

Introduction: Suicide is a multifactorial phenomenon characterized by many biological, psychological, and social-cultural factors. The study of this phenomenon in migrants is complex, with no theoretical framework that can describe the available heterogeneous data. Although Italy has the fourth largest migrant population of EU, only few studies have assessed suicidal risk in migrants.

Objectives: The aim of his study is to assess suicide risk factors (hopelessness; interpersonal needs; traumatic experiences) in a sample of migrant patients, and to evaluate the possible application of the Interpersonal Theory of Suicide (ITS). Moreover, suicidal ideation and attempts were compared between migrants and natives. Lastly, a wider psychometric assessment has been conducted (depressive and anxiety symptoms; autistic traits).

Methods: In this case-control study, we included 50 migrants vs. 50 natives. Data were collected during the same period by gender, age, and diagnosis. We collected sociodemographic and clinical characteristics. We administered the following tests: Columbia Suicide Severity Rating Scale, Interpersonal Needs Questionnaire, Beck Hopelessness Scale, Beck Depression Inventory-II, Hamilton Anxiety Scale, Childhood Trauma Questionnaire, and Adult Autism Subthreshold Spectrum.

Results: There were no differences in sociodemographic characteristics, except for ethnicity. Otherwise, there were significant differences between diagnosis ($p:0.013$), with native reporting more Mood Disorders, and migrants reporting more Anxiety, Obsessive-Compulsive, Trauma-Related, Eating, and Substance Use Disorders. Migrants were more prone to be on treatment with Mood Stabilizers ($p:0.000$). There were significant differences for interpersonal needs, trauma, anxiety, and autistic traits. Migrants show more perceived burdensomeness ($p:0.05$), more physical neglect ($p:0.004$), physical abuse ($p:0.002$), and sexual abuse ($p:0.016$), more anxiety symptoms ($p:0.046$), and more empathy alterations ($p:0.014$). No differences were found for suicidal ideation and attempts, hopelessness, and depressive symptoms.

Conclusions: Despite there were no differences in suicide risk, migrants showed higher rates of perceived burdensomeness (PB) and childhood traumatic experiences (CTE). Both PB and CTE represent cardinal constructs of the ITS. No differences were found for hopelessness and depressive symptoms. Migrants showed higher rates of anxiety symptoms and empathy alterations. Even if suicide rates between migrants and natives were similar, accurate assessment of suicidal risk in migrants is crucial in improving suicide prevention strategies. Suicide risk evaluation in migrants should consider the application of ITS. For an appropriate clinical evaluation of the migrant patients, anxiety dimensions and autistic traits should be investigated.

Disclosure of Interest: None Declared

EPV0611

Between Delusions and Borders: Diagnosing Delusional Disorder in Migratory Contexts

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Introduction: The mental health of immigrants is a significant, yet often overlooked, aspect of public health. This case study highlights the intersection of migration and mental health, focusing on a patient with delusional disorder. It is particularly relevant for psychiatrists due to the unique challenges in diagnosing and treating mental health conditions in migrant populations, who often face cultural, linguistic, and systemic barriers in accessing care.

Objectives: The primary objective of this case study is to elucidate the diagnostic and clinical challenges encountered in managing delusional disorder in a migrant patient. The case study presented aims to provide insights into how delusional beliefs can precipitate and perpetuate the process of migration.

Methods: The case study was developed through comprehensive psychiatric interviews during the patient's stay in a Psychiatric Inpatient Unit, supplemented by a targeted literature review on PubMed using "delusion disorder" and "immigration" as keywords.

Results: The patient, a 44-year-old Indian male, was a functional young adult until 2007 when he began exhibiting symptoms of delusional disorder. His delusions progressively evolved from local scenarios to national and eventually to a global scale. The initial delusions were focused on personal and professional conspiracies within his home country, leading to his first internal migration. As the condition worsened, his delusions expanded, fueling a belief in a widespread conspiracy that transcended national borders. This escalation of delusional beliefs became the primary motivation for the patient's international migration. He changed countries four times, each move driven by an attempt to escape the perceived threats and conspiracies associated with his delusional disorder. The patient's journey through various countries was a direct result of the intensifying nature of his condition.

Conclusions: This case study accentuates the profound impact that a delusional disorder can have as a driver and catalyst of international migration, influencing the individual's decision-making process and shaping the migratory experiences. It emphasizes the necessity for psychiatrists to consider the unique socio-cultural contexts of migrant patients in diagnosis and treatment. The case study advocates for a comprehensive treatment approach, integrating psychiatric care with a nuanced understanding of the migrant's experiences and challenges. This multifaceted approach is crucial in addressing the complex needs of patients with delusional disorder in migrant populations.

Disclosure of Interest: None Declared

EPV0612

Sociodemographic and clinical profile of immigrants hospitalized in psychiatric facilities in Tunisia

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Introduction: In an increasingly interconnected world, migration has become a defining characteristic of the 21st century. While immigration offers new beginnings and prospects, it also presents unique challenges, particularly concerning mental health.

The experience of migrating can exert pressure on mental health through factors such as acculturation stress, discrimination, and economic hardships. These challenges can, in turn, contribute to the development of mental health issues.

Objectives: To study the socio-demographic and clinical profile of immigrants hospitalized in the “C” psychiatry department, Hedi Chaker Hospital, in Sfax, Tunisia.

Methods: We conducted a retrospective descriptive study of immigrants hospitalized in the psychiatry department “C”, Hedi Chaker Hospital, Sfax Tunisia from 2011 to 2023. Socioeconomic data and clinical profiles of immigrants were collected from archived files.

Results: The total number of immigrants hospitalized during these 12 years was 32, with an average age of 28.81 years \pm 7.8 years, all of them were males, as the psychiatric department “C” only hospitalizes men.

All were of African origin, of whom 21.9% (n=7) had Libyan nationality, 15.6% (n=5) had Somali nationality and 12.5% (n=4) had Sudanese nationality. Communication with them was possible in 87.5% of cases, primarily through the native Arabic language in 56.3% of instances. Illegal immigration was the most prevalent form, accounting for 75% of cases. During the immigration process, 18.8% of individuals reported experiencing violence.”

The majority of hospitalized immigrants were single (71.9%), had a primary school education (37.5%), a low socio-economic level (81.3%), and no profession (59.4%). 21.9% of them had received social assistance, and 59.4% lived in a refugee camp. Psychoactive substance consumption was reported by 53.1% of our study population.

Regarding the clinical profile of the population, 21.9% had a history of somatic conditions, 43.8% had a psychiatric history, including 9.4% who had attempted suicide, and 34.4% who had experienced traumatic events since arriving in Tunisia. The primary reason for hospitalization was behavioral disorders in 71.9% of cases and suicide attempts in 15.6%. The most prevalent diagnoses were schizophrenia (50%), and bipolar disorder (18.8%). Upon discharge, 15.6% encountered administrative issues.

Conclusions: Hospitalized immigrants exhibit diverse socio-demographic and clinical profiles. These findings underscore the significance of acquiring a deeper understanding of the mental health needs and existing barriers to healthcare within various immigrant communities. This is particularly crucial as immigration continues to be a central focus in Tunisia’s public policies and discussions.

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EPV0613

War and Migration – when Mental Health is left behind

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Introduction: Wars and armed conflicts are known to have devastating consequences for both physical and mental health of all the people involved. Studies have shown that conflict situations cause more mortality and disability than any major disease and, among

the consequences of war, the impact on mental health of the civilian population is one of the most significant.

Forced migration, compelling people to become internally displaced or refugees who have fled to other countries, is responsible for additional physical and mental health problems. Regardless of the reasons for migration, the process itself can be a highly stressful life event, leading to a higher risk of psychiatric disorders. Refugees are particularly susceptible to mood and anxiety disorders, whose prevalence rates is almost twice as high as those found among non-refugee migrants.

Objectives: Since 2022, with the progression of the conflict between Russia and Ukraine, and the establishment of a real war scenario, many Ukrainians were forced to leave their homeland, to ensure their survival and security. In Europe, many countries took in Ukrainian refugees and Portugal was no exception.

In the Psychiatry Inpatient Service of University Hospital Center of São João, there were admissions of Ukrainian refugees who already had a known mental disease - at that time decompensated - and also new cases, to date without follow-up by the specialty.

Methods: In this work, we will carry out a bibliographical review on the impact of war and migration on mental health and the potential of proper medical approach, based on articles indexed in Pubmed, in the last 10 years.

Furthermore, we will present the cases of war refugees interned in our service between January 2022 and December 2023.

Results: We will describe the psychopathological features and also the sociofamilial circumstances of these patients, as well as explain the intervention and longitudinal support developed in these cases.

Conclusions: As a conclusion, we point out the importance of approaching mental illness in light of the individual’s context, knowing that this context may contain the problem and also the solution. War and forced migration bring increased challenges to psychiatry and, in an increasingly globalized society, geographical, linguistic or cultural barriers cannot impose limits on our best and most appropriate medical treatment.

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EPV0614

A Bibliometric Analysis of Refugee Health Publications in the Nursing Field by Visual Mapping Method

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Introduction: Millions of people worldwide are forced to migrate to another country and nurses are the key professional for providing necessary health care to this population. Providing nursing care to refugees or immigrants requires diverse transcultural professional competencies based on standardized guidelines.

Objectives: This study was aimed to examine the bibliographic characteristics of quantitative studies conducted on refugees in the nursing field.

Methods: The data were obtained from articles scanned in the Web of Science Core Collection database. The 1672 articles that were published between 1980-and 2023 and met the inclusion criteria were analyzed using VOSviewer and Microsoft 365 Excel software. The PRISMA 2020 Checklist was used for reporting.