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Racism and the Social Defeat Hypothesis of PsychosisJ.-P. Selten^{1*} and F. Termorshuizen²¹Maastricht University, School For Mental Health And Neuroscience, Maastricht, Netherlands and ²GGZ Rivierduinen, Fact-teams, Leiden, Netherlands

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doi: 10.1192/j.eurpsy.2022.119

Introduction: The social defeat hypothesis of psychosis posits that an outsider status or subordinate position is a common denominator of several psychosis risk factors, leads to elevated striatal dopamine function and thereby to an increased risk for the disorder. The purpose of this paper is to examine whether this hypothesis offers a good explanation for the increased psychosis risk for migrants from developing countries. Method: Review of literature. Results: The outsider status and subordinate position of many migrants from developing countries in Europe, and of Africans in particular, is evident. It is also clear that racism contributes to this situation. An interpretation of racism as psychotogenic is supported by findings of increased risks for other discriminated groups, such as homosexuals, individuals with a low IQ or a hearing impairment. The single study that examined dopamine function in migrants reported indeed elevated stress-induced dopamine release and dopamine synthesis capacity (Egerton et al., 2017). Recently, we examined the time course of the RR of treatment for psychosis for all migrants to the Netherlands (Termorshuizen & Selten, submitted). Contrary to our expectations, the RR for migrants from sub-Saharan Africa was already increased in the year of arrival (RR=2.5; 2.0-3.1), particularly for those aged 10-20 years (RR=6.1; 2.9-12.6). Conclusion: The social defeat hypothesis accords well with a psychotogenic effect of racism, but replications of the dopamine study are needed. The finding of an increased risk for Africans in the year of arrival suggests that racism is not the single cause of their increased risk.

Disclosure: No significant relationships.**Forensic Aspects in Old Age Psychiatry**

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Relevant topics in Geriatric Forensic Psychiatry.

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doi: 10.1192/j.eurpsy.2022.120

Aging persons can become involved in the criminal justice system, more commonly as victims but also as offenders. They are a growing group of interest in forensic psychiatry, due to the ageing of the population. Moreover, they are overrepresented in long-stay facilities. Forensic psychiatrists may be asked to evaluate elderly individuals whose behaviour has become problematic to their families, caregivers, or third parties. We will focus here on problematic behaviors in elderly people, particularly disinhibition, agitation and aggression, and criminal behaviour and the incarcerated elderly. Forensic psychiatric assessment with new-onset criminal behaviour

require special inquiries regarding criminal responsibility or competency to stand trial. Little research is available regarding criminal behaviour in elderly persons in correctional settings. In this paper a forensic-psychiatric expert report will illustrate these topics.

Disclosure: No significant relationships.**Keywords:** disinhibition; criminal behaviour; old age; forensic

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Old Age Psychiatry and Prison.V. Tort^{1*}, J. Perez-Pazos¹, E. Perez-Sanchez¹, J.M. De Gomar-Malia¹ and M. Peraire-Miralles²¹Parc Sanitari Sant Joan de Deu, Forensic Psychiatry, Sant Esteve Sesrovires, Spain and ²Hospital de Castelló, Forensic Psychiatry, Castello, Spain

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doi: 10.1192/j.eurpsy.2022.121

Old age population is growing steadily during last decades (WHO 2017). Old population suffer from more morbidity including mental disorders (De Lorito,2018). This fact also applies for prison population (Yortons 2006) and in the lasts years has been an increasing interest for this topicThe aging of the world population is reflected in the penitentiary setting, with a progressive increase of elderly inmates. These prisoners present complex clinical processes with multiple comorbidities, requiring a specialized approach. In the 2020, the old age population in prison (considered over 60 years old) is around 5% in Catalonia (377 inmates,), same proportion (5%) in Spain.If we consider the cut-off point 50 y.o. (as other research) the proportion is 12% Our aims are to describe sociodemographical and clinical characteristics of old age inmates (over 50 y. o.) who required to be admitted to psychiatric unit in Catalan prisons between 2016 and 2020. The asample of this study will be around 150 inmates admitted in our unit. Elderly inmates present a high prevalence of substance abuse (especially alcohol), affective symptoms (depression) and cognitive deterioration. Likewise, is observed a significant presence of personality disorders, anxiety, post-traumatic disorders, psychotic disorders, and physical comorbidities. Prisoners over 50 have a different profile from the rest of the prison population. They suffer more physical and mental illnesses, so they require specific health and social approach. It would be advisable to adapt clinical care by optimizing resources, developing prison psychogeriatrics and establishing specific evaluation and treatment method

Disclosure: No significant relationships.**Keywords:** Prison; mental health; Old-age psychiatry; Inmates

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Homicide and Suicide in the Elderly.P. Zeppegno^{1*} and C.M. Gramaglia²¹Amedeo Avogadro University of Eastern Piedmont, Medicina Traslazionale, Novara, Italy and ²Università del Piemonte Orientale, Medicina Traslazionale, Novara, Italy

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doi: 10.1192/j.eurpsy.2022.122

Homicide and suicide are complex phenomena raising questions and interest which go far beyond the medical and psychiatric field, as they represent a challenge for an understanding which is, first of

all, human. In older adults, homicide and suicide may present together in the homicide-suicide phenomenon. The most common motive underlying this behavior in intimate partner relationships is the so-called “mercy killing”, where the perpetrator kills the partner to eventually allow relief from declining health conditions, and then commits suicide. Actually, older adults account for a disproportionately high number of suicide deaths and approximately 55% of late-life suicides are associated with physical illness, notwithstanding psychiatric comorbidity. Physical illness is more likely to eventually lead to suicidal behaviour when it represents a threaten for the individual’s independence, autonomy, self-esteem and dignity, and when it impacts on quality of and pleasure with life, sense of meaning, usefulness and purpose in life. As the current historical period is one marked by opportunities which have allowed a rapid increase of life expectancy and longevity, it clearly emerges the need to balance benefits and harms of curative and palliative therapies, especially for painful, terminal illnesses. The expression of suicidal thoughts in older adults, as well as behaviours suggesting “silent” or indirect suicidal attitudes, should be carefully investigated and clinicians should try to decode the possible communicative role of suicidal behaviour while avoiding premature conclusions about the “rationality” of patients’ decision to die.

Disclosure: No significant relationships.

Keywords: Suicide; Homicide; Older Adults; risk factors

Racism and Mental Health and the Role of Mental Health Professionals

S0070

Clarifying Definitions of „Race“, Racism, and Ethnocentrism

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doi: 10.1192/j.eurpsy.2022.123

Human beings need social group identities. These may be based on age, sex, gender and gender identity, ethnicity, religious beliefs, language, nationality and etc. In fact, in-group identities, collaborations and reference systems have positive effects on health / mental health. But, the problematic issue is the process of Othering and Dehumanization of the group designated to be the Other. Othering, rising from imagined or the expectation of generalized differences and used to distinguish groups of people as separate from the norm reinforces and maintains discrimination. Social power relations determine the stratification of ‘them’ and ‘us’. Whether a group is to be designated as the Other and labelled with prejudice will depend on the zeitgeist of the current dominant social power. Dehumanization created many tragedies via genocide, slavery, racism, sexism, and other intolerant forms of violence. Theories, generally termed as scientific racism of late 19th. & early 20th. centuries, times of colonialism, assumed that some races are inferior to others, and that differential treatment of races is consequently justified. Such approaches led to movements of unification / purification practices which cannot be legitimate and caused vast individual and institutional racial discrimination, human rights violations and violence. As a social determinant of health, racial discrimination and ethnocentrism, a powerful force that weakens

human relations, continue to afflict the health and mental health conditions of people. Albeit racial discrimination, peoples of the world also have a history of effective praxis of inclusive ways of solving conflicts of interests between in-groups and out-groups.

Disclosure: No significant relationships.

Keywords: mental health; Othering; Dehumanization; Racial Discrimination

Human Rights in Old Age

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Suicide in Old Age: a threaten to Human Rights?

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doi: 10.1192/j.eurpsy.2022.124

Mental health care remains a pillar of suicide prevention also in late, but the range of interventions should include attention to the many socio-environmental conditions that are relevant to this stage of life. Community programs that promote a sense of worthiness and belonging should be strongly encouraged in order to preserve personal identity and social integration. Loneliness has to be counteracted in its many facets and with vigour, given its multiple negative impacts. The fight against stigma and ageistic views - still deeply rooted even among health workers - should be carried out with determination. Active promotion of a culture of resilience and adaptation to different phases of life and the changes imposed by them should constitute the founding bases of all efforts aimed at promoting a successful aging process. Combating discrimination against older people, as well as promoting basic social determinants of health, would help prevent suicide. However, these issues are still very underrepresented in the global agenda of health care. While having an effective impact on the numerous forms of discrimination would require legal interventions by governments, fighting stigma would primarily involve education aimed at changing beliefs and attitudes. Promotion of human rights, with particular regard to protection against abandonment, abuse and violence - particularly deleterious aspects in old age - appears as essential for personal empowerment of older individuals. Once become more powerful, older people may become more capable of defending their interests in terms of quality of life and protection against risk factors for suicide.

Disclosure: No significant relationships.

Keywords: Suicide; late Life; old age; prevention

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Human Rights and Mental Health of Older Women

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doi: 10.1192/j.eurpsy.2022.125

Older persons represent a large, and the fastest growing, segment of the global population. Women form the majority of older persons with global demographic data consistently showing that women tend to live longer than men, especially at advanced ages. Older