were omitted because of not being able to acquire reliability as sub factors. Accordingly, a questionnaire containing 11 factors and 79 questions was constructed.
Conclusion The findings showed that the instrument could identify the cultural factors that cause concurrent obsession and major depressive disorders in Iran.
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EV0348

Culture and mental disorders

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Objectives Show with a case report how psychiatric pathology may face differential diagnosis problems when sociocultural aspects are involved.
Methods and materials Seventy-three year old man, born in Colombia. During the last two months, he had come many times to the emergency service due to behavioural changes. He does not have previous psychiatric history. His daughter refers that one of the patient's sisters has been diagnosed of "mystical madness". The previous days he abandoned his medical treatment saying that he "gets in touch with his wife and that he wants to meet her". Since his wife's dead, he had presented an excessively adapted behaviour, without grief symptoms. The first hospitalization day he said we wanted to get married with one of his daughters, with a sexual content speech, being able to get emotional when he spoke about his dead wife. Now the patient is under frequent reviews, and it is thought the differential diagnosis of depression with psychotic symptoms, due to the lack of symptoms remission.
Conclusion Whenever we face different psychiatric diagnosis we don't keep in mind some sociocultural factors, which could be masked and raise different doubts. It is important to keep in mind that each country or ethnical have their own cultural habits which are going to deeply influence patient's personality.
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The Senegalese accompagnant model in psychiatric care: How hospitalization with a relative may contribute to the therapeutic process

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Introduction The accompagnant model was set up at the Fann psychiatric hospital in Dakar in 1971 by prof. H. Collomb. It requires the patient to be hospitalized with a non-patient to accompany him/her at all time during the hospitalization. This model compensates for economic and human deficiencies, and also presents itself as a therapeutic tool in the treatment of mental illnesses.
Objectives The contemporary use of the accompagnant model will be presented and its advantages and disadvantages assessed.
Aims We investigate how the accompagnant model may have a role in the therapeutic process, and to what extent this model (or part of it) could be exported.
Methods A qualitative study of the practice at Fann Psychiatric Hospital has been carried out, based on interviews with patients, professionals and accompanying persons.
Results There is a striking consensus between patients, professionals and the accompanying persons about the advantages of this practice. It facilitates the encounter between professionals and patients, and reduces the risk of living hospitalization as a traumatic experience. The accompanying persons contribute to warrant the respect of human dignity, and to maintain a therapeutic dynamic through their participation in the development of a caring environment and their expectation of a recovery process. They help ensure continuity of care and medication after the hospital stay.
Conclusion The accompagnant model emphasizes the role relatives may play during and after the hospitalization, in ways that could be compared with what is currently expected from family therapeutic education.
Keywords Cultural psychiatry; Recovery; Family therapeutic education
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Gypsies's beliefs about the evil eye in relation to mental illness

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Introduction The focus of Medical Anthropology is, among other things, the study of medicine as an expression of culture and involves the analysis of healing traditions, both "traditional" and biomedical.
Objectives Greek Gypsies who have their own *habitus*, language, and culture.
Aims The discussion of treatment options that gypsies have or seek in order to address critical life situations outside a biomedical context.
Methods Field research with interviews and observation.
Results Using Geertz's analytic approach of symbolic interpretation, this paper focuses on the mobilization and transformation of religious symbols in the clinical setting: how these "converse" with biomedicine and how they participate in the process of healing. Painful life experiences drive subjects to seek recourse in remedies outside the biomedical system. At the center of these experiences are thought to be attacks from the "evil eye." According to the subjects' worldview, all people are potential victims of the evil eye. A person's glance can provoke the injury, illness, mental illness or even death of another. Consequently, there is a hierarchy of therapeutic choices in which first preference is given to their own means for addressing a situation—only in the case of failure do they turn to specialists.
Conclusions The beliefs of the subjects are strongly influenced by their worldview, a historically inherited model of health and healing that, unlike the biomedical model, expresses a belief that ailments are successfully cured "with God".
Disclosure of interest The authors have not supplied their declaration of competing interest.

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