

The experience of migrating can exert pressure on mental health through factors such as acculturation stress, discrimination, and economic hardships. These challenges can, in turn, contribute to the development of mental health issues.

Objectives: To study the socio-demographic and clinical profile of immigrants hospitalized in the “C” psychiatry department, Hedi Chaker Hospital, in Sfax, Tunisia.

Methods: We conducted a retrospective descriptive study of immigrants hospitalized in the psychiatry department “C”, Hedi Chaker Hospital, Sfax Tunisia from 2011 to 2023. Socioeconomic data and clinical profiles of immigrants were collected from archived files.

Results: The total number of immigrants hospitalized during these 12 years was 32, with an average age of 28.81 years \pm 7.8 years, all of them were males, as the psychiatric department “C” only hospitalizes men.

All were of African origin, of whom 21.9% (n=7) had Libyan nationality, 15.6% (n=5) had Somali nationality and 12.5% (n=4) had Sudanese nationality. Communication with them was possible in 87.5% of cases, primarily through the native Arabic language in 56.3% of instances. Illegal immigration was the most prevalent form, accounting for 75% of cases. During the immigration process, 18.8% of individuals reported experiencing violence.”

The majority of hospitalized immigrants were single (71.9%), had a primary school education (37.5%), a low socio-economic level (81.3%), and no profession (59.4%). 21.9% of them had received social assistance, and 59.4% lived in a refugee camp. Psychoactive substance consumption was reported by 53.1% of our study population.

Regarding the clinical profile of the population, 21.9% had a history of somatic conditions, 43.8% had a psychiatric history, including 9.4% who had attempted suicide, and 34.4% who had experienced traumatic events since arriving in Tunisia. The primary reason for hospitalization was behavioral disorders in 71.9% of cases and suicide attempts in 15.6%. The most prevalent diagnoses were schizophrenia (50%), and bipolar disorder (18.8%). Upon discharge, 15.6% encountered administrative issues.

Conclusions: Hospitalized immigrants exhibit diverse socio-demographic and clinical profiles. These findings underscore the significance of acquiring a deeper understanding of the mental health needs and existing barriers to healthcare within various immigrant communities. This is particularly crucial as immigration continues to be a central focus in Tunisia’s public policies and discussions.

Disclosure of Interest: None Declared

EPV0613

War and Migration – when Mental Health is left behind

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Introduction: Wars and armed conflicts are known to have devastating consequences for both physical and mental health of all the people involved. Studies have shown that conflict situations cause more mortality and disability than any major disease and, among

the consequences of war, the impact on mental health of the civilian population is one of the most significant.

Forced migration, compelling people to become internally displaced or refugees who have fled to other countries, is responsible for additional physical and mental health problems. Regardless of the reasons for migration, the process itself can be a highly stressful life event, leading to a higher risk of psychiatric disorders. Refugees are particularly susceptible to mood and anxiety disorders, whose prevalence rates is almost twice as high as those found among non-refugee migrants.

Objectives: Since 2022, with the progression of the conflict between Russia and Ukraine, and the establishment of a real war scenario, many Ukrainians were forced to leave their homeland, to ensure their survival and security. In Europe, many countries took in Ukrainian refugees and Portugal was no exception.

In the Psychiatry Inpatient Service of University Hospital Center of São João, there were admissions of Ukrainian refugees who already had a known mental disease - at that time decompensated - and also new cases, to date without follow-up by the specialty.

Methods: In this work, we will carry out a bibliographical review on the impact of war and migration on mental health and the potential of proper medical approach, based on articles indexed in Pubmed, in the last 10 years.

Furthermore, we will present the cases of war refugees interned in our service between January 2022 and December 2023.

Results: We will describe the psychopathological features and also the sociofamilial circumstances of these patients, as well as explain the intervention and longitudinal support developed in these cases.

Conclusions: As a conclusion, we point out the importance of approaching mental illness in light of the individual’s context, knowing that this context may contain the problem and also the solution. War and forced migration bring increased challenges to psychiatry and, in an increasingly globalized society, geographical, linguistic or cultural barriers cannot impose limits on our best and most appropriate medical treatment.

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EPV0614

A Bibliometric Analysis of Refugee Health Publications in the Nursing Field by Visual Mapping Method

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Introduction: Millions of people worldwide are forced to migrate to another country and nurses are the key professional for providing necessary health care to this population. Providing nursing care to refugees or immigrants requires diverse transcultural professional competencies based on standardized guidelines.

Objectives: This study was aimed to examine the bibliographic characteristics of quantitative studies conducted on refugees in the nursing field.

Methods: The data were obtained from articles scanned in the Web of Science Core Collection database. The 1672 articles that were published between 1980-and 2023 and met the inclusion criteria were analyzed using VOSviewer and Microsoft 365 Excel software. The PRISMA 2020 Checklist was used for reporting.

Results: Most publications were made in 2020. The United Kingdom, the United States, Canada, and Australia have the highest number of publications, citations, and international cooperation. Additionally, “mental health” is one of the most used keywords in the studies.

Conclusions: The findings show the importance of empowering nurses working in this field, especially in determining the needs related to mental health services for refugees. The increased migration rates and the growing need for refugee health care highlighted the importance of investment in nursing research within this field. Nurses and researchers should aim to establish partnerships and share best practices with the leading countries. Furthermore, nurses require specialized training to competently evaluate and provide nursing care and mental health services to this vulnerable population. Policymakers must prioritize international collaboration, equitable healthcare, and the integration of mental health services within healthcare systems to improve refugee health and reduce barriers between them and health services.

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Neuroimaging

EPV0615

Reduced resting-state gamma-band power correlate with unaltered glutamate + glutamine levels in patients at clinical-high risk of psychosis

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Introduction: There is growing evidence of excitation / inhibition (E/I) balance abnormalities in schizophrenia, which might be associated with abnormal gamma frequency oscillations and glutamate concentrations. However, to the best of our knowledge, only one multimodal study have examined such associations between EEG and metabolite characteristics in patients at clinical-high risk of psychosis (CHR) so far.

Objectives: We aimed to investigate potential associations between GLX (glutamate + glutamine) levels and resting-state gamma-band power in CHR individuals and healthy controls (HC).

Methods: Twenty right-handed male patients (16-27 years, mean age 19.9 ± 2.7) fulfilling CHR criteria and 19 healthy male controls (16-27 years, mean age 21.6 ± 3.6) underwent resting-state EEG (16 leads; 10–20 system) and MR spectroscopy at 3T MRI scanner with voxels of $30 \times 30 \times 30$ mm located in left and right medial prefrontal cortex. Spectral analysis with estimation of gamma-band power (30-45 Hz) were conducted. MEGA-PRESS acquisitions were analyzed with jMRUi (ver. 5.1 Alpha), levels of GLX were calculated as a ratios to creatine + phosphocreatine (GLX/Cr). Gamma-band (30-45 Hz) spectral power and GLX/Cr were compared between groups. Correlations between EEG and metabolite

data were analyzed with regression model including age and chlorpromazine equivalents as covariates.

Results: Compared to healthy controls, patients showed reduced spectral gamma-band power in 6 leads (Table). No alterations in GLX/Cr were detected. Positive correlations between altered gamma-power in all leads (except Cz) and GLX/Cr in left medial prefrontal cortex were revealed in CHR (F3: $r=0.51$, $p=0.006$; F8: $r=0.54$, $p=0.004$; C3: $r=0.37$, $p=0.037$; Pz: $r=0.51$, $p=0.039$; P4: $r=0.56$, $p=0.009$). No correlations in HC group were found. Chlorpromazine equivalents did not correlate with GLX/Cr of gamma power in CHR group.

Table. Results of between-group comparisons corrected for multiple comparisons

Lead	CHR Mean \pm SD	HC Mean \pm SD	p-value	F	Cohen's d	Cohen's d CI 95%
F3	0.97 \pm 0.62	1.4 \pm 0.64	0.0097	7.2	-0.69	-1.22 -0.16
F8	0.84 \pm 0.61	1.45 \pm 1.03	0.0072	7.8	-0.71	-1.24 -0.19
C3	0.97 \pm 0.55	1.44 \pm 0.64	0.0026	9.9	-0.79	-1.32 -0.27
Cz	1.03 \pm 0.61	1.42 \pm 0.52	0.0074	7.7	-0.70	-1.22 -0.18
Pz	1.17 \pm 0.7	1.62 \pm 0.63	0.0098	7.1	-0.68	-1.2 -0.16
P4	1.04 \pm 0.66	1.53 \pm 0.66	0.0051	8.5	-0.74	-1.27 -0.22

Conclusions: The findings suggest that clinical-high risk of psychosis is associated with widespread alterations in resting-state gamma-band power. Positive correlations of such alterations with GLX/Cr and absence of such correlations in HC group are presumably indicative of disturbances in the excitation / inhibition balance in CHR individuals.

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EPV0616

Widespread cortical and subcortical gray matter loss and an increase of globus pallidus volume in treatment-resistant schizophrenia

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Introduction: It is still being discussed whether treatment-resistant schizophrenia (TRS) is a biological subtype which differs from non-treatment-resistant schizophrenia or is it a more severe condition that affects brain worse than non-treatment-resistant schizophrenia. However, there are few and heterogeneous studies and the etiology of TRS remains quite unclear.

Objectives: This study aimed to explore cortical and subcortical morphometric characteristics in TRS patients and its associations with the clinical features. The pilot stage comprises the comparison to the mentally healthy subjects.

Methods: 21 right-handed male patients (mean age 28.99 ± 8.08 years) fulfilling TRS criteria and 21 matched healthy controls