

system ( $p=0.005$ ) and the impression by the model of other doctors who left Tunisia ( $p=0.01$ ).

**Conclusions:** The rate of migration intentions expressed in this study highlights the emergent need of interventions emanating from the Tunisian health-care system's problems in order to stop the flow of young doctors towards developed countries in quest of better conditions.

**Disclosure:** No significant relationships.

**Keywords:** causes; immigration; young doctors

## EPV0879

### Insomnia and the role of postmigration stress among Syrian refugees

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doi: 10.1192/j.eurpsy.2022.1625

**Introduction:** Research on the prevalence of and risk factors for insomnia among refugee populations is limited and tends to focus on pre-migratory trauma. Yet, post migratory stressors are just as important for mental health and may also relate to insomnia.

**Objectives:** Objective: To determine the association between different post-migration stressors and insomnia among Syrian refugees living in Norway.

**Methods:** We used data from the REUFGE study, a cross-sectional survey with 902 Syrian refugees who arrived in Norway between 2015 and 2017. Insomnia was measured with the Bergen Insomnia Scale and post-migrant stress with the Refugee Post-Migration Stress Scale (RPMS). We applied logistic regression analyses to investigate the association between seven different postmigration stressors and insomnia after controlling for demographics, traumatic experiences and post traumatic stress symptoms.

**Results:** Of the 873 participants who completed questions on insomnia, 515 (41%) reported insomnia. There was no significant difference between men and women. The most commonly reported postmigration stressors were *Competency Strain* [SML1], *Family and Home Concerns*, and *Loss of Home Country*. After controlling for demographics, traumatic experiences and post-traumatic stress symptoms, *Financial Strain*, *Loss of Home Country*, *Family and Home Concerns* and *Social Strain* were still associated with higher odds of insomnia.

**Conclusions:** Resettlement difficulties are related to poorer sleep among refugees. Measures to improve the social conditions and financial concerns of refugees in receiving countries could potentially reduce insomnia among refugees which in turn, may benefit mental and physical health.

**Disclosure:** No significant relationships.

**Keywords:** Refugees; Insomnia; Postmigration stress; Forced migration

## EPV0880

### Equality in healthcare: transcultural psychiatry

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doi: 10.1192/j.eurpsy.2022.1626

**Introduction:** Migratory flows are increasing more and more, especially regarding the refugee crisis during the last years. There are around 86,7 million migrants in Europe. Migrants share similar experiences that may affect their physical and mental health, such as loss of a social network, lack of economical support or high levels of stress and discrimination.

**Objectives:** To analyze the obstacles that migrants must face to obtain a mental health assistance and the importance of an intercultural approach.

**Methods:** A narrative review of the existing literature on the subject.  
**Results:** Although there exists evidence that shows that migrants tend to have more health needs, they usually seek less medical advice and receive a poor-quality attention, fulfilling the inverse-care law. This is due to several reasons. Many migrants are excluded of the health care system due to bureaucratic impediments. Also, the language has a determining role, since a higher quality of communication could lead to a better understanding of the symptoms, reducing the risk of erroneous evaluations. Besides, different background and culture between the patient and the doctor can result in lack of communication, mistrust, mistreatment, poor adherence, and worse prognosis.

**Conclusions:** Despite the exponential growth of migration in the last decade and the continue progression, migrants still face many barriers to receive healthcare. It is necessary to do more research on the mental health of migrants and ethnic minorities to ensure quality care to different cultures.

**Disclosure:** No significant relationships.

**Keywords:** migrants; transcultural; mental healthcare

## EPV0881

### Cultural syndromes in the era of globalization.

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doi: 10.1192/j.eurpsy.2022.1627

**Introduction:** Cultural syndromes are pathologies that cannot be understood outside the cultural or subcultural context of the person who suffers from it, since both their etiology and symptoms are symbolized by the patient and by the environment in fields of significance inherent to their culture. The globalization process in which we are involved affects the presentation, understanding, diagnosis and treatment of cultural syndromes as they were traditionally understood.

**Objectives:** The objective of this work is to review the current state of cultural syndromes, the evolution of incidence and prevalence in recent years, as well as whether the globalization process has affected their understanding.

**Methods:** A bibliographic review has been carried out on cultural syndromes and case reports in both endemic and foreign populations. Likewise, a reflection is made on the possible evolution of these syndromes.

**Results:** Globalization has been understood as a natural process of integration of nations and their cultures, incorporating the diversity and specificity of the other without forgetting their own and traditional characteristics. Within the globalization process,

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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doi: 10.1192/j.eurpsy.2022.1628

**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 is 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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doi: 10.1192/j.eurpsy.2022.1629

**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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doi: 10.1192/j.eurpsy.2022.1630

**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.