

primary and secondary healthcare levels, as well as the social, public health and community levels. Our model is based on a socioecological and multisystemic paradigm of risk and resilience, where resilience is conceptualized as an interaction between individuals and resourceful environments and communities.

**Disclosure of Interest:** None Declared

### SP0036

#### Life narratives of individuals with psychosis in ethnic minority and migrant communities in Canada and the Netherlands

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#### Abstract

**Background:** Increased psychosis risk has long been reported for some migrant and ethnic minority populations, a finding has been replicated in different parts of the world, with risk seeming to persist for further generations. Several explanations such as genetic liability or selective migration, higher cannabis-use or higher exposure to neurodevelopmental risk factors were considered unlikely explanations. Rather, exposure to adversity experiences found to be a determinant of psychotic disorders, such as parental separation, social and economic disadvantage, discrimination, social exclusion and marginalization. Additionally, migrants often live in cities, where high population density, low social cohesion and social fragmentation and deprivation, combined with lack of green space and urban stress increase the psychosis risk. Although previous research work has emphasized the quantitative exploration of social-environmental determinants of psychosis, qualitative studies allow for the generation of innovative, rich and nuanced understandings about a given phenomenon, being an ideal approach in face of complex social dynamics and contexts. Concretely, the associations are established, however, the underlying mechanisms and experiences remain largely unknown.

This study aims to address several research gaps identified in research on the issues of psychosis, socio-environmental determinants of mental health, migration and ethnicity, and inequalities by exploring the life narratives and experiences of service-users with first psychosis with distinct ethnic, racial and migrant backgrounds.

**Methods:** Participants aged between 18 and 35 years old, who have been diagnosed with a first psychosis are recruited in Montreal, Canada, and in the Netherlands. The aim is to recruit at least 20-25 individuals from each site, but recruitment is still ongoing. Qualitative interviews of about an hour are being held, and transcripts will be analyzed with Nvivo, software for qualitative data. Categories and clusters will be formed from the narratives, resulting in common themes that are important to the patients, in their understanding of the development of their psychosis, and the help they have received.

**Results:** Preliminary data show that the patients have predominantly African or (Eastern)European background, moved around a lot, and experiences inequities. Help and care were not always available for them, not always beneficial. Participants experiences a lot of isolation and displacement, together with socio-economic

disadvantages. Common themes as to by which mechanisms these aspects play a role will further be explored.

**Discussion:** These findings will be discussed in light of the quantitative data already existing. Implications for prevention and interventions will be discussed.

**Disclosure of Interest:** None Declared

### SP0037

#### Environmental determinants of mental health in clinical practice

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**Abstract:** According to the latest Intergovernmental Panel on Climate Change (IPCC) Report (2022), climate changes (e.g. rising sea levels and temperatures and) are noticeable and intensifying on the entire planet. Extreme weather events or ecological disasters are occurring with increased frequency and intensity. Anthropogenic climate change has been called “the defining issue of our time” (United Nations, 2022) and “the greatest threat to global health in the 21st century” (World Health Organization, 2015). Health impacts from climate change may include increased morbidity and mortality from worsening cardiopulmonary health, and greater risk of infectious diseases and mental illness. During this lecture, we will discuss environmental aspects that clearly have a negative impact on the mental well-being of the general population and, more specifically, the psychiatric population. The focus will primarily delve deeper into climate anxiety.

**Disclosure of Interest:** None Declared

### SP0038

#### Updating Code of Ethics of the Psychiatric Association of Turkey: process and content

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the Working Group on Updating Code of Ethics-Section for Human Rights and Ethics/ Psychiatric Association of Türkiye and (Ayşe Ceren Kaypak, Ayşegül Yay, Berna Uluğ, Gonca Aşut, İbrahim Fuat Akgül, Raşit Tükel, Simavi Vahip)

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**Abstract:** *Science, Ethics, Solidarity...* These three words are mottos of Psychiatric Association of Türkiye (PAT), since its foundation in 1995. In accordance, PAT has Code of Ethics for more than 20 years. There are many developments and changes both in practicing psychiatry and in the community in the last couple of decades. As a result, many new ethical questions, dilemmas and

approaches arise for psychiatry. PAT had decided to update the Code of Ethics about two years ago and the updating process is almost on the edge of finalization.

In this presentation, main points of the updated and newly written principles will be summarized with special references to recent developments in the world and updated or newly written international Code of Ethics such as, EPA, WPA, and several national associations' documents.

One of the most important outcome and benefit of such an updating process is modelling the project on a participatory base, having wide feedback and inputs from experts (as many as possible, enriched by diverse interests of related disciplines) and reaching as many colleagues as possible from different working conditions. A six step project with this perspective was prepared and implemented, and will be summarized in the presentation for international exchange of experiences.

**Disclosure of Interest:** None Declared

### SP0039

#### Epigenetic biomarkers of borderline personality disorder with severe suicidal behaviors

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**Abstract:** Borderline personality disorder (BPD) is associated with excess suicide risk, natural-cause mortality, comorbid medical conditions, poor health habits and stress related epigenomic alterations. This presentation will report findings of *BDNF* and stress system associated epigenetic alterations in a group of severely impaired BPD and suicidal patients. Further, findings of GrimAge – a state-of-the-art epigenetic age (EA) estimator- in patients with BPD and attempted suicide patients will be presented. Genome-wide methylation patterns were measured using the Illumina Infinum Methylation Epic BeadChip in whole blood from well characterized 97 BPD patients, 88 suicide attempters and 32 healthy controls.

**Disclosure of Interest:** None Declared

### SP0040

#### Energy metabolism disturbance, altered neuronal development and glutamatergic signalling in human derived neuronal cell models of ADHD

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**Abstract:** Despite major advances in research into the neurobiological basis of mental illness, there have been hardly any new developments in new drug therapies. As there are approximately 30% of affected individuals that do not respond sufficiently to available treatments, there is a significant unmet medical need for new therapeutic approaches. About 90% of novel substances that have shown promise in animal studies are not effective in clinical trials. Recent research on human induced pluripotent stem cells (hiPSC) could lead to the use of more human-tailored models in this field. iPSC-derived cell models and organoids may be very attractive for preclinical screening and bridge the gap between in vitro and in vivo studies, reducing animal testing. However, the next steps must first demonstrate the validity and reproducibility of the initial functional results from the hiPSC models of mental illness. In our own studies on neuronal cell models of patients with attention-deficit/hyperactivity disorder (ADHD) with rare *PARK2* gene variants, we were able to show evidence of mitochondrial dysfunction and impaired energy metabolism. Additionally, we have first hints at a oxidative dysbalance which could be as well targeted by medication. In a model of cortical development of ADHD patients with common variants in the *ADGRL3* gene, we found first evidence for altered neuronal maturation as well as abnormalities in calcium metabolism and glutamatergic functionality compared to cells from healthy controls. In summary, these first results are promising that hiPSC models can contribute new insights into cellular pathomechanisms of mental and neurodevelopmental disorders and the development of new, individualised therapeutic approaches.

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### SP0041

#### Liaison Psychiatry model intervention in Switzerland

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**Abstract:** Consultation and liaison psychiatry (C-L psychiatry) in Switzerland can look back on a long tradition. It began in French-speaking Switzerland back in the 1960s and gradually spread throughout the country. Currently, C-L services are present throughout the country, although they differ greatly in terms of their services and dimensions. University hospitals and larger cantonal hospitals have extensive and differentiated services, while smaller hospitals in peripheral regions only offer basic services. There are also major differences in the financing models, which are decisive for the range of services offered. The question of funding, which has not yet been resolved satisfactorily despite various models and strategies, including at national level, is highly relevant for the further development and even the continued existence of C-L services. The introduction of the subspecialization in C-L