European Psychiatry S633

Conclusions: Social inequalities in mental health may have an onset already in childhood, Therefore, future interventions should focus on reducing social inequalities in childhood in order to improve the mental health in young people.

**Disclosure:** No significant relationships.

**Keywords:** Low parental income; migrants; mental disorder;

Outpatient mental healthcare

### **EPV0875**

# Global world, global hospitals. Ethnic differences and psychotic symptoms presentation - a review

A. Lourenço\*, M. Ribeiro, M. Lemos, A. Duarte and A. Neves Centro Hospitalar Lisboa Norte, Psychiatry, Lisboa, Portugal \*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1622

Introduction: We live in a global world, where immigration is no longer just an escape, but also a demand and a desire. Globalization imposes the challenge of recognizing psychiatric illness in the most diverse of patients.

Objectives: To review the literature about the documentation of ethnic differences and the psychotic symptoms presentation.

**Methods:** We performed a MEDLINE search using the key words: ethnic differences and psychotic symptoms. We only included studies with full text published in English.

Results: Since the 1970s, some studies have shown that there are differences in the manifestation of psychiatric illness in ethnic minorities. Most recent studies confirm this statement, mainly with an increase in immigration in the 20th century, with the receiving countries having an increase in the number of cases of psychosis (affective and non-affective). Belonging to an ethnic minority increases the risk of psychotic symptoms and experiences, witch is related to the patients perception of discrimination, social differences, family separation and the stress associated with immigration. On the other hand, these groups also have less access to health care. Conclusions: Currently, professionals are more aware of the global world and what this implies in the manifestations of psychiatric illnesses. However, more studies will be needed to identify these natural differences. In this way, we will be able to help our patients anywhere and support their families.

**Disclosure:** No significant relationships.

**Keywords:** ethnic differences; psychotic symptoms

## **EPV0876**

# Role of migration in the development of a first episode of psychosis

R. Vaz\*, J. Martins, A. Costa, J. Brás, R. Sousa, E. Almeida, J. Abreu, D. Teixeira, A. Marques and N. Gil

Centro Hospitalar Tondela-Viseu, Departamento De Psiquiatria E Saúde Mental, Viseu, Portugal \*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1623

**Introduction:** Currently, there is scientific evidence supporting the relationship between socio-environmental factors and the onset of a first episode of psychosis (FEP). In this context, the phenomenon of migration, seen as a negative life experience, may become an

important risk factor in developing a psychotic disorder (PD). In Europe, the impact of this phenomenon is growing and, therefore, it's necessary to provide a proper answer to these individual's mental health problems.

Objectives: Identify which phases of this migration process are most important in the development of a FEP and what are the more significant socio-environmental factors in each phase.

Methods: Bibliographic research in Pubmed database using the terms "Migration" and "First Episode Psychosis".

Results: Research confirms that migrants have a 2 to 3-fold increased risk of developing a PD. This risk will be even higher in the refugee population. Pre- and post-migration factors demonstrated to be more important than factors related with the migration process itself. In the pre-migration phase highlight factors like the lower parental social class and a previous trauma. In the postmigration phase highlight factors like discrimination, social disadvantage and a mismatch between expectations and reality.

**Conclusions:** Literature is unanimous in considering migrant status as an independent risk factor for the development of FEP, possibly due to the outsider's role in society. Thus, despite the growing interest in Biological Psychiatry, this work demonstrates that socio-environmental factors are very preponderant in the development of these disorders and because of that further investigation is still necessary.

**Disclosure:** No significant relationships. Keywords: First Episode Psychosis; migration

#### **EPV0878**

# Immigration projects among young doctors in Tunisia: Prevalence, destinations and causes.

M. Ajmi<sup>1</sup>, M. Kahloul<sup>1</sup>\*, I. Kacem<sup>2</sup>, A. Chouchane<sup>2</sup>, S. Ben Mansour<sup>1</sup>, Y. Slama<sup>1</sup>, M. Hafsia<sup>3</sup>, M. Maoua<sup>2</sup>, N. Mrizak<sup>2</sup> and W. Naija<sup>1</sup>

<sup>1</sup>Sahloul Academic Hospital, University of medicine, "Ibn Al Jazzar", Sousse, Tunisia, Department Of Anesthesia And Intensive Care,, Sousse, Tunisia; <sup>2</sup>Farhat Hached Academic Hospital, Occupational Medicine, Sousse, Tunisia and <sup>3</sup>Sahloul Academic Hospital, 1- department Of Occupational Medicine, sousse, Tunisia \*Corresponding author. doi: 10.1192/j.eurpsy.2022.1624

**Introduction:** The shortage of doctors has become a worrying problem in Tunisia. It is influenced by the phenomenon of immigration which remains poorly studied despite its magnitude.

**Objectives:** To describe the migration intentions of Tunisian young doctors and to identify the associated factors that influence their decisions.

Methods: This is a cross-sectional, analytical survey conducted between January and June 2019. It included all young doctors practicing in academic hospitals of Sousse (Tunisia). Data collection was based on a standardized self-administered questionnaire. Results: A total of 182 valid questionnaires were collected. The median age was 26.9±2.5 years and the sex-ratio was 0.47. Immigration projects were reported by 38.5% of participants. The main destination was France (36.3%%). The main contributing factors were marital status (p<10-3), resident status (p=0.002), surgical specialty (p<10-3), personal dissatisfaction (p=0.003), underpayment (p<10-3), workload and difficult work conditions (p<10-3), lack of appropriate training (p<10-3), financial crisis and economic instability (p<10-3), lack of a clear strategy for the healthcare