

EPV0376

Housing and youth mental health during a COVID-19 lockdown

J. Groot^{1*}, A. Keller¹, A. Joensen¹, T.-L. Nguyen¹, A.-M. Nybo Andersen¹ and K. Strandberg-Larsen²

¹Department Of Public Health, University of Denmark, Copenhagen K, Denmark and ²Section Of Epidemiology, University of Copenhagen, Copenhagen, Denmark

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1938

Introduction: Declines in mental health among youth in the COVID-19 pandemic have been observed, yet longitudinal studies on how housing may impact these declines are lacking.

Objectives: Our aim was to determine whether changes in mental health among Danish youth were dependent on their housing conditions.

Methods: Young participants from the Danish National Birth Cohort, who had responded to an online questionnaire at 18 years of age, and later during the initial national Danish lockdown, were included. Associations between housing conditions (direct access to outdoor spaces, urbanicity, household density, and household composition) and changes in mental health (mental well-being, quality of life (QoL) and loneliness) were examined in multivariate linear and logistic regression analyses.

Results: We included 7455 participants. Greater decreases in mental well-being were observed for youth with no access to direct outdoor spaces and those living in denser households (mean difference -0.83 [95 % CI -1.19, -0.48], -0.30 [-0.43, -0.18], respectively). Onset of low mental well-being was associated with no access and living alone (odds ratios (OR) 1.68 [1.15, 2.47] and OR 1.47 [1.05, 2.07], respectively). Household density was negatively associated with QoL (mean difference -0.21 [-0.30, -0.12]). Youth living alone experienced more loneliness (OR 2.12 [95 % CI 1.59, 2.82]).

Conclusions: How youth's mental health changed from before to during lockdown was associated with housing conditions. Among the Danish youth in our study, greater decreases in mental health during lockdown were observed among youth without access to outdoor spaces, living alone, or living in denser households.

Disclosure: No significant relationships.

Keywords: public health; mental health; COVID-19; housing

Migration and mental health of immigrants

EPV0377

The worms that invade your brain

G. Marinho^{1*}, J. Peta², S. Vieira¹ and M. Marguilho³

¹Clinica 6, CHPL, Lisbon, Portugal; ²Psychiatry, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal and ³Clínica 5, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1939

Introduction: Neurocysticercosis is a parasitic infection of the central nervous system and caused by the pork tapeworm *Taenia solium*. Humans become infected after consuming undercooked food or water contaminated with tapeworm eggs, or through poor hygiene practices. The clinical manifestations of neurocysticercosis (NCC) largely depend on the number, type, size, localization, and stage of development of cysticerci, as well as on the host immune response against the parasite. Seizures are the most common manifestations of NCC (70–90%) of patients, followed by headache (38%), focal deficits (16%) and signs of intracranial hypertension (ICH) (12%), but psychiatric symptoms can also be seen.

Objectives: Literature review on neuropsychiatric manifestations of neurocysticercosis, based on a clinical case.

Methods: Pubmed search using the keywords neurocysticercosis, psychiatric comorbidity, neuropsychiatric manifestations.

Results: We present a clinical case of a 29-year-old male patient, with history of an epilepsy, that immigrated to Portugal with his family from Cape Verde for specialized medical care. He presented to the ER with an acute psychotic episode characterized by disorientation, persecutory ideation, psychomotor agitation and violent behavior. Brain CT scan showed multiple calcifications in cerebral parenchyma and CSF was positive for antibodies against *T. solium*.

Conclusions: The polymorphous symptomatology seen in NCC is mimicked only by neuro-tuberculosis and neurosyphilis in developing countries, and multiple sclerosis in the Western countries. Psychiatric symptoms are a part of the clinical presentation of infectious diseases. It is important to consider NCC in endemic areas presenting with psychiatric symptoms, especially those showing poor response to the standard treatment and in those with history of seizures.

Disclosure: No significant relationships.

Keywords: neurocysticercosis; psychiatric comorbidity; neuropsychiatric manifestations

EPV0378

Psychotic disorders in migrant population

P. Felgueiras* and P. Barbosa

Psychiatry, Vila Nova de Gaia Hospital Center, Vila Nova de Gaia, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1940

Introduction: One of the defining features of the modern world is a large scale migration that occurs due to a range of factors, from political conflicts to personal and voluntary reasons. This process can cause a severe disruption in individuals' biography and can be followed by a large period of adaptation and a phenomenon of acculturation. Surprisingly, there is little research on the impact of migration and settlement on risk of psychosis.

Objectives: Regarding a clinical case, we aim to emphasize the current evidence about the risk of psychotic disorders in migrants.

Methods: We present a qualitative review of this topic using the Pubmed database.

Results: 27 years old portuguese female, with hyperthymic temperament and history of depressive episode. Her process of migration in 2016 was motivated by an academic purpose. In context of

stressful life events she developed psychotic symptoms - messianic and persecutory delusions, with visual and auditory hallucinations.

Conclusions: There is an increased risk of psychosis among migrant population that is well documented. This is even the main risk factor with the exception of a family history of psychosis. The risk can be explained by socio-demographic and psychological features, factors involving the migration process, and socio-occupational environment in the host country. A socio-developmental-cognitive model theorize how exposure to a stressful environment and social defeat interacts with underlying genetic risk to create an enduring liability to psychosis. These findings can help in important decisions about mental health resources and accessibility, including protocols to identify and treat migrants at higher risk of mental diseases.

Disclosure: No significant relationships.

Keywords: socio-developmental-cognitive model; acculturation; psychosis; migrants

EPV0379

Dhat syndrome: A case report on a culture-bound challenge

L. Ilzarbe^{1*}, D. Ilzarbe^{2,3}, N. Arbelo¹, C. Llach¹, G. Anmella⁴, E. Vieta⁴ and A. Murru⁴

¹Department Of Psychiatry And Psychology, Institute Of Neuroscience, Hospital Clinic de Barcelona, Barcelona, Spain;

²Department Of Child And Adolescent Psychiatry And Psychology, Idibaps, University Of Barcelona, Hospital Clínic de Barcelona, Barcelona, Spain; ³Department Of Child And Adolescent Psychiatry, King's College London, London, United Kingdom and ⁴Bipolar And Depressive Disorders Unit, Idibaps Cibersam, Hospital Clinic, University Of Barcelona, Hospital Clínic de Barcelona, Barcelona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1941

Introduction: Dhat Syndrome is a culture-bound entity frequent in the Indian subcontinent. It is characterized by somatic symptoms, together with depressive and anxiety features, specifically focused on the belief of losing semen through urine¹.

Objectives: To describe an atypical Dhat Syndrome case in European cultural context, and to determine the appropriate diagnostic frame and subsequent therapeutic approach.

Methods: We present the case of a 37-year-old Indian man attended in our psychiatric outpatient unit mainly due to somatic complaints (gastrointestinal, sexual dysfunction, weakness, and dizziness). He interpreted his problem as possibly due to diabetes and hypothyroidism, and specifically from sugar loss in urine. Organic diseases were excluded.

Results: Although considered as culture-bound, Dhat syndrome has been classified as a subtype of depression, anxiety disorder, somatoform disorder^{2,3,4}, and even a prodromal phase of schizophrenia⁵. Antidepressants and benzodiazepines are the most recommended pharmacological treatments¹. Antipsychotic agents have been used when clear psychotic symptoms were present (auditory hallucinations, delusions)⁵. Nonetheless, paliperidone 6mg/d was initiated at baseline, with good response and partial remission of the symptoms at two weeks, despite the absence of clear psychotic features. Culturally-informed cognitive-

behavioural therapy, as well as sexual education could be beneficial were planned and initiated¹.

Conclusions: Data on Dhat Syndrome is scarce, yet agreement exist in considering the cultural context of the patient to avoid diagnostic delays. The adequate treatment remains uncertain. Antipsychotics may be a potential treatment. Further research is necessary to clarify the nature of this syndrome but European clinicians must be aware of culturally-mediated psychiatric manifestations which are increasingly prevalent due to globalization.

Disclosure: No significant relationships.

Keywords: Culture; dhat syndrome; transcultural psychiatry; Migration

EPV0382

Impact of initial health assessment and crisis counselling for newly arrived Asylum seekers

P. Uwamaliya*

Faculty Of Health, Liverpool John Moores University, LIVERPOOL, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1942

Introduction: Evaluate the impact of the initial health assessment service for asylum seekers provided by the Asylum Practice Service.

Objectives: Examine the inputs of Asylum practice service to asylum seekers. Investigate the activities and outputs of the Asylum practice service. Identify the outcomes of Asylum practice service to asylum seekers. Assess the impact of Asylum practice service to asylum seekers.

Methods: The conceptual framework for measuring impact at the asylum practice service was based on a Logic Model to engage stakeholders and service users in order to evaluate the impact of services provided by the service. Also the Refugee Health Screener – 15 (RHS15) was used to screen the emotional distress/trauma to identify those individuals who would benefit from further mental health evaluation and treatment. Both quantitative and qualitative data were used to articulate and evidence social value performance and to tell the story of change created.

Results: The study shows that newly arrived asylum seekers benefit from the services of asylum practice, even though the impact could be marginal in some cases.

Conclusions: There is a need to revisit the current Initial Health Assessment tool, as in its current form, vital information on the causes of trauma such as rape, torture, human trafficking, and witnessing the death of parents, child, and close relatives which may underpin mental health problems, may not be captured, thus preventing access to appropriate interventions.

Disclosure: No significant relationships.

Keywords: Asylum seeker; mental health; Migration; Crisis Counselling

EPV0383

Comparison of developmental trauma between immigrant and non-immigrant psychotic patients

A. Trabsa^{1*}, A. Llimona², L. Vargas², F. Casanovas³, M. Martín³, A. Valiente³, A. Moreno³, B. Amann³ and V. Pérez-Solà³