

questionnaire consisted of sociodemographic characteristics (e.g., age, gender, and institution), social media disorder scale (SMD), academic performance scale (APS), and working memory (WM).

**Results:** 58.7% were female students, the mean age was 21.94 (SD  $\pm$  2.8), and most of the participants were international students. More students from Tbilisi had persistence (59.8%), escape (69%) complaints, and students from Batumi had more preoccupation (43%), persistence (62.5%) and escape (65.7%) complaints. 64.1% of female students are at increased risk of using social media as an 'escape' from negative feelings (OR 0.50;  $\chi^2$  (18.206),  $p=0.000$ , 95% CI[0.368-0.692]). 51.6% of male students and 48.4% of female students had the risk of 'conflict' with families and friends because of social media (OR 1.65;  $\chi^2$  (6.507),  $p=0.011$ , 95% CI[1.122-2.452]). 80.3% of students that had good academic performance are at risk of neglecting activities such as hobbies, sports, and class assignments because of social media (OR 0.63;  $\chi^2$  (5.133),  $p=0.023$ , 95% CI[0.425-0.942]). 94% of students with good working memory had the risk of withdrawal complaints (OR 0.34;  $\chi^2$  (6.865a),  $p=0.009$ , 95% CI[0.154-0.793]). As 93.4% of having conflicts with parents, siblings, and partners because of social media.

**Conclusions:** Our studies presented the prevalence of social media addiction and its effect on academic performance and working memory among undergraduate students. The influence of social media on students has been significant. Students should establish boundaries, use digital moderation, and seek treatment for emotional difficulties as further studies are recommended.

**Disclosure of Interest:** None Declared

## Pain

### EPP0159

#### Suicidal ideation, suicidal plans and suicide attempts in patients with chronic pain: a prospective qualitative research Study 1: 2011 – 2015 Study 2: 2015 - 2019

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**Introduction:** The association among suicidal ideation, plans, attempts and pain has not attracted as much attention as the association between suicidal ideation and attempts and psychiatric disorder.

**Objectives:** The aim of this prospective study was to establish if patients with chronic pain associated or not to psychiatric disorders with ideation and planning for a suicide attempt will always end in a suicide act.

**Methods:** The patients were initially examined through structured interview, scan-schedules for clinical assessment in neuropsychiatric – version 2.0 used only to diagnose. (HDRS – 17) - Hamilton Depression Rating Scale, 17 itens version, (HAMS) Hamilton Anxiety Rating Scale, (CGI - Clinical Global Impression: (CGI – S) Severity of illness and (CGI – I) Clinical Global Improvement. Pain intensity through numerical rating scale. Those were repeated throughout the research.

## Patients

Study 1 - 325 patients (244W, 81M aged 19 – 58) with chronic pain, suicidal ideation or plan associated or not to psychiatric disorders. 124 had chronic pain without psychiatric disorder. 54 suicidal ideation and 70 had suicidal plan.

201 had chronic pain associated with psychiatric disorders. 7 with opioid dependence after pain and suicidal plans. 4 with adjustment disorders before pain and suicidal ideation.

3 with somatoform disorder before pain and suicidal plan. 125 had chronic pain associated with: general anxiety disorder, mixed anxiety and depression, severe panic pain before or after pain with suicidal plans or ideation. 62 patients presented chronic pain associated with depressive disorder: recurrent severe depression without psychotic symptoms; moderate recurrent depression without psychotic symptoms. Before or after the occur of pain with suicidal ideation or suicidal plans.

Study 2 - 132 patients remained in treatment. (79W and 53M aged 20 to 59)

54 had chronic pain without psychiatric disorder with plans or ideation suicidal. 78 Patients had chronic pain and a psychiatric disorder. 16 became dependent on opioids after pain and suicidal plans. 36 with chronic pain associated with anxiety disorder: general anxiety disorder before or after pain with suicidal plans. 26 had chronic pain associated with depressive disorder: recurrent severe depressive disorder with or without psychotic symptoms with suicidal ideation.

**Results:** Study 1 - No patient attempted suicide. 54 patients with pain without psychiatric disorders considered suicidal thoughts absurd and intrusive.

Study 2 - No patient died. 51 attempted suicide

47 remained with suicidal ideation

33 did not have suicidal ideation or suicidal plans. They adapted their lives to chronic pain regardless of presenting a psychiatric illness.

**Conclusions:** The authors concluded that a suicidal act is not always necessarily an expression of chronic pain associated/not with psychiatric disorder.

**Disclosure of Interest:** None Declared

## Migration and Mental health of Immigrants

### EPP0160

#### Study of mental health perceptions among Central African refugee populations and host communities in the East Cameroon region

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**Introduction:** Cameroon's eastern region faces numerous security challenges linked to successive crises in the Central African Republic, particularly with the massive influx of refugees especially since 2013. Official UNHCR figures speak of 349,409 Central African refugees present on Cameroonian soil. These are both refugees already well established in their host communities, and new arrivals. Since the post-electoral crisis in CAR at the end of 2020,

the situation has gradually stabilized in the Kadey department, but remains volatile due to daily insecurity in the northern regions of the Central African Republic.

**Objectives:** With a view to meeting the mental health and psychosocial support needs of the region's population and better integrating refugees into their host communities, it was necessary to obtain a more exhaustive picture of the population's perception of mental health, to understand the mechanisms of psychosocial support at community level and any differences between refugees and the indigenous population.

**Methods:** A mixed methodology with quantitative and qualitative data was chosen for a more detailed analysis. The survey was carried out in two communes in the Kadey department: Kentzou and Kette. The sample was disaggregated to take account of the socio-demographic characteristics and to enable to make comparisons between the situations of host communities, living in refugee sites and outside sites. For quantitative data, 205 the individuals responded to a questionnaire. 12 individual interviews and 12 Focus Group Discussions (involving 60 participants ) guided by semi-structured questions were used to collect qualitative data from key members of the community.

**Results:** Analysis of quantitative and qualitative data has confirmed the successful integration of Central African refugees into the host community. Nevertheless, there is a difference between these two groups in terms of their perception and understanding of the definition of mental health, mental health disorders and treatment options. Thus, there was a clear difference in training and awareness needs between the host and refugee communities.

**Conclusions:** Based on the qualitative and quantitative results of our assessment, a number of recommendations have been drawn up. It would be interesting to find a balance in the definition, attribution of causes and treatment of mental disorders between the traditional, mystical and cultural vision and the psychological and psychiatric one. It would be important to encourage refugee communities to return to some of their traditional practices, and to allow several visions of the human being to coexist between a traditional and a more medical vision.

To address the lack of resources for mental health care in the Kadey area, more training in mental health and psychosocial support is needed for health and social workers in the area.

**Disclosure of Interest:** None Declared

## EPP0162

### Ethnic differences in pathways to obtain care, maintain care and engage to Early Intervention Service in Spain

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**Introduction:** Ethnicity and migration have an impact on illness models and consequently how, when and where people seek and obtain care. Early Intervention Psychosis (EIP) teams attend high rates of migrant and ethnic diverse populations but the study of ethnic differences in pathways to obtain and maintain care is still scarce . The most consistent findings are that minorities are less

involved with primary services, have a higher risk of being treated in a coercive way and are at higher risk of early disengagement. Despite the increasing migration rates there has been very little investigation in Spain.

**Objectives:** To investigate ethno-racial differences in pathways to obtain care, adherence and engagement during their first year of follow-up of subjects who start treatment at EIP of Reus, Catalonia, Spain

**Methods: Participants**

This is an observational 12 months follow-up retrospective study including all consecutively subjects with First Episode of Psychosis (FEP) referred to the EIP from January 2015 to January 2019. Visible ethno-racial status was self-reported being grouped as belonging to minority ethno-racial group if they were coded "any other than White regardless of country of origin". 'White' was the majority group

**Study variables:**

At program entry:

Source of referral

At 12- months:

Adherence to the service:

Admissions to in-patient unit

Disengagement

**Results:** 184 FEP subjects (mean age 22.8 years and 66.1% of males) were included. Nearly 31% belonged to a minority ethno-racial group being the Maghrebi (60.4%) followed by the Latin-American (20.1%) the most frequent minority groups. The 81.2% of the minority group were first-generation migrants and 7.5% second generation migrants. The 52.2 % were referred from community services, 18.5% from emergency unit and 29.3% from inpatient unit. At follow up 64.5%, were highly adherent to EIP (> 75% of attended appointments), 16.7% required hospitalization and 11% disengaged. Multi-variate analysis showed that the minority group was 2.19 times more likely to be low adherent [(95% CI 0.78-3.17; p=0.03], 2.89 times more likely to be hospitalised [(95% CI 1.20-6.98); p=0.01], and 4 times more likely to disengage from the EIP [(95% CI 1.35-11.90); p= 0.01] during follow-up than the majority group. No group differences were found in pathways to obtain care or in causes of disengagement.

**Conclusions:** In agreement with previous studies from other countries we found high rates of ethno-racial diversity in the EIP of Reus. In addition, we also found inequalities in the use of services, being minorities more likely to disengage, to be low adherent to the program and at greater risk of hospitalization. On contrary to other studies we did not find significant differences between groups in the source of referral to EIP

**Disclosure of Interest:** None Declared

## Pain

### EPP0163

#### Impact of an Internet-Delivered Sound Healing Intervention on Chronic Non-Malignant Pain and Sleep Disturbances in Community Settings

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