

briefly reviewed including cross-cultural considerations and developmental psychology studies on these emotions. Yet this keynote focuses in the phenomenology and epistemology of guilt and shame as complex emotions. This includes considering that guilt is experienced in two moments (decompressed into a moment of negligence and another of guilt) while shame only in one moment (prolonged in a “frozen now”). All the inputs have suggested an operationalization of epistemic and phenomenonic differences considering their context, formal object, particular object and action tendency. Lastly it refers to the relation of these experiences with psychopathology and nosology concerning their adaptive and maladaptive nature, their relation with empathy as well as their presence in several disorders such as anxious, depressive and obsessive compulsive sorts.

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S054

Shame and guilt inducing drugs

G. DiPetta

Neuropsychiatrist-addiction center consultant, department of mental health, Naples, Italy

The Author in this presentation examines the role of two complex human experiences, the Guilt and the Shame, in the field of the substances addiction. The population of abuser can be divided between users of sedatives and users of stimulants. Sedative drugs and stimulant drug belong to two different way of being-in-the-world. Sedative drugs are able to medicate the internal pain, which is constitutive of the guilt. Stimulant drugs are able to medicate the dysphoria, which is constitutive of the shame. In the realm of psychopathology Tellenbach with the concept of premelancholic personality in the guilty man and Kohut with the concept of narcissism in the tragic man have put the bases for a different typification. In both cases, the common final result, from a psychopathological point of view, is a severe crisis of the temporalization.

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Symposium: Challenges in Europe: refugees and asylum seeker patients in mental health

S055

Suicidal behaviour among asylum seekers in the Netherlands; prevalence, background and prevention

C.J. Laban

GGZDrenthe, De Evenaar- North Netherlands centre for transcultural psychiatry, Beilen/Leewarden, The Netherlands

Background Problems of asylum seekers are multiple and complex. Having experienced pre migration adversities, they face multiple post-migration living problems in the host country. In clinical practice suicidal ideations and suicidal behavior often occurs.

Objectives/aims To increase knowledge and give directions for preventive measures related to suicidal behavior among asylum seekers.

Method Literature, related to the subject, is summarized.

Results In this presentation the context of the reception of asylum seekers is explained. Data will be shown on suicides and suicidal

attempts among asylum seekers, in comparison with the Dutch population and with international data. Moreover an overview of qualitative and quantitative research findings will be shown on the many risk factors asylum seekers experience: traumatic experiences, loss, mental health problems, poor living conditions, fear to be expelled, uncertain future and post migration living problems. Attention will be given to the situation of imprisoned undocumented migrants in The Netherlands. Hobfoll's theory of the Conservation of Resources will be used to explain the increased risk for suicidal behavior and suicide among asylum seekers and undocumented migrants. Prevention strategies contain cooperation to decrease the risk factors, enhance the protective factors, early detection of signals, and good access to mental health care.

Conclusion Asylum seekers encounter many risk factors for suicidal behavior and suicide. The impossibility to get control over their lives and the lack of resources of resilience needs to be recognized as important risk factors. There is a need for cooperation between all professionals and volunteers to change this situation.

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S056

How to deal with growing racism and discrimination against refugees and asylum seekers in Europe?

L. Küey

Associate professor of psychiatry world, psychiatric association, Istanbul, Turkey

The growing number of refugees and asylum seekers pouring in Europe due to wars and armed conflicts constitute a great challenge for psychiatry and the mental health field. This challenge also includes the growing racism and discrimination against refugees and asylum seekers. Discrimination could be defined as the attitudes and behavior based on the group differences. Any group acknowledged and proclaimed as ‘the other’ by prevailing *zeitgeist* and dominant social powers, and further dehumanized may become the subject of discrimination. In a spectrum from dislike and micro-aggression to overt violence towards the other, it exists almost in all societies in varying degrees and forms; all forms involving some practices of exclusion and rejection. Hence, almost all the same specific human physical and psychosocial characteristics that constitute the bases for in-group identities and reference systems could also become the foundations of discrimination towards the humans identified as out-groups. Added to this, othering, rising from imagined and generalized differences and used to distinguish groups of people as separate from the norm reinforces and maintains discrimination.

Albeit the widespread exercise of discrimination against refugees and asylum seekers, peoples and mental health professionals also have a long history of aiming and practicing more inclusive ways of solving conflicts of interests between in-groups and out-groups. This presentation will mainly focus on the psychosocial aspects of the anti-discriminative efforts and search an agenda for the European Psychiatry in this regard.

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S057

Action plan of the WPA: Action plan which follows the objectives of the association relating to refugees and asylum seekers

D. Bhugra

Institute of psychiatry, psychology & Ne, London, United Kingdom