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Psychiatric admission among migrants: a retrospective study in acute psychiatric ward in Bologna, Italy

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Introduction: Numerous evidences point out how migrants use health services differently than the natives. Migrants turn more frequently to the ED for psychiatric problems and less to territorial psychiatric services than the native population. Other differences can be found in terms of diagnosis, type of discharge, type of hospitalization.

Objectives: Our study has the objective of evaluating the incidence of psychiatric hospitalizations of migrant patients compared to natives in a well-defined area of the metropolitan city of Bologna and evaluate the effect of the Covid 19 pandemic on the incidence of psychiatric hospitalizations among migrants and on their clinical characteristics.

Methods: The study conducted is of an observational and retrospective type on migrant and native patients admitted to the psychiatric unit "SPDC-Malpighi" of the DSM-DP of Bologna AUSL between 01/01/2018 and 31/12/2020.

Results: Migrants were more likely to be admitted via ED and less likely to be referred from a CMHC or from non-psychiatric hospital unit compared with natives. Most migrants were discharged at home while natives more frequently chose to self-discharge. With regard to diagnosis, migrants were more likely to be admitted due to a SSD, while natives were more likely to be diagnosed with a MD or SUD.

Conclusions: We confirm the presence of differences in access to care, type of discharge and type of diagnosis between migrants and natives. Further studies to investigate changes in pre and post Covid admissions in migrants would be needed.

Disclosure: No significant relationships.

Keywords: migration; psychiatry admissions; cultural psychiatry

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Rationality and suicide, cultural context and mental illness – tenuous limits: about a clinical case

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Introduction: Suicide results from a complex interaction between biological, genetic, psychological, sociological, cultural and environmental factors. The frequency of suicide among psychiatric pathologies is quite variable, with depression accounting for 45% to 70% of suicides. The association of suicide with the existence of mental illness is not consensual, with reports of rational suicides in

2% to 9% of suicide cases. It is unquestionable that the awareness of the lived experience limits the person's condition to what it is.

Objectives: To describe a clinical case on the subject and discuss the influence of cultural context in suicide.

Methods: The authors describe a case of a patient hospitalized in Psychiatry, after a suicide attempt and a consummated suicide by his wife.

Results: The patient and his wife lived their entire lives as hermits. Although no acute psychopathology was found in the patient to justify the act, such as psychotic or depressive symptoms, dysfunctional personality traits were found, which translated into an attitude of superiority, requirement of subservience, hostility when contradicted and breaches of basic rules.

Conclusions: Taking into account what has been described, the authors discuss the influence of personality on the patient's life choices and on the decision that led to the suicide attempt, as well as the suicide of his wife. A reflection is made on whether suicide can be completely independent of mental illness or whether, even in cases where rationality seems to be the causal factor, personality dysfunctionality and a profound influence of the cultural context, are present or not.

Disclosure: No significant relationships.

Keywords: Rational suicide; Cultural; Suicide; mental illness

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Cultural competence of mental health professionals

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Introduction: Societies nowadays, including Greece, are usually multicultural. Health professionals should therefore be properly trained to consider patients' beliefs, attitudes and particular needs depending on their different cultural background.

Objectives: To identify the features that the culturally competent professional should have in order to understand better the nature of cultural competence and its importance to mental health professionals in early intervention of immigrants' mental health problems.

Methods: A literature review has been made through PubMed database.

Results: The development of cultural competence is a continuous process. Culturally competent professionals should have the following features: a) Understand the concept of culture and the way individuals' cultural background affect their feelings and their intercultural interactions. b) Choose appropriate collaboration strategies with people from different cultural backgrounds. c) Accept diversity and respect patients' differences, demands and choices without criticism while providing them the proper care. d) Be fair and take care of all patients without any distinction regardless of the language they speak. e) Familiarize themselves with issues related to mental health and illness and encourage patients to explain how their illness affects their lives. Culturally competent mental healthcare professionals should seek more than the provision of caring without prejudice. They should respect the positive contribution of cultural origin and identity to people's well-being, learn their life stories and develop a relationship of trust with each patient separately.

Conclusions: Cultural competence might help mental health professionals to understand and provide adequate services with respect to patients who come from a different cultural background.