

EPP0437

Cross-cultural comparison of attitudes toward seeking professional psychological help : A Multinational Population-Based Study from 16 Arab Countries and 10,036 Individuals

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Introduction: There has been an increasing interest in people's attitudes toward seeking psychological help. Although recent research has shown a rise in the number of people seeking help from psychological services, there is still a significant number who choose not to see a mental health specialist.

Objectives: The aim of the current study was to examine the attitudes toward help-seeking psychological help among Arab population and to investigate factors related to these attitudes in the whole sample.

Methods: We carried out a multinational cross-sectional study using online self-administered surveys in the Arabic language from June to November 2021 across 16 Arab countries. The Community Attitudes toward the Mentally Ill scale, the Mental Health Knowledge Schedule scale and the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form were administered to participants from the general public.

Results: The study sample was predominantly female (77%), married (41%), educated (89% with tertiary education), living in urban areas (85%), with a mean age of 29.6 ± 10.8 years.

Participants tended to have a higher preference to seek help from a psychologist or a psychiatrist (85.7%) and primary care physicians (80.7%). We also found that family members represented a preferred source of help in 80.4% of the cases.

In bivariate analyses, help-seeking attitudes positively correlated with attitudes ($r=.265$) and knowledge ($r=.121$). Besides, multivariate regression analyses revealed that being female, older, having higher knowledge and more positive attitudes toward mental illness, and endorsing biomedical and psychosocial causations were associated with more favorable help-seeking attitudes; whereas having a family psychiatric history and endorsing religious/supernatural causations were associated with more negative help-seeking attitudes.

Conclusions: Attitudes toward seeking professional psychological help are intricate. Determining factors associated with help-seeking attitudes may guide interventions in order to avoid delays in help-seeking.

Disclosure of Interest: None Declared

EPP0438

Perceptions of Causes and Treatment of Mental Illness Among Traditional Health Practitioners in Johannesburg, South Africa

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Introduction: Mental disorders are among the most poorly treated illnesses in sub-Saharan Africa. It is estimated that 70-80% of South Africans consult Traditional Health Practitioners (THPs) for the treatment of psychological ailments. Few studies have examined the perceptions of THPs regarding causes of mental illness and whilst we know little about their practices, THPs maintain a strong role in assessing and treating patients with mental illness.

Objectives: This research aims to be among the first studies to identify perceived causes and treatment modalities for mental illness among THPs in Johannesburg, South Africa.

Methods: Semi-structured in-depth interviews were conducted with 18 THPs in Johannesburg, South Africa between January and May, 2022. Interviews were transcribed and translated into English. Data was managed using NVivo 12 software and thematically analyzed.

Results: THPs interviewed generally perceived mental illness to be of supernatural causation, either as a result of bewitchment, a calling for the patient to become a THP themselves, due to angry ancestors, or due to natural causes. THPs identified eight primary treatments that they use for treating mental illness. Among these were: throwing of bones (*tinhlolo*) to start communicating with ancestors, steaming (*ukufutha*) to start the cleansing process, sneezing (*umbhemiso*) to forcefully dispel the spirit causing the illness, vomiting (*phalaza*) and laxatives (*mahlabekufeni*) to remove the spirits poisoning the body as well as animal sacrifice to purge spirits and communicate with ancestors. This is all followed by cutting (*ukucaba*) which is the final part of treatment that ensures that the evil spirit cannot return.

Conclusions: This study is among the first to examine the perceived causes and treatments for mental illness used by THPs in Johannesburg, South Africa. As the vast majority of South Africans continue to seek help for mental illness via THPs, it is important to understand what forms of care healers are providing to patients. Future research should continue to document ways in which THPs approach healthcare as well as investigate interventions that can foster collaboration between THPs and biomedical professionals.

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EPP0439

A psychiatric mobile clinic in rural Ghana as a model to deliver professional services to a huge catchment area, review of 12 years experience

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Introduction: The population in remote areas in Ghana as in other low- and middle- income countries (LMIC's) are known to suffer from limited access to quality mental health services. The

challenges include limited inpatient and outpatient mental health services at the regional and district levels, shortage of well-trained professionals, poor funding by the government and difficulties for the patients to pay for medical costs, poor telecommunication services and the lack of adequate infrastructure.

Objectives: We present a novel model of professional psychiatric mobile clinic, Gye Nyame Mobile Clinics, in remote areas in Ghana. This comprehensive service package connects the current loose ends of existing structural efforts in the subdistricts, trains regularly district hospital teams and bridges the gap between district hospital, primary health posts down to every patient.

Methods: In this retrospective descriptive study we collected demographic data of all the patients who visited the Gye Nyame professional mobile clinic in Psychiatry (GNMC) from November 1, 2008 to October 31, 2019 in the ten health posts of Ghana's Ashanti Region

Results: Between November 2008 and October 2019, we counted 16,370 visits of patients with psychiatric/ neurological diagnosis. The patients suffered mostly from schizophrenia in 24,1%, general convulsions in 40,8 % and other psychotic disorders in 5,9% of the visits. 78,5% returned to our mobile clinic for follow-up, 100% could be treated on outreach.

Conclusions: This community-based approach delivers psychiatric services to subdistrict and district levels and to patients who have no other access to these professional services. According to the results, a wide spectrum of pathologies and quantity of patients are seen – especially patients with no former treatment- the most common diagnosis in the rural area are schizophrenia, other psychotic disorders and generalized convulsions, followed by intellectual disabilities/autism spectrum disorder and cerebral malaria neuro-psychiatric complications.

This is the first study to evaluate the implemented impact of integrated psychiatric services into existing structures in remote areas of LMIC's.

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EPP0440

Outcomes of a community-based wellness screening tool administered by mental health professionals and religious leaders in the Ketu South Municipality in Ghana

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Introduction: Ghanaian community members with mental health conditions are usually not identified until their families cannot handle their care at home anymore, for example, due to mistrust in medical institutions. From community-based and global mental health research, we know *why* we should act (for example, early interventions improve the treatment outcomes) and *what* we should do (for example, task-sharing in community settings). *How* any of these activities can be implemented on the community level to decrease the delay of access to evidence-based care remains unclear.

Objectives: The study explored the “how” for a specific identified problem (collaboration between mental health professionals and religious leaders) in the Ketu South Municipality in Ghana; additionally, the study explored the feasibility and the results of a community-based wellness screening.

Methods: We used a human-centered design approach to tackle this challenge in the Ketu South Municipality in Ghana. We invited 80 mental health professionals, religious leaders, and service users to participate in this exercise. The participants innovated the so-called *Brain Spirit Desk*, which builds collaboration between mental health professionals and religious leaders. The participants also designed a 9-question wellness screening tool, including four validated screening scales in Ghana: PHQ-2, GAD-2, one question about suicidality, and CAGE-AID. The participating religious leaders were trained to use this screening tool and administer it by themselves or allow mental health professionals to administer it in their respective institutions. Referral pathways were established for community members who screened positive on the wellness screening tool.

Results: 1065 community members (787 females, 278 males, mean age: 32.42 years) were screened using the wellness screening tool over five months (January - May 2022); 215 of these community members were already connected to mental health clinics in hospitals. 60 community members out of 203 who screened positive on the PHQ-2 were not receiving treatment at the time of screening and were referred for further assessment and treatment. Another 52, 53, and 142 community members were referred for further evaluation and treatment based on their answers to the GAD-2, suicidality, and CAGE-AID screening questions, respectively. Completed referrals across conditions averaged around 55%.

Conclusions: Our activities explored, guided through principles of a human-centered design approach, how the delay in access to evidence-based mental health care in the Ketu South Municipality in Ghana can be decreased through a collaborative effort of mental health professionals and religious leaders. A developed screening tool identified potential cases of mental health conditions. Importantly, religious leaders' involvement and endorsement built trust in the activities.

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EPP0441

Barriers and facilitators towards recovery and health service utilization among Haredi Jews with mental illness

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Introduction: Evidence suggests that minorities tend to under-utilize mental health services, and may face specific barriers and facilitators towards recovery. One community which remains particularly under-researched in the Western World are Haredi Jews — a diverse group of individuals characterized by a shared devotion to traditional Talmudic and Halakhah teachings and observances. **Objectives:** The overarching aim of this study is to document and analyze barriers and facilitators towards recovery and mental health