stressful life events she developed psychotic symptoms - messianic and persecutory delusions, with visual and auditory hallucinations.
Conclusions: There is an increased risk of psychosis among migrant population that is well documented. This is even the main risk factor with the exception of a family history of psychosis. The risk can be explained by socio-demographic and psychological features, factors involving the migration process, and socio-occupational environment in the host country. A socio-developmental-cognitive model theorize how exposure to a stressful environment and social defeat interacts with underlying genetic risk to create an enduring liability to psychosis. These findings can help in important decisions about mental health resources and accessibility, including protocols to identify and treat migrants at higher risk of mental diseases.

Disclosure: No significant relationships.
Keywords: socio-developmental-cognitive model; acculturation; psychosis; migrants

EPV0379

Dhat syndrome: A case report on a culture-bound challenge

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Introduction: Dhat Syndrome is a culture-bound entity frequent in the Indian subcontinent. It is characterized by somatic symptoms, together with depressive and anxiety features, specifically focused on the belief of losing semen through urine[1].
Objectives: To describe an atypical Dhat Syndrome case in European cultural context,and to determine the appropriate diagnostic frame and subsequent therapeutic approach.
Methods: We present the case of a 37-year-old Indian man attended in our psychiatric outpatient unit mainly due to somatic complaints (gastrointestinal, sexual dysfunction, weakness, and dizziness). He interpreted his problem as possibly due to diabetes and hypothyroidism, and specifically from sugar loss in urine. Organic diseases were excluded.
Results: Although considered as culture-bound, Dhat syndrome has been classified as a subtype of depression, anxiety disorder, somatoform disorder[2,3,4], and even a prodromal phase of schizophrenia[5]. Antidepressants and benzodiazepines are the most recommended pharmacological treatments[1]. Antipsychotic agents have been used when clear psychotic symptoms were present (auditory hallucinations,delusions)[5]. Nonetheless, paliperidone 6mg/d was initiated at baseline, with good response and partial remission of the symptoms at two weeks, despite the absence of clear psychotic features. Culturally-informed cognitive-behavioural therapy, as well as sexual education could be beneficial were planned and initiated[1].
Conclusions: Data on Dhat Syndrome is scarce, yet agreement exist in considering the cultural context of the patient to avoid diagnostic delays. The adequate treatment remains uncertain. Antipsychotics may be a potential treatment. Further research is necessary to clarify the nature of this syndrome but European clinicians must be aware of culturally-mediated psychiatric manifestations which are increasingly prevalent due to globalization.

Disclosure: No significant relationships.
Keywords: Culture; dhat syndrome; transcultural psychiatry; Migration

EPV0382

Impact of initial health assessment and crisis counselling for newly arrived Asylum seekers

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Introduction: Evaluate the impact of the initial health assessment service for asylum seekers provided by the Asylum Practice Service.
Objectives: Examine the inputs of Asylum practice service to asylum seekers. Investigate the activities and outputs of the Asylum practice service. Identify the outcomes of Asylum practice service to asylum seekers. Assess the impact of Asylum practice service to asylum seekers.
Methods: The conceptual framework for measuring impact at the asylum practice service was based on a Logic Model to engage stakeholders and service users in order to evaluate the impact of services provided by the service. Also the Refugee Health Screener – 15 (RHS15) was used to screen the emotional distress/trauma to identify those individuals who would benefit from further mental health evaluation and treatment. Both quantitative and qualitative data were used to articulate and evidence social value performance and to tell the story of change created.
Results: The study shows that newly arrived asylum seekers benefit from the services of asylum practice, even though the impact could be marginal in some cases.
Conclusions: There is a need to revisit the current Initial Health Assessment tool, as in its current form, vital information on the causes of trauma such as rape, torture, human trafficking, and witnessing the death of parents, child, and close relatives which may underpin mental health problems, may not be captured, thus preventing access to appropriate interventions.

Disclosure: No significant relationships.
Keywords: Asylum seeker; mental health; Migration; Crisis Counselling

EPV0383

Comparison of developmental trauma between immigrant and non-immigrant psychotic patients

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