

in their daily lives. However, the level of life satisfaction increased when they integrate into German society without any perceived discrimination.

Disclosure of Interest: None Declared

EPP0038

Study on cultural representations in mental health and psychosocial support in the Ituri region of the Democratic Republic of Congo

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Introduction: In the Ituri region of eastern DRC, Djugu territory has been the epicenter of violent clashes in 2020 and significant displacement since 2017. An initial assessment conducted by Action Contre la Faim (ACF) in January 2021 showed a significant level of psychological distress among 85% of respondents. Following this finding, an emergency response was proposed with the aim of contributing to the improvement of the psychological state of men, women, boys and girls affected by displacement and conflict while strengthening their psychological resilience. As part of this response, prior to the intervention, the NGO conducted a study on the representations of mental health and psychosocial needs as well as locally existing support mechanisms.

Objectives: The study aimed to better understand the cultural dimension of the perception of mental health and psychological suffering as well as the use of traditional care or support systems. This will allow for better adaptation of clinical approaches to psychosocial intervention as well as the identification of risks incurred by communities in the context of mental health programming, in a context of inter-community tensions, and the development of mitigation measures, co-constructed with the targeted communities.

Methods: An analysis of strengths, weaknesses, opportunities and threats related to the local perception of mental health issues and pre-existing community support mechanisms was conducted using a mixed methodology. A quantitative approach was used to estimate the prevalence of psychological/psychiatric pathologies present in the intervention area and relate it to known data in the country. This was complemented by qualitative data collection including semi-structured interviews with key informants and focus group discussions with community members (adult men and women) as well as health workers, legal and customary authorities, religious leaders, community leaders, traditional practitioners, humanitarian actors, etc.

Results: 12 interviews, 8 focus group discussions and 316 questionnaires confirmed the high rates of distress in the community surveyed.

The cultural representations of mental suffering were better understood (i.e. the origin of suffering and mental illness is exogenous and a spiritual cause is often evoked: witchcraft, curse, divine punishment). Resilience factors (the most resilient would be children and women) and local support mechanisms have been identified, notably in religious leaders.

A very strong group cohesion and solidarity was highlighted.

Conclusions: This study helped to understand the issues related to a mental health care and psychosocial support proposal. This type of study is fundamental to culturally adapting care in humanitarian

aid contexts. Concrete details of adaptation will be presented as an example.

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EPP0039

Health and care system assessment aimed at cultural adaptation of MhGAP modules

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Introduction: As part of the Global Mental Health (GMH) movement, WHO launched the Mental Health Gap Action Program (mhGAP). One of the key initiatives of the MhGAP is to train lay health professionals to meet the mental health needs of populations, particularly in low- and middle-income countries (LMICs) where the need far exceeds the availability and quality of services. Training modules are standardized and designed for use in many countries and settings. In practice, there is often a stereotyped reproduction of modules without consideration of specific cultural adaptation needs.

Objectives: As part of a psychosocial support program in two provinces of the eastern Democratic Republic of Congo (Ituri and North Kivu), the NGO Action contre la Faim proposed a health and care system assessment aimed at adapting MhGAP modules for health center staff. The objective was to know the local practices in terms of psychic care as well as to identify the competences already existing to reinforce them, but also to contextualize the tools and the contents of the trainings.

Methods: The methodology used was mixed.

A questionnaire based on the WHO situation analysis tools was revised, simplified and adapted to the zone, allowing us to obtain quantitative data on the health centers, the care provided, referrals and supervision. Health care workers were interviewed using the questionnaire from ACF's "Strengthening the Health Care System" guide, focusing on care methods, knowledge of mental health and the most frequently encountered symptoms. Focus Group Discussions with the Community Relais in the area allowed for the collection of information on the level of knowledge of the population in terms of mental health, their awareness on this subject, their cultural vision and the means of care.

Results: The data collected from 9 health centers in the two provinces allowed us to learn about:

- Poor knowledge of mental health and school readiness
- Identification of barriers to access to care
- Beliefs around mental health, mental suffering and care
- Details about the different pathologies and symptoms as well as the issues related to the therapeutic framework.

Conclusions: The evaluation was fundamental to have a better knowledge of the context, which made it possible to adapt the content of the MhGap training modules less, to design tools more adherent to reality. The data collected may also be the subject of advocacy aimed at mobilizing the country's policies in terms of mental health, as well as raising awareness in the international community.

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