

**Introduction:** Many studies showed an increased incidence of psychotic disorders (PD) among immigrants.

**Objectives:** Study the characteristics of patients suffering from PD and having immigration experience (IE) by comparing them to patients without IE.

**Methods:** A retrospective controlled study, involving 58 male patients having IE and suffering from PD (DSM 5) who were followed in the psychiatry department of Hedi Chaker University Hospital in Sfax (Tunisia), between January 2013 and December 2018. They were compared to 60 male patients suffering from PD who lack the IE. Samples were matched on age and socio-economic status. Data was collected from their medical records.

**Results:** The mean age was 36 years old. The countries of destination were almost European (65.5%). The most common PD were schizophrenia (62%) and schizoaffective disorder (19%). The use of psychoactive substances (PS) was noted in 55% of cases. The average time interval between the onset of the PD and immigration was 4,7 years. The mean age of the onset of PD was 27 years old. The mean age of PD onset was earlier among patients having IE (27 year old vs 28.5 year old,  $p=0.24$ ). The use of PS was significantly higher in these patients ( $p=0.04$ ).

**Conclusions:** Our study identified some of the features associated with PD that occur during an immigration experience such as the use of PS. Further studies should be conducted in collaboration with countries of destination of immigrants to clarify the relationship between immigration and PD.

**Keywords:** Psychotic disorders; immigration

## EPP0787

### Adverse childhood experiences and suicidal ideation among immigrants in Santiago, Chile

A. Errazuriz\*, D. Avello, S. Morales and R. Pino

Psychiatry, School Of Medicine, Pontificia Universidad Catolica de Chile, Santiago, Chile

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1087

**Introduction:** Understanding suicidal ideation and its association with childhood adversity is crucial for preventing suicide. Although the “healthy immigrant effect”, whereby immigrants are healthier than the native-born population, has been well documented across studies, little research has examined the presence of such effect on lifetime suicidal ideation (LSI) and its association to early adversity.

**Objectives:** The aim of this study was to compare the prevalence of LSI between the immigrant and native-born population in Chile and explore the association between childhood adversity and suicidal ideation in immigrants.

**Methods:** Data from two cross-sectional health surveys: the Santiago Immigrant Wellbeing Study (STRING,  $n=1,091$ ; 2019) and the Chilean National Health Survey (ENS2016,  $n=3,432$ ) were used. Each study used multistage probability sampling and estimates were weighted to approximate the distribution of demographic variables in each population. Outcomes included LSI measured by WHO-CIDI and an adapted version of the Adverse Childhood Experience Questionnaire. Multivariate logistic regression was employed.

**Results:** indicated that immigrants were less likely to report LSI compared with the native-born population. Moreover, male and female immigrants had lower risk of having SI than native-born counterparts. After controlling for socioeconomic status, social support, and health conditions, childhood adversities predicted

an increased risk of LSI in immigrants. No gender differences were found in the effects of childhood adversity on suicidal thoughts.

**Conclusions:** Findings confirm the presence of a healthy immigrant effect in LSI and support a life course perspective, highlighting the importance of assessing early life disadvantages to understand suicidal ideation among immigrants.

**Keywords:** immigrant; healthy immigrant effect; adverse childhood experiences; Suicidal ideation

## EPP0788

### Internally displaced persons and their mental health status

N. Maruta\*, T. Panko, V. Fedchenko and O. Semikina

Borderline Psychiatry, “Institute of Neurology, Psychiatry and Narcology of NAMS of Ukraine” SI, Kharkiv, Ukraine

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1088

**Introduction:** There are about 1.5 million internally displaced persons (IDPs) in Ukraine, which requires an assessment of their mental health.

**Objectives:** To develop a psychoeducational program aimed at informing about the clinical manifestations (markers of symptoms) of mental disorders, the possibilities of preventing their formation and options for action in conditions of the formation or exacerbation of a mental state.

**Methods:** 270 IDPs were examined. Methods: clinical-psychopathological, psychometric, statistical.

**Results:** Evaluation of the mental state of IDPs with symptoms of mental disorders (risk group (31.92%)) indicates the presence of various emotional disorders that formed individual syndromes – asthenic (41.18%), agrypnic (45.59%), somato-vegetative (30.88%), anxiety-depressive (20, 59%). The risk factors for the development of mental disorders in IDPs were identified - the older age is from 50 to 59 and the average age is from 40 to 49 years; lack of a complete family, lack of work, low level of social employment, lack of satisfactory living conditions, a significant decrease in the level of well-being, the preservation of the significance of factors of mental trauma, the presence of certain prenosological syndromes. The proposed psychoeducational program is built on the principle of thematic seminars with elements of social and psychological training.

**Conclusions:** The implementation of the program provides a comprehensive impact on the cognitive, emotional, psychophysiological, behavioral and social aspects of personality functioning.

**Keywords:** Internally displaced persons; psychoeducational program

## EPP0789

### Paloma center of expertise - a national support system for refugees' mental health

M. Rautiokoski<sup>1\*</sup>, J. Mäki-Opas<sup>2</sup>, L. Somersalo<sup>2</sup> and T. Halla<sup>3</sup>

<sup>1</sup>Psychiatry, Tampere University Hospital, Tampere, Finland;

<sup>2</sup>Equality And Inclusion Unit, Finnish Institute for Health and Welfare, Helsinki, Finland and <sup>3</sup>Mental Health Services, Tampere City, Tampere, Finland

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1089