Recent mass movement of human beings in various parts of the world has brought several challenges. Not only refugees from Syria and Libya to Europe but also refugees, migrants and asylum seekers in Latin America bring specific set of issues with them. It is critical that clinicians are aware of both the vulnerability of individuals to mental ill health as a result of migratory experiences but equally importantly their resilience. The impact on the mental health of those who may be involved directly or indirectly in delivering care along with those new communities who receive these groups need to be taken into account when planning and delivering psychiatric services. It is essential to recognize that experiences of being a refugee or asylum seeker are heterogeneous. Being an asylum seeker carries with it legal definitions and legal imperatives agreed at international levels.

Policymakers and clinicians need to be aware of differential rates of psychiatric disorders in these vulnerable individuals and specific needs related to language, religious values and other cultural factors. Mental health problems may be related to experiencing cultural bereavement where individuals feel that they have lost their cultures, relationships and cultural values. Judicious and careful use of trained culture brokers and mediators should be encouraged as these individuals can inform the team about community needs and inform the community about the team functioning and its principles so that community expectations can be managed appropriately. Such approaches may also help reduce stigma against mental illness.

Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.131

Symposium: Child maltreatment and unfavourable clinical outcome

S058

Prevalence and consequences of bullying: What could healthcare services do for intervention?

D. Wolke
University of Warwick, department of psychology, Coventry, United Kingdom

Bullying is the systematic abuse of power and defined as aggressive behavior or *intentional harm doing* by peers that is carried out *repeatedly*, and involves *an imbalance of power* between the victim and the bully. One in 3 children report having been bullied at some point in their lives, and 10 - 14% experience chronic bullying lasting for more than six months.

Longitudinal research indicates that children who were victims of bullying are at higher risk for common somatic problems, internalizing problems and anxiety or depression disorder, psychotic symptoms and are at highly increased risk to self-harm or think about suicide in adolescence [1]. The mental health problems of victims and bully/victims remain in adulthood. Indeed, we showed that peer bullying in childhood has more adverse effects on diagnosed anxiety and depression disorders than being physically or sexually abused or neglected by parents. Victims also report to have more trouble with making or keeping friends in adulthood and were less likely to live with a partner and have social support. In contrast, bullies had no increased risk for any mental or general health problems, were healthier than their peers, emotionally and physically.

Sadly, many bullied children suffer in silence. To prevent dropping out of school, violence against oneself (e.g. self-harm) and reduce mental and somatic health problems, it is imperative for health practitioners, families and schools to address bullying.

Disclosure of interest The author has not supplied his declaration of competing interest.

Reference

[1] Wolke D, Lereya ST. Long-term effects of bullying. Archives of Disease in Childhood 2015;100(9):879–85, http://dx.doi.org/10.1136/archdischild-2014-306667.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.132

S059

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

A. Oldehinkel
University medical center Groningen, psychiatry, Groningen, The Netherlands

Introduction Living creatures are shaped by the their experiences in a constant process of adaptation. These experiences accumulate and so their relative weight diminishes across the lifespan. In children, the relative weight of new experience is high, and children's developing brains are programmed to learn like in no other life phase. Early adversities can thus have a major impact on later mental and physical health outcomes. However, the nature of impact of exposure to adversities early in life on further development is less straightforward than it may seem at first sight.

Objectives In this presentation, I will address and illustrate a couple of issues that manifest the complexity of this association.

Methods The data will come from TRAILS (Tracking Adolescents' Individual Lives Survey), a longitudinal study on the development of mental health from preadolescence into young adulthood, with bi- or triennial assessments from age 11 onwards, for a period of over fifteen years.

Results Results from various analyses indicate that early adversities do not lead to unfavorable outcomes in every person, and that the consequences of early adversities depend on their timing.

Conclusions The experiences that individuals encounter during development are incorporated in a continuous process of adaptation that shapes them and keeps on doing throughout life. Considering the complexity and individuality of these processes, it is inevitable that research findings are often heterogeneous, and effect sizes small.

Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.133

Symposium: gaming, gambling, behavioural addictions: challenges in diagnosis and treatment

S060

Pathological gambling, impulse control disorder or behavioural addiction: What do the data indicate?

K. Mann[1,*], T. Leménager[2], F. Kiefer[2], M. Fauth-Bühler[2]
[1] *Central institute of mental health, university of Heidelberg, Mannheim, Germany*
[2] *Central institute of mental health, department of addictive behavior & addiction medicine, Mannheim, Germany*
[*] *Corresponding author.*

Objective The reclassification of PG as an addictive disorder is under debate for ICD-11. Data on psychiatric comorbidity and family history might provide the basis for a well-informed decision.