

A. Rios-Landeo: None Declared, G. Ortega-Hernandez Speakers bureau of: GOH has received speaker honorariums from Rubió., E. Ros-Cucurull Speakers bureau of: ERC has received speaker honorariums from Janssen-Cilag, Lundbeck, Otsuka, Pfizer, Lilly, Servier, Rovi, Juste., C. Daigre: None Declared, M. Perea-Ortueta: None Declared, L. Grau-Lopez Speakers bureau of: LGL has received fees to give talks for Janssen-Cilag, Lundbeck, Servier, Otsuka, and Pfizer., J. Ramos-Quiroga Speakers bureau of: JARQ has been on the speakers' bureau and/or acted as consultant for Janssen-Cilag, Novartis, Shire, Takeda, Bial, Shionogi, Sincrolab, Novartis, BMS, Medice, Rubió, Uriach and Raffo.

## EPP0204

### The Role of Personalization in Virtual Reality Exposure Therapy During the Treatment of Alcohol Use Disorder

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doi: 10.1192/j.eurpsy.2024.403

**Introduction:** In Cue-Exposure-Therapy (CET), clients are exposed to triggers through objects, people and environments that arouse craving (Sinha et al. *Neuropsychopharmacol.* 2009;34 1198–1208). Virtual Reality Exposure therapy (VRET) is used to experience these triggers in a realistic, safe, and personalized way. VR has been used successfully in the treatment of psychiatric disorders. It has not yet been developed and sufficiently tested as an adjuvant in the clinical post-detoxification phase of treatment of alcohol use disorders (AUD) (e.g. Bordnick et al. *Addict.Behav* 2008;33 743-756; Hone-Blanchet et al. *Front.Hum.Neurosci.* 2014; 8(844) 1-15). Additionally, these treatment methods have been tested for effect, but not for effectiveness around different VR technologies (Ghita & Gutierrez-Maldonado. *Addict.Behav* 2018; 81 1-11; ). This study focuses on VRET-Recovery to examine to what extent VR worlds could be personalized in an effective manner to help treat AUD as well as clarifying on the ways in which the VR worlds could be optimized to achieve its goal.

**Objectives:** The primary objectives of this study are to assess the necessity of personalization in VR environments for AUD treatment, identify the critical elements for personalization, and examine their impact on craving in AUD patients.

**Methods:** The study included 10 AUD patients diagnosed according to DSM-V criteria, aged between 18 and 65, who were in the final week of clinical detoxification at a large addiction clinic in The Netherlands. A controlled experiment was conducted using the Recovery 1.0 VR system on Samsung Gear VR and Samsung Galaxy S9. The experiment involved exposure to various VR scenes (CG and 360o), including a neutral setting, a bar scene, and a home situation, with the duration and sequence controlled by a therapist. Data collection consisted of pre- and post-exposure questionnaires, heart rate and blood pressure measurements, and interviews.

**Results:** Craving was remarkably low in the VR bar scene, primarily due to its unsociable context, limited alcohol visibility, and absence of peer pressure. Technical limitations, such as suboptimal resolution, also affected the feeling of presence. Positive results were

shown that craving was predominantly stimulated in the apartment scene, driven by the presence of alcohol-related visual cues and social elements, resembling relaxed drinking with others.

**Conclusions:** This study underscores that some degree of personalization is needed on all craving dimensions with clear preference was given to CG or 360°. The environments were dependent on the personal history and associations they represent to different levels of alcohol visibility (messy or clean), and types of drink (based on past drinking behavior), and different emotional contexts are needed (positive and negative).

**Disclosure of Interest:** None Declared

## Child and Adolescent Psychiatry

## EPP0206

### The prevalence of self-injury in adolescence: a systematic review and meta-analysis

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doi: 10.1192/j.eurpsy.2024.404

**Introduction:** Self-injurious behavior (SIB) among adolescents has become a hot topic in psychiatry. Despite the consensus that the prevalence of SIB is high, 26-22% among adolescence, there are conflicting results about whether it has increased in the 21st century and about the global distribution of the prevalence.

**Objectives:** The aim of the current study was to make a systematic search and meta-analysis of publications from the last 5 years on the prevalence of SIB in adolescents and to examine definitions and assessments of SIB, gender, continental, and year differences. The hypotheses were the following: 1) the prevalence of SIB did not change over time between the examined period for both girls and boys; 2) girls reported a higher prevalence of a history of SIB than boys.

**Methods:** The systematic search was made in June 2020. Six databases were used. The main search terms were “self-injurious behavior”, “prevalence” and “adolescence”. First the titles and abstracts of the relevant articles were checked, then the full texts were read and collected those papers that met the inclusion criteria. The inclusion criteria were the following: published between 01/01/2015, and 06/18/2020, focused on community sample, and written in English. Comprehensive Meta-Analysis software was used to conduct the analyses.

**Results:** In sum, a total of 97 articles were included in the meta-analysis with data from 439 818 participants. The overall average SIB prevalence was 16.0% in these studies. The first hypothesis was only partially confirmed. When all data that were published between 2015 and 2018 were considered, a significant increase was found in the prevalence of SIB between 1998 and 2018. However, when the analysis was restricted to the time frame between 2013 and 2018, no change in prevalence was found. The second

hypothesis was fulfilled, girls reported a significant higher prevalence than boys (19.4% and 12.9%, respectively). A significantly higher prevalence was found when suicidal intent was excluded (18.3%), than when it was not excluded (11.3%) from the definition of SIB. The largest prevalence was found when measurement instruments were used that had been validated for SIB (18.9%). A significantly higher SEB prevalence was found among Asian articles than those from other continents (19.5% and 14.7% respectively).

**Conclusions:** The current systematic review and meta-analysis draw attention to the high prevalence of SIB among adolescents, especially among girls and those living in Asia. It is important to address this behavior, in terms of prevention and intervention as well.

**Disclosure of Interest:** None Declared

## EPP0208

### Experiences of commissioning mental health services for children and young people in England: qualitative study of commissioners' perspectives

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doi: 10.1192/j.eurpsy.2024.405

**Introduction:** Commissioners play a central role in coordinating and planning CAMHS. However, there is little research on their experiences and approaches to understanding the needs of their populations. An improved understanding is likely to benefit the translation of research into practice, by ensuring research outputs meet the needs of key stakeholders and in optimising the sharing and use of data to improve services.

**Objectives:** To better understand commissioners' experiences of commissioning child and adolescent mental health services (CAMHS) and the challenges they face.

**Methods:** Between May to June 2023, we conducted twelve individual, semi-structured interviews with Integrated Care Board commissioners of CAMHS across England. We analysed data using framework analysis; a qualitative analysis method which involves systematically charting and organising data using a framework to generate themes.

**Results:** We generated five core themes from the data: 1) 'Reflections on role' – how commissioners' roles are informed by their background and 'positioning' within the system in which they work, 2) 'Priorities and Tensions' – the wider context in which commissioners work and how this may present challenges, 3) 'Insights and evidence' – how commissioners develop an understanding of child mental health need and the different roles of quantitative and qualitative data, 4) 'Children's mental health in the limelight' – commissioners' perceptions of changes in child mental health in their populations, 5) 'Responding to need' – how commissioners are addressing the needs of their populations and the challenges they perceive.

**Conclusions:** CAMHS commissioners are negotiating a complex and changing political, social and economic environment with differing priorities and pressures. Commissioners draw heavily on insights from providers and their role is shifting towards managing relationships and bringing the system together. A key challenge is balancing investment in prevention/early intervention

versus specialist services needed by children with more severe and complex problems.

**Disclosure of Interest:** None Declared

## EPP0209

### The effect of catastrophising on health-related quality of life in two chronic somatic illness groups among Hungarian adolescents

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doi: 10.1192/j.eurpsy.2024.406

**Introduction:** Psychological factors, such as emotional regulation strategies, play a crucial role in the management and care of chronic somatic health conditions among adolescents. In the existing literature, catastrophising has been associated negatively with health-related quality of life in the context of chronic health conditions in general. However, there is limited knowledge about its role in specific illness types.

**Objectives:** We aimed to evaluate the impact of catastrophising on the health-related quality of life in two distinct illness groups: diabetes and oncology, within a Hungarian sample.

**Methods:** A cross-sectional study using self-report measures was carried out, involving a total of 273 adolescents (mean age: 14.72 years, SD: 1.82 years; 50.2% females) in the two paediatric samples. The diabetes group consisted of 171 participants, while the oncology group was comprised of 102 individuals. No significant differences were found between the two chronic condition groups in terms of gender ( $\chi^2 = 116.51$ ;  $p = 0.50$ ), or mean age ( $F(-0.82; 0.77) = 1.66$ ;  $p = 0.19$ ). The short-version of the Cognitive Emotion Regulation Questionnaire (CERQ-short) was used to assess the cognitive emotional regulation strategies of the children, specifically focusing on the catastrophising subscale. Health-related quality of life was measured using the 4.0 version of the PedsQL, which included subscales for Physical, Emotional, Social, and School Functioning.

**Results:** A Hayes-moderation analysis with an interaction effect was conducted, controlling for gender, age, and the duration of the illness. A significant interaction effect was observed between catastrophising and the illness groups, impacting School Functioning ( $F(1, 243) = 4.17$ ;  $p = 0.04$ ), Physical Functioning ( $F(1, 245) = 4.67$ ;  $p = 0.03$ ), Social Functioning ( $F(1, 245) = 4.23$ ;  $p = 0.04$ ), and Emotional Functioning ( $F(1, 245) = 4.20$ ;  $p = 0.04$ ). The association between catastrophising and health-related quality of life remained stronger in the oncology group.

**Conclusions:** Catastrophising appears to be a risk factor that affects the quality of life of children facing oncology illnesses. Therefore, addressing catastrophising in interventions tailored to this paediatric illness group may be beneficial.

Keywords: catastrophising, health-related quality of life, adolescents, chronic somatic

This study was supported by the Hungarian National Research, Development and Innovation Office (K143764).

**Disclosure of Interest:** None Declared