predominantly female (81.1% vs. 65.6%, p = 0.033), and more likely to have a history of mental health issues (24.3% vs. 8.5%, p < 0.001) and conspiracy beliefs (45.9% vs. 26.2%, p = 0.003) compared to those who did not engage in virus-spreading behaviors. No significant differences were found regarding marital status, education level, or traumatic life events.
**Conclusions:** This study highlights key factors associated with intentional virus-spreading behaviors, such as younger age, mental health history, and conspiracy beliefs, underscoring the need for integrated mental health support and targeted misinformation interventions. Public health strategies should include age-appropriate messaging and digital outreach to mitigate the risks posed by intentional spread behaviors and enhance pandemic response efforts. Further research with larger, more diverse samples is recommended to expand understanding and improve intervention strategies

**Disclosure of Interest:** None Declared

## EPV0554

## Reducing inequalities in Mental Health Services - how to be more culturally sensitive in a culturally diverse world?

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**Introduction:** As psychiatrists, we provide care to patients from diverse cultural backgrounds, whose mental health is often affected by migratory trajectories and post-migration factors in the destination country, such as exposure to adversities and inequalities in access to healthcare. Moreover, culture plays a significant role in the presentation of symptoms and influences explanatory models of illness, health objectives, resources mobilized, and treatment styles. Thus, the social determinants of health are often distinct from those of the community of origin.
**Objectives:** The development of culturally sensitive and adapted services becomes essential to reduce healthcare inequalities. We intend to review the concept of cultural diversity and explore various models studied for intervening in mental health care in culturally diverse communities.
**Methods:** Narrative literature review through bibliographic research and publications in the Pubmed and Google Scholar databases, using the terms “cultural psychiatry,” “cultural competence,” and “migration.”
**Results:** Some barriers to healthcare access for the migrant population include ethnolinguistic barriers, stigma, resilience and minimization of symptoms and complaints, and issues related to accessibility and service costs. On the other hand, healthcare professionals also identify bureaucratic issues and report a lack of knowledge regarding different cultural practices, showing interest in obtaining more training in the area. Some strategies to adapt mental health services to cultural diversity include health literacy, “ethnic matching” techniques, interpreter and cultural mediator training, and building cultural competence for both healthcare professionals, institutions and healthcare systems. Cultural formulation uses specific tools to gather clinical information and cultural context, showing positive preliminary results.
**Conclusions:** Cultural competence represents a comprehensive response to the needs of migrant and culturally diverse population, requiring the acquisition of knowledge and skills at both the individual and organizational levels. Investing in training and research on cultural competence will further enhance the effectiveness and accessibility of mental health care, contributing to the reduction of inequalities and better health outcomes.

**Disclosure of Interest:** None Declared

## EPV0557

## When transgenerational trauma meets family secrets : a case study in the Tunisian population

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**Introduction:** More than any other field in medicine, psychiatry is marked by an individual’s life experiences and the cultural context surrounding them. When a patient presents a set of somatic and seemingly unrelated symptoms that can’t be explained by an underlying physical condition, the diagnosis can become challenging. However, when these symptoms are seen through the lense of their particular cultural context and their traumatic family history, these manifestations start to make sense.
**Objectives:** This paper aims to examine the relationship between transgenerational trauma and somatic manifestations without an underlying physical condition in an adult female partient N.
**Methods:** In order to investigate the psychological functioning of the patient N, we conducted a semi-structured interview followed by a set of psychological tests. We administered the Draw-a-Family Picture Test, the Rorschach Test and the Thematic Apperception Test (TAT). We also analysed the patient’s diary entries.
**Results:** N initially came to us with unexplained somatic symptoms and a generally depressive mood, finding it difficult to discuss certain topics like her sexual issues. The various elements we have collected through the tests and the interviews with the patient N have shed light on an event that occured within the father’s family, an incestuous rape. This event was the cause of the family’s breakdown, and we believe that the depressive symptoms, suicide attempts, as well as the incestuous atmosphere related to the patient N and her family are connected to this event and have continued to be unconsciously transmitted across generations.
**Conclusions:** This case study showed the importance of taking family history and cultural context into consideration when examining psychological functioning. Family secrets and seemingly unrelated past events can cause a transgenerational trauma affecting the descendants mental and physical health.

**Disclosure of Interest:** None Declared