

catatonia, speech disturbances, alteration of consciousness, neurologic signs, autonomic dysfunction and laboratory aberrations may be especially indicative for organic cause and possibly encephalitis and require further confirmation with the analysis of cerebrospinal liquor with antineuronal antibodies.

Disclosure of Interest: None Declared

SP0033

Childhood trauma as a predictor of social cognition disturbances across psychosis spectrum: Data from the PREGAP Study

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Abstract

Introduction: Childhood trauma is a severe form of stress that has been strongly related to both the appearance of a psychotic disorder and the existence of social cognition disturbances. We hereby hypothesize childhood trauma might be a transdiagnostic marker of social cognition disturbances across the psychosis spectrum, regardless of the main diagnosis.

Objectives: To investigate the effect of different forms of childhood trauma in social cognition impairments in first-episode psychosis, at-risk mental states for psychosis and healthy controls.

Methods: Using cross-sectional data, we will examine the relationship between different kinds of childhood trauma (measured with the Childhood Trauma Questionnaire, CTQ) and several social cognition domains, including facial emotion recognition, theory of mind (assessed using the Movie Assessment for Social Cognition, MASC, The Hinting Task, and the Faux-Pas Questionnaire). Intra and inter-group differences be studied for three study groups, including patients with first-episode psychosis (n=60), subjects with at-risk mental states for psychosis (n=60), and healthy controls (n=60).

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SP0034

Childhood trauma as a transdiagnostic risk factor: clinical implications and preventive interventions

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Abstract: Abstract: This presentation seeks to explore the interplay between various types of psychological traumas and their potential correlation with the development of distinct types and severities of

eating disorders. Emphasis will be placed on elucidating the underlying biological underpinnings and psychological and developmental factors that contribute to the manifestation of diverse eating disorder phenotypes in individuals who have experienced childhood maltreatment.

Drawing upon existing research and novel insights, I will present some data from studies investigating the notion that the observed variations in eating disorder presentations may be linked especially to environmental influences. Contrary to the conventional focus on genetic determinants, our findings suggest that the differential ecophenotypic expression of eating disorders may not solely be attributed to DNA variants but rather to the complex interplay between genetic predispositions and environmental contexts.

In particular, I will expose the concept of an ecophenotype characteristic of eating disorders associated with childhood maltreatment, positing that the unique ecological context in which an individual is raised significantly influences the trajectory and severity of their eating disorder. This exploration extends beyond a mere examination of genetic markers, shedding light on the environmental and ecosystemic factors that shape the development of an individual's relationship with food and body image.

Disclosure of Interest: None Declared

SP0035

How is trauma a transdiagnostic risk factor? A biopsychosocial model of risk and protective mechanisms following childhood trauma

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Abstract: Traumatic exposure is a common global problem across nations. It is currently well established that childhood trauma is associated with increased risk for psychopathology transdiagnostically, with children having experienced trauma being twice as likely to develop a mental health condition compared to those who have never experienced trauma. According to population-based studies, this heightened risk for the emergence of mental health disorders persists throughout adolescence and adulthood. The risk for psychopathology seems to be most marked in children exposed to interpersonal violence (child emotional and physical abuse, neglect, sexual violence). In this presentation, we will summarize the results of an increasing number of published studies that have examined the mechanisms underlying vulnerability to psychopathology following childhood trauma and protective factors that buffer this risk. Specifically, we will highlight the role of emotion dysregulation and interpersonal difficulties, related to disrupted threat processing following trauma exposure, in mediating the impact of trauma on internalizing and externalizing symptoms. Research studies have also identified protective factors across the lifespan that might mitigate these outcomes, including social support and emotional skills building. Based on this review, we will suggest a conceptual transdiagnostic and biopsychosocial model of risk and resilience, which can provide opportunities and targets for early interventions and treatment, at the

primary and secondary healthcare levels, as well as the social, public health and community levels. Our model is based on a socioecological and multisystemic paradigm of risk and resilience, where resilience is conceptualized as an interaction between individuals and resourceful environments and communities.

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SP0036

Life narratives of individuals with psychosis in ethnic minority and migrant communities in Canada and the Netherlands

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Abstract

Background: Increased psychosis risk has long been reported for some migrant and ethnic minority populations, a finding has been replicated in different parts of the world, with risk seeming to persist for further generations. Several explanations such as genetic liability or selective migration, higher cannabis-use or higher exposure to neurodevelopmental risk factors were considered unlikely explanations. Rather, exposure to adversity experiences found to be a determinant of psychotic disorders, such as parental separation, social and economic disadvantage, discrimination, social exclusion and marginalization. Additionally, migrants often live in cities, where high population density, low social cohesion and social fragmentation and deprivation, combined with lack of green space and urban stress increase the psychosis risk. Although previous research work has emphasized the quantitative exploration of social-environmental determinants of psychosis, qualitative studies allow for the generation of innovative, rich and nuanced understandings about a given phenomenon, being an ideal approach in face of complex social dynamics and contexts. Concretely, the associations are established, however, the underlying mechanisms and experiences remain largely unknown.

This study aims to address several research gaps identified in research on the issues of psychosis, socio-environmental determinants of mental health, migration and ethnicity, and inequalities by exploring the life narratives and experiences of service-users with first psychosis with distinct ethnic, racial and migrant backgrounds.

Methods: Participants aged between 18 and 35 years old, who have been diagnosed with a first psychosis are recruited in Montreal, Canada, and in the Netherlands. The aim is to recruit at least 20-25 individuals from each site, but recruitment is still ongoing. Qualitative interviews of about an hour are being held, and transcripts will be analyzed with Nvivo, software for qualitative data. Categories and clusters will be formed from the narratives, resulting in common themes that are important to the patients, in their understanding of the development of their psychosis, and the help they have received.

Results: Preliminary data show that the patients have predominantly African or (Eastern)European background, moved around a lot, and experiences inequities. Help and care were not always available for them, not always beneficial. Participants experiences a lot of isolation and displacement, together with socio-economic

disadvantages. Common themes as to by which mechanisms these aspects play a role will further be explored.

Discussion: These findings will be discussed in light of the quantitative data already existing. Implications for prevention and interventions will be discussed.

Disclosure of Interest: None Declared

SP0037

Environmental determinants of mental health in clinical practice

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Abstract: According to the latest Intergovernmental Panel on Climate Change (IPCC) Report (2022), climate changes (e.g. rising sea levels and temperatures and) are noticeable and intensifying on the entire planet. Extreme weather events or ecological disasters are occurring with increased frequency and intensity. Anthropogenic climate change has been called “the defining issue of our time” (United Nations, 2022) and “the greatest threat to global health in the 21st century” (World Health Organization, 2015). Health impacts from climate change may include increased morbidity and mortality from worsening cardiopulmonary health, and greater risk of infectious diseases and mental illness. During this lecture, we will discuss environmental aspects that clearly have a negative impact on the mental well-being of the general population and, more specifically, the psychiatric population. The focus will primarily delve deeper into climate anxiety.

Disclosure of Interest: None Declared

SP0038

Updating Code of Ethics of the Psychiatric Association of Turkey: process and content

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the Working Group on Updating Code of Ethics-Section for Human Rights and Ethics/ Psychiatric Association of Türkiye and (Ayşe Ceren Kaypak, Ayşegül Yay, Berna Uluğ, Gonca Aşut, İbrahim Fuat Akgül, Raşit Tükel, Simavi Vahip)

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Abstract: *Science, Ethics, Solidarity...* These three words are mottos of Psychiatric Association of Türkiye (PAT), since its foundation in 1995. In accordance, PAT has Code of Ethics for more than 20 years. There are many developments and changes both in practicing psychiatry and in the community in the last couple of decades. As a result, many new ethical questions, dilemmas and