community members that could be leveraged to create, implement, and evaluate a culturally competent intervention to effectively address risky alcohol use in this community.
Methods: Data collection involved formal one-on-one, semi-structured, audio-recorded interviews with community members. Participants were recruited voluntarily at health information nights held by the student researchers at their local apartment complex. The interviews were conducted by one medical student researcher with one translator present and were transcribed afterward. The interview data was analyzed using Immersion Crystallization methodology.
Results: Initial results from the community meetings with the YAB, local organizations, formative community surveys, and key informant interviews highlighted the vulnerability of the refugee population, scarcity of culturally appropriate resources for alcohol abuse, and urgency of addressing problematic alcohol use. The analysis of the ten audio-recorded surveys showed several themes including negative consequences of alcohol use, specifically negative impacts on familial relationships, employment, and financial resources, and a perceived personal responsibility for managing one's own alcohol consumption.
Conclusions: This project corroborates current literature regarding the scope and breadth of hazardous alcohol use within the community of refugees from Burma. Our data has expanded our understanding of the values of community members including the influence of religion and family on behaviors, and the negative impact on employment as the most impactful negative consequence. These findings need to be shared with the community to move forward in mapping the most effective and appropriate interventions.

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EPV0388

Cultural factors in depressive experience and its severity: A case report

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Introduction: For a very long time, anthropologists and psychiatrists have studied how the symptomatology of mental diseases varies among cultures. Different social environments approach depression in different ways, and cultural practices and meanings influence how it develops. Culture also affects how symptoms are felt and described, how treatments are chosen, how patients and doctors interact, how likely it is that certain events, like suicide, will occur, and how professionals behave. As a result, all of these circumstances must be taken into consideration when approaching the diagnosis and management of depressive disorders. To illustrate the above, we present the case of a 31-year-old man, originally from Nigeria, who was admitted to the hospital after a suicide attempt by precipitation onto the subway tracks.
Objectives: (1) To describe the clinical particularities of this case, focusing on the diagnostic difficulties we faced derived from intercultural contrasts (2) To review cross-cultural differences in the symptomatology and its implication on severity of depressive disorders.
Methods: A review of the patient's clinical history and complementary tests performed was carried out. Likewise, a bibliographic review of the available scientific literature was also performed in relation to transcultural depressive experiences and its severity.
Results: There is little evidence in favor of a direct link between sociocultural factors and severe depression, but we reviewed the arguments that look significant for further research. Depressive illnesses are found in all societies and their symptomatic expression varies culturally, particularly in terms of somatization and delusional ideas. Similarly, the social and individual representations of the disease depend on the culture, and some conceptual models can increase the effects of stigmatization. These cross-cultural variations could influence the care-seeking process and therefore modulate the evolution of the disease in the sense of greater severity.
Conclusions: All societies experience depressive disorders, which exhibit symptoms that vary culturally, especially in terms of somatization and delusional beliefs.
The care-seeking process is affected by cross-cultural differences, and as a result, the disease's progression may also be modulated in terms of increased severity.
When we ignore cultural factors in understanding, assessing, and treating depression, we are contributing to misdiagnosis and errors in patient management.

Disclosure of Interest: None Declared

EPV0389

Detection and psychoprophylaxis with beneficiaries who are in the first stages of artistic expression- children and adolescents aged 2 to 18 years, of both sexes, from different cultures, social backgrounds and education levels are included

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Introduction: If children are taught early on to control their emotions, that can prevent problems that cause disturbing emotions: violence, suicide, drug abuse, etc. The artistic experience, just like the religious one, is an essential experience of the human being. Art ,occupational, play therapy concerns itself with the information that the images have to offer regarding their author.
Objectives: Our goal is to discover new perspectives and sources of inspiration to establish new prevention and recovery methods and techniques to advance in defining the importance of resilience