

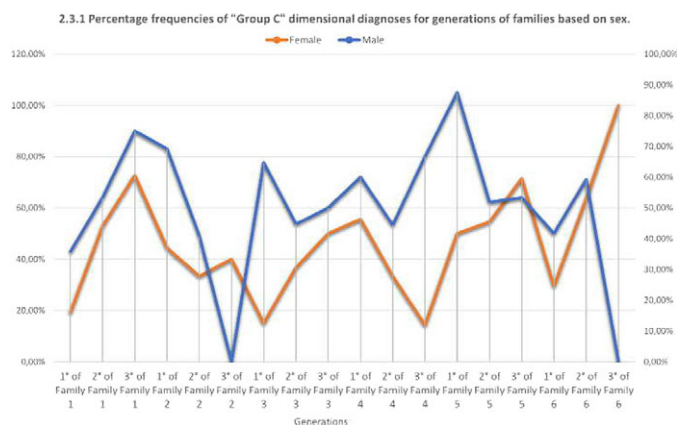
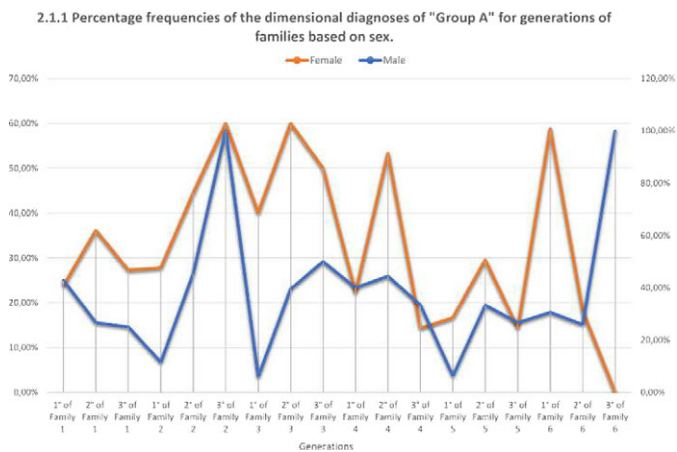
3.0 χ^2 Two-way Test.

Families	A Group	Other Grups	
A	35	77	112
B	34	59	93
C	48	68	116
D	20	28	48
E	46	137	183
F	34	68	102
	217	437	

$\chi^2 = 11.085$ $df = 5$ $p\text{-value} = 0.049$

By conventional criteria, this difference is considered to be very statistically significant.

Conclusions: The genetics, and above all the epigenetics, of the phenotypes are periodically transmitted in group “A” and group “C” in the female and male sex. (Graphs 2.1.1 and 2.3.1) Different phenotypes indicate that the complexity of the interactions of the regulatory mechanisms of genes with the environment is extremely significant for the group with the most severe psychiatric pathology.



Keywords: Phenotype; genetics; epigenetics; Psychopathological

EPP0496

Vaginismus: Sociodemographic profile and cultural aspects

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doi: 10.1192/j.eurpsy.2021.859

Introduction: Vaginismus is the most common reason for unconsolidated marriages in Tunisia.

Objectives: To describe the socio-demographic profile and to explore the clinical and cultural aspects of sexual functioning of women with vaginismus.

Methods: It was a cross-sectional study established over a period of 3 months from the November 1st, 2019 to January 31st, 2020. This study focused on a population of women with vaginismus recruited from outpatient consultations of the hospital’s gynecology and psychiatry departments at the regional hospital of Gabes. We used a pre-established sheet exploring socio-demographic data, medical and gynecological history and informations concerning the partner, the marital relationship and the woman’s sexual activity.

Results: 35 women were included. They had a mean age of 30 years, jobless (54.5%) and with a secondary or university education (91.1%). The mean duration of marriage was 2.4 years. Partner had mean age of 36 and suffering from sexual dysfunction (21.3%). Among women, 12.5% had been sexually abused, 51.6% had suffered “Tasfilh”, 70% had attended discussions about painful defloration. Vaginismus was primary in 85.7% and total in 50% of the cases. About the received thoughts of the women, 40% thought that vaginismus requires medical treatment, 13 of them (40%) thought that the disorder could be resolved spontaneously and 20% believed in a story of witchcraft. 85% consulted a physician and 24.2% a traditional therapist.

Conclusions: Vaginismus seems to be influenced by psychological and sociocultural factors so that a good psychoeducation of brides could reduce the incidence of this sexual disorder.

Conflict of interest: No significant relationships.

EPP0497

Migration history, first episode psychosis and child abuse: Results from the EU-GEI study

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doi: 10.1192/j.eurpsy.2021.860

Introduction: Child abuse is associated with a wide range of mental disease including psychotic disorders. Few studies have investigated

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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doi: 10.1192/j.eurpsy.2021.861

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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doi: 10.1192/j.eurpsy.2021.862

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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doi: 10.1192/j.eurpsy.2021.863