

Introduction: German mental health care providers report to encounter many cases of NSSI in their professional context, but only around 50% know about the treatment guidelines for NSSI of children and adolescents. Many consider professional training about NSSI as necessary for themselves. In response to this need, within the project Star Train different strategies of dissemination of the content of the guidelines were developed.

Objectives: This study aims at comparing the effectiveness of different strategies of dissemination: printed material, e-learning and blended-learning.

Methods: Participants were randomly assigned to one of three different learning formats: printed material, e-learning, and blended-learning. Via online-survey participants provide pre- and post-training self-assessments of their knowledge of NSSI, practical skills, self-efficacy in handling cases of NSSI and attitudes towards NSSI and those affected. Additionally a multiple-choice-test of NSSI is assessed. For data-analyses between-group and within-group comparisons were conducted using a mixed design ANOVA. To ensure quality of learning formats, user-satisfaction was surveyed.

Results: Data of the pretest-posttest comparison group design show that knowledge, practical skills, and self-efficacy in handling cases of NSSI raise for all participants and that attitudes towards NSSI and those affected are improved. There is no difference between the learning formats, thus all participants profit equally from their education. User satisfaction is high.

Conclusions: Results of this study suggest that the developed different training strategies can contribute equally to a better understanding and enhance skills of professionals regarding NSSI. The choice of training method could be driven by considering which goals want to be achieved and cost-value ratio.

Keywords: non-suicidal self injury; E-Learning

EPP0175

How to create an autism friendly hospital environment

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Introduction: Children with Autism Spectrum Disorder (ASD) struggle with communication, sensory sensitivities and social interaction. These difficulties can make hospital visits challenging. Every child with ASD is unique, and as such, some children can do well in clinical settings with minimal supports while others may require environmental modifications to achieve optimal care. ASD is prevalent worldwide and cultural differences can lead to varied care. Several hospitals, including Boston Medical Center in USA and Sidra Medicine and Research Center in Qatar, have attempted to address these challenges by developing strategies to create an 'Autism Friendly' environment.

Objectives: This workshop will 1. Describe the 4 domains of an "Autism Friendly" environment 2. Describe practical steps for successful implementation of interventions and modifications to consider based on setting and culture.

Methods: Didactic section 1 will describe the 4 domains for creating an 'Autism Friendly environment'. Didactic section 2 will

describe implementation in an inpatient and outpatient setting focusing on modifications based on environmental differences. These didactic presentations will be followed by a hands on, interactive section where participants will break out in small groups to learn specific implementation skills.

Results: Participants will learn how to improve care offered to children with ASD during hospital visits. Participants will develop the skills to implement similar interventions in their home institutions.

Conclusions: Hospitals can create an Autism Friendly environment by using 4 domains of intervention which could help improve provider skills and patient and family experience.

Keywords: autism; Child Psychiatry; Pediatric Hospital

EPP0179

Parent and adolescent reports on emotional and peer problems in psychiatric outpatient setting using SDQ.

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Introduction: The Strengths and Difficulties Questionnaire (SDQ) is one of the most widely used screening instruments in child and adolescent psychiatry. Studies have shown that the parent is a better informant than the adolescent, both for externalising and internalising disorders (Goodman et al, 1997, 2000).

Objectives: Aim of this study was to examine the prevalence of parent and adolescent reported internalising problems in outpatient child and adolescent psychiatry setting using SDQ and examine the differences between parent and adolescent reports.

Methods: The study group was 101 adolescents (11-17 y.o.) and their parents, in 2 outpatient psychiatric care centres in Latvia. Internalising problems were assessed using SDQ parent and self-report version. When analyzing the score, 3rd and 4th band were defined as "high".

Results: The mean age of adolescent population was 14,04 years (SD 1,96) and N=54 were female. 60,4% of parents and 52,5% of adolescents reported high level of peer problems, 63,4% of parents and 51,5% of adolescents reported high level of emotional problems. Parent and adolescent report results were concordant in two thirds of cases. Adolescents reported high emotional and peer problems in 9% and 14% of cases respectively, when their parents did not. And on the contrary - 22% of parents reported high level of internalising problems when the adolescent did not.

Conclusions: More than half of reports showed high levels of internalising problems. Every fifth parent reported a higher level of internalising problems than their adolescent. This agrees with previous findings that single informant (parent) reports might be more informative than multi-informant reports.

Keywords: adolescent; outpatient; SDQ; internalising

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