

stressful life events she developed psychotic symptoms - messianic and persecutory delusions, with visual and auditory hallucinations.

**Conclusions:** There is an increased risk of psychosis among migrant population that is well documented. This is even the main risk factor with the exception of a family history of psychosis. The risk can be explained by socio-demographic and psychological features, factors involving the migration process, and socio-occupational environment in the host country. A socio-developmental-cognitive model theorize how exposure to a stressful environment and social defeat interacts with underlying genetic risk to create an enduring liability to psychosis. These findings can help in important decisions about mental health resources and accessibility, including protocols to identify and treat migrants at higher risk of mental diseases.

**Disclosure:** No significant relationships.

**Keywords:** socio-developmental-cognitive model; acculturation; psychosis; migrants

### EPV0379

#### Dhat syndrome: A case report on a culture-bound challenge

L. Ilzarbe<sup>1\*</sup>, D. Ilzarbe<sup>2,3</sup>, N. Arbelo<sup>1</sup>, C. Llach<sup>1</sup>, G. Anmella<sup>4</sup>, E. Vieta<sup>4</sup> and A. Murru<sup>4</sup>

<sup>1</sup>Department Of Psychiatry And Psychology, Institute Of Neuroscience, Hospital Clinic de Barcelona, Barcelona, Spain;

<sup>2</sup>Department Of Child And Adolescent Psychiatry And Psychology, Idibaps, University Of Barcelona, Hospital Clínic de Barcelona, Barcelona, Spain; <sup>3</sup>Department Of Child And Adolescent Psychiatry, King's College London, London, United Kingdom and <sup>4</sup>Bipolar And Depressive Disorders Unit, Idibaps Cibersam, Hospital Clinic, University Of Barcelona, Hospital Clínic de Barcelona, Barcelona, Spain

\*Corresponding author.

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**Introduction:** Dhat Syndrome is a culture-bound entity frequent in the Indian subcontinent. It is characterized by somatic symptoms, together with depressive and anxiety features, specifically focused on the belief of losing semen through urine<sup>1</sup>.

**Objectives:** To describe an atypical Dhat Syndrome case in European cultural context, and to determine the appropriate diagnostic frame and subsequent therapeutic approach.

**Methods:** We present the case of a 37-year-old Indian man attended in our psychiatric outpatient unit mainly due to somatic complaints (gastrointestinal, sexual dysfunction, weakness, and dizziness). He interpreted his problem as possibly due to diabetes and hypothyroidism, and specifically from sugar loss in urine. Organic diseases were excluded.

**Results:** Although considered as culture-bound, Dhat syndrome has been classified as a subtype of depression, anxiety disorder, somatoform disorder<sup>2,3,4</sup>, and even a prodromal phase of schizophrenia<sup>5</sup>. Antidepressants and benzodiazepines are the most recommended pharmacological treatments<sup>1</sup>. Antipsychotic agents have been used when clear psychotic symptoms were present (auditory hallucinations, delusions)<sup>5</sup>. Nonetheless, paliperidone 6mg/d was initiated at baseline, with good response and partial remission of the symptoms at two weeks, despite the absence of clear psychotic features. Culturally-informed cognitive-

behavioural therapy, as well as sexual education could be beneficial were planned and initiated<sup>1</sup>.

**Conclusions:** Data on Dhat Syndrome is scarce, yet agreement exist in considering the cultural context of the patient to avoid diagnostic delays. The adequate treatment remains uncertain. Antipsychotics may be a potential treatment. Further research is necessary to clarify the nature of this syndrome but European clinicians must be aware of culturally-mediated psychiatric manifestations which are increasingly prevalent due to globalization.

**Disclosure:** No significant relationships.

**Keywords:** Culture; dhat syndrome; transcultural psychiatry; Migration

### EPV0382

#### Impact of initial health assessment and crisis counselling for newly arrived Asylum seekers

P. Uwamaliya\*

Faculty Of Health, Liverpool John Moores University, LIVERPOOL, United Kingdom

\*Corresponding author.

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**Introduction:** Evaluate the impact of the initial health assessment service for asylum seekers provided by the Asylum Practice Service.

**Objectives:** Examine the inputs of Asylum practice service to asylum seekers. Investigate the activities and outputs of the Asylum practice service. Identify the outcomes of Asylum practice service to asylum seekers. Assess the impact of Asylum practice service to asylum seekers.

**Methods:** The conceptual framework for measuring impact at the asylum practice service was based on a Logic Model to engage stakeholders and service users in order to evaluate the impact of services provided by the service. Also the Refugee Health Screener – 15 (RHS15) was used to screen the emotional distress/trauma to identify those individuals who would benefit from further mental health evaluation and treatment. Both quantitative and qualitative data were used to articulate and evidence social value performance and to tell the story of change created.

**Results:** The study shows that newly arrived asylum seekers benefit from the services of asylum practice, even though the impact could be marginal in some cases.

**Conclusions:** There is a need to revisit the current Initial Health Assessment tool, as in its current form, vital information on the causes of trauma such as rape, torture, human trafficking, and witnessing the death of parents, child, and close relatives which may underpin mental health problems, may not be captured, thus preventing access to appropriate interventions.

**Disclosure:** No significant relationships.

**Keywords:** Asylum seeker; mental health; Migration; Crisis Counselling

### EPV0383

#### Comparison of developmental trauma between immigrant and non-immigrant psychotic patients

A. Trabsa<sup>1\*</sup>, A. Llimona<sup>2</sup>, L. Vargas<sup>2</sup>, F. Casanovas<sup>3</sup>, M. Martín<sup>3</sup>, A. Valiente<sup>3</sup>, A. Moreno<sup>3</sup>, B. Amann<sup>3</sup> and V. Pérez-Solà<sup>3</sup>

<sup>1</sup>Psychiatry And Legal Medicine, Autonomous University of Barcelona, Barcelona, Spain; <sup>2</sup>Inad-parc De Salut Mar, Hospital del Mar, Barcelona, Spain and <sup>3</sup>Institut De Neuropsiquiatria I Addiccions (inad), Hospital del Mar, Barcelona, Spain

\*Corresponding author.

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**Introduction:** Meta-analytic evidence suggests that migrants have higher risk for psychotic disorders. Likewise, growing evidence relate developmental trauma (emotional, sexual, physical abuse and neglect in childhood or adolescence) as a causal factor for psychotic symptoms. However, few studies examine developmental trauma in migrant populations.

**Objectives:** The aim of this study is to describe and compare developmental trauma exposure prevalence between immigrant and non-immigrant psychotic patients in Barcelona.

**Methods:** Patients who have presented, according DSM-V criteria, one or more non-affective psychotic episodes, were recruited in Acute and Chronic inpatients units at Hospital del Mar (Barcelona), leading to a total sample of 77 patients. Demographic characteristics of patients, clinical data and main pharmacological treatment were recorded through a questionnaire. Developmental trauma exposure was assessed by Childhood Trauma Questionnaire (CTQ). Comparative analysis was performed with IBM SPSS using Chi-Square Test and t-Student test.

**Results:** From a total of 77 patients, 43 were immigrants and 34 were non-immigrants. Exposure to traumatic events showed significant differences between immigrants and non-immigrant in Child emotional abuse (64,4% immigrants, 35,3% non-immigrant), Child physical abuse (51,2% immigrants, 14,7% non-immigrant), Child Sexual Abuse (41,9% immigrants, 11,8% non-immigrant) and physical neglect (62,8% immigrants, 26,5% non-immigrant). Emotional neglect exposure was no significant between both groups. Total mean CTQ score was 37,53 in immigrants group and 52,60 in non-immigrant group.

**Conclusions:** According to our results, there are important and significant differences in developmental trauma exposure between immigrant and non-immigrant psychotic patients. These results should be considered by clinicians in order to design assessment program for this population.

**Disclosure:** No significant relationships.

**Keywords:** transcultural psychiatry; trauma; psychosis; migration psychiatry

## EPV0384

### Migration: A risk factor for psychosis?

E. Spaho<sup>1</sup>, V. Alikaj<sup>1,2</sup>, E. Dashi<sup>1\*</sup> and V. Skendi<sup>1</sup>

<sup>1</sup>Department Of Neuroscience, University Hospital Center "Mother Theresa", Tirane, Albania and <sup>2</sup>Faculty Of Medicine, Tirana Medical University Albania, Tirane, Albania

\*Corresponding author.

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**Introduction:** Emigration is a complex process of social changing through which an individual moves from a certain cultural environment/context to another, aiming to achieve persistent or long-term residency, causing distress. There is sustainable evidence that incidence of all forms of psychosis is higher in migrants.

**Objectives:** This study aims to gather data of other research conducted in the field according to emigration as a risk factor for development of different psychosis.

**Methods:** Scientific articles searched in MEDLINE, regarding the incidence of mental disorders in different emigrant populations, for the period 1995 - 2015.

**Results:** The average relative risk of schizophrenia and of other psychosis occurrence among first generation emigrants was 2.7 (95% confidence interval [CI]=2.3-3.2). Statistical analysis performed among studies of first and second generation of emigrants, and among studies which don't make difference between generations, results in a relative risk of 2.9 (95% CI=2.5-3.4) of mental illness.

**Conclusions:** The data presented in this study emphasize the impact of migration on central symptoms of schizophrenia. Emigration process, cultural and social adaptation, play an important role on the individual mental health.

**Disclosure:** No significant relationships.

**Keywords:** Risk factors; psychosis; schizophrenia; Migration

## EPV0388

### Roles of trait resilience, flexibility, and volitional self-control in social adaptation: An fMRI study

S. Tei<sup>1,2,3\*</sup> and J. Fujino<sup>1,4</sup>

<sup>1</sup>Department Of Psychiatry, Kyoto University, Kyoto, Japan; <sup>2</sup>Institute Of Applied Brain Sciences, Waseda University, Saitama, Japan; <sup>3</sup>School Of Human And Social Sciences, Tokyo International University, Saitama, Japan and <sup>4</sup>Department Of Psychiatry And Behavioral Sciences, Tokyo Medical and Dental University, Tokyo, Japan

\*Corresponding author.

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**Introduction:** Resilience and cognitive flexibility are considered as pre-adaptive traits that help individuals to deal with environmental and social distress. Although they may alleviate emotional impulses and/or support volitional self-control (VSC), these cognitive mechanisms remain insufficiently explored.

**Objectives:** To better understand resilience and flexibility, we built a mechanistic framework to explain variations in socially adaptive responses under distressing situations (cooperation dilemma) using economic and social decision-making paradigms.

**Methods:** Twenty-four university students (7 females) were enrolled. We used ego-resiliency (ER) and Machiavellian (Mach) questionnaires to measure resilience and flexibility, and applied third-party punishment (TPP) and ultimatum game (UG), as well as moral dilemma (MD) tasks to derive VSC-associated brain activity using 3T-functional magnetic resonance imaging. Mediation analysis was used to investigate whether these pre-adaptive trait levels explain cooperative decision-making (invested sum in TPP and acceptance rate of unfair offers in UG), together with VSC-associated brain activity during MD. The regions of interest included the orbitofrontal cortex (OFC), dorsolateral prefrontal cortex (DLPFC), and temporoparietal junction (TPJ).

**Results:** Pre-adaptive traits were a statistically significant mediator for two different models. There was an indirect effect of 1) ER on the relationship between OFC activity strength and TPP scores, and 2) Mach on the relationship between DLPFC/TPJ and UG ( $p < 0.05$ ).