

and language) probably unconsciously influence how the medical team treats this patient's case. Cultural social factors persistently present as barriers in clinical practice.

Conclusions: Race, language barriers and mental health diagnoses as well as other intersectional factors do have a great impact in the treatment patients receive. There is yet a lot to do when it comes to educating health professionals if we want to offer the best medical assistance.

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EPV0401

Psychopathology without Borders: Transcultural psychiatry and implications in clinical presentation and practice

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Introduction: Existing as an emerging topic in the field and undergoing constant evolution, Transcultural Psychiatry addresses how social and cultural factors influence mental illness. During the second half of the twentieth century, phenomena such as globalization, massive migrations and immigration, occurring in ever increasing frequency, continue to bring this topic to the forefront of discussion as challenges in the treatment of patients from varying cultural backgrounds emerge. Viewed from the biopsychosocial perspective, culture delineates a framework for the evaluation of various expressions of emotion and behaviour as well as defining the limits of what counts as disorder. As border restrictions are lifted, cases which present with these particularities are bound to increase, necessitating an increased attention to the influence that cultural and social factors play in the psychopathological clinical pictures which may present to the practitioner.

Objectives: The authors aim to briefly explore the concept of transcultural psychiatry and its importance in clinical presentation and practice with recourse to various clinical cases of international patients hospitalized in a Portuguese Psychiatry ward during a two-year period.

Methods: A brief non-systematized literature review was performed based on works most pertinent to the topic discussed. As a compliment to the topic, a discussion of various clinical cases of hospitalized international patients is presented.

Results: Culture has been demonstrated to contribute to psychopathological presentations in a variety of forms, solidifying the old adage that 'no man is an island' and giving reason to the biopsychosocial approach applied in clinical practice. The impact of sociocultural factors is such that the DSM-5-TR includes in its classification culture-specific syndromes. The cases discussed demonstrate the various nuances necessary not only in exploring psychopathology, but also in implementing appropriate standards of care.

Conclusions: Transcultural psychiatry rises as a relatively recent topic as well as raising important philosophical, theoretical and technical challenges for mental health practitioners. Although existing as a subspecialty, each mental health practitioner should strive to be transcultural, taking into consideration the influence

that these factors exert on mental illness. The patient should be evaluated with consideration to their cultural background, as well as not neglecting how the culture of the practitioner may influence the interpretation of psychopathological presentation.

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EPV0402

Diagnostic delay in mental Experience of the psychiatric hospital Arrazi Salé Morocco

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Introduction: Mental illness is characterized by a major emotional, cognitive, and or behavioral impairment of an individual. It is usually accompanied by distress or functional impairments in important areas.

Mental illness affects 48.9% of the Moroccan population. This makes it a major public health issue but one that is still unrecognized and underestimated in the general population. Because of certain cultural aspects considering mental illness as a taboo or privileging traditional healing.

Objectives: to evaluate the time between the initial symptomatology and the first psychiatric consultation Identify the course of action to be taken in the face of the first symptoms of the illness; Determine the factors responsible for the diagnostic delay;

Methods: We conducted a cross-sectional study to assess the duration between initial symptoms and diagnosis and to identify the responsible factors of diagnostic delay. This study included 200 patients followed at the psychiatry department of the University Hospital Arrazi of Salé, and evaluated by an hetero questionnaire.

Results: The average age of our patients was 29 years, male gender was predominant (84%). The mean diagnostic delay was 46 months. Data analysis showed some significant results: - The Diagnostic delay was longer in male patients. - The diagnostic delay conditioned response to treatment and therefore the prognosis.

Conclusions: In conclusion, public awareness of psychiatric problems, treatment availability, and educational efforts to overcome the social stigma are essential to reduce diagnostic delay and improve the prognosis of schizophrenia.

Disclosure of Interest: None Declared

EPV0403

Migration, perceived discrimination and the development of psychosis

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Introduction: Migration is a rapidly growing phenomenon in European countries and its association with psychotic disorders is a public health concern. Psychosis is more prevalent among