

Image 2:

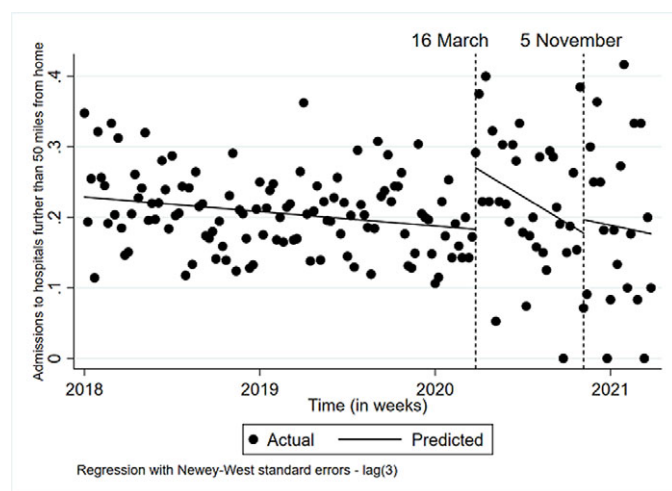
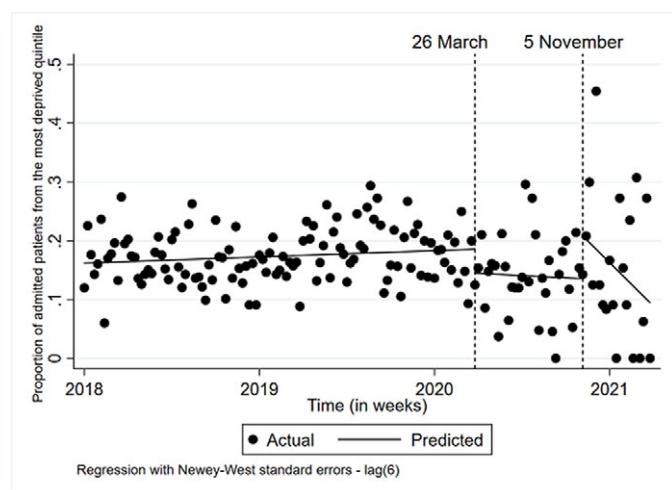


Image 3:



**Conclusions:** During lockdown 1 and 2, psychiatric admissions for CYP were fewer and shorter. The rise in admissions for more deprived CYP and looked after children suggests these CYP may have been disproportionately affected by the pandemic.

**Disclosure of Interest:** None Declared

## Cultural Psychiatry 02

### EPP0434

#### Use of a Two-Eyed Seeing Approach to Increase Client Satisfaction with Psychiatric Services Among an Indigenous Population

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doi: 10.1192/j.eurpsy.2023.744

**Introduction:** Psychiatry has historically had difficult relationships with Indigenous people, tending to dismiss their views on mental health and illness as superstitious or primitive. Indigenous people have responded by refusing to come for services, missing appointments, and dismissing treatment offered. Canadian Mi'qmaq elder Albert Marshall introduced the term, *etuaptmumk*, to highlight the idea that Indigenous Knowledge and Practice has equal value to contemporary psychiatry. While translated as two-eyed seeing, the term refers to explanatory pluralism and invites a respectful dialogue among cultures as equals.

**Objectives:** We implemented a two-eyed seeing research in Indigenous communities to explore the differences of some Indigenous North American cultures in their view of mind and mental health from conventional Euro-American psychiatry and how their cultural practitioners negotiated those differences. We wondered how perception of services would change if mental health practitioners were aware and were more respectful of those differences.

**Methods:** We engaged in a series of discussions with traditional knowledge keepers about their views on mind and mental health. We used constructivist grounded theory methods to identify what was common among these views. We developed a training program to engage mental health clinicians in understanding and responding to these differences. We engaged community members receiving services in a discussion about their perception in the change in the quality of the services. We summarized their responses.

**Results:** Differences between Indigenous views and those of conventional psychiatry included (1) greater emphasis on the role of community and socio-environmental influences on mental health, (2) inclusion of spirituality and spiritual beings in their expectation for cause of problems and treatment, (3) greater emphasis on inter-generational trauma and historical trauma in addressing mental health. After inclusion of practitioners in the mental health services who had been oriented to these differences and integration of ceremony into the mental health services, ninety-four percent of respondents asked if the service had improved responded in the positive. Attendance at scheduled appointments increased from 56% to 81%. Adherence to recommendations increased from 27% to 67%, which were significant.

**Conclusions:** Awareness of cultural differences in beliefs about causes of mental illness and acceptable types of treatment increased client satisfaction with services offered, improved attendance rates, and improved adherence rates to treatments offered among

Indigenous people. These results could generalize to other populations who hold different views than those of conventional psychiatry. The concept of two-eyed seeing, or explanatory pluralism, holds heuristic value for psychiatry by allowing multiple points of view to be true at the same time.

**Disclosure of Interest:** None Declared

### EPP0435

#### Cross-cultural comparison of mental illness stigma : A Multinational Population-Based Study from 16 Arab Countries and 10,036 Individuals

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doi: 10.1192/j.eurpsy.2023.745

**Introduction:** Attitudes toward people with mental disorders in Arab countries have undergone huge transformations throughout history. Stigmatization of the mentally ill has been a long tradition in our communities. The public's views have evolved since then, however, little is known about the current situation regarding mental illness stigma in our context.

**Objectives:** Explore attitudes towards mental illness and mental health knowledge in Arab countries.

**Methods:** We carried out a multinational cross-sectional study using online self-administered surveys in the Arabic language from June to November 2021 across 16 Arab countries. The Community Attitudes toward the Mentally Ill scale, the Mental Health Knowledge Schedule scale and the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form were administered to participants from the general public.

**Results:** The study sample was predominantly female (77%), married (41%), educated (89% with tertiary education), living in urban areas (85%), with a mean age of  $29.6 \pm 10.8$  years.

Based on the CAMI, MAKs, and ATSPH-SF total scores, 75<sup>th</sup>, 50<sup>th</sup>, and 25<sup>th</sup> percentile were considered as cut-off points for the high, medium, and low scores. We found that 26.5% exhibited stigmatizing attitudes towards people with mental illnesses, 31.7% had poor knowledge, and 28.0% hold negative attitudes toward help-seeking. Regarding attitudes toward mental illness, the highest mean score was on the social restrictiveness subscale ( $35.1 \pm 5.6$ ), reflecting the lowest amounts of stigma in this dimension; while the lowest mean score was on the Authoritarianism subscale ( $32.0 \pm 4.6$ ).

We found a significant difference between countries regarding attitudes ( $F=194.8$ ,  $p<.001$ ) and knowledge ( $F=88.7$ ,  $p<.001$ ).

**Conclusions:** Although much scientific progress has been made in the fields of diagnosing and treating mental illness, at a societal level the stigmatization of mental illness is still an important societal problem. The general population is largely ignorant about mental disorders, and fear of the mentally ill remains prevalent.

**Disclosure of Interest:** None Declared

### EPP0436

#### Cross-cultural comparison of causal attributions and help-seeking recommendations for mental illness : A Multinational Population-Based Study from 16 Arab Countries and 10,036 Individuals

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doi: 10.1192/j.eurpsy.2023.746

**Introduction:** Causal attributions of mental illness and help-seeking recommendations have multiple attitudinal and behavioral consequences; however, these factors have been subject of limited research in our Arab Muslim context.

**Objectives:** This study examined causal attributions and help-seeking recommendations for mental illnesses among a large sample of the general population in Arab countries.

**Methods:** We carried out a multinational cross-sectional study using online self-administered surveys in the Arabic language from June to November 2021 across 16 Arab countries. The Community Attitudes toward the Mentally Ill scale, the Mental Health Knowledge Schedule scale and the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form were administered to participants from the general public.

**Results:** The study sample was predominantly female (77%), married (41%), educated (89% with tertiary education), living in urban areas (85%), with a mean age of  $29.6 \pm 10.8$  years.

Psychosocial causes including lack of parental affection (88.0%) and childhood sexual abuse (85.5%) were the most common causal attributions of mental illnesses endorsed by our participants, with 95.7% of them agreeing with at least any one of the psychosocial causes.

Palestinians were the most inclined to believe that mental illness is caused by Jinn possession and Magic/witchcraft (65.9% and 68.1%, respectively), followed by Algerians (56.2% and 68.6%, respectively), Kuwaitis (52.3%, and 62.7%, respectively), Yemenis (50.2%, and 61.4%, respectively) and Saudi participants (49.7%, and 61.2% respectively); whereas Tunisians were the least inclined to believe in these causes (18.6%, and 21.6%, respectively) (Table S3, supplemental material).

Even though most of the study subjects tended to have a higher preference to seek help from formal sources than informal sources, they showed a high propensity to some informal sources such as family members (80.4%) and confidants (68.6%). Besides, Algerians were the most likely to ask help from a cleric or traditional healers (68.6% and 69.9%), followed by Palestinians (61.8% and 65.3%, respectively), Egyptians (58.4% and 48.8%), Jordanians (57.7% and 64.2%) and Kuwaitis (57.0% and 61.9%).

**Conclusions:** Interventions aiming at improving help-seeking attitudes and behaviors and promoting early access to care are required to be culturally tailored, and congruent with public beliefs about mental illnesses and their causations.

**Disclosure of Interest:** None Declared