

## Migration and mental health of immigrants

### EV815

#### Anxiety and depression in European immigrants in Africa: Spaniards in South Africa

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**Introduction** It is easy to find texts, in scientific literature, studying the adaptation of immigrants from developing countries in western countries. However, in these globalization times that we are living, few are the studies performed on members from developed countries emigrating to the third world.

**Objectives/Aims** To evaluate the factors predisposing to the onset of anxiety or depression symptoms in Spanish immigrants living in South Africa.

**Methods** This is an exploratory study with a sample of 51 Spanish residents in South Africa between 24 and 57 years (44% male, 56% female), 44% of which were living there for more than two years. An online survey was administered, collecting data related to reasons and conditions for their moving to the country and traumatic events living during the stay. For the screening of depression and anxiety symptoms Hopkins Symptom Scale (HSCL-25) was used. Finally, we carried out several analysis using Chi<sup>2</sup> test. For statistical analysis SPSS was utilized.

**Results** Thirty percent of the sample showed positive scores on anxiety symptoms scale, and 24% scored positive for depression. Job related items as being unemployed ( $P < 0.001$ ) was associated to symptoms of depression. Insecurity/violence ( $P < 0.021$ ) and race discrimination ( $P < 0.009$ ) were the main factors related to anxiety symptoms.

**Conclusions** Factor related to employment, security and discrimination, has been significantly associated to the onset of anxiety and depression symptoms. Other factors related to the moving to the country or social relationships have shown no relations. More studies are needed to provide information about adaptation and factors related to mental health in Occidental immigrants in developing countries.

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### EV816

#### Early intervention in psychosis in hospital Santa Ana AGS. A transcultural vision

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**Introduction** The aim of this paper is to study the profile of Moroccan users to contextualize interventions and to identify if specific requirements are observed.

**Methods** A descriptive statistical analysis of sociodemographic and clinical variables are performed to acknowledge the differences between Moroccan users ( $n = 6$ ) compared to the group of Spanish users ( $n = 12$ ).

**Results** The following was found in the Moroccan users: the average age was 7 years higher. The percentage of Toxic abuse was

slightly higher (83% vs 75%), although in comparison to the Spanish users the Moroccan users had double the percentage of patients treated in the Addictions center.

There were no significant differences in the duration of untreated psychosis (DUP) and in the duration of untreated illness (DUI). According to the referral, the Moroccan users were better detected in Primary care (50%/8%).

Regarding the PANSS negative symptoms predominated in Moroccan (45/20 percentile) and general psychopathology (65/35 percentile).

In the Social Functioning Scale (SFS), there are only differences in Autonomy Execution ( $T$  score = 104/ $T$  = 92).

The Family Questionnaire (FQ) shows that families reported greater frequency and discomfort of symptoms and the user as less capable of controlling themselves. Finally, the Global Assessment of Functioning (GAF) offers an average of nearly 15 points lower.

**Discussion** The training area stands out as a handicap in the rehabilitation process. Clinically negative symptoms and general discomfort are factors that limit the overall functioning. More specific interventions are also required for the families of these users.

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### EV817

#### Transcultural approach in early psychosis interventions

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**Introduction** The Early Psychosis Intervention Programme (EPIP) in South Granada serves a population with a first psychotic episode. In 2014, 16 patients entered the program, 6 of whom were North Africans.

**Aims** It is justified by clinical and health care needs to adapt and contextualize care plans and interventions to the specific necessities of this population: considering its suffering meaning and interpretation.

**Methods** A descriptive study of the data obtained in this population with the Scale of Positive and Negative Syndrome of Schizophrenia (PANSS) arises.

**Results** In the positive scale, the 6 subjects score in the low range (between 6–25th percentile).

On the negative 2 score in the low range and 4 in the middle (between 26–74th percentile).

In the compound scale in 3 cases, the predominance of negative symptoms is in the low range scale, the rest is in the middle range. Finally, in general psychopathology scale, 2 subjects scored in the low range, the same who scored in the same range in the negative scale. Two subjects scored in the midrange and 2 in the high.

**Conclusions** According to data, positive symptoms do not stand out among this group of patients. As for negative symptoms, if the range is low, so is the measure of general psychopathology. If the range is average, general psychopathology is medium-high. Also, when the range is average in negative symptoms, means the compound profile reflects predominance of negative syndrome. This reveals the importance of emphasizing a negative symptoms approach and its relationship with general psychopathology.

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