

approaches have been used to treat this group with varying success. Narrative Exposure Therapy (NET) is one promising intervention for refugees and asylum seekers that are suffering from post-traumatic stress-disorder (PTSD). NET is a treatment given individually or in small groups in typically 12 sessions or less. In NET, memories are reorganized through a process involving imaginary exposure to trauma.

Objectives: To review the literature on NET for refugees and asylum seekers suffering from PTSD.

Methods: The data bases PubMed, Medline, PsycInfo and Web of Science were searched using a selection of search terms, including 'Narrative therapy', 'refugees' and 'stress disorders, post-traumatic'. The identified relevant articles were qualitatively assessed and effect sizes were compared. Methodological quality was assessed according to the GRADE-criteria.

Results: Thirteen studies were assessed with a total study population of 745. Nine of the included studies were RCTs. Overall, the studies found medium to very high effects of NET. The quality of the studies varied from very low to high. More studies of NET for refugees and asylum seekers are needed, and in particular studies reporting long-term outcomes.

Conclusions: The review suggests that NET shows promise as a method for the treatment of PTSD in refugees and asylum seekers. However, the review is based on relatively few studies and more studies of long-term outcomes are particularly needed.

Keywords: Refugee; Asylum seeker; Narrative Exposure Therapy; ptsd

EPP0934

No distance is too far between friends: Associations of comfortable interpersonal distance with PTSD and anxiety symptoms in traumatized individuals

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Introduction: Previous research indicates that traumatized individuals with post-traumatic stress disorder (PTSD) symptoms may show alterations in interpersonal distance regulation that are not evident in traumatized individuals without PTSD symptoms. However, the underlying mechanisms of these alterations are yet to be investigated. Moreover, it is not clear whether altered interpersonal distance regulation is correlated with trauma-related psychopathology.

Objectives: The current study investigated behavioral and neurophysiological markers of interpersonal distance regulation as predictors of PTSD and anxiety in traumatized firefighters.

Methods: Twenty-four active-duty firefighters (M = 30.58, SD = 3.62) completed an experimental task that measures comfortable interpersonal distance. During the task, event-related potentials were recorded to assess attentional processing as reflected in the P1 and N1 components. Trauma-related psychopathology was assessed using the Clinician-Administered PTSD Scale and the state version of the State-Trait Anxiety Inventory.

Results: Participants who did not choose a closer distance towards friends as compared to strangers experienced greater anxiety post-

trauma. On a neurophysiological level, participants who showed attentional avoidance towards strangers reported more PTSD symptoms. By contrast, participants who showed hypervigilant attention towards strangers reported greater anxiety.

Conclusions: The results demonstrate associations between interpersonal distance regulation and psychopathology after trauma, shedding light on the underlying processes of interpersonal distance regulation in anxiety and PTSD. Future studies should re-investigate these associations in a larger sample and explore potential implications for the prevention and treatment of trauma-related psychopathology.

Keywords: ptsd; Anxiety; ERP; Interpersonal distance

EPP0935

PTSD in jewish holocaust survivors' as a risk factor in the development of mental health conditions in their offspring

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Introduction: Transgenerational transmission of trauma (TTT) describes the residual 'presence of the past' through generations. This phenomenon has an established evidence base with Holocaust survivors (HS) and their offspring, who are hypothesised to be at a greater risk of psychiatric conditions. This advanced literature review explores the relationship between Post Traumatic Stress Disorder (PTSD) in survivors and mental health conditions (MHC) in survivor's offspring.

Objectives: The objective is to review the literature, looking for evidence of TTT and exploring the mechanisms of action of such phenomenon.

Methods: An advanced search was performed in three databases; Medline, Ovid PsycInfo and the Yehuda Schwarzbaum Online library using the following search terms; (Post Traumatic Stress Disorder OR PTSD) AND (Holocaust OR Shoah) AND (Offspring OR Children). 190 articles were identified and a following 163 were excluded. 26 studies were reviewed.

Results: Parental PTSD is circumstantially influential in parenting and attachment quality. Unfavourable attachments in offspring are associated with psychiatric conditions. Furthermore, poor health behaviour can be transmitted; for example, poor diet is an independent risk factor for depression. Psychopathology may pass intergenerationally; parental PTSD increases the risk of developing PTSD in response to one's trauma. Parental PTSD can also result in impaired cortisol function and epigenetic changes.

Conclusions: PTSD in HS is an important risk factor for development of MHC in offspring. However, this does not mean all offspring develop MHC. The variability in offspring proneness to psychiatric conditions may reflect specific vulnerabilities. Further research is pertinent for an understanding of TTT. The poster will discuss clinical value.

Keywords: Holocaust; post-traumatic stress disorder; mental health; Offspring

EPP0936

PTSD among a sample of French students: A misdiagnosed condition with many implications. preliminary results.

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Introduction: Students often suffer from stress, anxiety and depression (Saleh et al., 2019). However, research on PTSD is scarce among this population.

Objectives: We therefore wanted to explore the presence of PTSD and other psychopathological and psychological variables in this population.

Methods: We recruited 70 students -150 still planned- (22 years old, 70% women, 84.3% in the third year undergraduate) who filled out questionnaires at the university, after ethic committee's approval.

Results: 31.2% show PCL-5 scores in favor of a PTSD. The most frequently mentioned traumatic events (direct exposure) are physical assaults (49.3%), transport accidents (29.4%) and unwanted sexual experiences (23.2%). According to the Mann-Whitney U test, if they do not differ from students without PTSD in the number of traumatic events encountered (LEC 5 ns), they show more stress, anxiety and depression ($p < .02$), more dissociative symptoms ($p < .04$), less social support available ($p = .048$), a gap between the importance given to studies as a value and action directed towards this value ($p = .002$), idem for leisure activities ($p = .035$), and more rumination ($p < .001$) and more experiential avoidance ($p < .001$). These two latter appear to be powerful processes involved in PTSD, as the PCL5 score is 37% explained by avoidance and rumination, according to linear regression.

Conclusions: These preliminary results tend to show that PTSD should be investigated in students and seems to be linked to higher emotional difficulties, lower academic and social involvement. Rumination and avoidance could be an important therapeutic target.

Keywords: students; ptsd; Experiential Avoidance; rumination

EPP0937

Post-traumatic stress disorder and professional quality of life among psychiatric staff

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Introduction: Psychiatric staff could be exposed to various types of violence that might have potential consequences on their psychological balance.

Objectives: To detect post-traumatic stress disorder (PTSD). To assess the professional quality of life among psychiatric hospital workers.

Methods: A descriptive cross-sectional study was conducted in the psychiatric department of the Hedi Chaker University Hospital in Sfax. The questionnaire study had three major components: the baseline participant characteristics, the post-traumatic stress disorder Checklist (PCL-5) for which a total symptom severity score cutoff of 38 was recommended as the cutoff for a positive screening test and the Professional Quality of Life Scale (ProQOL).

Results: Thirty-one participants completed the questionnaire. The sex-ratio was 0.93. The mean age was 41.5 years. All participants were exposed to physical or verbal assault. Physical aggression was the most traumatic behavior reported by 39.3% of psychiatric professionals. A feeling of insecurity when performing professional tasks was reported by 93.3% of participants. Among participants, 41.9% expressed the desire to change workplace. The mean score on the PCL-5 was 21.6 ± 15.35 . Five participants (16.7%) had a PCL-5 score ≥ 38 . The Compassion Satisfaction mean score was 37.48 ± 5.64 . The burnout mean score was 26.41 ± 7.3 and the mean score at the secondary traumatic stress scale was 27 ± 6.7 .

Conclusions: PTSD could result from stressful events encountered in the course of managing patients in mental health departments. Attention to post-traumatic event interventions may be useful both to reduce the rate of PTSD and to improve the professional quality of life among psychiatric staff.

Keywords: post-traumatic stress disorder; professional; psychiatric staff; quality of life

EPP0940

Exposure to violence and risk of post-traumatic stress disorder in family caregivers of psychotic patients

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Introduction: Family caregivers of psychotic patients are exposed to violence and stress. However, associated psychological outcomes are poorly characterized in this population.

Objectives: The aim of this study was to clarify the relationship between violence directed towards caregivers of patients with psychosis and developing post-traumatic stress disorder (PTSD).

Methods: Participants were family caregivers of psychotic patients (n=95). They completed a questionnaire assessing sociodemographic characteristics. Sociodemographic and clinical data of patients were collected from medical records. We used the perceptions of prevalence of aggression scale (POPAS) to measure the frequency and severity of aggression directed at the respondent in the past and the Impact of Event Scale-Revised (IES-R) to evaluate PTSD.

Results: A rate of 75.8% of caregivers reported experiencing moderate to severe levels of aggression. Decreased contact with patient ($p=0.00$), male gender ($p=0.00$), older age ($p=0.00$) and parent relationship ($p=0.01$) of caregivers, diagnosis of schizophrenia or