enable the individual to live in adequacy with his or her environment.
Objectives: The aim of the study was to develop an Arabic version of the "Regulation of Emotions Questionnaire-2" (REQ-2T) from Phillips & Power, 2007, and to validate it in a sample of Tunisian university students.
Methods: This is a validation study conducted in a sample of 384 Tunisian university students to whom we administered the REQ-2T, the DASS-21 questionnaire and a sociodemographic questionnaire. We tested face and content validity, reliability, and construct validity of the Arabic version of the REQ-2.
Results: Face and content validity were satisfying. The internal consistency was average, with Cronbach's alpha coefficient ranging from 0.44 to 0.65. The inter-dimensional correlation reflected statistically significant and logical correlations within the REQ-2T. Temporal stability was satisfying with a variable concordance of 0.65. Exploratory analysis revealed four factors similarly to the original version of the questionnaire. Statistically significant correlations were found between the REQ-2T and its external validator (DASS-21).
Conclusions: The REQ-2T demonstrated good psychometric properties, thus this scale can be reliably used as a measure of emotion regulation in the Tunisian population.

Disclosure: No significant relationships.
Keywords: emotion regulation; validation; questionnaire; Depression

EPV0228

Why does transcultural consultation matter?

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Introduction: Psychiatrists should be aware of the new challenges and needs that globalization poses.
Objectives: To highlight the need for a culturally sensitive approach to mental health.
Methods: Non-systematic review of "cultural consultation" on PubMed.
Results: Most people assume a direct connection between pathophysiology and clinical symptoms. However, evidence shows that the translation of pathophysiology and psychopathology into specific symptoms is mediated by cognitive processes and social interactions, which reflect models/practices specific to our culture. Patients focus on specific aspects of being sick, reinforced by cultural narratives or to fit expectations. Thus, people from different cultural backgrounds might have trouble communicating; cultural idioms of distress can be misinterpreted. The role of structural violence bestowed upon cultural minorities, which leads to discrimination and social exclusion, has extensively been studied as a risk factor for mental illness. Furthermore, ignoring cultural differences and diversity has been shown to contribute to healthcare disparities, hampering access to care and diminishing the quality of care received. In Canada, the Cultural Consultation Model provides cultural expertise, either by evaluating patients (preferably accompanied by the referring doctor, a translator and cultural mediator) for 1-3 sessions, providing recommendations to the referring doctor; or providing consulting to a referring doctor or organisation, through general guidance or discussion of specific cases.
Conclusions: In an evergrowing globalization process, we will inevitably have more contact with patients from culturally distinct backgrounds. To provide the best care, we must be aware of the ways in which culture can shape symptom expression, and take into account cultural explanations and preferences.

Disclosure: No significant relationships.
Keywords: transcultural; cultural consultation

EPV0231

Cross-cultural research of coping: Individualization and modernization in Post-Soviet societies

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Introduction: The article is devoted to the main methodological problems of qualitative research in the psychology of culture. Methods of ethnographic (field) observation were borrowed by psychology from social and cultural anthropologists in the first half of the twentieth century, and in modern research practices there is a special ethnographic direction that claims to analyze behavior and lifestyle in various subcultures and communities.
Objectives: The purpose of this study was to identify the key cross-cultural difference in coping behavior of respondents from Moscow and Tashkent.
Methods: The methodological basis of the research was the thematic analysis of narratives and free-form interviews. The sample was N = 60 (residents of Russia and Uzbekistan age 17-39).
Results: The results of thematic analysis of narratives and free-form interviews of respondents from Moscow and Tashkent allow us to conclude that the key cross-cultural difference in coping behavior is the degree of its individualization: representatives of Uzbek culture are focused on receiving support and care from significant Others, and not on independent internal work (unlike Russian respondents). At the same time, they are not satisfied with the traditional prescriptions that come from the family environment, which forces them to coping practices that go beyond the boundaries of normative social (often religious) ideas.
Conclusions: This can be interpreted from the point of view of the process of modernization of Uzbek culture, which is gradually becoming individualistic, and the latter circumstance requires the construction of flexible coping strategies in the situation of social and cultural changes.

Disclosure: No significant relationships.
Keywords: Qualitative methods; Culture; Ethnopsychology; coping