, Indonesia, explores a 7-year-old boy with autism spectrum disorder in inclusive school who has shown prolonged aggressive behaviour and limited in social interaction, and communication despite receiving standard therapies. The treatment focuses on implementing a structured module designed to be practical for teachers in the school environment, while also incorporating family counselling to provide a comprehensive support system for child's development approach . These cases underscore the unique clinical and cultural contexts shaping ASD presentations and management in the region, and the need for culturally sensitive, individualized, and multidisciplinary approaches to optimize outcomes for children with ASD in Southeast Asia.

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Subcontribution 19235 to Session ID 5994
Day 2 - 30.06.2025, 07:30 - 07:45, Londres 2

# Case Study: Implementation of the TALIS Module for Early Intervention in Children with Autism in Indonesia

T04 - ASD

Abstract:
This case study explores the progress of a 7-year-old boy from Bekasi, Indonesia, diagnosed with autism spectrum disorder (ASD), who has shown limited improvement in behavior, social interaction, and communication despite receiving standard therapies. The child continues to exhibit prolonged aggressive behavior. The study assesses the effectiveness of the TALIS (The Talenta Life Skill) module, a structured intervention designed to address the specific needs of children with autism. The results suggest that the TALIS module is effective in promoting independence and enhancing skills in areas such as sensorimotor, language, cognitive, and social development. Additionally, the module proves to be practical for both clinical and community settings, making it a valuable tool for supporting children with ASD. This approach offers promise as an alternative to traditional therapies, providing a more holistic method for early intervention and skill development in children with autism.

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Subcontribution 19239 to Session ID 5994
Day 2 - 30.06.2025, 07:45 - 08:00, Londres 2

Diagnosis and Treatment of Autism & Seizure: Indonesian Perspective
T04 - ASD

Abstract:
In children with autism spectrum disorders (ASD), occurrence of ‘staring spells’ is common. It is defined as periods when children “space out”. This event can be classified as absence seizures (absence seizure with impaired awareness confirmed by electroencephalogram) or non-epileptic spells (inattentiveness or daydreaming). Epilepsy itself is one of the most frequent comorbidities found in children with ASDs; its incidence is significantly higher in ASD than the general population. We present a case from Jakarta, Indonesia, which involves a 5-year-old boy whose limited verbal output and repetitive behaviors masked underlying absence seizures, discovered incidentally during developmental assessment. Comprehensive management addressed both neurological and developmental needs, with positive developmental milestones achieved over 18 months. With higher prevalence of epilepsy in ASD, it is vital to have a high index of suspicion for seizure in children with ASDs and followed up by comprehensive neurological assessment.

Authors:
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Subcontribution 19242 to Session ID 5994
Day 2 - 30.06.2025, 08:00 - 08:15, Londres 2

# Unveiling Autism's Hidden Layers: Speech Perseveration and Blank Stares Revealed During ADOS-2

T04 - ASD

Abstract:
A middle adolescent girl presented to the Child and Adolescent Psychiatry (CAP) clinic of Hospital Sultan Abdul Aziz Shah, Selangor, Malaysia, with complaints of poor focus, restlessness and trouble relating to her classmates. She had some sensory issues that persisted from childhood, as she was uneasy in noisy environments, and disliked certain textures such as sticky surfaces, grass, and ill-fitting clothes. Due to the patient's clinical presentation, she was subjected to the ADOS-2 assessment. However, during the session she had multiple episodes of blank stares preceded by perseveration of speech, during which she was found repeating similar phrases of multiple times before continuing to complete her sentences. While this incidental finding raised concerns for epilepsy, further neurological evaluations failed to establish a definitive diagnosis of epilepsy. The patient was eventually diagnosed with Tourette's syndrome (TS), illustrating the diagnostic challenges posed by overlapping features of autism spectrum disorder (ASD), epilepsy, and TS. This case underlines the diagnostic crossings in children with complex neurodevelopmental profiles.

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Subcontribution 19246 to Session ID 5994
Day 2 - 30.06.2025, 08:15 - 08:30, Londres 2

Multidisciplinary Approach to ASD with Tourette's Syndrome
T04 - ASD

Abstract:
Autism spectrum disorder (ASD) and Tourette's syndrome are neurological conditions that often co-exist and share genetic similarities. ASD is characterised by deficits in social communication and language, as well as stereotypical behaviours. Tourette's syndrome is characterised by repetitive stereotypical movements (motor tics) and vocalisations (vocal tics) that persist for more than 12 months. We present a 9-year-old girl with ASD and comorbid Tourette's syndrome. A multidisciplinary approach, involving behavioural therapy and pharmacological interventions by a child and adolescent psychiatrist alongside paediatric neurologists, resulted in a marked reduction in tic severity and improved classroom engagement.

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Symposium 18663 to Session ID 5828
Day 2 - 30.06.2025, 07:30 - 08:45, Berlin

# Prediction of self-harm and borderline personality disorder in adolescents: Understanding symptomatology and underlying correlates

T15 - Deliberate self harm

Abstract:
The symposium aims at strengthening our understanding of the clinical presentation and course of non-suicidal self-injury (NSSI), suicidal behavior (SB) and borderline personality disorder (BPD) during adolescence. In the first talk, Erik Fink will present data from machine learning models including clinical and neurobiological variables to test for the prediction of suicidal behavior and NSSI remission over two years. Second, Sibille Steiner will focus on the 1-year prediction of BPD by plasma oxytocin levels. Relying also on longitudinal data, Christian Hertel will talk about the predictive value of treatment response of NSSI on future suicidal behavior, depression and BPD. Finally, Oswald Kothgassner will present findings about an attentional bias among adolescents with a recent history of NSSI compared to healthy controls based on a dot probe task.

Authors:
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**Co-chair** Prof. Dr. Oswald D. Kothgassner Medical University of Vienna

Subcontribution 18666 to Session ID 5828
Day 2 - 30.06.2025, 07:30 - 07:45, Berlin

# The prediction of self-harm in a high-risk sample of adolescents: Integrating a neurobiological phenotype in machine-based learning approaches

T15 - Deliberate self harm

Abstract:
Aim: Suicidal behavior (SB) and non-suicidal self-injury (NSSI) are closely related phenomena, both common in adolescent clinical samples. This study aimed to investigate whether a set of neurobiological markers could predict the two-year course of SB and NSSI beyond well-established clinical predictors and age in a high-risk sample of female adolescents with NSSI. Methods: Female adolescents engaged in NSSI (n = 63) were recruited from our outpatient clinic for risk-taking and self-harming behaviour (AtR!Sk). Machine learning models (linear and logistic regression, elastic net regression, and support vector machines) with repeated cross-validation were applied. We tested whether biomarkers (thyroid-stimulating hormone [TSH], free triiodothyronine [fT3], adrenocorticotropic hormone [ACTH], dehydroepiandrosterone sulfate [DHEA-S], resting heart rate variability [rHRV], and pain sensitivity) could improve the prediction of SB and NSSI remission over two years, beyond clinical variables (history of suicide attempts and depressive symptoms) and age. Results and Conclusions: Models predicting SB, including biomarkers, clinical variables, and age, showed moderate predictive performance (AUC: 0.75–0.79). The strongest predictor was a history of suicide attempts (OR = 11.69, 95% CI = 1.10–124.55), followed by TSH (OR = 0.23, 95% CI = 0.04–1.40). In contrast, models predicting NSSI, including the same variables, did not consistently outperform chance levels. This study highlights the potential of specific neurobiological markers in predicting SB within the context of self-harm. Further research with larger samples and shorter follow-up periods is needed to replicate and expand upon these findings.

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Subcontribution 18667 to Session ID 5828
Day 2 - 30.06.2025, 07:45 - 08:00, Berlin

Can oxytocin predict borderline personality disorder symptomatology?
T15 - Deliberate self harm

Abstract:
Aims: Borderline personality disorder (BPD) is a severe mental disorder typically emerging in adolescence or young adulthood. A candidate biomolecule that could contribute to BPD development is oxytocin, a neuropeptide important in the context of interpersonal relationships and emotion regulation. Research has already shown that oxytocin is reduced in BPD patients. As a next step it is important to understand, if oxytocin level can predict BPD symptomatology. Methods: We analyze data from 73 help-seeking adolescents from a specialized outpatient clinic for self-harm and risk-taking behavior (AtR!Sk study, Heidelberg, Germany). Plasma oxytocin and clinical data (e.g. BPD) were assessed at time of admission and one year later. We use linear regression analyses to test for the prediction of BPD symptomatology by oxytocin levels. Results and Conclusion: In general, BPD symptomatology decreased and plasma oxytocin increased over the course of one year. In our talk, we will present and discuss data about relationships between plasma oxytocin at baseline and BPD symptoms one year later. Understanding the mechanisms behind BPD may help to improve treatment options by tailoring them more precisely to individual needs.

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Subcontribution 18670 to Session ID 5828
Day 2 - 30.06.2025, 08:00 - 08:15, Berlin

# The prognostic value of non-suicidal self-injury reduction on the probability of suicide attempts among help-seeking at-risk adolescents

T15 - Deliberate self harm

Abstract:
Aims: Non-suicidal self-injury (NSSI) is a highly prevalent transdiagnostic phenomenon among adolescents. Specialized interventions have shown to effectively reduce NSSI. However, not all patients profit from psychotherapeutic treatment and it remains unclear if NSSI-specific treatment also reduces comorbid symptomatology. The aims of the present study were to analyze whether treatment response of NSSI predicts future suicide attempts, depression, and BPD symptomatology and if previously identified clinically significant subgroups (response, remission, stagnation, exacerbation) are better predictors than a dichotomous improvement vs. non-improvement measure. Methods: Adolescents (n = 181) from a specialized outpatient clinic for adolescents with risk-taking and self- harming behaviors were assessed at baseline (T0), one (T1) and two (T2) years later. Clinical interviews and questionnaires were used to assess NSSI frequency and suicide attempts (Self-Injurious Thoughts and Behaviors Interview SITBI-G), symptoms of borderline personality disorder (Structured Clinical Interview for DSM-IV Axis-II SCID-II) and depression (Depression Inventory for Children and Adolescents DIKJ, Beck Depression Inventory BDI-II). Logistic / linear regression models were performed to test our hypothesis. Results and conclusions: Our results showed that NSSI response predicted suicide attempts and favoured the model including the subgroups of treatment response even after including covariates (age, sex, SA at T0, T1). This pattern was not found for depression or BPD. Treating NSSI in adolescents seems to have an important suicide-protective effect. Our findings are in line with the gateway and capability of suicide theory but do not necessarily match to the third variable theory.

Authors:
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Subcontribution 18679 to Session ID 5828
Day 2 - 30.06.2025, 08:15 - 08:30, Berlin

# Attentional bias in adolescents who engaged in non-suicidal self-injury (NSSI): A dot probe study toward NSSI and trauma-related stimuli

T15 - Deliberate self harm

Abstract:
Aims: This study investigated attentional bias in adolescents with a recent history of NSSI. Response latencies in a dot probe task were analyzed and compared between adolescents engaging in NSSI and a healthy control group. Methods: Fifty adolescents (25 NSSI, 25 controls) completed a dot probe task with NSSI, trauma-related, and neutral stimuli. Stimuli were presented in two blocks (200/500ms presentation). Attention was directed either toward the NSSI/trauma stimulus (congruent condition) or away from the stimulus and toward the neutral stimulus (incongruent conditions) using a 100ms dot. Results and Conclusions: The NSSI group consistently demonstrated shorter response times in congruent tasks compared to incongruent tasks, a pattern not observed in the control group. Attentional bias was strongest for NSSI stimuli, followed by trauma-related stimuli, and this pattern was consistent across both blocks. Our results indicate that individuals who engage in NSSI exhibit elevated levels of attentional bias—specifically, challenges disengaging from NSSI depictions—in both automatic and conscious attentive processing. These findings have implications for cognitive models of maladaptive information processing in NSSI and for the clinical management of triggering processes.

Authors:
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Symposium 18821 to Session ID 5899
Day 2 - 30.06.2025, 07:30 - 08:45, Bruxelles

Changing the Game: Multi-Level Interventions to Improve Child and Adolescent Mental Health at the National Level
T48 - Public Health and Organisation of CAP Services

Abstract:
The Child and Adolescent Mental Health Initiative (CAMHI) was launched with the goal of strengthening mental health services for children and adolescents in Greece. It aims to enhance the infrastructure for the prevention, assessment, and treatment of mental health challenges faced by young people. CAMHI is developed and implemented through a nationwide network of public mental health agencies and professionals. This network serves as the primary planning and implementation body for the initiative and comprises five regional hub centers to address the diverse and specific needs of various regions. The initiative operates on a partnership model with the Greek public sector and is carried out with the support of the Ministry of Health and the Ministry of Education and Religious Affairs. CAMHI's mission is to improve mental health care for children and adolescents across Greece by strengthening systems for prevention, assessment, and treatment. To achieve its mission, CAMHI has conducted research to design and implement specialized training programs for professionals involved in the mental health care of children and adolescents. These efforts aim to enhance the capacity and quality of mental health services nationwide.
*The Child & Adolescent Mental Health Initiative is exclusively supported by Stavros Niarchos Foundation (SNF) within the framework of the Global Health Initiative (GHI) of SNF.

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Subcontribution 18948 to Session ID 5899
Day 2 - 30.06.2025, 07:30 - 07:45, Bruxelles

Breaking Barriers to Quality Care at a national level
T48 - Public Health and Organisation of CAP Services

Abstract:
Nearly half of all mental disorders emerge before age 18, yet many children and adolescents never receive the care they need—a disparity known as the "treatment gap" and needs to be addressed to facilitate families to receive care. Mental health systems face significant challenges, and nationwide multilevel initiatives are needed to overcome these challenges and strengthen the available care. Child and Adolescent Mental Health Initiative (CAMHI) was launched with the aim to improve the provision of mental health care for children and adolescents establishing a nationwide network of public sector CAMHS across Greece. A nationwide survey was conducted to assess barriers and satisfaction of CAMHS, as well as training needs of key stakeholders involved in mental health care for children and adolescents (teachers, pediatricians, mental health professionals, judges). Our findings guided the development of evidence-based training programs including mental health literacy and CBT-based protocols for anxiety, depression, and behavioral issues for key stakeholders. Moreover, we found that care costs is the major barrier reported by most caregivers (75%) to access care. However, at the same time, satisfaction with services was overwhelmingly high, with national scores averaging 31–35 out of 36 on the Experience of Service Questionnaire. We argue that data-driven, multilevel national initiatives can break barriers, elevate care, and pave the way for equitable and high-quality mental health services for children and adolescents.

Authors:
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Subcontribution 18956 to Session ID 5899
Day 2 - 30.06.2025, 07:45 - 08:00, Bruxelles

Bridging Justice and Wellness: Mental Health Training for Judiciary Professionals
T48 - Public Health and Organisation of CAP Services

Abstract:
In recent years, an extremely large number of cases have been assigned by judicial officers (juvenile prosecutors, investigators, courts) to Child and Adolescent Mental Health Services to be evaluated and contribute to the work of justice. The vast majority of these cases concern major family life events (abuse, often sexual, domestic violence, divorce). Judicial officers express the need for their training on juvenile issues. The Child and Adolescent Mental Health Initiative (CAMHI) was launched with the aim of improving the provision of mental health care to children and adolescents as well as the training needs of key stakeholders involved in mental health care for children and adolescents, including judges. Based on the needs assessment, 30 participating serving judges indicated their preference for the following topics: (a) Abuse, trauma and child protection, (b) youth behavior and delinquency issues, and (c) conflictual divorces and arising issues. In total, 22 participants selected the training workshop as the most appropriate way to deliver training to them. Our findings guided the development of training programs. By decision of the Board of Directors of the National School of Judicial Officers, unique in Greece, the collaboration between the Stavros Niarchos Foundation and the National School of Judicial Officers was approved, within the framework of the CAMHI program (needs investigation, creation of material, training of school students and active judicial officers)
A two-days-training seminar was held for students in Athens and Thessaloniki respectively, each lasting 5 hours (a total of 88 participants, with a satisfaction rate of 78.2%). The content was based on vignettes and workshops based on the results of the needs assessment questionnaire, while the cooperation between mental health services and judicial officers was particularly discussed. Based on the qualitative analysis of the satisfaction questionnaires, a need emerged for additional training on issues with the ultimate goal of building a model of cooperation that inspires the institutions, constituting a positive commitment for any subsequent cooperation.

Authors:
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Subcontribution 18958 to Session ID 5899
Day 2 - 30.06.2025, 08:00 - 08:15, Bruxelles

# Empowering Educators: Advancing Mental Health Literacy in Schools

T48 - Public Health and Organisation of CAP Services

Abstract:
School has a decisive role in the cognitive and emotional development of children; thus, it is crucial for educators to be familiar with mental health issues.

Aim: The main aim was to strengthen mental health literacy in school environment through the active engagement of school professionals and assist them to support students.

Methods:
A comprehensive, mixed-method, community-based research was conducted to assess the current needs of a geographically distributed sample of 404 school professionals (mean age 47 years old; mean teaching experience 18 years) and 52 school units. Data on topics such as mental health literacy, stigma, professional practices, training background and training needs were collected.

Results:
Local educational needs assessments revealed educators' perspectives on topics related to alarm signs of mental health problems in students such as depression and anxiety, child abuse, school bullying, conduct problems and ways to approach parents.
The tailored training program, specifically designed for school professionals, included (a) the asynchronous component, focused on equipping educators with basic knowledge on mental health and (b) the synchronous part, consisting of six workshop sessions, based on centered case vignette discussions. Participants were urged to be engaged in in-depth discussions on effective strategies for identifying and supporting students who may struggle with mental health issues. A total number greater than 1000 educators have actively participated, from school units from urban and rural areas from all over Greece.

Conclusions: School professionals face many challenges regarding students' mental health. The goal of CAMHI mental health literacy program is to provide educators with a theoretical background and a hands-on training as well, in such a way that they will be skilled to develop effective interventions and take advantage of resources which support them in their role.

Authors:
**Presenter,** Prof. Dr. Aspasia Serdari Democritus University of Thrace & Child and Adolescent Mental Health Initiative

Subcontribution 18959 to Session ID 5899
Day 2 - 30.06.2025, 08:15 - 08:30, Bruxelles

Building Expertise: Enhancing Public Mental Health Professionals' Capacity in Evidence-Based Psychotherapy
T48 - Public Health and Organisation of CAP Services

Abstract:
Aim: The Advanced Training Curriculum aims to deliver training in culturally sensitive clinical protocols to child mental health professionals in Greece.
Method: Through a collaborative trans-cultural process by CMI and Greek expert mental health professionals three protocols were developed: Cognitive Behavioral Therapy (CBT) for child anxiety, CBT for adolescent depression, CBTfor externalizing behaviors. The training consists of an asynchronous part which contains a set of lectures and proficiency test in a platform and a synchronous component which involves therapeutic sessions. Additionally, skill-building group supervision is provided for all cases on a weekly basis. Assessments to measure the effectiveness of the therapy (pre, post and weekly) are conducted. Therapists and supervisors complete questionnaires about the use of the manual and supervisions. Two pilot phases assessing the effectiveness of the program have been conducted so far. Children/adolescents and parents completed a series of questionnaires.
Results: Three CBT manuals with child/adolescent and caregivers' workbooks for depression, anxiety and behavioral problems were used in public mental health services. During the first pilot phase 16 mental health professionals from public services and CAMHI members offered therapy in 20 children/adolescents and their parents. Currently, in the second pilot phase, another 33 professionals are offering therapy in 49 cases. Based on the assessments, revisions of the manuals concerning the content and the number of sessions were conducted.
Conclusions: The implementation of the three manuals in Greek population proved to be satisfactory. We will discuss preliminary results on the effectiveness and satisfaction from the program .

Authors:
**Presenter,** Prof. Dr. Aikaterini Papanikolaou National and Kapodistrian University of Athens & Child and Adolescent Mental Health Initiative

Subcontribution 18961 to Session ID 5899
Day 2 - 30.06.2025, 08:30 - 08:45, Bruxelles

# Empowering Pediatricians: Integrating Mental Health Screening into Clinical Practice

T48 - Public Health and Organisation of CAP Services

Abstract:
Mental health difficulties, although frequent in the general population, are often undiagnosed in early ages leading to more chronic and severe problems during adulthood. On the hand, lack of specialized mental professionals for children/adolescents is related to less awareness in detecting and handling mental health difficulties among youngs.
Aim: Increase awareness in detecting and managing mental health difficulties in children /adolescents in Greece targeting on physicians treating children/adolescents, i.e. pediatricians.
Methods: A special training was developed by the Child and Adolescent Mental Health Initiative (CAMHI), an initiative established in Greece to improve the provision of mental health care for children/adolescents, based on needs assessment including 71 pediatricians from the public sector, existing literature and on a CAMHI experts' committee.
Results: The material produced consisted of 7 modules on screening tools, communication skills and presentation of common mental health difficulties, as well as developmental disorders in children/adolescents. Also, a decision tree including both universal screen as well as symptom-focused tests appropriate for each age between 16 months and 16 years was developed to guide pediatricians. Trainees guide, exercise book, and trainers' manual were developed. All scales included were translated/validated in Greek. Training evaluation will be conducted after pilot phase based on trainers' assessments.
Conclusions: Training pediatricians on mental health may improve them in observing mental health difficulties, as well as communicating, supporting, following –up and guiding children/ adolescents along with care givers regarding mental health issues. Other physicians, e.g. general practitioners, may also benefit from this training in future.

Authors:
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Symposium 18416 to Session ID 5900
Day 2 - 30.06.2025, 07:30 - 08:45, Boston

What does a child and adolescent psychiatrist need to know about neurodevelopmental copy number variants?
T46 - Brain and genetics

Abstract:
Several rare copy number variants (CNV; chromosomal deletions and duplications) have been associated with neurodevelopmental and psychiatric outcomes (ND-CNVs). One example being 22q11.2 Deletion Syndrome (22q11.2 DS), which has been associated with intellectual disability, learning problems, anxiety, ADHD, autism during childhood; and psychosis and mood disorders from adolescence onwards. As genetic testing technologies advance, children are increasingly being diagnosed with ND-CNVs within clinical settings and require complex care and support. This symposium emphasises the need to bridge clinical genetics with child and adolescent psychiatry practice and aims to empower child and adolescent psychiatrists with the latest research and clinical advances to support children and young people with a diagnosed ND-CNV. The symposium will cover key topics including the clinical presentation of ND-CNVs in childhood, the impact of ND-CNVs on childhood development and the emergence of psychiatric symptoms, and the psychiatric management of children with ND-CNVs.

Authors:
**Chair** Prof. Ann Swillen KU Leuven

Subcontribution 18417 to Session ID 5900
Day 2 - 30.06.2025, 07:30 - 07:45, Boston

How clinical genetics can inform child & adolescent psychiatry practice: insights from 22q11.2 Deletion Syndrome (22q11.2 DS)
T46 - Brain and genetics

Abstract:
Aims: In the past 2 decades, there have been major advances in the field of genetics and increasing access to genetic testing. The aim of this session is to illustrate the importance of genetic testing in children and adolescents with developmental disorders (ID, ASD) and physical health problems (eg congenital heart defect, seizures,…), and to discuss the evolving implications for child and adolescent psychiatry practice and care.
Methods: We will illustrate this by using patients with a rare, recurrent copy number variant (CNV) with high penetrance, such as 22q11.2 deletion syndrome (22q11DS). We will show how a diagnosis of 22q11DS can inform (mental) health care, including anticipatory care strategies for children/youth.
Results: The developmental pattern of neurodevelopmental/psychiatric disorders in individuals with 22q11DS is characterized by anxiety, ASD, and ADHD in childhood, mood symptoms in early adolescence, and psychosis emerging later in adolescence/early adulthood. Schizophrenia spectrum disorders (SZ) are approximately 25-fold elevated in 22q11DS prompting efforts at early identification of youth with psychosis spectrum features who may be at increased risk for SZ. Longitudinal studies have yielded new insights into the emergent pattern of neuropsychiatric disorders associated with this CNV, identifying deficits in complex and social cognition compared with youth with mild developmental delays without 22q11DS. Syndrome-specific guidelines, genetic databases, and patient and family groups are important sources of information regarding medical and psychiatric care in 22q11DS.
Conclusions: Ongoing advances in genetics and genomics, are paving the way for more multidisciplinary and personalized care, aligning with the goals of precision medicine.

Authors:
**Presenter,** Prof. Ann Swillen KU Leuven

Subcontribution 18418 to Session ID 5900
Day 2 - 30.06.2025, 07:45 - 08:00, Boston

# The pleiotropic effects of neurodevelopmental copy number variants on childhood development

T46 - Brain and genetics

Abstract:
Aim: Neurodevelopmental copy number variants (ND-CNVs) are associated with increased liability for neurodevelopmental and psychiatric conditions. This presentation provides an overview of the pleiotropic effects of ND-CNVs on psychiatric, cognitive, social, motor, sleep, and eating behaviour traits, offering insights into developmental profiles and markers of early risk in children at high genomic risk.
Methods: As part of the Cardiff University ECHO and IMAGINE-ID studies, over 600 children aged 6–19 years with pathogenic ND-CNVs (e.g., loci at 1q21.1, 15q11.2, 15q13.3, 16p11.2, and 22q11.2) were recruited via the UK NHS medical genetic clinics and patient support groups. Genotypes were confirmed via microarray or medical records. Siblings without ND-CNVs were included as controls. Comprehensive, home-based phenotyping assessed neurodevelopmental, cognitive, psychiatric, and behavioural traits, via a range of child and parent report measures.
Results: Children with an ND-CNV had increased liability for autism (OR 44.1), ADHD (OR 6.9), and anxiety disorders (OR 2.9) compared to controls. Sleep disruptions were common, with 41% meeting criteria for insomnia, which had an early onset (mean age 2.8 years). Eating disturbances included pica (18%), hyperphagia (11%), and Avoidant Restrictive Food Intake Disorder (19%). Beyond diagnosis, children with ND-CNVs exhibited significant impairments across a wide range of psychiatric, cognitive, social, and motor traits (Cohen's d = 0.27–1.76) compared to controls.
Conclusion: ND-CNVs exert widespread pleiotropic effects across multiple domains of childhood development. These findings highlight the importance of multidisciplinary and holistic care strategies to address the wide-ranging clinical needs of children with pathogenic ND-CNVs.

Authors:
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Subcontribution 18419 to Session ID 5900
Day 2 - 30.06.2025, 08:00 - 08:15, Boston

# The emergence of psychiatric conditions in young people with neurodevelopmental copy number variants: irritability and psychosis

T46 - Brain and genetics

Abstract:
Aim: Young people with neurodevelopmental copy number variants (ND-CNVs) are at heightened risk for psychiatric conditions. This presentation reviews the prevalence and progression of psychiatric diagnoses in this group, focusing on the emergence of prodromal psychotic symptoms and irritability across childhood and adolescence.
Methods: A longitudinal cohort of individuals aged 7–25 with ND-CNVs, along with their siblings with no known ND-CNV, were assessed using standardised psychiatric and cognitive measures. The Structured Interview for Prodromal Syndromes (SIPS) was administered to 379 participants to assess psychosis-proneness at the most recent timepoint. The Child and Adolescent Psychiatric Assessment (CAPA) evaluated child-reported psychotic symptoms, and irritability, across childhood and adolescence.
Results: Young people with ND-CNVs (mean age 9.6 years, 34.6% female) are nearly four times (OR = 3.85) more likely to meet clinical irritability criteria than their siblings, an association that remains significant after adjusting for other psychiatric conditions. ND-CNV carriers are also significantly more likely to be psychosis-prone (OR = 9.56), with 36% identified as prodromal (mean age 13.39 years). Prodrome prevalence increased with age ($X2 = 7.47$, $df = 3$, $p = 0.05$), rising from 23.68% in childhood to 44.23% in late adolescence.
Conclusion: Young individuals with ND-CNVs exhibit significantly elevated rates of irritability and psychosis-proneness compared to their siblings. Clinicians should prioritise early detection and monitoring of irritability and psychosis-proneness, as these may serve as early indicators of psychiatric risk. Timely interventions targeting these symptoms could help mitigate progression to severe mental illness, optimising outcomes for this high-risk population.

Authors:
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Subcontribution 18420 to Session ID 5900
Day 2 - 30.06.2025, 08:15 - 08:30, Boston

# Psychiatric management of children and adolescents with 22q11.2 Deletion Syndrome: experience of the Evelina London Children's Hospital clinic

T46 - Brain and genetics

Abstract:
Aim: To describe the Regional South-East England 22q11.2 Clinical Service at the Evelina Children's Hospital in London and describe the neurodevelopmental and mental health conditions of the cohort. The service has been running since 2015, however regular paediatric liaison psychiatry input began in 2023.
Method: By surveying the clinical data available on approximately 200 children and young people ranging in age from infancy to 17 years, provide an overview of the prevalence and types of neurodevelopmental, mental health conditions experienced by this cohort, as well as those demonstrating significant learning needs.
Results: A recent review of our clinic cohort found that ASD is the most common neurodevelopmental disorder diagnosed (~35%) with ADHD was slightly lower at 18% in primary school and 27% in secondary school. Psychosis was present in 1% in under 16s and 2% in under 19s. Those not meeting threshold for clinical diagnosis of a neurodevelopmental disorder present with a broad range of sub-threshold neurodevelopmental, emotional and learning needs.
Conclusion: Young people with 22q11.2 CNVs (deletions and duplications) frequently lack appropriate support for neurodevelopmental differences, emotional and learning needs. Those with 22q11.2 deletion represent one of the highest genetic risk populations for psychosis and appropriate support for additional stressors (eg educational, mental health, neurodevelopmental conditions) may lower the liability threshold for transition to psychosis.

Authors:
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Symposium 17318 to Session ID 5818
Day 2 - 30.06.2025, 09:00 - 10:30, Schweitzer

# Cycle of Violence 2.0? Associations of Adverse Childhood Experiences with Mental Health and Behavioral Problems across the Lifespan from a Multigenerational Perspective

T43 - Trauma

Abstract:
Since the large-scale Adverse Childhood Experiences (ACE) Study in the USA in the 1990s, the effects of ACEs on multiple physical, psychological and social impairments have been repeatedly considered in research and practice. However, due to the complexity of the problem, there is no empirical and practical consensus yet. Our symposium will approach this issue in terms of a multigenerational perspective from different angles. First, Dr. Steffen Barra will present associations of ACEs and early attachment with current attachment styles and externalizing (aggressive/delinquent) behavior in a heterogeneous sample of adults (clinical, forensic, general population). Prof. Eva Möhler will continue with a study that focused on ACEs in parents of child psychiatric patients, opening a debate about potential circulation effects between parents' and children's mental health and behavioral problems. Because the incarceration of family members represents an important type of ACE, Dr. Marcel Aebi will offer a current overview of the empirical knowledge regarding health, school-related, and criminal effects of parental incarceration on children, emphasizing recommendations on how to deal with parental incarceration and how to implement children's visits in correctional facilities. Dr. Anselm Crombach will than focus on intergenerational effects of maladaptive shame coping behavior (MSCB), often related to ACEs and poor mental health. Eventually, Johannes Merscher will explore the role of positive childhood experiences (PCEs) and self-control for the interplay of ACEs and aggressive behavior. Based on current empirical findings, he will discuss clinical implications for prevention and intervention aiming at breaking the cycle of violence.

Authors:
Dr. Steffen Barra Saarland University
**Chair** Prof. Dr. Eva Möhler Saarland University Hospital

Subcontribution 17319 to Session ID 5818
Day 2 - 30.06.2025, 09:00 - 09:15, Schweitzer

Short and long-term dynamics among adverse childhood experiences (ACEs), attachment, and externalizing behavior problems
T43 - Trauma

Abstract:
It is well-known that maladaptive family functioning represents an important risk factor for various mental health and behavioral problems across the lifespan. Most prominently, models emphasizing a cycle of violence indicate that survivors of adverse childhood experiences (ACEs), such as abuse and neglect, are at increased risk of aggressive and violent perpetration themselves. However, less is known about the dynamics explaining the ACE-aggression link. In the present study, we examined the role of early and current attachment styles in this regard, based on data from a heterogeneous sample of more than 300 adults with forensic, clinical and non-forensic/non-clinical backgrounds. Our results supported previous findings highlighting a dose-response-relationship between cumulative ACEs and (adult) aggression risk. Moreover, ACEs were related to insecure attachment styles, both in childhood (with respect to parents) and adulthood (with respect to close relationships). Childhood and adult attachment styles also tended to correspond in most cases and were both closely related to perceived intraparental relationship behavior. Eventually, ACEs and insecure attachment independently predicted later risk of externalizing behavior problems. Implications for early prevention and treatment in child care but also forensic settings will be discussed.

Authors:
**Presenter,** Dr. Steffen Barra

Subcontribution 17321 to Session ID 5818
Day 2 - 30.06.2025, 09:15 - 09:30, Schweitzer

Adverse childhood experiences (ACEs) in parents of child psychiatric patients
T43 - Trauma

Abstract:
Adverse Childhood Experiences (ACEs) have been associated with diverse psychosocial abnormalities in later life. However, it is still unclear whether ACEs reported by parents of child psychiatric patients differ from ACE-scores in community samples, and how they relate to the children's psychological well-being. Thus, the aim of the present study was to investigate the extent to which parents of child psychiatric patient samples differed from community samples in terms of ACEs. In addition, the connection between parental ACEs and their children's negative traumatic experiences was examined. For this purpose, 256 child psychiatric patients (73.8 % female and 26.2 % male) aged 4 -18 years (M=13.26 years, SD = 2.73 years) were retrospectively examined for post-traumatic stress symptoms (using the CATS questionnaire). In addition, 391 caregivers, 316 of whom were biological parents, completed the ACE questionnaire. We found that 139 (73 %) mothers and 65 (52%) fathers reported at least one ACE. Mothers most frequently mentioned separation from a parent (38.7%), while fathers cited emotional abuse as the most frequent ACE. These ACE-scores were significantly higher than those reported in community samples. Post-traumatic stress disorder (PTSD) was diagnosed in 75 (29.3 %) of the 256 child psychiatric patients. A CATS-score above the cut-off was reached by 44.6 % of the patients whose mothers had reported at least one ACE and 53.8 % of the patients whose fathers had reported at least one ACE. In conclusion, parents of child psychiatric patients showed higher burden of ACEs than a comparable community sample and parental ACEs seemed to be associated with children's mental health. Further empirical studies focusing on parents of child psychiatric patients seem mandatory in the face of these results.

Authors:
**Presenter,** Prof. Dr. Eva Möhler

Subcontribution 17394 to Session ID 5818
Day 2 - 30.06.2025, 09:30 - 09:45, Schweitzer

Impact of family member incarceration on child mental health
T43 - Trauma

Abstract:
The imprisonment of a family member is often experienced as highly stressful by children and young people. Some of these negative consequences can probably be mitigated through regular contact during incarceration, involvement in treatment or rehabilitation programs, and access to support and counseling services. This presentation will provide an overview of current scientific findings regarding the impact of incarceration on children, as well as the benefits and risks of involving children in the execution of sentences and measures. Research indicates that the incarceration of a family member increases the risk of later criminal behavior and the development of psychiatric disorders among children and adolescents worldwide. Both positive and negative effects of contact with incarcerated parents have been stressed. Some negative effects can be minimized through careful preparation and support for the child, the parents, and the incarcerated individual, as well as through positive management of visitation contacts and the visitation environment. Thus, relatives, including children of incarcerated individuals, not only need specific information from individual correctional facilities but also general guidance on the processes involved in incarceration across Europe. This includes understanding procedures ranging from pretrial detention to the enforcement of sentences or measures. Special emphasis should be placed on creating a dedicated section for children and adolescents on a family-focused website. Parents should be provided with resources and guidance on how to discuss the offenses and the incarceration of a family member with their children. Additionally, the visitation process should be clearly outlined to help children and adolescents prepare for contact with the incarcerated parent.

Authors:
**Presenter,** Dr. Marcel Aebi

Subcontribution 17579 to Session ID 5818
Day 2 - 30.06.2025, 09:45 - 10:00, Schweitzer

Intergenerational cycle of shame
T43 - Trauma

Abstract:
Maladaptive shame coping behavior (MSCB) including avoidance, withdrawal, attacking others or oneself, has been consistently linked to impaired mental health. Adverse childhood experiences (ACEs), in particular emotional neglect and abuse and perceived parental rejection, possibly exacerbated by traumatized parents, most likely renders individuals being vulnerable for shame-proneness and adopting MSCB. Aiming to understand an intergenerational transmission of MSCB, we assessed pairs of parents and children in Burundi. In addition to MSCB, we assessed potential risk factors, such as CA, perceived parental rejection, parental symptoms of posttraumatic stress disorder (PTSD) and depression. Semi-structured interviews based on international recognized self-report questionnaires were conducted separately with children aged between seven and 15 years old (50 % female) and their parents (85 % females; parent-child pairs n = 62). All participating families lived in a very poor district of Bujumbura, in Burundi. MSCB was assessed with the Compass of Shame Scale. Stepwise backwards regression models revealed the importance of parental MSCB (ß = .454, $p < .001$), and perceived parental rejection (ß = .321, $p < .006$) for overall MSCB in children, and for specific MSCB, such as attacking others, avoidance, attacking self or withdrawal. Our findings indicate that the family environment, especially MSCB of parents and perceived rejection, are significant risk factors for children's shame-proneness and may cause an intergenerational cycle of shame.

Authors:
**Presenter,** Dr. Anselm Crombach

Subcontribution 17616 to Session ID 5818
Day 2 - 30.06.2025, 10:00 - 10:15, Schweitzer

The role of positive childhood experiences (PCEs) and self-control for the interplay of adverse childhood experiences (ACEs) and aggressive behavior
T43 - Trauma

Abstract:
Identifying risk and protective factors of aggressive behavior is crucial for violence prevention and intervention. Associations between adverse childhood experiences (ACEs) and aggressive behavior have often been demonstrated, but the mechanisms underneath these relations are yet not clear. Self-control has been considered an important variable in this regard, but more research is needed to support this assumption. Moreover, empirical findings on potentially beneficial effects of positive childhood experiences (PCEs) on aggression and the ACE-aggression-link are scarce. Drawing upon assumptions from the General Theory of Crime and Resilience Theory, the present study aimed to investigate the links of ACEs and PCEs with aggression and the mediating role self-control. A mixed sample with forensic (n=77), clinical (n=103), and non-forensic/non-clinical backgrounds (n=140) was recruited. A total of 330 participants (167 females, 160 males, 3 diverse) aged 18 to 75 years (M = 34.64, SD = 12.78) were included in the final analyses. ACEs were positively, PCEs negatively associated with aggression ratings. Self-control, however, showed the opposite association patterns with ACEs and PCEs and was negatively related to aggression. We found partially mediating effects of self-control on the correlations of ACEs as well as PCE with adult aggression. Moreover, PCEs partially moderated the indirect effect of ACEs on aggression through self-control. Our findings indicate that violence prevention may benefit from early measures to reduce ACEs on the one hand, and to stimulate PCEs on the other hand. Nevertheless, the effects of ACEs on adult aggression appear to be more detrimental than can be counteracted by PCEs alone.

Authors:
**Presenter,** Johannes Merscher

Symposium 17035 to Session ID 5823
Day 2 - 30.06.2025, 09:00 - 10:30, Cassin

Symposium Proposal: Eating Disorders - Current Perspectives on Assessment, Treatment, and Emerging Research
T18 - Eating disorders

Abstract:
Eating disorders (EDs) present a significant mental health challenge worldwide, with complex biological, psychological, and sociocultural underpinnings. This workshop will provide an in-depth exploration of ED, covering aspects from diagnostic frameworks to evidence-based treatments and the latest genetic findings. Through this session, attendees will gain insights into the multifaceted approaches required for assessment, diagnosis, and treatment while also considering innovative, emerging therapeutic approaches informed by recent research.
By the end of the session, participants will be able to:
1. Identify key factors contributing to the development and prevalence of EDs.
2. Differentiate among the main diagnostic categories for EDs and understand nuances in diagnosis.
3. Explore evidence-based treatment options, including psychotherapies, pharmacologic treatments, and novel therapies.
4. Understand new findings in genetic research and implications for clinical practice.
5. Review an example of a recent national clinical guideline to provide standardized, quality care.

Authors:
**Chair** Prof. Fiona McNicholas SMMS UCD Dublin

Subcontribution 17036 to Session ID 5823
Day 2 - 30.06.2025, 09:00 - 09:15, Cassin

Assessment frameworks in EDs
T18 - Eating disorders

Abstract:
The speaker will explore how eating patterns have dramatically shifted over recent decades, moving from post-war rationing to an abundant year-round supply of food options. With the rise of processed foods tailored to busy lifestyles, unhealthy eating habits have increased, driving up rates of overweight and obesity. Currently, over half of EU citizens are overweight, and children are significantly impacted, with rising obesity rates in youth.
The talk will address the relationship between higher BMI and disordered eating, with a notable prevalence of disordered eating behaviors among adolescents. While lifetime rates of disorders such as Anorexia Nervosa (AN) and Bulimia Nervosa (BN) remain higher in females, Binge Eating Disorder (BED) occurs equally in both sexes. Mortality risks associated with AN and BN are substantial, with even higher rates observed among males, underlining the severe health impact of these disorders.
Highlighting the continuum from normative to disordered eating, the speaker will discuss how factors like culture, economics, and psychological perceptions can lead to body image issues and health risks. Diagnosis and treatment have evolved through standardized criteria, allowing for more nuanced classifications and better alignment of treatment practices.
Assessment frameworks like IF-ME (Individual, Family, Medical, Environment) and BBI (Behaviour-Belief-Impairment) will be discussed as comprehensive tools for understanding and treating eating disorders. By integrating these approaches, clinicians can more effectively address the multifaceted needs of individuals with eating disorders, improving outcomes and fostering a more holistic approach to care.

Authors:
**Presenter,** Prof. Fiona McNicholas CHI Crumlin Hospital, UCD

Subcontribution 17037 to Session ID 5823
Day 2 - 30.06.2025, 09:15 - 09:30, Cassin

Overview of current and emerging pharmacological treatments for eating disorders (EDs)
T18 - Eating disorders

Abstract:
Aim: The presenter will provide an overview of current and emerging pharmacological treatments for eating disorders (EDs), particularly where evidence supports medication use in adults and, to a lesser extent, in youth.
Background: Evidence of medication efficacy in adolescents with EDs is limited, primarily consisting of small-scale studies, case series, and a few randomized controlled trials (RCTs), with most robust findings still focused on adult populations.
Fluoxetine (60mg) is FDA-approved for Bulimia Nervosa and effectively reduces binge-purge episodes and enhances quality of life. Lisdexamphetamine (70mg), approved for Binge Eating Disorder, reduces binge frequency but has minimal impact on weight, requiring additional behavioral weight loss interventions for overweight patients. Olanzapine, an antipsychotic, may promote weight gain in anorexia treatment but has limited impact on core ED psychopathology.
Acknowledging the ego-syntonic nature of Anorexia Nervosa, challenges of treatment adherence, especially with weight-gain-associated medications will be discussed. Careful monitoring is essential when prescribing medication. Psychotropic medications are best considered as adjunctive treatments, especially useful for managing comorbidities, while psychotherapy remains central to addressing core ED symptoms.
Novel therapeutic avenues informed by advances in neurobiology will be explored, targeting neural circuits involved in appetite regulation, reward processing, and emotion. Precision nutrition based on gut microbiome research, cognitive remediation for cognitive rigidity and executive dysfunction, and neuromodulation therapies are emerging as promising options. Clinicians are encouraged to involve patients in decision-making and collaborate with support ED networks, fostering a patient-cantered, ethically sound approach that supports long-term recovery.

Authors:
Dr. Diarmuid Lynch Psychiatry NCHD Greenwich CAMHS, Oxleas Trust, NHS
**Presenter** Dr. Aoife Gordon UCD Dublin

Subcontribution 17040 to Session ID 5823
Day 2 - 30.06.2025, 09:30 - 09:45, Cassin

Evidence-Based Individual and Family-Based Therapy for Eating Disorders
T18 - Eating disorders

Abstract:

Aims:
This presentation aims to provide a comprehensive review of current evidence-based psychotherapies for eating disorders (EDs), focusing on Family-Based Treatment (FBT), Interpersonal Therapy (IPT), and Cognitive-Behavioral Therapy (CBT). It will explore how each approach addresses the complex challenges of EDs and how their efficacy varies depending on factors such as age, illness duration, and patient needs.
Methods:
The presentation will discuss three key therapies:
- FBT: A leading treatment for adolescents with anorexia nervosa, emphasizing family involvement to restore healthy eating and prevent relapse.
- IPT: Focuses on interpersonal issues contributing to EDs, such as social isolation or unresolved conflicts, to improve coping strategies and social support networks.
- CBT: Widely used across age groups, CBT targets distorted beliefs and maladaptive behaviors related to food and body image. It includes adaptations such as CBT-E for eating disorders and CBT-AR for Avoidant/Restrictive Food Intake Disorder (ARFID).

Case examples will be used and attendees will be invited to contribute to role play.
Conclusions:
By reviewing the latest research on these therapies, the presentation highlights key considerations for selecting the appropriate treatment modality for ED patients. It also discusses potential benefits of integrating elements from each therapy, offering more personalized, targeted interventions. This integrated approach can enhance treatment outcomes and support long-term recovery for those affected by eating disorders.

Authors:
**Presenter,** Prof. Dr. Hakan Öğütlü Cognitive Behavioral Psychotherapies Association, Ankara, Turkiye

Subcontribution 17042 to Session ID 5823
Day 2 - 30.06.2025, 09:45 - 10:00, Cassin

New Genetic Findings and Biological Research in Eating Disorders
T18 - Eating disorders

Abstract:
Aims: To explore recent advancements in genetic, hormonal, and microbiome research related to eating disorders (EDs), focusing on how these findings deepen our understanding of the underlying mechanisms and offer new opportunities for clinical applications. Specifically, it will examine genetic associations identified through genome-wide association studies (GWAS) and implications for ED susceptibility, as well as how appetite-regulating hormones and microbiome composition contribute to disordered eating behaviors.
Methods:
The presentation will review recent GWAS findings linking genetic variants to anorexia nervosa, bulimia nervosa, and binge eating disorder. It will also delve into research on appetite-regulating hormones such as ghrelin, leptin, and peptide YY, discussing impact on eating behavior and energy regulation. Additionally, studies on the gut-brain axis and microbiome composition in ED patients will be discussed, highlighting differences in microbiome diversity linked to eating patterns and symptom severity.
Conclusions:
By examining the genetic, hormonal, and microbiome factors influencing EDs, the presentation will underscore future potential for personalized treatment approaches, including genetic testing for risk assessment and microbiome-targeted therapies. It will discuss the promise of these findings for developing more individualized, biologically grounded interventions for EDs, and call for future integrative research to refine treatment strategies and improve patient outcomes. These advancements offer hope for enhancing clinical care and supporting more effective, tailored interventions.
.

Authors:
**Presenter,** Dr. Ozge Beyza Gündoğdu Öğütlü Erzurum City Hospital, Turkiye

Subcontribution 17047 to Session ID 5823
Day 2 - 30.06.2025, 10:00 - 10:15, Cassin

Establishing Standards in Eating Disorder Care: A Collaborative Approach to Clinical Guidelines for Youth in Emergency Settings
T18 - Eating disorders

Abstract:
Aims:
Prof. Barrett will present a national clinical guideline developed for the assessment and management of youth presenting to paediatric emergency departments (EDs). The guideline aims to standardize care, improve treatment consistency, and enhance patient outcomes across paediatric hospitals in Ireland. It focuses on ensuring evidence-based practices and practical recommendations for clinicians working in acute settings.
Methods:
The guideline was created through a multi-professional collaboration involving paediatricians, emergency medicine specialists, dieticians, nurses, psychologists and child psychiatrists. The development process included a thorough review of current practices, identifying gaps in care, and engaging with stakeholders such as clinicians, patient advocacy groups, and policymakers. The guideline incorporates a trauma-informed approach and emphasizes holistic, multidisciplinary care.
Conclusions:
By promoting consistent treatment across paediatric hospitals, the guideline improves care quality and reduces variability in clinical practice. It offers a model for other services aiming to create similar frameworks, demonstrating how collaborative, evidence-based guidelines can enhance patient outcomes and optimize care delivery.

Authors:
**Presenter,** Prof. Elizabeth Barrett CHI University Hosp Temple St, UCD

Symposium 19639 to Session ID 5748
Day 2 - 30.06.2025, 09:00 - 10:30, Curie A

Symposium - Spectrum disorder: Investigating the boundaries of autism

Abstract:
Trouble Déficit de l'Attention avec/sans Hyperactivité et Troubles du spectre
de l'autisme: spécificités cliniques et défis diagnostiques
Dr Xavier Benarous: Pédopsychiatre, Hôpital Pitié-Salpêtrière, Sorbonne Université Paris - UMR-S 1136 IPLESP-ESSMA, Paris
Autisme et trouble de l'attachement : Un diagnostic différentiel
paradigmatique de l'opposition « nature/culture » ?
Christophe RÉCASENS : PH, Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent. Centre Hospitalier Intercommunal de Créteil.
Trauma complexe et troubles du spectre de l'autisme : entre
chevauchements et spécificités
Julie ROLLING : MCU-PH, Service de Psychiatrie de l'Enfant et de l'Adolescent, Centre Régional du Psychotraumatisme, Hôpitaux universitaire de StrasbourgL'évolution des critères diagnostiques de l'autisme, avec la prise en compte des particularités sensorielles et la construction plus dimensionnelle de la catégorie, redessine les contours du trouble et en conséquence la clinique différentielle du spectre de l'autisme. Les interventions de cette session sont réunies autour du souci de comprendre les différences mais aussi les liens existants entre le TSA et d'autres entités avec lesquelles il existe des chevauchements symptomatiques.
Au sein des troubles du neurodéveloppement, le TDAH est plus souvent perçu comme une comorbidité possible que comme un diagnostic différentiel du TSA. Considérant le trouble de l'attention conjointe comme élément central de la symptomatologie autistique, et l'instabilité motrice comme une expression possible des particularités sensorielles et des troubles de la compréhension verbale, il arrive toutefois que la question se pose de savoir s'il faut faire l'un des diagnostics ou les deux.
Le retentissement sur le développement des expériences précoces d'adversité, carences précoces sévères, négligences, traumatismes complexes, est suffisamment documenté pour ne pas méconnaître la proximité sémiologique parfois assez troublante entre ce trouble "inné du contact affectif" selon l'expression de Kanner, et tous les troubles "réactionnels" perturbant le processus d'attachement et l'inscription corporelle d'un vécu de confiance envers le monde, permettant d'établir une communication et des relations sociales satisfaisantes.
Les trois interventions aborderont ces thématiques sous un angle historique, clinique, et méthodologique. Elles montreront l'importance de l'établissement du diagnostic adéquat pour le choix des stratégies de soins les plus adaptées aux besoins du patient.

Authors:
**Presenter, Chair** Prof. Alexis Revet CHU de Toulouse

Symposium 16572 to Session ID 5820
Day 2 - 30.06.2025, 09:00 - 10:30, Curie B

# Navigating Problematic Screen and Internet Use: Harnessing Insights from Research to Guide Future Clinical Practice and Research

T47 - Prevention & intervention

Abstract:
Child and adolescent mental health and well-being have declined globally, with a suggested causal link to increased screen use. The increase in smartphone use and unregulated social media has recently been highlighted scientifically as a global megatrend that cannot be overlooked in relation to a mental health crisis among youth[1]. In the newly announced Lancet Psychiatry Commission on problematic usage of internet the concern on the younger population is emphasized[2]. In addition, gaming disorder as a diagnostic construct was recently introduced. Studies suggests that youths with mental health problems are a particularly vulnerable group regarding problematic screen use. Thus, as researchers in child and adolescent psychiatry we have an utmost important challenge ahead and it calls for cooperation and knowledge-sharing that transcends borders. This symposium will present a 1) review of the association between youth mental health problems and screen use and potentially modifiable risk mechanisms; insights from 2) the Relapse Prevention RCT; 3) the Res@t program and 4) a screen time reduction intervention in children with ADHD.
Finally, the symposium will summarize the current insights of promising interventions targeting problematic screen use and discuss how the knowledge to date may inform future interventions.
[1] P. D. McGorry et al., 'The Lancet Psychiatry Commission on youth mental health', The Lancet Psychiatry, vol. 11, no. 9, pp. 731–774, Sep. 2024, doi: 10.1016/S2215-0366(24)00163-9.
[2] N. A. Fineberg et al., 'Global action on problematic usage of the internet: announcing a Lancet Psychiatry Commission', The Lancet Psychiatry, p. S2215036624003237, Oct. 2024, doi: 10.1016/S2215-0366(24)00323-7.

Authors:
**Chair** Louise Fugl Madelaire Psychiatric Research Unit, Psychiatry Region Zealand, Denmark
**Moderator** Prof. Dr. Pia Jeppesen Psychiatric Research Unit, Psychiatry Region Zealand, Denmark

Subcontribution 17079 to Session ID 5820
Day 2 - 30.06.2025, 09:00 - 09:15, Curie B

Screen Use and the Mental Health of Children and Adolescents
T47 - Prevention & intervention

Abstract:
Aims: The rising prevalence of mental distress among children and adolescents has raised concerns about potential contributing factors, including screen and social media use. This narrative review aims to review recent research examining the association between screen use—particularly smartphones and social media—and the risk of emotional and behavioral problems in youth. Our purpose is to provide an overview of existing knowledge, offering a solid foundation for professionals to make informed decisions that promote well-being and minimize the potential harmful effects of screen use.
Methods: We conducted a literature search using keywords related to screen time and mental well-being, supplemented by manual searches in relevant journals and recent press. As the focus is primarily on smartphones and social media, this review focuses primarily on older children and adolescents (average age 10–24 years).
Results and Conclusions: We included 12 studies published between 2017 and 2024, comprising 2 cross-sectional, 7 longitudinal, and 3 studies from a Danish RCT, with a total of 270,963 participants. Recent studies with robust designs have expanded on earlier findings, providing a stronger foundation for a precautionary approach to screen use. Our review highlights the importance of considering both the type and duration of screen use, especially for vulnerable youth, and suggests that mindful regulation of screen exposure may support mental health among children and adolescents. Furthermore, we will present recommendations for action within families, schools, and among healthcare professionals and conclude with an outline of promising interventions targeting modifiable risk mechanisms and screen addiction.

Authors:
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Prof. Jan Mainz Danish Center for Health Services Research, Department of Clinical Medicine, Aalborg University, Denmark
Aida Bikic Research Unit of Child and Adolescent Psychiatry, Department of Clinical Research, University of Southern Denmark
Prof. Dr. Merete Nordentoft Copenhagen Research Centre for Mental Health (CORE), Mental Health Centre Copenhagen, Mental Health Services in the Capital Region, Denmark
Dr. Mette Falkenberg-Krantz Child and Adolescent Mental Health Center, Mental Health Services – Capital Region of Denmark

Subcontribution 17354 to Session ID 5820
Day 2 - 30.06.2025, 09:15 - 09:30, Curie B

Relapse prevention therapy for internet gaming disorder (IGD) in Swedish child and adolescent psychiatric clinics: a randomized controlled trial
T47 - Prevention & intervention

Abstract:
Participants: Children aged 13 – 18 years, coming for their first visit to Child and adolescent health services (CAMHS) during 2022, were screened for gaming behavior. Those who met the proposed DSM-5 criteria for IGD were offered participation in the trial, if they had the capacity to provide written informed consent and if they spoke Swedish. A total of 113 CAP patients agreed to participate. Out of those, 11 patients were excluded due to incorrect inclusion. After exclusion, 102 participants remained (intervention = 47, control = 55).
Interventions: The intervention, RP, is based on cognitive behavioral treatment (CBT) and was provided individually, comprising of five to seven 45-min sessions over a period of 5 to 7 weeks versus treatment as usual.
Outcome measures: Participants were assessed with Game Addiction Scale for Adolescents pre-treatment (GASA) (baseline), post-treatment (treatment group only), and 3 months after baseline (follow-up).
Results: The repeated measures ANOVA showed a significant interaction effect between treatment and time. Both the control group and treatment group lowered their mean GASA score from baseline to follow-up significantly, but the improvement was greater in the treatment group (mean difference in control group −5.1, $p < 0.001$, 95% CI = − 3.4 to −6.8, mean difference in treatment group −9.9, $p < 0.001$, 95% CI = −11.7 to −8.1).
Conclusion: RP was found to be superior to treatment as usual in terms of reduction of IGD symptoms. Future research should address which aspects within a given treatment are effective, who benefits from treatment, in what aspects, and why.

Authors:
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Leonard Franzen Social Services, Malmö
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Anders Håkansson Region Skåne, Malmö Addiction Centre, Gambling Disorder Unit, Malmö, Sweden
**Presenter** Emma Claesdotter-Knutsson Region Skåne, Child and Adolescent Psychiatry, Regional Outpatient Care, Lund University Hospital

Subcontribution 17385 to Session ID 5820
Day 2 - 30.06.2025, 09:30 - 09:45, Curie B

# Res@t for adolescents – Focusing on sleep hygiene in the treatment of problematic media use

T47 - Prevention & intervention

Abstract:
Background: Individuals with problematic media use often report shorter sleep duration, poorer sleep quality, and increased daytime sleepiness. Adhering to specific sleep hygiene rules (such as avoiding screen time before bedtime) can positively affect sleep duration and next-day alertness. The multicenter study "Res@t" examines an app-based resource-strengthening program for children and adolescents. This sub-study focuses on the influence of the Res@ training on sleep behavior and day-time alertness.
Method: Children and adolescents aged 10-19 years with problematic gaming, streaming or social media use will be included in the study. The Res@t training comprises nine modules, including one comprehensive module on sleep hygiene rules and app-based diaries to closely monitor their effectiveness. Circadian activity patterns will be measured through actigraphy and linked to alertness measured by a psychomotor vigilance test.
Results: We present results on the feasibility of the study and preliminary data on the effect of an off-line version of the sleep hygiene training in a clinical population (N=28). We found that the training had a positive effect on sleep quality and quantity.
Discussion: Sleep behavior can be altered by pathological media use, further affecting well-being and cognitive performance. Early and effective intervention is therefore urgently needed. We hypothesize that symptoms of non-organic sleep disorders, like daytime sleepiness and disrupted sleep-wake patterns, in adolescents with media-related disorders are driven by behavior linked to excessive media use and can be managed through sleep hygiene practices.

Authors:
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Subcontribution 17498 to Session ID 5820
Day 2 - 30.06.2025, 09:45 - 10:00, Curie B

# An Organizational Skills Training intervention with screen-time reduction in children with ADHD

T47 - Prevention & intervention

Abstract:
Aims: Many children with ADHD, even when on optimal medication, still have executive dysfunctions and difficulties managing everyday life. Problematic screen use is characteristic for most children with ADHD. Our aim was to improve everyday functioning in children with ADHD using Organizational skills training (OST), a behavioral intervention. The intervention consists of several parts and addresses mainly screen-time reduction, parent-child relationship, and executive dysfunctions.
Methods: This was a randomized clinical superiority trial investigating the effect of OST vs treatment-as-usual (TAU) for children with ADHD (n = 142) in the age range of 6 - 13 years. All participants received TAU. OST was added to TAU and administered in a group format of 10 weekly sessions. TAU may include psychoeducation, counseling of parents and teachers at school, and for some children pharmacological treatment. Data analysis was conducted using mixed linear regression models with random intercepts, adjusted for the stratification variables and the baseline value.
Results: Mean difference between groups on the ADHD-RS total score ($d = -0.48$, $p < 0.01$) post intervention and follow up ($d = -0.38$, $p < 0.05$). ADHD-RS Inattention scale ($d = -0.59$, $p < 0.01$), follow up ($d = -0.50$, $p < 0.01$.) and Hyperactivity scale ($d = -0.37$, $p < 0.05$,). On the WFIRS, the skill subscale showed significant change ($d = -0.50$, $p = 0.05$,).
Conclusion: 10 weeks of OST added to TAU improved children's organizational skills and reduced ADHD symptoms significantly with mainly medium to large effect sizes, indicating that the families perceived substantial changes in their child, that were still maintained 6 months after intervention.

Authors:
**Presenter,** Aida Bikic Research Unit of Child and Adolescent Psychiatry, Department of Clinical Research, University of Southern Denmark

Subcontribution 17351 to Session ID 5820
Day 2 - 30.06.2025, 10:00 - 10:15, Curie B

Developing Evidence-Based Approaches to Enhancing Online Lives
T47 - Prevention & intervention

Abstract:
Aims
Evidence increasingly suggests that health outcomes of internet usage cannot be explained entirely by the duration of screentime alone. Therefore, we sought to examine the evidence around putative demographic and usage factors which may influence the mental health impacts of online time. Along with this, we sought to present evidence-based recommendations to improve outcomes of device usage in young people, by synthesizing actionable advice from interdisciplinary research.
Methods
We aggregated the evidence from recent studies across neuroscience, epidemiology, and clinical psychology to examine the psychological, neurocognitive, and societal impacts of various types of internet usage, across different demographic sectors. Working with a multidisciplinary team, we then extracted actionable recommendations from existing guidelines and resources, especially those incorporating youth feedback, to develop practical advice for adolescents.
Results & Conclusions:
Our findings show that the quality of online interactions significantly impacts mental health and well-being, particularly with regards to user age, pre-existing mental health status, and usage patterns. Evidence suggests that while certain online activities like social support and educational content can be beneficial, typical internet usage among young people can increase exposure to negative interactions and misleading / distracting content, which can detriment well-being in various ways. From unifying the recommendations of various health bodies and think-tanks, we developed evidence-based recommendations to enhance young people's mental health by improving online experience quality and minimizing risks. Overall, our study highlights the necessity for guidelines and initiatives leveraging neuroscientific and societal research to support optimal internet use.

Authors:
Dr. Joseph Firth University of Manchester
**Presenter** Prof. Dr. Samuele Cortese

Symposium 19712 to Session ID 5944
Day 2 - 30.06.2025, 09:00 - 10:30, Varsovie

Workshop: How to get published: top tips
T30 - Policy / advocacy

Abstract:

Authors:

Subcontribution 17623 to Session ID 5944
Day 2 - 30.06.2025, 09:00 - 10:30, Varsovie

How to get published: top tips
T30 - Policy / advocacy

Abstract:
Aims: to discuss common pitfalls in academic publishing and systematic reviews for trainees and early academics, and to provide experience of critical appraisal and the review process.
Methods: the Editor-in-Chief of the Journal of Child and Adolescent Mental Health (BD) will outline how to optimise acceptance of a paper, including opportunities for different types of publications and tips for being a reviewer; a joint editor and systematic review expert (GS) will discuss common pitfalls in conducting systematic reviews.
Participants will be encouraged to share their experiences through group discussions and also to critically appraise a paper within the session.
Results and Conclusions: participants will have an increased understanding of common pitfalls and what may be expected from editors for original articles, systematic reviews and how to conduct a review.

Authors:
**Presenter,** Prof Bernadka Dubicka University of York
Dr. Gonzalo Salazar de Pablo Institute of Psychiatry, Psychology & Neuroscience, King's College London

Symposium 18661 to Session ID 5887
Day 2 - 30.06.2025, 09:00 - 10:30, Luxembourg

Improved child and adolescent mental health care through patient-centered and participatory approaches
T49 - Patient and Public Involvement

Abstract:
Children and adolescents worldwide are facing an increasing number of mental health challenges, which requires innovative and evidence-based solutions. Inclusive approaches are one promising solution. A patient-centred approach involves listening to young people and their families in order to build trust and tailor treatment to individual needs. A participatory approach actively empowers young people as partners in developing care strategies that integrate their lived experiences into the society and, in particular, the health system. This symposium explores emerging research and best practices that combine those interdisciplinary perspectives. We aim to highlight inclusive approaches, facilitate transformative discussions on this topic and to encourage collaborative interventions for both clinicians and researchers.
Mathieu Jackson, Head of partnership school at the Centre of excellence on partnership with patients and the public in Quebec, Canada and Board member of the World federation of hemophilia will discuss how the Montreal Model could be applied to child and adolescent psychiatry in the Swiss context in an attempt to delineate the hurdles, challenges and further work required, as well as the potential benefits.
Dr. Kelsey Graber, Senior Project Manager at Cambridge Children's Hospital, UK, will explore the multifaceted value of play in pediatric healthcare, emphasizing its role in amplifying young children's perspectives and supporting participatory, person-centered care.
Nina Therese Øversveen Svamo, PhD candidate at the university of Inland Norway will summarize findings from a recently published scoping review examining adolescents' voices regarding self-engagement in mental health treatment, highlighting implications for practice and future research.
Prof. Frank Wieber, Deputy head of research at the Institute of public health at Zürich university of applied sciences in Switzerland, will present the Swiss project "A transdisciplinary model of participation: The right to participation in child health care, best practices, barriers, and outlook" including several partners from Swiss Universities.
Louise Thivant, Executive Director for The Child and Youth Friendly Governance Project will illustrate how a child rights framework can transform mental health care - exemplified by the work of an independent non-governmental organization - and explore the practical integration of rights-based practices into mental health systems.

Authors:
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Subcontribution 18664 to Session ID 5887
Day 2 - 30.06.2025, 09:00 - 09:15, Luxembourg

Patient partnership with children: applying the Montreal Model to the context of child and adolescent psychiatry
T49 - Patient and Public Involvement

Abstract:
Patient partnership, coined the Montreal Model by the Macy's foundation, is a model of care and social services based on the principle that patients, including loved ones and family members, are the primary healthcare providers to themselves, hence they should be considered full-fledged members of the care team. Based on this premise, the Montreal Model recognizes that patients develop a specific form of expertise derived from their experience of life with illness. This expertise is composed of different types of knowledge that go beyond values and preferences often identified in shared-decision making models or patient-centered approaches. These knowledge categories include self-management, medical and cultural knowledge which are important levers for quality of care. This also lays the conceptual groundwork for the integration of patients-as-experts, or patient partners, throughout the healthcare eco-system, as has been increasingly done in Canada since 2010. So far, little work has been done to apply this model to the field of child and adolescent psychiatry.
Based on a literature review and the author's past experience as lead of the School of Partnership at the Centre of Excellence on Partnerships with Patients and the Public (CEPPP) from 2016 to 2024, we present the Montreal Model and explore how it can be applied to child and adolescent psychiatry. We explore the different modalities of patient engagement identified within this model and illustrate them through case studies based on projects led by the CEPPP. These modalities include the micro, mezzo and macro levels of the healthcare system, as well as fields of action, such as research, education, as well as care and social services.
We discuss how the Montreal Model could be applied to child and adolescent psychiatry in the Swiss context and attempt to delineate the hurdles, challenges and further work required, as well as the potential benefits.

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Subcontribution 18665 to Session ID 5887
Day 2 - 30.06.2025, 09:15 - 09:30, Luxembourg

Play and children's participation in pediatric health care
T49 - Patient and Public Involvement

Abstract:
Recognizing and enacting children's rights continues to be a work-in-progress across many societal domains. This is particularly the case for children who are uniquely vulnerable, such as those facing illness or health adversity. Historically, healthcare approaches prioritized children's behavioral compliance over their understanding, agency, and active participation. Younger children in particular were often deemed too immature to have the capacity to meaningfully contribute. However, contemporary research demonstrates that even children as young as three can engage in discussions and decisions around their health and well-being. Play – a natural and elemental aspect of childhood – is a key mechanism for fostering this kind of engagement, offering a powerful medium for children to express themselves and participate actively in their healthcare experiences.
In addition to children's rights to health (UNCRC Article 24) and expression (Article 12), the right to play (Article 31) holds unique significance in healthcare settings. There is a duality to play: it helps to normalize the healthcare environment, preserving elements of childhood amidst medical realities, and can also provide therapeutic benefits by enhancing understanding, preparation, coping, and children's agency. While there are many pediatric facilities around the world that integrate play areas or therapeutic play specialists into children's healthcare experiences, both local and global disparities persist in the accessibility, application, and respect for play in healthcare.
This presentation will explore the multifaceted value of play in pediatric healthcare, emphasizing its role in amplifying young children's perspectives and supporting participatory, person-centered care. It will highlight innovative strategies to bridge children's physical and mental health needs through play, positioning it as a central force in integrated pediatric care. Ultimately, this session will demonstrate how prioritizing play not only enhances children's quality of life but also transforms healthcare experiences to be more inclusive and humanizing.

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Subcontribution 18718 to Session ID 5887
Day 2 - 30.06.2025, 09:30 - 09:45, Luxembourg

# Adolescents' voices on self-engagement in mental health treatment

T49 - Patient and Public Involvement

Abstract:
Adolescents' involvement in healthcare is a fundamental right, as outlined by the United Nations Convention on the Rights of the Child. Self-engagement in mental health treatment is essential for person-centered care (PCC). However, a research-to-practice gap persists, with mental health services often failing to integrate adolescents' voices, despite theoretical and empirical knowledge existing. Research on adolescents' own voices about self-engagement in mental health treatment has been scarce. This presentation thus summarizes findings from a scoping review examining adolescents' voices regarding self-engagement in mental health treatment, highlighting implications for improving clinical practice and guide future research.
The review followed the scoping methodology of Arksey and O'Malley from 2005, updated by Levac and colleagues in 2010, involving five stages: 1) identifying the research question, 2) identifying relevant studies, 3) study selection, 4) charting the data, and 5) collating, summarizing and reporting the results.
Nineteen studies were included, including qualitative (or mixed methods) studies with an original data collection. We also used a tool to systematically assessing the risk of bias in qualitative studies. Based on the data, five themes emerged in the literature: (1) the therapeutic alliance, (2) the need for active engagement in treatment, (3) varying experiences based on data collection timing, (4) treatment context and healthcare system, and (5) adolescent-caregiver interaction.
Discussion: Adolescents` understanding of self-engagement was multidimensional and comprehensive, including individual-, contextual- and relational factors. A strong therapeutic alliance with healthcare providers, and a need to be actively engaged in treatment were highlighted by the adolescents themselves.
Strengthening PCC in adolescent mental healthcare requires considering the complex understanding of adolescents' self-engagement as a dynamic process shaped by individual, contextual, and relational factors. We will in the presentation provide examples, of how to put this knowledge in practice, e.g. by introducing the PCC instrument (the DSM-5 Cultural Formulation Interview) that can enhance the therapeutic alliance by supporting adolescents' self-engagement through the exploration of their cultural and personal health narratives.

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Subcontribution 18744 to Session ID 5887
Day 2 - 30.06.2025, 09:45 - 10:00, Luxembourg

Children’s rights in healthcare: How can participation in child- and adolescent psychiatric and in pediatric practice succeed?
T49 - Patient and Public Involvement

Abstract:
The right to participation of children in healthcare is defined and anchored by a legal framework on various levels. However, current practice doesn’t fully comply with these requirements in Switzerland. Barriers include legal, policy-based, and healthcare aspects. We will focus on the perspective of the young people, their close family and healthcareworkers. Our contribution aims to present and discuss our ongoing project that aims to facilitate participation of children and adolescents in healthcare, looking at different ages, diagnoses and settings (including somatic and mental health diseases).
We will conduct a mixed method approach, including qualitative focus groups with 6-12 participants (with young people, healthcare professionels and parents respectively in different groups) to identify needs and barriers as well as participant observation and interviews with children and medical professionals to focus on children’s perspectives in the medical surrounding. This qualitative data collection will ensure diverse representation across language regions, specialties, organizational types (hospital or private), and the relative age of children. Moreover, an online qualitative self-report survey will be distributed to a wide range of healthcare professionals (physicians, psychologists, nurses) and policy implementers (hospital leadership) across all three language regions of Switzerland. The survey will cover demographics, professional background, participation of children and adolescents, legal awareness, barriers, motivations, challenges, collaboration, satisfaction, and improvement suggestions.
In this presentation, we will focus on the participatory aspect of involving young people in this researchproject in several parts of the process. Moreover, we will present the tools we will use to measure the “maturity” of organisations in their ability to include the view of children and young people. Finally, we will present our ideas to work with stakeholders to facilitate implementation of the results and thus allow a wider dissemination of the findings in the entire system. We will discuss this project from a multi-professional perspective, individual, institutional and regional factors to participation and discuss capacities and constraints that facilitate or hinder the participation of children and adolescents in healthcare.

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Subcontribution 18742 to Session ID 5887
Day 2 - 30.06.2025, 10:00 - 10:15, Luxembourg

A human rights based approach to adolescent health care
T49 - Patient and Public Involvement

Abstract:
Most health institutions and their staff recognize the importance of promoting, respecting, and protecting child rights. However, there remains a significant gap in knowledge about how to translate these rights into practical, meaningful, and measurable results.

This intervention will explore how international child rights standards provide a comprehensive framework to help health care providers bridge child rights principles with tangible outcomes that benefit children, adolescents, and the health care institutions that serve them.

Key concepts such as children's right to participate in decisions impacting their lives, the best interests of the child assessment, and children's evolving capacities will be unpacked to demonstrate their practical application. Concrete and inspiring examples will showcase how hospitals and health care providers can integrate child rights into their planning and daily work. Examples include participatory policy design to amplify children's voices in decision-making, child-friendly communication tools, co-creation of welcoming and inclusive environments, child and adolescent advisory boards, feedback systems, peer mentorship programs, and children's participation in research.

The intervention will emphasize that impactful and sustainable results require institutionalizing child participation through strategies, policies, and budgets, as well as building capacity across the organization. Evidence generation and learning will be highlighted as critical components for continuous improvement.

Finally, insights will illustrate the numerous positive outcomes of a child rights-based approach, including fostering trust, improving communication between patients and providers, enhancing the effectiveness of health interventions, and ultimately delivering better health outcomes for children and adolescents.

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Symposium 19884 to Session ID 5970
Day 2 - 30.06.2025, 09:00 - 10:30, Madrid 1

Oral Session: ASD
T04 - ASD

Abstract:

Authors:

Subcontribution 17533 to Session ID 5970
Day 2 - 30.06.2025, 09:00 - 09:15, Madrid 1

# High functioning autism spectrum disorder (HFA) and gender identity (GI) in children and adolescents. An explorative comparison study with non-autistic(NA) population at a Gender Identity Unit(GIU). Reflections from an interdisciplinary team

T04 - ASD


Abstract:
Co-occurrence between autism and gender diversity is around 5-13% (Hermann, 2020). Although there is a recent increase in social attention and research, comparative studies between HFA and NA pediatric population as well as clinical guidelines are still scarce (Strang, 2018).
The GIU at Sant Joan de Deu Hospital cares for individuals with diversity in gender identity in a pediatric hospital with an interdisciplinary team.
Goals:
•To describe the prevalence of HFA children/adolescents who consult at the GIU.
•To compare data related to their transition process with NA population.
•To better understand the co-occurrence between ASD and gender diversity and to provide tools for the accompaniment of this population and their families/caregivers.
Methods. Cross sectional descriptive analysis of data collected from individuals seen in our unit (2016 to November 2024) is provided. N=406; Age 4.3-17.1 y.o (mean 12.6; sd 8.15). 64% non-ASD, 11% ASD diagnose, 25% ASD traits.
Results. Comparison non ASD/ASD youth: Non-binary identity: 8.72% vs 13%; X2=10.6; (p= 0.051); Non-normative sexual orientation: 27.5% vs 55.3%; X2=41.5; (p=0.001); Earlier disclosure to their families: 87% vs 74%; X2=5.42; (p=0.020); Changes in their administrative documents: 18% vs 7%; X2=4.7; (p=0.027), Hormonal treatment: 33% vs 20%; X2=4.9; (p=0.020), Mental health problems: 56.6% vs 74.3%; X2=7.9; (p=0.005), Anxiety problems: 27% 39.7%; X2=4.45; (p=0.035).
Conclusions. Compared to non-ASD, autistic youth present more non-binary identities and non-normative sexual orientations. Despite disclosing it later, they perceive more family support, but they tend to make/need less administrative and medical steps in their processes. Proportionally, they seem to have more mental health burden.
Diversity in gender identity is a relevant aspect when working with HFA, requiring more training from professionals involved. The accompaniment must be adapted and individualized.
It is necessary to increase literature including the intersectional perspective in qualitative and mixed methods studies to better understand the experiences of people with autism and gender-sex diversity.



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Subcontribution 17580 to Session ID 5970
Day 2 - 30.06.2025, 09:15 - 09:30, Madrid 1

# Relationship Between Somatic Symptoms, Alexithymia, and Autistic Traits in Adolescents Diagnosed with Attention Deficit Hyperactivity Disorder

T04 - ASD

Abstract:
Aims:
Studies show that there is a correlation between Attention Deficit/Hyperactivity Disorder (ADHD) and somatic complaints. In studies, it is known that individuals with adult ADHD score high on alexithymia scales, alexithymia is defined as an important factor in the emergence of somatic symptoms in children, alexithymia is common in Autism Spectrum Disorder (ASD) and 20-30% of children with ADHD show autism symptoms. In this context, it is important to investigate to what extent alexithymia and autistic symptoms contribute to the occurrence of somatic symptoms. The aim of this study is to investigate how autistic traits and alexithymia predict the occurrence of somatic symptoms in children with ADHD and to give an idea about their combined effects.
Methods:
Adolescents diagnosed with ADHD and healthy adolescents were included in the study.Inclusion criteria included age 12-18 years, diagnosis of ADHD, clinically normal intelligence and absence of comorbid physical or psychiatric disorders.The diagnosis of ADHD was made by the clinician according to DSM-5 criteria. All adolescents completed the Toronto Alexithymia Scale-20 (TAS-20) and the DSM-5 Level-2 Physical Symptoms Form for Adolescents.Parents also completed forms such as Sociodemographic Data Form, Conners Parent Rating Scale-Revised Short Form, Autism Spectrum Questionnaire (ASQ) and DSM-5 Level-2 Physical Symptoms / Parent Form. Data obtained from 113 adolescents (38 ADHD-treated, 37 diagnosed but untreated, and 38 healthy controls) were analysed.
Results:
While investigating the associations between total scale scores (autistic traits, psychiatric problems and somatic symptoms) statistically significant correlations were found in ADHD sample.
When the factors predicting somatic symptoms in the ADHD sample were examined; alexithymia scores and ADHD severity predicted child-rated somatic symptom score positively [$\beta = .45$, $t(71) = 4.44$, $p < .001$; and $\beta = .24$, $t(71) = 2.39$, $p = .020$, respectively].
Conclusion:
Our study highlights the significant prevalence of somatic symptoms in adolescents with ADHD, underscoring the importance of recognizing and addressing these often overlooked internalizing issues. The findings suggest a distinctive impact of alexithymia and emotional expression difficulties on somatic symptomatology, emphasizing the need for comprehensive assessment and tailored interventions in the management of ADHD-related physical complaints.

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Subcontribution 17682 to Session ID 5970
Day 2 - 30.06.2025, 09:30 - 09:45, Madrid 1

# DEVELOPMENTAL ENCEPHALOPATHIES WITH PSYCHOTIC SYMPTOMS (CASES OF GENETIC AND CLINICAL POLYMORPHISM)

T04 - ASD

Abstract:
Introduction: Autism spectrum disorders (ASD) are characterized by genetic and clinical polymorphism, comorbidity with neurological and mental disorders. In 15 - 30% of children with ASD is diagnosed epilepsy throughout life.
Methods: Within the 7th Framework Program: PsychGene "Copy Number Variation and Endophenotypes in Psychiatric Disorders, 2009 - 2012" held Genome-Wide Association Study (GWAS) for 400 children (meaning age 75.0±33.1 months) with the phenotype of ASD. During 2009-2012, 29 children with 1q21.1, 15q13.3, 15q24, 2q24.3, 2p16.3, 16p11.2, 7q31.32, 22q13.3, 17p13, 4q35 syndromes and NEXMIF mutations of the X chromosome) and 42 with variants of serotonin 2A (5HTR2A) and dopamine (DRD2) gene locus polymorphisms were selected for a prospective clinical trial that was completed in September 2021. 15 clinical cases of psychotic disorders/delirium in patients with ASD and epileptic seizures, and 9 cases of ASD with individual psychotic symptoms without impaired consciousness and epileptic seizures were described and studied (mean duration of longitudinal observations was 117.2±14.3 months). Effectiveness of various therapeutic strategies has been analyzed.
Results: Clinical phenotypes of developmental encephalopathy and epilepsy (SHANK3, NRXNT, NEXMIF), other cases of genetic polymorphism of ASD with psychotic catatonic and delirium symptoms, epileptic seizures are described. Patients with clinical phenotypes of Developmental Epileptic Encephalopathy (DEE) were poorly tolerated with atypical antipsychotics, phenytoin, phenobarbital, and carbamazepine. Psychotic disorders were affinity for treatment with quetiapine and aripiprazole. New evidence of possible efficacy of lamotrigine therapy, low doses of valproic acid salts, polytherapy with lamotrigine and lacosamide in patients with DEE has been obtained.
Conclusions: Prospective studies have demonstrated the relationship between clinical and genetic polymorphism in ASD. Studying the interactions of gene polymorphism with the clinical phenotypes of ASD is crucial for the pharmacological treatment of these individuals.
Key words: autism spectrum disorder, psychotic symptoms, developmental encephalopathies.

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Subcontribution 18396 to Session ID 5970
Day 2 - 30.06.2025, 09:45 - 10:00, Madrid 1

# Mood instability as a factor in mental health service use in neurodevelopmental disorders: A Natural Language Processing analysis of electronic health records of children and young people with ADHD and autism

T04 - ASD

Abstract:
Background: Neurodevelopmental conditions such as attention deficit/hyperactivity disorder (ADHD) and autism are among the most common diagnoses given in Child and Adolescent Mental Health Services (CAMHS) [1]. Young people with these conditions face significant delays in accessing mental health care [2]. Mood instability, common and impairing for neurodevelopmental conditions, may drive higher demand for CAMHS in these young people, but this role has been understudied. This research gap is likely due to difficulties in measuring mood instability in clinical settings, which may stem from the lack of routinely available and robust measures. As previously demonstrated in adult mental health patients, alternative information retrieval approaches such as Natural Language Processing (NLP) may improve the identification of such poorly screened symptoms [3]. This study aimed to explore the utility of NLP methods to examine CAMHS use differences in CYP with ADHD and autism, based on the presence of mood instability. Methods: We conducted a cross-sectional study examining de-identified South London and Maudsley NHS Trust electronic health records of children and young people (CYP) aged 4-18 years old and diagnosed with autism and/or ADHD. Age, sex, diagnostic status and CAMHS use parameters (number of contacts with CAMHS and number of years open to CAMHS) were obtained from structured data fields for each participant. Utilising NLP, we extracted mood instability within 3 months before/after primary diagnosis. The main outcomes were frequency, length, and rate of CAMHS use after receiving a primary diagnosis of ADHD or autism. Results: The total sample consisted of 23,615 CYP with ADHD (n=8,226), autism (n=8,815), and ADHD+autism (n=6,574). 17% of the entire cohort had NLP-identified mood instability. Number of contacts with community CAMHS, years open to CAMHS, and CAMHS use rates were all significantly higher in CYP with mood instability, regardless of diagnostic group. Conclusions: Mood instability is a detrimental clinical feature which may be linked to increased CAMHS use in CYP with neurodevelopmental conditions. Our preliminary findings warrant further analyses to understand the impact of mood dysregulation on increased need for clinical input in CYP with ADHD and autism. NLP offers a promising approach for identifying mood instability in large clinical populations, to support targeted interventions and efficient service planning.

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Subcontribution 18469 to Session ID 5970
Day 2 - 30.06.2025, 10:00 - 10:15, Madrid 1

# Parental Quality of Life in Autism Spectrum Disorder: Linking Parental Stress, Child Social Functioning, and Gastrointestinal Difficulties

T04 - ASD

Abstract:
Aims: This study examined the quality of life (QOL) of parents of children with autism spectrum disorder (ASD), as well as the impact of parental stress on overall QOL and different QOL domains. We additionally investigated the effect of children's social functioning and their co-occurring gastrointestinal (GI) difficulties on parental QOL.
Methods: A sample comprised 53 parents (84.6% mothers and 15.4% fathers) of children with ASD (81.1% male and 18.9% female, aged 4-18 (Mage 11.07±3.64)), treated at the Institute of Mental Health in Belgrade, Serbia. The study design was cross-sectional, with the following instruments used: The World Health Organization Quality of Life – BREF (WHOQOL-BREF); Parental Stress Scale (PSS); Stanford Social Dimensions Scale (SDSS); and the Autism Spectrum Disorder Gastrointestinal and Related Behaviors Inventory (ASD-GIRBI). Data analyses were conducted using the Statistical Package SPSS 23.0 (SPSS Inc., Chicago, IL, USA).
Results and Conclusions: Mean transformed scores of Overall QOL and General Health, Physical QOL, Psychological QOL, Social QOL and Environmental QOL were 66.91±13.43%; 71.57±12.97%; 66.67±13.53%; 61.90±15.21%; 62.56±11.81%, respectively. Parental stress negatively correlated with overall (r=-.298, p=.044), physical (r=-.310, p=.011), and psychological (r=-.457, p=.002) QOL. Social communication of the child positively correlated with parental psychological (r=.303, p=.034) and physical (r=.325, p=.020) QOL. Children's abdominal pain was negatively correlated with parental overall QOL (r=-.359, p=.010). These preliminary findings highlight the impact of parental stress, children's social functioning, and GI difficulties on the QOL of parents caring for children with ASD.
Keywords: autism spectrum disorder, parents, quality of life, parental stress

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Symposium 17596 to Session ID 5953
Day 2 - 30.06.2025, 09:00 - 10:30, Madrid 2

# Back to the future: Detection, assessment, and diagnosis of dissociative pathology in adolescents, school-aged children, and preschool children

T43 - Trauma

Abstract:
Despite being underestimated and known as controversial, three decades of research unfolds a consistent profile across North America, Europe, and Asia of dissociative disorders. Along with symptoms of gaps in awareness, depersonalization, and amnesia, self-disconnectedness appears to be the hallmark of dissociation. Psychotic-like experiences such as voice hearing and passivity are common rather than exceptional. The reliable association with child maltreatment suggests the possibility of an equivalent in early developmental stages. However, investigation translating the advanced knowledge to adolescent or child dissociation has been scarce. Neurocognitive systems which support high-level mental functioning such as the formation of self remains developing, raising the question about the applicability of diagnostic criteria to child dissociation. Understanding the early pathogenesis of dissociation is vital, for its potential differential power in early identification and intervention of severe cases.
We will present our series of research into dissociation at various developmental stages. First, Chiu will review up-to-date evidence from clinical and laboratory research for an emerging self-disconnectedness model which takes a diathesis-stress perspective to formulate dissociation. Subsequently, H. C. Chan and Wong will report findings in support of this diathesis-stress formulation from adolescent patients with mood problems and school-aged children, highlighting the moderating role of disconnected self-activities (i.e., weakened mentalization) in linking early maltreatment to dissociation and accompanying psychotic-like experiences. In the last two presentations, we will focus on the clinical utility of this conceptualization. L. K. Chan will present a descriptive psychopathology analysis of a school-aged child with dissociative behavior, examining the applicability of the self-disconnectedness model to child dissociation. Ho will present a case-series analysis of children aged between 3-6 under foster care service, illustrating how pathological event memory and maladaptive relational schema manifest in a state of self-connectedness and are addressed. Our data suggest that self-disconnectedness is a key feature of child dissociation detectable through self-report scales, behavioral observation, and cognitive tests.

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Subcontribution 17597 to Session ID 5953
Day 2 - 30.06.2025, 09:00 - 09:15, Madrid 2

Rehearsal: Self-disconnectedness in dissociation and dissociative disorders
T43 - Trauma

Abstract:
Aims: With the awareness of the poor mental health outcomes in people with complex trauma, growing interests have been found in dissociation, a disruption of ordinarily integrated functions in mental processing. A reliable association between early relational trauma and dissociation has been documented across multiple diagnostic groups. Yet, three decades of research showed that despite being clinically prevailing (20% of in- and out-patients), 80 percent of this diagnosable status of dissociation was overlooked. I aimed to address concerns in literature regarding the validity and clinical utility of dissociation.
Methods: I selectively reviewed works in my laboratory designed to address the speculations prevalent in literature about dissociation. Both observational studies and behavioral experiments were included, for the illustration of lived experience and neuropsychological competence.
Results & Conclusions: First, we demonstrated that dissociation involves intrinsic predisposing factors such as neurocognitive diathesis. The effect of early relational trauma could be moderated. Second, self-disconnectedness, a weakened sense of ownership and authorship, characterized dissociation. It hindered the functioning and learning in interpersonal situations, leaving behind an incoherent narrative self. Third, dissociation and psychosis, both involving an altered sense of self, were intertwined. While self-experiences during dissociative episodes could appear to be psychotic, these experiences were differentiable from those of schizophrenia.

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Subcontribution 17598 to Session ID 5953
Day 2 - 30.06.2025, 09:15 - 09:30, Madrid 2

# Too Fragmented to Be Unreal: Linking Reflective Dysfunction to Relational Trauma, Dissociation, and Psychotic Experiences in Adolescent-onset Depression

T43 - Trauma

Abstract:
Aims: Dissociation and psychosis are characterized by anomalous self-other differentiation. Psychotic experiences in adult patients with mood disorders, but not those with schizophrenia, were attributable to early trauma and dissociation. Anomalous self-other differentiation characteristic of dissociation can be a source of psychotic experiences. The current study attempted to replicate this mediation in adolescent patients with depressive mood. We further tested whether limited self-reflectivity would play a role in this link, moderating the impact of relational trauma on the development of dissociation and psychotic experience.
Methods: Adolescents with a clinical diagnosis of DSM-5 Major Depressive Disorder (MDD, n = 92) were recruited alongside a matched sample of Healthy Controls (HC) from communities. Dissociation and first-rank symptoms were assessed through a semi-structured interview. Relational and non-relational trauma as well as reflective functioning were measured by validated scales.
Results & Conclusions: Adolescents in the MDD group endorsed more dissociation (84% vs. 42%) and first-rank symptoms (64% vs. 15%) in comparison to the HC group. The mediation analysis revealed that the relationship between relational trauma and first-rank symptoms was mediated by dissociation. Crucially, the mediating effect of dissociation was moderated by reflective functioning [95% CI = (0.004, 0.233)]. Relational trauma and dissociation were found to be accountable for psychotic experiences in adolescents with mood disturbances. Importantly, reflective functioning played a key role in the maintenance of the pathogenic effect of relational trauma.

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Subcontribution 17599 to Session ID 5953
Day 2 - 30.06.2025, 09:30 - 09:45, Madrid 2

# The mind in your telling: Narrative incoherency in children with dissociative experiences

T43 - Trauma

Abstract:
Aims: Early detection of victimization and stress-spectrum disorders in childhood remains challenging. The establishment of child maltreatment is usually delayed. Symptom elicitation fails because stress symptoms can go with memory of undesirable family events children do not want to disclose. We therefore turned to the cognitive marker of child dissociation. We aimed at mentalization, how one perceives people's intentions, motivations, and desires as well as thoughts and emotions, for its pivotal role in organizing one's knowledge of social lives and about themselves. Given the symptomatic presentation of self-disconnectedness in dissociation, we hypothesized that children with dissociative experiences may have weakened mentalization.
Methods: Children aged between 8 and 12 were recruited from communities. Capitalizing on a story-telling approach commonly used in clinical psychology for apperception, we assessed mentalization through children's narrative coherency, of pictures depicting moments of family life. Level of coherency was determined by the degree to which a narrative for what is happening, either among characters or to one person, is logically and experientially comprehensible, with behaviors and corresponding inner experiences well elaborated. Common stress symptoms including dissociation were assessed through a clinician-assisted rating by children.
Results & Conclusions: Our results showed separable latent factors for common stress symptoms such as anxiety and dissociation. Common stress symptoms were associated with an elevated level of narrative coherency, while pathological dissociation correlated with a lower level of narrative coherency. The results offer preliminary evidence for the differential associations of self-other knowledge structure with common stress symptoms and dissociation.

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Subcontribution 17600 to Session ID 5953
Day 2 - 30.06.2025, 09:45 - 10:00, Madrid 2

# Self-disconnected? The descriptive psychopathology analysis of a child with dissociative behaviors

T43 - Trauma

Abstract:
Aims: Dissociation, with its reliable, retrospective link to early-life traumatic stress, has been formulated as a pathology of abnormal socioemotional development. This suggests that dissociation should be identifiable and diagnosable in childhood. With the self-disconnectedness model at the fulcrum, this case study aimed to address the extent to which current formulation and diagnostic criteria of adult dissociation is applicable to children.
Methods: In this study, the potentially dissociative experiences and behaviors in a 11-year-old boy, who was staying at a residential facility accommodating children from high-risk families, has been documented and analyzed.
Results and Conclusions: The first-person account from the boy about his potentially dissociative experiences and the observations of the clinician witnessing his pathological behaviors revealed a symptom profile similar to that in adult dissociation. These dissociative symptoms disrupted and disconnected multiple domains of typically integrated mental functioning including memory, consciousness, and the sense of self. The boy was able to describe experiences such as gaps in consciousness and a fragmented, disconnected sense of self on his own, while behaviors such as his unusual forgetfulness were observed mainly by the clinician. This case study supports the emerging self-disconnectedness model of dissociative pathology and its applicability to high-risk cases in early developmental stages. This finding also indicates the importance of trauma-informed care in child residential settings: with gentle, guiding prompts, children are able to recognize and articulate unusual, self-disconnected experiences, facilitating early identification and intervention of dissociation.

Authors:
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Subcontribution 17601 to Session ID 5953
Day 2 - 30.06.2025, 10:00 - 10:15, Madrid 2

# Detection and management of preschool children with dissociative-like behaviors under foster care

T43 - Trauma

Abstract:
Aims: Self-disconnectedness has been identified as a phenomenological feature observable to clinicians for the detection of dissociation in children, adolescents and adults. From our clinical experience, working with children under 8 largely differs from other clientele for their very limited self-reflectivity. We wonder whether self-disconnectedness as well as other dissociative symptoms can be observed or informed by their behaviors during play and their interactions with therapists.
Methods: We reported clinical observation of dissociative like behaviors (e.g., memory intrusion and spacing out) in child clients referred to psychotherapy. The clients were aged between 3 to 6, under foster care. The descriptive psychopathology approach was adopted to analyze the sampled behaviors.
Results & Conclusions: Similar to school-aged children from dysfunctional families, these children presented possible reenactments of past traumatizing events and schematic memory of being rejected. They either prioritized the needs of therapist while deprecating their own needs (over-entertaining towards the therapist; over-compliant responses according to a script), or rejected the caring gestures or positive comments from therapists. Importantly, they showed telling signs of self-disconnectedness, lending support to self-disconnectedness being a phenomenological feature observable in preschool children. While interacting with therapists, they spontaneously displayed state-changing, reenacting behaviors while assuming the agency of an anomalous third-person. A carefully cultivated response offering immediate care and acceptance to the children was found to gradually reduce the reenactments. Addressing the children's emotional need, which unfolded in the dyad with therapists at the now moment, might facilitate the reprocessing of the stressful memories.

Authors:
**Presenter,** Hoi Lam Ho The Chinese University of Hong Kong
Leong Ki Nicky Chan The Chinese University of Hong Kong
Prof. Chui-De Chiu The Chinese University of Hong Kong

Symposium 19965 to Session ID 6006
Day 2 - 30.06.2025, 09:00 - 10:30, Rome

ESCAP General Assembly

Abstract:

Authors:

Symposium 18539 to Session ID 5824
Day 2 - 30.06.2025, 09:00 - 10:30, Amsterdam

Gender dysphoria in minors: Evidence for and development of treatment approaches
T30 - Policy / advocacy

Abstract:
The gender-affirming treatment pathway consists of five progressive steps: social gender transition, puberty blockers, cross-sex hormones, non-genital surgeries, and genital surgeries.
This panel will first examine the origins of youth gender medicine, specifically how clinicians responded to the outcomes of adult transition by shifting toward earlier interventions with adolescents, in the hope that earlier medical transition would result in improved outcomes. The speakers will then engage with the best available evidence for the benefits and harms of each of the key stages of gender transition, starting with social transition, proceeding to endocrine interventions, and finally examining the surgical outcome data. Finally, we will discuss future research directions, with a focus on which studies can be ethically conducted in order to determine how to best care for the rapidly growing numbers of gender-dysphoric youth in a way that is ethical, grounded in developmental principles, and which promotes long-term health and wellbeing.

Authors:
**Chair** Prof. Dr. med. Sarah Hohmann Universitätsklinikum Hamburg-Eppendorf
**Presenter Chair** Prof. Dr. Urh Grošelj University of Ljubljana

Subcontribution 18548 to Session ID 5824
Day 2 - 30.06.2025, 09:00 - 09:15, Amsterdam

History and evolution of youth gender medicine
T30 - Policy / advocacy

Abstract:
The field of gender medicine has evolved through various milestones, from its origins addressing adult gender dysphoria to its experimental extension into pediatric care.
In the early 20th century, the desire to live as the member of the opposite sex was exceedingly rare. Harry Benjamin, later recognized as a pioneer in transgender medicine, encountered only a handful of such cases over decades of work. However, the case of Christine Jorgensen's 1952, catalyzed public and medical interest in "transsexualism," a term later replaced by "transgender," with increasing numbers of adults—primarily males—seeking to undergo gender reassignment.
Early adult research revealed mixed outcomes, with a discordance between positive subjective outcomes, and problematic objective functioning measures. In response to observed limitations of adult outcomes, Dutch researchers hypothesized that earlier intervention could yield better results. This led to the development of the Dutch Protocol, which introduced puberty blockers for carefully selected adolescents 12 or older, followed by surgery after the 18th birthday.
Over time, the practice of youth transitions expanded globally and the protocol began to change, loosening eligibility criteria in response to rapidly growing numbers of adolescents seeking gender transition. In recent years, the practice has faced significant scrutiny due to poor predictive validity of the gender dysphoria diagnosis and insufficient evidence supporting long-term benefits. The diagnostic framework has shifted from "gender identity disorder" to "gender incongruence," prioritizing self-reported identity over clinical criteria. This history underscores the complexities of aligning medical practices with evolving societal trends.

Authors:
**Presenter,** Evgenia Abbruzzese

Subcontribution 18556 to Session ID 5824
Day 2 - 30.06.2025, 09:15 - 09:30, Amsterdam

# The benefits and risks of childhood and adolescent social gender transition: what is the evidence?

T30 - Policy / advocacy

Abstract:
Background: Until the mid-2010s, most clinicians working with children with gender dysphoria/gender incongruence did not recommend the psychosocial intervention of full social gender transition (FSGT). Now, many in the clinical and trans-advocacy community advocate for this practice, claiming that FSGT improves mental health and wellbeing. But what is the evidence for this, and does FSGT pose any risks?
Objectives: This presentation outlines the current range of clinical opinions on FSGT. It will then discuss the evidence for the benefits and risks of FSGT in childhood and adolescence.
Methods: Information on clinical opinions regarding FSGT are sourced from SOC/guidelines and the literature. The findings of a systematic review on FSGT, that included studies published until April 2022, are described. This is supplemented by a discussion of studies either not identified by this review or that have been published subsequently.
Findings: There is no clinician consensus on FSGT in childhood and adolescence. Research on the benefits and harms is limited, low-quality, with inconsistent findings. Some evidence suggests that neurodevelopmental disorders and same-sex attraction may make young people particularly vulnerable to being harmed by FSGT.
Conclusions: All clinicians, educators, and advocacy groups working with young people and their parents should clearly acknowledge the lack of evidence and clinical consensus around FSGT and be aware that FSGT might be particularly harmful to children and adolescents with neurodevelopmental disorders, and those whose natural trajectory—without intervention—would be to become non-medicalized gay or lesbian adults.

Authors:
**Presenter,** Dr. Alison Clayton

Subcontribution 18558 to Session ID 5824
Day 2 - 30.06.2025, 09:30 - 09:45, Amsterdam

Current evidence of using puberty blockers and cross-sex hormones in minors with gender dysphoria
T30 - Policy / advocacy

Abstract:
Aims: The use of puberty blockers and cross-sex hormones in minors with gender dysphoria has become a focal point of clinical and societal debate.
Methods: This presentation reviews the currently available evidence on this particular subject.
Results: Findings indicate that existing studies exhibit significant methodological limitations, including small sample sizes and low-quality evidence as per modified GRADE criteria. New research since two 2020 NICE reviews has not substantially altered the evidence landscape. Notably, there is no clear evidence that puberty blockers or cross-sex hormones significantly and substantially alleviate gender dysphoria symptoms or improve mental health outcomes in minors, in particular in the long term. Studies assessing psychological and physiological impacts in minors in the long term remain scarce.
Conclusions: Given these findings, clinical decisions on using or not using puberty blockers and cross-sex hormones in affected adolescents require a highly rigorous risk-benefit analyses and individualized case evaluations, and parents of affected individuals need to be made aware about the currently very poor evidence for using puberty blockers and cross-sex hormones in minors with gender dysphoria as well as potential risks and unknowns. The presentation will highlight international perspectives, for example such as England's and Scandinavia's preference for psychosocial interventions and cautious puberty blockers and cross-sex hormones administration within research frameworks. The discussion will conclude with recommendations for future research directions and the role of psychotherapy in supporting affected youth.

Authors:
**Presenter,** Prof. Dr. Florian Zepf

Subcontribution 18561 to Session ID 5824
Day 2 - 30.06.2025, 09:45 - 10:00, Amsterdam

How do young people seeking gender reassignment fare over the long term?
T30 - Policy / advocacy

Abstract:
Little is known about the long-term psychosocial outcomes of young people who contact health services seeking medical gender reassignment (GR), or what differences exist between those who proceed to medical gender reassignment and those who don't. This presentation shares recently published and new information about psychiatric morbidity, mortality, educational attainment and labour market participation, criminality, and discontinuation of medical gender reassignment, drawing on data from Finland's nationally representative population information, health, and social care registers. 13- 22-year-old adolescents who contacted Finland's centralized gender identity services (GIS) between 1996-2019 were followed up, in some cases for 20 years, and compared to matched population controls. Over the years, new cohorts contacting GIS have increasingly presented with a history of specialist-level psychiatric treatment needs. Heavier treatment needs were found to predict not proceeding to medical GR, but psychiatric needs also increased over time among those with medical GR. When researchers controlled for patients' psychiatric history preceding their involvement with GIS, patients who proceeded to medical GR and those who did not proceed were at similar risk of subsequent need for psychiatric treatment. Suicide mortality was rare and explained by psychiatric morbidity. Regardless of medical GR, adolescents presenting in GIS remained below their matched controls in terms of educational attainment and socioeconomic position. Criminality did not emerge as a prominent problem in this group. Discontinuing established medical GR appears to have increased over time as numbers seeking GR have increased.

Authors:
**Presenter,** Prof. Dr. Riittakerttu Kaltiala

Subcontribution 18563 to Session ID 5824
Day 2 - 30.06.2025, 10:00 - 10:15, Amsterdam

Developing high-quality, systematic, and transparent guidelines to inform clinical care
T30 - Policy / advocacy

Abstract:
Clinical practice guidelines (CPGs) provide recommendations intended to optimize patient care. Genuine evidence-based CPGs should be informed by a systematic and comprehensive review of the literature and an assessment of the certainty of the evidence. They should also be developed by a multidisciplinary team (with the participation of patients and caregivers, when applicable) that assesses the benefits and harms of alternative care options. Moreover, CPGs should also consider additional key factors, such as patients' values and preferences, the acceptability and feasibility of interventions, and the associated costs of the alternatives. Unfortunately, many, if not most, of the available CPGs in all the fields of medicine fail to meet the minimum methodological standards.
Alternatively, guidelines can be developed following the so-called "GOBSAT" (Good Old Boys Sat Around a Table) approach, which refers to the process by which self-selected experts discuss their (often subjective) opinions and provide recommendations. This approach has proved to be problematic because it is non-systematic, non-transparent, potentially biased towards the positions of influential persons, at risk of influence associated with undeclared conflicts of interest, and it fails to ensure relevant evidence is considered, and appraised.
Although most patients, clinicians and decision-makers seem to prefer the systematic and transparent approach, the GOBSAT approach is still prevalent. Unfortunately, most CPG users do not have the skills to differentiate a GOBSAT from a genuine evidence-based guideline. This lecture aims to discuss the key elements of a high-quality guideline and will be helpful for guidelines developers, patients, clinicians, and decision-makers.

Authors:
**Presenter,** Prof. Ivan Florez

Symposium 19728 to Session ID 5961
Day 2 - 30.06.2025, 09:00 - 10:30, Londres 1

Workshop: iCU ('I see you') CAP service: caring for children and families with complex problems using complexity thinking
T48 - Public Health and Organisation of CAP Services

Abstract:

Authors:

Subcontribution 19433 to Session ID 5961
Day 2 - 30.06.2025, 09:00 - 10:30, Londres 1

# iCU ('I see you') CAP service: caring for children and families with complex problems using complexity thinking

T48 - Public Health and Organisation of CAP Services

Abstract:
Aims
To present the theoretical background of the iCU CAP service that comprises a care program for children and families with complex problems using complexity thinking to provide good care from the viewpoint of care ethics.
To present proof of concept for the iCU CAP service to provide good care.
To present the three levels of care of the iCU CAP service: procedures and methods of care giving, care organisation and care evaluation of good care.
Methods
Interactive power point presentation with clinical case vignettes and audiovisual materials about the iCU CAP service. Using a narrative evaluation approach, proof of concept of good care in the iCU CAP service will be given. Participants will be asked to reflect about their own experiences with care giving, care organisation and care evaluation from a professional perspective by filling out a questionnaire.
Results and Conclusions
Participants will have gained knowledge about complexity thinking and its use for CAP services for children and families with complex problems. Participants will have become aware of the difference between evidence-based approaches of measurable factors and narrative evaluation of what is noticeable in good care and how they complement each other.

Authors:
**Presenter,** Dr. Marie-José van Hoof iMindU GGZ
Arno Terra NieuwZorgen

Symposium 19099 to Session ID 5935
Day 2 - 30.06.2025, 09:00 - 10:30, Londres 2

Cultural Métissages Across Lifespan
T31 - Psychodynamic psychoanalytical based therapy

Abstract:
This symposium explores the intricate dynamics of cultural métissages and their profound impact on identity construction, resilience, and therapeutic processes within migrant families. Drawing from a complementarist approach combining psychoanalytic and anthropological frameworks, the presentations highlight the significance of transcultural tools in addressing the interplay of cultural plurality and unconscious processes.
The symposium begins with an exploration of transcultural maternity care practices, emphasizing the importance of understanding cultural representations of pregnancy, parenthood, and infant care. This presentation demonstrates how transcultural levers can bridge cultural gaps and foster therapeutic alliances during the perinatal period. The second presentation delves into the early developmental challenges faced by migrant families, focusing on how maternal mental health influences the formation of métissages in early childhood development.
The third presentation examines children's drawings as symbolic spaces for expressing cultural métissages, illustrating how they act as mediatory objects for navigating identity conflicts and fostering creative integration in transcultural therapy. The fourth presentation highlights the role of multilingualism in identity development, showing how linguistic métissages strengthen resilience and create a sense of belonging for children navigating cultural plurality.
The symposium concludes with an analysis of hybrid identities in adolescents grappling with colonial trauma, revealing how transgenerational dynamics of métissages shape their struggles for subjectivity and individuation. Together, these presentations offer a comprehensive perspective on the transformative potential of métissages, providing innovative insights and practical tools for clinicians working with culturally diverse populations. They underscore the vital role of fostering dialogue, creativity, and symbolic integration in transcultural therapeutic practices.

Authors:
**Chair** Prof. Marie Rose Moro INSERM
**Co-chair** Prof. Alice Titia Rizzi université paris cité

Subcontribution 19101 to Session ID 5935
Day 2 - 30.06.2025, 09:00 - 09:15, Londres 2

# Supporting cultural “métissage” in maternity care

T31 - Psychodynamic psychoanalytical based therapy

Abstract:
Aim : Our aim is to transmit useful transcultural skills for any health care worker (e.g., psychologists, child psychiatrists, midwives, family doctors, pediatricians, specialized child-care attendants, and social workers) who provide care or support to migrant families during the perinatal period. Our presentation highlights the cultural aspects requiring attention in relation to representations of pregnancy, children’s needs, obstetric complications, and postnatal problems. Taking into account the impact of culture on clinical evaluation and treatment can enable professionals to distinguish what involves cultural representations of pregnancy, babies, and sometimes of disease from what is associated with interaction disorders or maternal psychopathology.
Methods: We describe 9 themes useful to explore from a transcultural perspective. This choice is based on the transcultural clinical practice in our specialized department.
Results: We describe the current practice of transcultural liaison clinics in maternity units where these 9 levers can be useful. The indications are diverse: perinatal mourning with cultural coding, mediation in refusal of care, cultural misunderstandings, situations of complex trauma and of multiple contextual vulnerabilities, and difficulties associated with acculturation.
Conclusion: The transcultural levers described here make it possible to limit cultural misunderstandings and to promote the therapeutic alliance. It presupposes the professionals acquire both the knowledge and know-how needed to understand the elements of cultural, political, and social issues needed to develop clinical finesse and, in a sense, to crossbreed them.

Authors:
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Hawa CAMARA Maison de Solenn
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Subcontribution 19102 to Session ID 5935
Day 2 - 30.06.2025, 09:15 - 09:30, Londres 2

Perinatal challenges in migration: fostering infant development through transcultural care
T31 - Psychodynamic psychoanalytical based therapy

Abstract:
Aim This study examines cultural influences in perinatal care and early parenting practices through the work of multidisciplinary teams supporting migrant families in France. It focuses on psychological and psychosocial challenges, particularly maternal mental health, pregnant women's experiences, cultural views of infant development, and fathers' roles.
Method Clinical case discussions from group practice analyses with 35 professionals across three regions of northern France were analyzed. These teams included social workers, psychologists, and perinatal care specialists working in shelters and family centers. A thematic analysis identified patterns in cultural parenting representations and psychosocial solutions.
Results Findings revealed significant challenges for migrant families, such as stress, anxiety, and feelings of inadequacy linked to cultural displacement. Misunderstandings between traditional perinatal practices and Western norms were common, particularly regarding caregiving roles and early milestones. Cultural views on infant care and maternal well-being highlighted divergent practices and the importance of fathers. Additionally, the analysis revealed the need for teams to reflect on their own cultural representations and biases. Recognizing and valuing the strengths and competencies of migrant families emerged as a critical strategy to foster their autonomy and help them find their unique way of adapting to the host country's context. Effective interventions used narrative techniques, co-construction of goals, and culturally informed frameworks. Maternal mental health support, including for pregnant women, was vital to improving infant outcomes.
Conclusions Integrating maternal mental health support and culturally sensitive approaches into evidence-based practices enhances care quality and strengthens family dynamics. This transcultural approach fosters an inclusive perinatal care model, bridging cultural gaps and institutional standards.

Authors:
**Presenter,** Dr. Elisabetta Dozio Action contre la Faim

Subcontribution 19103 to Session ID 5935
Day 2 - 30.06.2025, 09:30 - 09:45, Londres 2

# Métissages in Children's Drawings: Exploring Transcultural Identity Construction through Projective and Introjective Processes

T31 - Psychodynamic psychoanalytical based therapy

Abstract:
Aims: This study examines how children from migrant families express cultural métissages through their drawings within the framework of transcultural psychotherapy. The research explores how these visual productions reflect processes of identity construction, cultural negotiation, and the interaction between the child's internal world and their multicultural environments.
Methods: The study analyzes 63 drawings created by five children during transcultural consultations at Cochin and Avicenne Hospitals in Paris. A qualitative methodology, inspired by Devereux's complementarist approach, which combines psychoanalytic and anthropological perspectives, was employed. The analysis focused on the drawings' content, their dialogical aspects, and their role as mediatory objects in group and family interactions. Particular attention was given to the co-construction of meaning within the therapeutic setting.
Results: The findings reveal that children's drawings are privileged spaces of métissage, embodying processes such as cultural splitting, transitional cultural objects, and transcultural narrativity. These processes symbolize both conflict and creative integration. Drawings act as mediatory objects, enabling children to express unconscious conflicts related to identity and cultural belonging that cannot yet be verbalized.
Conclusions: This study underscores the importance of integrating a transcultural perspective into therapeutic practices with children from migrant families. Drawings provide a unique lens for understanding the cultural and psychic complexities of these children. Their transformative potential lies in fostering dialogue, mediating cultural tensions, and supporting the co-construction of a crossbreeding identity.

Authors:
**Presenter,** Prof. Alice Titia Rizzi UPC Institut de Psychologie

Subcontribution 19104 to Session ID 5935
Day 2 - 30.06.2025, 09:45 - 10:00, Londres 2

Identity construction and metissages : the example of multilingual children
T31 - Psychodynamic psychoanalytical based therapy

Abstract:
Aims: Society has to make choices for children, and these are manifested via implementing social and political options. It is therefore important to stand up for what children and their parents need, so that this may be reflected in the choices society makes in order for them to grow up in the most harmonious way possible and obtain what is necessary for this to occur. This is all the more essential whenever children are in a vulnerable situation as the transcultural circumstances: being born and growing up in a country different from the one in which their parents grew up, with different representations of children and their parents, as well as other expectations and with a complete change of language. Our objective is to show that taking in account the capabilities of children in their mother tongue allow them to develop their bilingual creativity, integrating metissages processes.
Methods: Through the presentation of several clinical cases and the presentation of a new tool designed especially for children who have bilingual and multicultural backgrounds (ELAL d'Avienne@), we will explore the challenges of the metissage process in children facing cultural and linguistic plurality, by analyzing their implications in terms of vulnerability as well as key asset to overcome the two possible extremes: splitting on one side, assimilation and attrition on the other. (Moro et al, 2018)
Results: This work shows that thanks to the bilingual assessment and the cross-cultural group, languages become a source of creativity. Thus, playing with words from many languages, children develop self-confidence and multicultural skills.

Discussion: Marie Rose Moro team has developed different ways to practice transcultural interventions, based on a complementary method resorting to both psychoanalysis and anthropology, which consider languages as a source of creativity for metis children.(Simon et al, 2019). Take into account the multilingualism of children enables them to grow more confident in using his language so that he can feel relieved and successfully learn other languages, such as French.

Authors:
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Subcontribution 19105 to Session ID 5935
Day 2 - 30.06.2025, 10:00 - 10:15, Londres 2

Conflicting métissage of French descendants born under colonial trauma
T31 - Psychodynamic psychoanalytical based therapy

Abstract:
Context: According to a sociological study (Delon, Mucchielli, 2006), French "riots" of 2005 were orchestrated by French teenagers of “immigrant origin" amongst whom, over 78% are descendants from former French colonies, unlike previous European immigrations. The attempts of understanding the rioting phenomenon multiplied, yet without questioning the specificity of their filiation or interviewing the main actors. Through a transcultural research, I have proposed to focus on the testimony of the youth deriving from the colonial and French-Algerian post-colonial history.
Methods: Following a qualitative approach, I have explored the underlying meaning the young French rioters had expressed throughout their anger and acting out during the events. For the purpose of the research, I have met 15 French adolescents from Algerian origin. During the interviews, I have delved into the subjective impacts of a collective history on individual affects. Complementary method helped intertwining the analysis of collective
representations related to history and unconscious dynamics, along with transgenerational transmission.
Results: Results highlight the importance of the “historic disaster” undermining the riots. The violence endured throughout history clamped a non-existence status onto the parents’ generation. This status colluded with the adolescents’ actual reality, propelling them into this non-existence status. Such collusion breaches in the subjectivation process, defining the trauma. Adolescent “rage” represents a struggle for existence through strength and crash despite the lack of differentiation processes. This gap obviates the assertion of a subjectivity differentiated from the mythological group: the children of immigrants. From shame to hatred, each adolescent seems to fight against despair, and the mandate of loyalty to the ancestors which negates any possible separation. Alike their colonized ascendants, the descendants seem to be stuck in a conflicting hybridization.
Conclusion: This research highlights the importance of creating spaces for metaphoric processing, where descendants of colonial trauma can experience being subject of their memory and history, acquiring the ability to symbolize, to remember and to forget, for a peaceful métissage.

Authors:
**Presenter,** Prof. Dr. Malika Mansouri Université Sorbonne Paris Nord

Symposium 19442 to Session ID 5911
Day 2 - 30.06.2025, 09:00 - 10:30, Berlin

Psychosocial outcomes of adolescents and young adults with out-of-home placement experience: Risk factors and trajectories
T45 - Birth Cohorts and longitudinal studies

Abstract:
Süheyla Seker will present Swedish register data where a total of 22,520 siblings were followed from birth to age 40. General growth mixture modeling identified three trajectories of criminal convictions. Out-of-home placement in adolescence and longer care duration significantly increased the likelihood of deviant trajectories.
Cyril Boonmann presents findings of a longitudinal study on adolescents in residential care, which suggest that while psychopathic traits exhibit relative stability over the short term, they appear to be considerably less stable in the long term. The implications of these findings for intervention will be further discussed in the presentation.
The talk of Delfine d'Huart presents study findings which suggest that in young adults with a history of residential care placements, those with impaired personality functioning are more likely to experience cPTSD compared to individuals without such impairments. Assessment for childhood maltreatment and personality functioning may help identify those at higher risk for cPTSD, allowing for early intervention.
Milou Leiting will present findings on the relationship between different mental health trajectories and quality of life (QoL) among young adults with a history of residential care placements. The findings may emphasize the need for early intervention during the out-of-home placement to reduce the risk of chronic mental health problems and reduce the long-term impact on QoL.
Katharina Beck presents findings on childhood maltreatment as a risk factor for substance use problems in young adults with a history of residential care placements. Routine assessment of childhood maltreatment in residential care might improve targeted prevention and early intervention.

Authors:
**Chair** PD Dr. Marc Schmid University Psychiatric Clinics Basel

Subcontribution 19444 to Session ID 5911
Day 2 - 30.06.2025, 09:00 - 09:15, Berlin

# Siblings in Crime? Impact of Out-of-Home Care on Trajectories of Criminal Convictions From Adolescence to Midlife

T45 - Birth Cohorts and longitudinal studies

Abstract:
Background: A vast body of literature identifies out-of-home care and familial accumulation of delinquent behaviors as risk markers for an individual's criminal convictions. To date, the understanding of trajectories of criminal behavior and its association with out-of-home placement considering shared familial factors remains unclear. The aim of this study was to describe the trajectories of criminal convictions and to examine its association with preplacement factors and unmeasured familial factors.
Methods: This study utilized Swedish linked administrative data for a national cohort sample of siblings (N=22,520), some of whom were placed in out-of-home care, while others remained in the care of their birth parents. General growth mixture modeling was employed to describe trajectories of criminal convictions from age 15 (age of criminal responsibility) to age 40. Multilevel multinomial regression analyses were conducted to estimate associations between care experience and criminal trajectories, accounting for both observed and unobserved confounding factors related to the birth family. All analyses were stratified by sex.
Results: Results revealed three different trajectories of criminal convictions (low offending risk, adolescent-limited, and young adulthood-limited) for male and female siblings. Additionally, siblings placed out-of-home in adolescence and with a longer duration of care have substantially elevated likelihood for deviant trajectories compared to their siblings without an out-of-home placement.
Conclusion: Out-of-home care was associated with a deviant trajectory of criminal convictions up to young adulthood, which persisted following adjustments for measured preplacement factors and unmeasured familial factors. Our findings highlight the need for interventions that can prevent criminal careers among out-of-home placed individuals.

Authors:
**Presenter,** Dr. Süheyla Seker

Subcontribution 19446 to Session ID 5911
Day 2 - 30.06.2025, 09:15 - 09:30, Berlin

# Short- and Long-Term Stability of Self-Reported Psychopathic Traits in Adolescents in Residential Care in Switzerland

T45 - Birth Cohorts and longitudinal studies

Abstract:

Aims

Psychopathic traits are relatively prevalent among adolescents in residential care. However, findings on the stability of these traits over time remain inconsistent. The current study aims to examine both the short-term and long-term stability of psychopathic traits in this population. A better understanding of this stability could inform and enhance treatment strategies for adolescents exhibiting these traits.

Methods

The sample included 401 adolescents, whose psychopathic traits were assessed at baseline using the Youth Psychopathic traits Inventory (YPI). Follow-up assessments were conducted for 162 participants after approximately 1 year and for 143 participants after approximately 10 years.

Results and Conclusions

In the short term (1-year follow-up), no significant changes were observed in the total YPI score or in the underlying interpersonal, affective, and behavioral dimensions. Conversely, in the long term (10-year follow-up), significant differences emerged in both the total YPI score and the three dimensions. This trend was further supported by the Reliable Change Index, which indicated that a larger proportion of participants showed improvement at the 10-year mark compared to the 1-year mark. These findings suggest that while psychopathic traits exhibit relative stability over the short term, they appear to be considerably less stable in the long term. The implications of these findings for treatment and intervention will be further discussed in the presentation.

Authors:

**Presenter,** Dr. Cyril Boonmann

Subcontribution 19449 to Session ID 5911
Day 2 - 30.06.2025, 09:30 - 09:45, Berlin

# Impaired personality functioning and the risk for complex PTSD in young adults with a history of residential child welfare and juvenile justice placements

T45 - Birth Cohorts and longitudinal studies

Abstract:
Background: The introduction of the 11th edition of the International Classification of Diseases (ICD-11) not only radically changed the conceptualization of personality disorders towards a more dimensional model, but also introduced a new diagnosis of complex post-traumatic stress disorder (cPTSD), designed to capture a more severe response to life adversities over and above the traditional PTSD criteria.
Aim: In this talk we will illustrate impairments in personality functioning and the risk for cPTSD in a high-risk sample.
Methods: 207 young adults (mean age = 26.4 years) with a history of residential child welfare and juvenile justice placements in Switzerland were included in the present study. Personality functioning was assessed with the Level of Personality Functioning Questionnaire for Adults (LoPF-Q A). The risk for cPTSD was assessed with the Screening for cPTSD (SkPTBS) questionnaire.
Results: 92.3% (N = 191) of participants self-experienced and/or witnessed at least one potentially traumatic event (PTE), with a third (29.30%) being at significant risk for cPTSD. In addition, about a quarter (23.7%) reported at least moderate impairments in personality functioning. Those with impaired personality functioning were at significantly higher risk for cPTSD than those without such impairments (H = 78.594, p-value = 0.005).
Conclusion: The findings suggest that individuals with impaired personality functioning are more likely to experience cPTSD compared to individuals without such impairments. Assessing children and adolescents involved in the child welfare and/or juvenile-justice system for PTEs and personality functioning may help identify those at higher risk for cPTSD, allowing for early intervention.

Authors:
**Presenter,** Dr. Delfine d'Huart

Subcontribution 19451 to Session ID 5911
Day 2 - 30.06.2025, 09:45 - 10:00, Berlin

# Understanding the impact of mental health trajectories on quality of life in young adult residential care leavers: A longitudinal study

T45 - Birth Cohorts and longitudinal studies

Abstract:
Aims: Young people in child and youth residential care often experience psychopathological symptoms, which frequently persist into young adulthood and negatively affect their quality of life (QoL). Understanding the relationship between mental health trajectories and later QoL is critical, particularly for subgroups of youth residential care leavers. This study analyzes the impact of remission and chronic psychopathology on the QoL of care leavers. More specifically, it explores associations between specific mental disorder groups and QoL outcomes.
Methods: A sample of 178 formerly out-of-home placed young adults (Mage = 26.5 years, 32.0% female) were assessed at baseline using the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS-PL) and at a 10-year follow-up with the Structured Clinical Interview for DSM-5 Disorders (SCID-5-CV). Personality disorders were evaluated at both time points using the SCID-II and QoL was measured at follow-up using the World Health Organization Quality-of-Life Questionnaire (WHO-QoL).
Results: Four subgroups based on the presence or absence of any psychiatric disorder at baseline and follow-up were identified: resilient (n = 27, 15.2%), chronic (n = 67, 37.6%), remitted (n = 40, 22.5%), and late-onset (n = 44, 24.7%). Specific mental disorder groups significantly associated with QoL will be identified.
Conclusions: Child and adolescent psychopathological symptoms can persist into young adulthood and may negatively correlate with the QoL of young adult residential care leavers. Results underline the importance of prevention and early therapeutic intervention, as well as addressing the mental health of young people during out-of-home placement to reduce the risk of chronification.

Authors:
**Presenter,** Milou Leiting

Subcontribution 19455 to Session ID 5911
Day 2 - 30.06.2025, 10:00 - 10:15, Berlin

# Childhood maltreatment as a risk factor for substance use problems in young adult residential care leavers

T45 - Birth Cohorts and longitudinal studies

Abstract:
Most adults who have been placed out of home during childhood, i.e. care leavers, have experienced childhood maltreatment, and a significant proportion report substance use problems. In the general population, childhood maltreatment is a well-researched risk factor for substance use problems but there is little evidence regarding residential care leavers. As further insight might facilitate improved prevention and intervention strategies, we aimed to evaluate this association in a cohort of young adult care leavers.
Methods:
The sample included 182 young adults formerly been placed in residential care institutions in Switzerland. Severity of ten types of childhood maltreatment, i.e. physical and emotional abuse by parents or peers as well as physical and emotional neglect by parents was retrospectively assessed with the Maltreatment and Abuse Chronology of Exposure Scale (MACE). Current substance use problems were evaluated with the alcohol/drug use subscale of the Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2). Regression analyses were adjusted for age, gender and substance use problems during the placement.
Results:
Overall, more severe childhood maltreatment was associated with increased current substance use problems ($\beta$ = 0.01, 95% CI 0.007 - 0.02, $p < .0001$). Of the ten different types of maltreatment, physical and emotional abuse by parents as well as physical abuse by peers were significantly associated with current substance use problems.
Conclusions:
Our findings emphasize that more severe childhood maltreatment is likely an important risk factor for substance use problems in care leavers. This underlines the relevance of routinely assessing childhood maltreatment in children and adolescents in residential care to improve targeted prevention and (early) interventions including trauma-informed care in this context.

Authors:
**Presenter,** Dr. Katharina Beck

Symposium 17445 to Session ID 5829
Day 2 - 30.06.2025, 09:00 - 10:30, Bruxelles

Enhancing Safe and Effective Use of Psychotropic Drugs in Children and Adolescents
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
This symposium explores recent research aimed at optimizing the safe and effective use of psychotropic medications in children and adolescents. We begin with a comprehensive pharmacokinetic/pharmacodynamic analysis from the CoLT1 study, which evaluates lithium's effectiveness and safety in youth with bipolar disorder.
A case-control study from the VigiBase safety database follows, investigating lithium-related adverse drug reactions in children and adolescents.
We then examine sedative antipsychotic use in children and adolescents in the Netherlands, focusing on dosages, duration, and prescribing patterns to better understand current clinical practices.
Lastly, we discuss the challenges and opportunities in pharmacological research for psychotropic treatments in pediatric populations, emphasizing the need for further studies to optimize safety and efficacy.
This symposium aims to provide a comprehensive overview of the safe use of psychotropic medications, highlighting current insights and future research directions in pediatric psychiatry.

Authors:
**Chair** Dr. Bram Dierckx Erasmus Medical Center

Subcontribution 17447 to Session ID 5829
Day 2 - 30.06.2025, 09:00 - 09:15, Bruxelles

# Evaluating Lithium Effectivity and Safety in Youth with Bipolar Disorder: Insights from a Comprehensive PK/PD Analysis of the CoLT1 Study

T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Background: Lithium is as a cornerstone treatment for bipolar disorder, effective across both acute and maintenance phases in adults and pediatric patients. Long-term use of lithium is linked to a significant reduction in suicide risk in adults. Despite its well-established efficacy, the use of lithium is underutilized, especially in the younger population, oftentimes due to the presumed risk of developing chronic kidney disease. However, the data on lithium's safety in younger populations is limited, with a notable scarcity of pharmacokinetic and pharmacodynamic (PK/PD) studies and age-specific dosing guidelines.
Methods: This study details a comprehensive population PK/PD analysis using data from Phase I (an 8 week, open-label, randomized, escalating-dose study) and Phase II (a 16 week, open-label, long-term effectiveness trial) of the CoLT1 (Collaborative Lithium Trials) study. This includes lithium concentration-time profiles at single dose and steady state, trough concentrations, Wechsler Abbreviated Scale of Intelligence (WASI), thyroid function, and renal function measured over 24 weeks. While steady-state PK profiles, trough concentrations, and effectiveness scores over this period have been published, the relationship between these PK profiles, trough concentrations, and the longitudinal safety data has yet to be analyzed.
Discussion: This is the first study to evaluate the safety parameters of lithium in children and adolescents. With access to the COLT1 data, we will expand on the investigators' initial reports by undertaking a comprehensive PK/PD analysis. Our findings aim to describe the safety profile of lithium in pediatric populations, providing insights that could refine therapeutic strategies and enhance patient outcomes.

Authors:
**Presenter,** Dr. Robert Findling Virginia Commonwealth University

Subcontribution 17448 to Session ID 5829
Day 2 - 30.06.2025, 09:15 - 09:30, Bruxelles

# Lithium-related adverse drug reactions in children and adolescents: A case-control study in VigiBase

T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Objectives: To enhance understanding of lithium's safety profile by examining differences in the frequency and distribution of reported adverse drug reactions (ADRs) between lithium and antipsychotics, stratified by age and sex. The study also aims to identify potential long-term effects by comparing ADR frequencies in children and adults.
Methods: Individual case safety reports from the global VigiBase database (1968–October 2023) involving individuals over 2 years of age, where lithium or antipsychotics were suspected or interacting drugs, were analyzed. ADRs were classified using the Medical Dictionary for Regulatory Activities (MedDRA). Proportional reporting ratios (PRR) with 95% confidence intervals were calculated for different age groups and sexes. Dosage differences between renal and non-renal cases were evaluated using t-tests.
Results: A total of 39,126 lithium-related ADRs were identified. Differences in ADR frequencies were observed across age groups and sexes. Compared to antipsychotics, lithium showed relatively higher reporting frequencies for gastrointestinal (PRR: 2.6 [2.3–3.0]), cardiac (PRR: 1.7 [1.4–2.2]), skin (PRR: 2.2 [1.7–2.7]), renal (PRR: 3.7 [2.8–5.0]), and endocrine disorders (PRR: 2.1 [1.5–2.9]) in children. Results for sex mirrored these age-related trends. Comparing children and adults, using lithium renal and endocrine disorders were reported more frequently in adults (PRR: 3.5 [2.0–6.1]; PRR: 1.4 [1.0–2.0], respectively).
Conclusion: Lithium's safety profile reveals diverse ADRs, with notable differences in relative reporting frequencies across age groups and sexes compared to antipsychotics. These findings emphasize the critical need for vigilant monitoring and reporting, especially for children receiving lithium treatment.

Authors:
**Presenter,** Lisa Ringeling Erasmus Medical Center

Subcontribution 17449 to Session ID 5829
Day 2 - 30.06.2025, 09:30 - 09:45, Bruxelles

# Sedative antipsychotic use by children and adolescents in the Netherlands: Dosages, duration and prescribers

T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Background: The increasing use of sedating antipsychotics in children and adolescents raises concerns about safety, efficacy, and appropriate prescribing. This study examines the prescribing patterns of the sedating antipsychotics: quetiapine, olanzapine, and pipamperone, focusing on dosage, prescribers, and duration of use.
Method: Data were retrieved from the IADB.nl pharmacy database, containing records from approximately 120 Dutch community pharmacies. We assessed dosage, duration, initiation rates, and gender-based differences in sedative antipsychotic prescriptions among youths aged 0–19 years (2017–2022). Comparisons were made with frequently prescribed non-sedative antipsychotics, and prescriber types were analyzed.
Results: Quetiapine and olanzapine prescriptions increased, while pipamperone prescriptions declined. Most quetiapine prescriptions (91.5%) were low-dose (< 100 mg). Girls using quetiapine received significantly lower average dosages (43.37 mg) than boys (53.25 mg). Olanzapine had the highest average dose. Pipamperone had the longest median use (10 months) compared to quetiapine's 3 months which was the shortest. General practitioners (GPs) initiated 26% of sedative antipsychotic prescriptions, significantly more than risperidone or aripiprazole. Quetiapine was the most frequently prescribed by GPs compared to other antipsychotics, while prescriptions initiated by specialists were associated with longer use durations.
Conclusion: The rising use of quetiapine and olanzapine, particularly low-dose quetiapine, raises questions about efficacy and safety, especially given the short durations and potential adverse effects. Gender-based dosage differences and shorter use durations further highlight the need for individualized treatment. Strict adherence to evidence-based guidelines and further research into long-term outcomes are critical to optimizing care for this vulnerable population.

Authors:
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Subcontribution 17451 to Session ID 5829
Day 2 - 30.06.2025, 09:45 - 10:00, Bruxelles

Opportunities and Challenges for Pharmacological Explorations for Psychotropic Treatments in Children
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Pharmacological approaches, such as therapeutic drug monitoring (TDM) and pharmacogenetic testing are rarely used in child psychiatry due to limited data, but can be valuable for managing adverse drug reactions (ADRs) or pharmacoresistance. As many treatments lack EMA approval, the principle of 'do no harm' is even more crucial in child psychiatry.
TDM should ensure optimal drug plasma concentrations, reducing the risks of under-dosing or toxicity. It is mandatory for treatments with close plasma therapeutic and toxicity intervals such as lithium. Nevertheless, there is still insufficient knowledge concerning toxicity-related metabolites and pathways for many other psychotropics.
Concerning pharmacogenetics, it should identify genetic variations that influence drug metabolism, efficacy, and ADRs. In fact, most psychotropic drugs are metabolized by liver enzymes of the CYP450 family. Guidelines from CPIC and DPWG recommend pharmacogenetic testing, including CYP2D6 and CYP2C19 phenotyping, before starting antidepressant therapy. For antipsychotics, recommended dose adjustments often rely on CYP2D6 activity. Pre-treatment HLA-testing might prevent severe ADRs related to the mood stabilizer carbamazepine. In addition, pharmacogenetic testing has been linked to reduced healthcare costs in adults. Nevertheless, its use by clinicians is limited in the paediatric population, and recommendations are inconsistent.
Broader approaches should enable a breakthrough for more efficacy and safety of psychotropic prescribing in the paediatric population. Such an integrated approach might combine TDM profiling including active and non-active metabolites; pharmacogenomic profiling including metabolism, transport and receptor aspects; as well as clinical profiling; and thus improve personalized prescribing in child psychiatry.

Authors:
**Presenter,** Dr. Susanne Thümmler Université Côte d'Azur

Subcontribution 17614 to Session ID 5829
Day 2 - 30.06.2025, 10:00 - 10:15, Bruxelles

# Patterns of medication prescription in Dutch centers for child and adolescent psychiatry: a DREAMS study

T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Aims: To investigate patterns of medication prescription for children and adolescents in care at four academic centers for child and adolescent psychiatry (the DREAMS consortium).
Methods: Data are extracted from electronic medical records of all children aged 2–17 years old, receiving care in 2022–2023. Data include prescriptions for medications; clinical diagnoses according to DSM-IV/5; and markers of severity (symptom levels, hospitalization, crisis contacts).
Results: So far, we analyzed data of one DREAMS center (N=16,348). Here, 32.3% of children received medication, most commonly ADHD medication (79.3% of children receiving a prescription), antipsychotics (21.9%), or antidepressants (13.6%). Of those receiving medication, 19.8% received medication from two or more classes. Children with an ADHD diagnosis received medication most frequently (67.7%), while children diagnosed with MDD or PTSD received multiple classes of medication most frequently (38.9% and 37.7% of those receiving medication). Children who had hospitalizations or crisis contacts more frequently received any medication (52.5% vs. 30.6%) and multiple medication classes (53.1% vs. 14.9% of those receiving medication). Those with higher-than-median externalizing symptoms also received medication more frequently (33.2% vs. 20.3%), although those with higher-than-median internalizing symptoms did not.
Conclusions: A substantial number of children in psychiatric care receive medication, most commonly ADHD medication. Children with PTSD and MDD were at greater risk of polypharmacy. Greater severity, especially as indexed by hospitalization or crisis contacts, was associated with receiving medication. During the conference, I will present results using the full DREAMS database (N~45000).

Authors:
Dr. Ymkje Anna de Vries
**Presenter** Dr. Marleen Wildschut
Dr. Tinca Polderman

Symposium 18301 to Session ID 5831
Day 2 - 30.06.2025, 09:00 - 10:30, Boston

Studies of cognitive and behavioral development in children with rare genetic syndromes.
T46 - Brain and genetics

Abstract:
In this symposium, results from recent studies conducted within the 'Erasmus MC Center of Expertise for Neurodevelopmental Disorders (ENCORE)' in Rotterdam, the Netherlands, are presented. Drawing on a long-running and rich follow-up of children with rare genetic developmental disorders, this symposium will share the latest scientific insights on the cognitive and behavioral development of children with Fragile X Syndrome, Neurofibromatosis Type 1, Angelman Syndrome and Tuberous Sclerosis Complex. By the end of this symposium, participants will have gained a deeper understanding of the development of, and the interplay between, cognition and behavior in children with rare genetic developmental disorders.

Authors:
**Chair** Dr. Gwendolyn C. Dieleman Erasmus MC Sophia Children's Hospital
**Co-chair** Dr. Sabine Mous Erasmus MC Sophia Children's Hospital

Subcontribution 18302 to Session ID 5831
Day 2 - 30.06.2025, 09:00 - 09:15, Boston

Longitudinal studies of cognitive development in children with Neurofibromatosis Type 1 and Angelman Syndrome
T46 - Brain and genetics

Abstract:
Aims
Understanding cognitive development in children with neurofibromatosis type 1 (NF1) and Angelman Syndrome (AS) and the factors that might explain changes.
Methods
In the ENCORE Centre for expertise, children with genetic syndromes are referred by pediatricians to the Department of Child and Adolescent Psychiatry/Psychology. In our standardized follow-up program that started in 2010, assessments are planned at ages 3, 6, 11, and 15 years. Assessments include developmentally adequate tests for development/intelligence, neuropsychological testing, and questionnaires for parents and/or patients.
Demographics and disease-specific variables are used to find associations with deficient areas of performance and longitudinal changes. Cross-sectional and longitudinal groups are compared to control for referral bias. In our longitudinal study in NF1 we included 397 children. In our study in children with AS, we assessed 142 children with the Bayley Scales of Infant Development III, of which 52 children were tested more than once.
Results and Conclusions
Longitudinally, children with NF1 showed significant increases in Full-scale IQ, Verbal IQ, and PIQ from 3 to 6 years. Also, Performance IQ (PIQ) increased from 11 to 15 years. Although performance IQ may be lower at ages 6 and 11 compared to verbal IQ, this difference seems to decrease over time.
In children with AS, scores over time were unstable for all scales except the gross motor scale, as more than half of the children made one or more errors in previously correct items. Caution should be taken when interpreting single and successive scores of children with AS on the Bayley-III.

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Subcontribution 18303 to Session ID 5831
Day 2 - 30.06.2025, 09:15 - 09:30, Boston

# Autism Spectrum Disorder Symptom Profiles in Fragile X Syndrome, Neurofibromatosis Type 1, Angelman Syndrome and Tuberous Sclerosis Complex

T46 - Brain and genetics


Abstract:

Aims

Studying Autism Spectrum Disorder (ASD) heterogeneity in biologically homogeneous samples may increase our knowledge of ASD etiology. Fragile X syndrome (FXS), Angelman syndrome (AS), Tuberous Sclerosis Complex (TSC), and Neurofibromatosis type 1 (NF1) are monogenic disorders with high a prevalence of ASD symptomatology. This study aimed to identify ASD symptom profiles in a large group of children and adolescents with FXS, AS, TSC, and NF1.

Methods

Data on ASD symptomatology (Autism Diagnostic Observation Scale (ADOS-2) & Social Responsiveness Scale (SRS-2)) were collected from children and adolescents with FXS (n=54), AS (n=93), TSC (n=112), and NF1 (n=278). To identify groups of individuals with similar ASD profiles, we performed two latent profile analyses.

Results and Conclusions

We identified a four-profile model based on the ADOS-2, with a (1) 'Non-spectrum symptom profile', (2) 'Social Affect symptom profile', (3)'Restricted/Repetitive Behaviors symptom profile', and (4)'ASD symptom profile'. We also identified a four-profile model based on the SRS, with a (1)'Non-clinical symptom profile', (2)'Mild symptom profile', (3)'Moderate symptom profile', and (4)'Severe symptom profile'. Although each syndrome group exhibited varying degrees of severity, they also displayed heterogeneity in the profiles in which they were classified. We found distinct ASD symptom profiles in a population consisting of children and adolescents with FXS, AS, TSC, and NF1. Our study highlights the importance of a personalized approach to the identification and management of ASD symptoms in rare genetic syndromes. Future studies should aim to include more domains of functioning and investigate the stability of latent profiles over time.



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Subcontribution 18304 to Session ID 5831
Day 2 - 30.06.2025, 09:30 - 09:45, Boston

# Longitudinal trajectories of autistic traits in children with Angelman syndrome

T46 - Brain and genetics

Abstract:

Aims

Angelman syndrome (AS) is a rare neurogenetic disorder. Previous studies indicate a high prevalence of autism spectrum disorder (ASD) with considerable variability. Little is known regarding the longitudinal trajectory of autistic traits in AS. We aim to investigate autistic traits, their longitudinal course, and associated features in AS children.

Methods

This longitudinal clinical record study at the ENCORE Expertise Center involved 107 AS children aged 2-18 with one (N=58), two (N=35) or three (N=14) measurements. Autistic traits and sensory processing issues were assessed using various instruments, and DSM classifications were used descriptively. Covariates were genotype, gender, and epilepsy.

Results and conclusions

We observed a high prevalence of autistic traits and sensory processing issues. Children with the deletion genotype exhibited more autistic traits. Autism Diagnostic Observation Schedule (ADOS) classifications indicated higher rates of ASD compared to clinician DSM classification. Autistic traits generally remained stable over time, except that ADOS scores significantly decreased for children with the UBE3A mutation genotype, and in the social affect domain for the entire group. We suggest to regularly assess autistic traits in AS children, especially those with the UBE3A mutation genotype. ASD diagnosis in AS should integrate multiple diagnostic instruments, diverse hetero-anamnestic sources, and multidisciplinary expert opinions.

Authors:

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Subcontribution 18305 to Session ID 5831
Day 2 - 30.06.2025, 09:45 - 10:00, Boston

# The social behavioral and social cognitive phenotype in in children and adolescents with Fragile X Syndrome and Autism Spectrum Disorder

T46 - Brain and genetics

Abstract:

Aims

About ~1 in 4000 boys and 1 in 8000 girls are born with Fragile X Syndrome (FXS), caused by an expansion of a CGG repeat of the FMR1 gene on the X chromosome. The majority of individuals with FXS show symptoms of autism spectrum disorder (ASD). This cross-sectional study was designed to investigate the phenotypical overlap and differences in social behavior and social cognition in children and adolescents with FXS and an age-matched heterogeneous ASD sample, compared to a typically developing control sample.

Methods

Social behavior was assessed, using parent report (CBCL, SRS) and structured behavioral observations (ADOS). Besides, basic visual social attention towards faces, autonomic arousal and Theory of Mind (ToM) were evaluated. Participants in the current study were 14 children with FXS, 24 children with ASD and 19 typically developing controls, aged 6-18 years. Visual attention and autonomic arousal were measured during an emotional oddball paradigm, and ToM abilities were investigated with the ToM task of the NEPSY test battery.

Results and Conclusions

Results showed more social difficulties in the FXS and ASD group, as compared to the typically developing group. Next, disturbances in social cognition in FXS were found, compared to the ASD and typical developing control group, in terms of decreased visual attention to social information. Regarding implicit emotion recognition, the attentional difference between the FXS group and the TD group was surprisingly smaller after conflicting multisensory emotional information. However, a lack of arousal response to conflicting emotional information was found in the FXS group. Also, in FXS, difficulties with ToM were found. Given the significant impact of social cognition on adaptive day-to-day social functioning, deviations in basic and more complex social cognitive abilities could be an important underlying mechanism in explaining the social difficulties and related risk on a clinical diagnosis of ASD described in individuals with FXS.

Authors:

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Subcontribution 18306 to Session ID 5831
Day 2 - 30.06.2025, 10:00 - 10:15, Boston

# The relation between genotype and behavioral phenotype in children and adolescents with Neurofibromatosis type 1

T46 - Brain and genetics

Abstract:
Aims
Children with the autosomal dominant disorder Neurofibromatosis 1 (NF1) exhibit a high prevalence of both attention-deficit/hyperactivity disorder (ADHD) (up to 40%) and autism spectrum disorder (ASD) (up to 11%). However, the genetic underpinnings of these behavioral phenotypes are largely unexplored. This study examines the associations between various NF1 genotypes and the behavioral phenotypes.
Methods
A retrospective cohort study in children and adolescents with NF1 from three national referral centers for NF1 (the Netherlands, the UK and Belgium). Anonymized data was collected on five primary outcomes reflecting the behavioral phenotype in NF1: autistic traits (Social Responsiveness Scale [SRS] total T-score and Autism Diagnostic Observation Schedule [ADOS] calibrated severity score); attention-deficit/hyperactivity disorder symptoms (Conners inattention and hyperactivity T-score) and global behavioral/emotional problems (Child Behavior Checklist [CBCL] total T-score).
Results and Conclusions
408 children and adolescents with NF1 were included, of which 187 (45.8%) were female. Range of median age at assessment across all outcomes was 6.0-8.4 years. Behavioral outcomes were not associated to genotype, based on three different genotype classifications: variant type, effect on protein function and location within the gene. To conclude, this large cohort study indicates no association of genotype with the behavioral phenotype. This suggests that specific NF1 variants do not lead to specific or more severe behavioral problems, and that most truncating NF1 variants have likely no residual function related to the behavioral phenotype.

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**Presenter** Dr. Sabine Mous Erasmus MC Sophia Children's Hospital

Symposium 19621 to Session ID 5730
Day 2 - 30.06.2025, 10:45 - 11:30, Schweitzer

Keynote III - Samuele Cortese:  Metas and Umbrellas: The Opportunities & Limitations of Evidence-Based Child Psychiatry in the Real World

Abstract:
Abstract
In my keynote lecture, I will discuss how, and to what extent, evidence synthesis approaches – including standard (pairwise) meta-analyses, network meta-analyses, dose-response meta-analyses, individual participant data meta-analyses, and umbrella reviews —- can inform daily clinical practice in child and adolescent mental health. I will also present the ongoing development of freely available, user-friendly online platforms designed to inform clinicians, patients, guideline developers, and other stakeholders, and to support shared decision-making in daily practice.
CV
Samuele Cortese is currently NIHR Research Professor, Professor of Child and Adolescent Psychiatry at the University of Southampton, Honorary Consultant for Hampshire and Isle of Wight Healthcare NHS Foundation Trust, UK and professor of child neuropsychiatry at the university of Bari, Italy. Prof. Cortese's main research interests are around neurodevelopmental disorders. He has published more than 450 peer-review papers. He has secured funding as main/co-applicant for more than £ 23 M. Since 2022, he has been included in the top 1% scientists in the field of psychiatry/psychology (Web of Science). Since 2022, he has ranked #1 worldwide in terms of expertise on ADHD (Expertscape). He is the Chair of the European ADHD Guidelines Group.

Authors:
**Presenter, Chair** Dr Michel Lecendreux

Symposium 19640 to Session ID 5749
Day 2 - 30.06.2025, 10:45 - 12:15, Curie A

Symposium - Theoretical and practical developments in Cognitive-Behavioral Therapies (CBT) for children and adolescents

Abstract:
Les thérapies cognitivo-comportementales (TCC) chez l'enfant et
l'adolescent : évolutions théoriques, pratiques et enjeux cliniques
Rafika ZEBDI, Maître de conférences en psychologie clinique et psychopathologie, Unité de Recherche CLIPSYD, Université Paris Nanterre, Nanterre
Eve PLATEAU, Psychologue spécialisée en neuropsychologie et psychothérapeute TCC, SESSAD TSLA Franchemont, Champigny sur Marne
Thérapie Comportementale Dialectique (TCD) pour la dysrégulation émotionnelle chez les adolescents
Pierre CARDINAL, Psychologue, Centre Hospitalier de Versailles.
De l'analyse fonctionnelle à l'exposition
Hélène DENIS, Psychiatre pour enfant et adolescent, PhD. MPEA Hôpital La Colombière CHU MontpellierCe symposium explore les évolutions récentes des thérapies cognitivo-comportementales (TCC), en intégrant les données scientifiques et cliniques les plus actuelles. Ces approches, fondées sur une compréhension toujours plus affinée des processus psychologiques et de l'évidence-based practice, offrent de nouvelles perspectives pour l'évaluation et la prise en charge des troubles chez l'enfant et l'adolescent. Le symposium présentera d'abord l'évolution des TCC à travers leurs différentes "vagues" jusqu'à leurs formes actuelles. Ensuite, sera abordé l'utilisation de la Thérapie Comportementale Dialectique (TCD) pour la dysrégulation émotionnelle chez les adolescents. Enfin sera présenté la transition entre l'analyse fonctionnelle et l'exposition, essentielle dans les prises en charge. L'objectif est d'approfondir la compréhension des dynamiques actuelles des TCC et d'ouvrir des pistes cliniques innovantes en psychiatrie de l'enfant et de l'adolescent.

Authors:
**Presenter, Chair** Prof. Dr. Mario Speranza Université Paris Saclay - Versailles

Symposium 19622 to Session ID 5731
Day 2 - 30.06.2025, 11:30 - 12:15, Schweitzer

Keynote IV - Diane Purper-Ouakil: Family interventions for ADHD.

Abstract:
Abstract
This talk will address the real-life implementation of various parent programmes for ADHD in a child and adolescent psychiatric department. Our team's objectives were to enhance access to evidence-based family interventions and provide a diverse range of coordinated interventions to meet the individual needs of parents. For parents of younger children, we generally propose parent management training that emphasises not so much psychoeducation but rather general parenting skills, which is suitable when an ADHD diagnosis is not yet stabilised or confirmed. Next, I aim to present the development of intensive, bundled parent-management training that has evolved during the COVID pandemic into an online programme. Throughout the presentation, I will share assessment data and parent feedback, which have been crucial for adapting the format and content of these programmes. Lastly, I will present more specific interventions for children or adolescents with ADHD and disruptive behaviour disorders, or severe irritability, which place a high burden on parents and carers and put children and adolescents at risk of out-of-home placement.
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CV
Diane Purper-Ouakil is a Professor of Child and Adolescent Psychiatry at the University Hospital of Montpellier, France. She has led the Child and Adolescent Unit of Saint Eloi Hospital since 2011. This unit provides inpatient and outpatient care facilities for young patients with various mental health conditions and offers specialised services for ADHD, trauma-related issues, and eating disorders.
Diane Purper-Ouakil serves as the president of the newly established French Society of ADHD, an organisation for health professionals involved in clinical practice, optimisation of care pathways, and research. She has recently joined the steering committee of Eunethydis and is also the lead for the ECNP Child and Adolescent Network.
Diane Purper-Ouakil aims to enhance the evidence base for psychological, neurophysiological, and pharmacological treatments, particularly for children and adolescents exhibiting challenging and persistent behavioural and emotional symptoms. She develops and participates in treatment studies assessing various types of interventions. Her current research centres on parent programmes, innovations in healthcare pathways, digital interventions, and biological factors related to treatment tolerability and response. Her overarching objective is to develop comprehensive treatment plans for young individuals with complex needs.

Authors:
**Presenter, Chair** Prof. Dr. Manon H. J. Hillegers Erasmus University Rotterdam and Erasmus Medical Center Rotterdam

Symposium 20401 to Session ID 6255
Day 2 - 30.06.2025, 12:15 - 13:45, Stuttgart (Meeting)

Réunion et Déjeuner HU

Abstract:

Authors:

Symposium 19695 to Session ID 5936
Day 2 - 30.06.2025, 12:30 - 13:30, Schweitzer

Lunch Symposium presented by Neurim: Towards a unified approach to treatment of insomnia in NDDs

Abstract:
Insomnia is a major co-occurring disorder in children and adolescents with psychiatric disorders in general and with ASD and ADHD in particular.
In this symposium, the participants will be walked through the strategies that can assist in improving the developmental potential in children with ASD. Furthermore, the attendees will be introduced to a novel approach in treating insomnia in children with ADHD.
Finally, the participants of the symposium will be able to understand the rational for the unified approach to insomnia treatment in children with NDDs (ASD and ADHD).

Authors:

Symposium 18233 to Session ID 5853
Day 2 - 30.06.2025, 12:30 - 13:30, Cassin

Mental Health Trends and Digital Media in Children and Adolescents
T47 - Prevention & intervention

Abstract:
This symposium explores key trends shaping the mental health landscape of children and adolescents: the pandemic-driven rise in demand for targeted interventions and the growing potential and risks of online mental health content.
Martin Bujard and Helena Ludwig-Walz will present findings from four European meta-analyses on trends in mental and physical health among children and adolescents. These findings offer valuable insights into challenges faced by young people and mental health care providers. Based on that, they will propose recommendations to align WHO guidelines on online mental health content with European needs.
Götz Gottschalk will examine YouTube's role in promoting trustworthy health information. In 2023, YouTube recorded over 250 billion views globally on health-related videos, including 35 billion focused on mental health. He will introduce initiatives such as the "YouTube Health" label, which certifies content following WHO and NAM criteria. He will also discuss its potential to enhance health literacy, combat misinformation, and empower informed decision-making.
Ann-Christin Haag will present findings from the "TikTalk-Teens Project," focusing on social media use in vulnerable adolescents. Results show that adolescents exposed to child maltreatment are more active on TikTok, with higher engagement, more followers, and increased content sharing. They also face elevated risks, including higher rates of sexual solicitations, online pornography consumption, and addictive behaviors. These findings highlight the need for preventive strategies to reduce risks and support well-being.
The symposium concludes with an interactive discussion on leveraging digital media for prevention and treatment in child and adolescent psychiatry.

Authors:
**Chair** Prof. Dr. Jörg Fegert University Hospital Ulm
**Co-chair** Dr. Helena Ludwig-Walz Federal Institute for Population Research

Subcontribution 18234 to Session ID 5853
Day 2 - 30.06.2025, 12:30 - 12:45, Cassin

# Mental and Physical Health of Children and Adolescents During and After COVID-19: Insights from Four European Meta-Analyses

T47 - Prevention & intervention

Abstract:
The COVID-19 pandemic profoundly impacted children and adolescents' mental and physical health across Europe. This contribution synthesizes findings from four European meta-analyses during and after the pandemic, with particular emphasis on the effects of school closures.

Mental Health Outcomes

Depression

A meta-analysis of 22 studies (1.67 million measurements from 8 countries) showed significant increases in general depression symptoms (SMD: 0.21; 95% CI: 0.12–0.30) and clinically relevant depression rates (OR: 1.36; 95% CI: 1.05–1.76). Subgroup analyses revealed greater increases in clinically relevant depression among females, while males exhibited higher general symptoms.

Anxiety

Findings from 18 studies (1.5 million measurements from 8 countries) indicated a rise in general anxiety symptoms (SMD: 0.34; 95% CI: 0.17–0.51) and an Odds Ratio of 1.08 (95% CI: 0.98–1.19) in clinically relevant anxiety rates. Adolescents aged 11–15 years were the most affected.

Physical Health Outcomes

Physical Activity

A meta-analysis of 26 studies (28,000 measurements from 14 countries) revealed a sharp decline in total physical activity (SMD: -0.57; 95% CI: -0.95, -0.20) and moderate-to-vigorous activity (SMD: -0.43; 95% CI: -0.75, -0.10). Subgroup analyses showed children aged 8–12 years and adolescents were most affected.

Physical Fitness

Across 26 studies (1.4 million measurements from 15 countries), cardiorespiratory fitness yielded significant declines, particularly in endurance (SMD: -0.41; 95% CI: -0.61, -0.21) and speed (SMD: -0.29; 95% CI: -0.61, 0.03). Muscular fitness (strength, coordination, flexibility) remained stable. While partial recovery occurred by 2023, endurance levels remained below pre-pandemic baselines.

Pandemic Restriction Effects

The severity of pandemic restrictions, measured by the Oxford School Closure Index (SCI), had substantial impacts across all outcomes. School closures (SCI ≥2) were associated with increased rates of depression and anxiety symptoms, sharp reductions in physical activity, and declines in cardiorespiratory fitness, with only partial recovery post-pandemic.

Conclusion

The pandemic amplified mental health challenges and physical health declines in children and adolescents, particularly during stringent restrictions and school closures. Urgent, evidence-based interventions are essential to support mental health recovery, encourage physical activity, and restore fitness levels to mitigate long-term consequences.

Authors:
**Presenter,** Prof. Dr. Martin Bujard
Dr. Helena Ludwig-Walz

Subcontribution 18235 to Session ID 5853
Day 2 - 30.06.2025, 12:45 - 13:00, Cassin

Guiding Principles for Harnessing the Vast, Untapped Potential of Online Mental Health Content for Young People
T47 - Prevention & intervention

Abstract:
The COVID-19 pandemic exacerbated mental health challenges among children and adolescents, driving a demand for innovative and accessible interventions. While digital platforms offer promising opportunities, challenges remain regarding safety, evidence-based content, and equitable access. This contribution builds on the WHO guiding principles on online mental health content, expanded with five European recommendations addressing regional challenges and opportunities.
WHO's Global Principles for Online Mental Health Content
The World Health Organization's (WHO) 2023 report outlined 10 global guiding principles to enhance the appropriateness and accessibility of online mental health content for young people. These principles emphasize emotional relevance, cognitive fit, inclusivity, and evidence-based clarity, while prioritizing human rights alignment and practical strategies. However, European contexts introduce unique socio-cultural, technological, and regulatory needs. Additionally, the pandemic revealed how school closures and stringent restrictions amplified mental health challenges, further underlining the need for culturally sensitive and evidence-based digital solutions.
Five Recommendations for European Contexts
To address these challenges, five complementary recommendations extend WHO's principles to meet European needs:
1. Address socio-cultural barriers to ensure content resonates across diverse populations.
2. Balance evidence-based quality with accessibility, bridging the gap between traditional services and online platforms.
3. Involve youth and families in co-designing mental health solutions to enhance relevance and engagement.
4. Regulate AI systems to mitigate biases, ensure transparency, and prevent misinformation.
5. Establish a regulatory framework to integrate digital tools into formal mental health systems safely and effectively.
Conclusion
Aligning WHO guidelines with European realities is crucial to unlocking the full potential of online mental health resources. By improving content quality, addressing access gaps, and fostering participatory and responsible innovation, digital platforms can play a transformative role in supporting children and adolescents' mental health across Europe.

Authors:
**Presenter,** Dr. Helena Ludwig-Walz
Prof. Dr. Martin Bujard

Subcontribution 18236 to Session ID 5853
Day 2 - 30.06.2025, 13:00 - 13:15, Cassin

Promoting Trustworthy Health Information on Digital Platforms: The YouTube Health Initiative
T47 - Prevention & intervention

Abstract:
The digitalization of healthcare has transformed how individuals access health information, with platforms like YouTube playing a growing role in this process. In 2023 alone, YouTube recorded over 250 billion views globally on health-related videos, including 35 billion views focused on mental health. However, ensuring the authoritativeness of sources and the trustworthiness of Health content remains a critical challenge.
This contribution examines YouTube's initiatives to promote reliable health information and combat misinformation and its dedication to making high-quality health information accessible to everyone.
Central to this effort is the YouTube Health Initiative, which aligns with the quality criteria established by the World Health Organization (WHO) and the National Academy of Medicine (NAM) and other medical expert societies.
Key measures of the initiative include:
• YouTube Health Channel Label: Certification of channels that meet WHO and NAM standards for ensuring content from health institutions, organizations, and verified experts is evidence-based, accurate, and objective.
• YouTube Health Shelves: Highlighting videos from trusted sources within search results, improving accessibility and visibility of reliable health information for health conditions including mental health.
These measures aim to improve health literacy, empowering individuals to make informed decisions while enhancing transparency and combating misinformation. Committing to ensuring that everyone can learn from leading medical experts regardless of who they are or where they live. To combat the societal threat of medical misinformation, YouTube is working to fill the health information space with digestible, compelling, and emotionally supportive health videos The initiative also supports healthcare systems in their digital transformation by fostering collaboration between technology companies and established health actors.
Key discussion points include:
1. How can digital platforms like YouTube improve healthcare delivery?
2. What role do global standards for online health information play in strengthening patient empowerment?
3. How can cooperation between technology companies and healthcare stakeholders be optimized?
4. How can YouTube support reaching young demographics with authoritative mental health information and collaborate with Mental Health organisations and providers.

Authors:
**Presenter,** Götz Gottschalk

Subcontribution 18237 to Session ID 5853
Day 2 - 30.06.2025, 13:15 - 13:30, Cassin

Social Media use in vulnerable adolescents: Preliminary results of the TikTalk Teens study
T47 - Prevention & intervention

Abstract:
Background
The “TikTalk-Teens Project” investigates TikTok use and its potential impacts on adolescent well-being and mental health, with a focus on vulnerable groups. This contribution presents preliminary findings comparing adolescents exposed to child maltreatment (CM) with their non-exposed peers, highlighting critical differences in social media behavior and associated risks.
Methods
The present sample consists of 115 adolescent TikTok users (ages 13-17, 53% girls) from an ongoing study. Self-reported Tik Tok use and related online outcomes were compared between the two study groups, i.e., adolescents with and without exposure to CM. A history of CM was assessed based on the Child Trauma Questionnaire.
Results
Thirty-three percent of adolescents reported exposure to CM. Preliminary results indicate that adolescents exposed to CM have more follower, post more, engage more frequently in trends and, report heightened elevated risks including increased exposure to sexual solicitations via TikTok, meeting strangers offline they first met on TikTok, greater consumption of online pornography, as well as elevated levels of addictive behaviors related to both social media and smartphone use (all ps > .05). Longitudinal data will be available at the time of the symposium, offering further insights into these associations.
Conclusion
Our preliminary findings underscore the heightened vulnerability of CM-exposed adolescents to risky online experiences. They emphasize the need for preventive strategies and tailored interventions to mitigate risks associated with social media use in vulnerable adolescents. Approaches should focus on reducing exposure to harmful online content, preventing re-victimization, and promoting safe and healthy social media behaviors.

Authors:
**Presenter,** Prof. Ann-Christin Haag
Dr. Dunja Tutus

Symposium 19708 to Session ID 5941
Day 2 - 30.06.2025, 12:30 - 13:30, Curie A

Workshop: What is happening in Liaison Psychiatry? A workshop bringing together clinicians with an interest in Child and Adolescent Liaison Psychiatry.
T13 - Treatment - Pediatric Liaison and other

Abstract:

Authors:

Subcontribution 18678 to Session ID 5941
Day 2 - 30.06.2025, 12:00 - 13:30, Curie A

What is happening in Liaison Psychiatry? A workshop bringing together clinicians with an interest in Child and Adolescent Liaison Psychiatry.
T13 - Treatment - Pediatric Liaison and other

Abstract:
5 clinicians in different countries, with different service configuration, will explore a brief "hot topic". Following this there will be a facilitated discussion about participant experiences and networks.

We will explore:
- What has changed in Liaison Psychiatry post Covid- 19?
- What about Liaison Psychiatry in the emergency dept? is Paediatric Boarding and how is it defined?
- Opportunities for teaching and training- working with paediatricians, exploring shared interdisciplinary teaching and training opportunities
- How to advocate and evidence the importance of parity of esteem for mental and physical health disorders
- Complex care and non- organic presentations- sharing network experiences and updates
- How can clinicians across the globe support each other?

Functional somatic disorders- Dr. Rask: A short introduction to the Danish model for organization of assessment and treatment for functional somatic disorders in young people. The Danish Health Authorities have prioritized this issue, resulting in the development of a stepped care model tailored to younger age groups. This model emphasizes collaboration between pediatrics and child and adolescent psychiatry, leveraging the strengths of each specialty to ensure holistic and effective care.

Advocacy and service Development- Dr Paz: Looks at advocating for parity of esteem between mental and physical health disorders in children--crucial for holistic well-being. Evidence shows that untreated mental health issues can significantly impact physical health, academic performance, and social development. Integrating mental health services with physical health care ensures comprehensive support, reduce stigma, promote early intervention and highlight success stories.

Dr. Barrett will explore opportunities in working with paediatricians in paediatric hospital settings and the thorny issue of "Paediatric Boarding". What is the role of liaison psychiatry across hospitals?

Dr. Gandacheva will look at clinical supports for rare disorders esp 22q11 and related rare disorders, setting up MDT supports across a hospital team.

Dr. Liew looks at Advances in Paediatric Neuropsychiatry, summarising recent advances in paediatric neurology (epilepsy, encephalitis, neurogenetic conditions, targeted therapy, working with colleagues in neurology). We will stimulate discussion amongst workshop attendees about how integrated working between paediatric neurology and child psychiatry may differ across systems.

Authors:
**Presenter,** Prof. Elizabeth Barrett UCD School of Medicine
Dr. Isabel Paz Oxford Children's Hospital LG1 and University of Oxford
Prof. Charlotte Ulrikka Rask Department of Clinical Medicine, Aarhus University, Denmark
Dr. Veselina Gadancheva Our Lady's Children Hospital Crumlin/UCD
Dr. Ashley Liew Newcomen Neurodevelopmental Service | Paediatric Neurosciences | Evelina London Children's Hospital Paediatric Liaison Service | National & Specialist CAMHS | South London and Maudsley NHS Foundation Trust

Symposium 19014 to Session ID 5949
Day 2 - 30.06.2025, 12:30 - 13:30, Curie B

Specific treatments in early childhood
T21 - Infants

Abstract:
The symposium centres on therapeutic approaches for the treatment of mental disorders in childhood, with a particular emphasis on innovative interventions designed to support young children and their families in overcoming psychological challenges.The symposium will feature a randomised controlled trial investigating the effectiveness of Short-term Psychoanalytic Child Therapy (PaCT) for treating depression in children aged 3 to 8 years.The results of this study indicate that children in the intervention group experienced significant improvements in depressive symptoms and disorders compared to the control group. Mothers reported a moderate reduction in internalising symptoms, while fathers and children did not observe significant changes.This study addresses a significant research gap in the treatment of depression in early childhood.Another approach discussed is Parent-Child Interaction Therapy (PCIT), which is implemented in a Zurich clinic for children with externalising behavioural disorders.PCIT combines play therapy with behavioural therapeutic elements, aiming to enhance parents' observational skills and sensitivity. Initial results show a significant reduction in behavioural problems and parental stress, with therapy success being greater for those with higher initial problem scores.Lastly, the Hometreatment Early Years (HEY) programme is introduced, targeting families with infants and combining home visits with digital sessions.HEY aims to strengthen the parent-infant relationship and provides support for families needing more assistance than outpatient services can offer. Initial implementation results are presented, including the quality of parent-infant interaction and parental experiences.
Overall, these programmes demonstrate promising approaches to supporting children and families in early childhood, addressing a critical need for effective mental health interventions.

Authors:
PD Dr. med. Franziska Schlensog-Schuster UNIVERSITÄRE PSYCHIATRISCHE DIENSTE BERN (UPD)

Subcontribution 19017 to Session ID 5949
Day 2 - 30.06.2025, 12:30 - 12:45, Curie B

Short-term Psychoanalytic Child Therapy (PaCT) for depression in early childhood: findings from a randomised wait-list controlled trial
T21 - Infants

Abstract:
Early childhood depression is linked to psychosocial impairment and a higher risk of chronicity if untreated. However, there is a lack of studies to support treatment guidelines for this young age. This randomized, waitlist-controlled trial assessed whether manualized short-term psychoanalytic child therapy (PaCT; Göttken & von Klitzing, 2014) leads to remission of depressive symptoms, internalizing symptoms, and depressive disorders in children with clinical depression compared to a waitlist group.
METHODS: Sixty-two children (aged 3–8 years) participated in the trial, with 31 receiving immediate intervention and 31 undergoing a 3-month waiting period (stratified by age and gender). Assessments were conducted pre-treatment, mid-treatment, post-treatment, and at 3-month follow-up, with an additional pre-waiting assessment for the control group. Children's depressive symptoms and diagnoses were evaluated through a clinical interview with parents (Preschool Age Psychiatric Assessment, Egger & Angold, 2004). Parents reported children's internalizing symptoms through the Child Behavior Checklist (CBCL 4-18; Achenbach, 1991), while children's perspectives were gathered using the Berkeley Puppet Interview (Ablow & Measelle, 1993). Data analysis included repeated-measures ANOVA and Chi-square tests.
RESULTS AND CONCLUSION:
Children in the intervention group showed significant remission of depressive disorders and a significant reduction in depressive symptoms compared to controls. Effects were large, evident at mid-treatment, and robust in ITT (LOCF) analyses. Mothers reported a moderate reduction in children's internalizing symptoms, though no such effect was noted by fathers or children's self-reports. This study represents a crucial step toward closing the research gap regarding evidence-based treatments for depressive disorders in early childhood.

Authors:
Prof. Dr. Sarah Bergmann International University Berlin
**Presenter** PD Dr. med. Franziska Schlensog-Schuster Kinder- und Jugendpsychiatrie und -psychotherapie

Subcontribution 19019 to Session ID 5949
Day 2 - 30.06.2025, 12:45 - 13:00, Curie B

PCIT, Parent-Child Interaction Therapy, as a key intervention offered at the Zurich outpatient clinic for 0-5 year olds
T21 - Infants

Abstract:
This article focuses on PCIT, Parent-Child Interaction Therapy, as a key intervention offered at the Zurich outpatient clinic for 0-5 year olds, which is used for many children who present with externalising behavioural disorders. Around 50% of the children we see, are registered by parents oder paediatricians because of conduct disorder/oppositional behaviour. While the highly effective therapy programme developed by Sheila Eyberg is widespread in the USA, it is still little known in Europe and is only offered in two outpatient clinics in Switzerland. Following the Clinic for Child and Adolescent Psychiatry in Thurgau, we have been able to establish PCIT in the Department of Child and Adolescent Psychiatry and Psychotherapy at the Psychiatric University Clinic in Zurich. We conducted an implementation study to evaluate the acceptance and efficacy of the program. Our aim is to identify the conditions under which PCIT works best or not.
Methods
PCIT consists of a play training phase, which uses play therapy elements and aims to promote parental observation skills and sensitivity, and a cooperation phase based on the principles of behavioural therapy parent training. Parents receive weekly consultations with their child and are guided by a one-way disc and an ear microphone during the interaction with their child. Data is collected continuously and progress is discussed with the parents. Supported by the opening of our new outpatient centre for children aged between 0 and 5, we have now used Parent Child Interaction Therapy with almost 40 families in Zurich. In the lecture we will report on the special features of the Zurich clientele and give and discuss an overview of the various treatment processes.
Results and Conclusions
Our sample showed a high level of education for Switzerland, but also an above-average proportion of separated or single parents. The success of the therapy was measured using a pre-post measurement of the children's behavioural problems from the parents' perspective. Satisfaction with the therapy was also recorded. While there was a significant reduction in behavioural problems and parental stress, few specific factors could be identified: The higher the initial score on the problem questionnaire, the greater the effect of therapy. Single parents rated their children as having more behavioural problems.

Authors:
**Presenter,** Dr. phil. Marina Zulauf Logoz University Zurich (UZH)

Subcontribution 19020 to Session ID 5949
Day 2 - 30.06.2025, 13:00 - 13:15, Curie B

Hometreatment Early Years (HEY): Program development and first results of implementation
T21 - Infants

Abstract:
Aims
Postpartum or other psychiatric disorders in parents, regulatory problems in infants, and family stressors can negatively impact the parent-infant relationship and influence child development during early childhood. Hometreatment Early Years (HEY) is a psychotherapeutic treatment program for families with infants (up to one year old) that combines home visits with digital sessions (two sessions per week over two to three months). HEY is designed to address a treatment gap for families needing more support than outpatient services can provide. The treatment interventions are attachment-focused, aiming to strengthen parental reflective functioning, parental sensitivity, and infant affect regulation. Collaboration and coordination with midwives are integral to the program, particularly during the referral stage.
HEY was developed in collaboration with the Institute of Midwifery and Reproductive Health and the Section of Clinical Psychology and Health Psychology at the ZHAW Departments of Psychology and Health Sciences. Program development was financially supported by the Child and Youth Public Health Research Competence Network (CYPHER) at ZHAW.
Methods
HEY was launched in September 2024. The program is delivered by two experienced psychotherapists at the Parent-Infant Consultation at ZHAW, accompanied by an evaluation at the start and completion of the program, using questionnaires and the Infant Care Index to assess the quality of parent-infant interaction. Additionally, qualitative interviews will be conducted with parents and analyzed using thematic analysis (Clarke and Braun, 2022) after the conclusion of the program.
Results
An overview of the program development and treatment concept will be given. The primary focus will be on clinical experiences from implementing HEY. Questionnaire data, Infant Care Index data, and qualitative interview analyses will be presented.

Authors:
**Presenter,** Dr. phil. Katrin Braune-Krickau Zurich University of Applied Sciences

Symposium 18741 to Session ID 5848
Day 2 - 30.06.2025, 12:30 - 13:30, Varsovie

School based prevention - possibilities and limitations for the prevention of mental illness
T35 - School based intervention

Abstract:
Mental disorders are considered one of the greatest health policy challenges of the 21st century. Although research activities in this area are noticeably increasing in German-speaking countries, the evidence for effective methods and findings on the nationwide implementation of prevention measures is considered to be limited. Schools are an ideal setting for prevention, as young people can be reached regardless of their socio-economic status and cognitive and emotional development as well as active problem-solving are stimulated in the school environment. Current studies on school-based prevention will be presented at the planned symposium. Sarah Franke (Würzburg) reports the results of a needs analysis of teachers and parents on the selective prevention of mental illness in children and adolescents. The presentation contains the results on self-assessed mental health literacy and preferences for the implementation of prevention programs. Vanessa Jantzer (Heidelberg) informs about the randomized controlled trial of the “Bullying&You” program at 40 pilot schools. This program combines e-learning units and face-to-face modules and offers preventative content as well as concepts for intervention in cases of bullying. Giovanni Agustoni (Bern) presents the development of a school-based suicide prevention program based on current evidence. He also presents data on the implementation and evaluation of a pilot project for the nationwide implementation of the “Take a look!” program. Finally, Arne Bürger (Würzburg) presents the results of a skills-based prevention program to reduce non-suicidal self-injurious behavior (NSSI). “DUDE (You and Your Emotions)” is based on the premise that NSSI can be influenced by improved emotion regulation.

Authors:
Prof. Dr. Michael Kaess
Dr. Arne Bürger

Subcontribution 18743 to Session ID 5848
Day 2 - 30.06.2025, 12:30 - 12:45, Varsovie

# A needs analysis of teachers and parents for the prevention of mental health in children and adolescents

T35 - School based intervention

Abstract:
Aims: Parents and teachers play a key role in preventing mental health disorders in children and adolescents by identifying signs of psychological difficulties and facilitating access to appropriate support services. To enable their participation in the development of prevention programs aimed at enhancing mental health literacy (MHL), a needs assessment was conducted. We investigated how parents and teachers perceive their MHL and what their preferences regarding the content and delivery of prevention programs are.
Methods: Two separate online surveys were conducted among parents and teachers.
Results and Conclusions: The surveys included N = 1871 parents and N = 493 teachers. Both groups rated their MHL as low to moderate. There was a clear preference for on-site training sessions and discussions with experts, as well as a combined approach of group and individual interventions. The findings highlight the need for MHL training for parents and teachers. They provide initial insights into the preferences of these groups, supporting their involvement in the development, implementation, and dissemination of future prevention programs.

Authors:
**Presenter,** Sarah Franke

Subcontribution 18745 to Session ID 5848
Day 2 - 30.06.2025, 12:45 - 13:00, Varsovie

Bullying&You - A blended intervention approach to school based bullying prevention
T35 - School based intervention

Abstract:
Aims
Bullying is a serious risk factor for the mental health of children and adolescents. While the frequency of school bullying has remained stable over the last five years, cyberbullying has even increased. In the school context, bullying mechanisms can be positively influenced, thereby also contributing to the prevention of mental illness. We have therefore developed the Bullying&You program. It combines digital and face-to-face modules and offers preventative as well as intervention concepts.
Methods
The program is aimed at teachers and students in grades 3 to 9 and is currently being evaluated at 40 pilot schools within a randomized controlled trial (RCT) over the course of two years. We investigate whether the program implementation leads to a reduction in the bullying rate, which factors influence a possible effect and whether the program contributes to a reduction in the psychological stress of bullied children.
Annual student surveys on bullying and mental health as well as teacher surveys on program activities are conducted, and usage data of the e-learning platform is evaluated.
Results and Conclusions
At baseline, 6,689 secondary school students took part in the survey, as well as 1,296 students in primary schools. As our RCT is not fully completed yet, postline data (after the first year of the program) will be presented. There still is a lack of systematic bullying prevention in the German school system. It is therefore not only necessary to develop and evaluate programs. In a second step, successful programs must also be disseminated nationwide in order to close this gap.

Authors:
**Presenter,** Dr. Vanessa Jantzer
Franziska Neumayer
Dr. Stefan Lerch
Prof. Dr. Michael Kaess

Subcontribution 18746 to Session ID 5848
Day 2 - 30.06.2025, 13:00 - 13:15, Varsovie

# An Evaluation of a School-Based Suicide Prevention Program for Adolescents Ages 12-15 in the Canton of Bern

T35 - School based intervention

Abstract:
Aims
Youth suicide in Switzerland has become the leading cause of death among teenagers aged 15 to 19. School-based suicide prevention programs are essential to build awareness and promote mental health literacy as well as subsequent help-seeking. In the Canton of Bern, „Schau Hin“- a youth suicide prevention program - was developed to address these issues. The aim of this talk is to present data on course of depressive symptoms, suicidality and help-seeking during the „Schau Hin“ prevention program.
Methods
The program targets students in grades 7 to 9, with data collected at baseline (at the beginning of the first session) from 965 students, at follow-up 1 (at the end of the fourth session, e.g, after 4–8 weeks) from 929 students, and at follow-up 2 (at the beginning of the booster session three months after the fourth session) from 905 students. Students were asked to answer questions assessing depressive symptoms, suicidality, and help-seeking behavior.
Results and Conclusions
The percentage of students reporting suicidal ideation decreased from 8.7% at baseline (T0) to 8.4% at follow-up 1 (T1) and further to 8.2% at follow-up 2 (T2). Help-seeking behavior increased among students reporting psychological symptoms, especially for professional help, rising from 15.0% baseline to 20.6% follow-up 2. The "Schau Hin" program highlights the crucial role of schools in youth suicide prevention, aiming to strengthen mental health competencies, and in particular help-seeking.

Authors:
**Presenter,** MSc Giovanni Agustoni
Han-Tin Vivien Kao
Dr. Corinna Reichl
Prof. Dr. Michael Kaess

Subcontribution 18748 to Session ID 5848
Day 2 - 30.06.2025, 13:15 - 13:30, Varsovie

# DUDE (You and Your Emotions) – Prevention of Non-Suicidal Self-Injury Through Improved Emotion Regulation

T35 - School based intervention

Abstract:
Aims: According to the World Health Organization, non-suicidal self-injury (NSSI) is the fifth most common health risk among adolescents. NSSI serves as a high-risk marker for the development and persistence of mental disorders, significantly increases youth suicide rates, and poses substantial costs to healthcare systems. Despite its prevalence, effective universal prevention programs for NSSI are lacking. This study aimed to develop and evaluate a school-based prevention program, DUDE ("You and Your Emotions"), targeting 6th and 7th-grade students.
Methods: The study used a three-arm cluster-controlled design with four measurement points (baseline, post-intervention, 6-month, and 12-month follow-up) and included 2,389 students (M = 12.3 years, SD = 0.68) from 18 schools. DUDE was implemented by psychologists in Intervention Group 1 (IG 1) and by teachers in Intervention Group 2 (IG 2) and compared to a control group (CG). To control for placebo effects, all groups received a minimal intervention (a brochure addressing school stress). The primary outcome was the reduction in NSSI incidence, while secondary outcomes included suicidality, emotion regulation, depressive symptoms, and quality of life.
Results and Conclusions: NSSI incidence was lower in the intervention groups compared to the control group; however, the results narrowly missed statistical significance. DUDE was perceived by students and teachers as a valuable program for improving emotion regulation and mental health. Limitations include disruptions caused by the COVID-19 pandemic, which impacted recruitment. The planned sample size of 3,200 students was not achieved. As a result, the effectiveness of DUDE cannot be conclusively assessed. A follow-up study with an appropriately powered sample size is necessary to confirm the program's efficacy.

Authors:
**Presenter,** Dr. Arne Bürger

Symposium 18260 to Session ID 6000
Day 2 - 30.06.2025, 12:30 - 13:30, Luxembourg

Unraveling Trauma in Clinical Practice: Navigating the Assessment and Management of Complex Cases
T43 - Trauma

Abstract:
organized by ESCAP Clinical Division and EFPTIn this case discussion session organised by the ESCAP Clinical Division and Trainee & Early Career CAPs Committee, complex cases of young people exposed to trauma will be presented. Assessment and management of presented cases will be discussed by world renowned experts on trauma, Prof Andrea Danese and Prof Eruc Bui from neuroobiological and psychotherapeutic perspectives. All case presentations will be made by trainee or early career child psychiatrists.
Presentations will include cases from Armenia, Hungary, Ukraine (subject to travel circumstances at the time) and Denmark.

Authors:
Dr. Asilay Seker Institute of Psychiatry, Psychology & Neuroscience, King's College London
**Co-chair** Dr Eniko Kiss University of Szeged

Subcontribution 18261 to Session ID 6000
Day 2 - 30.06.2025, 12:30 - 12:45, Luxembourg

# Overcoming Trauma and OCD: Cue-Centered Therapy for a Displaced Armenian Teenager

T43 - Trauma

Abstract:
This case describes the therapy process of a 16-year-old girl displaced from Artsakh, who struggled with Obsessive-Compulsive Disorder (OCD) and Post-Traumatic Stress Disorder (PTSD). Her symptoms included compulsive handwashing, nightmares, intrusive thoughts, and avoidance, which developed and worsened due to war, blockade, and forced migration. The therapy started with medication to reduce OCD symptoms, creating a stable foundation for Cue-Centered Therapy (CCT). The first phase focused on understanding trauma, managing stress, and recognizing emotions using tools like relaxation exercises and an emotional wheel. In the second phase, therapy addressed negative thoughts through cognitive restructuring and the creation of a detailed trauma narrative. The third phase used gradual exposure to triggers, helping her respond in a healthier way and process past events. In the final phase, her trauma narrative was rewritten to reflect her growth and strength.
The therapy faced challenges, such as her resistance to exposure and difficulty identifying emotions and thoughts. These were managed by adapting the sessions to her needs. By the end of therapy, her symptoms had reduced, and she was better able to regulate emotions, connect with others, and use effective coping strategies in daily life.

Authors:
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Subcontribution 18262 to Session ID 6000
Day 2 - 30.06.2025, 12:45 - 13:00, Luxembourg

# A 15-Year-Old Ukrainian Girl with Complex PTSD: A Case Study of Recovery After War- Related Loss

T43 - Trauma

Abstract:
This case study examines the therapeutic journey of a 15-year-old girl diagnosed with complex PTSD (cPTSD) following the death of her father during the war in Ukraine. Her symptoms included intrusive flashbacks, avoidance behaviors, derealization episodes, recurring nightmares involving her father, and significant mood dysregulation. She also experienced persistent depressive states, frequent crying episodes, and intense outbursts of anger, often followed by guilt and shame. These struggles were aggravated by her family's patriarchal values and her mother's tendency to justify the father's behavior - despite his strictness and occasional abusivenes - which also created ambivalent dynamics, leading to feelings of invalidation.
The intervention combined trauma-focused cognitive behavioral therapy (TF-CBT) and pharmacological treatment. Therapy focused on self-regulation skills, relational resources, and constructing a trauma narrative to process distressing memories. The client also faced challenges in her romantic relationship, fearing closeness due to her past. Antidepressants prescribed by a psychiatrist supported mood stabilization and reduced PTSD symptoms.
Over 16 sessions, significant progress was observed. The client improved anger management, reduced flashbacks and avoidance, and gained emotional stability. She re-engaged with activities she previously enjoyed and expressed optimism. By the end of therapy, she agreed to join a group therapy program, reflecting her increased confidence and social engagement.

Authors:
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Subcontribution 18889 to Session ID 6000
Day 2 - 30.06.2025, 13:00 - 13:15, Luxembourg

# Diagnostic assessment of a girl with emotional and behavioral challenges; Impact of adverse childhood experiences

T43 - Trauma

Abstract:
This case involves the in-patient assessment of a 7-years-old, admitted, due to emotional outburst characterized by anger, externalizing behavior toward peers and adults and demand avoidance, since starting first grade and primarily in the school, where there has been need for repetitive physical interventions and restraints.
She is reported to undergo a normal cognitive, motor, and verbal development and had minimal to no difficulties in nursery and kindergarten. However, her parents, both with mental health conditions, were divorced after series of violent conflicts, which she witnessed. Consequently, at the age of 4, after police intervention, she and her mother had to stay in a crisis shelter for three months before moving to her grandparents. She is described as having ambivalent relation to caregivers and teachers and a constant vigilance toward her mother's wellbeing. Additionally, she is noted to be deeply attached to her aunt, who must stay with her in the school. Although she engages in some acceptable social interactions, she struggles to express her emotions or seek help from adults.
After assessment, she was diagnosed with reactive attachment disorder of childhood and ADHD with recommendation to start pharmaceutical treatment of the latter.

Authors:
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Subcontribution 18891 to Session ID 6000
Day 2 - 30.06.2025, 13:15 - 13:30, Luxembourg

# The Role of Trauma in Psychotic Disorders: A Case Study of a Girl who Experienced Maltreatment

T43 - Trauma

Abstract:
This case study presents an 11-year-old girl, who was referred urgently to the child- and adolescent psychiatry department by a pediatrician with symptoms of auto- and heteroagression, emotional dysregulation, suicidal intentions and sleeping problems. She was diagnosed with autism spectrum disorder, attention deficit and hyperactivity disorder earlier. That was her first admission to our department. At the first exploration she kept eye contact rigidly, her behavior was bizarre, and regressive. Within days after her admission clear signs of psychosis were observable.
Motor and verbal development was delayed based on parental reports. Intellectual abilities were in the average range. She started kindergarten at four years of age, from which she was dismissed due to enuretic problems. After she and her mother moved to a different county, she rarely went to school. There is a history of physical abuse by the mother who suffers from schizophrenia and is without treatment. Her mother also experienced physical abuse and neglect in her childhood by her mother. Allegedly she experienced sexual abuse by her mother's new partner. Pharmacotherapy included risperidone and clonazepam treatment. A close cooperation with child welfare services had been started.

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Symposium 16280 to Session ID 5777
Day 2 - 30.06.2025, 12:30 - 13:30, Madrid 1

Parental stress and child resilience
T20 - Family / systemic therapy

Abstract:
This symposium focuses on interventions aimed at mentally stressed parents and their children. "Kidstime" is a multicenter prevention project funded by the Federal Ministry of Health (BMG) at ten locations in Germany, which is aimed at mentally ill parents and their children. The concept, implementation, evaluation design and initial results of this innovative program are presented in the first article. The second article, entitled "Multifamily therapy for parents and their children with mental illness", examines multifamily therapy from a clinical perspective as a group setting and treatment principle in a parent-child day clinic to improve parent-child interaction in families in which both the parents and the children are mentally ill. It concludes with the presentation of a parent-child treatment unit with a scientific focus on the effects of parental biographical stress on interaction with one's own child, in which both emotional availability and parent-child interaction therapy as well as the START-Kids program are used. In this case, the children are the index patients, so that this symposium will focus on both parental and child psychopathology and, in particular, present new ways of treating and promoting resilience.

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Subcontribution 16281 to Session ID 5777
Day 2 - 30.06.2025, 12:30 - 12:45, Madrid 1

Implementation and evaluation of Kidstime workshops in Germany: first results of a BMG-funded multicenter study
T20 - Family / systemic therapy

Abstract:
Background: Kidstime workshops are a low-threshold multifamily therapeutic offer for children of mentally ill parents (CPCE) and their families. Based on the recommendations of the AG-KPKE (2019), the aim of the present project was the nationwide dissemination of Kidstime workshops in Germany with the establishment of coordinated network structures for affected families in the social space as well as the accompanying evaluation. Method: The main strand of the study, with a focus on the largest possible and most representative number of cases, was a quantitative impact evaluation, which was designed as a "pre-post design" (T0 start of help, T1 follow-up measurement after 6 months) from multiple perspectives (from the point of view of the children, parents and professionals). In addition, the cross-case structural quality of the individual project locations was surveyed in the pre-post design by interviewing the management coordinators. Qualitative research techniques in the form of group discussions were also used to illustrate the "explorative depth". Results: New Kidstime locations, including networking structures, were set up at eleven locations in different social areas (large city, rural community), new Kidstime locations and networking structures were established. The assessments of 85 caregivers (64 mothers, 21 fathers, average age 40.9 years), 103 children (43 girls, 60 boys, average age 7.7 years) and 68 professionals form the basis of the evaluation. The most common diagnoses at parent level were affective disorders, personality disorders, post-traumatic stress disorders and generalized anxiety disorders.For children and adolescents, the most common diagnoses were ADHD, combined social-emotional disorder, adjustment disorder, depressive disorder, autism spectrum disorder and social phobia.The T1 data is currently being analyzed.Conclusion: Even though the results of the quantitative impact evaluation are still pending, the qualitative feedback from the families indicates that Kidstime workshops contribute to an improvement in well-being, family cohesion and the reduction of stigmatization.Despite positive developments among the families involved and the enthusiasm of the professionals involved, there are major differences in the willingness to provide financial resources for needs-based care in the various municipal network structures.

Authors:
**Presenter,** Dr. Esther Strittmatter

Subcontribution 16282 to Session ID 5777
Day 2 - 30.06.2025, 12:45 - 13:00, Madrid 1

Multifamily therapy for parents and their children with mental illnesses
T20 - Family / systemic therapy

Abstract:
Background: Multifamily therapy (MFT) is effective for many child and adolescent psychiatric disorders, e.g. reduces the symptom burden and improves the self-efficacy of parents and family relationships (more emotional connectedness and at the same time autonomy of the individual family members). MFT is widely and successfully used in KJP and youth welfare, unfortunately mainly in the context of projects and almost never regularly funded. Method: Existing MFT concepts were adapted, customized and further developed for the target group of mentally ill parents and mentally ill children between the ages of approx. 4 and 16. The concept has been successfully implemented: For 10 years, MFT has been both a weekly family group therapy (75 min. with 2-3 MFT therapists and approx. 7-10 families) and a treatment principle across therapy modules in a family psychiatric acute day clinic for children and their parents with mental illness. Results: Modules on resource orientation and strengthening relationships, problem and solution dynamics, re-establishing functional generational boundaries and healthy leadership roles for parents, promoting attachment and mentalization as well as emotion regulation are regularly used, adapted to the respective group dynamics and therapy phase. The concept, modules and exemplary interventions are presented, as are the spatial, personnel and content requirements, and experiences from 10 years of MFT with two or more index patients are discussed. Possible main and secondary processes as well as problems and "pitfalls" are briefly outlined. Discussion and conclusions: Multifamily therapy is a clinically very effective method that is generally well accepted by families. It can improve mentalization skills, parent-child interaction and bonding, strengthen parents' self-efficacy and promote networking. When adapted accordingly, it is well suited to children and parents with mental illness, although special requirements should be met (number and qualifications of therapists, integration into the overall process, etc.).

Authors:
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Subcontribution 16283 to Session ID 5777
Day 2 - 30.06.2025, 13:00 - 13:15, Madrid 1

Parental Biography and parent-child-interaction
T20 - Family / systemic therapy

Abstract:
Background:
Emotional availability is a standardized indicator of successful parent-child interaction, which is increasingly becoming the focus of child psychiatric treatment. The attachment-oriented construct focuses on dyadic processes in the evolution of the relationship. The scales are macro-analytical with 6 subscales and are suitable for use in clinical diagnostics as well as in the therapy of children and adolescents and their parents.

Method:
Two different concepts of parent-child treatment with a focus on emotional availability, among other things, are presented for orientation: the parent-child ward in Homburg, which is aimed at mentally ill children (all age groups) and the ward for mentally ill mothers with their children (0-2 years) in Saarbrücken.
Results:
In principle, the mothers of mentally ill children are to a large extent mentally stressed themselves; conversely, the children of mentally ill mothers very rarely received a child psychiatric diagnosis, which can be attributed to their young age. Utilization shifts slightly towards older age groups.
Discussion:
While interaction treatment was initially used primarily in the treatment of infants, toddlers and preschool children, it is increasingly finding its way into the diagnosis and treatment of schoolchildren and adolescents. The possibilities and limitations of its use in the context of child and adolescent psychiatric treatment are discussed.
Conclusions:
Parent-child treatment concepts should focus on the interaction between parent and child and the mental health of all interaction partners. Attributions of blame - including implicit ones - should be avoided in favor of promoting and emphasizing resources to increase the skills and self-esteem of parents and their children.

Authors:
**Presenter,** Prof. Dr. Eva Möhler

Subcontribution 16284 to Session ID 5777
Day 2 - 30.06.2025, 13:15 - 13:30, Madrid 1

# Parental training for an innovative stress resilience program for children (START-Kids)

T20 - Family / systemic therapy

Abstract:

Background: START-Kids (Stress-Arousal-Regulation-Treatment) offers preventive, educational and therapeutic support for children aged 6 to 12.
The ability to balance feelings and stress factors has a strengthening effect on the developmental process of children and adolescents.
START-Kids aims to strengthen mental health at an early stage and to help children and adolescents to cope with stressful life events, overcome crises and promote self-efficacy, participation and emotion regulation.
Parents and caregivers are supported in START-Kids and receive helpful tips in three (online) workshops.
Findings and adapted interventions from DBT-A, interaction therapy and elements of emotional availability in the parent-child relationship inspired the work with parents and important caregivers.
Methods: START Kids is available as a structured manual, with accompanying workbooks for children and a reader for parents. In three modules, parents and/or important caregivers learn how they can support children in their everyday lives and, of course, how they can use their own skills for themselves. In addition to psychoeducation on key topics such as validation, skills, effective praise, positive reinforcement and support in educational issues and interaction patterns, the START Kids concept is presented. The parent modules are designed to be low-threshold and validate caregivers. Practicing together with parents or caregivers and children can help to promote adaptive and helpful skills in dealing with stress and emotional balance. In the workshop, in addition to the 'handout for children', materials from the START-Kids Reader are also used for parents and caregivers.
The parent modules are designed as both face-to-face and online workshops to make participation easier.
Results: The low-threshold interventions are well received. Results from the pilot study (children) show positive changes.
Conclusions: START Kids and parents can benefit from low-threshold offers.

Authors:
**Presenter,** Andrea Dixius S

Symposium 19211 to Session ID 5933
Day 2 - 30.06.2025, 12:30 - 13:30, Madrid 2

# Too hard to bear: on euthanasia in youths.

T30 - Policy / advocacy

Abstract:
Mental health problems have increased substantially over the last years, in frequency as well as in severity. As a result, mental health service notice raising waiting lists and a burden of youths with persistent problems. This last group in particular is all too often characterized by continuous and debilitating hopelessness. At present in the Netherlands a small but increasing number of youths consider and ask professionals for euthanasia. While this option is temporary in most, some are allowed to end their life by euthanasia.
Unsurprisingly, this has initiated a fierce debate in the Netherlands. While some emphasize that mental health problems of the group receiving euthanasia are unbearable and lack prospects, others object because of their youthful age. It is argued that individuals should reach a minimum age, around 23-25, to be fully able to choose for a premature end of life.
In this session, speakers will initiate a debate by giving some presentations expressing their point of view.. Also, it will be tried to involve an expert by experience. The presentations will be followed by a discussion with the audience.

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Dr Marco Bottelier

Subcontribution 19216 to Session ID 5933
Day 2 - 30.06.2025, 12:30 - 12:45, Madrid 2

# Euthanasia in youths and young adults: an introduction to the subject.

T30 - Policy / advocacy

Abstract:
An introduction will be given on the subject, focusing on the increase in severity of mental disorders in youths and the core issue of lack of prospects as a core criterion for receiving euthanasia. Also, focus will be on the public debate on euthanasia in the Netherlands, particularly regarding youthful persons.

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Subcontribution 19218 to Session ID 5933
Day 2 - 30.06.2025, 12:45 - 13:00, Madrid 2

Euthanasia: is a minimum age required?
T30 - Policy / advocacy

Abstract:
A minimum age for euthanasia in cases of psychiatric conditions has to be added to the Dutch Euthanasia Act in order to protect the vulnerable population of minors and adolescents, as it might be ethically impermissible to grant them euthanasia. The inability of minors and adolescents to meet some of the due care criteria, namely the requirements of "unbearable suffering with no prospect of improvement" and a "voluntary and well-considered" request, showcases the need for such a restriction. The unpredictability of recovery, the undeveloped adolescent brain and the influence of external pressures highlight that granting euthanasia to minors is unethical. Additionally, the mere availability of euthanasia as an option for minors and adolescents with psychiatric conditions causes harmful psychological burdens, pressures them to justify their choice to live, and validates hopelessness, further undermining their potential for recovery. This is particularly highlighted by the Dutch media by normalizing euthanasia as a viable solution for psychiatric conditions, disregarding the original intent of the Dutch Euthanasia Act.
On the other hand, several cases of patients stopping their euthanasia trajectory illustrate the possibility for change and recovery, even in the most challenging circumstances.
These considerations demonstrate the need to establish a clear minimum age. This age should be carefully determined by experts and consider the developing life's and brains of minors and adolescents. Adding a minimum age to the Dutch Euthanasia Act will protect minors and adolescents with psychiatric conditions, while preserving hope and prioritizing the right treatments over the irreversible decision of euthanasia.

Authors:
**Presenter,** Julia Bottelier

Subcontribution 19221 to Session ID 5933
Day 2 - 30.06.2025, 13:00 - 13:15, Madrid 2

A clinical guideline addressing requests for euthanasia in youth with severe psychiatric disease.
T30 - Policy / advocacy

Abstract:
This guideline, created by Accare, addresses the increasing frequency of euthanasia requests among young people with psychiatric suffering in the Netherlands. It reflects the societal and professional complexity of handling such requests and provides a structured framework for psychiatrists and mental health practitioners. The document integrates ethical, legal, and developmental perspectives and aligns with national guidelines such as the Wet toetsing levensbeëindiging op verzoek en hulp bij zelfdoding (Wtl) and the Richtlijn Levensbeëindiging op verzoek bij patiënten met een psychische stoornis.
The guideline emphasizes extreme caution when assessing requests from individuals under 25, due to ongoing brain development, psychosocial influences, and the potential for recovery through treatment and contextual changes. Key factors, such as voluntary and well-considered requests, unbearable and hopeless suffering, and the absence of reasonable alternatives, are meticulously reviewed to ensure compliance with the law and ethical standards.
Practical steps for healthcare providers include comprehensive exploration of the request, consultation with specialized teams, and involvement of independent experts and SCEN physicians. Special consideration is given to parental involvement, particularly for minors. The guideline underscores the importance of maintaining hope and exploring treatment options, even in severe cases, while recognizing that exceptions may justify deviating from the general principle against euthanasia for youth.
The framework also offers support for practitioners through moral deliberations, consultation teams, and institutional protocols. It highlights the need for ongoing evaluation and adaptation in response to new legal, scientific, and societal developments, ensuring the process remains ethical and patient-centered.

Authors:
**Presenter,** Dr Marco Bottelier

Subcontribution 19230 to Session ID 5933
Day 2 - 30.06.2025, 13:15 - 13:30, Madrid 2

Euthanasia in youths and young adults: a lived experience perspective.
T30 - Policy / advocacy

Abstract:
Persons with lived experience play a crucial role in the discussion on euthanasia in young persons in the Netherlands. Because the absolute majority of young persons starting a trajectory for being granted euthanasia finally abstain, many can reflect on the impact and the significance of their experiences during and after such trajectory.
During this contribution, a young adult person with lived experience will reflect on the issue of euthanasia.

Authors:
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Symposium 19895 to Session ID 5977
Day 2 - 30.06.2025, 12:30 - 13:30, Rome

Oral Session: AI and digital health
T01 - AI and digital health

Abstract:

Authors:

Subcontribution 17497 to Session ID 5977
Day 2 - 30.06.2025, 12:30 - 12:45, Rome

# Digital care documents in adolescent mental health: SAFER-YCL

T01 - AI and digital health

Abstract:

Aims

The NIHR funded SAFER-YCL project developed an end-user adapted version of the SAFER-YMH care bundle for use in CAMHS Crisis and Liaison services with the potential to enhance transition experiences and improve discharge efficiency. Our aim was to explore how this care bundle could be digitalized and made accessible to young people, carers and healthcare professionals through existing NHS digital infrastructure.

Methods

Focus groups were held with NHS IT and clinical applications professionals, young people and parents/carers to explore their perspectives about jointly held forms. Analysis followed a Normalisation Process Theory framework.

Results

Participants determined the feasibility of a digital, patient and carer accessible version of the SAFER-YCL care bundle, hosted through existing NHS digital infrastructure and mapped the necessary steps required to build and implement this digital care bundle. Young people and parents/carers identified what mental health care documents they would like to be in an accessible form.

Conclusion

This study determined the feasibility of a digital, patient and carer accessible version of the SAFER-YCL care bundle, hosted through existing NHS digital infrastructure. In doing so, we have identified the mental healthcare documents that young people and their parents feel should be jointly held and how these documents should be accessible. If successfully implemented, we would expect to improve care experience and improve service efficiency.

Authors:

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Subcontribution 18495 to Session ID 5977
Day 2 - 30.06.2025, 12:45 - 13:00, Rome

# Children's social connections, internet usage and mental health during the COVID-19 pandemic in the Global South: evidence from Disrupting Harm

T01 - AI and digital health

Abstract:
Aims
Technology use, including internet use, has been posed as both a risk and a potential protective factor relevant to mental ill-health in young people, the latter particularly during pandemic-related social isolation. We aimed to investigate the cross-sectional associations of digital technology use with mental health indicators during the COVID-19 pandemic in a number of countries in the Global South, where this relationship is understudied.
Methods
We used data from the UNICEF Innocenti Disrupting Harm survey of population-representative samples of 11,912 internet-using children aged 12–17 in Cambodia, Ethiopia, Indonesia, Kenya, Malaysia, Mozambique, Namibia, Philippines, Tanzania, Thailand, Uganda and Vietnam. We modelled the associations of social connection and internet use during lockdown with six different indicators of wellbeing in each country and in the overall sample using robust linear and logistic regression. Models were adjusted for a range of putative socioeconomic and demographic confounders.
Results and conclusions
We did not find clear evidence for any general associations of social connection or internet use with mental health indicators during lockdown across countries. Rather, our results are complex and demonstrate that the relationship depends heavily on an individual's context; not just on the country they are living in but also on urban-rural divides, sex and other factors.

Authors:
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Subcontribution 19007 to Session ID 5977
Day 2 - 30.06.2025, 13:00 - 13:15, Rome

# Increasing trend of excessive internet use among Finnish adolescents from 2017 to 2023. Clear associations with problems in studying, cognitive functioning and mental health.

T01 - AI and digital health

Abstract:
Aims. Trends in excessive internet use (EIU) among adolescents up to post-pandemic years are not well known. We studied changes in the prevalence of EIU among Finnish adolescents between 2017 and 2023 and associations of EIU with problems in studying, cognitive functioning and mental health.
Methods. We used data from the Finnish School Health Promotion (SHP) study, a nationwide classroom survey from years 2017, 2019, 2021, and 2023 (in 2023 N = 148943; 52.3% girls; age 13-20 years). EIU was measured with EIUS, a five-item scale covering symptoms of EIU relevant in behavioral addictions. Mental health covered depressive (PHQ-2), generalized anxiety (GAD-7), and social anxiety (Mini-SPIN) symptoms. Problems in cognitive functioning and studying were assessed with one-item indicators.
Results. Prevalence of EIU among boys increased from 7.8% in 2017 to 8.8% in 2023; OR for time 1.02 (95% CI 1.01–1.03). Among girls the increase was more pronounced from 6.9% to 13.2%; OR for time 1.13 (1.12–1.13). Compared to those with no EIU, risk ratios for those with EIU were 1.9 in depressive, 2.3 in generalized anxiety, and 1.5 in social anxiety symptoms among boys; among girls 1.7, 1.6, and 1.3, respectively (all $p < 0.0001$). EIU was associated with problems in studying and cognitive functioning: $p < 0.0001$ for all indicators among both genders.
Conclusion. The prevalence of EIU has increased rapidly from 2017 to 2023 among Finnish adolescents, especially girls. Associations of EIU with problems in mental health, cognitive functioning and studying are strong.

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Subcontribution 19425 to Session ID 5977
Day 2 - 30.06.2025, 13:15 - 13:30, Rome

Longitudinal Effects of Loneliness on Problematic Internet Use among early and mid-adolescents
T01 - AI and digital health

Abstract:
Aims: Loneliness adversely affects adolescent mental health and behavior. It has not been well-understood whether loneliness is associated with problematic internet use (PIU) among adolescents. This study aimed to examine the prospective association of loneliness with PIU among early and mid-adolescents.
Methods: Data was from the Japan Adolescent and Youth (JAY) longitudinal cohort study in 2022 and 2023. The participants were adolescents in Grade 5-10 and their caregivers. They were recruited nationwide using a two-stage cluster random sampling method. A self-reported questionnaire was used. A modified Poisson regression model was applied to assess the association between loneliness and PIU. We adjusted for several confounders, including SES, caregiver's interaction and mental health, and individual factors, such as depressive state and internet use at the baseline.
Results: A total of 528 adolescents and their caregivers participated in the 2022 and 2023 surveys. In the 2023 survey, the percentage of the PIU group was 15.9% (n=84). Loneliness was significantly associated with PIU (Risk ratio: 1.14; 95% Confidence Interval: 1.05-1.22) after adjusting for the confounders.
Conclusions: This study showed the longitudinal association of loneliness with PIU in early and mid-adolescents. The findings suggest that loneliness could predict future PIU and may have the potential to prevent PIU in adolescence.

Authors:
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Symposium 18425 to Session ID 5947
Day 2 - 30.06.2025, 12:30 - 13:30, Amsterdam

Equity, Ethnicity and Young Refugees in Child and Adolescent Mental Health Services
T48 - Public Health and Organisation of CAP Services

Abstract:
Countries in Europe and other continents have large number of ethnic minority and recently arrived migrant populations. These groups especially refugees and asylum seekers are heterogeneous with regards to background culture, socio-economic differences, and past and ongoing experiences of trauma and losses, Children and adolescents such as refugees who have experienced high levels of past adversities have higher prevalence of psychiatric disorder. Therefore they have a high and often unmet need for Child and Adolescent Mental Health Services (CAMHS). Services need to be accessible and available. This symposium addresses these areas with presentations that include a systematic review of young refugees' CAMHS access, a research study of a large database investigating digital completion of patient related outcomes, and an account of clinical experiences and challenges with minority families illustrated with case vignettes. The implications are discussed.

Authors:
**Chair** Dr. Matthew Hodes Imperial College London

Subcontribution 18911 to Session ID 5947
Day 2 - 30.06.2025, 12:30 - 12:45, Amsterdam

Systematic Review: Refugee and Asylum-seeking Children and Adolescents` contact with specialist mental health services
T48 - Public Health and Organisation of CAP Services

Abstract:
AIMS: We aimed to systematically investigate globally whether refugee and asylum-seeking minors [refugees] have less equitable access to specialist mental health services compared to non-refugee/non-asylum-seeking peers [non-refugees], by assessing differences in 1) reason for presentation to specialist mental health services, 2) service utilisation, 3) referral pathways, barriers to service access and retention rates, and 4) psychiatric admission.
METHODS: A search was conducted on PsycINFO, MEDLINE, CINAHL, and EMBASE, from inception of each till 22.8.2024, for studies in English, with quantitative measures of outcomes and comparison with non-refugees. After title and abstract screening, eligible papers were assessed for content and quality using the Newcastle-Ottawa Scale for non-randomised studies. The protocol was registered with PROSPERO [CRD42022310239].
RESULTS AND CONCLUSIONS: Eligible studies were mainly from high-income countries and good or high quality. Due to heterogeneity of measures, a meta-analysis was not possible. At presentation, refugees were diagnosed with more psychosocial disorders, particularly PTSD, whereas non-refugees tended to be diagnosed with more neuropsychiatric disorders. Higher rates of psychosis and psychiatric admission, and a lower rate of specialist service utilisation were highlighted among refugees compared to non-refugees. Refugees were more likely to be referred to specialist services by non-medical agencies, compared to non-refugees. These results imply lack of equity for psychiatric care among refugee youth, often despite the lack of economic barriers to care. We should invest efforts to improve timely access, ensuring training for non-medical agencies and sensitive public policies that implement measures to address the complex circumstances and needs of this vulnerable population.

Authors:
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Subcontribution 18917 to Session ID 5947
Day 2 - 30.06.2025, 12:45 - 13:00, Amsterdam

# Ensuring equity during the transition to digital routine outcome measure collection: a mixed methods evaluation

T48 - Public Health and Organisation of CAP Services

Abstract:
Aims: Patient reported outcome measures (PROMs) are an important tool in England for measuring clinical outcomes at both local and national levels. In South London a web-based system, called myHealthE, was introduced to increase the return of PROMs across community Child and Adolescent Mental Health Services (CAMHS). However, more research is needed to understand equity of access and experience in the routine roll out of myHealthE for different socio-demographic and clinical populations.
Methods: We investigated socio-demographic and clinical predictors of PROM completion among everyone invited to sign up to MHE between 1st of May 2021 and 31st of October 2021. Crude and adjusted cox regression analysis were used to investigate the associations between socio-demographic predictors and time to PROM completion. Groups who were least likely to have completed a baseline PROM were oversampled for qualitative interviews. 13 online interviews explored caregivers' knowledge and experience of myHealthE and involved

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Subcontribution 18922 to Session ID 5947
Day 2 - 30.06.2025, 13:00 - 13:15, Amsterdam

Medical Care for Migrant/Refugee Children with Developmental Disorders: Barriers and Solutions in a social paediatrics centre in Berlin
T48 - Public Health and Organisation of CAP Services

Abstract:
Aims: In this presentation, I will illustrate, using two examples from clinical practice, the challenges families may face when trying to find help in a medical system that is unfamiliar to them.
Methods: Two case studies from a social pediatrics center (for children with developmental and psychiatric disorders) located in a district of Berlin, in which approximately 50% of residents came from migrant backgrounds. In 2023, 93,045 foreigners and 72 903 Germans with a migration background out of total of 329,476 people lived in this district. Refugees include many with traumatic exposure from their past experiences and flight. Some more recently arrived refugees still live in refugee shelters. Others in the community, are second generation offspeing of migrants.
Results: It is a big challenge to offer accessiblity to the social pediatrics center. Its services are fully covered by health insurance, but only if a pediatrician makes the referral. This is sometimes not understandable for families. Additionally, the waiting time for the first diagnostic appointment is between 9 to 12 months. It is especially challenging for families, who have a child, who needs support from various institutions: school, kindergarten, youth welfare office, early intervention centers, or medical centers. The challenges arise from being placed on waiting lists, understanding the specific disorders affecting their child, and how the family can support the child, as well as finding the right therapy options and support opportunities. Additionally, the work involving therapists and parents includes many more layers of complexity such as need for interpreters, involvement of culture brokers, than with families without a migration background. Unfortunately, the extra time required for this is often not compensated within the medical system.
Conclusions: We need to ensure accessibility so that families with different cultural backgrounds, lacking knowledge of the national language, who have grown up with different values and have a different understanding of the power dynamics between patients and doctors, and psychiatric conditions, can receive help. This means we need more time, cultural interpreters, and even further education in the area of cultural sensitivity.

Authors:
**Presenter,** Dr. Jule Metzger University Hospital Ulm

Subcontribution 17384 to Session ID 5947
Day 2 - 30.06.2025, 13:15 - 13:30, Amsterdam

Systematic Review: Refugee and Asylum-seeking Children and Adolescents` contact with specialist mental health services
T48 - Public Health and Organisation of CAP Services

Abstract:
AIMS: We aimed to systematically investigate globally whether refugee and asylum-seeking minors [refugees] have less equitable access to specialist mental health services compared to non-refugee/non-asylum-seeking peers [non-refugees], by assessing differences in 1) reason for presentation to specialist mental health services, 2) service utilisation, 3) referral pathways, barriers to service access and retention rates, and 4) psychiatric admission.
METHODS: A search was conducted on PsycINFO, MEDLINE, CINAHL, and EMBASE, from inception of each till 22.8.2024, for studies in English, with quantitative measures of outcomes and comparison with non-refugees. After title and abstract screening, eligible papers were assessed for content and quality using the Newcastle-Ottawa Scale for non-randomised studies. The protocol was registered with PROSPERO [CRD42022310239].
RESULTS AND CONCLUSIONS: Eligible studies were mainly from high-income countries and good or high quality. Due to heterogeneity of measures, a meta-analysis was not possible. At presentation, refugees were diagnosed with more psychosocial disorders, particularly PTSD, whereas non-refugees tended to be diagnosed with more neuropsychiatric disorders. Higher rates of psychosis and psychiatric admission, and a lower rate of specialist service utilisation were highlighted among refugees compared to non-refugees. Refugees were more likely to be referred to specialist services by non-medical agencies, compared to non-refugees. These results imply lack of equity for psychiatric care among refugee youth, often despite the lack of economic barriers to care. We should invest efforts to improve timely access, ensuring training for non-medical agencies and sensitive public policies that implement measures to address the complex circumstances and needs of this vulnerable population.

Authors:
**Presenter,** Dr. Ece Sengun Filiz Imperial College London
Dr. Matthew Hodes Imperial College London
Dr. Radhika Patel

Symposium 19441 to Session ID 5825
Day 2 - 30.06.2025, 12:30 - 13:30, Londres 1

FRENCH PRESENTATION - Parenting and autism: early interactions, parental competence, and resilience through the lens of the nature vs. nurture debate.
T04 - ASD

Abstract:
The nature vs. nurture debate is one of the frameworks for understanding and intervening in the field of autism, on the etiological, diagnostic, and therapeutic levels. The proposed presentations address parental sense of competence, parent-mediated therapies, consideration of parents' traumatic experiences and resilience, and family bilingualism. They illustrate, through various lenses, how the concepts of nature and culture interact in the care of children with autism and their families, thus offering an integrative and dynamic perspective.

Authors:
**Chair** Dr Nora Bouaziz CENTRE HOPITALIER INTERCOMMUNAL DE CRETEIL

Subcontribution 19443 to Session ID 5825
Day 2 - 30.06.2025, 12:30 - 12:45, Londres 1

Therapist's function in supporting parent-child with autism communication within parent-mediated therapy PACT. At the crossroads of ‘natural’ parent-child communication and professional’s theoretical-clinical knowledge.
T04 - ASD

Abstract:
The nature vs. nurture debate pervades the field of autism, on both aetiological and therapeutic levels. The parent-child relationship has always been at the core of this discussion, to better identify the origins of autism. While in the past, the acquired nature of the disorder was emphasized, today the innate neurobiological and genetic aspects of autism are favoured as a neurodevelopmental disorder. Based on the hypothesis that interactions with the environment impact the expression and evolution of innate characteristics of autism, early and intensive interventions aim to adapt the child’s learning process and environment to their innate particularities (cognitive, socio-communicative, sensory, behavioral) to precisely improve the cognitive and socio-communicative development. On the parents' side, the goal is to start from their parental interactive style, knowledge and skills they learned about their child and the creativity they build on a daily basis, rather than to correct or radically transform them.
From a developmental and interactionist perspective, PACT (Prechool Autism Communication Therapy) supports parents in perceiving on a more acurate and sensitive way their child's communication signals, in a better adjustment to offer their child better learning opportunities. Video feedback from parent-child play sessions seeks to reinforce the “natural” modalities of their interactions, while allowing the therapist, on the basis of their professional expertise, to enhance this synchronization process. We will discuss the innate/nurtured aspects that run through our work with parents of children with autism.

Authors:
**Presenter,** Avgustina Martirosyan CENTRE HOSPITALIER INTERCOMMUNAL DE CRETEIL
**Presenter** Scila Toscana CENTRE HOSPITALIER INTERCOMMUNAL DE CRETEIL

Subcontribution 19447 to Session ID 5825
Day 2 - 30.06.2025, 12:45 - 13:00, Londres 1

# Parents' post-traumatic symptomatology and their child's autism: when child-focused care supports the creation of therapeutic bonds and a family reconstruction process.

T04 - ASD

Abstract:
We will explore the impact of parents' traumatic experiences on diagnostic and therapeutic dynamics in case of suspected autism in their child. In young children, this raises significant diagnostic issues in terms of differentiating, in case of developmental delay, the specific manifestations of autism from those associated with intellectual disability, attachment disorder, or complex post-traumatic stress disorder. Parental traumas must be considered as environmental factors that can influence the perception, interpretation and management of the child's behavior, sometimes associated with suspected autism. This parental symptomatology can impact the quality of early interactions with their child with autism (in terms of emotional regulation, attachment style, parental sensitivity to their child's communication signals) and their child's emotional, social and cognitive development, as well as the expression of autistic traits.
Through the case study of a family from Congo, with a history of trauma and awaiting political asylum, we will discuss the care process built around their two young children (assessment and care in an Autism day hospital) and the relational constellation that they elicited from caregivers. Alongside the follow-up of their children, interventions were carried out to address their trauma, reduce their stress and strengthen their ability to respond to the child’s specific needs. This integrative approach, centered on the child and the family, highlights the importance of comprehensive and multidisciplinary care to foster parental reinvestment and their resilience capacities, and optimize their children's development in a context of intersecting vulnerabilities.

Authors:
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Dr Nora Bouaziz CENTRE HOSPITALIER INTERCOMMUNAL DE CRETEIL

Subcontribution 19456 to Session ID 5825
Day 2 - 30.06.2025, 13:00 - 13:15, Londres 1

# The feeling of parental competence in parent-mediated therapies therapies for children with autism: balancing the reinforcement of parental resources and the transfer of knowledge from therapist to parent.

T04 - ASD

Abstract:
In order to introduce, in the context of autism, the caregivers' delicate search of a balance between strengthening parental expertise and resources and transferring skills from the therapist to the parent, we propose to discuss the concept of parental competence with regard to the debate on nature and nurture. Defined as the parents' capacity to respond appropriately to their child's needs, parental competence is a multidimensional and bidirectional process. It is co-constructed from parental characteristics prior to the birth of their child (temperament, attachment style, ability to interpret social signals, etc.), the experiential knowledge they acquire through interaction with their baby, and the child's neurodevelopmental characteristics (cognitive, socio-communicative, sensory and behavioral). The feeling of parental competence is also modulated according to the socio-cultural and family context, and access to educational or therapeutic resources, such as parent-mediated therapies. The feeling of parental competence is also shaped by the socio-cultural and familial context, as well as access to educational or therapeutic resources, including parent-mediated therapies. For parents of children with autism, this concept takes on a particular dimension due to the specificities of the interaction and adaptive needs associated with this neurodevelopmental disorder. Parents naturally develop intuitive interactive strategies, which can be further enriched by targeted professional interventions. These interventions aim to help parents refine their perception of and response to their child's specific signals, in order to maximise opportunities for interaction and fostering the child's development. One of the challenges of parent-mediated therapies is to promote parental empowerment rather than becoming a source of stress, guilt, or low self-esteem for parents.

Authors:
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**Presenter** PSYCHOLOGIST CHANTAL ARCADE PICHON CENTRE HOSPITALIER INTERCOMMUNAL DE CRETEIL

Subcontribution 19458 to Session ID 5825
Day 2 - 30.06.2025, 13:15 - 13:30, Londres 1

# Parental multilingualism and autism: between vulnerabilities and resources in the co-construction of the child's socio-communicative skills

T04 - ASD

Abstract:
Twenty-five percent of children with autism grow up in a bilingual environment. While it is widely accepted that bilingualism does not compromise the language and communication development of children with autism, many parents fear that it could confuse their child and exacerbate a potential language delay. The severity of the disorder, the advice received and the perceived social status of the mother tongue versus the host country's language significantly influence family language practices. From the caregivers' perspective, multilingualism is often seen as a factor of vulnerability and a challenge for diagnostic assessment and care. Consequently, multilingualism is frequently overlooked in favor of communication and interventions that are predominantly monolingual. However, it can serve as a valuable resource for the child's socio-communicative and cognitive development, particularly in therapeutic approaches aiming to be as naturalistic and ecological as possible and to enhance the quality of parent-child interactions. How can we develop therapeutic strategies that integrate the linguistic and cultural skills of both parents and children, fostering their empowerment rather than imposing standardized practices? Through concrete examples, we will discuss the issues surrounding the inclusion of plurilingualism in a holistic and individualized approach to autism care. The aim is to promote an intercultural care model that values linguistic and cultural specificities as potential levers for adaptation and resilience in care pathways.

Authors:
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Lola Guenee
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Symposium 18224 to Session ID 5854
Day 2 - 30.06.2025, 12:30 - 13:30, Londres 2

# Three approaches to treat Adolescent Mental Health problems: Dialectical Behavioural Therapy (DBT-A), Mentalization Based Therapy (MBT-A) and Transference Focused Psychotherapy (TFP-A.)

T06 - Adolescent

Abstract:
During this presentation, we will discuss the case of an adolescent girl with severe psychopathology and the impact in her treatment of DBT skills, mentalization, and identity integration with the aid of object relations and transference. The goal of this presentation will be to better understand the differences and similarities of DBT-A, MBT-A, and TFP-A as treatment approaches for severe mental health problems in adolescents.
Dr. Caraballo will present the clinical case vignette of an adolescent girl with a long history of neglect, physical abuse, substance use, severe mood dysregulation, self-harm and depressive symptoms who spent two formative years of her life away from home in and out of residential treatment facilities. Next, Dr. Sorenson will present her formulation and treatment plan from a DBT-A approach. Following Dr. Sorenson's presentation, Dr. Ensink will present the case from a MBT-A view point. Dr. Sheppe will then, presents his findings of the case from TFP-A perspective. During the discussion, Dr. Ensink will provide her expert opinion as to how these three approaches can be beneficial in the treatment of adolescents with severe mental health problems. After the discussion, we will split the audience into small groups to discuss their impressions of the case and how they can incorporate the different approaches in their treatment planning of these complex cases. A 10-minute Q&A will follow each 7 to 10-minute presentation, as well as a longer formal Q&A period at the end of all the activities.

Authors:
**Chair** Dr. Angel Caraballo Private Practice

Subcontribution 18225 to Session ID 5854
Day 2 - 30.06.2025, 12:30 - 12:45, Londres 2

Mentalization Based Treatment for Adolescents
T06 - Adolescent

Abstract:
Mentalization-Based Treatment for Adolescents (MBT-A) is a treatment approach for working withadolescents presenting with a wide range of mental health needs including interpersonal diffi culties, emotionaldysregulation, impulsivity, and self-harm. MBT-A is grounded in developmental theory and research showingthat mentalizing about self and others develops in the context of attachment relationships and is negativelyimpacted by early experiences of maltreatment. Mentalizing diffi culties is theorized to be central to mentalhealth diffi culties and has been shown to be a risk factor for a wide range of psychiatric problems. Recentresearch suggests that mentalizing is particularly important in the context of childhood histories ofmaltreatment. Furthermore, mentalizing may be particularly important in the adolescence and the transitionfrom childhood to adulthood, during which adolescents face new challenges of separation and individuation,and need to function increasingly independently in the social world.
MBT-A was initially developed by Rossouw & Fonagy for the treatment of adolescents with severe self-harmand may be particularly suitable for treating adolescents with personality issues. The treatment involvesindividual psychotherapy, group psychotherapy as well as family therapy. The treatment has been tested usinga randomized controlled trial and RCT results show that MBT was superior compared to treatment as usual inreducing self-harm, depressive symptoms, through improving refl ective functioning and reducing attachmentanxiety. These results will be briefl y presented. The treatment aims to improve mentalizing about self andothers to facilitate identity development and relationships. In addition to improving mentalizing the treatmentalso focuses on reducing pre-mentalizing modes, hyper-mentalizing, over certainty and confusion. The keyintervention techniques, including empathic validation, clarifi cation and challenge will be presented andillustrated.

Authors:
**Presenter,** Prof. Dr. Karin Ensink Laval University

Subcontribution 18227 to Session ID 5854
Day 2 - 30.06.2025, 12:45 - 13:00, Londres 2

Transference-Focused Psychotherapy for Adolescents manual (TFP-A)
T06 - Adolescent

Abstract:
Transference-Focused Psychotherapy for Adolescents (TFP-A) is a treatment for adolescents andyoung people who suffer from severe personality disorders. It is an adaptation of Otto Kernberg's TransferenceFocused Psychotherapy (TFP) for adults suffering from borderline personality disorders. It is grounded in anobject relations approach developed by Kernberg, as well as developmental theory and empirical research. Inthis treatment, PDs are seen as a disturbance in the process of identity formation. Adolescence, which is thepivotal developmental period for identity formation and personality consolidation is therefore seen as asensitive period to intervene.
The focus of TFP-A is to facilitate identity integration and personality consolidation by addressing dominantpathological object relations that are activated in the here-and-now with the therapist. Second, a contract iselaborated together with the patient to reduce, contain and ultimately control acting out while stimulatingcuriosity about their motivations and prioritizing mentalizing. It also offers an approach to supporting parents,facilitating their collaboration and reducing their interference as well as creating a mental space for theadolescent where they can develop autonomy and gradually assume responsibility for their diffi culties. Andfi nally, TFP-A puts an emphasis on interpreting transference and countertransference reactions in order toidentify split self- and other-representations that are often viewed as an impediment to the fl ow of thedevelopmental processes and undermine personality consolidation as well as the adaptive use of acquiredmentalization capacities in order to deal with the challenges of adolescence and the future.

Authors:
**Presenter,** Dr. Alexander Sheppe Columbia University Vagelos College of Physicians and Surgeons

Subcontribution 18226 to Session ID 5854
Day 2 - 30.06.2025, 13:00 - 13:15, Londres 2

Dialectical Behavioral Therapy for Adolescents
T06 - Adolescent

Abstract:
Dialectical Therapy for Adolescents (DBT-A), an adaptation of Marsha Linehan's treatment developed in the1990s for individuals with borderline personality disorder, has been shown to be effi cacious for adolescentsexhibiting suicidal ideation, self-harm, emotion dysregulation, and depressive symptoms. DBT-A involves usingweekly individual therapy, group skills training, and phone coaching in order to gain mindful insight into theirthoughts, emotions, and behaviors, and learn skills necessary to tolerate distress, regulate emotions, interactmore effectively with others, and think and behave more dialectically. The adolescent adaptation of DBT placesimportance on including parents and/or guardians in the skills training process so they can model the skills athome. As a clinician implementing DBT-A, fl exibility, creativity, thoughtful self-disclosure, and irreverence areutilized to enhance skill learning and to keep the client engaged in the treatment process.

Authors:
**Presenter,** Dr. Shannon Sorenson Evidence Based Treatment Centers of Seattle (EBTCS)

Symposium 18352 to Session ID 5991
Day 2 - 30.06.2025, 12:30 - 13:30, Berlin

# Differential Diagnosis in High Complexity Cases in Autism Spectrum Disorders in Childhood and Adolescence.

T04 - ASD

Abstract:
Recent years have seen an increase in the diagnosis of Autism Spectrum Disorders (ASD). However, the complexity of the condition and its high comorbidity rate can make diagnosis challenging in many cases.
The objective of this symposium is to present and discuss four clinical cases, adopting a patient-centred approach and drawing on the clinical experience of the speakers.
While all cases will have ASD as the final diagnosis in common, each will present with unique characteristics. Neurodevelopmental disturbances, underlying genetic pathology or attachment disorder; or associated comorbidities such as obsessive compulsive disorder, eating disorders, first psychotic episode and dissocial behaviour disorder.
Each case will be presented retrospectively, emphasizing the lines of elaboration that allowed an accurate diagnosis to be reached and thus determine the most appropriate and effective type of intervention or treatment from different public devices and levels of attention in Barcelona, Spain.

Authors:
**Co-chair** Dr. Ilenia Gori RamonLull University Blanquerna College. Couple and Family Research Group. Imagina (Mentalization Application Center) Barcelona, Spain
**Co-chair** Dr. Israel Antonio Bobadilla Gonzalez Fundacio Orienta

Subcontribution 18353 to Session ID 5991
Day 2 - 30.06.2025, 12:30 - 12:45, Berlin

# Autism Spectrum Disorder, Severe Intellectual Disability and Screen Addiction. Case Report.

T04 - ASD

Abstract:
Aim. 11 year-old autistic boy, with Intellectual Disability and Attention Deficit/Hyperactive Disorder, referred from his community mental health team to a tertiary Autism Spectrum Disorders Unit due to behavioral worsening from previous year. We aim to analyze and reflect on the clinical complexity of the case, the diagnostic methodology, the need for an interdisciplinary approach and the response to the clinical interventions.
Methodology. Exploration of patient's different areas of functioning. A functional analysis of the behavior problems, observations in the natural environment, formulation of an individualized interdisciplinary therapeutic plan, and administration of pre-post intervention measurement instruments are described. To manage challenging behaviors, Parent-Mediated Intervention and Positive Behavioral Support principles are delivered, along with withdrawal of screens in the patient's environment, sensory diet and structuring occupation time, as well as incorporation of an Augmentative and Alternative Communication System in the family context. Pharmacological assessment and adjustment is also performed.
Findings. The use of screens is an important modulator of behavioral problems. At the pharmacological level, adjuvant treatment for ADHD is prescribed with a good response in attention symptoms. Behavioral problems reduced in frequency and severity. Better management of emotional and conduct challenges is achieved.
Conclusions. The diagnosis of a behavioral addiction is discussed. Literature does not collect information on behavioral addictions in patients with an ASD profile and moderate/severe ID, nor do specific diagnostic manuals contemplate their description. The intervention based on Positive Behavioral Support shows improvement in the described clinical profile. The importance and need for an interdisciplinary approach and a multimodal intervention are highlighted.

Authors:
**Presenter,** Dr. Marcela Mezzatesta Gava
Dr. Noemi Balmaña Gelpi
Luna San José Caballero

Subcontribution 18355 to Session ID 5991
Day 2 - 30.06.2025, 12:45 - 13:00, Berlin

# Looking into the symbols process to Co-construct a bidirectional narrative in a complex Autism Diagnosis. Experience from a novel psychodynamic approach based on mentalized principles.

T04 - ASD

Abstract:
Aim: Currently clinicians express difficulties in differentiating between autism, attachment difficulties and psychotic symptoms that contribute to misdiagnosis and are critical for an effective treatment. We Explore the overlap of these symptoms in a child of 9 y.o. with attention deficit, IQ borderline and Genetic alteration, the implication of the parents perspective and the suggestions for innovative solutions based on a shared clinical formulation.
Methodology: We present the findings of a novel multimodal intervention based on dimensional approach with mentalized principles. It is set in the context of weekly, specific and multidisciplinary treatment in public health. It outlines the clinical decision-making process and the subsequent treatment plan. Cristina and her parents participated in Low Severity weekly group treatment. Observation and School Intervention was provided. Individual psychotherapeutic and psychopharmacological treatment was performed. Results from pre-post intervention measurement instruments are described.
Finding Overall the treatment process there was progress in various dimensions, with a focus on enhancing functionality and addressing individual needs. Progressively Cristina improved her interaction skills, leading to more reciprocal interactions and reduced need for adult intervention. She gradually became more flexible and imaginative, and the parallel work with parents helped enhance coping strategies and positive parenting, important for the generalization of learning. School interventions aimed to promote autonomous learning, gradually reducing support.
Conclusion We show the impact of this modality on collective comprehension of diversity, improving effectiveness of treatment, decreasing misdiagnosis, preventing trauma and favoring epistemic justice in a vulnerable population.

Authors:
**Presenter,** Dr. Ilenia Gori

Subcontribution 18356 to Session ID 5991
Day 2 - 30.06.2025, 13:00 - 13:15, Berlin

# Traveling from an eating disorder to a first psychotic episode in an adolescent with autism spectrum disorder.

T04 - ASD

Abstract:
Objectives:
To describe the complex diagnostic process of an adolescent with ASD presenting anorexic and obsessive symptoms but concealing a first psychotic episode.
Methods:
Clinical presentation of the diagnostic process of the patient's acute episode during his total and partial hospital admissions.
Results:
It describes the difficulties during the 6-month-diagnostic-process of a 16-year-old patient with ASD who begins with eating and obsessive symptoms (progressive refusal to eat, severe weight loss, eating rituals, anxiety and depressive symptoms, together with school dropout and social isolation), but during his partial hospital admission a first basic psychotic episode (religious and paranoid delusions) is discovered.
A description is given of symptoms evolution and the treatment adjustments during his partial hospitalization that led to his improvement.
Conclusions.
Acute comorbidity in autistic adolescents may be shown as a polymorphous way, being relevant the longitudinal observation and the constant questioning of the base diagnosis, in order to be able to carry out the most effective treatment that allows their remission and functional improvement.

Authors:
**Presenter,** Dr. Israel Antonio Bobadilla Gonzalez

Subcontribution 18682 to Session ID 5991
Day 2 - 30.06.2025, 13:15 - 13:30, Berlin

ASD, psychosis or antisocial personality traits?The importance of a good differential diagnosis
T04 - ASD

Abstract:
Objectives: To describe the complex diagnostic process and symptom management in a 12 year old patient with ASD and conduct problems.
Methods:
Clinical presentation of the diagnostic process and treatment during his total and partial admissions, emphasizing the phenomenological aspects to understand the patient's experience and motivations
Results:
It describes the diagnostic challenges and management of a 12-year-old patient with no previous mental health history who was referred to a daycare hospital for symptom containment and differential diagnosis. The initial symptom presented was a severe act of aggression toward a classmate in an unexpected manner. In the first evaluation at the emergency unit, the orientation pointed to a possible psychotic symptom based on the patient's narrative. Subsequently, the patient was admitted to both full and partial hospitalization, leading to a final diagnosis of autism.
A phenomenological descriptive approach will be outlined, detailing the patient’s experience as support for the differential diagnosis, as well as the benefits of inclusion in activities with other patients without ASD and within the community.
Conclusion
Early diagnosis of ASD is essential in order to have better prognosis and prevent conduct problems.
Understanding the lived experiences of verbal patients with ASD can be extremely helpful in the differential diagnosis. A modality of specific ASD treatments, combined with community activities, may be key in improving functioning of ASD patients.

Authors:
**Presenter,** MD Victor Ribes Carreño

Symposium 17609 to Session ID 5826
Day 2 - 30.06.2025, 12:30 - 13:30, Bruxelles

Culture-as-Practice: Innovative Mental Health Intervention - A Cross-Cultural Study in Australian and Pakistani Youth
T47 - Prevention & intervention

Abstract:
Applied arts methodologies have consistently proven effective in enhancing health outcomes, particularly among youth. While art's aesthetic representation serves as an objective tool for interpretation, its interactive and subjective dimensions remain underexplored. This research empirically validates "culture-as-practice" (CAP), a theory suggesting that participatory artistic expression facilitates meaning-making, directly influencing emotions and fostering human flourishing over time. The GEMAH (Giving Emotions Meaning in Arts and Health) Program exemplifies CAP as a mental health intervention for highly stressed youth with limited or no access to mental health support. Across four multicultural workshops held in Karachi, Pakistan (2019, 2022, 2024), and Sydney, Australia (2021), a total of 75 participants aged 18–25 engaged in "The GEM Method," a six-step emotional regulation framework paired with practical arts training. Delivered pre- and post-COVID-19, the program involved a multicultural team of artists, coaches, and guest speakers, providing emotional education and psychosocial support through art's therapeutic and interactive elements. Results, measured through a total of 41 well-being and psychological questionnaires at baseline and post-workshop, demonstrated significant increases in positive emotions and decreases in negative emotions ($p=0.049$). Participants overwhelmingly rated the program among the ten most meaningful experiences of their lives. GEMAH offers a scalable, practical and culturally adaptive intervention aligned with WHO priorities, empowering underserved, at-risk youth globally.

Authors:
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Subcontribution 17610 to Session ID 5826
Day 2 - 30.06.2025, 12:30 - 12:45, Bruxelles

# Culture-as-Practice: Innovative Mental Health Intervention - A Cross-Cultural Study in Australian and Pakistani Youth

T47 - Prevention & intervention

Abstract:
Applied arts methodologies have consistently proven effective in enhancing health outcomes, particularly among youth. While art's aesthetic representation serves as an objective tool for interpretation, its interactive and subjective dimensions remain underexplored. This research empirically validates "culture-as-practice" (CAP), a theory suggesting that participatory artistic expression facilitates meaning-making, directly influencing emotions and fostering human flourishing over time. The GEMAH (Giving Emotions Meaning in Arts and Health) Program exemplifies CAP as a mental health intervention for highly stressed youth with limited or no access to mental health support. Across four multicultural workshops held in Karachi, Pakistan (2019, 2022, 2024), and Sydney, Australia (2021), a total of 75 participants aged 18–25 engaged in "The GEM Method," a six-step emotional regulation framework paired with practical arts training. Delivered pre- and post-COVID-19, the program involved a multicultural team of artists, coaches, and guest speakers, providing emotional education and psychosocial support through art's therapeutic and interactive elements. Results, measured through a total of 41 well-being and psychological questionnaires at baseline and post-workshop, demonstrated significant increases in positive emotions and decreases in negative emotions ($p=0.049$). Participants overwhelmingly rated the program among the ten most meaningful experiences of their lives. GEMAH offers a scalable, practical and culturally adaptive intervention aligned with WHO priorities, empowering underserved, at-risk youth globally.

Authors:
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Subcontribution 17611 to Session ID 5826
Day 2 - 30.06.2025, 12:45 - 13:00, Bruxelles

Music and Health: Embracing the ineffability of sound and why it matters
T47 - Prevention & intervention

Abstract:
The effects that music can have on health and well-being are well known. Mastering a musical instrument, for example, can play a role in a person's emotional regulation strategies. The same role can be played by sound itself. Contemporary research has validated the transformational capacity of sound to counteract dysregulated emotional states, a contributing factor to disease formation. However, the active function of music – especially the ability that sound frequencies have in relationship to consciousness – has received surprisingly little attention and is under-examined in the literature. We claim that an important aspect of sound – its capacity to be used as part of an emotional regulation strategy for the purpose of raising consciousness – has been largely overlooked. The assumption in the health literature is that sound regulates a person's emotional or mood state in the moment, reducing arousal or the negative expressions associated with certain emotions. Portrayed in this way, sound acts as a relaxation tool, or in clinical terms, as a therapeutic support to other treatments. In this article, we argue that sound frequencies have a capacity to target one critical aspect of emotion – its affectivity. We propose a philosophical explanation for why, conceptually, sound as a frequency generator is the 'healing' modality. Sound has the capacity to bypass what Ned Block refers to as 'phenomenal' consciousness and reach 'access' consciousness. On the other hand, if sound frequencies are misused, they can disrupt access consciousness and lead to ill-health. We end by exploring the implications of this account.

Authors:
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Subcontribution 17612 to Session ID 5826
Day 2 - 30.06.2025, 13:00 - 13:15, Bruxelles

The Influence of Culture on Addiction - “Changing Scripts"
T47 - Prevention & intervention

Abstract:
Addiction, often labelled a disease by the medical model, remains a contested phenomenon, with some authors reducing it to a physical disorder and others critiquing this narrow view. Traditional approaches that focus solely on biological symptoms while neglecting the social factors that influence addictive behaviours are insufficient. This thesis argues for a more comprehensive framework that integrates both philosophical critique and evolutionary perspectives, aiming to better understand and address addiction. By challenging the reified concept of addiction, the thesis emphasises the importance of cultural and social influences on emotional regulation and human agency. In particular, the transformational power of culture offers a reliable strategy to address underlying issues such as anxiety, targeting core control systems and reinforcing human agency over time. The Culture-as-Interaction (CAI) framework plays a central role in this discussion, highlighting how cultural practices can support emotional regulation and improve decision-making. Culture-as-Practice (CAP) emerges as the practical outcome of CAI, demonstrating how these cultural influences can positively impact mental states, fostering connection with oneself and others. As a conscious and proactive force, culture shapes meaning-making processes in everyday life, and when harnessed effectively, can complement the medical model. This combined approach presents an innovative pathway to reduce harm and empower individuals facing addiction, emphasising that both biological and cultural perspectives are essential to achieving better outcomes in addressing addiction.

Authors:
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Symposium 19893 to Session ID 5975
Day 2 - 30.06.2025, 12:30 - 13:30, Boston

Oral Session: Depression
T16 - Depression

Abstract:

Authors:

Subcontribution 18486 to Session ID 5975
Day 2 - 30.06.2025, 12:30 - 12:45, Boston

# Subjective and objective sleep quality and the awakening responses of cortisol and alpha-amylase in adolescents with depressive disorders

T16 - Depression

Abstract:

Aims

The effects of depressive disorders and the burden on adolescents are significant in all aspects of life. Depression often impairs sleep, an important factor in coping with developmental tasks. One postulated cause of depression-related sleep disturbances may be dysregulation of the physiological stress system. This study aimed to investigate the relationship between depressive disorders in adolescents and their subjective and objective sleep quality as well as the awakening levels of cortisol and alpha-amylase.

Methods

On seven consecutive days, the sleep quality of 35 adolescents with depressive disorders and 29 healthy participants was compared. Daily questionnaires were used to assess subjective sleep quality, whereas actigraphy measured objective sleep quality. Cortisol and alpha-amylase saliva samples after awakening were collected over three days.

Results and conclusions

No significant changes in cortisol or alpha-amylase awakening responses were found between the depressed and the healthy group. The study showed that the subjective sleep quality of the participants with depression was significantly impaired and that the actigraphically measured sleep onset latency was longer compared to the control group. The reduced subjective sleep quality partially correlated with objective sleep measures. Early on and continuously throughout the illness, the relevance of incorporating sleep quality into the diagnosis and treatment of depressive disorders should be highlighted. The sleep onset latency appears to worsen depressive symptoms and to be important in the perception of sleep quality. Depressed adolescents should be encouraged to develop good sleep hygiene and also avoid activities with the risk of difficulties in falling asleep.

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Subcontribution 18505 to Session ID 5975
Day 2 - 30.06.2025, 12:45 - 13:00, Boston

# Bullying victimization between ages 4 and 16 and depression symptoms during adolescence and adulthood: Testing life course timing hypotheses in a birth cohort study

T16 - Depression

Abstract:
Aims: Bullying victimization poses a significant risk for psychopathology, particularly depression, with lasting effects into adulthood. However, the impact of bullying may vary based on developmental timing. Life course epidemiology proposes three timing hypotheses: (1) accumulation of risk, where additional exposure events increase effect; (2) recency, where proximal events have greater effect than distal ones; and (3) sensitive periods, where specific timing windows increase vulnerability. Despite this framework, little is known about how bullying timing affects adolescence and adulthood depression. This study explores these hypotheses with bullying victimization and adolescence and adulthood depression.
Methods: Using data from the Avon Longitudinal Study of Parents and Children (N=6,782), we applied the structural life course modelling approach (SLCMA). Bullying was measured with the Strengths and Difficulties Questionnaire at ages 4, 7, 8, 9, 11, 13, and 16. Depression symptoms were measured with the Mood and Feelings Questionnaire at ages 12.5, 13.5, 16.5, 17, 21, 22, and 23. SLCMA systematically tested the accumulation of risk, recency, and sensitive periods hypotheses of bullying during childhood and adolescence and depression symptoms during adolescence and adulthood. Sensitive periods were categorized as early childhood (0 – 5 years), middle childhood (6 to 10 years), early adolescence (11 to 14 years) and late adolescence (15 to 17 years).
Results and Conclusions: Model selection by SLCMA selected for the recency hypothesis at all outcome timepoints. The impact of bullying victimization may be strongest for proximal events. Over time, the effects of bullying fade out, demonstrating resilience. Understanding the timing of bullying's impact on late adolescence and adulthood depression can guide effective prevention strategies.

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Subcontribution 18510 to Session ID 5975
Day 2 - 30.06.2025, 13:00 - 13:15, Boston

Clinical Effectiveness of Training for Awareness Resilience and Action (TARA) Online Compared to Standard Treatment for Adolescents and Young Adults with Depression: The Primary Endpoint of a Pragmatic, Multi-Center Randomized Controlled Trial
T16 - Depression

Abstract:
Depression in adolescents and young adults is a large and increasing global health concern. Available treatments are not convincingly effective and relapse rates are high. Aims: To test the hypothesis that an internet-delivered group intervention for adolescents and young adults is non-inferior to treatment as usual a multi center single-masked, randomized controlled trial was performed. Methods: Participants were enrolled from child and adolescent psychiatry as well as primary care in Sweden between 2021-03-01, and 2024-08-19. Participants met the diagnostic criteria for major depressive disorder or persistent depressive disorder, and they were randomized to twelve weeks of therapist-guided, internet-delivered Training for Awareness, Resilience, and Action (TARA) group therapy or treatment as usual. Children were accompanied by parents in treatment. Primary endpoint was self-reported depression severity on Reynolds Adolescent Depression Scale 2nd edition (RADS-2) at 3 months post randomization (T1). Secondary outcomes were clinician rated depression severity and self-reported anxiety levels, both at T1. Results and conclusions: A total of 136 adolescents (median [IQR] age, 16.0 [15.0-17.0] years; 118 [87.0 %] female) were randomized to TARA (68 participants) or treatment as usual (68 participants). The experimental intervention was non-inferior to the control condition in reducing self-rated depression severity (6.4 % vs 3.5 % symptom reduction) from pre-treatment to 3-months post randomization. The results were consistent across pre-specified secondary outcome measures. Analyses indicate that TARA is non-inferior to treatment as usual for adolescents and young adults with depression. 6 months follow-up data will also be presented. Trial registration: ClinicalTrials.gov, identifier: NCT04747340

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Subcontribution 18652 to Session ID 5975
Day 2 - 30.06.2025, 13:15 - 13:30, Boston

# Sex Differences in Pediatric Major Depressive Episodes: a cross-sectional study on psychiatric symptoms in early onset mood disorders

T16 - Depression


Abstract:
Aim: Sex differences in psychiatric symptoms among adolescents with Major Depressive Episode (MDE) are less studied than among adults. Previous studies report a higher severity of symptoms in adolescent girls and sex differences in specific symptoms which have an overall small effect. We aim to explore sex differences between males and females presenting with a MDE in mood disorder diagnosis and psychiatric comorbidities, affective and non-affective psychiatric symptoms in a large clinical cohort of adolescents referred to our mood disorders unit.
Methods: We collected cross-sectional data on 382 consecutively referred adolescents (73.8% females) with current MDEs (unipolar or bipolar) thoroughly evaluated with clinician, self and parent report standardized tests. Bivariate analyses were performed, followed by logistic regression model.
Results and conclusions: Females had more frequently severe MDEs (41.5% vs. 26.0%, p=0.006), suicidal ideation (63.9% vs 47.0%; $p < 0.001$) and behaviors (29.4% vs 13.0%, p=0.001) and non-suicidal self-injury (58.5% vs 27.0%; $p < 0.001$). Males were more frequently diagnosed with bipolar disorder (21% vs. 11%, p=0.012) and/or comorbid ADHD/behavior disorders (20% vs. 8.9%, p=0.003). Males had also more frequently significant mixed hypo/manic symptoms (17% vs. 7.7%, p=0.01), were younger at the onset of first psychiatric symptom (6.32 vs 7.75 years; p=0.003), onset of mood disorder (11.3 vs 12.5 years; p=0.005) and evaluation (14.0 vs 15.2 years; p=0.001).
Several symptoms distinguished males and females with a current MDE, with the most discriminant and associated to females being:
a) excessive weeping (OR 1.53; $p < 0.001$);
b) mood lability (OR 1.50; p=0.014);
c) excessive fatigue (OR 1.38; p=0.002);
d) appetite disturbance (OR 1.28; p=0.041);
e) attention problems (OR 1.07; p=0.001).
Distractibility (OR 0.55; p=0.009) and conduct problems (OR 0.93; p=0.001) were in turn correlated with MDEs of male adolescents.
These findings confirm females with an MDE exhibit more severe affective symptoms, while males present with more externalizing behaviors and comorbidities. These findings add to previous literature that presentation of mixed hypomanic symptoms and early childhood clinical features preceding mood disorder onset differ between sexes, with implications for the diagnosis of pediatric bipolar disorder. High clinical sensitivity is needed for highlighting subtle mixed features in severe MDEs of adolescent girls



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Symposium 19641 to Session ID 5750
Day 2 - 30.06.2025, 13:30 - 14:30, Curie A

Rencontre avec l'expert - Is it ethical to diagnose borderline personality disorder in adolescence? (M. Speranza)

Abstract:
Mario SPERANZA, Professeur de Psychiatrie de l'Enfant et de l'Adolescent. Centre Hospitalier de Versailles. Université Paris Saclay – VersaillesLe diagnostic de trouble de la personnalité borderline (TPB) à l'adolescence reste controversé, malgré des données scientifiques robustes qui confirment sa validité. Les classifications internationales intègrent désormais ce diagnostic dès l'adolescence même si elles, à l'instar de la CIM-11, s'orientent davantage vers une approche dimensionnelle plus adaptée à l'adolescence. Loin d'être un facteur de stigmatisation, le diagnostic posé avec précaution permet d'accéder à des prises en charge spécifiques et validées, essentielles pour prévenir les complications à moyen et long terme (errances diagnostiques, gestion des comorbidités, difficultés d'adaptation relationnelles et socio-professionnelles). Au-delà de la catégorisation diagnostique, il s'agit de mettre en lumière les dimensions psychopathologiques centrales du trouble, comme l'hypersensibilité interpersonnelle, permettant aux adolescents de mieux comprendre leur expérience et restaurer une certaine cohérence dans leur fonctionnement et réduire la stigmatisation. La conférence se propose d'aborder les enjeux cliniques et étiques de ce sujet délicat en s'appuyant sur des données qualitatives et qualitatives.

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Symposium 18550 to Session ID 6012
Day 2 - 30.06.2025, 13:45 - 15:15, Schweitzer

# From the lab to the clinic – etiological and diagnostic value of objective markers in autism

T04 - ASD

Abstract:
Objective markers are widely used in research on autism, yet their transfer to the clinic has been limited. In this symposium, we present new study results on how objective markers can inform our understanding of etiological mechanisms and may aid diagnostic processes for autism. We first present results on how markers of neurophysiological activity can be used to describe and disentangle etiological contributions to altered functioning. To this end, we describe how pupillometry and EEG-derived ERP can track mechanistic processes driving autism-related alterations in lower-order functions, such as sensory processing (Bast et al.), and delineate etiological contributions to higher-order functions, such as socio-cognitive reasoning (Polzer et al.). The second part will demonstrate how objective measures could be used for diagnostic applications. We report on new approaches for digital phenotyping of behavioral and vocal measures as an opportunity for an early screening and unbiased measure of intervention outcome (Schaer et al.). Subsequently, the combination of eye-tracking measures with artificial intelligence is presented as a promising screening tool in autism (Aguillon-Hernandez et al.). In summary, the study results emphasize the relevance of objective markers for clinical concepts of autism-related difficulties and their potential for future diagnostic applications.

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Subcontribution 18551 to Session ID 6012
Day 2 - 30.06.2025, 13:45 - 14:00, Schweitzer

Manipulation of locus coeruleus activity improves sensory processing in autistic and non-autistic adolescents
T04 - ASD

Abstract:
Sensory symptoms are common in autism spectrum disorder (ASD). Different cortical processing of sensory information is discussed as an underlying neurophysiological mechanism. The locus coeruleus (LC) modulates this sensory processing via tonic and phasic norepinephrine (NE) release. We explored the effect of experimentally manipulated LC-NE activity on sensory processing in autistic and non-autistic adolescents.
Methods: We combined pupillometry and electroencephalography (EEG) during a passive auditory oddball task to assess LC-NE activity during sensory processing. Baseline pupil size (BPS) and stimulus-evoked pupillary response (SEPR) indexed tonic and phasic LC-NE activity, respectively. Mismatch Negativity (MMN) and P3a were used as measures of sensory processing. The oddball task included a handgrip exercise as an experimental manipulation of LC-NE activity within participants midway through the task. The sample consisted of 46 autistic adolescents (ASD), 52 healthy controls (CON) and 31 adolescents with mental health condition (MHC) including ADHD, anxiety and depression. Manipulation effects and group differences were analyzed using linear mixed-effects models on subject and on single-trial level.
Results: Oddball tones evoked an increased SEPR, MMN and P3a compared to standard tones. After the manipulation, MMN and P3a in response to oddballs were increased. After manipulation, ASD and MHC – but not CON - showed an increased BPS. These manipulation effects lasted about five minutes post manipulation.
Conclusions: Our findings support LC-NE as a neuromodulator of sensory processing. The handgrip exercise temporarily enhanced sensory processing of oddball stimuli across groups. In both clinical groups, LC-NE tonic activity was enhanced after manipulation indicating increased general arousal levels due to the manipulation.

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Subcontribution 18552 to Session ID 6012
Day 2 - 30.06.2025, 14:00 - 14:15, Schweitzer

Neurophysiological markers of altered processing mechanisms during visual perspective taking in autism
T04 - ASD

Abstract:
Aims: Previous studies indicated altered visual perspective taking (VPT) abilities in autism. The necessity to ignore irrelevant information can increase VPT difficulty. Event-related potentials during VPT have been suggested to reflect attentional processes (P200), self-other distinctions (P3) and conflict processing (late frontal slow wave [LFSW]). We aimed at investigating underlying mechanisms of altered VPT in autism.
Methods: We assessed behavioral responses and EEG of n=46 autistic and n=38 non-autistic youth during an established VPT paradigm. Participants were presented with pictures of an avatar in a room with 1-3 disks on the walls. Participants were instructed to judge whether a cue at trial start indicated the correct number of disks that could be seen from either their own or the avatar's perspective. The number of disks that was visible from the participants' perspective was either congruent or incongruent to the number of disks visible to the avatar.
Results and conclusions: Autistic compared to non-autistic participants were less likely to respond correctly when rating the avatar's perspective in congruent trials and generally slower when responding to incongruent trials. Only autistic participants were less likely to respond correctly and showed a smaller LFSW to incongruent compared to congruent trials when rating their own perspective. The P200 and P3 mean amplitude did not differ between groups.
Overall, the findings support an altered VPT to be accompanied by an attenuated ability to disregard irrelevant information in autistic youth. Neurophysiological results support an atypical processing of conflicting information rather than attentional or inherently social functions to underly atypical VPT.

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Subcontribution 18555 to Session ID 6012
Day 2 - 30.06.2025, 14:15 - 14:30, Schweitzer

Digital phenotyping for automated quantification of autistic signs in preschoolers with autism
T04 - ASD

Abstract:
Early and accurate identification of autism spectrum disorder (ASD) is essential for timely intervention, yet current diagnostic methods often rely on subjective observations, which can introduce variability and delay in diagnosis. Our study explores the potential of digital phenotyping to revolutionize early screening and intervention monitoring by providing objective and automated quantification of key behavioral and developmental markers in preschoolers aged 1 to 5 years with and without autism.
Leveraging video materiel collected from a cohort of 200+ preschoolers with autism, we present different techniques that allow to detect autistic symptoms in a seamless and automated manner. First, we developed a measure of interpersonal synchrony, based on advanced motion-capture and pose-estimation algorithms, which yielded significant differences in social coordination during naturalistic interactions. Second, we will present a new algorithm for the automated identification of repetitive movements, that distinguish between patterns of motor behaviors in autistic vs typically developing children. Finally, we will show automated analyses of vocal productions, that reveal distinct developmental trajectories and speech patterns in children with ASD. Together, these techniques not only enhance our understanding of autism-related behaviors but also provide objective metrics to evaluate changes over time.
This digital phenotyping approach demonstrates promise as a tool for early ASD screening and as a method to deliver unbiased and quantifiable outcomes of therapeutic interventions. By integrating these technologies into clinical and educational settings, we aim to support families and professionals in providing better profiling of autistic symptoms, in a manner that support the development of targeted intervention for specific subgroups.

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Subcontribution 18560 to Session ID 6012
Day 2 - 30.06.2025, 14:30 - 14:45, Schweitzer

Combination of eye-tracking and artificial intelligence as a screening tool in autism
T04 - ASD

Abstract:
In the last years, many attempts to combine eye-tracking measures and machine learning have shown that good discrimination between autistic and neurotypical children could be reached with various scores, from 60% to more than 90% correct discrimination. Variability could stem from small patient samples, discrepancies in age and types of visual stimuli, and choice of machine learning algorithm. To improve this performance, we added pupil measures to the data fed to machine learning algorithms, in addition to gaze measures generally used in other studies. Moreover, we explored the impact of category of stimuli, age, data representation, and machine learning algorithms on autism discrimination performance. The project's final objective is to obtain a clinical tool to screen for autism in children based on the combination of relevant eye-tracking measures and artificial intelligence (AI) computation.
We used a short passive visual paradigm, with stimuli along social saliency and movement gradients. We recorded 50 neurotypical and 50 autistic children between 2 and 12 years of age. We explored the neurophysiological response (pupil variation) and gaze exploration for the different stimuli, and injected the raw data into an AI approach.
Globally we showed that, at the group level, pupil dilation and gaze exploration of dynamic faces significantly differed between autistic and neurotypical children. The AI approach showed that, depending on the algorithm and data representation choices, a performance from 80% and above could be reached for the overall population, a first promising step towards a final tool.

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Symposium 18585 to Session ID 5832
Day 2 - 30.06.2025, 13:45 - 15:15, Cassin

# The patient with anorexia nervosa and her family: New strategies to support parents and siblings and the recovery of the patient

T18 - Eating disorders

Abstract:
Anorexia nervosa in children and adolescents is a severe and complex disorder affecting multiple levels (somatic, psychological, and familial). Its treatment is often prolonged and recovery rates are still unsatisfactory, highlighting the need for new strategies and approaches in biopsychosocial care. This calls for innovative treatment models that address the multifaceted nature of the disorder to improve long-term outcomes. This symposium focuses on new and previously underexplored aspects regarding the complex nature of this disorder and discusses new strategies for the diagnostic process, treatment of the patients and family support. Two contributions will explore the associations between gastrointestinal symptoms and eating disorder pathology highlighting the need for considering gastrointestinal complaints in screening and treatment. Another presentation will focus on alexithymia and emotion recognition ability and their impact on treatment outcome. The forth presentation will present new data on the efficacy and acceptability of a parental skills training provided via videoconference and discusses the feasibility of the online format for the future. Finally, another contribution will shed light on the psychological burdens and needs of siblings and will discuss implications for prevention and support in this population.

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Subcontribution 18588 to Session ID 5832
Day 2 - 30.06.2025, 13:45 - 14:00, Cassin

# Gastrointestinal symptoms in children and adolescents with anorexia nervosa - an underestimated phenomenon

T18 - Eating disorders

Abstract:
Aims: Patients who suffer from anorexia nervosa (AN) often report gastrointestinal symptoms in addition to eating disorder-specific symptoms, both at the manifestation and in the course of treatment (Dhopatkar et al., 2023; Riedlinger et al., 2022). The relationship between gastrointestinal symptoms and the severity of starvation or of the psychopathology of AN, especially in childhood and adolescence, are not well understood. The current study retrospectively investigated the occurrence of gastrointestinal symptoms and their relationship with parameters of starvation and the severity of psychiatric symptoms in a cohort of children and adolescents with AN in higher-level child and adolescent psychiatric treatment.
Methods: Treatment data and blood test results, previous or current gastrointestinal complaints, and the scores of the standardized psychiatric diagnostics (severity of eating disorder-specific symptoms, depression, and anxiety) of patients with typical and atypical anorexia nervosa (AN) were retrospectively extracted. Only patients who were admitted to hospital between 2019 and 2024 were included. Statistical analyses were performed with SPSSv29.0.
Results: 83% of patients had at least one gastrointestinal complaint. There were also significant correlations between the number of gastrointestinal complaints and the severity of psychopathology as well as the severity of somatic starvation.
Conclusions: This retrospective analysis shows the significant burden of gastrointestinal complaints in children and adolescents with AN who required inpatient treatment. The severity of AN seems to be related to the occurrence of gastrointestinal symptoms. A limitation of the study is the retrospective design. Implications for the diagnosis and treatment of these relevant complaints in AN in children and adolescents are discussed.

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Subcontribution 18591 to Session ID 5832
Day 2 - 30.06.2025, 14:00 - 14:15, Cassin

# “Inside the gut-brain axis”: Psychological profiles of adolescents with inflammatory bowel diseases and with restrictive eating disorders

T18 - Eating disorders

Abstract:
Aims: Individuals with inflammatory bowel diseases (IBDs) have an increased risk of developing psychiatric co-morbidities, including restrictive eating disorders (REDs), with which they share common pathogenic mechanisms, including gut-brain axis dysregulation. We conducted a case-control study systematically exploring the psychopathological profiles and alexithymia in adolescents with IBDs compared with a group of adolescents suffering from REDs, in order to test the hypothesis of common psychological characteristics between these two groups.
Methods: We recruited 76 patients with IBD and 76 age-matched controls with REDs. All participants completed a validated psychometric battery assessing psychological symptoms (SCL-90-R), ED features (EDI-3) and alexithymia (TAS-20). Comprehensive socio-demographic and clinical data were extracted from the medical records.
Results: A total of 12 patients with IBD (15.8%) scored higher than the cut-off (>70th percentile) on the EDI-3 scale for Eating Disorder Risk (EDRC), with a psychological profile comparable to REDs patients. Female gender, older ages at diagnosis and at evaluation, higher BMI at diagnosis, longer disease duration, shorter diagnostic delay and higher number of steroid cycles in the last six months were identified as significant risk factors for the development of EDs.
Conclusions: Our findings suggest common psychological traits between patients with REDs and patients with IBD at risk of developing EDs during adolescence, and highlight the need for early screening for EDs in patients with IBDs who exhibit specific socio-demographic and disease characteristics.

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Subcontribution 18594 to Session ID 5832
Day 2 - 30.06.2025, 14:15 - 14:30, Cassin

# Alexithymia and emotion recognition in adolescents and young adults with anorexia nervosa: Changes during psychotherapeutic treatment and predicting outcomes

T18 - Eating disorders

Abstract:
Aims: To investigate longitudinal changes in alexithymia and facial emotion recognition among adolescents and young adults with anorexia nervosa (AN) and to explore whether these domains can predict the longterm eating disorder (ED) outcome.
Methods: Female patients with AN (N = 91, mean age: 16.2; 87.6% restrictive type) were included of which 45 patients received the Maudsley Model Anorexia Nervosa Treatment (MANTRa) and 46 patients received psychotherapeutic treatment-as-usual (TAU) in an outpatient setting. Alexithymia and facial emotion recognition were assessed at baseline and after one year (end-of-treatment). ED pathology was assessed at four time points (until 18-months follow-up).
Results: Emotion recognition accuracy did not change over the treatment course. However, emotion recognition ability differed regarding the emotion type independently from the time point. Alexithymia significantly improved until end-of-treatment while there was no significant difference between the MANTRa and TAU treatment cohorts. Baseline alexithymia and, to a lower extent also emotion recognition accuracy, predicted ED outcome in uncontrolled models, but not in models controlled for psychiatric comorbidity. In a mediation model, we observed significant direct effects of improvements in alexithymia on improvements in ED pathology, while this association was partly mediated by depression.
Conclusions: We recommend to routinely assess alexithymia in young people with AN. Therapeutic interventions for patients with high alexithymia aiming to learn how to identify, differentiate, and describe their own and others' emotions should be intensified. Psychoeducational information, expressive writing and other reflexive tasks as well as group intervention components may be supportive.

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Subcontribution 18595 to Session ID 5832
Day 2 - 30.06.2025, 14:30 - 14:45, Cassin

Not just a temporary solution: Efficacy and acceptability of a parental skills training for anorexia nervosa implemented in a videoconference format
T18 - Eating disorders

Abstract:
Aims: At the Medical University of Vienna the 8-week skills training “SUCCEAT” for parents caring for a child with anorexia nervosa is established since 10 years. During the COVID-19 pandemic, the training was switched from a face-to-face (F2F) to a videoconference format, and this has been maintained to this day. This study compared the efficacy and acceptability of the videoconference format to other formats used previously.
Methods: 365 parents received SUCCEAT either via videoconferences (n=180), F2F group workshops (n=95) or online guided self-help (n=90). Perceived caregiver skills, parental eating disorder-related burden, psychopathology and high-expressed emotion were assessed using standardized questionnaires in a pre-post design. Moreover, adherence and satisfaction with SUCCEAT were obtained.
Results: We observed significant reductions in parental eating disorder-related burden, general psychological distress, depression/anxiety, emotional overinvolvement and criticism as well as an increase in caregiver skills. These effects were largely independent from the intervention format. Just for reductions in emotional overinvolvement and depression, effects tended to be lower in the videoconference format. Adherence was best in the videoconference format (6.5 out of 8 sessions attended on average). Satisfaction with SUCCEAT was similar between parents having received videoconference and F2F workshops; however, the extent of active participation and communication with other parents was best for F2F workshops followed by videoconferences and online guided self-help.
Conclusion: Providing a parental skills training for anorexia nervosa via videoconference seems feasible and largely as effective as F2F workshops. It also enables a more flexible participation and organization on the part of both workshop leaders and parents.

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Subcontribution 18596 to Session ID 5832
Day 2 - 30.06.2025, 14:45 - 15:00, Cassin

# And what about the siblings? – Psychological burden on the siblings of patients with anorexia nervosa

T18 - Eating disorders

Abstract:
Aims: Siblings of individuals with mental disorders experience a variety of negative emotions and family relationships are strained. Anorexia Nervosa (AN) is one of the mental illnesses with the highest mortality rate, and therefore poses a significant risk for the psychological burden on siblings. In addition to the fear of the sibling's death, there is often anger about the ritualistic and time-demanding behaviours of AN and frustration that the illness demands so much attention. There furthermore is a potential strain on the siblings caused by the often highly stressed parents. However, little is known about the specific burden on young siblings of patients with AN, so that there is limited support and little prevention for this vulnerable group.
Methods: A quantitative assessment of the psychological strain (KIDSSCREEN-27 and BDI-Y) will be conducted with a total of 102 children and adolescents (8 - 17 years), having a sibling receiving outpatient or inpatient treatment for AN (target group, N = 51) or another internalizing disorder (control group, N = 51). Additionally, a specific questionnaire has been developed to adequately capture the unique challenges associated with the sibling's illness. The study is expected to be completed in March 2025.
Results and Conclusion: It is expected that siblings of AN patients will show lower levels of psychological well-being, higher depressive experiences, and a higher specific burden due to the illness of their sibling compared to the control group. A better understanding of the needs of siblings will help to identify and address their problems early. This is also crucial to ensure effective treatment of a probably ill sibling, prevent the developments of a chronic mental disorder, and provide the best possible support for the family.

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Symposium 18698 to Session ID 5950
Day 2 - 30.06.2025, 13:45 - 15:15, Curie B

# Protective factors for mental health: insights from familial high risk cohorts for schizophrenia, bipolar and major depressive disorders

T45 - Birth Cohorts and longitudinal studies

Abstract:
While research in psychiatry has traditionally focused on characterizing risk for mental health disorders, this symposium shifts the emphasis to protective and resilience factors. Recent evidence from familial high-risk studies identify factors that mitigate the development and severity of clinical symptoms, cognitive impairment, and changes in brain structure in young offspring of patients diagnosed with schizophrenia, bipolar disorder, or major depressive disorder. Identifying and understanding these factors—such as cognitive reserve, social support, and sleep quality— is crucial for early intervention and prevention during the premorbid and early phases of psychiatric disease, and offer new avenues for intervention.
This symposium brings together five ongoing prospective cohort studies that were designed to study offspring of patients with severe mental health disorders during childhood and adolescence, in comparison with community controls. The symposium includes five ongoing familial high-risk studies: the Bipolar and Schizophrenia Young Offspring Study (BASYS) in Spain (Camprodon-Boadas), the Dutch Bipolar Offspring Study (DBOS) in the Netherlands (Hillegers), the Families Overcoming Risks and Building Opportunities for Well-being (FORBOW) study in Canada (Hubshman), and the Danish High Risk and Resilience Study in Denmark (Veddum). Cross-sectional and longitudinal evidence from these studies will be presented, focusing on potential protective factors that could be targeted in future interventions. The symposium will explore clinically meaningful dimensions of these protective factors, with a goal of informing future clinical strategies to reduce risk and promote resilience in at-risk populations.

Authors:
Dr. Gisela Sugranyes

Subcontribution 18704 to Session ID 5950
Day 2 - 30.06.2025, 13:45 - 14:00, Curie B

Cognitive reserve as a protective factor: its impact on clinical, cognitive and neuroimaging outcomes in children and adolescents at familial high risk for schizophrenia and bipolar disorder
T45 - Birth Cohorts and longitudinal studies

Abstract:
Aims: Cognitive reserve (CR) is considered a protective factor against the severity of clinical symptoms and cognitive decline. Our aim was to investigate CR and its protective role in children and adolescents at familial high-risk for bipolar disorder or schizophrenia.
Methods: We will present a study examining the relationship between CR and clinical and cognitive outcomes in a sample of 151 child and adolescent offspring of patients with schizophrenia or bipolar disorder, compared to 102 controls. Unpublished findings subdividing at-risk individuals based on the development of psychotic spectrum symptoms over time will be presented including 404 structural MRI data acquisitions, incorporating longitudinal assessments from 43 FHR individuals who developed psychotic spectrum symptoms (FHR-P), 94 FHR individuals who did not develop symptoms (FHR-NP), and 80 controls, with data collected at different timepoints (101 FHR-P, 181 FHR-NP, 122 controls).
Results and conclusions: Offspring of individuals with schizophrenia had significantly lower CR compared to both offspring of individuals with bipolar disorder and controls, with bipolar disorder offspring exhibiting an intermediate level of CR. Higher CR levels were associated with reduced lifetime psychopathology, fewer attenuated psychotic symptoms, better psychosocial functioning, and improved cognitive performance in both schizophrenia and bipolar disorder offspring. Neuroimaging analyses showed that controls and the FHR-NP group showed a significant positive association between CR and total intracranial volume, while there was an opposite association in the FHR-P group. These findings suggest that targeting CR could be a promising intervention and prevention strategy for those at risk for severe mental disorders.

Authors:
**Presenter,** Dr. Patricia Camprodon-Boadas
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Subcontribution 18707 to Session ID 5950
Day 2 - 30.06.2025, 14:00 - 14:15, Curie B

# A longitudinal investigation of cognitive reserve and its clinical and neurocognitive correlates in offspring at familial high-risk of schizophrenia or bipolar disorder

T45 - Birth Cohorts and longitudinal studies

Abstract:
Aims
To investigate cognitive reserve (CR), referring to the brain's capacity to cope with dysfunction, in same-aged offspring at familial high-risk of schizophrenia (FHR-SZ) or bipolar disorder (FHR-BP) and population-based controls (PBCs) in early childhood (age 7) and middle childhood (age 11). Furthermore, to examine associations between CR in early childhood and clinical and neurocognitive outcomes in early and middle childhood.
Methods
This study is part of The Danish High Risk and Resilience Study, a cohort study of 522 children born to parents with schizophrenia (n = 202), bipolar disorder (n = 120), or PBCs (n = 200). CR is assessed using principal component analysis including information about child IQ, school performance, peer relations, physical leisure activities, developmental milestones, parental education and occupation, and family leisure activities. Clinical outcomes include child global functioning, mental disorders, and psychotic experiences. Neurocognitive outcomes include processing speed, sustained attention, verbal memory, visuospatial memory, verbal working memory, and set-shifting.
Results and conclusions
Results from preliminary analyses suggest that at age 7, offspring at FHR-SZ and FHR-BP have lower CR compared with PBCs, and FHR-SZ have lower CR than FHR-BP. Irrespective of familial risk, we find positive associations between CR and global functioning and all neurocognitive outcomes, along with negative associations between CR and mental disorders and delusional psychotic experiences in early childhood. This suggests that CR may serve as a protective factor against development of psychopathology and neurocognitive impairments, offering a potential target in preventative interventions. The longitudinal results will be presented at the conference.

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**Presenter** PhD Lotte Veddum

Subcontribution 18714 to Session ID 5950
Day 2 - 30.06.2025, 14:15 - 14:30, Curie B

# Premorbid risk and protective factors for the onset of mood disorders in offspring of parents with bipolar disorder identified using a discordant-sibling study design.

T45 - Birth Cohorts and longitudinal studies

Abstract:
Aims: The purpose of this observational, prospective study was to identify risk and protective factors that precede the onset of bipolar disorder (BPD) or major depressive disorder in offspring of parents with BPD using a discordant-sibling design, by comparing premorbid psychiatric disorders, temperament/personality dimensions, coping strategies and the perception of the familial environment between siblings from the same family.
Methods: At least two time-points were available for affected (n=31) and age-matched unaffected siblings (n=33) from 24 families assessed longitudinally over 16.2 (s.d. 4.6) years. Diagnostic information was collected in both parents and offspring using direct interviews, and validated self-report information on risk and protective factors was obtained from the offspring themselves. Generalized linear mixed models, which control for intra-familial correlation, were applied. The discordant sibling-pair approach controls for genetic and environmental factors shared between siblings.
Results: Most of the premorbid disorders and protective dimensions showed no differences between siblings. However, offspring with subsequent mood disorders scored higher in regularity of daily habits, had higher persistence/lower distractibility in tasks and showed a higher tendency to approach new objects and persons, than their unaffected siblings.
Conclusions: The higher, and not lower scores as expected, observed in offspring that subsequently developed full-blown mood disorders might reflect increased vulnerability, but could also represent strategies used to cope with premorbid mood swings. Given the usual small sample size of discordant-sibling pairs within homogeneous families, data from high-risk studies could be combined worldwide to further explore the role of risk and protective factors preceding mood disorders.

Authors:
**Presenter,** Dr. Caroline Vandeleur
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Marie-Pierre Strippoli
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Subcontribution 18716 to Session ID 5950
Day 2 - 30.06.2025, 14:30 - 14:45, Curie B

Resilience factors identified; the impact of social support and timing of exposure on transmission of psychopathology across three generations.
T45 - Birth Cohorts and longitudinal studies

Abstract:
Aims: Mental illnesses run in families including often several generations. Here were present new data on the transmission of psychopathology across three generations, which is studied rarely. The first study assessed the intergenerational transmission of psychopathology risk across three generations in Generation R, a multi-ethnic population-based cohort from fetal life onwards in the Netherlands. The extent to which social support factors may protect against transmission of psychopathology from (grand)parents to their offspring was investigated. The second study assessed the impact of timing and severity of parental psychopathology on psychological problems in the grandchildren, using 22 year follow-up data from the Dutch Bipolar Offspring Study (DBOS).
Methods: Within Generation R, lifetime psychiatric disorders of (grand)parents' were evaluated and offspring psychopathology (ages 10 and 14) was assessed with Brief Problem Monitor. Maternal and child social factors were assessed using questionnaire measures and a computerized peer nomination assessment. Additive interaction analysis was used to study the independent effect of each generation in the transmission of psychopathology by examining whether the observed joint effects of the exposures are greater or less than expected as compared to single risk or resilient factors. In the DBOS we evaluated how timing and severity of mood episodes in parents (occurring before or after birth) impacts the risk of psychological problems (measured with ASEBA questionnaires) in offspring.
Results: The generation R data revealed that effects of (grand)parental psychopathology in combination with the three maternal and child social support factors was 13% (95% CI: 08; 17) less than expected based on the risk transmission. Our DBOS study findings illustrate the impact of timing of exposure and severity of parental psychopathology on the total problems scores ( ASEBA) of offspring. Conclusion: These studies not only expand our knowledge of the familial transmission of mood disorders but also underscores the importance of examining risk and resilience factors and its broader impact on the psychological well-being of individuals in multiple generations. Through these studies we may contribute to the development of strategies for early detection, intervention, and support in families affected by mood disorders across generations.

Authors:
dr Esther Mesman
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Subcontribution 18719 to Session ID 5950
Day 2 - 30.06.2025, 14:45 - 15:00, Curie B

Sleep quality in childhood as protective factors against major depressive disorder among youth.
T45 - Birth Cohorts and longitudinal studies

Abstract:
Background: Offspring with familial risk for mood disorders are at an increased risk of developing mood disorders. However, many at-risk offspring do not develop mood disorders. Protective factors, such as sleep, are proposed to decrease risk of developing mood disorders. This study's aim is examining how quality sleep protects against depression diagnosis rates in youth and how it affects at-risk youth in a prospective cohort study.
Method: Problematic sleep in childhood is assessed through parents' reports within the Children's Sleep Habits Questionnaire in youth aged 6-12. To examine later life diagnoses, diagnoses are generated with K-SAD-S. A Cox proportional hazards model, stratified by absence or presence of childhood sleep problems, was used to assess their impact on MDD diagnosis rates. Then a sub-analysis examined youth at-risk for MDD, BD, and non-risk. For the sub-analysis, multiple comparisons are corrected for using Benjamini-Hochberg procedure.
Results: Preliminary analysis indicates quality childhood sleep significantly predicts a decreased rate of MDD diagnosis in youth (HR=0.32, CI: 0.10-0.96, p=0.044). Exploratory analysis found nonsignificant results in at-risk MDD (HR=0.069, CI: 0.008-0.86, p=0.11), at-risk BD (HR=0.23, CI: 0.11-9.02, p=0.28), and non-risk youth (HR=0.94, CI: 0.11-7.7, p=0.96).
Conclusions: Better sleep predicted a decrease in the rate of diagnosis of MDD in youth. The trend towards lower diagnosis rate in youth at risk for MDD suggests quality childhood sleep may be lowering the rate of diagnosis. Ensuring quality sleep is crucial in childhood, particularly those at-risk, as it may increase their rate of diagnosis.

Authors:
**Presenter,** Zachary Hubshman
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Kate Freeman
Anna Nazarova
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Symposium 19713 to Session ID 5945
Day 2 - 30.06.2025, 13:45 - 15:15, Varsovie

Workshop: Human rights and psychiatric practice in relation to involuntary treatment of young people in Europe

Abstract:

Authors:

Subcontribution 17688 to Session ID 5945
Day 2 - 30.06.2025, 13:45 - 15:15, Varsovie

Human rights and psychiatric practice in relation to involuntary treatment of young people in Europe

Abstract:
Aims: International human rights treaties emphasize autonomy and reducing or eliminating psychiatric coercion making which can conflict with involuntary psychiatric treatment. The aim of our workshop is to facilitate a discussion between mental health clinicians from various European jurisdictions. We hope to be able to explore current practice against a human rights based approach with a view to creating human rights-based guiding principles for the involuntary psychiatric treatment of children and young people.
Methods: We will provide an overview of relevant international law. Case vignettes will be discussed focusing on care given in various European jurisdictions, for example by outpatient, inpatient, day patient or intensive home treatment modalities. Particular emphasis will be given to the age and maturity of the young person and the role of parents and carers. Thresholds and safeguards in regards to restrictive measures will be discussed in the context of national legislation and good practice protocols. We will present our own analysis on how these vignettes may be treated in England, Germany and Luxembourg. Participants will be given case scenarios to work on in groups and the results will be discussed at the end of the workshop.
Results and conclusions: The authors have discovered that there is considerable variability between the jurisdictions they are familiar with, particularly in relation to the role of capacity assessments and parental involvement in decision making. We will share our thoughts on these issues and widen the discussion to the findings in the workshop itself, as new perspectives may arise in the group work.

Authors:
**Presenter,** Dr Anja Malmendier Muehlschlegel NELFT NHS Foundation Trust
**Presenter** Prof. Dr. Ulrike M.E. Schulze ZfP Calw (Centre for Psychiatry)
Dr. John Watts NELFT NHS Foundation Trust
**Presenter** Prof. Jill Stavert Edinburgh Napier University

Symposium 17238 to Session ID 5798
Day 2 - 30.06.2025, 13:45 - 15:15, Luxembourg

Early interventions in ASD across Europe : clinical practices in Germany, Italy, Spain and France
T04 - ASD

Abstract:
Within the daily clinical practice of child and adolescent psychiatry, early interventions in autism and neurodevelopmental disorders occupies an important place in all European countries, both in terms of resources and organisation. With respectively 1/ 60 births for Autism and 1/15 for all Neurodevelopemental disorders (NDD), over 300 000 children born each year in Europe and their families will be concerned, thus representing a major public health subject. The aim of this symposium is to present how this early intervention is provided in Europe, based on the example of 5 countries: Germany, Italy, Spain, Belgium and France. 5 teams, based in the public health sector, with or without an academic background, or with private practice, will present the general context of their country and the specific features offered by their different centres. These presentations will provide an opportunity to share the clinical experience of each country, and to discuss the progress made and the challenges still to be met in order to improve early interventions for Autism and NDD in Europe.

Authors:
**Chair** Prof. Dr. Frédérique Bonnet-Brilhault University Hospital of Tours

Subcontribution 18798 to Session ID 5798
Day 2 - 30.06.2025, 13:45 - 14:00, Luxembourg

Early Intervention in Germany: Example from the Department of Child and Adolescent Psychiatry, Heidelberg University Hospital
T04 - ASD

Abstract:

The German Guidlines for Autism Spectrum Disorders (ASD) recommend individualized, development-oriented, behavioral therapy including guidance for parents/primary caregivers regarding beneficial parent-child interaction, staring the latest from the age of 2 years for at least two sessions per week. Still, as general “autism strategy” is lacking so far, early intervention in Germany is basically organized via different routes: Early intervention centers and social pediatric centers are often the central points of contact for diagnosis and support for young children with developmental disorders in general. They work particularly curative, education- and psychosocially orientated and offer counselling and unspecific interventions. Second, specialized autism therapy centers (now often integrated in University departments, e.g. in Heidelberg, Göttingen, Marburg and Frankfurt) offer - depending on region- specific intervention programs for toddlers and preschoolers with ASD (eg PACT, JASPER or A-FFIP). Despite all these efforts, the current pattern of care provision is rather patchy, reactive, usually received too late and often not evidence-based. In the specialized ASD-outpatient Clinic at the Department for Child and Adolescent Psychiatry in Heidelberg, we offer specific programs promoting social attention, initiation, communication and parent-child synchronicity in combination with our early detection program. We aim at identifying neurodivergent development as early as possible, in order to establish early, even pre-emptive interventions wherever possible.

Authors:
**Presenter,** Prof. Dr. Luise Poustka Universitätsklinikum Heidelberg

Subcontribution 18445 to Session ID 5798
Day 2 - 30.06.2025, 14:00 - 14:15, Luxembourg

# The Italian network for diagnosis, therapeutic care and education pathways in ASD

T04 - ASD

Abstract:
Various research shows that the prevalence of autism among Italian school pupils, and not only, is constantly increasing, now standing at around 1% of the total school population. This data is confirmed by the National Observatory for the Monitoring of Autism Spectrum Disorders (ASD), which highlights how these are highly complex disorders affecting the subject throughout life. The Italian National Health Service, on behalf of the Ministry of Health, has activated a permanent collaboration with all the regions to mapping regional and provincial services for the diagnosis and therapy of ASD subjects (and other neurodevelopmental disorders) at all ages of life. The final aim of this collaboration is creating a database, updated annually, for citizens and institutions on the public and private accredited/contracted health services available for ASD diagnosis and care at all ages of life.
Each region draws up a Regional Autism Operational Plan with the aim of creating an interdisciplinary network, to facilitate the early identification of people at risk of ASD, promoting the activation of a diagnostic pathway and ensuring care, qualification and rehabilitation of the subject in a sustainable way. The offer of diagnostic/therapeutic pathways in Italy, within the National Health Service, is divided into early diagnosis and therapy services (exclusively publicly managed), day hospital and residential services. The update of typology of early intensive therapies is based on the relevant guidelines issued by the Italian National Health Service.
In Italy, schools play a very delicate role and have a great vocation for inclusion; ASD students regularly attend school and are followed by a support teacher and, in some cases, by other professional figures, such as educators, psychologists or communication assistants, who offer specialized school assistance.

Authors:
**Presenter,** Prof. Dr. Gabriele Tripi University of Palermo

Subcontribution 18446 to Session ID 5798
Day 2 - 30.06.2025, 14:15 - 14:30, Luxembourg

# Early intervention in Spain : Example from a non-profit organization specializing in Neurodevelopment and Mental Health

T04 - ASD

Abstract:
EDAI is a leading non-profit organization specializing in Neurodevelopment and Mental Health in Spain. We currently provide early-year public services in Catalonia and Madrid—serving over 1,500 families per year—and have recently launched a private service in Granada.

Because each Autonomous Community in Spain operates under its own policies and frameworks, sharing successful regional practices and identifying common challenges is essential. In this presentation, we will describe our Early Year Services Model in both Barcelona and Madrid. Our multidisciplinary teams—including psychologists, speech therapists, physiotherapists, neuropediatritians, occupational therapists, and social workers—deliver individualized interventions for children aged 0 to 6, emphasizing play-based therapy, community integration, and cross-sector collaboration.

Beyond regional methodologies or resources, EDAI adds distinct elements of value:
An evidence-based approach
User-centered interventions with shared decision-making and a rights-based perspective
Impact evaluation focusing on both symptom reduction and perceived quality of care for families and children
Methodological innovation
Family-centered support

We will illustrate each key point with concrete examples. One of our latest initiatives is the development of psychoeducational groups for families of autistic children, designed to bridge the “double empathy” gap—the mutual communication challenge between autistic and non-autistic individuals. By fostering deeper understanding of the autistic child perspective, this approach unifies the perspectives of both families and professionals in service planning.

Authors:
**Presenter,** Leticia Asenjo-Huete EDAI

Subcontribution 18443 to Session ID 5798
Day 2 - 30.06.2025, 14:30 - 14:45, Luxembourg

# Early Interventions in France : Example from the Department of Child and Adolescent Pschiatry and Excellence Center in Autism , Tours University Hospital

T04 - ASD

Abstract:
In France early interventions programs for autism and neurodevelopmental disorders is guided by the recommendations of the French National Authority for Health . Although the practical implementation of these interventions varies widely across the country, cost of care and rehabilitation, transport and individual school support are supported by public funding allowing their implementation regardless family resources. The Centre of Excellence for Autism and Neurodevelopmental Disorders, which has been based in University Hospital of Tours for over 50 years, was a pioneer in France in both autism diagnosis and interventions. 300 children are admitted for a diagnosis per year, and 170 received regular interventions. Each child benefits from an individualized program combining individual and group sessions, alongside supported schooling. This program is dedicated to all people with ASD, from very young children to young adults, including associated global developmental delay or severe intellectual disability. The program is based on a multidisciplinary functional and developmental assessment, and is tailored to the age and specific needs of ASD children. Within this individual program, Exchange and Development Therapy is particularly well suited to early intervention. Based on an understanding of the psychophysiological mechanisms involved in enabling socio-emotional synchronisation, this early neurofunctional rehabilitation of social communication is also taught to clinical teams in France and abroad. A specific training program for parents has now been included, enabling families to play an active role in the early intervention program developed for their child.

Authors:
**Presenter,** Dr. Hugo Zoppe University Hopsital of Tours
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Symposium 18397 to Session ID 5841
Day 2 - 30.06.2025, 13:45 - 15:15, Madrid 1

# Innovative early detection and intervention strategies for young children with neurodevelopmental disorders

T04 - ASD

Abstract:
Neurodevelopmental disorders (NDD) affect children's autonomy and health, and their prevalence is continually increasing, making it a noteworthy public health issue with significant societal costs. Early detection and intervention are widely recommended to provide better services and quality of life for both children with NDD and their families. In recent years, several screening procedures have been developed for early assessment and intervention. However, up-to-date evidence is required to enable healthcare providers and policy makers to implement specific measures and increase awareness of NDDs in European communities. The proposed panel brings together four innovative strategies that show feasibility and promising prospects for an as large as possible number of families. Proposed investigations span a range of approaches including (i) multimodal phenotyping to explore sleep alterations in genetically vulnerable individuals, (ii) the use of EEG to build stratification models that challenge ASD clinical heterogeneity (iii) a randomized control trial to evaluate a novel program of parental coaching for ASD families and (iv) the long-term effectiveness of early intensive intervention strategies with young ASD children. The outcomes of this proposal could provide decision-makers with objective elements to define accurate public health policies adapted to early detection and intervention in NDD that can be disseminated to professionals.

Authors:
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**Co-chair** Prof. Carmen Schröder Faculty of Medicine, Strasbourg University

Subcontribution 18398 to Session ID 5841
Day 2 - 30.06.2025, 13:45 - 14:00, Madrid 1

# Multivariate deep phenotyping reveals developmental consequences of non-restorative sleep in youth at genetic risk for psychopathology due to 22q11.2 Deletion Syndrome

T04 - ASD

Abstract:

Background

Sleep disturbances could influence behavioral and neurocognitive difficulties across various forms of psychopathology. However, the optimal approach to assess sleep quality in mental health remains unclear, as current methods often rely on subjective or univariate analyses that fail to capture the complex interplay between sleep disruption and behavioral outcomes.

Objectives & Methods

We employed multimodal phenotyping and multivariate analyses to examine sleep alterations and their link to behavioral and neurocognitive trajectories in individuals at high genetic risk for psychopathology due to 22q11.2 Deletion Syndrome (22q11DS). Our sample included 69 individuals with 22q11DS (Mean age:17.5±7.43, M/F=34:35) and 38 Healthy Controls (HCs) (Mean age:14.3±6.23, M/F=18:20), who underwent actigraphy-based sleep assessment and multimodal clinical/neurocognitive phenotyping. Additional high-density polysomnography data were obtained for 37 individuals with 22q11DS and 34 HCs, with 32 22q11DS participants evaluated longitudinally over 3.58 ± 0.85 years.

Results

Multivariate analysis revealed non-restorative sleep in 22q11DS, characterized by increased somnolence despite increased actigraphy-estimated sleep duration. Deficits in N3 sleep and sleep fragmentation were evident from childhood, influenced by respiratory events. Atypical age/sleep-duration dependent Slow-Wave-Activity (SWA) trajectories suggested disruptions in neurodevelopment and synaptic homeostasis. Blunted SWA decline contributed to objective/ subjective somnolence and to a transdiagnostic combination of impaired inhibitory control, processing speed, affective dysregulation, ADHD and negative psychotic symptoms. Non-restorative sleep also predicted worsening of symptoms over time by perpetuating emotional dysregulation.

Conclusions

Systematic screening and management of sleep disturbances could improve behavioral outcomes in genetically vulnerable individuals. These findings underscore the value of precision phenotyping in understanding developmental psychopathology.

Authors:

**Presenter,** Dr. Corrado Sandini

Subcontribution 18400 to Session ID 5841
Day 2 - 30.06.2025, 14:00 - 14:15, Madrid 1

# Using EEG to challenge ASD heterogeneity: Stratification of brain functional connectivity reveals clinically meaningful subgroups of ASD

T04 - ASD

Abstract:
Background
Heterogeneity in both the etiology and the phenotypic presentation of autism spectrum disorder (ASD) poses a major challenge to clinical research. Attempts to stratify individuals with ASD have been primarily based on behavioral criteria, but clinical subtyping is blind to the underlying neurobiological mechanisms. Yet, it is still unclear whether atypical brain functional connectivity can account for individual differences across ASD-related symptomatology.
Objectives
The goal of the study was to identify clinically meaningful subgroups of young children with ASD based on distinctive patterns of brain functional connectivity.
Methods
We combined resting-state EEG data from 4 independent datasets on 541 children with ASD aged 2-12 years to estimate and stratify functional connectivity measures. We performed an unsupervised clustering analysis of the cortical network properties, using data-driven similarity network fusion and source-based spectral analysis. We then compared the clinical profile of the identified clusters to define symptom-linked connectivity dimensions.
Results
We identified four subgroups of ASD children with distinct cortical network properties, mainly mapped in the fronto-parietal and precentral cortices for the alpha band. These four clustered dimensions were associated to distinctive different clinical symptom profiles, especially with respect to cognitive level, adaptive behavior and motricity.
Conclusions
Our findings shed light on atypical brain network topology conferring risk for specific phenotypic manifestations of ASD, which may implicate unique underlying neurobiological mechanisms. Collectively, the stratification of well-defined neural signatures associated to the clinical heterogeneity of ASD has the potential to provide more accurate prognosis and help to select the optimal therapeutical strategy.

Authors:
**Presenter,** Dr. Borja Rodriguez-Herreros STSA, Lausanne University Hospital

Subcontribution 18402 to Session ID 5841
Day 2 - 30.06.2025, 14:15 - 14:30, Madrid 1

# E-Coaching for parents of young children with autism spectrum disorder (ASD): preliminary results of a randomized control trial

T04 - ASD

Abstract:

Background

Autism spectrum disorder (ASD) is a neurodevelopmental disorder that significantly affects children's development, representing a major challenge in pediatric healthcare. Parents are nowadays considered as real partners in their children's care. Parent-mediated interventions (PMIs) have improved social communication skills and reduce ASD symptomatology. However, widespread access to PMIs is limited due to implementation barriers and logistic constraints. In this context, we developed an innovative program of parental coaching via E-learning (E-Coaching) intended for parents of preschool children with ASD.

Objectives

To evaluate the feasibility and preliminary efficacy of our E-coaching parental program compared to standard Paediatric Autism Communication Therapy (PACT) and to the absence of a PMI.

Methods

The present study is a monocentric randomized controlled trial with three arms, all three combined with community assistance as usual, in a cohort of 99 families with preschool ASD children. The primary outcome is the quality of parent-child interaction, measured through behavioral assessments and simultaneous parent and child gaze recording with head-mounted eye-tracking during a semi-structured play session. Secondary outcomes include child's developmental level, behavior, and parental wellbeing.

Results

We present preliminary evidence supporting the feasibility of our E-coaching program, suggesting that E-learning may be a promising format to implement PMIs with ASD families. Preliminary data shows improvements on parent-child interaction and parental wellbeing after the E-Coaching intervention.

Conclusions

Further evaluation to assess efficacy of E-coaching is warranted and underway. If validated, E-Coaching could be disseminated to reach more families and have a positive early impact on their quality of life.

Authors:

**Presenter,** Chloé Peter

Subcontribution 18403 to Session ID 5841
Day 2 - 30.06.2025, 14:30 - 14:45, Madrid 1

# Long-term effectiveness of the Early Start Denver Model (ESDM) in young autistic children

T04 - ASD

Abstract:
Background
Evidence supports the efficacy of early interventions based on the Naturalistic Developmental Behavioral Interventions (NDBI) framework, such as the Early Start Denver Model (ESDM), for autistic children. However, the long-term effectiveness of ESDM across various cultural contexts remains underexplored.
Objective
This study aimed to evaluate the long-term effectiveness of ESDM compared to treatment as usual (TAU) on the overall development of young children with autism spectrum disorder (ASD) five years after enrollment.
Method
A randomized controlled trial was conducted across five Child and Adolescent Mental Health Services (CAMHS) in France and Belgium. A total of 180 children aged 19 to 36 months, meeting diagnostic criteria for autism and referred by community professionals, were randomly assigned to receive either 12 hours per week of ESDM combined with TAU or TAU alone over a two-year period. Both groups were subsequently followed for an additional three years and assessed in a blinded manner up to five years post-randomization. The primary outcome was the change in ADOS-2 severity scores (Autism Diagnostic Observation Schedule, 2nd edition) over the five-year period.
Results
Between September 2015 and March 2019, 180 children were randomized to the ESDM + TAU group (n = 61, 21.7% female) or the TAU-only group (n = 119, 15.4% female). A total of 110 children were followed for up to five years. Compared to the control group, children who received early ESDM intervention did not show a significant improvement in ADOS-2 severity scores.
Conclusions
These findings indicate that ESDM cannot be universally recommended for all young children with ASD. Further research is warranted to assess the long-term effectiveness of ESDM and identify subgroups of children who may derive greater benefits, thereby informing more targeted implementation strategies.

Authors:
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Symposium 18689 to Session ID 5833
Day 2 - 30.06.2025, 13:45 - 15:15, Madrid 2

# New Perspectives on Pediatric OCD Treatment: Recent findings from the Nordic Long-Term OCD Treatment Study (NordLOTS)

T27 - OCD

Abstract:
In this symposium, recent findings from the Nordic Long-Term OCD Treatment Study will be presented. Evidence-based treatments like cognitive behavioral therapy (CBT) and sertraline provide significant relief for pediatric OCD, with many patients achieving and maintaining remission over time, though some experience symptom relapse or persistent OCD. Factors like high treatment expectancy, reduced dysregulation, and low parental expressed emotion are associated with better outcomes, while addressing these factors during therapy can enhance efficacy and reduce relapse risk. Both continued CBT and sertraline effectively manage symptoms in initial non-responders, emphasizing the value of a stepped-care model. Dimensional and transdiagnostic approaches highlight distinct OCD subtypes, the predictive utility of the p-factor for outcomes, and the importance of evaluating psychotic vulnerability. These findings underscore the effectiveness of tailored, family-inclusive CBT, but also that improved treatment strategies need to be developed.

Authors:
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Subcontribution 18723 to Session ID 5833
Day 2 - 30.06.2025, 13:45 - 14:00, Madrid 2

# Instability of Remission in Pediatric Patients with Obsessive Compulsive Disorder

T27 - OCD

Abstract:
Aims: to show instable and stable remission across three years in the NordLOTS following evidence based stepwise treatments.
Methods: patients with moderate-severe OCD (n=269) who fulfilled DSM IV criteria using semi-structured interviews were assessed at baseline and following treatments (CBT, and for CBT non-responders' randomization to either continued CBT or sertraline). Further, patients were followed up yearly for three years. Remission was defined as CY-BOCS scores of 10 or below; mild OCD as 11-15; and moderate-severe OCD as 16 or above.
Results and Conclusions: Six months following baseline assessments, all treatments were finalized and most of the patients (60.2%, n=162) were in remission. Out of these, a fifth got worse symptoms during the 3-year follow-up period: to a mild level (n = 36, 22.22%); or relapsed to moderate-severe OCD (n=28, 17%). However, out of the relapsers, many recovered again and were in remission at the 3-year follow-up (n=10, 37%). Further, among those who remitted following treatments a majority was in full remission at all FU (n=98, 60.5%). On the other hand, among initial non-remitters (n=107, 39.8%), many did remit during follow up (n=50, 47%). Thus, persistent OCD was less common (n=57, 53% (about a fifth of our whole cohort (21.2%)).
Evidence-based treatments (CBT and sertraline) provide substantial and increasing relief across time, although unstable remission occurs as well as poor response. Improved treatment strategies need to be developed.

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Subcontribution 18737 to Session ID 5833
Day 2 - 30.06.2025, 14:00 - 14:15, Madrid 2

# Long-Term Outcomes of CBT and Sertraline in Pediatric OCD Non-Responders: Findings from the NordLOTS Study

T27 - OCD

Abstract:
Aims: Cognitive-behavioral therapy (CBT) is a first-line treatment for pediatric obsessive-compulsive disorder (OCD), with selective serotonin reuptake inhibitors (SSRIs) recommended for non-responders. However, evidence on the long-term efficacy of these interventions is limited. This study evaluates three-year outcomes for youth with OCD who did not respond to initial CBT and were randomized to either continued CBT or sertraline.
Methods: Fifty children and adolescents aged 7–17 years with primary OCD were randomized to 16 weeks of continued CBT or sertraline following non-response to 14 weeks of CBT. We used the CY-BOCS total score and clinical remission (CY-BOCS < 11) at 12, 24, and 36 months and monitored adverse events (AEs) in participants receiving sertraline.
Results: Both treatments significantly reduced CY-BOCS scores over time, with no significant differences between groups. At the three-year follow-up, 92% of participants exhibited mild OCD symptoms (CY-BOCS < 16), and 77% achieved clinical remission. Sertraline-related AEs, including moderate activation symptoms, were reported by 85% of participants, but no serious AEs were observed.
Conclusions: Continued CBT and sertraline are both effective treatments for pediatric OCD CBT non-responders. These results highlight the utility of a stepped-care model for youth with OCD and the importance of individualized treatment planning to achieve durable outcomes.

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Subcontribution 18772 to Session ID 5833
Day 2 - 30.06.2025, 14:15 - 14:30, Madrid 2

# The Role of Treatment Expectations in Predicting Treatment Outcomes: Examining Clinical and Demographic Influences.

T27 - OCD

Abstract:
Aims: The primary aim of this study was to investigate the potential relationship between treatment expectancy and treatment compliance with patient demographic and treatment outcome of exposure-based CBT (EB-CBT), as reported by youth with OCD, their parents, and therapists. We aimed to investigate the correlation of these factors with obsessive-compulsive symptoms before and after treatment.
Methods: This study is a part of the NordLOTS, in which 269 children and adolescents, age 7 – 17, with a DSM-IV diagnosis of OCD, were treated with 14-week EB-CBT program. Patients, parents and therapists rated their expectancy to the treatment, and therapists rated patients and parents' compliance to treatment. A CY-BOCS scores ≤15 was defined as treatment response. Linear mixed effects models were used to assess associations.
Results: Higher patient-rated treatment expectancy was significantly associated with lower pre-treatment CY-BOCS total score, as well as lower levels of parent-rated externalizing symptoms. Higher therapist rated treatment expectancy was significantly associated with lower levels of parent-rated externalizing symptoms.
Conclusions: Children and adolescents displaying higher treatment expectancies, exhibit milder symptoms of OCD and externalizing symptoms, alongside experiencing more favorable outcomes from EB-CBT.

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Subcontribution 18776 to Session ID 5833
Day 2 - 30.06.2025, 14:30 - 14:45, Madrid 2

# Dysregulation and Parental Expressed Emotion in Pediatric OCD: Their Impact on Symptom Severity and Long-term Outcomes

T27 - OCD


Abstract:

Aims

This study aimed to investigate parental Expressed Emotion (EE) and the persistence of dysregulation in pediatric OCD, and their association with symptom severity, functional impairment, and comorbidities, while also examining their impact of on treatment outcomes across three years.

Methods

This study is a part of the Nordic Long-term OCD Treatment Study (NordLOTS), including 269 youth aged 7–17 years diagnosed with OCD according to DSM - IV. Dysregulation was assessed using the Child Behavior Checklist Dysregulation Profile (CBCL-DP), while symptom severity and functional impairment were measured with the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) and the Child Obsessive Impact Scale (COIS-RC/P). Parental EE was analyzed in a sub-sample (n = 49) through Five-Minute Speech Sample (FMSS) interviews at baseline. Comorbidities were evaluated using structured diagnostic tools.

Results

At baseline, 15.9% of participants were classified as dysregulated, showing significantly higher functional impairment ($p < .001$) and greater comorbid depressive, autistic, and anxiety symptoms, as well as increased rates of ADHD, ODD, and tics ($p < .001$). Dysregulation levels decreased to 1.4% at 3-year follow-up. Preliminary results indicate that high parental EE will be associated with poorer treatment outcomes, greater symptom severity, and an increased likelihood of long-term difficulties.

Conclusions

Dysregulation and high parental EE significantly impact treatment outcomes in pediatric OCD. Addressing these factors during cognitive behavioral therapy (CBT) may enhance long-term treatment efficacy, improve functional outcomes, and reduce relapse risk. These findings underscore the need to incorporate family dynamics and self-regulation interventions into pediatric OCD treatment.



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Subcontribution 18782 to Session ID 5833
Day 2 - 30.06.2025, 14:45 - 15:00, Madrid 2

Subtypes of Pediatric Obsessive-Compulsive Disorder: Insights from Recent Collaborative Research
T27 - OCD

Abstract:
Aims
To investigate key dimensions of pediatric obsessive-compulsive disorder (OCD). The first study explored commonalities among OCD-affected youth to better conceptualize disorder presentation and associated features. The second examined the p-factor's ability to predict short- and long-term outcomes in youth with OCD. The third compared clinical features and cognitive-behavioral therapy (CBT) responses between participants with and without psychotic vulnerability.
Methods
The studies utilized the NordLOTS sample (N = 269) of children and adolescents with OCD. Study one combined this sample with others from the USA, Canada, Sweden, Australia, and Iceland (N = 830). Study three compared the NordLOTS sample with a North American sample (n = 125).
Results
In study one, a four-cluster model distinguished groups by symptom expression and comorbidities, with clusters remaining stable across solutions. Study two found the p-factor predicted short-term OCD severity and psychosocial functioning, but not depressive symptoms or quality of life. Over the long term, the p-factor predicted all outcomes except OCD severity and outperformed traditional comorbidity measures. Study three revealed psychotic vulnerability in 41.6% of the Scandinavian sample and 34.4% of the North American sample. Those with psychotic vulnerability had worse baseline depressive symptoms and psychosocial functioning. Post-CBT, Scandinavian youth exhibited poorer psychosocial functioning and more symmetry/hoarding symptoms, while North Americans had more contamination-cleaning symptoms. Psychotic vulnerability did not affect CBT outcomes.
Conclusions
Results highlight the value of dimensional and transdiagnostic approaches in conceptualizing pediatric OCD. The p-factor offers superior prognostic utility, and psychosis risk evaluation is critical in youth with OCD.

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Symposium 17396 to Session ID 5855
Day 2 - 30.06.2025, 13:45 - 15:15, Rome

Youth Mental Health Crisis
T48 - Public Health and Organisation of CAP Services

Abstract:
The symposium highlights the far-reaching impacts of current global and social crises, as well as generally challenging developments, on the mental health of young people. Given the increased challenges posed by the COVID-19 pandemic, climate change, social media, political instability, and social inequality, children, adolescents, and young adults are particularly vulnerable to developing mental health issues. These crises and the associated challenges not only have immediate psychological effects but also long-term consequences for the development and well-being of the younger generation. In this context, it is a matter of generational justice to respond quickly to the rising mental health pressures and to provide targeted prevention and intervention programs.
The symposium offers an interdisciplinary perspective on research findings regarding the impact of these crises on the mental health of young people. At the same time, innovative approaches to early detection, (family-based) prevention and intervention, tailored to the specific needs of this target group, will be presented. These include, for example, digital prevention programs, school-based initiatives, strength-based approaches, and resilience promotion.
The goal of the symposium is to facilitate an exchange of current scientific insights and targeted practical approaches, as well as to develop new perspectives for a sustainable improvement in the mental health care of children, adolescents, and young adults in times of increased waiting times for therapy appointments. It aims to initiate a comprehensive discourse that contributes to faster, better, and more accessible support for young people in times of crisis, while also strengthening their long-term psychological resilience.

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Subcontribution 18677 to Session ID 5855
Day 2 - 30.06.2025, 13:45 - 14:00, Rome

What's wrong with Gen Z? – Framing the Youth Mental Health Crisis using panel data from Germany
T48 - Public Health and Organisation of CAP Services

Abstract:
Background: The Lancet Psychiatry Commission speaks of a "Youth Mental Health Crisis" caused by the multiple societal crises of the past 20 years. In addition to increasing burdens on children and adolescents, young adults, in particular, are at risk. Up to three-quarters of all mental health disorders begin by the age of 25. The public often associates the stigma of a "softened Gen Z" or a "lost generation" with the younger generation, which can particularly reinforce self-stigmatization in young people facing mental health challenges. This contribution frames the current relevance of the "Youth Mental Health Crisis" and presents findings on mental health, as well as the development of anxiety and depressive symptoms during times of multiple crises across different generations in the German population.
Methods: The study data comes from an ongoing online panel survey ("SOSEC") that has been conducted since November 2022 in weekly or bi-weekly cycles, targeting the adult population in Germany and the USA. Hierarchical linear models (HLM) were used to analyze quarterly trends and generational differences in anxiety and depressive symptoms within the German sample (n = 13.919 individuals, 77.569 observations).
Results: While there was a decrease in anxiety and depressive symptoms across all generations in the first (Nov 2022 – Jan 2023) and second quarters (Feb – Apr 2023), the quarters starting from August 2023 show varying trends within and between the generations. Analyses regarding potential generational differences indicate higher levels of anxiety symptoms in Generation Z compared to all other generations, across all quarters. Similar results were observed for depressive symptoms. Sociodemographic factors such as gender or employment status are associated with different levels of anxiety and depressive symptoms.
Conclusion: Generation Z shows higher levels of anxiety and depressive symptoms compared to other generations. This aligns with existing research. The empirical findings highlight the urgent need to act on multiple levels to avoid a critical tipping point in the mental health of children, adolescents, and young adults. One initiative is the "Competence Center Public Child Mental Health," which aims to focus scientifically on addressing the mental health crisis and provide rapid professional support in times of crisis.

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Subcontribution 18703 to Session ID 5855
Day 2 - 30.06.2025, 14:00 - 14:15, Rome

Facing Crises with Attention-Deficit/Hyperactivity Disorder (ADHD) – Risks and Opportunities
T48 - Public Health and Organisation of CAP Services

Abstract:
Background: Increasing prevalence rates of mental disorders and lower levels of mental well-being in children and adolescents might be related to multiple societal crises leading to higher burden. Especially, young people with mental disorders might be the most vulnerable when faced with crises. Still, rigorous research on the topic is scarce. Using a sample of children diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) compared to controls, COVID-19 data were analyzed to exemplify the extent to which they are affected by crisis, to illustrate differential effects depending on psychopathological symptoms, and to explore effects of emotion regulation (ER) and parental educational competence (PEC).
Methods: Data were collected at the Central Institute of Mental Health Mannheim, Germany, in summer 2020 after the first COVID-19 lockdown within the framework of the ESCAlife-study. The sample consists of 25 healthy children and 30 children diagnosed with ADHD between six and 11 years (mean age: 8.64 years; 27.3% female). The Corona-Belastungsbogen (CBB) was used to explore COVID-19-related burden as rated by parents; ER skills were assessed via the Affective Reactivity Index-Scale (ARI-P) and PEC was measured using the Fragebogen zu Verhaltens- und Erziehungsstilen von Eltern (VER). Descriptive statistics, simple within-group, and between-group t-tests were used for explorative data analyses.
Results: The results indicate significant limitations and relevant changes in the living environments of the children in both groups: across all scales, significant deteriorations with moderate to large effect sizes were observed (CBB index: $M=-.51$, $SD=.62$, $d=.62$, $p < .001$; subscales: all $d>.70$), except for the subscales relationships of the child with other family members and stresses from school/learning. No significant between-group differences were found. Furthermore, no significant moderating effect of ER and PEC could be revealed.
Conclusion: Restrictions associated with the COVID-19 lockdown lead to negative consequences in children's daily lives. Nevertheless, current results indicate that children with ADHD are not more severely affected in the context of this specific crisis. Such data provide an important foundation for bringing the individual experiences of children and adolescents in the context of crises increasingly into the focus of research. This will help to better understand the mechanisms that can serve as starting points for early prevention

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Subcontribution 18701 to Session ID 5855
Day 2 - 30.06.2025, 14:15 - 14:30, Rome

# Focus on the whole family - awareness and support for children of mentally ill parents in psychiatric hospitals (The prevention program Stark im Sturm)

T48 - Public Health and Organisation of CAP Services

Abstract:

Objective

In Germany, an estimated 3-4 million children live with parents suffering from mental illness or addiction, making them 3-8 times more likely to develop their own mental illness. The COVID-19 pandemic and other crises have disproportionately impacted/affected disadvantaged families, contributing to a record number of children being placed in care by youth welfare offices. Despite the clear risk, parental mental illness and its impact on children are rarely addressed in clinical treatment. In addition, lack of knowledge, isolation and stigmatization often prevent affected families from accessing necessary support.

Methods

This project aims to support children of mentally ill parents by integrating “child representatives” into adult psychiatric wards and outpatient clinics to connect families with regional support services. For this purpose, collaboration between psychiatric clinics and the youth welfare system is strengthened. Standardized child protection protocols are being developed, alongside a system for family-centered psychiatric treatment to manage complex cases involving multiple affected family members. Key partners include the Central Institute of Mental Health, the University of Heidelberg’s Clinics for General Psychiatry and Child and Adolescent Psychiatry, and three psychiatric centers in Baden-Württemberg (PZN Wiesloch, ZfP Weinsberg, and ZfP Weissenau). A child protection screening for adult psychiatric units is being developed in cooperation with the Department of Child and Adolescent Psychiatry at Ulm University Hospital.

Results

The pilot study revealed significant burden on both parents and children in the participating families, with no major differences between families affected by addiction versus other psychiatric disorders. Over two years, staff awareness of child wellbeing and cooperation between hospitals and the youth welfare system improved significantly.

Conclusions

Further research is urgently needed to assess the direct experiences of children and to evaluate long-term outcomes. A follow-up study now underway includes direct assessments of parents and children over six months, examining the effect of the intervention on quality of life, functioning, symptom severity, and overall burden.

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Subcontribution 18683 to Session ID 5855
Day 2 - 30.06.2025, 14:30 - 14:45, Rome

Trauma-Sensitive Schools: Addressing Mental Health Needs of Refugee and Non-Refugee Students in Inclusive Classrooms
T48 - Public Health and Organisation of CAP Services

Abstract:
Background
The mental health of children and adolescents is increasingly impacted by global crises such as forced migration, armed conflicts, and socioeconomic instability. Refugee children entering schools face significant challenges, often carrying trauma that affects their ability to engage in learning and social interactions. The TRAILS project (funded by the German Ministry for Education and Research) was developed to implement and evaluate a trauma-sensitive school mental health framework in inclusive classrooms, addressing the needs of both refugee and non-refugee students.
Methods
The project employed a mixed-methods design. A qualitative needs assessment included semi-structured interviews and focus groups with teachers, students, and parents from three secondary schools. Insights from this phase informed the development of trauma-sensitive tools, including specialized screening methods, classroom management strategies, and cognitive-behavioral interventions. The intervention's efficacy was assessed using a quasi-experimental wait-list control group design involving 40 classes and 1,040 students. Quantitative data were collected to evaluate the impact on trauma-related behaviors, emotional regulation, and classroom climate.
Results
The study revealed statistically significant improvements in students' mental health outcomes and emotional regulation in classrooms that implemented trauma-sensitive interventions. Teachers reported reduced disruptive behaviors and enhancement in classroom climate, particularly in classes with a higher proportion of refugee students. These interventions fostered a culturally responsive environment, improving engagement and resilience among both refugee and non-refugee students.
Conclusion
The TRAILS project demonstrates that trauma-sensitive schools can effectively address the mental health needs of refugee and non-refugee students in inclusive classrooms. The tools and strategies developed are being shared as Open Educational Resources to support educators nationwide. By integrating trauma sensitivity into educational practices, schools can promote equity, resilience, and psychosocial well-being, ensuring that all students are supported in navigating the complexities of a rapidly changing world. This presentation offers a practical framework for educators and policymakers to adapt these evidence-based approaches to diverse settings.

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Subcontribution 19377 to Session ID 5855
Day 2 - 30.06.2025, 14:45 - 15:00, Rome

# Factors Contributing to Delayed Discharges in Mental Health Patients in an Acute Paediatric Medical Hospital: A Retrospective Study

T48 - Public Health and Organisation of CAP Services

Abstract:

Background

Delayed discharges in mental health patients pose significant challenges in acute paediatric medical settings, impacting patient care and hospital resource allocation. This study aimed to identify factors associated with prolonged hospital stays for mental health patients under the care of the Paediatric Psychiatry Liaison Service over a five-year period.

Methods

A retrospective chart review was conducted for all patients admitted under the Psychiatry Liaison Service in a paediatric medical hospital from April 2019 to May 2024. Patients whose length of stay (LOS) exceeded the upper quartile threshold (30 days) were identified. Data collected included demographics, primary psychiatric diagnoses (ICD-11), co-occurring conditions, discharge destinations, and reasons for delayed discharges.

Results

Among 107 patients with LOS >30 days, the mean LOS was 64.2 days (SD 50.3). The cohort's mean age was 14.1 years (SD 1.8), with 67.3% female. Eating disorders (51.4%) and mood disorders (20.6%) were the most common diagnoses. Co-occurring psychiatric conditions were present in 73.8% of patients, and 41.1% had underlying neurodivergence. Only 29.0% had pre-existing community supports, and 11.2% were involved with social services. Of those referred to an Inpatient Psychiatric Unit (IPU), 38.7% were accepted, with delays often related to diagnostic complexity and resource limitations. The majority (75.7%) were discharged to CAMHS, while 11.2% transitioned to an IPU.

Conclusions

Delayed discharges among paediatric mental health patients are influenced by diagnostic complexity, insufficient community supports, and limited IPU acceptance. Addressing systemic barriers and enhancing transitional care pathways could reduce prolonged LOS and optimise resource use.

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Subcontribution 18767 to Session ID 5855
Day 2 - 30.06.2025, 15:00 - 15:15, Rome

# Crisis-related negative cognitive and emotional responses in children and adolescents: A systematic review

T48 - Public Health and Organisation of CAP Services

Abstract:

Aims

Children and adolescents are burdened in the face of various social, political and health crises. This developmentally vulnerable group is particularly susceptible to cognitive and emotional problems in relation to these macro-level crises. To date, there is no systematic overview of the specific negative reactions associated with single and multiple crises and whether these are related to poorer mental health.

Methods

A systematic literature review was conducted to identify relevant cognitive and emotional reactions in the context of crises. The review was preregistered on PROSPERO (CRD42024521532) and follows the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). The search strategy was based on the PECO criteria and peer-reviewed. The screening process was supported by the AI tool ASReview. Study quality was assessed using established checklists. Findings are presented through narrative data synthesis.

Results and Conclusion

In total, 40,221 records were identified in four databases (PsycINFO, MEDLINE, Web of Science, Scopus), of which 0.4% remained after screening. More than 90% of studies were quantitative, more than half were conducted in Europe and the USA and 75% report reactions to the Covid-19 pandemic (e.g. fear of Covid). Studies report anxiety, worry and stress. Outcomes were assessed using self-developed items, only few validated scales were used. Correlations between crisis-related reactions and reduced well-being are reported. Studies focusing on polycrises are rare. Continuous monitoring of crisis-related burdens using valid assessment instruments is necessary to investigate the influence of (multiple) crises on the mental health of adolescents and to react promptly.

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Symposium 18630 to Session ID 5838
Day 2 - 30.06.2025, 13:45 - 15:15, Amsterdam

When evidence is not sufficient: The ethics of gender dysphoria management in minors
T30 - Policy / advocacy

Abstract:
The panel will enrich the audience's understanding of the need to manage the tension between the conflicting bioethics principles inherent in providing care to gender-dysphoric adolescents. In recent years, systematic reviews of evidence for youth gender transition conducted in Finland, Germany, Sweden, the United Kingdom, and the United States have found low to very low certainty of benefits, and highlighted the uncertain or unfavorable risk-benefit ratio of the practice. Now the field must decide whether and on what basis such interventions are to be offered. Some advocate for a patient-autonomy framework, while others emphasize other bioethical frameworks and principles, such as beneficence, non-maleficence, and the right to safe and effective medical care.
The panel will explore bioethical principles and frameworks for medical interventions. The speakers will discuss predictive validity of diagnosis and risk-benefit profile of puberty blockers and cross-sex hormones. Next, the panelists will engage with adolescent development and the capacities and limitations of adolescents as decision-makers.
The panelists will discuss alternatives to medical transition in adolescence, with a focus on exploratory psychotherapy and how developmentally-informed approaches may address distress and promote informed consent. The panel will conclude with reflection on the differences between adolescent and adult gender transition, the role of the mental health professional in promoting young people's best interests by providing objective, holistic and honest appraisals, and helping young people accurately assess the arguments for and against medicalisation.

Authors:
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Subcontribution 18631 to Session ID 5838
Day 2 - 30.06.2025, 13:45 - 14:00, Amsterdam

Medical transition: ‘Do no harm’ or ‘The customer is always right’?
T30 - Policy / advocacy

Abstract:
Advocates of pediatric medicalized gender transition offer two different primary justifications for the provision of hormonal or surgical interventions. The first grounds the permissibility of the treatments in their purported ability to improve the health of patients, for example by reducing gender dysphoria, depression, and suicidality. The second justification rejects pathologization, appealing not to the value of good health but instead to the autonomy of patients and, more specifically, to the ability of the medical interventions to satisfy patient desires with respect to physical appearance. Clinician researchers have generally favored the former justification, as it reflects a traditional aim of medicine, which is the reduction of health-related dysfunction and related suffering. However, this may be changing. The ICD-11 diagnoses of “Gender Incongruence in Childhood” and “Gender Incongruence in Adolescence and Adulthood,” which went into effect in 2022, include no reference to distress, dysfunction, or impairment. At the same time, some influential bioethicists as well as leading clinicians have begun to question the health-based justification for medical transition, defending instead a patient-led, autonomy-based “gender embodiment goals” approach. This shift away from health concerns and toward personal expression via hormonal or surgical manipulations is, I argue, a mistake that puts vulnerable patients at significant risk of serious medical harm. Patient autonomy is best understood not as a patient’s right to determine what treatments should be offered but, rather, the right to say “no” to unwanted medical intervention. In making my case, I will summarize Beauchamp and Childress’s influential “four principles” approach to biomedical ethics.

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Subcontribution 18632 to Session ID 5838
Day 2 - 30.06.2025, 14:00 - 14:15, Amsterdam

# A defence of non-medical interventions for gender dysphoria

T30 - Policy / advocacy

Abstract:
It is fundamental to medicine and medical ethics that medical interventions should have a favorable risk-benefit profile. Accordingly, doctors are under ethical and professional role obligations to ascertain that any medical treatment they offer on balance can be expected to benefit their patients.
I will briefly assess the harms and benefits of puberty blockers and cross-sex hormones for adolescents with gender dysphoria (GD), to explain why several countries have severely restricted routine use of these medical interventions. While the increased weight given to patient values and preferences in medicine is generally a good development, I will argue that this does not mean that objective medical harms and benefits don't matter if patients state they don't matter to them. For example, preservation of fertility and sexual functions are important goods, central to minor's right to an open future, even if they do not care about these currently.
One central concern regarding medical treatment of GD is the lack of the predictive value of a GD diagnosis in adolescence, given that these minors are still in the course of further identity development. So, we do not know for how many of these patients their GD would dissolve over the course of time, while providing psycho-social support and treating co-occurring mental health problems when appropriate. Based on the concerning harm-benefit profile of medical treatment, I will argue for psychotherapy as the least invasive first-line intervention for adolescents with GD, in particular for those with 'adolescent onset' GD. This will be distinguished from 'conversion therapy'.

Authors:
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Subcontribution 18633 to Session ID 5838
Day 2 - 30.06.2025, 14:15 - 14:30, Amsterdam

Applying the neuroscience of teenage decision-making in the gender clinic
T30 - Policy / advocacy

Abstract:
Adolescents' decision-making and risk-taking behaviours are shaped by unique neurodevelopmental, social, and cultural factors. Historical and cross-cultural observations confirm that adolescence is a universal period of impulsivity whilst studies in humans and animals demonstrate increased risk-taking behaviours, particularly in social contexts. Neurodevelopmental evidence highlights a mismatch between the limbic system, which matures early and drives sensation-seeking behaviour, and the prefrontal cortex, which matures later and governs impulse control. This neurodevelopmental mismatch underpins many of the increased risk-taking behaviours seen in adolescence. Risk taking is further heightened by increased sensitivity to peer influence and the drive for social acceptance during adolescence. Functional imaging studies reveal increased activity in the adolescent medial prefrontal cortex during social evaluation when peer approval is often prioritised over long-term consequences in decision making. Interventions targeting adolescent behaviours, such as anti-smoking or healthy eating campaigns, benefit from framing messages in socially resonant and autonomy-supportive ways. Approaches that emphasize values like rebellion against manipulation by corporations are more effective than traditional health-focused messaging.
This presentation will examine how these lessons from neuroscience can be applied in the gender clinic when it comes to considering whether children and adolescents have the necessary cognitive architecture to make informed decisions about elective treatment pathways with potentially irreversible long term effects.

Authors:
**Presenter,** Prof. Sallie Baxendale

Subcontribution 18634 to Session ID 5838
Day 2 - 30.06.2025, 14:30 - 14:45, Amsterdam

The role of psychotherapy in fostering patient autonomy
T30 - Policy / advocacy

Abstract:
Developmentally informed psychotherapy as a first-line intervention for youth experiencing gender dysphoria fosters autonomy and enhances the patient's ability to make informed decisions. It allows them to explore and reflect on their identity within the broader contexts of their lives. Given the individualized nature of both identity formation and gender dysphoria in youth, this approach emphasizes a patient-centered process where young people gain deeper insight into their experiences, helping them understand themselves more fully.
In contrast, limiting treatment to an affirmative approach without considering the broader context of an individual's identity or developmental stage reduces the therapist to mere facilitator of gender transition, offering shallow analysis and simple solutions to complex issues. This risks narrowing a patient's self-perception, potentially leading to medical decisions that are not in the best interest of the young person.
By maintaining an open, exploratory stance, psychotherapy clarifies the complex interplay of identity, social influences, and co-occurring psychological conditions, ensuring any medical decisions are informed and appropriate. It thus upholds autonomy, psychological well-being, and ethical care by ensuring that choices around managing gender dysphoria are carefully considered in light of the patient's developmental, psychological, and social context.

Authors:
**Presenter,** Paul Garcia-Ryan

Subcontribution 18636 to Session ID 5838
Day 2 - 30.06.2025, 14:45 - 15:00, Amsterdam

Psychotherapy for children with gender-related distress post-Cass Review
T30 - Policy / advocacy

Abstract:
In April 2024, Dr. Hilary Cass published the conclusions of her independent review of gender identity services for children and young people. She recommended psychosocial and therapeutic interventions for treating trans identified and gender distressed children and young people. The role of psychology and psychotherapy in gender care in recent years has been mainly focused on supporting medical decisions, so new approaches need to be developed. Therapists need to acknowledge the tensions between what is known about child and adolescent development and the affirmative medical approach for managing gender related distress. Whilst the affirmative model relies on the principle of patient autonomy to justify medical decisions (Oosthoek et al., 2024), the Cass Review highlights the weaknesses in the evidence base and the widespread misinformation that propagates in the area. The Cass Review reiterates the need for therapists to hold a different level of responsibility and accountability when it comes to working with children and adolescents in a process of development and who require a different standard of safeguarding to adult patients. In this context an informed consent model of care is not sufficient. Young people have a human right to access safe and ethical therapeutic and medical care based on professionals' objective, holistic and honest appraisals about what is in their best interests. Psychotherapists will need to work in an age-appropriate way to help young people understand how gender related distress has been constructed in recent decades and how to accurately assess the arguments for and against medicalisation.

Authors:
**Presenter,** Dr. Anna Hutchinson

Symposium 19726 to Session ID 5959
Day 2 - 30.06.2025, 13:45 - 15:15, Londres 1

Workshop: Building a clinical academic career in child & adolescent psychiatry: perspectives from across Europe
T30 - Policy / advocacy

Abstract:

Authors:

Subcontribution 18404 to Session ID 5959
Day 2 - 30.06.2025, 13:45 - 15:15, Londres 1

Building a clinical academic career in child & adolescent psychiatry: perspectives from across Europe
T30 - Policy / advocacy

Abstract:
This interactive session organised by the ESCAP Early Career and Trainee CAPs Committee aims to provide early career researchers in child and adolescent psychiatry with successful real world examples of academic child psychiatrists from across Europe.
The session, facilitated by an early career investigator, will feature 4 clinical academics from diverse backgrounds and levels of experience in academic child and adolescent psychiatry, from countries with a varying research cultures and resources. Each discussant will provide a brief overview of their academic journey as a child psychiatrist, common difficulties they have faced building their research careers, and share tips on networking and career advancement. ESCAP initiatives and other international opportunities to support the academic development of child psychiatrists will also be covered.
Participants will be invited to discuss clinical academic pathways in their countries, the session will finish with a Q&A.

Authors:
**Presenter,** Dr. Asilay Seker Institute of Psychiatry, Psychology & Neuroscience, King's College London
**Presenter** Prof. Konstantinos Kotsis Faculty of Medicine, University of Ioannina
**Presenter** Prof. Dr. Paul Klauser Lausanne University Hospital (CHUV)
**Presenter** Prof. Alexis Revet Toulouse University and CHU
**Presenter** Dr Laelia Benoit Yale School of Medicine

Symposium 17689 to Session ID 5993
Day 2 - 30.06.2025, 13:45 - 15:15, Londres 2

Innovating Mental Health Care: Designing Specialized Programs for Adolescents
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
This panel will explore the growing need for tailored mental health interventions for teenagers. With the rise in adolescent mental health issues, specialized care programs in hospital settings and private practices are crucial. This symposium will focus creating specialized programs in hospitals and privately, integrating interventions such as psychedelics, and creating a program for transgender youth. These programs offer intensive care for adolescents facing severe mental health challenges. Through a multidisciplinary approach that includes crisis intervention, inpatient care, and rehabilitation, hospital programs aim to stabilize teens and provide the necessary therapeutic support for long-term recovery. In private practice settings, more personalized and flexible care can be provided. These programs often focus on individual and group therapies, family support, school placement and one on one coaching to help with de-escalation and organizational work, which offers tailored interventions that help teens work through their emotions in a safe and supportive environment. With the use of ketamine and other psychedelics, these therapies havs emerged as a promising treatment for adolescents with treatment-resistant depression, anxiety, and PTSD. In a controlled setting, ketamine can provide rapid symptom relief, helping teens regulate their emotions and improving their mental health quickly. Given the evolving evidence regarding interventions for trans-gender youth, clinicians have been able to create thoughtful programs for teens and their parents with an intergrated and collaborative medial team of diverse clinicians as well as school allies.
This symposium will explore how these specialized programs can improve adolescent mental health outcomes by providing innovative and targeted care options. Following the presentations there will be a discussion about strategies to implement care.

Authors:
Prof. Dr. Scott Palyo Mount Sinai ICAHN, School of Medicine

Subcontribution 17691 to Session ID 5993
Day 2 - 30.06.2025, 13:45 - 14:00, Londres 2

Supporting Adolescent Wellness: Tailored Mental Health Programs in Private Practice
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
This presentation explores a holistic approach to adolescent mental health in private practice. Although this can be difficult as many aspects of this to be coordinated, it is possible to integrate psychiatric care with additional supports such as academic coaching, nutritional and wellness counseling, creative arts, group therapy and parent coaching therapy as an individual clinician.
Aim:
The goal is to equip mental health professionals with practical strategies for developing a multi-faceted adolescent mental health program that addresses psychiatric, academic, and emotional well-being even as a solo provider.
Method:
This approach combines individualized psychiatric sessions with academic support, one-on-one coaching, creative arts therapies, group therapy, and wellness counseling. It also incorporates parent coaching to ensure a collaborative approach to treatment. Time management and client-centered strategies are emphasized to ensure that all areas of an adolescent's needs are met in a manageable, effective manner.
Results/Conclusion:
By integrating these various services, private practices can provide a more comprehensive and balanced approach to adolescent mental health, leading to improved emotional, academic, and social outcomes. This model supports the long-term well-being of adolescents while fostering greater engagement in the therapeutic process. Additionally, the inclusion of parent coaching helps reinforce treatment goals at home, promoting sustainable positive change. Overall, this holistic model offers a more personalized and effective way to address the diverse needs of adolescents in mental health care.

Authors:
**Presenter,** Prof. Dr. Scott Palyo Icahn School of Medicine at Mt Sinai

Subcontribution 17692 to Session ID 5993
Day 2 - 30.06.2025, 14:00 - 14:15, Londres 2

Development in Modern and Specialized Programs for Adolescents in a Hospital Setting
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Program development in child and adolescent outpatient clinics is challenging for a variety of reasons including turnover of providers and transient finding for specialized services. Even when opportunities present in respect to grant funding the support is often time limited. Nevertheless, even the temporary presence of specialized services provides education for the staff and sets the base for expanding of clinical services to the patients.
Methods:
This presentation will discuss the development of several specialized clinical programs at The Child and Family Institute (CFI) at the Mount Sinai Health System. These programs were established by collaborations with teams that have received federal funding for particular projects. Both research and clinical teams have collaborated on recruitment as well as fine-tuning clinical and research assessments, aiming to provide comprehensive assessment and expedite treatments to patients.
Results:
The CFI, a Harlem based outpatient child clinic, has collaborated with several programs that has conducted clinical research in the areas of ADHD, substance use, psychosis and anxiety disorders. These collaborations resulted in staff training in Structured Interview for Psychosis-Risk Syndrome (SIPS), DBD for anxiety and self-harm and leading a Parent Support group for teen with SUD. After the implementation of these collaborations the CFI was able to continue to provide specialized services utilizing the new skills acquired by the staff both as part of research and routine clinical care.
Conclusion:
Collaborations between federally funded and clinical programs present opportunities for the delivering of specialized services to youth and their families who otherwise may not have the access for such level of care.

Authors:
**Presenter,** Dr. Iliyan Ivanov Icahn School of Medicine at Mt Sinai

Subcontribution 17693 to Session ID 5993
Day 2 - 30.06.2025, 14:15 - 14:30, Londres 2

What next? What can we do medication regimens to treat Depression and Anxiety in the adolescent population aren't getting the desired results?
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
The incidence of depression and anxiety among adolescents has risen dramatically, with the COVID-19 pandemic further exacerbating this crisis. Alarmingly, suicide has become one of the leading causes of death in this age group, highlighting an urgent need for innovative and effective treatment strategies. Despite this pressing need, the treatment landscape is often constrained by the limited number of FDA-approved medications for adolescents and the variable efficacy of first-line interventions. These challenges frequently lead to the off-label use of medications or complex polypharmacy approaches, which can increase side effects without adequately addressing symptoms.
In recent years, novel treatments such as ketamine, transcranial magnetic stimulation (TMS), and psilocybin-assisted therapy have demonstrated significant success in adults with treatment-resistant depression and anxiety. These therapies hold promise for adolescent populations, offering new avenues for those unresponsive to conventional approaches.
Aim:
This presentation seeks to empower clinicians by providing the knowledge and tools needed to confidently consider and implement these cutting-edge treatments in adolescent patients when clinically indicated.
Method:
The session will review the latest research on the efficacy, safety, and tolerability of ketamine, TMS, and psilocybin in mood and anxiety disorders. Practical insights will be shared through case studies, emphasizing real-world applications and addressing safety considerations unique to adolescent populations.
Goal:
By the conclusion of this session, attendees will have a clear understanding of these emerging therapeutic options and their potential benefits for adolescents. The goal is to equip practitioners with the competence and confidence to integrate these therapies responsibly, expanding treatment possibilities for a population in critical need.

Authors:
**Presenter,** Dr. Jeff Corbin

Subcontribution 17694 to Session ID 5993
Day 2 - 30.06.2025, 14:30 - 14:45, Londres 2

Gender and Sexuality in Development: Addressing Gaps in Psychiatric Training
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Gender and sexuality are integral to identity formation and developmental milestones in children and adolescents. Increasing diversity in these areas has highlighted gaps in medical education, particularly in psychiatry training. Medical schools, residencies, and child psychiatry fellowships often lack adequate preparation for trainees to address the needs of gender-diverse youth. As data grows, the critical role of psychiatrists, especially child and adolescent psychiatrists, has become evident.
Gender-diverse youth are presenting more frequently, whether for primary gender care or primary psychiatric care. These presentations require nuanced understanding and attention to gender development. New York City has been at the forefront of transgender and gender-affirming care. At Northwell Health, New York's largest healthcare system, two transgender consultation programs were established within the Department of Medicine. Over the past decade, these programs have served thousands of patients and fostered interdisciplinary collaboration across specialties.
Psychiatry has played a vital role in these programs, particularly in training psychiatry residents, child psychiatry fellows, and consultation-liaison fellows. These efforts have equipped trainees to provide psychiatric care to gender-diverse patients in primary psychiatry clinics. Furthermore, the programs have been instrumental in advocating for expanded transgender care locally and nationally.
Conclusion:
Gender development is a growing focus in psychiatry. Child and adolescent psychiatrists play a crucial role in addressing the needs of gender-diverse youth. As more patients seek care, specialized training and interdisciplinary collaboration are essential for providing effective, affirming care.

Authors:
**Presenter,** Dr. Shervin Shandianloo Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

Subcontribution 17297 to Session ID 5993
Day 2 - 30.06.2025, 14:45 - 15:00, Londres 2

Countering (violent) extremism – What do child and adolescent psychiatrists and psychotherapists need to be able to contribute?
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Aims: Countering (violent) extremism is a task for the whole society and child and adolescent psychiatrists and psychotherapists are relevant actors in the prevention of (violent) extremism. However, dealing with and treatment of extremist patients pose considerable challenges for child and adolescent psychiatrists and psychotherapists. Methods: Based on two online surveys of physicians and psychotherapists in Germany as part of a project to develop and evaluate an e-learning training course on extremism in treatment (Study 1 n=364, Study 2 n= 2965), the main challenges in countering (violent) extremism for child and adolescent psychiatrists are identified and presented. Results and Conclusions: The most relevant aspects for the participants are dealing with aggressive behaviour, cooperation with security authorities and dealing with confidentiality when crimes are imminent. Of the participants in the study, 58% (Study 1) and 66% (Study 2) respectively already had contact with extremist patients. Most of the patients belonged to the right-wing extremist spectrum and the German Querdenken movement. Most participants identified a knowledge gap regarding the topic of extremism (Study 1: 78%) and uncertainties regarding the treatment of extremist patients (Study 2: 73%). The implications in terms of training and the role of child and adolescent psychiatrists and psychotherapists regarding the prevention of (violent) extremism are discussed.

Authors:
**Presenter,** Prof. Dr. Marc Allroggen University Hospital Ulm
Dr. Thea Rau University Hospital Ulm

Symposium 17632 to Session ID 5842
Day 2 - 30.06.2025, 13:45 - 15:15, Berlin

Digital Mental Health Interventions for Adolescents: Innovations, Challenges, and Future Directions
T01 - AI and digital health

Abstract:
This symposium explores innovative research and implementation efforts in digital mental health interventions for adolescents, aiming to address key challenges and opportunities in this evolving field.
The first contribution examines the usage patterns and predictors of engagement with an emergency chat service for adolescents in suicidal crises. Findings highlight the chat's utility as a low-threshold intervention for suicide prevention.
The second presentation focuses on the development and evaluation of the JAY app, a digital tool designed to enhance therapeutic homework adherence in adolescents with internalizing disorders, offering promising insights into its usability and potential efficacy.
The third study evaluates the implementation of the Robin Z app, a transdiagnostic, resource-oriented tool supporting adolescents' psychotherapy. Preliminary results indicate high acceptance among both patients and therapists, with ongoing research exploring broader clinical applications.
The fourth presentation shares results from one of the ProHEAD-Consortium's randomized controlled trial, which assessed the impact of a blended online intervention on promoting help-seeking behaviors among adolescents. Findings suggest the intervention benefits younger adolescents but highlight challenges in engaging older age groups.
Finally, the fifth contribution investigates facilitators and barriers to implementing a transdiagnostic therapeutic app, identifying core features valued by users and clinicians while addressing technological and practical constraints.
Collectively, this symposium critically examines the transformative potential of digital interventions in adolescent mental health care, emphasizing the need to address current limitations and refine strategies for future advancements.

Authors:
**Chair** Prof. Dr. Michael Kaess
**Co-chair** Prof. Dr. Anja Görtz-Dorten

Subcontribution 17634 to Session ID 5842
Day 2 - 30.06.2025, 13:45 - 14:00, Berlin

# Emergency Chat: Patterns and Predictors of Chat Usage in Suicidal Crises

T01 - AI and digital health

Abstract:
Aims: In Western countries, suicide is the second or third leading cause of death among adolescents. In Switzerland, suicidal ideation among adolescents has a prevalence of 9.6%, and 0.9% of adolescents aged 15 to 24 years have attempted suicide. Low-threshold support services, such as hotlines, are available to young people but are rarely utilized. The present study investigates the implementation and use of an emergency chat as an alternative form of communication to provide support to adolescents in suicidal crises. The study aims to evaluate the use of the chat and understand how such a chat can serve as a low-threshold intervention for suicide prevention. Methods: Selected adolescents (n=77) aged 14 to 17 years, following psychiatric hospitalization in the emergency department, were given access to a chat. Usage data, chat dialogues (n=101), and predictors for usage were analyzed in conjunction with demographic and clinical variables. Results: Analyses show that among the 77 participants, 44 never used the emergency chat, 13 used it once, 17 used it two to five times, and 3 used it more than five times. Of the 101 chat dialogues examined, 40 addressed suicidality, 28 other psychological crises, 5 hallucinations, and 3 involved supporting a suicidal third party. Conclusion: Findings suggest that adding a chat to traditional support services effectively addresses the evolving communication needs of younger generations. Timely and low-threshold support options can be crucial for suicide prevention. Future research should explore whether the availability of a chat reduces the number of suicide attempts among adolescents.

Authors:
**Presenter,** Clemens Alexis Haupt
Patrick Köck
Jochen Kindler
PD. Dr. phil. Andrea Wyssen
Dr. Marialuisa Cavelti
Prof. Dr. Michael Kaess

Subcontribution 17635 to Session ID 5842
Day 2 - 30.06.2025, 14:00 - 14:15, Berlin

Development and evaluation of a mobile app to enhance treatment of adolescents with behavioural and emotional disorders
T01 - AI and digital health

Abstract:
Aims: Internalizing disorders during adolescence, including anxiety disorders and depression, are associated with negative long-term consequences. Cognitive behaviour therapy (CBT) was found to reduce symptoms. However, a proportion of patients does not benefit sufficiently, indicating that existing interventions should be improved. Therapeutic homework adherence (THA) was found to have an impact on symptom reduction. Unfortunately, THA rates are often low. Smartphone apps seem to be a promising tool to heighten THA. However, there is a lack of evidence for adolescents with internalizing disorders. Accordingly, the Journaling App for Youth (JAY) was developed for adolescents, supporting the implementation of therapeutic interventions between therapy sessions. The JAY-Trial aims to evaluate the JAY-App in terms of THA in adolescents compared to a group of patients receiving paper-and-pencil homework. Methods: The JAY-App is currently evaluated in a pilot study designed as a randomized controlled trial (RCT). N=70 patients aged between 13 and 17 with an internalizing disorder (anxiety disorders and depression) will be recruited and randomly assigned to a group using the JAY-App between therapy sessions or standard paper-and-pencil homework. Results and conclusion: Data on usability and satisfaction will be presented. Furthermore, preliminary results depicting differences in THA between the groups will be presented. The JAY-Trial is conducted as a pilot study to evaluate the necessity of a larger RCT. Nonetheless, results can contribute to filling the current gap in the literature investigating app-augmented CBT in youth and lead to better upstanding on how smartphone apps should be used to enhance therapeutic interventions.

Authors:
**Presenter,** Johanna Schäfer
Lisa Schindler
Prof. Dr. Manfred Döpfner
Prof. Dr. Anja Görtz-Dorten

Subcontribution 17636 to Session ID 5842
Day 2 - 30.06.2025, 14:15 - 14:30, Berlin

# Clinical implementation of the transdiagnostic smartphone application Robin Z for supporting the psychotherapy of adolescents

T01 - AI and digital health

Abstract:
Background: There has been increasing interest in the development of innovative technologies in the health sector because they can improve the accessibility, effectiveness, quality, and cost-effectiveness of treatment. Although many apps are available for young people with mental health problems, most of these have not been developed by professionals, and their effectiveness has not been evaluated. Based on these considerations, we developed the smartphone App Robin Z to support adolescents in psychiatric treatment. Robin Z is intended as a resource-oriented, transdiagnostic therapy-tool to support self-efficacy. It aims real-time symptom-assessment, to offer help in coping with symptoms and stressful situations in everyday life and to support medication adherence. It is currently applied in both inpatient and outpatient settings, regardless of the diagnosis. Despite preliminary encouraging research findings supporting the use of smartphone technology in psychotherapy, it remains unclear whether the consistent use of smartphone technology in outpatient clinics is practical outside of research projects. Therefore, we conducted an evaluation of the use of the smartphone app Robin Z to identify barriers in clinical implementation plus to assess the usability and applicability of the Robin Z app in clinical practice. Methods and Results: For a first pilot analysis about using Robin Z in clinical practice, we collected data of 27 adolescent patients and their caregivers (N=15) over a six-week period in four outpatient services. They all completed questionnaires on user-friendliness and satisfaction with Robin Z. The data shows that both clinicians and patients consider the app to be applicable and beneficial in therapy. 26 patients (96%) said, hey would recommend the app Robin to others. All therapists said that they would recommend Robin Z to other therapists. A new, more comprehensive study of its clinical implementation in our service is underway, and we will analyse the possible application of Robin Z in inpatient, outpatient and emergency services. We will be able to present this new data at the conference. Discussion: To the best of our knowledge, Robin Z is one of the first trans diagnostic apps developed by clinical experts as an additional tool to support psychotherapy for adolescent patients. The overall first results are very encouraging. The majority of patients and all psychotherapists would recommend the app to others.

Authors:
**Presenter,** lic.phil. Nina Traber-Walker
Dr.phil. Fabian Probst
Claudia Bühlmann
Lisa Steppacher
Prof. Dr. Susanne Walitza
Dr. med. Maurizia Franscini

Subcontribution 17637 to Session ID 5842
Day 2 - 30.06.2025, 14:30 - 14:45, Berlin

ProHEAD-Online - Promoting Help-seeking using E-technology for ADolescents with mental health problems: Results from a randomized controlled trial within the ProHEAD Consortium
T01 - AI and digital health

Abstract:
Background: Children and adolescents (C&A) are at greatest risk for mental health problems. Help-seeking behavior (HSB) in this age-group is low and delays in treatment contact common. Online interventions may overcome existing barriers in HSB. Methods: A randomized-controlled trial in a school-based community sample in Germany (five centers) was conducted. C&A (≥12 years) endorsing transdiagnostic mental health problems in online self-reports were automatically randomized (ProHEAD-Online versus control). The intervention was user-controlled, enabling engagement with an internet platform providing static content (control condition) or blended interventions (ProHEAD-Online; i.e., contact with professional and peer counsellors etc.) to motivate HSB after 12 months (primary endpoint). Findings: A sample of n = 1'470 (74.6% female) not reporting HSB at baseline were randomized (ProHEAD-Online: n = 739; control: n = 731). HSB of 4.5% (control) and 5.7% (ProHEAD-Online) was reported at the primary endpoint (OR = 1.27, 95% CI = [0.78, 2.10], p = .34). Age at baseline moderated the treatment effect (OR = 0.79, 95% CI = [0.64, 0.97], p = .03), with increased HSB in younger C&A. No significant differences by treatment arm on any of the assessed secondary outcomes. Interpretation: A blended intervention to increase HSB in C&A with mental health problems, was not superior to static online content. In line with existing evidence, HSB in C&A with mental health problems is low. Younger children may benefit from a blended-online intervention to motivate HSB. Addressing the group of older adolescents with mental health problems remains challenging.

Authors:
**Presenter,** Dr. Marialuisa Cavelti
Dr. Silvano Sele
Markus Moessner
Stephanie Bauer
Prof. Dr. Katja Becker
Prof. Dr. Rainer Thomasius
Christine Rummel-Kluge
Heike Eschenbeck
Prof. Dr. Julian Koenig
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Subcontribution 17638 to Session ID 5842
Day 2 - 30.06.2025, 14:45 - 15:00, Berlin

Facilitators and barriers by using a transdiagnostic therapeutic digital support in child and adolescent psychiatry.
T01 - AI and digital health

Abstract:
Objective: Therapy-assistive mental health apps can be used effective in the treatment of psychiatric disorders in children and adolescents. Although several apps already exist on the market, the most of them have been proven in different clinical trials. Very little is known about how the apps will be utilized by practitioners and psychotherapists and integrated in psychotherapists working routines. To better understand, how mental health apps should be designed, it is necessary to know more about different perspectives of users on essential app features and characteristics. Methods: Three feasibility studies of a transdiagnostic and therapy-accompanying app named Steps for adolescents were performed in three different treatment contexts: inpatient treatment, treatment in psychiatric outpatient clinics, and outpatient treatment with psychotherapists in private practice. All studies had a quantitative and qualitative quasi-experimental study design. Participants – adolescents and their psychotherapists - answered questions about self-confidence, psychopathology, therapeutic alliance, media affinity, attitudes towards therapeutic apps, perceived app-quality and feasibility, and the implementation process. Results: The study participation and app usage rates by both adolescents and psychotherapists were rather low across all studies (study one: n = 36 & n=18 respectively; study two: n = 16 & n=13; study three: n=3 & n=9 respectively). Overall, the implemented app Steps received good ratings in app quality. Six core features of Steps were identified as being important: mood checks, library, reminders, goals & tasks, emergency kit, and questionnaires. The most frequently used functions were the symptoms monitoring and the emergency kit. There was no effect of the app usage on self-confidence, psychopathology and therapeutic alliance. The most important barriers for integrating mental health apps into the clinical routine were technological issues and conditions in daily practice, such as the lack of time and resources. The most important driver was the perceived improvement of treatment quality. Conclusions: Both the adolescents and psychotherapists were generally willing to use a therapy-accompanying mental health app. However, study participation and app usage in the clinical routine were low. The feedback of both adolescents and psychotherapists has to be taken int account by designing therapy-accompanying apps in the future.

Authors:
**Presenter,** Prof. Dr. Michael Siniatchkin
Ira-Katharina Petras
Katarin Hermenau
Sarah Wüllner

Symposium 18758 to Session ID 5913
Day 2 - 30.06.2025, 13:45 - 15:15, Bruxelles

The intersection between Neurodevelopmental Disorders and long-term Personality Disorders
T28 - Personality Disorders

Abstract:
Diagnosing personality disorders (PDs) in childhood and adolescence remains a contentious topic, particularly within Europe. Historically, the diagnosis of PDs in individuals under 18 years of age was deemed inappropriate until the late 1990s. However, emerging evidence has challenged this perspective, demonstrating that personality traits associated with PDs can emerge during childhood and adolescence. In line with this, longitudinal studies have revealed that PDs diagnosed in adulthood often have identifiable precursors in earlier developmental stages. Research suggests that specific traits—such as emotional dysregulation, impulsivity, and social functioning difficulties—commonly observed in neurodevelopmental disorders and psychopathological conditions during childhood and adolescence, are associated with an elevated risk of developing PDs later in life. Despite this growing body of evidence, the mechanisms driving the emergence of PDs during childhood remain poorly understood.
This symposium aims to review and critically evaluate current knowledge regarding the intersection of neurodevelopmental conditions (specifically Autism Spectrum Disorder and ADHD) and mental health illnesses characterized by neurodevelopmental vulnerabilities (such as clinical high risk for psychosis) and their contributions to the later development of PDs. The discussion will be focused on identifying potential precursors of PD traits in childhood and adolescence from a neurodevelopmental perspective, emphasizing potential shared charcateristics underlying these conditions.

Authors:
Prof. Dr. Luigi Mazzone University of Rome Tor Vergata

Subcontribution 18759 to Session ID 5913
Day 2 - 30.06.2025, 13:45 - 14:00, Bruxelles

Neurodevelopmental Disorders and Personality Disorders: cause or consequence?
T28 - Personality Disorders

Abstract:
The presentation will offer a concise introduction to the symposium's background, summarizing the current state of knowledge on the interplay between neurodevelopmental disorders and mental health conditions in childhood, as well as their potential links to the later development of Personality Disorders. As the main chair, Prof. Mazzone will challenge the audience with thought-provoking and pivotal questions, setting the stage for an engaging exploration of the themes addressed in the subsequent presentations.

Authors:
**Presenter,** Prof. Dr. Luigi Mazzone

Subcontribution 18760 to Session ID 5913
Day 2 - 30.06.2025, 14:00 - 14:15, Bruxelles

# ASD and Borderline Personality Disorder in Adolescence: Exploring the interplay of neurodevelopmental and relational challenges.

T28 - Personality Disorders

Abstract:
Autistic children and adolescents with subthreshold symptoms or camouflaging are known to face an increased risk of depression, anxiety, and suicidal behaviors. Their difficulties with pragmatic language and interpreting implicit communication make them more vulnerable to relationship struggles, which heightens the risk of bullying and often leading to severe consequences such as school refusal or trauma-related symptoms. The presence of attachment disorders and alexithymia further complicates diagnosis, contributing to the misinterpretation of their prominent symptoms. In clinical practice, attachment disorders in autistic children and adolescents, particularly those exhibiting emotional dysregulation, self-harm, or social challenges such as repeated conflicts or exclusive relationships, are frequently misinterpreted and framed through the lens of borderline personality disorder, without adequate consideration of the underlying neurodevelopmental factors. We propose to investigate the evolution of anxiety, depression, and suicidality in adolescents with a history of subthreshold or camouflaged autism who present with borderline-like patterns (e.g., emotional dysregulation, hallucinations, self-harm, specific patterns of suicidal behavior, social/school avoidance) associated with experiences of bullying. By exploring how the unique sensory, emotional, neurocognitive, and attachment characteristics of autistic adolescents intersect with their experiences of bullying and trauma, we aim to better understand pathways leading to emotional dysregulation, self-harm, and borderline-like behaviors in autistic adolescents. This understanding will support the development of tailored approaches to identify autism in individuals exhibiting borderline-like behaviors, enabling targeted interventions that address their specific needs and provide effective support during this critical developmental stage.

Authors:
**Presenter,** Dr. Heloise Young Rouen University Hospital

Subcontribution 18761 to Session ID 5913
Day 2 - 30.06.2025, 14:15 - 14:30, Bruxelles

# Investigating Personality Disorders in individuals with Autism: preliminary results from a longitudinal observational study.

T28 - Personality Disorders

Abstract:
This observational study investigates the relationship between Autism Spectrum Disorder (ASD) and Personality Disorders (PDs), given the high co-occurrence of these conditions. Previous research suggests that individuals with PDs are more likely to meet criteria for ASD compared to the general population, but limited studies have explored the long-term impact of autistic symptoms on PD development.
The study aims to: (a) assess the prevalence of PD traits in individuals with ASD, (b) identify risk factors for PD development, and (c) explore gender differences in personality profiles within the ASD population. Participants include individuals with a neurodevelopmental history of ASD (ages 17–23) followed by the Child Neurology and Psychiatry Unit at Policlinico Tor Vergata. Inclusion criteria require prior clinical assessments (ages 10–17) documenting Intelligence Quotient (IQ), adaptive functioning, psychopathology, and autistic symptoms. At T1 (ages 17–23), personality traits will be assessed using the Personality Assessment Inventory for Adults (PAI) or Adolescents (PAI-A), along with reassessments of cognitive, adaptive, behavioral and autistic symptoms. Enrollment is ongoing, with three participants having completed the T1 assessment. Preliminary findings from this study will be discussed to deepen our understanding of the interplay between ASD and PDs, thereby supporting the development of more targeted diagnostic and detection strategies.

Authors:
**Presenter,** Dr. Assia Riccioni Policlinico Tor Vergata University Hospital

Subcontribution 18763 to Session ID 5913
Day 2 - 30.06.2025, 14:30 - 14:45, Bruxelles

# ADHD and Borderline Personality Disorder in Adolescence: Exploring Pathways and Clinical Implications.

T28 - Personality Disorders

Abstract:
The scientific literature on borderline personality disorder (BPD) underscores the critical role of traumatic events in the developmental history of individuals with this condition. Traumatic experiences, particularly during formative years, can significantly shape the emotional and relational patterns seen in BPD. Concurrently, numerous prospective and retrospective longitudinal studies have identified neurodevelopmental disorders, such as Attention Deficit Hyperactivity Disorder (ADHD), as key risk factors for the eventual development of BPD.
These two pathways—the traumatogenic and the dysexecutive—are often explored within the framework of Dialectical Behaviour Therapy (DBT), specifically through the model of emotional invalidation. DBT conceptualizes emotional invalidation as a central element in the development of BPD, suggesting that both trauma and ADHD-related symptoms may intersect to foster this disorder.
However, the specific contributions of ADHD symptoms—particularly inattention and impulsivity—toward the formation of BPD remain somewhat ambiguous. While ADHD is widely recognized as a neurodevelopmental condition that disrupts executive functioning, the precise mechanisms through which its symptoms influence borderline traits are not yet fully elucidated.
In this presentation, we seek to provide a clinical interpretation of how these two pathways—the traumatogenic and the dysexecutive—interact within the developmental trajectory of BPD during adolescence. By understanding how ADHD symptoms such as inattention and impulsivity may intersect with traumatic experiences, we can better comprehend their collective impact on the emergence and progression of borderline personality disorder in this vulnerable age group.

Authors:
**Presenter,** Prof. Dr. Mario Speranza Université Paris Saclay, Versailles

Subcontribution 18765 to Session ID 5913
Day 2 - 30.06.2025, 14:45 - 15:00, Bruxelles

# Exploring the Interplay Between Psychosis-Risk and Emerging Personality Disorders in Adolescents.

T28 - Personality Disorders

Abstract:
Emerging evidence suggests that adolescents at clinical high risk for psychosis (CHR-P) often present with complex clinical profiles, including comorbid emerging personality disorders. Understanding this comorbidity is essential, as personality pathology can impact both the trajectory and treatment responsiveness of psychosis-risk states. This study leverages a robust database of adolescents with CHR-P and comorbid emerging personality disorders to examine the clinical characteristics, functional outcomes, and potential markers predictive of psychosis onset within this unique subgroup. Our data reveal that adolescents with this dual diagnostic profile exhibit higher levels of functional impairment, emotional dysregulation, and interpersonal difficulties compared to CHR-P youth without personality pathology. Preliminary analyses also indicate that specific personality traits, such as emotional instability and impulsivity, may interact with psychosis-risk symptoms, potentially accelerating symptom progression or impacting therapeutic outcomes. These findings highlight the need for tailored intervention approaches that simultaneously address both psychosis-risk factors and underlying personality pathology. Further, our study underscores the importance of early identification and integrated care models to mitigate the impact of this complex comorbidity on adolescent developmental trajectories.

Authors:
**Presenter,** Prof. Dr. med. Marco Armando Division of Child and Adolescent Psychiatry, Lausanne University Hospital, Switzerland

Symposium 19363 to Session ID 5903
Day 2 - 30.06.2025, 13:45 - 15:15, Boston

# The Power of Precision: Innovative Approaches to Behavioural, Genetic, Microbiomic, and Psychosocial Phenotyping for Enhancing Precision Child and Youth Mental Health

T47 - Prevention & intervention

Abstract:
Meta-analytic data from systematic reviews of behavioral and pharmacological treatments for psychiatric disorders highlight significant variability in treatment responses, underscoring the need for innovative models of care delivery to ensure more children and youth derive benefits from treatment. A Precision Child Mental Health Framework has transformative potential to address this gap. Recognizing the complex interplay of biobehavioral, familial, and social determinants in the etiology of psychiatric disorders, phenotyping these drivers enables optimized, personalized interventions and catalyzes advancements in mental health care. This symposium will portray how innovative methods of behavioural, biological, familial, and psychosocial phenotyping, and their application can be harnessed to transform child and youth mental health research and clinical care. Presentations will highlight the potential for digital health technologies, capturing real-time data on behavior, mood, neurological activity, and physiological arousal to enhance precision-based clinical trials, assessment and treatment. The importance of measurement of patient-reported outcomes for advancing patient care will be demonstrated. We will also delineate how adverse childhood experiences (ACEs) negatively impact mental health, and discuss measurement considerations, including how assessment of intergenerational ACEs informs individualized approaches to mental health care. Acknowledging the strong biological basis of psychiatric disorders, novel yet feasible approaches to phenotyping the microbiome and its association with mental health disorders will be examined, providing evidence for a modifiable biomarker. The symposium will conclude by presenting cutting edge research on genetic and epigenetic influences of psychiatric disorders, as well as evaluating pharmacogenetic approaches and its potential to revolutionize precision child and adolescent psychiatry.

Authors:
**Chair** Dr. Gary Goldfield Children's Hospital of Eastern Ontario

Subcontribution 19389 to Session ID 5903
Day 2 - 30.06.2025, 13:45 - 14:00, Boston

# Meaningful Measurement: The Importance of Understanding What We Are Measuring in Trials and Care of Adolescents with Depression.

T47 - Prevention & intervention

Abstract:
Aims: Measurement science aims to ensure that what we measure is meaningful. With that aim, we systematically evaluated 12 Patient Reported Outcome Measures (PROMs) commonly used to measure depression symptom severity in adolescents with depression
Methods: PROMs included the Beck Depression Inventory (BDI) and BDI-II, Centre for Epidemiologic Studies Depression Scale for Children (CES-DC), Children's Depression Inventory (CDI) and CDI-2, German Depression Inventory for Children and Adolescents (DIKJ), Kutcher Adolescent Depression Scale (KADS), Mood and Feelings Questionnaire (MFQ), Patient Health Questionnaire 9 (PHQ-9), Profile of Mood States - Short Form (POMS-SF), PROMIS Pediatric Short Form v2.0 - Depressive Symptoms (PROMIS), and Reynolds Adolescent Depression Scale (RADS-2). Study appraisal (i.e., risk of bias), evaluation of measurement properties, and evidence synthesis followed the COnsensus-based Standards for the selection of health Measurement Instruments (COSMIN) guidelines. Included studies evaluated at least one of nine measurement properties within a reported sample or subgroup of youth 12 to 24 years, with at least 40% meeting criteria for any depressive disorder.
Results and Conclusions: Of 15,560 records identified, 31 studies for 7 PROMs were included in the COSMIN appraisal with no data found for 5 PROMs. Overall, high-quality evidence was lacking preventing any of the PROMs from being recommended for use. The BDI-II, PHQ-9 and MFQ show the most promise. Further evaluative work on structural validity and internal consistency along with engagement of adolescents with depression around content validity of current PROMs is required. Until then, clinicians and researchers should proceed with caution when using these PROMs.

Authors:
**Presenter,** Dr. Suneeta Monga The Hospital for Sick Children
Sorina Andrei The Hospital for Sick Children
Sneha Patel The Hospital for Sick Children
Abiramy Srirangan University of Limerick
Ellen Elsman Amsterdam University Medical Center
Prof. Dr. Martin Offringa The Hospital for Sick Children

Subcontribution 19411 to Session ID 5903
Day 2 - 30.06.2025, 14:00 - 14:15, Boston

Leveraging Digital Phenotyping and Wearables to Enhance Clinical Trials and Precision Child and Youth Mental Health Care
T47 - Prevention & intervention

Abstract:
Child and youth mental health is a growing global concern, contributing 13% to the Global Burden of Disease, highlighting the urgent need to gain insights into etiology, and improve treatment delivery. Advancements in digital health technologies (DHTs) hold promise in playing a pivotal role in achieving these lofty ambitions. DHTs, like smartphone apps and wearables, offer unique opportunities to collect real-time, objective data, overcoming the biases of self-reporting while leveraging the ubiquity of smartphones among youth. This presentation will incorporate data and methodology from population-based studies (i.e., The Adolescent Brain Cognitive Development Study, n=5,000+ and others) to demonstrate how DHTs can enhance the conduct of clinical trials, clinical assessment and treatment efficacy using a precision child/youth mental health framework. Specific Aims include: 1) Illustrate how DHTs capture detailed, moment-to-moment data on mood (via digital Ecological Momentary Assessments (EMAs), behaviors known to impact mental health (sleep, physical activity, digital media using actigraphy and passive sensing technology, etc), and physiology (digital biomarkers of stress, heart rate, brain activity) to provide a deeper understanding of psychobiological contributors in a personalized manner, 2) Describe how DHT's enable more robust diagnosis and early detection of treatment response in an unobtrusive manner; and 3) Highlight how DHTs facilitate more objective and continuous remote patient monitoring which can reduce follow-up visits, easing burden on the health care system. Finally, the promise that DHTs hold for advancing child/youth mental health care and research will be considered in the context of potential barriers and challenges to its implementation.

Authors:
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Alexia Polillo The Centre for Addiction and Mental Health
Anamarie Genara The Children's Hospital of Eastern Ontario
Dr. Louise Gallagher The Centre for Addiction and Mental Health

Subcontribution 19417 to Session ID 5903
Day 2 - 30.06.2025, 14:15 - 14:30, Boston

Intergenerational Impact of Childhood Adversity: A Precision Approach to Child and Youth Mental Health
T47 - Prevention & intervention

Abstract:
Exposure to childhood adversity, including abuse, neglect, and household challenges, are common with more than 60% of individuals experiencing at least one adversity prior to 18 years of age. Childhood adversity accounts for up to 46% of attributable risk in childhood mental health disorders and can also have intergenerational effects. As such, experiences of both child and parent early adversity play an important role in determining risk for child mental health disorders. Using a precision child mental health framework, this presentation will address three main objectives: 1) Using findings from a recent meta-analysis of 52 studies examining the association between intergenerational exposure to childhood adversity and mental health outcomes in children, we will describe the importance of considering early adversity as a risk indicator in for the development mental health disorders, 2) Using examples from prospective and retrospective studies, discuss measurement considerations, including timing, type, severity, and informant, that can be used for assessing early adversity in both the research and clinical settings, and 3) present data on how information about intergenerational childhood adversity can be integrated into individualized, patient-centered approaches to mental health care. Specifically, we will present data from a longitudinal Canadian pregnancy cohort (n=2,814) of mother-child dyads where exposure to childhood adversity was measured. Both parental and childhood exposure to early adversity are risk factors for child mental health disorders that can be identified early, inform treatment targets, and when addressed, improve long-term outcomes for children and youth.

Authors:
**Presenter,** Dr. Nicole Racine Children's Hospital of Eastern Ontario
Dr. Shainur Premji
Dr. Andre Plamandon University of Laval
Sheila McDonald University of Calgary
Suzanne Tough
Dr. Sheri Madigan University of Calgary

Subcontribution 19424 to Session ID 5903
Day 2 - 30.06.2025, 14:30 - 14:45, Boston

Oral microbiome: A novel biomarker for child and adolescent mental health
T47 - Prevention & intervention

Abstract:
The oral microbiome has been linked with mental health in adults and links between the gut microbiome and child mental health have been documented. Several previous studies have examined the oral microbiome and age, gender, other demographic variables, or mental health traits in children and adolescents, however, these studies typically characterise the microbiome in a limited age range or with a single mental health diagnosis. In our pilot cohort (n=1,237), age, gender and mental health diagnosis had a significant impact on both alpha and beta diversity of the oral microbiome on mental health (ADHD, anxiety, autism obsessive compulsive disorder. Here we will present new data on a larger sample (n=4,822) of children and adolescence (ages 4-19) collected as part of the Spit for Science population-based sample. We collected saliva samples, demographic and dietary information, and reported mental health diagnoses and traits between 2019-2024. Findings identify associations between the oral microbiome and age, gender, and ethnicity in this cohort, with multiple microbial taxa that are positively (e.g., Veillonella, Prevotella and Streptococcus) or negatively (e.g., Neisseria and Gemella) correlated with age, or are associated with either gender or ethnicity. We will discuss the association of oral microbiome with ADHD, Anxiety, Autism, Depression, and OCD diagnoses or quantitative traits and any taxa that we identify as potentially being associated with these mental health disorders. Oral microbiome has the potential as a novel modifiable biomarker of mental health that is easily collected via saliva with greater acceptability than gut microbiome collection.

Authors:
**Presenter,** Dr. Jennifer Crosbie The Hospital for Sick Children
Robyn Wright
Dr. Paul Arnold
Dr. Paul Arnold
Vanessa DeClercq
Dr. Russell Schachar
Dr. Morgan Langille

Subcontribution 19436 to Session ID 5903
Day 2 - 30.06.2025, 14:45 - 15:00, Boston

Pharmacogenetic-Guided Prescribing for Kids (PGx-SParK): Advancing Precision Psychiatry
T47 - Prevention & intervention

Abstract:
Emerging evidence suggests that pharmacogenetics (PGx) can assist with identifying risk for poor response or adverse reactions to psychotropic medications. In Pharmacogenetic-Guided Prescribing for Kids (PGx-SParK) we are studying implementation of PGx testing for youth (age 6-24) prescribed psychotropic medications in Western Canada using a customized genetic panel run at a publicly-funded laboratory, offered at no cost to the patient. Electronic measures are collected from patients, parents and physicians (psychiatrists, pediatricians, and family doctors). Saliva DNA is genotyped using a customized Agena Veridose array (11 genes tested including CYP2D6, CYP2C19, and CYP2B6, with results provided to patients and physicians within two weeks). We have collected 1591 samples and baseline data from participants with a range of psychiatric diagnoses, and 6-month follow-up data from 623 participants. We have identified “actionable” results (genetic variation predicted to alter metabolism from expectation) in 82% of adolescents. In nearly half (46%) of our cohort, we identified phenoconversion (the presence of an inhibitor or inducer of a drug-metabolizing enzyme, e.g., self-reported use of a prescribed medication or cannabis). In 24% of cases adjustment for phenoconversion would lead to a recommended change to standard prescribing (a statistically significant increase in actionable phenotypes). In conclusion, pharmacogenetic testing using the PGx-SParK protocol is highly feasible and acceptable, with high uptake amongst both patients and physicians. The high proportion of actionable results, particularly when accounting for phenoconversion, suggests its potential utility in routine clinical care. Future directions include genome-wide genotyping to discover new variants influencing drug response in youth.

Authors:
**Presenter,** Dr. Paul Arnold University of Calgary
Samuel Gerlach
Abdullah Al Maruf
S-M Shaheen
Ryden McCloud
MAdison Heintz
Laina McAusland

Symposium 20247 to Session ID 6235
Day 2 - 30.06.2025, 14:00 - 16:00, Stuttgart (Meeting)

ECAP Editorial Board Meeting

Abstract:

Authors:

Symposium 19642 to Session ID 5751
Day 2 - 30.06.2025, 15:00 - 16:00, Curie A

Rencontre avec l'expert - Evolution of the concept of gender identity: impact on the practice of child and adolescent psychiatry (J. Chambry)

Abstract:
Jean CHAMBRY
Psychiatre de l'enfant et de l'adolescent, Chef de pôle Centre intersectoriel
d'accueil pour adolescent, GHU psychiatrie et neurosciences, ParisLa notion d'identité de genre est complexe et interroge différents champs disciplinaires des sciences médicales aux sciences humaines. Le terme apparait avec les travaux de John Money puis Robert Stoller. Le transsexualisme est alors défini comme diagnostic psychiatrique sous l'angle d'une identité de genre pathologique. Les concepts vont progressivement évoluer d'abord sous la forme de la dysphorie de genre puis plus récemment en France sous le terme de transidentité sous l'influence des travaux de Judith Butler. Ces modifications conceptuelles transforment considérablement le positionnement des professionnels de santé dans l'accompagnement des personnes concernées en particulier chez les mineurs. Y a t-il encore une place pour la psychiatrie?

Authors:
**Presenter, Chair** Dr. Louis Tandonnet Hôpital La Candélie

Symposium 19623 to Session ID 5732
Day 2 - 30.06.2025, 15:30 - 16:15, Schweitzer

ESCAP SOA Session II - Hilary Cass: Gender identity and gender dysphoria in young people – a UK perspective : past, present and future

Abstract:
Abstract
In 2019 the NHS in England commissioned Dr Hilary Cass to conduct and independent review of gender identity services for children and young people. This presentation will cover the engagement process and evidence base which informed the Cass Review, the key findings and the subsequent progress on implementation of clinical and research recommendations.
CV
Baroness Hilary Cass
Chair of the Independent Review into Gender Identity Services for Children and Young People
Dr Hilary Cass was appointed by NHS England and NHS Improvement to chair the Independent Review of Gender Identity Services for children and young people in late 2020, and her final report was published in April 2024.
A former President of the Royal College of Paediatrics and Child Health from 2012-2015, Dr Cass has recently stepped down from her role as Chair of Together for Short Lives, and remains as a Trustee for Noah's Ark Children's Hospice.
Since retiring from clinical practice, she has established a group leading work on how to address the challenges for both families and professionals in supporting the rising numbers of children with complex medical conditions and disability.
She remains an honorary Consultant Paediatrician at Evelina London Children's Hospital, Guy's & St Thomas's NHS Foundation Trust. Other recent roles include acting as the Senior Clinical Advisor for Child Health for Health Education England and Chair of the British Academy of Childhood Disability.
Dr Cass held a range of senior education and management roles and was previously Head of School of Paediatrics in London. Her consultant clinical practice was as a tertiary neurodisability consultant. Dr Cass was closely involved in the development of paediatric palliative care services at Evelina London Children's Hospital.
She was awarded the OBE for services to child health in 2015, and a peerage in the Dissolution Honours in July 2024

Authors:
**Presenter, Chair** Prof. Dr. Maja Drobnic Radobuljac University of Ljubljana, Faculty of Medicine

Symposium 19624 to Session ID 5733
Day 2 - 30.06.2025, 15:30 - 16:15, Cassin

ESCAP SOA Session II - Bruno Falissard: Is there a child and adolescent psychiatric colonialism?

Abstract:
Abstract
Child and adolescent psychiatric (CAP) research is rooted mainly in Western paradigms, methods, and diagnostic categories (e.g., DSM), which tend not to consider diverse cultural contexts. This presentation will ask if existing CAP research reflects a type of “psychiatric colonialism”, critically exploring biases introduced by Western-centric perspectives. Drawing inspiration from Frantz Fanon’s seminal critiques of psychiatric practices in colonial contexts, we will see how predominantly Western epidemiological, treatment-oriented, or genetic cohorts of patients restrict generalizability. Outcomes of such research rarely apply to populations that develop from different cultural, religious, and family forms. We will raise the question of a “decolonialized CAP” that could incorporate culturally attuned approaches and methods, enabling more comprehensive, representative, and globally applicable psychiatric knowledge.
CV
After some initial training in mathematics and fundamental physics (Ecole Polytechnique, Paris), Bruno Falissard engaged in medical studies and specialized in Child and Adolescent Psychiatry in 1991. He was assistant professor in child and adolescent psychiatry in 1996-1997, associate professor in Public Health in 1997-2002 and full professor in Public health from 2002. He is at the head of the “Center of Epidemiology and Population Health” in Villejuif (650 members). He has a clinical activity in child and adolescent psychiatry. His personal areas of research are about methodology and epistemology of mental health research. In 2015 he became president of IACAPAP (International Association of Child and Adolescent Psychiatry and Allied Professions, the term ended in 2018) and member of the French Academy of Medicine. He is presently the president of SFPEADA (French Society of Child and Adolescent Psychiatry and Allied Professions)

Authors:
**Presenter, Chair** Dr. Anne Marie Raaberg Christensen child and adolescent psychiatric department, capital region, denmark

Symposium 19626 to Session ID 5735
Day 2 - 30.06.2025, 15:30 - 16:15, Curie B

ESCAP SOA Session II - Loes Keijsers: The risks and promises of technology for youth mental health.

Abstract:
Depression and anxiety are on the rise, and youth mental health is under increasing pressure. A key question is whether the rise of technology is contributing to these issues—or whether it might also offer part of the solution. I will present key insights from three domains of interdisciplinary research. First, I will discuss recent findings on the role of social media in youth mental health. Contrary to the prevailing view that such effects are minimal, our research shows that social media can be harmful for some young people while beneficial for others. Notably, we found in a 100 day diary study that adolescents with depressive symptoms may be especially vulnerable to its negative effects. Second, technology offers new opportunities for researchers to better understand the everyday dynamics of mental health. Although it is widely accepted that every individual is unique, much of our scientific knowledge is still based on large-scale, population-level studies, which tend to produce insights about the "average adolescent." Technological advances now allow us to track well-being in real time, for example, through smartphone-based Experience Sampling Methods and long diary studies. I will discuss examples how the adoption of such novel research designs can help us explore when, why, and for whom emotional problems emerge. Third, we develop and test innovative solutions for youth mental health through transdisciplinary collaborations involving stakeholders, designers, data scientists, psychiatrists, and psychologists. One example is Grow It!, a multiplayer serious game delivered through an eHealth app. This app has already helped more than 4,000 young people build emotional resilience, and some of the first results will be shared.
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CV
POSITIONS
2020–now Full Professor of Clinical Child and Family Studies, Erasmus University, Rotterdam
2015–2020 Assistant and Associate Professor Developmental Psychology. Tilburg University
2015–2024 Guest researcher, Methods and statistics, Humboldt University, Berlin, Germany
2010–2015 Post-doctoral researcher, Assistant Professor in family studies. Utrecht University.
2013 Visiting scholar University of Pittsburgh, youth psychiatry, USA
EDUCATION
2023-2024 High-performance and transformative leadership trainings (IMD), Lausanne Switzerland
2010 PhD child and family studies (cum laude). Utrecht University, the Netherlands.
2005 MSc Biology (science communication / ethology). Utrecht University, the Netherlands
SCIENTIFIC ACHIEVEMENTS. My research program has been continuously funded by personal and large consortia grants from the Dutch Scientific council (e.g., NWO VIDI, VICI, NWA-ORC, Gravitation), European Research Council (ERC consolidator) and strategic university funding (Convergence program TUDelft, Erasmus). This has resulted in achievements in three key domains: 1) Theoretical insights into the social causes of adolescent well-being, 2) innovative methods to study youth in their daily lives, and 3) pioneering solutions to have positive societal impact on the mental health of future generations.
1. Theoretical innovation: The social causes of well-being. Despite the common wisdom that each person is unique, most scientific knowledge on youth development is still based on population-wide studies, resulting in theories about the “average adolescent”. Challenging such universal theories, my work has demonstrated that relationships with peers and parents promote adolescent well-being in person-unique way. In my VIDI and ERCconsolidator projects, I discovered how parents can best promote youth well-being and how interventions can be tailored to each unique person.
2. Development of methods to assess daily lives: Crucial to discovering the uniqueness of each person, was the development of methods to trace real-time well-being, such as smart-phone based Experience Sampling Methods and 100-day diary methods. Together with statisticians, I have worked on novel analytical models. Broad dissemination through open access materials, the establishment of two collaborative infrastructures, and graduate school course resulted in two Open Science awards.
3. Innovative solutions for youth mental health: Together with stakeholders (e.g., Kindertelefoon), designers, data-scientists, psychiatrists, psychologists my team and I have developed and tested eHealth apps, online

trainings, and public awareness campaigns. One tangible result is our Grow It! app: a multiplayer serious game that has already fueled emotional resilience of more than 4,000 youths.

Authors:
**Presenter, Chair** Prof Olivier Bonnot

Symposium 19643 to Session ID 5752
Day 2 - 30.06.2025, 16:15 - 17:45, Curie A

Symposium : Body perceptions and representations in adolescence: the role of psychomotor care

Abstract:
L'organisation et l'intégration du soin psychomoteur chez l'adolescent atteint de troubles psychiatriques
Chloé GRAFF, Psychomotricienne D.E., Clinique de Neufmoutiers, Fondation santé des étudiants de France
Enjeux et avatars de la métamorphose adolescente
Charlotte PAUMEL, Psychomotricienne, Titre d'experte en psychomotricité, CMP pour adolescents ESCAPAD, service universitaire de psychiatrie de l'enfant et de l'adolescent du Pr Baleyte, CHI de Créteil. Doctorante en « humanités médicales et santé », laboratoire CEDITEC, Université Paris-Est Créteil.
Représentation du corps à l'adolescence, étude de cas
Soraya EL FARHANE, Psychomotricienne, Master Santé, DU Neuropsychologie clinique, DIU Posturologie , Service de Psychiatrie de l'Enfant et de l'Adolescent du Pr COHEN, Hôpital de la Pitié-Salpêtrière, DMU ORIGYNE, Paris.Le soin psychomoteur se base sur une conception holistique de la personne en interaction sensible avec son environnement matériel et humain. A l'adolescence, se rejoue la réorganisation des perceptions et représentations du corps ; comment les médiations corporelles en psychomotricité permettent au sujet d'accéder au processus d'individuation en soutenant une parole incarnée ?

Authors:
**Presenter, Chair** Anne Vachez Gatecel Institut de Formation de Psychomotricien- Sorbonne Université-Paris

Symposium 20574 to Session ID 6401
Day 2 - 30.06.2025, 16:15 - 17:15, Stuttgart (Meeting)

ESCAP Clinical Division Meeting

Abstract:

Authors:

Symposium 18909 to Session ID 5846
Day 2 - 30.06.2025, 16:45 - 18:15, Schweitzer

WAIMH symposium: Psychotherapies in Infant Psychiatry
T21 - Infants

Abstract:
Infant mental health is described as “the developing capacity of the child from birth to 3 years to experience, regulate (manage), and express emotions; form close and secure interpersonal relationships; and explore and master the environment and learn – all in the context of family, community, and cultural expectations for young children”. Our domain of clinical infant mental health is about all the situations where these developing capacities have derailed because of various risk factors in the infant, the caregiver, and/or the environment. Though treatment modalities may differ in their theoretical basis (such as psychodynamic, behavioral, supportive, and more), all of them include both the infant and his/her caregivers as their inner worlds are intertwined and the infant is totally dependent on the adult. In this symposium, we aim at focusing on different environmental contexts that impact on the specifics of parent-infant psychotherapy, regardless of its theoretical background. Campbell Paul (Australia) will describe Parent-Infant psychotherapy in the context of a General Pediatric Hospital, Sylvie Viaux -Savelon (France) will describe her experience of Parent-Infant psychotherapy in the context of a neonatology and premature babies, Miri Keren (Israel) will share her experience with Trauma-Focused Child Parent Psychotherapy, and Anusha Lachman (South Africa) will end the symposium with her reflections on when traditional forms of Parent-Infant psychotherapies do not fit these diverse contexts.

Authors:
**Chair** Prof. Miri Keren Bar Ilan University, Israel
**Co-chair** Assoc Prof Campbell Paul Royal Children's Hospital, Melbourne

Subcontribution 18912 to Session ID 5846
Day 2 - 30.06.2025, 16:45 - 17:00, Schweitzer

Trauma-Focused Child Parent Psychotherapy
T21 - Infants

Abstract:
Early adverse experiences, regardless of their nature, put the individual at risk for significant psychological and physical health problems. Persistent stress during the first years of life that are sensitive periods in brain development, is especially dangerous as it may become biologically embedded via DNA methylation and leads to durable changes to stress-response systems and impacts the epigenetic age. A very recent study has shown the impact of trauma-focused child parent psychotherapy (TF-CPP) as lowering pediatric epigenetic age acceleration. In TF-CPP, clinicians work with the infant's caregivers to create physical and emotional safety after traumatic events, with the multiple facets goals of enhancing attachment quality, reducing child trauma symptoms and promoting child regulation. The pillars of the therapeutic stance include noticing feelings in the moment, finding connections between experiences, remembering the suffering under the rage, and seeking out benevolence, offering kindness, and encouraging hope. The core concept of this therapeutic approach is to contain the anxiety-loaden traumatic events while daring " to speak the unspeakable". In this presentation, we will illustrate the main principles of the TF-CPP with two short clinical vignettes, each of them linked to a different type of early severe adversity, such as exposure to domestic violence and experience of war-related traumas.

Authors:
**Presenter,** Prof. Miri Keren Bar Ilan University Azrieli Medical School

Subcontribution 18915 to Session ID 5846
Day 2 - 30.06.2025, 17:00 - 17:15, Schweitzer

Infant and parent psychotherapy within a pediatric hospital context: What are they feeling?
T21 - Infants

Abstract:
In this presentation, we aim to describe methods of psychodynamic and family interventions with infants and very young children admitted to hospital with significant medical and surgical problems.
The paediatric hospital constitutes a unique but opportune setting for psychotherapeutic work with sick infants and their parents. A review of medical referral problems experienced by hospitalised infants includes complex cardiac anomalies, prematurity and associated problems, poor growth and development, infant depression, complex relationship trauma, cancers and other chronic medical illnesses. The infant mental health service works with clinicians and families from all departments of the hospital.
Research has shown that even the very youngest infants have demonstrable capacity for memory, procedural memory, and that they are vulnerable to medical and relationship trauma when parents are themselves traumatised and have reduced parental reflective function. Very young infants can demonstrate behavioural and physical symptoms of profound depression. However, babies are accessible to direct psychotherapeutic interventions when therapists engage with them in understanding their feelings and thoughts (Trevarthen and Tronick). Interactive and respectful play is the crucial medium with which to engage infants, and to share this with their parents and hospital nurses and caregivers. The emotional experiences of parents can be intense, frightening and disempowering. It is crucial to include fathers who often may feel disengaged, distant and even ashamed of their response to their very sick infant. Psychotherapeutic intervention should be directed to the infant, both parents, and the hospital care network.

Authors:
**Presenter,** Assoc Prof Campbell Paul Royal Children's Hospital

Subcontribution 18919 to Session ID 5846
Day 2 - 30.06.2025, 17:15 - 17:30, Schweitzer

Baby-Parents Psychotherapies in Neonatology Unit
T21 - Infants

Abstract:
Preterm birth is a public health is widely considered as priority given that one child out of ten is born before 37 weeks of gestation in the world. Indeed, moderate and very preterm babies are particularly at risk to present emotional, cognitive, behavioral disorders and their parents particularly at risk of PTSD, anxiety and depressive symptoms induce by the conditions of birth and the hospitalization of their babies with a disturb of the first child-parents' interactions.
This talk will present the different psychotherapeutic devices developed to sustain child development, limited impact of the prematurity and the hospitalization and help parents to set up early interactions with their new premature baby despite all the barriers of the scopes devices, the intrusive cares and the separation induced by hospitalization.
In this presentation, we will present theses different psychotherapeutic devices from preventive care to intensive interventional care and we will discuss their interest and limitations.

Authors:
**Presenter,** Prof. Dr. Sylvie Viaux Savelon Hopital de la Croix Rousse

Subcontribution 18926 to Session ID 5846
Day 2 - 30.06.2025, 17:30 - 17:45, Schweitzer

Rethinking traditional Interventions for infants & parents in limited resource settings
T21 - Infants

Abstract:
UNICEF projects that Africa's child population will increase to 1 billion by the year 2030, highlighting the urgent need to ensure universal access to healthcare and to train personnel to meet service demands within severely constrained allied and health care systems. An interrogation of the available educational offerings, the applicability or generalisability of existing screening and intervention measures and that the skillset of the professionals need to be reviewed if we are to innovatively approach the overwhelming need.
Evidence-based research and practice matters. At the same time, contexts and histories differ, with direct implications for norms that may not adequately represent represent the experiences of infants in LMICs where family structures, social support systems, economic and political conditions, and ideas about relatedness may differ from HICs. It makes sense to support the forms of relationality that have value in these settings by diversifying the knowledge base on which interventions are built. Challenging stereotypes about gendered caregiving roles and addressing perceptions about infant emotional awareness and sensitivity are important. This talk will explore the challenges and opportunities to re-imagine delivering infant mental health friendly services in diverse and limited resourced settings.

Authors:
**Presenter,** Dr. Anusha Lachman Tygerberg Hospital, Stellenbosch University

Symposium 18323 to Session ID 5845
Day 2 - 30.06.2025, 16:45 - 18:15, Cassin

Master Observational Trials for Psychiatry – Early Learnings from the CALM Network
T45 - Birth Cohorts and longitudinal studies

Abstract:
The growing burden of child and youth mental health (CYMH) highlights the urgent need for evidence-based solutions that improve outcomes. Yet, clinical trials in this field remain scarce, with only 26 active trials currently listed in Canada on clinicaltrials.gov. Master Observational Trials (MOTs) offer a promising yet underutilized approach in psychiatry. These prospective, observational studies combine master interventional protocols with real-world, patient-focused data, using standardized methodologies to integrate clinical and real-world insights over time. MOTs can drive scientific and clinical advancements to improve health outcomes.
The Cohort network for Adolescents and youth with multipLe Mental health conditions (CALM) project, Canada's first MOT in CYMH, involves a prospective cohort of 3,200 youth (ages 11-24y) across six acute mental health sites. Focused on multiple mental health conditions (MMHC)—the presence of two or more disorders. CALM examines long-term outcomes, risk factors, and personalized treatments and is creating a biomarker discovery platform for MMHC using longitudinal multimodal data collection.
This symposium introduces the CALM Network and explores early insights into MOT development and implementation for CYMH. Key topics to be discussed include building a MOT framework with embedded multi-site trials, ensuring research integrity, as well as integrating trauma- and violence-informed research practices. Methodological and statistical considerations and strategies to expand clinical trial capacity in this critical field will also be discussed. Finally we will present how we embed trauma- and violence-informed approaches to minimize the risk of research harm in integrated discovery programs that coalesce clinical and research activities.

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Subcontribution 18324 to Session ID 5845
Day 2 - 30.06.2025, 16:45 - 17:00, Cassin

Applying the Master Observational Trial to Child and Youth Mental Health: Introducing the CALM Study
T45 - Birth Cohorts and longitudinal studies

Abstract:
Child and youth mental health (CYMH) disorders are complex and heterogeneous, hindering our understanding of long-term trajectories, effective treatments, and personalized care strategies. Traditional research approaches often fail to capture the real-world variability of these disorders, limiting their clinical applicability. Master Observational Trials (MOTs) offer a novel solution by using a flexible, adaptive framework supporting simultaneous investigation of multiple research questions and interventions within a standardized structure. MOTs integrate real-world data with clinical insights, enabling rigorous, scalable studies across diverse populations.
The Cohort network for Adolescents and youth with multipLe Mental health conditions (CALM) Study is a pioneering MOT designed to address multiple mental health conditions (MMHC)—the co-occurrence of two or more mental health disorders. MMHC is associated with poorer outcomes and greater healthcare utilization. The CALM multi-site cohort of 3,200 youth (ages 11–24y) uses standardized data collection methods and multiomics. A sub-cohort undergoes deep phenotyping, including neurocognitive testing, multimodal neuroimaging, and digital phenotyping, creating a biomarker discovery platform. The study will examine mental health trajectories, treatment outcomes, and risk factors, while linking findings to administrative data for health economic analysis.
Central to the CALM Study is a commitment to co-design and co-create network activities with youth, families, and caregivers. Youth, Family and Equity, Diversity, and Inclusion (EDI) advisories are embedded to ensure inclusive and representative research. We will discuss the challenges of implementing the MOT framework, ethical considerations, infrastructure development, and multi-site coordination, and will share early insights demonstrating CALM's transformative potential for CYMH research and care.

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Subcontribution 18325 to Session ID 5845
Day 2 - 30.06.2025, 17:00 - 17:15, Cassin

Developing a Clinical Trials Framework for Child and Youth Mental Health
T45 - Birth Cohorts and longitudinal studies

Abstract:
Clinical decision making in child and youth mental health (CYMH) should be guided by empirical evidence, namely the results of rigorous clinical trials. While there has been a substantial increase in the number of CYMH trials published in recent years, few new effective interventions have been identified, integrated, and sustained in everyday clinical practice. . As such, there is a need for new tools and frameworks that can more efficiently and effectively get 'what works' to the children and youth that need it. Clinical trial frameworks provide a transparent and standardized roadmap to take an intervention from theory or basic science to implementation in clinical practice. The well-known drug development framework outlines various trial phases spanning from the laboratory to widespread use. There is no framework specifically for mental health that takes account of the complexity and heterogeneity of mental disorders and their treatments. An expert group of clinicians and trialists came together to develop a framework for CYMH clinical trials. This presentation will cover our review of the literature, the identified strengths and weaknesses of available frameworks, and introduce our new CYMH trials framework, which includes the following key elements: trials address an important evidence gap; the design, conduct and reporting of clinical trials demonstrate a strong research integrity focus; co-design with those with lived experience ; and strategies for implementation and 'scale up' of effective interventions are considered from the start. We will present examples of new CYMH trials that apply this framework.

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Subcontribution 18326 to Session ID 5845
Day 2 - 30.06.2025, 17:15 - 17:30, Cassin

Statistical considerations for child mental health master observational trials (MOTs) and embedded trials-within-a-cohort (TWICs)
T45 - Birth Cohorts and longitudinal studies

Abstract:
The master observational trial (MOT) is a prospective, pragmatic, observational study that combines the strengths of master interventional trials (master protocols) and real-world data. MOTs utilize standardized prospective data collection with broad inclusion criteria to capture comprehensive, longitudinal data on participant outcomes. While participants receive usual care as directed by their healthcare providers, MOTs can increase the efficiency of testing new interventions on patient subsets through shared trial administrative functions, modular trial design, and embedded trials-within-a-cohort (TWICs). The MOT design poses new design and analytical challenges and opportunities for investigators.
First, we will describe the statistical design of the CALM study, including the sample size calculation and analytical plan. We highlight plans for target trial emulation to facilitate causal inferences using the observational CALM cohort. CALM participants who enroll 1+ embedded TWICs will receive novel therapies beyond usual care. These additional interventions will likely affect the average trajectories of outcomes in CALM. We propose analytical approaches to account for participants who receive treatment beyond usual care in the analysis of CALM outcomes.
Second, we will highlight design considerations for the embedded TWICs in the CALM MOT. While we leverage the CALM framework in TWICs by using existing CALM outcome assessments, we align TWIC enrollment to CALM follow-up timepoints, and “borrow” CALM participants receiving usual care as controls. Participant enrollment into TWICs require upfront consent before randomization to prevent bias due to expected differential dropout rates. We will illustrate trial design decisions using examples of ongoing and planned TWICs within CALM.

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Subcontribution 18327 to Session ID 5845
Day 2 - 30.06.2025, 17:30 - 17:45, Cassin

Building strong research integrity practices and determining trial site readiness
T45 - Birth Cohorts and longitudinal studies

Abstract:
Randomized clinical trials (RCTs) play a key role in improving child and youth mental health outcomes. The World Health Organization recently outlined five key scientific and ethical considerations for good clinical trials, which (a) are designed to produce scientifically-sound answers to relevant questions, (b) respect the rights and well-being of participants, (c) are collaborative and transparent, (d) are designed to be feasible for their context, and (e) manage trial quality effectively and efficiently. To incorporate WHO's considerations into all RCTs within the CALM Master Observational Trial (MOT), we defined "responsible research practices (RRPs)" based on fundamental principles of research integrity that guide collaborating individuals, institutions, and organisations while also considering and addressing the practical, ethical, and intellectual challenges inherent in conducting research with youth with multiple mental health conditions. We then developed a dedicated suite of RRPs within six domains of research integrity and built on three shared core research values. This site trial readiness tool (STRT) was then used to enable the six CALM clinical trial sites to assess their current trial practices, successfully initiate new RCTs, and prepare for future trials. The STRT is an annotated checklist that covers the establishment of top tier research teams, infrastructure, study management, data collection and management practices, quality oversight, and research ethics. We found that the STRT fosters the development of a culture of trial quality, clinical research literacy, and person-centeredness. In this presentation we will demonstrate how our stepwise approach to developing our STRT strengthens our commitment to fostering RRPs across the CALM Network, and collectively, has led to new insights on how best to conduct multicentre RCTs in youth with (multiple) mental health conditions.

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Subcontribution 18331 to Session ID 5845
Day 2 - 30.06.2025, 17:45 - 18:00, Cassin

Research participants' safety: Embedding trauma- and violence-informed practices in master observational trials for child and youth mental health research
T45 - Birth Cohorts and longitudinal studies

Abstract:
Across child and youth mental health (CYMH) service settings, trauma-informed care (TIC) has gained widespread momentum as a method to minimise the risk of iatrogenic harm during care encounters. Expanding on TIC, trauma- and violence-informed care (TVIC) additionally considers experiences of violence as salient antecedents of mental health challenges. TVIC explicitly emphasises the intersections and cumulative effects of exposure to past or current interpersonal violence (e.g., child maltreatment), systemic violence (e.g., racism and colonialism), and other sources of trauma (e.g., car accidents, environmental disasters) on CYMH outcomes and service experiences. From a practice perspective, TVIC actualizes care that is strengths-based and aligns with Articles 12-19 of the United Nations Convention on the Rights of a Child, namely, promoting safety in care encounters and championing values of voice, choice, and collaboration. Despite the growing presence of TVIC in CYMH service settings, there has been less discussion about the critical need for and application of TVIC approaches in CYMH research. TVIC approaches are especially relevant for integrated discovery programs, like the CALM project, that emphasize the coalescence of clinical and research activities.This presentation uses the measurement of child maltreatment as a 'worked example,' and illustrates how the CALM team has integrated pan-Canadian guidance on TVIC principles and approaches articulated by the Violence, Evidence, Guidance, Action (VEGA) Family Violence Education Resources into all CALM research activities to mitigate research-related harm for both participants and our research teams.

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Symposium 18927 to Session ID 5898
Day 2 - 30.06.2025, 16:45 - 18:15, Curie B

Community-based interventions for children and young people's mental health
T47 - Prevention & intervention

Abstract:
Empirical evidence indicates that prevalence rates of mental health problems for children and young people are on the rise, with around 20% of children and young people in England experiencing a probable mental health disorder in 2023. Prevention and intervention efforts to improve mental wellbeing of this age group are critical, given the long-term impact of mental health problems. This symposium will focus on three randomised controlled trials. The first programme is the Stand Together trial, a national, cluster randomised controlled trial conducted in UK primary schools, which tested the effectiveness of the KiVa anti-bullying program. The study examined both bullying victimisation as well as intervention effects on student mental health and emotional well-being. The second programme is the iCATS-i2i trial, which evaluated a newly developed parent-report screening questionnaire for anxiety in children (developed with parents, children, and school-staff), and examined the effectiveness of a parent-led CBT intervention delivered via online and telephone support. The third programme is an indicated preventative intervention (ReSET; Building resilience through socioemotional training) for adolescents, which aims to reduce general psychopathology and improve mental wellbeing by targeting the transdiagnostic mechanisms of social relationships and emotion processing skills. The main trial outcomes (student mental health and wellbeing) and lessons learned throughout the process, as well as secondary outcomes (social network structures) of this cluster randomised controlled trial will be presented.

Authors:
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**Co-chair** Prof. Essi Viding University College London

Subcontribution 18930 to Session ID 5898
Day 2 - 30.06.2025, 16:45 - 17:00, Curie B

Do Anti-Bullying Programmes Help or Hinder? Insights from the UK Stand Together Trial and the Healthy Context Paradox
T47 - Prevention & intervention

Abstract:
Bullying is considered one of the most tractable risk factors for adolescent mental ill-health. While anti-bullying interventions have been shown to reduce overall levels of bullying, some countries have reported that victims can sometimes experience worse psychological outcomes following the successful implementation of these interventions. This presentation will explore findings from the Stand Together trial, a large-scale, pragmatic, multicentre cluster randomised controlled trial conducted in UK primary schools. It will summarise our key findings on the effectiveness and cost-effectiveness of the KiVa anti-bullying programme and report on whether we found any evidence of the healthy context paradox within this intervention. A total of 118 primary schools were randomised to either the KiVa intervention or usual practice (UP), stratified by school size and Free School Meals eligibility. KiVa was delivered by trained teachers over one school year, with follow-up occurring 12 months post-randomisation. Our primary outcome was student-reported bullying victimisation, with secondary outcomes including self-reported bullying perpetration, participant roles in bullying, empathy, and teacher-reported Strengths and Difficulties. Outcomes were analysed using multilevel linear and logistic regression models. This talk will provide insights into the complex interplay between intervention effects and individual vulnerabilities. We will conclude by discussing the broader implications of our findings for anti-bullying initiatives in UK schools, highlighting the importance of supporting vulnerable children and addressing high levels of classroom victimisation in future strategies.

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Subcontribution 18934 to Session ID 5898
Day 2 - 30.06.2025, 17:00 - 17:15, Curie B

Identification-to-intervention for child anxiety problems: iCATS-i2i cluster randomised controlled trial
T47 - Prevention & intervention

Abstract:
Screening for child anxiety problems through primary schools and providing evidence-based interventions for children identified as likely to benefit would address key barriers to accessing treatment. We worked with parents, children and school-staff to develop procedures for administering a short parent-report screening questionnaire through primary schools, sharing screening outcomes with families and offering a parent-led CBT intervention delivered via online and telephone support. The iCATS-i2i trial aimed to establish whether these procedures for screening, feedback and intervention bring benefits compared to usual school practice for 1) children who screen positive for anxiety problems at baseline (target population) and 2) the wider population of children in participating classes (total population). We recruited 84 primary schools in England; 4504 children enrolled (total population) and 409 children screened positive for anxiety problems at baseline (target population). After baseline, schools were randomised to 'screening and intervention' or 'usual school practice' arms, and in schools allocated to 'screening and intervention' parents received screening feedback and were offered the intervention. Parent, child, and teacher-report follow-up measures were collected at 4-months, 12-months and 24-months post-randomisation. We will compare outcomes for children in 'screening and intervention' versus 'usual school practice' arms. The primary outcome is the proportion of children who screen positive for anxiety problems at baseline (target population) who screen negative for anxiety problems at 12-months. Secondary outcomes include anxiety, depression and behaviour outcomes in both the target population and total population. This talk will present the main trial findings and consider implications for future implementation.

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Subcontribution 18937 to Session ID 5898
Day 2 - 30.06.2025, 17:15 - 17:30, Curie B

# A Cluster Randomised Controlled Trial of a Preventative Mental Health Intervention for General Psychopathology in Adolescence: Building Resilience through Socioemotional Training (ReSET)

T47 - Prevention & intervention

Abstract:
Adolescence is a developmental period during which an estimated 75% of mental health problems emerge (Solmi et al., 2022). Notably, the global rate of mental health problems during adolescence has increased in recent years, a trend that appears to be continuing (Dykxhoorn et al., 2023). In response, there has been calls worldwide to to increase the availability of interventions that prevent the onset or worsening of mental health problems in adolescence (McGorry et al., 2024). This talk will present the results of a cluster-randomised controlled trial of an indicated preventative transdiagnostic intervention for adolescents: Building resilience through socioemotional training (ReSET). The ReSET intervention was co-produced with adolescents and targets two transdiagnostic risk factors for mental health problems in this developmental period: Social relationships and emotion processing. Social relationships were addressed using communication strategies and role-play activities drawn from Interpersonal Psychotherapy – Adolescent Skills Training. Emotion-processing skills were trained using established paradigms from cognitive neuroscience designed to improve emotion regulation and emotion perception abilities. Adolescents aged 12-14 (N=560) scoring in the top 25% percentile of general psychopathology were randomised at the year group level to receive the ReSET intervention or their usual school provision. The intervention consisted of 8 group sessions (up to 10 participants) and 2 individual sessions, where the sessions were led by trained mental health leads from the schools or charity organisations. The two primary outcomes for the trial were general psychopathology and wellbeing measured immediately after the intervention at the individual level. The trial was registered on the ISRCTN registry (reference: ISRCTN88585916). Results of the trial will be presented in full.

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Subcontribution 18939 to Session ID 5898
Day 2 - 30.06.2025, 17:30 - 17:45, Curie B

Co-Producing an Interdisciplinary, Preventative Mental Health Intervention: Development of the Building Resilience through Socioemotional Training (ReSET) Programme
T47 - Prevention & intervention

Abstract:
Adolescence is a developmental period during which an estimated 75% of mental health problems emerge (Solmi et al., 2022). Notably, the global rate of mental health problems during adolescence has increased in recent years, a trend that appears to be continuing (Dykxhoorn et al., 2023). In response, there has been increased focus on the development and implementation of new psychosocial interventions to support young people at risk of or currently experiencing mental health problems. This talk will describe lessons learned from development of a novel preventative intervention for adolescents: Building Resilience through Socioemotional Training (ReSET). I will outline how novel psychological interventions can be developed through collaboration between academics from interdisciplinary backgrounds, clinicians, stakeholders (e.g., school practitioners), and young people. I will describe how the intervention evolved through an iterative process using quantitative and qualitative methods, as well as creative arts. This talk will provide guidance for colleagues planning on developing or adapting novel interventions to ensure they are experienced as acceptable, feasible and ultimately beneficial for the population of interest.

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Subcontribution 18941 to Session ID 5898
Day 2 - 30.06.2025, 17:45 - 18:00, Curie B

# Adolescent mental health and peer relationships – a cross-sectional social network analysis

T47 - Prevention & intervention

Abstract:
Mental health and peer relationships are closely associated in adolescence and there is increasing interest in using social network models as an approach to understanding this association. For instance, social network analysis has been used to examine associations between peer relationships and disruptive behaviour disorders (Long et al., 2020) as well as depression (Schaefer, Kornienko, & Fox, 2011). Using Exponential Random Graph Models (ERGM), we will examine the relationship between symptoms of mental health problems and social network structures using basline data from the ReSET trial (pupils aged 12-14, N=3625). Mental health was assessed using self-reported Strengths and Difficulties Questionnaire and Me and My Feelings. Peer nomination questions included best-friendship, popularity, likability, and friendship circle nominations. For each question, participants were allowed unlimited number of nominations of peers in their year group in their school. The analysis will focus on similarity in mental health status within friendship groups (i.e. mental health homophily) and the relationship between mental health and being liked by peers. We will present the main findings and consider implications for future research.

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Symposium 19714 to Session ID 5946
Day 2 - 30.06.2025, 16:45 - 18:15, Varsovie

Workshop: Youth-GEMs: Bridging Genetics, Environment, and Lived Experience in Youth Mental Health

Abstract:

Authors:

Subcontribution 18240 to Session ID 5946
Day 2 - 30.06.2025, 16:45 - 18:15, Varsovie

Youth-GEMs: Bridging Genetics, Environment, and Lived Experience in Youth Mental Health

Abstract:
Youth-GEMs is a groundbreaking initiative that examines the genetic and environmental factors shaping the mental health of young people aged 12–24. As one of the largest international research consortia in this field, it has two primary goals:
To deepen the molecular and neurobiological understanding of how genetic, epigenetic, and environmental factors interplay in both the emergence and prevention of mental illness in youth.
To equip young people and health professionals with evidence-based tools and methods for accurately assessing mental health and predicting its trajectories.
We are a multidisciplinary team of 18 institutions from 10 different countries, coordinated by Maastricht University in the Netherlands, working closely with a pool of Young Experts from Euro Youth Mental Health (EYMH) whose perspectives and lived experience enrich the quality of our work!
Methods:
This ambitious project employs a multidisciplinary approach, integrating research in brain genomics and epigenetics, large-scale cohort studies, clinical trials, and artificial intelligence. By focusing on self-awareness, early detection, and timely interventions, Youth-GEMs seeks to mitigate and prevent mental distress.
The consortium actively involves young experts at every stage of the research process, ensuring their lived experiences inform the work. We work on specific tasks with young experts in monthly science café's and in the work packages across the project.
Results:
Launched in 2022, the project is still in its early stages, and research outcomes are forthcoming. However, we are excited to share the project's structure and highlight the innovative ways in which young experts are shaping the research. Tips in working with young experts are: a) using a working agreement b) think about where there is room for change so that voices can have impact c) make it visual! d) use a variety of mediums e)-listen to what we say and not what you expect f) you can work with us outside science café's g) research should always be relatable h) we are happy to work on communication.
Interactive Workshop:
Join us as we explore how young experts are actively engaged in the project's activities, including the Science Café, a storytelling initiative, and the development of a self-assessment app. This workshop will showcase the impact of their contributions and offer insights into how lived experience enriches research outcomes.

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Symposium 19721 to Session ID 5966
Day 2 - 30.06.2025, 16:45 - 18:15, Luxembourg

Workshop: Psychiatric interviews in large pediatric samples and the clinic: Advantages and Challenges

Abstract:
To register for this workshop and obtain KSADS-COMP guest access, please send an email to l.vandergun@erasmusmc.nl expressing your interest.

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Subcontribution 18269 to Session ID 5966
Day 2 - 30.06.2025, 16:45 - 18:15, Luxembourg

Psychiatric interviews in large pediatric samples and the clinic: Advantages and Challenges

Abstract:
Aims:
The complexity of child mental health is increasingly recognized by the field, stressing the importance of re-evaluating and optimizing the use of diagnostic tools in child psychiatry. Interview-based instruments are the gold standard for studying child mental health from a life-course perspective in both research and the clinic. However, they are very infrequently used in large studies as there are limitations in terms of practical (e.g. time, money), context-specific (e.g. how to handle complex symptoms that do not neatly fit into a diagnostic category?), and ethical (e.g. incidental findings) concerns. This workshop aims to share experiences with interview-based instruments for mental health assessments in large pediatric samples and to involve clinicians and researchers in a discussion of advantages and challenges.
Methods:
During the workshop, participants will: 1. Obtain hands-on experience with the use of a digitized semi-structured interview-based diagnostic instrument (i.e., KSADS-COMP, please bring a laptop!), 2. Interpret example data of complex cases (e.g. children with atypical symptom combinations), and 3. Engage in group discussions about (a) optimization of the validity and interpretability of the instrument, (b) dealing with incidental findings and (c) informativeness of the data taking clinical, research and policy-making perspectives. Additionally, preliminary findings and implementation experiences of a Dutch population-based study (the Generation R Study) are discussed.
Results & Conclusions:
The workshop invites researchers and clinicians to exchange experiences with psychiatric diagnostic assessments in large-scaled studies, and challenges them to critically re-evaluate how to best capture the complexity of youth mental disorder, while taking practical, ethical and context-specific concerns into consideration.

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Symposium 18570 to Session ID 5897
Day 2 - 30.06.2025, 16:45 - 18:15, Madrid 1

Designing research in gender dysphoria in minors
T30 - Policy / advocacy

Abstract:
In line with previous systematic reviews in Finland and Sweden, the comprehensive Cass Review acknowledged the lack of a sufficient evidence base (i.e. social transition, puberty blockers, cross-sex hormones, surgery) for pediatric gender transition and called for clinical trials of puberty blockers to be conducted. The UK is planning to launch the trial in 2025. It is therefore of paramount importance to conduct research that provides solid evidence for optimal treatment approaches for gender dysphoria (GD) in children and adolescents, taking into account the different developmental trajectories of those presenting with feelings of GD.
The aim of this round table symposium is to discuss opportunities and practical steps towards setting up a European multicentre study or a series of smaller collaborative research projects. We will hear about NHS England's plans and the challenges of selecting outcome measures in the care of children and young people with GD. After the presentations, all members of the audience are invited to join in the discussion initiated by the panellists already involved and ideally participate in the future research projects.

Authors:
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Subcontribution 18572 to Session ID 5897
Day 2 - 30.06.2025, 16:45 - 17:00, Madrid 1

Programmatic research on Gender Incongruence in England and Wales
T30 - Policy / advocacy

Abstract:
Early in the present decade, concerns were raised about the type and range of care offered to children and young people (CYP) with gender incongruence. Multiple issues underpinned the concerns, including the increasingly large number presenting to services, changes in the demographic profile of patients, and the interventions that were offered. The Cass Review, commissioned to address these concerns, and the 7 systematic reviews accompanying its publication, highlighted the lack of robust evidence to support clinical practice. The PATHWAYS (Puberty suppression And Transitional Healthcare with Adaptive Youth Services) research programme combines a number of studies focussed on children and young people attending the new CYP Gender Services in England. Funded for 6 years, the programme's aims are:
1. To determine the short/medium-term benefits and risks of GnRHa for puberty suppression, across psychosocial, physical, cognitive and brain outcomes, in CYP with gender incongruence.
2. To understand the care needs and experiences associated with using GnRHa or not through longitudinal quantitative and qualitative studies.
3. To involve CYP and their parents in designing, implementing and interpreting the research to ensure this programme addresses their needs.
The research programme includes a longitudinal observational cohort study, a randomized controlled trial, a study of cognition and brain development and a qualitative exploration of young people's experiences of making decisions about and starting puberty suppression. This is underpinned by an advisory group of CYP/adults with gender incongruence and parents who will advise on all aspects of the programme. We highlight the opportunities for, and value of, wider international collaboration with the possibility of accelerating our understanding of evidence-based care for gender-incongruence.

Authors:
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the PATHWAYS Research Team

Subcontribution 18575 to Session ID 5897
Day 2 - 30.06.2025, 17:00 - 17:15, Madrid 1

Developing core outcome measures for youth gender dysphoria
T30 - Policy / advocacy

Abstract:
In clinical research, standardized outcome measures enhance the reliability and validity of findings while promoting broader adoption through integration into trial registries, publications, and funding frameworks. Efforts to develop Core Outcome Sets (COS) across various health conditions have gained momentum. According to the Core Outcome Measures in Effectiveness Trials (COMET) Initiative, a COS is a standardized set of outcomes that should be measured and reported as a minimum. COS provides a structured framework for researchers and clinicians to determine what outcomes to measure and how to measure them. These sets can be tailored to specific health conditions, populations, or interventions. Key steps in COS development include defining the scope, assessing the need for new measures, designing protocols, and identifying both the outcomes to measure and the methods of measurement. However, challenges such as engaging diverse stakeholders, managing conflicts of interest, and ensuring the practical implementation of COS in research and clinical practice remain significant.
In gender medicine, research has revealed substantial variability in the measures used to assess mental health and wellbeing outcomes, even among studies addressing similar questions. This inconsistency highlights the need for COS specifically tailored to youth with gender dysphoria or incongruence and the diverse treatment approaches, including psychotherapy, surgery, and hormone therapy.
Adopting the COMET methodology for COS development in gender medicine offers a structured pathway to standardization, ensuring that outcomes are relevant, meaningful, and valuable to all stakeholders, including patients, clinicians, and researchers.

Authors:
**Presenter,** Prof. Yuan (Ray) Zhang

Subcontribution 18576 to Session ID 5897
Day 2 - 30.06.2025, 17:15 - 17:30, Madrid 1

Discussion within the round table
T30 - Policy / advocacy

Abstract:
Riittakerttu Kaltiala, MD, PhD, BSc, is professor of adolescent psychiatry in Tampere University and chief psychiatrist in the Department of Adolescent Psychiatry in Tampere University Hospital. She is specialist in psychiatry, adolescent psychiatry and forensic psychiatry. She is the leader of one of the two nationally centralized gender identity services for minors since 2011 when these services were first opened. She has since then been actively involved in service development, continuous education and scientific writing related to gender identity issues in minors nationally and internationally, and she has consulted in legislative and service development initiatives both in Finland and internationally. For further information, please see www.riittakerttu.fi.

Authors:
**Presenter,** Prof. Dr. Riittakerttu Kaltiala

Subcontribution 18578 to Session ID 5897
Day 2 - 30.06.2025, 17:30 - 17:45, Madrid 1

Discussion within the round table
T30 - Policy / advocacy

Abstract:
Jilles Smids is a philosopher and medical ethicist at Erasmus Medical Center in Rotterdam, the Netherlands. His main research interests concern justice issues related to expensive medicine and healthcare priority-setting more generally, as well as ethical and philosophical questions around pediatric gender care. As a citizen of the birth country of the Dutch protocol, he was surprised to see the international criticism emerging, and the developments in Finland, Sweden, and England towards prioritizing non-medical approaches. As a result, he engaged in in-depth research into the origins of the Dutch protocol, its current form, and the medical-ethical controversies on what is the best care for adolescents with gender dysphoria. He is actively engaged in the Dutch scientific discussion on pediatric gender care.

Authors:
**Presenter,** Dr. Jilles Smids

Subcontribution 18580 to Session ID 5897
Day 2 - 30.06.2025, 17:45 - 18:00, Madrid 1

Discussion within the round table
T30 - Policy / advocacy

Abstract:
Dr. Anne Waehre is a pediatrician trained at Karolinska University Hospital in Stockholm, Sweden, and the head of the National Treatment Service for Gender Incongruence in Children and Adolescents at Oslo University Hospital, Norway. She holds a PhD in medicine, with a focus on intersex and gender incongruence and its health outcomes. Dr. Wæhre has published several articles on demographic and clinical outcomes for youth with gender dysphoria.
She began working with gender incongruence nearly ten years ago when she started her specialization in child and adolescent psychiatry. In her current role, Dr. Waehre leads a multidisciplinary team providing comprehensive care, including psychological support, hormone therapy, and long-term follow-up for young patients.
Dr. Waehre has played a key role in shaping Norway's approach to youth gender incongruence and has initiated international research collaboration to advance global understanding and best practices. She also contributes to professional training and works closely with experts worldwide to improve services for children and adolescents.

Authors:
**Presenter,** Dr. Anne Wæhre

Symposium 19966 to Session ID 6007
Day 2 - 30.06.2025, 16:45 - 18:15, Madrid 2

Debate about differences in mental health services and possible implication of this heterogeneity: are more or less hospital beds the solution to the youth mental health crisis?
T30 - Policy / advocacy

Abstract:
In this debate, Jörg Fegert and Benedetto Vitiello will present their perspectives on the question: "Are more or less hospital beds the solution to the youth mental health crisis?". The debate will touch on differences across different countries, possible limitations of bed expansion and other factors that come into play. We invite the audience to participate and share their views. The debate will be moderated by Diane Purper-Ouakil.

Authors:
**Presenter,** Prof. Dr. Jörg Fegert Universitätsklinikum Ulm
Prof. Dr. Benedetto Vitiello University of Turin
Prof. Dr. Diane Purper-Ouakil CHU Montpellier - Saint Eloi Hospital

Symposium 19394 to Session ID 5844
Day 2 - 30.06.2025, 16:45 - 18:15, Rome

From Transition to Protection: Markers of Psychosis Protection in Samples with Different Risk Levels
T32 - Psychosis

Abstract:
Research on high risk for psychosis has been crucial over the past 20 years. Recently, however, the focus of this research has been shifting. The interest is no longer solely on the risk of psychosis or other disorders but increasingly on understanding the factors that promote resilience during the early stages of psychotic disorder development in children and adolescents. This shift is due to a growing recognition of the importance of resilience in mitigating the effects of mental health disorders. By focusing on resilience, we can potentially reduce the onset and severity of psychotic disorders, even in individuals with high risk.
The reason for this renewed interest is that the preventive approach to mental health problems is becoming increasingly crucial. There is mounting evidence that childhood and adolescence are privileged periods to identify risks and opportunities and to plan and implement effective interventions. Early identification and intervention during these developmental stages could have long-lasting impacts on mental health outcomes.
In this symposium, we will present data on risk and protective factors observed in different samples of children and adolescents with varying levels of risk for psychosis. These samples include individuals with genetic risk associated with a confirmed genetic alteration, those with a family history of mental illness, clinical high-risk groups , and a general population-based sample. By exploring these diverse groups, we aim to deepen our understanding of how resilience can be promoted and how it interacts with different risk factors to potentially prevent or delay the onset of psychotic disorders.

Authors:
**Chair** Dr Montserrat Dolz Abadia Hospital Sant Joan de Deu Barcelona
**Co-chair** Prof. Daphne J Holt Massachusetts General Hospital , Harvard Medical School

Subcontribution 19409 to Session ID 5844
Day 2 - 30.06.2025, 16:45 - 17:00, Rome

# Predictors of changes in psychotic experiences over time in young adults: risk and protective factors

T32 - Psychosis

Abstract:
Aims: Psychotic experiences (PEs) are mild, psychotic-like phenomena that are relatively common in the general population. Although they are often transient, they are also linked with an increased risk for poor mental health outcomes, including the onset of a range of serious mental illnesses. In the current study, we assessed and followed college students over a two-year period, to test whether certain baseline characteristics predicted changes in PEs at follow-up time points.
Methods: U.S. college students (n = 572, mean age 19.5) were assessed every 6 months for two years, using self-report questionnaires that measured symptoms of psychopathology and several resilience-promoting traits. Longitudinal modeling was used to identify baseline predictors of levels of delusional ideation and hallucinatory experiences over time.
Results & Conclusions: Baseline depression, anxiety, delusional ideation or hallucinatory experiences, as well as self-compassion and mindfulness, each independently predicted both delusional ideation and hallucinatory experiences across time ($p < .001$). When examining the two resilience-promoting factors together, self-compassion, but not mindfulness, predicted decreases in both delusional ideation and hallucinatory experiences across time ($p < .001$). When examining symptom factors, depression, anxiety, and hallucinatory experiences predicted worsening delusional ideation ($p < .05$), whereas delusional ideation and anxiety predicted worsening hallucinatory experiences ($p < .001$). In the full model, only the symptoms remained significant as predictors. Taken together, these findings suggest that self-compassion, as well as depression, anxiety and PEs, predict progression of PEs and thus could be targeted by interventions aiming to reduce PEs and the associated poor outcomes.

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**Presenter** Dr. Jacqueline Clauss Maryland Psychiatric Research Center

Subcontribution 19420 to Session ID 5844
Day 2 - 30.06.2025, 17:00 - 17:15, Rome

# Prodromal Psychotic Symptoms and Psychosocial Functioning in Children and Adolescent Offspring of Patients Diagnosed with Schizophrenia or Bipolar Disorder: Associations with Clinical and Sociodemographic Variables

T32 - Psychosis

Abstract:
Aims: To assess prodromal psychotic symptoms and psychosocial functioning in offspring of patients with schizophrenia (SZoff) or bipolar disorder (BDoff) and evaluate their associations with psychopathology, sociodemographic variables, obstetric complications, stressful life events, and intelligence quotient (IQ).
Methods: This study is part of the BASYS project, which included 90 BDoff, 41 SZoff, and 104 controls (CCoff) aged 6 to 17 years at baseline. Psychiatric diagnoses, psychosocial functioning, sociodemographic characteristics, stressful life events, IQ, and prodromal symptoms were assessed. Multilevel mixed-effects logistic regression models (for categorical variables) and linear regression models (for continuous variables) were used to analyze group differences and associations between offspring and parental variables, prodromal symptoms, and psychosocial functioning.
Results: SZoff showed significantly higher prodromal psychotic symptoms compared to BDoff and CCoff, while no significant differences were found between BDoff and CCoff. Severity of prodromal symptoms was significantly associated with the presence of psychopathology, older age, and more stressful life events. No significant interactions between group and other variables were observed. Regarding psychosocial functioning, SZoff scored lower than BDoff and CCoff, with no significant differences between the latter two groups. Higher psychopathology, more stressful life events, and lower IQ were associated with greater severity of prodromal symptoms and reduced psychosocial functioning.
Conclusions: SZoff exhibited more severe prodromal psychotic symptoms and poorer psychosocial functioning. Psychopathology, stressful life events, and IQ appear to influence the severity of prodromal symptoms and functioning.
This study was supported by the Spanish Ministry of Science and Innovation (PI21/00519), co-financed by the European Union and Fundació Marató de TV3.

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Subcontribution 19426 to Session ID 5844
Day 2 - 30.06.2025, 17:15 - 17:30, Rome

Resilience and protective factors in a high genetic risk sample for psychosis (22q11DS)
T32 - Psychosis

Abstract:
Aims :The 22q11.2 microdeletion (22q11.2DS) is the most common interstitial deletion in humans, frequently associated with neurodevelopmental disorders. Early recognition enables the identification of neurological and mental health complications, for which individuals with this deletion are at significantly higher risk. Notably, 22q11.2DS is one of the strongest known genetic risk factors for psychosis. However, comprehensive cohort studies to identify early markers, risk and protective factors, and genotype-phenotype correlations remain limited. Understanding the causes, determinants, and protective and resilience factors is essential to developing targeted interventions aimed at improving autonomy and prognosis.
Methods: To address this gap, we aim to study a cohort of individuals with 22q11.2DS in terms of psychosis risk and resilience (CD-Risc 10 and PQ-Brief). The study will include data from affected and non affected participants and their parents, as well as demographic and medical risk and protective factors, to control for genetic variant effects and identify resilience-enhancing factors without bias.
Results:Statistical analyses, including ANOVA and multiple component analysis, will be employed to examine these relationships. Based on our findings, we will propose an evidence-based evaluation and monitoring protocol.
Conclussion:This study will also serve as a proof-of-concept for applying similar methodologies to other rare conditions with a high psychosis risk, such as 1q21.1 microdeletion syndrome and Prader-Willi syndrome, where standardized mental health supervision protocols and data on risk and protective factors are currently lacking.

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**Presenter** Federica Lombardini Centros de San Juan de Dios

Subcontribution 19431 to Session ID 5844
Day 2 - 30.06.2025, 17:30 - 17:45, Rome

Clinical and biological characteristics in an ARMS child and adolescent sample with positive clinical outcomes after 18 months of follow-up. What are the most relevant protective elements?
T32 - Psychosis

Abstract:
Aims: Research on clinical high-risk (CHR) individuals for psychosis has primarily focused on risk factors, with attenuated clinical symptoms showing the strongest evidence. Shifting the focus to protective factors, such as resilience, may help identify key variables and support recovery from the CHR state for psychosis. The children and adolescent population is a key target group for assessing both resilience and risk in this context. This presentation explores the potential role of resilience in the recovery process for this age group.
Method: A study analyzed 122 individuals at clinical high risk (CHR) and 81 healthy controls (HC), evaluating resilience-related factors such as age, sex, socioeconomic status, substance use, stressful life events, childhood trauma, past functioning, cognitive schemas, and general intelligence. Participants were divided into three groups based on clinical outcomes at 18 months: CHR with favorable outcomes (CHR-F), CHR with unfavorable outcomes (CHR-DF), and HC. Data were compared using ANOVA with Bonferroni corrections, and chi-square tests were applied for qualitative variables. These findings represent preliminary results of an article in preparation.
Results: Significant differences were found in all resilience-related variables, with the HC group differing from the two CHR groups. No major differences were observed between CHR-F and CHR-DF for most variables, except for general intelligence, which was significantly higher in both HC and CHR-F compared to CHR-DF.
Conclusion: Healthy controls show a more favorable resilience profile, with higher scores than individuals at clinical high risk for psychosis. General intelligence emerged as a key variable, significantly higher in both HC and CHR-F individuals.

Authors:
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Subcontribution 19337 to Session ID 5844
Day 2 - 30.06.2025, 17:45 - 18:00, Rome

# Self-Disorders (SDs) as a core of schizophrenia spectrum disorders in a sample of help-seeking adolescents

T32 - Psychosis

Abstract:
Aims: Trait-like anomalies of subjective experience have been empirically identified as schizophrenia-specific markers of vulnerability.
However, the extent of this selective aggregation remains undefined, particularly in developmental age, although the literature seems to indicate a relative prevalence of SDs within the schizophrenia spectrum disorders (SSDs) in adults. The aim of this study was to examine the specificity of SDs for SSDs also in adolescent and their correlation with psychopathology
Methods: 120 adolescent (13-18 yrs.) inpatients admitted to the Child and Adolescent Psychiatry Unit at the Sapienza University in Rome were assessed for psychopathology using Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS-PL), Structured Interview for Prodromal Syndromes (SIPS/SOPS), Examination of Anomalous Self-Experiences (EASE).
Results: Patients were divided in two diagnostic groups: SSDs (30 pts.) and nSSDs (70 pts.). Frequency of SDs was significantly different between the 2 groups ($p < .001$). A difference between the two groups was also found in the EASE subdomains ($p < .001$).

Conclusions: Our results confirm the specificity of SDs for SSDs and the belonging of schizotypal personality disorder to schizophrenia-spectrum also in adolescence.
Therefore, besides being potentially important for the diagnosis of SSDs, SDs can contribute to an early differential diagnosis and identification of individuals at risk for schizophrenia.

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Symposium 19879 to Session ID 5968
Day 2 - 30.06.2025, 16:45 - 18:15, Amsterdam

Oral Session: Addiction
T50 - Addiction

Abstract:

Authors:

Subcontribution 18438 to Session ID 5968
Day 2 - 30.06.2025, 17:00 - 17:15, Amsterdam

# The effect of therapeutic drug monitoring of risperidone and aripiprazole on weight gain in children and adolescents: the SPACe 2: STAR (trial) protocol of an international multicentre randomised controlled trial

T50 - Addiction

Abstract:
Aims: Antipsychotic drugs are an important part of the treatment of irritability and aggression in children with an autism spectrum disorder (ASD). However, significant weight gain and metabolic disturbances are clinically relevant side effects of antipsychotic use. In the SPACe study, we showed positive correlations between risperidone and aripiprazole plasma trough concentrations and weight gain over a 6-month period. In the SPACe 2: STAR study, we aim to research whether therapeutic drug monitoring in clinical practice can prevent severe weight gain, while retaining clinical effectiveness.
Methods: SPACe 2: STAR is an international, multicentre, randomised controlled trial (RCT). One hundred forty children aged 6 to 18 who are about to start risperidone or aripiprazole treatment for ASD related behavioural problems will be randomised into one of two groups: a therapeutic drug monitoring (TDM), or a care as usual (CAU) group. Participants will be assessed at baseline and 4, 10, 24, and 52 weeks follow-up. In the TDM group, physicians will receive dosing advice based on plasma levels at 4 and 10 weeks. Plasma levels will be measured in dried blood spots. The primary outcome will be BMI z-score at 24 weeks after start of antipsychotic treatment. Among the secondary outcomes are effectiveness, metabolic laboratory measurements, levels of prolactin, leptin and ghrelin, and extrapyramidal side effects.
Discussion: This will be the first RCT evaluating the effect of TDM of antipsychotic drugs in children and adolescents. Thus, findings from SPACe 2: STAR will be of great value in optimising treatment in this vulnerable population.

Authors:
**Presenter,** Lisa Ringeling Erasmus MC University Medical Center Rotterdam

Subcontribution 18579 to Session ID 5968
Day 2 - 30.06.2025, 17:15 - 17:30, Amsterdam

# Predicting Risk Personality Facets in Early Adulthood: Explainable Machine Learning Analysis and the Role of Age at first Alcoholic Drink

T50 - Addiction

Abstract:
Age at first alcoholic drink is the strongest predictor of alcohol problems later in life, but the mechanisms behind this association remain unclear. Age at first use may itself be a consequence of earlier conditions and should interact with concomitant and later conditions in predicting later personality problems related to alcohol use. Using an explainable machine learning approach consisting of XGBoost prediction modelling and a variable ranking tool SHapley's Additive exPlanations (SHAP), the role of age at first use in the development of a risk personality in early adulthood is investigated. SHAP values are based on the concept of co-operative game theory by Shapley (1953) and can empirically determine the relative importance of each feature on the variable to be predicted.
Participants were 282 individuals and their parents from the 1970 prospective Rostock Longitudinal Study. SHAP scores were applied to XGBoost prediction models to quantify factors contributing to age of first use and personality aspects in early adulthood. Open source libraries in Python 3.7 were used for all analyses. The final analysis has not yet been completed, but preliminary results show that age at first use is among the three most important predictors of risk personality aspects (behavioural control, substance use as a coping mechanism, impulsivity, self-esteem) in early adulthood.
The results of the novel application of explainable machine learning methods help to characterise the complex interplay of age-related risk and protective factors in first-time alcohol consumption, which in turn paves the way for the development of a risk personality in young adulthood.

Authors:
**Presenter,** Elisa Wandinger University Medical Center Rostock
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Prof. Dr. Frauke Nees University Medical Center Schleswig-Holstein
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Subcontribution 18706 to Session ID 5968
Day 2 - 30.06.2025, 17:30 - 17:45, Amsterdam

# Therapeutic Reference Ranges for Drugs used in the Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder: A Systematic Review by the AGNP TDM-Task Force

T50 - Addiction

Abstract:
Aims: Attention-Deficit/Hyperactivity Disorder (ADHD) drugs are frequently prescribed to children and adolescents; however, therapeutic reference ranges have not yet been systematically evaluated. This study aimed to define prototypical therapeutic reference ranges for methylphenidate, amphetamine, atomoxetine, and guanfacine, based on a systematic review of the relevant literature.
Methods: Therapeutic reference ranges were suggested based on blood concentrations measured in children and adolescents with ADHD who responded to the drug. Therapeutic ranges were calculated both as mean values plus one standard deviation (SD) and using the 25th/75th interquartile ranges (IQRs) method.
Results and Conclusions: For methylphenidate, a therapeutic reference range was calculated according to the mean maximum concentration (Cmax) ±SD (8.8 ± 7.7 ng/ml) as 1.1-16.6 ng/ml and according to the 25th/75th IQRs as 7.2–11.3 ng/ml. Mean d -amphetamine Cmax concentration ±SD was 31.9 ±15.2 ng/ml resulting in a range of 16.6–47.1 ng/ml and the calculated range according to IQRs 25th/75th was 18.4-32.5 ng/ml. For atomoxetine, mean Cmax,ss concentration ±SD was 589.7 ng/ml ±656.3 ng/ml resulting in a range of 0.0–1245.9 ng/ml and according to 25th/75th IQRs the range was calculated as 537.0-635.5 ng/ml. For guanfacine, only one study was eligible, with a mean Cmax concentration of 7.5 ng/ml in responders. The results provide preliminary recommendations that can serve as reference values for therapeutic drug monitoring in children and adolescents treated with methylphenidate, amphetamine, atomoxetine, and guanfacine. However, further research is needed to validate or refine the proposed therapeutic ranges

Authors:
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Prof. Dr. Hans-Willi Clement Universitätsklinikum Freiburg
PD. Dr. Monica Biscaldi-Schäfer Universitätsklinikum Freiburg
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Subcontribution 19256 to Session ID 5968
Day 2 - 30.06.2025, 17:45 - 18:00, Amsterdam

# REWARD – rTMS Effects in Adolescent Behavioural Addictions and Depression

T50 - Addiction

Abstract:
Background: Repetitive transcranial magnetic stimulation (rTMS) has been shown to reduce symptoms in various adult psychiatric disorders, offering a non-invasive treatment with minimal side effects. Despite its efficacy in adults, knowledge on its application in children and adolescents is limited. This study examines both the acute and short-term effects of rTMS on adolescents with depression or behavioural addictions.
Methods: This randomized controlled trial involves participants aged 12 to 17 years, who will undergo either active rTMS or sham stimulation. In all participants, effects induced by a single high-frequency rTMS session targeting the left dorsolateral prefrontal cortex will be examined using TMS-EEG. For adolescents with depression, the study will also evaluate the impact of 12 additional rTMS sessions over two weeks. Each session will deliver 1,600 pulses at 15 Hz with 120% resting motor threshold (RMT), consisting of 40 trains of 4 seconds each, with 26-second inter-train intervals. Outcome measures include neurophysiological markers (N45, P60, N100, RewP) and clinical symptom changes assessed via the Children's Depression Rating Scale-Revised (CDRS-R) and a study-specific craving questionnaire.
Results: Comparisons of neurophysiological and clinical outcomes will be made pre- and post-stimulation, as well as between experimental and control groups. The study will explore the effects of rTMS on reward system function and symptom severity, including craving in behavioural addictions.
Conclusions: By elucidating the neurobiological and clinical impacts of rTMS, this study aims to inform the development of effective, non-invasive treatment strategies for adolescents with depression and behavioural addictions, addressing critical gaps in current therapeutic options.

Authors:
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Prof. Dr. Stephan Bender

Symposium 19724 to Session ID 5958
Day 2 - 30.06.2025, 16:45 - 18:15, Londres 1

Workshop: Pitch Perfect: Mastering Grant Applications and Funding Proposals for Clinical Research
T05 - Assessment

Abstract:

Authors:

Subcontribution 18371 to Session ID 5958
Day 2 - 30.06.2025, 16:45 - 18:15, Londres 1

Pitch Perfect: Mastering Grant Applications and Funding Proposals for Clinical Research
T05 - Assessment

Abstract:
Background and aims:
Clinical academics are increasingly required to obtain external funding to cover their salaries and research expenses. There are limited funding schemes open for clinical research, which makes opportunities highly competitive. Most funders also limit how many times a researcher can apply for a particular funding scheme, increasing the pressure on applicants to 'get it right the first time'. Early career researchers face additional struggles identifying the right funding scheme, preparing their application, and interviewing with panels, particularly if support from experienced academics is not available.
The main aim of this workshop is to provide practical guidance for clinical academics to improve their grant writing skills and funding applications.
Method: This workshop will be based on a locally trialled format that was well received by a multidisciplinary group of early career clinical researchers. Led by two highly experienced clinical academics, Prof Bernadka Dubicka and Prof Pieter Hoekstra, who sat in various national and international funding panels, the workshop will first cover common features of a successful funding application and the common mistakes to be avoided. Participants will then be given a mock project theme and asked to come up with a brief project proposal in small groups. Groups will then be asked to present their projects (with one group member taking the lead) to a mock funding panel including academics and representatives of other stakeholders. Feedback will be shared with each group about their project presentations. The session will conclude with a Q&A, and discussion on key take home messages.
Conclusion: This workshop will be an intensive hands-on exercise for participants to provide them with insight into what funders are looking for in a grant proposal.

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Symposium 19299 to Session ID 5837
Day 2 - 30.06.2025, 16:45 - 18:15, Londres 2

Optimizing Implementation in Child and Adolescent Psychiatry (CAP): Toward More Effective Implementation of Child and Adolescent Mental Health Services
T48 - Public Health and Organisation of CAP Services

Abstract:
The gap between the implementation and sustainment of evidence-based practices (EBPs) in Child and Adolescent Psychiatry (CAP) and their routine clinical implementation is well-documented. This gap can be exacerbated in CAP due to the specific characteristics of the target populations (developing children embedded in the relational dynamics of their caregivers), the frequent use of complex, non-pharmacological interventions, and complex service systems where youths receive services. Advancing research into implementation of effective and scalable practices is critical to optimizing existing resources, enhancing access to CAP services for all who need them, and improving professional and patient satisfaction within the field.
This symposium will present the latest findings from ongoing studies and emerging implementation strategies, focusing on the development of tools to measure factors facilitating or hindering the adoption of new practices and strategies for EBP implementation. It will also address the early-stage development and evaluation of novel interventions prior to their broader dissemination, as well as strategies to enhance implementation processes.

Authors:
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Subcontribution 19301 to Session ID 5837
Day 2 - 30.06.2025, 16:45 - 17:00, Londres 2

# Parent and Professional Perspectives on Implementing Pediatric Autism Communication Therapy: A Mixed-Methods Analysis

T48 - Public Health and Organisation of CAP Services

Abstract:
This study investigated key factors influencing the implementation of Paediatric Autism Communication Therapy (PACT), an evidence-based parent-mediated intervention, in clinical practice worldwide. The researchers collected data through surveys completed by professionals trained in PACT and by parents who engaged with these practitioners. The study utilized a mixed-method approach guided by the Consolidated Framework for Implementation Research (CFIR). Findings revealed that over 70% of practitioners intended to implement PACT after completing the training. Successful implementation was more likely among professionals primarily working with autistic children (OR ≈5) and was facilitated by new referrals, peer and managerial support, and flexible scheduling. However, significant barriers included time constraints (sessions exceeding one hour), lack of suitable video equipment, limited parental self-reflection, and stressed family environments. Parents found the therapy feasible to apply in daily life, rating it highly (median = 5.4; IQR = 4.5-6.8), and practiced home-based activities on a median of four days per week, aligning with recommendations for daily practice. Parents appreciated core elements of the PACT method, such as video-based feedback, empowerment through active participation, and play-based strategies. Time availability remained the primary obstacle for parents. These results underscore the importance of considering family and systemic factors to ensure successful implementation of parent-mediated therapies like PACT. Addressing logistical and contextual barriers is critical to optimizing outcomes and expanding access to effective autism interventions.

Authors:
Prof. Dr. Jonathan Green
**Presenter** Prof. Dr. Marie-Maude Geoffray CH le Vinatier BRON

Subcontribution 19304 to Session ID 5837
Day 2 - 30.06.2025, 17:00 - 17:15, Londres 2

# French Adaptation of the Evidence-Based Practice Attitude Scale-36 (EBPAS-36-F): Attitudes of French Health Professionals in CAP Toward Evidence-Based Practices

T48 - Public Health and Organisation of CAP Services

Abstract:
Background: Implementing evidence-based practices (EBP) is essential in healthcare. Practitioners' attitudes toward EBP influence its adoption. This study aimed to validate the French version of the Evidence-Based Practice Attitudes Scale 36 (EBPAS-36F) and assess attitudes among child and adolescent psychiatry professionals in France, identifying related factors.Methods: We conducted a cross-sectional observational study via an online survey targeting medical, paramedical, and educational professionals and students involved in child psychiatry across France. The EBPAS-36 was translated, back-translated, and adapted for French use. Descriptive analyses and validation tests were performed. A multiple linear regression model explored associations between attitudes and individual or organizational factors.Results: Among 400 participants, 211 fully completed the questionnaire. The EBPAS-36F showed satisfactory face, content, and convergent validity, with good internal consistency. The mean attitude score was 2.63 (95% CI = 2.57-2.69). University center affiliation and employment in tertiary care facilities were significantly associated with more favorable attitudes.Conclusion: Attitudes toward EBP in French child psychiatry are slightly lower than in other European contexts. The validated EBPAS-36F offers a tool to measure attitudes and guide interventions aimed at promoting evidence-based practices in this field.

Authors:
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**Presenter** Dr. Paola Piccolo CH le Vinatier BRON

Subcontribution 19306 to Session ID 5837
Day 2 - 30.06.2025, 17:15 - 17:30, Londres 2

Outcomes of the Implementation of a CAP Referral Telephone Platform: Qualitative and Quantitative Exploratory Insights into Professional Perspectives on Implementation
T48 - Public Health and Organisation of CAP Services

Abstract:
Abstract
Background: A new telephone response platform for brief assessment and referral, called POP (Acronym from the following word in french: “Plateforme d'Orientation en Pédopsychiatrie”), was implemented by four CAMHS (Child and Adolescent Mental Health Services) to guide families or professionals based on needs and available resources in the geographic sector. This complex intervention aims to streamline referrals. The study’s goal is to describe its implementation and associated factors between 2022 and 2024.
Method: A mixed-methods approach was used. A retrospective quantitative analysis describes the requests processed from 2022 to 2024, focusing on orientations, operational practices, and patient pathways. A qualitative analysis, conducted between February and April 2024, assesses the perceived effects and processes of the implementation by professionals. Two theoretical frameworks—CFIR (Consolidated Framework for Implementation Research) and RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance)—were employed for analysis.
Results: On average, the platform handles 7,680 calls annually, with 59.4% from the served geographical area, with 37.96% of calls resulted in an advanced assessment (versus information), and with 71.69% calls from family members (versus professionals). Calls have increased significantly over two years. The average waiting time for CAMHS is five months, and significantly associated to urgency levels. Qualitative analysis of 44 professionals shows the platform facilitates appointment organization but sometimes limits CAMHS professional autonomy. Key facilitators include active communication and POP team flexibility, while barriers include limited understanding of the system and insufficient adaptation to local needs according to some professionals.
Conclusions: The strong implementation and perceived potential of POP suggest its lasting impact in child psychiatry in Lyon and potential for transferability to other contexts

Authors:
**Presenter,** Lea Gonnon CH le Vinatier BRON

Subcontribution 19312 to Session ID 5837
Day 2 - 30.06.2025, 17:30 - 17:45, Londres 2

# Advancing Team Effectiveness Implementation Strategies in Children's Mental Health: The IN STEP Children's Mental Health Research Center

T48 - Public Health and Organisation of CAP Services

Abstract:
Background: The US National Institute of Health (NIMH) funded IN STEP Children's Mental Health Research Center uses team effectiveness strategies to optimize implementation of evidence-based practices (EBPs) in schools, child welfare, community mental health, and paediatric care. Studies: The four main studies of the IN STEP Center include: 1) combined team charters and communication training to improve implementation and effectiveness of the Collaborative Life Skills Program in schools for children with Attention-Deficit/Hyperactivity Disorder, 2) after-action reviews to improve shared decision-making for mental health services by child and family teams in Child Welfare Services, 3) team charters to improve distance training for autism EBPs in schools and specialty mental health services, and 4) testing team communication training to improve a depression screening, referral, and treatment pathway in a pediatric health care system.
Discussion: The IN STEP Center goals, theoretical model, and applied work highlights the importance of engaging professionals and stakeholders in the change process, as well as the need to measure progress to ensure the EBP implementation determinants, mechanisms, and outcomes. The IN STEP model reframes mental health services as team-based activities that can facilitate the effective implementation of evidence-based practices for children and adolescents in different service systems and with different practices to address mental health problems. The IN STEP Center seeks to transform implementation strategies and effectiveness to improve the work lives and efficiency of organizations and providers ultimately improving outcomes for children and their families.

Authors:
**Presenter,** Prof. Gregory Aarons

Subcontribution 19315 to Session ID 5837
Day 2 - 30.06.2025, 17:45 - 18:00, Londres 2

Outcomes of Linked Randomized Controlled Trials of a Leadership-Focused Implementation Strategy for Autism interventions in Schools and Community Mental Health Clinics
T48 - Public Health and Organisation of CAP Services

Abstract:
Background: Children with autism rare served in multiple public service systems, however evidence-based behavioural interventions (EBIs) are not routinely delivered in community care. Recent research highlights the importance of leadership strategies and provider attitudes in successful implementation of practice innovations.
Method: A cluster randomized implementation-effectiveness trial tested effects of two implementation strategies in mental health on AIM HI (An Individualized Mental Health Intervention for Autism) in mental health programs and CPRT (Classroom Pivotal Response Teaching) in classrooms. The TEAMS Leadership Institute (TLI) implementation strategy targeted implementation leadership and climate, and TEAMS Individualized Provider Strategy (TIPS) targeted provider motivation and engagement. Organizations and schools were randomized to receive 1) leader-level strategy, 2) provider strategy, 3) both strategies, or 4) neither strategy. Data from 387 providers and 385 children were analysed. Outcome measures included provider EBI certification and observed EBI fidelity. Clinical outcome measures included the Eyberg Child Behaviour Inventory™ (ECBI) (AIM-HI) and Pervasive Developmental Disorder Behaviour Inventory (PDD-BI) (CPRT).
Results: TLI was associated with significantly higher EBI fidelity compared to non-TLI (B=.37, p=.04). A statistically significant TLI x Time interaction was found for child outcome T-scores (B=-10.47, p=.03), with a significant reduction in T-scores across time only for those in the TLI condition. Additional secondary analyses will be presented.
Discussion: This project is the first large scale trial examining the effectiveness of implementation strategies for autism EBI implementations in two public service systems. Findings support the effectiveness of leader focused strategies to promote implementation and clinical outcomes of autism EBIs.

Authors:
**Presenter,** Prof. Lauren Brookman-Frazee University of California

Symposium 17492 to Session ID 5856
Day 2 - 30.06.2025, 16:45 - 18:15, Berlin

# The role of biological markers in the path between trauma and psychopathology

T43 - Trauma

Abstract:
Childhood adversities, including trauma, neglect, and maltreatment, significantly contribute to lifelong mental health challenges and increased suicidality risk. Understanding the biological mechanisms underpinning these associations is crucial for advancing prevention and intervention strategies. This symposium presents cutting-edge research exploring the biochemical pathways linking adverse childhood experiences (ACEs) and mental health outcomes, with a focus on suicidality, oxidative stress, and immune response.

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**Presenter Co-chair** Prof. Paul Klauser Center of Psychiatry Neuroscience, Department of Psychiatry, Lausanne University Hospital, Switzerland

Subcontribution 18655 to Session ID 5856
Day 2 - 30.06.2025, 16:45 - 17:00, Berlin

# Differential effects of childhood maltreatment types, timing, but not duration on oxidative stress in formerly out-of-home placed young adults

T43 - Trauma

Abstract:
Background: Childhood maltreatment (CM) is associated with an elevated risk of mental illness across the lifespan. Oxidative stress (OS) has been proposed as a critical biochemical pathway underlying this association, though the precise mechanisms remain unclear.
Objective: This study aimed to determine whether specific sensitive periods during childhood and adolescence are associated with OS levels in young adulthood. Additionally, the study examined whether the duration of different CM subtypes correlates with OS.
Methods: The study sample comprised 131 participants (30.5% female; mean age = 26.29 ± 3.5 years) with a history of youth residential care placement. CM was assessed using the Maltreatment and Abuse Chronology of Exposure (MACE-X) tool and categorized into subtypes (parental abuse, parental neglect, peer violence, sexual abuse) as well as overall scores (total CM score, total CM duration, and multiplicity of CM subtypes). Biomarkers of OS, including superoxide dismutase (SOD), glutathione peroxidase (GPx), glutathione reductase (GRed), and the GPx/GRed ratio, were measured. Random forest regression models were employed to identify sensitive ages during which CM subtypes best predicted each OS biomarker.Partial Pearson's correlations, controlling for age, sex, and smoking, were used to test associations between CM subtypes duration and OS markers.
Results: Parental abuse at age 15 emerged as the strongest predictor of SOD levels in young adulthood (variable importance [VI] = 1.31, p = .01).
Conclusion: Specific ages during childhood and adolescence are associated with OS biomarkers, whereas the duration of CM does not appear to have a significant impact. Parental neglect and abuse are particularly salient subtypes in this association. Each OS biomarker demonstrates unique sensitive periods for its link to CM. These findings highlight the complexity of the relationship between CM and OS, warranting further investigation to elucidate underlying mechanisms.

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Subcontribution 18656 to Session ID 5856
Day 2 - 30.06.2025, 17:00 - 17:15, Berlin

# Links between adverse childhood experiences, oxidative stress/redox dysregulation, and the development of psychopathologies: A systematic review of health and animal research studies

T43 - Trauma

Abstract:
Aims: Adverse childhood experiences (ACE) are common risk factors for many psychiatric disorders. Although their underlying biological mechanisms are not fully understood, they may involve oxidative stress (OXS), which has deleterious effects on cells through its own action and its interaction with inflammation and the hypothalamus-pituitary-adrenal axis, particularly in the central nervous system. We therefore aimed to assess the role of OXS as a mediator of the link between ACE and psychopathology. Methods: Five databases were systematically searched for health and animal research reports involving subjects presenting psychiatric psychopathology and an exposure to ACE, or animal models of human psychopathology exposed to stressors admitted as ACE models, and presenting outcomes on OXS related markers. Results and conclusions: 98 animal research reports and 28 health research reports were included. Research in animals showed a global increase in OXS and pathological behaviors in stressed animals, both attenuated when using antioxidant compounds. Health research showed a tendency of higher ACE exposition rates in patients with psychopathological conditions. While the interaction between ACE exposure and OXS, in animals and humans, was likely affected by the nature, the timing and the intensity of the exposure, these parameters were only evaluated in a small fraction of studies. Similarly, some studies hinted at sex differences in the OXS response to ACE in humans and animals, but the majority of studies did not address this issue. Further research, using longitudinal designs and more thorough examination of ACE history in participants, is therefore neede

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Subcontribution 18658 to Session ID 5856
Day 2 - 30.06.2025, 17:15 - 17:30, Berlin

# Childhood trauma cortisol and immune cell glucocorticoid transcript levels are associated with increased risk for suicidality in adolescence

T43 - Trauma

Abstract:
Rising adolescent suicide rates present a major unmet need. Childhood trauma (CT) has been associated with altered cortisol dynamics and immune cell glucocorticoid reactivity, yet their additive longer-term contributions to later suicide outcomes are less clear. The current study compared CT scores, resting salivary free cortisol and mononuclear cell gene expression levels of the nuclear receptor, subfamily 3, member 1 (NR3C1) coding the glucocorticoid receptor, and its co-chaperons FKBP prolyl isomerase 5 (FKBP5) and KIT Ligand (KITLG), between a cohort of adolescents presenting with a suicidal crisis requiring hospital treatment, and matched healthy controls. Childhood trauma scores and glucocorticoid measures were significantly altered among suicidal adolescents, and CT scores correlated with mononuclear cell glucocorticoid transcripts. Both CT scores and glucocorticoid measures explained substantial additive portions of the variance in adolescent suicidality. Long-term perturbations in cortisol dynamics and immune cell glucocorticoid response elements denote dysregulated immune stress reactivity, and may possess value in prediction and point to modifiable-risk factors in prevention of clinically significant suicidality years during the brittle period of adolescence, after childhood trauma exposure.

Authors:
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Subcontribution 18659 to Session ID 5856
Day 2 - 30.06.2025, 17:30 - 17:45, Berlin

Effect of sex in moderating the association between Childhood Maltreatment and Psychopathology : the role of redox homeostasis
T43 - Trauma

Abstract:
Aims: Childhood trauma (CT) is a well-established risk factor for the emergence of psychopathology, with divergence between sexes. Here, we investigated the role of redox and inflammatory markers in the relationship between CT and psychopathology, focusing on sex differences.
Methods: This study builds on a cohort of young adults (n = 131; 30.5% female; mean age = 26.29±3.5) with histories of youth residential care placement. CT was assessed using the CT Questionnaire (CTQ) and psychopathology was evaluated using ASEBA scores. Biological biomarkers included redox (Gpx/Gred/SOD) and inflammatory (IL-1ra/IL-6/CRP). Mediation and moderation analyses were conducted to examine direct, indirect, and interaction effects of trauma on psychopathology, stratified by sex.
Results: Trauma exposure was significantly associated with psychopathology scores ($p < 0.001$), with stronger correlations in females ($\beta = 0.84$) than males ($\beta = 0.55$). Emotional abuse emerged as the strongest trauma subtype linked to psychopathology, especially in females ($r^2 = 0.205$). Trauma was more strongly associated with internalizing ($r^2 = 0.162$) than externalizing symptoms ($r^2 = 0.093$), with significant sex differences in internalizing symptoms ($p = 0.00046$). Females exhibited stronger associations involving redox markers (Gred/SOD) and internalizing symptoms, while males showed greater involvement of inflammatory markers (CRP/IL-1ra/IL6) and externalizing symptoms. In females only, mediation analysis revealed that Gred mediated 32% of trauma's effects on psychopathology, with a significant moderation effect ($p = 0.015$, $r^2 = 0.38$).
Conclusions: Our findings suggest that the biological mechanisms underlying the trauma-psychopathology association are sex-specific, with females displaying greater susceptibility to redox imbalance.

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Subcontribution 18868 to Session ID 5856
Day 2 - 30.06.2025, 17:45 - 18:00, Berlin

# A trauma-informed prognostic model of functional outcome in early psychosis patients

T43 - Trauma

Abstract:
Aims: Despite significant advances at the group level in considering childhood trauma (CT; abuse and neglect) as a predictor of poor psychosis outcomes, prediction models in first-episode psychosis (FEP) have thus far overlooked its importance. This study is the first to develop a trauma-informed prognostic model for functional outcomes in FEP, employing a multimodal machine learning approach. This approach combines CT, contextual factors, psychotic and non-psychotic psychopathology, neurocognition, and biological markers, including polygenic risk scores and redox system markers.
Methods: The study included 84 FEP patients. Five independent unimodal predictive models were developed to predict functioning at one-year follow-up, each based on a single modality: trauma, neurocognition, clinical, genetic, and biological (redox markers). A sixth, multimodal model incorporated all modalities. All models were trained using elastic net regularisation with cross-validation, resulting in 30 models in total. Principal component analysis was used to integrate all modalities into the multimodal model.
Results: The multimodal approach significantly outperformed the unimodal models, achieving a balanced accuracy of 79.1%. The clinical unimodal model performed second best (70.9%), followed by the neurocognition model (61.7%), the CT model (58.0%), and the biological models, which demonstrated the lowest performance (52.7% for genetic markers and 50.8% for redox markers). Non-psychotic factors, including mood and cognition, emerged as key predictors alongside trauma-related variables.
Conclusions: Integrating trauma-informed information with contextual, behavioural, and mechanistic biomarkers appears to be a promising strategy for developing predictive models of functional outcomes in early psychosis.

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Prof. Dr. Philippe Conus

Symposium 18391 to Session ID 5857
Day 2 - 30.06.2025, 16:45 - 18:15, Bruxelles

Early Detection of Psychosocial Risk Factors in Preschool Children
T47 - Prevention & intervention

Abstract:
The early detection of psychosocial risk factors in preschool children represents a fundamental aspect of preventive child and adolescent mental health. The identification of children who are at risk of developing psychopathological symptoms at an early age allows for the implementation of timely interventions, which can mitigate the potential negative long-term effects. This symposium, organized in collaboration of two sites of the German Center for Child and Adolescent Health (DZKJ), emphasizes the significance of early identification of psychosocial risk factors as a critical step in fostering healthy development and reducing the societal and individual burden of untreated mental health issues.
The early years of life represent a key period for psychosocial development. Risk factors such as family stress and socioeconomic factors frequently impact the development of the child, yet socioemotional or behavioral difficulties are often unrecognized until more severe symptoms emerge. This highlights the necessity for the implementation of structured screening tools and interprofessional collaboration in order to ensure that signs of psychosocial distress are not overlooked.
The symposium will present a selection of projects from the DZKJ, including the implementation of psychosocial screenings into already existing structures of the primary health care system, such as the school entry examination and the preventive pediatric examinations. We aim to provide further illustration of the practical applications of validated screening tools and strategies that enhance early detection, ensuring that children and their families receive the support they need to thrive.

Authors:
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**Co-chair** Dr. Olaf Reis University Medical Center Rostock

Subcontribution 19183 to Session ID 5857
Day 2 - 30.06.2025, 16:45 - 17:00, Bruxelles

Enhancing early mental health - The psychosocial dimension of routine health exams of preschool children and their caregivers in a primary health care setting
T47 - Prevention & intervention

Abstract:
Mental disorders are among the most prevalent and burdensome diseases globally, with substantial personal and societal costs. Early childhood mental health problems are widespread and often persist into later life, negatively affecting the further course of development. Despite the importance of preventive measures during preschool years, there is a lack of standardized screening procedures integrated into routine health assessments.
The German Center for Child and Adolescent Psychiatry (DZKJ), seeks to advance the early detection of psychosocial and mental health challenges in children and their caregivers.
This presentation aims to provide an overview of the research field of early detection of psychosocial risk factors in preschool children, and:
1. Present findings from a scoping review of international practices for psychosocial health screening during school entry and preventive health examinations.
2. Present first results of a pilot study evaluating structured screening for mental health and caregiver stress in the context of the mandatory school entry examination.
The scoping review applies the PCC framework to identify international best practices, focusing on established child health programs in countries with well-established programs, such as Norway, New Zealand, and Singapore, as well as countries with limited resources in the public health sector. Data are sourced from major databases (PubMed, PsycINFO, Scopus, Cochrane Library), and grey literature search (e.g. on governmental websites like health ministries).
The pilot study uses a mixed-methods design to assess feasibility, barriers, and outcomes of standardized psychosocial screenings for preschool children and their caregivers. Validated screening tools – the Strength and Difficulties Questionnaire (SDQ-P) and the Parental Stress Scale (PSS) – provide quantitative data, complemented by qualitative data from semi-structured interviews with healthcare professionals and caregivers. Recruitment is ongoing, and first results will be discussed.
By addressing international practices and current research from the DZKJ, this session aims to underline the importance of integrating mental health screening into routine health assessments, highlighting opportunities to improve early detection strategies and child mental health outcomes.

Authors:
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Subcontribution 19196 to Session ID 5857
Day 2 - 30.06.2025, 17:00 - 17:15, Bruxelles

Screening for emotional and behaviour problems in children and parental stress during a school entry health examination in Bavaria, Germany - a pilot study
T47 - Prevention & intervention

Abstract:
The prevalence of psychological and psychiatric symptoms in children and adolescents has increased in the recent years. An early detection and subsequent treatment of childhood mental symptoms can help to curb future mental disorders in the young and might prevent further increase of parental stress.
In a pilot study, we aimed to assess the feasibility and the benefit of a screening for child emotional and behaviour problems in the setting of school entry health examinations by using the established Strengths and Difficulties Questionnaire (SDQ). The German version of the “Parental Stress Scale (PSS)” was applied to evaluate parental stress. Questions on non-participation were asked.
The following research questions will be answered:
How many children with borderline/conspicuous SDQ score were detected by the screening?
How many children were detected by the screening but not detected by the usual school health entry examination?
Which reasons for non-participation were reported by the parents?
Further, associations between SDQ scores, parental stress and child development as assessed in the health examination will be explored.
Families received the study invitation and questionnaires together with the regularly invitation to the mandatory school entry health examination. The study was conducted in a single Public Health Department in Bavaria. Data collection started in October 2024. By the end of December 2024, 525 families were invited and almost a third (n=165, 31.4%) took part. The questionnaires were answered in the most cases by mothers (74.3% mothers vs. 10.7% fathers, rest: both or unknown). The mean age of the mothers was 37.3 years and 39.4 years for the fathers. Children’s age ranged between five and six years.
Data collection was completed on December, 31st, 2024 and data analyses are currently ongoing. Results will be presented at the symposium.

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Subcontribution 19202 to Session ID 5857
Day 2 - 30.06.2025, 17:15 - 17:30, Bruxelles

# Handedness in children - reviewing the assessment as part of the school entry examination

T47 - Prevention & intervention

Abstract:
In the school entry examination in the German federal state of Mecklenburg-Western Pomerania, the recommendation for the (future) writing hand is determined on the observation of the preferred hand for drawing/writing. Observations made by examiners during these examinations indicate that this assessment is not sufficiently differentiated. Thus, the actual proportion of left-handed children may be higher than those identified as left-handed by the current assessment. A retraining to the righthand side can cause serious consequences, such as fine motor disorders (writing/writing image), concentration problems, memory disorders/blackouts, reading and spelling difficulties. Secondary effects may include insecurity, withdrawal, inferiority complexes, or behavioural problems [AD(H)D, bed-wetting, nail biting]. In a first project, we aim to determine more accurately the proportion of left-handed children and validate additional instruments for more accurate identification of left-handed children. This advanced assessment should help to ensure that correct handedness can be supported and promoted at school and at home.
As part of the school entry examination, all children will undergo additional observations by examiners according to standardised parameters. Additionally, the parents will complete a questionnaire. Children with ambiguous handedness are offered an additional comprehensive test to verify their handedness using a certified handedness test.
Multivariate models will be calculated to identify possible determinants of unclear handedness. Statistical tests will also be carried out to validate the additional instruments of the extended assessment to identify handedness. Expanding the assessment of handedness in the school entry examination with validated parameters leads to a higher proportion of correctly identified handed children. Accurate identification of the correct handedness is the basis for avoiding potential negative long-term effects and promoting healthy development in this regard.

Authors:
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Subcontribution 19210 to Session ID 5857
Day 2 - 30.06.2025, 17:30 - 17:45, Bruxelles

# Project “GIF MV”: evaluation of the targeted individual promotion in German preschools using the revised Dortmund Developmental Screening for Preschools DESK 3–6 R

T47 - Prevention & intervention

Abstract:
Socioeconomic conditions influence the health and development of children which starts in the womb and continues well into adulthood. Hence, the German federal state law for child day-care and preschools in Mecklenburg-Western Pomerania enables the participation in a program with the goal of detecting developmental risks in 3-6-year olds in the domains of motor, linguistic, cognitive and social-emotional competencies. These are assessed by using the Dortmund Developmental Screening for Preschools (DESK 3-6 R) which is conducted in preschools in regions with a low socio-economic profile. Since 2011, the effectiveness of the subsequent targeted individual promotion of children affected by developmental risks is evaluated. The cohort is followed up annually using the DESK 3-6 R leading to cross-sectional and longitudinal analyses at child level. In 2022, n = 7.799 children from n = 160 preschools participated (approx. 15% of all preschools in Mecklenburg-Western Pomerania). Furthermore, the cohort provides the possibility of computing trajectories and expected values on the basis of earlier survey waves which can be compared with the actually measured values. This method makes it possible to evaluate the effects on development of children for example from the preventive measure during the COVID-19-pandemic.

Authors:
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Subcontribution 19215 to Session ID 5857
Day 2 - 30.06.2025, 17:45 - 18:00, Bruxelles

Psychosocial stress in young families after the pandemic: no time to rest
T47 - Prevention & intervention

Abstract:
Background: Amidst the pandemic, parenting stress and mental health challenges for both parents and children have increased. However, the lasting repercussions on families remain largely unexplored. Additionally, young families face stressors such as economic inflation, political conflicts in regions like Ukraine and the Middle East, and the climate crisis, whose impacts on family well-being are not yet understood.
Methods: We conducted a cross-sectional study involving families with children aged 0-9 years to examine parental stress and mental health issues among both parents and children in light of current societal challenged. Validated questionnaires were used to gather data, and potential factors contributing to parental stress were investigated.
Results: Of 17,333 included families, we found that 53.7% of parents reported feeling stressed or very stressed, with 13.5% experiencing anxiety symptoms and 14.6% showing signs of depression. Additionally, 34.9% of infants had crying and sleeping difficulties, while emotional and behavioral problems were observed in 10.4% of toddlers and 8.7% of pre- and primary schoolers. Economic inflation was stressful or very stressful for 59.3% of parents, with social polarization (49.3%), the Ukraine crisis (37.9%), and the climate crisis (31.8%) also cited as stress sources. For 31.6% of families, the lingering effects of the pandemic continued to be a (major) burden. Across all age groups, children's mental health issues and societal challenges were primary predictors of parental stress. Additionally, there was a positive correlation between the duration of external childcare and parental stress among parents with toddlers and pre- and primary schoolers.
Conclusion: Our study underscores that psychosocial stressors for families with children remain pronounced even post-pandemic and, in some cases, have intensified compared to the peak of the pandemic. Moreover, our findings highlight the impact of broader societal trends, such as economic inflation and social polarization, on family well-being. Addressing these stressors and promoting the mental health of infants, while bolstering parental resilience by alleviating parenting stress, should be key priorities for healthcare initiatives in the aftermath of COVID-19.
Since recruitment is still ongoing, we will present updated results for more than 22,000 families at the Symposium.

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Symposium 17214 to Session ID 5869
Day 2 - 30.06.2025, 16:45 - 18:15, Boston

# The involvement of parents in the assessment and treatment of young people's mental health problems explored from different perspectives

T20 - Family / systemic therapy

Abstract:
It is common practice in child and youth mental health services to involve parents and carers in the assessment and treatment of young people. In this symposium, we will focus on several aspects of their involvement.
The first presentation will discuss the results of innovative network analyses of parental ratings and self-reports that are used in the assessment of young people's mental health symptoms to shed light on the mechanisms underlying their (dis)agreement.
The next two presentations will address the topic of how parental and children's symptoms mutually influence each other. Helder will present how adverse experiences by foster children can lead to posttraumatic stress symptoms in their carers. Galligan will report whether addressing parental mental health issues improves the outcomes of the children in families with children with neurodevelopmental disorders where a parent also reports mental health issues.
Thirdly, treatment of young people's symptoms can be provided via their parents and/or focus on the parent-child interactions. Both methods have shown to be effective. The last two presentations will discuss research aiming to further advance these methods.
The fourth presentation will focus on whether a one day workshop of parent only CBT for child anxiety is as effective as six groups session.
The final speaker will present the results of a trial including children that experienced severe adverse events. For these children, regular trauma focused therapy does often not suffice. In this study, family therapy is added to improve their outcomes.

Authors:
Prof. Dr. Christel Middeldorp Amsterdam University Medical Center

Subcontribution 18317 to Session ID 5869
Day 2 - 30.06.2025, 16:45 - 17:00, Boston

Asking the right questions: Using psychometric network analysis to understand how parent reports are related to child reported mental health.
T20 - Family / systemic therapy

Abstract:
Aims
Parent reports are an important part of a child's mental health assessment. However, cross-informant associations show only low-to-moderate overlap. This study aimed to further our understanding of the (lack of) overlap in parent and child-reported children's symptoms using psychometric network analysis.
Methods
A cross-sectional sample of children (N=1,528) receiving psychiatric care at four academic centers for child and adolescent psychiatry (the DREAMS consortium) and their parents (N=2,623) was assessed on internalizing and externalizing problems using parent-reported items of the Brief Problem Monitor questionnaire, and self-reported PROMIS scales of anxiety, depression and anger. Correlational analyses were compared to psychometric network analyses to investigate the structure and relationships between the variables, including gender differences.
Results and conclusions
Correlational analysis showed that parent-reported items and child reported scales on internalizing and externalizing problems significantly correlated. However, psychometric network analysis indicated that only a few parental items were associated with children's reported problem scales. Internalizing problems were mainly associated with asking parents if they perceive their child as 'too fearful or anxious' or asking them if they perceive their child as 'unhappy, sad, or depressed'. No sex differences were observed. Asking parents whether their child has 'temper tantrums or hot temper' was associated with boys self-reported externalizing behavior. However, asking parents whether their child was 'stubborn, sullen, or irritable' was associated with girls' reported externalizing behavior. Results indicate it might be sufficient to ask parents only these most relevant questions. However, replication is needed, and future studies should study this in more detail.

Authors:
**Presenter,** Dr. Aart Franken

Subcontribution 18318 to Session ID 5869
Day 2 - 30.06.2025, 17:00 - 17:15, Boston

# The impact of traumatic experiences on foster carers: a scoping review

T20 - Family / systemic therapy

Abstract:

Aims

Foster carers play a critical role in providing safe and nurturing environments for children who have experienced trauma. However, exposure to these children's traumatic histories, along with the unique challenges of caregiving, may place foster carers at risk of developing traumatic stress symptoms. A scoping review was conducted to explore the impact of traumatic stress symptoms on foster carers, focusing on both direct and indirect trauma exposure within the caregiving role, including pre-existing trauma histories. Additionally, it examined the impact of these stressors on carers' ability to provide effective care and highlights areas for improvement in trauma-informed care practices and support systems.

Methods

Following PRISMA-ScR guidelines, this review systematically searched PsychINFO, Medline, and Web of Science databases for quantitative, peer-reviewed studies published in English up to December 2024. Inclusion criteria focused on studies examining trauma exposure and posttraumatic stress symptoms in foster carers. Relevant data were extracted, synthesized, and analyzed to map existing evidence and identify research gaps.

Results and conclusions

Up to November 2024, preliminary results show that seven articles met the inclusion criteria. Five studies assessed foster carers' childhood trauma exposure and four studies evaluated current traumatic stress levels, reporting high rates of secondary traumatic stress (about 20%) among foster carers. Foster carers also demonstrated higher childhood trauma exposure compared to the general population. Concluding, foster carers face significant risks of secondary and cumulative trauma, which may impact their caregiving roles. Targeted support, trauma-informed training and treatment are essential to enhance resilience and mitigate adverse effects.

Authors:

**Presenter,** Sanne Helder

Subcontribution 18319 to Session ID 5869
Day 2 - 30.06.2025, 17:15 - 17:30, Boston

# Stepping Stones Triple P: A Randomised Controlled Trial Evaluating the Added Benefit of an Enhanced Parenting Program in a Neurodevelopmental Clinical Sample

T20 - Family / systemic therapy

Abstract:

Aims

It is widely accepted that parents of affected children face additional parenting challenges and stressors, and experience higher rates of mental illness compared to the general population. This RCT evaluated whether an enhanced parenting program focusing on parental mental health problems, Enhanced Stepping Stones Triple P (ESSTP), provides additional benefits for parents and children compared to Stepping Stones Triple P (SSTP) in a clinical cohort of children with neurodevelopmental disorders whose parents are experiencing clinical or subclinical levels of mental health symptoms.

Methods

Parents of children referred to a developmental clinic, who were also experiencing (sub)clinical mental health symptoms, were recruited. One hundred and twenty-seven families were randomised into either the SSTP or ESSTP intervention groups. Participants completed pre and post surveys including demographic information, Adult Self Report (ASR) and the Child Behaviour Checklist (CBCL).

Results and Conclusions

In the ESSTP group CBCL oppositional defiance, ASR anxiety and ASR depression scores showed significant improvements. In the SSTP group CBCL oppositional defiance, CBCL ADHD and ASR anxiety scores showed significant improvements. However, none of these remained significant after Bonferroni correction. Significantly greater improvements were seen in the ESSTP ASR ADHD, depression, and anti-social scores compared to the SSTP group, however only ASR ADHD remained significant after Bonferroni correction.

This population faces unique challenges and increased burdens, and further research is needed in how to tailor programs that best suit the increased demands this population face and to improve program engagement.

Authors:

**Presenter,** Dana Galligan

Subcontribution 18320 to Session ID 5869
Day 2 - 30.06.2025, 17:30 - 17:45, Boston

Treating childhood anxiety disorders with a brief parent-only intervention
T20 - Family / systemic therapy

Abstract:
Aims
Parent-only cognitive-behavioural therapy (CBT) interventions represent a promising method of treatment for anxiety-disordered youth. Fear-Less Triple P (FLTP) is one such intervention that has been found comparable to child-focused CBT. Although traditionally administered in six sessions, a one-day workshop format of FLTP was developed with the intention of improving accessibility. The current study compared the effectiveness of the six-session and one-day workshop formats.
Methods
Seventy-three youth (mean age, 8.4 years; 74% male) were randomized to traditional FLTP (6-week group) or the one-day workshop format. Anxiety diagnostic status, self- and parent-reported anxiety symptoms scores, self-reported use of emotion regulation strategies, clinician-rated improvement, treatment satisfaction, and measures of family functioning were included to assess treatment outcome. Data were collected prior to treatment, and one-week, six-months, and twelve-months following treatment.
Results and Conclusions
Both conditions resulted in: significant improvement in child anxiety symptom scores per parent report; significant improvement in sibling anxiety symptoms scores per parent report; increases in parents' confidence in managing their children's anxiety; and increased use of adaptive emotion regulation strategies per child report. There were no differences between conditions in the number of children who were anxiety diagnosis-free at the post-treatment, 6-mth or 12-mth follow-up assessment. This study provides support for a brief, parent-only intervention (delivered either as a 6-week group program or a 1-day workshop) for the treatment of childhood anxiety disorders. Such interventions have the potential to increase accessibility of treatment for families of children with anxiety disorders.

Authors:
**Presenter,** Prof. Vanessa Cobham

Subcontribution 18321 to Session ID 5869
Day 2 - 30.06.2025, 17:45 - 18:00, Boston

Family therapy and EMDR integrated, for youth with serious problems after child abuse and neglect
T20 - Family / systemic therapy

Abstract:
Aims
Children who endured child abuse and neglect (CAN) may develop a spectrum of symptoms which can hamper the application of direct trauma-focused treatments. This study aimed to examine if an integrative treatment model can diminish attachment problems, PTSS, behavior difficulties, and emotional control difficulties in children with a history of CAN. Furthermore, it aimed to examine whether attachment style and core cluster PTSS acted as moderators for treatment outcomes.
Methods
We included 15 children between the ages of four and twelve who experienced CAN in the past and their caregivers. We conducted a single-case experimental design study with weekly measurements on attachment problems, PTSS, behavior difficulties, and emotional control difficulties through questionnaires. Additionally, we categorized participants into four groups of attachment style and core cluster PTSD symptoms and compared the groups with each other and across time, and the interaction between groups and effect over time.
Results and conclusions
Eight cases were fit to analyze of which all but one participant showed improvement on one or more of the four outcome measures. On group level, we found evidence for functional relationships between the intervention and change in attachment problems, behavioral difficulties, and emotional control difficulties. Children with a disorganized attachment style had more severe symptomatology in general, and the treatment appeared less effective for them.
Concluding, this integrative treatment model appears to be a suitable treatment and provides promising results for a complex population for whom limited treatment options are available.

Authors:
**Presenter,** Dr. Irma Heijn

Symposium 20249 to Session ID 6237
Day 2 - 30.06.2025, 18:15 - 19:00, Stuttgart (Meeting)

ESCAP policy division meeting

Abstract:

Authors:
**Presenter,** Prof. Dr. Maja Drobnic Radobuljac University of Ljubljana, Faculty of Medicine

Symposium 17727 to Session ID 5914
Day 3 - 01.07.2025, 07:30 - 08:45, Schweitzer

# Progress in ADHD research utilising patient-derived cellular models for personalised therapy

T08 - ADHD

Abstract:
Attention-deficit hyperactivity disorder (ADHD) is the most prevalent neurodevelopmental disorder in children and adolescents, with approximately 65% of cases persisting into adulthood. Despite ongoing research utilising clinical studies, multimodal neuroimaging, genetic and biochemical methods, and animal models, the etiopathology of ADHD remains unresolved. Furthermore, psychostimulant treatments are not consistently effective, and their use in adults may be constrained by cardiovascular effects. Thus, understanding developmental trajectories, therapeutic outcomes, and alternative therapies remains of significant interest. This symposium introduces novel techniques utilising personalised patient-derived cellular models to address these challenges. Employing induced pluripotent stem cell (iPSC)-derived 3D cerebral models from patients and healthy controls at different developmental stages, transcriptomic changes elucidate imbalances in cell types and molecular pathways within the central nervous system that may contribute to the developmental modifications observed in ADHD. Additionally, the effects of methylphenidate and omega-3 polyunsaturated fatty acid (PUFA) supplementation on the phenotypes of 2D iPSC-derived brain cells from individuals with ADHD and control subjects will be presented. Finally, the influence of neuronal metabolism on neurodevelopment in patient-specific cells will be discussed. These novel approaches have the potential to advance precision medicine and improve our understanding of ADHD's etiopathology.

Authors:
**Co-chair** Prof. Edna Grünblatt Psychiatric University Hospital Zurich, University of Zurich
**Chair** Prof. Dr. Susanne Walitza

Subcontribution 17729 to Session ID 5914
Day 3 - 01.07.2025, 07:45 - 08:00, Schweitzer

# The impact of methylphenidate on neuronal growth and maturation in cells from individuals with ADHD

T08 - ADHD

Abstract:
Attention-deficit hyperactivity disorder (ADHD) is a multifactorial neurodevelopmental disorder that affects over 5% of children and adolescents around the world and persists into adulthood in ca. 60% of these cases. Methylphenidate (MPH), a commonly prescribed treatment for ADHD, helps reduce delays in brain development and improves focus and behavior. However, molecular mechanisms involved in ADHD aetiology still remain unclear. We aimed to investigate whether MPH modulates Wnt signalling, which is important for the growth and maturation of brain cells. In this study, ADHD patients who respond to MPH treatment and matching healthy controls (6-18 years old) were recruited by the Department of Child and Adolescent Psychiatry and Psychotherapy, University of Zurich. Following, patient-specific iPSC-derived neural stem cells (NSCs) and forebrain cortical neurons (FCNs) were generated. Our findings show that ADHD NSCs proliferated more slowly than controls. By activating the Wnt signaling, MPH treatment at the low physiological dose of 10 nM slightly increased the impaired proliferation in these cells. Moreover, ADHD FCNs displayed higher number of excitatory synapses at a basal level, which was balanced by chronic MPH treatment. All in all, our preliminary findings suggest a discrete pro-proliferative effect of MPH, which also regulated disparities in synaptic connectivity in ADHD FCNs. These results might be associated with brain maturational delays clinically observed in patients and with the MPH-induced improvements in these delays. Moreover, they suggest the involvement of the Wnt pathway to the ADHD pathogenesis.

Authors:
**Presenter,** Dr. Cristine Marie Yde Ohki

Subcontribution 17730 to Session ID 5914
Day 3 - 01.07.2025, 08:00 - 08:15, Schweitzer

# The effect of omega-3 fatty acid supplementation on neuronal cells in ADHD

T08 - ADHD

Abstract:
Although psychostimulants have the most significant effect sizes in both child and adult ADHD, some individuals demonstrate a mere partial response, while a smaller subset shows no response. Furthermore, psychostimulant therapy is known to have adverse effects, the most of which are minor but in some cases are the reason for discontinuing the medication. Ultimately, in adult ADHD, the primary concern is that cardiovascular consequences may restrict the utilisation of these medications. Numerous meta-analyses have indicated that individuals with ADHD have reduced plasma levels of omega-3 polyunsaturated fatty acids (PUFAs), and that PUFA supplementation may be beneficial, albeit with a small effect size. Omega-3 is regarded for its anti-inflammatory properties, yet omega-6 is associated with promoting inflammation. Nonetheless, the specific impacts of these PUFAs on neuronal cells remain inadequately understood. Furthermore, the inquiry posits whether a subset of persons might gain benefits from such supplementation, either independently or in conjunction with methylphenidate. Consequently, we sought to evaluate these enquiries by employing individualised neural models of ADHD patients and healthy controls. We evaluated the impact of PUFA treatments on neural growth, oxidative stress, and inflammation. This lecture will discuss the outcomes.

Authors:
**Presenter,** Prof. Edna Grünblatt

Subcontribution 17731 to Session ID 5914
Day 3 - 01.07.2025, 08:15 - 08:30, Schweitzer

# Altered metabolism and neuronal development – findings from patient-derived cell models of ADHD

T08 - ADHD

Abstract:
The development of novel psychotropic medications faces significant challenges, with only 1 in 20 candidate molecules for central nervous system (CNS) disorders gaining US Food and Drug Administration (FDA) approval. This is half the success rate of drugs for other diseases such as cancer, with most failures occurring during phase II/III clinical trials. Animal models, while essential for early-stage mechanistic research, often poorly predict clinical efficacy, as approximately 90% of drug candidates based on preclinical animal testing fail in human trials. Advances in human induced pluripotent stem cell (hiPSC) research now offer human-centric models for studying CNS disorders and developing drug screening tools.
This study focused on adult attention-deficit/hyperactivity disorder (ADHD), using cellular models as potential readouts for drug development. Fibroblasts from individuals with ADHD and neurotypical controls were reprogrammed into hiPSCs and differentiated into dopaminergic and cortical neuronal cultures. ADHD donors included individuals with rare copy number variants (CNVs) in the mitochondrial quality control gene PARK2, potentially associated with ADHD development, and others without known genetic risk variants. Cellular phenotypes were assessed with an emphasis on energy metabolism, oxidative mechanisms, glutamatergic signaling, and neuronal maturation. In dopaminergic neurons and fibroblasts, we observed disrupted cellular energy metabolism and mitochondrial dysfunction, and altered gene expression compared to health controls. In cortical neurons, ongoing studies reinforce these findings, showing increased reactive oxygen species (ROS) under mitochondrial stress, impaired glutamatergic development, signaling hypoactivity, and impaired neuronal maturation in ADHD models.
These results highlight mitochondrial disturbances and glutamatergic dysfunction as potential contributors to ADHD pathophysiology, providing valuable insight into ADHD mechanisms and potential drug targets. Future studies will assess the ability of these hiPSC-derived models to predict therapeutic responses, using stimulants as a first-line intervention to normalize observed disturbances. Additionally, we will explore novel treatments targeting impaired cellular functions specific to ADHD.

Authors:
**Presenter,** Zora Schickardt

Subcontribution 17732 to Session ID 5914
Day 3 - 01.07.2025, 08:30 - 08:45, Schweitzer

Session summary
T08 - ADHD

Abstract:
Session summary and discussion

Authors:
**Presenter,** Prof. Dr. Susanne Walitza

Symposium 18229 to Session ID 5835
Day 3 - 01.07.2025, 07:30 - 08:45, Cassin

Early Detection and Intervention in Infant and Child Mental Health: Identifying Risk Factors and Improving Outcomes
T47 - Prevention & intervention

Abstract:
The first six years of a child's life establish the building blocks for mental health across the lifespan. This symposium brings together leading researchers from Canada and the United Kingdom to move beyond nature and nurture by featuring critical advancements in the field of early identification and intervention of mental health disorders in infants and young children. The first two presentations explore the risk and protective factors in infancy associated with mental health outcomes in early childhood. The first presentation uses longitudinal data from a Canadian pregnancy cohort (n=3,338) to identify key factors such as maternal mental health and financial difficulties, that influence the development of common mental health disorders in early childhood, including ADHD and anxiety. The second presentation assesses the impact of maternal postpartum depression on child's developmental outcomes at five years of age. Using causal analysis, this presentation suggests that early diagnosis and intervention of postpartum depression can lead to enhanced mental health outcomes in young children. The third and fourth presentation center on the practical identification of infants and young children who may be at risk for early mental health difficulties. Specifically, the third presentation examines the feasibility and acceptability of the Alarm Distress Baby Scale (ADBB) within health visiting practice in England. This presentation illustrated how the ADBB can enhance the identification of infants and young children in need of support and early intervention. The final presentation discusses the use of the HEADS-ED Under 6 tool to match young children with complex emotional and behavioral concerns to appropriate mental health services. Together, these presentations underscore the critical role of early detection and intervention in improving long-term mental health outcomes for infant and young children. Clinical examples and applications will be discussed.

Authors:
Dr. Nicole Racine University of Ottawa

Subcontribution 18800 to Session ID 5835
Day 3 - 01.07.2025, 07:30 - 07:45, Cassin

Risk and Protective Factors in Infancy Associated with Diagnosis of Mental Health Disorders in Children by Age 9 Years
T47 - Prevention & intervention

Abstract:
Background: Early identification of children who are at risk of developing mental health disorders is critical for implementing prevention and intervention approaches. The first year of life presents a unique period to identify risks for mental disorders given the high frequency of contacts with healthcare professionals and it being a critical period for providing support that can interrupt intergenerational transmission of mental health inequality.
Methods: The current study linked longitudinal cohort data from the All Our Families study (Canada) with administrative health records up to age 9 years (n=2,814) to identify risk and protective factors from the first year of a child's life that are associated with common mental health diagnoses, specifically ADHD and emotional disorders. Parents also reported whether their child had received a mental health diagnosis prior to age 9 years.
Results: Maternal mental health difficulties, difficulty meeting basic financial needs, an unwanted pregnancy, infant feeding and sleeping problem, and the presence of a physical health condition prior to 12 months were associated with a diagnosis of ADHD via administrative health records or parent report by age 9 years. Maternal mental health difficulties, single parenthood, an unwanted pregnancy, difficulty soothing the infant, and a maternal history of child abuse were associated with the child receiving a diagnosis of an emotional disorder. High parent self-efficacy was associated with a decreased likelihood of being diagnosed with ADHD and parent optimism and relationship satisfaction were associated with a decreased likelihood of diagnosis with an emotional disorder.
Conclusions: Risk and protective factors for early mental health diagnoses can be identified in the first year of life. Disparate factors from infancy are associated with the diagnosis of ADHD versus an emotional disorder. Early identification of these challenges in the first year may be targets for prevention or intervention.

Authors:
**Presenter,** Dr. Nicole Racine
Dr. Shainur Premji
Dr. Andre Plamandon
Sheila McDonald
Sheila McDonald
Suzanne Tough
Dr. Sheri Madigan

Subcontribution 18802 to Session ID 5835
Day 3 - 01.07.2025, 07:45 - 08:00, Cassin

Assessing the average causal effect of maternal postpartum depression diagnosis on subsequent child development at age five years: an analysis using the All Our Families cohort and administrative data in Alberta, Canada
T47 - Prevention & intervention

Abstract:
Aims. Postpartum depression (PPD) is a pernicious public health issue impacting nearly 15% of mothers in the first year after childbirth. In addition to implications for the health and mental health of the mother, PPD has downstream effects for the development of her child. Limited research to date has investigated whether identification of maternal PPD mitigates potential risks of adverse child development. This study aimed to understand the average effect of maternal PPD diagnosis on subsequent child development outcomes at age five years. Methods. Using longitudinal data from the All Our Families prospective cohort from Calgary, Canada (n=2784) linked to provincial inpatient, outpatient, and physician claims health administrative data, we used a doubly robust augmented inverse propensity weighted approach to estimate the average causal effect of maternal PPD diagnosis on child development, measured using the Ages and Stages Questionnaire at age five. Missing values were estimated using multiple imputation. Results and Conclusions. Findings indicated that relative to mothers with no PPD, children whose mothers were diagnosed with PPD received similar mean scores across all domains of development (communication, gross motor, fine motor, problem solving, and personal social) at age five. This study highlights the potential for diagnosis in reducing subsequent risks for child development. Further research is warranted to determine whether these results are generalisable beyond the current study context.

Authors:
Dr. Shainur Premji
**Presenter** Dr. Nicole Racine
Deborah McNeil
Eldon Spackman

Subcontribution 18805 to Session ID 5835
Day 3 - 01.07.2025, 08:00 - 08:15, Cassin

# ‘Listening to babies’ voices’- Feasibility and acceptability of using the Alarm Distress Baby Scale within health visiting practice in England.

T47 - Prevention & intervention

Abstract:
Background: The long-term wellbeing of babies in the UK is disproportionately adversely affected by health and social inequalities. Health visitors are specialist community public health nurses with privileged access to every child aged 0-5 years through a system of proportionate universalism, providing increased support to those with the greatest needs. They are therefore, ideally placed to reduce the health inequalities gap. By working in partnership with families, health visitors nurture positive parent-baby interactions, and use evidence-based tools to identify need and consider early intervention to reduce future inequalities.
The Alarm Distress Baby Scale (ADBB) is a validated observation tool, designed to identify social withdrawal behaviour in babies. A shortened modified version of the scale (m-ADBB) is also available for ease of application within routine practice. Neither had been tested in the UK context.
Aim: To test the feasibility and acceptability of using the ADBB and m-ABDD within routine health visiting practice in England.
Methods: Mixed methods were used including qualitative semi-structured interviews with health visitors and managers from two NHS community sites in England, and quantitative data were collected for a range of items. Normalisation Process Theory was used to conduct a thematic analysis of the data.
Results: The ADBB/m-ADBB was perceived to have enhanced the health visitors’ skill set and knowledge in carrying out infant observations, enabling them to ‘better hear the baby’s voice’.
Conclusions and implications: The scales can be integrated into routine health visiting practice to identify babies needing additional support, which has important implications for health visiting practice and future research.

Authors:
**Presenter,** Jane Barlow
M Fanner
H Beauchamp
V Gilfroy
H Morton
C May

Subcontribution 18808 to Session ID 5835
Day 3 - 01.07.2025, 08:15 - 08:30, Cassin

Using the HEADS-ED Under 6 to match young children to a tertiary-level infant and early childhood mental health (Early Connections) service
T47 - Prevention & intervention

Abstract:
Aims: Access to infant and early childhood mental health (IECMH) care is crucial for optimizing early intervention. Early Connections (EC) is a tertiary-level service for treating children ages 0-6 with complex emotional/behavioural concerns. Referrals are received through 1Call1Click.ca; a regional coordinated access and navigation service for MH. We aimed to describe the pathway for connecting children presenting with specialized level of need to EC.

Methods: Before referral to EC, families are seen by 1Call1Click.ca where they complete an intake assessment guided by the HEADS-ED Under 6 tool, a MH screening tool for children ages 0-5, then matched with appropriate service(s) based on their level of need. Previous work has significantly demonstrated that a total score of ≥6 helped triage to more targeted and intensive services. We reviewed the characteristics, level of need and HEADS-ED total scores for families with at least one appointment with EC from 2021-2024 (N = 208). Analyses were completed using descriptive statistics.

Results: At their first encounter, children averaged 4.66 years (SD = 1.16), 65.7% were male and 68.4% identified as white. On referral, almost all demonstrated a minimum of a moderate level of need (92.5%) and had an average HEADS-ED total score of 6.88 (SD = 1.98); indicative of need for specialized services.

Conclusion: We conclude that using 1Call1Click.ca to match children with more complex emotional/behavioural concerns to tertiary-level IECMH services is feasible. Further evaluation is required to understand the clinical outcomes of families seeking services at different levels of the stepped care continuum.

Authors:
**Presenter,** Dr. Katherine Matheson
Nicole Sheridan
Mario Cappelli

Symposium 19908 to Session ID 5990
Day 3 - 01.07.2025, 07:30 - 08:45, Curie A

Oral Session: Transition
T42 - Transition

Abstract:

Authors:

Subcontribution 16619 to Session ID 5990
Day 3 - 01.07.2025, 07:30 - 07:45, Curie A

# Identifying Classes of Mental Health Based on Posttraumatic Stress Symptoms, General Functioning and Well-being Among Children and Young Adults with Refugee Backgrounds Living in Sweden: A Latent Profile Analysis

T42 - Transition

Abstract:
Children and young adults with refugee backgrounds exhibit high but variable rates of mental ill-health. Person-centred methods are valuable tools for identifying distinct subgroups in heterogeneous study populations. However, the utilisation of these methods has been limited in studies on mental health in this population so far. This study included 131 children and 127 young adults with refugee backgrounds (mean age 18·21 years, 44·6% female, 23·6% unaccompanied) recruited nationwide in Sweden (2019-2022). Latent profile analysis (LPA) was employed to identify classes of mental health based on posttraumatic stress symptoms (PTSS), general functioning, and well-being. Multinomial logistic regression analysis was utilised to examine predictors of class membership. LPA identified four classes: Good Mental Health (58·1%), Severe Mental Distress (13·6%), Moderate Mental Strain (12·4%), and Resilient (15·9%). The Good Mental Health class was characterised by good general functioning, positive well-being, and low PTSS. The Severe Mental Distress class was distinguished by moderate to low general functioning, low well-being above the recommended cut-off for depression, and high PTSS above the recommended screening thresholds for posttraumatic stress disorder. The Moderate Mental Strain class exhibited moderate general functioning, moderate well-being and moderate to low PTSS. The Resilient class displayed good general functioning, moderate well-being, and high PTSS above screening thresholds. Regression analysis identified risk factors for poor mental health, including unaccompanied status, asylum status, exposure to multiple violence types, sexual victimisation, and child maltreatment. The results indicate that LPA can be utilised to classify children and young adults with refugee backgrounds into distinct classes based on indicators of mental health. As expected, a class with Severe Mental Distress was found. However, the finding that the Good Mental Health class was the largest is at odds with the prevailing discourse, which emphasises the significant burden of mental ill-health in this population. The additional two classes offer new insights, illustrating how clinically relevant indicators can distinguish between classes with various needs, thereby enabling the provision of tailored support and interventions. Future research should strive to replicate these findings in larger samples and test additional predictive variables at the family and societal levels.

Authors:
**Presenter,** Johan Andersson Barnafrid, Linköping University
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Subcontribution 17154 to Session ID 5990
Day 3 - 01.07.2025, 07:45 - 08:00, Curie A

The Mediator Role of Emotion Regulation Difficulties in the Relationship Between Separation-Individuation and Anger
T42 - Transition

Abstract:
Title
The Mediator Role of Emotion Regulation Difficulties in the Relationship Between Separation-Individuation and Anger
Aims
This study explores the relationship between separation-individuation difficulties, persistent anger, and emotional regulation difficulties in adolescents. It specifically investigates whether emotion regulation difficulties mediates the association between separation-individuation processes and persistent anger.
Methods
A sample of 427 adolescents (mean age = 14.91; SD = 1.79) was assessed using the Separation-Individuation Test of Adolescence (SITA), State-Trait Anger Scale, and Difficulties in Emotion Regulation Scale (DERS-16). Mediation analysis was performed using PROCESS macro v2.16.1 in SPSS v21. Persistent anger was entered as the dependent variable, separation-individuation as the independent variable, and subscales of DERS as mediators. Covariates included gender and age.
Results
The results indicate that separation anxiety has direct effect on persistent anger ($p < 0.05$). In addition to it, it indirectly influences anger through its impact on emotional regulation difficulties, specifically the DERS-16 subscales of impulsivity (B = 0.13, SE = 0.03, 95% bootstrapped CI [0.073, 0.20] )and strategy (B = 0.05, SE = 0.02, 95% bootstrapped CI [0.004, 0.10] ). Adolescents with higher separation anxiety tend to lack emotional strategies and exhibit impulsive behaviors, contributing to persistent anger.
Conclusions
Findings suggest that therapeutic interventions targeting emotional strategy development and impulsivity in adolescents with separation-individuation difficulties could reduce persistent anger. Addressing these mediators may improve emotional regulation and interpersonal relationships in this population.

Authors:
**Presenter,** Assoc.Prof Dilara Demirpençe Secinti
Dr. Ezgi Sen Yılmaz

Subcontribution 18265 to Session ID 5990
Day 3 - 01.07.2025, 08:00 - 08:15, Curie A

Exploring the Impact of Childhood Neglect on Adult Emotion Regulation: A Scoping Review
T42 - Transition

Abstract:
Authors: dr. Ellin Simon & dr. Brenda Erens
Title: Exploring the Impact of Childhood Neglect on Adult Emotion Regulation: A Scoping Review
Aims: Childhood neglect, a pervasive form of child maltreatment, has significant and long-lasting effects on mental health. This scoping review synthesizes existing evidence on the relationship between childhood neglect and emotion regulation in adulthood, offering key insights and directions for future research.
Methods: A systematic search was conducted to identify relevant studies. The findings were analyzed to map current knowledge, visualize trends, and pinpoint critical research gaps.
Results and Conclusions: Twenty-five studies were identified that explored the relationship between childhood neglect and adult emotion regulation. The review highlights the limited understanding of this link and provides actionable recommendations for advancing research in the field. Key directions include refining constructs, adopting longitudinal and diverse study designs, and incorporating broader sample characteristics to enhance generalizability. This scoping review lays the groundwork for future research agendas focused on the impact of childhood neglect on adult functioning.

Authors:
**Presenter,** Dr. Ellin Simon Open University of the Netherlands
Dr. Brenda Erens

Subcontribution 18432 to Session ID 5990
Day 3 - 01.07.2025, 08:15 - 08:30, Curie A

Geographic variation of recorded neurodevelopmental disorders in children and adults
T42 - Transition

Abstract:
INTRODUCTION
While diagnosis rates of autism spectrum disorders (ASD) and attention deficit hyperactivity disorder (ADHD) vary within countries at a large-scale municipal level, small neighbourhood geographic variation remains understudied. In this nationwide study, we describe the rates of ASD and ADHD diagnoses in children and adults by geographical data zones of approximately 2,500 residents across Denmark.
METHODS
We included a population of children born from 1993 through 2020 and an adult population born from 1977 through 2003. We followed children from their first birthday and adults from their 18th birthday to either diagnosis, death, emigration or 31 December 2021, whichever came first. Data were analysed using multilevel log-linear Poisson regression adjusting for age and sex. Data zones, a data-driven approach to define small geographical neighbourhoods, were used as the unit for spatial analyses. We present incidence rates in data zones and median incidence rate ratios (MRRs) as estimates of the variation in rates of the disorders between data zones.
RESULTS
The child population consisted of 1,789,463 children, of whom 40,307 were diagnosed in public psychiatric services with ASD and 53,828 with ADHD (65,955 when including prescriptions) before the age of 18 years. Crude incidence rates were 19.51 and 26.13 (32.12) per 10,000 person-years at risk for ASD and ADHD, respectively. The adult population consisted of 1,752,417 adults, of whom 8,844 were diagnosed with ASD and 24,775 with ADHD (52,916 when including prescriptions), yielding crude incidence rates of 4.33 and 12.22 (26.40) per 10,000 person-years at risk, respectively.
ASD and ADHD diagnoses among children showed considerable variations between data zones (ASD: MRR = 1.44; 95% confidence interval (CI): 1.42-1.47, ADHD: MRR = 1.38; 95% CI: 1.36-1.40), suggesting that the incidence can be 44% and 38% higher in high incidence zones than in others. Similar variations were observed for diagnoses among adults (ASD: MRR = 1.44; 95% CI: 1.40-1.48, ADHD: MRR = 1.44; 95% CI: 1.41-1.46).
CONCLUSIONS
The large variations might reflect differential treatment seeking, referral practice and diagnostic procedures across Denmark.

Authors:
**Presenter,** Dr. Kathrine Bang Madsen University of Southern Denmark (SDU)
Sussie Antonsen Aarhus University
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Subcontribution 19011 to Session ID 5990
Day 3 - 01.07.2025, 08:30 - 08:45, Curie A

# The Course of Major Depressive Disorder and Suicide in the Transition from Adolescence to Emerging Adulthood and Utilization of Psychiatric Services: A Long-Term Study

T42 - Transition


Abstract:

Aims:

This study examines the course of major depressive disorder (MDD) and suicide risk predictors during the transition from adolescence to emerging adulthood in female adolescents diagnosed with MDD. It also evaluates continuity in psychiatric care and the impact of developmental factors during this critical period.

Methods:

Ninety-four female adolescents diagnosed with major depressive disorder (MDD), some of whom exhibited suicidal behaviors, were assessed twice over ten years, with 54 completing the study during emerging adulthood. Diagnoses were made using the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) in adolescence and the Structured Clinical Interview for DSM-5 (SCID-5) in adulthood, under clinical supervision. Participants completed the Beck Depression Inventory (BDI), Emotional Autonomy Scale (EAS), Parent-Adolescent Relationship Questionnaire (PARQ), and Sense of Identity Assessment Tool (SIAT) at the beginning and end of follow-up. Informed consent and ethical approval were obtained.

Results:

Among patients diagnosed with depression during adolescence, 43 (79.62%) were found to have at least one psychiatric disorder in emerging adulthood. Recurrent depressive episodes were observed in 51 patients (94.44%) over the ten-year follow-up period, and 19 patients (35.18%) met the criteria for current MDD at the end of the study. Early age at psychiatric presentation ($p = 0.027$, OR: 0.396) and behaviors such as running away from home or school during adolescence ($p = 0.024$, OR: 5.910) were identified as significant predictors of suicide risk. By the end of the follow-up, 88.9% of participants were found to require psychiatric support, but only 20.4% remained under psychiatric care.

Conclusions:

Adolescent depression frequently recurs, with many patients losing access to adequate care by adulthood. The low continuity of psychiatric follow-up, despite the persistence of disorders, highlights the need for better transitional mental health services for this vulnerable population. Early intervention, particularly for suicide prevention, is essential for female adolescents who seek psychiatric help at a young age and exhibit high-risk behaviors, such as running away. These findings emphasize the importance of targeted and timely interventions during the transition from adolescence to emerging adulthood.



Keywords: Major depressive disorder, suicide, emerging adulthood, longitudinal study, transitional psychiatry



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Symposium 18637 to Session ID 5877
Day 3 - 01.07.2025, 07:30 - 08:45, Curie B

Traumatic childbirth and childbirth-related PTSD: an overview of diagnosis, risk factors, clinical impacts and innovative preventive and treatments strategies.
T43 - Trauma

Abstract:
Through scientific presentations of three experts, this symposium will propose an overview about childbirth related PTSD (CB-PTSD), addressing the often-taboo topic of psychological suffering during this period. It will revisit the diagnostic criteria for traumatic childbirth, acute stress disorder immediately after childbirth, and CB-PTSD emphasizing the importance of assessing the mother's subjective experience, which is central to understanding the disorder. We will describe clinical specificity and key symptoms of childbirth related PTSD, including re-experiencing the trauma, avoidance behaviors, heightened arousal, and negative mood changes and the consequences on mother-infant attachment. We will detail risk factors, such as traumatic delivery, lack of social support, and pre-existing psychological conditions, alongside protective factors like positive birth experiences and strong support networks. The results of a study conducted during COVID-19 exploring the potential traumatic consequences during the COVID-19 pandemic in case of contamination by SARS-CoV-2 during pregnancy will be presented. Potential prevention strategies and treatments to effectively address CB-PTSD based will be presented. The preliminary results of an interactive guidance therapy delivered during the second month of the baby's life will be presented and the positive effects on observed improvements in maternal sensitivity and reductions in the severity of maternal PTSD symptoms will be presented. By focusing on the mother's subjective experience, recognizing the disorder's unique aspects, and by developoing preventive and therapeutical strategies, healthcare providers can improve care and reduce psychological distress during the postpartum period.

Authors:
**Co-chair** Dr. Lamyae Benzakour HUG SPLIC
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Subcontribution 19255 to Session ID 5877
Day 3 - 01.07.2025, 07:30 - 07:45, Curie B

# The key role of midwives to early detect the traumatic childbirth: the questionnaire for midwives.

T43 - Trauma

Abstract:
Objective: Traumatic childbirth carries a risk of complications such as post-partum depression, post-traumatic stress disorder, and interaction disorders. Healthcare teams in maternity units are trained to identify these issues in post-partum. The literature is poorer regarding the evaluation of the traumatic experience of delivery by midwifes, apart for those associated with vital risks. Currently, no validated French questionnaire about the acute stress in this specific context assessed by midwifes and mothers exists. We have developed a questionnaire for midwives (QETRAS) in the delivery room to explore their perception of the traumatic symptoms during the delivery. Methods: A monocentric study analyzed 670 deliveries, excluding cases where mothers or babies required intensive care. The primary outcome was the overall QETRAS score reflecting midwives' perceptions. Secondary outcomes included correlations with mother's experience (QEVA and PDI). Results: Midwives experienced difficult deliveries in certain abnormal obstetrical situations (e.g., cesarean section, instrumental delivery) and some normal births (pain, duration). Signs of acute trauma were observed in women during chilbirth: overwhelming (19.3%), absence ( 4.9%) .11.6% midwives themselves reported feelings of helplessness Perceptual differences arose: affluent, multiparous women with no vulnerability factors often perceived trauma when midwives did not, whereas midwives identified trauma in women expressing it through physical experiences rather than emotions. Conclusion : Differences between midwives' and women's perceptions highlight the value of dual detection to improve identification of traumatic births. While some women with dissociative signs were identified, detection must be refined to enable early intervention before maternity discharge, preventing complications and facilitating timely care.

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Subcontribution 18638 to Session ID 5877
Day 3 - 01.07.2025, 07:45 - 08:00, Curie B

Potential traumatic impact of COVID-19 pandemic and SARS-CoV-2 contamination during pregnancy.
T43 - Trauma

Abstract:
Background: A higher risk of maternal complications during pregnancy, as well as pregnancy complications such as stillbirth have been described. We conducted a study during COVID-19 pandemic that concluded that 21.1% of the women included experienced a traumatic childbirth and 9.1% developed a childbirth-related PTSD (CB-PTSD) at one month post-partum according to DSM-5. Known risk factors of birth-related PTSD such as antenatal depression, previous traumatic events, neonatal complications, peritraumatic distress and peritraumatic dissociation were confirmed. Objective : In the context of this same study, we investigated the potential traumatic impact of COVID-19 pandemic and more specifically, SARS-CoV-2 contamination during pregnancy on maternal mental health and its potential influence on traumatic childbirth, acute stress disorder and CB-PTSD. Methods: Women aged over 18, fluent in French, and who delivered live babies after 29 weeks of amenorrhea at Geneva University Hospitals were included, with 257 participants overall. Of these, 41 (16.1%) reported having tested positive for SARS-CoV-2 during pregnancy. Mental health outcomes, including peritraumatic dissociation, and distress, and perinatal depression, were assessed using validated tools like the EPDS, PDI, and PDEQ at delivery and one month postpartum. CB-PTSD and Postpartum depression (PPD) were evaluated using semi-structured interviews and DSM-5 criteria. Results: While mental health scores were generally higher among women infected with SARS-CoV-2 during pregnancy, none of the differences reached statistical significance. Measures of distress (PDI and PDEQ) and PPD diagnosis rates revealed no statistically significant differences. Similarly, continuous EPDS scores averaged 7.8 versus 6.5, and dichotomous scores (≥ 11) showed a trend without significance. Interestingly, no cases of CB-PTSD were observed among women infected during pregnancy. Conclusion: The findings suggest that SARS-CoV-2 infection may subtly affect maternal mental health without clear statistical support. However, the study acknowledges its limitations, including insufficient sample size and underpowering to detect significant effects. It highlights the need for larger, more diverse, and longitudinal studies to comprehensively explore the long-term psychological impact of COVID-19 during pregnancy. Systematic screening of traumatic childbirth and early intervention based on eye movement desensitization could reduce CB-PTS

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Subcontribution 19263 to Session ID 5877
Day 3 - 01.07.2025, 08:00 - 08:15, Curie B

# Assessment of an early preventive strategy based on mother-infant therapy after a traumatic childbirth : preliminary results of a French National Study.

T43 - Trauma

Abstract:
Aims: Postnatal post-traumatic stress disorder (PTSD) affects 1–5% of women following an uncomplicated delivery and up to 25% of women after a medically complicated delivery.
During the baby's first weeks of life, women experiencing intrusive memories of childbirth may develop dissociative episodes, severe anxiety, and a lack of cognitive and emotional availability for their baby. Such difficulties can lead to secondary depressive states. This study aims to explore the effectiveness of an early mother-infant therapy, specifically interactive guidance therapy, in improving maternal sensitivity and reducing the intensity of maternal symptoms in this clinical context.
Methods
We conducted a national study offering early, structured mother-infant therapy—interactive guidance therapy—delivered during the second month of the baby's life. The intervention's effectiveness is being evaluated against a control group receiving "treatment as usual" (TAU) following randomization.
Results: We will present the preliminary findings of this study, including observed improvements in maternal sensitivity and reductions in the severity of maternal PTSD symptoms. These results highlight the potential benefits of the proposed intervention.
Conclusions: Early interactive guidance therapy appears to be a promising approach to supporting the development of the mother-infant bond in the context of postnatal PTSD. In addition to sharing the initial outcomes, we will provide a detailed description of the clinical work conducted. Screening for PTSD symptoms after a complicated delivery should be implemented in routine care.

Authors:
**Presenter,** Dr. Bérengère Beauquier-Maccotta

Symposium 19223 to Session ID 5836
Day 3 - 01.07.2025, 07:30 - 08:45, Varsovie

# Chronobiology, circadian rhythm, and childhood psychiatric disorders: Recent evidence and potential mechanisms

T47 - Prevention & intervention

Abstract:
The circadian rhythm refers to the biological and rhythmic activity observed in psychological, cognitive, and physiological variables in humans that affect sleep-wake cycles, mood, endocrine functions, cognition, and body temperature. Chronotypes can be categorized into three types: morningness types, who prefer to engage in physical and mental activities during the morning; eveningness types, who are more active in the afternoon or evening; and intermediate types, who exhibit traits of both morningness and eveningness. Maintaining a stable circadian rhythm is critical for human health. Children and adolescents are particularly vulnerable to sleep disturbances and psychological distress, primarily due to demanding academic workloads and excessive use of technology, which often leads to reduced sleep duration. The link between mental disorders and chronobiology is extensively studied in adults, whereas data on younger populations is scarce.
In this symposium, we will explore the neurobiological foundations of circadian rhythm development in children and the genetic elements of chronobiology throughout the neurodevelopmental trajectory. We will also discuss in detail the relationship between circadian rhythm variations in children diagnosed with Attention Deficit Hyperactivity Disorder and Depression separately, focusing on the phenomenological differences among the distinct features of chronotypes in children and adolescents. The assessment and management of circadian rhythm challenges in children with psychiatric disorders will be addressed through optimized strategies during a final panel presentation. Studying the mechanisms behind the connection between chronotype and psychopathology is crucial for developing interventions that can help children, particularly those with evening chronotypes, reduce the likelihood of psychiatric disorders. These interventions may include sleep training, dietary guidance, and cognitive-behavioral techniques.

Authors:
Prof. Ayşe Rodopman Arman Marmara University Medical Faculty

Subcontribution 19233 to Session ID 5836
Day 3 - 01.07.2025, 07:30 - 07:45, Varsovie

Understanding The Traits of Chronotype and Circadian Rhthm in Children and Adolescents: A Neurobiological Perspective
T47 - Prevention & intervention

Abstract:
Development of the circadian system begins in utero and continues throughout the first few years of life. Maturation of the clock can be measured through sleep/wake patterns and hormone secretion. Circadian rhythms, by definition, can persist in the absence of environmental input; however, their ability to adjust to external time cues is vital for adaptation and entrainment to the environment. Circadian rhythms are both innate and learned. They are innate because specific proteins, genes, and neurons within our body are programmed to run in a cyclic pattern. However, it can also be learned and even manipulated. External stimuli, like light and food, impact our daily rhythms. An infant's (birth to one year) circadian rhythm begins to develop around six weeks of age and is usually set between three and six months. Changes in hormone levels during adolescence (age 10 to 19 years) can affect a child's circadian rhythm. Adolescents continue to show a delayed circadian (or internal clock) phase as indicated by daily endocrine rhythms even after several weeks of regulated schedules that allow for sufficient sleep. Adolescence is marked by several developmental changes in the circadian system. Circadian rhythms naturally become delayed, leading to later sleep and wake times; the drive to sleep that accumulates during periods of wakefulness takes longer to build; and sensitivity to the phase-shifting effects of light increases. At the same time, teenagers experience environmental changes such as greater exposure to light from electronic devices at night and earlier school start times, as well as social pressures to stay up later. This combination of developmental, environmental, and social factors result in inadequate sleep.

Authors:
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Subcontribution 19248 to Session ID 5836
Day 3 - 01.07.2025, 07:45 - 08:00, Varsovie

Chronotype and Genetics: Insights Into Biological Timekeeping in Children and Adolescents
T47 - Prevention & intervention

Abstract:
Chronotype, or diurnal preference, refers to behavioral manifestations of the endogenous circadian system that governs preferred timing of sleep and wake. Variations in circadian timing and system disturbances are associated with disease development. Consequently, the fundamental biology of chronotype has garnered attention for its role in regulating and disrupting sleep and related illnesses.Family studies indicate that chronotype is a heritable trait, thus directing attention toward its genetic basis. While molecular studies of candidate genes have provided insights into the genetic architecture of chronotype, the role of genetic variation in influencing chronotype remains unclear, with few related variants identified. With the advent of large-scale genome-wide association studies (GWAS), scientists now can discover novel common genetic variants associated with complex phenotypes. Heritability estimates suggest that genetic factors explain a considerable proportion, up to 50%, of the population variability in circadian timing. There's also research that links certain genetic mutations to a higher risk of some circadian rhythm disorders. Whether someone is a morning or night person is influenced by the genetics of how quickly or slowly our internal clocks operate. Genes affect the speed of our internal clock, determining how well it aligns with a 24-hour day and regulates our body functions.Genes influence the speed of our internal clock, impacting how well it aligns with the 24-hour day and regulating our bodily functions.

Authors:
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Subcontribution 19226 to Session ID 5836
Day 3 - 01.07.2025, 08:00 - 08:15, Varsovie

# Do Differences in Chronotypes Matter for Children Diagnosed with Attention Deficit Hyperactivity Disorder? The Implications for Clinical Presentation and Individualized Treatment

T47 - Prevention & intervention

Abstract:
Attention deficit hyperactivity disorder (ADHD) has been linked with disturbances in chronotype, particularly increased eveningness. Despite the possibility of an association between chronotypes, sleep disturbances and ADHD symptoms, there is little evidence of this association considering the child population.The purpose of this study was to examine chronotype preferences in children aged between 7 and 12 years who were diagnosed as having ADHD in the context of sleep disturbances. The Schedule for Affective Disorders and Schizophrenia for School Age Children-Present and Lifetime Version, Conner's Rating Scales, Children's Sleep Habit Questionnaire and Children's Chronotype Questionnaire were used for the evaluation of children with ADHD and healthy controls. The ADHD group was 73% combined-type, and the eveningness scores of the ADHD group (n = 52) were significantly higher than the control group (n = 52) ($p < 0.01$). There was a positive correlation between the higher scores of eveningness and total scores on resistance to sleep time ($p < 0.09$), respiratory problems during sleep and daytime sleepiness in the ADHD group. CSHQ total score was found to be a predictive factor for eveningness among children with ADHD ($p < 0.01$). These findings highlight possible reciprocal links between ADHD symptoms, sleep disturbances and chronotype in children aged 7–12 years, which might lead to individualized treatment options.

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Subcontribution 19245 to Session ID 5836
Day 3 - 01.07.2025, 08:15 - 08:30, Varsovie

# The Relationship Between Chronotype and Depressive Disorders in Children and Adolescents

T47 - Prevention & intervention

Abstract:
It has been demonstrated that there is an association between poor sleep and excessive daytime sleepiness, depression, and poor concentration, as well as long-term health consequences, such as chronic diseases, including obesity, metabolic syndrome, and cardiovascular problems. Recent studies have provided evidence of associations between an 'evening' chronotype (i.e., a partially biologically driven preference, due to the body's 'internal clock', to sleep later rather than earlier) and depressive symptoms in adolescence. Late chronotypes and early school start times are associated with unhealthy sleep habits during adolescence. A significant association between poor sleep quality, evening chronotype, and an increased likelihood of depression in adolescents are discussed in other articles.The combination of adolescent sleep biology and psychology uniquely predisposes adolescents to develop depression. Short sleep duration on weekdays, poor sleep quality, and late chronotype were associated with an increased risk of depression. Interventions promoting longer weekday sleep duration (e.g., later school start times) may help adolescents.

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Subcontribution 19238 to Session ID 5836
Day 3 - 01.07.2025, 08:30 - 08:45, Varsovie

Evaluating and Managing Chronotype: Optimized Strategies for Children and Adolescents
T47 - Prevention & intervention

Abstract:
Circadian rhythm difficulties highlight a key issue such as a mismatch between preferred sleep and wake times and the body's natural circadian drives. Their etiology, presentation, and treatment can be different in pediatric patients as compared to adults. The evaluation of these disorders should be conducted using comprehensive sleep-wake questionnaires, considering the patient's comorbid conditions. Newer methods of assessment promise to provide greater diagnostic clarity and critical insights into how circadian physiology affects overall health and disease states. Effective clinical management is multimodal, requiring an integrated personalized approach across disciplines. Therapeutic success depends upon appropriately timed nonpharmacologic and pharmacologic interventions.

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Symposium 19958 to Session ID 6001
Day 3 - 01.07.2025, 07:30 - 08:45, Luxembourg

Oral Session: Prevention and intervention
T47 - Prevention & intervention

Abstract:

Authors:

Subcontribution 17143 to Session ID 6001
Day 3 - 01.07.2025, 07:30 - 07:45, Luxembourg

Temperament and Personality: Initial Evidence of Links to Multifactorial Stress Reactivity in Healthy Adolescents
T47 - Prevention & intervention

Abstract:
Aims: Stress is a pervasive phenomenon, impacting the daily lives of many individuals. It is believed that personality and temperament play a role in shaping the individual stress response. However, the impact of these factors during adolescence, a crucial period for development and consolidation, has not been extensively studied. This study aimed to examine the relationship between both personality and temperament in adolescents.
Methods: An acute psychosocial stress response was induced in 73 healthy adolescents (ages 11–17, 63.0% female) using the Trier Social Stress Test. Various stress response markers were measured, including cortisol, alpha-amylase, heart rate, heart rate variability, and subjective stress. We explored the relationships between these stress indicators and control variables (such as stress vulnerability and traumatic life experiences), as well as specific personality traits (i.e., alexithymia, empathy, trait anxiety/depression, impulsivity, aggression), Big Five personality profiles, and Cloninger's temperament dimensions.
Results and Conclusions: The results revealed a negative correlation between cortisol response and Extraversion, while subjective stress showed a positive association with Neuroticism. In terms of temperament, Harm Avoidance was notably linked to the subjective stress response. None of the specific personality traits showed a correlation with the multimodal stress response. Stress vulnerability was the only factor that significantly predicted subjective stress, with other specific personality traits showing weak correlations with the stress response. These findings suggest that the influence of personality and temperament on stress responses is already evident during adolescence, underscoring the developmental nature of these relationships and their early emergence in this critical stage.

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Subcontribution 18376 to Session ID 6001
Day 3 - 01.07.2025, 07:45 - 08:00, Luxembourg

# Delirium Knowledge Levels of Physicians Working with Children

T47 - Prevention & intervention

Abstract:
Aim: The aim of this study was to evaluate the knowledge of child psychiatrists (CP) and other physicians (pediatrics and pediatric surgery) working with pediatric patients (other doctor) on the causes, diagnosis and intervention methods of delirium.
Method: To measure the level of knowledge about delirium, participants were asked to complete an online questionnaire consisting of 17 statements developed by pediatric delirium experts at Johns Hopkins Hospital, which were asked to be evaluated as true/false.
Results: Of the 249 physicians who participated in the study, 57% (n = 141) were in the CP group and 43% (n = 108) were in the other doctor group. Of all participants, three individuals answered all questions correctly, and all belonged to the CP group. The median total number of correct answers to the questions was significantly higher in the CP group (15 [14-15]) than in the other doctor group (14 [12-15]) ($p < 0.001$). “Fluctuation between orientation and disorientation is not typical of delirium (False)” ($p = 0.036$), “Hearing or visual impairment increases the risk of delirium (True)” ($p = 0.013$), “Delirium in children always manifests as a hyperactive, confusional state (False)” ($p = 0. 007$), “Benzodiazepines can be helpful in the treatment of delirium (False)” ($p < 0.001$), “The greater the number of medications a patient is taking, the greater their risk of delirium (True)” ($p = 0.020$), “Gender has no effect on the development of delirium (False)” ($p = 0.004$). In the item “Gender has no effect on the development of delirium”, the other physician group gave more correct answers, whereas in the other items, the CP group gave more correct answers.
Discussion: In this study, it was found that physicians working with children may have misinformation about the risk factors, diagnosis and management of delirium and that there may be differences between specialties. Recalling missing information about delirium and correcting misconceptions will be of great importance in the prevention and treatment of delirium

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Subcontribution 19186 to Session ID 6001
Day 3 - 01.07.2025, 08:00 - 08:15, Luxembourg

# Testing a video-based intervention in early prevention of intergenerational transmission of psychopathology – A feasibility study

T47 - Prevention & intervention

Abstract:
Aims
We have limited knowledge about preventive interventions for young children of parents with mental illness treated in hospital settings. We aimed to explore parents' experiences and the feasibility of VIPP-SD (Video-based Intervention to Promote Positive Parenting - and Sensitive Discipline) as a short-term early prevention of intergenerational transmission of psychopathology.
Methods
Participants were recruited from an out-patient clinic in Psychiatric Center Copenhagen, together with their children from six months to 35 months. Patients were in treatment for anxiety, PTSD, severe depression and personality disorders.
Participants received VIPP-SD intervention during seven home visits (approx. 1.5 hours every 2-4 week). Data was collected through interviews and questionnaires pre- and postintervention. Data collection was finalized in October 2024. Interview data will be thematically analyzed.
Results and conclusions
A total of 16 patients gave consent to be contacted by the intervener. Five declined participation, and two were not in the target group. Of the nine patients who accepted participation in the study, four patients withdrew, while five patients remained included in the study.
It was challenging to recruit participants. Our preliminary assumption is, that the potential participants experience a variety of stressors and socio-economic challenges, which may have affected their willingness and motivation to participate. Participants expressed that they found the intervention relevant. Preliminary findings highlight the importance of interdisciplinary support for these families. Data from interviews will be analyzed and discussed in relation to VIPP-SDs future potential as an early preventive intervention for young children with parents with mental illness.

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Subcontribution 19257 to Session ID 6001
Day 3 - 01.07.2025, 08:15 - 08:30, Luxembourg

# Optimizing multi-level interventions to improve child mental health in Azerbaijan: A factorial clinical trial protocol

T47 - Prevention & intervention

Abstract:
Aims: Mental health care in post-Soviet countries is largely centered on a pathology-oriented approach, targeting short-term symptom alleviation while neglecting social and environmental drivers of psychological distress. In Azerbaijan, many families face chronic socio-economic hardship and prolonged exposure to traumatic events due to war, social instability, and refugee crises. Individual, family, and structural risk factors have led to a need for mental health care that often exceeds available resources and capacity. To reduce this service gap, this study aims to develop a comprehensive community-based psychosocial intervention package to improve child mental health outcomes associated with poverty and adversity in Azerbaijan.
Methods: To improve mental health functioning among 7-14-year-old children with high mental health risks, this NIMH-funded study will test and compare three community-based and culturally-adapted interventions among 600 child-parent dyads: a) family strengthening program, b) economic intervention (Matched Child Savings Accounts); and c) trauma-focused mental health care. This trial utilizes Multiphase Optimization Strategy (MOST), an innovative fractional factorial design with eight experimental conditions (2^3=8) wherein families are assigned to one or more intervention arms to determine the most optimal combination for improving child mental health outcomes (e.g. depression, anxiety, externalizing symptoms), cognitive and social processes associated with these outcomes (e.g. attention, emotion recognition), and functional outcomes (e.g. academic performance). This study also examines hypothesized intervention mediators (e.g. supportive parenting, economic well-being) and moderators (e.g. age, gender, family structure) in improving child outcomes.
Results and Conclusions: This study will identify the synergistic effects of three interventions targeting social determinants of child mental health in Azerbaijan. This presentation will detail the study's innovative design, cultural adaptation of instruments and interventions, collaborative efforts with local community members to develop the methodology, and findings from prior child mental health intervention research in Azerbaijan using a similar study design. Findings of this study will offer an optimal community-based intervention strategy, potentially scalable across Azerbaijan and the region.

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Subcontribution 19259 to Session ID 6001
Day 3 - 01.07.2025, 08:30 - 08:45, Luxembourg

Let’s Talk About It: Insights from 20 Years of Leading Bereavement Workshops for Children
T47 - Prevention & intervention

Abstract:
Aims: Grief in childhood carries significant risks for developmental and psychological difficulties if unaddressed. In 2005, the paediatric palliative care and child psychiatry team at Toulouse University Hospital (France) in collaboration with local non-profits organisation, launched Histoire d'en parler (“Let’s Talk About It”), a group intervention for bereaved children and adolescents. Initially designed for siblings, the program now includes children and adolescents who have lost a parent, including by traumatic loss such as suicide. The intervention consists of two consultations and four group workshops led by child professionnals, over six months. Two decades on, the program continues to offer insights into paediatric bereavement care.
Methods: This presentation will draw on 20 years of data, including attendance records, participant satisfaction surveys, and reflections from the multidisciplinary team. We will highlight the successes, challenges, and evolution of the intervention in addressing the diverse needs of grieving children.
Results: In addition to looking back on 20 years of activity, we will be highlighting the main prospects and current developments for this program :

- Histoire d’être là (“Being There”), a new program for children aged 3 to 6 and their parents;
- Age-specific adaptations to better engage teenagers through targeted activities and extended follow-up;
- A one-year follow-up program to ensure continuity of care and foster long-term resilience in participants.

Conclusion: Two decades of "Let’s Talk About It" have reaffirmed that tailored interventions can support bereaved children and their families, providing a form of “psychological resuscitation” supported by the group enabling complicated bereavements to be identified and dealt with at an early stage. By evolving our programss to meet the unique needs of toddlers, teenagers, and their parents we continue to bridge the gap between grieving and growing up .

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Symposium 19882 to Session ID 5969
Day 3 - 01.07.2025, 07:30 - 08:45, Madrid 1

Oral Session: ADHD
T08 - ADHD

Abstract:

Authors:

Subcontribution 18264 to Session ID 5969
Day 3 - 01.07.2025, 07:30 - 07:45, Madrid 1

Dissecting longitudinal neurodevelopmental and clinical pathways linking ADHD to obesity and adult psychopathology in the genetic model of 22q11.2 Deletion Syndrome.
T08 - ADHD

Abstract:
Background
ADHD represents a significant risk factor for the development of obesity, although the underlying pathophysiological mechanisms remain incompletely understood. It is also unclear whether obesity and metabolic dysregulation could partially mediate the risk of adverse mental health outcomes associated to ADHD, including mood and psychotic disorders.
Objectives & Methods
We addressed these questions in a unique longitudinal cohort of individuals with 22q11.2 Deletion Syndrome, contributing high genetic risk for ADHD, obesity and adult psychopathology, which we characterized with multimodal structural and functional MRI and clinical/neurocognitive assessments from childhood to adulthood. We included 372 participants, encompassing 184 participants with 22q11DS (M/F=93:91) and 188 Healthy Controls (HC) (M/F=92:96), followed-up for a total of 765 longitudinal assessments (433 in 22q11DS and 333 in HC).
Results
Atypical cortico-striatal functional connectivity maturation predicted both childhood behavioral/neurocognitive impulsivity and progressive deviations in BMI trajectories, mediating the association between the two. The effect of cortico-striatal dysmaturation was strongest in 22q11DS but was also observed in typically developing healthy controls recruited among unaffected siblings. Cortico-striatal-connectivity maturation mediated genetic correlations in BMI and inhibitory-control trajectories among siblings potentially representing a shared endophenotype linking behavioral and feeding impulsivity. Such cortical-striatal circuit correlated with the Allen-Human-Brain-Atlas expression pattern of the DRD4 receptor, previously linked to transdiagnostic behavioral impulsivity. In 22q11DS prolonged metabolic dysregulation predicted subsequent risk of developing a psychotic disorder by adulthood, through a dose effect-relationship with progressive cerebellar atrophy.
Conclusions
These results contribute to shed light on the neurodevelopmental mechanisms linking ADHD to obesity and adverse mental health outcomes, which if confirmed, would carry significant implications for clinical management.

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Subcontribution 18414 to Session ID 5969
Day 3 - 01.07.2025, 07:45 - 08:00, Madrid 1

# Comprehensive Comparison of Pharmacotherapy and Non-Pharmacological Interventions for ADHD: A Randomized Controlled Trial

T08 - ADHD

Abstract:
Objective: Compare the efficacy of pharmacological treatment with three non-pharmacological interventions for Attention Deficit Hyperactivity Disorder (ADHD) using a broad outcome definition emphasizing functional improvements.
Methods: A randomized controlled trial was conducted with 184 children diagnosed with ADHD. Participants were randomly assigned to one of four treatment groups: medication, Non-Violent Resistance Parent Training (NVR-PT), neurofeedback, or combined parent and child therapy (PT+C). Outcomes were assessed using the Child Behavior Checklist (CBCL) and SNAP-IV scales at five time points: baseline, post-treatment, and 3-, 6-, and 9-month follow-ups.
Results: While all groups demonstrated significant symptom reduction, NVR-PT showed greater improvements in parental helplessness and emotion regulation compared to medication. Neurofeedback and PT+C were effective in reducing externalizing symptoms. However, functional impairments persisted across treatments, indicating the need for a multi-modal approach.
Conclusions: NVR-PT emerged as a promising intervention targeting both child symptoms and family dynamics. Future research should explore long-term outcomes and mechanisms underlying treatment efficacy.

Authors:
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Subcontribution 18464 to Session ID 5969
Day 3 - 01.07.2025, 08:00 - 08:15, Madrid 1

# Extended-release Guanfacine Hydrochloride Monotherapy and Adjunctive Therapy Use in Children and Adolescents with ADHD in Turkey

T08 - ADHD

Abstract:
Aims: Attention - deficit hyperactivity disorder (ADHD) is characterized by impairing and age-inappropriate inattention, hyperactivity, and impulsivity. Extended- release guanfacine hydrochloride (GXR) is a selective $\alpha$2A-adrenergic agonist approved as mono- and adjunctive therapy to psychostimulant medications for ADHD.2 Currently data on GXR are mainly from western countries and no data exists for Turkish patients.3 This multicenter retrospective study aimed to assess the patients with ADHD initiating treatment with GXR as mono- and adjunctive therapy.
Methods: 583 children with ADHD (77.0 % male, 82.8 % with comorbidities) from 30 study centers located in 24 county centers 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 while parents reported ADHD and behavior disorder symptoms. Descriptive, bivariate and multivariate analyses were used in analyses. P was set at 0.05 (two-tailed)
Results and Conclusions: Median initial dose of GXR was 2.0 (IQR = 1.0) mg/ day. Median CGI-S scores and inattention, hyperactivity/ impulsivity, oppositionality and conduct disorder symptoms at baseline were 5.0 (IQR = 2.0), 7.0 (IQR = 3.0), 7.0 (IQR = 5.0), 4.0 (IQR = 6.0) and 0.0 (IQR = 2.0); respectively. At 6th month, the corresponding scores were 3.0 (IQR = 2.0), 4.0 (IQR= 5.0), 3.0 (IQR = 5.0), 1.0 (IQR = 4.0) and 0.0 (IQR = 1.0); respectively. Only 51 patients and their parents reported clinically significant adverse effects (8.8 %), supporting efficacy and limited adverse effects of GXR.

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Subcontribution 18476 to Session ID 5969
Day 3 - 01.07.2025, 08:15 - 08:30, Madrid 1

# Comparison of characteristics of children and adolescents with suspected ADHD referred to CAMHS from General Practitioners and Education, in the North Denmark Region in 2018 and 2021.

T08 - ADHD

Abstract:
Aim: General practitioners (GPs) and educational psychologists (EPs) are the main referring agents to child and adolescent mental health services (CAMHS) in Denmark. The aim of this study was to investigate and compare the populations of children and young people (CYP) referred for ADHD-assessments at CAMHS, from EPs and GPs, respectively.
Methods: All referrals to CAMHS from GPs and EPs from a specific week each month of 2018 and 2021 were reviewed. Referrals to ADHD-assessments were additionally reviewed using a supplementary questionnaire. Data was collected using ad-hoc forms, one general and one specific for suspected ADHD. Quantitative analysis was performed to investigate whether the groups differed on age and sex, and other specific characteristics based on their referral sources.
Results: The total number of referrals increased by 30.30% from 2018 to 2021. For suspected ADHD a total of 303 referrals, 195 from EPs, 108 from GPs were assessed. The population referred had a mean age of 10.47; 95% CI [10.05: 10.92] vs 12.41; 95% CI [11.58: 13.24] p = 0.0000 for EPs and GPs respectively. The proportion of girls referred by EP s was 28.7% girls; 95% CI [ 22.30%: 35.12%] vs GPs 49.1% girls; [39.49%: 58.65%] p = 0.0004. The odds of a rejected referral were significantly higher for GPs than EPs, OR 29.68; 95% CI [13.53: 65.09 p = 0.000]. Odds ratio for school attendance for reduced schedule as opposed to full time attendance was 0.14; 95% CI [0.04:0.46] p = 0.001. Odds ratio for educational measures and individual support was 0.03; 95% CI [0.01: 0.07] p =0.000 and 0.05; 95% CI [0.02: 0.11] p = 0.000, respectively. All ORs are corrected for age and sex.
Conclusion: Referrals from educational psychologists are more likely to be accepted. CYP referred from EPs seem to have received more specialized support prior to referral than CYP referred from GPs.

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Subcontribution 18923 to Session ID 5969
Day 3 - 01.07.2025, 08:30 - 08:45, Madrid 1

# Genetic investigation of causal effects of maternal dietary pattern on offspring risk of ADHD

T08 - ADHD

Abstract:
Aim: Diet during pregnancy is associated with risk of offspring ADHD in observational studies. Establishing causal inference for the association is complicated by confounding factors. We aimed to genetically validate diet in pregnancy as a risk factor for offspring ADHD.
Methods: 700 children were included in the COPSAC2010 cohort. Polygenic scores (PGSs) for a healthy dietary pattern were calculated for mother, father, and child trios. Research diagnoses and symptom loads of ADHD were assessed in the children at age 10. We used trio models to test whether the association between maternal diet in pregnancy and ADHD was explained by a causal effect of maternal diet (genetic nurture effects operating indirectly through environmental pathways) or genetic confounding (direct genetic transmission of disease risk). Replication was sought in the larger MoBa (N trio = 41,580) and ALSPAC (N trio = 1,201) cohorts.
Results: Maternal dietary pattern PGS was associated with a healthier pregnancy diet in all cohorts. In COPSAC, 437 complete trios were included in analyses. Hereof 12.1% children fulfilled criteria for an ADHD diagnosis. In trio models, maternal PGS positively associated with ADHD symptom load after adjustment for child and paternal PGS, indicating genetic nurture effects. However, analyses in MoBa and ALSPAC only showed evidence of direct genetic transmission indicating confounding.
Conclusions: Trio models in COPSAC indicated genetic nurture as a mechanism linking diet during pregnancy to offspring ADHD symptom load, but this was not replicated in larger cohorts, arguing against causal effects from maternal pregnancy diet on ADHD risk.

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Symposium 19308 to Session ID 5999
Day 3 - 01.07.2025, 07:30 - 08:45, Madrid 2

# Adolescents do not exist alone

T06 - Adolescent

Abstract:
The theme of the congress, "Beyond nature and nurture", focuses on questions about the future of child psychiatry. What role will psychotherapy and the systemic approach play in child psychiatry? Many of the mental disorders that affect young people require a focus on their context and environment. Sometimes it is only the body that expresses itself, as in eating disorders. In these cases, we need to look for the causes, which are often multifactorial, such as fear of growing up or of sexuality, trauma or difficulties with psychological separation, which are expressed through this opposition through the body. Impulsivity and the lack of immediate mentalization after a suicidal act mean that those around the child need to be mobilized to understand the meaning of what is happening. Involving parents in the solution helps to improve the management of disorders at home. It can also help to avoid hospitalization, which is difficult to implement quickly in the current care landscape. In this symposium, we describe different forms of care involving parents in a research or clinical setting: a transcultural setting for families, the management of suicidal crises in a new crisis center, a therapeutic education program for bulimic disorders, the use of the genogram to involve the families of young people suffering from anorexia nervosa, and the consequences of the High Intellectual Potential (HPI) designation in families. These care methods are the result of collective energy and team creativity.

Authors:
**Chair** Prof. Marie Rose Moro UVSQ, Inserm, CESP
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Subcontribution 19316 to Session ID 5999
Day 3 - 01.07.2025, 07:30 - 07:45, Madrid 2

# EDTP-Ados: Evaluation of transcultural therapy in the care of adolescents

T06 - Adolescent

Abstract:
Aims: Transcultural psychotherapy has proved its worth in many qualitative studies, but its efficiency has never been evaluated. We propose to present the framework of an ongoing research study conducted in France, which aims to evaluate the efficiency of transcultural psychotherapy for the treatment of depression in first- and second-generation migrant children and adolescents.
Methods: We will describe the different stages of this research in the first phase of inclusion. We will illustrate this presentation by describing the care of an adolescent and his family.
Results: To properly assess the efficiency of transcultural therapy, we need to link the evolution of the adolescent's symptomatology with the evolution of the primary caregivers' view of the adolescent and his or her family, as well as the feedback from the families, who feel better understood in this care. This multi-focal research shows the complexity of what happens to the adolescent child of a migrant.
Conclusion: Transcultural psychotherapy involves a group of therapists taking charge of a family. The children and adolescents treated have a variety of psychopathological profiles, but most of them present a depressive or anxious symptoms, which is part of a complex family situation. To treat first- or second-generation children, it is essential to take into account the family's culture. But it’s also important to help the primary caregivers to better understand the challenges of the teenager's place in the family.

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Subcontribution 19319 to Session ID 5999
Day 3 - 01.07.2025, 07:45 - 08:00, Madrid 2

# Using Genograms to Explore Familial Dynamics in Hospitalized Adolescents with Anorexia Nervosa

T06 - Adolescent

Abstract:
Aims: This study investigates the role of genograms in understanding the familial dynamics and transgenerational patterns in adolescents hospitalized for anorexia nervosa. It explores intrapsychic and intersubjective ties and conflicts, focusing on the interplay between familial relationships, symptom formation, and the adolescent's embodied experience during pubertal changes.
Methods: Data were collected from 25 hospitalized adolescents diagnosed with anorexia nervosa through family interviews and clinical observations. Genograms were constructed to identify recurring relational patterns. A psychoanalytic and systemic framework guided the qualitative analysis, emphasizing transgenerational transmissions, unconscious alliances, trauma, and the symbolic role of the body in familial and cultural contexts. Particular attention was given to the symptom's function in mediating relational conflicts within the family's psychic economy.
Results: Analysis revealed recurring familial configurations, including rigid parent-child dynamics, cross-generational coalitions, and unresolved parental projections. These patterns frequently coincided with themes of perfectionism, emotional enmeshment, and difficulties in individuation. The anorexic symptom often acts where thought fails, embodying tensions related to pubertal transitions, individuation struggles, and familial entanglements. Transgenerational influences, such as narratives of control and achievement, were also prominent.
Conclusions: The findings underscore the utility of genograms as tools for uncovering relational complexities and promoting awareness among adolescents and their families. Integrating genograms into therapeutic practice offers a structured yet flexible approach to addressing the systemic underpinnings of anorexia nervosa and fostering relational change. Adolescents cannot be understood in isolation from their familial systems.

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Subcontribution 19328 to Session ID 5999
Day 3 - 01.07.2025, 08:00 - 08:15, Madrid 2

# The consequences of Identifying High Intellectual Potential: individual and family impacts

T06 - Adolescent

Abstract:
Objective: In the French context, in contrast to Anglo-Saxon countries, the subject of High Intellectual Potential emerged later. Numerous quantitative studies question whether HPI is a factor of vulnerability. The lack of consensus in France and internationally on the definition and management of HPI led us to set up a study focusing on the experiences of adolescents and young adults following their identification as HPI, placing them in the position of experts on their own experience from an emic point of view.Method: Twenty teenagers and young adults and their families were interviewed using a semi-structured interview guide developed by the Maison des Adolescents research team, then analyzed using qualitative methodology with the IPA.Results: The results testify to the individual impact of the HPI designation and underline the consequences that can be generated in families once young people have been identified.Conclusion: This research enables us to consider the challenges of categorization in child psychiatry in the 21st century. Far from being trivial, this designation entails many changes for young people and their families, the complexity of which must be taken into account to provide them with the best possible support.

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Subcontribution 19330 to Session ID 5999
Day 3 - 01.07.2025, 08:15 - 08:30, Madrid 2

# A day-hospital to take care of suicidal adolescents. An opportunity for intensive family commitment

T06 - Adolescent

Abstract:
Aims: Suicide is the second leading cause of death among 14–24-year-olds, with a current recidivism rate of 17-28% in France. Since the Covid pandemic, adolescent crisis situations have been increased by 30%. In that special context, hospitalizing suicidal teenagers in child psychiatry departments becomes even more difficult. Moreover, the protective effect of hospitalization (and even its iatrogenic effects) is now being challenged. Consequently, a new day-hospital for suicidal adolescents will be set up in 2025 at the Maison des Adolescents at Cochin Hospital (Paris), which will intensively involve families from the outset.
Methods: A pilot implementation study was carried out with health professionals at the Maison des Adolescents, to find out how they could take hold of this new unit, what new resources could be given to them ; and the interests/benefits/impediments of such a unit, according to them. To do this, we used a qualitative methodology, inspired by Interpretative Phenomenological Analysis.
Results: From the thematic analysis of the 23 interviews, three main themes emerged. We present here a particular focus on the family theme: the day-hospital as an alternative that mobilizes families from the outset by keeping adolescents in their natural environment.
Conclusions: This pilot study and the international literature highlight the importance of working with families and resource persons, which will take different forms in this day hospital: family medical consultations of course but also parents' group, and multifamily therapy tool in the management of suicidal crisis in adolescence.

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Subcontribution 19332 to Session ID 5999
Day 3 - 01.07.2025, 08:30 - 08:45, Madrid 2

# 5-year development of a therapeutic education program for adolescents with bulimic symptoms

T06 - Adolescent

Abstract:
Aims : The Maison des adolescents of the Cochin Hospital offers a therapeutic education program focused on the management of compulsive binge eating. Its content has been modified over the years in order to better address these patients' needs.
Method : We describe the development of the program and the most relevant intervention methods. We were able to use a variety of clinical tools: a circle test to determine the place of the disorders in the patient's life, the Boulimic Investigatory Test of Edinburgh, individual motivational interviews with crisis management charts to fill in, and thematic group discussions, with or without narrative support. We based our work on the transcripts of the quarterly focus groups between the professionals (nurses, psychiatrist, psychologist, dietician, paediatrician, child psychiatrist, nurse manager) involved in the implementation of this program.
Results : Monthly discussion groups with parents, alternating with monthly discussion groups with adolescents, were added to the individual interviews and were key points in structuring the treatment. The introduction of tools used in multi-family therapy seemed to be particularly beneficial. This program enabled the co-construction of an appropriate, personalized and more meaningful care plan. The young person and his parents were able to take active ownership of the care program.
Conclusion : This program, characterised by a multidisciplinary approach and the important involvement of parents, could be formalised in the form of a research program, as there is yet little documentation about effective treatment for bulimia nervosa.

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Symposium 19283 to Session ID 5948
Day 3 - 01.07.2025, 07:30 - 08:45, Rome

Family nurture in early childhood
T21 - Infants

Abstract:
Infant mental health is described as “the developing capacity of the child from birth to 3 years to experience, regulate (manage), and express emotions; form close and secure interpersonal relationships; and explore and master the environment and learn – all in the context of family, community, and cultural expectations for young children”. Our domain of clinical infant mental health is about all the situations where these developing capacities have derailed because of various risk factors in the infant, the caregiver, and/or the environment. Though treatment modalities may differ in their theoretical basis (such as psychodynamic, behavioral, supportive, and more), all of them include both the infant and his/her caregivers as their inner worlds are intertwined and the infant is totally dependent on the adult. In this symposium, we aim at focusing on different contexts that impact on the specifics of parent-infant psychotherapy, regardless of its theoretical background. C
During this conference, four researchers from WAIMH-France will present their work in perinatal care. Family education in early childhood will be approached from psychiatric and psychological perspectives.
First of all, the early detection of perinatal depression in couples with a single-center prospective study will be presented in a psychiatric way.
Then fathers in the perinatal period will be discussed.
Finally, Obesogenic and traumatic features in the direct observation of food interactions between six obese mothers/five non-obese mothers and their babies.

Authors:
**Co-chair** Prof. Dr. Romuald Jean-Dit-Pannel University of Marie and Louis Pasteur
**Co-chair** Prof. Dr. Sylvie Viaux Savelon Cognitive Science Institute

Subcontribution 19285 to Session ID 5948
Day 3 - 01.07.2025, 07:30 - 07:45, Rome

Early detection of perinatal depression in couples: a single-center prospective study
T21 - Infants

Abstract:
Objective: To prospectively assess the psychological status of couples during the perinatal period, in order to identify parents at increased risk of postpartum depression. Methods: This single-center prospective study was conducted from March to July 2022 at a maternity ward type 3 of Lyon University Hospital, France. Pregnant women with no progressive psychiatric pathology nor obstetric risk factors and their partners were asked to fill the Edinburgh Postnatal Depression Scale (EPDS) at 3 different time-points: at the 9th month of pregnancy consultation, during the maternity stay, and 6 to 8 weeks after delivery. The cut-off EPDS score for risk of depression was 10 for both patients and their partners. Socio-demographic and obstetrical factors potentially associated with a higher risk of perinatal depression were collected. The primary endpoint was the EPDS score for both the patients and their partners throughout the perinatal period.
Results: A total of 95 couples were included; 96% of the patients and 68% of the partners answered to the questionnaire before birth, 81% and 71% during the maternity stay, 64% and 46% in the postpartum period. Overall, 14 (15%) patients and 1 (1%) partner had an EPDS score above 10 in the postpartum period. A history of psychiatric/psychological follow-up and the performance of an emergency cesarean section were associated with a significant increase in the EPDS score in the immediate postpartum period in the patients [95% CI 0.91;6.1 and 2.2;8.1, respectively]. The performance of an episiotomy during delivery was significantly associated with a higher EPDS score for partners in the immediate postpartum period, while the absence of perineal tear was not associated with a lower EPDS score in patients. No significant association between the different factors studied and the EPDS score was found at 6 to 8 weeks postpartum in patients nor their partners.
Conclusions: Although no risk factors for persistent perinatal depression in couples were identified, a non-negligible proportion of the patients had a high EPDS score with an increase during the postpartum period. The screening of all couples in both the pre- and postpartum periods should be performed, even in the absence of risk factors.

Authors:
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Subcontribution 19296 to Session ID 5948
Day 3 - 01.07.2025, 07:45 - 08:00, Rome

Co-constructing the maternal bond in very preterm birth situations
T21 - Infants

Abstract:
Aims: Following a doctoral research aimed at study co-constructing the maternal bond in very preterm birth situations, this communication presents the main results as a contribution to the current views on early psychological care for very preterm infants and their parents. The originality of this longitudinal and comparative study is due in particular to its dual prospective and retrospective approach, which takes into account the psychological temporality in which preterm birth takes place.
Methods
The study was conducted simultaneously in four research sites over a period of one and a half years and included 15 women. Analysis of data collected through 34 semi-structured interviews identified how the motherhood process developed for women throughout their pregnancy and after the birth of their child, whether born prematurely or at term.
Results: The different logical periods identified in the motherhood process allowed us to understand the importance of the continuity of the mother's ability to fantasise about the libidinal investment in the infant, particularly for pregnant women hospitalised for risk of preterm birth and for very preterm infants in neonatal care. The analysis of the elements for these women in their relationship to medicine and healthcare professionals in very preterm births opens up avenues for reflection as to their importance in accompanying parents in order to prevent possible relationship disorders early.
Conclusions: Considering the maternal as a co-construction (baby, mother, fathers and professionals) allows us to think about the importance of care at each stage of the perinatal period and to adapt thus the early intervention devices as well as times of joint careful observation of the premature baby.

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Subcontribution 19290 to Session ID 5948
Day 3 - 01.07.2025, 08:00 - 08:15, Rome

Becoming a first-time father in the perinatal period for french men
T21 - Infants

Abstract:
Introduction: The role of fathers in Western societies has undergone significant change over time. However, their psychopathology remains largely misunderstood and difficult to identify. This study aims to explore the lived experiences of first-time fathers during the COVID-19 pandemic. Methodology: Twenty-seven first-time French fathers were recruited for the study, which involved a narrative interview, the Rorschach projective test, the Edinburgh Postnatal Depression Scale (EPDS), and a semi-structured interview. Results: Narrative interviews revealed several challenges faced by these fathers, including the pressure of paternal responsibility, the need to be actively involved in the prenatal activities and caregiving (haptonomy, skin-to-skin contact), and concerns about the future of their couple and family as a triad. The Rorschach tests showed numerous perinatal responses and difficulties in identifying phallic representations among the fathers. Additionally, the EPDS scores indicated that 15% of fathers showed signs of depression, while 52% exhibited signs of anxiety. This study also examines the impact of the COVID-19 pandemic and its associated health context on creating the initial triad. Lastly, the case of one father is presented to illustrate the need for diagnostic tools to address the psychopathology of fathers, as narrative or semi-structured interviews have often fallen short of addressing this issue.

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Subcontribution 19286 to Session ID 5948
Day 3 - 01.07.2025, 08:15 - 08:30, Rome

# Obesigenic and traumatic features in the direct observation of food interactions between six obese mothers/five non-obese mothers and their babies

T21 - Infants

Abstract:
Beginning with the genesis of obesity and studies carried out on its multiple factors of transmission, directly and indirectly, we examine the concepts in order to point out the psychic and emotional features involved in this process. The overflowing impulses associated with a defect in the engram constitution of hunger and satiety, plus other factors (isolation, socio-economic situation, ...) motivate compulsive behaviors with anti-emptiness, anti-depressive and anti-traumatic, aspects. In support of the direct observation of food interactions between six obese mothers/five non-obese mothers and their babies, we identify potentially obesigenic and traumatic features within the relationship. Maternal control, the lack of child's exploration, poor emotional exchanges and the maternal difficulty to tune up with her baby, testify to her defensive strategies at play, harmful to the intersubjectivity bond.

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Symposium 18940 to Session ID 5921
Day 3 - 01.07.2025, 07:30 - 08:45, Amsterdam

Exploring the Lived Experience of Professionals in Child and Adolescent Psychiatry: challenges and perspectives
T06 - Adolescent

Abstract:
The lived experience of professionals in child and adolescent psychiatry is a pivotal yet underexplored dimension of clinical practice and institutional care. This symposium brings together four qualitative studies that delve into the experiences of various professionals to illuminate their roles, challenges, and transformative journeys in different contexts.
The first study investigates how nurses navigate the complex decision-making process surrounding Pro Re Nata (PRN) treatment in adolescent psychiatric units, highlighting its impact on agency and empowerment for both professionals and patients. The second study examines the delicate balance emergency care professionals must maintain when supporting adolescents after suicide attempts while fostering parental involvement, often amidst emotional turmoil. The third study explores general practitioners' and pediatric residents' experiences in managing adolescent suicidal behavior, revealing barriers such as insufficient training, discomfort in addressing psychiatric issues, and challenges in interdisciplinary collaboration.The fourth study focuses on transcultural mediation, showcasing how professionals supporting migrant families undergo profound personal and professional transformations, leading to stronger therapeutic alliances and enhanced caregiving practices.
Together, these studies underscore the critical role of professionals' lived experiences in shaping care quality and the importance of understanding these experiences to address systemic, relational, and developmental challenges. Qualitative research methods are essential in capturing the complexity and depth of these experiences, providing invaluable insights for improving practices, fostering professional growth, and guiding institutional policies in child and adolescent psychiatry.

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Subcontribution 18942 to Session ID 5921
Day 3 - 01.07.2025, 07:30 - 07:45, Amsterdam

# Perspectives of nurses about Pro Re Nata treatment in adolescent inpatient psychiatric units: a qualitative study

T06 - Adolescent

Abstract:
“Pro re nata" treatment (PRN), frequently prescribed in adolescent inpatient psychiatric units, is administered on an ad hoc basis, to meet a symptomatic need, and is prescribed upstream and delivered by nurses when the situation requires it. It is frequently prescribed in inpatients in Child and Adolescent Psychiatry units.
This common practice is not trivial. It results of a complex decision-making process, and the choice to administer or not the treatment is made between the nurse and the patient, away from the prescriber, sometimes in a crisis situation.
We will present the results of a study exploring the lived experience of adolescents and nurses during the use of PRN treatment in adolescent psychiatric inpatient settings, to better apprehend these situations.
We conducted a qualitative research, based on semi-structure interview, with a specific qualitative research method called Inductive Process to analyze the Structure of lived Experience (IPSE), a five-stage descriptive phenomenological approach based on an inductive process and including 14 adolescents and 12 nurses.
We will develop the 3 axes forming the structure of experience produced by data analysis: individual, relational and group, highlighting that the experience of inpatient PRN treatment contributes to the development of human agency and empowerment in adolescents and nurses alike and that the efficacy of a PRN treatment should not be measured solely on its therapeutic effects, but also on the institutional and developmental issues surrounding its delivery.

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Subcontribution 18943 to Session ID 5921
Day 3 - 01.07.2025, 07:45 - 08:00, Amsterdam

# Nurses and Doctors experiences of their involvement in supporting adolescents' and their parents in emergency care after a suicidal attempt: a qualitative study

T06 - Adolescent

Abstract:
Adolescents and young adults (15–25 years) are particularly vulnerable to suicidal ideation and behaviors, with parents playing a central role in both the genesis of the crisis and the elements precipitating the act. Parents are also key stakeholders in the care process, influencing medical decisions and supporting adherence to treatment. However, their presence in emergency care settings presents significant challenges, as many adolescents in conflict with their families or seeking independence may resist parental involvement.
This study explores how nurses and doctors working in emergency departments (EDs) navigate these complexities. How do they balance adolescents' need for autonomy and empowerment with the critical involvement of parents in the care process? How do they provide emotional support to parents, often overwhelmed by the distress and guilt provoked by their child's suicide attempt, to help them regain their role as effective caregivers?
We conducted a qualitative study in French pediatric and adult EDs using semi-structured interviews with nurses and doctors to capture their perspectives and strategies. Findings highlight the nuanced approaches professionals use to address these dual challenges, fostering both youth autonomy and family involvement in a highly emotional and crisis-driven context. This work provides insights into improving family-centered and adolescent-focused care in emergency settings.

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Subcontribution 18945 to Session ID 5921
Day 3 - 01.07.2025, 08:00 - 08:15, Amsterdam

# Perceptions of general pratictioners and pediatrician's residents about adolescents' suicidal behavior care in pediatrics: a qualitative study

T06 - Adolescent

Abstract:
Background:
Suicide is one of the leading causes of preventable death among adolescents. The increasing demand for care, coupled with the growing shortage of child and adolescent psychiatry professionals, often places general practitioners and pediatricians on the front line of treatment. Despite the recognized effectiveness of early training in improving care quality, general practice and pediatric residents receive little or no training.
Objective:
We aimed to explore the experiences, barriers and incentives of general practitioners and pediatric residents in assessing and managing adolescent suicidal behaviors during their internship in pediatrics.
Method:
Twenty-one face-to-face semi-structured interviews were conducted using the qualitative method of Interpretative Phenomenological Analysis.
Results:
Ten general practice and eleven pediatric residents were interviewed, revealing three groupe experiential themes: 1) ambivalence about child and adolescent psychiatry care, including complexity in understanding mental disorders, poor perception of psychiatric care for children and adolescents, mitigated perception of child psychiatrists, and a heterogeneous understanding of multidisciplinary approach; 2) a sense of incompetence, with a discomfort in meeting adolescents with mental issues, perception of insufficient training and poor mentorship, and lack of confidence in one's competence; 3) difficulties in pediatrics - child and adolescent psychiatry collaboration, including gap felt in care models, perception of unappropriated pediatric care framework and a perceived somato-psychic division supplied by both teams.
Conclusion:
Our study identified several issues for the adequate management of adolescent suicidal behaviors in pediatrics. Improved training and more efficient collaborations are necessary.

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Subcontribution 18947 to Session ID 5921
Day 3 - 01.07.2025, 08:15 - 08:30, Amsterdam

# Understanding to Support: A Qualitative Study on the Experiences of Professionals Facing Cultural Differences

T06 - Adolescent

Abstract:

Context

This study presents an action research project conducted in the context of establishing a Transcultural Mediation Team (EMET) at the Metz Medical-Psycho-Pedagogical Center. This initiative was developed to address the unique challenges faced by professionals supporting children from migrant families or those with a migration background. By bridging cultural gaps, the project aimed to enhance the quality of interactions and interventions, fostering better outcomes for both children and their families.

Objectives

The primary objectives were twofold: to evaluate the impact of the transcultural mediation initiative on supporting children and families, and to explore the lived experiences of professionals who utilized this mediation in their work.

Method

The study employed a qualitative approach, conducting ten semi-structured interviews with professionals from various domains, including educational, social, and judicial sectors. Data were analyzed using Braun and Clarke's Thematic Analysis (2022), which allowed for an in-depth exploration of patterns and insights through vertical and horizontal analysis of the interviews.

Results

Findings were categorized into meta-themes, themes, and sub-themes, with a specific focus on professionals' experiences. Key themes included: 1) Emotional experiences such as frustrations, unmet demands, and feelings of incapacity;2) Professional identity tensions stemming from conflicting beliefs and representations; 3)Framework challenges, including issues with institutional rigidity, conflicting values, and navigating diverse meta-frameworks.

Conclusion

This study demonstrates that transcultural mediation facilitates profound internal transformations for professionals, enabling the creation of secure therapeutic bonds. These bonds promote autonomy and empowerment for both families and professionals, ultimately enriching clinical practice and fostering inclusive care. The findings underscore the critical importance of transcultural approaches in enhancing the effectiveness and humanity of professional support for migrant families.

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Symposium 17488 to Session ID 5868
Day 3 - 01.07.2025, 07:30 - 08:45, Londres 1

Eating Disorders
T18 - Eating disorders

Abstract:
Eating disorders typically develop in early adolescence and are often intertwined with family dynamics. Effective, patient-centred treatment approaches need to consider the development and maintenance of this serious illness in the context of family relationships, as well as the impact of common comorbid symptoms such as non-suicidal self-harm. The symposium will present important research findings on how eating disorder severity evolves during inpatient and outpatient treatment, emphasising the role of comorbid symptoms in this process. Additionally, innovative family-based treatment options implemented in two swiss eating disorder centres will be presented.

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Subcontribution 17489 to Session ID 5868
Day 3 - 01.07.2025, 07:30 - 07:45, Londres 1

# Predictors for the treatment outcome of adolescent female patients with anorexia nervosa

T18 - Eating disorders

Abstract:
Objective
Anorexia nervosa (AN) is one of the most severe mental illnesses, especially in female adolescents and young adults. A major obstacle to the long-term recovery from anorexia nervosa (AN) are relapses after inpatient treatment. In order to minimize relapses or detect them early, the UKL has had an outpatient established an outpatient follow-up system. The aim of this study is to retrospectively identify predictors for favorable or unfavorable courses of treatment after inpatient treatment or purely outpatient treatment will be investigated. Furthermore, differences in the course of the disease before and after the start of the Covid-19 pandemic will be considered.
Data basis
459 patients with AN were included, of which 167 patients after inpatient treatment. Within the framework of multivariate analyses relevant predictors for a favorable or unfavorable course are to be identified.
Relevant variables include the duration of the disease, BMI at the start of treatment and during course, age at onset of

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Subcontribution 17490 to Session ID 5868
Day 3 - 01.07.2025, 07:45 - 08:00, Londres 1

# Changes in non-suicidal self-injury and suicidality in adolescents with anorexia nervosa during inpatient treatment

T18 - Eating disorders

Abstract:
Aims
Previous research has shown that the co-occurrence of anorexia nervosa (AN) with non-suicidal self-injurious behaviour (NSSI) and/or suicidal thoughts (ST) is associated with higher severity of AN at the beginning of treatment. However, knowledge about the development of NSSI and ST over the course of treatment is scarce. This study examines the occurrence and changes in NSSI and ST in adolescents undergoing inpatient treatment.
Methods
Data from 256 adolescents with AN, collected from the German 'Anorexia Registry' (2015 – 2024), were analysed. NSSI, ST and AN severity (operationalised by BMI percentiles and the Eating Disorder Examination Questionnaire) were assessed at the beginning and end of treatment. First, changes in NSSI and ST were categorised and compared with AN severity. Second, logistic regression was used to analyse the relationship between NSSI/ST and changes in AN severity during treatment.
Results and conclusions
51.6% of the patients reported no NSSI, 8.2% started NSSI during treatment, 12.9% stopped, and 27.3% continued. 59.0% reported no ST, 6.2% developed ST during treatment, in 13.7% ST stopped, and in 21.1% ST continued. No differences in AN severity were observed between these groups, and changes in AN severity were not associated with NSSI or ST. Overall, NSSI and ST in adolescents with AN tend to remain stable, i.e. continue in most individuals, with few remitting or starting during AN-specific treatment. Further analyses will examine moderating clinical factors, such as personality functioning or depressive symptoms with the aim of understanding the relationship between NSSI/ST and AN severity.

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Subcontribution 17491 to Session ID 5868
Day 3 - 01.07.2025, 08:00 - 08:15, Londres 1

# Implementation of a Multidimensional Assessment and Family-Based Treatment in a Specialized Outpatient Unit for Eating Disorders

T18 - Eating disorders

Abstract:

Aims

Specialized family therapies for outpatient treatment of adolescent eating disorders (ED) are nowadays the gold standard in most western countries, particularly for anorexia nervosa. Since the initial conception of the model, scientific evidence of treatment efficacy has been collected and one major development has seen the manualization of the outpatient treatment as found in FBT ("Family Based Treatment").

Methods

At the SUPEA - CHUV in Lausanne, the outpatient eating disorders unit offers FBT to adolescents and their families since January 2022. The treatment comprises three stages, focusing initially on weight restoration given the physical complications associated with starvation. In family sessions, parents are guided and accompanied to take charge of their child's recovery process.

At assessment and regular intervals, we use questionnaires to evaluate ED symptoms, family functioning, and to screen for comorbidities. This allows a quantitative follow-up of patients and parents reported symptoms and observations. This data is used for clinical monitoring and part is shared for an international multicentric study.

Results and Conclusions

Data collected so far has yielded positive outcomes at various levels: first, both for the families and for the clinicians, offering a new tool to reflect on treatment progress and compare perspectives; at the level of the organisation, to emphasise the relevance of a specialized outpatient ED unit with encouraging recovery rates even for critical cases that would have been traditionally hospitalised; and internationally, to explore the challenges related to the implementation of a new model of treatment across different countries and health systems.

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Subcontribution 17494 to Session ID 5868
Day 3 - 01.07.2025, 08:15 - 08:30, Londres 1

# Comparing Family-Based Treatment, Family-Based Treatment with Home Treatment, and Family-Based Treatment with Mindfulness-Based Stress Reduction for Adolescents with Anorexia Nervosa: Study Protocol for a Randomized Clinical Trial

T18 - Eating disorders

Abstract:
Aims: Family-based treatment (FBT) is the most effective evidence-based approach for adolescents with anorexia nervosa (AN). Home treatment (HT) as an add-on to FBT (FBT-HT) has shown to be acceptable, feasible, and effective. This three-arm randomized clinical trial (RCT) aims to investigate whether FBT-HT is more effective than standard outpatient FBT and FBT with mindfulness-based stress reduction training (FBT-MBSR).
Methods: This RCT compares FBT-HT to standard outpatient FBT and FBT-MBSR as a home-based control group regarding efficacy and delivery. Adolescents with AN or atypical AN (n = 90) and their parent(s)/caregiver(s) will be randomly assigned to one of the three groups. Diagnosis and symptomatology will be assessed by professionals using standardized tools (Eating Disorder Examination, Eating Disorder Inventory, Body Mass Index). Parents and caregivers will provide independent reports on eating behavior, family communication, stress, and weight. The therapeutic process will be assessed for both participants and caregivers, enabling evaluation of feasibility, acceptability, and appropriateness.
Results and Conclusions: We hypothesize that FBT-HT will be acceptable, feasible, and more effective than both FBT and FBT-MBSR in improving adolescent weight and eating habits. Secondary outcomes include reducing caregiver stress and regulating expressed emotions within the family, with intrafamily relationships expected to mediate/moderate FBT effectiveness. This study has the potential to enhance understanding of FBT's efficacy for AN, including whether adding HT to FBT improves outcomes compared to another home-based adjunct intervention (MBSR).

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Symposium 19900 to Session ID 5982
Day 3 - 01.07.2025, 07:30 - 08:45, Londres 2

Oral Session: Infants
T21 - Infants

Abstract:

Authors:

Subcontribution 16342 to Session ID 5982
Day 3 - 01.07.2025, 07:30 - 07:45, Londres 2

# DECIPHERING THE ROLE OF OXIDATIVE STRESS MARKERS AS BIOMARKERS IN THE SPECTRUM OF PRESCHOOL ANXIETY DISORDERS

T21 - Infants

Abstract:
Aim: To elucidate the role of oxidative stress in anxiety disorders, this study aimed to determine the etiological roles of serum Nrf2, Keap1, Sestrin2, Superoxide Dismutase, and GABPa levels in anxiety disorders in the preschool age group.
Method: The study sample consisted of 63 participants (aged 3-6 years); 22 patients in the anxiety group, 22 patients in the subclinical anxiety group, and 21 children in the control group. Preschool age psychiatric assessment was used to assess anxiety disorders. The Preschool Anxiety Scale, Brief Temperament Scale for Children, and CBCL 1.5-5 years forms were also completed by the parents. Nrf-2, Keap-1, Sestrin-2, Superoxide Dismutase, and GABPa were analyzed in venous blood samples.
Results: Nrf2 levels differed significantly among the three groups (p 0.05), whereas GABPa levels differed significantly only between the anxiety and control groups (p 0.05). Positive associations between Nrf2 and GABPa levels and the duration and severity of anxiety disorders were found. Receiver operating characteristic analyses demonstrated that Nrf2 levels had predictive value for diagnosing anxiety disorders (p 0.001), whereas GABPa levels did not reach significance (p=0.06).
Conclusions: These findings highlight biological markers in preschool children with anxiety disorders, highlighting the potential utility of Nrf2 as a biomarker for identifying and monitoring early childhood anxiety.

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Subcontribution 17066 to Session ID 5982
Day 3 - 01.07.2025, 07:45 - 08:00, Londres 2

Unveiling Early Emotional Challenges: Alexithymia as a Predictor of Mental Health in Preschoolers
T21 - Infants

Abstract:
Aims: Alexithymia, a personality trait characterized by difficulty identifying and describing emotions and a tendency toward externally oriented thinking, has been implicated in various mental health conditions. However, research on alexithymia during early childhood remains limited. This study aims to address this gap by exploring alexithymia in preschool-aged children, its relationship with psychopathology, and its associations with parental alexithymia.
Methods: Data were collected from 174 parents of preschoolers aged 3 to 6 years, including 27 children participating in an interdisciplinary intervention program while attending regular preschools. Parents completed online assessments of their child's alexithymia (Perth Alexithymia Questionnaire – Parent Report) and psychopathology (Strengths and Difficulties Questionnaire), alongside measures of their own alexithymia (Perth Alexithymia Questionnaire) and emotion recognition abilities (Reading the Mind in the Eyes Test). Linear multivariable regression analyses were conducted to examine predictors of child psychopathology, focusing on both child and parental factors.
Results and Conclusions: The results demonstrated that preschool children's alexithymia was significantly associated with their parents' alexithymia and emotion recognition abilities. Internalizing symptoms in children were linked to overall alexithymia, while externalizing symptoms were specifically predicted by difficulties describing negative emotions. Parental alexithymia was also directly related to both child alexithymia and child psychopathology outcomes. These findings highlight alexithymia as a potential early risk factor for psychopathology in preschool-aged children. Furthermore, they highlight the need for interventions targeting parental emotional skills and their influence on child development, providing a basis for early prevention and therapeutic strategies to address alexithymia-related risks in preschool-aged children.

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Subcontribution 17309 to Session ID 5982
Day 3 - 01.07.2025, 08:00 - 08:15, Londres 2

Are parental bonding problems associated with child sleep problems at eight and 24 months?
T21 - Infants

Abstract:
Both the parental bonding and infant's sleep are important for healthy child psychosocial development. This study investigates how maternal and paternal bonding with their infant are associated with child sleep problems at the ages of 8 and 24 months. The number of participants in the longitudinal analyses was 1301 and in the 24-month analysis 950. The sample is representative of the general population in the area. Child's total sleep problems at 8 months and 24 months of age were measured using The Infant Sleep Questionnaire, ISQ. Parental postpartum bonding problems at 8 months of infant age were measured with Postpartum Bonding Questionnaire, PBQ. Using linear regression analyses we found that maternal postnatal bonding problems with a child at 8 months were associated with child sleep problems at the age of 8 and 24 months. However, paternal postnatal bonding problems at 8 months were not associated with infant sleep problems at either time point. Our findings highlight the role of the primary caregiver in infant sleep problems. Accordingly, it would be vital to both screen and offer early support for both infant sleep and parent-infant relational problems, as these two are highly inter-connected and one may also form a risk for the other.

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Subcontribution 18850 to Session ID 5982
Day 3 - 01.07.2025, 08:15 - 08:30, Londres 2

# Randomized Clinical Trial: Effect of High-Dose vs Standard-Dose Vitamin D Supplementation on Sleep problems of Healthy Term Infants

T21 - Infants

Abstract:
Aims: Low vitamin D has been associated with sleep problems in children. However, there is a lack of randomized trials to study the association. We tested whether a higher (1200-IU) vs standard dose (400-IU) of vitamin D3 has beneficial effects on sleep in the first 2 years of life and whether serum 25-hydroxyvitamin D (25(OH)D) concentration is associated with sleep.
Methods: Vitamin D intervention in infants study is a double-blind RCT in which children received vitamin D3 400-IU (n = 410) or 1200-IU (n = 412) daily until 24 months of age. Serum 25(OH)D was analyzed at 12 and 24 months. Parents rated sleeping (n = 822) with Brief Infant Sleep Questionnaire (BISQ) at 11.7 (SD = 0.8), and with BISQ and Sleep Disturbance Scale for Children at 26.0 (SD = 3.0) months. Logistic and linear regression analyses were used. Results are presented after adjusting for covariates (breastfeeding, gestational age, birth season, maternal age, BMI, and parental education).
Results and Conclusions: Higher dose of vitamin D3 did not lower the risk of poor sleep at 12 (OR = 1.07, 95 % CI [0.65; 1.74], p = 0.80) or at 24 (OR = 0.46, [0.08; 2.82], p = 0.40) months. No differences in sleep disturbances were found between the supplementation groups ($\beta$ = -0.61, [-1.74; 0.52], p = 0.29). No associations were found between 25(OH)D concentrations and sleep (p-values ≥ 0.14). This preliminary analysis revealed no systematic benefits of a higher-than-standard vitamin D3 supplementation during the first two years on sleep.

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Subcontribution 18863 to Session ID 5982
Day 3 - 01.07.2025, 08:30 - 08:45, Londres 2

Developmental and adaptive functioning of infants at elevated likelihood of autism
T21 - Infants

Abstract:
Aims
We aimed to describe developmental and adaptive functioning of outcome groups at 36 months. In the group diagnosed with autism, we identified subgroups based on this functioning.
Methods
BSID-III-NL and ABAS-3 were administered in 159 children at elevated likelihood for autism (87 siblings, 61 preterms and 11 children with persistent, idiopathic feeding difficulties). A best estimate research diagnosis was assigned at 36 months, dividing participants into three groups: autism (n=37), broader autism phenotype (BAP, n=23) and no autism/BAP (n=99).
Results and conclusions
Best estimate outcome groups differed significantly on the conceptual, social, and practical domain of the ABAS-3 and on the subscales cognition, language production and language comprehension of the BSID-III-NL. The autism and no autism/BAP groups differed on all these variables, the BAP group only differed from the no autism/BAP group on the ABAS domains.
Four subgroups were delineated within the autism group: 1) overall low scores, 2) overall average scores, 3) average scores on developmental, but low scores on adaptive functioning and 4) low scores on adaptive functioning, language expression and cognition, but average scores on language comprehension and fine motor skills.
The results confirm that both children with BAP and autism experience more developmental and adaptive challenges, compared to the children in the no autism/BAP group. The clusters give a more nuanced understanding of the autism outcome group, as 1/3 of the autistic children scored average on all domains.
Clinical relevance: these clusters give insight into the strengths and challenges of autistic children, which can provide starting points for personalized support.

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Symposium 19044 to Session ID 5870
Day 3 - 01.07.2025, 07:30 - 08:45, Berlin

Sleep and regulation in early infancy
T21 - Infants

Abstract:
Sleep and regulation are important functions throughout childhood, with a rapid development in early infancy. Despite the importance of these functions, much is still unknown about underlying mechanisms, and how early sleep and regulation might be related to later development. In this symposium, we will present findings on early mechanisms of sleep and regulatory functions, and the relation to later typical and atypical development. The first study presents new results on the activation of intrinsically light sensitive retinal ganglion cells (ipRGCs) and potential associations with circadian rhythm and sleep/wake patterns in young infants (Jónsdóttir & Nyström). The second study investigates the association between early sleep and sensory differences at multiple timepoints in infancy, as well as links to later autistic traits (Begum Ali et al.). The third study explores potentially important family factors in relation to sleep and settle behaviours in very young infants, as well as the association between these behaviours and later language development, hyperactivity, and autistic traits (Viktorsson et al.). The last study explores infant temperament profiles based on dimensions of negative emotionality and effortful control, and how these profiles relate to later externalising and internalising behaviour difficulties (Goodwin et al.). In summary, these studies shed light on different aspects of early sleep and regulation, and how these may be related to later development, highlighting potential targets for early support.

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Subcontribution 19046 to Session ID 5870
Day 3 - 01.07.2025, 07:30 - 07:45, Berlin

# ipRGC pupillary constriction in typically developing human infants

T21 - Infants

Abstract:
Aims: Establishing a regular day/night circadian rhythm is an integral part of healthy infant development, but key mechanisms underlying early development of the human circadian system are currently understudied. Intrinsically light sensitive retinal ganglion cells (ipRGCs) are known to entrain the day/night circadian rhythm in adults, while also playing a role in pupillary constriction. Rodent studies indicate dissociations and temporal discrepancies in functional connectivity of these cells during development, but these developmental patterns have not yet been studied in humans. In this study, we examined the functional development of ipRGCs, in a sample of typically developing infants aged 1 – 12 months (n = 79), and adults for comparison (n = 10).
Methods: ipRGCs play a specific role in maintaining sustained pupil constriction, and are stimulated by blue light. To estimate ipRGC activation, pupillary constriction response to blue and red light was measured over 30 seconds using a remote eye tracker, and a slope was fitted for pupil diameter over time. Developmental status of circadian rhythm and sleep/wake patterns was measured using parent report sleep diaries, and the Brief Infant Sleep Questionnaire. Data were analyzed using ANOVA and linear regressions.
Results and conclusions: We found evidence for a prolonged post-natal maturation of ipRGCs impact on sustained pupil constriction. However, we did not find an association between infant ipRGC activation and developing circadian rhythms and sleep/wake patterns. These results suggest a functional separation between different ipRGC pathways, where light entrainment of circadian rhythms may precede the emergence of ipRGC pupillary constriction.

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Subcontribution 19047 to Session ID 5870
Day 3 - 01.07.2025, 07:45 - 08:00, Berlin

Predictive relations between sleep and sensory differences in early life
T21 - Infants

Abstract:
Aims: Up to 80% of Autistic individuals experience persistent sleep problems. Though the frequency and type of sleep disruption is well documented (albeit in children and adults), the mechanisms by which sleep problems occur in the autistic population are not well understood. One potential explanation for sleep issues in Autism relates to sensory modulation differences; sleep onset and maintenance may be particularly impacted by the sensory experience.
Methods: We examined the relationship between early emerging sleep and sensory modulation patterns in infants enriched for Autism and/or ADHD. We used parent-report questionnaires to measure sleep and sensory behaviours in 161 infants at 5-, 10-, 14-, 24- and 36-months with/without a first degree relative with Autism and/or ADHD.
Results and Conclusion: Using structural equation modelling, increased sleep was associated with reduced sensory differences. Increased hyper-sensitivity at 5-months predicted poor sleep at 10-months ($\beta$=-.2, $p < .05$), which in turn predicted increased hyper-sensitivity at 14-months ($\beta$=-.13, $p < .05$). Both increased sensory modulation differences ($\beta$=.26, $p < .05$) and reduced sleep ($\beta$=-.37, $p < .001$) at 14-months predicted increased Autistic traits at 3-years. Sensory disruptions are inter-related with reduced sleep across the first two years of life. Notably, increased sensory differences precede sleep disturbances in the first half year of life. Both sensory differences and sleep disturbances in infancy were also related to later Autism traits in toddlerhood, suggesting that this relationship may be one mechanism through which sleep quality influences neurodevelopment. It may be that the first half year of life is a particularly malleable period for targeted sleep interventions.

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Subcontribution 19052 to Session ID 5870
Day 3 - 01.07.2025, 08:00 - 08:15, Berlin

# How are sleep, settle, and crying behaviors in 2-month-olds related to concurrent family factors and later development?

T21 - Infants

Abstract:
Aims: Sleep, settle, and crying behaviors represent basic regulatory functions in early infancy, yet little is known about the factors that influence these behaviours and their relationship to later development in the general population. The aims of this study were to assess potentially important factors influencing sleep and settle behaviours in early infancy, and the association between early sleep/regulation and later development.
Methods: In this study, we assessed a sample of 362 infants, measuring parent-rated number of wakeups per night, time to settle, and crying duration at 2 months of age (range 27 – 99 days), along with various background variables. We also measured several aspects of the infants' later development at 14 and 24 months.
Results and conclusion: At 2 months, age significantly predicted number of wakeups per night ($\beta$ = -0.212, $p < .001$) and crying duration ($\beta$ = -0.154, p = 0.012). Family income was a significant predictor of crying duration ($\beta$ = -0.128, p = 0.018) and time to settle ($\beta$ = -0.147, p = 0.011). However, sleep, settle, and crying behaviours at 2 months were not significantly associated with parent-rated language comprehension or socio-communicative abilities at 14 months, nor with vocabulary, autistic traits, or hyperactivity at 24 months. These findings suggest that while some sleep and settle behaviours in the first few months can be challenging for caregivers, they are not strong indicators of atypical development in early childhood in the general population.

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Subcontribution 19055 to Session ID 5870
Day 3 - 01.07.2025, 08:15 - 08:30, Berlin

Infant temperament profiles associate with transdiagnostic behaviour difficulties in preschool
T21 - Infants

Abstract:
Aims: Negative emotionality and self-regulation are suggested transdiagnostic markers for later behavioural difficulties. This study aimed to 1) identify subgroup classifications based on temperament dimensions of negative emotionality and effortful control in a sample of infants enriched for neurodivergence, and 2) investigate how these temperament profiles relate to variability in transdiagnostic clinical outcomes in preschool.
Methods: Data was collected from a European network studying autism and related conditions (https://www.aims-2-trials.eu/). Participants included 10-month-old infants with (N = 151), and without (N = 27) a family history of autism and/or ADHD, with follow-up data at age 3. Negative emotionality and effortful control were measured at 10 months using the Infant Behaviour Questionnaire (IBQ), and preschool externalizing/internalizing behaviours were assessed at 3 years using the Child Behaviour Checklist.
Results and conclusions: At 10 months old, infants with a family history of autism showed higher fear, $p = .02$, $\eta p2 = .12$. There were no other significant effects of family history on negative emotionality or effortful control. Latent profile analysis identified three temperament profiles: 1) low negativity/high regulation, 2) low negativity/high regulation-attentive, 3) high negativity/low regulation. Profiles did not differ by age, sex, cognitive ability, or family history, supporting a transdiagnostic approach. Preschool clinical outcomes at age 3 differed between temperament profiles for both internalizing, $p < .001$, $\eta p2 = .19$, and externalising, $p < .001$, $\eta p2 = .24$, behaviour difficulties. These findings suggest temperament-based approaches may improve predictions of behaviour difficulties from infancy to childhood, highlighting potential targets for early, transdiagnostic interventions.

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Symposium 18998 to Session ID 5917
Day 3 - 01.07.2025, 07:30 - 08:45, Bruxelles

Anorexia nervosa in adolescents – a translational approach
T18 - Eating disorders

Abstract:
Anorexia nervosa (AN) typically emerges during adolescence and is primarily characterized by underweight. It is fundamentally a disorder of body schema, marked by intense fears of weight gain and compensatory behaviours such as food abstinence, excessive physical activity, and substance use to reduce weight. The lifetime prevalence of AN reaches up to 3.6% in girls and 0.3% in boys, with the peak age of onset at 15.5 years, highlighting the importance of adolescent-focused research and clinical care.
The persistent energy deficit associated with body schema disturbances and weight phobia induces a state of starvation, which triggers significant somatic and psychological adaptations, including disturbances of sleep and circadian rhythmicity on behavioural, endocrine, and genetic levels. The hormone leptin is a key mediator in these processes, whose serum levels decline during starvation. This reduction is hypothesized to play a central role in regulating starvation-induced changes. Starvation not only contributes to the development of many psychological symptoms of AN but also impairs the efficacy of psychotherapeutic interventions by hindering complex cognitive processes.
Despite the severe health risks associated with prolonged starvation, the cerebral pathophysiology underlying these changes remains poorly understood. The presented translational research approach addresses this gap by discussing the current clinical standard and leveraging insights from leptin-centered interventions in a starvation mouse model and off-label-treatment in human adolescents. Findings can enable direct scientific comparisons and potentially advance therapeutic strategies, including modulation of sleep and circadian rhythmicity.

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Subcontribution 18999 to Session ID 5917
Day 3 - 01.07.2025, 07:30 - 07:45, Bruxelles

# Current practice and trends in the treatment of anorexia in children and adolescents

T18 - Eating disorders

Abstract:
This presentation will provide an overview of the effectiveness of current treatment practice for anorexia in children and adolescents, including recent evidence regarding family involvement and the approach to refeeding. The implications for clinical practice will be discussed.

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Subcontribution 19001 to Session ID 5917
Day 3 - 01.07.2025, 07:45 - 08:00, Bruxelles

Disturbances of sleep and circadian rhythmicity in humans with AN
T18 - Eating disorders

Abstract:
This lecture explores the latest research on sleep and circadian rhythm disturbances in AN, examining behavioural, endocrine, and genetic aspects. It will also discuss the potential implications of these findings for improving diagnosis and therapy.

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Subcontribution 19003 to Session ID 5917
Day 3 - 01.07.2025, 08:00 - 08:15, Bruxelles

# Circadian rhythm disruptions in starved mice associated with glial cell changes in the suprachiasmatic nucleus

T18 - Eating disorders

Abstract:
Glial cells in the suprachiasmatic nucleus (SCN), the brain's central circadian pacemaker, play a role in regulating circadian rhythms. We propose that circadian rhythm disruption in AN is linked to alterations in glial cells within the SCN. In the starvation-induced hyperactivity (SIH) mouse model, mice had free access to a running wheel and a restricted daily food intake until a 25% reduction in body weight was achieved. This weight loss was maintained for two weeks, followed by a refeeding phase. Circadian rhythms were analyzed using the cosinor method, while gene expression was measured via real-time polymerase chain reaction. Immunohistochemistry was used to quantify astrocytes, microglia, and oligodendrocytes in the SCN. Starvation led to circadian rhythm disruptions, as indicated by altered cosinor parameters. These disruptions were reversed during the refeeding phase. Starvation increased Cry1 expression and decreased the density of astrocytes and oligodendrocytes in the SCN. Starvation-induced circadian rhythm disruptions are accompanied by molecular and cellular changes in the hypothalamus. The observed reduction in astrocytes and oligodendrocytes in the SCN of the SIH mouse model suggests that glial cell dysfunction contributes to circadian rhythm disturbances in AN.

Authors:
**Presenter,** Dr. Linda Frintrop Rostock University Medical Center

Subcontribution 19004 to Session ID 5917
Day 3 - 01.07.2025, 08:15 - 08:30, Bruxelles

# Sleep and circadian rhythmicity in the context of a drug treatment trial with Leptin in an adolescent patient

T18 - Eating disorders

Abstract:
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Authors:
**Presenter,** Dr. Alexander Dück Rostock University Medical Center

Symposium 19904 to Session ID 5983
Day 3 - 01.07.2025, 07:30 - 08:45, Boston

Oral Session: School
T35 - School based intervention

Abstract:

Authors:

Subcontribution 17526 to Session ID 5983
Day 3 - 01.07.2025, 07:30 - 07:45, Boston

Anxious school refusal in adolescents: a phase 2 trial assessing the efficacy of a cognitive and behavioral therapy (CBT) day hospital program.
T35 - School based intervention

Abstract:
Aims
Anxious school refusal is a common disorder which concerns an increasing number of adolescents who are, at worse, completely absent from school. Treatment methods are not yet clearly established, often relying on long-term full-time hospitalisation. We aimed at assessing the efficacy of CBT on patients experiencing school dropout with anxiety-related symptoms.
Methods
We implemented a phase 2 A'Hern clinicial trial in 4 centers in the south of France, including 3 without CBT experience. The intervention consisted of CBT and schooling sessions during day hospitalization, for an average of 6 weeks.
The primary endpoint was the actual return to school (attendance > 80% from September to December) at the following school year. Secondary endpoints included changes in anxiety symptoms.
Results
66 patients, of which 70% were female with a mean age of 13,2 years (SD 1,2) were included between 2020 and 2024. They were completely absent from school for an average of 8 weeks. Their mean anxiety grading at baseline using the RCMAS and MASC scales were 22,45 (SD: 6,47) and 71,48 (SD: 21,74).
Overall, 53.1% of participants resumed effective school attendance the following year, meeting the predefined minimal efficacy criteria of 30% ($p < 0.01$). The anxiety scores significantly decreased between baseline and at the end of the program, 6 and 12 months of follow-up ($p < 0, 001$).
Conclusion
A CBT intervention with schooling during day hospitalisation is effective among adolescents with severe anxious school disorders, including those in centers where CBT was not implemented before the trial.

Authors:
**Presenter,** Dr. Helene Denis University hospital Montpellier France

Subcontribution 17593 to Session ID 5983
Day 3 - 01.07.2025, 07:45 - 08:00, Boston

# GROUP INTERVENTIONS FOLLOWING CRITICAL INCIDENTS IN SCHOOLS- EXPERIENCES FROM BOSNIA AND HERZEGOVINA

T35 - School based intervention

Abstract:
Aims: After exposure to a critical event which affected many school children which was included the possible or actual loss of persons, things or values, it is necessary to provide immediate psychological “first aid” intervention for stabilization of their cognitive, social and emotional reactions.
Methods: School-based crisis intervention was consisted of group interventions for children, their parents and teachers in first 72 hours after the incident. Group setting should be organized at the safe place. The group intervention include seven stages of the summarized psychological trauma focused integration: introduction, facts, thoughts, the most difficult detail, signs of stress and trauma, teaching technics of copping, closing the process and ending the group, offering the possibility for continuing psychological support. Three goals of group interventions were: 1. to let the expression of anxiety, listening empathically, teaching the basic reactions on trauma and the course for recovery, 2. to strengthen the group cohesion, 3. to give some answer at questions that bother them (ex. insecurity)
Results: Crisis intervention groups after the school shooting in Tuzla area (Bosnia and Herzegovina) were provided for 128 individuals by seven mental health professionals: 74 school children, 23 teachers and 31 parents through seven group sessions during first three days after the incident, and three meetings in the next two weeks. Participants showed reduction of stress symptoms and improvement of psychological equilibrium.
Conclusion: Structured group trauma focussed interventions could help in recovery of the mass traumatic life threatening situation which affects school children, their parents and teachers

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Samir Hadzic Mental Health Care Centre, Community Health Centre Lukavac

Subcontribution 18769 to Session ID 5983
Day 3 - 01.07.2025, 08:00 - 08:15, Boston

# Comparison of the clinical profiles of an adolescent population with or without school drop-out assessed in an expert assessment centre for anxiety disorders.

T35 - School based intervention

Abstract:
Aim. The population of adolescents with school refusal is little studied in France despite the consequences for their development. The aim of this study was to describe the adolescents admitted for assessment of anxiety disorders with or without total school refusal and to compare their clinical profiles. Method.We are currently evaluating young people aged 11 to 18 at the Salvator Hospital (Assistance Publique des Hôpitaux de Marseille) expert disorder centre. Since September 2024, we have already included 16 adolescents (Female = 50%, Mean (SD) Age = 14.63 (1,31) years). At the time of the evaluation, 10 of them had completely dropped out of school (Mean(SD) total dropout= 6.2 (5,13)months). We assessed the different diagnoses of anxiety disorders and associated comorbidities (i.e. depression, learning disorders, neurodevelopmental disorders), severity of depression, severity of anxiety disorders and level of autonomy and adaptation using self and hetero questionnaires. Finally, we will use statistics to compare these symptoms with school drop-out. Results. We expect that patients who are completely unschooled at the time of their assessment will have more severe anxiety-depressive symptoms, more comorbidities, and a lower level of adaptation than those who are partially or completely schooled. We will discuss the different types of treatment offered (i.e. partial hospitalization, individual cognitive-behavioural therapy (CBT), group CBT, family treatment).

Authors:
**Presenter,** Chloé Jover Hôpital Universitaire Sud Marseille
**Presenter** Priscillia Averous Hôpital Universitaire Sud Marseille

Subcontribution 19382 to Session ID 5983
Day 3 - 01.07.2025, 08:15 - 08:30, Boston

Mental Health Teams in Schools and Youth Centers
T35 - School based intervention

Abstract:
The City of Vienna is relying on new and innovative services in the psychiatric care of children and young people, which are primarily based on the principle of low-threshold access. The aim of psychosocial services in the everyday reality of children and young people is a quickly connection to the regional psychiatric care system when necessary and to remove any fear of seeking help.
Clinical psychologists from the Vienna Psychosocial Services are continuously on site in both schools and youth centers and offer the following services, which can be used voluntarily, anonymously and free of charge: crisis intervention and relief talks; advice and placement in the treatment system, prevention in the area of mental illness / health and addiction prevention, psychoeducation and destigmatization, environment management, early detection and developmental diagnostics in schools.
The goals are to provide daily and rapid relief to the systems through direct intervention in crises, to ensure low-threshold access to the health system (if required), prevention, early detection and inclusion, and to increase mental health literacy among employees, children and young people, and guardians.
The effectiveness and strength of the project is reflected in the evaluation results of the first twelve months. The research design combines qualitative and quantitative methods, which became visible on three levels (micro level: young people's level/meso level: employees of youth centers/schools and macro level: support landscape of the City of Vienna).
The scientific monitoring of the projects should test the hypothesis that the continuous presence of clinical psychologists has an impact on the psychological well-being of children and young people and that a relief effect is noticeable.
The lecture will address the following research questions and results, among others: What influence does clinical psychology have on children and young people and on employees? To what extent can the profession of clinical psychology support children and young people and provide helpful strategies for motivation, use and further connection when needed and for solving problems? Which methods and forms of assistance are experienced as empowering? To what extent does the service affect the use of the existing resources of the psychosocial care landscape in Vienna?

Authors:
**Presenter,** Dr. Patrick Frottier PSD Vienna
Susanne Schmiedhuber PSD Vienna
Dr. Karoline Benedikt PSD Vienna

Subcontribution 19422 to Session ID 5983
Day 3 - 01.07.2025, 08:30 - 08:45, Boston

Changes in anxiety among Finnish adolescents between 2013 and 2023 – effects of the COVID-19 pandemic and characteristics of a resilient school
T35 - School based intervention

Abstract:
Aims. The COVID-19 pandemic affected adolescent mental health, while the role of school level factors in this effect has studied less. Our aim is to investigate the trend and pandemic-related changes in adolescent anxiety symptoms in 2013–2023 and characteristics that identify the most resilient schools.
Methods. We use data from the Finnish nationwide School Health Promotion (SHP) study with 911 lower secondary schools between 2013 and 2023 with 490364 participants (50.2% girls; mean age 15.4). Anxiety was measured with Generalized Anxiety Scale-7 (GAD-7). School level factors will include school size, personnel resources, and measures of school climate (data currently under preparation). Analyses are done with linear mixed models.
Results. Linear trend of anxiety symptoms was slightly increasing before the pandemic (coefficient = 0.06, $p < 0.001$). Against this trend, the pandemic effect (year 2021) on anxiety levels was strong (1.06, $p < 0.001$), with no signs of recovery in 2023 (1.05, $p < 0.001$). Girls and older adolescents reported higher levels of anxiety ($p < 0.001$). In aggregated year by year analyses schools indicated great variability in anxiety levels, while considering the whole study period, variance of anxiety symptoms attributable to school level seemed small, albeit significant ($p < 0.001$). In the presentation characteristics of the most resilient schools in the face the pandemic and recovery thereafter will be presented.
Conclusions. Results indicate no recovery in adolescent anxiety after the pandemic. Preliminary results suggest only modest role for the school-related factors to tackle temporal changes in adolescent anxiety.

Authors:
**Presenter,** Olli Kiviruusu Finnish Institute for Health and Welfare
Dr. Sebastian Therman Finnish Institute for Health and Welfare
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Symposium 18785 to Session ID 6013
Day 3 - 01.07.2025, 09:00 - 10:30, Schweitzer

Beyond sleeping bad or well
T47 - Prevention & intervention

Abstract:
In everyday clinical practice, we often encounter children and adolescents who suffer from disturbed sleep, alongside the others symptoms of mental disorders. Treating mental illnesses, such as Attention Deficit Hyperactivity Disorder (ADHD) or Major Depressive Disorder (MDD) are usually prioritized in therapy on the premise that this will also improve sleep problems. Since sleep has been shown to be bi-directionally related to mood and memory processes, this symposium shifts the focus to sleep and insomnia as a potential first or equivalent target for intervention. The symposium will cover key topics in the field, including genetic vulnerabilities to insomnia, electroencephalographic markers of brain activity during sleep, and the effectiveness of cognitive behavioral therapy (CBT) to treat insomnia in children and adolescents. Dr. Miriam Gerstenberg and Prof. Leila Tarokh will chair the session and identify the relevance of the findings for future research and clinical implications. They will promote discussions to see whether current findings point to effects "beyond sleeping bad or well" such as whether treating sleep difficulties further alleviates mental distress or enhances therapeutic efficacy. The first speaker, Dr. Desana Kocevska will present data from a large longitudinal data set which highlights the associations between polygenetic risk scores for insomnia with sleep patterns from early childhood to adolescence. Then, Prof. Leila Tarokh will focus on sleep neurophysiology, specifically investigating slow wave activity, a key marker of deep sleep, across a longitudinal sleep data set of adolescents with MDD and healthy controls. Building upon the previous talk, Maria E. Dimitriades will present data on the temporal dynamics of sleep oscillations across the night – a process critical to protecting and regulating key sleep functions. She will present initial findings on patterns and disruptions to this timing in adolescents affected by schizophrenia. With the presentation of Lena Keuppens, the session will shift to therapeutic interventions addressing insomnia. She will present novel data on the effectiveness of a CBT targeted to treat sleep problems in adolescents with ADHD. Finally, Prof. Susanna Jernelöv will complete the session providing detailed information on feasibility and effectiveness of face-to face and internet-delivered formats of CBT to treat insomnia in children and adolescents with and without concurrent mental disorders.

Authors:
**Chair** Dr. Miriam Gerstenberg University Zurich, Psychiatric University Hospital Zurich
**Co-chair** Prof. Leila Tarokh University of Bern

Subcontribution 18794 to Session ID 6013
Day 3 - 01.07.2025, 09:00 - 09:15, Schweitzer

A polygenic risk study of sleep patterns in the general pediatric population
T47 - Prevention & intervention

Abstract:
Genome-wide association studies (GWAS) have identified genetic variants involved in insomnia and sleep duration in adults, but it is unknown whether these variants affect sleep during early development. We assessed associations of polygenic risk scores for insomnia (PRS-I) and sleep duration (PRS-SD) with sleep patterns from early childhood to adolescence.
We included 2,458 children of European ancestry (51% girls). Insomnia-related items of the Child Behavior Checklist were reported by mothers at child's age 1.5, 3, and 6 years. At 10-15 years, the Sleep Disturbance Scale for Children and actigraphy were assessed in a subsample (N = 975). Standardized PRS-I and PRS-SD (higher scores indicate genetic susceptibility for insomnia and longer sleep duration, respectively) were computed at multiple p-value thresholds based on largest GWAS to date.
Children with higher PRS-I had more insomnia-related sleep problems between 1.5 and 15 years (BPRS-I < 0.001 = 0.09, 95% CI: 0.05; 0.14). PRS-SD was not associated with mother-reported sleep problems. A higher PRS-SD was weakly associated with longer actigraphically estimated sleep duration (B PRS-SD < 5e08 = 0.05, 95% CI: 0.001; 0.09) and more wake after sleep onset (B PRS-SD < 0.005 = 0.25, 95% CI: 0.04; 0.47) at 10-15 years.
Children who are genetically predisposed to insomnia have more insomnia-like sleep problems, whereas those who are genetically predisposed to longer sleep have longer sleep duration, but are also more awake during the night in adolescence. Polygenic risk for sleep traits, based on GWAS in adults, affects sleep already in children.

Authors:
**Presenter,** Dr. Desana Kocevska Erasmus MC University Medical Center
Annemarie I. Luik Erasmus MC University Medical Center
Prof. Henning Tiemeier Harvard TH Chan School of Public Health
Prof. Eus J.W. van Someren Netherlands Institute for Neuroscience

Subcontribution 18799 to Session ID 6013
Day 3 - 01.07.2025, 09:15 - 09:30, Schweitzer

# Sleep Neurophysiology and Behavior in Adolescent Major Depressive Disorder: Insights from a year-long longitudinal study

T47 - Prevention & intervention

Abstract:
Depression is a leading cause of illness and disability among adolescents, with one in five experiencing a major depressive episode by age 18. Sleep disturbances, a core feature of major depressive disorder (MDD), have been extensively studied for their role in the neurobiology of depression. However, findings have been inconsistent, likely due to differences in participant age, medication status, and depression severity. Our study aims to address these inconsistencies by examining sleep patterns in medication-free adolescents aged 14 to 16 (mean = 15.5; SD = 1.1) years with moderate to severe depression (n = 35), as well as in age- and sex-matched healthy controls (n = 35). Using longitudinal assessments one year apart and high-density sleep EEG, we aim to differentiate state versus trait features of depression, map topographical oscillatory changes, and focus on a narrow age range in both males and females. We find that adolescents with MDD exhibit less slow wave activity (SWA) over two frontal-central ele

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**Presenter** Prof. Leila Tarokh University of Bern, Translational Research Center

Subcontribution 18806 to Session ID 6013
Day 3 - 01.07.2025, 09:30 - 09:45, Schweitzer

# It’s all about the timing: The infraslow fluctuation of sigma power during sleep in adolescents with schizophrenia compared to healthy controls

T47 - Prevention & intervention

Abstract:
Emerging evidence suggests that sleep creates periods of environmental awareness and periods protected for memory reactivation. But what if these periods are absent or disrupted? This project aims to investigate if individuals with schizophrenia show irregularities in the timing of these periods, potentially leading to the reduced benefits from sleep often reported. The infraslow fluctuation in sigma power (ISFS), reflecting sleep spindle activity, can be used as a readout of these periods and is generated by locus coeruleus activity as shown by rodent studies. The presence and relationship with markers of arousal and memory reactivation was recently extended to the human population, specifically across development. As individuals with schizophrenia show a reduction in sleep spindles and sleep-dependent memory processes, impaired sleep maintenance, and locus coeruleus dysfunction, it is hypothesized that they exhibit irregular timing of sleep spindles. To investigate this, sleep electroencephalographic data w

Authors:
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Subcontribution 18813 to Session ID 6013
Day 3 - 01.07.2025, 09:45 - 10:00, Schweitzer

Effectiveness of SIESTA, a cognitive-behavioral sleep intervention for adolescents with ADHD: A randomized controlled trial
T47 - Prevention & intervention

Abstract:
Aim
This randomized controlled trial investigates the effectiveness of a newly developed CBT sleep intervention specifically for adolescents with ADHD – Sleep IntervEntion as Symptom Treatment for ADHD (SIESTA). SIESTA consists of 7 weekly sessions with adolescents and 2 caregiver sessions, and includes psychoeducation about sleep, adequate sleep hygiene practices, planning and organization, and relaxation techniques.
Method
Ninety-two adolescents (mean age = 14.36, SD = 1.43, 47% males) with ADHD and sleep problems were randomized to receive SIESTA next to their treatment as usual for ADHD (TAU) or TAU only. Adolescent and caregiver ratings, actigraphy and sleep diaries, were collected at pre-test, directly after the intervention (post-test), and at 4 months follow-up. A linear mixed effects model was used with an intent-to-treat approach.
Results
Preliminary analyses show that compared to TAU, those who received SIESTA significantly improved from pre-test to post-test on sleep hygiene ($p < .001$, $\eta_p^2 = .$

Authors:
**Presenter,** Dr. Lena Keuppens KU Leuven
Finja Marten KU Leuven
Prof. Dieter Baeyens KU Leuven
Prof. Bianca E. Boyer Leiden University
Annelore Roose KU Leuven
Prof. Stephen P. Becker University of Cincinnati College of Medicine
Prof. Dr. Marina Danckaerts KU Leuven
Prof. Saskia Van der Oord KU Leuven

Subcontribution 18828 to Session ID 6013
Day 3 - 01.07.2025, 10:00 - 10:15, Schweitzer

Cognitive behavioural therapy for insomnia in children and adolescents – face-to-face and internet-delivered treatment formats
T47 - Prevention & intervention

Abstract:
Background: Insomnia is highly prevalent among both adolescents and school children, significantly impacting their daily functioning and mental health. Cognitive behaviour therapy for insomnia (CBT-I) is first choice for treating insomnia in adults, and an increasing number of studies also investigate CBT-I as the adequate treatment for children and adolescents. Face-to-face treatment is considered state-of-the-art, and an online format is appealing to increase access and ensure continuity of care when face-to-face treatment is not feasible or preferred.
Methods: We will summarize data from studies using different formats to treat insomnia and present data from studies evaluating the feasibility and preliminary efficacy of face-to-face treatment in paediatric and adolescent secondary care, and internet-delivered CBT-I (iCBT-I) in school children and adolescents. Feasibility is assessed through recruitment data, adherence to treatment, treatment activity, satisfaction, and credibility. Insomnia symptoms, sle

Authors:
**Presenter,** Prof. Susanna Jernelöv Karolinska Institutet
Prof. Angelika Schlarb Bielefeld University

Symposium 19129 to Session ID 5884
Day 3 - 01.07.2025, 09:00 - 10:30, Cassin

A joint ESCAP - WHO symposium on quality of care in child mental health
T48 - Public Health and Organisation of CAP Services

Abstract:
At present, vast differences are noticed between European countries in how child mental health is organized and practiced. For example, while some countries stimulate outpatient and outreach care, others continue to rely on inpatient interventions. Likewise, substantial differences exist in how patients and parents have a voice in their own treatment. Between country differences are not surprising, since national standards of mental health care are often lacking or cross- nationally diverse.
Over the last years, driven by undesirable differences in mental health practices between countries, often leading to unwanted practices, WHO has emphasized the adoption of a human rights based approach in mental health care. It is believed that quality of mental health care will improve when patients and their relatives are empowered and given voice. In line with this, WHO has recently launched the Quality of Care Standards. The core of these standards involve issues such as participation and empowerment, family and community engagement, smooth transitions and competent and appropriate staff.
The main aim of this session is to reflect on quality of care cross-nationally, and how WHO and ESCAP contribute to improving child mental health standards. In this joint WHO – ESCAP Policy Division session, some short presentations will be given, followed by a discussion with a panel the participants. The main theme of the discussion will be on country specific experiences with quality of care standards, and the facilitating and hindering factors related to implementing the WHO standards.

Authors:
Prof. Dr. Robert Vermeiren Curium-Leiden University Medical Centre
Prof. Dr. Jörg Fegert

Subcontribution 19131 to Session ID 5884
Day 3 - 01.07.2025, 09:00 - 09:15, Cassin

The development of quality of care standards by WHO
T48 - Public Health and Organisation of CAP Services

Abstract:
At the first meeting of the WHO Pan-European Mental Health Coalition (including Member State representatives) in May 2022, improving the quality of mental health care for children, adolescent and young people was highlighted as a key priority, with requests for tools to measure and standardize this care across the Region. This priority is aligned with objectives under the WHO European Framework for Action on Mental Health, and the workstream to improve quality of child and adolescent mental health care which is co-led by WHO Athens Office on Quality of Care and WHO European Mental Health Flagship, supported by the Government of the Hellenic Republic.
A comprehensive process was taken to co-create the standards which ensured participation from young people, caregivers, service providers and the general public. The WHO European Quality Standards for Child and Youth Mental Health Care were launched in March 2025, and an initial pilot of the quality standards has taken place since September 2024, to tailor implementation support.
In this session, the speaker will introduce the background and methods to develop the quality standards, the quality standards themselves, initial findings from the pilot of the quality standards and set the scene for a discussion on their implementation with the audience.

Authors:
**Presenter,** Jennifer Hall WHO

Subcontribution 19132 to Session ID 5884
Day 3 - 01.07.2025, 09:15 - 09:30, Cassin

The ESCAP Policy Division: quality of care is core
T48 - Public Health and Organisation of CAP Services

Abstract:
The increase in number and severity of mental health problems puts a large burden on children and families, as well as the society as a whole, mental health professionals and services. As this undeniably is a societal phenomenon that cannot be solved in the consultation room, involvement with matters of public health policy is increasingly important. Therefore, mental health professionals, practitioners and scientists alike, need to focus on factors that have created and sustain this undesirable situation.
Further, several other societal and policy issues need our attention, many of which we are dealing with in the Policy Division of the ESCAP. Worth mentioning are the controversy surrounding the increase of transgender youth, cross- country differences in coercion and restraint, and issues related to quality of care. A core issue further relates to the involvement of youth with own mental health experiences in their past (lived experience) in the treatment of youths with mental health problems.
In this session, the presenter will explain about the tasks and the current goals of the ESCAP policy division, related to previous mentioned issues. The core theme will be on improving the quality of care and thus the future of our children.

Authors:
**Presenter,** Prof. Dr. Robert Vermeiren LUMC Curium

Subcontribution 19133 to Session ID 5884
Day 3 - 01.07.2025, 09:30 - 09:45, Cassin

A debate on the implementation of quality of care standards
T48 - Public Health and Organisation of CAP Services

Abstract:
Members of the panel will be asked to present pitches about their impression of the quality of care standards. One pitch will begiven from the perspective of experts by experience (Kaylee van Tilburg and Carolijn de Beer) and one from a colleague psychiatrist who participated in the development of the quality of care standards (Anne Marie Råberg Christensen).
Following the presentation and the pitches, a debate will be held on the implementation of quality of care standards (across Europe). Focus will be on the actual situation in relation to quality standards, and what is needed for implementation, what are the facilitating and hindering factors.
Participants in the debate will be:
- Jennifer Hall, WHO
- Jörg Fegert, ESCAP president
- Robert Vermeiren, Co-Chair of the ESCAP Policy Division
- Benedetto Vitello, psychiatrist
- Anne Marie Råberg Christensen, child psychiatrist
- Carolijn de Beer, researcher
- Kaylee van Tilburg, expert by expertise

Participants will be actively involved in the discussion.

Authors:
**Presenter,** Prof. Dr. Jörg Fegert

Symposium 19645 to Session ID 5753
Day 3 - 01.07.2025, 09:00 - 10:30, Curie A

Roundtable: How will child psychiatry be organised in 2025-2050?

Abstract:
Bruno FALISSARD : Pédopsychiatre, professeur de santé publique à l'université Paris-Sud, directeur du CESP (centre de recherche en épidémiologie et santé des populations)
Louise-Emilie DUMAS, Pédopsychiatre, Hôpital Pédiatrique – Fondation Lenval, SUPEA, Nice - Coordination netionale pédopsychiatrique de l'association des jeunes psychiatres et jeunes addictologues (AJPJA)En 2024-2025 la SFPEADA a mené un travail visant à penser une restructuration du système de soins pédopsychiatriques français pour le second quart du XXIe siècle. Ce travail a consisté en l'analyse thématique de 14 entretiens réalisés auprès de professionnels variés et d'acteurs concernés, aboutissant à 356 codes organisés en 53 sous-thèmes regroupés en 5 grandes catégories : Territoires, Accessibilité, Structures, Soins et Administration. Des propositions en ont été tirées visant à mieux structurer, coordonner et rendre accessible le système de soins pédopsychiatriques français, tout en adaptant l'offre à la diversité des besoins et aux réalités locales. Ces propositions seront présentées et débattues.

Authors:
**Presenter, Chair** Prof. Dr. Jean-Philippe Raynaud Toulouse University Hospital

Symposium 18865 to Session ID 5997
Day 3 - 01.07.2025, 09:00 - 10:30, Curie B

Supporting Youth Affected by Parental Mental Illness: Insights into Risks, Needs, and Interventions
T47 - Prevention & intervention

Abstract:
Parental mental illness profoundly impacts family dynamics, child development, and the well-being of young carers, highlighting the need for family-focused research and interventions. This symposium integrates findings from observational studies, longitudinal research, and intervention evaluations to address these challenges.
Presentation 1 examines family dynamics in families with parental schizophrenia, bipolar disorder, and depression. Data from the Danish VIA-cohort and VIA Family studies highlight communication challenges and the importance of family-based interventions to support child development.
Presentation 2 investigates parental expressed emotion (criticism and overinvolvement) and its longitudinal association with child psychopathology. Results show parental criticism significantly increases child psychopathology risks, emphasizing the need for early intervention targeting emotional attitudes.
Presentation 3 compares the well-being of young carers to non-carers of parents with a mental illness. Young carers face higher rates of mental health and learning challenges, underlining the need for tailored support to reduce caregiving burdens.
Presentation 4 explores parents' unmet needs in mental health services, finding a lack of acknowledgment of parenting roles and widespread feelings of isolation. These findings underscore the need for family-centered preventive practices.
Presentation 5 evaluates the long-term effects of the VIA Family preventive intervention. While no significant differences were found compared to usual care, the results highlight the complexity of achieving impacts and the need to refine programs for high-risk families.
This symposium provides critical insights to enhance family-centered mental health practices and interventions.

Authors:
**Chair** Prof. Geneviève Piché Universite du Quebec en Outaouais

Subcontribution 18867 to Session ID 5997
Day 3 - 01.07.2025, 09:00 - 09:15, Curie B

Family dynamics in families with parental mental illness
T47 - Prevention & intervention

Abstract:
Aim:
When a parent has a mental illness, family dynamics, communication and emotional environment are often influenced by consequences of the mental health problems. This may lead to high levels of conflict, stress and emotional unpredictable atmosphere in the family.
Methods
In the Danish High Risk and Resilience Study, the VIA-cohort, this was assessed with the FAD questionnaire (Family Assessment Device, N=431), which was also used in the pilot intervention study VIA Family (Gjøde et al, 2024, N=95). While the families in the cohort study were only part of an observational study, the VIA Family study comprised families motivated for help and support in terms of living with a mental illness. For both studies higher scores, indicating more problems with family dynamics and communication in families with parental schizophrenia, bipolar disorder and depression was found (parental depression was only the Via Family study) compared to the control group (only the VIA cohort).
Results and conclusion
Since we know that family dynamics are very important for a child's healthy development, we suggest that this is an important area for intervention and potential prevention. In the VIA Family 2.0, a large RCT for children of all ages 0-17, a multidisciplinary team provides parental training and family-based psychoeducation for these families in order to test the effects on FAD. The RCT is ongoing, a status will be provided.

Authors:
**Presenter,** Prof. Anne Amalie Elgaard Thorup
Dr. Nicoline Hemager
Prof. Dr. Merete Nordentoft
Dr. Aja Neergaard Greve
Ida Gjøde
Dr. Anne Dorothee Müller

Subcontribution 19352 to Session ID 5997
Day 3 - 01.07.2025, 09:15 - 09:30, Curie B

# Parental expressed emotion and its cross-sectional and longitudinal association with child dimensional psychopathology in children at familial high risk of schizophrenia or bipolar disorder: The Danish High Risk and Resilience Study

T47 - Prevention & intervention

Abstract:
Aims: We aimed to investigate associations between parental expressed emotion (i.e., criticism and emotional overinvolvement) (EE) at child's age 11 and child dimensional psychopathology at ages 11 and 15 in children at familial high-risk of schizophrenia (FHR-SZ; N=160) or bipolar disorder (FHR-BP; N=100) and population-based controls (PBC; N=166).
Methods: EE was assessed with the Five-Minute Speech Sample when the children were 11 years old. Child dimensional psychopathology was assessed with the Child Behavior Checklist School-Age Version at ages 11 and 15 completed by the primary caregiver.
Results and Conclusions: Preliminary results indicate that high parental criticism was associated with elevated levels of child psychopathology, and this association persisted over four years. No significant associations were found between emotional overinvolvement and child psychopathology; however, more positive remarks were associated with fewer behavior problems, and this remained over four years. Analyses of interaction with familial high-risk are in progress, and results will be presented at the conference.
The link between high criticism and more severe psychopathology in children at FHR-SZ or FHR-BP and PBC at age 11 highlights that emotional attitudes could be an important area for future early intervention studies. The persistence of these associations after four years further emphasizes the potential long-term impact of parental criticism and positive remarks on child mental health outcomes.

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Subcontribution 18874 to Session ID 5997
Day 3 - 01.07.2025, 09:30 - 09:45, Curie B

# Comparing the Well-Being and Challenges of Young Adults Caring for a Parent with Mental Illness Versus Non-Carers

T47 - Prevention & intervention

Abstract:
Aims. Young adults with a parent affected by mental illness represent a particularly vulnerable group, facing increased risks in physical health, academic performance, socio-emotional development, and mental health. These individuals are also at greater risk of taking on caregiving responsibilities, such as providing emotional support to their parent, assisting with medication management, or caring for siblings. While research has highlighted the challenges of being a young carer, limited studies have compared the well-being, psychological distress, and academic outcomes of young adults who actively assume caregiving roles with those who do not.
Methods. This study analyzed data from the ESPQ survey, involving 109 young adults aged 18-30 years. Participants completed an online questionnaire assessing their socio-demographic, academic, mental health, and well-being characteristics, as well as the nature and extent of care provided to their parent. Chi-square tests, analyses of variance (ANOVA), and post-hoc analyses were conducted using SPSS.
Results and conclusion. Results show that young carers of parents with a mental illness were not at a higher risk of interrupting their studies but were significantly more likely to experience mental health issues or learning disorders (e.g., dyslexia, ADHD). They also reported discussing their parent's difficulties significantly more often with them. These findings highlight the importance of targeted support for young carers to mitigate the mental health and educational challenges associated with caregiving responsibilities.

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Subcontribution 18876 to Session ID 5997
Day 3 - 01.07.2025, 09:45 - 10:00, Curie B

Bridging the Gap: Exploring Parents' Experiences and Unmet Needs in Mental Health Services
T47 - Prevention & intervention

Abstract:
Aims. Parenthood involves profound physical, psychological, and social changes, which can be especially challenging for individuals affected by mental illness. Effective strategies to support parents' mental health require thoughtful integration across perinatal, primary care, and mental health services. This study investigates parents' experiences with mental health services, focusing on the support they received and their unmet needs.
Methods. Twelve parents who had accessed mental health services in the past 18 months participated in semi-structured interviews. Data were analyzed thematically using NVIVO software to identify key patterns and insights.
Results and Conclusions.
Parents reported that professionals rarely addressed their parenting role beyond assessing child safety, which led to frustration and feelings of being undervalued. While most parents were not concerned about their parenting abilities or their children's immediate well-being, many expressed worries about the long-term possibility of their children developing similar mental health challenges.
Participants generally believed their children were unaware of their mental illness and avoided discussing their condition directly. Parents also described feeling deeply isolated, often perceiving their mental health as "their own problem to deal with" rather than a shared family issue. This perception was amplified by professionals' focus on individual treatment, with limited engagement in the broader family context. The findings underline an important opportunity to strengthen the development of mental health professionals in child and family-focused knowledge and practice.

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Subcontribution 18878 to Session ID 5997
Day 3 - 01.07.2025, 10:00 - 10:15, Curie B

Long-Term Effects of a Preventive Intervention for Families with Parental Severe Mental Illness – A 3-Years RCT Follow-Up
T47 - Prevention & intervention

Abstract:
Background & Aims: This study evaluated the long-term effects of a family-based preventive intervention (the VIA Family intervention) on children with familial risk for severe mental illness. We hypothesized that families participating in the experimental intervention would have better outcomes three years after end of-intervention compared with those, who received treatment as usual (TAU).
Methods: This study is a follow-up to a randomized two-armed trial comparing a family-based intervention with usual care. Participants were families with children aged 6-12 years at inclusion and at least one biological parent having or having had a severe mental illness. The intervention group received a multicomponent, yet flexible intervention tailored to family needs, which included parenting support, psychoeducation, and case management. The primary outcome was children's mental health (Strengths and Difficulties Questionnaire, SDQ), with secondary outcomes covering child global functioning and levels of support and stimulation in the home environment. Mixed models were used for analysis.
Results: At follow-up, i.e., three years after end-of-treatment, 65 out of 95 families (68% retention) participated, including 77 children. No significant differences emerged between intervention and TAU groups for primary or secondary outcomes. The mean SDQ difference was -0.23 (95% CI: -3.11 to 2.66), indicating no measurable long-term impact of the intervention on child mental health. Global functioning and home environment quality showed similarly non-significant results.
Conclusions: Our findings highlight the challenges of achieving impacts with selective preventive interventions for families with high-risk children and emphasize the need for further research to optimize family-based programs for high-risk populations.

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Symposium 19711 to Session ID 5943
Day 3 - 01.07.2025, 09:00 - 10:30, Varsovie

WorkshopTreatment of Selective Mutism: The parent-child-interaction therapy for selective mutism (PCIT-SM)
T03 - Anxiety disorders

Abstract:

Authors:

Subcontribution 16363 to Session ID 5943
Day 3 - 01.07.2025, 09:00 - 10:30, Varsovie

Treatment of Selective Mutism: The parent-child-interaction therapy for selective mutism (PCIT-SM)
T03 - Anxiety disorders

Abstract:
Selective Mutism (SM) is an anxiety disorder characterized by the failure to speek in certain and predictable social situations while speeking is unimpaired in other situations. The disorder occurs with a prevalence of at least 1% in children and adolescents and it is associated with significant educational and social impairment. Despite of the high prevalence which is comparable to other mental disorders in children e.g. autism spectrum disorder, the disorder frequently remains underdiagnosed and undertreated. The current workshop will provide valuable insights into current research results about the disorder and it´s translation into clinical practice. Evidence based approaches of cognitive-behavioral treatments will be introduced with an emphasis on Parent-Child-Interaction Therapy for Selective Mutism (PCIT-SM). This approach is currently the one with the highest effect sizes in scientific studies. During the workshop practical exercises will be carried out in small groups to familiarize participants with the methods of PCIT-SM. Also, other important techniques will be presented and practiced. Finally, in addition to treatment in an individual setting, an intensive group approach will be introduced. In order to participate in the practical exercises, participants are kindly asked to bring colored pencils and paper.

Authors:
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Symposium 19040 to Session ID 5925
Day 3 - 01.07.2025, 09:00 - 10:30, Luxembourg

# Improving the evidence-base of clinical care in ADHD

T08 - ADHD

Abstract:
The European Network for Hyperkinetic Disorders (EUNETHYDIS) is a collaborative network of clinical and basic science researchers committed to advancing high-quality research on Attention-Deficit/Hyperactivity Disorder (ADHD) and its broader societal implications. A key initiative within this network is the European ADHD Guidelines Group (EAGG), which provides evidence-based clinical recommendations. The EAGG utilises rigorous scientific knowledge to support decision-makers, practitioners, and service users in making informed judgements to enhance the management of individuals with ADHD.
This symposium highlights recent studies that are likely to inform clinical practice. The selected presentations cover a range of topics that address diagnostic issues from the perspective of precision medicine, non-pharmacological therapeutic strategies, and organisational aspects. ADHD is a prevalent condition, and access to evidence-based care is a critical yet often overlooked issue. Our symposium will, therefore, also tackle barriers to accessing care and explore various models of healthcare trajectories in children and adolescents with ADHD. Particular emphasis is placed on recommendations for improving care trajectories for individuals of transition age.

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Subcontribution 19041 to Session ID 5925
Day 3 - 01.07.2025, 09:00 - 09:15, Luxembourg

Precision medicine in ADHD
T08 - ADHD

Abstract:
Precision medicine for Attention-Deficit/Hyperactivity Disorder (ADHD) aims to tailor diagnosis and treatment based on individual variability in genetics, environment, and clinical features. Recent research highlights its potential to enhance therapeutic outcomes by identifying biomarkers and predictive models, although significant challenges remain. This talk provides an update on biomarkers for stratification, including cognitive assessments, actigraphy, EEG, and personalised prediction models for ADHD treatment outcomes.
Precision medicine represents a transformative approach to ADHD management. However, its success depends on addressing current limitations by standardising methodologies, validating biomarkers, and refining predictive models. These efforts will be crucial for translating research into personalised care, thereby improving outcomes for individuals with ADHD.

Authors:
**Presenter,** Prof. Dr. Samuele Cortese

Subcontribution 19042 to Session ID 5925
Day 3 - 01.07.2025, 09:15 - 09:30, Luxembourg

Updates about efficacy of cognitive training and neurofeedback in ADHD
T08 - ADHD

Abstract:
Cognitive training, particularly computerized cognitive training (CCT), aims to enhance neuropsychological functions such as working memory and attention. Similarly, neurofeedback, which involves training individuals to modulate their brain activity, has been investigated for its potential therapeutic effects in ADHD. This talk will critically evaluate the efficacy of cognitive training and neurofeedback as interventions for Attention-Deficit/Hyperactivity Disorder (ADHD), based on recent meta-analyses. Available evidence does not robustly support their effectiveness in core ADHD symptom management. Until more definitive evidence is available, cognitive training and neurofeedback should not replace established, evidence-based treatments for ADHD.

Authors:
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Subcontribution 19043 to Session ID 5925
Day 3 - 01.07.2025, 09:30 - 09:45, Luxembourg

Needs of transition-aged young people with ADHD
T08 - ADHD

Abstract:
Young people with Attention-Deficit/Hyperactivity Disorder (ADHD) may encounter significant long-term challenges and are at a higher risk of developing co-occurring mental and physical health conditions in adulthood. This often results in considerable burdens for both individuals and society, which could be alleviated through ongoing support during the transition period. However, in many countries, only a small percentage of youth move to adult mental health services to receive continued care.
This talk examines current practices for transitioning ADHD patients to adult services, addressing key knowledge gaps and barriers to effective transitions. It highlights the considerable geographic variability in existing guidelines and service availability. The various aspects of the transition process are reviewed, incorporating perspectives from both service users and clinicians. Drawing on successful examples, practical recommendations for improving transitional care are presented.

Authors:
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Subcontribution 19045 to Session ID 5925
Day 3 - 01.07.2025, 09:45 - 10:00, Luxembourg

# Healthcare trajectories for children and adolescents with ADHD

T08 - ADHD

Abstract:
Healthcare trajectories for children and adolescents with ADHD are often complex and fragmented, presenting significant challenges for families, clinicians, and policymakers. Barriers to optimal care include delayed diagnosis, limited access to specialised services, inadequate coordination between paediatric and adult healthcare systems, and variability in treatment guidelines across regions. Stigma, a lack of awareness, and socioeconomic disparities hinder timely and equitable care.
Despite these obstacles, potential solutions are emerging to enhance the continuity and quality of ADHD care. Collaborative care models, which integrate primary care providers, mental health specialists, and educational systems, show promise in streamlining diagnostic and treatment processes. Early identification initiatives, supported by school-based programmes and community outreach, can improve timely access to services. Moreover, digital health tools, including telemedicine and electronic health records, facilitate monitoring, communication, and personalised treatment plans.
Incorporating service users' perspectives into care planning ensures that interventions are patient-centred and culturally sensitive.
Improving ADHD healthcare trajectories must also focus on policy changes, such as increased funding, workforce training, and standardising care guidelines. By addressing these barriers and implementing evidence-based solutions, healthcare systems can better support children and adolescents with ADHD and reduce the disorder's long-term personal and societal impact.

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Symposium 16424 to Session ID 5864
Day 3 - 01.07.2025, 09:00 - 10:30, Madrid 1

Addressing Complexity in Mental Health through five highly intensive programmes based on naturalistic approaches
T12 - Community based therapy

Abstract:
The complexity of mental health issues needs a multifaceted approach to treatment, particularly for individuals with autism, eating disorders, patients who come to the emergency room constantly because they are in crisis and youth with severe mental disorders with high psychosocial vulnerability and difficulties engaging in communitary resources. Traditional mental health interventions often fall short of addressing the diverse needs of these populations. As mental health challenges are deeply embedded in social and environmental contexts, there is a growing recognition of the importance of naturalistic approaches that prioritize individualized care within the community.
We will explore five distinct types of interventions that are designed to be implemented in natural settings. These approaches emphasize the importance of tailoring strategies to fit the unique circumstances and strengths of each individual. The first type includes an interdisciplinary integral intervention program for autistic children/adolescents, severe emotional and behavioral dysregulation and acute functional worsening, aiming to stabilize and recover the previous level of functional adaptation and to empower family/teachers to manage behavioral problem. The second addresses eating disorders through family-based therapies that engage the immediate support network. The third focuses on crisis intervention strategies in familiar environments for those with severe mental disorders, aiming to reduce stigma and promote recovery. The fourth …….
Finally (the fifth)
Further, we will discuss holistic approaches that incorporate adaptive coping strategies, as well as collaborative care models that connect mental health professionals with community resources. By highlighting these interventions, we underscores the need for adaptable, person-centered care that recognizes the intricate interplay between mental health and the environment, ultimately aiming to enhance the quality of life for individuals facing these challenges.

Authors:
**Chair** Dr. Marcela Mezzatesta Gava

Subcontribution 16425 to Session ID 5864
Day 3 - 01.07.2025, 09:00 - 09:15, Madrid 1

Design, implementation and preliminary results of a comprehensive intensive program of emotional and behavioral regulation for children with autism in a hospital context
T12 - Community based therapy

Abstract:
Among 50%-70% of the autistic infantile-juvenile population presents comorbidities with mental health problems or behavioral alterations (Kanne et al., 2011). Severe emotional and behavioral dysregulation affects the adaptation to the family and school contexts (Hartley et al., 2008).
An interdisciplinary integral intervention program for autistic children/adolescents and acute functional worsening, high interference and torpid evolution, is being evaluated. The aim is to stabilize and recover the previous level of functional adaptation and to empower family/teachers to manage behavioral problems.
Methods. Descriptive data are collected during 2018-2024. The intervention involves evidence-based practices(6 months). Specific clinical indicators are analyzed(subsample): emergency department visits, ICG, ad-hoc Strategies Questionnaire, frequency and intensity of behavioral disturbances, understanding of ASD, ABC questionnaire, Family Empowerment Scale, Parent Stress Index. A pre-post analysis was performed using t-student and Wilcoxon test to compare means and X2 for categorical variables.
Of the total sample (N=89), ($\bar{X}$age 11.3 y.o, sd 0.42); 52% had Intellectual Disability (ID); 81% male. Significant changes in caregivers after the intervention (N=25): increase in the number of strategies used (X2=28,p=0.001); understanding of ASD (X2=27;p=0.001), perception of empowerment (z=-2.3,p=0.02) and maternal stress reduction ($\bar{X}$ pre =96.2, $\bar{X}$post =73.4; p=0.045). In the child, reduction of ICG ($\bar{X}$pre=4.04,$\bar{X}$pre=1.92; p < 0.001), number of emergency room visits ($\bar{X}$pre =1.38,$\bar{X}$post=0.052; p < 0.001), number of psychotropic drugs ($\bar{X}$pre=2.64, $\bar{X}$post=2.27; p=0.004), frequency (X2=24, p=0.001) and intensity (X2 =27, p < 0.001) of behavioral problems was observed. Additionally, a decrease of ABCirritability ($\bar{X}$pre=26.9, $\bar{X}$post=18.06; p=0.002), ABCstereotypies ($\bar{X}$pre=8.03, $\bar{X}$post=5.8; p=0.01) and ABChyperactivity ($\bar{X}$pre=23.8,$\bar{X}$post;p=0.001) was noted. An increase in the number of parent strategies predicted a reduction in the number of psychotropic drugs (r2=3.007; p=0.033).
The design of the program allows to respond to the profile of patients treated in a hospital resource. The collaborative approach between caregivers and professionals promotes the transfer of active ingredients to the natural context.

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Subcontribution 17529 to Session ID 5864
Day 3 - 01.07.2025, 09:15 - 09:30, Madrid 1

# HOME TREATMENT FOR ANOREXIA NERVOSA; A NOVEL APPROACH BOTH FOR CHILDREN AND ADOLESCENTS

T12 - Community based therapy


Abstract:
Anorexia nervosa is a severe disease with high rates of relapse, chronicity and mortality.
Objective: To facilitate the transition from Hospitalization to Home by empowering families and patients with emotional, behavioral and nutritional management. To compare the differences between early-onset (younger than 13 years old) and adolescent patients
Methodology: We designed a 3-phases treatment, using the bases of the Family Based Treatment and Cognitive-Behavioral Therapy. We work from a highly nterdisciplinary approach. There are individual and group interventions both for patient and families
Phase 1: Admission onto the paediatric area (4 weeks) Somatic avaluation and stabilization. Improvement of the insight and management of the disorder
Phase 2: Home interventions (8 weeks) Generalization of the management and strategies in the natural context. Family meals, interventions over body image, academical and leisure activities
Phase 3: Community link (2 weeks) To ensure a good bond to the referral dispositive
132 patients have been included (54 younger than 13 years old) They were evaluated at two different moments (admission and at the end of phase 3), using EDI-3, ANSOCQ, BDI, STAI, and the measurement of BMI
Results: There is a statistically significant improvement in BMI, eating disorders psychopathology (EDI-3), change motivation (ANSOCQ), depression (BDI) and anxiety state (STAI) in both groups (younger and older than 13 years old). There are no significant differences between them.
Conclusion: The crisis intervention model as an alternative to hospitalization has been effective. The importance of an integrated, multidisciplinary, and community-based approach is evident in the reduction of symptoms and improvement in functioning



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Subcontribution 17530 to Session ID 5864
Day 3 - 01.07.2025, 09:30 - 09:45, Madrid 1

# Intensive, Community-Based Care Program for Children and Adolescents in Mental Health Crisis: An Alternative to Conventional Hospitalization

T12 - Community based therapy

Abstract:
Background: We present a crisis intervention model for child and adolescent mental health, focusing on suicidal behavior and related social and familial risks. Crisis situations require an integrated approach addressing contextual factors—social, familial, educational, and systemic—that often trigger and sustain the crisis.
Objective:The main objective is to achieve clinical stability and functional recovery for the child and the family. Differences in symptomatology, school and social functioning, and the use of emergency services and hospitalizations will be analyzed before and after the intervention
Methodology: An intensive 12-week program is designed, with transdisciplinary care and intervention in the natural environment (home, school, community services) to treat patients referred for admission or after a brief hospitalization due to suicidal behavior. An alternative intervention to hospitalization is offered, aiming to prevent or shorten hospitalization by minimizing associated admission risks. The team includes social work, occupational therapy, nursing, psychology, and psychiatry. The program is evaluated using the HoNOSCA (Health of the Nation Outcome Scales for Children and Adolescents), data on school attendance and use of hospital services (emergency visits and admissions) are also collected.
Results:The results are interpreted based on 72 patients. The reduction in suicidal symptomatology from 73% to 20%, and the improvement in school attendance from 45.71% to 85.71%, along with social functioning, are positive indicators. Statistically significant reduction was observed using the HoNOSCA scale, with a final score of 12.73 and a statistically significant $p < 0.001$.

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Subcontribution 17531 to Session ID 5864
Day 3 - 01.07.2025, 09:45 - 10:00, Madrid 1

# Reflections from an intensive and communitary-based program for youth with complex mental health needs supervised by the administration

T12 - Community based therapy

Abstract:
The transition to adulthood can be particularly challenging for young individuals with severe mental disorders. Upon reaching the age of 18, many of these young people find themselves without the option to return to their family homes due to various circumstances, including family instability or the inability of their families to provide the necessary support. This situation creates an urgent need for specialized housing solutions that are managed by the administration and staffed with professionals such as social educators and psychiatrists. These professionals play a crucial role in providing the necessary support and guidance to help these young adults navigate their mental health challenges. A living environment that includes a high presence of trained staff can facilitate therapeutic interventions, promote social skills, and foster independence. It also ensures that residents receive continuous monitoring and support, which is vital for their well-being and recovery. Moreover, such housing initiatives can serve as a bridge to more independent living, equipping these young individuals with the tools and resources they need to thrive in society. By investing in these specialized housing programs, we not only address the immediate needs of these vulnerable young adults but also contribute to their long-term mental health and social integration. Ultimately, creating supportive living environments is essential for empowering these individuals to lead fulfilling lives and reducing the risk of future crises.

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Subcontribution 17532 to Session ID 5864
Day 3 - 01.07.2025, 10:00 - 10:15, Madrid 1

# Complexity in Child and Adolescent Mental Health and the Transition to Adulthood: The Intervention Model of the Equipo Guía.

T12 - Community based therapy

Abstract:
The concept of complexity in mental health involves several dimensions: clinical complexity, contextual complexity, and complexity of the care network. Innovative approaches are required.
METHOD The intervention model of the Equipo Guia will be explained, and preliminary results from the program's start to the present (2022-2025) will be presented. Target population: individuals aged 12-25 years, with mental health disorders and/or addictions, long-term engagement with the mental health care system, slow progression, adverse social circumstances, and/or issues with school/work absenteeism and/or legal problems. Descriptive analysis of the sample and pre-post analyses of the Honos, Honosca, CGAS, and GAF scales will be presented using paired T-tests and the Wilcoxon test.
RESULTS N=47. Age:58.5% between 12-17 years, 41.5% between 18-25 years; 53% in the 17-19 age range. Diagnoses:Neurodevelopmental disorders(52%), Conduct disorders(32%), Anxiety-depressive disorders(39%), PTSD (18%), Personality disorders(23%), Psychotic disorders(9%), Substance abuse(25%). Family dysfunction is present in 83%, 82% have a family history of mental health, 62% are disconnected from peer groups, 82% dropped out of school or work, and 79% have required intervention from social services or the justice system. After the Equipo Guia intervention, a statistically significant decrease was observed in the Honosca scores(N=22): mean 23.2(SD=5.6) to mean 14.3(SD=7.5), $p < 0.0001$; and Honos scores(n=17): mean 20.6(SD=9) to mean 16.1(SD=8.2), $p=0.005$. Additionally, a significant increase was seen in the CGAS scores: mean 36(SD=8.6) to mean 53.6(SD 17.3), $p=0.0001$, and GAF scores: mean 45(SD 14.6) to mean 56.2(SD=17.6), $p=0.01$, indicating clinical improvement and better functionality in the patients treated.

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Symposium 19331 to Session ID 5859
Day 3 - 01.07.2025, 09:00 - 10:30, Madrid 2

Digital Psychiatry: Phenomena, Challenges, and Innovations
T01 - AI and digital health

Abstract:
The increasing integration of digital technologies into daily life presents unique challenges and opportunities for mental health research and practice, particularly in child and adolescent psychiatry. This symposium explores critical aspects of digital psychiatry through five innovative projects.
The first project examines exposure to violence in digital spaces, such as cyberbullying, online harassment, and harmful content, and investigates their psychological impact on children. Insights from this research provide a foundation for targeted interventions to mitigate harm.
The second project focuses on the digital media usage behaviors of adolescents with psychiatric disorders, shedding light on how their online engagement may both reflect and exacerbate underlying mental health challenges. These findings have implications for personalized therapeutic approaches.
The third project, TooCloseVR, presents a pilot study exploring the potential of immersive virtual reality to prevent cyberbullying. By simulating personal space invasion, the intervention aims to foster empathy and reduce aggressive online behaviors.
The fourth project reviews the emerging phenomenon of digital self-injury, including the sharing and consumption of self-harm content. This comprehensive analysis contributes to the conceptualization of digital self-harm and highlights strategies for prevention and intervention.
Finally, a nationwide online survey assesses the digital competence of staff in child and adolescent psychiatry, identifying disparities across professional groups, age cohorts, and genders. The findings support the development of employee-centered training programs to enhance digital literacy and foster a willingness to engage with digital innovations.
Together, these projects highlight the pressing need for interdisciplinary collaboration to address the phenomena, challenges, and innovations in digital psychiatry, paving the way for more effective and equitable mental health care in the digital age.

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Subcontribution 19335 to Session ID 5859
Day 3 - 01.07.2025, 09:00 - 09:15, Madrid 2

# Exploring the Use of Digital Psychological Support Tools Among Adolescents with Mental Disorders

T01 - AI and digital health

Abstract:
Aims:
Digital psychological support tools (DPSTs), such as internet- and mobile-based interventions, websites, social media platforms, chat groups, or influencers, are widely available for adolescents with mental disorders. However, their actual use by this population remains largely unknown. The market is saturated with unregulated and untested applications, while evidence-based and regulated options remain scarce. The aim of this study is to develop and test a questionnaire that captures adolescents' usage patterns and attitudes toward DPSTs. Initial data are being collected to gain insights into these behaviors.
Methods:
Adolescents aged 13–18 years receiving inpatient care at the Department of Child and Adolescent Psychiatry at RWTH Aachen University Hospital are being recruited. Data are collected anonymously via an online platform. The newly developed questionnaire explores DPST usage patterns. In addition, demographic data, self-reported mental health challenges, digital device and internet usage, attitudes toward DPSTs, and digital health literacy will be assessed to provide a comprehensive view of the psychological and technological factors influencing engagement with digital tools. Data collection is ongoing and will be completed by March 2025, allowing results to be presented at the conference.
Results and Conclusions:
The findings will provide detailed insights into how adolescents with mental disorders use DPSTs, highlighting their preferences, barriers, and facilitators. Given the widespread availability of unregulated and untested applications, this study underscores the importance of systematically evaluating and ensuring the safety and efficacy of digital mental health tools for adolescents. Furthermore, this study provides a foundation for future large-scale national studies exploring digital health behaviors in this demographic.

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Subcontribution 19341 to Session ID 5859
Day 3 - 01.07.2025, 09:30 - 09:45, Madrid 2

# TooCloseVR – The Development of a Program to Prevent Cyberbullying Using Immersive Technologies in Schools

T01 - AI and digital health

Abstract:
Theoretical Background: Over the past decade, the number of victims of cyberbullying (CB) has significantly increased, with substantial effects on mental health. Currently, there is a lack of immersive digital prevention measures that align with the realities of adolescents' lives.
Research Question: The innovative idea of this pilot study is to make CB tangible through the invasion of personal space (PSI) in virtual reality (VR) to enhance empathy for victims.
Method: The pilot study examined the implementation and effects of a half-day CB workshop in schools, which included a VR application, on 92 students using quantitative and qualitative feedback.
Results: Quantitative data confirmed the expected increase in emotional tension and the experience of PSI. Qualitative data indicated a heightened empathy for victims and a strong willingness to intervene in CB incidents and protect others from it.
Discussion and Conclusion: Immersive methods like VR enable participants to empathize with the experiences of victims, opening up new prevention approaches for CB. The effectiveness of this approach should be further investigated through confirmatory studies.

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Subcontribution 19357 to Session ID 5859
Day 3 - 01.07.2025, 10:00 - 10:15, Madrid 2

# Digi-What? Digital Competence and Digitalization Status in German Child and Adolescent Psychiatry: An Exploratory Study to Identify Employee-Centered Training Needs

T01 - AI and digital health

Abstract:
Aims: The overarching goal of the nationwide online survey is to gather insights that enable the design of employee-centered training programs aimed at enhancing digital competence. Specifically, the study seeks to assess the digital competencies of staff in child and adolescent psychiatry, while identifying differences across professional groups, age cohorts, and genders. Additionally, it examines how participants perceive the current state of digitalization and whether they demonstrate a willingness to engage in relevant training initiatives.
Methods: The study was conducted via an online survey. Invitations, including the survey link, were distributed to 72 child and adolescent psychiatry institutions across Germany. The target group comprised all employees of these institutions. Eligibility criteria included being of legal age and having current employment in a child and adolescent psychiatry. Participation was voluntary and unpaid. A required sample size of N = 240 was determined.
Results: The data collection period spanned from October to December 2024. Ultimately, 105 employees participated in the survey. The analysis is currently ongoing. Preliminary findings indicate that the developed questionnaire effectively captures employees' digital competence and distinguishes between different levels of competence among participants.
Conclusions: Conclusions will be presented at the symposium, accompanied by a discussion on where employees' digital competence needs to be enhanced to provide children and adolescents with contemporary and effective care.

Authors:
Ira-Katharina Petras
**Presenter** Greta Schindler
Dr. Simon Huldreich Kohl
Dr. Alina Theresa Henn
Prof. Dr. Kerstin Konrad
Prof. Dr. Michael Siniatchkin

Symposium 18616 to Session ID 5866
Day 3 - 01.07.2025, 09:00 - 10:30, Rome

# Conduct disorder related behavioural dimensions: Risk factors and longitudinal course

T14 - Conduct disorders

Abstract:
Conduct disorder (CD) comprises a set of aggressive and non-aggressive behaviours by which the basic rights of others or major age-appropriate societal norms or rules are violated (DSM-5, ICD-11). It is a heterogeneous condition, characterized by varying severity across CD related behaviour dimensions, such as aggressive and dissocial behaviour, callous-unemotional traits, or impulsive behaviour. In addition, females and males with CD show a high, but also variable pattern of additional mental disorders. The current symposium aims at disentangling this heterogeneity related to phenotypic presentation as well as underlying neurobiology. The first three talks (Janine Bacher, Basel; Christine M. Freitag, Frankfurt; Julia Ernst, Mannheim) focus on emotion recognition and emotion regulation abilities, which have been found to be impaired in some, but not all individuals with CD. They present new data from large EU-consortia, such as FemNAT-CD, and deeply phenotyped at-risk and population-based cohort studies, on the genetic, neurobiological and environmental influences on emotion recognition and regulation, and explore their role on the cross-sectional or longitudinal course of CD related behaviour dimensions. The other two talks (Inken Berg, Frankfurt; Ke Chen, Mannheim) focus specifically on aggressive behaviour, and explore genetic as well as other factors related to severity and course of aggressive behaviour in CD and typically developing individuals.

Authors:
Prof. Dr. Christine Margarete Freitag Goethe University + University Hospital Frankfurt

Subcontribution 18617 to Session ID 5866
Day 3 - 01.07.2025, 09:00 - 09:15, Rome

# Exploring Comorbidities, Psychosocial Risk Factors and Facial Emotion Recognition Biases in Children and Adolescents with Conduct Disorder

T14 - Conduct disorders

Abstract:
xxx

Authors:
**Presenter,** Janine Bacher

Subcontribution 18618 to Session ID 5866
Day 3 - 01.07.2025, 09:15 - 09:30, Rome

Genetic and environmental effects mediated by emotion regulation abilities on conduct disorder related behaviour dimensions in females and males
T14 - Conduct disorders

Abstract:
Aims: Emotion regulation (ER) abilities, such as cognitive reappraisal or expressive suppression (McRae und Gross 2020), are strongly related to internalising disorders, but also to attention-deficit/hyperactivity disorder. A core role of ER in aggressive behaviour has also been postulated in recent reviews (Blair 2024) especially related to attention and cognitive control. The role of cognitive reappraisal and expressive suppression of emotions on conduct disorder (CD) related behaviour dimensions has not yet been studied in detail. The aim of the present study thus is to explore the role of emotion regulation abilities in mediating polygenetic and environmental effects on the expression of reactive and proactive aggressive behaviour (AB) in female and male youth.
Methods:
Sample: FemNAT-CD sample (N>1000; ~ 55% with CD; ~60% females) (Freitag et al. 2018); questionnaires: Emotion regulation questionnaire (ERQ), Reactive-Proactive Aggression (RPQ), Alabama Parenting Questionnaire (APQ); Polygenic scores (PGS) for ADHD, anxiety, AB and Autism-Spectrum disorder have been calculated based on SNP data and previously published GWAS of the Psychiatric Genomics Consortium; history of trauma exposure, early adverse psychosocial risk.
Statistical analysis: First, the correlation of PS and environmental factors with reactive and proactive AB as well as ER will be explored. Second, ER will be tested das mediator of associated genetic and environmental risk. Currently, the data are in the process of analysis.
Conclusion: We expect to better clarify the role of emotion regulation in the expression of reactive and proactive aggression, and the related specific risk profiles. This will allow to improve prevention and intervention of reactive and proactive aggressive behaviour in youth.
References
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Freitag, Christine M.; Konrad, Kerstin; Stadler, Christina; Brito, Stephane A. de; Popma, Arne; Herpertz, Sabine C. et al. (2018): Conduct disorder in adolescent females: current state of research and study design of the FemNAT-CD consortium. In: European child & adolescent psychiatry 27 (9), S. 1077–1093.

Authors:
**Presenter,** Prof. Dr. Christine Margarete Freitag

Subcontribution 18620 to Session ID 5866
Day 3 - 01.07.2025, 09:30 - 09:45, Rome

Trajectories of emotion dysregulation and multivariate associations with lifespan adversities, brain features and externalizing symptoms
T14 - Conduct disorders

Abstract:
Aims: Emotion dysregulation (ED) may arise as maladaptive processing of external or internal emotional stimuli and is a developmental risk factor for poor overall functioning and a possible transdiagnostic feature of mental health outcomes, including externalizing disorders. Additionally, ED has been associated with early-life adversities, ranging from prenatal stress to adverse social experiences. However, understanding differences in ED trajectories and their potential modulators remains limited. This study aims to examine the development of ED and its multivariate relationships to lifespan adversities, brain features and externalizing symptoms.
Methods: Growth mixture modeling was applied to identify developmental patterns of ED in an at-risk cohort (Mannheim Study of Children at Risk, n=384) and a population-based sample (IMAGEN, n=926). The predictive value of lifespan adversities on trajectory membership was examined. A data-driven approach was employed to explore associations between ED, lifespan adversities, brain features, and their contribution to externalizing symptoms. Results: Findings suggest two classes of ED trajectories, with early-life adversities such as trauma, psychosocial risk and stressful life events linked to increasing ED trajectories into early adulthood across both samples. The multivariate analysis showed that stressful life events were associated with higher ED in both samples, together with lower white matter integrity in tracts involved in emotion integration and processing. In ongoing analyses, we will test the relationship of these associations to externalizing symptoms. Conclusions: Investigating the developmental origins and neurobiological variability of ED contributes to understanding its mechanisms and predictive value for psychopathology, offering potential targets for future prevention and intervention strategies.

Authors:
**Presenter,** Julia Emily Ernst

Subcontribution 18622 to Session ID 5866
Day 3 - 01.07.2025, 09:45 - 10:00, Rome

# The role of common genetic variation in aggressive behaviour and callous unemotional traits

T14 - Conduct disorders

Abstract:
Objectives: Aggressive Behaviour (AB) and Callous-Unemotional (CU) Traits are characteristic symptoms of severe Conduct Disorder (CD), with heritability estimates ranging from 50-60%. Specific genetic risk factors and corresponding biological mechanisms have yet to be thoroughly investigated and are the primary focus of this study.
Methods: This genome-wide association study (GWAS) explored AB (N = 1325; 582 cases, 743 controls) and CU traits (N = 1616; 755 cases, 861 controls) within the European case-control study of the FemNAT-CD project. The study assessed genes implicated in biological and neurodevelopmental processes and examined overlaps with co-occurring disorders using Polygenic Scores.
Findings and Conclusions: Results revealed shared genetic risk for AB with post-traumatic stress disorder (PTSD), while anxiety and autism spectrum disorder (ASD) exhibited protective effects. CU traits demonstrated shared genetic risk with ADHD in CD cases. The GWAS identified 722 significant SNPs for AB and 622 for CU traits, controlling for CD status, though no significant interaction with CD was detected. Both AB and CU traits showed associations with genes involved in immune-inflammatory and neurodevelopmental processes at both the SNP and gene levels. This study enhances our understanding of the genetic foundations of AB and CU traits in CD, underscoring the need for further longitudinal and genetically informative research incorporating environmental data to replicate and extend these findings.

Authors:
**Presenter,** Inken Berg

Subcontribution 18623 to Session ID 5866
Day 3 - 01.07.2025, 10:00 - 10:15, Rome

Normative Models of Aggression and Individual Risk Profiling
T14 - Conduct disorders

Abstract:
Aims: Aggression exhibit variations across age and sex, yet comprehensive studies utilizing large datasets to model aggression across the lifespan are absent. This study aims to establish normative aggression models for males and females and uncover psychosocial and neurobiological factors associated with individual extreme aggression deviations.
Methods: Using data from both open-access datasets (such as the ABCD dataset) and in-house datasets including for instance at risk-cohorts such as MARS and clinical cohorts such as Aggressotype, we will analyze around 26,000 participants aged 5 to 70. Normative models of aggression, based on both other-reported and self-reported measures, will be developed separately for males and females to account for sex-specific differences. Individuals with extreme deviations will be identified and related to psychosocial and neurobiological risk profiles that have previously been linked to aggression in literature.
Results and Conclusions: Preliminary findings revealed a decrease in aggression from ages 5 to 10 in both sexes, followed by relative stability through adulthood. Males demonstrated a slight increasing aggression trend after age 55. Ongoing analysis will be focused on refining the models and categorizing individuals with extreme aggression deviations to uncover their psychosocial and neurobiological risk patterns. This work will enhance the understanding of aggression development across the lifespan and might provide insights on identifying at-risk individuals for early intervention strategies.

Authors:
**Presenter,** Dr. Ke Chen

Symposium 18460 to Session ID 5915
Day 3 - 01.07.2025, 09:00 - 10:30, Amsterdam

# Lifestyle behaviors, social interactions, and mental health in youth's everyday life

T06 - Adolescent

Abstract:
The prevalence of mental health issues among children and adolescents has increased significantly in the recent years, especially since the COVID-19 pandemic. This trend underscores the need for new prevention and intervention strategies to mitigate the development of psychiatric disorders during adolescence, a critical period that can influence mental health trajectories into adulthood. Key factors in daily life, such as sleep, physical activity, eating habits, and social interactions, represent modifiable risk and protective factors in everyday life. Improving our understanding of these domains within developmental psychopathology is essential for fostering more tailored and individualized treatment and preventive strategies.
Advances in the field of ambulatory assessment have enabled researchers to collect frequent and reliable assessments in real-time and in real-life settings. This approach allows the investigation of the dynamic relationships and profiles linking daily-life experiences and mental health.
This symposium aims to explore the latest findings on the interplay between daily-life experiences and youth mental health using an ambulatory assessment methodology. The symposium features 5 presentations from different research groups, each addressing distinct yet interconnected themes:
1. Positive and negative affects in youth
2. Daily social interactions and youth mental health
3. Affect and physical activity
4. Individual differences in sleep-mood couplings
5. Profiles of lifestyle behaviors and mood states with psychopathological symptoms in youth
The symposium will conclude with an interactive discussion, providing a comprehensive overview of current advancements in understanding daily-life factors as modifiable risk and resilience factors for mental health in youth.

Authors:
**Chair** Jennifer Glaus Lausanne University Hospital
**Co-chair** dr Esther Mesman Erasmus MC Sophia Children's Hospital

Subcontribution 18783 to Session ID 5915
Day 3 - 01.07.2025, 09:00 - 09:15, Amsterdam

The value of ambulatory assessment in youth at risk
T06 - Adolescent

Abstract:
Aims: Anxiety and mood problems in adolescents often go unnoticed and may therefore remain untreated. Daily diary studies, using Exeprience Sampling Method (ESM) are an effective way to monitor and identify early emotional problems in youth. The value of ESM to monitor thoughts, behaviors (sleep, social interaction and physical activity), and emotions in daily life to enhance self-insight and adaptive coping, will be discussed. Methods: A mHealth tool (Grow It!) was developed in co-creation with end-users and offered to adolescents during the COVID-19 crisis. ESM was used to elucidate daily changes in positive and negative affect and to better understand the within-person's mechanisms in youth. The sample consisted of 12-25-year old Dutch adolescents in two independent cohorts (cohort 1: N = 476, Mage = 16.24, 76.1% female, 88.7% Dutch; cohort 2: N = 814, Mage = 18.45, 82.8% female, 97.2% Dutch). The results showed that, on average, adolescents decreased in daily positive affect and increased in their experienced negative affect. However, latent class analysis identified two heterogeneous trajectories for both positive and negative affect, indicating that the majority of participants with low to moderate-risk on developing mental health problems were likely to benefit from the Grow It! app. Conclusions: Findings support the feasibility, acceptance, and effectiveness of the Grow It! app. While ESM holds great potential for monitoring and identifying youth at risk, little use is being made of this option in the clinic. Future studies should consider how ESM can be embedded in prevention or clinical practice.

Authors:
**Presenter,** Prof. Dr. Manon H. J. Hillegers
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Evelien Dietvorst
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Subcontribution 18797 to Session ID 5915
Day 3 - 01.07.2025, 09:15 - 09:30, Amsterdam

Daily-life social interactions and youth mental health
T06 - Adolescent

Abstract:
Aims: Adolescence is a critical period for both social and psychopathological development. From epidemiological work, we know how certain risk and protective factors (e.g., adverse childhood experiences or ACEs, social support) are associated with psychopathology outcomes. However, we know relatively little about the interpersonal processes that may drive the development of mental ill-being on a day-to-day, and year-to-year, basis. To gain more insight into the interplay between daily-life social interactions and adolescent mental health, we assessed a large group of adolescents over time, using Experience Sampling Methodology (ESM).
Methods: An initial sample of N=1913 adolescents from the Flanders region in Belgium (13.8 y/o, 63% female at T1) were followed from 2018 (T1) to 2021 (T2; n=272) and 2022/2023 (T3; n=272). At each wave, participants completed a six-day ESM period, where they were prompted ten times per day to complete a brief questionnaire on their mood, behavior, context, and, notably, their social interactions. Psychopathology and relevant risk/protective factors were assessed through self-report questionnaires.
Results and Conclusions: All risk/protective factors (ACEs, bullying, social support, parental psychological control) were significantly and uniquely associated with all investigated social processes (social skills, quantity/quality of daily-life interactions). In turn, all social processes were uniquely associated with psychopathology outcomes. These findings empirically highlight how everyday social processes may reflect and/or guide youth mental health. At the same time, they hold promise for the development of interventions aimed at improving young people's daily social lives.

Authors:
**Presenter,** Dr. Robin Achterhof
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Prof. Ginette Lafit
Anu P Hiekkaranta
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Subcontribution 18804 to Session ID 5915
Day 3 - 01.07.2025, 09:30 - 09:45, Amsterdam

# Temporal links between affect, physical activity and smartphone use. A proof of concept study using experience sampling and passive sensing in an adult population at risk for mood disorders

T06 - Adolescent

Abstract:
Aims: Understanding the temporal dynamics between affect and daily behaviors is crucial for addressing mental health. This study aimed to investigate the bidirectional temporal relationships between negative affect (NA), positive affect (PA), and daily life behaviors, such as physical activity and smartphone use, while considering a history of (recurrent) mood disorders and familial risk for mood disorders.
Methods: A total of 128 participants (Mage=37.8; 57% female) completed a 14-day experience sampling protocol measuring NA and PA five times a day while passively sensing physical activity and smartphone use. We examined the effect of familial high risk (n=82) and history of mood disorders (recurrent: n=30, single: n=29, no: n=69) on within-person affect-behavior dynamics using Dynamic Structural Equation Modelling.
Results: Findings revealed a significant bidirectional relationship between physical activity and PA, while NA exhibited no significant association. Higher PA predicted decreased smartphone use, while increased smartphone use was associated to subsequent elevations in NA. Familial risk status and recurrent mood disorders did not significantly influence these relationships, although individuals with high familial risk and individuals with recurrent mood disorders reported lower PA and higher NA (all $p < .001$).
Conclusions: This study highlights the complex dynamics between affect and daily life behaviors, such as physical activity and smartphone use. Although familial risk and mood disorders did not influence bidirectional relationships, our results emphasize a key role of PA in affect-behavior dynamics. Future research should explore data-driven methodologies to better understand these dynamics and inform potential targeted interventions.

Authors:
Fleur Helmink
Eske van Roekel
Prof. Dr. Manon H. J. Hillegers
**Presenter** dr Esther Mesman
Prof. Sarah H Sperry

Subcontribution 18816 to Session ID 5915
Day 3 - 01.07.2025, 09:45 - 10:00, Amsterdam

# Individual Differences in Daily Sleep-Mood Couplings Among Adolescents and their Association with Internalizing Symptoms

T06 - Adolescent

Abstract:
Aims: Adolescence is a critical period marked by increased vulnerability to sleep disturbances and mood disorders. Understanding how changes in sleep patterns and daytime mood are temporally coupled is crucial to understand the role of sleep in emerging internalizing disorders. We aimed to investigate individual differences in daily within-person couplings (WPC) of sleep and mood and their association with internalizing symptoms in adolescents.
Methods: One-hundred-thirteen Swiss adolescents (57% females, mean age = 15.4 years, SD=0.97), recruited through schools, engaged in three 3-week assessment waves of parallel actigraphy, four daily Ecological Momentary Assessments, and weekly depression and anxiety symptom reports. Bayesian 2-step multilevel models assessed differences in distinct WPCs composed by matching sleep duration, midpoint, and regularity (i.e., the overlap between a given sleep-wake cycle and a person's most typical cycle) with sad and anxious mood, as well as their respective associations with symptom severity.
Results: Sleep regularity was moderately associated with sad-vs-happy mood ($\tau^2$ = 0.36, 95% CI [0.04; 0.86], BF10 = 7.13), and strong evidence for couplings with anxious-vs-calm mood ($\tau^2$ = 0.49, 95% CI [0.11; 0.81], BF10 = 18.75). However, individual differences in WPCs involving sleep duration and midpoint, as well as any associations between WPCs and symptoms of depression and anxiety remained largely inconclusive.
Conclusions: Our within-person findings challenge generalizations from previous fixed-effects approaches. Given the nonclinical nature of the present sample, future research should focus on larger timescales and more diverse populations to clarify if the intensity of sleep-mood couplings are relevant in emerging internalizing disorders.

Authors:
**Presenter,** Konstantin Drexl
Dr. Sébastien Urben
Jennifer Glaus
Prof. Dr. Kerstin J. von Plessen

Subcontribution 18819 to Session ID 5915
Day 3 - 01.07.2025, 10:00 - 10:15, Amsterdam

Profiles of lifestyle behaviors and mood states with psychopathological symptoms in youth
T06 - Adolescent

Abstract:
Aims: Lifestyle significantly impacts physical and mental health. Addressing and modifying unhealthy behaviors early in life may be crucial for prevention. However, limited research has examined the dynamic interrelationships between mood states and lifestyle behaviors in youth. The aims of this study were to (1) identify profiles of mood states and lifestyle behaviors (i.e., sleep, physical activity, and eating habits); and (2) examine associations between these profiles and psychopathological symptoms.
Methods: We recruited a total of 109 participants (56.5% females) aged 14-17 years from a community setting. Over a 21-day period, participants wore actigraphy devices on their wrists and completed Ecological Momentary Assessment (EMA) surveys. EMA prompts were administered four times daily, capturing data on sleep quality, physical activity, eating habits, and current mood states. Psychopathological symptoms were assessed at baseline using the Child Behavior Checklist and eating habits using a food frequency questionnaire.
Results: Using a latent profile analysis, we identified 4 lifestyle profiles among youth (i.e., healthy balanced, unhealthy, neutral and high-energy). We found that the healthy balanced lifestyle profile was associated with lower psychopathological symptoms ($\beta$=-17.01, CI -31.3-(-)2.7), whereas the unhealthy profile was associated with increased symptoms ($\beta$=-14.7, CI 0.2-29.3).
Conclusions: Among the 4 distinct lifestyle profiles identified, the healthy balanced, and unhealthy profiles were associated with psychopathological symptoms. Clinicians should consider lifestyle factors in addition to mental health to gain a comprehensive understanding of adolescents. This opens the field for personalized ecological momentary interventions or just-in-time adaptive interventions to promote healthy lifestyles among youth.

Authors:
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Symposium 19905 to Session ID 5985
Day 3 - 01.07.2025, 09:00 - 10:30, Londres 1

Oral Session: Sexual
T51 - Sexual

Abstract:

Authors:

Subcontribution 16364 to Session ID 5985
Day 3 - 01.07.2025, 09:00 - 09:15, Londres 1

# The Process of Sexual Assault Disclosure from 1980 to 2024: A Narrative Literature Review

T51 - Sexual

Abstract:
Objectives:
This narrative literature review explores the process of sexual assault disclosure from 1980 to 2024, with a focus on dissociative amnesia, psychological, familial, and sociocultural factors. It aims to analyze how theoretical models, trauma, and movements like #MeToo have shaped disclosure patterns and identified obstacles to victims revealing their experiences.
Methods:
A systematic narrative approach was used to review studies from databases such as PubMed and Google Scholar. Studies published between 1980 and 2024 that addressed sexual assault disclosure, dissociative amnesia, trauma, and familial influences were included. An analysis was also conducted on public books, literary works, press articles, and commission reports. The article was organized chronologically to assess shifts in understanding and the development of theoretical models over time.
Results:
The review highlights key disclosure models, such as Summit's child sexual abuse accommodation syndrome, and identifies major barriers to disclosure, including fear, shame, and cultural taboos. Dissociative amnesia, where trauma survivors temporarily lose memory of their abuse, is a significant factor in delayed disclosure, especially in cases of severe or childhood trauma. Movements like #MeToo have enabled public disclosures, but familial and societal pressures continue to inhibit many victims. Family dynamics, particularly in intrafamilial abuse cases, often complicate the decision to disclose.
Conclusions:
The disclosure process is profoundly influenced by trauma, dissociative amnesia, and family dynamics. Future research should focus on the role of families in both facilitating and hindering disclosure. Additionally, there is a pressing need for healthcare providers and support teams to receive specialized training in recognizing and sensitively handling disclosures. Building a well-informed, supportive network for victims, both within families and professional environments, is essential for improving disclosure outcomes and providing timely interventions for survivors.

Authors:
**Presenter,** Dr. Theo Tarik Mouhoud HOPITAL AVICENNE
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Subcontribution 16723 to Session ID 5985
Day 3 - 01.07.2025, 09:15 - 09:30, Londres 1

# The Medical Child Protection Hotline - a european idea?

T51 - Sexual

Abstract:
Aims: Child abuse is a worldwide ubiquitous problem leading to both short-term and long-term negative outcomes in health and social well-being of the victims. (1+2) The aim of the Medical Child Protection Hotline is to improve communication and exchange between the healthcare system and youth services. Although a legal provision was established in Germany in 2012 to protect professional confidentiality, subsequent years have shown that the proportion of reports to child protection services from health care remains very low (< 10%,www.destatis.de).
Methods: Evaluation of the calls.
Results: Since the launch of the Medical Child Protection Hotline in 2017, 9,315 calls have been received, of which 6,122 came from the target groups (health care system, youth services, family courts). Approximately 98% of callers report increased confidence in taking action, enhanced knowledge, changes in their approach, or emotional relief as a result of the counselling.
Conclusions: The increasing utilization of the hotline over the past years and the high satisfaction of callers indicate that a low-threshold service, such as the hotline, which is available 24/7 and free of charge, is very well received and urgently needed. So far, there are different solutions in each European country for the same challenge: comparatively few child protection cases are reported from the medical system. In contrast, there is the same telephone number for affected individuals across Europe: 116 111. A similar number could be reserved across Europe with a call to establish counceling services on child abuse for professionals.

Authors:
**Presenter,** Dr. Jule Metzger Uniklinik Ulm

Subcontribution 17221 to Session ID 5985
Day 3 - 01.07.2025, 09:30 - 09:45, Londres 1

# A Comprehensive Child Psychiatry Approach for Managing Patients with Differences of Sexual Development in a Tertiary Multidisciplinary Setting: An Alternative Follow-up Model

T51 - Sexual

Abstract:
Objective: This study aims to evaluate the implementation and outcomes of a novel psychiatric follow-up model tailored for patients with differences of sexual development (DSD), a group of conditions impacting gender determination and differentiation with an emphasis on its potential to enrich consultation-liaison training and education for child and adolescent psychiatry residents.
Methods: Before the new follow-up model, DSD patients were managed by a single specialist faculty member in child and adolescent psychiatry from diagnosis onward. To address increasing workloads and enhance resident training, a new model was introduced, allowing residents in the consultation-liaison (CL) clinic to conduct patient evaluations and coordinate treatments under faculty supervision. This study analyzed data from 129 patients monitored between March 2000 and November 2023 at a tertiary-care center, alongside records from 28 child and adolescent psychiatry residents. The analysis focused on the impact of the new model on both patient care and resident training. Of the 129 patients, 10 were lost to follow-up. Among the remaining 119 patients, 89 were monitored exclusively by two specialist faculty members under the previous care model, while 30 patients received care under the new model, managed by junior residents under faculty supervision. Comparisons were made to assess differences in patient outcomes and the training experiences of residents.
Results: No significant differences in the prevalence of psychiatric disorders or in Clinical Global Impression (CGI) and Global Assessment Scale (GAS) scores before and after implementing the model were found ($p > .05$). The mean age of the patients was 10.86 ± 6.32 years. Residents reported enhanced competence in managing patients with differences of sex development (14.3%), improved communication skills, and better identification of subthreshold psychiatric symptoms (25%), as well as a greater understanding of the multidisciplinary approach (14.3%).
Conclusions: This study highlights the importance of structured psychiatric support in the holistic management of DSD and in the training of future psychiatrists. The findings demonstrate that while service providers may change, the essence of care remains intact, and consistency can be maintained through continuity and appropriate follow-up.
Keywords: Differences of sexual development, consultation-liaison psychiatry, education model, psychiatric follow-up

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Subcontribution 17274 to Session ID 5985
Day 3 - 01.07.2025, 09:45 - 10:00, Londres 1

Title: Sexual harassment in Greek Higher Education and its relation to Suicidality
T51 - Sexual

Abstract:
Aims:
This study focused on sexual harassment in Greek higher education institutions. Sexual harassment can lead to several psychological consequences, including heightened risk of suicidality. However, studies on such adverse mental health outcomes remain limited. Therefore, this study seeks to explore the prevalence of sexual harassment in higher education and its relationship to suicidality.
Methods:
The study included 279 Greek public university students (211 females, mean age = 25.5), who provided demographic information and responses on sexual harassment experiences. Self-report tools assessing psychological health aspects, including depression, anxiety, resilience and suicidality were also administered.
Results & Conclusions:
The percentage of participants who stated that they had experienced sexual harassment was 44.1% (81% females, 19% males). Hierarchical regression models indicated that sexual harassment significantly predicted suicidality, $F(1, 275) = 16.601$, $p < 0.001$. The addition of depression and anxiety significantly improved the model, explaining an additional 27.7% of the variance in suicidality, $R2$ change = 0.28, $F(2, 273) = 58.214$, $p < 0.001$. Similarly, although to a lesser percentage, resilience on the last step significantly predicted suicidality, $R2$ change = 0.03, $F(1, 272) = 14.01$, $p < 0.001$. The experience of sexual harassment in higher education can be very traumatic, as it can increase the risk of suicidality. Resilience can mitigate this risk, even if other factors, such as depression, are present. The high prevalence and the potential severe impact highlight the urgent need for immediate and targeted interventions to address it.

Authors:
**Presenter,** Christina Koretsidou University College Dubin
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Subcontribution 18662 to Session ID 5985
Day 3 - 01.07.2025, 10:00 - 10:15, Londres 1

Novel Approaches in the prevention of Adolescent Sexual Offending: Initial Findings from the 180Grad Project
T51 - Sexual

Abstract:
Title: Novel Approaches in the prevention of Adolescent Sexual Offending: Initial Findings from the 180Grad Project
Aims: The 180Grad (German for “degrees”) project, launched at Hannover Medical School in 2022, aims to provide specialized, anonymous, and psychotherapeutic support free of charge for adolescents who are at risk of sexual offending. This presentation aims to share the initial findings from the project, focusing on its methodology, target population, and the challenges of providing therapy for adolescents exhibiting problematic sexual behaviors or fantasies.
Methods: The project targets adolescents aged 14-21 exhibiting problematic sexual behaviors or fantasies. Participants undergo a comprehensive diagnostic process, including psychometric assessments and structured interviews. Therapy follows a manualized approach grounded in theoretical models for sexual offending, such as the Integrated Theory of Sexual Offending (ITSO; Ward & Beech, 2006) and the Risk-Need-Responsivity (RNR, Bonta & Andrews, 2017) model.
Results and Conclusions: As of August 2024, 48 individuals have reached out to the 180Grad project. Of these, 46 were male and two females (age: M = 16). Initial demographic data show high levels of psychopathology among participants, with further comorbid mental health conditions.
The 180Grad project addresses a critical gap in adolescent mental health services by providing tailored, accessible interventions for individuals who are at risk of committing sexual offenses. Initial findings suggest that participants require comprehensive therapeutic support, highlighting the need for further evaluation of therapeutic outcomes to assess the long-term effectiveness of the interventions.

Authors:
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Symposium 18581 to Session ID 5910
Day 3 - 01.07.2025, 09:00 - 10:30, Londres 2

Cautious national developments in treatment of GD in minors
T30 - Policy / advocacy

Abstract:
The symposium explores how four EU countries address gender dysphoria (GD) in minors, reflecting diverse policies and clinical practices. A cautious approach prevails, emphasizing evidence-based care, ethical standards, and individual needs.
In Finland, gender identity services for minors began in 2011, but outcomes failed to meet initial expectations. National guidelines introduced in 2020 prioritize psychosocial interventions over early medical treatments, citing insufficient evidence for the benefits of puberty blockers and cross-sex hormones.
In Norway, treatment includes individualized assessments and puberty blockers starting in early puberty, with cross-sex hormones allowed from age 16 with guardian consent. Recently, these treatments were classified as "experimental," prompting plans for a national observational study to evaluate their safety and efficacy.
In Germany, the new clinical guideline for GD in minors faces criticism for contradictions and lack of evidence supporting irreversible medical interventions. Concerns include the fluidity of gender identity in minors and the risks of puberty blockers, particularly in cases with mental health comorbidities.
In Italy, the treatment landscape is rapidly evolving, shaped by institutional and medical responses. The debate focuses on the contentious use of puberty blockers, with ongoing uncertainty about future directions.
Finally, the ESCAP statement underscores the need to safeguard clinical, scientific, and ethical standards in GD care. It highlights the limited evidence for medical interventions and calls for cautious, individualized care with long-term follow-ups and professional dialogue to protect vulnerable minors.
Together, these perspectives advocate for prudent, research-driven approaches that prioritize minors' well-being and open future.

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Subcontribution 18586 to Session ID 5910
Day 3 - 01.07.2025, 09:00 - 09:15, Londres 2

Medical gender reassignment in minors – why are we cautious in Finland?
T30 - Policy / advocacy

Abstract:
Gender identity assessments that may result in initiating medical gender reassignment already during developmental years were opened for minors in Finland in 2011. We soon observed that the patients referred to gender identity services did not correspond with patient profiles suggested in the then international literature. The outcomes of the initiated medical interventions were modest compared to the enthusiastic expectations in the Western world. The numbers of young people expressing desires to proceed to medical GR started to rapidly increase. The contradiction between the expectations and our observations, documented in our published research, necessitated national guidelines that were issued in 2020. In lack of scientific evidence base for early medical intervention, the guidelines place psychosocial interventions as first line approach to GR among minors. I shall present our research findings supporting cautious approach and challenging some of the most positive expectations of early medical GR, and will comment on how the services in Finland have evolved to meet the first line needs of gender-distressed young people.

Authors:
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Subcontribution 18587 to Session ID 5910
Day 3 - 01.07.2025, 09:15 - 09:30, Londres 2

Youth Gender Dysphoria in Norway – The Situation Today and Thoughts on the Future
T30 - Policy / advocacy

Abstract:
Treatment for patients with gender dysphoria in Norway has a long history, starting in the 1960s. The National Gender Service at Oslo University Hospital was formally established in 2002 and receives patients of all ages. Services include individualized assessments, treatment with puberty blockers from early puberty, and cross-sex hormones from age 16, requiring guardian consent. Five newly established regional center`s for gender incongruence under 23 years are offered group-, family-, and individual meetings, trials of assistive devices, and close collaboration with primary and secondary health services. Hormonal and surgical gender-affirming treatment is not provided.

The majority of patients referred to the National Gender Service are under 25 years old, with most assigned female at birth. Among those over 25, most are assigned male at birth. In December 2023, Norway's regional medical directors classified puberty blockers and gender-affirming treatments for minors as "treatment under trial" and called for a prospective clinical study to evaluate their efficacy and safety. Oslo University Hospital are planning for an observational study involving all consenting patients under 18 referred to Regional Gender Centers or the National Clinic. Patient organizations will help determine core outcomes, including patient-reported outcomes (PROM) and service experiences (PREM), aligning with international research discussions. This initiative aims to improve evidence-based care for children and adolescents with gender incongruence in Norway.

Authors:
**Presenter,** Dr. Anne Wæhre

Subcontribution 18626 to Session ID 5910
Day 3 - 01.07.2025, 09:30 - 09:45, Londres 2

The Current Debate on Gender Dysphoria in Minors in Germany: Problems with the New Clinical Guideline and Conceptual Aspects of a Heterogeneous Clinical Phenomenon
T30 - Policy / advocacy

Abstract:
Aims: This presentation critically examines the new German S2k clinical guideline for minors with gender dysphoria (GD), highlighting intrinsic contradictions within the concept of gender incongruence in children and adolescents and identifying scientific gaps.
Methods: The analysis builds on a systematic critique of the current German guideline version, with this particular critique being supported by international evidence and recent findings. Special focus is given to its conceptual framework, lack of clarity in terminologies, and the consequences of its recommendations for potentially irreversible medical interventions in minors.
Results: The review reveals significant discrepancies between the recommendations and the current evidence. The German guideline falsely assumes a stable understanding and self-interpretation of a young person's own biological sex and associated representations in minors, which contrasts with empirical findings indicating a fluidity of self-interpretations in children and adolescents across development. Such factors can be even more complex when mental health disorders are present. Additionally, the guidelines' recommendations on the use of puberty blockers (PB) and cross-sex hormones (CSH) in minors disregard the poor quality of evidence and long-term risks associated with these particular interventions. Ethical concerns, such as potential harm and informed consent complexities, are also critically addressed.
Conclusions: The new guideline raises pressing ethical and clinical challenges, including its implications for potentially irreversible interventions and the conceptual framework for GD in minors. Recommendations for revising the guideline will be presented, emphasizing the need for a cautious, evidence-based approach that prioritizes the well-being and the right to have an open future for minors.

Authors:
**Presenter,** Prof. Dr. Florian Zepf

Subcontribution 18627 to Session ID 5910
Day 3 - 01.07.2025, 09:45 - 10:00, Londres 2

# The Italian approach to gender dysphoria in minors: recent developments and future prospects

T30 - Policy / advocacy

Abstract:
In this talk, I offer a brief chronicle of recent developments in Italy regarding the treatment of gender dysphoria in minors. I discuss the interplay between the response of institutions (the Italian Parliament, the Ministries of Health and the Family, and the National Bioethics Committee) and that of medical/scientific societies, with a special focus on the contentious issue of puberty blockers. In the context of international trends, the Italian landscape has been shifting very rapidly, leaving many open questions about the future that will be the concluding topic of my presentation.

Authors:
**Presenter,** Dr. Marco Del Giudice

Subcontribution 18628 to Session ID 5910
Day 3 - 01.07.2025, 10:00 - 10:15, Londres 2

# ESCAP statement on the care for children and adolescents with gender dysphoria: an urgent need for safeguarding clinical, scientific, and ethical standards

T30 - Policy / advocacy

Abstract:
The statement issued by the European Society for Child and Adolescent Psychiatry (ESCAP) is presented, which emphasises the need to maintain clinical, scientific and ethical standards in the treatment of children and adolescents with gender dysphoria (GD). GD as defined in the DSM-5-TR differs from the newer ICD-11 classification, which categorises it under sexual health in order to reduce stigma. A growing number of adolescents, particularly females, are seeking help for GD, which is often accompanied by psychiatric comorbidities such as autism, depression, anxiety and suicidality.
Initial protocols for the treatment of GD in children and adolescents focused on psychological support and counselling. In the past decade, affirmative approaches including social, legal and medical transition prevailed. Independent reviews (NICE, Sweden, Germany) found limited and methodologically flawed evidence of the long-term benefits of some of these interventions and raised concerns about potential health and developmental risks. ESCAP emphasises the principle of "primum non nocere" (first do no harm) and urges caution in the use of experimental treatments.
ESCAP calls for the establishment of a framework for clinical research with long-term follow-up of patients and the promotion of open professional dialogue on best practise for GD care. ESCAP advocates individualised care, informed consent and consideration of co-morbidities to ensure the highest standards of care for this vulnerable population.

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Symposium 18332 to Session ID 5916
Day 3 - 01.07.2025, 09:00 - 10:30, Berlin

# Understanding Mental Health and Neurodevelopmental Outcomes in Rare Genetic Conditions: From Research Cohorts to Clinical Applications

T02 - Neurogenetics

Abstract:
There has been exponential growth in our understanding of the contribution of genomic factors to neurodevelopmental and mental health outcomes. Rare genetic conditions provide unique opportunities to enhance our understanding of risk factors underlying various mental health challenges. This symposium will highlight recent advances in the study of mental health outcomes associated with rare genetic conditions, with a focus on copy number variants (ND-CNVs) and sequence-level variations.
The presentations will feature findings from cohort studies that investigate the heterogeneity of outcomes in individuals with these genetic susceptibilities. Additionally, detailed examinations of specific genetic conditions will be presented, shedding light on their unique contributions to mental health risks. A key focus will also be on frameworks for clinical and registry-based initiatives designed to support children and adolescents facing genetic susceptibilities to mental health challenges.
By integrating findings from population-based research and clinical initiatives, this symposium aims to bridge critical gaps in knowledge. It will provide insights into how these findings can inform the development of targeted research strategies and treatment approaches. Ultimately, this symposium aspires to contribute to a more comprehensive understanding of mental health outcomes in individuals with genetic vulnerabilities, offering guidance for supporting affected individuals and their families.

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Subcontribution 18333 to Session ID 5916
Day 3 - 01.07.2025, 09:00 - 09:15, Berlin

# The Relative Diversity in Neurexin Trajectories (RaDiaNT) Cohort Study of NRXN1 Deletions – Understanding Heterogeneity of Outcomes in a Genetic and Family-Based Context

T02 - Neurogenetics


Abstract:

Background:

NRXN1 deletions, rare neurodevelopmental copy number variants (ND-CNVs) involved in synaptic function, are linked to diverse outcomes such as autism, epilepsy, language delay, mood disorders, and psychosis. Deep phenotyping can enhance our understanding of the biological and environmental factors underlying this variability, but requires large, multi-national datasets.

Methodological approach:

The RaDiaNT study, part of the EU-funded Risk and Resilience for Mental Health in Neurodiversity (R2D2) consortium, is a multisite observational cohort conducted in Toronto, Dublin, and Melbourne. It uses a harmonized protocol to assess individuals with NRXN1 deletions and their families, evaluating cognitive, language, mental health, and behavioral outcomes while banking DNA for genetic analyses.

Results:

Preliminary findings from 25 NRXN1 deletion carriers, compared to idiopathic autism (n=121), autism with ID (n=40), and typically developing controls (n=70) from the AIMS2TRIALS LEAP cohort, reveal elevated SDQ total problems and peer problems in 40% and 70% of carriers, respectively. DSM-5 DAWBA diagnoses were found in 42%, with ADHD (33%) as the most prevalent condition. These outcomes highlight substantial heterogeneity, with some individuals exhibiting severe difficulties, including high hyperactivity scores.

To further unravel the phenotypic heterogeneity observed in NRXN1 deletion carriers, we plan to integrate long-read sequencing in the cohort to explore the contribution of genetic variation, such as complex structural variants or epigenetic changes, to clinical outcomes within families.

Conclusions and Future Directions:

This presentation will outline the RaDiaNT cohort's progress, preliminary findings, and the planned integration of long-read sequencing to investigate mechanisms driving risk and resilience and the implications for understanding genetic and familial influences on variable outcomes.



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Subcontribution 18334 to Session ID 5916
Day 3 - 01.07.2025, 09:15 - 09:30, Berlin

# Autism Symptoms in Prader-Willi Syndrome (PWS) – Relationships with Behaviors and Implications for Treatment

T02 - Neurogenetics


Abstract:

Background:

Prader-Willi Syndrome (PWS) is a complex neurodevelopmental disorder with distinct genetic subtypes—deletion and maternal uniparental disomy (mUPD)—each associated with unique behavioral and cognitive profiles. Autism prevalence within PWS is significantly higher than in the general population, ranging from 29% to 49%. Individuals with genetic syndromes, such as PWS, often exhibit atypical autism profiles, differing from idiopathic autism, highlighting the need for syndrome-specific characterizations to understand phenotypic variability and its biological underpinnings. This study aimed to determine the prevalence of autism symptoms and research diagnosis of ASD in PWS and compare autism trait patterns between PWS and an age, sex, and IQ-matched idiopathic autism group from the AIMS-2-TRIALS LEAP cohort.

Methods:

We investigated autism diagnosis and symptoms in 27 individuals with PWS (15 females, 12 males, mean age 16.6 years, SD = 9.0) confirmed by genetic testing. Standardized clinical assessments included the Autism Diagnostic Interview-Revised (ADI-R), Autism Diagnostic Observation Schedule-Second Edition (ADOS-2), Social Communication Questionnaire (SCQ), Wechsler Abbreviated Scale of Intelligence (WASI-II), Mullen Scales of Early Learning (MSEL), and Vineland Adaptive Behavior Scales-II (VABS-II). In ongoing analysis, we compare autism symptoms (ADI-R and ADOS-2 scores) between groups, and use a correlational matrix analysis to examine symptom patterns within and across groups.

Results:

In the PWS group, 19.2% met ADOS-2 criteria for ASD, 23.1% met ADI-R criteria, and 15.4% met research clinical consensus criteria. Ongoing analyses will explore group differences in autism traits and symptom patterns.

Conclusions:

Findings indicate a lower autism prevalence in PWS than prior estimates, likely due to robust research diagnostic criteria. Examining autism traits across groups may uncover unique biological and behavioral underpinnings, informing tailored diagnostic tools and treatments for PWS while contributing to broader autism research.



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Subcontribution 18335 to Session ID 5916
Day 3 - 01.07.2025, 09:30 - 09:45, Berlin

Impact of Neurofibromatosis on Behaviour and Cognition
T02 - Neurogenetics

Abstract:
Introduction: Neurofibromatosis Type 1 (NF1) is associated with an increased risk for neurodevelopmental disorders such as learning disorders, attention deficit hyperactivity disorder (ADHD), and autism spectrum disorder (ASD). We conducted a comprehensive assessment of the neuropsychiatric and neurodevelopmental phenotype in children with molecularly confirmed NF1.
Methods: We provided a psychiatric evaluation and a psychoeducational screen for children between 7-12 years of age with NF1 at the Hospital for Sick Children. We quantified the rate of neurodevelopmental and psychiatric pathology both categorically (diagnoses) and on a dimensional level (symptoms). A quantitative level of symptoms was obtained from questionnaires. An intellectual quotient (IQ) level was obtained from the Weschler Abbreviated Scale of Intelligence (WASI). Academic functioning was screened using the Wide Range Achievement Test (WRAT).
Results: Preliminary findings from 40 children reveal an ADHD diagnosis in 58%, ASD diagnosis in 10%, anxiety disorder in 13%, and learning disorder in 10%. Caregiver questionnaires reveal elevated autism symptoms on the Social Responsiveness Scale (SRS) in 25% of children. Low scores on the psychoeducational screen that required further assessment to rule out an intellectual disability or learning disorder were seen in 28% of children.
Conclusions: Our preliminary findings indicate a high prevalence of neurodevelopmental diagnoses in children with NF1, including attention, anxiety, autism, and learning disorders. Our findings also indicate high levels of autism symptomatology. These findings highlight the importance of providing a comprehensive cognitive, developmental, and psychiatric assessment for children with NF1.

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Subcontribution 18336 to Session ID 5916
Day 3 - 01.07.2025, 09:45 - 10:00, Berlin

# DAGSY: A novel integrated clinical approach to children at genetic risk for neurodevelopmental and psychiatric conditions

T02 - Neurogenetics

Abstract:
A growing number of gene-disease relationships are recognized, including the discovery of more and more genetic variants associated with a vulnerability for neurodevelopmental and psychiatric disorders (NPDs). The rapid uptake of genetic testing in pediatric care during the past five years has led to an increasingly early identification of genetic vulnerabilities in children, even before symptoms appear. The recognition of genetically mediated vulnerability for NPD outcomes very early in life creates new clinical challenges for child psychiatrists, but also unique research opportunities.
To support parents of newborns at genetic risk for NPDs, we established the DAGSY clinic (Developmental Assessment of Genetically Susceptible Youth). DAGSY offers integrated genetic, psychiatric, and psychological services in one visit. Key innovations include: Referrals are based on genetic risk alone; assessment by an interdisciplinary team combining psychological, psychiatric and genetic expertise; and close integration of clinical service and research.
We will present diagnostic findings and recommendations for the 250 children evaluated so far along with feedback from parents and physicians. We will discuss DAGSY operational features related to both its clinical and research objectives. As an illustration of the latter, we will present findings in a case-series identified through DAGSY, indicating a novel autosomal dominant neurodevelopmental disorder with an increased risk for psychosis.
In summary, the early identification of genetic risks for NPDs highlights a new clinical need in child psychiatry. The DAGSY clinic addresses this need and serves as a research platform, demonstrating the potential for preventative interventions and comprehensive care for genetically susceptible youth.

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Subcontribution 18337 to Session ID 5916
Day 3 - 01.07.2025, 10:00 - 10:15, Berlin

# The EAGER Registry – A Registry for Autism and Related Rare Genetic Disorders

T02 - Neurogenetics

Abstract:
The European Autism GEnomics Registry (EAGER), part of the Autism Innovative Medicine Studies-2-Trials (AIMS-2-TRIALS) consortium, aims to establish a registry of up to 1,500 autistic individuals and those with related-rare genetic conditions (RGCs) across 13 European sites. Participants will undergo whole genome sequencing to assess the relationship between genomics and neurodevelopmental and mental health outcomes (Bloomfield et al., 2024). Questionnaires include self and parent-report measures; domains include autistic traits (SRS and SCQ), and mental health (SDQ, PHQ-9 and GAD-7). Preliminary results are based on a UK sub-sample of 31 autistic participants (median age (IQR) = 30(14.5-49.5); gender = 20 male) and 28 RGC participants (median age (IQR) = 9.5 (6-18.8); gender = 11 male), and 65% of the RCG group had a diagnosis of Tuberous Sclerosis Complex. Parent report SDQ data indicated variability in total scores in both autistic (median (IQR)= 17(13-21); range = 12-24) and RGC groups (median (IQR) = 17 (12-21); range = 8-24), with very high peer problems scores in 90.9% of autistic and 63.2% of RGC participants. GAD-7 self-report scores from 18 autistic adult participants indicated 11.1% with moderate anxiety and 33.3% with severe anxiety (median (IQR) = 8(6-16.5); range = 0-20), and PHQ-9 scores indicated moderately severe depression in 22.2% and severe depression in 27.8% (median (IQR)= 15(9.3-20.3); range = 2-26). The full cohort from 13 sites will be analysed to understand neurodevelopmental and mental health outcomes. EAGER aims to facilitate future clinical trials and use genomics to inform targeted therapeutics for autism and related-RGCs.

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Symposium 19730 to Session ID 5963
Day 3 - 01.07.2025, 09:00 - 10:30, Bruxelles

Workshop: Functional incontinence in children – guideline-based assessment and treatment options
T13 - Treatment - Pediatric Liaison and other

Abstract:

Authors:

Subcontribution 17356 to Session ID 5963
Day 3 - 01.07.2025, 09:00 - 10:30, Bruxelles

Functional incontinence in children – guideline-based assessment and treatment options
T13 - Treatment - Pediatric Liaison and other

Abstract:
Aims:
Functional incontinence is a very common condition in children. This workshop will impart theoretical knowledge as well as practical skills regarding diagnosis and treatment of the different incontinence forms (nocturnal enuresis, daytime urinary incontinence and fecal incontinence).
Methods:
After a brief overview of the various incontinence subtypes, the key diagnostic techniques for assessing urinary and bowel function will be presented. Using interactive case examples, participants will learn about diagnosing incontinence and psychiatric comorbidity. Afterwards, specific treatment strategies and options will be worked out and discussed based on the cases.
Conclusion:
The workshop is designed to provide a thorough understanding of how functional incontinence can be diagnosed and treated effectively. The workshop is suitable for doctors, psychologists and nurses alike.

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Symposium 19907 to Session ID 5989
Day 3 - 01.07.2025, 09:00 - 10:30, Boston

Oral Session: Suicide
T40 - Suicide

Abstract:

Authors:

Subcontribution 16313 to Session ID 5989
Day 3 - 01.07.2025, 09:00 - 09:15, Boston

# Relationship between regional prescriptions of lithium and clozapine and suicide mortality in children and adolescents in France between 2014 and 2019

T40 - Suicide

Abstract:
The protective effect of lithium and clozapine against suicide risk was reported in adults but remains unclear in the pediatric population. To address this question, the French OPENMEDIC national health insurance database and the CepiDC national mortality register were used to describe the relationships between lithium and clozapine prescriptions among youths under 19 years between 2014 and 2019 and different causes of mortality. In simple regression models, inter-regional variabilities in lithium and clozapine prescriptions were associated with mortality by suicide and self-injury, while no significant relation was found with all causes of mortality. In multinomial regression models, accounting for indexes of social disadvantage and medical demography, the association between the variability in clozapine prescriptions and suicide mortality remained significant, but not for lithium prescriptions. These findings support a possible protective effect of clozapine on suicide risk in pediatric population, whereas data on lithium are less consistent.

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Subcontribution 17493 to Session ID 5989
Day 3 - 01.07.2025, 09:15 - 09:30, Boston

Childhood trauma cortisol and immune cell glucocorticoid transcript levels are associated with increased risk for suicidality in adolescence
T40 - Suicide

Abstract:
Rising adolescent suicide rates present a growing unmet need. Childhood trauma (CT) has been associated with altered cortisol dynamics and immune cell glucocorticoid reactivity, yet their additive longer-term contributions to later suicide outcomes are less clear. The current study compared CT scores, resting salivary free cortisol and mononuclear cell gene expression levels of the nuclear receptor, subfamily 3, member 1 (NR3C1) coding the glucocorticoid receptor, and its co-chaperons FKBP prolyl isomerase 5 (FKBP5) and KIT Ligand (KITLG), between a cohort of adolescents presenting with a suicidal crisis requiring hospital treatment, and matched healthy controls. Childhood trauma scores and glucocorticoid measures were significantly altered among suicidal adolescents, and CT scores correlated with mononuclear cell glucocorticoid transcripts. Both CT scores and glucocorticoid measures explained substantial additive portions of the variance in adolescent suicidality. Long-term perturbations in cortisol dynamics and immune cell glucocorticoid response elements denote dysregulated immune stress reactivity, and may possess value in prediction and point to modifiable-risk factors in prevention of clinically significant suicidality during the brittle period of adolescence, years after childhood trauma exposure.

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Subcontribution 17572 to Session ID 5989
Day 3 - 01.07.2025, 09:30 - 09:45, Boston

# Changes in Suicidal Ideation and Behaviour After ASAP and BRITE App Intervention for Suicidal Adolescents Following Hospitalization

T40 - Suicide

Abstract:
Aims: Suicide is the second cause of death among youth. Adolescents hospitalized in psychiatric wards due to suicidality face an elevated risk of suicide attempts during the post-discharge period, emphasizing the need for targeted interventions that address suicidal urges before discharge. This study evaluated the efficacy of an innovative intervention, ASAP, combined with a mobile app, in reducing suicidality at 4, 12, and 24 weeks post-discharge.
Methods: A total of 81 adolescents (aged 12-18) admitted for suicidality were enrolled and randomly assigned to either treatment as usual (TAU, n = 41) or the ASAP intervention group (ASAP + app). Suicidal ideation and behaviour were assessed at 4, 12, and 24 weeks using the Columbia–Suicide Severity Rating Scale (CSSRS).
Results: The two groups did not differ significantly in demographic or clinical differences at baseline. Over time, self-harm, intensity, and suicidal scores decreased significantly ($p = .003$, $p < .001$, $p < .001$). No significant interaction between time and treatment groups was observed for self-harm, suicidal, or intensity scores ($p > 0.05$), indicating similar trends in both groups. However, group comparisons revealed that the TAU group had significantly higher intensity scores than the ASAP group at discharge ($p < .05$) and after 12 weeks ($p < .05$). Additionally, ICU admissions were three times higher in the TAU group vs the ASAP group, although not statistically significant. (OR=3.569, p=.079).
Conclusions: These findings suggest the ASAP intervention may effectively reduce suicidality among suicidal adolescents during the post-hospitalization period.

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Subcontribution 18709 to Session ID 5989
Day 3 - 01.07.2025, 09:45 - 10:00, Boston

# What Makes Life Livable? Understanding the Social Determinants of Suicidality Among Adolescents Aged 12-26 years

T40 - Suicide

Abstract:
Background: Suicidality –encompassing suicidal ideation, suicidal attempts, and completed suicide– spares no demographic group; however, adolescents are especially vulnerable to it. In the context of suicide prevention, the WHO launched a Comprehensive Mental Health Action Plan, which aims to reduce suicide rates worldwide by one-third by 2030. With only five years remaining to achieve this target, progress is hindered by several factors, including the insufficient consideration of social determinants in existing suicidality models. Aim: Describe the relationship between social determinants and suicidality among adolescents through the lens of the Social Determinants of Mental Health Model proposed by Crick Lund et al. Methods: We conducted a mixed-methods systematic review, searching PsycINFO, PubMed, Web of Science, and Embase for peer-reviewed studies. A total of 4707 studies were screened, and 683 were assessed for eligibility. Ultimately, 303 articles were included in the narrative synthesis of this review. Results: Across five themes (demographic, economic, neighborhood, environmental, and socio-cultural domains), we identified more than 50 social determinants that, rather than being static entities, are heterogeneous and interdependent constructs that can precipitate, exacerbate, or diminish suicidality. Conclusions: Social determinants do not act as uniform factors but as heterogeneous influences on suicidality. To further understand the heterogeneity of social determinants in suicidality, we suggest a novel approach inspired by genome-wide association studies, termed “social-wide association studies”. This method would enable the systematic sequencing of the heterogeneity within social determinants and facilitate their statistical correlation with suicidality outcomes, paving the way for more targeted and effective interventions.

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Subcontribution 19021 to Session ID 5989
Day 3 - 01.07.2025, 10:00 - 10:15, Boston

Prevalence of Psychological and Psychiatric Support in School-Aged Children and Presence of Suicidality
T40 - Suicide

Abstract:
Aims: This study aimed to examine the prevalence of seeking and receiving psychological and psychiatric support among school-aged children, as well as the presence of suicidal behaviors in this population.
Methods: The sample consisted of 684 school-aged children (59.3% female, 40.7% male, Mage = 14.48 ± 2.26) from 15 elementary and high schools in Belgrade, Serbia. The study was conducted using self-administered questionnaires, which included socio-demographic information (gender, age), questions about the need for and provision of psychological and/or psychiatric support, and the Suicidal Ideation Attributes Scale (SIDAS).
Results: The results indicate that 37.5% of students experienced emotional difficulties that led them to consider seeking help for their problems, while 31.6% were recommended to consult a professional. Psychological, psychotherapeutic, or psychiatric support was utilized by 35.5% of respondents, 25.6% of whom reported that the support helped alleviate their difficulties. Pharmacological treatment was reported in 2.8% of children, the same percentage as those hospitalized in psychiatric institutions. Suicidal ideation was present in 9.43% of participants (mean SIDAS score: 10.57 ± 9.38). Suicide attempts were reported by 4.2% of students, 55.2% of whom attempted suicide once, while the rest reported multiple attempts.
Conclusion: These findings highlight the importance of timely recognition of psychological needs and the implementation of preventive programs in schools. Special attention should be given to children with high-risk behaviors, such as suicidal tendencies, alongside improving the accessibility and effectiveness of the support provided to students.

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Dr. Milica Vlaisavljevic Institute of Mental Health Belgrade
Dr. Sanja Lestarevic Institute of Mental Health Belgrade
Dr. Andreja Andrejić Institute of Mental Health Belgrade
Dr. Savina Bunijevac Institute of Mental Health Belgrade

Symposium 20400 to Session ID 6254
Day 3 - 01.07.2025, 10:00 - 12:00, Stuttgart (Meeting)

Réunion: comité de rédaction de la revue Neuropsychiatrie de l'enfance et de l'adolescence (NEUADO)

Abstract:

Authors:

Symposium 19627 to Session ID 5736
Day 3 - 01.07.2025, 11:00 - 11:45, Schweitzer

Keynote V - Andres Martin & Cecli Prins-Aardema: Lessons from the psychiatrist as psychiatric patient.

Abstract:
Abstract
“Individuals with mental illnesses and those of us who care for them are not that different from one another. But in being with our patients, how many of us share our fallibility, our vulnerability, our imperfection: how many of us share our own experience being on “their” side of the aisle? More to the point: how many of us professionals share with one another? Not nearly enough. We have been too caught up in a maladaptive search for perfectionism and infallibility. Sharing such personal information is understandably a bridge too far for many. When it comes to mental health, little of this state of affairs is due to the facile explanation of breaches in privacy. It is simpler than. And more painful. It is because of stigma.
In this session, two psychiatrists with histories of mental illness share their experiences and provide a framework toward health-promoting action.”
CV
Dr. Andrés Martin is the Riva Ariella Ritvo Professor at the Child Study Center, in the Yale School of Medicine (New Haven, CT, USA). As part of the Center for Medical Education, he teaches best practices in training the next generation of physicians. Martin serves as medical director of the Children’s Psychiatric Inpatient Services at Yale-New Haven Hospital, and his clinical work focuses on younger children with serious psychopathology. His research centers on the stigma of mental illness, and on the use of qualitative medicine methods in child psychiatry. Martin is editor emeritus of the Journal of the American Academy of Child and Adolescent Psychiatry (’08 – ’17). A native of Mexico City, Martin trained at the National University of Mexico (MD ’90), at Harvard-affiliated hospitals (psychiatry and child psychiatry, ’92 – ’96), at the Yale School of Public Health (MPH ’02), and at the University of Groningen, in the Netherlands (PhD ’22).
---
Abstract
“Individuals with mental illnesses and those of us who care for them are not that different from one another. But in being with our patients, how many of us share our fallibility, our vulnerability, our imperfection: how many of us share our own experience being on “their” side of the aisle? More to the point: how many of us professionals share with one another? Not nearly enough. We have been too caught up in a maladaptive search for perfectionism and infallibility. Sharing such personal information is understandably a bridge too far for many. When it comes to mental health, little of this state of affairs is due to the facile explanation of breaches in privacy. It is simpler than. And more painful. It is because of stigma.
In this session, two psychiatrists with histories of mental illness share their experiences and provide a framework toward health-promoting action.”
CV
Cecil Prins-Aardema is a child- and adolescent psychiatrist and researcher at GGZ Drenthe Family Psychiatry (the Netherlands). Driven by her personal experience with the impact of mental illness and stigma on her family, she and her family co-founded the international cycling campaign ‘Break the Stigma for Families’ together with Andrés Martin.
The stories shared by participating families serve as a key inspiration for her research, which focuses on stigma and recovery in families affected by serious mental illnesses.
As a child- and adolescent psychiatrist, she primarily works in the inpatient family unit at the Expertise Center for Assessment and Treatment of Parenthood within GGZ Drenthe Family Psychiatry. This center provides both outpatient and inpatient family treatment for families at risk of—or already experiencing—the out-of-home placement of one or more children. Families are referred by child safety professionals, including community teams, family guardians, and juvenile court judges. Goal of the family treatment program is to provide parents with an intensive inpatient intervention that strengthens their parenting capacity while guiding placement decisions to ensure a timely, safe, and lasting permanency plan for the child(ren).

Authors:

**Presenter, Chair** Prof. Dr. Jörg Fegert University Hospital of Ulm

Symposium 19648 to Session ID 5756
Day 3 - 01.07.2025, 11:00 - 12:30, Curie A

Symposium: The lived experience in child psychiatry: where has it gone?

Abstract:
Jonathan LACHAL, Professeur de Psychiatrie de l'Enfant et de l'Adolescent,
Université Clermont Auvergne-Service de Psychiatrie de L'Enfant Et de L ' Adolescent, CHU de Clermont-Ferrand
Marie-Aude PIOT, MD, PhD, MCU-PH, Psychiatre Enfants & Adolescents Université Paris-Cité, Faculté de santé, UFR de médecine, Paris.
Hôpital Necker-Enfants Malades, Service de psychiatrie de l'enfant et de l'adolescent, Paris - Inserm, CESP, UMR 1018, Team DevPsy, UVSQ, université Paris-Saclay,
Jordan SIBEONI, Psychiatre Enfants et Adolescent, PH HDR
Service Universitaire de Psychiatrie de l'Adolescent. Centre hospitalier d'Argenteuil - Equipe ECSTRRA, UMR1342 INSERM; Paris
Jonathan LACHAL, Professeur de Psychiatrie de l'Enfant et de l'Adolescent, Université Clermont Auvergne - Service de Psychiatrie de L'Enfant Et de L ' Adolescent, CHU de Clermont-Ferrand,
Anne REVAH-LEVY, Professeure de Psychiatrie de l'Enfant et de l'Adolescent,
Centre hospitalier d'Argenteuil - ECSTRRA team UMR 1342
Michel SPODENKIEWICZ, Professeur de Psychiatrie de l'Enfant et de
l'Adolescent, MD, PhD
Center of Ecellence for Youth Mental Health, Douglas Mental Health University Institute, McGill University, Montreal
CHU & Université de La Réunion, Saint-Pierre
Centre de Recherche en Epidémiologie et Santé des Populations, Inserm7 U1018, Villejuif

Authors:
**Presenter, Chair** Jean Chambry GHU PARIS PSYCHIATRIE ET NEUROSCIENCES

Symposium 19628 to Session ID 5737
Day 3 - 01.07.2025, 12:00 - 12:45, Schweitzer

ESCAP SOA Session III - Antonio Persico: Beyond the genetics of autism spectrum disorder : an update for 2025.

Abstract:
Autism Spectrum Disorder (ASD) is characterized by socio-communication deficits, repetitive behaviors, rigid routines and abnormal sensory processing. This neurodevelopmental disorder was for many years believed to stem exclusively from genetic mutations and chromosomal abnormalities, but genetic mechanisms fully explain only a minority of cases, albeit sizable. Increasing evidence now supports complex roles for epigenetic contributions and abnormal alternative splicing, which may partly explain the increasing prevalence of ASD and the severe expression of inherited genetic variants with incomplete penetrance. Furthermore, epigenetic, transcriptional and proteomic abnormalities have been detected at birth in the cord blood of neonates diagnosed with ASD years later. Epigenetic abnormalities have even been detected in the gametes of parents of autistic children. These results move back the clock of ASD pathogenesis, pointing toward gene x environment interactions occurring during early prenatal neurodevelopment or possibly affecting parental gametes, adding further complexity but also opening new avenues of intervention.
CV
Antonio M. Persico, M.D. is a psychiatrist and Full Professor of Child and Adolescent NeuroPsychiatry at the University of Modena and Reggio Emilia. He studied the genetics and neurobiology of drug addition, schizophrenia, panic disorder, finally focusing for the past 25 years on autism spectrum disorder (ASD). He has published 206 articles listed on Scopus, with 14,114 citations and an H-index of 62. His research aims at identifying biomarkers and subgrouping ASD, studying gene x environment interactions, and developing novel evidence-based pharmacological interventions in autism spectrum disorder. He won the Cozzarelli prize by the National Academy of Sciences of the U.S.A. (2007), and he was appointed Fellow by the International Society for Autism Research (2024). He is Specialty Chief Editor of the “Autism” section of Frontiers in Psychiatry and member of the Editorial Board of Molecular Autism and Journal of Neurodevelopmental Disorders.

Authors:
**Presenter, Chair** Prof. Dr. David Cohen APHP, CHU Pitié Salpetriere

Symposium 19629 to Session ID 5738
Day 3 - 01.07.2025, 12:00 - 12:45, Cassin

ESCAP SOA Session III - Charlotte Cecil: Epigenetics applied to child and adolescent mental health : progress, challenges and opportunities.

Abstract:
Epigenetics is transforming our understanding of how genetic and environmental factors converge to shape children's development, health, and psychiatric risk. In this talk, I will discuss the promises, challenges, and opportunities this field offers, drawing on insights from large, prospective, population-based studies. I will reflect on why progress in child and adolescent epigenetics still lags behind adult research and propose strategies to address existing barriers, spotlighting innovative methodological approaches and new collaborative initiatives to advance the field. I will conclude with an outlook on research priorities and explore how epigenetics could contribute to developing new tools for more accurate prediction, management, and treatment of psychiatric problems in childhood and adolescence. Overall, I aim to demonstrate how a developmentally informed approach can help bridge the classic nature–nurture divide and bring us closer to more targeted solutions for improving mental health from early life.
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Charlotte AM Cecil, PhD, is an Associate Professor in Biological Psychopathology at the Department of Child and Adolescent Psychiatry and PI of the inDEPTH Lab based at the Erasmus Medical Centre, the Netherlands. Her work aims to better understand how mental health problems develop in childhood and adolescence, in order to improve strategies for early risk detection and the prevention of chronic mental illnesses later in life. A key interest in her group is to identify how - at a biological level - genetic and environmental factors beginning in pregnancy come together to shape children's development, behavior, and mental health, with a particular focus on epigenetic mechanisms. She has authored over 130 scientific articles and expert reviews on this topic, and (co)leads multiple international efforts dedicated to better understanding and enhancing mental health during development, including the European collaborative projects TEMPO, MIND, FAMILY, EarlyCause, and HappyMums.

Authors:
**Presenter, Chair** Prof Lisa Ouss Liege University Hospital Center

Symposium 19631 to Session ID 5740
Day 3 - 01.07.2025, 12:00 - 12:45, Curie B

ESCAP SOA Session III - Christophe Gauld: Philosophy and computational sciences : key drivers to revolutionize future classifications of CAP disorders.

Abstract:
Child and adolescent psychiatry is a historically contingent, epistemologically complex, and clinically heterogeneous discipline, structured by intersecting pedagogical, legal, political, and medical forces. We re-examine it through four complementary axes: historical contingency, classification, symptomatology, and clinical humility. Examining the emergence of the discipline reveals how it has been shaped less by necessity than by a complex relationship of pedagogical, legal, political, and clinical factors. Given such contingency, classification functions as a stabilizing response, but remains frequently in tension with the singularity of clinical situations. To move beyond these limitations, the hypothesis of a "science of symptoms" is thus proposed, suggesting that symptoms should not be only reduced to indicators of latent (biological or psychological) causes, but understood as dynamic, intersubjective, culturally embedded, and normatively situated phenomena. Symptom network approaches, for instance, provide formal tools to model these dynamics, linking the theoretical, historical, and cultural significance of symptoms with computational models and clinically relevant data. Finally, we propose a humility-based clinical practice which accepts uncertainty, and supports reflective engagement and conceptual dialogue based in philosophy of medicine. Such proposals seek to reconcile classificatory rigor with the lived experience of patients, offering a basis for a reflexive and humanistically grounded computational psychiatry.

Authors:
**Presenter, Chair** Prof. Dr. Mario Speranza Université Paris Saclay - Versailles

Symposium 18643 to Session ID 5843
Day 3 - 01.07.2025, 13:00 - 14:00, Cassin

# Multiple faces of adolescent violence

T06 - Adolescent

Abstract:
In contemporary clinical practice, we face an unprecedented and escalating challenge in addressing behavioral disturbances at both individual and collective levels. This phenomenon, particularly prevalent among adolescents, is marked by novel and often severe expressions of violence directed both inwardly (towards the self) and outwardly (towards others).
Adolescence is a developmental stage shaped by profound biological and psychological transformations during puberty. It brings sexuality, aggression, and questions of social affiliation to the forefront with heightened intensity. These drives are pivotal in shaping identity and navigating the transition to adulthood—a process influenced by early childhood experiences, the demands of family, social institutions, cultural ideologies, and, in 2025, the Internet.
A pressing theoretical and clinical question arises: what has shifted to make the normative trajectory of adolescent development increasingly dominated by violence and perversion? Aggression, rather than being resolved adaptively, frequently manifests as pathological violence. Meanwhile, its interplay with sexuality often leads to expressions of perversion, further complicating the developmental process.
The pervasive and multifaceted nature of violence—spanning individual, social, and interactive domains—underscores the need for interdisciplinary collaboration. Effective understanding and intervention require integrating perspectives from psychiatry, psychology, sociology, and related fields.
This symposium aims to explore and renew theoretical and clinical frameworks for understanding these phenomena. By fostering dialogue and interdisciplinary exploration, we hope to enhance our ability to respond effectively to this evolving and urgent clinical reality.

Authors:
**Chair** Prof. Dimitrios Anagnostopoulos National and Kapodistrian University of Athens

Subcontribution 18645 to Session ID 5843
Day 3 - 01.07.2025, 13:00 - 13:15, Cassin

Epistemic Grief: Dystopia and Nihilism Among Young Patients Referred for Violent Extremism
T06 - Adolescent

Abstract:
Aims:
This study explores the emergence of dystopian and violent belief systems, fantasies, and behaviors among young patients referred to a specialized Montreal clinic for attraction to or involvement in violent extremism. The study aims to identify recurring themes and underlying psychosocial mechanisms driving these tendencies.
Methods:
A mixed-methods concurrent triangulation design was employed, combining quantitative data from patient file reviews (n=80) with qualitative data derived from a clinician focus group and clinical ethnography. This approach provided a granular understanding of patient trajectories and contextual factors influencing their behaviour.
Results:
Findings, though limited to a specialized sample, suggest the prevalence of increasingly dystopian and nihilistic worldviews among children, adolescents, and young adults. Key themes include loss of hope for the future, distrust of institutions, cynicism toward contemporary gender discourse, and identification with serial killers and lone-actor attackers. Analysis of family and social dynamics highlights the role of traumatic processes in patients' search for meaning and belonging. These processes echo mechanisms of loss, regression, and grieving, conceptualized as epistemic grief stemming from perceived fractures in identity, trust, and worldview.
Conclusions:
The study underscores the importance of understanding the psychological, family-level and sociocultural drivers of violent extremism. It highlights the need for targeted, interdisciplinary approaches to address these issues.

Authors:
**Presenter,** Prof. Samuel Veissière Université du Québec à Montréal (UQÀM), Canada

Subcontribution 18646 to Session ID 5843
Day 3 - 01.07.2025, 13:15 - 13:30, Cassin

# Adolescent Dating Violence

T06 - Adolescent

Abstract:
Aims:
The term “adolescent dating violence” means emotional, physical or sexual abuse of dating of sexual partner. Such behaviors include controlling aspects of a partner's daily life, such as their choice of outfits, their friend groups, regulating their cell phone use, supervising their utilization of contraception and other forms of avaricious behaviors. This study aims to systematize the knowledge and focus on the serious causes and consequences of ADV.
Methods:
Scoping review of studies including the terms «Adolescent Dating Violence”, “Intimate Partner Violence” using MEDLINE(R) PsycINFO, EMBASE, SSCI. (2014-2024). Additional two case vignettes will be presented illustrating the syndrome.

Results:
Dating violence in adolescence is not uncommon. Studies have found sex category differences, as adolescent females seem to be reporting incidents involving themselves as victims of dating violence and sexual violence in rising frequency, compared to adolescent males. Risk factors include a person's behaviors and individual beliefs (conflict resolution using violence, lack of self-control, substance abuse, cyber bullying), family (history of domestic violence in the perpetrator's or the victim's family). Risk factors also involve culture, as adolescents' behaviors and actions are affected by their parents’ personal beliefs, regarding conflict resolution and violence in general.
Conclusions:
Mental health professionals must take into account the urgency and importance of implementing early preventive actions involving families and the community, in order to successfully prevent these behaviors or intervene, if violent incidents take place.

Authors:
**Presenter,** Dr. Emmanouil Tsalamanios General Hospital "Asklepieio Voulas", Athens, Greece

Subcontribution 18647 to Session ID 5843
Day 3 - 01.07.2025, 13:30 - 13:45, Cassin

# Psycho-criminological Approach to Jihadist Terrorism in Adolescence: Analysis of the Modus Operandi in Light of Life Trajectories

T06 - Adolescent

Abstract:
Aims : This study aims to explore the psychological and criminological dimensions of male adolescent engagement in jihadist terrorism. It seeks to analyze the operational methods employed by these individuals through the lens of their life trajectories. Additionally, it aims to refine the methodology for psychological assessments those criminal cases involving adolescents.
Methods : Psychological assessments were conducted for the anti-terrorism unit of the Paris Court of Appeal, involving adolescents under investigation for planning terrorist attacks. Given the absence of prior criminal records or juvenile protection files, a processual and functional analysis was employed to address the limited availability of personality data. The methodology was expanded to include individual and family psychological assessments, linking adolescent radicalization to symptom formation, acting out, and untreated familial issues.
Results : Despite the heterogeneity of profiles, common patterns were identified in the motivations and life paths of the adolescents assessed. These patterns highlighted the role of unresolved childhood in shaping their actions. The extension of psychological evaluations to the nuclear family allowed for a deeper understanding of each individual's trajectory and the underlying dynamics behind their criminal behavior.
Conclusions : Criminal acts committed by these adolescents represent attempts to gain recognition for unacknowledged victimhood experiences. The findings underscore the importance of addressing familial and transgenerational trauma in psychological assessments. Clinical case studies illustrate how these behaviors paradoxically serve as efforts to confront and break free from deeply rooted victimization narratives.

Authors:
**Presenter,** Prof. Alexandre Ledrait Université de Caen

Subcontribution 18648 to Session ID 5843
Day 3 - 01.07.2025, 13:45 - 14:00, Cassin

Systemic response to the May 2023 tragedies in Serbia
T06 - Adolescent

Abstract:
Aims:
In May 2023, 19 young people were killed, one school janitor and several others were severely wounded. The crime was committed by a 13-year-old boy and a 19-year-old man in two independent events that were consecutive. After the enormous shock, enormous grief and first chaotic reactions, an organized system response was initiated, which was implemented in the following months, and continues to this day.
Methods:
With the support of colleagues from abroad, primarily Norwegians who had similar experiences, support was organized in three phases - acute, transitional and permanent. By December 2024, support was provided to over 4,000 individuals.
Results:
In the acute phase, support was applied in the school, where the shooting took place, and then in the local community. In the first weeks and months, support was provided to children, young people, teachers, and parents and took place according to psychosocial support protocols with the supervision of experienced colleagues. In the second, transitional phase, the provision of psychosocial support in the community continued, but intensive education of school staff was started in order to better recognize the mental health problems of children and young people and to respond in a timely manner. Education was carried out in different ways and the target was reached with over 2000 qualified school psychologists and pedagogues, whose job is now to additionally educate teachers in schools. Finally, in April 2024, the first Youth Center (CEZAM) was opened in the community, whose goal is to continue with free psychosocial support for children and young people aged 10-30 according to strictly defined rules, and activities related to wellness were started. Programs (various workshops aimed at improving the mental health of the target population), educational programs for parents and all other interested parties (tribunes and lectures related to mental health) and 18 young people have been trained so far volunteers as future promoters of mental health in the community - primarily in schools.
Conslusion:
The need to spread the CEZAM model across Serbia was noticed, which is the goal in the next stages.

Authors:
**Presenter,** Prof. Dr. Milica Pejovic Milovancevic Institute of Mental Health, Belgrade, Serbia
Aleksandra Parojčić Institute of Mental Health, Belgrade, Serbia
Prof. Dr. Jelena Radosavljev Kircansk Institute of Mental Health, Belgrade, Serbia
Hana Korac Institute of Mental Health, Belgrade, Serbia
Snežana Stojanović Institute of Mental Health, Belgrade, Serbia
Snežana Stojanović Institute of Mental Health, Belgrade, Serbia
Jasmina Bogdanovic Institute of Mental Health, Belgrade, Serbia
Bojana Kuzminovic Obradović Institute of Mental Health, Belgrade, Serbia
Ivana Gavrilović Institute of Mental Health, Belgrade, Serbia

Symposium 19964 to Session ID 6004
Day 3 - 01.07.2025, 13:00 - 14:00, Curie B

Industry Lunch Symposium Medice: Advancing multimodal therapy for children with ADHD: The role of digital therapy

Abstract:
The digital therapy hiToco: Design and clinical data
Professor, Dr. Manfred Döpfner & Professor, Dr., Dipl.-Psych. Anja Görtz-Dorten
The use of digital therapies in the routine care of children with ADHD
Professor, Dr. Carmen Schröder

Authors:

Symposium 17360 to Session ID 5929
Day 3 - 01.07.2025, 13:00 - 14:00, Varsovie

Building Bridges: Integrating Mental and Physical Healthcare for Children and Adolescents
T13 - Treatment - Pediatric Liaison and other

Abstract:
Children with chronic somatic conditions face a heightened risk of developing comorbid mental health disorders. Unfortunately, these comorbidities often go unrecognized and untreated, potentially undermining the child's psychological well-being, social interactions, and overall quality of life.
This symposium delves into the interplay between mental and physical health, underscoring the need for integrated approaches to care. Four new studies will be presented. The first presentation offers insights into the illness trajectories of children and adolescents coping with both epilepsy and mental health challenges, highlighting factors that may influence treatment outcomes. The second presentation examines healthcare professionals' perspectives on addressing mental health conditions within somatic care settings. The third presentation explores emotional and behavioral patterns in children and adolescents managing dual health conditions, i.e. inflammatory bowel diseases combined with ADHD or autism. Lastly, the final presentation focuses on the impact of fear and avoidance in children with asthma and their parents.
Together, these findings emphasize the need for collaborative care models that bridge the existing divide between mental and physical healthcare, ultimately aiming to improve outcomes for young patients and their families.

Authors:
**Chair** Prof. Charlotte Ulrikka Rask Aarhus University Hospital Psychiatry
**Co-chair** Dr. Julie Løye Hejl Aarhus University Hospital Psychiatry

Subcontribution 17362 to Session ID 5929
Day 3 - 01.07.2025, 13:00 - 13:15, Varsovie

Moderator and Mediator Analyses using data from the Mental Health Intervention for Children with Epilepsy Trial
T13 - Treatment - Pediatric Liaison and other

Abstract:
Children and young people with epilepsy are more likely to experience common mental health difficulties (anxiety, depression, disruptive behaviour). The MICE (Mental Health Intervention for Children with Epilepsy) Trial found benefits of a modular evidence-based therapy over treatment as usual for children and young people with such mental health challenges. We present additional preliminary, exploratory analyses assessing whether certain factors influence who benefited from the intervention (moderation), and also how the intervention may have conferred benefits (mediation). Parental factors (including parental mental health), demographics, co-morbidity, and epilepsy related factors will be assessed as possible moderators of treatment effects on trial outcomes at 6 months. Parental mental health, and possibly parental self-efficacy will be assessed as mediators of intervention effects.

Authors:
**Presenter,** Dr. Sophie Bennett UCL Great Ormond Street Institute of Child Health

Subcontribution 17364 to Session ID 5929
Day 3 - 01.07.2025, 13:15 - 13:30, Varsovie

2. Perspectives of Healthcare Professionals on Mental Health Issues in Children and Adolescents with Congenital Heart Defects: A Qualitative Study
T13 - Treatment - Pediatric Liaison and other

Abstract:
Introduction
A third of children with congenital heart defects (CHD) are diagnosed with a mental health disorder by the age of 18 years. Especially neurodevelopmental disorders such as autism spectrum disorder and attention-deficit/hyperactivity disorder are documented as more prevalent in pediatric CHD populations than in their peers, and studies further indicate increased rates of severe stress reactions and anxiety. Early identification and intervention for such disorders are important, as untreated mental health disorders in childhood may have long-term consequences, such as reduced educational attainment, weaker attachment to the labour market and overall decreased quality of life. Despite the existence of neurodevelopmental screening guidelines for children with CHD since 2012, these programs are not widely implemented and often emphasize early developmental evaluations, neglecting broader mental health concerns. Research indicates that mental health disorders are often under-recognized in pediatric cardiology clinics. While screening tools have been proposed, they may add demands on cardiac providers whose perspectives on their role in managing mental health issues in children with CHD remain largely unexplored.
Methods
Twelve healthcare professionals were recruited via email and sent to all nurses and medical doctors working in the field of pediatric cardiology within Danish hospitals. Purposive sampling was employed to ensure variation in participant characteristics, including sex, age, profession (nurse or doctor), years of experience in pediatric cardiology, and workplace. Participants were interviewed online using a semi-structured guide with open-ended questions. The intervies focused on their perceptions of their roles and responsibilities in caring for children with CHD, particularly in managing mental health issues in these children and adolescents. The interviews will be analyzed using interpretative phenomenological analysis (IPA).
Results and conclusion
The results will be ready during the winter of 2024. We anticipate that this study will provide valuable insights on how to effectively enhance knowledge and clinical awareness of mental health issues in children with CHD among healthcare professionals

Authors:
**Presenter,** Dr. Julie Løye Hejl Aarhus University Hospital Psychiatry

Subcontribution 17365 to Session ID 5929
Day 3 - 01.07.2025, 13:30 - 13:45, Varsovie

3. Disease course of inflammatory bowel disease in patients with ADHD or autism – a Danish nationwide study 1996-2022
T13 - Treatment - Pediatric Liaison and other

Abstract:
Crohn's disease and ulcerative colitis are chronic immune-mediated diseases causing abdominal pain, diarrhoea, blood in stools, faecal urge/incontinence, fatigue and delayed growth. Patients diagnosed with Crohn's disease/ulcerative colitis at young age often experience severe disease courses that have a negative effect on their quality of life, and suicide is one of the leading causes of death. In a recent study we showed that patients with paediatric-onset immune-mediated diseases (including Crohn's disease/ulcerative colitis) had an increased risk of psychiatric disorders, both before and after their somatic diagnosis. The risk was increased for all groups of psychiatric disorders, including ADHD and autism. The exact aetiology of both Crohn's disease/ulcerative colitis and ADHD/autism are unknown, but recent data suggest a potential overlap of inflammatory and genetic factors for both disease groups.
Based on clinical experience, teenagers and young adults with ADHD/autism and Crohn's disease/ulcerative colitis are a particularly vulnerable group who often have severe somatic disease courses requiring treatment with steroids, biologics and bowel removal surgery. However, there are currently no data describing how ADHD/autism influences the disease course of Crohn's disease/ulcerative colitis.
In a register-based study, using the Danish National Patient Registries, we aim to compare the disease course of Crohn's disease/ulcerative colitis in young patients, with and without ADHD/autism.

Authors:
**Presenter,** Dr. Sabine Sophie Jansson Amager and Hvidovre Hospital

Subcontribution 17366 to Session ID 5929
Day 3 - 01.07.2025, 13:45 - 14:00, Varsovie

4. “When I’m stressed, breathing gets hard, which makes it worse”: A Qualitative Study to Investigate Fear and Avoidance in Children with Asthma and their Parents
T13 - Treatment - Pediatric Liaison and other

Abstract:
Asthma is a prevalent chronic health condition affecting millions globally and poses significant social and economic challenges. In Swedish children, asthma prevalence ranges from 5-15%, and anxiety is a common comorbidity, affecting one in four children with asthma. This comorbidity exacerbates asthma symptoms, lowers quality of life, and increases emergency service usage. Despite the established efficacy of cognitive behavioral therapy (CBT) for anxiety, its application to asthma-related anxiety in children remains unexplored. Prior research highlights the need for treatments addressing the interaction between asthma and anxiety, particularly targeting avoidance behaviors commonly observed in this population. Our previous work developing Internet-CBT for adults with asthma-related anxiety has shown very promising results, highlighting the potential for adapting this approach for younger populations.
Aim
This study aims to explore asthma-related anxiety in ten children, 8-17 years old, with asthma and their parents. Findings will inform adaption of treatment components to ensure age-appropriateness and relevance.
Methods
Qualitative interviews using semi-structured interviews with children, adolescents, and parents will investigate behavioral and emotional patterns.
Results
Analysis of data is ongoing. The results will be presented at the conference.

Authors:
**Presenter,** Ulrika Ehrén Karolinska Institutet

Symposium 17412 to Session ID 5862
Day 3 - 01.07.2025, 13:00 - 14:00, Luxembourg

Sound, Stress, and Support: Interdisciplinary Perspectives on ADHD, FASD, and Caregiver Well-being
T08 - ADHD

Abstract:
This symposium highlights interdisciplinary insights into neurodevelopmental and caregiver challenges across ADHD and FASD.
The first presentation reports findings from an ongoing study comparing subjective and objective hearing in children with ADHD and controls. While tone audiograms revealed no significant differences, altered wave patterns in auditory brainstem responses (ABR) at 50–60 dB suggest atypical acoustic processing in ADHD, potentially linked to attentional deficits.
The second presentation synthesizes findings from a 10-year study on auditory cortex function in ADHD, examining auditory-evoked responses, musical performance, and self-assessed musical abilities. Children with ADHD displayed a ~20 ms P1 latency difference between hemispheres, indicating atypical auditory processing. While musical performance aligned with controls, ADHD participants overestimated their skills. Importantly, musical training enhanced hemispheric synchronization, underscoring its therapeutic value. A follow-up study explores links between music, speech perception, and early-life stress, with prenatal stress identified as a factor exacerbating auditory deficits.
The third talk explores how parental stress and adverse childhood experiences (ACEs) shape parenting in ADHD. Parents of children with ADHD reported the highest stress levels, stricter parenting styles, and frequent ACEs, such as emotional neglect and substance abuse in the household. ACEs strongly correlated with increased stress and low social support.
The final presentation focuses on caregiver stress and the neuropsychological profiles of children with FASD. FASD, a preventable cause of neurodevelopmental disorders, was linked to below-average cognition, slow processing speeds, and significant psychological symptoms. Caregivers faced elevated stress, even with social support, highlighting the chronic impact of FASD on families.

Authors:
Prof. Dr. Christine Groß Saarland University
Prof. Dr. Eva Möhler Saarland University Hospital

Subcontribution 17416 to Session ID 5862
Day 3 - 01.07.2025, 13:00 - 13:15, Luxembourg

# Subjective and objective hearing assessment in children with ADHD

T08 - ADHD

Abstract:
This talk presents data from an ongoing study comparing subjective and objective hearing in children with ADHD to a healthy control group. The first preliminary results show no significant differences in the objective hearing assessments and tone audiogram, but differences in the wave pattern of the early acoustically evoked brainstem potentials (ABR) from 50 to 60 dB stimulus level. This finding may indicate an altered processing of acoustic stimuli in children with ADHD and contribute to a better understanding of the deficits in attentional performance.

Authors:
**Presenter,** Dr. Kathrin Bedersdorfer

Subcontribution 17418 to Session ID 5862
Day 3 - 01.07.2025, 13:15 - 13:30, Luxembourg

Neuro-Auditory Profiles, Musical and Speech Abilities, and Prenatal Stress in children with ADHD
T08 - ADHD

Abstract:
The second presentation summarizes findings from a 10-year-study investigating auditory cortex function in children and adolescents with ADHD using MEG. The study focuses on auditory-evoked responses, musical performance, and self-assessment of musical abilities. Auditory processing was assessed through MEG (P1 latency, hemispheric synchronization), auditory tests (Dino Test, Metric Test), and musical assessments (MuPAS, self-report). ADHD participants exhibited atypical auditory processing, with a ~20 ms P1 latency difference between hemispheres. While musical performance was comparable to controls, ADHD individuals overestimated their abilities. Notably, musical training improved hemispheric synchronization, highlighting its therapeutic potential. A follow-up study in Homburg is further exploring music and speech perception in ADHD. Preliminary findings, utilizing the Prenatal Emotional Stress Index (PESI), suggest that early-life stress may exacerbate auditory deficits, underscoring the influence of developmental factors on auditory dysfunction in ADHD. These insights emphasize the potential of music-based interventions to address auditory processing anomalies in ADHD.

Authors:
Prof. Dr. Christine Groß
**Presenter** Babak Asgharzadeh

Subcontribution 17419 to Session ID 5862
Day 3 - 01.07.2025, 13:30 - 13:45, Luxembourg

Associations between parental adverse childhood experiences (ACEs), stress and parenting behaviour in children with ADHD
T08 - ADHD

Abstract:
The third contribution examines associations between parental stress, parental ACEs (Adverse Childhood Experiences) and parenting behaviour in children with ADHD compared to parents of two other clinical patient groups. Parents in the ADHD group experience the highest parental stress and rate themselves as more strict in their parenting behavior than parents of the other groups. Over 40% of those parents reported at least 1 ACE, the most common being emotional neglect, emotional child abuse, and substance abuse of a household member. The number of ACEs experienced by parents is significantly associated with increased stress and low levels of social support.

Authors:
**Presenter,** Dr. Justine Hussong

Subcontribution 17420 to Session ID 5862
Day 3 - 01.07.2025, 13:45 - 14:00, Luxembourg

Caregiver stress and neuropsychological profile of children and adolescents with FASD
T08 - ADHD

Abstract:
The last topic presents preliminary results on the caregiver stress and the neuropsychological profile of children with FASD (fetal alcohol spectrum disorders). FASD are the most common preventable causes of mental retardation and neurodevelopmental disorders and are associated with a range of structural and functional CNS disorders, epilepsy and psychological symptoms. They represent a chronic and serious health problem and lead to a high burden on the primary care system. Our preliminary data show clear psychological symptoms, especially externalising, but also internalising symptoms, below-average cognitive performance and clear deficits in processing speed. Caregiver stress is significantly increased, even with adequately perceived social support.

Authors:
**Presenter,** Dr. Kathrin Bedersdorfer

Symposium 19899 to Session ID 5981
Day 3 - 01.07.2025, 13:00 - 14:00, Madrid 1

Oral Session: Family
T20 - Family / systemic therapy

Abstract:

Authors:

Subcontribution 19053 to Session ID 5981
Day 3 - 01.07.2025, 13:00 - 13:15, Madrid 1

Parent-adolescent attachment and emotion regulation in adolescence: innovative ways to assess and to intervene.
T20 - Family / systemic therapy

Abstract:
Aims
We present an experimental design to assess the patterns of parent-adolescent interactions that are hypothesized to be related to two specific aspects of adolescents' emotion regulation, namely: visual attention and autonomic arousal to distress and comfort stimuli.
Methods
39 adolescent-parent dyads (age 13 to 18 years old) from the general population. Two innovative and ecologically valid methodologies were utilized to assess a) patterns of parent-adolescent interaction using the Goal-corrected Partnership in Adolescence Coding System (GPACS, Lyons-Ruth et al., 2005) applied to a conflict discussion task; b) the two aspects of adolescent emotion regulation were assessed with the Visual/Autonomic Regulation of Emotions Assessment (VAREA, Vulliez-Coady et al., 2018), an attachment-related, emotionally arousing experimental procedure, using a distress-then-comfort paradigm, in conjunction to an eye-tracker synchronized with a physiological device that measured gaze and skin conductance response, (SCR), or emotional reactivity.
Results In line with research in infancy, markers of secure parent-adolescent interaction were linked to higher amplitude of SCR for distress and comfort pictures, and with longer attention to comfort pictures. On the other hand, parental role-confusion was associated with less time spent on comfort pictures by the adolescent.
Conclusion
This pilot study suggests that interventions supporting collaborative communication between adolescents and their parents, as well as working to reduce parental role-confusion, may improve adaptative adolescent emotion regulation as assessed via physiological measures. For clinicians, the GPACS offers tools for sharpening the eye of the clinician. We will end with presenting a clinical intervention based on supporting parent-adolescent interaction: Interactive Guidance.

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Subcontribution 19110 to Session ID 5981
Day 3 - 01.07.2025, 13:15 - 13:30, Madrid 1

# Agreement and Gaps in Assessing Suicidal Risk in Children and Adolescents from the Perspectives of Parents, Clinicians, and Self-Reports

T20 - Family / systemic therapy


Abstract:

Background

Accurately assessing suicidal risk among children and adolescents requires incorporating multiple perspectives, including parental reports, self-reports by the child, and clinical evaluations. Despite this, research highlights low to moderate agreement between these sources, particularly in younger children, raising questions about the clinical implications of these discrepancies. Understanding how these gaps affect risk assessment and prediction is essential for improving intervention strategies and outcomes.

Aims

This study aimed to examine the relationships between parental and clinician evaluations of suicidal risk and the severity of suicidality as reported by children, both at the initial assessment and in predicting severity six months later. Additionally, it explored the impact of agreement or discrepancies between sources on clinical accuracy and predictive validity.

Methods

The study included 270 children and adolescents aged 7–18 who presented to the emergency room for suicide risk assessment at Schneider Children's Medical Center in Israel between 2019 and 2024. Participants completed the Columbia Suicide Risk Severity Scale (CSSRS) and clinical evaluations, encompassing parental reports, self-reports, and assessments by mental health professionals. Follow-up evaluations for suicidal risk were conducted at one, three, and six months after the initial assessment.

Results

A positive linear relationship was found between clinicians' evaluations and the child's reported severity of suicidality—the higher the clinician's assessed risk, the higher the child reported their suicidality. Parental evaluations showed a non-linear relationship, significant only at moderate risk levels. Greater agreement between parental and clinician assessments was associated with stronger correlations with the child's reported suicidality. Agreement on high-risk assessments at the initial evaluation predicted more severe suicidality six months later.

Conclusions

Integrating multiple perspectives is crucial for accurate suicide risk assessment in children and adolescents. Parental-clinician agreement enhances short-term risk accuracy and predictive validity. Addressing discrepancies between sources can improve tailored interventions and overall clinical effectiveness.



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Subcontribution 18855 to Session ID 5981
Day 3 - 01.07.2025, 13:30 - 13:45, Madrid 1

family connection program for siblings of patients suffering from borderline personality disorder
T20 - Family / systemic therapy

Abstract:
Family Connections offers training for relatives (parents, spouses, and other adult family members) of adolescents or adults suffering from emotional dysregulation and borderline personality disorder (BPD).
During a session with families and healthcare professionals, discussions about the experiences of siblings highlighted specific issues: feelings of exclusion, misunderstandings, and suffering related to their position within the family. These observations led to the idea of creating a program specifically designed for adolescents.
Our objective was therefore to develop a program for adolescents aged 13 to 18 who are siblings of patients undergoing DBT (Dialectical Behavior Therapy) or whose parents have participated in the Family Connections program.
Our working method involved adapting the content and format of the adult program. The program was structured into four key areas:

1. What goals can I achieve through this training?
2. Better understand and manage my own difficult emotions related to my sibling.
3. What strategies can I put in place to feel better and grow?
4. Validation: A tool to simplify my life.

Time frame and theoretical inputs have been adjusted to suit attention spans and comprehension levels of adolescents. Activities were designed to foster a dynamic, playful atmosphere and encourage exchange.
We will present the outcomes of two sessions with two groups of adolescents, as well as our conclusions and the future directions that emerged from this initiative.

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Subcontribution 19314 to Session ID 5981
Day 3 - 01.07.2025, 13:45 - 14:00, Madrid 1

# Cross-sector day clinic treatment for mentally ill children and mentally ill parents: START NOW family

T20 - Family / systemic therapy

Abstract:
Aims: Around 25% of all adult psychiatric patients have underage children (Grube & Dorn, 2006). At the same time, there are many studies that show an increased risk of illness for children of mentally ill parents (Kettemann et al., 2020; Wiegand-Grefe et al., 2010). In the population of child and adolescent psychiatric patients, the rate of mentally ill parents is particularly high, with depressive disorders being the most significant (Kölch et al., 2019). Without sufficient support, parental mental illness is associated with increased parenting stress, which can have a negative impact on both the course of the parents' illness and the child's development and often even poses a high risk of jeopardising the child's development. Joint cross-sectoral treatment focusing on the affected child and the parent is a promising approach to closing the existing treatment gap. The aim of this project is therefore to test the acceptance and effectiveness of a new cross-sectoral treatment approach set up by the Department of Child and Adolescent Psychiatry and Adult Psychiatry.
Methods: The study is a monocentric mixed-method study comparing the new intervention approach with standard care in the day-care clinic. Inclusion for treatment is that both the children aged 6-12 and parents fulfill criteria for a current psychiatric disorder.
Results and Conclusion: The treatment concept is presented, in which coordinated strategies for improving emotion regulation are taught to children and parents. The intervention is based on the START NOW program (https://www.istartnow.ch/de) including guided practice of skills in challenging situations during day care treatment. First results indicate that this approach is well accepted in participating parents, and results of conducted assessment indicate high satisfaction with the program.

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Symposium 19906 to Session ID 5987
Day 3 - 01.07.2025, 13:00 - 14:00, Madrid 2

Oral Session: Stigma
T52 - Stigma

Abstract:

Authors:

Subcontribution 17812 to Session ID 5987
Day 3 - 01.07.2025, 13:00 - 13:15, Madrid 2

# In the Eye of the Beholder - Stigma and „paradox Stigma" of Cannabis Use Disorders in Juveniles

T52 - Stigma

Abstract:
Aims: Stigma is a major barrier to seek treatment for substance use disorders. So far, research aimed at stigma for alcohol use disorder, but less so for cannabis use disorder (CUD). In this study, we tried to identify 1) different dimensions of stigmatization by others, adding a new dimension we called "paradox stigma". As "paradox stigma" we modelled attributions of CUD caused by the stigma itself, 2) effects of the age of the person being stigmatized (adolescent versus adult).
Method: In a web-based study (n = 1.603) with adolescents being oversampled (n = 500, 16-18 yrs.) we measured stigmatisation by others using an adaptation of the Attribution Questionnaire (AQ, Corrigan et al., 2002). The short version of the AQ (Friedberg & Pinto, 2013) contains 9 items which were complemented by 7 items describing paradox stigma ("The person takes cannabis because she likes to be other/cool/dangerous …"). Attributions were asked for two gender-neutral vignettes describing one adolescent and one adult person with CUD.
Results: Confirmatory factor analyses (split-half confirmation) revealed three factors of attributional stigmatization by others: Negative feelings/coercion, compassion and paradox stigma, together explaining 64% of the attributional variance. All attributions were stronger, when adolescents were judged, independently of the age of the stigmatizing person.
Conclusion: Stigmatizing attributions on persons with CUD should be complemented with "paradox stigma" attributions. For adolescents, this kind of attribution is perhaps a major barrier to seek help, since patients are entangled within a motivational dilemma between being cool and needing help.

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Subcontribution 19220 to Session ID 5987
Day 3 - 01.07.2025, 13:15 - 13:30, Madrid 2

# Brief and Peer-Led Interventions for Higher Education Students: Outcomes on Mental Well-Being, Stigma, Career Confidence, Study Skills, and Social Support

T52 - Stigma

Abstract:
Aims: This study synthesizes findings from two investigations evaluating the effectiveness of mutual support groups and a CBT-based Brief Anxiety Toolbox Workshop in protecting mental well-being, fostering positive attitudes toward social support and seeking psychological help, and enhancing study skills and career certainty among higher education students in resource-limited settings.Methods: The first investigation employed a retrospective pre-post design, collecting data from 20 Kosovar students aged 18–25 following a five-week mutual support group program. The second utilized retrospective self-reports from 54 first-year undergraduates (M = 19.2 years, SD = 0.7) who participated in five weekly sessions of a CBT-based intervention. Both studies were conducted at a major public university in Kosovo. Deductive thematic analysis, guided by predetermined themes, was applied to explore participants' experiences and perceived changes. Results: Both studies demonstrated improvements in mental well-being, study skills, career confidence, social support networks, and attitudes toward mental health. Participants in the mutual support groups attributed changes to the empathetic and collaborative environment created by shared experiences and peer interactions, which reduced stigma and strengthened social connections. Meanwhile, participants in the CBT-based workshop emphasized the role of structured strategies in improving time management and reducing academic anxiety, while joint group discussions enhanced confidence and motivation to seek psychological help. Conclusions: This study highlights the potential of brief and peer-led interventions as effective strategies for promoting mental health awareness, reducing stigma, and fostering inclusion. These approaches provide scalable, cost-effective solutions for resource-limited settings. Future research should focus on their adaptability to diverse cultural contexts and sustainable integration into higher education systems.

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Subcontribution 19278 to Session ID 5987
Day 3 - 01.07.2025, 13:30 - 13:45, Madrid 2

# Improving Outcomes for Children of Parents with Serious Mental Illnesses (SMI) by Addressing Parental Stigma

T52 - Stigma


Abstract:
Aims:
Parents with Serious Mental Illnesses (SMI) often prioritize their parental role in their recovery process, driven by the desire to minimize the impact of their illness on their child(ren). Effective recovery can significantly improve outcomes for parents and children. Stigma is known to be a major barrier to recovery for people with SMI. However, limited knowledge exists about how stigma affects recovery for the group of parents. This systematic review aims to explore how various types of stigma affect the recovery process of parents with SMI.
Methods:
Four databases (MEDLINE, PsycINFO, EMBASE, and CINAHL) were systematically searched and 25 studies were included. Stigma-related factors were categorized into six types. Qualitative data were analyzed using "Reflexive Thematic Analysis," resulting in six themes, which will be presented with illustrative quotes.
Results and Conclusions:
Parents with SMI are challenged by stigma related to SMI ánd their parental role. This parental stigma restricts them in fulfilling their parental role and limits their options for family life, adversely impacting both parents and children. Parents emphasize the need for a supportive family network to assist with childcare, yet stigma often prevents them from being open about their SMI and seek help. Fear for custody loss further impedes access to MH-services. Insights from this review can guide MH-professionals in addressing parental stigma and supporting parents, improving outcomes for parents and children.



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Symposium 19886 to Session ID 5973
Day 3 - 01.07.2025, 13:00 - 14:00, Rome

Oral Session: ASD
T04 - ASD

Abstract:

Authors:

Subcontribution 18779 to Session ID 5973
Day 3 - 01.07.2025, 13:00 - 13:15, Rome

Motor skills in preschoolers with ASD
T04 - ASD

Abstract:
Motor impairments are increasingly recognized as a core feature of autism spectrum disorder (ASD). Significant motor skill differences are evident well before a reliable ASD diagnosis can be established. Due to better social communication skills in girls during early childhood, these tend to receive later diagnoses. Assessing motor skills could provide an opportunity to detect ASD symptoms earlier, particularly in girls. This study aims to explore the motor skills of girls and boys with idiopathic ASD and typically developing (TD) children and their association with social communication symptoms.
We recruited 100 children with ASD (MAge = 3.12 years; 36 females) and 36 TD children (MAge = 2.93 years; 9 females), and assessed their cognitive profiles (MSEL), motor skills (PDMS-2) and social communication patterns (ADOS-2 and SRS-2).
Results revealed significantly lower motor scores in the ASD group across all motor scores. Children with ASD demonstrated slower motor development compared to the steady progression observed in TD children. Additionally, we explored the motor skill profiles of boys and girls with ASD, as well as their association with social communication deficits.
We discuss our results in light of the impact motor impairments have on social development and the ASD symptom profile. This study highlights early motor development deficits in ASD and builds on recent evidence suggesting these deficits may serve as early predictors of ASD onset. Additionally, gender differences in motor profiles may help refine the sensorimotor characterization of ASD, particularly in girls, who might benefit from early identification through non-social symptoms.

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Subcontribution 18826 to Session ID 5973
Day 3 - 01.07.2025, 13:15 - 13:30, Rome

Early child-clinician acoustic synchrony patterns predict autism intervention outcome: an exploratory longitudinal study using automated computation
T04 - ASD

Abstract:
Aims.
Patient-therapist interpersonal dynamics is a core component of psychotherapy, yet its contribution to outcomes remains poorly understood. Research on mechanisms of action of psychotherapy is time-consuming, labor-intensive, and suffers from poor quantification. This is also the case for autism, where literature increasingly highlights interpersonal interplay as an active element of intervention within a developmental perspective. This interdisciplinary study evaluated whether the child-clinician acoustic synchrony dynamics during developmental psychotherapy predicted clinical outcome by means of computational methods.
Methods.
We followed 25 autistic preschoolers (17 therapists) across two 60-minute sessions of developmental intervention at baseline and three months (50 videos). We developed a fully automated pipeline based on deep learning and affective computing to segment session audios, model child-clinician acoustic synchrony quantitatively using complex dynamical systems, and to predict clinical outcomes at one year in terms of recovering in developmental profiles.
Results and Conclusions.
Early changes in synchrony accurately predicted clinical response. A better outcome was predicted by (i) patterns of synchrony concurrently showing increased variability, predictability, and self-organization; and (ii) acoustic features related to emotional engagement. Our non-invasive system scales to large amounts of naturalistic data and diverse settings. For autistic children, it supports the role of interpersonal synchrony and emotional engagement as key elements to promote intervention efficacy. Effective interventions are characterized by interactions that become wider and more internally organized over time. As well, the first weeks of intervention may be crucial for psychotherapy response.

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Subcontribution 19139 to Session ID 5973
Day 3 - 01.07.2025, 13:30 - 13:45, Rome

# Six-month intensive early family-based intervention for children with ASD and their families: preliminary results of a qualitative and quantitative study

T04 - ASD

Abstract:
Aims: Autism Spectrum Disorder (ASD) has major consequences for health and social functioning (Hirota et King 2023). It also strongly impacts parental stress and isolation (Hayes et Watson 2013), as the parents' sense of competence does (Barroso et al. 2018). International guidelines accordingly recommend early intervention and family support (Lee et al. 2024). Given the limited medical resources and systemic approach development in our department, an intensive short-term program has been set up: the "Out-of-the-Shell" program targets children with ASD under 30 months of age and their families, providing six months of intensive and highly-structured multi-family therapy and brief family interventions based on shared goals. The aims of this research are to gather the families' experiences of the program, and to assess its impact on various outcomes: diagnosis acceptance, parental sense of competence, and feelings of isolation.
Methods: Mothers who received the program participated in a focus group centered on their expectations and experiences. A qualitative analysis was performed of the focus groups transcripts and themes were extracted using IPSE (Inductive Process to analyze the Structure of lived Experience) approach and linguistic analysis. 5-point Likert-scale questionnaires were also used to assess acceptance and understanding of the diagnosis, parental sense of competence, communications skills, and management of their child's behavioral problems. Exploratory statistical analysis was supported by Student's t-test.
Results: 20 mothers and their child were included between September 2022 and April 2023 in the program. Mean age of children was 33.6 ± 5 months, and mean CARS score 42.1 ± 4.3. Common themes of qualitative analysis were: 'practical props to understand and communicate with my child within our family', 'improving my parental skills', 'a place for exchanging', 'trying times but globally positive experience'. Quantitative analysis showed that parenting sense of competence improved (p=0,0095) and a tendency to better diagnosis acceptance (p=0,059). No statistical differences were observed for change in feeling of social isolation (p=0,44).
Conclusion: This preliminary study suggests that our intensive early family-based program could improve mothers' sense of competence. A larger research protocol is set to begin in 2025 to further evaluate the program's efficacy on both children with ASD and their families.
Key-words: ASD; parent; MFT

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Subcontribution 19273 to Session ID 5973
Day 3 - 01.07.2025, 13:45 - 14:00, Rome

# Unveiling the Hidden: Factors Behind Delayed Diagnosis and Camouflaging in Autism Spectrum Disorder Among Children and Adolescents

T04 - ASD

Abstract:
Aims: Autism Spectrum Disorder (ASD) is a chronic neurodevelopmental disorder that manifests in childhood. Masking behaviors in individuals with autism, as well as co-occurring psychiatric disorders, can delay the diagnosis of ASD. This study aimed to examine the impact of camouflage behaviors and techniques on the presentation of autism symptoms in children and adolescents diagnosed late.
Methods: The study included 46 children and adolescents aged 8–19 years, who received an ASD diagnosis after the age of six. Participants were assessed using KSADS, ASSQ, CGI, GAS, CARS scales and autism spectrum disorder diagnosis was confirmed using ADOS-2. Clinical and demographic data were collected through case forms, along with information on camouflage reasons and characteristics associated with late diagnosis.
Results and Conclusions: Attention Deficit Hyperactivity Disorder (ADHD) was the most common co-occurring psychiatric condition masking ASD symptoms. Masking due to additional mental health conditions was observed in 81.8% of girls and 94.3% of boys, while masking through individual effort was identified in 91% of girls. A significant gender difference was found in individual effort for masking and this was more prevalent in girls (p=0,001). Additionally, giftedness and easy temperament were identified as compensatory factors, with a higher prevalence among girls than boys (p=0,02 p=0,041). Maternal social support was found to play a crucial role in helping autistic individuals mask and compensate for their autism traits. A weak positive correlation was observed between camouflage levels and post-diagnosis Global Assessment Scale (GAS) scores (p=0,009 r=0.379).

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Symposium 18784 to Session ID 5867
Day 3 - 01.07.2025, 13:00 - 14:00, Amsterdam

# The new frontiers of pediatric mood disorders: current research and lessons for clinical practices

T16 - Depression

Abstract:
Following the pediatric bipolar disorder controversies, developmental epidemiology research has highlighted the continuity between chronic irritability in childhood and the onset of depressive symptoms in adolescence. Better management of irritability symptoms in children would represent an opportunity to prevent the emergence of depressive disorders in adolescence, a leading cause of worldwide disability and contributing to the risk of suicide mortality at this age. Severe and chronic irritability has been operationalized in the DSM-5 under the diagnosis label of Disruptive Mood Dysregulation Disorder (DMDD). It is not clear how this diagnosis could influence care strategy, and most studies stress the very high comorbidity rate between DMDD and other psychiatric or neurodevelopmental disorders (NDDs). This symposium will discuss how recent research on pediatric mood disorders could challenge our view on these disorders and therapeutics. In a first talk, Dr. Helene LAHAYE from Amiens University Hospital (Amiens) will examine how co-occurring NDDs could influence the clinical expressions and response to treatments of 305 adolescents referred to inpatient care for severe mood disorders. Then, Pr. Real LABELLE from Montreal University (Québec) will present the results of a Delphi consensus method used to clarify current practices for youths with DMDD in expert centers. Finally, Dr. Erica FONGARO from the Montpellier University Hospital (Montpellier) will provide the rationale and the protocol of a randomized controlled trial testing the effect of a parent-based intervention for treating irritability in children and adolescents.

Authors:
**Chair** Dr. Xavier Benarous Hopital Pitié-Salpêtrière

Subcontribution 18790 to Session ID 5867
Day 3 - 01.07.2025, 13:00 - 13:15, Amsterdam

# Clinical presentations and outcomes of youths with both mood disorders and neurodevelopmental outcomes

T16 - Depression

Abstract:
AIMS: Individuals with neurodevelopmental disorders (NDDs) are more susceptible to developing severe or resistant mood disorders. However, they often face challenges in accessing specific treatments.
METHODS: To understand the barriers to treatment in this group, we conducted a secondary analysis of a multicenter observational study on 305 adolescents referred to specialized care (mean age 14.38±0.13 years, 57% girls, 9% bipolar disorder, 91% depressive disorders). NDDs were categorized based on the number of co-occurring NDDs for each subject (none: 67%, one: 18%, two: 7%, three: 5%, four and more: 2%).
RESULTS AND CONCLUSIONS: The analysis revealed significant associations between the number of NDDs and the duration of mood symptoms, persistent irritability, associated disruptive behavioral disorders, lower scores on the Children's Global Assessment Scale (CGAS) at baseline, and polypharmacy. The number of NDDs did not correlate with the use of antidepressants, the Clinical Global Impression-Improvement scale (CGI-I) at discharge, or changes in the CGAS score during the stay. The challenges in distinguishing mood disorders from chronic emotional and behavioral difficulties may contribute to the difficulties in accessing specific care for mood disorders. These results suggest that treatments for mood disorders demonstrate similar effectiveness when provided.

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Subcontribution 18791 to Session ID 5867
Day 3 - 01.07.2025, 13:15 - 13:30, Amsterdam

# A Delphi consensus among experts on assessment and treatment of disruptive mood dysregulation disorder

T16 - Depression

Abstract:
AIMS: This study presents recommendations that reached a certain degree of consensus among researchers and clinicians regarding the assessment and treatment of youths with Disruptive Mood Dysregulation Disorder (DMDD).
METHODS: The Delphi method was used to organize data collected from an initial sample of 23 child psychiatrists and psychologists. Three rounds of closed/open questions were needed to achieve the objective.
RESULTS AND CONCLUSIONS: Fifteen experts in the field completed the whole study. Finally, 122 proposals were validated and 5 were rejected. Globally, consensus was more easily reached on items regarding assessment than on those regarding treatment. Specifically, experts agreed that intensity, frequency, and impact of DMDD symptoms needed to be measured across settings, including with parents, siblings, peers, and teachers. While a low level of consensus emerged regarding optimal pharmacological treatment, the use of psychoeducation, behavior-focused therapies (e.g., dialectical behavior therapy, chain analysis, exposure, relaxation), and systemic approaches (parent management training, family therapy, parent–child interaction therapy) met with a high degree of consensus.

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Subcontribution 18792 to Session ID 5867
Day 3 - 01.07.2025, 13:30 - 13:45, Amsterdam

Parent training for the treatment of irritability in children and adolescents: a multisite randomized controlled, 3-parallel-group, evaluator-blinded, superiority trial
T16 - Depression

Abstract:
AIMS: This study aims to evaluate the efficacy of two parent-focused therapies, Parent Management Training (PMT) and Non-Violent Resistance Training (NVR), compared to treatment-as-usual (TAU), in reducing irritability in children and adolescents with ADHD and other emotional and behavioral disorders. Therapies and assessments will be conducted remotely. Secondary objectives include assessing improvements in irritability at different time points, parental strategies, acceptability, and exploring mechanisms underlying therapeutic effects.
METHODS: The trial will include 270 participants aged 6–15 years with baseline irritability scores (Parent-rated Affective Reactivity Index (ARI) ≥4). Participants will be randomly assigned to PMT, NVR, or TAU groups. PMT and NVR consist of 10 online sessions and two booster sessions at 1 and 3 months. The primary outcome is the change from baseline in the Clinician-rated-ARI 3 months post-intervention, assessed by a blind evaluator. Secondary outcomes include parent and child-reported irritability, parenting strategies, family adjustment, and clinical dimensions. Data will be collected remotely at baseline, 1-month, and 3-month follow-ups.
RESULTS AND CONCLUSIONS: This study is expected to demonstrate the benefits of parent-focused interventions in reducing irritability and improving parental strategies, promoting parental support programs in the treatment of irritability in the context of emotional and behavioral disorders.

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Symposium 18892 to Session ID 5920
Day 3 - 01.07.2025, 13:00 - 14:00, Londres 1

# The future of evidence-based Child & Adolescent Psychiatry: How to meaningfully implement digital technology in clinical research?

T01 - AI and digital health

Abstract:
The integration of digital technology is revolutionising health research and child psychiatry is catching up. New technologies and artificial intelligence offers unprecedented opportunities to enhance our understanding and treatment of psychiatric conditions in children and young people. With this symposium, we aim to provide an overview of how different digital tools and technologies can transform clinical research to enable more precise, scalable, and accessible assessments and interventions. Digital tools, such as eHealth platforms, provide remote assessment, support and real-time data collection, bridging gaps in care delivery. Wearable and robotic devices offer continuous monitoring of physiological and behavioral patterns, and can be used to deliver specific interventions, such as sensory integration and deep pressure therapy. Voice and speech processing is another area where artificial intelligence can enhance psychiatric assessments, to detect biomarkers of a range of mental health disorders. This session will explore the current landscape, future possibilities, and practical challenges of implementing these technologies in child and adolescent psychiatry.

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Subcontribution 18893 to Session ID 5920
Day 3 - 01.07.2025, 13:00 - 13:15, Londres 1

# The potential and effective elements of eHealth tools for youth mental health

T01 - AI and digital health

Abstract:
Over the past years, rapid technological progress has led to diverse eHealth interventions for youth mental health. However, a structured overview of effective eHealth elements and mechanisms through which interventions aim to improve mental health is lacking. The aim of this presentation is illustrate the potential of digital tools, to share our systematic review results that identified the working elements of eHealth interventions on mental health and well-being improvement in youth. In addition, the working mechanism and user experience of the Grow It! App, a mHealth preventive intervention will be shown. The systematic review identified 108 studies and 103 distinct interventions between 2011-2023. The overall sample size was 33,435 participants (30.7% male, mean age = 18.4 years, SD = 2.5). Most studies (64.8%) were randomized controlled trials (RCTs) to test the interventions. The remaining studies utilized a pre-post or group-comparison design (non-RCTs). The interventions were heterogeneous in design, method of delivery, target group and outcome measures. Overall, 77.7% of the studies showed a positive significant association with mental health or well-being. Elements of youth eHealth interventions that appear to positively impact mental health or well-being are (a) CBT-based, (b) self-monitoring (c) blended interventions, (d) peer or parental involvement or (e) gamification. This session will provides directions for the development and implementation of eHealth interventions for youth. The user experience and results of the Grow It! App, in which these elements are used, underscore the eHealth intervention effectiveness.

Authors:
**Presenter,** Prof. Dr. Manon H. J. Hillegers Erasmus University Rotterdam

Subcontribution 18896 to Session ID 5920
Day 3 - 01.07.2025, 13:15 - 13:30, Londres 1

Actigraphic devices for children and adolescents: Why do we need a co-design approach?
T01 - AI and digital health

Abstract:
Actigraphy, a non-invasive method utilising wearable activity trackers, provides valuable data on behavioural patterns such as movement and sleep. These devices have proven instrumental in child health research for assessing physical activity and sleep habits and are increasingly being applied in mental health studies to monitor behavioural changes and treatment outcomes. Beyond their utility in providing objective, real-time, and naturalistic data to complement subjective assessments like questionnaires, their use presents unique challenges in child psychiatric research.

Key challenges include issues with data access, granularity, and ethical considerations. Recent evidence indicates that short-term actigraphy use is generally tolerable; however, the acceptability and implications of long-term monitoring remain unclear. Commercial devices, while feature-rich, can be impractical for paediatric settings due to their distracting nature, susceptibility to loss, and high recharge requirements, all of which increase the risk of missing data. Additionally, the proprietary nature of algorithms and pre-set data configurations limits scientific validity and customisation. While medical-grade actigraphic devices address some of these challenges and are widely used in research, they are expensive, lack a child-focused design, and are primarily intended for short-term use rather than prolonged monitoring.

This presentation will cover a review of how wearable devices have been/can be used in child psychiatric research, the limitations of the available devices and methodologies, and ways to improve their utility.

Authors:
**Presenter,** Anna Morris Institute of Psychiatry, Psychology & Neuroscience, King's College London

Subcontribution 18894 to Session ID 5920
Day 3 - 01.07.2025, 13:30 - 13:45, Londres 1

# Technological innovations in the treatment of sensorial difficulties: Role of specialised therapeutic devices

T01 - AI and digital health

Abstract:
A meta-analysis showed difficulties in sensorial integration in Autism Spectrum Disorder (ASD), with a prevalence ranging from 45 to 95% (Ben Sasson, 2009). Sensorimotor contigencies are learned interactively (Jacquey et al., 2020), in a perception-action loop, at an early milestone in development (Piaget, 1937). A cascade model (Bonnet-Brilhault, 2017) hypothesizes that social difficulties stem in sensorimotor difficulties (Cook , 2016 ; Neal, 2011 ; Dziuk et al.2007 ; Kojovic, 2019), themselves atypically developed due to a peculiar neurobiological background. An early reeducation of sensorimotor skills could improve part of the social impairment.
How to target these issues? On the touch and proprioceptive axis, Grandin, 1992 and Edelson et al., 1999 validated the efficacy of deep pressure therapy in ASD. It is important to improve the attractivity and decrease the stigmatization of this method. We developed with user centered design principles the OTO chair (Gargot et al., 2024). It is a compressive armchair with inflatable cushions controlled electronically. It records the level of pressure and its duration, chosen by the user. On the audio-visual axis, a systematic review showed the efficacy of virtual reality in ASD (Mesa-Gresa et al, 2018). We assess in a clinical trial a CAVE device to habituate children to ecological audio-visual stimulations. These usable and accepted devices offer controlled ways to understand and treat sensory difficulties in ASD that seem to underlie higher-level social difficulties.

Authors:
Dr Thomas Gargot EXcellence Center in Autism and neurodevelopmental disorders - Tours ExAC-T
**Presenter** Dr. Hugo Zoppe CHRU de Tours

Subcontribution 18897 to Session ID 5920
Day 3 - 01.07.2025, 13:45 - 14:00, Londres 1

Clinical Use of Voice & Speech as Digital Biomarkers of Child Mental Health
T01 - AI and digital health

Abstract:
Speech is a unique and rich health signal: no other signal contains its singular combination of cognitive, neuromuscular and physiological information. There has been a surge of interest in leveraging speech as a marker of health for a wide spectrum of conditions. The underlying premise is that any neurological, mental, or physical deficits that impact speech production can be objectively assessed via automated analysis of speech. Recent advances in speech-based Artificial Intelligence (AI) models for diagnosing and tracking mental health, cognitive, and motor disorders often use supervised learning, similar to mainstream speech technologies like recognition and verification. However, speech's highly personal and complex nature also means that there are several significant challenges to overcome to build a reliable, useful and ethical tool suitable for widespread use in health research and clinical practice.
In this talk, I will highlight and discuss the challenges and opportunities of the application of speech analysis in assessing children and their families.

Authors:
Dr Nicholas Cummins King’s Institute for Artificial Intelligence, King's College London
**Presenter** Dr Judith Dineley King’sCollege London

Symposium 18668 to Session ID 5905
Day 3 - 01.07.2025, 13:00 - 14:00, Londres 2

“The question of the impact of media usage in early childhood, whether beneficial or detrimental, and its potential future implications.”
T21 - Infants

Abstract:
The impact of media use, particularly smartphones, on the social and emotional development of young children, and on parent-child interaction, remains an area of research that has not yet been thoroughly explored. A presented study in the symposium aims to address this research gap by examining the effects of excessive media consumption in early childhood on neurocognitive and emotional development processes.A particular focus of another study will be on the impact of parental use of screens during interactions with their children, which has the potential to result in emotional and behavioural problems. A salient phenomenon in this regard is 'phubbing', defined as parents being distracted by smartphones during interactions with their children. A growing body of research has identified a link between frequent phubbing (i.e. the act of interrupting someone's conversation to look at a smartphone) and increased internalising problems in children. Stress and lower resilience in parents have been identified as risk factors for phubbing.The present study investigates how young children react to interruptions in parent-child interaction through digital media. The results suggest that digital interruptions, such as smartphone use, trigger similar negative reactions as analogue interruptions, with children trying to cope with these disruptions. A further aspect that has been explored is the perspective of mothers and their experiences with technoference, i.e. the distraction caused by smartphones, during parent-child interactions. Initial findings from a qualitative study suggest that mothers are increasingly reflecting on the impact of technoference on their relationship with their child and recognising potential negative consequences.

Authors:
**Chair** PD Dr. med. Franziska Schlensog-Schuster UNIVERSITÄRE PSYCHIATRISCHE DIENSTE BERN (UPD)

Subcontribution 18671 to Session ID 5905
Day 3 - 01.07.2025, 13:00 - 13:15, Londres 2

Behavior, emotions and media use in early childhood - interrelations between young children's screen time, mental health problems and parental emotion regulation
T21 - Infants

Abstract:
Early childhood is an extremely fundamental phase for the behavioral and emotional development of children due to the rapid brain development during this period in life. In early childhood, children acquire, among other things, socio- emotional skills in interactions with their environment. If important developmental stimuli are not provided during this early developmental phase, or if the wrong stimuli are encountered, it can have consequences well into adulthood. Some studies show that excessive consumption of digital media in early childhood may impact neurodevelopment with a potentially unfavorable effect on the development of various behavioral and emotional competencies. However, especially for infants and toddlers, the association between screen media exposure and developmental outcomes is still very limited.
In our spin-off study, we focus on the potential effects of screen media use by children as well as their parents on emotional and behavioral problems in children aged 0 to 5 years. We expect an association of child screen media exposure (longer duration, passive versus more active consumption, and use interfering with daily routines) with emotional and behavioral difficulties. In addition, we expect that children will have more emotional and behavioral difficulties if their parents use their smartphones during parent-child interactions more often. Acknowledging that this relationship is complex, we will evaluate moderating factors influencing the impact of early media use on social-emotional development like child age and gender, parental emotion regulation, or socio-economic status.

Authors:
**Presenter,** PD. Dr. rer. nat. Margarete Bolten Luzerner Psychiatrie AG

Subcontribution 18672 to Session ID 5905
Day 3 - 01.07.2025, 13:15 - 13:30, Londres 2

Association between parental phubbing and child behavioral outcomes
T21 - Infants

Abstract:
Mobile Devices have become an essential part of our everyday life. The permanent accessibility of these devices offers many benefits, but also bears some risks, including distraction during face to face interactions (termed phubbing) with family and friends. The aim of this study was to examine a potential link between parental phubbing and child socio-emotional development and to identify parental factors linked to higher levels of parental phubbing. In a cross-sectional online study, we collected data from German-speaking parents with children aged 2-16 years. We assessed parental phubbing (Parental Scale of Phubbing), child developmental outcomes (Strengths and Difficulties Questionnaire, Verhaltensskalen für das Kindergartenalter), and parenting-related factors. We examined associations of parental phubbing with child internalizing and externalizing symptoms and used machine learning to identify parental correlates of phubbing.
Preliminary analyzes (N = 196, 89% mothers, 53% girls, mean age parents = 40 ± 6.3 years; mean age children = 6.7 ± 3.4 years) suggested an association between greater parental phubbing and more child internalizing but not externalizing problems. Using LASSO regression, we found higher parental neuroticism, stress, and mindfulness to be the strongest correlates for parental phubbing.
Findings suggest that parental phubbing is associated with child internalizing symptoms. In addition, higher parental stress and lower resilience factors could be a risk factor for increased parental phubbing. Findings from this study will be relevant in the child psychiatric clinical setting and guide parents to limit their own digital media use.

Authors:
**Presenter,** PD Dr. phil. Eva Unternährer Child- and Adolescent Psychiatric Research Department, University Psychiatric Clinics Basel (UPK)

Subcontribution 18673 to Session ID 5905
Day 3 - 01.07.2025, 13:30 - 13:45, Londres 2

# Toddlers' reactions to interruptions of parent-child-interaction: Is digital interruption worse than analog interruption?

T21 - Infants

Abstract:
Background: Research has shown that parents often display a still face when they are reading their cell phones and responding to texts. These interruptions in parent-child interactions are defined as technoference. Professionals observe these frequent interruptions with concern. They are worried, that smartphone use could negatively influence toddlers' social-emotional functioning.
Method: In this study, we investigated how mother-child, and father-child interactions change before, during, and after interruptions caused by texting, using a modified naturalistic still face paradigm. We specifically compared how interruptions from either maternal or paternal smartphone use versus an analog medium affect the quality of interactions between mothers and fathers (n=196) and their 22-months-old children.
Results: Both the analog and the digital interruption produced aspects of the Still-Face effect, such as negative affect, increase in self-regulation and seeking of physical contact for co-regulation in the child. However, we were able to identify differences in behavioral and emotional reaction category between both conditions. Furthermore, parental behavior during the Still-Face phase also has a significant influence on children's behaviors.
Conclusion: These findings complete previous research that has tended to conclude that smartphone interruptions lead to toddlers' distress. These results help us to gain a more specific understanding of how children deal with smartphone interruptions of interaction. Eventhough, toddlers experience many instances of technoference, it was possible to show that they notice them, react to them and try to come to terms with them.

Authors:
**Presenter,** Prof. Dr. Agnes von Wyl Center of Clinical and Health Psychology

Subcontribution 18675 to Session ID 5905
Day 3 - 01.07.2025, 13:45 - 14:00, Londres 2

# It's like a magnet: How do mothers experience instances of technoference in the mother-toddler relationship?

T21 - Infants

Abstract:
Smartphones are – almost – everywhere and are also present during the transition to parenthood and in early family live. This period is marked by dynamic child developmental processes and profound psychological adaptations for parents. The quality of the parent-child relationship plays a critical role in shaping child regulatory capacity and other developmental outcomes. For young children, parental use of smartphones and tablets has become an integral part of daily life. As children approach toddlerhood, they themselves increasingly show interest in the devices and begin to engage with them. Consequently, both parental and child use of smartphones may lead to instances of technoference (McDaniels & Coyne, 2016) within the parent-child relationship. While quantitative research has shown that technoference can contribute to reduced parental sensitivity toward the child (Braune-Krickau et al., 2021) and can be associated with various negative child outcomes, it is essential to consider parents' perspectives on their own smartphone use and their young child's engagement with these devices. Such insights are critical for providing accurate and effective guidance to parents on this topic.
Aims
This qualitative study explores parents' experiences, thoughts and feelings regarding smartphone use and technoference in the parent-child relationship in the toddler years.
Method
Findings from an interpretative phenomenological analysis (Smith, Flowers & Larkin, 2022) of qualitative interviews with 6 mothers of children aged 14 to 16 months will be presented. The current study is part of the multimethod research project Smart Toddlers on parental smartphone use, parent-child interaction and child development in the toddler years that was funded by the Swiss National Foundation (grant nr. 10001C_192820).
Results
The process of analysis is still ongoing, the results of the interpretative phenomenological analysis will be presented.

Authors:
**Presenter,** Dr. phil. Katrin Braune-Krickau Child and Adolescent Clinical Psychology,

Symposium 18822 to Session ID 5926
Day 3 - 01.07.2025, 13:00 - 14:00, Berlin

# The value of longitudinal deep phenotyping approaches for dissecting transdiagnostic and population-specific disease pathways in neurodevelopmental disorders.

T07 - Assessment / testing

Abstract:
Neurodevelopmental disorders (NDDs) like ADHD, ASD, and 22q11.2 Deletion Syndrome show high clinical heterogeneity. Despite disorder-specific impairments, NDDs share transdiagnostic behavioral and clinical difficulties affecting cognition and social functioning. The pathophysiology behind these challenges remains unclear, partly due to assessment methods focusing on discrete patterns rather than linking difficulties to outcomes.
This symposium emphasizes deep phenotyping to overcome these barriers in NDD management. Mr. Imparato demonstrates Behavioral Tractography for analyzing behavioral data, revealing mechanisms behind social difficulties in ASD and 22q11DS, and psychosis symptom pathways in 22q11DS. Ms. Ilaridou highlights that longitudinal phenotyping in preschoolers with ASD uncovers predictors of developmental outcomes and responses to early interventions. Mr. Forrer uses multimodal neuroimaging to study cognitive trajectories in individuals at genetic risk for psychopathology through brain-age prediction models. Ms. Reich presents a smartphone-based neurocognitive phenotyping approach, identifying transdiagnostic impairments in ADHD and 22q11DS with accuracy comparable to gold-standard tests.
These findings underscore the importance of deep phenotyping in understanding, assessing, and managing NDDs in youth.

Authors:
Dr. Corrado Sandini Université de Genève - Faculté de Medecine

Subcontribution 18836 to Session ID 5926
Day 3 - 01.07.2025, 13:00 - 13:15, Berlin

# Exploring Psychotic Symptoms and Social Context Dynamics in Neurodevelopmental Disorders Through Real-Time Assessment and Behavioral Tractography

T07 - Assessment / testing

Abstract:
Aims: To investigate the dynamic interplay between social context reactivity and psychotic symptoms in neurodevelopmental disorders, focusing on two objectives: 1) examining distinctions between 22q11DS and ASD, and 2) differentiating within 22q11DS based on the dynamic interplay of positive and negative symptoms.
Methods: Using Ecological Momentary Assessment (EMA), we captured real-time measures of distress, well-being, and environmental context in daily life over a 6 day for individuals 22q11DS (N = 70, mean assessments = 27.1), ASD (N = 60, mean assessments = 30.0), and healthy controls (N = 53, mean assessments = 27.8). We developed and validated a novel dynamic network analysis and visualization approach termed "behavioral tractography" (BT) to analyze interaction pathways between variables.
Results and Conclusions: EMA effectively quantified both positive and negative psychotic symptoms in 22q11DS. BT revealed distinct dynamic signatures differentiating 22q11DS from ASD and highlighted unique symptom-context interactions within 22q11DS. In 22q11DS, social difficulties hindered recovery from psychotic symptoms, while in ASD, social isolation heightened distress. Moreover, BT demonstrated heterogeneity in how positive and negative symptoms interact with social context in 22q11DS, uncovering nuanced dynamics of psychotic experiences. Notably, 22q11DS individuals with more pronounced negative symptoms exhibited a more direct pathway from positive symptoms to subsequent negative symptoms. These findings showcase EMA's capability to measure diverse symptom dimensions and BT's potential to reveal intricate symptom dynamics, offering promising avenues for developing targeted interventions in neurodevelopmental disorders.

Authors:
**Presenter,** Andrea Imparato

Subcontribution 18827 to Session ID 5926
Day 3 - 01.07.2025, 13:15 - 13:30, Berlin

# Understanding heterogeneity of responses to Early Intensive Intervention in Autism Spectrum Disorder

T07 - Assessment / testing

Abstract:
Aims: Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by social impairments and restrictive behaviors. Early intensive interventions, such as the Early Start Denver Model (ESDM) improve developmental outcomes. This study aims to describe different patterns of response to early intervention and their associated developmental trajectories in a large cohort of autistic preschoolers.
Methods: We analyzed data from 120 children (23F, 97M) from the Geneva Autism Cohort, who received 12 to 20 hours of ESDM intervention per week, for an average of 2 years. Children were aged 1.04 to 3.5 years at the start of the intervention. We measured Developmental Quotients (DQ) and other parameters from baseline through the two years. To identify subgroups with different cognitive developmental trajectories, we used k-means clustering based on baseline DQ and DQ change percentage.
Results and Conclusions: On average, the 120 children showed significant DQ gain during intervention, with an improvement of 19.1 points ($p < 0.001$). K-means clustering identified three subgroups: the first (n=57, 47.5%) had baseline DQ of 77.3 and gained 20.5 points by the end of the intervention. The second group (optimal responders, n=48, 40%) started with lower baseline DQ (50.3) and gained 28.2 points. The third group (minimal responders, n= 15, 12.5%) started with a DQ of 51.9 and finished with 36.9 points. Among the factors differentiating optimal from minimal responders, we found that higher receptive language scores (p=0,0316) predicted greater cognitive gain. Better understanding heterogeneity in early intervention response could help identify predictive factors, facilitating more personalized therapeutic approaches.

Authors:
**Presenter,** Iliana Ilaridou

Subcontribution 18831 to Session ID 5926
Day 3 - 01.07.2025, 13:30 - 13:45, Berlin

Brain Age Prediction Reveals Delays in Neurodevelopmental Disorders and Links Brain Age Gap to Cognitive Development
T07 - Assessment / testing

Abstract:
AIMS
Brain age prediction using neuroimaging has shown high accuracy in neurotypical population and the potential to reveal deviations in neurodevelopmental trajectories. This study aimed to assess whether a machine learning-based brain age prediction model could detect delays in brain maturation in individuals with neurodevelopmental disorders underpinning atypical trajectories of neurocognitive maturation.
METHODS
Resting-state functional MRI (rs-fMRI) data were longitudincally collected from typically developing controls and individuals at high genetic risk for neurodevelopmental disorders due to 22q11.2 deletion syndrome. Functional connectomes (FC) were generated by computing pairwise Pearson correlations between brain regions. A support vector machine (SVM) regression model was trained on FC data from controls to predict brain age. The model was then applied to patients to compute their predicted brain age and derive the Brain-Age-Gap (BAG). A mixed-effects model was used to compare developmental trajectories between controls and patients. Correlations and further mixed models were applied to investigate the relationship between BAG and trajectories of neurocognitive maturation.
RESULTS AND CONCLUSIONS
SVM predicted brain age with high accuracy in controls. Patients with neurodevelopmental disorders exhibited a significant delay in predicted brain age compared to controls, with the BAG increasing during adolescence. Neurodevelopmental deviations of several brain regions were associated with developmental lag in cognitive maturation, suggesting that deviations in brain maturation reflected by BAG may serve as a biomarker for abnormal cognitive development. These findings underscore the potential of brain age prediction to shed light on the mechanisms underpinning atypical cognitive trajectories in youth with neurodevelopmental disorders.

Authors:
**Presenter,** Silas Forrer

Subcontribution 18824 to Session ID 5926
Day 3 - 01.07.2025, 13:45 - 14:00, Berlin

# The Value of Smartphone-Based Neurocognitive Assessments in Detecting ADHD-Associated Cognitive Difficulties

T07 - Assessment / testing

Abstract:
Aims:
Cognitive impairments significantly impact quality of life in individuals with ADHD and related mental health disorders. Traditional paper-and-pencil neurocognitive assessments fail to capture real-world fluctuations in performance. This study evaluated the utility of smartphone-based neurocognitive tasks in identifying ADHD-related cognitive deficits in individuals with 22q11.2 deletion syndrome (22q11DS) and in individuals with ADHD.
Methods:
Participants completed smartphone-based neurocognitive tasks multiple times daily in randomized order. Executive function and impulsivity were assessed using digital versions of the Trail Making Test (TMT) and the Balloon Analogue Risk Task (BART). The protocol was validated against Conners Continuous Performance Test (CPT) outcomes. Additional tasks included a Visual Working Memory Task (VWMT) and two TMT variations. The study included 38 participants with 22q11DS (104 assessments), 19 with ADHD (283 assessments), and 20 Healthy Controls (60 assessments). Performance metrics (raw scores, reaction times) were analyzed and correlated with CPT measures.
Results:
Smartphone-based assessments distinguished participants with 22q11DS, particularly those with ADHD, from HCs and differentiated ADHD participants from HCs. In 22q11DS, shorter, less risk-sensitive reaction times in BART indicated neurocognitive impulsivity, while longer reaction times in complex TMT tasks suggested attentional difficulties. Age-related improvements were observed across all tasks. Correlations with CPT metrics demonstrated the sensitivity of smartphone-based tasks to ADHD-specific impairments, with TMT performance aligning with inattention measures and BART/VWMT capturing impulsivity.
Conclusions:
Smartphone-based neurocognitive tasks effectively identify ADHD-related cognitive deficits. These tools capture real-world neurocognitive fluctuations and correlate strongly with validated measures, offering a practical, ecological approach for monitoring and managing ADHD-related challenges.

Authors:
**Presenter,** Natacha Reich

Symposium 18507 to Session ID 5995
Day 3 - 01.07.2025, 13:00 - 14:00, Bruxelles

Anorexia Nervosa and Autism Spectrum Disorder: a tricky intricacy
T18 - Eating disorders

Abstract:
There is a growing interest in exploring and understanding the possible relation between Anorexia nervosa and Autism spectrum disorder. Both conditions are charring behavioral, biological, neurological and social similarities. The overlap between ASD and AN are sometimes confusing in the daily practice. The frequent comorbidity of this two disorders is another confusing factor when addressing patients. This symposium aims to help physician to distinguish both disorders, identify their comorbidity, to adjust the follow-up and the treatment according to the latest update in this field.
To achieve this objective, we will present two clinical cases of patients presenting a comorbidity ASD/AN. Throw this clinical cases, we will review the literature update in symptoms overlaps, neurobiological and cognitive explanations, prognosis and adjusting treatment.

Authors:
**Moderator** Takoua Brahim centre hospitalier le Rouvray
**Co-chair** Prof. Priscille Gerardin centre hospitalier le Rouvray
**Co-chair** Prof. Dr. Flora Bat-Pitault université Aix-Marseille

Subcontribution 18511 to Session ID 5995
Day 3 - 01.07.2025, 13:00 - 13:15, Bruxelles

# One train can reveal another: when anorexia nervosa unmasks autism

T18 - Eating disorders

Abstract:
Approximately 30% of patients with Anorexia Nervosa (AN) meet criteria for ASD. An overlap in phenotype in cognitive, social and behavioral functioning between ASD and AN were reported. Most studies about the comorbidity ASD and AN were focusing on the impact of ASD on the course and outcome of AN. However, there were no report on the impact of developing AN in the expression and the course of ASD. AN is associated to modifications in brain structure and volume, blood flow, neurotransmitters functioning, hormonal secretions, etc. Can these changes lead to modification in patient ASD phenotype? We propose a new point of view of the interaction between AN and ASD.
Objectives: to describe the influence of AN in the clinical expression of ASD via a clinical case
Case: We report the case of a girl, 14 years, admitted for weight loss and anorexia. The diagnosis of Anorexia Nervosa restrictive type was confirmed. The patient has no medical or psychiatric record. After three months of inpatient treatment focusing mostly in re-feeding, the weight was restored to the minimum and a follow up at a day care unite was started. During the first phase of the follow up, some particularities in the AN phenotype of the patient were observed. With the amelioration of the nutrition state and regression of AN symptoms, an ASD phenotype appeared: exacerbation of sensory abnormalities, loss of social motivation, engaging more frequently in repetitive behavior and social withdrawal. The ASD symptoms were worsening and becoming more disabling. Adjusting the psychotherapy and the treatment to include ASD management besides of AN management ameliorated the patient condition with a discharge after four month of weekly intervention.

Authors:
**Presenter,** Dr. Marechal Perrine centre hospitalier le Rouvray
**Presenter** Takoua Brahim centre hospitalier le Rouvray

Subcontribution 19360 to Session ID 5995
Day 3 - 01.07.2025, 13:15 - 13:30, Bruxelles

# Anorexia nervosa! is-it you?

T18 - Eating disorders

Abstract:
Avoidant/Restrictive Food Intake Disorder (ARFID) are the new comer to “the Eating disorders” Category. ARFID are frequently comorbid with ASD, 54%. There is no clear estimation of the comorbidity between ARFID and AN. ARFID and anorexia nervosa are the two restrictive food intake disorders. However, they differ by the underlying cause and cognition behind this behavior. While fear of weight gain and body image disturbance sustain the food restriction in AN, sensory particularities or traumatic event generally (choking for example) are behind the same behavior in ARFID. Due to the phenotypical overlap between both disorders, it is difficult to distinguish the comorbidities. Even if body image disturbance is not present in ARFID, body dissatisfaction could be reported by these patient.
Objectives: to describe the complexity of ARFID/AN comorbidity, with an ASD in the background.
Case: we are reporting the case of a 12-year-old patient. She was admitted for acute intestinal intussusception. She underwent two surgical procedures for intussusception in one month, without conclusive results on the anatomopathological examination. She was transferred to the specialized eating disorders care unit. The patient was less than 3SD on the weight and height curves. A break in this curve has been observed since the past year. A diagnosis of ARFID was made. The patient had restrictive eating behavior and was described as capricious (in terms of food) since early childhood. During follow-up, an ASD was diagnosed, explaining this ARFID. But the evolution remained poor, with stagnant weight gain despite an improvement in dietary diversification and sensory perception. More anorexic behavior was then observed. The restriction does not seem to be based just on the sensory characteristics of foods but also on their sugar content and energy value. Ruminations and preoccupations about the body shape have become more obvious. A more focused treatment for anorexia nervosa has allowed weight gain and the relaunch of stature development.

Authors:
**Presenter,** Takoua Brahim
**Presenter** Dr. Laureline Carpine

Symposium 19050 to Session ID 5951
Day 3 - 01.07.2025, 13:00 - 14:00, Boston

Beyond Borders: Pioneering Mental Health Innovations for Refugee Children and Adolescents
T47 - Prevention & intervention

Abstract:
The global refugee crisis continues to escalate, with children and adolescents representing a disproportionately affected demographic. Beyond the trauma of displacement, these young individuals face significant barriers to accessing mental health care, including cultural and systemic obstacles as well as the enduring challenge of misdiagnosis. This symposium unites cutting-edge interventions and research to address these challenges, offering a roadmap for scalable, culturally sensitive, and impactful mental health solutions for refugee children and adolescents. In Switzerland, innovative frameworks are setting new standards in refugee mental health care. The Canton of Vaud has pioneered a transcultural unit and specialized training program for professionals working with unaccompanied minors (UAMs). This proactive, multidisciplinary approach has demonstrated remarkable success in improving access to care, reducing crises, and enhancing treatment outcomes. Complementing this, Zurich has become the first high-income setting to implement the WHO-developed Early Adolescent Skills for Emotions (EASE) program. Tailored for adolescents in distress, EASE exemplifies how scalable interventions can be adapted to diverse contexts, providing vital support for displaced Ukrainian children and their caregivers. On a broader scale, a qualitative study from Paris examines diagnostic drift among unaccompanied minors, shedding light on how systemic biases and cultural complexities impact mental health assessments. The findings highlight the urgent need for refining diagnostic accuracy to reduce stigmatization and optimize care delivery.Together, these contributions underscore the critical importance of advancing prevention, scaling innovative interventions, and enhancing diagnostic practices. By addressing the multifaceted mental health needs of refugee children and adolescents, this symposium offers actionable strategies to inspire systemic change and ensure no young person is left behind in their journey toward healing and resilience.

Authors:
**Presenter, Chair** Dr. Kim Berg Department of Child and Adolescent Psychiatry and Psychotherapy, Psychiatric University Hospital Zurich, University of Zurich, Zurich, Switzerland

Subcontribution 19051 to Session ID 5951
Day 3 - 01.07.2025, 13:00 - 13:15, Boston

Prevention and access to mental health care for unaccompanied minors: a strategic model for brief and systematic intervention
T47 - Prevention & intervention

Abstract:
Mental health issues are particularly significant among populations in situations of forced migration, with a high prevalence of depression, anxiety, and post-traumatic stress disorder (PTSD). The UAM (Unaccompanied Minor Asylum Seekers) category is statistically more at risk than the adult population, as well as minors accompanied by their families. Numerous studies show that this group faces significant barriers to accessing mental healthcare. Fears, stigma, cultural and linguistic barriers as well as a lack of knowledge regarding mental health care, but also the expression of distress that often manifests through internalized disorders, all contribute to hindering access to care. How to intervene preventively and effectively with this population? The Canton of Vaud in Switzerland has mandated the University Hospital of Vaud (Centre Hospitalier Universitaire Vaudois, CHUV) to create a unit dedicated to minor asylum seekers. Since 2020, the "Transcultural Unit" (Unité Transculturelle de l'Enfant et de l'Adolescent, UTEA) has provided systematic (for all UAM's), early (one month after arrival), short (in four consultations), mobile (if necessary, in their refugee homes), multidisciplinary (teams of two composed of doctors, psychologists and nurses), collaborative (systematic collaboration with the network) and personalized care in response to identified needs. The model's efficiency has been demonstrated through better access to mental health services, increased adherence, and reduced hospitalization and crisis situations. This systematic and proactive intervention approach, supported by international scientific recommendations, forms a mental health prevention model that has proven effective with a particularly vulnerable and heard-to-reach population.

Authors:
**Presenter,** Moraya Knecht Centre Hospitalier Universitaire Vaudois (CHUV), Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent (SUPEA)
Dr. Chrysoula Kommata Centre Hospitalier Universitaire Vaudois (CHUV), Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent (SUPEA)
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Subcontribution 19056 to Session ID 5951
Day 3 - 01.07.2025, 13:15 - 13:30, Boston

From Crisis to Care: Transforming Adolescent Refugee Mental Health with the WHO/UNICEF's Program EASE
T47 - Prevention & intervention

Abstract:
Children and adolescent refugees face an elevated risk of developing mental health disorders, yet significant gaps in prevention and treatment persist globally, even in high-income countries like Switzerland. To address this disparity, the WHO/UNICEF Early Adolescent Skills for Emotions (EASE) program—a scalable psychological intervention tailored for adolescents in distress—has been implemented in Zurich since 2022 for adolescent Ukrainian refugees and their caregivers. With a large influx of Ukrainian refugees, primarily children and mothers, EASE represents a critical step toward bridging the mental health treatment gap in this population. This presentation will detail the implementation of EASE in Zurich, marking its first application in a high-income context. Preliminary findings from participant questionnaires will be presented to evaluate the program's impact on adolescent refugees resettled in Switzerland. The integration of EASE into healthcare services in Zurich through a stepped care model will be highlighted, emphasizing scalability and sustainability. Comparisons with earlier implementations in Lebanon and Jordan will shed light on how cultural and systemic factors shape outcomes and delivery of such interventions. The discussion will underscore the critical role of scalable interventions in addressing the mental health needs of displaced populations. It will emphasize the adaptability of such interventions and their potential for integration into diverse healthcare systems. Drawing from Zurich's experience, this presentation aims to provide actionable insights for high-income countries addressing rising numbers of forcibly displaced children and adolescents. By demonstrating its potential for integration across different settings, this presentation aims to inform strategies for expanding access to mental health care for displaced children and adolescents worldwide.

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Subcontribution 19061 to Session ID 5951
Day 3 - 01.07.2025, 13:30 - 13:45, Boston

Exploring diagnostic drift in the treatment of unaccompanied minors: a qualitative study of professional experiences
T47 - Prevention & intervention

Abstract:
Unaccompanied refugee minors or unaccompagned minors (UAMs) - children and adolescents who are separated from their parents or relatives and are not under the care of an adult - constitute a highly vulnerable group with an elevated risk of developing psychiatric disorders. They are frequently subjected to misdiagnosis, a well-documented issue among migrant populations, yet this problem has not been sufficiently examined in the context of UAMs, despite its significant impact on treatment outcomes and the potential for stigmatization. The aim of this study is to investigate the experience of diagnostic drifts during the care of UAMs by mental health professionals.
In this qualitative research, we conduct semi-structured interviews with mental health professionals who routinely provide care to UAMs. The data is analyzed using Interpretative Phenomenological Analysis (IPA), focusing on the professionals' experiences with diagnostic challenges in this specific population.
The objective of this study is to explore how mental health professionals perceive and manage diagnostic errors when working with UAMs, focusing on the clinical challenges and cultural factors that contribute to these errors. The findings aim to improve diagnostic practices, enhance therapeutic approaches, and reduce stigmatization. Additionally, we seek to understand how cultural differences, symptom variability, and diagnostic challenges may influence clinicians' decisions and impact the quality of care provided to UAMs.

Authors:
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Dr. Sevan MINASSIAN Cochin Hospital, Hôpitaux de Paris (APHP)

Symposium 20017 to Session ID 6044
Day 3 - 01.07.2025, 13:45 - 15:15, Curie A

Symposium - Can child and adolescent psychiatry be integrated into AI ?

Abstract:
Olivier BONNOT, Pr de Psychiatrie de l'Enfant et de l'Adolescent, université Paris Saclay, Praticien Hospitalier, EPS Barthelemy-Durand, Etampes
David COHEN, Professeur des universités à Sorbonne université - Chef du Service de psychiatrie de l'enfant et de l'adolescent à l'Hôpital de la Pitié- Salpêtrière
Bruno FALISSARD, Pédopsychiatre, professeur de santé publique à l'université Paris-Sud, directeur du CESP (centre de recherche en épidémiologie et santé des populations)« L'IA pour soigner les enfants et les adolescents : est-ce pour aujourd'hui ou pour demain ?»
L'IA et les agents conversationnels sont déjà utilisés par nos patients. Qu'en font-ils ? Qu'en pourraient-ils faire ? Qu'en devraient-ils faire ? Nous tenterons de répondre à ces trois questions en nous appuyant sur la littérature scientifique, des exemples pratiques et des expériences cliniques en cours.
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IA et psychiatrie : je t'aime moi non plus
Après avoir défini ce qu'est une IA, nous verrons qu'elle oblige à repenser des notions essentielles comme le langage, la rencontre, le corps, la sexualité, et la spiritualité, ainsi que la différence cruciale entre compréhension humaine (herméneutique) et explication algorithmique. Nous verrons que l'IA ne doit pas être perçue comme une menace narcissique, mais comme une
incitation à mieux comprendre la complexité humaine et à enrichir les pratiques thérapeutiques.

Authors:
**Presenter, Chair** Dr Catherine Lacour Gonay SFPEADA

Symposium 18498 to Session ID 5927
Day 3 - 01.07.2025, 14:15 - 15:45, Schweitzer

Advancing Paediatric Antipsychotic Use: Efficacy, Risks, Monitoring, and Management
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
The prescription of second-generation antipsychotics (SGAs) in pediatric populations has become increasingly common for conditions like neurodevelopmental disorders, mood disturbances and also eating disorders (ED). Despite their therapeutic potential, SGAs present significant risks, particularly metabolic side effects such as weight gain, dyslipidemia, and hyperglycemia, which can predispose young patients to long-term health complications. The variability in metabolic risk between SGAs, such as higher risks associated with olanzapine compared to aripiprazole, underscores the need for personalized treatment approaches and robust monitoring systems.
In clinical practice, like in the treatment of ED pharmacological interventions such as SGAs are often utilized, despite the absence of evidence-based protocols or approval for treating core ED symptoms, with prescriptions often based on clinical necessity to address psychopathological traits and comorbidities.
Studies reveal that factors like age, treatment duration, and baseline health metrics strongly influence the occurrence of adverse events (AEs). For instance, data from the ETAPE cohort highlight distinct prescribing patterns where aripiprazole is preferred for mood and eating disorders, while olanzapine is associated with more severe metabolic side effects, including significant weight gain.
Emerging research into early biomarkers offers innovative solutions for managing metabolic risks. Plasma metabolic markers and transcriptional profiles reveal differences in SGA-induced effects, suggesting potential tools for early detection of risks like insulin resistance and oxidative stress. Biomarkers linked to lysosomal and cholesterol functions show particular promise in enabling precise, timely interventions.
The ethical implications of prescribing antipsychotics to children and adolescents persist, given the delicate balance between clinical benefits and risks. Integrating advanced monitoring tools with personalized prescribing strategies could optimize therapeutic outcomes while mitigating AEs. Future directions should focus on refining these tools and establishing evidence-based guidelines to improve safety and efficacy, ensuring that paediatric patients receive effective care without compromising long-term health.

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Subcontribution 18512 to Session ID 5927
Day 3 - 01.07.2025, 14:15 - 14:30, Schweitzer

# Antipsychotic Prescribing Patterns and Adverse Events in Pediatric Patients: Results from the ETAPE Cohort

T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Introduction: Prescribing antipsychotics (AP) in pediatric population is challenging due to limited clinical data and concerns about adverse events (AEs). Identifying factors linked to AEs is essential to improve outcomes. This study explores psychiatrists' prescribing habits and the association between patient characteristics, treatment patterns, and AEs.
Material and Methods: This study included 190 patients from ETAPE, a multicentric, prospective, naturalistic French cohort of AP-naïve pediatric patients. Patients were followed for 12 months with detailed AE assessments. Dosages were standardized to chlorpromazine equivalents, and weight to BMI Z-scores.
Results: No differences in prescription were observed between genders. Patients receiving olanzapine and quetiapine were older than those on aripiprazole, risperidone, and cyamemazine ($p < 0.0001$). Risperidone was the most prescribed AP for anxiety, psychotic, neurodevelopmental, and unspecified behavioral disorders, while aripiprazole was preferred for mood and eating disorders ($p=0.007$). Patients with mood and psychotic disorders received more diverse AP treatments ($p=0.004$) and higher dosages ($p < 0.0001$). Patient age ($p=0.01$), treatment duration ($p < 0.0001$), and the number of different AP prescribed ($p=0.001$) were the most strongly associated with the occurrence of AEs. But weight gain was associated with low baseline weight ($r=-0.33$; $p=0.0007$), high daily dosage ($r=0.23$; $p=0.02$), and olanzapine use ($p=0.02$). Regarding hyperprolactinemia, longer treatment duration was associated with its occurrence ($p=0.0005$), while aripiprazole use correlated with a lower risk ($p < 0.0001$).
Conclusion: Distinct prescribing patterns and AE risks highlight the complexity of AP use in pediatric patients. Monitoring AP diversity, treatment duration, and baseline characteristics is essential to reduce AE risks and improve safety and adherence.

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Subcontribution 18514 to Session ID 5927
Day 3 - 01.07.2025, 14:30 - 14:45, Schweitzer

Antipsychotics therapies in eating disorders: what's indicated, what's wrong, what's ethical? Evidence based versus clinical practise in developmental age
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Eating Disorders (ED) are conditions "characterized by a persistent disturbance in eating or eating-related behaviors that results in altered consumption or absorption of food and significantly impairs physical health or psychosocial functioning" (DSM-5-TR, APA 2023). The worldwide prevalence has increased, with a decrease of age of onset and mortality rate extremely high. Psychiatric comorbidity is "pervasive"; cardiovascular issues, gastrointestinal disorders and haematochemical abnormalities are also common. Treatment focuses on nutritional support and psychotherapy, but psychopharmacological interventions may be utilized. However, due to the lack of strong evidence of efficacy, the use of psychotropic medications is neither recommended nor approved for ED. Currently, no evidence-based protocols for pharmacotherapy in patients with ED are available and no medications are approved for treating the core symptoms of this disorder, but they are commonly prescribed in clinical practice also in evolutive age. The rationale for using is based on the hypothesis that the underlying psychopathological traits and comorbidities with mood or obsessive-compulsive disorders may be driven by shared neurobiological and genetic factors and/or genetic risk factors that respond similarly to treatment. Overall, major adverse events were infrequently reported, nonetheless, the use antipsychotics among children and adolescents with ED is still restricted due to the lack of strong evidence. Here we presented the results of an observational, prospective, naturalistic study conducted on a cohort of patients with ED in developmental age, treated with a second generation antipsychotic. The principal issue about prescriptions, dosage and drug adverse reactions are discussed and compared with actual literature data.

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Subcontribution 18509 to Session ID 5927
Day 3 - 01.07.2025, 14:45 - 15:00, Schweitzer

Antipsychotic use and metabolic side effects: Focus on pediatric management strategies
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Second-generation antipsychotics (SGAs) are increasingly prescribed to children and adolescents with psychiatric disorders, including schizophrenia, autism spectrum disorders and severe behavioral disorders. However, SGAs carry a significant risk of metabolic side effects such as weight gain or dyslipidemia. These adverse effects are of particular concern in pediatric populations as they may lead to long-term health complications, including type 2 diabetes mellitus or cardiovascular disease.
The risk of metabolic disturbances varies between specific SGAs, with for example olanzapine and quetiapine showing a higher average risk than aripiprazole or lurasidone. However, considerable inter-individual variability in susceptibility to metabolic side effects remains, which may be linked to genetic predisposition and other factors such as baseline body mass index or dietary habits. Therefore, early identification of high-risk patients through baseline and periodic monitoring of metabolic parameters is essential.
To highlight the importance of early monitoring of weight and lipid changes during the first months of SGA treatment, we will present data supporting that adolescents with a 5% increase in body weight or total cholesterol within the first month of treatment have an increased risk of significant weight gain (>15%) at three months or of developing hypercholesterolemia within the first year.
In addition, we will present a metabolic monitoring program implemented at the Child and Adolescent Psychiatry Service of the University Hospital of Lausanne. Based on current scientific evidence, we will discuss approaches aiming to optimize therapeutic outcomes while mitigating metabolic risks in pediatric patients receiving SGAs.

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Subcontribution 18503 to Session ID 5927
Day 3 - 01.07.2025, 15:00 - 15:15, Schweitzer

Early plasma and transcriptional markers of antipsychotic-induced metabolic risk
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Antipsychotic drugs induce profound changes in energy metabolism, currently monitored when they reach full clinical development as criteria of the Metabolic Syndrome. Efficacious monitoring and prevention of the metabolic syndrome among antipsychotic users are currently unmet needs, for several reasons. The monitoring practices have low sensitivity (e.g.: central obesity does not account for weight gain) and are not timely (e.g.: hyperglycemia is a consequence of insulin resistance); the prevention and treatment practices are not appealing for patients (e.g.: diet and physical exercise) or involve drugs that have relevant adverse effects (e.g.: hypoglycemia from metformin, severe nausea from GLP-1 agonists, muscle damage from statins).
Novel biomarkers that are accessible and define risk in a more precise and timelier way are needed, to enable clinicians to choose the right countermeasure at the right moment.
We studied children with neurodevelopmental disorders and irritability under antipsychotics, probing plasma metabolic markers, alongside transcriptional markers. The plasma investigations regard, among others, insulin resistance and oxidative stress; the transcriptional markers are ascribable to cellular functions of lysosomes, autophagy, mitochondria, lipid and cholesterol metabolism, glycolysis and endoplasmic reticulum stress.
Preliminary results evidence a markedly different transcriptional effect of risperidone and aripiprazole, known to have different metabolic risk; and a consistence between some transcriptional alterations and specific plasma parameters that are functionally tied; e.g. lysosomes and cholesterol.
The transcriptional biomarkers that we investigated could be used for a more sensitive and timely monitoring of the metabolic syndrome in patients using antipsychotics, and are easily accessible by blood sampling.

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Subcontribution 18479 to Session ID 5927
Day 3 - 01.07.2025, 15:15 - 15:30, Schweitzer

METABOLIC SYNDROME IN PEOPLE TREATED WITH ANTIPSYCHOTICS: A MULTIMETHOD INVESTIGATION OF GENETIC, BEHAVIOURAL AND ENVIRONMENTAL RISK FACTORS (RISKMet)
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Aims: Many people with mental disorders, especially adults with schizophrenia spectrum disorders (SSD), bipolar disorder (BD), and children with neurodevelopmental disorders (NDD), often require treatment with antipsychotics (AP), which puts them at increased risk for developing concurrent physical conditions, including metabolic syndrome (MetS). However, the behavioral, psychological, and clinical predictors, as well as the consequences of MetS in AP users, remain poorly understood. To address these gaps, the RISKMet project aims to: (1) identify risk factors for MetS by comparing patients with and without the condition; (2) explore the relationship between
second-generation antipsychotics (SGAs) and MetS diagnosis; and (3) examine behavioral patterns, including physical activity (PA) and dietary habits, in both patients and healthy individuals through a prospective cohort design.
Methods: The RISKMet project studies MetS in subjects treated with SGAs, focusing on adult and paediatric populations. The study uses a case-control design, classifying participants as MetS+ ('Cases') and MetS- ('Controls'), matched for gender and age. Data on MetS, lifestyle habits and environmental factors are collected at two points in time: at baseline (T0) and after 3 months (T3) through physical examinations, blood samples and stool collections to measure metabolic markers and assess the impact of SGAs. In addition, drug treatment data and MetS-related genetic and transcriptional variability are examined. Behavioural markers are assessed at T0 and T3, also in a healthy control group. Physical activity and sleep are monitored with a wrist accelerometer, while
eating behaviour and mood are monitored with the Experience Sampling Method (ESM).
Results and conclusions: The project is in the active recruitment phase. We will present preliminary results. Regarding the paediatric sample, it appears that: (1) high LDL ( > 100) is the most important indicator of MetS; (2) gene transcription is altered, due to problems in cholesterol metabolism; (3) aripiprazole appears to be weight neutral. In addition, individuals taking AP have been found to have specific characteristics, such as a lower intake of fibre and polyunsaturated fatty acids and a higher intake of saturated fatty acids, cholesterol and simple sugars, that are associated with the development of MetS.

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Symposium 19968 to Session ID 6009
Day 3 - 01.07.2025, 14:15 - 15:45, Cassin

ESCAP joint session with WHO Europe on digital technology and mental health
T01 - AI and digital health

Abstract:
Our speakers will each give a short presentation before the panel discussion. ESCAP President Jörg M. Fegert will speak about the urgent need for development in both the traditional mental health services and the digital space. While the traditional services would hugely benefit from further digitalisation, the digital space requires a higher degree of professionalisation, quality assurance and a regulatory framework.
WHO Europe will present their new policy brief 'Addressing the Digital Determinants of Youth Mental Health and Well-being' which aims to support countries to formulate evidence-informed policy responses to the increasing influence of digital determinants on the mental health of young people in the WHO European Region.
Bernadka Dubicka will discuss the UK Royal College of Psychiatrists position paper and highlight updates on online safety, including the relevance to clinicians and need to enquire about digital use; the current controversies in the development of an evidence base, including data access, ethics, and collaboration guidance for working with tech companies; the difficulties of evidence based policy making in this fast moving field; and lastly one potential solution to data access for researchers, the UK University of York's Smart Data Donation Centre.
Anna Kaiser will share findings on the effects of online versus real-life social interactions on emotional well-being and will provide an overview of the (negative) consequences of (cyber-) bullying. Anna will also present preliminary results of a systematic review/meta-analysis on the role of emotion regulation in the context of (cyber-)bullying and mental well-being to better understand underlying dynamics.
Kerstin Paschke's talk will deal with the addictive potential of digital applications, its impact on mental health, and the treatment of internet use disorders. The use of social networks, digital games, and online videos is one of the most popular leisure activities for young people. The internet offers many opportunities, but also poses risks to problematic usage patterns.

Authors:
Ledia Lazeri WHO
**Presenter** Prof Bernadka Dubicka University of York
ESCAP Policy Division
Dr. Anna Kaiser Central Institute of Mental Health
Kerstin Paschke German Center for Addiction Research in Childhood and Adolescence (DZSKJ), University Medical Center Hamburg-Eppendorf (UKE)
Prof. Dr. Jörg Fegert University Hospital of Ulm

Symposium 18869 to Session ID 5930
Day 3 - 01.07.2025, 14:15 - 15:45, Curie B

Early regulatory problems: Impacts on Maternal Bonding and Child Mental Health, and Intervention Techniques
T21 - Infants

Abstract:
Excessive crying (e.g., difficulties in self-soothing when crying), sleeping difficulties (e.g., difficulties in settling back to sleep at night), and feeding difficulties (e.g., food refusal, picky eating) are labelled as 'regulatory problems' which reflect early signs of difficulties in self-regulation. Early regulatory problems are common, affecting approximately 20% of children, and can be a significant source of stress and worry for parents. Parents often report feelings of desperation and failure when they are unable to soothe their crying baby. Additionally, regulatory problems can lead to parental exhaustion and sleep deprivation. Increasing number of evidence suggests that early regulatory problems may also signal early mental health concerns in children.
This symposium brings together researchers from Denmark, Germany, and Slovenia to share the latest research findings on early regulatory problems. Topics will include the impact of regulatory problems on maternal bonding, trajectories of co-developing internalizing and externalizing symptoms from childhood to adolescence, brain mechanisms underlying these challenges, and the development and effectiveness of intervention techniques (i.e., home-based intervention and app-based psychoeducational treatment) for regulatory problems.

Authors:
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Subcontribution 18870 to Session ID 5930
Day 3 - 01.07.2025, 14:15 - 14:30, Curie B

# Bonding in mothers of infants and toddlers with excessive crying/sleeping/eating disorders

T21 - Infants

Abstract:
Aims: Excessive crying, sleeping, and eating disorders are among the most prevalent mental health diagnoses in the first 3 years of life. It is well known that maternal bonding can be impaired in case of postpartum depression. Also, previous studies suggest that mothers with excessively crying infants or infants with sleep disturbances report lower bonding values.
The aim of the present study is to investigate bonding in mothers of infants/toddlers with excessive crying/sleeping/eating disorders. We suppose that maternal bonding is negatively associated with a) the number of child disorders as well as b) symptom severity. As an exploratory question, we further aim to investigate whether maternal bonding differs as a function of the specific disorder of the child.
Methods: Our sample consists of N = 160 infants and toddlers (aged 0-36 months), who were patients in a socio-paediatric clinic in Southern Germany, and were diagnosed with excessive crying, sleeping and/or eating disorders according to DC:0-5. Symptom severity was assessed using The Questionnaire for Crying, Feeding, and Sleeping (CFS; German Version). Maternal bonding was assessed via the Postpartum Bonding Questionnaire (PBQ-16).
Results and Conclusions: Due to ongoing data collection, results cannot be reported yet. Our findings will be discussed in terms of implications for intervention/parent-child interaction therapy.

Authors:
**Presenter,** Prof. Dr. Maria Licata-Dandel
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Subcontribution 18872 to Session ID 5930
Day 3 - 01.07.2025, 14:30 - 14:45, Curie B

# Associations Between Infant Regulatory Problems and Longitudinal Trajectories of Co-Developing Internalizing and Externalizing Symptoms

T21 - Infants

Abstract:
Aim: To identify distinct developmental trajectories of co-developing internalizing (INT) and externalizing (EXT) symptoms from childhood to adolescence and examine their associations with infant regulatory problems (RPs; difficulties with crying, sleeping, and feeding).
Methods Data from 5792 participants in the Generation R study (Netherlands) was included. Parents reported RPs at 6, 12, 18, and 36 months. INT and EXT symptoms were assessed using the CBCL at ages 9, 14, and 17. Parallel process latent class growth analysis (PP-LCGA) identified INT and EXT symptom trajectories. Multinomial logistic regression was used to calculate latent class probabilities, adjusting for the role of birth weight and socio-economic status.
Results and Conclusions: Four classes were identified: low stable INT and EXT (class 1; 76.6%), moderate stable INT and EXT (class 2; 11%), high increasing INT and moderate stable EXT (class 3; 9.2%), and high increasing INT and EXT (class 4; 3.2%). Single and multiple RPs at 12 months were linked to a higher likelihood of class 4. At 18 months, single RPs predicted class 3, while multiple RPs predicted class 2. Additionally, single or multiple RPs at 36 months were associated with higher likelihood of all classes. Persistent RPs across more than two timepoints increased the likelihood of classes 3 and 4. This study highlights the critical role of early RPs in predicting developmental trajectories of INT and EXT symptoms from childhood to adolescence. Addressing RPs in infancy could have long-term benefits in preventing the escalation of INT and EXT symptoms.

Authors:
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Subcontribution 18873 to Session ID 5930
Day 3 - 01.07.2025, 14:45 - 15:00, Curie B

Linking regulatory problems in infancy with functional and structural brain changes in adulthood
T21 - Infants

Abstract:
Aims: Early regulatory problems (RPs) are linked with avoidant personality traits in adulthood and functional alterations in the adult default mode and salience networks, together forming the brain's allostatic-interoceptive system (AIS). In Study 1, we investigated whether RPs
assessed in infancy were associated with adult peer relationship quality, mediated by changes in the AIS intrinsic functional connectivity. In Study 2, we explored the link between RPs, avoidant personality traits and morphological insula changes, due to insula's central role in the AIS.
Methods: We analysed data of the Bavarian Longitudinal Study (Germany). Study 1: 42 adults with RPs and 70 matched controls underwent fMRI during rest. The analysis focused on the intrinsic functional connectivity of key AIS nodes, peer relationship quality (assessed via a semi-structured Life Course Interview and the YASR scale) and RPs (assessed at 5, 20 and 56 months). Study 2: 47 adults with RPs and 121 matched controls underwent an MRI scan and completed the YASR and the Life Course Interview. The analysis focused on insula morphology measures, avoidant personality and RPs (at 5, 20 and 56 months).
Results and Conclusions: In Study 1, RPs were linked with lower-quality peer relationships and enhanced functional connectivity of the AIS nodes in adulthood. IFC changes of the dorsal mid insula node mediated the relationship between early RPs and adult peer relationship quality. In Study 2, we found a significant interaction effect between RPs, insula gyrification index and clinically relevant avoidant personality traits. Results indicate long-lasting changes associated with early RPs.

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Subcontribution 18875 to Session ID 5930
Day 3 - 01.07.2025, 15:00 - 15:15, Curie B

Regulatory problems in early childhood and the potential for promoting sensitive parenting of vulnerable infants through a municipality-based intervention
T21 - Infants

Abstract:
Aims: Infancy regulatory problems (RPs) are associated with an increased risk of later mental health problems. Sensitive parenting is considered to moderate the longitudinal risk. Still, knowledge on effective strategies of promoting sensitive parenting in infants with RPs is limited. This study investigates multiple RPs in infants as assessed by community health nurses (CHNs) and examines the impact of a home-based intervention designed to promote sensitive parenting.
Method: A nested cohort of 406 children from 16 Danish municipalities showing multiple regulatory or developmental vulnerabilities at ages 9-10 months identified by the validated standardized assessment (the PUF-measure) was included in a randomized controlled trial. The VIPP-PUF intervention, based on the Video-feedback Intervention to Promote Positive Parenting (VIPP) and the PUF-program (PUF), was delivered by CHNs to children aged 9 to 14 months. Effectiveness is evaluated using a randomized controlled design with outcome measures at ages 18 and 24 months, including the CBCL and SDQ and video-based measures of parental sensitivity.
Results and Conclusions: The follow-up assessment will be completed in spring 2025. Preliminary findings on RPs and co-occurring developmental problems at ages 9-10 months will be presented, along with initial results on the feasibility and reception of the VIPP-PUF intervention. This study is the first to explore an intervention within municipality settings targeting early trajectories of RPs by promoting sensitive parenting. The findings will provide perspectives for preventive interventions addressing RPs in general child health surveillance.

Authors:
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Subcontribution 18879 to Session ID 5930
Day 3 - 01.07.2025, 15:15 - 15:30, Curie B

# The Baby Comfort Guide - App-Based Intervention for Parents of Infants with Crying/Sleeping/Feeding Problems: A current status of the project and evaluation

T21 - Infants

Abstract:
Aims: Parents of children with excessive crying/sleeping/ feeding problems are often highly burdened and face barriers to seek professional help. The development of the Baby Comfort Guide, an innovative app for affected parents, is intended to provide a low-threshold access to scientifically based information and alleviate negative outcomes for families. A current status of the project will be presented.
Methods: The app was developed in line with the Medical Research Council guidance framework. It contains the following functionalities: (1) psychoeducational texts and videos, (2) an emergency plan, (3) a diary function for the documentation of the child's behaviour, (4) selfcare strategies for the parents, and (5) a regional register of professional counseling services. The effectiveness of the app was tested in a randomized controlled trial (N = 136). Parental feedbacks were evaluated in a parallel-mixed-methods approach.
Results and Conclusions: In the RCT, the intervention group reported significantly lower levels of parenting stress ($p = .03$, $d = -.23$) and a higher level of knowledge about crying/sleeping/feeding ($p < .001$, $d = 0.38$) after app use compared to a waitlist control group. Results of the feedback analysis revealed that parents used the app regularly and rated usability and functionalities as overall positive. Based on the parents' feedback, the app was reworked in several aspects and is now available free of charge in the common app stores. It is intended to be used as a prevention offer. Additional large-scale studies are needed to investigate long-term benefits.

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Symposium 19729 to Session ID 5962
Day 3 - 01.07.2025, 14:15 - 15:45, Varsovie

Workshop: Co-Creation: Putting Families, Children and Young People at the Heart of Mental Health Care
T49 - Patient and Public Involvement

Abstract:

Authors:

Subcontribution 18780 to Session ID 5962
Day 3 - 01.07.2025, 14:15 - 15:45, Varsovie

Co-Creation: Putting Families, Children and Young People at the Heart of Mental Health Care
T49 - Patient and Public Involvement

Abstract:
Co-creation in healthcare offers a transformative approach to designing and implementing interventions that genuinely meet the needs of patients and families. In child and adolescent mental health care services, this approach represents not only a commitment to better treatment outcomes but also a move toward democratizing healthcare systems by engaging stakeholders as equal partners.
This workshop highlights insights from two mission-driven partnership initiatives: Best for Us in Denmark and Best for You in the UK. Despite differing contexts, both initiatives share a common goal: placing families, children, young people, and healthcare professionals at the heart of the development process to ensure interventions are meaningful and impactful for all.
Through real-world examples, we will illustrate how participatory approaches in applied research have fostered innovative solutions that bridge the gap between the needs of families and the expertise of professionals. Key strategies include:
- Co-creation of service process mapping to identify areas for change and improvement.
- Program theory and data collection methods to guide service innovation and research.
- Outreach activities to facilitate collaboration and broaden access to digital resources.
The workshop will be interactive, encouraging participants to explore how co-creation can be seamlessly integrated into research processes. Together, we will discuss how this approach ensures value creation while building sustainable, inclusive care models for the future.

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Symposium 17359 to Session ID 5873
Day 3 - 01.07.2025, 14:15 - 15:45, Luxembourg

Understanding the impact of maternal immune activation and neurodevelopmental outcomes
T45 - Birth Cohorts and longitudinal studies

Abstract:
Animal models have convincingly shown that the mother's immune environment can have clinically meaningful effects on the offspring's neurodevelopment. This has led epidemiologists to investigate whether intrautarine immune markers such as cytokines and c-reactive protein are associated with neurodevelopmental outcomes in children. The results have been equivical. This symposium presents works that furthers our understanding of how useful maternal immune activation is for understanding neurodevelopmental disorders.

Authors:
Prof. Dr. Veerle Bergink
Dr. Charlotte Cecil Erasmus MC

Subcontribution 17562 to Session ID 5873
Day 3 - 01.07.2025, 14:15 - 14:30, Luxembourg

Maternal immune activation – insights, challenges and future directions
T45 - Birth Cohorts and longitudinal studies

Abstract:
Maternal immune activation (MIA) is increasingly recognized as an important risk factor for adverse obstetric and (neuro)developmental outcomes. Preclinical studies have underscored how dysregulation of maternal immune system may contribute to adverse neonatal outcomes. Evidence from epidemiological studies also shows associations between prenatal infections with subsequent complications in offspring, yet findings are inconsistent.
The field of MIA is complicated by several challenges. First, translating findings from preclinical animal models to human pregnancy remains challenging due to differences in immune triggers, environmental contexts and genetic variability. Additional challenges include divergent methodological approaches and study designs, complicating the comparison and replication of existing studies. As well, an important pitfall includes the interchangeable use of MIA definitions. On one hand, MIA is described as acute immune activation caused by infectious stimuli, such as viral or bacterial infections. On the other hand, it includes chronic low-grade inflammation often linked to lifestyle factors such as obesity and stress. This conflation of definitions complicates the interpretation of findings and risks overgeneralizing the association between MIA and adverse outcomes.
We will provide a comprehensive review of current knowledge on the concept of MIA. Additionally, we will discuss state-of-the-art methods, such as induced pluripotent stem cell (iPSC) and brain organoid models, alongside advancements in epidemiological research. We will also address key challenges, including the limitations of systemic biomarkers in capturing local immune dynamics, and propose strategies to harmonize definitions and methodologies within the field.

Authors:
**Presenter,** Dr. Lot de Witte

Subcontribution 17563 to Session ID 5873
Day 3 - 01.07.2025, 14:30 - 14:45, Luxembourg

Maternal immune activation and symptoms of attention-deficit/hyperactivity disorder: a population-based cohort study
T45 - Birth Cohorts and longitudinal studies

Abstract:
The literature on maternal immune activation has linked certain intrauterine cytokine levels to children's later ADHD symptoms. The studies, however, tend to be small, exploratory and vary substantially in how they operationalize maternal immune activation. The current study investigated how maternal cytokines, c-reactive protein and infections during pregnancy associates with ADHD symptoms in early and middle childhood. The cohort consisted of 6,555 children from the general population. The results indicated no significant association between cytokine levels or c-reactive protein and ADHD outcomes. We found a significant association with infections during pregnancy as measured by fever. Maternal immune activation did not interact with neurodevelopmental polygenic scores or with environmental stress experienced in the perinatal period. Further, there were no sex differences. These findings suggest that characterizing the maternal immune environment via immune biomarkers versus infections tap into different mechanisms. These differences could be due to infections exerting effects on ADHD independently from inflammation pathways or due to the inherent challenges in measuring spikes of immune activation.

Authors:
**Presenter,** Dr. Milan Zarchev

Subcontribution 17564 to Session ID 5873
Day 3 - 01.07.2025, 14:45 - 15:00, Luxembourg

Unraveling the impact of maternal immune activation on offspring autistic traits
T45 - Birth Cohorts and longitudinal studies

Abstract:
Maternal immune activation (MIA) is increasingly recognized as a potential risk factor for the development of psychopathology in offspring. While prenatal infections have been consistently associated with adverse neurodevelopmental outcomes in case-control studies, large-scale epidemiological studies examining the relationship between MIA and autistic traits in the general population remain limited. In this study, we aimed to explore the associations between several measures of maternal immune activation - including prenatal exposure to infection, maternal serum cytokine and CRP levels in the first half of pregnancy, polygenic score of maternal CRP and a methylation proxy of cord blood CRP - and childhood autistic traits, assessed using the Social Responsiveness Scale at median ages 6 and 14. This research was conducted within the prospective Dutch Generation R cohort (n=4,000). Covariates included maternal lifestyle and perinatal factors (e.g., age, pre-pregnancy BMI, tobacco use, socio-economic status) and child-specific characteristics (e.g., gender, age at assessment). Additionally, we investigated the interaction between child polygenic risk for autism spectrum disorder (ASD) and MIA. Our findings revealed no significant association between prenatal infections and autistic traits overall. Yet, children exposed to prenatal infections and maternal substance use, and/or traumatic childhood events, had a higher risk of autistic traits in adolescence. Analyses of additional MIA measures are currently ongoing. Advancing our understanding of the complex pathways linking MIA to autistic traits in the general population may increase our understanding of underlying mechanisms to potentially mitigate adverse developmental trajectories.

Authors:
**Presenter,** Dr. Frederieke Gigase

Subcontribution 17565 to Session ID 5873
Day 3 - 01.07.2025, 15:00 - 15:15, Luxembourg

Epigenetic biomarkers of inflammation: a potential avenue for new insights into the development of mental health problems?
T45 - Birth Cohorts and longitudinal studies

Abstract:
Aberrant immune activation has been implicated in the aetiology of mental health problems. However, the research field is challenged by conflicting results and unresolved questions about the directionality of these relations. With increasing availability of multidimensional -omics data, the complexity of the immune system becomes better captured, giving rise to novel biomarkers. These can help provide new mechanistic insights and identify personalised immune-related risk profiles in mental health. In this research project, we focus on epigenetic DNA methylation (DNAm) immune biomarkers to investigate long-term relationships between immune activation and mental health outcomes across the life course. DNAm markers have the advantage of reflecting accumulation of exposures over time, and capturing altered states of chronic immune activation.
We present preliminary evidence that higher levels of DNAm markers of inflammation predict lower cognitive function, altered brain structure, and depression, for some even more accurately than by inflammatory protein levels. We discuss the prediction of mental health in large population birth cohorts, advancing research on a wider range of immune-related epigenetic biomarkers and mental health outcomes. We highlight age-specific relationships between DNAm and inflammation and explore how epigenetic immune responses to environmental risk exposures may act as a resilience mechanism, linked to susceptibility to mental health problems.
Finally, we discuss the study of epigenetic biomarkers for how maternal factors, including maternal immune activation, predict the development and activity of the immune system in offspring, as a potential pathway for the intergenerational transmission of mental illness.

Authors:
**Presenter,** Winni Schalkwijk

Symposium 16608 to Session ID 5881
Day 3 - 01.07.2025, 14:15 - 15:45, Madrid 1

# Early detection of Personality Disorders following the severity concepts in ICD-11, OPD-CA-2 and DSM-5 AMPD

T28 - Personality Disorders

Abstract:
In ICD-11, the guidelines for diagnosing Personality Disorders (PD) have changed fundamentally. A unifying linear severity dimension varying from „no personality pathology" over „personality difficulties" to „mild/moderate/severe personality disorder" is replacing the former criteria catalogue along several PD-types. The decision on severity is to be based on impairments in basic domains of personality functioning: aspects of the self (e.g. identity, capacity for self-direction) and/or problems in interpersonal functioning (e.g. close relationships, understanding others' perspectives). This corresponds closely to the alternative approach (AMPD) in the DSM-5 with an overall measure of PD severity (Criterion A) based on impairments in self (identity, self-direction) and interpersonal (empathy, intimacy) functioning. Similarly, the Operationalised Psychodynamic Diagnostics (OPD-CA-2) uses a model of severity of a patients' structural impairment with four dimensions: Control, Identity, Interpersonality, and Attachment.
Moreover, the ICD-11 promotes a "lifespan psychiatry". Each psychiatric disorder should be conceptualized with respect to early signs and precursors in childhood, also PD. In the general criteria for PD the limit „persists until adulthood" was changed into „persists over two years".
In this symposium, new results obtained with partly concurrent tools for dimensional assessment of personality functioning or structure (LoPF-Q, SEFP, AIDA, SCID-5 AMPD-I, OPD) will highlight specific impairment profiles in different clinical groups. Comparisons between different informants (self-report, therapist-report, interview, parent-report) will enable discussions on deeper clinical validity and intergenerational dynamics.

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Subcontribution 17324 to Session ID 5881
Day 3 - 01.07.2025, 14:30 - 14:45, Madrid 1

# Agree to disagree? Comparison of parent and self-rated impairment in the four areas of personality functioning

T28 - Personality Disorders

Abstract:
Background: The new ICD-11 guidelines for the diagnosis of personality disorders (PD) introduce the concept of "impairments in personality functioning" to quantify the severity of PD. According the new lifetime perspective, the diagnosis of PD is in principle already possible in childhood and adolescence, provided that relevant impairments have existed for more than 2 years. As children and younger adolescents are not yet able to assess themselves well, suitable procedures are needed to assess their impairments. With the LoPF-Q 6-18 PR (Levels of Personality Functioning Questionnaire Parent Rating), impairments in functioning can be assessed and investigated in younger age group of 6-11 and 12-18 years. The correlative overall informant agreement with the adolescent self-assessment (LoPF-Q 12-18) had been satisfactory at r=0.5. On closer inspection, however, the four areas of functioning covaried to different degrees, particularly in the case of different pathologies. This will be analyzed in more detail in an extended clinical sample.
Method: In a mixed sample of N= 307 children and adolescents from 6 different German-speaking CAP units (Germany, Austria, Switzerland) and N= 343 students, the detailed profiles on the LoPF-Q inventories were compared. Clinical comparison groups were formed that were as homogeneous as possible based on careful diagnostics.
Results: The self-assessed impairments varied meaningfully between different diagnosis groups, with severe impairments reported by adolescents primarily in the groups F60.3 BPD (all 4 areas highly affected) and F32.1 MD (3 areas highly affected). In the group F90.0/1 (ADHD), on the other hand, no impairments were self-reported. This appears to be correct, as there was no clinical suspicion of PD eminent. In comparison, the parents reported high impairments for all patients (mostly all 4 areas highly affected), regardless of the diagnostic groups, even for externalizing disorders. Overall, this resulted in a highly significant statistical difference between self-rating and parent rating in the clinical setting.
Discussion: Systematic differences between self-descriptions and descriptions by others are known, especially around externalizing problems. However, the extent is so big that it should be fundamentally discussed whether the concept of personality functioning in children and adolescents in parent report really only covers PD-related pathology or whether it has the status of a new GAF score.

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Subcontribution 17425 to Session ID 5881
Day 3 - 01.07.2025, 14:45 - 15:00, Madrid 1

# The French version of the Assessment of Identity Development in Adolescence (AIDA): Metric properties in school and clinical samples

T28 - Personality Disorders

Abstract:
The concept of “identity” has been integrated into the DSM-5 as a relevant dimension of personality development and pathology, with identity diffusion being considered as playing a key role in the emergence of personality disorders (PDs), particularly borderline personality disorder (BPD) in adolescence. The Assessment of Identity Development in Adolescence (AIDA) is a reliable self-report measure of identity diffusion in young people, originally developed in Switzerland; our aim was to provide a French adaptation of the AIDA and to evaluate its main metric properties in school and clinical samples.
The original AIDA was adapted into French using standard procedures, in collaboration with its authors. This version was completed by 415 adolescents: 308 school students (mean age 14.9 ± 1.6 years; 59.4% girls) and 107 psychiatry patients (mean age 14.5 ± 1.3 years; 67.3% girls). Of the school students, 246 showed no borderline psychopathology on the French version of the Borderline Personality Features Scale for Children and Adolescents (BPFSC-11); 24 patients were diagnosed with BPD. Internal consistency was investigated using Cronbach's $\alpha$ and Spearman’s r intercorrelations of AIDA scores were calculated. An exploratory principal component analysis (PCA) was conducted. Spearman’s r correlations between AIDA and BPFSC-11 scores were computed, and AIDA scores were compared (MANOVA) between BPD cases (n = 24) and non-cases (n = 246). Cronbach's $\alpha$ ranged from 0.75 to 0.92, indicating good internal consistency, and Spearman’s intercorrelations ranged from 0.49 to 0.96. The PCA yielded a single dominant factor encompassing 54 out of 58 items. Spearman’s correlations with BPFSC-11 scores ranged from 0.41 to 0.84. Case scores were significantly higher than non-case ones ($p < 0.001$; effect size d = 1.5 to 2.6).
The French version of the AIDA displays satisfying metric properties and can thus be considered a reliable measure of identity diffusion in adolescents.

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Subcontribution 17427 to Session ID 5881
Day 3 - 01.07.2025, 15:00 - 15:15, Madrid 1

# The Norwegian Study of the Alternative DSM-5 Model for Personality Disorders – Junior

T28 - Personality Disorders

Abstract:
There is a growing consensus that the Alternative Model for Personality Disorders (AMPD) demonstrates superior validity and clinical utility compared to the traditional categorical model of personality disorders. However, the AMPD has faced criticism for being overly complex and for not adequately integrating a developmental perspective, which is particularly important when assessing adolescents. A simplified model with fewer dimensions, specifically designed for the adolescent stage of development, might provide greater validity and clinical utility than the AMPD.
This study explores the relationship between two conceptualizations of personality functioning: the Level of Personality Functioning Scale (LPFS) as presented in the AMPD and the LoPF-Q model developed by Goth et al. in Switzerland featuring fewer dimensions explicitly tailored to adolescents from 12 years up. The AMPD's LPFS is measured using a youth-adapted version of the SCID-5-AMPD, while the LoPF-Q model is assessed using the Norwegian version of the Levels of Personality Functioning Questionnaire (LoPF-Q 12-18 Screener), a brief self-report instrument.
As of November 2024, 36 patients have been enrolled in the Norwegian Study of the DSM-5 Alternative Model for Personality Disorders in Adolescents and Young Adults (NorAMP-Junior). The study aims to recruit a total of 250 participants, with projections suggesting 90 adolescents will be enrolled by May 2025. Preliminary results from the study will provide insights into the comparative utility of these two frameworks and their suitability for adolescent personality disorder assessment.

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Symposium 18462 to Session ID 5919
Day 3 - 01.07.2025, 14:15 - 15:45, Madrid 2

Digital technology and mental health of youth
T01 - AI and digital health

Abstract:
The number of adolescents and young adults with mental health problems is rising and adequate prevention and intervention strategies are urgently needed. Digital technology can contribute to mental health care, but also poses challenges. The topic of this symposium is digital technology and mental health of youth. We will present results from 5 studies that use different methods to examine digital technology and mental health in adolescents and young adults. Dr. Vreeker will present results from a systematic review, in which risk and resilience factors of daily affect in Experience Sampling Method (ESM) studies in youth are examined. Dr. Figueroa will present findings from her study on understanding the needs and concerns of minoritized youth in the Netherlands using a participatory approach. Dr. Haag will present preliminary results on the relationship between social media exposure and mental health in adolescents exposed to childhood maltreatment. Dr. Achterhof will present findings from a large ESM study in which micro- and macro-level social factors associated with psychopathology are investigated. Last, Dr. Vegt will present on obstacles and opportunities of merging the methods intervention mapping and co-design through a participatory action approach to conduct research on the use of digital technology to improve mental health of youth.

Authors:
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Subcontribution 18480 to Session ID 5919
Day 3 - 01.07.2025, 14:15 - 14:30, Madrid 2

# Risk and resilience factors for daily affect: A systematic review of experience sampling studies in adolescents and emerging adults

T01 - AI and digital health

Abstract:
Aims: The number of adolescents and emerging adults with mood disorders is rising. To improve prevention and intervention, it is important to identify risk and resilience factors that are related with the development of mood disorders. Assessing factors related to positive and negative affect in daily life can be a promising target for earlier identification of mood disorders. The Experience Sampling Methodology (ESM) is an adequate method to assess daily affect, since it allows real-time assessment of affect, behavior, and context. Here, we present a systematic review on the association between risk and resilience factors and daily affect in ESM studies in adolescents and emerging adults between 12–25 years.
Methods: This preregistered (CRD42024508091) systematic review was conducted using the databases Embase, Medline ALL, PsycINFO, Web of Science, Cochrane and Google Scholar. The initial search resulted in 5,581 studies, of which 313 studies that examined the relationship between risk or resilience factors with positive affect, negative affect, and/or depressive affect using ESM in adolescents or emerging adults between 12-25 years were included. The sample sizes ranged from 15 to 1,913 participants, with a total of 74,010 individuals. Quality assessment was performed using a checklist for the reporting of ambulatory assessment studies (Van Roekel et al., 2019). This systematic review was carried out according to the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guidelines.
Results and Conclusions: We identified 2,434 risk and resilience factors for daily affect outcomes, which we categorized as psychological (33%), lifestyle (23%), interpersonal (15%), stress (12%), demographic (11%), contextual (5%), and physical health (0.7%). Most factors were dynamic (i.e., measured in the moment) (52%), while static (i.e., measured once or twice) (34%) and intermediate (i.e., the average of multiple assessments) (15%) factors were less frequently examined. There were consistent findings showing that more stressful events, more conflict, maladaptive coping strategies, and mental health problems were related to poorer daily affect. In contrast, more social support and outdoor exposure were related to better daily affect. Findings for other factors were more inconsistent. Although further research is needed because of large heterogeneity between studies, these results may contribute to early identification, and ultimately prevention.

Authors:
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**Presenter** Dr. Annabel Vreeker

Subcontribution 18584 to Session ID 5919
Day 3 - 01.07.2025, 14:30 - 14:45, Madrid 2

# Skepticism and Excitement when Co-designing Just-In-Time Mental Health Apps with Minoritized Youth

T01 - AI and digital health

Abstract:
Aims: Mental health issues among young people have surged post-COVID-19. Mental health apps can offer accessible preventive support on a large scale, yet the perspective of minoritized youth–such as those from low socioeconomic and ethnic/racial backgrounds–are underexplored. This risks low uptake and effectiveness and exacerbating health inequities. We aimed to understand the needs and concerns of minoritized youth in the Netherlands using a participatory approach.
Methods: We conducted 3 co-creation sessions with 17 adolescents (16 females, majority Dutch Moroccan background) aged 11-22 years, recruited through community centers in lower-income neighborhoods in The Netherlands and organized a discussion session with 26 preventive youth workers. A subset of youth (n=10) analyzed the data in 2 co-thematic analysis workshops. We compared youth and researcher themes.
Results and Conclusions: Youth saw data-driven mental health apps as useful for short-term stress relief through motivational quotes, social activity suggestions, and homework support, but unable to solve severe issues. In the co-analysis, youth analyzed based on emotion and functions, whereas researchers employed a technical lens. Key themes included identity-based (such as religion, gender, and age) and contextual tailoring (to school/home schedules), compassionate as opposed to fake support (robots), safety, and social media. App design for young people should prioritize authentic, compassionate communication, safety–including transparency about data–tailoring to identify aspects, timely notifications, and integrating social media. Participatory approaches are promising to better understand the needs of youth from minoritized backgrounds for digital mental health technologies, with the aim of equitable digital solutions.

Authors:
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Subcontribution 18590 to Session ID 5919
Day 3 - 01.07.2025, 14:45 - 15:00, Madrid 2

# Social Media Behaviours and Mental Health Outcomes in Adolescents Exposed to Child Maltreatment: Preliminary Results of the TikTalk Teens Study

T01 - AI and digital health

Abstract:
Aims: The “TikTalk-Teens” study investigates the use of TikTok and its potential impacts on adolescent mental health, with a focus on adolescents who have been exposed to child maltreatment (CM: emotional, physical, sexual abuse, and neglect). CM increases the risks of depression, anxiety, and substance use. Existing research also hints at at-risk social media behaviors (SMB) in CM-exposed adolescents. However, the extent to which CM exposure influences the relationship between SMB and mental health difficulties needs to be further elucidated.
Methods: The preliminary study sample (N = 115) included 53% girls and 54% individuals exposed to CM (age: M = 15.86, SD = 1.52). Data were gathered through online self-report questionnaires and objective information on TikTok usage. The PROCESS macro was utilized to determine which SMB predicted mental health problems when moderated by CM. A linear regression approach was used to examine all significant interactions between SMB and CM as predictors for mental health problems.
Results: SMB, i.e., the number of comments, posts, shared videos, reasons for using TikTok, preferred content, parental control, participation in challenges, in interaction with CM were found to be associated with mental health problems (all ps < .05). All regression analyses revealed significant results ($p < .001$; depression: $R2 = .25$, $F(4, 272) = 9.43$; anxiety: $R2 = .17$, $F(5, 1026) = 5.48$; substance use: $R2 = .31$, $F(6, 3413) = 9.15$.
Conclusions: Preliminary results indicate that preventive strategies and tailored interventions to mitigate risks associated with social media use in vulnerable adolescents are crucial. Approaches should focus on reducing exposure to potentially harmful online content and promoting safe SMB.

Authors:
**Presenter,** Prof. Ann-Christin Haag
Dr. Dunja Tutus

Subcontribution 18593 to Session ID 5919
Day 3 - 01.07.2025, 15:00 - 15:15, Madrid 2

Youth mental health in a micro- and macro-level social context
T01 - AI and digital health

Abstract:
Aims: The interplay between sociodemographic characteristics and youth mental health is often reported on, but little understood. Financial hardship, belonging to an ethnic minority, but also gender and sexual identity characteristics have been identified as risk factors for mental health problems. However, a simple “risk factor” perspective does not suffice to better understand why some young people are worse off. To gain greater insight into the processes underlying the development of psychopathology in socially at-risk youth, and to identify effective intervention targets, we need to learn more about their day-to-day lives.
Methods: A representative general population sample of n=1913 Flemish adolescents was recruited as part of the SIGMA study (2018 – 2023). In 2022, the demographically diverse add-on SIGMA-X sample of n=117 adolescents was recruited at organizations that work with youth with limited resources. All participants completed a series of self-report questionnaires, and (at each wave) engaged in a six-day experience sampling method (ESM) period, during which they answered ten daily semi-randomly timed questionnaires in their natural environments, about their feelings, behavior and (social) environment.
Results and Conclusions: Across samples, greater psychopathology was reported for girls vs. boys, for sexual-minority participants, but also, more broadly, for the SIGMA-X vs. the SIGMA sample. The effect of the COVID-19 pandemic on mental health seemed limited for this sample, although at-risk groups were quite consistently at risk. Analyses on young people’s daily lives reveal how macro-level sociodemographic factors are related to micro-level social interactions, thereby giving guidance on where and how to intervene.

Authors:
**Presenter,** Dr. Robin Achterhof
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Prof. Ginette Lafit
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Subcontribution 18592 to Session ID 5919
Day 3 - 01.07.2025, 15:15 - 15:30, Madrid 2

# Merging rigor and agility in the development of mental health interventions for youth

T01 - AI and digital health

Abstract:
Aims: Intervention mapping is a systematic framework used to design, implement, and evaluate interventions. It is designed to bridge theory and practice by integrating evidence-based strategies with the needs and characteristics of the target population. However, this stepwise approach does not always resonate with the often complex real-world circumstances of developing interventions for youth. Combining the steps with a co-design approach, i.e., involving end-users and other stakeholders as design partners, may help overcome this challenge.
Methods: We explored the obstacles and opportunities of merging intervention mapping and co-design through a participatory action approach, in which we supported and followed several research and innovation projects with youth within the transdisciplinary Protect Me consortium. In addition, we interviewed consortium partners to collect more experiences with intervention development and co-design.
Results and Conclusions: The results show, amongst others, that the challenge is to stay humble in our ambition to be both rigorous and agile. For example, making sure that all steps of the intervention mapping process are addressed may be more effective than doing them in the “right” order. At the same time, small increases in involving youth and other stakeholders during intervention mapping may already make a big difference in aligning an intervention with their context and needs. In this presentation, we will discuss opportunities and obstacles in utilizing the complementary strengths of intervention mapping and co-design and propose a refined framework of intervention co-mapping.

Authors:
**Presenter,** Dr. Niko Vegt
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Symposium 17452 to Session ID 5882
Day 3 - 01.07.2025, 14:15 - 15:45, Rome

Metabolic Challenges of Psychotropic Medications in Pediatric Psychiatry
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
The use of psychotropic medications in children and adolescents, particularly antipsychotics, is associated with significant metabolic side effects, including weight gain and an increased risk of type 2 diabetes. This symposium explores the cardiac and metabolic safety of these drugs and investigates strategies to mitigate their impact.
We begin by examining the global risks of antipsychotic medications in youth through a WHO safety database analysis, shedding light on both cardiac and metabolic concerns. We then explore whether antipsychotic use elevates the risk of type 2 diabetes in this population, a critical issue for long-term health. Further, we investigate the biological mechanisms behind these changes, focusing on how risperidone alters appetite-regulating hormones in children.
The symposium also highlights the role of therapeutic drug monitoring, presenting the SPACe 2: STAR trial, which shows how personalized dosing of risperidone and aripiprazole can reduce weight gain. Finally, we discuss the STELLAR study, which evaluates the use of metformin and GLP-1 agonists to prevent drug-induced weight gain.
This symposium provides a comprehensive approach to managing the metabolic effects of pediatric psychiatric medications.

Authors:
**Chair** Prof. Dr. Birgit Koch Erasmus Medical Center

Subcontribution 17453 to Session ID 5882
Day 3 - 01.07.2025, 14:15 - 14:30, Rome

Cardiac and metabolic safety profile of antipsychotics in youths: A WHO safety database analysis
T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Background: A significant heterogeneity prevails in antipsychotics (APs) safety monitoring recommendations. Youths are deemed more vulnerable to cardiometabolic side effects.
Method: We aimed to assess age-dependent reporting of cardiac and metabolic disorders in youths, relying on the WHO safety database (VigiBase®). VigiBase® was queried for all reports of cardiac, glucose, lipid and nutritional disorders involving APs. Patients < 18 years were classified as pediatric population. Disproportionality analyses relied on the Information Component (IC): the positivity of the lower end of its 95 % confidence interval was required to suspect a signal.
Results: We yielded 4,672 pediatric reports. In disproportionality analysis, nutritional disorders were leading in youths (IC 3.9 [3.9–4.0]). Among healthcare professionals' reports, stronger signals were detected in youths than in adults. Children had the greatest signal with nutritional disorders (IC 4.7 [4.6–4.8]). In adolescents, aripiprazole was ascribed to non-alcoholic steatohepatitis (NASH).
Conclusion: Our findings, based on real-world data, support the hypothesis of a greater propensity for nutritional disorders in youths, despite limitations of pharmacovigilance studies. We suggest specific safety profiles, such as aripiprazole and NASH. Pending more answers from population-based studies, a careful anamnesis should seek for risk factors before AP initiation. A cautious monitoring is warranted to allow earlier identification of side effects.

Authors:
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Subcontribution 17454 to Session ID 5882
Day 3 - 01.07.2025, 14:30 - 14:45, Rome

# Does Antipsychotic use increase the risk of developing diabetes type 2 in children and adolescents?

T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Background: The rising use of antipsychotics in children and adolescents has prompted concerns about their safety and long-term effects. This study investigates the association between antipsychotic use and the risk of type 2 diabetes mellitus (T2DM), while examining the influence of socioeconomic status (SES) and gender.
Method: Using data from the CBS database in the Netherlands, we employed the self-controlled case series (SCCS) method to minimize within-individual confounding, assessing temporal associations between antipsychotic use and T2DM. T2DM cases were identified through prescriptions of glucose-lowering medications (ATC code A10B). The study population was followed for 10 years, with the first 5 years representing the pre-antipsychotic period and the subsequent 5 years reflecting antipsychotic exposure. Analyses were adjusted for age, gender, and SES.
Results: T2DM prevalence increased significantly during antipsychotic use, peaking in the first three years of treatment. A modest decline in prevalence occurred in years four and five, though risk remained elevated compared to the pre-antipsychotic period. This decline was more pronounced in individuals from lower SES neighborhoods, potentially due to higher rates of treatment discontinuation.
Conclusion: Antipsychotic use in children and adolescents is associated with a heightened risk of T2DM, particularly within the first three years of treatment. The observed decline in incidence after three years may reflect treatment discontinuation, especially among those from lower SES backgrounds. Further research is necessary to clarify these trends and develop evidence-based guidelines for minimizing metabolic risks in this vulnerable population.

Authors:
**Presenter,** Ravish Gangapersad Erasmus Medical Center

Subcontribution 17455 to Session ID 5882
Day 3 - 01.07.2025, 14:45 - 15:00, Rome

# Alterations of appetite-regulating hormones in risperidone treated children and adolescent - A posthoc analysis of the SPACe study

T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Background: Weight gain and metabolic disruptions are frequently observed in children and adolescents treated with antipsychotic drugs, but underlying mechanisms are poorly understood. This hampers effective prevention and treatment of these side-effects. To assess the impact of risperidone treatment on the appetite-regulating hormones (insulin, leptin, and bioleptin) and their relation to change in body weight over time.
Method: This post-hoc analysis entails data of ten patients from a prospective multicenter cohort study, in which children and adolescents aged 6-18 years diagnosed with autism spectrum disorder (ASD) and starting with risperidone treatment were included. Patients were recruited between August 2016 and October 2018. The correlation of insulin, leptin, and bioleptin with BMI z-score during risperidone treatment. A second outcome was the correlation of these hormones with risperidone exposure at 6-month follow-up.
Results: In a sample of 10 participants affected with ASD and starting riperidone treatment (80% male, median age 9.7 year), a significant increase in bioleptin ($p < 0.05$), along with BMI z-score during the 6-month follow-up was observed. Correlations between HOMA-IR, insulin, leptin, bioleptin were significantly associated with BMI z-score at baseline but this had ceased after 6 months of risperidone treatment, suggesting an altered association. Moreover, association of a higher risperidone exposure with lower appetite-regulating hormones was observed at the 6-month mark.
Conclusions: These findings suggest risperidone has a significant impact on appetite-regulating hormones in children and adolescents which could explain for antipsychotic-induced weight gain. These findings warrant further investigation.

Authors:
**Presenter,** Kajie Liang Erasmus Medical Center

Subcontribution 17456 to Session ID 5882
Day 3 - 01.07.2025, 15:00 - 15:15, Rome

# The effect of therapeutic drug monitoring of risperidone and aripiprazole on weight gain in children and adolescents: the SPACe 2: STAR (trial) protocol of an international multicentre randomised controlled trial

T29 - Psychopharmacology / Pharmacotherapy

Abstract:
Background: Antipsychotic drugs are an important part of the treatment of irritability and aggression in children with an autism spectrum disorder (ASD). However, significant weight gain and metabolic disturbances are clinically relevant side effects of antipsychotic use in children. In the SPACe study, we showed positive correlations between both risperidone and aripiprazole plasma trough concentrations and weight gain over a 6-month period. The trial SPACe 2: STAR is designed as a follow-up study, in which we aim to research whether therapeutic drug monitoring in clinical practice can prevent severe weight gain, while retaining clinical effectiveness.
Methods: SPACe 2: STAR is an international, multicentre, randomised controlled trial (RCT). One hundred forty children aged 6 to 18 who are about to start risperidone or aripiprazole treatment for ASD related behavioural problems will be randomised into one of two groups: a therapeutic drug monitoring (TDM) group, and a care as usual (CAU) group. Participants will be assessed at baseline and 4, 10, 24, and 52 weeks follow-up. In the TDM group, physicians will receive dosing advice based on plasma levels of risperidone and aripiprazole and its metabolites at 4 and 10 weeks. Plasma levels will be measured in dried blood spots (DBS). The primary outcome will be BMI z-score at 24 weeks after start of antipsychotic treatment. Among the secondary outcomes are effectiveness, metabolic laboratory measurements, levels of prolactin, leptin and ghrelin, extrapyramidal side effects, and quality of life.
Discussion: This will be the first RCT evaluating the effect of TDM of antipsychotic drugs in children and adolescents. Thus, findings from SPACe 2: STAR will be of great value in optimising treatment in this vulnerable population

Authors:
**Presenter,** Lisa Ringeling Erasmus Medical Center

Symposium 18453 to Session ID 5860
Day 3 - 01.07.2025, 14:15 - 15:45, Amsterdam

# New Research Findings from Four European Countries on Transgender Care for Adolescents

T06 - Adolescent

Abstract:
This Symposium includes four presentations by established transgender care specialists from Sweden, Germany, Switzerland and the Netherlands. Research findings from their respective countries will be presented regarding increases in referrals and treatment requests and middle and long-term treatment outcomes.

Authors:
Prof. Dr. Annelou L.C. DeVries Amsterdam UMC
**Moderator** Prof. Simona Giordano Centre for Social Ethics and Policy (CSEP)

Subcontribution 18454 to Session ID 5860
Day 3 - 01.07.2025, 14:15 - 14:30, Amsterdam

# Longitudinal trends in health service utilization for gender dysphoria in minors in Germany - an epidemiological analysis based on statutory health insurance data from the TRANSKIDS-CARE Study

T06 - Adolescent

Abstract:
Aims: There is controversy about an observed increase in diagnoses of gender dysphoria (GD) among adolescents. This has risen concerns regarding a fear of overdiagnosing of GD during puberty. This study aims at providing solid epidemiological data on health service utilization of minors as compared to data of adults with GD.
Methods: Nationwide administrative data from two big statutory health insurance companies (BARMER and Techniker Krankenkasse) were analysed to investigate the healthcare utilization patterns of minor patients (< 18 y) and adults (18-30 y) with GD-related diagnoses (ICD-10 codes) from 2017 to 2020. Data from 2010 to 2021 from BARMER were available to analyse long-term trends.
Results: The prevalence of minor patients with a GD diagnosis increased from 25 per 100,000 in 2010 to 117 per 100,000 in 2021 (prevalence ratio (PR) = 4.67, 95 % CI = 4.12 – 5.30). In the same period, the prevalence of adult GD patients increased from 33 to 206 per 100,000 (PR = 6.26, 95 % CI = 5.68 – 6.88). Incidences also increased in both age groups over this period (minors: incidence rate ratio (IRR) = 3.28, 95 % CI = 2.77 - 3.88; adults: IRR = 2.96, 95 % CI = 2.51 - 3.49). Regardless of age, the assigned sex at birth was predominantly female . Among the adolescents assigned female at birth and first diagnosis in 2018, 30.7 % started hormonal treatment within 24 months of their first diagnosis as compared to 20.7 % of those assigned male at birth. Extrapolated to the general population the incidence of a GD diagnosis with subsequent start of hormonal treatment was equally low in 2019 with 1 in 10.000 individuals in both respective age groups.
Conclusion: Between 2010 and 2021, the much-discussed increase in utilization of health care services for a GD diagnosis was not a phenomenon specific to adolescence but can be observed on a comparable scale in adults. Despite this relative increase in healthcare utilization, the absolute numbers of cases starting gender-affirming hormone treatments based on a GD diagnosis are equally low in adolescents as in adults.

Authors:
Prof. Dr. Georg Romer

Subcontribution 18456 to Session ID 5860
Day 3 - 01.07.2025, 14:30 - 14:45, Amsterdam

# Psychopathology, Body satisfaction and Life Satisfaction in Adolescents with Gender Incongruence During the Course of Treatment - a Follow-up Study.

T06 - Adolescent


Abstract:

Theoretical Background

Adolescents with gender incongruence often suffer from minority stress, severe psychopathology, and body dysphoria with negative consequences for well-being and life satisfaction. In our study, we are investigating trans adolescents with gender incongruence in Switzerland to examine their development of body image, psychopathology and life satisfaction over the course of gender affirming treatment.

Method

A consecutive clinical sample of N=152 adolescents with gender incongruence (T0 age 14-18 years, 75% assigned female, 25% assigned male at birth) completed a series of questionnaires on demographic factors, gender identity, social transition, general psychopathology (Youth Self Report YSR), quality of life (Kidscreen-27), gender dysphoria (Utrecht Gender Dysphoria Scale UGDS), and body satisfaction (Body Image Scale BIS). The sample recieved gender affirming care including psychosocial support and if indicated medical interventions. The same battery of questionnaires was used for the annual follow-up examinations. Treatment satisfaction was also surveyed. The follow-up time in average is 3.5 years.

Results

The study confirms strong gender dysphoria and body dissatisfaction as well as high psychopathology scores in gender incongruent adolescents before treatment. In the course of treatment, there is a significant decrease in body dissatisfaction, and in psychopathology. Parental support is strongly correlated with less psychopathology in the course of treatment. Gender affirming medical treatment is also correlated with less psychopathology and a decrease in body dysphoria. There is a correlation between the decrease in body dyshphoria and in psychopathology with the increase in quality of life in the course of treatment. Treatment satisfaction is high.

Conclusion

Gender and body dysphoria have a major influence on the psychopathology and quality of life in adolescents. Further studies with longer follow-up time are needed to confirm these results and to determine the influence of social and medical factors that contribute to well-being in gender incongruent youth in the course of treatment.



Authors:

**Presenter,** Dr. med. Dagmar Pauli

Subcontribution 18457 to Session ID 5860
Day 3 - 01.07.2025, 14:45 - 15:00, Amsterdam

The situation in Sweden as it is today, with an eye toward the future. What is important for future treatment?
T06 - Adolescent

Abstract:
Background
Sweden is providing transgender care including biomedical interventions since 2001in Stockholm. Several other centres followed. In 2022, a new centralized care model was implemented after a systematic review and steep increases in referrals and a sharp debate in the country.
Method
During the presentation, an overview of the history of adolescents transgender care in Sweden and number of referrals will be given and recent developments and changes in approach will be explained.
Results
There is a stark debate in Sweden on what proper care for youth is. SBU (Swedish Agency for Health Technology Assessment and Assesment of Social Services) reviewed the knowledge basis for hormonal treatment in gender dysphoria and concluded that the evidence base was weak (2020). A review to a revision of the National Guidelines from the National Board of Health and Welfare from -> strong positive evidence base to weak negative (2022).
Conclusion:
The question remains; Is the knowledge basis good enough to treat transgender adolescents with hormones? Which transgender adolescents should be treated?

Authors:
**Presenter,** Prof. Louise Frisén
Cecilia Dheijne

Subcontribution 18458 to Session ID 5860
Day 3 - 01.07.2025, 15:00 - 15:15, Amsterdam

# Long term adult Follow-up of Early Medical Intervention with puberty Blockers during Adolescence; gender, treatment satisfaction, mental health and sexual outcomes.

T06 - Adolescent

Abstract:

Background

Given the paucity on long-term outcome studies of gender-related medical care in adolescents, the aim of this study is to describe outcomes of gender-measures, psychological functioning, sexuality and reflections on received care in transgender adults who received puberty suppression (PS) during adolescence.

Method

This retrospective cohort study included 72 adults (51 (transgender) men, 20 (transgender) women, and 1 non-binary transgender masculine person) having started PS before the age of 18 years and at follow-up being at least 9 years after the start of gender-affirming hormonal treatment who completed an online self-designed survey comprising questions regarding gender identity, sexual satisfaction and dysfunction and reflections on their gender-related medical care in addition to the Utrecht Gender Dysphoria Scale (UGDS) to measure gender dysphoria, and the Adult Self-Report (ASR) to examine psychological functioning.

Results

It was found that all participants still identified contrary to their birth assigned gender, with only one person shifting from binary trans male to non-binary male identification.

Almost all participants were satisfied with the medical and social transition in general, although some regretted parts of the medical transition.

No major differences in sexual wellbeing and problems were found between those that started treatment in early puberty versus those that received suppression in later puberty.

Psychological functioning of adult trans persons was shown to be comparable to general population norms, although some vulnerability was shown regarding internalizing problems.

Conclusion

These results may ease concerns about long-term effects of early medical treatment including PS of transgender adolescents on adult treatment satisfaction and regret, sexual satisfaction and dysfunction and psychological functioning.It is crucial that transgender adults maintain access to sexual counselling and psychological care because some vulnerability was shown regarding internalizing problems and sexual difficulties.

Authors:

**Presenter,** Prof. Dr. Annelou L.C. DeVries Amsterdam UMC

Marijn Arnoldussen

Symposium 19731 to Session ID 5964
Day 3 - 01.07.2025, 14:15 - 15:45, Londres 1

Workshop: Experiential Reflective Practice: What is a Balint group? A small group experience
T47 - Prevention & intervention

Abstract:

Authors:
**Presenter,** Prof. Elizabeth Barrett ucd

Subcontribution 18247 to Session ID 5964
Day 3 - 01.07.2025, 14:15 - 15:45, Londres 1

Experiential Reflective Practice: What is a Balint group? A small group experience
T47 - Prevention & intervention

Abstract:
Schwarz Rounds and Balint Groups in Paediatric Settings- Workshop 2- Experiential.
We intend to offer an experience of Balint groups for participants-- limited to 12- 15 participants.
This is in addition to the other workshop around how these are organised and set up and will be experiential in nature.
Firstly, we will summarise the session provided in Workshop 1.
Our Balint groups of around 12 clinicians, meet monthly with experienced facilitators and now have been running from 1- to 7 years in different settings.
Schwartz and recurrent reflective practice groups in hospital settings may facilitate much larger groups- larger scale, non- closed, interdisciplinary reflective practice. Again, our leaders have been delivering these in diverse settings over several years. There are few opportunities for group leaders to come together to discuss the joys and challenges of these approaches.
Both approaches are structured, well evidenced and acceptable to clinicians. These groups are a space to think about clinician- patient interactions. They offer structured, regular, supportive, predictable peer support.
Groups focus on the emotional impact of the work we undertake. This is an important strategy in combatting moral injury and compassion fatigue.
We will discuss the challenges in setting up and sustaining groups and the impacts as reported by participants. Clinicians will also outline their experiences in different hospital and mental health trust settings (D. Dover, A. Liew).
We will also explore the experiences of participants in a workshop-- style approach.
We intend to limit the workshop session 2 to the number appropriate for a Balint Group type approach, i.e. we intend to offer a "Balint Group" experience to 12- 15 attendees. This will be led by 2 facilitators, one accredited as a Balint facilitator and the other with long term experience of Reflective practice groups. (E Barrett, A Martin).
We aim to foster networks and supports for these initiatives going forward, building an international network and capacity.

Authors:
**Presenter,** Prof. Elizabeth Barrett UCD School of Medicine
Prof. Dr. Andrés Martin Riva Ariella Ritvo Professor
Dr Deborah Dover East London NHS Foundation Trust
Dr. Ashley Liew South London & Maudsley NHS Foundation Trust and Evelina London Children's Hospital

Symposium 19353 to Session ID 5858
Day 3 - 01.07.2025, 14:15 - 15:45, Londres 2

Troubled Times for Children: A Comprehensive Perspective on Trauma
T43 - Trauma

Abstract:
Children and adolescents exposed to trauma face profound challenges that require comprehensive, evidence-based approaches to care. This symposium brings together four presentations that provide a multifaceted view of trauma, focusing on disclosure, psychopathology, therapeutic interventions, and international collaboration in crisis contexts.
The first presentation explores the challenges of child sexual abuse (CSA) disclosure within child and adolescent psychiatry (CAP) services, sharing preliminary results from the REVEAL study. This research investigates the lived experiences of CSA survivors, their families, and mental health professionals to improve disclosure processes and outcomes.
The second presentation examines the pathways from adversity to borderline personality disorder and complex trauma in adolescents. It analyzes the emotional and relational mechanisms linking adversity to psychopathology and introduces Artemis, a specialized care system for addressing sexual violence among youth.
The third presentation focuses on therapeutic approaches to complex trauma in adolescents. Evidence-based interventions, such as STAIR, DBT, and ARC, will be discussed, with an emphasis on their adaptability to diverse contexts and the interprofessional collaboration required to address the complex needs of this population.
The final presentation highlights the role of international collaboration in child psychotraumatology training during the ongoing war in Ukraine. Using narratives from Ukrainian, French, and Canadian participants, it underscores the value of adapting psychotraumatology tools to local needs, culture and fostering long-term psychological support in crisis settings.
Together, these presentations offer a holistic perspective on trauma in children and adolescents, emphasizing tailored interventions, cultural sensitivity, and the importance of interdisciplinary and international collaboration in advancing care for the most vulnerable populations.

Authors:
**Chair** Dr. Michal Spondenkiewicz Douglas Mental Health University Institute, McGill University
**Moderator** Dr. Julie Rolling Hôpitaux Universitaires de Strasbourg

Subcontribution 19358 to Session ID 5858
Day 3 - 01.07.2025, 14:15 - 14:30, Londres 2

Pathways from adversity to borderline personality disorder and complex trauma in adolescence
T43 - Trauma

Abstract:
Adversity events are over-represented in the histories of adolescents hospitalized in psychiatry. Although the relationship between these antecedents and psychiatric psychopathology is well established, understanding the emotional and relational mechanisms by which they exert their effects remains to be explored. The aim of this presentation is to describe the psychopathological pathways that stem from the various forms of adversity experienced by adolescents under psychiatric care, and to analyze the links that can be observed with their symptoms and the care they will require.
The particular links between sexual violence and borderline personality disorder will be explored, in the light of the changes in behavioral, emotional and relational regulation that characterize them. Artemis, a care system specifically designed to deal with sexual violence among these young people, will be presented.

Authors:
**Presenter,** Dr. Marion Robin
Prof. Dr. Mario Speranza Centre for Research in Epidemiology and Population Health, UVSQ, CESP, INSERM U1178
Dr. Jérôme Silva
Dr. Alexandra Pham-Scottez University Hospital Group Paris Psychiatry and Neurosciences
MD, PhD Maurice Corcos Institut Mutualiste Montsouris

Subcontribution 19361 to Session ID 5858
Day 3 - 01.07.2025, 14:30 - 14:45, Londres 2

Child Sexual Abuse Disclosure in Child and Adolescent Psychiatry Services: preliminary results of the REVEAL study
T43 - Trauma

Abstract:
Investigating child sexual abuse (CSA) in children and adolescents is a major public health challenge. Numerous studies highlight the obstacles to disclosure, with professionals facing difficulties addressing this issue and survivors struggling to disclose. Many children, although capable of recounting their experiences, often delay disclosure for years, yet suffering from complex trauma and psychiatric and/or somatic disorders in the meantime. CSA survivors presenting psychiatric symptoms frequently receive treatment within Child and Adolescent Psychiatry (CAP) services, which provides an opportunity for disclosure. However, disclosure rates among children and adolescents are estimated between 16% and 25%. Reducing the delay in disclosure can significantly enhance the prognosis for survivors. There is a need to understand the stakes involved in the disclosure of CSA by teenagers within CAP services to develop concrete strategies for improving investigation efficacy and disclosure support.
REVEAL is a French study that employs an exploratory qualitative multi-center design using the IPSE (Inductive Process to analyze the Structure of lived Experience) approach. The aim is to explore the lived experiences of disclosing CSA among (i) adolescents and young adults followed in CAP services, (ii) their parents, and (iii) mental health professionals working in CAP services who have experienced a CSA disclosure. This cross-perspective approach seeks to answer the complex question: "How to disclose CSA within a CAP service?"
In this symposium, we will present the preliminary results and draw practical implications.

Authors:
**Presenter,** Dr Jordan Sibeoni Centre Hospitalier Victor Dupouy
Dr. Emilie Manolios Centre Hospitalier Victor Dupouy
Dr. Jeanne Mathé Centre Hospitalier Victor Dupouy
Prof. Anne Revah-Levy Centre Hospitalier Victor Dupouy

Subcontribution 19364 to Session ID 5858
Day 3 - 01.07.2025, 14:45 - 15:00, Londres 2

Healing invisible wounds: innovative approaches to complex trauma in adolescents
T43 - Trauma

Abstract:
Complex trauma in adolescents, often linked to chronic or repeated experiences of adversity, has a profound impact on their emotional, cognitive and relational development. This presentation will focus on the fundamental principles of care for these young people, highlighting validated and adapted therapeutic approaches.
We'll start with an introduction to the specifics of complex trauma in adolescents, including its impact on emotional regulation, identity construction and interpersonal relationships. These concepts will provide the necessary framework for understanding therapeutic interventions.
An overview of the main protocols will be presented, such as:
STAIR (Skills Training in Affective and Interpersonal Regulation), which strengthens emotional and relational skills.
DBT (Dialectical Behavior Therapy), particularly suited to adolescents with self-damaging behaviors and emotional regulation difficulties.
ARC (Attachment, Regulation, and Competency), aimed at improving attachment, regulation and developmental skills.
We will also explore the adaptability of these interventions in various contexts, from front-line professionals to specialized child psychiatry teams.
The aim is to provide participants with a clear understanding and concrete tools to optimize the care of this vulnerable population, taking into account interprofessional issues and the complex needs of traumatized adolescents.

Authors:
**Presenter,** Dr. Julie Rolling Hôpitaux Universitaires de Strasbourg

Subcontribution 19368 to Session ID 5858
Day 3 - 01.07.2025, 15:00 - 15:15, Londres 2

Building Bridges in Crisis: An International Collaboration in Psychotraumatology Training During the War in Ukraine
T43 - Trauma

Abstract:
Introduction
In the context of the ongoing war in Ukraine, the need for mental health care is immense. This project emerged from a collaboration between Ukrainian, French, and Canadian psychiatrists, medical residents and psychologists, aiming to transfer psychotraumatology skills tailored to support mental healthcare providers for children in crisis situations such as armed conflict. This presentation highlights a qualitative study based on the shared narratives of two medical residents and a psychology students —one from Ukraine, one from France and one from Canada — who participated in an international workshop on psychotraumatology in December 2024 in Ukraine. .
Methodology
A qualitative analysis was conducted using the participants' narratives collected after attending the workshop. The study aimed to explore the psychological trauma experienced by the Ukrainian population and to evaluate the adaptation of evidence-based tools to local needs and expectations. Data were analyzed inductively, identifying key themes.
Results
The shared narratives revealed a complementarity between Ukrainian, French, and Canadian therapeutic approaches. Participants identified several challenges, including the cultural adaptation of psychotraumatology tools, the importance of identifying coping strategies, and the need for long-term psychological support, particularly to prevent vicarious trauma. The experience also underscored the mutual benefits of intercultural exchanges, strengthening professionals' ability to address patient needs in crisis contexts.
Conclusion
This international collaboration enriched psychotraumatology practices and demonstrated the value of transferring skills tailored to local specificities. Beyond knowledge sharing, this project represents a human endeavor fostering mutual understanding and the creation of lasting connections between mental health professionals working in crisis settings.

Authors:
Dr. Michal Spondenkiewicz Douglas Mental Health Institute, McGill University
**Presenter** Dr. Gabrielle Deveaux CHU de La Réunion
**Presenter** Alexia Yelin Douglas Mental Health Institute, McGill University
**Presenter** Dr. Maiia Nehrebetska The Ivano-Frankivsk National Medical University
Prof. Dr. Mykhaylo Pustovoyt The Ivano-Frankivsk National Medical University
Prof. Alain Brunet University of the Sunshine Coast Thompson Institute

Subcontribution 19460 to Session ID 5858
Day 3 - 01.07.2025, 15:15 - 15:30, Londres 2

Consequences of traumatic events for children affected by the war in Ukraine
T43 - Trauma

Abstract:
Taking into account the fact of a full-scale war in Ukraine, there is a problem of the emergence and spread of acute stress disorder, adaptation disorders and PTSD. A separate category of victims are children who are exposed to emergency situations in the same way as adults. As a result, it is more difficult for such children to socialize, adapt to new living conditions. Often, the impact of war on children becomes even more burdensome due to the fact that their parents and other adults, who should be a guarantee of security for them, also experience it.
Our goal is to investigate the impact of the traumatic experience of forced displacement on the development of posttraumatic stress disorder, behavioral disorders, and their impact on various aspects of children's lives in new conditions.
In our study, we used several research methods, one of which is a clinical-psychopathological study using verified methods: Primary PTSD screening; Posttraumatic Stress Disorder Checklist for DSM-5 Checklist for DSM-5; Somatic symptom scale-8; Child PTSD Symptom Scale self-report; The National Institute for Children's Health Quality Vanderbilt Assessment Scale .
Therefore, the need for early intervention to prevent the negative impact of traumatic events on children's health is more urgent than ever. At this symposium, we will present preliminary results and draw practical conclusions.

Authors:
Kateryna Dzivak
**Presenter** Prof. Dr. Mykhaylo Pustovoyt The Ivano-Frankivsk National Medical University

Symposium 18705 to Session ID 5885
Day 3 - 01.07.2025, 14:15 - 15:45, Berlin

Eating disorders in developmental age: clinical endophenotypes and comorbidities
T18 - Eating disorders

Abstract:
The World Health Organization (WHO) has identified eating disorders as priority mental illnesses for children and adolescents, given the health risks they pose and their high psychiatric comorbidity rates (2020). Recognizing and differentiating the various endophenotypic presentations of eating disorders in adolescence, along with their possible and frequent comorbidities, is essential for developing timely and effective tailored treatment plans. In this symposium, we will focus on the most frequent psychopathological traits found in restrictive eating disorders (REDs) during adolescence. Psychological and cognitive profiles of adolescents with REDs show a striking combination of depressive symptoms, obsessive-compulsive traits, and a pervasive drive for perfectionism, alongside impaired reality testing and distorted interpersonal perception. Additionally, we will present data on psychotic experiences in individuals with eating disorders, as well as the possible association between anorexia nervosa and autistic traits or comorbidity with autism spectrum disorder. Finally, we will explore the importance of interoception and its relationship with specific symptomatic manifestations of REDs, particularly self-injury and suicidal ideation, and comorbidity with borderline personality disorder.

Authors:
Prof. Dr. Renata Nacinovich
Prof. Michela Gatta
Prof. Dr. Antonia Parmeggiani

Subcontribution 18708 to Session ID 5885
Day 3 - 01.07.2025, 14:15 - 14:30, Berlin

# Restrictive Eating Disorders in Adolescence: Uncovering Psychopathological Traits and Implications for Timely Intervention

T18 - Eating disorders

Abstract:
Aims:
Adolescence is a transformative period marked by psychological and physical changes. For some, these transitions are accompanied by Restrictive Eating Disorders (REDs), which disrupt physical health and reveal underlying psychopathologies. This study aims to explore the psychological and cognitive profiles of adolescents with REDs.
Methods:
A multimethod approach was used to examine the psychological and cognitive characteristics of adolescents with REDs, with R-PAS Rorschach assessments exploring cognitive patterns, emotional responses, and interpersonal perceptions.
Results:
Adolescents with REDs exhibit depressive symptoms, obsessive-compulsive traits, and a pervasive drive for perfectionism, alongside impaired reality testing and distorted interpersonal perceptions. R-PAS Rorschach results revealed a narrowed perceptual field, with adolescents focusing excessively on details (lower W% and higher Dd% scores), suppressing emotional responses (elevated C' scores), and attributing unrealistic qualities to relationships (higher NPH/SumH scores). These cognitive and emotional patterns resonate with the isolative tendencies and rigid thinking often observed in REDs, painting a nuanced picture of their internal struggles.
Conclusions:
This study underscores the clinical relevance of these findings. The interplay of cognitive rigidity, emotional suppression, and interpersonal distortions calls for early, targeted interventions that go beyond symptom management to address the core psychological mechanisms sustaining REDs. Moreover, the high severity ratings observed in these patients emphasize the urgency of early detection and comprehensive care.
These insights highlight the importance of early identification of REDs in adolescents. By improving early detection and integrating innovative therapeutic strategies, we can more effectively address these disorders and promote healthier development for affected adolescents.

Authors:
**Presenter,** Prof. Martina Maria Mensi
Diletta Cristina Pratile
Dr. MARIKA ORLANDI
Dr. ADRIANA CARPANI
Prof. Dr. RENATO BORGATTI

Subcontribution 18713 to Session ID 5885
Day 3 - 01.07.2025, 14:30 - 14:45, Berlin

# Psychotic experiences in adolescents with eating disorders

T18 - Eating disorders

Abstract:
Aims: Psychotic experiences are very frequent phenomena in the general and clinical population, and their significance has shifted from precursor symptoms of schizophrenia to transdiagnostic markers of severity and altered functioning. Their prevalence is even higher in adolescence, as is that of nutrition and eating disorders (DNA). The literature concerning psychotic experiences in children and adolescents diagnosed with DNA is scarce to date, although the phenomenological intertwining of psychosis and DNA has been noted several times.
Methods: a sample of 100 patients on first admission for DNA at the Padua Hospital Child Neuropsychiatry was investigated regarding the presence of psychotic experiences, based on the clinic and some items of YSR 11-18 and CBCL 6-18.
Results: The prevalence of psychotic experiences was 64%. Positivity to YSR items, but not CBCL, was found to be significantly associated with greater clinical severity.
Conclusions: The prevalence of psychotic experience in adolescent patients with DNA seems indicative of increased psychopathological severity. The YSR is a useful tool to implement a first level screening in these patients, and to initiate targeted interventions right from the start that contemplate the possible psychotic dimension within the DNA. The latter makes the hypothesis of a psychotic core in the DNA plausible, which can be traced back to a disembodiment dimension, which in turn is concretised in manifestations typical of eating disorders, such as dysmorphia and anorexia voice.

Authors:
**Presenter,** Dr. Alessia Raffagnato
Dr. DILETTA BEVILACQUA
BENEDETTA TASCINI
Dr. Annalisa Traverso
Prof. Michela Gatta

Subcontribution 18715 to Session ID 5885
Day 3 - 01.07.2025, 14:45 - 15:00, Berlin

# Who are we really when we are not recognized? Anorexia Nervosa and Autism Spectrum Disorder: ananalysis of psychopathological connections in developmental age

T18 - Eating disorders

Abstract:
Aims: this study investigates the prevalence of Autism Spectrum Disorder (ASD) traits or ASD diagnoses in adolescents with Anorexia Nervosa (AN) or Atypical-AN, focusing on their impact on psychopathological processes. It explores common behaviors, particularly camouflaging, and examines the relationship between ASD traits, eating disorder symptoms, and neuropsychological characteristics. The study evaluates how ASD traits influence AN severity and clinical presentation, including internalizing and externalizing symptoms, providing insights into these co-occurring conditions.
Methods: prospective evaluation involving 45 females in intensive treatment at the Regional Center for Feeding and Eating Disorder in developmental age in Bologna, Italy. Patients underwent neuropsychiatric assessments, including ADOS-2, AQ, CASD, CAT-Q, TAS-20, EDI-3, EDE-Q, BUT,BAQ, CBCL, YSR, BRIEF-2, SPM.
Results: ASD diagnosis was identified in 20% of patients. High AQ and CAT-Q scores revealed ASD traits and camouflaging strategies. ASD traits and social masking behaviors are significantly correlated with AN psychopathology (AQ Total-BAQComparison with others, p=0.012, rs=0.455; CAT-Q Total-BUTBody Image Concerns, p=0.014, rs=0.486), predispose to internalizing distress (AQSocial Skills-CBCLAnxiety/Depression, p=0.006, rs=0.584; CAT-Q Total-YSR-Withdrawal, p=0.031, rs=0.504; CAT-Q Total-YSR-Internalizing, $p < 0.001$, rs=0.650), and are associated with deficit in executive function (AQTotal-BRIEF-2-Global Executive Composite, p=0,034, rs=0.537).
Conclusion: ASD traits may amplify many critical dimensions of AN, such as psychopathological impairment and behavioral rigidity, compromising the ability to adaptively cope with AN symptoms. These findings have potential implications for treatment strategies.

Authors:
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Subcontribution 18717 to Session ID 5885
Day 3 - 01.07.2025, 15:00 - 15:15, Berlin

# Interoception and Borderline Personality Disorder in Female Adolescents with Restrictive Eating Disorders

T18 - Eating disorders

Abstract:
Aims: Interoception has been reported to be impaired in patients with restrictive eating disorders (REDs), while its role in patients with borderline personality disorder (BPD) is more controversial. We set out to conduct a clinical study to explore the relationship between interoception, EDs, and BPD.
Methods: We recruited a sample of 75 female adolescents affected by REDs, of whom 21 received a diagnosis of co-morbid BPD. In addition to collecting demographic and clinical data, we administered the Multidimensional Assessment of Interoceptive Awareness 2 (MAIA-2), the EDI-3 scale for eating symptomatology, and the Toronto Alexithymia Scale (TAS-20) to all patients.
Results: Patients with REDs and co-morbid BPD reported lower scores on the MAIA-2 not-distracting ($p=0.046$) and trusting ($p=0.023$) subscales compared to patients with REDs only. Lower scores on the MAIA-2 trusting subscale predicted higher scores on all the EDI-3 subscales and on the TAS-20 scale ($p=0.005$), while lower scores on the not-worrying subscale predicted higher scores on the Interpersonal Problems Composite subscale of the EDI-3 ($p=0.049$), and higher scores on the noticing subscale predicted higher scores on the Affective Problems Composite EDI-3 subscale ($p=0.003$).
Conclusions: In adolescents with REDs, the presence of co-morbid BPD was found to be associated with lessened emotional reaction and attentional response to interoceptive sensations, as well as mistrust in body sensations.

Authors:
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Subcontribution 18720 to Session ID 5885
Day 3 - 01.07.2025, 15:15 - 15:30, Berlin

# Interoception, Self-Injury and Suicidal Ideation in Female Adolescents with Restrictive Eating Disorders and Co-Morbid Borderline Personality Disorder

T18 - Eating disorders

Abstract:
Aims: Both eating disorders (EDs) and borderline personality disorder (BPD) are characterised by a higher risk of self-injury and suicidal ideation, however the possible role of altered interoception in modulating such risk is poorly understood. We set out to conduct a clinical study to explore the relationship between interoception, self-injury and suicidal ideation in patients with EDs and BPD. Methods: We recruited a sample of 75 female adolescents affected by restrictive eating disorder (REDs), of whom 21 had co-morbid BPD. In addition to collecting demographic and clinical data, we administered the Multidimensional Assessment of Interoceptive Awareness 2 (MAIA-2) test for interoception, the EDI-3 scale for Eating Disorder Risk (EDRC), and the Toronto Alexithymia Scale (TAS-20) to all patients.
Results: The risk of non-suicidal self-injury was predicted by older age ($p=0.039$), co-morbid BPD ($p < 0.001$), lower scores on the MAIA-2 trusting subscale ($p=0.039$), and higher scores on the not-distracting scale ($p=0.025$) predicted. The risk of suicidal ideation was predicted by co-morbid BPD ($p=0.001$), lower scores on the MAIA-2 trusting subscale ($p=0.031$), and higher scores on the not-distracting ($p=0.008$) and self-regulation ($p=0.011$) subscales.
Conclusions: In adolescents with REDs, the presence of co-morbid BPD - as well as mistrust in body sensations and heightened emotional reaction and attentional response to interoceptive sensations – was found to increase the risk for both self-injury and suicidal ideation. Increased awareness of mind-body integration appears to further increases the risk for suicidal ideation only.

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Symposium 19164 to Session ID 5872
Day 3 - 01.07.2025, 14:15 - 15:45, Bruxelles

Mentalization: Procedural self-other knowledge for mental well-being
T23 - Mentalization based therapy

Abstract:
Socioemotional competence including whether one can establish relationships and secure understandings towards oneself and others is key to mental and even physical well-being. Mentalization, a set of transdiagnostic abilities regarding how people assess the mental state of oneself or another person, has been formulated in the treatment of mental illness. While protocols are available for the delivery of mentalization-centric intervention, little has been known about how to evaluate and differentiate atypical mentalization through performance tests. This lack of observational measures limits the dissemination of this crucial invention, either for clients without the ability to mentalize their own lack of mentalization (e.g., children), for clinicians without the specific training in mentalization pertinent inventions, or for clinical scientists to study the potential disorder-specific mechanisms. In this symposium we compile studies across developmental life span for a new framework about mentalization using a multi-method approach. In the first presentation, Wong will show that expansion of intersubjective perceptual field, a type of procedural self-other knowledge in connection to sharing another's emotion, is crucial for being resilient from adverse childhood experiences. Subsequently Li will illustrate how expansion of intersubjective perceptual field impacts upon the transmission of relational trauma through parenting in mother-child interaction. Lau and Chong will present studies of school-aged children, in which we assess procedural self-other knowledge in the context of mother-child interaction and a child's story-telling. Finally, Xie will present a new initiative, regarding the development of a guided low-intensity intervention aiming to enhance expansion of self-other knowledge for self-reassurance.

Authors:
**Chair** Prof. Chui-De Chiu The Chinese University of Hong Kong
**Co-chair** Cho Ying Chong The Chinese University of Hong Kong

Subcontribution 19166 to Session ID 5872
Day 3 - 01.07.2025, 14:15 - 14:30, Bruxelles

# With fresh eyes: Flexible perspective shifting, adverse childhood experiences, and self-reassurance

T23 - Mentalization based therapy

Abstract:
Aim: Adverse childhood experiences (ACEs) are notorious for their lasting impact on wellbeing. Yet, many living with ACEs demonstrate resilience, where these emotionally laden experiences have been reprocessed and integrated into their life stories. Such resilience speaks to the adaptive systems supporting the ability to relate to an undesirable self by staying connected to negative feelings and holding a warm and generous attitude towards oneself (i.e., self-reassurance). Our previous studies have found a unique link between self-reassurance and a cognitive propensity of updating one's perceptual field through flexible perspective shifting. We hypothesize this expansion of first-person perceptual field may boost the reprocessing of ACEs.
Methods: We recruited 147 adults with diverse ACE profiles from the community. Exposure and perceived impact of ACEs were assessed through a structured interview. A visuospatial perspective-switching paradigm measured cognitive flexibility in switching between conflicting frames of reference, and trait self-relating style was assessed with the Self Compassion Scale.
Results and Conclusion: Among the 90% of participants who endorsed at least one ACE, large individual differences were found in ACE impact. Regression analysis found high ACEs and low trait self-reassurance to be moderated by flexible perspective-shifting. Among high-ACE participants, low self-reassurance was only found in those with low perspective shifting flexibility. Finally, a moderated mediation model was supported for the moderating role of flexible perspective shifting in linking ACEs, self-reassurance, and perceived positive impact of ACEs.

Authors:
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Subcontribution 19170 to Session ID 5872
Day 3 - 01.07.2025, 14:30 - 14:45, Bruxelles

My turn: Flexible perspective shifting, maternal relational trauma, and maternal negativity in parenting
T23 - Mentalization based therapy

Abstract:
Aim: While relational trauma, a potentially traumatizing incident inflicted by a close other, is associated with negative parenting compared to non-relational trauma, moderators of the relationship between mothers' relational trauma and their negative emotional responses to children have not yet been examined widely. Renewing self-other knowledge with an alternative perspective being added on has been found to be facilitative for the reduction of self-criticism and the enhancement of self-reassurance. We investigated whether flexible visuospatial perspective shifting in which one expands first-person experiential field would interrupt the association of maternal relational trauma with maternal negativity in a stressful situation with their children.
Methods: School-age children (7-12 years) and their mother were recruited in Hong Kong. They engaged in a stress-induced task which demanded maternal involvement in the regulation of their children's stress. Mothers also completed a measure of relational trauma history and a neuropsychological test assessing flexibility in visuospatial perspective-shifting.
Results and Conclusion: Maternal relational trauma correlated significantly with maternal negativity. Flexible visuospatial perspective-shifting (i.e. faster switching from other to self-perspective) moderated the association between maternal relational trauma and maternal negativity. Our result indicates the crucial role of expanding first-person experience in preventing the sweeping impact of relational trauma. Flexible perspective shifting may allow the reprocessing of stressful relational memories, freeing mothers with relational trauma from the distress they have been immersed in when they take the seat of offering care and love.

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Subcontribution 19174 to Session ID 5872
Day 3 - 01.07.2025, 14:45 - 15:00, Bruxelles

Orbiting the Son: A novel measure in assessing stress regulation and synchrony in mother-child dyads
T23 - Mentalization based therapy

Abstract:
Aim: With infants' early attachment to their caregivers long evidenced as a cradle of mentalization, dyadic interaction was found to affect one's ability to mentalize and thus emotion regulation. While growing evidence highlighted the importance of synchrony in support of the development of self-regulation, existing research focused mainly on mother-infant interactions. Preadolescence is a critical period where significant developmental changes take place and put one's emotion regulation to test. Considering the perplexity of synchrony altogether, most observational measures to-date appeared one-dimensional and mother-focused. Consequently, a novel measure- Dyadic Stress Regulation (DSR)- was developed to assess synchrony on dimensions of both the child and the mother.
Methods: Children aged 8 to 12 years and their mothers in Hong Kong were invited to engage in a structured dyadic task in a laboratory setting. Their affect and behavior were coded on separate dimensions. Their coordination score was later examined to entail whether dyadic interaction was synchronous (M + C + / M – C –) or asynchronous (M + C – / M – C +).
Results and Conclusions: The DSR demonstrated excellent inter-rater reliability. A positive association was evident between synchronous dyadic interactions and emotional flexibility. Intriguingly, we observed that dyadic synchrony may be more precisely rated in some cases with an additional consideration of the rupture and reparation process. Ultimately, the results suggested that dyadic synchrony is a multi-faceted construct that taps into the adaptive interplay between mothers and children.

Authors:
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Subcontribution 19181 to Session ID 5872
Day 3 - 01.07.2025, 15:00 - 15:15, Bruxelles

# Story of my mind: Assessing mentalization through the organization of self-other knowledge in school-aged children

T23 - Mentalization based therapy

Abstract:
Aims: Mentalization has been proposed as a critical factor influencing the impact of trauma on children's psychological well-being. Assessment tools targeting the self-other knowledge underlying mentalization are hence essential. Vignettes from story-telling depicting family and social interactions may provide valuable insights into how children perceive the interpersonal world. However, past storytelling assessments focus primarily on content analysis, searching for atypical elements such as aggression and imagination. While these content-based indices may reflect an atypical incident a child has been exposure to, they fail to capture the child's ability to organize self-other knowledge. We designed a new measure, Affect-Centric Narrative Coherency (ACNC), to evaluate a child's ability to organize their intersubjective understanding of interpersonal situations, regarding how people think and feel with the first-person eye.
Methods: We recruited school-aged children, aged 7 to 12, from various communities in Hong Kong. Story narratives were collected using the well-established test, the Roberts-2. The ACNC was compared with the original indices of the Roberts-2.
Results and Conclusions: Our results showed that the ACNC scale was developmentally appropriate for assessing the reflective ability of school-aged children. It demonstrated good internal consistency and promising inter-rater reliability. Consistent with previous research, the scale was independent of gender, age, and intelligence at this age range. The ACNC may offer supplementary value when used in conjunction with the original, content-based indices of the Roberts-2.

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Subcontribution 19185 to Session ID 5872
Day 3 - 01.07.2025, 15:15 - 15:30, Bruxelles

My struggle of being praised: A low-intensity intervention protocol for fear of self-reassurance
T23 - Mentalization based therapy

Abstract:
Aims: Maladaptive self-relating behaviors, e.g., self-injury and self-defeating thoughts, are prevalent manifestations of psychopathology and mental health problems since adolescence. Several virtual-reality experiments with healthy participants showed that embodying the reassuring behavior that ones offered a distressed person promoted adaptive self-relating behaviors, i.e. self-reassurance. Our experimental work further showed that flexible perceptual perspective shifting is a cognitive propensity for self-reassurance, suggesting that expansion of perceptual field may be integral to the resolution of negative self-other experience. We therefore propose the cultivation of self-reassurance through experiential role-plays, in which people learn to connect with the rewards that come with praise, and disengage themselves from fear of being praised and self-reassurance.
Methods: The current study aims to review empirical studies on self-acceptance and perspective shifting and develop a low-intensity intervention protocol for adolescents to bolster a healthy self-relating style.
Results and Conclusions: Results showed that shifting between alternative perspectives facilitated experiential learning of being self-reassuring. We are testing a perspective shifting protocol designed to address self-reassurance fear. We expect that the reduction of self-reassurance fear would appear after a participant practices switching between alternative perspectives, one “other-perspective” in which the merits of the participant are acknowledged and the other “self-perspective” in which the participant plays the recipient of the praise. This reduction of self-reassurance fear would lead to a higher level of self-reassurance and a lower level of self-criticism.

Authors:
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Symposium 18949 to Session ID 5886
Day 3 - 01.07.2025, 14:15 - 15:45, Boston

Optimizing Physical and Mental Health in Paediatric Psychiatric Care
T47 - Prevention & intervention

Abstract:
The holistic treatment of mental illness in children and adolescents requires a dual focus on both mental and physical health. Emerging evidence underscores the critical role of lifestyle factors, such as nutrition and physical activity, in improving psychiatric outcomes and overall well-being. Diets rich in whole foods, particularly the Mediterranean diet—characterized by high intake of fruits, vegetables, whole grains, and healthy fats—are linked to reduced inflammation and improved mood regulation. Likewise, regular physical exercise not only enhances cardiovascular and metabolic health but also directly benefits mental health by alleviating symptoms of depression and anxiety and boosting self-esteem.
Psychiatric medications, while essential for many, can carry significant side effects, particularly weight gain and metabolic dysregulation with antipsychotics. Addressing these side effects is vital to minimize long-term health risks, such as obesity and type 2 diabetes, conditions that are increasingly prevalent in children and adolescents. Co-morbid physical health conditions can further compound mental health challenges, highlighting the need for integrated care models that prioritize the treatment of both physical and mental health.
For psychiatrists, adopting a proactive approach—emphasizing lifestyle interventions, mitigating medication side effects, and fostering interdisciplinary collaboration—is critical. In an era marked by rising rates of childhood obesity and metabolic disorders, the integration of dietary, exercise, and lifestyle changes into psychiatric care is more urgent than ever. By prioritizing these interventions, we can improve treatment outcomes and empower young patients to thrive both physically and mentally.
This symposium aims to present relevant research in this area and generate discussion on how we as psychiatrist can continue to optimise physical health and utilise diet, behavioural activation and physical interventions in our practice.
Conclusion: This symposium brings together multidisciplinary international experts to discuss the importance of optimisation of physical health in children and adolescents with mental illness and highlights the role of nutrition, exercise and behavioural activation in both the treatment of mental illness and the management of metabolic side effects associated with treatment.

Authors:
**Chair** Prof. Fiona McNicholas

Subcontribution 18951 to Session ID 5886
Day 3 - 01.07.2025, 14:15 - 14:30, Boston

# The Mediterranean diet as a protective factor for mental health in children and adolescents

T47 - Prevention & intervention

Abstract:
Aims: Childhood and adolescence are periods of critical importance in the development of mental health disorders. The Mediterranean diet (MD) has been linked to multiple positive health outcomes, including reduced incidence of mental health disorders and fewer psychiatric symptoms. This study aimed to explore the association between adherence to the MD and mental health outcomes in children and adolescents.
Methods: A systematic review of original research examining the relationship between adherence to MD and psychiatric symptoms or disorders in young populations was conducted. Literature searches were performed in PubMed, Scopus, Web of Science, MEDES, Dialnet, and Latindex up to November 2022. The quality of included studies was assessed using the Newcastle-Ottawa Scale. New analyses on adherence to MD in a sample of children and adolescents at clinical high risk for psychosis, compared to healthy controls, will also be presented.
Results and Conclusions: Thirteen studies (6 cross-sectional, 4 case-control, 2 randomized clinical trials, and 1 longitudinal cohort) out of 450 met the inclusion criteria, involving 3058 children or adolescents aged 8.6 to 16.2 years. Among the reviewed studies, 5 (71.42 %) of those looking at attention-deficit/hyperactivity disorder, 4 (80 %) examining depression, and 2 (50 %) assessing anxiety found a significant protective association. Findings suggest that adherence to MD may act as a protective factor for mental health in children and adolescents, potentially preventing the onset of psychiatric symptoms, reducing symptom severity, and improving prognosis. Promoting an MD in this population may represent an effective strategy for fostering mental health.

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Subcontribution 18952 to Session ID 5886
Day 3 - 01.07.2025, 14:30 - 14:45, Boston

# Utilisation of physical health interventions in the treatment of mental illness and management of metabolic side effects associated with psychotropic medications in Children & Adolescents

T47 - Prevention & intervention

Abstract:
Aim: This talk aims to explore the current evidence base for utilisation of physical health interventions in the treatment of mental illness in children and adolescents. It aims to explore the different types of physical health interventions being utilised and also for which conditions they are being utilised. It also aims to discuss the utilisation of physical activity interventions for the management of metabolic side effects such as weight gain associated with prescription of psychotropic medication.
Methods: A summary of recent evidence carried out as part of a scoping review will be presented along with additional updated research. Databases such as PubMed, Medline, Embase, Cochrane Library, CINAHL, PsychINFO and Sport Discus were searched by two reviewers. Relevant studies will be summarised and critiqued.
Conclusions: Physical activity interventions have been utilised effectively in the treatment of depression and improvement in psychosocial functioning. Some studies have also demonstrated that physical activity interventions not only improve psychiatric symptoms but also improve aerobic fitness. Physical activity interventions have also been utilised to prevent and treat weight gain associated with antipsychotic use. This talk aims to highlight the importance of utilising physical activity interventions in our practice and outline the mydriad of benefits they can provide.

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Subcontribution 18955 to Session ID 5886
Day 3 - 01.07.2025, 14:45 - 15:00, Boston

Behavioural Activation as a cross-interventional framework for therapy and care in mental health
T47 - Prevention & intervention

Abstract:
Behavioural Activation (BA) originates from the treatment of depression. It aims to positively reinforce motivation and interests, and at the same time counteract avoidance and procrastination. It does this through the scheduling and monitoring of incremental purposeful activities and interactions that become stable sources of pleasure, achievement and connection with who and what matters to each person.
BA has strong evidence for adult depression and can be delivered effectively by non-mental health specialists and junior staff. Outcomes of BA with children and adolescents, and for conditions other than depression, are promising but not yet definitive.
We conducted three systematic reviews that gathered all evidence available to-date on the clinical and cost-effectiveness of BA across different conditions and populations, including children and young people, from a range of study designs and settings, and with a variety of therapy objectives and intended care outcomes. This presentation will first explain what BA looks like in the context of adolescent depression, drawing on a national clinical trial in the UK called ComBAT (Community-based Behavioural Activation Training). We will then summarise the results of our three systematic reviews as an overview of how BA can be applied and evaluated in practice, and to answer whether - and for whom - BA can be effective and good value for money.
The presentation aims to generate ideas and discussion about BA as a framework to support and enhance activity-based interventions and care, e.g. physical exercise, social prescribing, self-management and lifestyle changes, within and beyond mental health.

Authors:
**Presenter,** Prof. Lina Gega University of York, Hull York Medical School

Subcontribution 18957 to Session ID 5886
Day 3 - 01.07.2025, 15:00 - 15:15, Boston

# Metformin for the prevention of antipsychotic-induced weight gain: Guideline development and consensus validation

T47 - Prevention & intervention

Abstract:

Aims

Diet and lifestyle interventions have a long-established evidence base for improving health and well-being and should be offered to people who are taking antipsychotics. Metformin is the most effective pharmacological intervention studied for the prevention of antipsychotic-induced weight gain (AIWG) yet clear guidelines are lacking and evidence has not translated into practice. This talk aims to discuss the management of side effects of psychotropic medications in particular AIWG. The speaker will present their research which developed a guideline for the use of metformin for prevention of AIWG using a validated framework for guideline development.

Methods

The appraisal of guidelines for research and evaluation II instrument (AGREE II) was followed for guideline development. Literature was reviewed and the certainty of evidence was evaluated using GRADE methodology and an evidence-to-decision framework informed the strength of the recommendations. A consensus meeting was held and independent external reviews were conducted involving experts in the area of metabolic psychiatry, general medicine and patient and public partners. The guideline was retrospectively applied to a dataset of young adults with first episode psychosis to estimate eligibility for metformin.

Results

Metformin is the only pharmacological agent that has demonstrated efficacy for preventing AIWG. Co-commencement with antipsychotics can reduce the extent of weight gain by 4.03kg (95% CI -5.78kg to -2.28kg) compared to controls. A guideline for the use of metformin for the prevention of AIWG was developed for use in persons aged >10 years. There are specific recommendations for co-commencement of metformin at initiation with high-risk antipsychotics or if there are additional criteria present. Core recommendations were graded as strong by consensus agreement. Retrospective application of the guideline to a dataset of 77 young adults (15-24 years) with first episode psychosis revealed that 43% (n= 33) met criteria to co-commence metformin and 26% (n= 20) met criteria to commence metformin within the first year of treatment with an antipsychotic.

Conclusions

This is the first published evidence-based guideline using the AGREE II framework and GRADE methods for the use of metformin to prevent AIWG incorporating recommendations for co-commencement in this age range.

Authors:

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Prof. Dr. Briam O'Donoghue University Colege Dublin

Subcontribution 18960 to Session ID 5886
Day 3 - 01.07.2025, 15:15 - 15:30, Boston

# The Role of the General Practitioner in Monitoring and Optimizing Physical Health in Young People with Mental Illness

T47 - Prevention & intervention

Abstract:
Aim: This presentation aims to highlight the vital role General Practitioners play in the holistic care of young people with mental illness by addressing the often-overlooked dimension of physical health. Mental illnesses, particularly when treated with psychiatric medications such as antipsychotics or mood stabilizers, can predispose young people to significant physical health risks, including weight gain, metabolic syndrome, and cardiovascular complications. GPs are uniquely positioned to provide early intervention and long-term monitoring to mitigate these risks.
Methods: A central focus of the talk will be discussing the importance of regular health checks, including assessments of weight, blood pressure, and metabolic markers such as glucose and lipid level in detecting emerging physical health issues. The speaker will also provide an summary of their current practice in terms of providing education and guidance on lifestyle modifications, emphasizing the importance of balanced nutrition, regular physical activity, and sleep hygiene. The talk will discuss how GPs and psychiatrist should discuss the benefits of healthy habits and provide personalized support which empowers young patients and their families to make sustainable lifestyle changes. The talk will discuss how GPs act as coordinators of care, collaborating with psychiatrists, dietitians, and exercise specialists to ensure comprehensive management. The speaker will also outline a monitoring procedure and guideline that has been implemented in their practice and discuss the benefits of this.
Conclusion: By addressing physical health proactively, GPs help reduce the long-term burden of co-morbid conditions, improve overall quality of life, and enhance the efficacy of mental health treatments. This integrated approach is essential for fostering resilience and well-being in young people navigating the challenges of mental illness.

Authors:
**Presenter,** Dr. Nicole Sharma Queens Univrsity Belfast, Saintfield Health Centre

Symposium 19647 to Session ID 5755
Day 3 - 01.07.2025, 15:15 - 16:15, Curie A

Symposium - Psychological reconstruction of children in Mayotte: focus on medico-psychological interventions and child psychiatric challenges post-cyclone CHIDO

Abstract:
Mayotte face au cyclone : quand la catastrophe s'abat sur un traumatisme déjà enraciné
Charles-Henri MARTIN, Psychiatre CUMP Référent Sud-Ouest, Centre hospitalier Perrens, Bordeaux
Mission CUMP R5 à Mayotte : Une réponse médico-psychologique coordonnée au cœur d'un terrain post-catastrophe
Cédric GALERA, PU-PH, Pôle universitaire de psychiatrie de l'enfant et de l'adolescent, Centre Hospitalier Perrens, Université de Bordeaux
Julie ROLLING, MCU-PH, Service de psychiatrie de l'enfant et de l'adolescent, Centre Régional du Psychotraumatisme, Hôpitaux universitaire de StrasbourgMayotte face au cyclone : quand la catastrophe s'abat sur un traumatisme déjà enraciné
Le Dr Charles-Henri MARTIN introduira la session en exposant le contexte : le cyclone CHIDO puis la tempête tropicale DIKELEDI ont frappé Mayotte fin 2024 et début 2025, provoquant 35 décès, plus de 2 500 blessés, et la destruction de 90 % des infrastructures. Ces catastrophes ont ravivé un climat d'insécurité et de violences, touchant particulièrement les enfants et adolescents chez une population insulaire déjà marquée par du psychotraumatisme structurel et endémique.
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Mission CUMP R5 à Mayotte : Une réponse médico-psychologique coordonnée au cœur d'un terrain post-catastrophe
Le Pr Cédric Galera et le Dr Julie Rolling présenteront la 5e rotation CUMP (R5), déployée du 22 au 29 janvier 2025. Cette mission caractérisée par une forte composante pédopsychiatrique a permis : (i) un soutien aux équipes éducatives et soignantes sous la forme de groupes de parole et de décharge émotionnelle, d'entretiens médico-psychologiques et des consultations d'urgence (230 entretiens formels, 97 informels), (ii) des temps de formation au psycho-traumatisme et (iii) un travail de coordination avec les structures locales. Cette mission enseignante pour les futures situations de catastrophes naturelles a mis en évidence la nécessité d'impliquer la pédopsychiatrie au dispositif de soutien médico-psychologique et l'importance de s'articuler étroitement avec les cellules de crise de l'éducation nationale. Par ailleurs, cette mission nous incite à davantage intégrer les approches transculturelles au travail des CUMP (ex., médiateurs culturels, propositions adaptées), mais surtout à développer des modalités psychothérapeutiques ancrées dans les représentations locales du traumatisme, en partant des cadres culturels existants pour construire des soins adaptés.

Authors:
**Presenter, Chair** Jean-Michel Coq Université de Rouen-Normandie

Symposium 19632 to Session ID 5741
Day 3 - 01.07.2025, 16:00 - 16:45, Schweitzer

Keynote VI - Carmen Moreno & André Decraene: A first psychotic episode : a combined family and expert perspective.

Abstract:
Psychosis starts in adolescence and early adulthood in a sizeable proportion of cases. Impact of psychosis in patients and families is high, particularly in early-onset, and the way professionals and systems intervene during early stages of illness is crucial to determine prognosis. During this presentation, we will focus on novel insights on early-onset psychosis from both patient/family and expert perspectives, with particular attention to current challenges and pathways to enhance better health outcomes.
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Carmen Moreno is a Child and Adult Psychiatrist, Associate Professor of Psychiatry (University Complutense of Madrid, Spain), and Head Section of Psychiatry at the Institute of Psychiatry and Mental Health of the Gregorio Marañón Hospital (Madrid, Spain). Her research has focused on the early phases of psychosis and other severe mental disorders, and the development of specific interventions. She has participated in more than 25 competitive research projects and has published more than 150 research papers. She has been Coordinator of the Child and Adolescent Program of the Spanish Center for Biomedical Research in Mental Health (CIBERSAM) and Chair the Child and Adolescent Neuropsycopharmacology Network of the European College of Neuropsychopharmacology (ECNP), and is currently member of the Executive Committee of the Spanish Association of Psychiatry and Mental Health, and member of the EmprEMA Network within the EMA.

Authors:
**Presenter, Chair** Prof. Dr. Diane Purper-Ouakil CHU Montpellier - Saint Eloi Hospital

Symposium 20571 to Session ID 6400
Day 3 - 01.07.2025, 16:15 - 16:30, Curie A

Clôture Congrès Salle Française et annonce du congrès SFPEADA 2026

Abstract:

Authors:

Symposium 19963 to Session ID 6003
Day 3 - 01.07.2025, 16:45 - 17:15, Schweitzer

Congress closure hosted by SFPEADA and ESCAP

Abstract:

Authors: