

community members that could be leveraged to create, implement, and evaluate a culturally competent intervention to effectively address risky alcohol use in this community.

Methods: Data collection involved formal one-on-one, semi-structured, audio-recorded interviews with community members. Participants were recruited voluntarily at health information nights held by the student researchers at their local apartment complex. The interviews were conducted by one medical student researcher with one translator present and were transcribed afterward. The interview data was analyzed using Immersion Crystallization methodology.

Results: Initial results from the community meetings with the YAB, local organizations, formative community surveys, and key informant interviews highlighted the vulnerability of the refugee population, scarcity of culturally appropriate resources for alcohol abuse, and urgency of addressing problematic alcohol use. The analysis of the ten audio-recorded surveys showed several themes including negative consequences of alcohol use, specifically negative impacts on familial relationships, employment, and financial resources, and a perceived personal responsibility for managing one's own alcohol consumption.

Conclusions: This project corroborates current literature regarding the scope and breadth of hazardous alcohol use within the community of refugees from Burma. Our data has expanded our understanding of the values of community members including the influence of religion and family on behaviors, and the negative impact on employment as the most impactful negative consequence. These findings need to be shared with the community to move forward in mapping the most effective and appropriate interventions.

Disclosure of Interest: None Declared

EPV0388

Cultural factors in depressive experience and its severity: A case report

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Introduction: For a very long time, anthropologists and psychiatrists have studied how the symptomatology of mental diseases varies among cultures. Different social environments approach depression in different ways, and cultural practices and meanings influence how it develops. Culture also affects how symptoms are felt and described, how treatments are chosen, how patients and doctors interact, how likely it is that certain events, like suicide, will occur, and how professionals behave. As a result, all of these circumstances must be taken into consideration when approaching the diagnosis and management of depressive disorders. To illustrate the above, we present the case of a 31-year-old man, originally from Nigeria, who was admitted to the hospital after a suicide attempt by precipitation onto the subway tracks.

Objectives: (1) To describe the clinical particularities of this case, focusing on the diagnostic difficulties we faced derived from inter-cultural contrasts (2) To review cross-cultural differences in the symptomatology and its implication on severity of depressive disorders.

Methods: A review of the patient's clinical history and complementary tests performed was carried out. Likewise, a bibliographic review of the available scientific literature was also performed in relation to transcultural depressive experiences and its severity.

Results: There is little evidence in favor of a direct link between sociocultural factors and severe depression, but we reviewed the arguments that look significant for further research. Depressive illnesses are found in all societies and their symptomatic expression varies culturally, particularly in terms of somatization and delusional ideas. Similarly, the social and individual representations of the disease depend on the culture, and some conceptual models can increase the effects of stigmatization. These cross-cultural variations could influence the care-seeking process and therefore modulate the evolution of the disease in the sense of greater severity.

Conclusions: All societies experience depressive disorders, which exhibit symptoms that vary culturally, especially in terms of somatization and delusional beliefs.

The care-seeking process is affected by cross-cultural differences, and as a result, the disease's progression may also be modulated in terms of increased severity.

When we ignore cultural factors in understanding, assessing, and treating depression, we are contributing to misdiagnosis and errors in patient management.

Disclosure of Interest: None Declared

EPV0389

Detection and psychoprophylaxis with beneficiaries who are in the first stages of artistic expression- children and adolescents aged 2 to 18 years, of both sexes, from different cultures, social backgrounds and education levels are included

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Introduction: If children are taught early on to control their emotions, that can prevent problems that cause disturbing emotions: violence, suicide, drug abuse, etc. The artistic experience, just like the religious one, is an essential experience of the human being. Art, occupational, play therapy concerns itself with the information that the images have to offer regarding their author.

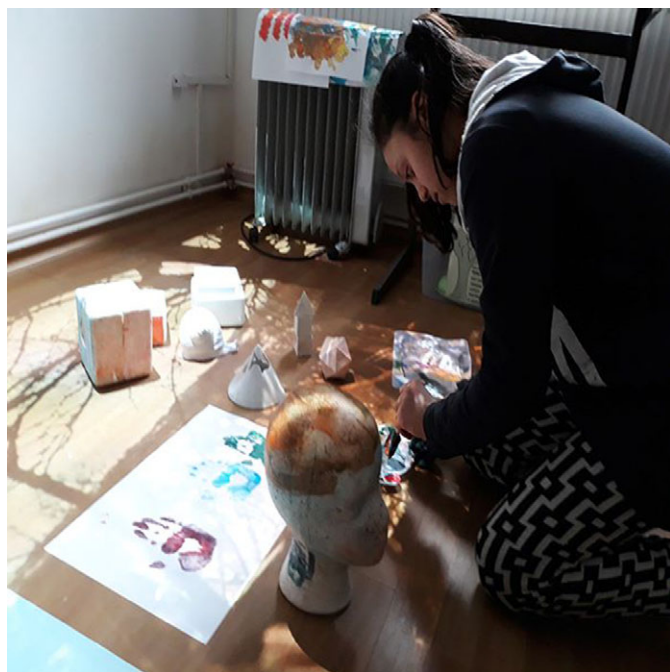
Objectives: Our goal is to discover new perspectives and sources of inspiration to establish new prevention and recovery methods and techniques to advance in defining the importance of resilience

in personal development. The development and maintenance of social skills will thus be the necessary conditions for improving adaptability and the capacity for personal transformation, without forgetting at the same time the effectiveness of the process of resocialization and recovery of juvenile delinquents.

Methods: The child is stimulated in the problem-solving and the decision-making strategies, in order to achieve formal diversifications. In the preventive activities we include all activities involving nonverbal communication and holistic engagement of people in creative activities, specific to visual arts (plastic, decorative design and multimedia), facilitating school reintegration or optimizing the school situation, completing the general and specialized culture.

Results: The individual skills are traced by the specific means of the visual arts; moreover, we care about the individual capacities, the freedom to follow his own destiny, encouraging the joy to manifest creatively on several levels of difficulty in any activity. These activities lead to changes in the attitudes towards the work or the discovery of recreational activities and the use of leisure time.

Image 2:



Conclusions: Considering the diversity of the child's non-verbal communication, art therapy, occupational and play therapy are not a mere accessory method within the therapeutic process of the emotional disorders of children, but a mandatory condition of it. The development and the maintenance of social abilities will thus be the necessary conditions of an improved adaptability and of the capacity of personal transformation, "Social Cohesion" is a Common Goal for Psychiatry, and art, occupational, play therapies.

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EPV0390

Art therapy, occupational and play therapy used as multidisciplinary tools for prevention and early recovery for children and adolescents at risk of developing mental health problems and juvenile delinquency

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Introduction: The new type of postmodern art can be interpreted from the point of view of self-expression polarized between: art - art-therapy, ludic, occupational therapy - religion. The computer becomes the new medium after the impact of television, and by integrating computers into the network, their communication function has become more prevalent than that of data processing. Contemporary visual arts bring together, in different degrees of relationship and fusion, fields of art that until now were understood and practiced more individually. Multimedia and mixed media technology, which has evolved into meaningful visual representations, incorporates the science behind human perception and knowledge.

Objectives: The purpose of art in art-therapy, in this context, is not an exercise of the already acquired knowledge upon the artistic material, but a discovery of the yet unknown. Art-based therapies, as nondirective methods, attempt to visualize past traumatic experiences and harmonize the individual with himself and with others.

Methods: In the preventive activities, we include all activities involving nonverbal communication and holistic engagement of people in creative activities, specific to visual arts (plastic, decorative design, and multimedia). "Beneficiaries can create their own images with which they want to interact, to arrange their environment... We experiment with art-specific ways to make interdisciplinary exchanges and cultural interferences using the universal language of visual arts along with intercultural elements and religious ecumenism". The child expresses various issues related to his feelings, like the search of his identity, the generated anxieties, the family and professional environment, the situations of neglect and abuse. For the same purpose, as a complement to activities in nature camps, where education/art therapy takes place in the artist's studio, special care must be taken to create an evocative and stimulating work environment.

Results: We detect hidden capacities through the specific means of the visual arts with the aim of providing the freedom to follow one's own destiny, encouraging the joy of creatively manifesting at multiple levels of difficulty in any activity. Harmonizing cultural differences develop self-esteem, tolerance, resilience, and necessary adaptation to the conditions of a multi-ethnic society.