

EPP0040**Accessibility of migrants to mental health services**

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Introduction: Cultural barriers and prejudices of mental health-care professionals may promote inequalities in the provision of care to immigrant population and have a negative impact in provided service quality.

Objectives: To identify barriers and facilitators of immigrants' accessibility to mental health services.

Methods: A literature review has been made through PubMed database.

Results: Immigrants' accessibility to mental health services may be related to social insurance problems, inadequate knowledge about their health rights, inadequate knowledge of the local language, as well as the bureaucracy of Greek State which may complicate mental health examination and treatment. The challenges faced by mental healthcare professionals in terms of diagnosis and treatment of migrants include communication difficulties due to linguistic and cultural differences as far as verbal presentation of symptoms and illness behavior is concerned. Culturally competent mental health professionals should work to erase racism and prejudice, to be familiar with cultural issues and have adequate knowledge related to cultural groups, to learn the life story of each patient separately and encourage patients to explain how their illness affects their lives, promoting a trustful communication environment in the context of healthcare provision.

Conclusions: Exploring the specific needs of migrants as well as assessing the degree of satisfaction from their access to healthcare services are essential to providing integrated mental health care for people from different culture.

Disclosure: No significant relationships.

Keywords: immigrants; accessibility; Mental health services

EPP0038**Assessing mental health in Aboriginal youth**

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Introduction: The assessment of social and emotional wellbeing (SEWB) among Aboriginal people in Australia and elsewhere is complex and challenging task. A culturally appropriate tool for screening SEWB among Aboriginal adults known as the *Here and Now Aboriginal Assessment* (HANAA) has been developed and evaluated. The HANAA is based on exploring key domains of Aboriginal concept of SEWB and is based on a yarning process aimed to initiate a semi-structured interview that covers each domain. Over the last ten years the HANAA has been widely used by Aboriginal mental health service providers around Australia and elsewhere.

Objectives: There have been multiple requests by service providers for a similar tool to be developed for young Aboriginal people. The aim of this study was to develop a youth version of the HANAA.

Methods: A Working Group was established to guide the development of the youth HANAA. This work included discussion of assessment domains, prompt words and other adolescent specific considerations that were needed. The evaluation process was also discussed.

Results: The adult version of HANAA was well accepted by participants. Reliability was good with kappa agreements between Aboriginal and non-Aboriginal interviewers ranging from 0.5 to 1.0. Agreement between interviewers and treating clinicians on recommended course of action was good.

Conclusions: Based on the previous field test results, it is expected that the youth HANAA will also be a culturally appropriate and useful tool which can be used by a range of service providers with differing levels of mental health training to assess SEWB among young Aboriginal people.

Disclosure: No significant relationships.

Keywords: Assessment; culture; youth; Aboriginal mental health

EPP0040**CBT-based psychological rehabilitation program for oncological patients**A. Juhász^{1*}, Z. Horváth², T. Szekeres³ and G. Vizin^{3,4}

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Introduction: Although the survival rate of cancer patients show an increasing trend due to more effective treatments plans, cancer mortality rates are still the highest in Hungary among EU countries. From a psychological perspective, undiagnosed psychological disorders, insufficient treatment, and also poor adherence to treatment are recognized factors behind the saddening mortality data.

Objectives: This translational research study aims to measure adherence rates and the extent of different psychological factors (including well-being and shame), in order to shed light on the relationship of these factors, among the population of patients with breast cancer. The secondary objective of the study is to develop a cognitive behavioral therapy -based psychological rehabilitation program for oncological patients (CBT-OP).

Methods: A total of 372 participants took part in our study, consisting of patients with breast cancer (n=70), clinical control subjects (n=200) and healthy controls (n=102). Data collection was conducted with convenience sampling and in an online questionnaire format. Data was analyzed with the IBM SPSS 22.0 software package, using analysis of variance (ANOVA), correlation analysis and moderation analysis.

Results: There was a significant difference between physical health, mental well-being, stigmatization and symptoms of post-traumatic stress disorder in the three groups. The association between adherence and mental well-being was moderated by the extent of experienced shame.

Conclusions: Our results draw attention to the effects of shame and well-being on adherence to cancer treatment plans. Based on these findings we developed CBT-OP program, based on evidence-based

CBT methods, focusing on reducing the experience of shame and on strengthening self-compassion skills.

Disclosure: No significant relationships.

Keywords: cancer; Adherence; CBT program; shame

EPP0041

Paraneoplastic Limbic Encephalitis Case Report In A Patient With Suspected Conversion Disorder

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Introduction: . Autoimmune encephalitis is a difficult-to-recognize, complex disease that can present with various neuropsychiatric symptoms. N-methyl-D-aspartate receptor (NMDA-r) and anti-leucine-rich glioma-inactivated 1 protein (LGI-1) subtypes of autoimmune encephalitis may present with psychiatric symptoms. **Objectives:** We would like to present an autoimmune encephalitis case that can be confused with conversion disorder.

Methods: A 54-year-old, female patient started to have forgetfulness ten months ago, and convulsions started five months ago. The patient had disorganized behaviors and contractions in the extremities. Diffusion MRI and brain CT images were normal. The patient had low blood sodium level. In the follow-up, her orientation was impaired and she could hardly make eye contact. As the patient’s contractions were evaluated as conversion in the first stage, 50mg/day sertraline was added to the treatment.

Results: After cranial MRI and EEG recordings were completed, the patient was referred to the neurology department due to the suspicion of autoimmune encephalitis. In the cerebrospinal fluid examination anti-LGI-1 and anti-yo antibodies were positive. Thereupon, IV pulse steroid was given. After that her orientation and disorganized behavior improved. Then, the patient was referred to oncology department.

Conclusions: Limbic encephalitis may manifest as sleep disorders, short-term memory loss, conversion disorder, disorganized behaviors, slurred speech, non-epileptic seizures, sensory and motor defects. Delay in diagnosis may worsen the prognosis of possible malignancy. It should be kept in mind that the patient with a suspected conversion disorder may have limbic encephalitis.

Disclosure: No significant relationships.

Keywords: paraneoplastic; Conversion Disorder; autoimmune; limbic encephalitis

EPP0042

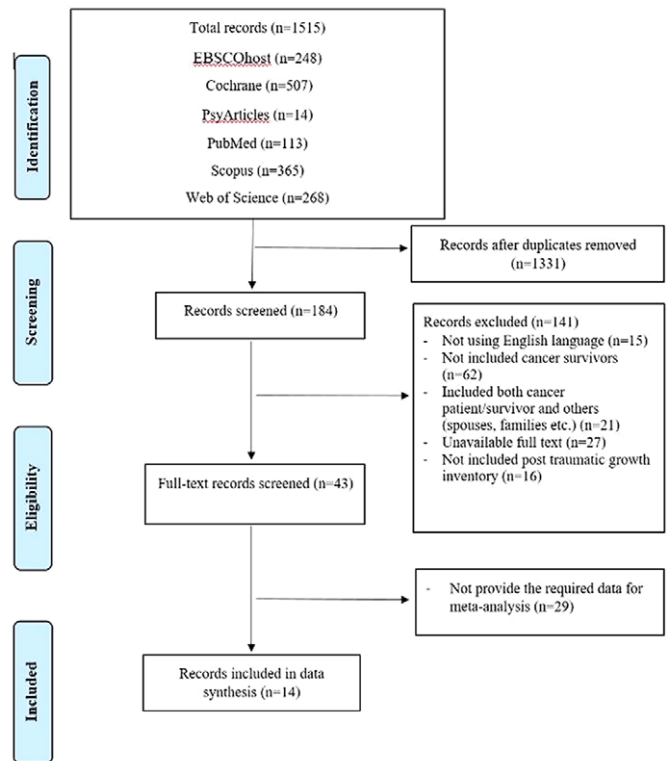
Effectiveness of Posttraumatic Growth Interventions among Cancer Survivors: A Systematic Review and Meta-analysis

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Introduction: Although cancer is a debilitating experience, it can also increase meaning and satisfaction in one’s life.

Objectives: To investigate the effectiveness of interventions that aim to develop posttraumatic growth among cancer survivors.

Methods: Seven databases were searched for relevant articles published between 2000 and 2020. The findings of randomized controlled trials related to interventions to effect posttraumatic growth of cancer survivors were included. Hedges’ g and 95% confidence intervals were computed to estimate the effect.

	Random sequence generation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective reporting	Other sources of bias
Ochoa-Arnedo et al. (2020)	+	+	-	?	+	?	?
ır-Özçetin & Hicdurmaz (2019)	+	+	?	?	+	?	?
Kenne Sarenmalu et al. (2017)	+	+	-	?	+	?	?
van der Spek et al. (2017)	+	+	-	?	+	?	?
Yun et al. (2017)	+	+	?	?	+	?	?
Zhang et al. (2016)	+	+	+	?	+	?	?
Zemicko et al. (2014)	+	+	-	?	+	?	?

FIGURE 2. Risk of Bias