

P01-340 - **ACCULTURATION, ACCULTURATIVE STRESS AND PSYCHOSOCIAL WELL-BEING IN THE HOSPITALIZED IMMIGRANT PATIENT**

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Objectives: There is no direct relationship between migration and mental health, certain risk (e.g. acculturative stress) and protective factors of psychosocial well-being are inversely related with psychopathology. Acculturation strategies have been found to be related to psychopathology however this relationship has been minimally examined with psychosocial well-being. The objectives of this study are to examine the relationship between acculturative stress, acculturation, and psychosocial well-being.

Methods: The sample consists of 150 immigrant inpatients hospitalized in tertiary care between 18 and 65 years of age. Acculturative stress, acculturation, social adaptation, anxiety and depression, as well as sociodemographic and attitudinal items were evaluated.

Results: With general health situation controlled, the study found a negative relationship between acculturative stress and psychosocial well-being, as well as between the marginalization acculturation strategy and psychosocial well-being. A relationship was found between acculturation strategies and acculturative stress. There is no positive relationship between the integration acculturation strategy and psychosocial well-being, although the majority of the study participants preferred integration, followed by assimilation. The latter is associated with lower levels of acculturative stress and higher psychosocial well-being. Separation, on the other hand, is associated with lower levels of anxiety and depression, and with a higher quality of life.

Conclusions: None of the acculturation strategies demonstrates a clear advantage in relation to psychosocial well-being, however, marginalization appears to be the least adaptive. It may be useful to revise the notion of what constitutes the most adaptive acculturation strategy for an individual, taking into account his or her psychosocial well-being.