

the role of child abuse in contributing to increase the risk of psychosis in migrant population.

**Objectives:** To explore the risk of first episode psychosis (FEP) in migrants and natives for each type of trauma i.e. physical abuse (P.A.), sexual abuse (S.A.), emotional abuse (E.A.), physical neglect (P.N.) and emotional neglect (E.N.).

**Methods:** Within a large case-control incidence sample of FEP from the EU-GEI study (The European Network of National Schizophrenia Networks Studying Gene-Environment Interactions) we evaluated the association of childhood trauma with FEP in migrants and natives. Associations were adjusted for age, gender, social status, level of education, family history of psychosis and cannabis use. Trauma was assessed through Childhood Trauma Questionnaire (CTQ).

**Results:** CTQ mean score was higher in FEP migrants (45.4, sd 15.6) than in FEP natives (41.7, sd 13.9) ( $p = 0.002$ ). In natives every type of child abuse was associated with FEP. In migrants P.A., S.A., P.N. were associated with FEP. We found a dose-dependent relationship between trauma and FEP.

**Conclusions:** Child abuse is common in individuals with psychosis. FEP migrants are more exposed to childhood trauma. Clinicians should routinely assess patients for childhood trauma. When treating a FEP migrant patient, clinicians must be aware of an underlying traumatic childhood adversity more than of a traumatic migration history.

**Keywords:** migration history; First episode psychosis; child abuse

## EPP0498

### Models for successful interactions of psychiatrists with indigenous patients and communities

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**Introduction:** Conventional psychiatric services are not always acceptable to indigenous communities and people.

**Objectives:** To present successful models of interactions of psychiatrists with indigenous patients and communities based upon our work with five communities in Maine.

**Methods:** We reviewed the strategies that worked for community interaction from our project for supporting indigenous communities to implement medication-assisted treatment and we reviewed the literature to see what other strategies are reported successful.

**Results:** Psychiatrists working in these communities may need to share more personal details than to what they are usually accustomed to be accepted. They may need to acknowledge local culture and spirituality and work with traditional knowledge holders to create collaborative healing approaches. As part of this, a narrative approach appeared to work best in which the psychiatrist worked within the stories and beliefs of the community which required taking the time in dialogue to learn those stories and beliefs. Specifically, we address the challenges of flying into northern, rural, and remote communities, of academic physicians consulting to tribal-based opiate treatment programs, of modifying usual counseling techniques such as motivational interviewing to an indigenous population, and of the changes made in practice styles when taking into account the critiques made by indigenous people about medicine in general and psychiatry in particular.

**Conclusions:** We propose that participatory action-based approaches can improve service delivery to indigenous people. Indigenous cultures share a collectivist mindset in which the needs of the group supersede the needs of individuals, a reliance upon stories, and commitment to a biopsychosocial and spiritual approach.

**Keywords:** Participatory action research; OCAP Principles; two-eyed seeing; Indigenous communities

## EPP0499

### Indigenous mental health therapies

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**Introduction:** Cultural differences exist among indigenous and mainstream peoples about the nature of mind and how one achieves mental health.

**Objectives:** We aimed to determine what is important and different for indigenous communities from non-indigenous communities.

**Methods:** We assembled a focus group of 109 indigenous and non-indigenous mental health counselors who worked in indigenous communities to meet weekly for 90 minutes via an internet platform (Zoom) for 810 weeks with asynchronous communication between meetings.

**Results:** The metaphor of the Four Directions, represented with different colors, attributes, and animals, was important in indigenous communities. Participants emphasized the idea of relational, non-local mind which places identity in the relationships between people rather than an individual body. Illnesses were seen as conscious beings who visit people and bring teachings. The healing, participants said, comes from reaching within the suffering and the pain to find the answer from within which makes meaning from an illness. People are expected to make offerings and sacrifices to the spirit of the illness to move toward wellness. These sacrifices can include lifestyle changes that the person might otherwise not make. Using substances without the proper protocols and prayers was likened to sorcery or witchcraft which can become a powerful incentive to stop disrespecting these substances and to find meaning in setting them aside with the help of a supportive community.

**Conclusions:** What participants saw as important for indigenous populations was different from what is usual for non-indigenous mental health services. Participants stressed the importance of non-indigenous providers understanding this and not dismissing these ideas.

**Keywords:** Indigenous people; psychotherapy; Four Directions; Culture

## EPP0500

### Psychological rapid response to population movements in democratic republic of congo (DRC)

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**Introduction:** In DRC, the North Kivu province has been plagued by recurring humanitarian crises for nearly two decades, with multiple displacements of populations triggered low intensity armed inter-communal conflicts spread throughout nearly all territories. 818,605 people (displaced, returnees and indigenous) affected by these movements are in alarming psychosocial vulnerability.

**Objectives:** In 2019, the NGO Action contre la Faim started a psychological intervention with the objective to contribute to reducing the vulnerability of conflict-affected populations.

**Methods:** Participants have been identified through psychoeducation sessions in the community in which people recognizing corresponding symptoms in themselves were evaluated through a short one-on-one interview. Persons identified as particularly in distress, including those who have experienced gender-based violence, have been involved in a short group therapeutic intervention. Two different options have been proposed in order to evaluate the most effective for the specific context: six sessions with a weekly or bi-weekly frequency.

**Results:** 767 people participated in the psychosocial intervention, 457 with weekly frequency and 310 bi-weekly. The measures of post traumatic symptoms (PCL-5), anxiety and depression (HAD) and resilience (CD-RISC) show that the two approaches have the same positive effects. This is very important in volatile contexts with difficulties of access to the population due to security problems.

**Conclusions:** The fact that even a short intervention focused on a bi-weekly frequency, can reduce the distress and increase the psychological resilience of populations living in contexts of conflict, gives us the possibility of intervening in areas with limited access, while guaranteeing therapeutic efficacy.

**Keywords:** Democratic Republic of Congo (DRC); short psychological intervention; PTSD; humanitarian

## EPP0501

### Transcultural psychiatry: Comparison of eastern and western culture and their influence on mental health and its treatment.

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**Introduction:** In a globalizing world, the need for humans to understand one another is fundamental. Transcultural Psychiatry aims to bridge the differences due to culture, norms and values between doctors and patients.

**Objectives:** To study the beliefs of Eastern and Western populations on the subject of religion, the paranormal and its relation to mental health.

**Methods:** The study was conducted targeting citizens of Eastern and Western countries (target sample size 200). A survey and 2 case studies were distributed, aimed to determine respondent's level of belief in cultural superstitions and practices, views on mental disorders and opinions on treatment. A chi-square statistical test (significance set at  $\leq 0.05$ ) was performed to test validity.

**Results:** are tabulated in Table 1. In the case studies, P-value =  $4.68 \times 10^{-6}$  proves a strong relationship between East/West populations and their viewpoints on mental illness vs. possession. There is a strong relationship ( $p = 3.37 \times 10^{-5}$ ) between respondents' beliefs in spiritual healing and its effectiveness in treating mental illness.

Table 1

	East	West
Total respondents (226)	58%	42%
Identified as religious	74%	26%
Strong belief in paranormal	85%	15%
Effectiveness of spiritual healing	55%	45%
Preferred methods of treatment		
Mental health professionals	54%	46%
Religious healer/psychic	90%	10%

**Conclusions:** The study revealed that Eastern populations are far more superstitious and religious than their Western counterparts, and also have higher belief in the effectiveness of spiritual healing to treat mental disorders. This difference demonstrates the importance of integrating culture into diagnosis and treatment of mental illnesses, and further explore methods for more inclusive treatment plans.

**Keywords:** transcultural psychiatry; East vs. West; Cultural beliefs; Modern medicine

## EPP0502

### Acute family marital psychosis

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**Introduction:** Acute marital psychosis is an acute psychotic episode occurring in a particular context which is marriage. In fact, marriage represents an event with a very important emotional load especially in the Arab-Muslim culture. This event can, in some people, induce a relapse of certain psychiatric disorders, particularly psychotic ones. We propose in this work to report two clinical observations concerning two brothers who both presented, a few years apart, an acute nuptial psychosis with two different evolutions.

**Objectives:** Studying the characteristics of nuptial psychotic episode in a one family and the different evolution of each one.

**Methods:** Reporting two clinical cases of two brothers who represented both acute psychotic episode in a nuptial context with different evolution.

**Results:** The two patients are brothers with common psychiatric background which is their mother treated for chronic psychotic disorder. They were hospitalized in our psychiatric service for acute psychotic episode occurring in a nuptial context with chronic evolution for the first one and a partial recovery for the second one.

**Conclusions:** Marriage represents an event with a very important emotional load especially in the Arab-Muslim culture. In this context, acute psychotic episode can occur with different evolution for patients predisposed. Studying socio-cultural circumstances related to psychotic episode can help mental health professional to improve the quality of health care service.

**Keywords:** acute psychotic episode; marital psychosis; nuptial psychosis; family psychosis