Introduction: The effects of bullying can be both physical and emotional, and they can last for many years. Children that experience verbal and physical bullying are at a greater risk of developing depression later on in life, compared with children who did not.
Objectives: This study aims to look into the relationship between bullying, depressive symptomatology and suicidal thoughts in adolescents of high schools in Lushnje.
Methods: Three questionaires (the Beck Depression Inventory; the Bully/victim Behavior / Victim Behavior Questionnaire by Olweus; the Suicide Questionnaire) were circulated online and were completed by 400 adolescents from 2 high schools in a small city in Albania between September-November 2019. Data has been analysed using the Software Package for Social Sciences for Windows v. 22.0 (SPSS Inc. Chicago, IL).
Results: We found significant positive correlation between bullying (victimization) and the level of depression (r (n = 400) =. 300, p≤.05), and significant positive correlation of bullying (cause) with level of depression (r (n = 400) =. 160, p≤.05) but lower than in victimes. The victims of bullying have higher levels of depression and vice versa. We found higher rate of depression in female adolescents with the average (M = 14.710, ds = 11.263) compared to boys with the average (M = 9.609, ds = 10.723). There is an important positive correlation of suicidal ideation with the level of depression (r (n = 400) =. 616, p≤.05).
Conclusions: Being either a bully or a victim of bullying seems to increase the chances of being affected by depression and suicidal thoughts

Keywords: Bullying; depression; suicidal thoughts; adolescents

EPP0164

Self and parent-reported sleep difficulties of adolescents with childhood conduct problems and comorbid psychological problems.

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Introduction: Children with conduct problems (CP) exhibit problematic externalizing behaviors that violate the rights of others and/or societal norms, are likely to present with comorbid psychological problems, engage in high-risk behaviours during adolescence and in turn, display poorer prospective health in adulthood. However, little known about their adolescent quotidian behaviors, such as their sleep behaviours, which may contribute to these poorer outcomes.
Objectives: Using a sample designed to assess the longitudinal consequences of CP, the current study examines how histories of CP and comorbidity with depressive symptoms and/or attention-hyperactivity problems are associated with sleep difficulties during adolescence.
Methods: 744 participants from an ongoing longitudinal study in Québec, Canada were assessed for CP and comorbidities when they were 6 to 10-years-old. They were classified as without CP, CP only, CP and depressive symptoms, CP and attention-hyperactivity problems, or CP, depressive symptoms and attention-hyperactivity problems based on parent and teacher-reported indices. Sleep difficulties were assessed 7 years later, using self and parent-reported indices. Regression analyses controlling for sex, age, family income, maternal education and medications were conducted.
Results: demonstrated that youth and parents from all CP groups reported more sleep difficulties than youth without histories of CP. Participants from the CP, depressive symptoms and attention-hyperactivity problem group reported more sleep difficulty than all other groups, while their parents did not.
Conclusions: These findings suggest that histories of CP, regardless of comorbidity, predispose youth to future sleep difficulties and highlight the importance of incorporating self and parental indices of sleep as well as examining the effect of comorbidity.

Keywords: Conduct problems; sleep; comorbidity; longitudinal

EPP0166

"This is not me"; an overview.

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Introduction: APA describes Gender dysphoria (GD) as the conflict between a person's physical or assigned gender and the gender with which he/she/they identify. Recently DSM-V renamed gender identity disorder as "gender dysphoria". This change in terminology removes the 'pathology' from being transgender, which is not a mental health condition.
Objectives: To systematically summarise available evidence in this important but less researched field.
Methods: A comprehensive review was carried using the PubMed/Medline database.
Results: Formal epidemiological studies of gender dysphoria in children and adolescents have not been conducted. The true prevalence os gender dysphoria is unknown around the world because of the varying definitions, different cultural norms and lack of data. Individuals who identify as transgender are vulnerable, and have higher rates of psychiatric comorbility compared with the general population. Gender dysphoria, gender identity disorder or transsexualism is a psychological condition that requires care and multiple health professionals.
Conclusions: The natural history of gender identity for children who express gender nonconforming or transgender identities is an area of active research. In addition, there is a lack of guidelines to approach these patients.

Keywords: gender dysphoria; Child Psychiatry; gender identity

EPP0167

Effectiveness of the kiva antibullying program with and without the online game in chile: A three-arm cluster randomised controlled trial

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