

Methods: We used a Canadian population-based birth cohort (n=1325) to examine associations between 1) climate change at age 23-years and concurrent anxiety, depression, and suicidal behaviors, and 2) mental health at age 15 and 17 years defined as anxiety, depression, aggression-opposition, inattention-hyperactivity. We adjusted for participants' socioeconomic status, childhood IQ, sex, and parental history of psychopathology.

Results: Most participants were worried about climate change: 190 (14.3%) were extremely worried, 553 (41.7%) were somewhat worried, 383 (28.9%) were very worried, and 199 (15.0%) were not at all worried. Worry about climate change was associated with significantly elevated contemporaneous anxiety, depression, and suicidal thoughts. In longitudinal analysis, adolescent anxiety was associated with higher climate change worry at age 23-years while adolescent aggression-opposition was associated with lower climate change worry.

Conclusions: Worry about climate change is associated with contemporaneous mental health symptoms. However, longitudinal analysis suggests that this is largely explained by prior mental health, with adolescent anxiety symptoms linked with higher worry and aggression-opposition with lower worry. Future studies should aim to better define the dimensions of climate anxiety and track it alongside symptoms using prospective follow-up studies.

Disclosure of Interest: None Declared

EPP0318

Theory on Extremal Nucleon Heuristics to Psychiatry

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Introduction: The theorization focuses on the climate change's influence to neurobiology. In modern societies, environmental nucleon generates in everyday activities from computers to industrial pollution. The subtle psychiatric changes can be categorized into: 1) the change of media in consciousness formation processes from cognition, such as from paper to electronic reading and from linguistics to coding; 2) activity changes in local reciprocal environment especially in places undergoing industrialization or developmental energy sources; 3) global exchanges underlying the current definitions of climate change but also taken into consideration of media change in cognitive behaviors; and 4) changes from outer space environment to the effects of global-to-local changes.

Objectives: The objective of the theorization seeks to develop a heuristic paradigm to quantify the climate change's effects to psychiatry from a neurobiological perspective. Albeit climate change is a complex topical issue, especially regarding the multi-variable sources and traditional paradigms of case studies in the psychological and medical sciences, common sources of impacts to psychiatric public health in collective behaviors have been less of a focus. With the higher order of autonomous human functioning governed by the brains, the theorization in psychiatric public health hopes to quantify environmental impacts to brain functionings.

Methods: The theorization accumulated from nonproliferation research and the researcher's developments in dopamine treatments in the high risk social-natural environment on depression. Inspired by the explicit review on electronic warfare's impact on public health and astronomical research with proton decay

outcome, a correlative theorization emerged between the cosmic decay and biodiversity in biochemistry. The theorization draws on developmental psychology to the nucleon heuristics in data research in cosmology, with prior experience documenting proliferation by applied quantum chromodynamics. Psychiatric data can be retrieved from relevant clinical settings of equivalent multi-wavelength brain scans as samples.

Results: From the perspective of cosmology, extremal graph theory can sample climate change on earth's plasma from cosmic changes. This means earth's dipole shifts to quantitative local population can be plotted, similar to the wild life researches in birds' migration pattern changes. Local variants mainly derive from energy source types and energy consumption, however, *bona fide* data can hardly be retrieved due to deliberate transgressions for certain dire areas. Normative research can be conducted with cross-disciplinary collaborations with due consideration to privacy in public health research ethics.

Conclusions: Environmental monitoring and psychiatric effects in developmental psychology are necessary in fundamental research on human security. This would increase some certainties and predictabilities for human development.

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EPP0319

Investigating the prevalence of mental disorders and related risk factors in refugees and asylum seekers in Campania

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Introduction: In recent years the increasing presence of refugees and asylum seekers displaced from their country of origin, determined significant social, economic, humanitarian and public health implications in host nations. Advancing the knowledge on factors contributing to these implications, could foster the implementation of new public-health plans for these population. As a matter of fact, to date, the rates of mental disorders in these population are uncertain due to the high variability of methods used in the studies on topic, and of risk and protective factors analyzed. The most replicated finding is the high prevalence of Post-Traumatic Stress Disorder (PTSD) and depression in refugees and asylum seekers as compared to the population of host countries.

Objectives: The aim of the present study was to investigate the needs for mental health prevention, care and rehabilitation of adult refugees and asylum seekers in Italy, performing a multidisciplinary evaluation of migrants who were guests in two refugees' centers in Campania (Salerno and Avellino).

Methods: The Mini-International Neuropsychiatric Interview (MINI) was assessed in 303 migrants, in order to evaluate the presence or not of a psychiatric diagnosis. Analysis of variance

(ANOVA) was used to investigate differences between migrants with a mental disorder vs migrants without a mental disorder in terms of cognitive functions, depressive and anxiety symptoms, traumatic events and pre-migration risk factors. Person's correlation was performed to investigate relationships between the Hopkins Symptom Checklist-25 (HSCL-t25) psychopathological index with all the other above-mentioned variables. Logistic regression was used to evaluate factors associated to the presence of a current mental disorder.

Results: At least one mental disorder was found in 90 subjects (29.7% of the sample). Most prevalent diagnoses were major depressive disorder, lifetime panic disorder, PTSD, and generalized anxiety disorder. People with at least one psychiatric illness showed impaired global ($F=6.62$; $p=.011$) and social ($F=8.22$; $p=.004$) cognition, higher trauma levels ($F=70.59$; $p<.0001$) and more severe anxiety and depressive symptoms ($F=61.84$; $p<.0001$) compared to healthy migrants. Only trauma levels significantly correlated with HSCL-t25 psychopathological index. Trauma levels, global cognition, occupation, and migration status were associated to the presence of a current mental disorder.

Conclusions: The results of the present study demonstrated that almost 1/3 of the guests of refugee centers in Campania have a mental disorder. The identification of risk factors associated to the onset of mental disorder and to severity of psychopathology in refugees and asylum seekers, may contribute to plan preventive and early psychiatric care in this population.

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EPP0321

Refugees, war trauma and mental health: knowledge and experience from trainees and early career psychiatrists

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Introduction: Psychiatry Across Borders working group of the European Federation of Psychiatric Trainees has the mission to improve psychiatric training in transcultural psychiatry and trauma-related topics in Europe. It started conducting a survey in 2016, to assess trainees' experiences in forcibly displaced people mental health (Frankova *et al.* Transcult.Psychiatry, in press).

Objectives: To investigate European psychiatric trainees' and Early Career Psychiatrists' (ECPs) training about trauma and refugees' mental health, focusing on educational and clinical difficulties

occurring while assisting war refugees or in Eastern Europe, due to the ongoing conflict.

Methods: A new survey for European psychiatric trainees and ECPs was designed. A web questionnaire was shared through various channels, including social media, in September 2022. It included an informed consent form and investigated socio-demographic data, training in trauma and refugees' mental health, clinical practice in war areas or with war refugees.

Results: As of 16/10/22, 31 were the responders, mainly adult psychiatrists (93.6%). Although the 87.1% worked with forcibly displaced people, only 29% received a specific training, and 53.6% didn't feel prepared to face war trauma-related disorders. However, 64.3% could reach out to a teamwork member specialized in the topic, and 72.2% to interpreters. The 67.7% worked with actual war refugees, mainly addressed to psychiatric services due to new onset of psychiatric symptoms, especially insomnia (66.7%), often diagnosed with Acute Stress Reaction (66.7%) and treated with psychiatric drugs (83.3%). Two colleagues working in war areas participated in the survey: both lost patients at follow-up and experienced increased workload or lack of means (i.e., drug supply) or support.

Conclusions: This survey can spot educational needs in transcultural psychiatry, helping to program targeted interventions for psychiatric trainees and ECPs, aimed at implementing clinical practice towards the common goal of social cohesion.

Disclosure of Interest: None Declared

EPP0322

Forced displacement and mental health problems in refugees residing in Quetta for decades

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Introduction: As written by Warsan Shire, "no one leaves home until the home is the mouth of a shark". UNHCR defines forced displacement as "displaced because of persecution, conflict, generalized violence or human rights violations"

Objectives: to study the prevalence of common Mental health disorders among forcibly displaced people and comparing with the common mental health disorders among host community members.

Methods: The OPD of BIPBS in SPH and BMCH of Quetta attends 800+ patients per month the data of the OPD of both hospitals was collected for Jan-May 2022 and was analyzed to numerate both the host community and refugees. out of 4120 for 354 refugee patients identified using their POR card and for 3776 of host community using their CNIC, data was analyzed for the prevalence of mental health disorders among them.

Results: This study states that Afghan Refugees presented to OPD services of BIPBS, 47% were diagnosed as MDD with/without psychosis, 19% with GAD, 5% diagnosed as BAD, 5% With schizophrenia, 4% as PTSD, 3% as migraine, 3% conversion disorder, 2% OCD, 1% somatoform disorder and 10% of them presented with other