(ANOVA) was used to investigate differences between migrants with a mental disorder vs migrants without a mental disorder in terms of cognitive functions, depressive and anxiety symptoms, traumatic events and pre-migration risk factors. Person's correlation was performed to investigate relationships between the Hopkins Symptom Checklist-25 (HSCL-t25) psychopathological index with all the other above-mentioned variables. Logistic regression was used to evaluate factors associated to the presence of a current mental disorder.
Results: At least one mental disorder was found in 90 subjects (29.7% of the sample). Most prevalent diagnoses were major depressive disorder, lifetime panic disorder, PTSD, and generalized anxiety disorder. People with at least one psychiatric illness showed impaired global (F=6.62; p=.011) and social (F=8.22; p=.004) cognition, higher trauma levels (F=70.59; p<.0001) and more severe anxiety and depressive symptoms (F=61.84; p<.0001) compared to healthy migrants. Only trauma levels significantly correlated with HSCL-t25 psychopathological index. Trauma levels, global cognition, occupation, and migration status were associated to the presence of a current mental disorder.
Conclusions: The results of the present study demonstrated that almost 1/3 of the guests of refugee centers in Campania have a mental disorder. The identification of risk factors associated to the onset of mental disorder and to severity of psychopathology in refugees and asylum seekers, may contribute to plan preventive and early psychiatric care in this population.

Disclosure of Interest: None Declared

EPP0321

Refugees, war trauma and mental health: knowledge and experience from trainees and early career psychiatrists

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Introduction: Psychiatry Across Borders working group of the European Federation of Psychiatric Trainees has the mission to improve psychiatric training in transcultural psychiatry and trauma-related topics in Europe. It started conducting a survey in 2016, to assess trainees' experiences in forcibly displaced people mental health (Frankova *et al.* Transcult.Psychiatry, in press).
Objectives: To investigate European psychiatric trainees' and Early Career Psychiatrists' (ECPs) training about trauma and refugees' mental health, focusing on educational and clinical difficulties occurring while assisting war refugees or in Eastern Europe, due to the ongoing conflict.
Methods: A new survey for European psychiatric trainees and ECPs was designed. A web questionnaire was shared through various channels, including social media, in September 2022. It included an informed consent form and investigated socio-demographic data, training in trauma and refugees' mental health, clinical practice in war areas or with war refugees.
Results: As of 16/10/22, 31 were the responders, mainly adult psychiatrists (93.6%). Although the 87.1% worked with forcibly displaced people, only 29% received a specific training, and 53.6% didn't feel prepared to face war trauma-related disorders. However, 64.3% could reach out to a teamwork member specialized in the topic, and 72.2% to interpreters. The 67.7% worked with actual war refugees, mainly addressed to psychiatric services due to new onset of psychiatric symptoms, especially insomnia (66.7%), often diagnosed with Acute Stress Reaction (66.7%) and treated with psychiatric drugs (83.3%). Two colleagues working in war areas participated in the survey: both lost patients at follow-up and experienced increased workload or lack of means (i.e., drug supply) or support.
Conclusions: This survey can spot educational needs in transcultural psychiatry, helping to program targeted interventions for psychiatric trainees and ECPs, aimed at implementing clinical practice towards the common goal of social cohesion.

Disclosure of Interest: None Declared

EPP0322

Forced displacement and mental health problems in refugees residing in Quetta for decades

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Introduction: As written by Warsan Shire, "no one leaves home until the home is the mouth of a shark". UNHCR defines forced displacement as "displaced because of persecution, conflict, generalized violence or human rights violations"
Objectives: to study the prevalence of common Mental health disorders among forcibly displaced people and comparing with the common mental health disorders among host community members.
Methods: The OPD of BIPBS in SPH and BMCH of Quetta attends 800+ patients per month the data of the OPD of both hospitals was collected for Jan-May 2022 and was analyzed to numerate both the host community and refugees. out of 4120 for 354 refugee patients identified using their POR card and for 3776 of host community using their CNIC, data was analyzed for the prevalence of mental health disorders among them.
Results: This study states that Afghan Refugees presented to OPD services of BIPBS, 47% were diagnosed as MDD with/without psychosis, 19% with GAD, 5% diagnosed as BAD, 5% With schizophrenia, 4% as PTSD, 3% as migraine, 3% conversion disorder, 2% OCD, 1% somatoform disorder and 10% of them presented with other

psychiatric disorders, while in host community 21% were diagnosed as MDD with/without psychosis, 24% as GAD, 12% as somatoform disorder, 10% as OCD, 8% as migraine, 7% as conversion disorder, 4% as BAD, 3% as Schizophrenia, 3% as MBD due to substance misuse and rest of 7% presented with other psychiatric disorders.
Conclusions: The conclusion of this study states that mental health disorders are more common among refugees than in other populations, the result of this study shows that there is a big difference in the prevalence of mental health disorders among displaced people and the rest of the population, some of the Mental health disorders are present in higher percentage among displaced people rather than among host community, while some other disorders are present in lower percentage among displaced people rather than among host community, this study also highlights that further studies are needed to determine, risk and protective factors within the host community.

Disclosure of Interest: None Declared

Emergency Psychiatry 01

EPP0323

Correlates of aggressive behavior in the moroccan context

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Introduction: Violence among the mentally ill population has long been a subject of stigma, and controversy. Clinicians' ability to assess the violent potential is still limited.
Objectives: The objective of this work is to identify the positively correlated indicators of aggressive behavior in patients admitted to hospital emergency departments.
Methods: It is a retrospective and descriptive paper based on the records of patients admitted to the emergency department of Arrazi University Psychiatric Hospital in Salé during a one-month period. The psychiatric diagnosis was formulated using the DSM-5 diagnostic criteria and Violent behavior was assessed using the Modified Overt Aggression Scale (MOAS). The existence of aggressive behavior was defined by a MOAS score ≥3.
We used SPSS 15 to analyse results
Results: Sixty-five case files were selected during the study month. The average age was 35.3 (19;64).
The mean of our sample MOAS aggression scale score was 31.5 [0; 79] and 90% of patients had a score ≥ 3 (image 1)
Among the 65 admissions, heteroaggressive risk was the most frequent reason for hospitalization (N=53), followed by psychomotor excitement. IMAGE 2
Statistical analysis revealed a significant association between high MOAS scores and substance use, history of suicide attempt, educational level and socioeconomic level

Image:

	(N, %)	MEAN (MOAS)
Sexe		
Male	44 (52,3)	33,7
Female	21 (47,7)	26,8
Marital status		
Single	42 (64,6)	31,8
Married	12 (18,5)	30,7
Divorced	11 (16,9)	31,4
Widowed	0 (0)	0
Education level		
Non educated	2 (3,1)	25,5
Primary	8 (12,3)	36,2
Secondary	34 (52,3)	37
University	21 (32,3)	21,3
Professional status		
Unemployed	52 (80)	34,03
student	2 (3,1)	8,5
Permanentjob	6 (9,2)	22,3
Temporaryjob	3 (4,6)	26
Retired	2 (3,1)	23
Socioeconomic status		
Low	31 (47,7)	39,1
Average	26 (40)	24,8
High	8 (12,3)	23,6

Image 2:

Enregistrer	(N, %)	MEAN (MOAS)
Diagnostic (DSM-5)		
Schizophrenia	**44 (67,7)**	**31,9**
Schizoaffective Disorder	**15 (23,1)**	**31,7**
Bipolar disorder type I	3 (4,6)	22,3
Schizophreniform disorder	1 (1,5)	27
Major neurocognitive disorder	1 (1,5)	26
Authorities required to admit the patient		
Yes	17 (26,2)	32,3
NO	48 (73,8)	31,2
Initial use of injectable treatments		
YES	**18 (27,7)**	**43,7**
NO	47 (72,3)	26,8

Conclusions: In the current research, the prevalence of aggressive behavior was high among these patients, which may be due to the conditions of psychiatric hospitalization in our region, which is often reserved for the most serious and dangerous patients.

Disclosure of Interest: None Declared