EPP0143

Insecure adult attachment styles are associated with parental reflective functioning pre-mentalizing modes

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Introduction: Parental Reflective Functioning (PRF) refers to parents' capacity to view their child's and their own behavior considering inner mental states, like thoughts, desires, and intentions. It has been related to attachment, mentalizing capacities, and psychopathology in children. An association between adult attachment style and reflective functioning has been described. Studies have also suggested that parental insecure attachment is related to lower levels of PRF.
Objectives: We aim to study the association between specific adult attachment styles (anxious [Anx] and/or avoidant [Av]) and specific PRF modes (pre-mentalizing [PM], certainty about mental states [CMS] and/or interest and curiosity [IC]).
Methods: A sample of 238 parents (228 mothers and 34 fathers) of 263 children aged 0 to 5 years old were recruited through informal difussion of the study in social media. These parents completed the Experiences in Close Relationships-Revised (ECR-R) and the Parental Reflective Functioning Questionnaire-18 (PRFQ-18) online. Sex and age of parents and children were also gathered. In the first place, Pearson's correlation was conducted to study the association between the ECR-R and the PRFQ-18 subscales. In a second step, general linear models were used to control for the effect of sex and/or age, when necessary.
Results: Mothers' mean age was 35,59±4,55 and fathers' 38,26±4,47. Among children, a total of 119 were girls (45,2%) and 140 (53,2%) boys; in 4 (1,5%) cases the sex was not specified. The association between attachment and PRF subscales is shown in Table 1.

	1	2	3	4	5	6	7	8
Parent age	-							
Parent sex	**-0,196****	-						
Child age	**0,273****	0,054	-					
Child sex	0,062	0,014	0,041	-				
PRFQ PM	0,120	-0,059	0,072	-0,001	-			
PRFQ CMS	-0,109	**0,135***	0,137*	0,015	**-0,256****	-		
PRFQ IC	-0,099	**0,163****	0,121	-0,069	-0,072	0,078	-	
ECR-R Anx	0,115	**-0,138***	-0,027	0,006	**0,410****	**-0,232****	-0,035	-
ECR-R Av	0,137*	-0,049	0,007	-0,091	**0,186****	-0,049	-0,103	**0,279****

**p<.001,*p<.05
In a second step, the influence of Anx attachment on CMS was controlled for parents' sex and children's age; β-value of Anx was -0,288 (p<.000) and the whole model explained 70% of the variability of CMS.

Conclusions: We observed that Anx attachment is associated with lower CMS and greater PM. With regard to CMS, both high and low extreme scores have been proposed to be less adaptative than average scores. Av attachment has also been related to higher PM scores. PM mode, which involves "an inability to hold the child's mental states in mind and/or to have malevolent attributions about the child's behavior", is indicative of pathological PRF, and seems to be associated with insecure attachment (⊠Anx/Av). Our results are in line with previous works (San Cristobal et al. Front. Psychol. 2017; Luyten et al. PLOS ONE 2017), and suggest that PRF could play a role in the intergenerational transmission of attachment, which should be further investigated.

Disclosure of Interest: None Declared

EPP0143

Examining Brain Structural Connectivity in Early-life Interpersonal Stress

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Introduction: Early-life interpersonal stress, particularly childhood maltreatment (CM), is associated with social cognition deficits as well as neurobiological abnormalities including alterations in brain structure and function and heightened inflammation. However, few studies have investigated whether peer victimisation (PV) has similar effects.
Objectives: This study first examines the associations between white matter tract abnormalities and childhood interpersonal stress from carers (CM) and peers (PV). Next, it explores how the observed tract alterations are in terms related to cytokine IL-6 level and theory of mind (ToM) performance in the CM and PV groups.
Methods: Data were collected from 107 age-and gender-matched youths (34 CM, 35 PV and 38 controls). Tractography and whole-brain tract-based spatial statistics (TBSS) analyses were conducted.
Results: Tractography showed that both CM and PV groups had smaller right inferior longitudinal fasciculus (ILF) tract volume than controls, which was furthermore associated with longer maltreatment duration within the CM group. At the microstructural level, the CM group had higher fractional anisotropy (FA) of bilateral anterior thalamic radiation (ATR) than both PV and control groups, which were associated with enhanced affective ToM performance in maltreated individuals only. Reduced left ATR FA, however, was associated with greater emotional and behavioural difficulties in the PV group. Using TBSS, the CM group had higher FA than both PV and control groups in predominantly right-hemispheric limbic tracts (UF, ATR, ILF, cingulum bundle and inferior fronto-occipital fasciculus), corpus callosum and corona radiata, which were furthermore associated with heightened cytokine IL-6 level within the CM group.
Conclusions: Early-life interpersonal stress, particularly from carers, is associated with widespread alterations of neural pathways connecting the frontal, temporal and occipital cortices involved in cognitive and affective control. The adverse caregiving experience

may conceivably contribute to enhanced mental-state decoding but there exists a hidden cost of heightened inflammation in these seemingly healthy maltreated youths. Our findings thus underscore the need to further examine the mental and physical well-being of healthy individuals exposed to early-life stress as they may still be vulnerable to psychopathology later on.

Disclosure of Interest: None Declared

EPP0144

Full-time hospitalization in child and adolescent psychiatry: an overlook of the Tunisian situation

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Introduction: Admissions in a child psychiatry unit can be voluntary or unvoluntary in some cases when the patient meets specific criteria.
Objectives: The aim of our study was to assess the frequency and trend over time of admissions of minors in the child psychiatry department in Razi Hospital between 2011 and 2019, and to examine the psychiatric diagnoses in involuntary admissions of minors.
Methods: We conducted a retrospective study of medical records of inpatients admitted to the hospitalization unit of the child psychiatry department in Razi Hospital in Tunisia between 2011 and 2019.
Results: Over the nine years, the total number of hospitalizations was 924. There is a slight female predominance over the total number of hospitalizations (sex ratio = 0.85). There was no consistent and significant change in the number of hospitalizations between 2011 and 2019. A growing increase in the number of compulsory hospitalizations was noted. From 2011 to 2019, the number of compulsory admissions increased from 03 in 2011 to 22 in 2019.
Regarding compulsory hospitalizations, admission requests came from child protection delegates, public prosecutors or family judges. Conduct disorder was found in 33.3% of the cases followed by a normal psychiatric examination in 11.8% of the cases. Mood disorders were found in 9.8% of the cases.
Conclusions: Our study shows the explosion in the number of compulsory hospitalizations despite a relatively stable total number of hospitalizations. More comprehensive guidance for legal authorities is needed regarding the compulsory admission of minors.

Disclosure of Interest: None Declared

EPP0145

Compulsory hospitalization in child psychiatry: clinical and sociodemographic profile of Tunisian inpatients

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Introduction: The department of child psychiatry in Razi Hospital is the unique psychiatric unit in Northern Tunisia offering full-time hospitalization for minors with mental health disorders.
Objectives: The aim of our study was to explore the clinical and therapeutic characteristics in compulsory admissions of minors in the department of child psychiatry in Razi hospital between 2011 and 2019.
Methods: We conducted a retrospective study of medical records of inpatients admitted to the hospitalization unit of the child psychiatry department in Razi Hospital in Tunisia between 2011 and 2019.
Results: Over the nine years, the total number of compulsory admissions was 74 inpatients, aged from 11 to 16 years old. The number of compulsory admissions increased from 03 in 2011 to 22 in 2019. Most of the inpatients were boys (sex ration=1.46). The mean age was 14, 1 year old. Heteroagressiveness was the reason for admission in half of the cases followed by risk behaviors (30.1%) and suicidal behaviors (18.6%). The diagnosis of conduct disorder was found in 33.3% of the cases followed by a normal psychiatric examination in 11.8% of the cases. Mood disorders were found in 9.8% of the cases. Parental psychoeducation (100%), individual psychotherapy (91%) and family therapy (88,2%) were the treatment of choice for the inpatients. The prevalence of psychiatric medication was 45.1%. The most important forms of medication used were neuroleptics (42.3% of medicated patients) and mood stabilizers (30.7%). Child protection delegates were involved in 86,4% of the cases for social intervention.
Conclusions: Minors admitted in an involuntary mode to psychiatric unit have their own specifities in terms of clinical and therapeutic characteristics. More theoretical and empirical research is needed regarding the involuntary admission of minors.

Disclosure of Interest: None Declared

EPP0146

Burdensomeness and fear of pain in adolescents with suicidal ideations and attempts

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Introduction: Relationship to physical pain (Joiner, 2005, O'Connor, Kirtley, 2018, Galynker, 2017) and psychological pain (Eisenberger et al., 2003) are related to the risk of suicidality in adolescents.
Objectives: The aim was to reveal the relationship between interpersonal needs, relation to pain and suicidality in adolescent with or without suicidal thought and/or attempts.
Methods: 92 adolescents without suicidal thoughts (16 males, 12-21 years old), 132 adolescents with experience of suicidal thoughts in the past or present (22 males, 12-21 years old) and 55 adolescents (7 males, 12-21 years old) ongoing clinical treatment due to suicidal actions or attempts filled Interpersonal Needs Questionnaire (Van Orden et al., 2012), Discomfort Intolerance Scale (Schmidt et al., 2006), The Pain Catastrophizing Scale (Sullivan et al., 1995).

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