

Conclusions: We have the odyssey of one of many patients with a mental illness where their life journey leads them to marginal situations and where elements of a legal nature are intermingled; either by the stay in prison itself or by the need for an admission against their will for psychopathological stabilization and to redirect this shipwrecked life course.

Disclosure: No significant relationships.

Keywords: Sevilla; Psychosis; immigration; journey

EPV0886

Transcultural approach to psychotic episodes. About a case.

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Introduction: Cultural differences influence understanding and therapeutic adherence of migrant patients, therefore it is very important to acquire cultural competence.

Objectives: The objective of this paper is to study, from the following case, the effect of cultural competence in approach to psychosis in migrant patients.

Methods: A bibliographic search was performed from different database (Pubmed, TripDatabase) about the influence of culture on psychosis and its resolution. A 25-year-old Moroccan man who came to Spain two years ago fleeing his country and suffered violence in different countries until he arrived. He lived on the street until they offered him a sheltered house with other Moroccans. He felt lack of acceptance and loss of his roots. In this context, he developed a first psychotic episode in which he described “the presence of a devil”.

Results: He distrusted antipsychotic treatment and believed “that devil” was still inside him, being convinced that he needed a Muslim healer to expel him. We followed up with the patient and a cultural mediator, better understanding his cultural reality, uprooting and traumas, and he could feel understood and trust us. During the process, he decided to go to the Muslim healer who performed a symbolic rite for which he felt he “expelled the devil”, while accepting antipsychotics. With all this, the psychotic symptoms and their acculturation process improved.

Conclusions: It is very important that psychiatrists have cultural competence to understand the context of migrant patients, and to be able to provide them with the best treatment.

Disclosure: No significant relationships.

Keywords: Psychosis; migration; acculturation; Cultural competence

EPV0887

Scalable psychological interventions for Syrian refugees: Preliminary results of a randomized controlled trial on the peer-refugee delivered Problem Management Plus (PM+) intervention in the Netherlands

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Introduction: In the past decade, millions of Syrians have sought refuge in neighboring countries and Europe. Refugees are at increased risk for the development of common mental disorders (CMD), such as depression and posttraumatic stress disorder (PTSD), but only a small percentage access mental health services. Problem Management Plus (PM+) is a brief, scalable intervention targeting symptoms of CMDs that can be delivered by non-specialist helpers in communities affected by adversity, such as refugees.

Objectives: The aim of this randomized controlled trial (RCT) is to evaluate the effectiveness of PM+ among Syrian refugees in the Netherlands.

Methods: Adult Syrian refugees and other Arabic-speaking refugees of 18 years and older with self-reported psychological distress (K10 >15) and functional impairment (WHODAS 2.0 >16) are included. Participants are randomized into PM+ or care as usual. Follow-up assessments are conducted at one-week, three-month and twelve-month follow-ups. Clinical outcomes are symptoms of depression/anxiety (HSCL-25), PTSD (PCL-5), and functional impairment (WHODAS 2.0).

Results: By November 2021 [recruitment ends by December 2021], 214 participants were screened for eligibility and 184 participants were included. Participants are M=36.5yrs old (range 18-69yrs), and 73 participants are female (39.7%). We will present preliminary results for the effects of PM+ on depression, anxiety, PTSD, and functional impairment at one-week follow-up, as well as barriers and facilitators for implementing PM+ in a European country.

Conclusions: After positive evaluation of peer-refugee delivered PM+, the Arabic manual and training materials will be made available through WHO to encourage scaling-up.

Disclosure: No significant relationships.

Keywords: depressive disorder; posttraumatic stress disorder; Randomized Controlled Trial; Refugees

EPV0888

Psychiatric-psychotherapeutic and psychosocial care for refugees: effects and future prospects of the refuKey project - perspective of experts

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Introduction: Refugees have been shown to be a vulnerable population with increased psychiatric morbidity and lack of access to adequate mental health care. By establishing cooperations between psychosocial centers and psychiatric clinics the state funded project refuKey by NTFN e.V. and DGPPN aims to improve access to and quality of mental health care for traumatized refugees pursuing a stepped-care model.

Objectives: As part of a larger project evaluation study four focus-groups among experts were conducted to explore the impact of refuKey on refugees' mental health care.

Methods: Data analysis was conducted using Mayring qualitative content analysis as well as an additional quantitative survey with state refugee reception centers' employees.

Results: The results indicate that refuKey facilitated the access to mental health care for refugees in terms of systematic identification of mental disorders, eased transitions and increased networking between the mental health care institutions and sectors. Planning and implementation of treatment is described as being more coordinated, solution oriented and sustainable due to multiprofessional collaboration and regular use of qualified interpreters. Reduced distress as well as increased transcultural expertise was found for professionals.

Conclusions: The persisting barriers for refugees in access to mental health care, especially to psychotherapeutic treatment and the emotional burden for professionals underlines the need for further support and research. The experts highly endorse the continuance of refuKey. Furthermore, they call for expansion of the project in terms of staff and new sites and changes of health policies to guarantee the access to adequate health care for traumatized refugees.

Disclosure: No significant relationships.

Keywords: Refugee; stepped-care; cooperation centers; mental health care

Neuroimaging

EPV0890

Bipolar disorder and grey matter heterotopia : a case report

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Introduction: The grey matter heterotopias are a relatively common group of conditions characterized by interruption of normal neuronal migration from near the ventricle to the cortex. Subependymal grey matter heterotopia, also known as periventricular heterotopia, is the most common form.

Objectives: To search a link between bipolar disorder and grey matter heterotopia

Methods: A case report of a woman with grey matter heterotopia who is diagnosed as bipolar

Results: A 34 year old woman was admitted at Razi psychiatric hospital 3 months after childbirth. She was agitated, logorrhic with multiple projects and insomniac. The diagnosis was a manic episode with a marked score of 28/44 at The Bech-Rafaelsen Mania Scale (MAS). The patient was treated with 4 mg of risperidone and 1000 mg of sodium valproate with partial remission after two weeks. One month after her discharge, she had depressive mood, asthenia, anhedonia and insomnia. She had a score of 19 at Hamilton Depression Rating Scale (HDRS). She was switched from risperidone to olanzapine 15mg/j with partial remission after two weeks. In front of persistent symptoms with labile mood, she took lithium 1000 mg/j. She was complaining of a headache and a fluctuating heaviness of the right upper limb. At brain imaging, she had periventricular nodular heterotopia. The patient was addressed to neurology department.

Conclusions: Grey matter heterotopia can cause a variety of neuropsychiatric symptoms which can lead to diagnosis difficulties.

Therefore, in front of atypical symptoms or drug-resistance, patients should be referred for brain imaging.

Disclosure: No significant relationships.

Keywords: grey matter heterotopia; bipolar disorder

EPV0891

Review of the clinical spectrum of Fahr's syndrome.

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Introduction: 70-year-old male with previous diagnosis of bipolar disorder and poor adherence. In the past months, he showed incipient behavioral alterations, for which he entered psychiatry service. During admission, frequent memory failures, isolation, apathy and mutism were identified, classifying the case as a possible dementia. A CT-scan was performed, revealing bilateral, simmetrical calcifications of the basal ganglia, compatible with Fahr's syndrome.



Objectives: Review of the available literature regarding Fahr's syndrome, a rare condition which can lead to a wide spectrum of neurological, motor and behavioral symptoms.

Methods: A bibliographic revision has been carried out. Sources used: Google scholar, PubMed.

Results: Fahr's syndrome is characterized by symmetric and bilateral calcification of the basal ganglia, as well as other areas related to motor functions, such as the cerebellum. It is believed that it has an autosomal dominant inheritance, and the symptoms appear between the ages of 40 and 60. The spectrum of clinical manifestations includes motor disorders such as parkinsonism or chorea. The appearance of dementia or psychiatric disorders, such as