

Introduction: Chronic pain patients often contend with insomnia symptoms, creating a reciprocal relationship that adds complexity to their condition. Evaluating interventions targeting insomnia in this population becomes paramount, given the intertwined nature of pain and sleep disturbances.

Objectives: This retrospective pretest design aimed to assess the efficacy of an Internet-delivered sound healing intervention in reducing insomnia severity and addressing sleep- and pain-related parameters among individuals with chronic pain.

Methods: Conducted as a community-based project, Tuning for Health provided support to individuals grappling with long-term illnesses. The intervention involved the virtual delivery of a specially crafted sound track using tuning forks over a 6-week period, supervised by an experienced therapist and administered weekly for an hour. Participants were instructed to play the track daily at a time convenient for them. A total of 68 participants (mean age 59.3 years) completed the intervention. Outcome measures, including the Insomnia Severity Index (ISI), a sleep diary, and assessments for anxiety, depression, and pain-related parameters, were collected at the end of the 6-week intervention and repeated after a 6-month follow-up. Negative effects were monitored and reported.

Results: Significant immediate interaction effects (time by treatment) were observed for the pain severity, ISI and various sleep parameters, such as sleep efficiency, sleep onset latency, early morning awakenings, and wake time after sleep onset. A time effect for anxiety and depression was noted at the 6-month follow-up. The group exhibited highly significant improvements in pain-related parameters. At the 6-month follow-up, sustained enhancements in sleep parameters and mental health were reported, with no reported side effects.

Conclusions: These unique results suggest the potential efficacy of sound healing in alleviating chronic pain and associated insomnia. Further research with a larger sample size is warranted to validate these findings. Combining sound healing with other treatments may offer enhanced outcomes for individuals dealing with both chronic pain and comorbid insomnia. This study lays the groundwork for future investigations into the promising intersection of sound healing, chronic pain management, and sleep improvement.

Disclosure of Interest: None Declared

Migration and Mental health of Immigrants

EPP0164

Social Determinants and Mental Health in Newly Arrived Young Migrants in Spain

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Introduction: Research has shown that factors related with the migratory process (such as travelling alone, living away from family, and discrimination after arrival) considerably increase the risk of mental health problems in young migrants. Moreover, they are among the most vulnerable migration groups with a high risk of social exclusion.

Objectives: To identify coping strategies and behavioural changes used to deal with perceived discrimination and its impact on the emotional well-being and mental health of newly arrived young migrants in Spain.

Methods: A subsample of 15 audio-recorded in-depth qualitative interviews were analysed from the national action-research Migra-salud project (II IN 190517 EN 162 FA 01). The interviews were transcribed, translated from Arabic to Spanish, and analysed through content analysis.

Results: Most participants were males (93.3%; n=14), ranging from 18 to 20 years, and from Morocco (93.3%; n=14). All participants were from foster care placements in Barcelona and arrived to Spain as minors. Newly arrived young migrants reported that they perceived themselves as being healthy before the migratory process. Adverse experiences during the journey and discrimination after arrival impacted their well-being and mental health. Specifically, they reported perceived discrimination in their daily life due to culture, language, or origin. This negatively impacted their well-being and mental health, increasing their emotional distress response and 'undervalued or inferior' and 'vulnerable' feelings about themselves. Concerning coping with discrimination, they reported using internalised coping strategies such as 'ignoring' or 'not responding' for fear of having their legal documents revoked or not obtaining them. Their behavioural changes often occurred when they perceived unfair treatment or prejudice towards their migrant status or their socioeconomics, culture or religion. These changes were motivated by being more accepted by the local community by 'westernisation or cultural assimilation' and by 'creating a good image' of oneself and its culture.

Conclusions: Findings establish that the cumulative experience of post-migration stressors (such as discrimination) negatively impacts their mental health and well-being in the long term. This suggests the need for specific policies and services to address this population's effects of post-migration risk factors. Further research is needed to explore the causes and effects of perceived discrimination on mental health more closely and to develop more targeted and effective interventions.

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EPP0165

Mental disorders in internally displaced persons: clinical features, therapy, prevention

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Introduction: Military aggression significantly worsens the mental health of the population due to losses: human, economic-financial, social-psychological, ecological. One of the negative consequences of military aggression is migration, the movement of the population within the country and outside its borders, which disrupts adaptation and leads to the formation of a wide range of psychological and mental disorders.

Objectives: To study the state of mental health of internally displaced persons (IDPs) and to develop, on this basis, a system of therapy and prevention of mental disorders.

Methods: A combination of clinical-psychopathological and psychodiagnostics methods of studying were used to identify peculiarities of the mental state and various forms of mental pathology.

Results: 270 IDPs were examined. It was established that the group of IDPs is heterogeneous and includes 3 categories: 1 group of IDPs who do not have signs of mental disorders (conditionally healthy) (34.81%), 2 group of IDPs who have separate symptoms of mental disorders (risk group) (25.19 %) and the 3 group of IDPs with established mental disorders (40.00 %). The assessment of the general condition of the IDPs of the 1 group shows that they have various somato-neurological disorders and the absence of mental disorders. The assessment of the emotional state of the IDPs of the 2 group indicates the presence of various emotional disorders that include asthenic syndrome (41.18 ± 5.97 %), agripnic syndrome (45.59 ± 6.04 %), somato-vegetative syndrom (30.88 ± 5.60 %), anxiety-depressive syndrome (20.59 ± 4.90 %). That separate syndromes do not meet the criteria of ICD-10 and were subthreshold. The general features of mental disorders in group 3 IDPs are characterized by the predominance of disorders of the anxiety-depressive spectrum and includes adjustment disorders (F43.2) in 35,18%; post-traumatic stress disorder (F43.1) in 17.59%; a moderate depressive episode (F32.1) in 16, 67%; organic affective (depressive) disorder (F06.3) in 14.81%; organic anxiety disorder (F06.4) in 9.28%; recurrent depressive disorder (33.1) in 6.48%.

Conclusions: A system of treatment of mental disorders in IDPs has been developed, which includes pharmacotherapy (the usage of antidepressants, anxiolytics and, if necessary, antipsychotics), cognitive-behavioral and family psychotherapy. For prevention mental disorders among IDPs of groups 1 and 2, a psychoeducational program was created, aimed at forming awareness of clinical manifestations of mental disorders, opportunities to prevent their formation, and necessary actions in conditions of exacerbation of the mental state. Evaluation of the effectiveness of the developed system of therapy and psychoeducation has testified to their effectiveness.

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EPP0166

Polish psychiatrists' experiences consulting displaced patients from ukraine in 2022

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Introduction: The ongoing conflict in Ukraine has resulted in a significant influx of refugees seeking asylum in other countries, including Poland. Among these refugees are individuals who are struggling with mental health issues. Polish psychiatrists have stepped up to provide care for these patients, despite facing a number of challenges in the process.

Objectives: This presentation aims to shed light on the experiences of Polish psychiatrists treating refugees during the war in Ukraine,

highlighting the difficulties they have encountered and the strategies they have employed to provide the best possible care to their patients. The presentation also examines the impact of war on mental health, and the long-term effects on the well-being of refugees.

Methods: A questionnaire study was done among Polish Psychiatrists about the forms of support they provided for Ukrainian psychiatric patients they consulted after 24 February 2022. The responses to questionnaires were collected during psychiatric Congresses.

Results: The most commonly reported symptoms were anxiety (44.1%), followed by depression (35.3%), and panic attacks (23.5%). Other symptoms like irritability and sleep disorders were reported by 11.8% and 8.8% of the respondents, respectively. Disturbingly, thoughts of resignation and suicidal ideation were also reported, albeit at lower frequencies (8.8% and 2.9%, respectively). A small percentage (2.9%) reported no new symptoms.

The high prevalence of anxiety and depression suggests that the war has had a profound impact on the mental health of the affected population. The emergence of severe symptoms like psychotic thoughts and suicidal ideation, although less frequent, is alarming and calls for immediate intervention. It is also noteworthy that a small but significant portion of the population reported no new symptoms, which may indicate resilience or other coping mechanisms at play.

Conclusions: The war in Ukraine has led to a range of new psychological symptoms among the affected populations, with anxiety, depression, and panic attacks being the most prevalent. Immediate and long-term psychological interventions are urgently needed to address these emerging mental health issues. Further research is also required to understand the resilience factors among those who reported no new symptoms.

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Personality and Personality Disorders

EPP0167

Cognitive functioning of patients with borderline personality disorder

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Introduction: The neurocognitive deficit model as a characteristic of patients with borderline personality disorder (BPD) has been the focus of research for the past 20 years. However, no such studies have been performed in Russia.

Objectives: The aim of the present study was to investigate the neurocognitive profile of patients with BPD.

Methods: Fifty patients with BPD (according to DSM-V criteria) in stable mental state (72% women; mean age 22.44 ± 4.32) were examined. BPD symptom severity was assessed using the Borderline Personality Disorder Questionnaire (PBQ-BPD), which was validated in the Russian population (34 points or more indicated a higher probability of BPD diagnosis). The Brief Assessment of Cognition in Schizophrenia (BACS) was used to assess cognitive function (in order to use these data for differential diagnosis with