

Psychopathological signs reflect general and significant phenomenon, the whole “extract” of a particular historical time, consisting of a bizarre set of events, influential characters twisted in an individual history of a patient. Except detailed “real” clinical picture reflecting socio-political events, authors consider formatting mechanisms of “unreal” content of hallucinatory-delusional symptoms. In such cases, main heroes are mythological characters for example gins or intimidating heroes of modern movies like vampires and zombies. Events in the social sets, such as Facebook and Instagram are also reflected in experiences of patients. Authors focus their attention on a paradox of logical reflection of events in the context of delusional symptoms versus paralogical interpretations. Research is based on clinical cases, and shows up a spectrum of mechanisms of how events are either included or ignored in the forming a content of psychopathological experiences.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.674>

EV0345

Mental health stigma among Oman Medical Speciality Board (OMSB) residents

S. Musharraf^{1,*}, W. Al-Ruzaiqi², S. Al-Adawi³

¹ OMSB, psychiatry, Muscat, Oman

² OMSB, Child health, Muscat, Oman

³ SQUH, Behavioral medicine, Muscat, Oman

* Corresponding author.

Background Arab/Islamic culture such as those in Oman has been prescribed to be part of “collective culture” where family is central to one’s identity. It is not clear how mental illness is perceived among young doctors in Oman in the light of modernization and acculturation.

Aims Explore the socio-cultural teaching impact on attitudes towards mental health problems among Omani physicians.

Method The consenting residents were asked to fill self-reported questionnaire Attitudes towards Mental Health Problems (ATMHP). It measure: external shame (beliefs that others will look down on themselves self if one have mental health problems); internal shame (related to negative self-evaluations); and reflected shame (believing that one can bring shame to their family/community). Socio-demographic information was also sought, including age, gender and previous contact with a person with mental illness.

Results One hundred and seventy residents filled the questionnaire. The response rate was >80%. The majority were female. It showed elevated scores in indices of external shame and reflected shame. However, having a history of mental distress or having contact with a person with mental illness have moderate indices external shame and reflected shame.

Conclusion This study suggests that medical education has little eroded societal teaching among physicians under training in Oman. Thus, their attitude toward mental disorder appears to be expressed in term of external shame and reflected shame, which, in turn, encapsulate cultural patterning of shame and the centrality of family identity in Oman. Such socio-cultural teaching could lay groundwork for further research to mitigate mental illness in Oman.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.675>

EV0346

Performance of cognitive measures and affective ranges in clients marked with spirit possession in Oman

S. Musharraf^{1,*}, Y. Al-Kalbani¹, S. Al-Adawi²

¹ OMSB, psychiatry, Muscat, Oman

² SQUH, Behavioral Medicine, Muscat, Oman

* Corresponding author.

Background There is a dearth of studies that have explored cognitive performance in different grades of spirit possession.

Aim This study was undertaken to investigate two areas: the first was to explore whether there is a difference in demographic characteristics among presently defined grades of spirit possession in Oman: total possession (TP), partial possession (PP) and symbiotic possession (SP) seen in the Omani society. The second was to compare cognitive performance among the different grades of possession. Assessment criteria for these three groups included indices of current nonverbal reasoning ability, attention/concentration and recall, and those measures calling upon executive functioning.

Results In terms of socio-demographic characteristics, being female, having low education and being in a particular age group are strongly associated with participants classified as TP. In contrast, the SP group endorsed more history of trauma. The three groups showed performance variation in current nonverbal reasoning ability, attention/concentration and recall, and executive functioning, with TP appearing to have poorer performance on these measures compared to PP and SP.

Conclusion Previous studies have investigated whether spirit possession is a pathological state or a culture-specific idiom of distress. To our knowledge, this is the first study that has examined performances in cognitive measures among different types of possession. The entrance of possession trance disorder and dissociative trance disorder into the psychiatric nomenclature warrants more studies of this nature.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.676>

EV0347

Psychometric of questionnaire about cultural factors comorbidity of obsessions and major depressive disorders in Iranian samples

G. Nikpour^{1,*}, A. Homayouni²

¹ Department of Psychology, Allameh Tabatabaai University, Tehran, Iran

² Department of Psychology, Bandargaz Branch, Islamic Azad University, Bandargaz, Iran

* Corresponding author.

Background and purpose Cultural signs may be found among people that speak a local dialect or live in a specific region or historical period. These cultural signs could influence psychopathology. The aim of this study was to design and validate a questionnaire that could evaluate the cultural factors causing concurrent obsessions and major depressive disorders in Iran.

Materials and methods To design the questionnaire, 10 psychologists and psychiatrists who were members of academic boards were questioned by an open questionnaire. Then, the answers to the questions were classified and based on exploratory factor analysis the questionnaire containing 11 factors and 79 questions was confirmed. Internal homogeneity was analyzed by Cronbach’s alpha.

Results The results of Cronbach’s alpha for all factors showed that the highest reliability was 0.90 and the lowest was 0.42. In exploratory factor analysis using Varimax rotation 11 factors were extracted that predict 47.3% of the scale variance. 25 factors were extracted of which 14 had less than three items, therefore they

were omitted because of not being able to acquire reliability as sub factors. Accordingly, a questionnaire containing 11 factors and 79 questions was constructed.

Conclusion The findings showed that the instrument could identify the cultural factors that cause concurrent obsession and major depressive disorders in Iran.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.677>

EV0348

Culture and mental disorders

A. Adrián, C. Noval Canga*, H. Rebeca, S. Isabel, G. Sofía, R. Lara, G. Marta, Á. Aldara, D.V. Pilar
Hospital Clínico Universitario, Psychiatry, Valladolid, Spain
* Auteur correspondant.

Objectives Show with a case report how psychiatric pathology may face differential diagnosis problems when sociocultural aspects are involved.

Methods and materials Seventy-three year old man, born in Colombia. During the last two months, he had come many times to the emergency service due to behavioural changes. He does not have previous psychiatric history. His daughter refers that one of the patient's sisters has been diagnosed of "mystical madness". The previous days he abandoned his medical treatment saying that he "gets in touch with his wife and that he wants to meet her". Since his wife's dead, he had presented an excessively adapted behaviour, without grief symptoms. The first hospitalization day he said we wanted to get married with one of his daughters, with a sexual content speech, being able to get emotional when he spoke about his dead wife. Now the patient is under frequent reviews, and it is thought the differential diagnosis of depression with psychotic symptoms, due to the lack of symptoms remission.

Conclusion Whenever we face different psychiatric diagnosis we don't keep in mind some sociocultural factors, which could be masked and raise different doubts. It is important to keep in mind that each country or ethnical have their own cultural habits which are going to deeply influence patient's personality.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.678>

EV0349

The Senegalese accompagnant model in psychiatric care: How hospitalization with a relative may contribute to the therapeutic process

B. Ory^{1,*}, S. Benmansour², B. Pachoud¹
¹ Université Paris-Diderot, UFR d'études psychanalytiques, Paris, France

² Faculté de médecine UCAD, Psychiatrie, Dakar, Senegal

* Corresponding author.

Introduction The accompagnant model was set up at the Fann psychiatric hospital in Dakar in 1971 by prof. H. Collomb. It requires the patient to be hospitalized with a non-patient to accompany him/her at all time during the hospitalization. This model compensates for economic and human deficiencies, and also presents itself as a therapeutic tool in the treatment of mental illnesses.

Objectives The contemporary use of the accompagnant model will be presented and its advantages and disadvantages assessed.

Aims We investigate how the accompagnant model may have a role in the therapeutic process, and to what extent this model (or part of it) could be exported.

Methods A qualitative study of the practice at Fann Psychiatric Hospital has been carried out, based on interviews with patients, professionals and accompanying persons.

Results There is a striking consensus between patients, professionals and the accompanying persons about the advantages of this practice. It facilitates the encounter between professionals and patients, and reduces the risk of living hospitalization as a traumatic experience. The accompanying persons contribute to warrant the respect of human dignity, and to maintain a therapeutic dynamic through their participation in the development of a caring environment and their expectation of a recovery process. They help ensure continuity of care and medication after the hospital stay.

Conclusion The accompagnant model emphasizes the role relatives may play during and after the hospitalization, in ways that could be compared with what is currently expected from family therapeutic education.

Keywords Cultural psychiatry; Recovery; Family therapeutic education

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.679>

EV0350

Gypsies's beliefs about the evil eye in relation to mental illness

T. Paralikas^{1,*}, S. Kotrotsiou¹, E. Kotrotsiou¹, M. Gouva², C. Hatzoglou³, D. Kavadias⁴

¹ University of Applied Sciences of Thessaly, Nursing-Postgraduate Program in Mental Health-Research Laboratory of Care, Larissa, Greece

² University of Applied Sciences of Epirus, Nursing-Research Laboratory Psychology of Patients Families and Health Professionals, Ioannina, Greece

³ University of Thessaly, Medicine, Larissa, Greece

⁴ University of Virginia, Anthropology, Charlottesville-Virginia, USA

* Corresponding author.

Introduction The focus of Medical Anthropology is, among other things, the study of medicine as an expression of culture and involves the analysis of healing traditions, both "traditional" and biomedical.

Objectives Greek Gypsies who have their own *habitus*, language, and culture.

Aims The discussion of treatment options that gypsies have or seek in order to address critical life situations outside a biomedical context.

Methods Field research with interviews and observation.

Results Using Geertz's analytic approach of symbolic interpretation, this paper focuses on the mobilization and transformation of religious symbols in the clinical setting: how these "converse" with biomedicine and how they participate in the process of healing. Painful life experiences drive subjects to seek recourse in remedies outside the biomedical system. At the center of these experiences are thought to be attacks from the "evil eye." According to the subjects' worldview, all people are potential victims of the evil eye. A person's glance can provoke the injury, illness, mental illness or even death of another. Consequently, there is a hierarchy of therapeutic choices in which first preference is given to their own means for addressing a situation—only in the case of failure do they turn to specialists.

Conclusions The beliefs of the subjects are strongly influenced by their worldview, a historically inherited model of health and healing that, unlike the biomedical model, expresses a belief that ailments are successfully cured "with God".

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.680>