

absence of religious belief had substantial destruction of integrity and plurality of relationships between VMF. 3. The content of the VMF of mental patients with religious worldview and healthy believers had similarities. 4. In the content of VMF meta-values were: 1. active aspiration to God and the realization of own existence; 2. material well-being in the earthly world; 3. “unselfish” ability to get along without causing harm; 4. feeling of inner confidence.

Conclusions: Mental disease affects VMF of believers and unbelievers in different way. In unbelievers, the structure of VMF in the course of disease significantly changes. In believers, the disease does not destroy the basis of VMF and allows to keep safe the key elements. The stability of VMF in the believers may be explained by the meaningfulness of life. The concepts of “health” and “disease” are included in the worldview of believers, in the general context of their spiritual, psychic and physical life.

Disclosure: No significant relationships.

Keywords: mental patients; religious worldview; Value-Meaning Formations; meaningfulness of life

EPV0235

¿Do immigrant psychotic patients receive less psychotherapy assessment compared to non-immigrant psychotic patients?

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Introduction: Migration is a highly defining life event which can lead to mental distress. It constitutes an overall risk factor for psychiatric disorders. However, psychotherapeutic treatment in immigrant patients is considered to be more complex, and the outcome appears to be less favorable than in patients without a migration background.

Objectives: The aim of this study is to compare psychotherapy assessment between immigrant and non-immigrant psychotic patients in Barcelona.

Methods: Patients who have presented, according DSM-V criteria, one or more non-affective psychotic episodes, were recruited in Acute and Chronic inpatients units at Hospital del Mar (Barcelona), leading to a total sample of 77 patients. Demographic characteristics of patients, clinical data and main pharmacological treatment were recorded through a questionnaire. Database information was completed with electronic medical records. Comparative analysis was performed with IBM SPSS using Chi-Square and t-Student test

Results: From a total of 77 patients, 43 were immigrants and 34 were non-immigrants. From the total immigrants only 30,2% received psychotherapy compared to 79,4% from the non-immigrants. The most prevalent therapy received in both groups was cognitive behavioural therapy. From the immigrants group only 2,3% received psychoeducation compared to 11,8% from the non-immigrant group.

Conclusions: According to our results, there are important and significant differences in psychotherapy assessment in migrant psychotic patients. In order to improve the mental health treatment of immigrant patients, the reasons for this poor outcome need to be investigated. These results should be considered by clinicians in order to design assessment program for this population.

Disclosure: No significant relationships.

Keywords: transcultural psychiatry; migration psychiatry; psychotherapy; psychosis

EPV0236

Two-eyed seeing as a philosophy to facilitate communication between traditional indigenous cultural practitioners with psychiatry and other mental health practitioners

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Introduction: A communication gap exists between psychiatry and indigenous people about views of mind and mental health, which often becomes an obstacle to optimal care and a source of distrust.

Objectives: We aimed to explore the utility of the concept of two-eyed seeing for facilitating communication among traditional cultural practitioners (TCP) and conventional mental health practitioners (CMHP).

Methods: “Two-eyed seeing” is spreading across North America as a metaphor for explanatory pluralism. Albert Marshall, a M’iqmaq from Nova Scotia, Canada, developed this traditional concept (eptuamptamuk in M’iqmaq) to speak to the idea that indigenous knowledge is as valid as contemporary science for conceptualizing phenomena. We taught the concept to 100 practitioners, equally balanced between CMHP’s and TCP’s, and obtained ongoing feedback about the results of their applying these ideas to their ongoing collaborations. Qualitative research methods were used to evaluate this feedback.

Results: Using the two-eyed seeing concept allowed CMHP’s to better listen to TCP’s descriptions of their concepts of mind and of mental suffering. TCP’s felt more respected by CMHP’s. While concepts such as spirit visitation, the breaking of taboos, and intergenerational curses are inherently foreign to CMHP’s, the two-eyed seeing concept allowed them to bracket these ideas as interesting and to interact with the TCP in a more productive way, while allowing them to observe the effects of the TCP’s interventions in a less judgmental way.

Conclusions: Two-eyed seeing allowed a rich dialogue between CMHP’s and TCP’s that enabled each to appreciate the other’s perspectives, leading to greater cooperation and collaborative treatment. Outcomes improved.

Disclosure: No significant relationships.

Keywords: Indigenous people; two-eyed seeing; mental health; philosophy

EPV0238

An exploration of the elements of effective cultural healing in North America

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