

Conclusions: The artistic image becomes significant in strengthening the verbal exchange between the beneficiary and the art therapist, solving problems and formulating new perceptions that in turn lead to positive changes, growth and healing.

Disclosure of Interest: None Declared

EPV0564

From therapeutic to aesthetic value in education/art/occupational therapy: creative potential and tactile value

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Introduction: Fingerprints multiply man in space and time. Educating man with his hand, he learns how to master spatial extent, weight, density, proportion, organizes the activity in order to experience the action. The beneficiary creates a unique universe in which he leaves his mark everywhere. Ergonomics is considered as the “science of work”, having the “man-work” relationship as its object of study. In art therapy, occupational and play therapy, which is based on traditional aesthetics, we talk about “sublimation”. (ChirilăE & Câmpean & Drăgan-Chirilă.D, 2021- 10-13 April)

Objectives: By means specific to the visual arts, hidden, overdue individual skills are detected, which bring the beneficiary closer to normality, to real life. We can observe that all things in nature are shapes modeled in volumes made up of fillings and voids, which constantly transform the appearance of the world. All these angles are synthesized in the brain, in order to understand the three-dimensionality of the environment as a unitary whole. This happens when we are in a position to be aware, actively, of the deep relationships that the environment implies, in general.

Methods: Tactile value is the origin of any act of creation, the hand removes the sense of touch from receptive passivity. The evaluation of fine and gross motor skills is done by modeling, we use the sense of touch, we follow the use of hands during creation. In the testing activities through product analysis we use the visual language, that of the symbolic language of anthropomorphism. Holistic training is done on the potter's wheel or through 3D multimedia installations. Creating works of art, artefacts, or using arts-based jobs are test activities for art therapy, occupational therapy and ergotherapy, which provide us with information about the author with the help of images and shapes. Each beneficiary can create the images themselves, with which they want to interact or can use arts materials and games according to his needs of expression.

Results: These activities allow the beneficiaries to reach a certain level of introspection and to “work through” their problems in a constructive manner. The activities can be approached in several distinct groups of people, who can be qualified in different artistic professions such as: visual artist, decorator, designer, they can practice adaptive-“raw arts”. (Chirila, E 2011, PhD Thesis p 398)

Image 1:



Image 2:



Image 3:



Conclusions: The foundations are laid for an occupational therapy workshop for adults with special needs. In these types of activities, the beneficiaries who do not have artistic skills can learn useful skills for CES persons, who, to pursue a productive goal like “Work for the disabled”. (Chirila, E 2018 p50)

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EPV0567

Experiences of ethnic minorities engaging with mental health services during and beyond the pandemic

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Introduction: The pandemic exacerbated existing mental health support disparities faced by ethnic minorities in the UK. Many ethnic minorities entered care through crisis pathways, receiving more severe diagnoses than their white British counterparts. Additionally, they were 40% more likely to access mental health services via the criminal justice system. Despite these challenges, research on their evolving experiences with mental health services remains limited.

Objectives: To explore the interactions between ethnic minorities and mental health services. By understanding their engagement and coping strategies, we aimed to capture how these experiences have impacted their mental health and well-being.

Methods: This study was conducted in Northern England, a region with high mental health needs but limited research activity. In-depth, semi-structured interviews were held with a purposive sample of ethnic minority adults with diverse mental health conditions (ethical approval 22/WS/0164).

Two independent researchers conducted interviews remotely or in person between March and September 2023, with consent confirmed before each interview. The topic guide, co-produced and piloted with an advisory group of ethnic minority individuals, carers, and clinicians, focused on service engagement, support experiences, coping strategies during the pandemic, and suggestions for improvement. Data were analysed using a framework approach, with themes and subthemes categorized in a matrix for each transcript. Two researchers independently double-coded a sample of interviews to ensure validity, with the team and advisory group reviewing and finalizing the analytical framework.

Results: Thirty-two ethnic minority individuals were interviewed, revealing five key themes: barriers to managing mental health; limited engagement with health services; preference for community support; reliance on community support during service interruptions in the pandemic; and the need for service-community collaboration. Cultural stigma often led to fear and reluctance to seek support, and participants struggled with non-culturally sensitive health services. Instead, they preferred community-based support, which persisted during the pandemic despite service disruptions. Participants advocated for collaboration between mental health

services and ethnic minority communities to enhance cultural understanding and patient-centred care.

Conclusions: Ethnic minorities with mental health conditions face significant challenges in accessing and engaging with services. Addressing these issues requires integrating culturally sensitive approaches into existing frameworks, achieved through collaborations with ethnic minority communities to better understand their unique contexts. Incorporating cultural considerations into service delivery can enhance engagement and improve outcomes for diverse populations.

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EPV0569

Is religion opium for the masses? Role of spirituality in mental health

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Introduction: The relationship between human mental health and religiosity (or broadly understood spirituality) has been the subject of interest of scientists, including philosophers, for hundreds of years. For centuries, religion has played a key role in shaping people's psychosocial and moral development, both positively and negatively. Spirituality should also not be treated as a practice solely related to attending temples or praying. Certainly, a common feature of all types of spirituality is the search for a deeper meaning that goes beyond the material experience of life.

Objectives: The aim of the study was to analyze available scientific research in terms of the relationship between religiosity, spiritual practices and faith with selected parameters of human mental health.

Methods: The PubMed and Cochrane Library databases were searched for in this analysis. The search phrases used were: “spirituality/religion AND mental health”, “spirituality/religion AND depression”, “spirituality/religion AND anxiety”, “spirituality/religion AND suicide” [Image 1].

Results: The relationship between spiritual practices or religiosity and the occurrence of depressive symptoms is not clear. By far the largest number of analyses was conducted in the United States, where, due to the heterogeneity of society, different beliefs and spirituality are present. Despite the high heterogeneity of studies, a high level of spirituality is usually associated with a lower intensity of anxiety symptoms. Obsessive thoughts are relatively often associated with religious motives. An interesting assumption is the concept that religion as a set of rules and practices that require strict adherence may be the foundation for the development of OCD. Religion may reduce the frequency of fantasizing about death, which is confirmed by studies conducted in various religious populations. Differentiating psychotic symptoms from spiritual experiences may be a significant diagnostic difficulty.