

populations, exacerbating the urban-rural divide in mental health care delivery.

**Conclusions:** The effective implementation of mental health policies in India is undermined by systemic challenges such as inadequate resources, workforce gaps, and sociocultural barriers. Addressing these issues requires targeted interventions, including increased investment in mental health services, enhanced training programs, stigma reduction campaigns, and better integration of mental health care into general healthcare frameworks. A coordinated, multi-level approach is essential to overcoming these barriers and achieving meaningful improvements in mental health outcomes across India.

**Disclosure of Interest:** None Declared

## EPV1037

### Enhancing the cost-effectiveness of mental health services in Georgia-research proposal

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**Introduction:** In Georgia, the psychiatry system is predominantly institutionalized, with limited community-based services and inadequate funding for psycho-social rehabilitation. Government finds it challenging to refocus psychiatry care towards deinstitutionalization, often failing to understand the high importance of such a step and the reasoning behind turning it. This research proposal aims to explore strategies to enhance the cost-effectiveness of mental health services in this context.

**Objectives:** Assess the current landscape of psychiatry services in a middle-income country, focusing on institutional care versus community-based services. Identify barriers and challenges faced by key actors in transitioning towards community-oriented psychiatry care. Investigate the cost-effectiveness of community mental health interventions compared to institutional care, considering long-term outcomes and societal impacts. Develop evidence-based recommendations to advocate for policy changes and resource allocation towards community-oriented services.

**Methods:** Literature Review: Conduct a comprehensive review of existing literature on cost-effective analyses and community interventions in middle-income countries. Policy Analysis: Examine existing mental health policies and budget allocations to identify gaps and opportunities for reallocating resources toward community-based care. Stakeholder interviews: interview policymakers, mental health professionals, and patients to collect information from different perspectives. Quantitative Analysis: Use health economics methods to analyze the cost-effectiveness of community-based mental health services compared to institutional care.

**Results:** Insights into the economic impact of transitioning towards community-oriented mental health services in middle-income countries. Policy recommendations aimed at increasing investment in community-based interventions and resocialization programs. Increased awareness among key actors about the long-term benefits and cost savings associated with community-oriented mental health care. Improved understanding of societal attitudes and barriers towards mental health reform.

**Conclusions:** Key discussion points include: How can advocacy efforts be reinforced to persuade governments that community mental health care is more affordable and beneficial? What obstacles might stand in the way of expanding community-based services, and how might they be overcome? How can stakeholders work together to guarantee resocialization programs receive ongoing financing and support? What role can international partnerships and collaborations play in supporting mental health reform in Georgia? By addressing these critical questions, this research proposal seeks to provide a roadmap for enhancing the cost-effectiveness and accessibility of mental health services in Georgia and similar middle-income contexts.

**Disclosure of Interest:** None Declared

## Migration and Mental Health of Immigrants

### EPV1038

#### Hypnosis and Virtual Reality in the treatment of a MSNA (unaccompanied foreign minor)

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**Introduction:** 11 years old, Syrian, he arrives alone in Italy after disembarking in Lampedusa, coming from Libya where he reports having stayed for a year. He is assigned to a community by the Juvenile Court of Catania.

A few days later, he exhibits multiple episodes of chest pain, difficulty breathing, drooling, muscle rigidity and tremors, and in the most severe case, he is taken to the emergency room and then hospitalized in pediatric neuropsychiatry.

Diagnosis ICD 10: Dissociative disorders (Code F44); Post-traumatic stress disorder (Code F53.1). Trazodone hydrochloride (60 ml) is prescribed, 5 drops three times a day.

**Objectives:** Care of the person and resolution of symptoms through psychotherapeutic management by the “Medicina delle Migrazione e delle Emergenze Sanitarie” of ASP 3 Catania (Italy).

**Methods:** Hypnosis combined with virtual reality, a technique already experimented with by the writer, the procedure consists of: trance induction; awakening; application of the visor; re-induction of the trance through conditioning, simultaneously with the departure of the virtual stimulus; continuous feedback with peripheral device. The stimulus situations transmitted by the viewer have as object setting such as: Abstract: lights, colors, geometric shapes; Concrete: naturalistic and aquatic landscapes, animals, guided tours, etc.

**Results:** He is a good hypnotic subject, responds well and after initial disorientation, benefits from psychotherapy, showing a slow but continuous improvement in behavior: anxiety progressively decreases, oppositional and rebellious behavior in the community wanes, conduct at school becomes appropriate where there were previously conflicts, sleep changes from disturbed to regular, and he interacts positively with adults and peers.

Marked interference is noted via phone from the family of origin, urging him to go to Germany where a half-sister resides (the procedure is feasible but very complex), leading to a resurgence

of symptoms and feelings of guilt in the minor, who perceives himself as unable to meet the demands of his relatives.

During Ramadan (he is Muslim), there are difficulties with concentration and lack of energy due to the lack of food and water, leading to a temporary delay in the work.

In an advanced phase of treatment, the minor categorically refuses to come to the clinic, probably due to being mocked by peers in the community, and it is decided to discontinue the sessions, especially since the work had progressed effectively and there was already an intention to gradually discontinue it.

**Image 1:**



**Conclusions:** It is believed that the use of hypnosis combined with virtual reality represents an appropriate treatment for post-traumatic stress disorder (PTSD), as it reduces anxiety, strengthens the ego, accelerates the process of change, and directs life in a positive direction. The Juvenile Court has granted family reunification in Germany, and at present, the minor is awaiting departure.

**Disclosure of Interest:** None Declared

### EPV1039

#### Migration risk factors and their impact on psychological distress among Unaccompanied Migrant Minors in Spain

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**Introduction:** Unaccompanied Migrant Minors (UMMs) who travel alone and live apart from their families are particularly vulnerable to mental health issues and social exclusion in Spain. Risk factors related to the migratory cycle, including travelling alone, living away from family, and experiencing discrimination, can negatively impact their mental health and increase the risk of social exclusion.

**Objectives:** This study aims to describe the profile of newly arrived UMM and identify the relevant health risk factors among them, considering factors before, during, and after migration and their impact on psychological distress.

**Methods:** The study involved face-to-face interviews with 230 minors in foster care placements. The interviews covered sociodemographic information, education and employment situations, factors related to the migratory process (before, during, and after migration), health status, and psychological distress. They were conducted in Arabic or French and translated into Spanish.

**Results:** The findings revealed that UMMs generally perceived themselves as having good health before migration. However, they often held unrealistic expectations about their new life. Upon arrival, they had to cope with post-migration stressors such as stress ( $\beta = 0.468$ , SE = 0.142,  $p = 0.001$ ) and discrimination ( $\beta = 0.357$ , SE = 0.121,  $p = 0.003$ ), which adversely affected their mental health.

**Conclusions:** The study highlights the impact of post-migration factors on psychological distress among newly arrived UMM. It underscores the need for comprehensive mental health care that considers the different stages of the migratory cycle. Additionally, it advocates for promoting cross-cultural mental health care models and developing policies and services to address and mitigate the effects of post-migration factors, including discrimination against UMMs in Spain.

**Disclosure of Interest:** None Declared

### EPV1041

#### Closing the Cultural Gap: An Intercultural Day Clinic Experience

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**Introduction:** Globally, the number of international migrants has been rising, with Europe seeing a significantly higher increase compared to other regions. Migration has been frequently identified in the literature as a risk factor for various mental health issues (Schouler-Ocak et al. Indian J Psychiatry 2020; 62 242-6). Despite this, migrant populations often encounter significant challenges in accessing mental health care services, primarily due to language and communication barriers and cultural differences (Forray et al. BMC Public Health 2024; 24 1593). To improve mental health treatment for migrant populations, it is essential to not only provide cultural competence training for healthcare professionals and ensure access to professional interpreters but also to establish and maintain multicultural treatment teams (Machleidt W. Der Nervenarzt 2022; 73 1208-12). Addressing these needs, we have been operating a multicultural treatment team at our day clinic in Hamburg for the