

the situation has gradually stabilized in the Kadey department, but remains volatile due to daily insecurity in the northern regions of the Central African Republic.

Objectives: With a view to meeting the mental health and psychosocial support needs of the region's population and better integrating refugees into their host communities, it was necessary to obtain a more exhaustive picture of the population's perception of mental health, to understand the mechanisms of psychosocial support at community level and any differences between refugees and the indigenous population.

Methods: A mixed methodology with quantitative and qualitative data was chosen for a more detailed analysis. The survey was carried out in two communes in the Kadey department: Kentzou and Kette. The sample was disaggregated to take account of the socio-demographic characteristics and to enable to make comparisons between the situations of host communities, living in refugee sites and outside sites. For quantitative data, 205 the individuals responded to a questionnaire. 12 individual interviews and 12 Focus Group Discussions (involving 60 participants) guided by semi-structured questions were used to collect qualitative data from key members of the community.

Results: Analysis of quantitative and qualitative data has confirmed the successful integration of Central African refugees into the host community. Nevertheless, there is a difference between these two groups in terms of their perception and understanding of the definition of mental health, mental health disorders and treatment options. Thus, there was a clear difference in training and awareness needs between the host and refugee communities.

Conclusions: Based on the qualitative and quantitative results of our assessment, a number of recommendations have been drawn up. It would be interesting to find a balance in the definition, attribution of causes and treatment of mental disorders between the traditional, mystical and cultural vision and the psychological and psychiatric one. It would be important to encourage refugee communities to return to some of their traditional practices, and to allow several visions of the human being to coexist between a traditional and a more medical vision.

To address the lack of resources for mental health care in the Kadey area, more training in mental health and psychosocial support is needed for health and social workers in the area.

Disclosure of Interest: None Declared

EPP0162

Ethnic differences in pathways to obtain care, maintain care and engage to Early Intervention Service in Spain

V. Sanchez-Gistau*, M. J. Algora, A. Cabezas, M. Sole, P. Miro and C. Saez

early intervention service, University Hospital Institut pere Mata, reus, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.366

Introduction: Ethnicity and migration have an impact on illness models and consequently how, when and where people seek and obtain care. Early Intervention Psychosis (EIP) teams attend high rates of migrant and ethnic diverse populations but the study of ethnic differences in pathways to obtain and maintain care is still scarce . The most consistent findings are that minorities are less

involved with primary services, have a higher risk of being treated in a coercive way and are at higher risk of early disengagement. Despite the increasing migration rates there has been very little investigation in Spain.

Objectives: To investigate ethno-racial differences in pathways to obtain care, adherence and engagement during their first year of follow-up of subjects who start treatment at EIP of Reus, Catalonia, Spain

Methods: Participants

This is an observational 12 months follow-up retrospective study including all consecutively subjects with First Episode of Psychosis (FEP) referred to the EIP from January 2015 to January 2019. Visible ethno-racial status was self-reported being grouped as belonging to minority ethno-racial group if they were coded "any other than White regardless of country of origin". 'White' was the majority group

Study variables:

At program entry:

Source of referral

At 12- months:

Adherence to the service:

Admissions to in-patient unit

Disengagement

Results: 184 FEP subjects (mean age 22.8 years and 66.1% of males) were included. Nearly 31% belonged to a minority ethno-racial group being the Maghrebi (60.4%) followed by the Latin-American (20.1%) the most frequent minority groups. The 81.2% of the minority group were first-generation migrants and 7.5% second generation migrants. The 52.2 % were referred from community services, 18.5% from emergency unit and 29.3% from inpatient unit. At follow up 64.5%, were highly adherent to EIP (> 75% of attended appointments), 16.7% required hospitalization and 11% disengaged. Multi-variate analysis showed that the minority group was 2.19 times more likely to be low adherent [(95% CI 0.78-3.17; p=0.03], 2.89 times more likely to be hospitalised [(95% CI 1.20-6.98); p=0.01], and 4 times more likely to disengage from the EIP [(95% CI 1.35-11.90); p= 0.01] during follow-up than the majority group. No group differences were found in pathways to obtain care or in causes of disengagement.

Conclusions: In agreement with previous studies from other countries we found high rates of ethno-racial diversity in the EIP of Reus. In addition, we also found inequalities in the use of services, being minorities more likely to disengage, to be low adherent to the program and at greater risk of hospitalization. On contrary to other studies we did not find significant differences between groups in the source of referral to EIP

Disclosure of Interest: None Declared

Pain

EPP0163

Impact of an Internet-Delivered Sound Healing Intervention on Chronic Non-Malignant Pain and Sleep Disturbances in Community Settings

N. Sharma¹, D. Walker^{2*}, B. S. Prasad¹ and M. Patel¹

¹Aarogyam UK CIC, Leicester and ²Suara Sound Academy, Callington, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.367