

on clinical staging and profiling of addictive behaviors combining neurobiological findings and clinical practice [6].

Disclosure of interest The author has not supplied his declaration of competing interest.

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.163>

S090

Clinical staging of psychotic disorders: From dimensions to neurobiology

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The clinical staging model is an approach used in medicine to define the extent of disease. In psychiatry, this model has recently been applied to psychotic disorders to distinguish the earlier, non-specific features of illness (e.g. ultra-high risk [UHR]; at-risk mental state [ARMS]), from later, more severe features associated with chronic illness. A key element of the staging model is to identify and classify the neurobiological processes underlying the disorder and to define potential interventions in the different stages. With the premise that dysfunctional neural mechanisms underlie symptomatology, the integration of categorical phenotypic classifications (class of disorder) with dimensional criteria (domains of dysfunction) becomes crucial. This approach aims to better classify trans-diagnostic dimensions of disease and discrete symptom-specific subgroup populations within biological frameworks, which may lead to the detection of new biomarkers and the development of more effective treatment and prevention strategies.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.164>

Symposium: Mental health care in refugees and asylum seekers

S091

Providing care for migrants and refugees

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With growing globalisation and an increasing number of people on the move across boundaries, it has become vital that service providers, policy makers and mental health professionals are aware of the different needs of the patients they are responsible. One of the most fundamental barriers for migrants, refugees and asylum seekers in accessing health services are inadequate legal entitlement and, mechanisms for ensuring that they are well known and respected in practice. Access to the healthcare system is impeded by language and cultural communication problems. Qualified language and cultural mediators are not widely available, and moreover, are not regularly asked to attend. This can lead to misunderstandings, misdiagnosis and incorrect treatment, with serious consequences for the afflicted. The language barrier represents one of the main barriers to access to the healthcare system for

people who do not speak the local language; indeed, language is the main working tool of psychiatry and psychotherapy, without which successful communication is impossible. Additionally, the lack of health literacy among the staff of institutions, which provide care for refugees and asylum seekers means that there is a lack of knowledge about the main symptoms of common mental health problems among these groups. The healthcare services, which are currently available, are not well prepared for these increasing specific groups. In dealing with ethnic minorities, including asylum seekers and refugees, mental healthcare professionals need to be culturally competent.

In this talk, main models for providing mental health care for migrants and refugees will be presented and discussed.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.165>

S092

Cultural competence training and mental health care in refugees and asylum seekers

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Recent mass movement of human beings in various parts of the world has brought several challenges. Not only refugees from Syria and Libya to Europe but also refugees, migrants and asylum seekers in Latin America bring specific set of issues with them. It is critical that clinicians are aware of both the vulnerability of individuals to mental ill health as a result of migratory experiences but equally importantly their resilience. The impact on the mental health of those who may be involved directly or indirectly in delivering care along with those new communities who receive these groups need to be taken into account when planning and delivering psychiatric services. It is essential to recognise that experiences of being a refugee or asylum seeker are heterogeneous. Being an asylum seeker carries with it legal definitions and legal imperatives agreed at international levels.

Policymakers and clinicians need to be aware of differential rates of psychiatric disorders in these vulnerable individuals and specific needs related to language, religious values and other cultural factors. Mental health problems may be related to experiencing cultural bereavement where individuals feel that they have lost their cultures, relationships and cultural values. Judicious and careful use of trained culture brokers and mediators should be encouraged as these individuals can inform the team about community needs and inform the community about the team functioning and its principles so that community expectations can be managed appropriately. Such approaches may also help reduce stigma against mental illness.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.166>

S093

Suicide risk in refugees and asylum seekers

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Increasing numbers of individuals forced to leave their home countries in areas of war, conflict, human rights violations and persecution pose a challenge for host countries to meet the mental-health care needs of these individuals. Refugees and asylum-seekers may face unique risk factors for mental disorder before, during, and after their migration leading to suicidality.