Suicidality in adolescents

Mo-S-239
Like sparkle in sugar cane . . . cluster of youth suicide
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The aim of this paper is to share our community-based experience facing a cluster of suicide among adolescents within a rural area in Queensland (Australia). Material and methods.– We studied the impact of tragic deaths within a community of 160,000 inhabitants in Australia. The adolescents were mostly male, from Indigenous cultures, between 12 to 17-years-old. As a result of those episodes, we established a committee for crisis intervention which coordinated different levels of promotion, prevention and early intervention. Particularly, our committee needed to consider cultural and spiritual aspects of Indigenous and Aboriginal culture in Australia. Results.– The adolescents who integrated the cluster were part a vulnerable group of the population. They suffered from multiple disruptions in their emotional development because of belonging to broken families, they had attachment disorders, lack of paternal figure and they were witnesses of domestic violence since early childhood. All of them were unemployed, with poor academic performance, generally living on the streets and they also abused alcohol and substances. They refused to discuss their problems despite having previous suicidal and para-suicidal attempts. Those adolescents shared neighbourhoods, schools or they were relatives, friends or acquaintances from other towns nearby. The cluster of suicides impacted on the entire youth group by mechanisms of identification and idealization. Consequently, there was a chain reaction that caused multiple assessments and admissions with suicidal attempts. As a result, we established a committee for crisis intervention which coordinated different levels of promotion, prevention and early intervention. Particularly, our committee needed to consider cultural and spiritual aspects of Indigenous and Aboriginal culture in Australia.

Mo-S-240
Are sexual orientation, homophobia and homophobic victimization in schools factors of suicide and risk behaviors among adolescents and young adults?
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Are sexual orientation, homophobia and homophobic victimization in schools factors of suicide and risk behaviors among adolescents and young adults? Several studies put into light a significant link between sexual orientation and suicidal behaviors among teenagers and/or young adults. Homophobia to which young homosexuals are exposed is considered the most serious hypothesis to explain this link. We designed the first quantitative French study based on this hypothesis. Results confirmed suicidality among young homo/bisexuals. However, in the analysis conducted on male participants only, sexual orientation ceases to appear a significant predictor of suicide attempts or risk behavior in models in which homophobic verbal bullying in school or bullying based on gender non-conformity are introduced. Said variables are the strongest predictors of suicidal behaviors among young men.

The impact of sleep disorders in early child psychiatry

Mo-S-241
Sleep disorder in ADHD population
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Sleep disorders are frequently reported by parents of children with ADHD. We have studied thoroughly with the Pediatric Neurology Department and with the use of well-known scales the sleep disorders of these children. The disorders are of such a nature that they affect enuretical events, night terrors, nightmares, ontodological alterations, snoring, waking in the middle of the night. Other processes affected by sleep include bad temper, difficulties in attending school, and learning processes. Neurological examination has proven useful as well as recommendations towards better sleep hygiene. Parents and the affected children and their sibling show improvement in their quality of life.

Mo-S-242
Sleep disorder in autism spectrum disorders
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Sleep disorders are very frequently reported by parents of children with Autism Spectrum Disorders (ASDs), affecting 45% to 80% of children with this diagnosis. Given the characteristics of ASDs, it is not common that these children express complaints about sleeping problems; they are affected their daily behaviors as moodiness, irritability, restlessness, boredom, hyperactivity, continued complaints. Sleeping disorders impaired family relationship, cognitive skills and socialization. The main problems are prolonged sleep onset, shorter sleep time, frequent nocturnal awakenings, difficulties in the assembly of the sleep wakefulness, affecting lifestyle, organization and routines and family relationship. The etiology is unclear and is probably multifactorial, including neurodevelopmental factors, neurotransmitters factors, anxiety, family lifestyle, etc. There must be an early and active detection through screening sleeping difficulties in parent interviews, questionnaires, actigraphy, polysomnography. Treatment is significant to