

Introduction: trauma affects not the child but the whole family. how would the parents' reaction to trauma influence the child's resilience capacities?

Objectives: study the mental health status of parents of children consulting the trauma and resilience unit.

Methods: Descriptive and retrospective study of 20 consultants in the trauma and resilience unit at Mongi Slim hospital between January and April 2022. The evaluation of depressive symptoms in children was made by Children's Depression Inventory (CDI). The Hamilton Depression and Anxiety Scales were used to assess anxiety and depressive symptomatology in the parents of the consultants.

Results: The mean age of the children was 10.46 ± 3.24 .

The traumatic event was related to an assault in 75% of cases, 45% of which were intrafamilial, road accident and death of a relative in 10% respectively, 5% domestic violence.

Five consultants had a CDI score ≥ 8 and 15 had a score >10 . Only parents of children with a CDI score >19 had moderate to severe symptoms according to hamilton scales.

The diagnosis of adjustment disorder was made in 45% of cases, post-traumatic stress disorder 20%, acute stress disorder 10% other 15%

Conclusions: The parents' reaction to the tragedy would play a modulating role on the children's resilience capacities. less anxious and depressed parents would help their child build his/her coping mechanisms.

Disclosure of Interest: None Declared

EPV0212

Utilisation and acceptability of formal and informal support for adolescents following self-harm before and during the first COVID-19 lockdown: results from a large-scale English schools survey

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Introduction: Little is known about the perceived acceptability and usefulness of supports that adolescents have accessed following self-harm, especially since the onset of the COVID-19 pandemic.

Objectives: We aimed to examine the utilisation and acceptability of formal, informal, and online support accessed by adolescents following self-harm before and during the pandemic.

Methods: Cross-sectional survey (OxWell) of 10,560 secondary school students aged 12-18 years in the south of England. Information on self-harm, support(s) accessed after self-harm, and satisfaction with support received were obtained via a structured, self-report questionnaire. No tests for significance were conducted.

Results: 1,457 (12.5%) students reported having ever self-harmed and 789 (6.7%) reported self-harming during the first national lockdown. Informal sources of support were accessed by the greatest proportion of respondents (friends: 35.9%; parents: 25.0%).

Formal sources of support were accessed by considerably fewer respondents (Child and Adolescent Mental Health Services: 12.1%; psychologist/ psychiatrist: 10.2%; general practitioner: 7.4%). Online support was accessed by 8.6% of respondents, and 38.3% reported accessing no support at all. Informal sources of support were rated as most helpful, followed by formal sources, and online support. Of the respondents who sought no support, 11.3% reported this as being helpful.

Conclusions: More than a third of secondary school students in this sample did not seek any help following self-harm. The majority of those not seeking help did not find this to be a helpful way of coping. Further work needs to determine effective ways of overcoming barriers to help-seeking among adolescents who self-harm and improving perceived helpfulness of the supports accessed.

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EPV0213

A systematic review on the association of birth intervals and risk of autism spectrum and attention deficit hyperactivity disorders

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Introduction: Pregnancy interval may have various impacts on psychiatric and psychologic disorders of the offspring.

Objectives: This systematic review aimed to assess the relationship of short and long inter-pregnancy intervals (IPIs) with the risk of autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

Methods: We performed a systematic search on electronic databases including Pubmed, Web of Science, Scopus, and Embase. We included observational studies that evaluated the association between IPIs and the risk of ASD and ADHD. Two reviewers independently screened and then extracted data on study characteristics, IPIs/ birth intervals, and outcome measures. The methodological quality of the included studies was evaluated following the Joanna Briggs Institute (JBI) critical appraisal checklist.

Results: At the final step, 19 out of 161 studies were included in our systematic review. Among them, 16 and 5 studies assessed the association between IPI and the risk of ASD and ADHD, respectively. In 9 studies, findings supported the association between short intervals and an increased risk of ASD. In addition, 7 studies reported significant association between both short and long intervals and an increased risk of ASD. Moreover, 3 studies demonstrated an association between short intervals and ADHD risk, while long birth interval was merely assessed in 2 studies with conflicting results.

Conclusions: This systematic review strongly confirmed the association of short and long birth intervals with ASD and ADHD. Future studies should investigate the mechanisms underlying these associations and the possible modifiers to decrease the risk of such disorders.

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