

Introduction: Suicide is a multifactorial phenomenon characterized by many biological, psychological, and social-cultural factors. The study of this phenomenon in migrants is complex, with no theoretical framework that can describe the available heterogeneous data. Although Italy has the fourth largest migrant population of EU, only few studies have assessed suicidal risk in migrants.

Objectives: The aim of his study is to assess suicide risk factors (hopelessness; interpersonal needs; traumatic experiences) in a sample of migrant patients, and to evaluate the possible application of the Interpersonal Theory of Suicide (ITS). Moreover, suicidal ideation and attempts were compared between migrants and natives. Lastly, a wider psychometric assessment has been conducted (depressive and anxiety symptoms; autistic traits).

Methods: In this case-control study, we included 50 migrants vs. 50 natives. Data were collected during the same period by gender, age, and diagnosis. We collected sociodemographic and clinical characteristics. We administered the following tests: Columbia Suicide Severity Rating Scale, Interpersonal Needs Questionnaire, Beck Hopelessness Scale, Beck Depression Inventory-II, Hamilton Anxiety Scale, Childhood Trauma Questionnaire, and Adult Autism Subthreshold Spectrum.

Results: There were no differences in sociodemographic characteristics, except for ethnicity. Otherwise, there were significant differences between diagnosis ($p:0.013$), with native reporting more Mood Disorders, and migrants reporting more Anxiety, Obsessive-Compulsive, Trauma-Related, Eating, and Substance Use Disorders. Migrants were more prone to be on treatment with Mood Stabilizers ($p:0.000$). There were significant differences for interpersonal needs, trauma, anxiety, and autistic traits. Migrants show more perceived burdensomeness ($p:0.05$), more physical neglect ($p:0.004$), physical abuse ($p:0.002$), and sexual abuse ($p:0.016$), more anxiety symptoms ($p:0.046$), and more empathy alterations ($p:0.014$). No differences were found for suicidal ideation and attempts, hopelessness, and depressive symptoms.

Conclusions: Despite there were no differences in suicide risk, migrants showed higher rates of perceived burdensomeness (PB) and childhood traumatic experiences (CTE). Both PB and CTE represent cardinal constructs of the ITS. No differences were found for hopelessness and depressive symptoms. Migrants showed higher rates of anxiety symptoms and empathy alterations. Even if suicide rates between migrants and natives were similar, accurate assessment of suicidal risk in migrants is crucial in improving suicide prevention strategies. Suicide risk evaluation in migrants should consider the application of ITS. For an appropriate clinical evaluation of the migrant patients, anxiety dimensions and autistic traits should be investigated.

Disclosure of Interest: None Declared

EPV0611

Between Delusions and Borders: Diagnosing Delusional Disorder in Migratory Contexts

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doi: 10.1192/j.eurpsy.2024.1276

Introduction: The mental health of immigrants is a significant, yet often overlooked, aspect of public health. This case study highlights the intersection of migration and mental health, focusing on a patient with delusional disorder. It is particularly relevant for psychiatrists due to the unique challenges in diagnosing and treating mental health conditions in migrant populations, who often face cultural, linguistic, and systemic barriers in accessing care.

Objectives: The primary objective of this case study is to elucidate the diagnostic and clinical challenges encountered in managing delusional disorder in a migrant patient. The case study presented aims to provide insights into how delusional beliefs can precipitate and perpetuate the process of migration.

Methods: The case study was developed through comprehensive psychiatric interviews during the patient's stay in a Psychiatric Inpatient Unit, supplemented by a targeted literature review on PubMed using "delusion disorder" and "immigration" as keywords.

Results: The patient, a 44-year-old Indian male, was a functional young adult until 2007 when he began exhibiting symptoms of delusional disorder. His delusions progressively evolved from local scenarios to national and eventually to a global scale. The initial delusions were focused on personal and professional conspiracies within his home country, leading to his first internal migration. As the condition worsened, his delusions expanded, fueling a belief in a widespread conspiracy that transcended national borders. This escalation of delusional beliefs became the primary motivation for the patient's international migration. He changed countries four times, each move driven by an attempt to escape the perceived threats and conspiracies associated with his delusional disorder. The patient's journey through various countries was a direct result of the intensifying nature of his condition.

Conclusions: This case study accentuates the profound impact that a delusional disorder can have as a driver and catalyst of international migration, influencing the individual's decision-making process and shaping the migratory experiences. It emphasizes the necessity for psychiatrists to consider the unique socio-cultural contexts of migrant patients in diagnosis and treatment. The case study advocates for a comprehensive treatment approach, integrating psychiatric care with a nuanced understanding of the migrant's experiences and challenges. This multifaceted approach is crucial in addressing the complex needs of patients with delusional disorder in migrant populations.

Disclosure of Interest: None Declared

EPV0612

Sociodemographic and clinical profile of immigrants hospitalized in psychiatric facilities in Tunisia

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doi: 10.1192/j.eurpsy.2024.1277

Introduction: In an increasingly interconnected world, migration has become a defining characteristic of the 21st century. While immigration offers new beginnings and prospects, it also presents unique challenges, particularly concerning mental health.