Methods: We interviewed narrative psychotherapists and practitioners identifying as narrative psychoanalysts about their philosophical foundations in order to explore this apparent convergence. We used constructivist grounded theory to produce common themes. We also put the interviews through an AI program -- Perplexity to explore how well it correlated with our non-AI analysis.

Results: Both groups of practitioners believed that that we construct stories to give us identity and meaning in our lives. The practitioners who came from a psychoanalytic perspective described their coming to understand that psychoanalysis is embedded in stories that ciients and therapists tell. Patients and analysts bring, create, and modify stories in analytic work. Both types of practitioners described the importance of cultivating an active listening attitude on the part of the clinician. Jacques Lacan was often quoted as saying that the greatest gift we can give our clients is to listen without judgment or interpretation. Narrative therapists were more inclined to mention Hermans' dialogical self-theory while psychoanalytically trained therapists spoke of object relations theory with both supporting a philosophy of making meaning together. Both groups of practioners mentioned the importance of meaning being constructed within a particular context. Both groups mentioned the importance of reflective practices, Buddhism, and Indigenous philosophies to support the introspective elements of this technique along with therapy being grounded in our relationships with others. Both groups emphasized the importance of showing how creating new life narratives over time transforms our sense of self, relationship, and meaning.

Conclusions: Qualitative analysis of these two groups of practitioners' philosophies of psychotherapy supports the idea of a convergence between narrative psychotherapy and psychoanalysis which may promise to enrich both groups.

Disclosure of Interest: None Declared

EPV1402

Perspectives on Approaches in Psychiatry: A Resident Survey in Tunisia

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doi: 10.1192/j.eurpsy.2025.1938

Introduction: The field of psychiatry encompasses a range of approaches that guide both clinical practice and training.
This study aims to explore residents' views on these diverse approaches, identifying trends and preferences that could inform the development of psychiatric education and clinical practice in the region.

Objectives: The objective of this study is to assess the perspectives of psychiatry and child psychiatry residents in Tunisia on different approaches to mental health care and to identify their preferences and attitudes towards evidence-based psychiatry.

Methods: A cross-sectional survey was conducted among 31 psychiatry and child psychiatry residents in Tunisia through an online survey.
The survey utilized a combination of yes/no questions and gradual questions to gather data on residents' perspectives regarding various psychiatric approaches.

Data collection was carried out throughout the month of july 2024.

Results: This study included 31 participants with an average age of 28.1 years.
Less than half of the participants (45.2%) reported that they believe the brain is the sole source of mental disorders, with a notable proportion identifying as non-theist.
A majority of residents (80.5%) agreed that medicine should be grounded in the scientific method. However, only 14 participants agreed that "Evidence-based approaches should be the only approaches in psychiatry," and 15 participants agreed that "The biological approach should be the primary focus in psychiatry."
Most residents considered most approaches to be evidence-based. In contrast, the psychodynamic approach was less frequently viewed as evidence-based.
Nearly all residents (n=27) believed that an integrative approach is beneficial in psychiatric practice.
More than half of the participants (54.8%) rated their training in Evidence-Based Psychiatry as limited. Despite this, 24 participants reported that they often try to adhere to evidence-based guidelines when treating patients.
The main barriers to implementing Evidence-Based Psychiatry were identified as a lack of resources in psychiatric departments or hospitals (41.9%) and insufficient training (38.7%).

Conclusions: The results indicate that while there is strong support for evidence-based medicine and the integration of multiple theoretical models, there are differing views on the predominance of specific approaches in clinical practice.
The majority of residents acknowledge the importance of grounding psychiatric practice in empirical evidence, yet there is less consensus on making evidence-based approaches the exclusive or primary focus.
Despite recognizing the benefits of integrating diverse approaches, many residents perceive limitations in their training and resources, which affect their ability to adhere fully to evidence-based practices. The findings underscore the need for enhanced training in Evidence-Based Psychiatry and improved resources within psychiatric departments and hospitals.

Disclosure of Interest: None Declared

EPV1403

Lonely but not alone: integrating social alienation and mental health in urban environments

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doi: 10.1192/j.eurpsy.2025.1939

Introduction: The modern urban landscape is increasingly characterized by the paradox of social isolation in physical proximity. Research consistently reveals a troubling link between social alienation and mental health issues, including a heightened risk for psychosis among vulnerable groups. As cities expand and diversify, understanding and mitigating the detrimental effects of urban alienation becomes crucial. This presentation explores the complex relationship between urban living, social alienation, and mental health, emphasizing the need for psychiatrists to have a more holistic understanding of socio-urban phenomena.

Objectives:
1. To assess the clinical impact of urban alienation on mental health based on multi-disciplinary literature.
2. To particularly examine urban mental health concepts from outside psychiatry that may be relevant to clinical practice.
3. To identify possible strategies for integrating these interdisciplinary insights into daily practice and public mental health policy.

Methods: We performed a multi-disciplinary literature review, analyzing studies from psychiatry, sociology urban studies, critical theory, and public health to evaluate the impact of social alienation on mental health. Special attention was paid to identifying both gaps and overlaps between disciplines.

Results: We grouped findings into three major disciplinary areas: psychiatry, sociology, and urbanist theory. While each of these fields has unique histories and contributions, the literature lacks consistent integration among them. For clinicians in particular, there is significant conceptual language that has not yet entered the psychiatric lexicon. Across fields, it is noted that city-dwellers face alienation due to resource limitations, systemic issues, ideological pressures, and cultural barriers. Proposed solutions vary significantly based on discipline, including community-building activities, mental health support services, and inclusive urban planning.

Conclusions: There is a breadth of research on cities, alienation, and mental health, and yet little integration of the disciplines. Addressing social alienation in urban environments requires psychiatric thought to move beyond isolated clinical interventions and toward collaborations with community organizations, policymakers, and urban planners. By aligning mental health expertise with the broader social and physical context, psychiatry can contribute to more meaningful, holistic interventions. Consequently, there is a pressing need for academic research bridging these fields, enabling more effective solutions that enhance community well-being in urban settings.

Disclosure of Interest: None Declared

EPV1404

One more grammar for causality - understanding interventionism

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doi: 10.1192/j.eurpsy.2025.1940

Introduction: The role of causality in reality has sparked a long and ongoing debate that began with Aristotle, but in its modern form, having reverberated to this day, found its origin in Hume. In psychiatry, causality gains additional layers since the domain of intelligibility does not extend as broadly as it does to the natural sciences, due to the nature of both its object and its method.

Objectives: To explore proposals for understanding causality in psychiatry and mental illnesses.

Methods: A non-systematic literature review was conducted using the PubMed/MEDLINE and PhilPapers databases with the search terms "causality," "psychiatry," "interventionism," and "causal grammar." Reference bibliography was also consulted.

Results: Causal interventionism is a way of understanding causality, where performing an intervention in groups allows the distinction between causality and mere correlation, utilizing counterfactuals that are verified in light of that intervention. The idea of causal grammar allows causal explanation to be thought of as a matter of finding a family of interventions in variables that make a difference to the outcome variable, governed by the causal grammar of that domain.

Conclusions: While each of the positions addresses certain issues —interventionism tackling various levels of explanation of causality in psychiatry, whether biological or psychodynamic, and causal grammar seemingly overcoming mechanismism—neither is fully satisfactory: in interventionism, the unfolding of causes, and in causal grammar, the pre-theoretical intuition seems challenged.

Disclosure of Interest: None Declared

EPV1406

A different perspective on post-traumatic emotional disorders from the perspective of quantum philosophy

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doi: 10.1192/j.eurpsy.2025.1941

Introduction: In the past, traumas have always occurred and continue on a social and individual level in humanity's journey to this day. While there were world wars, atomic bombs dropped on Hiroshima and Nagasaki, Nazi concentration camps, the events of September 11, the events in Bosnia and Herzegovina, and the Iraq wars, today the Ukraine war, the Israeli-Palestinian conflict and many more continue on a national and regional level, and are increasing day by day on an individual level.

Objectives: The aim of this study is to offer a different perspective on mood changes in individual and social life after trauma.

Methods: In this study, qualitative and quantitative research methods were used.

Results: From the perspective of quantum thought, matter is energy and this is expressed with Einstein's famous formula e=mc2. From the perspective of quantum thought, an external effect on a system in equilibrium causes a temporal displacement, a new form of existence in that system. For example, when an external effect is applied to a system A, the new energetic position of the system A will be A', and its temporal dimension will be t at the beginning, but will become t' as a result of the interaction. This t' can be called temporal displacement. Just as the disruption of the voodoo biological clock on an individual level causes psychological and emotional changes, it is possible that post-traumatic temporal displacement - this can be any kind of trauma - will cause mood changes and disorders in mood states on a social and individual level.

Conclusions: The aim of this discussion is to perceive how the breaks in the temporal and energy processes of societies and individuals can create changes in their emotional states in the context of quantum philosophy. In terms of quantum thought, every intervention made to the system from outside or inside causes a temporal shift and energetic changes in the system. This temporal shift should not be understood as a disruption of the biological clock, but should also be perceived as a new energy and a new form of existence in the time cycle of the system after the trauma.

Disclosure of Interest: None Declared