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Methods: I contacted someone in the mental health information office at Royal College of Psychiatrist and expressed my interest to help the college by contributing one more language to the college website which will be my native language SINDHI. As I wanted to translate leaflets of Royal College about various common mental health disorders in SINDHI language which would benefit more than 50 million people across the world. As they would be able to read about common mental health disorders in their own language which will help them to understand that conditions in a better way and will reduce the stigma and will encourage them to get the right help which they need and deserve.

We started working together on the project and agreed that I will do writing and he will do proof reading for it. We completed the project and handed back it over to the college representatives dealing with leaflets in other languages. After about one month's hard work, we were lucky enough to get out a leaflet translation published by Royal College of Psychiatrist. It was a proud moment for me being a psychiatrist to help me patients and being a SINDHI to be able get my mother tongue published on Royal College website. I couldn't have asked for more. Its not the end of this story, as we will continue to work with our college to translate more leaflets and contribute to society and to the college being a proud member of Royal College of Psychiatrist UK.

Results: It was published on RCPSYCH website in translation section I contributed one more language to RCPSYCH website through my work

Conclusions: MY TRANSLATION WORK WAS PUBLISHED ON OFFICIAL WEBSITE OF ROYAL COLLEGE OF PSYCHIATRIST UK

IT WAS WIDELY APPRECIATED BY WIDER COMMUNITY AND CURRENT AND EX DEAN OF ROYAL COLLEGE OF PSYCHIATRIST <https://www.rcpsych.ac.uk/mental-health/translations/sindhi/depression-sindhi>

Disclosure of Interest: None Declared

EPV0399

Ultra-Orthodox women in the job market: What aid them to become healthy and satisfied?

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Introduction: Culture and ethnicity are crucial to our identity and responsible for our health, values and thereby to our satisfaction from work.

Objectives: To this end, this study focused on the minority groups of ultra-orthodox women in their work sphere and examined differences between women who work within the enclave, women who work both with ultra-Orthodox and other sectors of the Israel society and women who work mainly outside the ultra-Orthodox enclave on the different study variables. Moreover, a model which include main resources [family, community, diversity climate perceptions (in the job environment) and inclusive leadership] as potential explanatory factors of employees' satisfaction from work and mental health.

Methods: Data were gathered from 304 ultra-Orthodox women who belong to various streams in this society, who were recruited by the Midgam research panel. The participants filled out self-reported questionnaires among which family quality of life, community sense of coherence, diversity climate, inclusive leadership, job satisfaction and mental health. The participants' age ranged between 19-64 years (M=30.86 SD=8.71).

Results: The explanation of the full model for jobs satisfaction was: 46% of the variance among women within the enclave, 60% among women who work in mixed environment, and 53% among women who work outside the enclave. As for mental health: 22% of the variance among women within the enclave, 17% among women in mixed environment, and 41% among women outside the enclave.

Conclusions: The results are analyzed through the lens of Bronfenbrenner's ecological theory and show that in traditional societies such as the ultra-Orthodox one, the most important factors for job satisfaction and mental health are family and communal resources.

Disclosure of Interest: None Declared

EPV0400

How cultural factors along with mental health diagnoses influence the treatment of a stroke patient with no previous mental health history: a case report

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Introduction: Mental health awareness campaigns in the past few years have vastly improved how medical professionals treat mental health patients. However, prejudices and ignorance still interfere in medical practice. In this context, with the case presented we can see that even in presumed mental health diagnoses along with cultural factors (race, language...), the best medical assistance is not ensured.

Objectives: Review how different intersectional factors can determine the treatment patients receive at hospitals.

Methods: Presentation of a patient's case and review of existing literature, in regards to the influence of race, language barriers and mental health diagnoses when attending patients.

Results: The patient is presumed to suffer from a mental health condition after a battery of initial tests with inconclusive results do not demonstrate an organic origin. Instead of continuing with the medical study, the patient is disregarded as psychiatric even though his profile doesn't fit beforehand of a fictitious or conversion disorder. The fact that there are also cultural factors in play (race