

people. This study aims to develop a youth version of the instrument abbreviated as HANAA-Y.

Methods: A Working Group comprised of Aboriginal and non-Aboriginal psychiatrists and mental health professionals with expertise of SEWB in Aboriginal youth was established and a draft version of the HANAA-Y has been produced. Evaluation of cultural applicability, reliability and validity of HANAA-Y is underway in metropolitan, rural and remote locations across Australia.

Results: The original HANAA structure, yarning style, and rating has been retained. However, new domains and probe words relevant to young people have been selected. The new domains are as follows: somatic complaints; emotional issues; suicide risk and self-harm; alcohol and drug use; cognition and activity; behavioural and legal issues; strange thoughts and unusual experiences; functioning; stressful life events; and resilience and healing. The HANAA-Y administration guidelines have also been amended to be of relevance to Aboriginal youth.

Conclusions: It is expected that HANAA-Y will be a culturally appropriate and useful instrument which can be used by a range of service providers with differing levels of mental health training to screen for SEWB among young Aboriginal people.

Disclosure of Interest: None Declared

EPP0036

José Saramago's "Blindness" and a Vision for Mental Healthcare: perspectives in the fields of Literature, Architecture, Philosophy, Politics and Economics

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Introduction: The Portuguese writer and Nobel prize winner José Saramago, is well-known for his sharp depiction and reflection of human condition. The recent events of the COVID pandemic juxtapose with his novel "Blindness" (1995) – original title: "Ensaio sobre a Cegueira" –, where the expression of fear of dehumanization in a globalized world where any contemporary society may lead to the obligation to follow what power structures define and establish. In his epidemic of blindness, an abandoned psychiatric asylum was chosen by the author as a quarantine ward and the centre of the plot. A question imposes: why an asylum? What is the focus of such a place in a cultural postmodernism message?

Objectives: An historic background revision is proposed, glancing at the evolution of the architectural concept of asylum evolved until modern times, while setting a reflection towards today's mental health services and European models.

Methods: A narrative review was performed, gathering points of view in the fields of Literature, Architecture, Philosophy, Politics and Economics.

Results: Bertolt Brecht claims that "all art is political and the question is simply whether art attacks existing structures of power or refuses such attacks and thereby contributes to the continuation of those structures". Regarding evolution of Asylum Architecture, and the principles which ought to control Modern Construction, In "Blindness", the thematic of space appears above all through the reference of Marc Augé's Non-Place. Initially extended to the city, gives way to the funneling of the space that leads to the "asylum" - a

space that centralizes all the action. Through Saramago's description, the floor plans were designed by Portuguese architect José Cardoso. As the first waves of blind people are imprisoned, it is characterized as a heterotopia, the embodiment of Foucauldian panopticism, as it is constituted as a prison whose role is to isolate, even if this attitude is motivated by despair of the government. A mental healthcare system assumes a multidisciplinary approach to psychiatric disorders. Evidence points to a balance between community-based and modern hospital-based care, with frontline services based in the community and hospitals playing a more specialized role. For most European countries, mental healthcare is financed in the same way as other healthcare services, using either national, regional or local budgets and four ways to purchase mental health services are looked at in depth. Therefore, general decisions about such financing may not be in line with mental health policy-maker or planner.

Conclusions: Where culture meets anthropology, social policies, legal boundaries and ethic reflections, a time for a joint dialogue arises. How to surpass the differences and heterogeneity between countries? Is there a place for a common system in mental health care?

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EPP0037

Investigating the Impact of Perceived Discrimination on the Integration and Life Satisfaction of New Wave Turkish Immigrants Living in Germany

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Introduction: Approximately 21.2 million people with im-migrant backgrounds live in Germany, which constituted 26% of its total population in 2020. Approximately 67% of immigrants are from European countries, including Turkey. Turks account for 13.2% of immigrants and constitute one of the largest immigrant groups (Statistisches Bundesamt, 2020). The integration processes and life satisfaction of new wave Turkish immigrants are differ from the first and second generation Turkish immigrants.

Objectives: The aim of this study was to investigate the impact of perceived discrimination on their integration process and life satisfaction of new wave Turkish immigrants living in Germany.

Methods: The Community Integration Measure (CIM), Satisfaction with Life Scale (SWLS), The Perceived Discrimination Scale (PDS) were used. Pearson correlation and Regression tests were used in our analyses to observe the differences in scale scores according to the variables. The relationship between the scale scores was analysed with the Pearson correlation test. The effect between the scale scores was analysed with the regression test.

Results: The findings demonstrated that there was a significant negative relationship between perceived discrimination and social integration ($p=0,05$) as well as life satisfaction ($p=0,05$). In addition, there was a significant and positive relationship between social integration and life satisfaction of new wave Turkish immigrant participants.

Conclusions: The integration process and life satisfaction of new wave Turkish immigrants decreased when they perceive discrimination

in their daily lives. However, the level of life satisfaction increased when they integrate into German society without any perceived discrimination.

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EPP0038

Study on cultural representations in mental health and psychosocial support in the Ituri region of the Democratic Republic of Congo

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Introduction: In the Ituri region of eastern DRC, Djugu territory has been the epicenter of violent clashes in 2020 and significant displacement since 2017. An initial assessment conducted by Action Contre la Faim (ACF) in January 2021 showed a significant level of psychological distress among 85% of respondents. Following this finding, an emergency response was proposed with the aim of contributing to the improvement of the psychological state of men, women, boys and girls affected by displacement and conflict while strengthening their psychological resilience. As part of this response, prior to the intervention, the NGO conducted a study on the representations of mental health and psychosocial needs as well as locally existing support mechanisms.

Objectives: The study aimed to better understand the cultural dimension of the perception of mental health and psychological suffering as well as the use of traditional care or support systems. This will allow for better adaptation of clinical approaches to psychosocial intervention as well as the identification of risks incurred by communities in the context of mental health programming, in a context of inter-community tensions, and the development of mitigation measures, co-constructed with the targeted communities.

Methods: An analysis of strengths, weaknesses, opportunities and threats related to the local perception of mental health issues and pre-existing community support mechanisms was conducted using a mixed methodology. A quantitative approach was used to estimate the prevalence of psychological/psychiatric pathologies present in the intervention area and relate it to known data in the country. This was complemented by qualitative data collection including semi-structured interviews with key informants and focus group discussions with community members (adult men and women) as well as health workers, legal and customary authorities, religious leaders, community leaders, traditional practitioners, humanitarian actors, etc.

Results: 12 interviews, 8 focus group discussions and 316 questionnaires confirmed the high rates of distress in the community surveyed.

The cultural representations of mental suffering were better understood (i.e. the origin of suffering and mental illness is exogenous and a spiritual cause is often evoked: witchcraft, curse, divine punishment). Resilience factors (the most resilient would be children and women) and local support mechanisms have been identified, notably in religious leaders.

A very strong group cohesion and solidarity was highlighted.

Conclusions: This study helped to understand the issues related to a mental health care and psychosocial support proposal. This type of study is fundamental to culturally adapting care in humanitarian

aid contexts. Concrete details of adaptation will be presented as an example.

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EPP0039

Health and care system assessment aimed at cultural adaptation of MhGAP modules

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Introduction: As part of the Global Mental Health (GMH) movement, WHO launched the Mental Health Gap Action Program (mhGAP). One of the key initiatives of the MhGAP is to train lay health professionals to meet the mental health needs of populations, particularly in low- and middle-income countries (LMICs) where the need far exceeds the availability and quality of services. Training modules are standardized and designed for use in many countries and settings. In practice, there is often a stereotyped reproduction of modules without consideration of specific cultural adaptation needs.

Objectives: As part of a psychosocial support program in two provinces of the eastern Democratic Republic of Congo (Ituri and North Kivu), the NGO Action contre la Faim proposed a health and care system assessment aimed at adapting MhGAP modules for health center staff. The objective was to know the local practices in terms of psychic care as well as to identify the competences already existing to reinforce them, but also to contextualize the tools and the contents of the trainings.

Methods: The methodology used was mixed.

A questionnaire based on the WHO situation analysis tools was revised, simplified and adapted to the zone, allowing us to obtain quantitative data on the health centers, the care provided, referrals and supervision. Health care workers were interviewed using the questionnaire from ACF's "Strengthening the Health Care System" guide, focusing on care methods, knowledge of mental health and the most frequently encountered symptoms. Focus Group Discussions with the Community Relais in the area allowed for the collection of information on the level of knowledge of the population in terms of mental health, their awareness on this subject, their cultural vision and the means of care.

Results: The data collected from 9 health centers in the two provinces allowed us to learn about:

- Poor knowledge of mental health and school readiness
- Identification of barriers to access to care
- Beliefs around mental health, mental suffering and care
- Details about the different pathologies and symptoms as well as the issues related to the therapeutic framework.

Conclusions: The evaluation was fundamental to have a better knowledge of the context, which made it possible to adapt the content of the MhGap training modules less, to design tools more adherent to reality. The data collected may also be the subject of advocacy aimed at mobilizing the country's policies in terms of mental health, as well as raising awareness in the international community.

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