EPV884

Childhood Trauma, Depression, and Suicide risk in Migrant Psychiatric Inpatients: A Cross-Sectional Study

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Introduction: International migration exposes individuals to pre-, peri-, and post-migration adversities that heighten vulnerability to mental disorders and suicidality. Global evidence shows high rates of depression and PTSD among migrants, while non-fatal suicidal behaviors such as ideation and attempts are more frequent than in host populations, particularly among women. These outcomes reflect complex interactions between psychopathology and social adversity. Yet, studies on childhood maltreatment and its psychopathological consequences among migrants remain scarce. The association between childhood abuse and suicidality is partly mediated by depressive and post-traumatic symptoms linking early trauma to suicide risk, further amplified by legal precarity, discrimination, and limited access to care.
Objectives: To describe the sociodemographic and clinical characteristics of migrant psychiatric inpatients, including diagnosis, illness onset, hospitalizations, depressive symptoms, and suicide risk; to examine cross-continental differences in suicidal ideation, depression, and childhood maltreatment; and to test whether depressive symptoms mediate the relationship between childhood abuse and suicidal ideation.
Methods: A cross-sectional bicentric study was conducted among 102 migrant psychiatric inpatients (63.7% women; age = 43.4 ± 12.9 years) from two university hospitals in Rome (Sant'Andrea, Policlinico Umberto I). Diagnoses followed DSM-5. Assessments included the Columbia–Suicide Severity Rating Scale (C-SSRS), Beck Depression Inventory–II (BDI-II), and Childhood Trauma Questionnaire (CTQ). Analyses used IBM SPSS Statistics 29 and comprised descriptive statistics, one-way analysis of variance (ANOVA), Pearson correlations, and mediation models (PROCESS Model 4; 5000 bootstrap samples; 95% confidence intervals; $p < .05$).
Results: Overall, 31.2% had bipolar disorder, 25.5% major depressive disorder, and 24.5% a schizophrenia-spectrum disorder. Depressive symptoms were moderate (BDI-II = 19.0 ± 13.9); 35.3% reported suicidal ideation in the past month and 5% a recent attempt. Asian migrants showed higher suicidal ideation than Europeans ($p = .012$), and those from the Americas greater depressive severity ($p = .042$). CTQ subscales correlated with depression ($r = .24–.39$, $p < .05$) and suicidal ideation ($r = .30–.46$, $p < .01$). Depression fully mediated emotional-abuse effects on suicidal ideation and partially mediated physical and sexual abuse.
Conclusions: Among migrant psychiatric inpatients, depressive symptoms mediated the link between childhood abuse and suicidal ideation, underscoring the role of mood dysregulation in trauma-related suicidality. Cross-continental differences suggest culturally shaped distress patterns, highlighting the need for trauma-informed, culturally sensitive prevention strategies emphasizing early detection of childhood trauma and depression in migrant mental health care.

Disclosure of Interest: None Declared

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Suicidality and aggressive behaviors in migrants: evidence from an observational study

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Introduction: Migrants often face traumatic experiences, acculturation stress, and barriers to care, which may increase vulnerability to suicidality and aggressive behaviors. These behaviors reflect emotional dysregulation and represent a significant concern in psychiatric inpatient settings.
Objectives: To investigate sociodemographic, cultural, and clinical correlates of suicidality and aggression among migrant psychiatric inpatients, focusing on univariate analyses.
Methods: We retrospectively reviewed clinical records of 268 migrant patients admitted to a psychiatric unit in Italy (2004–2019). Self-harm (suicidal ideation/attempts) and aggressive behaviours were identified through clinical assessment. Sociodemographic and clinical characteristics were compared between groups using chi-square and t-tests.
Results: Self-harm was reported in 22.4% of patients. Compared with others, these patients were less often male and more frequently experienced acculturation stress (63.3% vs. 48.6%). They scored higher on BPRS suicidality (3.9 vs. 2.3), guilt (2.5 vs. 1.8), and hostility (3.2 vs. 2.1). Patients without self-harm more often displayed psychotic-spectrum symptoms such as unusual thought content, bizarre behavior, and distractibility. Aggressive behaviours was observed in 22.5% of patients, which were were younger, less educated, and less likely to have a partner compared to those who did not present aggressive behaviours. Moreover, they more often faced precarious legal status (33.3% with residence permit vs. 57.1%) and lower Italian fluency. Clinically, they were more frequently involuntarily admitted (25.4% vs. 2.4%), had higher BPRS total scores (60.8 vs. 49.4), and showed marked hostility, motor hyperactivity, and suspiciousness. Their functioning was significantly lower (GAF 36.7 vs. 44.1). The overlap between suicidality and aggression was minimal (3.7%).
Conclusions: Our findings suggest that suicidality in migrants is linked to acculturation stress and internalized symptoms, while aggression relates to social vulnerability factors such as poor integration, unstable legal status, and limited support. These risks are not rooted in ethnicity but reflect structural and social challenges.

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Strengthening integration pathways, legal stability, and culturally sensitive care may reduce both self-harm and aggression in migrant patients.

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Immigration policy changes and impact on the mental health of immigrants

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Introduction: Immigration policies have a profound effect on the mental health of immigrants by fostering atmospheres of fear, uncertainty, and stress, which can intensify issues such as anxiety, depression, and Post Traumatic Stress Disorder (PTSD). Modifications in policy may limit access to education, employment, and healthcare, while threats of deportation and family separation contribute to cumulative social disadvantages that deteriorate mental well-being, underscoring a vital connection between immigration legislation and the psychological condition of immigrants.
Objectives: To evaluate how immigration policy changes result in anxiety, depression, and PTSD among the immigrants
Methods: We conducted a systematic review using search terms "immigration policy changes and migrants 'mental health," "immigration policy and psychological distress of migrants," "immigration policy and migrants' challenges". The search was conducted on Google Scholar, PubMed, and the Bielefeld Academic Search Engine. It yielded 15 articles.
Results: From the survey of 58,087 participants in a study in the UK, greater psychological distress was observed among the minoritised ethnic immigrants. Of the other articles, 50 % reported depressive symptoms. Anxiety was reported in ten articles, while many met criteria for PTSD.
Mental health issues such as depression, anxiety, and PTSD are documented in adult undocumented immigrants, as well as in undocumented children. These children endure considerable trauma, which can lead to the emergence of PTSD symptoms within this vulnerable population. Furthermore, undocumented children encounter distinct obstacles, including educational barriers and anxiety regarding the arrest, incarceration, and imprisonment of family members due to their immigration status, resulting in heightened trauma and distress.
Conclusions: The health risks faced by immigrants are exacerbated by immigration policies and laws that foster a heightened fear of detection, create language barriers, and contribute to the deterioration of mental health. A global strategy is required to address the challenges posed by immigration and unauthorized cross-border movements. It is essential for healthcare professionals, politicians, stakeholders, think tanks, advocacy organizations, and others to unite and formulate policy solutions grounded in the principles of social justice and human rights

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EPV891

Challenges in Treating Psychosis Amid Homelessness: A Case of an Undocumented Migrant in Spain

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Introduction: Homelessnes represents a growing social and health emergency in Spain. According to the 2022 INE survey, 28'500 people are homeless, though NGOs estimate around 37'000-42'300 individuals. In the last decade, homelessness has increased by 25%, with only 28'00 shelter places recorded. Residential exclusion (overcrowding, insecure housing, informal settlements…) affects 18% of the population.
Groups mainy affected by this are vulnerable populations such as undocumented migrants. Recent resources show migrants have 7'5 more risk of homelessness than Spanish nationals. These conditions exacerbate barriers to healthcare access and standard treatment.
Objectives: To describe a clinical case of severe psychotic disorder with resistance to usual treatment and severe social vulnerability.
To assess the impact of unstable living conditions on the clinical management of mental health disorders and, in special, treatment-resistant psychosis.
Methods: A retrospective descriptive studio is conducted based on a clinical case admitted in an Acute Hospitalization Unit in Madrid, Spain and the literature available about homelessness and mental health conditions.
Clinical case: A young adult male, approximately 23-29 years, is brought to the hospital after jumping from a bridge in relation to mystical-religious delusions. The patient is undocumented, with unknown origin and no known relatives. He is not registered in the healthcare system and uses multiple pseudonyms. In Madrid, the Mental Health Street Team, which provides care for patients in social exclusionwho cannot access the standard healthcare network, was notified. Patient history was obtained from previous encounters and self-report, indicating he has been in Spain for approximately one year, with prior stays and hospitalizations in France and Germany. Clinical assessment focused on psychotic symptoms, including grandiose and religious–mystical delusions.
Following stabilization, with improved behavior and reduced interference, he was discharged to a residential resource. Since then, he has been admitted to the hospital in two more occasions due to conductual disturbances.
Results: The patient exhibited psychotic symptoms resistant to both typical and atypical antipsychotics. The usual treatment of choice in these cases, clozapine, could not be initiated due to the imposibility of guaranteeing adequate adherence and monitoring.
Conclusions: This case illustrates how homelessness in Spain critically limits access to effective treatment for severe psychotic disorders, especially in undocumented individuals. Strengthened coordination between healthcare and social services is essential to safeguard the right to health for socially excluded populations. Housing-focused strategies and adaptable healthcare resources are crucial to addressing the needs of marginalized groups.

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