

EPV0581

Psychiatric admission among migrants: a retrospective study in acute psychiatric ward in Bologna, Italy

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doi: 10.1192/j.eurpsy.2022.1400

Introduction: Numerous evidences point out how migrants use health services differently than the natives. Migrants turn more frequently to the ED for psychiatric problems and less to territorial psychiatric services than the native population. Other differences can be found in terms of diagnosis, type of discharge, type of hospitalization.

Objectives: Our study has the objective of evaluating the incidence of psychiatric hospitalizations of migrant patients compared to natives in a well-defined area of the metropolitan city of Bologna and evaluate the effect of the Covid 19 pandemic on the incidence of psychiatric hospitalizations among migrants and on their clinical characteristics.

Methods: The study conducted is of an observational and retrospective type on migrant and native patients admitted to the psychiatric unit "SPDC-Malpighi" of the DSM-DP of Bologna AUSL between 01/01/2018 and 31/12/2020.

Results: Migrants were more likely to be admitted via ED and less likely to be referred from a CMHC or from non-psychiatric hospital unit compared with natives. Most migrants were discharged at home while natives more frequently chose to self-discharge. With regard to diagnosis, migrants were more likely to be admitted due to a SSD, while natives were more likely to be diagnosed with a MD or SUD.

Conclusions: We confirm the presence of differences in access to care, type of discharge and type of diagnosis between migrants and natives. Further studies to investigate changes in pre and post Covid admissions in migrants would be needed.

Disclosure: No significant relationships.

Keywords: migration; psychiatry admissions; cultural psychiatry

EPV0580

Rationality and suicide, cultural context and mental illness – tenuous limits: about a clinical case

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doi: 10.1192/j.eurpsy.2022.1401

Introduction: Suicide results from a complex interaction between biological, genetic, psychological, sociological, cultural and environmental factors. The frequency of suicide among psychiatric pathologies is quite variable, with depression accounting for 45% to 70% of suicides. The association of suicide with the existence of mental illness is not consensual, with reports of rational suicides in

2% to 9% of suicide cases. It is unquestionable that the awareness of the lived experience limits the person's condition to what it is.

Objectives: To describe a clinical case on the subject and discuss the influence of cultural context in suicide.

Methods: The authors describe a case of a patient hospitalized in Psychiatry, after a suicide attempt and a consummated suicide by his wife.

Results: The patient and his wife lived their entire lives as hermits. Although no acute psychopathology was found in the patient to justify the act, such as psychotic or depressive symptoms, dysfunctional personality traits were found, which translated into an attitude of superiority, requirement of subservience, hostility when contradicted and breaches of basic rules.

Conclusions: Taking into account what has been described, the authors discuss the influence of personality on the patient's life choices and on the decision that led to the suicide attempt, as well as the suicide of his wife. A reflection is made on whether suicide can be completely independent of mental illness or whether, even in cases where rationality seems to be the causal factor, personality dysfunctionality and a profound influence of the cultural context, are present or not.

Disclosure: No significant relationships.

Keywords: Rational suicide; Cultural; Suicide; mental illness

EPV0581

Cultural competence of mental health professionals

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doi: 10.1192/j.eurpsy.2022.1402

Introduction: Societies nowadays, including Greece, are usually multicultural. Health professionals should therefore be properly trained to consider patients' beliefs, attitudes and particular needs depending on their different cultural background.

Objectives: To identify the features that the culturally competent professional should have in order to understand better the nature of cultural competence and its importance to mental health professionals in early intervention of immigrants' mental health problems.

Methods: A literature review has been made through PubMed database.

Results: The development of cultural competence is a continuous process. Culturally competent professionals should have the following features: a) Understand the concept of culture and the way individuals' cultural background affect their feelings and their intercultural interactions. b) Choose appropriate collaboration strategies with people from different cultural backgrounds. c) Accept diversity and respect patients' differences, demands and choices without criticism while providing them the proper care. d) Be fair and take care of all patients without any distinction regardless of the language they speak. e) Familiarize themselves with issues related to mental health and illness and encourage patients to explain how their illness affects their lives. Culturally competent mental healthcare professionals should seek more than the provision of caring without prejudice. They should respect the positive contribution of cultural origin and identity to people's well-being, learn their life stories and develop a relationship of trust with each patient separately.

Conclusions: Cultural competence might help mental health professionals to understand and provide adequate services with respect to patients who come from a different cultural background.

Disclosure: No significant relationships.

Keywords: immigrants; Cultural competence; mental health professionals

EPV0582

Psychedelic-Assisted Psychotherapy: When Two Traditions Meet

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doi: 10.1192/j.eurpsy.2022.1403

Introduction: After a long moratorium since the Controlled Substances Act was passed in 1970, there has been a resurgence of research on the potential therapeutic benefits of psychedelic (PE) compounds. It has been widely believed that the PE effect is a result of the interaction between the drug and the mindset of the patient (the “set”) with the external physical and social conditions (the “setting”). In order to control non-pharmacological variables and improve therapeutic outcome two types of psychological approaches to PE use have emerged traditionally. One is based on psychoanalytically informed talk therapy with low to moderate doses of a PE agent with the goal of facilitating a discharge of emotionally charged mental contents (psycholytic therapy). The other used one or several high doses of a PE to create an “overwhelming experience,” which was then followed up in integrative sessions (psychedelic therapy).

Objectives: Currently, it is unclear which one is better than another, these two methods are frequently mixed, and all-together carry the name of psychedelic-assisted psychotherapy. There has also been some discrepancy about what is the right “set” and “setting”.

Methods: To add some anchor points for (and at the same time warn about the limitations of) the reemerging field of psychedelic-assisted psychotherapy the authors refer to anthropological observations in cultures, where PE use has a long practice historically.

Results: As part of healing ceremonials PE has usually been administered in a tight community with shared cosmology (“set”) and ritual context (“setting”).

Conclusions: These are difficult-to-reach conditions for someone coming from Western tradition.

Disclosure: No significant relationships.

Keywords: anthropology; psychedelics; Cultural diversity; Psychotherapy

EPV0583

Pastoral psychiatry – towards new understanding

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doi: 10.1192/j.eurpsy.2022.1404

Introduction: Cultural psychiatry is an area of psychiatry that has been growing in importance recently. According to the new

definition, mental health requires harmony with the universal values of society (Galderisi et al., 2017). Faith is considered an important factor in culture. Theology can enable a better understanding of psychiatric problems and distinction between spiritual and mental issues. “Pastoral theology aims at constructing models of redeeming activity of the Church which are current in these days, and will be current in the nearest future” (Przygoda, 2013). This discipline must recognize and evaluate the impact of contemporary sciences, including psychiatry, on theology and ecclesiastical activity.

Objectives: This study aims to prepare a modern concept of pastoral psychiatry, which will be used to prepare a textbook, teaching aids and teaching plan for this discipline.

Methods: Textbooks and articles in psychiatry, psychology and related disciplines, and pastoral theology monographs were analyzed. This was followed by the conceptualization of areas of interest and methodological standards.

Results: Textbooks on this problem were published several decades ago (Gabriel, 1933; Bless, 1949; Polish edition issued in 1980, translated with amendments by Kaczmarek). Since then, knowledge has advanced considerably. Textbooks of psychiatry and psychology only selectively consider the Christian perspective.

Conclusions: “Pastoral Psychiatry” should be helpful for priests, theologians, believers, doctors, psychologists. It requires the work of authors with theological and psychiatric competence. It will create ways of agreement, facilitate understanding of different perspectives, increase competence: theologians, priests – to better understand modern psychiatry; psychiatrists, psychologists – to better help religious patients.

Disclosure: No significant relationships.

Keywords: religion; culture; pastoral psychiatry

EPV0584

Study for revision of Hwa-Byung Scale: The Delphi Method

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doi: 10.1192/j.eurpsy.2022.1405

Introduction: Hwa-Byung is a mental syndrome classified as a “cultural-related syndrome” which reflects the cultural characteristics of Korea in DSM-IV. Hwa-Byung is caused by anger, which is characterized by feelings of anger or resent about unreasonable social violence and trauma. Kwon et al (2008) had developed self-report measure to assess severity of Hwa-Byung but it has several limitations to use in current clinical settings. Therefore, we investigated opinions of experts who have professionalism in giving treatment of Hwa-Byung patients in the clinical settings.

Objectives: The present study aimed to reach consent of oriental neuropsychiatrists’ opinions about the direction of revision of the Hwa-Byung scale.

Methods: The Delphi method is a survey method that induces people to freely present their opinions without face-to-face processes and reaches consent through continuous feedback of survey results while ensuring anonymity. The Consensus Panel consists of 16 experts who are Oriental neuropsychiatrists and