the role of child abuse in contributing to increase the risk of psychosis in migrant population.
Objectives: To explore the risk of first episode psychosis (FEP) in migrants and natives for each type of trauma i.e. physical abuse (P.A.), sexual abuse (S.A.), emotional abuse (E.A.), physical neglect (P.N.) and emotional neglect (E.N.).
Methods: Within a large case- control incidence sample of FEP from the EU-GEI study (The EUropean Network of National Schizophrenia Networks Studying Gene–Environment Interactions) we evalued the associtión of childhood trauma with FEP in migrants and natives. Associations were adjusted for age, gender, social status, level of education, family history of psychosis and cannabis use. Trauma was assessed through Childhood Trauma Questionnaire (CTQ).
Results: CTQ mean score was higher in FEP migrants (45.4, sd 15.6) than in FEP natives (41.7, sd 13.9) ($p = 0.002$). In natives every type of child abuse was associated with FEP. In migrants P.A., S.A., P.N. were associated with FEP. We found a dose – dependent relationship between trauma and FEP.
Conclusions: Child abuse is common in individuals with psychosis. FEP migrants are more exposed to childhood trauma. Clinicians should routinely assess patients for childhood trauma. When treating a FEP migrant patient, clinicians must be aware of an underlying traumatic childhood adversity more than of a traumatic migration history.

Keywords: migration history; First episode psychosis; child abuse

EPP0498

Models for successful interactions of psychiatrists with indigenous patients and communities

L. Mehl-Madrona[1]* and B. Mainguy[2]

[1]Medical Arts And Humanities Program, University of Maine, Orono, United States of America and [2]Education Division, Coyote Institute - Canada, Ottawa, Canada

*Corresponding author.
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Introduction: Conventional psychiatric services are not always acceptable to indigenous communities and people.
Objectives: To present successful models of interactions of psychiatrists with indigenous patients and communities based upon our work with five communities in Maine.
Methods: We reviewed the strategies that worked for community interaction from our project for supporting indigenous communities to implement medication-assisted treatment and we reviewed the literature to see what other strategies are reported successful.
Results: Psychiatrists working in these communities may need to share more personal details than to what they are usually accustomed to be accepted. They may need to acknowledge local culture and spirituality and work with traditional knowledge holders to create collaborative healing approaches. As part of this, a narrative approach appeared to work best in which the psychiatrist worked within the stories and beliefs of the community which required taking the time in dialogue to learn those stories and beliefs. Specifically, we address the challenges of flying into northern, rural, and remote communities, of academic physicians consulting to tribal-based opiate treatment programs, of modifying usual counseling techniques such as motivational interviewing to an indigenous population, and of the changes made in practice styles when taking into account the critiques made by indigenous people about medicine in general and psychiatry in particular.
Conclusions: We propose that participatory action-based approaches can improve service delivery to indigenous people. Indigenous cultures share a collectivist mindset in which the needs of the group supersede the needs of individuals, a reliance upon stories, and commitment to a biopsychosocial and spiritual approach.

Keywords: Participatory action research; OCAP Principles; two-eyed seeing; Indigenous communities

EPP0499

Indigenous mental health therapies

L. Mehl-Madrona[1]* and B. Mainguy[2]

[1]Medical Arts And Humanities Program, University of Maine, Orono, United States of America and [2]Education Division, Coyote Institute - Canada, Ottawa, Canada

*Corresponding author.
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Introduction: Cultural differences exist among indigenous and mainstream peoples about the nature of mind and how one achieves mental health.
Objectives: We aimed to determine what is important and different for indigenous communities from non-indigenous communities.
Methods: We assembled a focus group of 109 indigenous and non-indigenous mental health counselors who worked in indigenous communities to meet weekly for 90 minutes via an internet platform (Zoom) for 810weeks with asynchronous communication between meetings.
Results: The metaphor of the Four Directions, represented with different colors, attributes, and animals, was important in indigenous communities. Participants emphasized the idea of relational, non-local mind which places identity in the relationships between people rather than an individual body. Illnesses were seen as conscious beings who visit people and bring teachings. The healing, participants said, comes from reaching within the suffering and the pain to find the answer from within which makes meaning from an illness. People are expected to make offerings and sacrifices to the spirit of the illness to move toward wellness. These sacrifices can include lifestyle changes that the person might otherwise not make. Using substances without the proper protocols and prayers was likened to sorcery or witchcraft which can become a powerful incentive to stop disrespecting these substances and to find meaning in setting them aside with the help of a supportive community.
Conclusions: What participants saw as important for indigenous populations was different from what is usual for non-indigenous mental health services. Participants stressed the importance of non-indigenous providers understanding this and not dismissing these ideas.

Keywords: Indigenous people; psychotherapy; Four Directions; Culture

EPP0500

Psychological rapid response to population movements in democratic republic of congo (DRC)

E. Dozio[1]* and C. Bizouerne[2]

[1]Mental Health And Care Practices, Action Contre la Faim, Paris, France and [2]Mental Health And Care Practices, Gender And Protection, Action contre la Faim, Paris, France

*Corresponding author.
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