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

S. Bader¹, W. Abbes², W. Mahdhaoui³, W. Ltaif⁴ and L. Ghanmi⁵
¹Psychiatry, regional hospital of Gabes, Gabes, Tunisia; ²The Department Of Psychiatry, Hospital of gabes, Gabes, Tunisia and ³Gynecology And Obstetrics, regional hospital of Gabes, Gabes, Tunisia
*Corresponding author.

Introduction: Vaginismus is the most common reason for unconsummated 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 gyneco-obstetric 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 “Tasfih”, 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

I. Tarricone¹*, J. Lai², G. D’Andrea², R. Muratori³, C. Morgan⁴, D. Berardi⁵, R. Murray⁶ and M. Di Forti⁷
¹Department Of Medical And Surgical Sciences, Bologna University, Bologna, Italy; ²Dibinem, Bologna University, Bologna, Italy;
³Department Of Mental Health And Pathological Addictions A, Bologna Local Health Authority Lo, Bologna, Italy; ⁴Institute Of Psychiatry, Psychology & Neuroscience | Health Service And Population Research, King’s College London, London, United Kingdom and ⁵Institute Of Psychiatry, Psychology & Neuroscience, King’s College London, London, United Kingdom
*Corresponding author.

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**

L. Mehl-Madrona¹ and B. Mainguy²

¹Medical Arts And Humanities Program, University of Maine, Orono, United States of America and ²Education Division, Coyote Institute - Canada, Ottawa, Canada

*Corresponding author.


**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 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**

L. Mehl-Madrona¹ and B. Mainguy²

¹Medical Arts And Humanities Program, University of Maine, Orono, United States of America and ²Education Division, Coyote Institute - Canada, Ottawa, Canada

*Corresponding author.


**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 disregarding 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)**

E. Dozio¹ and C. Bizouerne²

¹Mental Health And Care Practices, Action Contre la Faim, Paris, France and ²Mental Health And Care Practices, Gender And Protection, Action contre la Faim, Paris, France

*Corresponding author.


**Introduction:** In two different settings, the need for rapid response to population movements emerged. A first large-scale intervention was developed and implemented by an international humanitarian organization (ACHF) in four sites where an estimated 500,000 people had been displaced within the country by armed conflict. A second rapid response was implemented by another international organization (ACF) in a site with an estimated 10,000 people who had crossed the border from Democratic Republic of Congo (DRC) into Uganda. The populations of DRC were considered to be exposed to a variety of post-conflict, forced migration, and displacement related stressors.

**Objectives:** To present a rapid response intervention to populations affected by a sudden massive population movement.

**Methods:** We evaluated the psychological rapid response (RRP) intervention to the displaced populations in the DRC.

**Results:** The RRP intervention was delivered to 500,000 people in the four sites in the DRC within six days from the beginning of the RRP intervention. The 10,000 people who crossed the border from Democratic Republic of Congo (DRC) into Uganda, received the intervention within seven days from the beginning of the RRP intervention.

**Conclusions:** The RRPs are important to provide psychological support to populations affected by sudden massive population movement.

**Keywords:** Rapid response; Demographic change; Conflict affected population; Humanitarian response; Children