purpose of DCSs and how they rate DCSs' utility for various purposes. All DCSs were considered.

Methods: Two separate searches were conducted in Medline Via Ovid and PsycInfo: one for articles assessing the main purpose of DCSs according to mental health professionals and one for studies on how practitioners rate the utility of DCSs for various purposes. The first search revealed eight articles on the main purpose of DCSs and the second three articles on how practitioners rate their utility for various purposes. The total number of participants from all included studies for the first search was 9,276 and for the second 2,363. The studies included clinicians from a wide range of world regions, languages, and income-level countries.

Results: The results of the meta-analyses for the first search showed that 44% (95%CI=38-49%) of the responders believe that the main purpose of the DCSs is facilitating inter-clinician communication, 20% (4-35%) to inform treatment decisions, 14% (11-16%) to aid the communication between clinicians and patients, 11% (4-18%) to reflect on aetiology/pathogenesis, 9% (2-16%) to facilitate research, 4% (2-7%) to provide a national statistical base and 1% (0.1-2%) to indicate prognosis. Regarding how responders rate the utility of DCSs for various purposes, the highest ratings were given for meeting administrative requirements and inter-clinician communication in the two of the three included studies, and clinical diagnosis and training in the third.

Conclusions: "Inter-clinician communication" was the most voted purpose of DCSs and was rated relatively high in the tier of DCSs' clinical utility. In contrast, "inform management decisions", even though it was voted as the second most popular purpose of DCSs, was placed on the bottom of the rating tier of DCSs' clinical utility. Interestingly, none of the included studies asked the responders whether "making a diagnosis" is the main purpose of DCSs. Further research is needed to assess what mental health professionals expect from DCSs, so as to improve their clinical utility in the future.

Disclosure of Interest: None Declared

O0012

Cumulative trauma exposure comparison between non-refugee immigrants and locals with psychotic disorder

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Introduction: A significant global increase in immigration has been reported due to humanitarian crisis around the world. Trauma exposure related to migration process is usually multiple and maintained in long-term which could provoke a cumulative effect. Moreover, several meta-analysis describe increased risk for psychosis in immigrant population. Despite this increase, there is a lack of research in non-refugee immigrants specially within those with psychotic disorder.

Objectives: The aim of the study is to describe and compare cumulative lifetime trauma between immigrants and locals with psychotic disorder.

Methods: Patients who have presented, according to DSM-V criteria, one or more non-affective psychotic episodes, were recruited in Acute and Chronic inpatients units at Hospital del Mar (Barcelona) from November 2019 to June 2021, leading to a total sample of 199 patients. Demographic characteristics of patients, clinical data and main pharmacological treatment were recorded through a questionnaire. Database information was completed with electronic medical records. Cumulative trauma Scale was used as instrument to assess lifetime trauma exposure frequency and distress. Comparative analysis was performed with IBM SPSS Statistics (Chicago INC) using Chi-Square Test for qualitative variables and t-Student test for continuous variables. Covariate adjustment with demographic and clinical variables was performed by ANOVA test. Study received local ethics committee approval "CEIC" (No. 2019/8398/I).

Results: From a total of 198 patients, 99 (50%) were immigrants and 99 (50%) locals. Immigrants were exposed on average 3 times more to lifetime traumatic events (16.12) when compared to locals (5.39). Likewise, distress intensity caused by trauma exposure had a mean of 97.13 in immigrants compared to 27.24 in locals. Traumatic events more present in immigrants' group were "uprooting" (82.8%), "physical abuse" (76.8%), racial discrimination (74.7%), threat of death (74.7%) and life-threatening to close friend (72.2%) and in local group was school failure (42.4%), serious disease (38.4%), accidents (36.4%), physical abuse (36.4%) and interpersonal relationship rejection (36.4%).

Conclusions: According to our results there are important differences in cumulative traumatic events between immigrants and locals with psychotic disorder. Immigrants showed three times more lifetime traumatic events than locals. Likewise, immigrants presented significant higher level of distress caused by lifetime trauma and the nature of traumatic events was more severe. These results should be considered in order to offer better assessment and treatment to this population considering this comorbidity.

Disclosure of Interest: None Declared

O0013

Detecting Functional Impairment Among Adolescents in South Africa Using Culturally Adapted Assessments

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Introduction: Functional impairment (FX) screening tools could potentially be used in resource-limited settings to identify adolescents who need mental health support.

Objectives: Culturally adapted, isiXhosa versions of FX questions and the Patient Health Questionnaire-9 (PHQ-9) and the Generalized Anxiety Disorder-7 (GAD-7) were used to assess depression (MDD) and anxiety (GAD) among adolescents (10-19 years) in South Africa.

Methods: Adolescents were recruited from the general population and from nongovernmental organizations working with those in