

positive advances in the health area are recognized, specifically in the fields of communication and biotechnology. However, the negative impact of globalization on the daily life and health of people worldwide is undeniable. Those that are economically most disadvantaged are particularly affected. The cases of cultural syndromes in distant countries, the misunderstanding of the symptoms as well as the difficulties of integration of migrant patients with mental suffering must be the object of debate and study.

**Conclusions:** Globalization affects the care and understanding of mental health

**Disclosure:** No significant relationships.

**Keywords:** migration; cultural syndromes; globalization

## EPV0883

### Sociodemographic characteristics of immigrants hospitalized for first episode of psychosis

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**Introduction:** European researchers have observed that psychosis is 3 times more frequent in immigrants than in native-born subjects.

**Objectives:** our study aims to determine the sociodemographic characteristics of immigrants hospitalized for first episode of psychosis (FEP)

**Methods:** it's a descriptive retrospective study. 21 files were recruited from the psychiatry department archive. Only files of immigrant patients hospitalized, during the period between 2016 to 2021, for FEP and with neither personal nor family medical history of psychosis were included in our study.

**Results:** A total number of 11 patients was included in our study. The analyse of sociodemographic characteristics revealed that; 62.5% of patients were female. The average age was 31 years. About half of them were dark skinned (particularly African), 25% were divorced, and 75% having university level. The majority of cases, have had a clandestine access to Tunisia, and were either unemployed or doing cleaning tasks with a low economic level and frequent conflicts in their workplaces. The average period between entering Tunisia and the onset of symptoms was 11.375 months.

**Conclusions:** A comparative study on a larger sample would be beneficial in order to determine the risk factors for psychosis in immigrants and, consequently, leads to effective preventive measures.

**Disclosure:** No significant relationships.

**Keywords:** african; Tunisia; First episode of psychosis; immigrants

## EPV0884

### Risk factors of psychosis in immigrant population: case report and literature review

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**Introduction:** There is now compelling evidence that migrant groups in several countries have an elevated risk of developing psychotic disorders.

**Objectives:** To identify risk factors for psychosis in immigrant population.

**Methods:** case report and Computerised literature search of MEDLINE and PUBMED and PsycINFO databases was performed using the keywords: immigration, psychosis, schizophrenia.

**Results:** Mrs AM is 22 years old, Ivorian, without any personal or family psychiatric history, married and mother of an 11 months old baby.

Because of the poor socio-economic conditions, she immigrated illegally to tunisia 3 months ago, accompanied by her husband, leaving her child in her native country. since then, she has been working in cleaning jobs with very low salaries and several conflicts in the workplace, which pushed AMto leave the job. One month before her admission, according to her husband, she became isolated, distrustful, she often watches herself in the mirror, refuses to take a shower, with some bizarre behaviors and persecutory words, then she became aggressive with her husband and neighbors, hence her admission.

The interview revealed a dissociative and delusional syndrome, vague and poorly systematized, with hallucinatory and intuitive mechanisms. In view of the subsequent evolution, the diagnosis of schizophrenia was retained. After stabilization under antipsychotic drugs, the patient asked to be repatriated to join her child.

**Conclusions:** The evidence is still thin, and there is a clear need for further research to replicate and extend findings linking specific aspects of the social environment and risk of psychosis in migrant groups.

**Disclosure:** No significant relationships.

**Keywords:** Psychosis; african; Tunisia; immigrants

## EPV0885

### A voyage in the Far East

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**Introduction:** Patient who comes to the Hospital accompanied by the Emergency Services from the Santa Justa train station, coming from Madrid, after being repatriated from Bangladesh.

There he was serving a five-year sentence for drug trafficking.

He is a patient who has had several hospital admissions at UHSM and clinically prosecuted as a paranoid schizophrenic. In prison, the first years he had no antipsychotic medication and recognizes the presence of auditory pseudohallucinations.

**Objectives:** psychopathological stabilization

**Methods:** case report

**Results:** In the psychopathological assessment upon arrival, the patient was hostile and suspicious, even refusing to take food and medication because he was demanding his freedom. He also relates this point to delirious interpretations of passers-by who approached him at the Madrid airport.

During the admission, the patient was referred to Internal Medicine for a global evaluation and analytical tests of his organic situation, finding normocytic anemia without other findings and with good response to the treatment established.

The patient's psychopathological evolution is very favorable. Progressively more approachable and critical of the phenomena of psychotic nature. Interventions are carried out with Social Work for his overnight stay.

**Conclusions:** We have the odyssey of one of many patients with a mental illness where their life journey leads them to marginal situations and where elements of a legal nature are intermingled; either by the stay in prison itself or by the need for an admission against their will for psychopathological stabilization and to redirect this shipwrecked life course.

**Disclosure:** No significant relationships.

**Keywords:** Sevilla; Psychosis; immigration; journey

## EPV0886

### Transcultural approach to psychotic episodes. About a case.

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**Introduction:** Cultural differences influence understanding and therapeutic adherence of migrant patients, therefore it is very important to acquire cultural competence.

**Objectives:** The objective of this paper is to study, from the following case, the effect of cultural competence in approach to psychosis in migrant patients.

**Methods:** A bibliographic search was performed from different database (Pubmed, TripDatabase) about the influence of culture on psychosis and its resolution. A 25-year-old Moroccan man who came to Spain two years ago fleeing his country and suffered violence in different countries until he arrived. He lived on the street until they offered him a sheltered house with other Moroccans. He felt lack of acceptance and loss of his roots. In this context, he developed a first psychotic episode in which he described "the presence of a devil".

**Results:** He distrusted antipsychotic treatment and believed "that devil" was still inside him, being convinced that he needed a Muslim healer to expel him. We followed up with the patient and a cultural mediator, better understanding his cultural reality, uprooting and traumas, and he could feel understood and trust us. During the process, he decided to go to the Muslim healer who performed a symbolic rite for which he felt he "expelled the devil", while accepting antipsychotics. With all this, the psychotic symptoms and their acculturation process improved.

**Conclusions:** It is very important that psychiatrists have cultural competence to understand the context of migrant patients, and to be able to provide them with the best treatment.

**Disclosure:** No significant relationships.

**Keywords:** Psychosis; migration; acculturation; Cultural competence

## EPV0887

### Scalable psychological interventions for Syrian refugees: Preliminary results of a randomized controlled trial on the peer-refugee delivered Problem Management Plus (PM+) intervention in the Netherlands

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**Introduction:** In the past decade, millions of Syrians have sought refuge in neighboring countries and Europe. Refugees are at increased risk for the development of common mental disorders (CMD), such as depression and posttraumatic stress disorder (PTSD), but only a small percentage access mental health services. Problem Management Plus (PM+) is a brief, scalable intervention targeting symptoms of CMDs that can be delivered by non-specialist helpers in communities affected by adversity, such as refugees.

**Objectives:** The aim of this randomized controlled trial (RCT) is to evaluate the effectiveness of PM+ among Syrian refugees in the Netherlands.

**Methods:** Adult Syrian refugees and other Arabic-speaking refugees of 18 years and older with self-reported psychological distress (K10 >15) and functional impairment (WHODAS 2.0 >16) are included. Participants are randomized into PM+ or care as usual. Follow-up assessments are conducted at one-week, three-month and twelve-month follow-ups. Clinical outcomes are symptoms of depression/anxiety (HSCL-25), PTSD (PCL-5), and functional impairment (WHODAS 2.0).

**Results:** By November 2021 [recruitment ends by December 2021], 214 participants were screened for eligibility and 184 participants were included. Participants are M=36.5yrs old (range 18-69yrs), and 73 participants are female (39.7%). We will present preliminary results for the effects of PM+ on depression, anxiety, PTSD, and functional impairment at one-week follow-up, as well as barriers and facilitators for implementing PM+ in a European country.

**Conclusions:** After positive evaluation of peer-refugee delivered PM+, the Arabic manual and training materials will be made available through WHO to encourage scaling-up.

**Disclosure:** No significant relationships.

**Keywords:** depressive disorder; posttraumatic stress disorder; Randomized Controlled Trial; Refugees

## EPV0888

### Psychiatric-psychotherapeutic and psychosocial care for refugees: effects and future prospects of the refuKey project - perspective of experts

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**Introduction:** Refugees have been shown to be a vulnerable population with increased psychiatric morbidity and lack of access to adequate mental health care. By establishing cooperations between psychosocial centers and psychiatric clinics the state funded project refuKey by NTFN e.V. and DGPPN aims to improve access to and quality of mental health care for traumatized refugees pursuing a stepped-care model.

**Objectives:** As part of a larger project evaluation study four focus-groups among experts were conducted to explore the impact of refuKey on refugees' mental health care.