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The logo for the Dutch Association for Psychiatry, featuring the text 'NEDERLANDSE VERENIGING VOOR PSYCHIATRIE' in white and orange, followed by a stylized orange and white caduceus symbol.

# THE 6<sup>TH</sup> WORLD CONGRESS OF THE WORLD ASSOCIATION OF CULTURAL PSYCHIATRY

The Cultural Perspective in Psychiatry:  
Moving Forward to Meet the Needs of  
a Globalizing Society

## ABSTRACT BOOK

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## Abstracts Keynotes

### Migration as a metaphor: towards a praxis of acknowledgement

**Abstract ID: 255**

**Keynote: Jean-Claude Métreaux, Psychiatrist and Child and Adolescent Psychotherapist Association 'Appartenances', University of Lausanne. Switzerland**

#### **Description**

The encounter between a psychotherapist from the North and a migrant patient from the South is an encounter between two migrants, each of whom is bound to migrate into the other's world. Their task is first to co-construct a world of shared meaning, a common sense of belonging. This task requires a prior recognition of our similarities, such as our migrant essence, our human vulnerability and our sensitivity to loss, as well as a recognition of our different positions; one closer to the North, the other closer to the South. On the basis of our similarities, we psychotherapists can then develop a praxis of acknowledgement, which I will elaborate in this contribution. This praxis of acknowledgement leads us to think differently about the encounter with our migrant patients, and to draw differently our commitment in the transcultural clinic.

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### Haunted: On Race as an Absent Presence in Scientific Practice

**Abstract ID: 256**

**Keynote: Amade M'Charek, Professor Anthropology of Science, Department of Anthropology, University of Amsterdam. The Netherlands**

#### **Description**

Race and science entertain a long and troubled relation. However, the second world war and the publication of the UNESCO document on Race in 1951 are typically seen as a turning point after which race has increasingly become irrelevant or even obsolete in scientific research. While race has been declared dead and confined to a troubled past, in this talk I argue that scientific practices, psychiatry included, are haunted by the specter of race since histories tend to materialize in practices and cannot simply be left behind. I suggest that race is best seen as an absent presence, and something that requires more care and attention. I will draw on examples from the field of forensic genetics to make this more concrete. Forensic genetic technologies have constituted a major change in criminal investigation and rightly celebrated as the ultimate identifier of the individual suspect. A more recent application, DNA phenotyping, promises to deliver clues about the physical appearance of an unknown suspect based on DNA found at the crime scene. I will show that while this technology is aimed at the face of the individual, it necessarily produces a racialized collective.

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## **Rwandan community-based sociotherapy. Its philosophy, practice, impact and expansion into other countries**

**Abstract ID: 257**

**Keynote: Annemiek Richters, Amsterdam Institute for Social Science Research, The Netherlands. Community Based Sociotherapy, Rwanda.**

### **Description**

Community Based Sociotherapy as practiced in Rwanda (CBS) is a group-based mental health and psychosocial support (MHPSS) intervention for people suffering through relational and collective trauma resulting from the 1994 genocide against the Tutsi, its preceding war, and its aftermath. It is a response to the increasing realization that the sequelae of collective violence affect not only the emotional world of individuals, but also destroys the space between them, and frays or even destroys the relationships that in stable circumstances constitute people's life-worlds. To recover the capacity to form supportive new relationships, CBS facilitates re-engagement with everyday life and its ensuing healing, reconciliation and social transformation. Since 2004 CBS has been shaped by the perspectives of a multitude of its trainers, facilitators, group participants and researchers to become increasingly owned by Rwandan people and recognized throughout the country as a valuable support of post-genocide social reconstruction initiatives. This lecture will focus on: CBS as a context-driven and culturally sensitive intervention; the value of assessing its impact through a bottom-up approach compared to an international driven one in the form of, for instance, a controlled-clinical trial; how its cross-border expansion demonstrates its adaptability to a range of settings and cultural contexts without loss of its efficacy.

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## **The versatility of words; language in (cultural) psychiatry**

**Abstract ID: 258**

**Keynote: Frank Kortmann, Emeritus Professor in Psychiatry and Transcultural Psychiatry, Radboud University Nijmegen, The Netherlands.**

### **Description**

The building blocks in psychiatry are just words and behavior. Words and behavior derive their meanings in their context. The larger the cultural gap between patient and worker, the more content they need to understand each other. This statement has huge consequences for the application of clinical and epidemiological instruments, as will be illustrated with the finding of a validity study of the Self Reporting Questionnaire (SRQ) in Ethiopia. The conclusion: don't think too quickly or too fast that you have understood your patient. Take the stand of the one who does not know, as long as possible. Only then you might receive sufficient context from your patient to really understand him or her.

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## **New developments in psychosocial care in humanitarian emergencies.**

**Abstract ID: 259**

**Keynote: Joop de Jong, Emeritus Professor of Cultural Psychiatry and Global Mental Health, Amsterdam UMC, The Netherlands. Boston University School of Medicine.**

### **Description**

The lecture will address some of the new developments in the delivery of mental health and psychosocial support in humanitarian crises. One new perspective proposed by Purgato et al. is the development of a precision psychology paradigm in global mental health, with emphasis not only on individual clinical and socio-demographic data, but also on the social determinants of mental health. A precision psychology paradigm would require a coordinated action of academics, stakeholders and humanitarian workers. Considering subgroups of individuals with specific clinical and sociodemographic characteristics may help to identify predictors of intervention response and mechanisms of change to compensate for the decrease of the intervention effect over time. In addition, Lund et al. developed a new conceptual framework that summarised the major social determinants of mental health and linked them with the Sustainable Development Goals. Other domains in development are implementation science, cultural adaptation methodology, the inclusion of cultural concepts of distress in outcome research, and the role of syndemics in humanitarian crises. Time will determine to which extent these topics may be addressed in this talk.

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## **Decolonizing Cultural Psychiatry: Thinking Through the Politics and Practice of Identity and Alterity**

**Abstract ID: 260**

**Keynote: Laurence J Kirmayer, James McGill Professor and Director, Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University, Canada.**

### **Description**

The constructs of race, ethnicity, and culture were part of the conceptual framework of colonialism and psychiatry was part of its technology, both as a vehicle for delivering medical care and as an institution of social control. Changes in the geopolitical landscape have led some to herald a postcolonial era but structures of domination persist and are woven into our everyday practices and the dynamics of identity and alterity in health care. If cultural psychiatry hopes to advance health equity, it needs to come to grips with the enduring legacy of colonialism as well as its new incarnations. This presentation will explore some of the current forms of domination, oppression, and exclusion in psychiatry. This will include forms of epistemic injustice, racialized identities, and ethnoracial bias, as well as the lack of attention to structural adversity, diversity, and the lifeworld. Just as technologies inadvertently reproduce and solidify social categories, so too do research and clinical practices in psychiatry. Cultural psychiatry then needs not only openness and responsiveness to the lived experience of people with diverse backgrounds and positions in society but critical perspectives on the social and psychiatric construction of identity, difference, and disorder.

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## Encounter and engagement in the transcultural clinic

**Abstract ID: 261**

**Keynote: Marie Rose Moro, Psychiatrist and Professor of Child and Adolescent Psychiatry, University Paris Cité. Head of the Department of Child and Adolescent Psychiatry (Maison de Solenn), Cochin Hospital. France.**

### Description

Caring for migrant families and their children implies loving encounters and differences. It implies engaging in the relationship with the other, letting oneself be affected and transformed by the other. This is what we will show on an epistemological and clinical level. The consequences to be drawn for day-to-day work with parents and future parents are considerable. The task, psychologists and psychiatrists, doctors, midwives and child nurses, obstetricians and nurses, social workers, teachers, and child education specialists, is to attempt quite simply to do their job better by adapting to these families from elsewhere. This work, sometimes seen as fraught with difficulty, once one becomes involved, proves rewarding and fascinating. To be affected and "transported" by these parents and their infants is necessary to allow them to draw on their own resources.

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## The cultural formulation approach: A critical overview of the research evidence

**Abstract ID: 269**

**Keynote: Roberto Lewis-Fernández, New York State Psychiatric Institute, Columbia University Medical Center**

### Description

**ABSTRACT BACKGROUND:** The Cultural Formulation Interview (CFI) and other operationalizations of the Outline for Cultural Formulation (OCF) are increasingly being incorporated into mental health training programs and implemented in clinical care across a range of countries. There is general agreement as to the value of these approaches and a commitment to expand their use in routine clinical practice. However, what is the state of the research evidence on the outcomes of this implementation? **AIMS:** To critically review the research evidence on the impact of the OCF and CFI in mental health training and clinical practice. **METHODS:** Synthesis of the published literature. **RESULTS:** The talk will review the evidence on outcomes related to use of the OCF and CFI in: a) training on culture-related aspects of mental health work with diverse populations; b) contextualization of the person's clinical picture within their larger social world; c) diagnostic validity; d) processual aspects of care such as patient engagement, satisfaction, or patient-provider communication; e) individual responses to treatment; f) implementation outcomes (e.g., feasibility, acceptability); and g) institutional or systemic aspects of mental health care. **DISCUSSION:** The research evidence in support of the OCF and CFI is compelling but sparse and uneven. Some outcomes are frequently assessed (e.g., acceptability) while others (individual treatment response) are seldom examined. Areas for future research will be highlighted. **LEARNING OBJECTIVES** 1. Clarify the state of the evidence on the impact of the OCF and CFI in mental health training and clinical practice. 2. Identify 3 OCF/CFI-related outcomes that have been emphasized in the existing mental health literature and 3 outcomes that have been relatively unexamined. 3. Discuss 3 directions for future research on the OCF and CFI. **REFERENCES** Aggarwal NK, Jarvis, GE, Gómez-Carrillo A, Kirmayer LK, Lewis-Fernández R (2020). The Cultural Formulation Interview since DSM-5:



Prospects for training, research and clinical practice. *Transcultural Psychiatry*, 57(4): 496-514.  
Jarvis GE, Kirmayer LJ, Gómez-Carrillo A, Aggarwal NK, Lewis-Fernández R (2020). Update on the Cultural Formulation Interview. *FOCUS*, 18(1):40-46.

## Abstracts Oral Presentations

### Close the talk with Clozapine: Resurgence of the medical in community mental health programmes in India

**Abstract ID: 1**

**Presenting author: Sudarshan R Kottai, CHRIST University**

#### **Background**

The flagship community mental health programme run by the government of India has been criticized by scholars for failing to deliver on its policy objectives (Jain & Jadhav, 2009; 2012). Responding to the global call to fill the treatment gap (Patel et.al, 2007) community mental health services have been set up by NGOs which partner with local homegrown organizations. But after these local organizations began partnering with the government and the NGOs in the field of community mental health, home grown approaches to care have been marginalised.

#### **Aims**

The community mental health programmes run by mental health nongovernmental organisations (NGOs) target the poorest of the poor for its services. The power to 'medicalize' is expanding from the mental health professionals to the laymen trained by them pitching for a large tent of 'patients' who are 'ill' and in need of 'treatment'. This paper explores how the coming of NGOs in mental health) has engulfed the community led organisations like pain and palliative clinics turning them into agents of the medical.

#### **Methods**

A clinical ethnographic study of community mental health programmes run by five organizations in India was undertaken for a period of 14 months.

#### **Results**

The desperation and urgency to somehow 'treat' and fill the 'treatment gap' through task shifting have led to employing non-medical professionals to prescribe medicines and laymen to offer psychotherapies all in turn leading to 'patient communities' beset by violations of their bodies, minds and spirits.

#### **Discussion**

The broader notion of community, health and illness which evolved bottom up using experience as expert knowledge by the community led organisations have lost its autonomy, freedom of choice of intervention after associating with the NGOs in mental health which employ and proliferate the medical model ripping apart its broad community outlook. Prevention is out of focus; a major departure from policy.

#### **Learning Objectives**

1. Understanding the impact on local systems in India in the context of global movements in mental health. 2. To understand the decontextualized manner in which community mental health programmes are run sidelining issues of gender, sexualities, human rights, domestic violence with the help of narratives of various stakeholders of community mental health organisations.

## References

Jain, S., & Jadhav, S. (2009). Pills that swallow policy: Clinical ethnography of a community mental health programme in Northern India. *Transcultural Psychiatry*, 46 (1), 60-85.

Jain, S., & Jadhav, S. (2012). A Cultural Critique of Community Psychiatry in India. In B.S. Chavan, N. Gupta, P. Arun, A. Sidana & S. Jadhav (Eds.), *Community mental health in India*, Jaypee Brothers Medical Publishers (P) Ltd. Patel, et al. (2007). *Treatment and prevention of mental disorders in low-income and middle-income countries*. Lancet.

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## Loneliness in Kenyan Adolescents: Socio-Cultural Factors and Network Association with Depression and Anxiety Symptoms

**Abstract ID: 2**

**Presenting author: Micaela Rodriguez, University of Michigan**

### Background

Objective: Loneliness is associated with negative mental health outcomes and is particularly common among adolescents. Yet, little is known about the dynamics of adolescent loneliness in non-Western, low-income nations.

### Aims

Accordingly, we estimated the severity of loneliness in a sample of Kenyan adolescents and used mixed-effects regression modelling to determine the socio-cultural factors associated with loneliness. We also used network analysis to examine the associations between loneliness, depression, and anxiety at the symptom-level.

### Methods

Method: We analyzed data from a large sample (N = 2,192) of school-attending Kenyan adolescents aged 12-19 (58.3% Female, 41.7% Male). Standardized measures of loneliness (ULS-8), depression (PHQ-8), and anxiety (GAD-7) were used.

### Results

Results: Our mixed-effects model revealed that female and lower-income adolescents felt lonelier. The perception of feeling alone emerged as the aspect of loneliness most strongly linked to depression and anxiety symptoms.

### Discussion

Conclusions: Our findings establish an estimate of loneliness levels in Kenyan adolescents, and reveal socio-cultural factors associated with loneliness. We found that perceptions of isolation more strongly linked loneliness to psychopathology than did objective measures of isolation or preferences for social contact. Finally, we identify specific aspects of loneliness that could prove to be treatment targets for youth psychopathology; however, further research is needed. Limitations, future directions, and clinical implications are discussed.

### Learning Objectives

In the present study, we aimed to expand our understanding of loneliness among Kenyan adolescents in a large, diverse sample in Kenya. Specifically, our aims were to (1) assess the overall level of loneliness in Kenyan youth, (2) assess the association between loneliness and socio-cultural variables of interest, and (3) model a network of loneliness, depressive symptoms, and anxiety symptoms, and identify which aspects of loneliness are most related to these forms of psychopathology in Kenyan adolescents. The present study is, to the best of our

knowledge, the first of its kind to investigate socio-cultural correlates of loneliness in SSA adolescents, and the first to consider loneliness as a dynamic constellation of traits, rather than a single node, in a network analysis.

### References

Rodriguez, M., Osborn, T. L., Gan, J., Weisz, J. R., & Bellet, B. W. (In Press). Loneliness in Kenyan adolescents: Socio-cultural factors and network association with depression and anxiety symptoms. *Transcultural Psychiatry*.

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## Maladi Nanm, Maladi Zonbi, & Maladi Lalin: Case Studies of Culture-Bound Mental Illnesses in Northern Haiti

*Abstract ID: 4*

Presenting author: Michael Galvin, Harvard University

### Background

Culture-bound illnesses are culturally constructed diagnostic categories that exist within a specific society or culture. While several studies have assessed forms of culture-bound mental illness, few studies have examined them in Haiti.

### Aims

This presentation examines manifestations of anxiety and depression via “sent spirits” in the form of maladi nanm and maladi zonbi, and bipolar disorder in the form of maladi lalin, in rural northern Haiti.

### Methods

Thirty case studies of culture-bound mental illness were recorded as part of a pilot study which interviewed 96 patients at the first mental health clinic in northern Haiti - Sant Sante Mental Mòn Pele - between August 2020 and February 2021. Nine were selected based on narratives relating to three specific culture-bound mental illnesses which have yet to be sufficiently explored in the scientific literature.

### Results

Maladi nanm and maladi zonbi represent alternative explanatory models of anxiety and depression in which the sufferer views mental illness as stemming from a sent spirit, or a spirit which is intentionally sent supernaturally with the intent to cause harm. Maladi lalin is experienced by patients with bipolar disorder that associate cycles of mania and depression as in-sync with the phases of the moon.

### Discussion

Understanding culture-bound forms of mental illness in settings such as Haiti is essential to ensuring appropriate and effective diagnosis and mental health treatment. Further research is needed on all three of these culture-bound illnesses and will require more clinical and epidemiological studies, including research on processes of social labeling, and cultural interpretation of these afflictions. By better understanding localized cultural conceptions of mental illness, mental health practitioners can learn to approach diagnosis and treatment through new lenses with the goal of promoting more effective therapies and practices that aid in remedying longstanding disparities and treatment gaps in care.

### Learning Objectives

Understanding culture-bound illnesses in rural Haiti Exploring the relationship between culture and mental illness

## References

Meudec, M. (2007). *Le kout poud: maladie, vodou et gestion des conflits en Haïti*. Editions L'Harmattan. Métraux, A. (1958). *Le vaudou haïtien*. Gallimard, Paris. Kaiser, B. N., & Fils-Aimé, J. R. (2019). "Sent Spirits, Meaning-Making, and Agency in Haiti." *Ethos* 47, no. 3: 367-386. Galvin, M., & Michel, G. (2020). A Haitian-led mental health treatment center in Northern Haiti: the first step in expanding mental health services throughout the region. *Mental Health, Religion & Culture*, 23(2), 127-138.

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## Considering ethnicity in forensic mental healthcare: What do we know?

**Abstract ID: 6**

**Presenting author: Marjolein De Pau, Ghent University**

### Background

Migrant and ethnic minorities (MEM) labelled Not Criminally Responsible (NCR) are relatively overrepresented in forensic mental healthcare (Coid et al., 2000; Penney et al., 2020). In this respect, it is essential to provide cultural sensitive treatment to those MEM in forensic mental healthcare in an attempt to reduce ethnic disparities. Both general mental health care and prison settings are actively exploring culturally sensitive practices (Rathod et al., 2018; Strauss-Hughes et al., 2021).

### Aims

However, it remains unclear what evidence is available for such practices in forensic mental healthcare. To answer this question, a scoping review is conducted.

### Methods

Three databases (i.e. Medline, Web of Science and APA PsycArticles) were systematically searched for any qualitative, quantitative or theoretical paper about practices focused on migrant and ethnic minority groups labelled as NCR in forensic mental healthcare. In total, 298 articles were assembled. After a detailed selection procedure by two independent researchers, only a small number of eligible articles (<10) were retrieved.

### Results

Research on cultural practices in forensic mental healthcare is predominantly conducted in the last decade. Thematically, the research efforts are mostly targeted towards culturally sensitive diagnostic processes or instruments and less on therapeutic frameworks or approaches.

### Discussion

This study demonstrates how this research field is still in its early stages. There is an undeniable lack of evidence considering culturally sensitive therapeutic frameworks or approaches in forensic mental healthcare. In conclusion, it is imperative that this topic firmly emerges on the research agenda.

### Learning Objectives

Understanding the evidence and addressing gaps in knowledge on culturally sensitive practices in forensic mental healthcare.

### References

Coid, J., Kahtan, N., Gault, S et al. (2000). Ethnic differences in admissions to secure forensic psychiatry services. *British Journal of Psychiatry*, 177, 241-247. doi:10.1192/bjp.177.3.241 Penney, S. R., Prosser, A., Grimbos, T et al. (2020). Voluntary and Forced Migrants in Forensic Mental Health Care. *International Journal of Forensic Mental Health*, 19(4), 391-402. doi: 10.1080/14999013.2020.1812772 Rathod, S., Gega, L., Degnan, A et al.

(2018). The current status of culturally adapted mental health interventions: a practice-focused review of meta-analyses. *Neuropsychiatric disease and treatment*, 14, 165. doi: 10.2147/NDT.S138430

Strauss-Hughes, A., Ward, T., and Neha, T. (2021). Considering practice frameworks for culturally diverse populations in the correctional domain. *Aggression and Violent Behavior*, 101673 [in press].

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## Care for Children with Developmental Disabilities: Perspectives from Japan and the USA

**Abstract ID: 7**

**Presenting author: Erik Kinzie, Department of Veteran Affairs, Tulane University**

### Background

Some people with developmental disorders suffer significant global deficits, while others may only have intermittent or situational impairment. Worldwide roughly 20% are impacted by some form of developmental delay and there is a need for programs to identify and support those impacted. (Kohli-Lynch et al., 2019; Nagata, 2006) Many comprehensive strategies have been outlined including those described by the World Health Organization (WHO, 2012) and National Association for the Education of Young Children (NEAYC, 2020).

### Aims

The Hidamari Town Project addresses the needs of local children in Kanagawa Japan. Using the expertise of professional staff, it is designed to go beyond the common after-school daycare programs. This structured program utilizes a stratified approach for functional improvement and independence.

### Methods

Initially starting with recreational therapy, the program focused on the improvement of motor skills via gymnastics, dance, and music. Further program development has included socialization, multisensory integration, peer mentoring with cooking groups, health promotion, and family support. Utilizing evidenced based approaches (Luciano et al., 2014), there are future plans for a vocational program and peer support with the addition on an onsite cafe.

### Results

The program participants vary from mild cognitive impairments to more severe delays related to autism or physical health impairments. The program sees 8-10 children daily ranging from 6 -16 years old. With strong community support, consultants, and staff; the program has been able to grow and expand.

### Discussion

Now in its 3rd year, the program continues to expand its scope of interventions. Feedback has been positive with comments showing appreciation for wrap around services and a community-based program that addresses socialization, skills development, and family support. One meaningful outcome has been the positive response from the businesses who are donating their time and services. They report their own staff and leadership grow from their experience and interaction with the project.

### Learning Objectives

1. To identify the ways a developmental delay can impact growth.
2. To identify the standards for programs designed to help children with developmental delays.
3. To understand the benefits of a structured program with physical training, family support, and supportive employment as part of a positive intervention for children with development delays.

### References

Kohli-Lynch, M., Tann, C. J., & Ellis, M. E. (2019). Early Intervention for Children at High Risk of Developmental Disability in Low- and Middle-Income Countries: A Narrative Review. *International journal of environmental research and public health*, 16(22), 4449. doi.org/10.3390/ijerph16224449

Nagata, Y. (2006). A Benevolent Economic Community of People with Disabilities: A Way to Economic and Ecological Coexistence. World Health Organization (WHO) & United Nations Children's Fund (UNICEF). (2012). Early childhood development and disability: a discussion paper. <https://apps.who.int/iris/handle/10665/75355> Accessed 13.10.2021

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## Brain Spirit Desks - the intersection of religion and mental health

**Abstract ID: 10**

**Presenting author: Rick Wolthusen, Duke University Medical Center, Department of Psychiatry and Behavioral Sciences, On The Move e.V.**

### Background

About 10% of Ghana's population is affected by mental illness. Initially, most of the patients seek help in religious or traditional institutions. While some patients benefit from these consultations alone, for the majority of the cases an additional mental health consultation allows for an early diagnosis and initiation of medical treatment, which oftentimes prevents deterioration of symptoms and a chronic course of mental disorders.

### Aims

The Brain Spirit Desk (BSD) aims to overcome a siloed healthcare system (mental health care providers versus faith- and traditional-based healers), decrease delays in access to care, decrease the mental health treatment gap, and increase trust between medical health providers and faith- and traditional-based healers.

### Methods

In Ghana, we invited 100 Ketu South Municipality-based community members to brainstorm in Design Thinking workshops how community-based mental health interventions can look like. The result is the BSD, which connects mental health care and spiritual wellbeing. As part of the BSD project, we train faith- and traditional-based leaders as well as community members to help in the early identification of cases, provide humane integrated care and timely referral to mental health professionals, boost mental health resilience as well as support, and reduce stigmatization – in a spiritual community-based setting. Our educational modules look at mental illness through different lenses.

### Results

About 80 community members, including traditional- and faith-based healers, followed the invitation to

brainstorm in November 2019. Between November 2019 and November 2021, when the first badge of community members as well as faith- and traditional-based healers (20 in total) was trained, we built the learning curriculum. We are currently in the initial stages of implementing the BSD in all sub-districts of the Ketu South Municipality in Ghana.

### Discussion

BSD can increase mental health care access because the concept respects traditional as well as westernized approaches and integrates existing structures.

### Learning Objectives

- Appreciate the current mental health (care) situation in Ghana and the Ketu South Municipality - Recognize design thinking as a tool to understand a complex problem and generate solutions to the problem in a non-hierarchical way - Understand the mechanics of the Brain Spirit Desk and apply elements of the Brain Spirit Desk to other communities facing similar challenges

### References

Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettnner, K., Rosenberg, L., Seligman, B., Stein, A., & Weinstein, C. (2011). The Global Economic Burden of Non-communicable Diseases. Geneva: World Economic Forum. de Menil, V., Osei, A., Douptcheva, N., Hill, A. G., Yaro, P., & De-Graft Aikins, A. (2012). Symptoms of common mental disorders and their correlates among women in Accra, Ghana: a population-based survey. *Ghana Medical Journal*, 46(2), 95–103. James, S. L., Abate, D., Abate, K. H., Abay, S. M., Abbafati, C., Abbasi, N., ... Murray, C. J. L. (2018). Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet*, 392(10159), 1789–1858. Roberts, M., Asare, J.B., Mogan, C., Adjase, E.T., Osei, A. (2013). The Mental Health System in Ghana – Full Report. Retrieved October 4, 2019, from <https://www.mhinnovation.net/sites/default/files/downloads/innovation/research/The-Mental-Health-System-in-Ghana-Report.pdf>

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## The Self-Assessment for Modification of Anti-Racism Tool (SMART): Practical Application of a Quality Improvement Tool to Address Structural Racism

**Abstract ID: 11**

**Presenting author: Sosunmolu Shoyinka, DBHIDS**

### Background

In response to a reinvigorated (inter)national dialogue around structural racism, the American Association for Community Psychiatry (AACP) aimed to create a tool for community behavioral health providers that would (1) promote a stepwise, concrete quality improvement process that could be adapted for self-directed use in community behavioral health settings; (2) provide metrics specific to disparity and inequity issues in community behavioral health; and (3) extend beyond cultural competency and linguistic appropriateness to incorporate other issue relevant to structural inequity. The SMART tool was developed to meet this need.

### **Aims**

This symposium will describe the process of creation of a quality improvement tool to redress structural racism in community mental health settings. It will also describe limitations encountered by the authors in the development process as well as the recommended implementation process. Finally, it will discuss potential applications and future directions for the SMART Tool.

### **Methods**

The Self-Assessment for Modification of Anti-Racism Tool (SMART) is a quality improvement tool that aims to meet the AACCP's needs in facilitating organizational change in community behavioral health (Talley et al, 2021). It was developed as a result of an iterative process that captured the substance of several conversations around addressing structural racism in community psychiatry settings. It incorporated findings from a review of existing literature on frameworks for addressing this critical topic as well as a continuous quality improvement framework.

### **Results**

In this presentation, we will describe the key domains of SMART, highlighting their connection to previous literature on equity issues that are uniquely relevant to community behavioral health. We will describe the process for using SMART in the organizational setting. Lastly, we will describe a real-world example of SMART implementation in a community behavioral health organizational setting (NYC Health + Hospitals/Gouverneur) including key lessons learned.

### **Discussion**

See above

### **Learning Objectives**

Describe the development of the SMART tool, including areas in which it builds on prior health inequity frameworks Describe the domains of the SMART tool and the key mental health equity issues addressed by each domain Understand lessons learned from a case example of SMART tool implementation in an organizational setting (NYC Health + Hospitals/Gouverneur)

### **References**

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## Looking at the different narratives around mental health in Nunavik: Engaging different epistemologies and ontologies in clinical practice and research

**Abstract ID: 13**

**Presenting author: Dominique Gaulin, Université de Montréal**

### **Background**

There are many ways to express mental health and wellness experiences. The narratives used to convey such experiences are manifold and can be organized in professional and lay discourses. In Nunavik, traditional concepts stand alongside a variety of terms brought through colonial power and dominant epistemologies to form constellations of wordings and meanings that individuals and communities may appropriate in different manners (Gaulin et al., in preparation). In mental health research, tools used to document experiences tend to rely on word-based methods such as questionnaires and interviews which may not allow to address well equivocal and embodied felt experiences. As a complement to conventional data collection procedures, art-based methods are a promising way to document testimonies characterized by complexity and uncertainty.

### **Aims**

The presentation will describe preliminary results of a participatory research project using word-based and art-based methods, looking at the development of a community of practice (CoP) in youth mental health and wellness in Nunavik – the Atautsikut CoP project, “Togetherness” in Inuktitut -. It aims at exploring how the initial project was adapted, and an art project was added to overcome challenges brought by the COVID pandemic and coloniality.

### **Methods**

Participant observation of the Atautsikut project activities was conducted over the last 3 years, including image analysis and ethnographic reflexivity.

### **Results**

Preliminary results show that challenges exist when doing research on mental health and wellbeing in Nunavik, despite intentions of adopting a community-based participatory research approach and a decolonial stance (Nadeau et al., in press). These challenges include structural barriers, ontological and epistemological divergences, technical issues, and unexpected contextual elements such as the arrival of the COVID-19 pandemic. The research team, together with the advisory committee, explored ways to transform the project to ensure a meaningful and culturally safe collaboration among Atautsikut project partners and CoP meeting participants. These included changing the project modalities and adding an art-based method to the data collection activities. In addition, while the CoP meetings were on hold due to the pandemic, the development of a side art project to document pandemic-related mental health and wellbeing experiences contributed to the Atautsikut project, and a larger exchange of Inuit knowledges ([www.NunavikSTTA.com](http://www.NunavikSTTA.com)).

### **Discussion**

Indigenous peoples have shown that many researchers have made factual errors in their analyses as well as procedure shortcuts that overlook elements that community members consider important (ITK & NRI, 2006). Research conducted in Indigenous communities has often relied on knowledges, perspectives and approaches based on the literature from non-Indigenous scholars, running the risk of conveying mainstream ethnocentric views and of contributing to coloniality and epistemic injustice. Colonial narratives have penetrated the way mental health and wellness are understood and acted upon by individuals, communities, and institutions. To overcome this problem, researchers need to review their ways of approaching mental health and wellness and

of doing research, including being flexible, humble, patient, and open to uncertainty. . Research methodologies need to be designed in keeping with Indigenous knowledges and healing practices to include Indigenous perspectives in collecting and interpreting the data, and presenting research results, in order to contribute to the development of culturally appropriate and effective services. An emphasis on relationality and the inclusion of art-based methods such as drawing and visual storytelling are promising ways of better aligning with an Indigenous research paradigm (Wilson, 2004), that is of respecting local ways of doing and of valuing local knowledge.

### Learning Objectives

At the conclusion of this presentation learners will be able to: 1. Better understand the challenges of doing research on mental health and wellbeing during a pandemic and in a context characterized by coloniality, 2. Acknowledge the importance of relationality, flexibility, humility, patience, and openness to uncertainty when doing research in Indigenous contexts, 3. Appreciate the benefits of art-based methods when doing community-based participatory research in mental health and wellness in Indigenous communities.

### References

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## Mental healthcare provision for African newcomers in Belgium: juxtaposing the perspectives from healthcare providers and East-African migrants

**Abstract ID: 14**

**Presenting author: Hanne Apers, CeMIS, University of Antwerp**

### Background

Explanatory models (Kleinman et al, 1978) explain how cultural factors influence notions on the causes of a disease, its symptoms as well as a preferred treatment. Different health perceptions occur across different cultural contexts and become very apparent when the concept of 'mental health' is considered, as making a distinction between physical and mental health is not in all cultures present to the same extent (Fernando, 2002).

### Aims

In this presentation, I juxtapose the explanatory models of East-African migrants and (mental) healthcare practitioners, of both Western and African backgrounds, on (mental) health to understand how explanatory models might play a role in mental healthcare provision and healthcare use.

### **Methods**

Through individual in-depth interviews with both (mental) healthcare providers and East-African migrants, their explanatory models are explored. Within the group of healthcare providers, perspectives are compared between those with and those without an African migration background. A reflexive thematic analytical approach is applied.

### **Results**

(Data collection with newcomers is ongoing, complete results and discussion will be presented at the conference) Results from the interviews with healthcare providers indicate that familiarity with explanatory models influences the practitioner-patient relationship and facilitates therapeutic encounters. However, providers argue that the healthcare system falls short in the provision of culture-appropriate healthcare, both in training its professionals, as in creating a supportive platform for a holistic approach. Preliminary results from the interviews with East-African migrants show that healthcare-seeking behaviour and healthcare utilisation is strongly influenced by explanatory models and cultural habits.

### **Discussion**

Preliminary results indicate that personal integration strategies and views of East-African newcomers impact their perception of the 'Western' healthcare system. The majority considers it to not fit with their explanatory models on health. Healthcare practitioners recognize this gap and advocate for a more culture-appropriate healthcare. However, information and evidence on how to organize such a healthcare is lacking.

### **Learning Objectives**

The research results provide valuable insights in potential influences and differences in EMs of healthcare providers and East-African newcomers. This in turn can inform the organisation of cultural appropriate healthcare, prevention programs, etc.

### **References**

Fernando, S. 2002. Mental Health, Race and Culture. Edited by Jo Campling. Second Edi. Houndmills and New York: Palgrave. Kleinman, A., Eisenberg, L. & Good, B. (1978). Culture, Illness, and Care. Clinical Lessons from Anthropologic and Cross-Cultural Research. *Annals of Internal Medicine* 88: 251 – 258

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## **Construct Validation of Measures of Depression, Anxiety, and Functionality in Northern Haiti**

**Abstract ID: 20**

**Presenting authors: Michael Galvin, Harvard University; Ann Scheunemann, Harvard University**

### **Background**

Mental illness represents an increasing burden of disease and disability in low- and middle-income countries (LMICs). With high levels of poverty, violence, and natural disasters, the population of Haiti is confronted with significant mental health challenges. In spite of this, few validated and culturally adapted tools exist to measure mental distress in Haitian Creole (Kreyòl).

### **Aims**

This study seeks to validate three mental health scales in the context of northern Haiti to measure depression, anxiety, and functionality.

## Methods

This study applied exploratory factor analysis to examine the factor structure of three measures - the Zanmi Lasante Depression Symptom Inventory (ZLDSI) for depression, Beck Anxiety Inventory (BAI) for anxiety, and the Kreyòl Functional Assessment (KFA) for functionality - using cross-sectional responses collected from 96 patients at Sant Sante Mantal Mòn Pele (SSMMP) - the first mental health clinic in northern Haiti - between August 2020 and February 2021.

## Results

All measures displayed good internal consistencies for the entire scale and all subscales, as measured using Cronbach's alpha. The model fit was acceptable for the KFA, marginally acceptable for the ZLDSI, and low for the BAI. The findings of this analysis suggest a one symptom category for the depression scale, two symptom categories for anxiety - somatic and affective - and three categories for functionality - agriculture, social, and caretaking. The results of this study highlight instruments which are sensitive to culturally informed diagnoses within the Haitian context.

## Discussion

This study represents a promising step towards the validation of culturally-adapted measures of mental distress in Kreyòl which are needed to advance the standardization of psychometrics and diagnostics in Haiti. These efforts will not only improve identification and diagnosis of mental illness but can also help to expand biomedical services and mental health treatment throughout the country.

## Learning Objectives

Attendees will examine the factors which impact mental health in rural Haiti. Attendees will understand how mental health scales can be adapted and validated in new cultural contexts. Attendees will gain insight into the challenges facing mental health practitioners in this region.

## References

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Rasmussen, A., Eustache, E., Raviola, G., Kaiser, B., Grelotti, D. J., & Belkin, G. S. (2015). Development and validation of a Haitian Creole screening instrument for depression. *Transcultural psychiatry*, 52(1), 33-57.

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## Cultural sensitivity within the practice of psychiatry

**Abstract ID: 21**

**Presenting author: Caroline Heuschen, Department of Psychiatry, residency training**

### Background

It is important to reflect on the role of cultural sensitivity within psychiatry practices; how culture influences the patient's enactment of his/her illness through representations of his or her social world. Often cultural psychiatry is framed as seeing errors in cultural representations: "the truthful ascription of a false belief about

the causes of abnormal experiences”. Also, cultural psychiatry is more than translating the patient’s information about the self, social situation, health, and illness onto the biopsychosocial framework that the clinician uses to organize diagnostic assessment.

#### **Aims**

Discussing cultural sensitivity and the influence on clinical practice; diagnoses and classification. Creating a better understanding of the ways in which culture might affect concepts of illness.

#### **Methods**

We will look at cultural sensitivity by looking at concepts of illness, the problem of knowledge representation and the consequences of these representations; e.g. the typicality effect. We will reflect on how well the current representations are applicable to other cultures and the tension between cultural idioms and wanting to have a universal taxonomy for mental disorders.

#### **Results**

Creating insight into cultural philosophical aspects of diagnosis and classification.

#### **Discussion**

Within mental health care, we could optimize patient care by creating a more in depth understanding of how culture influences mental health representations, diagnosis and classifications.

#### **Learning Objectives**

At the end of this presentation the participant will be able to reflect on cross-cultural differences and similarities in the field of psychiatric diagnosis and classification.

#### **References**

Amoretti et al (2019): Ontologies, Mental Disorders and Prototypes, in: Philosophical Studies Series. [https://doi.org/10.1007/978-3-030-01800-9\\_10](https://doi.org/10.1007/978-3-030-01800-9_10) Alex Cohen et al (2016): Concepts of madness in diverse settings: a qualitative study from the INTREPID project; BMC Psychiatry 16:388 Peter F.Omonzejele (2008): African Concepts of health, disease and treatment: an ethical inquiry; Explore Vol 4, No2 Lindsay Solera-Deuchar et al (2020): Establishing views of traditional healers and biomedical practitioners on collaboration in mental health care in Zanzibar: a qualitative pilot study; International Journal of Mental Health Systems 14:1 Karnouk et al (2021): Development of a culturally sensitive Arabic version of the Mini International Neuropsychiatric Interview (M.I.N.I.-AR) and validation of the depression module; International Journal of Mental Health Systems 15:24 Rebecca Horn et al (2020): Expressions of psychological distress in Sierra Leone: implications for community-based prevention and response; Global Mental Health 7; 1-10 Dixon Chibanda et al (2021): Towards racial equity in global mental health research; Lancet Psychiatry July 2021

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## **Global Mental Health**

**Abstract ID: 22**

**Presenting author: Pim Scholte, Laguna Collective, Antares Foundation**

#### **Background**

According to the World Health Organisation (WHO) 450 million people worldwide suffer from a mental health disorder. Such problems account for 15 to 25% of the burden of diseases, particularly in low and middle-income countries. Global Mental Health (GMH) deals with access to care for mental health problems, especially in low resource settings. GMH focuses on the epidemiology of mental health disorders, relevant needs, contextual

differences, the structure of care systems, human rights, and the availability of resources and professionals. It considers policies to reinforce psychiatric care and psychosocial support in all countries. Knowledge and methods developed in GMH may also be relevant for Western countries with regard to, a.o., cost reduction and task shifting.

### **Aims**

This presentation will provide an introduction to the field of GMH.

### **Methods**

Methods. The following subjects will be addressed: \*the association between mental well-being and social factors; \*the relevance of a public health approach; \*the gap between needs and available resources; \*WHO's current approach; \*examples of relevant interventions and scientific studies; \*translation to the Western European situation.

### **Results**

Participants will have a general impression of the field of GMH.

### **Discussion**

This presentation pictures an exciting and relevant field, of interest for mental health professionals willing to look beyond the walls of their consultation rooms.

### **Learning Objectives**

At the end of this presentation the participant will have an initial knowledge of global mental health and strategies to promote access to care.

### **References**

· Collins PT et al. (2011). Grand challenges in global mental health. *Nature* 475: 27-30 · WHO (2010). mhGAP Intervention Guide for mental health, neurological and substance abuse disorders in non-specialized health settings. Geneva: World Health Organization · Patel V et al. (2013). Grand Challenges: Integrating mental health services into priority health care platforms. *PLoS Medicine* 10 (5), e1001448 · Sijbrandij M et al. (2015). Problem Management Plus (PM+) for common mental disorders in a humanitarian setting in Pakistan; study protocol for a randomised controlled trial (RCT). *BMC Psychiatry* 15:232. Doi: 10.1186/s12888-015-0602-y · Arjadi R et al. (2018). Internet-based behavioural activation with lay counsellor support versus online minimal psychoeducation without support for treatment of depression: a randomised controlled trial in Indonesia. *Lancet Psychiatry* published online 10 July 2018. Doi: 10.1016/s2215-0366(18)30223-2.

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## **Mental health in a forgotten country**

**Abstract ID: 23**

**Presenting author: Amy Besamusca - Ekelschot, Centre Neuropsychiatrique de Kamenge in Bujumbura, Self-employed**

### **Background**

Post conflict countries are in need of mental health care and psychosocial support. In setting up a good public mental health system in post conflict countries many obstacles are met. Cultural differences are obvious.

### **Aims**

The presentation will inform about a diversity of problems to face and how to deal with in daily practice in

Burundi. It will show how knowledge and policy support local professionals to improve quality and accessibility of MHPSS in the Burundian culture.

### **Methods**

Case studies of MHPSS field work - like transcultural diagnostics, therapy and multidisciplinary training - and the WHO-method mhGAP-HIG are presented to illustrate. Local policy measures and adaptation of western approach to cultural needs in Burundi are explained to evaluate opportunities and threats to implement a sustainable public mental health system.

### **Results**

Participants will get a better understanding of the mental needs and health structure in a country that has a non-western culture and a war-torn history.

### **Discussion**

Mental health professionals worldwide can learn from experiences like these in Burundi. Culture sensitive mental health is a necessity in nowadays global mental health, respecting patients worldwide. Adaptation of diagnostics, guidelines and training are needed not only in forgotten countries.

### **Learning Objectives**

At the end of this presentation participants will have a better understanding of a specific mental health programme in a traumatized country. They will understand what is needed to work as a professional in this specific situation, where addressing culture is only one of the challenges.

### **References**

Derek Summerfield: A critique of seven assumptions behind psychological trauma programmes in war-affected areas (1999); *Soc Sci Med* 1999 May;48(10):1449-62  
 Erwin Staub: The origins and prevention of genocide, mass-killing, and other collective violence (1999); *Peace and Conflict*; Taylor & Francis  
 Howard Adelman: Theories of genocide: The case of Rwanda (2005); *Explaining the Breakdown of Ethnic Relations: Why Neighbors Kill*; John Wiley & Sons  
 Besamusca-Ekelschot, A. (2014): *Wij zijn allemaal nomaden*; Uitgeverij Mik Schots  
 Besamusca-Ekelschot, A. (2018): *Een goede geest bestaat niet*; Uitgeverij Mik Schots  
 Besamusca-Ekelschot, A. (2019): *Hope for public mental health and psychosocial support in Burundi*; Notes on a training on mhGAP-HIG in 2019; kennisondergrenzen.nl  
 Barancira, S. (1990): *Possession Par Les Esprits. Baganza Et Rituel Thérapeutique Du Kubandwa Au Burundi*. Bujumbura: Ministère de la jeunesse, des sports et de la culture, 1990.  
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 Ventevogel, P (2015): The effects of war: local views and priorities concerning psychosocial and mental health problems as a result of collective violence in Burundi, *Intervention* 2015, Volume 13, Number 3, Page 216 - 234 P.  
 Ventevogel (2016): *Borderlands of Mental Health. Explorations in Medical Anthropology, Psychiatric Epidemiology and Health Systems Research in Afghanistan and Burundi*; Geneva: Peter Ventevogel  
 Mary Kayitesi Blewitt: *Trauma of young survivors of the Rwandan genocide* (2009); Research Center for Leadership in Action NYU  
 Guide d'intervention humanitaire mhGAP (GIH-mhGAP): *Prise en charge clinique des troubles mentaux, neurologiques et liés à l'utilisation de substances psychoactives dans les situations d'urgence humanitaire* (2015). Programme d'action Comblent les lacunes en santé mentale (mhGAP); Genève: OMS

## Learning cultural sensitivity

**Abstract ID: 24**

**Presenting author: Afra van der Markt, GGZ inGeest**

### Background

Trainee psychiatrists regularly follow an internship abroad. As luggage, they take their own culture with them. Introduction and confrontation with the new culture forces the residents to evaluate their own cultural values.

### Aims

To show how a longer internship abroad allows doctors to develop their cultural sensitivity.

### Methods

Methods On the basis of anecdotes, the ways that former psychiatry residents discovered, measured, used and developed their cultural sensitivity during their internship will be discussed.

### Results

A longer internship abroad improves cultural sensitivity. This skill can be used when treating patients with different cultural backgrounds in their own country of residence.

### Discussion

Cultural sensitivity is present in everyone to a greater or lesser extent. An internship abroad offers trainee psychiatrists a unique opportunity to further develop their cultural sensitivity.

### Learning Objectives

At the end of this presentation the participant will have gained insight how a residency abroad, more specific in a culture different from one's own, can enhance the development of cultural sensitivity.

### References

Chase J. Boyer et al (2019): Advancing Racial/Ethnic and Cultural Sensitivity Among PMHNP Students Through Education, Practice, and Experience; Journal of American Psychiatric Nurses Association 1-9  
Susan M. Meffert et al (2016): Novel implementation research designs for scaling up global mental health care: overcoming translational challenges to address the world's leading cause of disability; International Journal of Mental Health Systems 10:19  
Christina M. Cruz et al (2021): Perceptions, attitudes, and knowledge of teachers serving as mental health lay counselors in a low and middle income country: a mixed methods pragmatic pilot study; International Journal of Mental Health Systems 15:40

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## Mental health consequences of long-term stays in refugee camps: Preliminary evidence from Moria

**Abstract ID: 25**

**Presenting author: Willemine van de wiel, Moria Medical Support (MMS), Windroosplein 68b, 1018 ZW, Amsterdam, The Netherlands**

### Background

After the implementation of the EU-Turkey deal, most refugees entering Greece via sea were confined to the island on which they arrive until their asylum claims were adjudicated. They generally resided in detention-like

camps with dire living conditions, such as Moria camp on the island of Lesbos, Greece. Aid organizations have stated that the situation in camp Moria deteriorated the mental health of its inhabitants, based on qualitative evidence. This study explores the quantitative relationship between the incidence of acute mental health crises and the length of stay in the camp. A cross-sectional study was conducted using routinely collected demographic and clinical data on 856 consultations with 634 individual patients from an emergency clinic in Moria camp. The quantitative relation between crises and length of stay was explored using logistic regression analysis. Of the 634 patients, the majority were men (59.3%), the average age was 23.2 years [0–71], and 24.3% was <18 years. 25.5% (n=218) of consultations were related to mental health problems; 17.0% (n=37) of these met the study's case definition of an acute mental health crisis. Such crises were positively associated with the length of stay in the camp ( $p=0.011$ ); the odds ratio of a mental health crisis increases with 1.03 for every 10% increase in days of residence in the camp. This study offers quantitative support for the notion that the adverse conditions in Moria camp deteriorated the mental health of its inhabitants as suggested in qualitative research. Although this study does not provide evidence of causality, it is likely that the poor and unsafe living conditions, the challenging refugee determination procedures, and a lack of mental health services in the camp were significant contributing factors. The results of this study were used for advocacy purposes at the European Court of Human Rights in Strassbourg.

### **Aims**

This study explores the quantitative relationship between the incidence of acute mental health crises and the length of stay in the camp.

### **Methods**

A cross-sectional study was conducted using routinely collected data on 856 of 634 different patients from an emergency clinic in Moria camp. The quantitative relation between crises and length of stay was explored using logistic regression analysis.

### **Results**

Of the 634 patients, the majority were men (59.3%), the average age was 23.2 years [0–71], and 24.3% was <18 years. 25.5% (n=218) of consultations were related to mental health problems; 17.0% (n=37) of these met the study's case definition of an acute mental health crisis. Such crises were positively associated with the length of stay in the camp ( $p=0.011$ ); the odds ratio of a mental health crisis increases with 1.03 for every 10% increase in days of residence in the camp.

### **Discussion**

This study offers quantitative support for the notion that the adverse conditions in Moria camp deteriorated the mental health of its inhabitants as suggested in qualitative research. Although this study does not provide evidence of causality, it is likely that the poor and unsafe living conditions, the challenging refugee determination procedures, and a lack of mental health services in the camp were significant contributing factors. The results of this study were used for advocacy purposes at a parliamentary assembly of the council of Europe in Strassbourg.

### **Learning Objectives**

Learning objectives: Participants will learn about: -The dire living conditions in an European refugee facility such as Moria camp -The adverse effects of these conditions on mental health and the magnitude of the problem -The methodological challenges of working with data collected in chaotic frontline conditions -The role a health care professional can play in advocacy, by scientific work in particular

### **References**

1. Eleftherakos C, van den Boogaard W, Barry D, et al. (2018). 'I prefer dying fast than dying slowly', how institutional abuse worsens the mental health of stranded Syrian, Afghan and Congolese migrants on Lesbos island following the implementation of EU-Turkey deal. *Confl Health*. 12:38. DOI: 10.1186/s13031-018-0172-y2.

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## **Spiritual Healers’ Explanatory Models of Intellectual Disability in Cape Town, South Africa**

**Abstract ID: 30**

**Presenting author: Siyabulela Mkabile, Department of Psychology, University of Cape Town, Department of Psychology, Stellenbosch University**

### **Background**

Intellectual disability is common in low- and middle-income countries, but there are few healthcare services available. As part of a larger study, we investigated spiritual healers’ beliefs about intellectual disability and family support in Cape Town, South Africa.

### **Aims**

The aim of this study was to explore the beliefs of the spiritual healers about intellectual disability and the potential role such healers may play in assisting families in Cape Town.

### **Methods**

This study formed part of a larger study. An exploratory qualitative research design was employed to explore spiritual healers’ views and explanations on ID (Babbie and Mouton 2001). Eight healers were interviewed and we used Kleinman’s (1978) Explanatory Models of Illness framework to design the semi-structured individual interviews for the healers.

### **Results**

The findings show that there is an opportunity to engage with and further empower spiritual healers in this context, and probably in other, similar contexts, to do more to assist families with children with intellectual disability.

### **Discussion**

This paper has presented findings from a study that sought to understand the role, support for families and

explanatory models of spiritual healers regarding ID in Cape Town, South Africa. To our knowledge this is the first study to explore this research topic in detail. Although in our study spiritual healers mainly operated within a Christian, and Christian/African religion context where both the Christian God and ancestors are worshiped, similar findings about the role of prayer and religion have been observed in different cultures and religions (Adu-Gyamfi, 2016). As for naming and identifying ID in isiXhosa, our findings suggest that spiritual leaders held various views about identifying names for ID and could not identify one single name.

### **Learning Objectives**

Spiritual healers do play an important role in assisting families with children with ID. In addition, religion in general has a role in assisting these families. There is also a general concern about the social context in which families live, and the impact of social problems and poverty on coping. There was considerable confusion amongst the participants about terminology, about differentiating ID from mental disorders, and from conduct and behavioral problems.

### **References**

Adu-Gyamfi, S. (2016). Spiritual and indigenous healing practices among the Asante people of Ghana: A testimonial from twenty-first century practitioners and recipients in Kumase. *Journal of Basic and Applied Research International*, 12(1), 39–50. Avoke, M. (2002). Models of disability in the labelling and attitudinal discourse in Ghana. *Disability & Society*, 17(7), 769–777. <https://doi.org/10.1080/0968759022000039064> Babbie, E., & Mouton, J. J. B. (2001). The practice of social science research. Belmont, CA: Wadsworth. Kleinman, A. (1978). Concepts and a model for the comparison of medical systems ascultural systems. *Social Science & Medicine. Part B: Medical Anthropology*, 12, 85–93.

### **Co-authors:**

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## **Trauma, Post Traumatic Stress Disorder and Mental Health Care of Asylum Seekers**

**Abstract ID: 32**

**Presenting author: Rafael Youngmann, Clinical Psychology Graduate Program, Ruppin Academic Center, Israel**

### **Background**

Many asylum seekers (AS) from East Africa living in Israel experienced traumatic events along their journey, particularly in the Sinai Peninsula, where they were subjected to trafficking and torture (Nakash, et al., 2015). Exposure to trauma has implications for their rights (ASAF, 2019).

### **Aims**

To characterize the types of traumas experienced by AS who sought treatment in Israel, and to compare the mental health of trauma victims with that of non-trauma victims.

### **Methods**

A retrospective chart review based on the medical records of 219 AS (149 men) who sought psychiatric treatment in Israel.

## Results

76.7% (n=168) of the AS had experienced at least one traumatic event, and 56.5% (n=95) were diagnosed with post-traumatic stress disorder (PTSD). Most traumatic events had been experienced enroute in the Sinai. Few differences were observed between the psychiatric status and mental health care of victims versus non-victims of trauma or between trauma victims with and without a PTSD diagnosis.

## Discussion

AS are a vulnerable population, and the risks and hazards they face before, during, and after their migration journey increase risk for physical and mental problems for both trauma victims and non-trauma victims (Hollander, et al., 2016). It may be of value to integrate cultural and societal-structural approaches into the psychiatric assessment of AS (Weiss et al., 2021). The similarity between the psychiatric status and mental health care of victims versus non-victims in this study strongly supports a recent initiative of the Israel Ministry of Health to establish organized, coordinated, sustainable mental health services that serve the needs of all AS in Israel.

## Learning Objectives

After attending this talk, the listeners will

- Understand that there are few clinical differences between asylum seekers (AS) who were and were not victims of trauma.
- Be aware of the severe mental status of AS, regardless of their trauma history.
- Integrate cultural and societal-structural approaches into the psychiatric assessment of AS.
- Recognize the importance of providing health insurance to all AS.
- Appreciate the need to change the current international definition of human trafficking.

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## Threats and interventions on well-being in asylum seekers in the Netherlands: result of a scoping review.

**Abstract ID: 36**

**Presenting author: Ferdy Pluck, Amethyst Addiction Care, HU University of Applied Sciences Utrecht, Leiden University Medical Centre**

### **Background**

Most asylum seekers experiences stress, not only due to the reason of fleeing and their travel, but also due to their compulsory stay in the asylum seeker center in the Netherlands and the asylum procedure. This often leads to self-medication and addiction which causes a lower self-esteem and lower quality of life. Many professionals working with asylum seekers often have no experience with the diverse cultural background. Adverse life events, forced migration and the prolonged asylum procedures, in addition to the complexity of the acculturation process can all contribute to higher levels of psychopathology.

### **Aims**

What are threats to well-being in terms of mental health, psychosocial and addiction problems and what are effective interventions for well-being for asylum seekers in asylum seeker centers in the Netherlands, reported in literature?

### **Methods**

Following the descriptive nature of the research question and the need for identifying knowledge gaps, we created an overview of existing knowledge by executing a scoping review on influencing factors on mental health of asylum seekers.

### **Results**

We included 26 articles in this study. From literature we identified four major threats, two assessment instruments and five interventions.

### **Discussion**

The knowledge on identifying and reducing threats and assessment and treatment interventions for asylum seekers living in an asylum seekers center, found in literature, provides for perspectives on improving their well-being. However, the great diversity of cultural aspects and continuous changes of the number of refugees in the Dutch asylum seekers centers which for example were recently confronted with a steep increase in Afghan refugees, disrupts the continuity of care on a large scale. The absence of guidelines and required knowledge of professionals working with these asylum seekers leads to the question of what professionals need for providing effective health care to asylum seekers with mental health and addiction problems.

### **Learning Objectives**

The shortage of well-trained and intercultural expert healthcare personnel also causes loss of knowledge and the cessation of local or non-local interventions.

### **References**

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## The progress of cultural psychiatry in Japan

**Abstract ID: 37**

**Presenting author: Tsuyoshi Akiyama, NTT Medical Center Tokyo**

### Background

Around 2.9 million foreign nationals living in Japan have been marginalized and face difficulties due to various barriers [1] [2].

### Aims

The aim of this presentation is to report on efforts to promote advocacy and inclusion of foreign residents.

### Methods

Three examples of efforts are described.

### Results

The first is the improvement about the dire detention conditions of asylum seekers in Japan. Due to strict criteria to grant refugee status, many asylum seekers have been detained in Japan. Recently there took place a tragic death of a Sri Lankan detainee who passed away without receiving appropriate medical attention. This negligence has been widely reported and the government admits the necessity to improve. The second is the promotion of plain Japanese to improve the access of foreign citizens to medical treatment. Plain Japanese had been introduced in disaster preparedness, tourism, and administrative services. Recently, a group of physicians and volunteers have been advocating the use of plain Japanese in healthcare settings, enhancing nationwide awareness. The effectiveness of the communication in plain Japanese is being proven. The third is the collaboration between Japanese psychiatrists and consular section staff. Most Japanese psychiatrists lack in experience to provide psychiatric treatment to foreign nationals. To enable the smoother provision of psychiatric treatment, a material is developed by psychiatrists, the Ministry of Health, Labor and Welfare, and consular section staff.

### Discussion

With decreasing population, the role of foreign workers has become significant for the Japanese economy and society. However, foreigners have been regarded as a "temporary labor force," and efforts to ensure inclusion and equity of this population have not been sufficient, including assistance for medical care and education [3]. We believe that the efforts reported in this presentation make a step forward to achieve undebatable needs to promote inclusion and equity for foreign residents in Japan.

### Learning Objectives

The learning objective is to understand the efforts to promote advocacy and inclusion of foreign residents in Japan.

### References

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## Comparative studies of the quality of life of the population of Siberia and the Kingdom of Bhutan

**Abstract ID: 41**

**Presenting author: Irina E. Kupriyanova, Mental Health Research Institute**

### **Background**

In Russia, a sustainable indicator of the level of well-being and adaptation is considered a quality-of-life questionnaire that evaluates three categories (social activity, psychological and physical condition) on 15 indicators: social status, work, peace of mind, family, children, health, conditions in the area of residence, housing, material wealth, nutrition, sexual life, spiritual needs, communication with friends, entertainment, recreation.

### **Aims**

To evaluate the quality of life and the level of well-being in Russia and Buthan

### **Methods**

Bhutan is the first country in the world to establish a Ministry of happiness. Happiness is measured by nine criteria-standard of living, education, health, environment, community vitality, pastime, psychological state, management effectiveness, sustainability, and cultural development. 100 inhabitants of the Siberian city (Tomsk) and 122 inhabitants of the Kingdom of Bhutan were studied in the expedition mode. Both Russian and Bhutanese questionnaires were proposed.

### **Results**

When studying the level of quality of life in Russians, the average level of quality of life was revealed-41.3±2.1 points. Men had high rates of status in society, work, women-food, living conditions. Low were rest, financial situation, women-the state of health. The study of the inhabitants of the Kingdom of Bhutan determined a higher level of quality of life-45.8±2.36 points. Men appreciated family, communication with friends, women's peace of mind, and food. The categories of living conditions, recreation, financial situation received a low rating.

### **Discussion**

Indicators of physical, psychological, and social adaptation which include the level of quality of life and the level of happiness are indicators that reflect the emotional reserve of the individual and allow you to form strategies for adaptation and optimization of mental health.

### **Learning Objectives**

The attendees will learn to differentiate characteristics of quality of life in Russia and Buthan

### **References**

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## Clinical-dynamic, therapeutic features of personality disorders combined with somatic pathology in patients of Siberia and Kazakhstan

**Abstract ID: 42**

**Presenting author: Valentina F. Lebedeva, Mental Health Research Institute, Tomsk National Research Medical Center, Russian Academy of Sciences**

### **Background**

Relevance is caused by the significant influence of the personality factor on the clinical picture and efficiency of therapy of mental disorders associated with somatic pathology.

### **Aims**

to study correlations between personality traits and physical diseases associated with mental pathology with distinguishing the main predictive factors and development of therapeutic programs

### **Methods**

Materials and Methods: study material - 2010 patients with mental disorders (Russians - 85%, Kazakhs - 15%) detected in general medicine out-patient institution. Methods: clinical-dynamic, clinical-psychopathological, screening questionnaire, method of factor analysis.

### **Results**

Results: The carried-out analysis of the structure of characterological peculiarities with various forms of somatic pathology, comorbid with mental disorders, revealed: well-balanced traits - in 28.3% of persons, character accentuation level - 67.6%, personality disorder - 4.1%.

### **Discussion**

Our study confirms the significant influence of the personality factor on the clinical picture and efficiency of therapy of mental disorders associated with somatic pathology.

### **Learning Objectives**

The attendees will get acquainted with the characteristics of comorbidity of mental and physical disorders.

### **References**

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## Depressive disorders in adolescents of the Far East and China

**Abstract ID: 44**

**Presenting author: Alexey Kostin, Mental Health Research Institute, Tomsk, Russia**

### **Background**

The study of non-psychotic depressive disorders originated from the collaboration of researchers from China and the Russian Far East.

### **Aims**

The aim of the study was to determine the clinical and socio-psychological patterns of formation of the structure and dynamics of non-psychotic depressive disorders in adolescents living in the Russian Far East and in China.

### Methods

Material for solving the set tasks was given by data of a randomized study of 123 adolescents, 61 of them were adolescents with symptoms of depressive disorder living in the North China province of Heilongjiang, and 62 adolescents with depressive symptoms living in the Far East of Russia.

### Results

A transcultural study revealed a significant predominance among adolescents with depressive disorders of females in both ethnic groups (the Russian group – 78.0%, the Chinese group – 68.2%). The established psychopathological structure of depressive disorders showed heterogeneity of clinical manifestations depending on the age of adolescents, which refers Russian and Chinese patients to two age periods: adolescents 11–14 years old (group 1, 20% and 15.9%) and adolescents 15–18 years old, which accounted for the peak of depressive disorders (group 2, 80.0% and 84.1%).

### Discussion

The ascertained psychopathological structure of depressive disorders showed heterogeneity of clinical manifestations depending on the age of adolescents from Russia and China,

### Learning Objectives

The attendees will get acquainted with characteristics of depression in adolescents.

### References

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## Recent developments in cultural psychiatry in The Netherlands. Lecture in symposium 'Recent developments in cultural psychiatry', Tsuyoshi Akiyama

**Abstract ID: 47**

**Presenting author: Hans Rohlof, Transparant GGZ**

### Background

The Netherlands is a rather small country in Western Europe with about 17 million inhabitants, of which 20 % are non-native persons. Of those 20 %, more than half are from non-Western origin.

### Aims

Better view on developments in cultural psychiatry

### Methods

Developments in cultural sensitive care From 2000 till now, cultural sensitive care has developed enormously, although there are still shortcomings.

### Results

In the education of residents in psychiatry, much effort has been put in a special program on transcultural psychiatry, part of the national education program for residents, constructed by the Dutch Association of Psychiatry. In this program videos, role playing, lectures, and texts from the Dutch textbooks on cultural psychiatry by Kortmann (and de Jong & van Dijk are offered. The presence of cultural sensitive mental health

services has also grown enormously. In a recent overview of these, made by Arq foundation (2021), about 70 services are described. Specific cultural attention in diagnostics and therapy in general psychiatry is still low. The Cultural Formulation Interview has been introduced, but remains rather rarely used in practice. For refugees, the focus lies on trauma treatment, which is not their main problem. Free interpreter services have been reintroduced in mental health care from 1.1.2022, after a long campaign by the Dutch association of health care and human rights 'Johannes Wier'. Research in cultural psychiatry has been growing, specially in epidemiology and diagnostics. Numeral theses have been published since 2000 (Rohlof & van Dijk, 2021).

### **Discussion**

Cultural psychiatry is at a level of general acceptance by main mental health care. There is a growing number of cultural sensitive services, but not in all fields of psychiatry. Epidemiology and diagnostics are well documented and applied. Specific treatment options for migrants are still rare.

### **Learning Objectives**

More knowledge on the place of cultural psychiatry in a Western country  
More skills on improving cultural psychiatry in future

### **References**

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Rohlof, H. & van Dijk, R. (2021). Innovating Mental Health care for Migrants in the Netherlands. In: Okpaku, S. Innovations in Global Mental Health. Springer Nature, Switzerland.

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## **Psychological Suffering of Refugee Patients in Brazil**

**Abstract ID: 48**

**Presenting author: Gesa Solveig Duden, FernUniversität in Hagen**

### **Background**

Worldwide there are 84 million displaced people, of which 26.6 million are officially recognised as refugees (UNHCR, 2022), and many of which have been forced to face violence, war, and struggles such as discrimination in host countries. Studies show augmented prevalence rates of mental disorders among this group (Turrini et al., 2017). However, there is still only a limited amount of information about refugees' mental health in Latin American countries (Braga Bezerra et al., 2019). Furthermore, there seems to be a scientist-practitioners gap, as little research has taken into consideration the knowledge of psychologists who treat refugees.

### **Aims**

This study aimed to shed light on the experiences of clinical psychologists in Brazil concerning their refugee patients' psychological suffering (Duden et al., 2021).

### **Methods**

32 semi-structured interviews were conducted with psychologists who treat refugees in five Brazilian states. Interviews were analysed following a consensual qualitative research approach.

### **Results**

Participants worked with refugees from 42 different countries of origin. Results yielded four clusters of refugees' suffering: post-migration stressors, traumatic experiences, flight as life rupture, and the current situation in the

country of origin. Participants most frequently described anxiety and depression as common in refugee patients. Yet, results also show that psychologists in Brazil are critical of the use of Western classification manuals for mental disorders. Most participants highlighted their patients' socio-political suffering and regarded refugees' psychological symptoms as normal reactions to their experiences.

### Discussion

Findings are discussed in relation to the adjustments to the fifth version of the DSM, that aim to make this psychiatric manual more culturally sensitive, such as through the Cultural Formulation Interview (Aggarwal & Lewis-Fernández, 2015).

### Learning Objectives

Learning objectives include a broadening of perspectives regarding psychiatric diagnostic categories, particularly when working with culturally diverse groups in non-Western settings and in situations where psychological suffering is directly linked to a socio-political context.

### References

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## Clinical heterogeneity of alcoholism in the indigenous population of Siberia and Far East

**Abstract ID: 49**

**Presenting author: Nikolay A. Bokhan, Mental Health Research Institute, Tomsk, Russia, Tomsk State University, Tomsk, Russia**

### Background

Mental health of indigenous population of Siberia and the Far East depends on the radical social-economic reforms confronted by representatives of small peoples and society. During study of problems of mental health of the population, assessment of narcological situation is important.

### Aims

Study aim: to develop evidence-based strategy on lowering of narcological sickness rate, high level of alcohol-related mortality, tempo of increase in the number of dependent patients, suicidal and aggressive behavior.

### **Methods**

Methods: clinical-epidemiological, clinical-psychopathological, clinical-dynamic, experimental-psychological, statistical.

### **Results**

Results: Ethnoterritorial parameters of prevalence of narcological disorders in various gender-age ethnic and social groups of the population of Siberia and Far East were identified based on multilevel monitoring; it was found that these indicators exceed average values across the Russian Federation. During study of problem of clinical heterogeneity of narcological disorders, the growth of incidence rate and accumulation in the population of patients with severe and complicated forms of narcological disorders was revealed. Difficult-to-treat cohort of alcohol addicts was characterized by high level of comorbid mental (affective, personality) and somatoneurological (craniocerebral injury, pulmonary tuberculosis, hepatitis, HIV-infection) disorders. A high tempo of progression of alcoholism with severe affective and cognitive disorders with relatively low alcohol tolerance was established. High frequency of severe variants of unremitting course of alcoholism including with psychotic forms was present.

### **Discussion**

Conclusions: In general structure of mental health care activities, issues of early prevention of narcological and mental disorders were of priority and associated with achieving the continuous and systemic nature of the intervention in various social and gender groups.

### **Learning Objectives**

The attendees will get acquainted with narcological situation in Siberia.

### **References**

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## **Mechanisms of Recovery during Trauma-Focused Therapy in Displaced Populations**

**Abstract ID: 52**

**Presenting author: Henriette van Heemstra, Arq Psychotrauma Expert Group, University of Utrecht**

### **Background**

Displaced victims of interpersonal violence, such as refugees, asylum seekers, and victims of sexual exploitation, are growing in numbers and are often suffering from a post-traumatic stress disorder (PTSD). Meanwhile, these people are known to benefit less from trauma-focused therapy (TFT) and to be less compliant to treatment compared to other traumatized groups (Ghafoerkhan et al. (2020). There is need to gain insight in variables that impact the course of PTSD during TFT for this population.

### **Aims**

The main objective of this study is to establish if reductions in perceived daily stress and improvement in emotion regulation and mood are associated with reductions in PTSD symptoms, during TFT.

### **Methods**

Using an observational treatment design, N = 91 displaced victims of interpersonal violence were included, N = 55 were completers. The following questionnaires were administered each treatment-session: subscale Impulsivity of the Difficulties in Emotion Regulation Scale-18, the Perceived Stress Scale short-version, the Primary Care PTSD Screen for DSM-5, and a single Mood item. The provided TFT was Narrative Exposure Therapy. Via multilevel modelling associations between the course of PTSD and other outcomes were analyzed.

### **Results**

Meaningful associations were observed between changes in emotion regulation, daily stress, and mood on the one hand and changes in PTSD symptoms on the other. More detailed findings are shared during the presentation.

### **Discussion**

The present study opens up the interplay between mood, emotion regulation, perceived daily stress and PTSD in displaced victims of interpersonal violence during NET.

### **Learning Objectives**

Findings can inform the refinement of psychological treatments for displaced populations.

### **References**

Ghafoer Khan, R., van Heemstra, H., Scholte, et al. (2020). Feasibility and predictors of change of Narrative Exposure Therapy for displaced populations: A repeated measures design. Research Square; 2020. DOI: 10.21203/rs.3.rs-17921/v2.

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## **SPIRITUAL CARE IN PALLIATIVE CARE IN SOUTH AFRICA: THE ISSUE OF WHITENESS**

**Abstract ID: 53**

**Presenting author: Leslie Swartz, Stellenbosch University, St Luke's Combined Hospices**

### **Background**

Culturally appropriate spiritual care is increasingly recognised as a crucial component of palliative care. This issue has however received very little attention on the African continent. As part of a larger study, we were interested in cultural and racial issues as experienced by spiritual carers in a hospice in Cape Town, South Africa.

### **Aims**

As part of a larger study, we were interested in cultural and racial issues as experienced by spiritual carers in a hospice in Cape Town, South Africa.

### **Methods**

We conducted one-on-one interviews and focus group discussions with a cohort of spiritual care workers associated with a large hospice organization in Cape Town, South Africa. For resource reasons, all spiritual carers are volunteers and relatively privileged South Africans from a range of faith and non-faith backgrounds.

### **Results**

There was a clear need expressed for the development of a culturally and contextually relevant spiritual care training curriculum bespoke to the South African care setting. Spiritual care workers cautioned against developing a rigid and theoretically loaded curriculum but called for a curriculum that was open to practical teaching and learning, within diverse settings and that which incorporated self-reflection as part of learning outcomes.

### **Discussion**

The data suggest that the concept of culturally appropriate care must be understood and acted on contextually. We note that the work of transformation of care cannot be separated from broader questions of social inequality and change

### **Learning Objectives**

To understand the concept of spiritual care in the context of palliative care in South Africa.

### **References**

<https://doi.org/10.1186/s12904-021-00756-9><https://doi.org/10.1186/s12904-020-00704-z><https://doi.org/10.1007/s10943-021-01232-7><https://doi.org/10.1007/s11013-021-09750-5>DOI: 10.1080/20440243.2021.1922257

### **Co-authors:**

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## **Sustainable Development Goals (SDGs) for Personal and Social Wellbeing**

**Abstract ID: 54**

**Presenting author: Jenny Willis, RSA**

### **Background**

Lifewide Education is a not-for-profit, educational enterprise established 10 years ago. It is founded on the belief that each individual has the potential to sustain the future of humankind. It carries out research and publishes open-access magazines and data via its website. The author is a founder member and director of research and scholarship. In July 2021, Lifewide Education conducted an international, 5-week, on-line inquiry into the perceived personal validity of the United Nation's 17 goals, which can often seem remote and unattainable. The author was one of the project leaders.

### **Aims**

To demonstrate that the SDGs offer a framework for optimising wellbeing from the personal to global levels, thereby contributing to wellbeing and sustainability of the individual, society and wider environment.

### **Methods**

The qualitative inquiry was open to anyone interested in exploring their response to the UN's SDGs via a closed Linked-In discussion forum. Participants received a guide and attended a preparatory Zoom meeting. In week

1, they evaluated the 17 SDGs, using a template, then selected a small number for further development. Weeks 2-4, they wrote vignettes addressing one or more of the SDGs, and reflected on these experiences. Week 5 synthesised the learning, then a second Zoom meeting where project leaders presented preliminary data analyses and participants discussed these. See Lifewide Magazine #25 (Willis, 2022), free for download at <https://www.lifewideeducation.uk/magazine.html>.

### **Results**

Resultant data comprised 21 SDG statements, 42 written vignettes, 3 video vignettes, and 360+ comments in the Linked-In discussion. Motivation was an emergent issue. Analysis led to proposal of an enhanced model of Alderfer's theory of Existence/Relatedness/Growth (ERG) (Alderfer, 1969; Maslow, 1954) which brought in the macrocosmic level of environmental sustainability.

### **Discussion**

The author hypothesised that wellbeing was an implicit expectation underpinning motivation. This was the theme of an article in Lifewide Magazine #25 and will be explored in the proposed presentation.

### **Learning Objectives**

To examine whether the UN's SDGs are compatible with personal wellbeing (micro level) as well as the wellbeing and sustainability of the planet (macro level). To consider the role of communication/relatedness in achieving the SDGs.

### **References**

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## **Domestic violence against women in migratory situations**

**Abstract ID: 55**

**Presenting author: Daniel Delanoe, Barthelemy Durand Hospital, Etampes, France, National Institute of Health and Medical Research, France, French Collaborative Institute on Migration, France**

### **Background**

Women victims of domestic violence in a migratory situation find themselves at the crossroads of several dominations. Male domination comes first, although it is often less severe than in the country of departure. Racialized domination is, on the other hand, characteristic of the migratory situation and seems less violent on women than on men.

### **Aims**

Description of the exit process from grip in women in migration situation

### **Methods**

Clinical observations in specialized cross-cultural consultations with interpreter

## Results

We describe how women who came to consult for their children's disorders were gradually able to recount significant physical and psychological violence on the part of their husbands. They were surprised to discover that the rule of law prohibits such violence, and that legal and social mechanisms are in place to help them get out of the grip of their husbands, whose power is described in Djaili Amadou Amal's novel 'Les impatientes' (2020), which takes place in Cameroon.

## Discussion

These women enter so the individuation process of societies with social and protective state (Elias 2010). The concept of intersectionality finds its full application here (Crenshaw 2005).

## Learning Objectives

Identify the cultural dimension of domestic violence against women in migratory situations Supporting awareness of male domination among women in migration situations

## References

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## Poor symptom validity in refugee mental health

**Abstract ID: 58**

**Presenting author: Douwe Van der Heide, GGz Centraal**

### Background

The validity of diagnostic inventories is uncertain in culturally diverse populations.

### Aims

To check the validity of diagnostic inventories in a refugee mental health center in the Netherlands.

### Methods

The outcomes of diagnostic inventories were compared to outcomes of open interviews, and to scores on a self-report validity test (SRVT; the Structured Inventory of Malingered Symptomatology) and a performance validity test (PVT; Morel's Emotional Numbing Test). A differential prevalence design was used to assess the effects of patient characteristics on symptom validity.

### Results

203 patients were included. The outcomes of the inventories were similar to the outcomes of the open interviews and comparable to findings in other refugee mental health populations. However, 81% and 61% of the patients scored above the cutoff of the SRVT and the PVT, respectively. Moreover, the inventory outcomes

correlated with both SRVT and PVT. External incentives to exaggerate symptoms (e.g., a current procedure for asylum) were the main factor predicting poor symptom validity.

### **Discussion**

Utility of diagnostic inventories may be limited due to poor symptom validity in refugee mental health patients. However, generalizability of this finding is unknown, as assessment of symptom validity is rarely done in this target group.

### **Learning Objectives**

To demonstrate the relevance of symptom validity assessment in refugee mental health.

### **References**

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## **Subgroups of women who were victims of sex trafficking: Characteristics, traumatic background and treatment outcome**

**Abstract ID: 60**

**Presenting author: Rina Ghafoerkhan, ARQ National Psychotrauma center, Utrecht University**

### **Background**

Sex trafficking is a widespread phenomenon, during which mainly women are moved, threatened, coerced and deceived for the purpose of sex work. Research has highlighted the adverse effects on the mental health of its migrant survivors [1,2]. However, little is known about characteristics of different subgroups of victims of sex trafficking. Clarifying these characteristics could inform the tailoring of mental health care to the needs of its survivors.

### **Aims**

The aims of this study were to (1) identify subgroups within woman adult survivors based on characteristics of their sex trafficking experiences, (2) examine if sociodemographic factors and prior traumatic experiences predict these subgroups, and (3) test if these subgroups predict psychosocial impairment, treatment indication, and course of treatment for survivors partaking in trauma-focused therapy.

### **Methods**

A historical cohort study was conducted among adult women (n=377) who had been sex trafficked and received post-trafficking mental health care at an outpatient clinic. Characteristics of women and their experiences were derived from electronic medical records and used as indicators in latent-class analyses .

### **Results**

Two subgroups were identified representing a 'restricted movement' class (78.63%) and a 'interpersonal coercion' class (21.36%). Survivors born in an African country, those identifying as lesbians or bi-sexual, and those having an uncertain residency status had increased odds of belonging to the 'restricted movement' class. Members of the 'interpersonal coercion' class had lower probability of completing their trauma-focused therapy.

### **Discussion**

Findings suggest the importance of the dynamics of coercion between the perpetrator and survivor when

considering sex trafficking experiences. Differences in these dynamics between survivors are likely to yield different mental health outcomes, thus requiring direct mental healthcare approaches.

### Learning Objectives

- Raise awareness towards a more nuanced understanding of the sex trafficking experience.
- Inform about the potential mental health outcomes and suggestions for appropriate care.

### References

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## The relevance of social capital and sense of coherence for mental health of refugees.

**Abstract ID: 61**

**Presenting author: Antoine van Sint Fiet, ARQ Centrum'45**

### Background

Migration puts refugees in a completely new social context whilst some have to simultaneously deal with previously experienced traumatic events and post-migration stressors (Silove et al., 2017; Gleeson et al., 2020). Social capital and sense of coherence could be key resources to improve mental health of refugees (Verduin et al., 2014; Mittelmark et al., 2017). This research was a first attempt to understand the interplay between public mental health and social mechanisms to promote mental health of refugees that recently arrived in the Netherlands.

### Aims

- i) To examine if social capital and mental health are related in a population of Dutch refugees.
- ii) To test if sense of coherence has a moderating and/or a mediating effect on this relation.

### Methods

Data were collected through questionnaires (n=154) in a cross-sectional survey at different locations throughout the Netherlands. The data were analysed with hierarchical regression analyses and nonparametric bootstrapping in SPSS.

### Results

Both structural social capital and cognitive social capital were positively related to mental health. The findings additionally showed that there was a positive relation between sense of coherence and mental health of refugees in the Netherlands. The relationship between cognitive social capital and mental health was completely mediated by sense of coherence. No moderation effect of sense of coherence on the relation between social

capital and mental health was found, nor did it mediate the relation between structural social capital and mental health.

### Discussion

The current study contributed to understanding the social mechanism that determines refugee mental health: namely, participating in social groups (structural social capital) and having supportive and trusting relationships (cognitive social capital), and sequentially experiencing life as more comprehensible, manageable, and meaningful (sense of coherence) are positively related to better mental health of refugees.

### Learning Objectives

Findings indicate that preventive interventions aiming to enhance refugees' mental health may gain in effectiveness by targeting and promoting their social capital and sense of coherence, from a relatively early stage after arrival in the Netherlands. Existing mental health interventions may further gain in effectiveness by including resiliency factors and strengthening social mechanisms. Given the large numbers of refugees in the world today, this study is an invitation to dissect the social mechanisms that determine mental health.

### References

Gleeson, C., Frost, R., Sherwood, L., Shevlin, M., Hyland, P., Halpin, R., Murphy, J., & Silove, D. (2020). Post-migration factors and mental health outcomes in asylum-seeking and refugee populations: A systematic review. *European Journal of Psychotraumatology*, 11, 1793567. <http://dx.doi.org/10.1080/20008198.2020.1793567>

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## Acculturation and natural environments: Cultural variation in the benefits of Europe's green spaces to the mental health of migrants.

**Abstract ID: 62**

**Presenting author: Jacob D King, Imperial College London**

### Background

On average migrant populations face worse mental health and psychosocial outcomes than the populations they join. Some have attributed these findings in part to 'acculturation stressors', factors which complicate the traversing of new cultural institutions and practises, which make adapting to and mastering the new environment difficult. There is increasing evidence to suggest that access to, and use of, green spaces for European populations is beneficial to a range of health and wellbeing outcomes. Ethnographic studies identify differences in use and perception of natural environments among Europe's major migrant groups. These differences are likely to manifest variation in mental health impacts.

### **Aims**

To assess the potential for mental health benefit from Europe's green spaces for migrants.

### **Methods**

This paper reviews the evidence base in merging models of the mechanisms of green space benefit to mental health, with well-established models of acculturation and mental health.

### **Results**

Within the concepts of 'reducing harms', 'restoring capacities' and 'building capacities', preferences for certain activities and particular landscapes into which individuals are encultured appear likely to alter known pathways of the mental health benefits of Europe's green spaces. There is limited evidence within attention restoration theory and objective assessment of stress reduction for individuals encultured into contrasting natural environments. Whether green spaces are an acceptable space for within and intercultural socialisation, acculturation, developing a sense of place-attachment, and nature-based psychological therapies is inconclusive. Some evidence also suggests Europe's green spaces may instead act as an additional acculturation stressor in some situations.

### **Discussion**

Europe's green spaces provide a resource for promoting mental health in migrant groups through some established pathways, however other aspects of these environments may appear inaccessible or serve as an active stressor initially. Culturally adapted green space intervention may support benefits to the mental health of migrants.

### **Learning Objectives**

1) Recognise the evidence for the association between natural environments and mental health outcomes. 2) Consider how cultural variations in use and perception of natural environments vary mental health benefits.

### **References**

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## **Recent developments of cultural psychiatry and mental health in Mexico**

**Abstract ID: 65**

**Presenting author: Sergio J. Villaseñor-Bayardo, Universidad de Guadalajara**

### **Background**

Cultural Psychiatry studies prove that the expressions of psychopathology are remarkably different across the cultural areas where they are observed and that a single, universal model to classify mental disease is obsolete. Mood and anxiety disorders in particular have many different cultural expressions.

**Aims**

To show that in Mexico, we have various examples of cultural concepts and idioms of distress as well as patterns of help-seeking among indigenous people.

**Methods**

participant observation and in deep interviews.

**Results**

I show some indigenous classification of distress and mental illness.

**Discussion**

I will discuss cases observed among the Nahuatl from the state of Guerrero and the Wixárika from the state of Jalisco, in Mexico, and describe the disorders known by them as Susto (Fright), Nierikaxiyá & Kierixiyá.

**Learning Objectives**

Understand that there are multiple cultural expression of distress and psychopathology.

**References**

Villaseñor-Bayardo S. J. "Cuadros típicos de la región". En: Alarcón R., Mazzotti G., Nicolini H. *Psiquiatría*. 2005. Manual Moderno. México. pp. 990-994  
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## Cultural psychiatry - Racial discrimination, mental health and the role of mental health professionals

**Abstract ID: 66**

**Presenting author: Meryem Schouler-Ocak, Psychiatric University Clinic of Charité at St. Hedwig-Hospital in Berlin, Germany**

**Background**

A growing body of literature report, that vulnerable groups eg immigrant, refugee, asylum seeker and ethnic minority groups across and the world face social and psychological challenges linked to their minority status, often involving discrimination [1] [2].

**Aims**

In awareness of the consequences of racial discrimination at all levels (micro, meso and macro), recommendations for clinicians, policymakers and researchers will be discussed.

**Methods**

The EPA Policy Paper of Task Force on Racism and Mental Health and the role of mental health professionals will be used as a basis for the discussion [1].

**Results**

Recommendations will be presented, keeping in mind that racial discrimination of any group designated to be „the other“ in a society increases the risk of discrimination in general [1]

**Discussion**

Mental health professionals are enmeshed in society and institutions and are thus just as likely to unknowingly

harbor unconscious biases, interpersonal and internalized racial discrimination as anyone else. They need to advocate against racial discrimination as they bear a great responsibility to provide good healthcare and be good role models.

### **Learning Objectives**

Recognizing and naming racial discrimination, in the work, writing, research, and in interactions of mental health professionals with patients and colleagues will advance understanding of the distinction between “race” and racial discrimination and will allow for efforts to combat racial discrimination [1] [2].

### **References**

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## **The DSM-5 Cultural Formulation Interview (CFI) in psychiatric clinics for children and adolescents in Norway**

**Abstract ID: 67**

**Presenting author: Nina Therese Øversveen Svamo, Inlandet Hospital Trust, Inland Norway University of Applied Sciences**

### **Background**

This study is part of an ongoing doctoral project «Evaluation and Efficacy study for using the CFI, in psychiatric outpatient and inpatient clinics for children and adolescents” in Norway. The CFI (American Psychiatric Association, 2013) elaborating the patient’s narratives of illness and health in relation to his/her context and perceptions.

### **Aims**

To evaluate and efficacy test how the CFI impacts medical communication and person-centered care between patients aged 12-18 years and clinicians.

### **Methods**

The methodology format has a qualitative and explorative design. The method consists of; training of clinicians in the use of CFI, interviews with clinicians and patients, and evaluation of CFI as a clinical instrument. The study is taking place in two clinical contexts represented by an inpatient unit and an outpatient clinic for children and adolescents. In total 12 patients (12-18 years) and 7 clinicians have been included.

### **Results**

Among the preliminary findings, it can be noted that the patients shared existential concerns in addition to other concerns in their definition of problem areas. The CFI helped clinicians and patients to reach a revised understanding of the problem, including the need for help. This support the international evidence that information from the CFI can contribute to the areas of: user involvement, differential diagnosis and planning of treatment.

### **Discussion**

Many of the patients admitted to psychiatric clinics for children and adolescents struggle with trust issues and

feeling confident in interactions with others. The CFI can bring knowledge of the patient's needs and possible resources.

### **Learning Objectives**

To examine how the CFI affects medical communication from patient`s and clinician`s perspectives.

### **References**

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (DSM-5). In A. P. Association (Ed.), Diagnostic and statistical manual of mental disorders. Arlington, VA: American Psychiatric Association

### **Co-authors:**

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*Valerie DeMarinis, Innlandet Hospital Trust*

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## **Appraisal of cultural identity in psychiatric assessment - how to improve the Cultural Formulation Interview in DSM-5?**

**Abstract ID: 68**

**Presenting author: Sofie Bäärnhielm, Transcultural Center Region Stockholm, Karolinska Institutet**

### **Background**

The Cultural Formulation Interview (CFI) included in DSM-5 has been developed to guide an individual cultural assessment during the clinical diagnostic process. The CFI shows promising results regarding acceptability, feasibility, and usefulness for both clinicians and patients. Clinical use and research in Scandinavia have shown problems for clinicians with understanding and using the CFI questions about cultural identity.

### **Aims**

The aim of this presentation is to discuss the importance of enhancing clinicians' awareness of addressing cultural identity in psychiatric assessments. Also, to discuss how CFI questions addressing cultural identity could be improved to facilitate clinical use.

### **Methods**

As a part of a pragmatic, randomized controlled trial (RCT), performed in a multicultural area in Sweden, data from 134 CFI interviews with newly referred patients were documented in medical records. The documented CFI were analysed for themes with a qualitative content analysis for one group with Swedish as their native language (n 70) and one group without (n 57). For seven patients, language information is missing.

### **Results**

Results from the two qualitative data sets will be presented focusing on findings related to cultural identity. Preliminary findings from the analysis of the non-native Swedish speakers identified two themes reflecting appraisal of cultural identity. The themes were: a sense of belonging and narrating present concerns in the light of the past.

### **Discussion**

Clinicians have found the CFI questions about identity and background too abstract and complicated for some patients. On the other hand, they found that the CFI questions about identity give new and important

information. Conclusion The CFI approach and questions aimed at understanding the meaning of cultural identity need further refinement.

### Learning Objectives

- Learning objectives: Gain knowledge about addressing cultural identity in psychiatric assessment
- Reflecting over pros and cons with different approaches of addressing cultural identity

### References

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## Could the CFI Hold Therapeutic Potential? Intregrating a Therapeutic Assessment Perspective

**Abstract ID: 73**

**Presenting author: Mattias Strand, Region Stockholm**

### Background

Therapeutic Assessment (TA) is a collaborative approach to psychological assessment in which the assessment procedure itself is meant to induce therapeutic change. This is achieved by explicitly focusing on the particular questions and queries that patients have about themselves with respect to their mental health problems or psychosocial well-being; these questions are then allowed to guide the assessment process and the interpretation of the findings.

### Aims

To explore the possibility of integrating a TA approach in making use of the CFI.

### Methods

Existing literature on a culturally-informed use of TA was reviewed. From a TA perspective, a number of potential modifications to the OCF and the CFI were then suggested.

### Results

Applying a TA approach in using the CFI—i.e., framing the interview in a way that gives primacy to its self-transformative potential by explicitly focusing on those issues that are seen as the most urgent, relevant, and meaningful by the patient—could potentially prove helpful in alleviating patients' suffering beyond what is achieved by merely collecting relevant cultural information that may inform diagnosis and subsequent treatment interventions.

### Discussion

This is not an attempt to present a finished, ready-to-use solution for how a TA perspective could be integrated into the CFI—instead, the aim is to encourage discussion regarding the therapeutic potential of the CFI and how a greater emphasis on what the patient sees as meaningful can be achieved.

### Learning Objectives

To gain an understanding of the TA methodology and reflect upon its potential for the CFI.

## References

n/a

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## Impact on routine psychiatric diagnostic practice from implementing the DSM-5 Cultural Formulation Interview: A pragmatic RCT in Sweden

**Abstract ID: 74**

Presenting author: Malin Idar Wallin, 232100-0016

### Background

Culture and social context affect the expression and interpretation of symptoms of distress, raising challenges in transcultural psychiatric diagnostics. This increases the risk that mental disorders among migrants and ethnic minorities are undetected or misdiagnosed.

### Aims

The study evaluates whether implementing the core CFI during routine diagnostic procedures affect psychiatric diagnoses compared to the usual diagnostic process alone.

### Methods

We compared the outcome of a diagnostic procedure including the CFI with routine diagnostic procedures used at Swedish psychiatric clinics. New patients (n=256) were randomized to control (n=122) or a CFI-enhanced diagnostic procedure (n=134). An intention-to-treat analysis was conducted, prevalence ratio and corresponding 95% confidence intervals (CI) were calculated across arms for depressive and anxiety disorder diagnoses, multiple diagnoses, and delayed diagnosis.

### Results

The prevalence ratio (PR) of depressive disorder diagnosis across arms was 1.21 (95% CI=0.83-1.75) and was higher among patients whose native language was not Swedish (PR =1.61, 95% CI=0.91-2.86).

### Discussion

The results suggest that the implementation of the DSM-5 CFI in routine psychiatric diagnostic practice may facilitate identification of symptoms of certain psychiatric disorders, like depression, among non-native speaking patients in a migration context.

### Learning Objectives

Knowledge about the CFI effect on psychiatric diagnostics in a multicultural context.

### References

Wallin, M. I., Galanti, M. R., Nevonen, L., Lewis-Fernández, R., Bäärnhielm, S. (in revision). Impact on routine psychiatric diagnostic practice from implementing the DSM-5 Cultural Formulation Interview: A pragmatic RCT in Sweden.

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## The DSM-5 Cultural Formulation Interview in an occupational rehabilitation center in Norway

**Abstract ID: 78**

**Presenting author: Sigrid Helene Kjørven Haug, Innlandet Hospital Trust, Norway, Inland Norway University of Applied Sciences**

### **Background**

This is the first study in a project using the DSM-5 Cultural Formulation Interview (CFI) in Norwegian, non-psychiatric clinical settings. The setting was an occupational rehabilitation center for patients with chronic pain primarily resulting from work-related injuries and strain.

### **Aims**

The aim was to explore how patients experienced changes in their cultural understanding of pain problems throughout the course of treatment.

### **Methods**

Data was collected and analysed from Domain 1 of CFI, "Cultural Definition of the Problem", including questions 1-3 (Aggarwal et al, 2015). The data comprised 18 semi-structured interviews with six participants: CFI interviews on day 1, T1 interviews 4-7 days after, and T2 interviews at completion of treatment. The analytic strategy was deductive content analysis (Elo and Kyngäs (2007).

### **Results**

Findings showed that the CFI information on the participants` cultural understanding of pain problems was diverse, ranging from child labor to recent accidents. The information included all domains in the bio-psycho-socio-existential framework (Lilja et al, 2016), implying a comprehensive understanding of pain problems. Changes throughout the course of treatment related to increased insight into the multifaceted nature of pain problems and associated limitations for daily life, and the positive effects of physical training for pain reduction and management.

### **Discussion**

Participants experienced the CFI as an intervention, initiating reflections and expectations that led to both satisfaction and disappointment in relation to whether these were fulfilled. Clinical- and research implications of considering the CFI as an intervention will be further outlined and discussed in the study.

### **Learning Objectives**

-In a occupational rehabilitation context in Norway, information from the Cultural Formulation Interview (CFI) provided changes in patients` cultural understanding of pain problems throughout the course of treatment.-The information from the CFI included all domains in the bio-psycho-socio-existential framework.-The participants experienced the CFI as an intervention, initiating reflections and expectations for the treatment.

### **References**

Aggarwal, N. K., Jimenez-Solomon, O., Lam, P. C., Hinton, L., & Lewis-Fernández, R. (2015). The core and informant Cultural Formulation Interviews in DSM-5. In R. Lewis-Fernández, N. K. Aggarwal, L. Hinton, D. E. Hinton, & L. J. Kirmayer (Eds.), *DSM-5 Handbook on the Cultural Formulation Interview* (pp. 27-44). Washington DC: American Psychiatric Publishing

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## Cross-cultural learning from community-based mental health interventions

**Abstract ID: 81**

**Presenting author: Rick Wolthusen, Duke University Medical Center, Department of Psychiatry and Behavioral Sciences, On The Move e.V.**

### **Background**

Mental health conditions contribute significantly to the disease burden in high- as well as low- and middle-income countries (LMIC). The disease burden is associated with a multifactorial treatment gap. One challenge that contributes significantly to the mental health treatment gap in various way is caused by the noninvolvement of communities in the care of patients with mental health conditions.

### **Aims**

The aims of the study are to understand how communities can be involved in the mental health care of individuals, how communities differ in terms of needs and resources, and what intervention works in what community-based context and why.

### **Methods**

Our methods include but are not limited to social innovations methods (such as mapping the ecosystem, theory of change, etc.) and human-centered approaches such as design thinking. We will also examine what high income countries can learn from LMIC in terms of providing community-based mental health care.

### **Results**

Two of our community-based interventions are the German/American Mental Health Allyship program, which promotes exchange at eye level and builds a community that takes care of its well-being, and the concept of the Brain Spirit Desk, which is used in Ghana and Kenya to shift mental health care to the community level, destigmatize mental illness, decrease the treatment gap, and most importantly, build an empowered community that takes care of its mental health needs.

### **Discussion**

Community-based mental health interventions are well suited to tackle numerous social determinants of mental health and are inevitable in overcoming the treatment gap and reducing the disease burden related to mental health conditions. The African proverb “It takes a village to raise a child,” which emphasizes the importance of a community in the safe and healthy upbringing of a child, should be transformed into “It takes a village to take care of individuals with a mental health condition.”

### **Learning Objectives**

a) Understand the principles of community-based mental health interventions designed through social innovation and human-centered approaches such as design-thinking b) Be able to inventory a community's mental health strengths, needs, and stakeholders c) Understand how to employ an initial plan to design a community-based mental health intervention (based on the need assessment)

### **References**

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## **The Mental Health Allyship Program – How to Support Others in Need**

**Abstract ID: 83**

**Presenting author: Rick Wolthusen, Duke University Medical Center, Department of Psychiatry and Behavioral Sciences, On The Move e.V.**

### **Background**

Social support is an important factor for managing stress and recovering from mental illness. Also, it can facilitate access to help services, enabling early treatment that leads to a better prognosis. But for stakeholders of the social environment, limited knowledge and insecurities can make it hard to realize if someone is struggling, how to provide proper support, and how to refer to professional health care services if needed.

### **Aims**

The aim of the Mental Health Allyship Program is to educate participants in a peer-to-peer approach on self care, signs of mental distress, as well as community building and empowerment related to taking care of community members' mental health and well-being. In a compact live-online format of 5 hours in total, participants go through a mix of theoretical and practical modules. The course focuses on resources that individuals can use to better their mental health and the mental health of community members around them.

### **Methods**

The course was initially designed by psychology students and individuals with mental health conditions from various cultural backgrounds. We run pre-, post- (after the workshop), and follow-up (3 months after the workshop) quantitative and qualitative assessments to investigate the effect of our intervention. We optimized the initial program based on participant's feedback and a qualitative survey shared with individuals experiencing mental health conditions.

## Results

The workshop demand is high. Despite its compact nature, results indicate meaningful effects of the course on Behavioral Knowledge and Perceived Competence as evidenced by the post-workshop assessments.

## Discussion

The Mental Health Allyship Program is an auspicious community-based tool to provide each person with an essential education of universal competencies for supporting others in need – independent from geographical, temporal, or financial barriers. It also contributes to creating a sense of community and enables communities to take care of their well-being and mental health.

## Learning Objectives

1.) Understand the core elements of the Mental Health Allyship program 2.) Contrast the Mental Health Allyship program with other publicly available first aid mental health courses 3.) Be able to adapt the course content to various cultural diverse communities and contexts

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*Paul Andrä, On The Move e.V.*

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## Case formulation in a social polarization clinic: A risky business?

**Abstract ID: 85**

**Presenting author: Janique Johnson-Lafleur, McGill University, RAPS - Sherpa University Institute**

## Background

In our globalized world of increasing interconnectivity, societies are experiencing important transformations. The associated inequities and uncertainties increase social polarizations and the risk for violent radicalization in both majority and minority individuals, raising political, ideological, and ethical issues, as well as clinical questions. Since 2016, an innovative intervention model has been developed in Quebec, Canada. Five specialized teams operate in the province, offering training, consultations, follow-ups, a mentoring program, and a strong coordination with proximity services. Made up of about thirty practitioners, this community of practice (CoP) also meets monthly by videoconference to discuss difficult cases and common themes of interest.

## Aims

The presentation's aim is to describe preliminary results from the qualitative strand of a large mixed methods

research that analyses the group case formulation process in a context characterized by strong counter-transferences and high medico-legal risk.

### **Methods**

Focus groups and individual interviews with practitioners, along with participant observation of CoP meetings, were conducted and analyzed using thematic and narrative approaches.

### **Results**

Results indicate the presence of biases and blind spots in practitioners' case formulations, including minimization or amplification of the assessment of danger and perception of violence, thus orienting assignment of responsibility. Results also suggest that CoP discussions can complexify case formulations and illuminate participants' individual and cultural biases and blind spots.

### **Discussion**

Because of the strong emotional reactions and sense of shock it provokes, violence is difficult to elaborate for clinicians who may feel paralysed by fear. Working with individuals involved in a process of violent radicalization can elicit strong responses in practitioners which, if left unaddressed, can be detrimental to the quality of professional interventions. Collectively working on case formulations of violent radicalisation cases can serve as a bulwark against defensive practices, a posture often aligned with the institutionalized blind spots of the cultural majorities.

### **Learning Objectives**

At the conclusion of this presentation learners will be able to: 1) Better understand the challenges of developing case formulations in the context of the social polarization and violent radicalisation clinic. 2) Determine the importance of collective and reflexive work on case formulation to prevent defensive practice and illuminate the biases and blind spots of cultural majorities regarding violence and risk.

### **References**

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## **'Belief in Brua among psychiatric patients from Aruba, Bonaire, and Curacao: results from an explorative study in the Netherlands.'**

**Abstract ID: 86**

**Presenting author: Sarah Rhuggenaath, psychiatry**

### **Background**

Brua is an Afro-Caribbean religion and healing tradition predominantly practiced on the island territories of the former Netherlands Antilles: Aruba, Bonaire, and Curacao (the ABC-islands). Existing literature suggests that the majority of people on and from the islands are familiar with Brua and that it plays a substantial role in shaping their illness conception and idioms of distress. However, the extent of the influence of the tradition remains

largely unknown due to the strict social taboos surrounding both the belief system and its practice. A lack of knowledge of Brua may lead biomedically trained health professionals to misdiagnose patients from the ABC-islands.

### **Aims**

To create an image of the role of Brua as a religious and healing practice in the illness conception of psychiatric patients from the ABC-islands who are currently residing in the Netherlands, and create awareness among health professionals for the relevance of clinical ethnography in the diagnostic process.

### **Methods**

We conducted an explorative study among psychiatric patients of Parnassia Groep, a psychiatric institute in the Netherlands, using a self-developed questionnaire to guide the semi-structured interviews.

### **Results**

We found that of the 29 interviewees, 93.1% knew what Brua involved, 72.4% believed in it, 48.2% had first-hand experience with Brua practices, and 34.5% attributed their mental illness to Brua with greater or lesser certainty. Only one patient had previously discussed her belief in Brua with her psychiatrist and only when explicitly asked about it. The role of psychoactive substances in the context of Brua practices was negligible.

### **Discussion**

Our study indicates that the majority of psychiatric patients from the ABC islands are familiar with Brua, but feel reluctant to discuss relating concerns with mental health professionals. Despite the fear and shame patients experience, discussing Brua in clinical practice may improve the patient-health professional relationship and provide chances for the diagnostic and therapeutic process.

### **Learning Objectives**

- Outline Brua as religion and healing tradition.- Understand the knowledge and opinions about Brua among people from the ABC-islands.- Distinguish the role of Brua in illness conception and idiom distress.- Suggestions to approach the topic of Brua during a clinical assessment.

### **References**

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**Abstract ID: 89**

**Presenting author: Ana Gomez-Carrillo, McGill University**

### **Background**

The neurosciences play a central role in current psychiatric theory, and there are increasing efforts to translate research into clinical practice. However, there are important gaps or tensions between the tools that clinicians need and what neuroscientific research can provide. The neurosciences can provide novel approaches to psychopathology by advancing mechanistic explanations of symptoms and syndromes that can be crucial components of case formulation and lead to the development of new biological treatments.

### **Aims**

To guide clinical assessment and intervention, however, applications of neuroscience need to go beyond reductive brain-centric explanations to integrate multiple explanatory levels, attending to the environmental, social, cultural, political, and historical contexts in which people live; the dynamics of these contexts shape illness experience and contribute to the causes, consequences, and course of mental disorders (Kirmayer & Gold, 2011, Brossard, 2019).

### **Methods**

Indeed, an analysis of brain function that separates biology from the social environment impoverishes clinical understanding and can hamper scientific advances in therapeutics.

### **Results**

Brain functioning depends on embodied, interpersonal and environmental interactional processes that are shaped by social and cultural contexts. Neuroscientific explanations have personal and social consequences that loop back to influence physiology, behavior, and experience in ways that must be considered in diagnosis and treatment (Turnwald et al., 2019). This points to the need for a multilevel integrative framework that explains the brain in ecosocial context (Kendler, Parnas & Zachar, 2020; Kirmayer, 2015).

### **Discussion**

We propose an ecosocial systemic approach to the integration of neuroscience in psychiatry to promote social-contextual and systemic thinking for more clinically useful formulation in person-centered care.

### **Learning Objectives**

1. Understand the role and value of an ecosocial systemic approach for integration of neuroscience in psychiatry
2. Review the concepts and mechanisms relevant to an ecosocial systemic approach

### **References**

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## Using the Cultural Formulation Interview (CFI) in Multicultural Patient-Provider Encounters in Danish Mental Healthcare

**Abstract ID: 94**

**Presenting author: Laura Glahder Lindberg, Mental Health Center Ballerup, Copenhagen University Hospital – Mental Health Services CPH, Copenhagen, Denmark**

### **Background**

The patient-provider encounter is the cornerstone of a successful care trajectory. Cultural differences in the encounter should be explored to improve diagnostic accuracy and to establish trust, alliance and a common therapeutic project (Chu et al., 2016; Lewis-Fernández et al., 2014)

### **Aims**

To explore the use of the CFI as a possible approach to improve multicultural encounters in Danish mental healthcare.

### **Methods**

Qualitative data were generated at five public healthcare services in Denmark. Data consisted of 20 recorded CFI sessions, 16 migrant patient interviews, and 17 provider interviews.

### **Results**

Providers generally reported that the CFI led to a profound and contextually situated understanding of the patient. Yet, nine providers had felt discomfort and notions of distance and ‘othering’, when the CFI compelled them to introduce the explanatory framework of culture in an assessment encounter. Migrant patients described instances of ‘misrecognition’ (Honneth, 2001) in previous healthcare encounters, which had restrained their self-esteem and inhibited engagement in the shared decision-making process of the CFI. Yet, in debriefing interviews, patients recounted how the CFI-facilitated provider curiosity and patient recognition was vital for their subsequent feelings of dignity, hope and engagement.

### **Discussion**

In Denmark, the CFI should be introduced with thorough training and supervision, due to the lack of acquaintance with cultural competences and negative political rhetoric on multiculturalism. I suggest that the recognising CFI approach is particularly justified in mental health encounters with migrants or other misrecognised groups, and in assessment encounters where access to care is negotiated.

### **Learning Objectives**

1. Describe benefits and pitfalls of implementing the CFI in a country and context that is new to the concept of cultural consultation
2. Discuss differences between patient and provider perceptions of the CFI

### **References**

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## **It's not (just) about language: migration and mental health care in South Africa**

**Abstract ID: 96**

**Presenting author: Leslie Swartz, Dept of Psychology Stellenbosch University**

### **Background**

Before 1994, with only English and Afrikaans as official languages in South Africa, most mental health care professionals, besides mental health nurses, could not converse in any other local languages, there were no formal interpreting services. Since introducing democracy in 1994, SA has 11 official languages; also, SA Sign Language is recognised. Nevertheless, many clinicians remain unable to speak local community languages, and interpreting services remain scant. Additionally, a huge influx of migrants and refugees from other African countries raises questions of providing mental health care to first-language speakers of a range of South African and other African languages.

### **Aims**

We aim to disclose reasons why in a democratic country, citizens who are not migrants are unable to access mental health care in their own language; the implications of this reality for mental health care provision to (a) South Africans who migrate from rural to urban areas (whose fluency in the dominant health care language(s) is often compromised), and (b) migrants who face mental health challenges (e.g., where language differences trigger prejudice).

### **Methods**

Recorded and transcribed semi-structured interviews with mental health policy experts, service providers, and service users. Analysis and interpretation of data against existing literature on multilingual health care provision (Kilian et al 2021, Swartz et al. 2014, Flores 2005), particularly in vulnerable minority communities in a fragile state health care setting.

### **Results**

A key finding is that language concerns persist, yet are to an extent secondary to the lack of adequate primary mental health care services in an overburdened health system.

### **Discussion**

The historical situation regarding lack of access to linguistically-appropriate mental health services continues. We discuss questions of language and access in the broader context of health workforce provisioning (Anthonissen 2010, Penn et al 2018) to improve mental health services for both South Africans and for migrants to the country.

## Learning Objectives

Language(s) in health care provision in under-resourced multilingual, multicultural communities. Lacking physical resources trump social and linguistic needs in mental health care provision.

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## Cultural adaptation of the Thinking Healthy Programme for perinatal depression in Two Countries of Central African Region

**Abstract ID: 100**

**Presenting author: Elisabetta Dozio, Action contre la Faim**

### Background

In humanitarian contexts, people live in conditions of adversity. In particular, women during the perinatal period may be particularly vulnerable, at increased risk of depression and therefore not in optimal conditions to care for themselves and their babies.

### Aims

The aim of the project was to strengthen childcare practices and parenting skills by reducing the risk of perinatal depression. This is to ensure that mothers are optimally disposed towards their babies, despite the distress caused by the hostile environment.

### Methods

In Action contre la Faim's psychosocial support projects, we have adapted the WHO Thinking Healthy protocol, taking into account the cultural dimension and the specific characteristics of the intervention areas. We proposed three sessions of the WHO manual, adapting the tools and we added two sessions with a projective approach (protolanguage) so that the women could express themselves more easily, around their problems.

### Results

During the year 2021, the Thinking Healthy protocol was used and adapted in two Central African contexts addressing the psychosocial needs of women in the perinatal period. 1009 women in DRC and 329 in Central Africa were able to participate in this type of project.

### Discussion

The use of the culturally adapted Thinking Healthy protocol allowed women to reduce psychological distress, in

particular depressive symptoms, as well as improve mother-baby interactions. Details of the quantitative and qualitative results will be presented, as well as the content of the cultural adaptations of the tools used.

### **Learning Objectives**

To show how to culturally adapt one of the WHO's psychological care protocols, designed for low and middle income countries. To raise awareness about maternal mental health in specific Central African contexts.

### **References**

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### **Co-authors:**

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## **Comprehensive analysis of the Norwegian CFI efficacy study in different clinical contexts: critical reflections for moving towards implementation**

**Abstract ID: 108**

**Presenting author: Valerie DeMarinis, Umeå University (Medical Faculty), Sweden; Innlandet Hospital Trust, Norway**

### **Background**

This comprehensive analysis examines data from the evaluation and efficacy study of the Cultural Formulation Interview (CFI) (American Psychiatric Association, 2013) in four Norwegian clinical populations.

### **Aims**

This multi-perspectival analysis compares and contrasts patient-, team-, and organizational components of the larger study data, primarily with ethnic Norwegian patients, in somatic and psychiatric clinical contexts: rehabilitation, dementia, substance use, and youth psychiatry.

### **Methods**

The same protocol and methodology for evaluation and efficacy testing were used in each context. The testing process included sets of data collected from: patients, trained staff who administered the CFI core module (Aggarwal et al., 2015), other clinical team members involved in treatment planning, as well as clinic leaders. Data were collected through: individual interviews with patients and with the trained staff at different time points, and focus group interviews with other treatment staff members and clinic leaders. Other measures and relevant information in patient journals were also included. In each clinical context the study's timeline followed

the administration of the CFI and the initial response and use of CFI information for diagnostic and treatment information and continued throughout the treatment process. Coordinated deductive and inductive data analysis methods were used for the comprehensive analysis.

### Results

Initial common findings from the four contexts point to three considerations as clinical implementation of the CFI is being planned: 1. the CFI itself functions as an Intervention that both sets a process in motion and creates expectations for the patient; 2. access to important information from the CFI and planned discussion of this information for all clinical staff members is essential to efficacious use; and, 3. the CFI contributes to organizational operationalization of person-centered care.

### Discussion

The results are discussed in light of previous research on barriers to CFI implementation (Aggarwal et al., 2013) and identified areas of needed research (Lewis-Fernández, 2020).

### Learning Objectives

1. Understanding the CFI as a Person-centered Intervention
2. Understanding the clinical team's function in using CFI information in treatment planning
3. Exploring use of CFI in majority-population clinical contexts

### References

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## Psychotherapy for Latin Americans.

**Abstract ID: 109**

**Presenting author: Sergio J. Villaseñor-Bayardo, Universidad de Guadalajara, WACP Past-President**

### Background

Latin America (LA) is a region of the world that shares a number of common historical features and two Latin origins languages, Spanish and Portuguese The displacement of Latin Americans around the world represents a demographic phenomenon of high proportions, with a background that goes back over a century in history. In general, the displaced persons of this region of the world usually have a lower socioeconomic and educational status, and meet with significant challenges of adaptation and cultural integration into the hosting country. There migrants experience a range of different problems, of with we will focus on those related to mental health.

The WACP has presented an extensive document entitled “Global Challenges and Cultural Psychiatry: natural disasters, conflicts insecurity, migration and spirituality”

### **Aims**

To understand Latin American cultures and adapt psychotherapeutic model to their population

### **Methods**

Villaseñor et al. have designed a manual to be able to work on the subject of mental health with indigenous migrants. This is a study of great anthropological depth, which examines the beliefs, responsibilities, roles, and knowledge of the physicians, psychiatrists, psychologists, and healers, as well as the worldview of the indigenous groups, an understanding of which is vital for determining which therapeutic approach is appropriate. The authors suggest some basic elements of the proposal for intervention.

### **Results**

The experiences resulting from the use of a culturally sensitive approach in the promotion and recovery of mental health are varied and of remarkable wealth.

### **Discussion**

Among its peculiarities, a psychotherapist should bear in mind some common characteristics that I will describe in detail during the conference. An example is that the family is generally extended, is not confined to the nucleus of parents and children, and plays a very important role in decision-making, especially in the most critical moments of life, such as illness, death, and social adversities.

### **Learning Objectives**

Comprehend that the worldview of the indigenous cultures of Latin America still survives in different ways and customs, it cannot be ignored by the psychotherapist because it permeates various activities that include illness and death. Understand that the migrant Latin American family usually maintains solid ties with the family that stays in the country of origin. The suffering and adaptation of the migrant cannot be understood without asking about the relatives and friends who have stayed.

### **References**

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## **Influence of cultural factors on the prognosis of schizophrenia in developing countries**

**Abstract ID: 110**

**Presenting author: Mariangela Coviello, IMT**

### **Background**

Devereaux hypothesized in 1956 that western culture plays a pivotal role in the transition from acute to chronic form of psychosis. Accordingly, WHO-collaborative studies (IPSS, DOSMeD and ISoS) carried out between the 60's and the 90's demonstrated that western countries have worst outcomes for psychosis compared to developing countries. Subsequently both Devereaux theory and WHO collaborative studies were contested. Finally, scientific community interest in this topic declined, leaving fundamental issue unanswered.

### **Aims**

To re-evaluate Devereaux theory and WHO collaborative studies with present day evidence-based literature.

### **Methods**

We reviewed PubMed database for epidemiological studies of schizophrenia using the following keywords: psychosis or schizophrenia, epidemiology or prevalence or incidence or outcome, low-income countries or middle-income countries or high-income countries or western or industrialized.

### **Results**

Better prognosis for schizophrenia in developing countries is substantially confirmed. Low and middle-income countries (LMIC) that undergone a rapid economic development such as China, with consequent changes in urbanization and lifestyle, show an increase of prevalence of schizophrenia in population.

### **Discussion**

The prognosis of psychosis is not a stable condition, its relative epidemiological data seems to be influenced by globalization changes in the social, cultural, and economic fields. Devereaux was probably right in considering chronic schizophrenia as the ethnic psychosis of the West and Kleinman was correct in suggesting that the better prognosis for schizophrenia could be worsening in developing countries as effect of globalization. After years of reduced interest in this topic, the debate on the prognosis of psychosis is still open above all with the aim of understanding how Western culture has been instrumental in the chronicization of psychosis.

### **Learning Objectives**

Understand how epidemiological data relating to psychosis seem to be influenced by changes in globalization in the social, cultural and economic fields.

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## **Supernatural illness explanations among undocumented refugees: Prevalence and association with treatment outcome.**

**Abstract ID: 113**

**Presenting author: Sabien Verhoeven, Psychologist**

### **Background**

Supernatural explanations of posttraumatic suffering may be associated with poor treatment process and outcome, although research in this area is scarce and results are rather inconsistent. This poses a challenge to mental health care of refugees, an increasing group of service users in Europe and elsewhere, of which a segment may attribute their symptoms to supernatural causes.

### **Aims**

The current study assessed the prevalence of supernatural illness explanations and their association with treatment outcome among a sample of (undocumented) refugees in the Netherlands.

### **Methods**

In a retrospective cohort design, data of 98 outpatients with a refugee background were collected through analysis of patients' records and interviews with their clinicians.

### **Results**

Thirty-one percent of participants had disclosed a supernatural illness explanation at some point during their treatment. Mixed repeated measures ANOVA indicated that reporting a supernatural explanation was not related to poorer treatment outcome. However, patients with a disclosed supernatural illness explanation received on average 27 more sessions than others, regardless of their higher levels of distress at baseline.

### **Discussion**

In conclusion, supernatural illness explanations seem to be highly prevalent among refugee populations with a multicultural background. This may have significant consequences in terms of treatment duration and cost-effectiveness.

### **Learning Objectives**

At the conclusion of this presentation attendants will understand: 1. That supernatural illness explanations occur frequently in intercultural mental health care settings; 2. Are related to extra treatment sessions, affecting cost-effectiveness of treatment; 3. In terms of practical implications, opening up a conversation about patients' explanatory model, and making it a standard component of treatment, will likely cause faster deepening of both treatment and the therapeutic relationship, leading to more effective treatment and higher quality of health care.

### **References**

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### **Co-authors:**

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## Rethinking about disability and spirituality

**Abstract ID: 116**

**Presenting author: Lieketseng Ned, Stellenbosch University**

**Winner of WACP2022 Travel Award Contest**

### **Background**

Spirituality has been recognised as a significant resource in coping with illness, debility and disability. Epidemiological evidence has similarly found statistical associations in many ways with health outcomes. This makes sense in part because people with disabilities often find themselves alienated, lonely and excluded in predominantly ableist societies - situations which trigger poor mental health amongst persons with disabilities.

### **Aims**

The aim is to discuss key issues emerging in discussions about disability and spirituality within the decoloniality school of thought.

### **Methods**

This presentation take the form of a rapid review.

### **Results**

There is a clearly set-out conceptual and definitional demarcations /binary in Western schools of thought and how this thought fails when having to interact with some African epistemes. African ways of healing (as a valid health system) are often judged using the western epistemic tools.

### **Discussion**

Ned, Kpobi and Ohajunwa (2021) argue elsewhere that, if the desire is to be socially responsible in resisting all forms of oppression and disadvantage, then there is a case to be made for the inclusion and integration of African notions of spirituality as a valid way of understanding experiences of disability and spirituality. It may be the case that integrating this resource (spirituality) into the disability practice may be useful for combating the above-mentioned vulnerabilities and disconnections. Health care providers need to facilitate important spiritual activities that help people with disabilities make meaning of their lives. This conception and practice, from an African perspective, needs to be at the center of disability inclusion and decolonising efforts within Africa.

### **Learning Objectives**

to engage about diverse ways of knowing and being in the world.

### **References**

Ned, L., Kpobi, L & Ohajunwa, C. (2021). Thinking about mental health and spirituality from the Indigenous knowledge systems frame of reference. *Disability Studies Quarterly*, 41(4).

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## Challenges of joint crisis plans with migrant patients and proxy caregivers

**Abstract ID: 117**

**Presenting author: Orest Weber, CHUV - Community Psychiatric service, Lausanne**

### **Background**

Joint crisis plans facilitate advance care planning between clinicians, patients and sometimes proxy caregivers to better prevent and manage psychiatric crises. They document early signs of the onset of crises, self-management strategies, and preferred treatment options (Ferrari et al., 2020). Studies in somatic settings suggest that they may be more difficult to use with migrant populations (Portanova et al., 2017).

### **Aims**

To investigate clinician and interpreter perspectives on the use of joint crisis plans with migrant patients and their proxy caregivers

### **Methods**

Four focus groups with clinicians and interpreters in French speaking Switzerland; thematic analysis by an interdisciplinary research team including an interpreter and a peer practitioner.

### **Results**

Cultural differences in mental health etiologies and in ideas about effective care between health professionals and some groups of migrant patients complicate the use of joint crisis plans. Quite some migrants are unfamiliar with Western psychiatry, see their suffering as unrelated to mental health and have major trust issues. Patients' fears of undesirable interferences between joint crisis plans and administrative procedures for residence or refugee permits can jeopardize the process. Their levels of proficiency in French play a complex role. Interpreters perceive crisis plans with patients with intermediary French proficiency as difficult. In this case, clinicians tend to introduce a new interpreter specifically for the elaboration of the crisis plan. In comparison, it is easier to establish crisis plans with low French proficiency patients who are already used to consulting with an interpreter. Interpreters play a central role by providing cultural knowledge and by fostering patients' trust. Joint-crisis-plans in the migrants' first languages would be helpful.

### **Discussion**

Social precariousness, availability of linguistic resources –oral and written–, and cultural representations of illness and health are factors complicating joint crisis plans procedures with some groups of migrant patients.

### **Learning Objectives**

Clinicians will learn useful element about: - challenges in the use of joint crisis plans and other forms of advance care planning in mental health with migrants - strategies helping to face these challenges such as delivering culturally sensitive explanations fostering trust, informing interpreters about the goals and practical modalities of joint crisis plans (Weber et al., 2022), and using blanks in the patients' languages.

### **References**

Ferrari, P., Roman, A., Chinet M et al. (2020). Faire vivre le plan de crise conjoint. *Santé mentale*, 245, 52-57.  
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## The DSM Review Process and Cultural Psychiatry: The Politics of the Possible

**Abstract ID: 118**

**Presenting author: Roberto Lewis-Fernández, Columbia University, NYS Psychiatric Institute**

### Background

This talk will present an overview of the Diagnostic and Statistical Manual (DSM) review process, including DSM-5-TR (the recently published Text Revision) and DSM-5.1 (the ongoing real-time review of any aspect of the Manual).

### Aims

The opportunities and constraints of working within this institutional process will be discussed, focusing on specific examples.

### Methods

Personal reflection on the review process. The presenter is the chair of the Internalizing Disorder Review Committee of DSM-5.1 (that includes depressive, anxiety, and other disorders) and was the chair of two DSM-5-TR review committees, on culture-related diagnostic issues and on ethnoracial equity and inclusion.

### Results

The process of review that resulted in the inclusion in DSM of a new category of Prolonged Grief Disorder illustrates how the dangers of over-medicalization are considered by Manual developers. The drafting of text for specific components of the disorder chapters reveals the challenges of condensing complex information on cultural variation, prevalence and distribution, and social determinants of mental health into statements that meet institutional traditions about DSM forms of writing and allowable topics for inclusion in a diagnostic manual. The example of the Cultural Formulation chapter (both Outline and Interview) suggests ways that the DSM system can be used to promote greater attention to cultural and contextual thinking in clinical evaluation and treatment planning at the cost of potential over-simplification.

### Discussion

The presentation will illustrate a processual perspective on a constraining institutional effort that nevertheless presents substantial potential gain (Lewis-Fernández & Aggarwal, 2013).

### Learning Objectives

1. Discuss the process of incorporating culture-relevant information in the Diagnostic and Statistical Manual, focusing on the balance of opportunities and challenges. 2. Clarify this process based on various types of DSM inclusions: new diagnostic categories, narrative descriptions of disorders, and the chapter on cultural formulation.

## References

Lewis-Fernández, R., Aggarwal, N.K. (2013). Culture and psychiatric diagnosis. *Advances in Psychosomatic Medicine* 33:15-30. DOI: 10.1159/000348725

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## Integration of qualified interpreters into outpatient mental health care services: Evaluation of a model project

**Abstract ID: 119**

**Presenting author: Mike Mösko, University Medical Center Hamburg-Eppendorf**

### Background

One way to overcome language barriers (Njeru et al., 2016; Bauer et al., 2010) in mental health care services is to integrate qualified interpreters. Due to missing political and legal support, unclear financing, cultural barriers on behalf of the mental health professionals (MHP) and diverse qualification backgrounds on behalf of the interpreters they are hardly integrated into health care services (Mösko, 2021). A Model project is trying to overcome these barriers outpatient mental health care services.

### Aims

The study aims to evaluate the integration of qualified interpreters into outpatient mental health care services.

### Methods

The model project consists of free of charge interpreters and operation for MHPs for the state of Hamburg with a fixed total funding; regular training and supervision. A mixed methods approach was used to evaluate the project. Before implementation a baseline-study was being conducted with all MHPs working in outpatient services in the city state of Hamburg (N=1.690). The process quality was assessed by 14 semi-structured qualitative interviews of interpreters and MHPs in addition to the analysis of basic documentation.

### Results

Two third of all professionals (67%) replied to the survey. 8% off all patients in outpatient mental health care services do not speak German sufficient for adequate diagnosis or treatment. If the funding of community interpreters was well regulated 56% of the professionals would integrate them more into work. After the model project was implemented the number of MHPs that participated slowly increased from 15 to 51, 3% of all outpatient MHPs in the state. In regard to working in the triad several influencing factors were identified (e.g. social dynamics in the triad, structural and model project-specific issues).

### Discussion

Despite a high willingness of the MPHs to work with qualified community interpreters, the vast majority of the professionals does not participate in this free of charge interpreter service.

### Learning Objectives

Integration of qualified interpreter is not just a question of money, but also of empowering MHPs to work in a triad and with patients in the asylum process as well as an adequate compensation for the more complex treatment process.

## References

Njeru JW, DeJesus RS, Sauver JSt, Rutten LJ, Jacobson DJ, Wilson P, et al. (2016). Utilization of a mental health collaborative care model among patients who require interpreter services. *International Journal of Mental Health Systems*, vol. 10, p. 15. Bauer, A.M., C.N. Chen, and M. Alegria, English language proficiency and mental health service use among Latino and Asian Americans with mental disorders. *Med Care*, 2010. 48(12): p. 1097-104. Mösko M (2021). Mehrsprachigkeit in der Gesundheitsversorgung. In Spallek J & Zeeb H (Hrsg.). *Handbuch Migration und Gesundheit*, 231- 241. Hogrefe Verlag, Bern.

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## Domestic violence: identifying it, specifying its mechanisms

**Abstract ID: 120**

**Presenting author: Malika SL BENNABI BENSEKHAR, Université de Picardie Jules Verne**

### Background

Practice of psychology in a network that brings together schools and childhood protection services often confronts us with situations of domestic violence.

### Aims

When cultural factors accentuate the level of inequality in the relationship between men and women, and when moreover a situation of exile disrupts relationships within the family, and disturbs the homeostasis of conjugality, for a psychologist, or psychiatrist, it is difficult to determine the presence of violence in the couple, or in the rest of the family. The work of the clinician, different from that of the social worker, is all the more difficult in that he is required to act in compliance with the law and ethics, while taking care not to introduce into the treatment load of elements that can reinforce the stigmatization of individuals and affiliations.

### Methods

Analysis of clinical cases, analysis of institutional practices (protection of childhood and women victims of domestic violence)

### Results

Lack of knowledge of changes in the family that affect countries of origin, ignorance of intercultural problems produce errors in understanding situations of domestic violence, and consequently errors in the orientation of care in social work

### Discussion

However, it is a question of acting within the framework of ethics, with a complementary vision, to bring to light what is fundamental violence, or psychological toxicity. This is what will be discussed here, based on the care of families and couples from the Maghreb living in France.

### Learning Objectives

Better understanding of dysfunctional family dynamics in transcultural clinical psychology

## References

- El Jilali, M., Bennabi-Bensekhar M. (2021). Description d'un syndrome dépressif chez un immigré marocain, primo-arrivant. *Dépression et culture. L'information psychiatrique*, 7 ( 97), 615 à 622.
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  - Bennabi Bensekhar, M (2019). La part des représentations religieuses dans l'espace clinique. *Nouvelle Revue de Psychosociologie, Le religieux dans les pratiques sociales*, 26, 75-86.
  - Bennabi Bensekhar, M., Moro, M.R. (2018). Pratiques de soins psychiques et diversité culturelle, *Perspectives Psy* 2018/4 (Vol. 57), 316 -321.
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## Religious and spiritual beliefs in epilepsy: Insights from a qualitative study in Cape Town, South Africa.

**Abstract ID: 123**

**Presenting author: MPOE JOHANNAH KEIKELAME, University of Cape Town**

**Winner of WACP2022 Travel Award Contest**

### Background

Despite that religious and spiritual beliefs about epilepsy and how they affect the understanding of its cause, treatment, and care are well documented (Keikelame & Swartz, 2016 ), studies reporting on participants experiences on these aspects is scant. This presentation uses case studies from a doctoral research project on epilepsy that was conducted among Xhosa-speaking adults who have epilepsy and their carers in Cape Town, South Africa to share insights on participants experiences of using spirituality to enhance their well-being and researchers' ethical dilemmas posed by these cultural aspects during fieldwork (Keikelame, 2018).

### Aims

The study aim was to explore the perspectives and subjective experiences of adult patients who have epilepsy and their carers about the illness (epilepsy).

### Methods

The study used a qualitative research design and Kleinman's (1980) explanatory framework to guide the inquiry (Kleinman & Benson, 2006). Participants were selected via purposive and snowball sampling and data was collected through individual face to face interviews and focus group discussions using semi-structured interview guides. A thematic analysis of qualitative data was done.

### Results

Results show that people with epilepsy and their families use spirituality as a source of hope and trust in God for healing and as a strategy for coping and for receiving supportive care. From homebased carers and fieldwork experience, findings showed practice and methodological challenges to deal with religious and faith spiritual beliefs.

### Discussion

Conclusion: Promoting cultural literacy, addressing ethical challenges posed by religious beliefs and collaborative healthcare is needed (Keikelame & Swartz; 2015; 2016; 2018).).

### Learning Objectives

1. To engage participants attending this presentation in interactive reflective discussions on the presentation topic to learn from each other on how these cultural aspects can be enhanced to promote mental

health and how ethical dilemmas can be addressed.2. To gain insights from attendees that may guide identification of areas for further research.

## References

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## Cultural Consultation Service in Bologna. A qualitative analysis of CSS into the Italian context of care.

**Abstract ID: 124**

**Presenting author: Leonardo Mammana, Department of Biomedical and Neuromotor Sciences, Alma Mater Studiorum University of Bologna, Center for International and Intercultural Health, Alma Mater Studiorum University of Bologna**

### Background

Due to migration patterns, historical and social factors, the practices and intake models of a cultural consultation service (CSS) have to meet different needs. Bologna CSS started its activities between 2015 and 2018 at the Hospital Villa ai Colli as inpatient/outpatient psychiatric service and since 2019 at the International Protection Service of the municipality of Bologna (ASP città di Bologna).

### Aims

Our aim is to describe Bologna CSS and compare it with other CSS experiences in order to find possible differences in practices related to the specific context of care.

### Methods

A qualitative analysis was conducted following Jarvis's framework (Jarvis GE,2020), focusing on four items: place and history of the services, historical and socio-demographic aspects, classification of needs and identity, intake models. Participant observation was used to data about the CSS of Bologna.

### Results

In recent years Italy has been experiencing an important pressure of migration due the European refugee crisis. Consequently, Bologna's CSS is mainly oriented to mental health care of refugees and asylum seekers.

### Discussion

Following the local needs in terms of medical and social care, the CSS of Bologna moved from a model of consultation service to a psychiatric service. This evolution makes the activities provided by the CCS of Bologna closer to those granted by a community-based facility rather than a typical CSS. Due to its collaboration with the Department of Mental Health and the University of Bologna, the CCS still operates as a liaison service in terms of transfer knowledge and network improvement.

### Learning Objectives

This paper will enhance the debate on cultural competence in health care and on clinical strategies of care in intercultural milieu.

### References

Jarvis GE, Larchanché S, Bennegadi R (2020) Cultural Consultation in Context: A Comparison of the Framing of Identity During Intake at Services in Montreal, London, and Paris. *Cult Med Psychiatry*. 2020 Sep;44(3):433-455. doi: 10.1007/s11013-019-09666-1. PMID: 31965486.

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## Therapeutic Alliance in Interpreter-Mediated Psychotherapy: Results of Qualitative Interviews with Refugee Patients

**Abstract ID: 131**

**Presenting author: Saskia Hanft-Robert, University Medical Center Hamburg-Eppendorf**

### Background

In mental health care for refugees with limited language proficiency, the use of interpreters is often necessary to overcome the language barrier and provide adequate care. Across all therapeutic approaches, a good therapeutic alliance is considered one of the most important factors of an effective psychotherapy (Hougaard, 1994). It is also a crucial element in interpreter-mediated psychotherapy. However, the therapeutic alliance in a triadic setting seems to be much more complex and multifaceted than in a dyadic one (Gryesten, Brodersen, Lindberg, Carlsson, & Poulsen, 2021).

### Aims

This study aimed to identify factors that influence the development and maintenance of a trusting therapeutic alliance in interpreter-mediated psychotherapy from the perspective of refugee patients with a mental disorder.

### Methods

Semi-structured interpreter-mediated interviews with 10 refugee patients who received interpreter-mediated psychotherapy were conducted. They were asked about factors influencing the development and maintenance of a trusting therapeutic alliance in interpreter-mediated psychotherapy. The interviews were audio recorded, transcribed verbatim, and analyzed using a structuring content analysis approach (Kuckartz, 2014).

### Results

A total of 11 factors were identified which could be assigned to the interpreter (e.g. lack of professionalism as

an obstructive factor or continuous presence as a helpful factor), the therapist (e.g. creating a clear division of roles and sensitivity to patient-interpreter compatibility as helpful factors) or the patient (e.g. patient's life story, or lack of knowledge about the western concept of psychotherapy as obstructive factors). The role of the interpreter in building a trusting therapeutic alliance became particularly clear.

### **Discussion**

Consideration of the factors that, from the patients' perspective, are needed for the establishment of a trusting therapeutic alliance within an interpreter-mediated psychotherapy, as well as the recommendations for action derived from this for psychotherapists and interpreters can lead to an improvement in the interpreter-mediated psychotherapy of refugees.

### **Learning Objectives**

A good and trusting therapeutic alliance is highly important in an interpreter-mediated psychotherapy with refugee patients. The interpreter is an integral part of the therapeutic process and plays an essential role in building a trusting therapeutic alliance. Interpreters should receive extra training for working in such a sensitive setting like psychotherapy with refugee patients. Moreover, therapists need to be trained in working collaboratively with interpreters.

### **References**

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## **Reservations about the use of interpreters in multilingual therapeutic and medical communication: reflections on language and trust**

**Abstract ID: 132**

**Presenting author: Kristin Bührig, Universität Hamburg**

### **Background**

In Germany, it is not a matter of course for medical and therapeutic staff to request interpreters, even if language barriers make the use of interpreters necessary (cf. e.g. the contribution in Pöllabauer & Kadric 2021). On the one hand, organisational problems still stand in the way of the use of interpreters, on the other hand, the use of interpreters seems to cause discomfort among doctors and therapists. This discomfort will be investigated.

### **Aims**

What are the reasons that prevent the use of interpreters in medical and therapeutic communication? What expectations and fears prevent the use of interpreters or fuel mistrust against interpreted communication? These questions will be addressed by means of narrative interviews with professionals in the medical and therapeutic professions, in order to clarify the extent to which targeted clarification could dispel concerns

### **Methods**

About one hundred recorded and transcribed clinical encounters and narrative interviews with medical and

therapeutic staff members (see e.g. Bührig et alii 2012, 2021b) will be explored within qualitative analyses (i.e. 'functional-pragmatic discourse analyses' c.f. e.g. Bührig & ten Thije 2022) and against existing literature on interpreted communication and interpreter roles (see e.g. Angelelli 2019).

### **Results**

A key finding is that the interpreters' role and their view of their profession is not clear to medical and therapeutic staff. This ambiguity is related to the perception of language and the weight given to language in therapy.

### **Discussion**

The results of the study make clear that the usage of interpreters in therapeutic communication demands a process of reflection on behalf of the therapists and the interpreters too. Whereas interpreters' training programs include such a reflection process a specific preparation for therapists is still missing. Starting points for such a preparation will be introduced within the presentation.

### **Learning Objectives**

Understanding the importance of a preliminary interview and one's own special preparation for the use of interpreting persons in therapeutic communication.

### **References**

Angelelli, C. (2019) Healthcare interpreting explained. London, New York: Routledge  
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## **Wish to hasten death in Mexican palliative cancer patients: a phenomenological study**

**Abstract ID: 135**

**Presenting author: María Dolores Ruelas Rangel, Universidad Nacional Autónoma de México, Hospital Psiquiátrico Fray Bernardino Álvarez**

**Winner of WACP2022 Travel Award Contest**

### **Background**

The wish to hasten death (WHD) is a complex phenomenon, a response to the considerable suffering which accompanies life-threatening diagnosis and for which the patient cannot see another way out but to accelerate death (Breitbart, 2000). WHD represents a novel construct which has not been fully explored amidst Mexican culture, even though conceptions surrounding death are deeply interwoven with their history (Rodríguez-Prat, 2017).

### **Aims**

This study aimed to explore the WHD among Mexican patients with advanced cancer treated at a palliative care service.

### **Methods**

We performed a phenomenological interpretative study in 2019 at the Instituto Nacional de Cancerología in Mexico. Semi structured interviews were conducted and analyzed following the categorical content technique and coded, through systematic identification of central concepts (Díaz Herrera, 2018).

### **Results**

Nine participants were included in this study, at the time of evaluation, 56% of patients were undergoing chemotherapy and palliative care, while 44% were receiving palliative care alone. We identified 4 main themes which answered to the experience pertaining WHD: 1) The illness, 2) emotional suffering, 3) attitude towards death and 4) the wish to live.

### **Discussion**

Mexican patients show a complex relationship towards death in the course of disease progression. It was in the context of sustained physical, emotional, existential suffering and functionality loss, that patients diagnosed with advanced cancer experienced death as their only way out, and the WHD appeared. Conversely, two conditions are perceived as limiting the WHD: family bonds and spirituality. In terms of psychiatric practice and our approach towards patients with advanced cancer, it is necessary to discuss thoughts related to death and dying, and to assess the WHD differently to suicidal thoughts among the general population. In the future, the effect of WHD on suicide risk should be explored.

### **Learning Objectives**

To learn about the WHD construct in the context of Mexican culture.

### **References**

Breitbart, W., Rosenfeld, B., Pessin, H., Kaim, M., Funesti-Esch, J., Galietta, M., Nelson, C. J., & Brescia, R. (2000). Depression, hopelessness, and desire for hastened death in terminally ill patients with cancer. *JAMA*, 284(22), 2907–2911. Díaz Herrera, C. (2018). Investigación cualitativa y análisis de contenido temático. *Orientación intelectual de revista Universum. Revista General de Información y Documentación*, 28(1), 119–142. <https://doi.org/10.5209/RGID.60813> Rodríguez-Prat, A., Balaguer, A., Booth, A., & Monforte-Royo, C. (2017). Understanding patients' experiences of the wish to hasten death: An updated and expanded systematic review and meta-ethnography. *BMJ Open*, 7(9), e016659.

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## "STREET LINK. Health and wellbeing for everyone": a whole-life approach to the mental health of asylum seekers and refugees in Trieste, Italy

**Abstract ID: 136**

**Presenting author: Tommaso Bonavigo, Azienda Sanitaria Universitaria Giuliana Isontina**

### **Background**

The Mental Health Department of Trieste is composed by a network of community services applying a human rights-based approach to care, a strong emphasis on de-institutionalization, and a specific focus on social determinants of health and integration with primary care and social services. In the last decade, Trieste became a gateway to Europe for migrants on the Balkan route due to its geographical location. Asylum seekers and refugees, who are particularly vulnerable to social exclusion, marginalization, and mental disorders and addiction problems, frequently face barriers and limitations in having access to social and health services.

### **Aims**

To strengthen in Trieste an innovative integrated whole-life approach to support this population in having access to healthcare, housing and social support.

### **Methods**

The 24 months "STREET LINK. Health and wellbeing for everyone" project funded by the Italian Interior Ministry with the European Union's Asylum, Migration and Integration Fund (AMIF) has been realized in Trieste in 2020-2022 through a partnership collaboration of the Mental Health Department, the Social Service of the municipality, and "Duemilauno" Social Cooperative.

### **Results**

The project consists of: 1. Training of the designated staff on migration-linked issues (i.e., legislation, intercultural approach, early recognition of distress). 2. Creation of a multiprofessional proximity team for reaching out migrants, first assessment, building trusting relationship, and navigate them in the network of services. 3. Flexible and personalized housing placement and/or social support, planned through an integrated, multiprofessional evaluation process and managed by the social cooperative.

### **Discussion**

A global description of the project is discussed together with the preliminary results.

### **Learning Objectives**

To disseminate an innovative project for of asylums seekers and refugees that adopt a multidimensional approach to mental health focusing on the social determinants of health. To disseminate a model on integrated alliance between public services and social enterprises for migrants support.

### **References**

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3. Mezzina, R., Rosen, A., Amering, M., & Javed, A. (2019). The practice of freedom: Human rights and the global mental health agenda. In *Advances in psychiatry* (pp. 483-515). Springer, Cham.

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## Using implementation research to implement a Collaborative Care Model with primary care providers in rural Mexico

**Abstract ID: 138**

**Presenting author: Eva Studer, University of California San Francisco**

### Background

Mental disorders lead to 19% of all disability-adjusted life years (DALYs) in Mexico, and this burden is higher in rural communities (Pan American Health Organization, 2018). The Collaborative Care Model (CoCM) is a promising strategy for increasing access to mental healthcare in these resource-denied areas (Heinze et al., 2019).

### Aims

The panel review is an essential component of CoCM and requires primary care providers (PCPs) to present patients to a consultant psychiatrist. This process is challenging for PCPs, who may not have experience in collaborative decision-making. Little is known about the facilitators or barriers faced by PCPs in implementing this model (Rimal et al., 2021).

### Methods

We used the Capability Opportunity Motivation-Behavior (COM-B) implementation research framework to understand facilitators and barriers faced by PCPs in conducting panel reviews (Michie et al., 2011). Using a 4 point Likert Scale, we administered a pre-intervention survey among 5 PCPs in rural Mexico. We have begun monthly patient panel reviews with a psychiatrist. After 6 months of implementing panel reviews, we will perform a second survey to assess changes in the three COM-B areas. We will use McNemar's test to evaluate changes in scores. We will supplement this data with 1:1 interviews with 2 randomly chosen PCPs to understand the barriers and facilitators to CoCM implementation. Qualitative analysis will include thematic analysis across the COM-B categories.

### Results

After 6 months of patient panel reviews, we predict that PCPs will experience 50% improvement in the scores of surveys. We expect to gain insights from the qualitative interviews regarding the implementation of CoCM in rural Mexico.

### Discussion

PCPs face many barriers in delivering high-quality mental health care. By training and supporting PCPs, we can increase the likelihood of successful implementation of task-shared services. Insights from our work will help clinicians supporting PCPs to deliver mental health care in low-resource settings.

### Learning Objectives

- 1) Recognize the four members of the Collaborative Care Model (CoCM) team outlined by the University of Washington AIMS Center (University of Washington AIMS Center, 2021)
- 2) Name one barrier and one facilitator encountered by PCPs participating in the patient panel review in the Collaborative Care Model in rural Mexico
- 3) List two methods to overcome barriers in implementing the tasking sharing interventions, including CoCM

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## The Dark Side of Statistics. Hidden racism and bias towards culture, social class, and womanhood in psychological science

**Abstract ID: 140**

**Presenting author: Victor Kouratovsky, NIP**

### Background

The American Psychiatric Association has recognized its racist past (Warner, 2021; Geller, 2020; Galán et al., 2021; Ben-Cheikh et al., 2021) For psychiatry as a whole, and not just psychiatry in the USA, many problems connected to racism have been described for many years now (Bains, 2005; Bracken et al., 2021; Littlewood & Lipsedge, 2005). A comparable discussion is taking place on many levels for general medicine (Paton et al., 2020; Bajaj Singh et al., 2021; Ortega & Roby, 2021) How about psychology? In psychology also, racism has been addressed and acknowledged by a growing number of authors and publications as well as by the American Psychological Association (American Psychological Association, 2019, 2021) However, answering this question of hidden racism involves not only how psychological science has dealt with 'race' but also how it has dealt with culture, social class, and even women and ultimately individuality. and taking a closer look at statistics and history.

### Aims

uncovering bias in psychological science, the use of statistics and 'evidence based' methods and protocols

### Methods

qualitative, contextual, historical and hermeneutical analysis

### Results

Psychological science rests on methods and results from a subset of WEIRD populations leaving out the huge majority of people.

### Discussion

The scientific claims of psychology, to a certain extent followed by those of the DSM and psychiatry, have more and more come to rest upon the use of statistics. This created a dark side of knowledge about human diversity

that is still not fully acknowledged by research, clinical practice, and teaching and training, How to deal with this?

### Learning Objectives

getting to know about: \* basic roots of inequity in esp. Western societies \*important limitations in scientific knowledge because of presuppositions and used methods \* the subsequent bias installed in research, teaching and training, and clinical practice

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## Providing mental healthcare to refugees in Belgium: Status quo, challenges and objectives

**Abstract ID: 141**

**Presenting author: Claudio Scarvaglieri, Ghent University**

### Background

This contribution presents ongoing research on the provision of mental health services to refugees in Belgium. It is based on an investigation conducted in cooperation with Fedasil, the Belgian federal agency responsible for reception of asylum seekers. As an officially multilingual nation-state, in Belgium psychotherapy is usually provided in either Dutch or French (cf. Roels et al. 2017; De Wilde & van Hest 2020). Many immigrants in need of mental healthcare, however, are not fluent in one of these languages and therefore need care in other languages.

### Aims

Our investigation addresses questions related to organizational, cultural, psychological and linguistic aspects of providing mental healthcare to immigrants:- How do clients of Fedasil judge their psychological situation and the mental help they receive within the Belgium asylum system? How many refugees feel they need (additional) psychological care? Which difficulties do they encounter and which options can be identified to deal with these?-

How do cultural aspects affect communication in these settings? Are there for example certain topics that patients, interpreters or psychologists feel are difficult to broach because of cultural ‘taboos’?-

How do interpreters bridge linguistic differences in a context where each word can carry much

communicative weight? Which specific challenges do, for example, arise when metaphors need to be interpreted and how are they dealt with (cf. Wilson & Lindy 2013, Tay 2013)?

### **Methods**

We present first results of our ongoing research project, based on qualitative interviews and a survey conducted with clients and employees of Fedasil. Data analysis and processing follows a linguistic discourse analytic approach (Redder 2008, Tannen et al. 2015).

### **Results**

We report first results of our ongoing research project at the conference. These results will address the aspects mentioned above (aims).

### **Discussion**

Results will be discussed on the basis of existing linguistic and psychological literature on interpreter-mediated therapy.

### **Learning Objectives**

Listeners will learn about the current state of mental healthcare provisions to refugees in Belgium and about possibilities of developing and optimizing the situation.

### **References**

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## **The Acoustic Mask Revisited: Reflections on Bilingualism and Biculturalism in Psychiatry**

**Abstract ID: 143**

**Presenting author: Vincenzo Di Nicola, Université de Montréal, The George Washington University**

### **Background**

Every completely unknown language is a kind of acoustic mask: as soon as one learns it, it becomes a face, understandable and soon familiar. – Canetti, "Crowds and Power" (1962) The "acoustic mask" is a metaphor for cross-cultural encounters. This presentation explores the process of going from the strange to the familiar across languages and cultures and the impacts on clinicians' sense of identity and belonging and their professional comfort and competence with cultural and linguistic plurality.

### **Aims**

1. Are bilingualism and biculturalism (B&B) in the clinician advantages or hindrances? 2. Discuss clinicians as

models of cultural adaptation in the clinic: • How are cultural encounters and cultural integration imagined in psychiatry? (Di Nicola, 1997) • How does psychiatry think of culture change and cultural adaptation? (Carreon, 2015; Di Nicola, 1997; LaFramboise, et al., 1993; Rivera-Sinclair, 1997)

### Methods

We will examine B&B across several domains: • Impacts on clinicians' competence, identity, sense of belonging. • Training across cultures, developing comparative perspectives. • The need for language and cultural translation in the clinic.

### Results

Impacts of B&B include: Liminality • The development of a pluricentric, multicultural identity. Training across cultures • Encourages comparative perspectives, greater flexibility and openness to difference and innovation.

### Discussion

Implications of B&B psychiatrists: • Identity and belonging • Personal and professional integration • Training/working abroad, coming home Implications for a practical theory of translation: • Linguistic, cultural & therapeutic translation Conclusion: • B&B clinicians are like "third culture kids." • Their experiences prepare them for pluricentric, multicultural perspectives. • This is an advantage in multicultural societies but problematic when working in a monocultural or authoritarian context.

### Learning Objectives

After this presentation, the participant will be able to: 1. Define and distinguish bilingualism and biculturalism (B&B). 2. Appreciate different aspects of translation, including cultural translation vs therapeutic translation. 3. Identify both advantages (e.g., adopting a pluricentric perspective) and disadvantages (e.g., role strain and identity conflicts) of being B&B.

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## Experiences of racism and their impact on Jewish, Muslim and Black citizens of Rotterdam

**Abstract ID: 145**

**Presenting author: Huub Beijers, RADAR anti discrimination organization**

### Background

Rotterdam is a hyperdiverse city in which 577 racist incidents were registered in 2019. This is just 20 % of the actual experiences of racism as research shows (Andriessen et al., 2020). This under-reporting gained relevance

since the recent international surge of antiracism movements (e.g. BLM). Impact on a personal and a community-level has not been adequately documented and does not fuel the policies in public administration and in mental health care, to counter and to treat effects of racism.

### **Aims**

Members of the Jewish, Muslim and Black communities discussed their experiences with racism in 'bonding' and 'bridging' meetings along the lines of social capital theories (Putnam, 1994; Bourdieu, 1986). The accompanying research describes these experiences and their effects, the process of mutual exchange, the linking to local authorities, and evaluates the relevance of social capital theory.

### **Methods**

Qualitative analysis of the proceedings of 12 focus groups with 50 participants (3 per community and 3 mixed groups), focusing on experiences of racism and its impact. Description and evaluation of the process of bonding and bridging.

### **Results**

Experiences with representational violence (Galtung, 1990) and institutional racism, and incidents of direct aggression in the Black and Muslim communities, assessed following definitions of Baldwin (2017) and Scheper-Hughes & Bourgois, (2017). Resulting in violence of structural instability of existence (poverty, social exclusion, chronic stress, overburdening and illness), experienced as solvents of human integrity and dignity and rupture of local social worlds. Experiences as well as the impact of racism differed between groups. Lack of accessibility of (mental) health care services is identified as one of the sources of stress.

### **Discussion**

Relevance of Putnam's social capital theory is questioned also for mental health care, and should be reevaluated in the light of hyperdiversity and transnational practices (Arneil, 2006; Beijers & De Freitas, 2008).

### **Learning Objectives**

Enhance understanding experiences of racism and their impact on people's life and well-being. Inform about effective strategies to deal with these experiences, specifically in mental health care. Discuss social capital theory in the context of hyperdiversity.

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## The Cultural Formulation Interview as Psychodiagnostic Tool in Minorities

**Abstract ID: 146**

**Presenting author: Hans Rohlof, Transparant**

### **Background**

The Cultural Formulation Interview (CFI), as presented in the DSM-5 handbook, is originally made for every psychiatric patient. Yet, in practice, the use of the CFI in patients from ethnic minorities is more common. This is the result of the fact that, generally, minority patients show a greater cultural and social distance to their clinicians, if the latter belong to the majority in a country. Next to this, minority patients show larger burden by migration, acculturation and marginalization, and in some cases, also traumatization.

### **Aims**

We looked at the use of the CFI in minority patients, and the result of this for diagnostics and treatment.

### **Methods**

Several case vignettes show that using the CFI will show different difficulties in communication and treatment in minority patients.

### **Results**

Using the CFI, and parts of it, in minority patients improve the diagnostic phase and the treatment phase in psychiatric treatment of minority patients.

### **Discussion**

Further development of the CFI is necessary to improve the treatment of minority patients.

### **Learning Objectives**

After the lecture, you will: 1. Have a better view on the use of the CFI in minority patients 2. Know how you can improve the diagnostics and treatment of minority patients.

### **References**

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## The cultural hybridization of mothering in French prison nurseries: a qualitative study

**Abstract ID: 149**

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### Background

In France, women can be incarcerated during pregnancy and can keep their babies with them in prison up to the age of 18 months. The small number of nurseries in France and their unequal geographic distribution as well as the high percentage of foreign prisoners often result in women's isolation from their usual cultural environment. Family members and cultural community play a crucial role in the process of mothering.

### Aims

The aim of this study is to explore through these mothers' narratives how they experience the cultural aspects of this process in the prison environment.

### Methods

We conducted semi-structured interviews to collect the experience of 25 mothers and 5 pregnant women in 13 different prison nurseries in France and used interpretative phenomenological analysis to explore the data.

### Results

Four different themes emerged: prison: repression of cultural practices, prison: a culture of its own, loss of traditional culture, and cultural hybridization.

### Discussion

The specific environmental architecture and operating rules in prison nurseries may induce acute repression regarding cultural ways of mothering. Considering both cultural permeability specific to the peripartum period during which women tend to more easily embrace cultural aspects from their environment, and family distance which restrains cultural transmission, these mothers gather multiple factors of vulnerability for full prisonization, as a form of forced assimilation to prison culture. But a sort of specific hybrid prison culture around motherhood seems to emerge instead, in a process similar to creolization.

### Learning Objectives

The aim of this communication is to give insight on how cultural deprivation of these women inmates during their early motherhood constitute a factor of vulnerability. It can alter cultural transmission and result in specific cultural hybridization on ways of mothering.

### References

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Ogrizek, A., Lachal, J., and Moro, M. R. (2021). The Process of Becoming a

## Course of psychotic experiences and disorders among apprentice traditional health practitioners in KwaZulu-Natal, South Africa: 3-year follow-up study

**Abstract ID: 151**

**Presenting author: Martine van der Zeijst, Parnassia Psychiatric Institute, The Hague, The Netherlands**

### Background

Culture is inevitably linked with the experience, interpretation and course of what biomedicine understands as psychotic symptoms. Data from low- and middle-income countries is sparse. In two prior studies, we empirically and ethically examined unusual perceptual experiences and other mental disturbances among (apprentice) traditional health practitioners (THPs) in rural KwaZulu-Natal (KZN), South Africa. We found that (apprentice) THPs understood their disturbances as part of an ancestral calling to become a THP, while the western psychiatric system would understand these phenomena within the context of psychosis, ranging from subclinical psychotic experiences (PE) to clinical psychotic disorder. We also found that the process to become a THP (ukuthwasa) may beneficially influence the course of these symptoms. To our knowledge, no psychiatric research has been conducted to examine this course of psychotic phenomena among apprentice THPs.

### Aims

To assess the course of psychotic experiences, symptoms and disorders among apprentice THPs in rural KZN and to deepen our knowledge of ukuthwasa.

### Methods

A 3-year follow-up of a baseline sample of apprentice THPs (n=48). At follow-up, psychiatric assessments (CAPE, SCAN, WHODAS) and a structured qualitative questionnaire were completed in 42 individuals.

### Results

PE were associated with significantly less distress, the frequency of psychotic symptoms reduced and psychotic disorders decreased from 17% at baseline to 10% at follow-up. Eighty-six percent of the participants with a psychotic disorder at baseline had no psychiatric diagnosis at follow-up anymore. The overall level of disability is comparable to that of the general population. Furthermore, 98% of the participants said that ukuthwasa has a beneficial influence on their calling-related symptoms.

### Discussion

Within the context of rural KZN, ukuthwasa may be a culturally sanctioned healing intervention which positively moderates psychosis in some individuals, potentially because ukuthwasa reframes distressing experiences into positive experiences, reduces stigma, increases social support and leads to a new, constructive role in society.

### Learning Objectives

At the conclusion of this presentation attendees will be able to: 1. Describe the course of psychotic symptoms that accompany the ancestral calling in apprentice THPs in rural KZN; 2. Discuss the potential recovery-promoting effects of the process to become a THP (ukuthwasa); 3. Discuss the importance of an analysis of the sociocultural context in research on psychosis on the basis of an example from a LMIC.

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## Tactile and somatic hallucinations in a Muslim population of psychotic patients.

**Abstract ID: 154**

**Presenting author: Anastasia Lim, Parnassia Groep**

### Background

Tactile and somatic hallucinations are distressing phenomena that have hardly been researched. The few studies that have been published focus on their occurrence in neurodegenerative disorders and substance use, and, surprisingly, not on schizophrenia spectrum disorders.

### Aims

To fill this gap in our knowledge, we sought to explore the phenomenological characteristics of tactile and somatic hallucinations in a group of psychotic Muslim patients. Since many Muslims attribute such experiences to jinn (invisible spirits) and jinn are often perceived in multiple sensory modalities, we not only charted the involvement of the tactile and somatic modalities but also their interrelatedness with hallucinations in other sensory modalities.

### Methods

We performed a cross-sectional study using a semi-structured interview and dedicated questionnaire.

### Results

Of the 42 Muslim inpatients mostly diagnosed with a schizophrenia spectrum disorder, 62% reported to suffer from tactile and/or somatic hallucinations. Their phenomenological characteristics varied, with 96% being multimodal in nature and 38% taking the form of full-blown entity/jinn encounters. In comparison to other entity experiences, the involvement of the tactile and somatic modalities was exceptionally high, as was the level of ensuing distress.

## Discussion

We suggest that this high rate of tactile and somatic hallucinations among Muslim psychotic inpatients may be due to the strong belief many vouched to have in the existence of jinn, which may have shaped their hallucinatory experiences. Additionally or alternatively, the patients' long duration of illness may have allowed for tactile and somatic hallucinations to arise as in most cases of psychosis these tend to manifest at a rather late stage.

## Learning Objectives

At the conclusion of the presentation attendants will be able to 1. Recognise and to relate to attribution of psychotic symptoms to jinn in Muslim patients2. Describe phenomenology of (multimodal) hallucinations in Muslim patients with severe psychosis3. Recognise tactile and somatic hallucinations as specific full-blown entity experiences, especially when these are attributed to jinn encounters

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## Training Mentalizing in the Intercultural and Transcultural Dialogue: Learning to learn from what has been learned

**Abstract ID: 155**

**Presenting author: Jacques van Hoof, Radboud University The Netherlands**

### Background

As a psychiatrist I acquired experience at working with other cultures in two ways. I was involved in psychiatric educational programs in Cambodia (Van Hoof et al., 2020) and other LMICs for several years (Thomson et al., 2022). And in parallel I organized courses in mentalization for subjects with a migration background in the Netherlands. These activities convinced me that a more explicit application of mentalization can contribute to the inter- and transcultural dialogue.

### Aims

To stimulate the application of mentalizing training program in transcultural psychiatry.

### Methods

Bateson and Fonagy (2012) define mentalization as "the mental process by which an individual implicitly and explicitly interprets the actions of himself or herself and others as meaningful on the basis of intentional mental states such as personal desires, needs, feelings, beliefs, and reasons". Herewith in the cultural dialogue the healthcare provider is required to give explicit attention for those intentional mental states of the person from the other culture. Van Arckel c.s. (2020) emphasize the recognition and question the culture-specific values and emotions. On the other hand mentalizing raise the awareness of the persons own emotions and cognitions in this dialogue and of the impact of cultural differences for one's own behavior. This mentalizing attitude will

elaborate the depth and impact of the intercultural dialogue. And also it will create a more balanced approach of the research in this field (5). Within our institute we developed a mentalizing training program

### Results

We obtained very positive feedback from the participants of our training programs, both with the migrants in The Netherlands and the psychiatrists and residents abroad (1,2)

### Discussion

The pro's and con's of this mentalizing approach in transcultural dialogue will be discussed and examples of this type of communication will be given. Herewith we will cover the various levels of learning of mentalizing in this regard.

### Learning Objectives

To promote the awareness of the barriers in dealing with different cultures. And to provide tools to become more cultural sensitive

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## Validating a revised framework and assessment for clinical cultural formulation

**Abstract ID: 157**

**Presenting author: Vasudeo Paralikar, KEM Hospital, Pune, India, KEM Hospital Research Centre, Pune, India**

**Winner of WACP2022 Travel Award Contest**

### Background

The objective of a cultural assessment is to consider cultural aspects of clinical problems that contribute to effectiveness of patient-care. The Outline for Cultural Formulation (OCF) and the Cultural Formulation Interview (CFI) were introduced in DSM-IV-TR and DSM-5 respectively to promote cultural assessment in routine practice. CFI field studies evaluating feasibility, acceptability, and utility indicated lower stakeholder satisfaction for clinicians than patients and relatives. Qualitative analysis of data from the DSM-5 CFI field site in Pune, India, led to recommendation for revising OCF, which constituted an outline sociocultural formulation (SCF). We developed an assessment tool, Socio-Cultural Formulation Interview (SCFI), keyed to dimensions of the revised SCF structure. Topical domains of SCF include cultural identity of the patient; illness explanatory model; key

social relationships; and social, cultural, political and economic contexts. Like OCF, a concluding domain summarized and highlighted socio-cultural findings.

### **Aims**

To evaluate and compare use of SCFI and CFI for obtaining and working with clinical-cultural data based on the framework of SCFI, with reference to patient- and clinician-experience.

### **Methods**

Sixty patients will be interviewed and audio-recorded with CFI or SCFI (30 each), and a debriefing patient interview at two sites in Pune by qualified psychologists. Interviewing clinicians complete a rating form, and interview transcripts will be evaluated by external raters, who consider usefulness, quality, rapport and clinical implications of the data. Suitable quantitative and qualitative analyses will be undertaken.

### **Results**

Present and compare clinical experience with the CFI and SCFI based on analysis of raters' assessments.

### **Discussion**

Inclusion of a dimension addressing patients' experience of societal structural issues is expected to enhance the value of clinical assessment, and indicate how consideration of both cultural and societal-structural issues may be incorporated into routine clinical practice. The work is expected to bridge the gap between diagnostic, cultural and societal-structural aspects of clinical practice and research.

### **Learning Objectives**

1. Demonstrate the value of a socio-cultural formulation and of assessing domain-specific features of identity, illness explanatory models, social relations and structural contexts. 2. Indicate how the framework of socio-cultural formulation may be used for documentation and in professional clinical communications.

### **References**

1. Lewis-Fernández, R., Aggarwal, N. K., Lam, et al. (2017). Feasibility, acceptability and clinical utility of the Cultural Formulation Interview: Mixed-methods results from the DSM-5 international field trial. *The British Journal of Psychiatry*, 210(4), 290–297. <https://doi.org/10.1192/bjp.bp.116.193862> 2. Paralikar, V. P., Deshmukh, A., & Weiss, M. G. (2019). Qualitative Analysis of Cultural Formulation Interview: Findings and Implications for Revising the Outline for Cultural Formulation. *Transcultural Psychiatry*, <https://doi.org/10.1177/1363461518822407> 3. Paralikar, V. P., Sarmukaddam, S. B., Patil, K. V., et al. (2015). Clinical value of the cultural formulation interview in Pune, India. *Indian Journal of Psychiatry*, 57(1), 59–67. <https://doi.org/10.4103/0019-5545.148524>

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## culturally sensitive practices in Rotterdam mental health care

**Abstract ID: 158**

**Presenting author: Teuntje Vosters, Radar**

### **Background**

Within mental health care treatment of people with a migration background appears to be less effective than for similar non-migrant patients (GGZ Standards, 2020). In addition, they are less likely to find their way to suitable help and/or care, and they are more likely to have to deal with language and cultural barriers. In addition, there is unfamiliarity among both clients and professionals with the way their (psychiatric) problems are interpreted and/or classified, which means that people do not always receive appropriate help or avoid care. Providing culturally sensitive mental healthcare is therefore of great importance. But what does this look like in the super-diverse city of Rotterdam?

### **Aims**

- Map the state of the art of the cultural sensitivity of mental health care in Rotterdam; - Outline (pre)conditions for mental health care organizations to be able to work culturally sensitively; - Provide an overview of the existing tools for professionals to work culturally sensitive.

### **Methods**

A digital questionnaire among healthcare providers of culturally sensitive organizations in Rotterdam. In addition, a total of 20 in-depth semi-structured interviews were held among professionals.

### **Results**

- Concrete tools for mental health care professionals; - (Pre)conditions for mental health care organizations (and other involved) actors to meet the diversity requirements; - Case descriptions/examples from actual mental health care in which key elements of working culturally sensitive are explained.

### **Discussion**

This is a very practice oriented research that relates to existing problems in the field and tries to discover possible enhancements in order to provide accessible healthcare for all in Rotterdam. It would be interesting to discuss the relation between practice and theory (also in other contexts) and find out where and how research on this topic can be further developed.

### **Learning Objectives**

To enhance understanding of the status of culturally sensitive mental health care in Rotterdam and learn which critical factors professionals see in this practice.

### **References**

- GGZ Standaarden. (2020). Generieke module: Diversiteit. - KIS. (2020). Cultuursensitief zorgaanbod: Exclusief of inclusief? - Ikram, U. Z., Kunst, A.E., Lamkaddem, M., & Stronks, K. (2014). The disease burden across different ethnic groups in Amsterdam, the Netherlands, 2011-2030.

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## The Place of Culture in DSM-5: Ontology, Politics and Practice

**Abstract ID: 162**

**Presenting author: Laurence J Kirmayer, McGill University, Institute of Community & Family Psychiatry, Jewish General Hospital**

### **Background**

The process of revising the cultural contributions to DSM-5-TR afforded an opportunity to consider how issues of culture, social structure, and context are framed and negotiated in psychiatric nosology.

### **Aims**

This presentation will consider issues related to the integration of culture into psychiatric nosology, including: 1) the ways in which culture is framed in the introduction to DSM-5; 2) the connections of culture to diagnostic entities and categories; 3) the challenge of balancing specificity and generality (as a reframing of relativism and universality) both in the US context and the larger geographic/political range of places where DSM-5 may be used; 4) the limits of available evidence in guiding revisions; and 5) the influence of the politics of identity on the framing of culture.

### **Methods**

Participant observation, selective literature review, and critical analysis.

### **Results**

The DSM revision process involved a complex negotiation between diverse interests and perspectives on what constitutes a mental disorder, what is an appropriate focus for psychiatric attention, and how nosology can influence practice. The constraints on the process and outcome led to hard choices and compromises that may not convey nuances of meaning that are important to ensure appropriate application.

### **Discussion**

Further refinement of DSM will require reconsidering the ontology of psychiatric diagnostic entities, the pragmatics of assessment, and the larger political contexts in which the DSM is employed. There is an ongoing need for research and critical assessment that explores how efforts to include notions of culture in nosology influence health and services systems, diagnostic assessment and clinical practice.

### **Learning Objectives**

1) to recognize the role that political interests play in the framing of culture, ethnicity and racialized identity in psychiatric nosology; 2) to assess the impact of ontologies of mental disorder on the place of culture in psychiatric nosology; 3) to identify strategies for future refinement of nosology and clinical assessment

### **References**

Kirmayer, L. J. (2019). The politics of diversity: Pluralism, multiculturalism and mental health. *Transcultural Psychiatry*, 56(6), 1119-1138. Kirmayer, L. J., & Gómez-Carrillo, A. (2019). Culturally responsive clinical psychology and psychiatry: an ecosocial approach. *Cultural clinical psychology and PTSD*, 2019, 3-21. Lewis-Fernández, R., & Kirmayer, L. J. (2019). Cultural concepts of distress and psychiatric disorders: Understanding symptom experience and expression in context. *Transcultural Psychiatry*, 56(4), 786-803. Mianji, F., & Kirmayer, L. J. (2020). The globalization of biological psychiatry and the rise of bipolar spectrum disorder in Iran. *Culture, Medicine, and Psychiatry*, 44(3), 404-432. Mianji, F., & Kirmayer, L. J. (2021). "Women as Troublemakers": The Hard Sociopolitical Context of Soft Bipolar Disorder in Iran. *Culture, Medicine, and Psychiatry*, 1-25.

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## Impact of migration and acculturation factors in the mental health of refugee youth

**Abstract ID: 163**

**Presenting author: Paula Ekster, Msc**

### **Background**

Among refugees in European countries are children and adolescents who are at risk for developing mental disorders. Along with cultural factors, migration and acculturation experiences have an impact on their mental health. In assessments little attention is paid to cultural factors specifically related to youth, such as healthy upbringing, schooling, social and emotional development. Insights into the impact of migration and acculturation on mental health are still underserved.

### **Aims**

In a transcultural psychiatry unit in the Netherlands, a cultural assessment is included in the clinical assessment specifically adapted to the meaning children and adolescents give to their migration and acculturation experiences. The aim of this oral presentation is to present an overview of migration and acculturation factors that are retrieved from these assessments and how to approach these in treatment programs.

### **Methods**

The presentation includes an introduction to the mental health problems of refugee youth and inclusion of the Cultural Formulation in clinical assessment, an elaboration of pre- and post-migration factors in the cultural assessment and resilience-oriented balancing of verbal and non-verbal treatment programs.

### **Results**

Recurrent themes from childhood experiences in the cultural assessments of refugee adults were included in an interview for children and adolescents as well as topics like cultural differences related to upbringing and age-related issues. Results from cultural assessments include rejection due to premarital birth, problems related to ethnicity/religion and family problems. In mental healthcare migration experiences in general are often neglected. Acculturation difficulties are often related to stigma and cultural identity. A special age group in creative therapy helps refugee youth to rebuild resilience and regain strong identity.

### **Discussion**

Cultural assessment adapted to refugee children and adolescents should structurally be included in clinical assessments. Migration and acculturation factors must not be neglected in diagnosis and treatment. Giving opportunities to rebuild resilience and cultural identity with peers offers promising results.

### **Learning Objectives**

1. Cultural assessments for refugee youth require inclusion of local norms and values related to upbringing, education and building relationships. 2. Refugee children and adolescents often face culture-related difficulties that undermine resilience 3. Age-related therapy groups offer opportunities to rebuild resilience

### **References**

Aggarwal, N.K. (2010). Cultural formulations in child and adolescent psychiatry. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(4), 306-309. Baauw, A., Rosiek, S., Slattery, B., Chinapaw, M., Boele van Hensbroek, M., van Goudoever, J.B., Kist-van Holte, J. (2018). Pediatrician-experienced barriers in medical care for refugee children in the Netherlands. *European Journal of Pediatrics*, 177, 995-1002.

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## Culture and context in clinical assessment: An ecosocial approach

**Abstract ID: 164**

**Presenting author: Laurence J Kirmayer, McGill University, Jewish General Hospital**

### Background

Efforts to incorporate culture and context in psychiatric nosology and diagnostic practice have focused on cultural formulation. Recent critiques emphasize the importance of structure factors in the etiology, course and outcome of psychiatric disorders and efforts are underway to develop an expanded sociocultural formulation.

### Aims

To review some current efforts to integrate social structure and cultural perspectives in assessment.

### Methods

Selective literature review and theoretical synthesis.

### Results

Current frameworks include the DSM-5 Outline for Cultural Formulation and various Social Determinants of Health models. Assessment tools include the Cultural Formulation Interview and the Contextual Developmental Assessment. Existing cultural interviews privilege the patient's point of view and need to be supplemented by an ecosocial approach to psychiatry recognizes the importance of social predicaments as a focus of clinical concern.

### Discussion

The ecosocial perspective insists that we consider the effects of structural violence and social inequality as key determinants of health. These are partly mediated by cultural identities which are developed within communities, especially as the boundaries between other groups, but are also ascribed by the larger society. Indigenous peoples, immigrants and refugees, and racialized groups, as well as other ethnic, linguistic, cultural and religious communities experience inequities in mental health and access to care. These inequities reflect social structural determinants of health that are embedded in and rationalized by cultural knowledge, values and attitudes both of the specific group and of the larger society. As such, methods of inquiry that go beyond patient narratives are essential for a comprehensive evaluation of treatment plan.

### Learning Objectives

1) to clarify the interplay of social structural and cultural determinants of mental health; 2) to consider the strengths and limitations of specific strategies to elicit culture and context in clinical assessment; 3) to identify implications for research, training and clinical practice of an ecosocial approach to mental health

## References

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## Emergent challenges in providing quality mental health care to migrants in an emerging migrant destination country

**Abstract ID: 165**

**Presenting author: Ovidiu Oltean, Babeş-Bolyai University**

### Background

The present research tackles the issue of integration services in Romania, one of the emerging migration destination countries in Central and Eastern Europe. In this context, migrants target mainly urban areas where they can find fellow nationals from their own country of origin, a more diverse society, and better employment and educational opportunities (Cosciug et al. 2019). But international migration is still a recent phenomenon in Romania, and public health services are still offered mainly in Romanian and other local official languages. With the increase of immigration flows and diversification of migrant groups, these models are being increasingly challenged and new challenges emerge.

### Aims

This research aims to uncover the needs of migrants accessing mental health care services in Romania, and the challenges that the integration system is facing with the scope of improving the migrant integration services and enabling migrants' access to healthcare services.

### Methods

This research is based on quantitative data measuring migrant integration in Romania and interviews conducted in the past year with healthcare professionals and practitioners.

### Results

Our research in Cluj-Napoca revealed the fact that migrants have little knowledge about the healthcare system in Romania. Migrants are challenged and limited because the information system regarding access to healthcare services is rather patchy and often only offered in Romanian or local minority languages.

### Discussion

Interpretation and translation are key in these contexts and are often ensured by social workers working for accredited non-governmental organisations that deliver state-sponsored migrant integration services. Social workers working in the migrant integration services seem to be particularly important in this context since migrants often trust them and ask to accompany them to the doctor. In the case of migrant patients with acute

mental health problems, these problems become even more complex since those in demand need a specialised medical service and emotional support.

### **Learning Objectives**

Our research endeavor attempts to unravel this situation, map out the existing challenges and outline possible solutions that medical and integration services could adopt to address the needs of migrants accessing mental health care services and improve their access to public services in destination countries.

### **References**

Cosciug, A., Vornicu, A., Radu, B., Greab, C., Oltean, O., Burean, T. (2019) Indexul Integrării Imigrantilor în România. Research Report realised within the project CRCM – Centrul Român de Cercetare a Migrației FAMI/16.01.01.02.

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## **Intersubjectivity in the application of the Cultural Interview (CI) in transcultural psychiatry**

**Abstract ID: 166**

**Presenting author: Huub Beijers, DU psychiatrie et compétences transculturelles, Université de Paris, Department of Transcultural Psychiatry of the Dutch Association of Psychiatry**

### **Background**

The effect of applying the cultural formulation of diagnosis (CFD) in situations of considerable intersubjective cultural distance between patient and professional is twofold: (1) It should contribute to a better understanding of the meaning of the patient's cultural and contextual past and present (APA, 1994), and (2) it should contribute to a new shared symbolic reality (intersubjectivity) as a basis and prerequisite for treatment (Lévy-Strauss, 1949; Tankink & Vysma, 2006; Beijers, 2012).

### **Aims**

Research on the CFD seems to focus on the interview as a source of data; operationalizing CFD into CI; looking for the effects (does it add diagnostic quality to DSM-classification). This research focuses on the second aspect: gaining insights into how CI is used in a clinical context and how intersubjectivity develops.

### **Methods**

Qualitative analysis of in-depth interviews with experienced mental health care professionals in transcultural psychiatry in The Netherlands, who use the cultural interview in their clinical work. Identifying the use of the CI, how they relate to the patient's expression of culture and how they are implicated as a person and professional.

### **Results**

The application of the cultural interview varies and its model-fidelity in practice is weak. Systematic translation of the insights one gathers into a CFD is limited and remains somewhat of a black box. What seems to appear is what Jackson (2007) refers to as an extra-epistemological domain, not easily put in words, in which intersubjectivity comes into being. Filling a new symbolic space involves strong (inter)personal dynamics and the research provides insight into cultural (counter)transference involved while working the categories of the CFD and finding common grounds (cf. Rouchon, 2007).

### Discussion

Data are gathered in a limited study based on in-depth interviews with professionals, which is not representative of the practice and use of CFD but provides insight into how intersubjectivity in transcultural relations is activated.

### Learning Objectives

To get insight into 'what works' and what is implicated in the application of the cultural interview.

### References

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## Strengthening access to the 'cultural cradle' to prevent traumatic mother-baby transmission in situations of displacement and forced migration

**Abstract ID: 167**

**Presenting author: Elisabetta Dozio, Action contre la Faim, Université de Paris**

### Background

Humanitarian contexts, characterised by traumatic events, lead populations to move in precarious and dramatic conditions. These forced displacements can have a negative impact on mother-child interactions because the perinatal period can reactivate the rupture with the culture of origin and recall traumatic experiences. In particular, exile modifies the possibility of relying on the "cultural cradle" which corresponds to the set of cultural and collective representations that parents have of their baby. Consequently, the vulnerability of migration in the perinatal period negatively influences maternal behaviour, infant care practices and, consequently, the mother-baby relationship.

### Aims

In a study on the transmission of mother-baby trauma in humanitarian contexts, we assessed the importance of the cultural dimension. This was done in order to understand how traumatic exposure and forced displacement may have affected and limited access to "culture", which is considered a protective factor against possible transmission of trauma from mother to baby.

### Methods

We recruited 36 mother-infant dyads who had been affected by conflict in the Central African region. We met with the dyads during a semi-structured interview where maternal representations, mother-baby interactions, and culture-specific protective factors were analyzed. The interactions were also filmed to allow an analysis of the dyadic relationship.

### Results

The dyads show difficulties in correctly interpreting the baby's solicitations and in giving responses. In addition,

there is a vulnerability due to the impossibility of transmitting cultural care practices to the baby and the lack of support from the family group as a protective factor.

### **Discussion**

The results of this study confirm that psychological trauma as well as the migration process can make it difficult to access traditional cultural practices. This can negatively influence the mother-child relationship and make the dyad vulnerable to the transmission of trauma. Examples of these effects and suggestions for specific cross-cultural devices will be discussed.

### **Learning Objectives**

To know how traumatic exposure in humanitarian contexts can affect access to culture and its protective role in the mother-baby relationship. To have an understanding of how to revalorize traditional knowledge and practices of care and mothering to limit the negative effects of trauma on dyadic interactions.

### **References**

Dozio, E. (2020). Mères et bébés dans la guerre : Comment ne pas transmettre le traumatisme aux enfants. In Press. Feldman, M., El Hussein, M., Dozio, E., Drain, E., Radjack, R., & Moro, M. R. (2017). The Transmission of Trauma from Mother to Infant : Radioactive Residues and Counter-Transference in the Case of a Haitian Mother and Her Two-Year-Old Son. *Child Care in Practice*, 1-12. <https://doi.org/10.1080/13575279.2017.1342600> Moro, M. R. (1994). *Parents en exil : Psychopathologie et migrations*. Presses universitaires de France.

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## **Cultural identity conflict matters: findings from two studies**

**Abstract ID: 168**

**Presenting author: Haza Rahim, Department of Clinical Psychology, Utrecht University, Utrecht, The Netherlands**

### **Background**

Previous research indicated that cultural identity conflict occurring in bicultural individuals is negatively associated with psychological well-being and may also contribute to psychological symptoms in this group (Groen et al., 2018).

### **Aims**

Our first study (Rahim et al., 2021) aimed to examine relationships between cultural identity conflict, self-concept clarity, self-esteem, and psychological wellbeing in bicultural young adults. Our second study (Karakter project, 2017; Rahim et al., 2022) aimed to examine the mediating role of cultural identity conflict in the linkage between migration stressors and psychological wellbeing amongst recently resettled refugee young adults.

### **Methods**

In our first study, 473 bicultural young adults completed an online questionnaire assessing cultural identity conflict, self-concept clarity, self-esteem, and psychological wellbeing. In our second study, 168 Syrian young adults with refugee backgrounds completed a questionnaire assessing migration stressors, posttraumatic stress, and anxiety/depression.

### **Results**

Higher levels of cultural identity conflict were positively associated with psychological symptoms in bicultural young adults. Furthermore, cultural identity conflict was more strongly associated with anxiety/depression and posttraumatic stress than other migration stressors in people with refugee backgrounds.

## Discussion

Poorer mental health in bicultural young adults may be attributed to a conflict arising from the feeling of incapability of unifying values from different cultures. Results also underline the importance of the sense of connectedness with the host culture, for reducing vulnerability for cultural identity conflict, which may facilitate psychological wellbeing.

## Learning Objectives

Clinicians can signal and address mental health problems in bicultural clients more accurately and tailored interventions can be created.

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Groen, S. P. N., Richters, A., Laban, C.J et al. (2018). Cultural identity among Afghan and Iraqi traumatized refugees: Towards a conceptual framework for mental health care professionals. *Culture, Medicine, and Psychiatry* 42, 69-91. <https://doi.org/10.1007/s11013-016-9514-7>. Karakter. (2017). Karakter Project. <https://www.karakterproject.nl/> Rahim, H.F., Mooren, T.M., van den Brink, F et al. (2021). Cultural identity conflict and psychological well-being of bicultural young adults. Do self-concept clarity and self-esteem matter? *Journal of Nervous and Mental Diseases* 209, 525-532. <https://doi:10.1097/NMD.0000000000001332> Rahim, H.F., Mooren, T.M., van den Brink, F et al. (2022). Associations Between Pre-, Peri-, and Post-migration Risk Factors and Psychological Symptoms Among Syrian People with Refugee Backgrounds in the Netherlands: Cultural Identity Conflict as a Possible Mediator [Unpublished manuscript]. Faculty of Social Sciences, Department of Psychology, Utrecht University.

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## Differences between Dutch and Turkish-Dutch individuals' illness representations of depression and ADHD

**Abstract ID: 170**

**Presenting author: Iclal Yildiz, Radboud University**

## Background

Turkish-Dutch clients are believed to have less trust in the effectiveness of Dutch depression and ADHD treatments due to holding different cultural beliefs about these disorders and treatments being incongruent with their beliefs (Griner & Smith, 2006). To improve therapeutic alliance, it is important that mental health practitioners are aware of these differences and align treatment to Turkish-Dutch clients' mental illness representations, ie. to their beliefs on causes, symptoms, etc. by adopting the conceptualizations of the client.

### **Aims**

This paper presentation, part of a PhD study, aims to explore Turkish-Dutch illness representations of depression and ADHD. The central question is: What are differences between Dutch and Turkish-Dutch individuals' illness representations of depression and ADHD?

### **Methods**

Five focus group discussions were held with 21 Turkish-Dutch individuals, in which they were asked to discuss Dutch and Turkish-Dutch differences in how they view depression and ADHD. These discussions were thematically analyzed to explore participants' beliefs on depression and ADHD. In addition, interviews with mental health practitioners will be held to explore their perspectives on Dutch and Turkish-Dutch clients' views on depression and ADHD.

### **Results**

The analysis of these discussions show that the importance focus group participants attach to interpersonal relationships influence their beliefs on the causes of depression and ADHD. Participants view the cause of these disorders as a matter of dealing with interpersonal problems rather than having a biological cause.

### **Discussion**

Turkish-Dutch clients fear mental health treatments to be too individualistically oriented, focused on solving the problem of the individual and severing interpersonal relationships too quickly.

### **Learning Objectives**

At the end of this presentation, learners are able to: - Identify Turkish-Dutch clients' beliefs about depression and ADHD; - Reflect on how they can better adjust mental health treatments to these beliefs.

### **References**

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-analytic review. *Psychotherapy (Chicago, Ill.)*, 43(4), 531–548.

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## **T-MADE: transcultural method to analyse children drawing**

### **Abstract ID: 171**

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### **Background**

Drawing is the preferred means of expression for children, in particular when they are asked to express themselves in front of adults, and moreover when it comes to children having multicultural backgrounds such a migrant children. However how can we promote, understand and analyze those productions?

### **Aims**

Following the complementarism methodology (both psychoanalytic and anthropologic), this research was conducted with the aim of exploring the non-directive drawings produced by children during the transcultural sessions (family psychotherapy group). How is the culture involved in the graphical process? In a psychotherapeutic setting, how should we receive and understand drawings of children who have other origins regardless of their metissage and the specificities linked to their multiple cultural affiliations?

### **Methods**

The method consists in a qualitative analysis of drawings produced by children during the psychotherapy sessions. The analysis are longitudinal, cross-sectional and reflexive (transfer/countertransference), regarding 3 cross-axis: individual, familial and groupal.

### **Results**

According to analyses results, we theorize a transcultural approach for migrant' children drawings as well as an innovative two-axis analysis method: the contents and the valences of a drawing.

### **Discussion**

The results of the analysis highlight the dialogical aspect of drawing. The graphical production supports the process of psychic and cultural elaboration of the child, therefore considered as the essential aspect of mediation between the tongues, the languages, the cultures and the interactions. Drawing thus holds a significant place: it is the sign of children's creativity, but also of the narrative and transcultural production experienced and shared.

### **Learning Objectives**

Clinical example, utilization and implication of the T-MADE method, are discussed.

### **References**

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## **Financial Hardship, Shame and Hope: Addressing Sociocultural Context in a Financial Empowerment Intervention to Prevent Suicide**

**Abstract ID: 173**

**Presenting author: Oscar Jiménez-Solomon, New York State Psychiatric Institute, Columbia University Medical Center, Center on Poverty and Social Policy, Columbia University**

### **Background**

Financial hardship is a well-documented predictor of suicidal ideation and behaviors. Understanding the subjective experience of hardship is essential to developing effective interventions aimed at reducing financial hardship as a risk factor for suicide.

### **Aims**

To examine cultural formulations of financial hardship among key stakeholders in the development of a financial empowerment intervention to prevent suicide in New York State.

## Methods

Qualitative data were collected via: (1) nine in-depth interviews with individuals with psychiatric diagnoses experiencing financial hardship, utilizing an adapted version of the Cultural Formulation Interview; and (2) six focus groups with key stakeholders (people with experience of suicidal ideation, peer specialists, clinicians, and financial counselors). Data were transcribed, coded, and analyzed.

## Results

Thematic analysis revealed chief sources of objective financial hardship: inability to meet basic needs and pay bills/debts, living paycheck-to-paycheck, and dependency. Subjective financial hardship themes included gendered and racialized experiences of shame, social isolation, demoralization, and a struggle for resilience. Financial hope themes included ability to supporting oneself, security, and dignity.

## Discussion

The subjective experience of financial hardship is shaped by sociocultural constructions of hope, honor, and shame, and moralized views of poverty and financial hardship. Financial empowerment interventions should develop specific strategies to contextualize the experience of suicidal ideation, address systemic sources of hopelessness and shame, and tap into cultural sources of resilience. A Financial Wellness Engagement Tool, developed to elicit participants' formulations of financial hardship and financial hope, is part of an ongoing financial empowerment intervention pilot for people at risk for suicide.

## Learning Objectives

1. Describe key themes in the subjective experience of financial hardship that may operate as risk and protective factors for suicidal ideation and behaviors. 2. Explain how subjective financial hardship is embedded in sociocultural, gendered, and racialized constructions of hope, honor, and shame, and stigmatizing views of those in financial hardship. 3. Discuss the importance of contextualizing the experience of suicidal ideation and behaviors and the imperative of shifting from a suicide prevention paradigm solely centered on pathology to one that integrates sociocultural and systemic stressors and leverages cultural sources of resilience.

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## Stigmatization of Mental Illness in a Resettled Chin Community

**Abstract ID: 177**

**Presenting author: Theodore Bartholomew, Scripps College**

### Background

Within the extant literature, the stigmatization of psychological distress and mental illness are apparent. The concept of mental illness, however, requires within-culture considerations so that explanatory models of illness are understood in lieu of imposing Western constructs of illness. This is no less true within communities of people resettled with refugee status who themselves have culturally identified concepts of illness that may also be stigmatized (e.g., Bartholomew et al., 2016; Fernandes et al., 2014). Prior community-collaborative research within a resettled Chin community has demonstrated explanations of illness that reflect the “brain not working” as an idiom for illness that is often believed to be caused by personal responsibility (Bartholomew et al., 2022).

### Aims

As such, we set out within this community to further exam perceptions of individuals who endure symptoms of mental illness to better understand stigma and awareness about psychological distress.

### Methods

Using a grounded theory approach in direct collaboration with two community members as co-researchers, Chin men and women (N = 20) participated in semi-structured interviews. Interview questions were verified in collaboration with the two community-member co-authors, who also participated as co-interviewers and translators. Analyses followed Charmaz’s (2014) constructivist grounded theory.

### Results

We identified, via incident-with-incident coding and constant comparison, three categories that reflect mental illness awareness, stigma, and support within the community: (a) Stigma & Shame; (b) Social Rejection & Occasional Support; and (c) Misunderstandings and Inattention. These address community perceptions of belonging and personal responsibility of individuals who endure mental illness.

### Discussion

These grounded theory findings will be discussed within the scope of community-based, collaborative research and efforts to enhance understandings of mental illness as well as promote mental health equity within this Chin community.

### Learning Objectives

1) Understand the stigmatization of mental illness within a resettled community of Chin people in the United States. 2) Connect the perception of stigma to explanatory models of illness within this community. 3) Address mental health inequity by means of discussing explanatory models of illness among resettled Chin individuals alongside stigma ascribed to mental illness within this community.

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## Psychosocial telecounselling services for migrant families: not just in times of Covid

**Abstract ID: 178**

**Presenting author: Els Rommes, Gender & Diversity Studies, Radboud University**

### Background

Despite their needs, migrants are underrepresented in getting psychosocial support in their host country. Various barriers may explain this underrepresentation, such as language issues, enforced high mobility of refugees and asylum-seekers (Hebebrand et al., 2016), sociocultural differences and expectations of support, and migrants' unfamiliarity with the host country's psychosocial support system. Psychosocial telecounselling services may provide support that evades some of these barriers. Telecounselling means that services are offered online or by telephone, which provide (a) synchronous information (including referrals) or counselling, offered by professional counsellors, psychologists and/or trained volunteers that use person-centred approaches such as active listening (Fukkink et al., 2016).

### Aims

By answering the question: how may psychosocial telecounselling services improve the accessibility and suitability of (online) psychosocial support for migrant families, we aim to provide suggestions to improve mental health care for these families

### Methods

Analysis of ten in-depth interviews with helpline staff located in Canada and in several Northern and Southern European countries.

### Results

Helpline services for psychosocial support of recent immigrants are potentially more accessible and better match the needs of migrants than offline services. Some unexpected findings include that some (male) refugees particularly appreciate the anonymity some helplines offer to speak about their mental health problems.

Moreover, the mental health needs of recent migrants differ considerably from those of migrants that have had some time to settle in, but it seems that all of them benefit from having a generalized rather than specialized service.

### **Discussion**

Online services improve the accessibility of psychosocial support as they offer low cost services, are accessible over distance, provide migrants with a sense of privacy, anonymity and sense of control. They also have the potential to facilitate the matching of counselors and migrants eg in language, cultural background or relevant experience.

### **Learning Objectives**

Being able to identify benefits and challenges of helpline services for refugees

### **References**

Fukkink, R.G., Bruns, S. and Ligtvoet, R. (2016), Voices of Children from Around the Globe; An International Analysis of Children's Issues at Child Helplines. *Child Soc*, 30: 510-519. <https://doi.org/10.1111/chso.12150>  
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## **Does Racialized/Ethnic Self-Identification Buffer the Effect of Financial Hardship on Life Satisfaction?**

**Abstract ID: 179**

**Presenting author: Ryan Primrose, New York State Psychiatric Institute, Columbia University Medical Center, Teachers College, Columbia University**

### **Background**

The relationship between financial hardship and subjective wellbeing has been documented across the world, especially among marginalized communities. Nevertheless, how people with psychiatric diagnoses across ethnic and racialized groups experience and cope with hardships is poorly understood.

### **Aims**

To examine whether: (1) subjective financial hardship (SFH) and hope mediate the relationship between objective financial hardship (OFH) and life satisfaction (LS) among people with psychiatric diagnoses; and (2) racialized/ethnic identities moderate the effect of OFH on SFH, and the effect of SFH on hope and LS.

### **Methods**

We collected data from a racialized/ethnically diverse sample (n=215) of individuals with psychiatric diagnoses in the USA. Structural equation modeling tested mediational relationships between OFH and LS through SFH and overall hope or its agency and pathways subscales, and the moderation effects of racialized/ethnic self-identification.

### **Results**

SFH and hope mediate the relationship between OFH and LS. Mediation by hope is driven by its agency component, not pathways. Increased SFH is associated with decreased agency and LS, while self-identifying as Black or Hispanic is associated with increased agency and self-identifying as Black with increased LS. Self-

identification does not moderate the effect of OFH on SFH or the effect of SFH on hope. However, self-identifying as Black buffers the effect of SFH on LS.

### **Discussion**

Racialized/ethnic self-identification does not buffer the subjective experience of financial hardship but may play a protective role for hope and life satisfaction. Future research should examine how sociocultural constructions of hope and wellbeing shape resilience across diverse groups.

### **Learning Objectives**

At the end of this presentation, attendees will be able to: 1. Describe the roles that hope and SFH play in the relationship between OFH and LS. 2. Discuss how racialized/ethnic self-identification can be a protective factor for subjective wellbeing when experiencing financial hardship. 3. Discuss the importance of conducting research with diverse, intersectional samples to better understand the experiences of hardship within marginalized communities, and to examine how sociocultural constructions of hope and wellbeing strengthen resilience across diverse groups.

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## **Female migration from Georgia: addressing contexts and strategies for change in health and mental healthcare.**

**Abstract ID: 180**

**Presenting author: Iveta Lazarashvili, Ilia State University, Georgia, Alice Salomon University of Applied Sciences Berlin**

### **Background**

Solving mental health problems only on individual level negates the structural causes of problems, manifests inequalities, results in over-diagnosis, victimization (European Network of Migrant Women, 2021). Structural competence of health provider (Metzl et al., 2014), rights-based approach (Puras et al., 2019), advocacy as a key for positive change (Kirmayer et al., 2018) are being increasingly discussed in the literature.

### **Aims**

Understanding mechanisms and role of structural factors in shaping complexities of mental health of female-migrants, families, communities in home- and destination countries, identifying strategies for change and better mental health

### **Methods**

Ethnographic research with intersectionality lens is undertaken. Desk research is combined with participant observation, in-depth interviews, analysis of documentation, media and expert discourse from the perspective of female- migrant, psychiatrist and medical anthropologist.

### **Results**

Structural constraints and inequalities affect mental health of women-migrants, families, groups, communities. Political dimensions of intersectional relations make women-migrants vulnerable to discrimination, exploitation and abuse with health-related consequences. Lack of language skills and information affect mental health and mental healthcare utilization. Hierarchies in user-provider interactions lead to structural vulnerability, stigma and victimization.

### **Discussion**

Cultural and structural changes within mental healthcare system with restructuring education, research and service provision may serve for breaking the perpetuation of social control by patriarchal societies and mental healthcare providers. Challenges and opportunities of rights-based approach in the context of recent inter-governmentally negotiated agreements are discussed.

### **Learning Objectives**

Mechanisms and interactions of structural constraints in mental ill-health, the necessity of collaborative action for advocacy, prevention and cure of victimization and mental health problems.

### **References**

European Network of Migrant Women, (2021). 'Migrant Women's Mental Health and Well-being. Mental Health Report'. <https://www.migrantwomennetwork.org/wp-content/uploads/Mental-Health-Report-FINAL-Oct-2021.pdf> Kirmayer L.J., Kronick R. and Rousseau C., (2018). 'Advocacy as Key to Structural Competency in Psychiatry'. *JAMA Psychiatry*, 75(2), 119–120. doi:10.1001/jamapsychiatry.2017.3897 Metzl, J. M., & Hansen, H. (2014). Structural competency: theorizing a new medical engagement with stigma and inequality. *Social science & medicine* (1982), 103, 126–133. Doi:10.1016/j.socscimed.2013.06.032 Puras, D. and Gooding, P., (2019). 'Mental health and human rights in the 21st century'. *World psychiatry*, 18(1), 42–43. doi: 10.1002/wps.20599

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## **A qualitative study of clinical psychologists' reflections on their work with linguistically- and culturally-diverse patients**

**Abstract ID: 181**

**Presenting author: Anastasiya Voloshyn, Concordia University**

### **Background**

Canada's population consists of a complex mosaic of cultural and linguistic communities which can create challenges in mental healthcare provision (Mental Health Commission of Canada, 2012). Mental health interventions depend heavily on language as both diagnosis and treatment rely to a great extent on verbal communication. Furthermore, effectiveness of interventions hinges on the clinician's ability to adapt them to

the cultural backgrounds of their patients (Griner et al., 2006). However, not much is known about clinicians' perspectives on the challenges they encounter in working with a culturally- and linguistically-diverse clientele in Canada.

### **Aims**

Our aim was to understand the factors that affect clinical psychologists' work with cultural and linguistic minority patients. Particularly, we were interested in the factors that they consider barriers to their work as well as the adaptations that they implement in order to work effectively with these patients.

### **Methods**

We conducted a qualitative study with 24 licensed clinical psychologists in the province of Quebec. A thematic analysis was performed to extract the overarching themes emerging from clinicians' narratives.

### **Results**

We identified five main themes in our data: 1) mismatched cultural realities as a barrier to intervention, 2) the challenges of working with interpreters, 3) a lack of resources and support from management, 4) the importance of consultation, supervision, and support from colleagues, 5) "meeting patients where they are" or openness to differences and willingness to meet in the middle.

### **Discussion**

Overall, clinicians reported a general lack of effective support and appropriate resources in helping them work with diverse patients, but nevertheless found their work to be highly rewarding and engaging as they enjoyed the challenge of adapting their interventions to their multicultural patients' realities. These findings have the potential to inform future research, public health interventions, policy directives, as well as clinical training.

### **Learning Objectives**

Attendees will develop ideas on how clinicians working within mental healthcare settings that serve a highly multicultural clientele in Canada cope with and adapt their interventions to the cultural and linguistic diversity of their patients. Furthermore, attendees will be introduced to the challenges clinicians continue to experience and the types of resources and supports they believe are lacking.

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## Putting an intersectional conception of culture into practice: A qualitative evaluation of a cultural competence training

**Abstract ID: 183**

**Presenting author: Steven Lopez, University of Southern California**

### **Background**

Models of cultural competence of mental health practitioners have focused largely on the social categories of race and ethnicity (Sue & Sue, 2014) with limited attention to intersectionality and ecological niches (APA, 2017). In addition, evaluations of cultural training have primarily been conducted with graduate students in psychology courses (Benuto et al., 2019).

### **Aims**

The overall objective was to evaluate the training of a small group of community-based therapists using the Shifting Cultural Lenses (SCL) model of cultural competence that attends to patients' intersectionality and ecological niches (Lopez et al., 2021). In this qualitative study, we addressed three main questions: (a) What are therapists' conceptions of culture?; (b) How do therapists construe their cultural considerations in practice?; and (c) Do therapists apply their conceptions of culture in therapy?

### **Methods**

We carried out pre-training and post-training assessments of 3 Latino master's level therapists and 2 Latino clients for each therapist. The data were drawn from semi-structured interviews and reviews of recorded and transcribed therapy sessions with one client before and one client after the training.

### **Results**

Following the training, we observed variability in the adherence to the SCL model. One therapist reported no change in his original conception of culture and how he considered culture in therapy. The other two therapists noted changes congruent with the SCL, one much more than the other. We also observed that therapists' reports of their consideration of culture were at times inconsistent with their self-report.

### **Discussion**

The findings offer hope that change may be possible in guiding therapists to adopt a dynamic and socially grounded view of culture in their clinical practice. Behavioral observations of clinicians' in-session behaviors are needed given that a therapist's reported understanding of culture was not always congruent with their practice. The findings support the utility of the SCL model for cultural competence training.

### **Learning Objectives**

To identify key limitations to conceptions of cultural competence and to the evaluation of cultural competence trainings. To describe a cultural competence training of community-based therapists that respects the intersectionality of patients and the ecological niches in which they reside. To report shifts in community based therapists' conceptions and considerations of culture following the administration of a training with the Shifting Cultural Lenses model of cultural competence.

### **References**

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## Identity construction and metissages : the example of multilingual children

**Abstract ID: 184**

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### Background

Society has to make choices for children, and these are manifested via implementing social and political options. It is therefore important to stand up for what children and their parents need, so that this may be reflected in the choices society makes in order for them to grow up in the most harmonious way possible and obtain what is necessary for this to occur. This is all the more essential whenever children are in a vulnerable situation as the transcultural circumstances: being born and growing up in a country different from the one in which their parents grew up, with different representations of children and their parents, as well as other expectations and with a complete change of language.

### Aims

Our objective is to show that taking into account the capabilities of children in their mother tongue allow them to develop their bilingual creativity, to be métis.

### Methods

Through the presentation of several clinical cases and the presentation of a new tool designed especially for children who have bilingual and multicultural backgrounds (ELAL d'Avienne@), we will explore the challenges of the metissage process in children facing cultural and linguistic plurality, by analyzing their implications in terms of vulnerability as well as key asset to overcome the two possible extremes: splitting on one side, assimilation and attrition on the other. (Moro et al, 2018)

### Results

This work shows that thanks to the bilingual assessment and the transcultural group, languages become a source

of creativity. Thus, playing with words from many languages, children develop self-confidence and multicultural skills.

### Discussion

Marie Rose Moro team has developed different ways to practice transcultural interventions, based on a complementary method resorting to both psychoanalysis and anthropology, which consider languages as a source of creativity for metis children.(Simon et al, 2019)

### Learning Objectives

Take into account the multilingualism of children enables them to grow more confident in using his language so that he can feel relieved and successfully learn other languages, such as French.

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## Explaining Behavioral Problems of Adolescents Using Indonesian SDQ Self-Report Norms

**Abstract ID: 186**

**Presenting author: Ghea Farassania, RoCMHI, Faculty of Psychologi, Universitas Indonesia**

**Winner of WACP2022 Travel Award Contest**

### Background

The Strengths and Difficulties Questionnaire (SDQ) is a widely used instrument to screen emotional and behavioral problems in adolescents (Goodman et al., 1998). Despite differences in cultural backgrounds and living contexts, most studies have used the general assumptions where the 90th percentile belongs to the abnormal behavior category. On the other hand, previous studies identified the contextual influence on adolescents' behavioral problems.

### Aims

Our studies investigate whether the Indonesian adolescent population falls similarly to the previously established SDQ Self-report cut-off using the same assumptions.

### Methods

Indonesian norms developed in this study stem from a survey conducted in 2013–2020 involving a total of 4,931 middle and high school students aged 11–19 years old. Data were collected using the Indonesian version of Strength and Difficulties Questionnaire (SDQ) (Goodman, 2005). Comparison was conducted between

Indonesian norms and established norms using 4 categories (close to average, slightly raised, high, and very high) applicable across the country.

### Results

Results indicated there are differences in cut-off scores between the SDQ Self-report subscales in Indonesia and the previously established norms (YouthInMind, 2016). Higher cut-off scores of 90% of the adolescents were found in three subscales of the Indonesian SDQ Self-report namely emotional, conduct, and peer problems.

### Discussion

Indonesian adolescents experienced more symptoms of emotional, conduct, and peer problems, compared to adolescents in other parts of the world. Therefore, adolescents would only be considered having problems and needed help when the identifiable symptoms of the problems were high. There might be some contextual explanation as to these tendencies.

### Learning Objectives

Behavioral expression of Indonesian adolescents differs from the adolescents of other countries and cultures. These differences are heavily related to the existing culture in Indonesia.

### References

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## Let's talk about grief: the Bereavement and Grief Cultural Formulation

### Interview

**Abstract ID: 189**

**Presenting author: Simon Groen, De Evenaar Center for Transcultural Psychiatry GGZ Drenthe Mental Health Care**

### Background

The inclusion of grief disorders in DSM-5(-TR) and ICD-11 marks a growing recognition of the mental health impact of traumatic grief after the loss of a loved one. However, awareness falls short that cultural factors may be barriers to the recognition and processing of traumatic grief. Ways of dealing with bereavement and grief connected to the norms and values of one's cultural identity need to be addressed.

### Aims

Cultural assessment of bereavement and grief is needed for comprehensive evaluation of grief-related psychopathology and for negotiating appropriate treatment. Such cultural assessment should include cultural traditions related to death, bereavement and mourning as well as help-seeking and coping. Clinical exploration of cultural aspects of bereavement and grief should align with known effective instruments.

## Methods

A semi-structured interview that informs about cultural aspects of bereavement and grief was designed informed by Eisenbruchs Cultural Bereavement Interview and several examples about the cultural context of bereavement and grief. The structure of this interview was aligned with Supplementary Modules of the DSM-5 Cultural Formulation Interview.

## Results

Multisite expert sessions resulted in a brief, person-centered Bereavement and Grief Cultural Formulation Interview (BG-CFI). The BG-CFI is an elaboration of nine questions in the core CFI. Central themes are: cultural, spiritual, religious, or moral background; bereavement after migration; cultural traditions related to bereavement; and help-seeking behaviour and coping. The BG-CFI brings forward norms and values related to the loss of a loved one and cultural identity regulations after the loss.

## Discussion

The loss of a loved one is attached to cultural aspects related to death, bereavement and mourning and cultural traditions. The BG-CFI aims to help clinicians in hypothesizing the role of bereavement in the onset of mental disorders, identify unprocessed grief rituals, clarify the type of appropriate help, develop shared understanding of bereavement and grief, and enhance rapport and treatment motivation.

## Learning Objectives

1. Bereavement and grief is bound to cultural aspects and norms and values related to death, mourning, help-seeking and coping  
2. The loss of a loved one is deeply rooted in family traditions and the omission of grief rituals may contribute to traumatic grief  
3. The Bereavement and Grief Cultural Formulation Interview facilitates clinical evaluation of cultural aspects of traumatic grief

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## How should mental health professionals address cultural identity of refugee patients?

**Abstract ID: 190**

**Presenting author: Simon Groen, De Evenaar Center for Transcultural Psychiatry GGZ Drenthe Mental Health Care**

## Background

The Outline for Cultural Formulation (OCF) was developed as a structural way to address cultural factors in diagnosis and treatment. Cultural identity was the first component of the OCF that served as an introduction to explanatory models of illness. Evaluations of the OCF resulted in the need to clarify the concept of cultural

identity. Evaluations of the Cultural Formulation Interview (CFI) reveal that, despite modifications, addressing cultural identity still yields problems in clinical practice.

### **Aims**

The problems with the concept of cultural identity in the OCF are discussed. Qualitative research was designed to improve insights into this concept.

### **Methods**

Semi-structured interviews based on the OCF were conducted among 85 Afghan and Iraqi patients that were diagnosed with post-traumatic stress disorder. Qualitative content-analysis of cultural identity was performed using computer-aided qualitative software.

### **Results**

Textual analysis of questions related to cultural identity resulted in a conceptual framework of personal, ethnic and social components. Each component consisted of aspects that had cultural connotations that were different between society of origin and host society. All three components could be related to stress factors and acculturation issues.

### **Discussion**

The conceptual framework of cultural identity clarifies that questions could be formulated in terms of personal, ethnic and social issues. Problems understanding questions on cultural identity in the core CFI could be resolved bringing the questions closer to life experiences in the society of origin and social functioning in the host society.

### **Learning Objectives**

1. Cultural identity is a complex multi-layered concept that has gained attention in cultural psychiatry  
2. Cultural identity can be distinguished on personal, ethnic and social levels  
3. Problems understanding the questions on cultural identity may be related to the level of abstractiveness and can be resolved bringing them closer to daily life functioning

### **References**

Groen, S.P.N., Richters, A., Laban, C.J., & Devillé, W.L.J.M. (2018). Cultural identity among Afghan and Iraqi traumatized refugees: Towards a conceptual framework for mental health care professionals. *Culture, Medicine, & Psychiatry*, 42(1), 69-91.  
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## **It Takes a Village to Raise a Child: Who Should Assist Adolescents in The “Study at Home” During the Pandemic in Indonesia?**

**Abstract ID: 191**

**Presenting author: Embun Pramana, RoCMHI, Faculty of Psychology, Universitas Indonesia**

**Winner of WACP2022 Travel Award Contest**

### **Background**

In Indonesia, a household usually consists of more than a nuclear family. This living arrangement has significant contributions toward child rearing activities, especially in assisting childrens’ learning process at home amidst

the pandemic. As previous studies indicated, family involvement in childrens' educational process will have a positive impact towards childrens' internalizing problems (Wang & Sheikh-Khalil, 2014; Martiny et al, 2021).

### **Aims**

Our study examined the contribution of household members' involvement in assisting students' learning at home and its impact on students' internalizing problems.

### **Methods**

This was a nationwide study of 9,597 Indonesian students aged 13–21 years old. The SDQ (Goodman, 2005) was used to assess internalizing problems. Data was collected using an online form during the pandemic situation in November 2020.

### **Results**

Compared to no learning assistance, students would benefited from assistance received from various household members. The major contribution is the assistance of all household members which decreases students' internalizing problems by 70% (OR = 0.364).

### **Discussion**

The most important family member to give learning assistance was mother. When mothers were involved, all of the family members would enhance the contribution towards students internalizing problems. However father involvement would only yielded positive impacts in decreasing internalizing problems when mother was also present. These results might be explained by the parenting style of fathers in Indonesia and beliefs surrounding gender roles in domestic works (Haslam et al, 2020).

### **Learning Objectives**

Amidst the pandemic, child rearing style related to learning assistance is still very much conducted in a traditional sense, with mother performed as main caregiver.

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## Cumulative traumas: Clinical group setting for former children exiled from La Réunion to mainland France

**Abstract ID: 192**

**Presenting author: Malika Mansouri, Paris Nanterre University, UR 4430 CLIPSYD - A2P, PCPP Psychology Institute;**  
**Marion Feldman, Paris Nanterre University, UR 4430 CLIPSYD - A2P, PCPP Psychology Institute**

### **Background**

Between 1962 and 1984, 2 015 children were exiled from Reunion Island to mainland France as part of a political project. Most of them were adopted, others were placed in foster families, foster homes, or farms. The forced exile was orchestrated by the French social services in charge of child protection (DDASS).

### **Aims**

The aim of this communication is to show the consequences of breakdowns in filiation among people born between 1950 and 1970 on Reunion Island, who experienced particular traumas during their childhood and how clinicians try to help to resolve them.

### **Methods**

Focus groups in three French areas : Guéret, Rennes and Guéret are currently conducted for people exiled when they were between 2 and 15 years old.

### **Results**

The first results show that these children were exposed to abuse in their filiation through a series of traumas.

### **Discussion**

For them, this abuse is still active today as the French government has not yet acknowledged the suffering of these children. The participants displayed numerous psychic disorders linked to their abandonment. They are still experiencing difficulties in assuming their identity, and these difficulties are transmitted to the next generation.

### **Learning Objectives**

The aim of this communication is to show the consequences of breakdowns in filiation among people born between 1950 and 1970 on Reunion Island, who experienced particular traumas during their childhood and how clinicians try to help to resolve them.

### **References**

Feldman M., Mansouri M. (2021). The Impact of breakdown in Filiation: the instance of children exiled from Reunion Island to mainland France between 1962 and 1984, *Frontiers in Psychology*. On line: DOI:103389/fpsyg.2021.623653  
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## Effectiveness of using E-vouchers to deliver an integrated package of (S)GBV/ SRH services to young people in Eastern Uganda.

**Abstract ID: 193**

**Presenting author: Brenda Nanyonga, Cordaid**

### Background

In Uganda's (S)GBV prevalence rates by type are 56%, 27.7%, and 42.9% for physical, sexual and spousal emotional violence respectively (UDHS 2016). Results-Based Financing (RBF) has been used to improve performance of health systems, address low responsiveness, poor efficiency and inequity and increase demand for services in the public health system (Ssengooba, F. et al, 2015) . Together with District Local Governments, Health Facilities, NGO partners, Cordaid developed a Program that uses e-vouchers to facilitate survivors' access integrated (S)GBV/SRH services including medical, legal, psychosocial support, transportation, and referral.

### Aims

To investigate effectiveness of the e-voucher and RBF methodology in facilitating access to quality integrated (S)GBV/SRH services for adolescents and youth, document best practices and suggest required improvements.

### Methods

A participatory research approach was used to capture voices of primary and secondary stakeholders using qualitative data collection methods (Document review, KII (10), FDGs (10), & IDI (5)). The study was done in 5 districts and targeted adolescents and young people aged 10-24 years totalling to 132 respondents.

### Results

The preliminary results indicate that e-vouchers/RBF have effectively enhanced young people's access to (S)GBV/SRH Services since October 2021. By December 2021, out of 1000 e-vouchers, 450 (45%) referrals were made, and out of those, 128 (28.4%) people have received services. More young people continue to access the e-vouchers services as this is an ongoing intervention.

### Discussion

Innovative systems-based interventions, combined with multisectoral collaboration can overcome barriers that hinder young people's access to integrated (S)GBV/SRH services.

### Learning Objectives

Exploring innovations to enhance young people's access to quality integrated (S)GBV and mental health services through e-vouchers; Integrating Mental Health services for GBV survivors into first-line Sexual & Reproductive Health services.

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2. Does a voucher program improve reproductive health service delivery and access in Kenya? | RBF Health; <https://www.rbfhealth.org/resource/does-voucher-program-improve-reproductive-health-service-delivery-and-access-kenya>.
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## **Mental health and psychosocial support interventions for survivors of sexual violence in Eastern DRC**

**Abstract ID: 194**

**Presenting author: Immaculée Mulamba Amisi, Senior SRHR/SGBV expert, Cordaid**

### **Background**

Sexual and gender-based violence is widespread in North and South Kivu, Democratic Republic of Congo. Due to a context of recurrent violence, presence of different armed groups and experienced powerlessness, SGBV incidences are structurally underreported and SGBV survivors do often not seek support.

### **Aims**

This study sets out to unveil the mental health and psychosocial consequences reported by survivors of sexual violence and how interventions could respond more adequately to mental health and psychosocial needs in a comprehensive, evidence-informed, context-specific and effective manner.

### **Methods**

Quantitative and qualitative data were collected during field research in North and South Kivu in 2020. Semi-structured interviews were conducted with 270 survivors of sexual violence (265 females, 5 males). Triangulation of unexpected findings with other surveys and literature research identified gaps on mental health and psychosocial support interventions in relation to sexual violence in low- and middle-income countries.

### **Results**

Reported mental health and psychosocial symptoms of survivors include depressive thoughts, anxiety, self-blame, rumination, and concentration loss and 60% of survivors report social stigmatisation and/or rejection. The 33 studies selected in the literature review reveal many options for mental health and psychosocial support approaches to select and to adopt for individual, family, to community and society-level interventions in a locally acceptable mixture.

### **Discussion**

The findings suggest that effective interventions should take an integrative and ecological approach, in which the social context of the survivor is guiding the development and implementation of mental health and psychosocial support interventions. The individual needs of the survivor should be taken into account, using a survivor centered approach. Embedding interventions in local community structures and involving the spouse, family and broader community may be necessary in eastern Congo. Impact evaluation should be done to ensure ongoing learning of contextualized mental health and psychosocial support interventions.

### **Learning Objectives**

To explore nature and severity of mental health problems presented by SGBV survivors in eastern Congo; To explore the most effective multi-level and multi-sectoral intervention package to offer given the demand of clients and given culture and context. To explore how community psychiatry approaches can mitigate community and society prevention and responses to SGBV.

## References

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## Beliefs about the causes and treatment of mental illness in an urban area in Namibia

**Abstract ID: 195**

**Presenting author: Shelene Gentz, University of Namibia**

**Winner of WACP2022 Travel Award Contest**

### Background

Qualitative research in Namibia suggests that adults hold varying ideas about the source of mental illness ranging from traditional/spiritual causes to modern psychological perspectives (Bartholomew, 2017). While symptoms of psychological distress are present in Namibia (Shifiona et al., 2006), larger scale research on the construction of mental illnesses remains limited.

### Aims

This descriptive quantitative study explored the construction of mental illness in the Aawambo community in Windhoek

### Methods

Case vignettes were used to collect data on beliefs about the causes and treatment of mental illness. Mutually exclusive codes were developed for (1) causes and (2) treatment of mental illness. Participants (n=100) were selected from community organizations using convenience sampling.

### Results

Participants had a mean age of 29 and 62% were female. The top cited causes for mental illness were: psychological (24.8%), financial (16.8%) and bewitchment (14.4%). Therapy/counselling was the highest endorsed treatment method (34.8%), followed by friend/family support (29.0%). Fewer participants (7.3%) mentioned seeing a traditional healer as a form of treatment. While women tended to endorse friend/family

support, men more frequently endorsed visiting a traditional healer ( $p<.05$ ). Beliefs about illness causes were concordant with beliefs about treatment ( $\chi^2=218.1$ ,  $p<.01$ ).

### **Discussion**

While this research supports previous qualitative research on the spiritual dimensions in conceptualization of mental illness, multiple causes and treatments for mental illness were endorsed by participants in this sample. These findings also confirm qualitative reflections that treatment beliefs are aligned with perceived causes of illness among Aawambo.

### **Learning Objectives**

Local conceptualisations of mental illness are important to increase uptake and effectiveness of interventions.

### **References**

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## **Targeting men in ending intimate partner violence in DRC: The strength of a culturally adapted psychosocial intervention.**

**Abstract ID: 196**

**Presenting author: Marian Tankink, Medical Anthropologist**

### **Background**

Informed by the International Men and Gender Equality Survey the Living Peace intervention was developed in 2013 by Promundo and a Congolese organization. The purpose: targeting men to prevent intimate partner violence (IPV) in relationships where women had experienced conflict-related rape in eastern DR Congo. Each group of twelve men had weekly sessions during fifteen weeks, addressing their own traumas, masculinity, other gender notions, and coping with stress.

### **Aims**

To examine the long-lasting effects of the intervention on the prevention of IPV.

### **Methods**

The qualitative impact evaluation was carried out in two rounds, three years after the group meetings. The first round gathered perceptions of 155 respondents through focus groups including 40 former participants, wives, relatives, and neighbors. Those data informed the second round with 32 in-depth individual interviews.

### **Results**

Incidences of IPV reduce when men are intentionally targeted by using a culturally relevant psychosocial, gender-transformative approach. Three years after the intervention, the rates of IPV were still reduced with 70%. The approach helped men to embrace the group; to develop greater self-awareness; to understand the effect of own trauma on their behavior and define alternative ways to cope with problems and harmful habits. Positive masculinity and supportive gender attitudes became integrated as new values.

## Discussion

Culturally adapted psychosocial interventions targeting men play an essential role in ending IPV. Important outcomes are: reduction of their alcohol use; feeling acknowledged and responsible; having support, having at least a minimal amount of stable income, and a mental disorder is a contraindication.

## Learning Objectives

Addressing men should be part of GBV interventions; IPV in (post-conflict areas is often related to lack of coping mechanism and feelings of masculinity; Addressing the existing gender notions should be central in IPV prevention.

## References

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## Like Joe: the development of an educational approach for young men to address gender-based violence.

**Abstract ID: 198**

**Presenting author: Christina de Vries, international health, Cordaid**

## Background

Masculinity perceptions can lead to distorted attitudes and legitimate violence against women or LGBTIQs. Adolescent boys in Africa struggle with developing positive gender relations, while being exposed to masculinity concepts of parents, peer groups, media and exposure to pornography.

## Aims

To identify appealing age and cultural appropriate ingredients for educational tools for adolescent boys aged 10-16 years in Africa regarding positive masculine attitudes and self-expression, respectful gender relations and sexuality.

## Methods

A 'Human-centered design', a stepwise process engaging the target group in defining the problems; the core messages and shaping attractive interventions. Six "Like Joe" focus group discussions were conducted with 4 –

12 young men in Burundi, Central-African Republic and eastern DR Congo. Members interviewed peers and recorded it on their cell phones. Topics were put into stories, facilitated by psychodrama sessions. Stories were transformed into a comic book.

### Results

The “Like Joe” groups wanted the comic book, the group meetings including talking, fun and activities and to remain connected in Whatsapp groups. The comic book and a guidebook for facilitators was developed with experts and validated by the reference groups. The method includes talk-reflect-act-change ideas. The materials are developed in French and English.

### Discussion

The human-centered design process towards developing a tailor-made intervention is a labour-intensive process. The resulting educational material is however attractive for the target group as it is grounded in the context of young men’s daily experiences. The educational material will need to be further validated in youth programmes of Cordaid and other agencies.

### Learning Objectives

To investigate if and how alternative local research methods as opposed to applying evidence from research elsewhere, yields effective educational materials; To learn how participatory research methods with youth can be applied and be an integral part of effective interventions with young men. To explore how frequent occurring substance abuse, addictions and aggressive behaviors can be prevented through positive peer support, lifeplanning and sports with adolescent boys.

### References

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## Towards an operational diagnostic and intervention pathway for asylum seekers and refugees in Italian MH Departments

**Abstract ID: 199**

**Presenting author: Vittorio De Luca, Azienda Sanitaria Locale Roma 5 (ASL RM5), Istituto Italiano Igiene Mentale Transculturale (IMT)**

### Background

The development of cultural competence in Italian Mental Health Services is a process far from being completed, and difficulties in engagement and care for immigrants and cultural diverse people are exacerbated by structural and cultural barriers (in terms of costs, stigma, accessibility, and acknowledgment). Even more barriers are

experienced by refugees and asylum seekers, even though some fundamental laws have been issued at a national and regional level.

### **Aims**

Developing a model of mental health governance at a community level which could take into account specific psychopathological vulnerabilities and healthcare needs of refugees and asylum seekers; reducing barriers to care by an operational Diagnostic and Therapeutic Pathway aiming to minimize obstacles and burden of distress and promoting secondary prevention.

### **Methods**

Situation assessment meeting with resettlement facilities operators, psychopathological screening for depressive and post-traumatic symptoms (Refugee Health Screener, RHS-15), focus groups and empowerment interventions with facilities users, training meetings with MH Department professionals.

### **Results**

Screening results have yielded higher positivity to RHS-15 (more than 70% in some resettlement facilities) than expected, half of which correlated to confirmed clinical conditions (PTSD, Adjustment disorders, Major Depressive Episodes). A very high prevalence of distress, even in absence of clinical conditions, has been found in different experimental settings, due to several factors of exclusion from healthcare, clinical and diagnostic interventions, and socio-cultural integration. An action plan has been developed throughout a shared process and outlined.

### **Discussion**

The definition of an operational Diagnostic and Therapeutic Pathway should be one the first concrete steps for an effective community governance that proposes and protects the right to health, including mental health, for refugees and asylum seekers. The use of psychopathological screeners and the establishment of outreach protocols by the MH Departments for resettlement facilities enhances therapeutic continuity and could reduce risks of secondary traumatization (Aragona et al., 2020).

### **Learning Objectives**

Learning a model of governance of mental healthcare (De Luca et al., 2021) and secondary traumatization prevention for refugees and asylum seekers in community setting.

### **References**

Aragona, M., Castaldo, M., Tumati M.C., et al. (2020) Influence of post-migration living difficulties on post-traumatic symptoms in Chinese asylum seekers resettled in Italy. *International Journal of Social Psychiatry* 66(2), 129-135. doi: 10.1177/0020764019888960. De Luca, V., Perra, A., Lewis-Fernandez, R., et al. (2021). Migranti, rifugiati e salute mentale: quale modello di intervento e organizzazione? In Nicolò, G., Pompili, E. *Manuale di Psichiatria Territoriale*. Raffaello Cortina Editore, Milan, Italy, pp 653-680. ISBN: 9788832852950 Tarricone, I., Stivanello, E., Ferrari, S., et al. (2012). Migrant pathways to community mental health centres in Italy. *International Journal of Social Psychiatry* 58(5), 505-511. doi: 10.1177/0020764011409523. WHO Regional Office for Europe (2018). Report on the health of refugees and migrants in the WHO European Region. No PUBLIC HEALTH without REFUGEE and MIGRANT HEALTH. Denmark, Copenhagen. ISBN: ISBN 978-92-890-5384-6

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## Case studies on epidemics of mass conversion disorder across Nepal: A review of cultural and public health perspectives

**Abstract ID: 200**

**Presenting author: Kamal Gautam, TPO Nepal**

### **Background**

Epidemics of mass conversion disorder are quite common across various regions of the country and are increasingly being reported from schools. Crying, fainting, screaming and possession are quite commonly manifested in mass conversion disorder. It often poses a great challenge to public health owing to lack of understanding on psychological and sociocultural causation of conversion disorder, limited human resources on mental health and cultural influences. Often help from shamans is sought. Animal sacrifices are made and rituals are performed to please gods and goddesses.

### **Aims**

The aim is to explore and analyze the public health burden and socio-cultural aspects of conversion disorder and its mitigation measures.

### **Methods**

A review of existing literature on conversion disorder was done combined with clinical and community based experiences of project implementation.

### **Results**

Conversion disorder is quite common in Nepal. Early detection and psychoeducation can offer great support in managing this public health problem.

### **Discussion**

Conversion disorder is often seen at schools in Nepal taking the shape of mass conversion disorder. Ongoing psychological distress, relationship problems, family issues, exam fears, fear of getting serious illness, fear of being afflicted by deities or bad spirits have been among the precipitating factors in reported cases of mass conversion disorder in Nepal (Upadhaya et al., 2015). A range of symptoms can be seen based on culture and ethnic variations. Appropriate measures to address the public health burden and taking into consideration the cultural perspective are must to deal with it efficiently.

### **Learning Objectives**

The objectives are to analyze the problem of mass conversion disorder in Nepalese community through cultural and public health perspective and to learn about variations in cultural influences on mental health across other countries.

### **References**

Upadhaya (2015). Mental Health & Community Mental Health in Nepal: Major Milestones in the development of Modern Mental Health Care. History of Psychiatry in Nepal. Journal of Psychiatrists' Association of Nepal Vol 4, No. 1., 60-67.

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## Overall trends of management of conversion disorder in clinical and community setting in Nepal

**Abstract ID: 202**

**Presenting author: Sabina Maharjan, TPO Nepal**

### **Background**

Conversion disorder is quite common across various regions of the country. In clinical setting, most of conversion cases presented with blindness, fainting, mutism, partial paralysis other nervous systems (neurologic) symptoms that cannot be explained by medical evaluation and also presented with more severe symptoms which are not recovered by the years. In community setting, mass conversion disorder is more prevalent in school going children and they mainly prefer to go to faith healing and cultural practices. Certain intervention is provided by different NGO by counselor to reduce the conversion symptoms. But sometime challenges in managed the conversion disorder fainting spells (also known as Psychogenic Non-Epileptic Seizures or PNES) is misdiagnosed with epilepsy. It also affects their daily functioning.

### **Aims**

To share the experiences of managing conversion disorder in clinical and community setting.

### **Methods**

This is based on experience of managing individuals with conversion disorder in clinical setting and communities at project implementation sites of TPO Nepal.

### **Results**

Presentation of conversion disorder may varies between clinical and community setting. A number of challenges in identification and management of conversion disorder are encountered. Likewise, in clinical setting, conversion disorder mainly focuses on assessment of co-morbidity with depression and anxiety disorders, psychoeducation and different therapies. Overall trends of managing the conversion disorder in community setting is to provide clinical supervision to the counselors, teacher training and family counselling for the management of cases.

### **Discussion**

Conversion disorder is more prevalent in our community and clinical setting. So, these things need to be considered during intervention and management of conversion disorder.

### **Learning Objectives**

Overall trends of management of conversion disorder in clinical and community setting in Nepal

### **References**

TPO Nepal (2016) , Conversion disorder booklet

### **Co-authors:**

*Kamal Gautam, TPO Nepal*

*Parbati Shrestha, TPO Nepal*

*Indira Pradhan, TPO Nepal*

## Cultural practices for the management of conversion disorder in Nepal: A psychosocial worker's perspective from a rural setting.

**Abstract ID: 203**

**Presenting author: Parbati Shrestha**

**Winner of WACP2022 Travel Award Contest**

### **Background**

Conversion disorder is commonly seen at schools and communities across different regions, often turning into mass conversion and sometimes leading to academic shut down for some days as a mitigation measure. Since conversion disorder is historically understood as "Hysteria" and originates from a wandering uterus and unmet sexual needs, marriage is often sought as a solution in young females. At other times, women manifesting trance and possession-like spells are often worshipped as "mata" literal meaning mother resulting in increased secondary gain and further perpetuation of psychological symptoms. I would therefore like to focus on this perspective from disease and ailment to healers and respected life through the symposium.

### **Aims**

To share cultural perspective on management of conversion disorder

### **Methods**

Case story method, interviews was used including review of existing literature on conversion disorder was done

### **Results**

Most of individuals visit traditional healers when they face conversion problems and there are local management techniques(worshiping, building temples etc) for it. The local management techniques are well accepted by the community. Those who have more episodes of conversion problems they are transferred to healer in the span of time. When there is no match of problems and community belief system the problem persists and transfers to the younger generations gradually.

### **Discussion**

Conversion problems are regarded as purely cultural phenomena related beyond this world. It is common practice to visit traditional healers when young girls and boys encounter this problem. Different healings rituals are conducted as per the explanatory models. If the explanation of healers matches with the sufferers the healing rituals helped to heal the individual in the contrary if it does not match the problems will amplify. The psychosocial workers should be well acquainted with the cultural practice and meanings of the problem to support in management of the problems.

### **Learning Objectives**

I would like to share the local management strategies of conversion disorder in the context of Nepal. I would like to learn about different cultural practices used in mental health care in different parts of the world through participation in the symposium.

### **References**

Sapkota, Ram P., et al. "A village possessed by "Witches": a mixed-methods case-control study of possession and common mental disorders in rural Nepal." *Culture, Medicine, and Psychiatry* 38.4 (2014): 642-668.

### **Co-authors:**

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## Findings from a Multicenter Randomized Controlled Trial for self-harm and Suicide Prevention in Adults in Pakistan

**Abstract ID: 208**

**Presenting author: Imran Chaudhry, Professor of Psychiatry**

### Background

Self-harm is a major risk factor for completed suicide worldwide. Culturally adapted evidence-based interventions are needed for the prevention, care, and treatment of self-harm in LMICs.

### Aims

This trial investigated the effectiveness of a culturally adapted manual assisted problem-solving intervention (CMAP) for patients presenting after self-harm.

### Methods

This was a multicenter randomized controlled trial with 901 patients presented after a self-harm episode to the participating recruitment centers across Pakistan. Participants were assessed and randomized to one of the two arms; CMAP with treatment as usual (TAU) or TAU alone. The CMAP manual was adapted from a self-help guide through a multi-disciplinary focus group and further refined during an earlier exploratory trial (Husain et al., 2014) through consultations with the Patient and Public Involvement and Engagement group. The primary outcome was the repetition of self-harm at 12-month post-randomization and secondary outcomes included suicidal ideation, depression, hopelessness, health-related quality of life, and coping resources. Assessments were completed at baseline, 3, 6, 9, and 12-months post-randomization.

### Results

A total of 853 (94.6%) participants completed 12-month outcome. Findings show that the number self-harm repetition for intervention arm were lower (n=17) as compared to the TAU group (n = 23), but the difference was not statistically significant. There was a significant reduction in intervention arm compared to the TAU arm in suicidal ideation, depression and hopelessness after completion of intervention. Participants in intervention arm reported significantly better health-related quality of life compared to the TAU arm.

### Discussion

The lower rate of repetition of self-harm in the intervention arm compared to the TAU arm was not statistically significant. Secondary outcome measures including suicidal ideation differed significantly between the two arms. Suicidal ideation is considered an important target for the prevention of suicide therefore CMAP intervention can be considered for inclusion in the self-harm and suicide prevention guidelines.

### Learning Objectives

- 1) Participants will learn about the cultural adaptation procedure of an evidence based intervention
- 2) Participants will learn about the implementation of a culturally adapted intervention in the context of a Pakistan
- 3) Participants will critically reflect on the research and clinical implications of this study for Pakistan and the LMICs.

### References

Husain, N., Afsar, S., Ara, J., Fayyaz, H., Ur Rahman, R., Tomenson, B., Hamirani, M., Chaudhry, N., Fatima, B., Husain, M., Naeem, F., & Chaudhry, I. B. (2014). Brief psychological intervention after self-harm: Randomised controlled trial from Pakistan. *British Journal of Psychiatry*, 204(6), 462–470. <https://doi.org/10.1192/bjp.bp.113.138370>

## Psychosocial intervention model for the management of conversion disorder in Nepal: Clinical practices from rural setting

**Abstract ID: 209**

**Presenting author: Indira Pradhan, TPO Nepal**

**Winner of WACP2022 Travel Award Contest**

### **Background**

As conversion disorder is common individually and in mass in Nepalese community among school going children which is not only the concern of psychological aspect but also the psychosocial aspect. There were no any intervention design which is culturally sensitive, holistic and can be implemented for management of conversion disorder in Nepal. so, there was need of developing the support model to support the needy so that they can overcome the problem, develop constructive coping and strengthen their support system to enhance their self-esteem.

### **Aims**

The aim is to find the comprehensive and safe support modality to respond the conversion disorder.

### **Methods**

Community level intervention and multiple group discussion of the multilayer service providers to collect their experiences were done.

### **Results**

There is a lack of comprehensive, culturally sensitive support module regarding conversion disorder. Hence, this module fulfil the gap of holistic support module. Based on the experiences of multilayer service providers there are the need of emergency support, intermediate and long term support for those who are suffering the problem and their significant others.

### **Discussion**

This module has been designed based on the experiences of clinical service providers in which multilayer stakeholder will be engaged for responding the conversion disorder and preventing the re-laps. Emergency and intermediate support strategies focuses to support the affected group to develop their constructive coping to overcome their problem whereas long term strategies recommend of integration of mental health and psychosocial support.

### **Learning Objectives**

I would like to share the holistic approaches being practiced to deal with conversion disorder in rural Nepal.I would like to learn about different clinical practices in mental health care in different parts of the world through participation in the symposium.

### **References**

Transcultural Psychosocial Organization(TPO) Nepal(2016). Conversion disorder, Dahal Printing support, Kathmandu, Nepal

### **Co-authors:**

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*Parbati Shrestha, TPO Nepal*

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## How could Early Intervention Services for Psychosis better serve migrants and ethnic minorities?

**Abstract ID: 210**

**Presenting author: Salome Xavier, McGill University, Douglas Mental Health University Institute**

### **Background**

Early intervention services for psychosis (EIS) are a widely accepted model, particularly in high-income countries. However, it remains unclear whether these services are designed to meet the needs of populations stemming from diverse social and cultural backgrounds.

### **Aims**

We aim to critically discuss the literature on psychosis within migrant and ethnic minority populations, focusing on aspects that could be incorporated in the context of EIS.

### **Methods**

This presentation involved a narrative review of the literature on the topics of psychosis, migrants and ethnic minorities, mental healthcare and EIS.

### **Results**

Some migrant and ethnic minority populations have been reported to be at higher risk for being diagnosed with psychosis. This has been consistently related to aspects pertaining to the social environment, including experiences of discrimination, marginalization and social disadvantage (Selten et al., 2020). Furthermore, migrant and ethnic minority groups are known to seek mental healthcare after longer delays, to be more frequently forcibly hospitalized, to disengage from treatment prematurely and to be less satisfied with their treatment (Maguire et al., 2020). The consideration of social and cultural context and factors is essential to the provision of good healthcare, especially in a culturally diverse society. Furthermore, acknowledging power relationships that stem from the societal context and shape institutions and models of care is a key step towards structural competence and safety in mental healthcare. Several strategies have been proposed to make mental healthcare services and systems more culturally and structurally competent (Jarvis et al., 2020; Kirmayer et al., 2013). However, these strategies have yet to be adopted broadly in early intervention for psychosis.

### **Discussion**

Given its emphasis on meaningful engagement and person-centered care, early intervention should integrate inclusive, structurally competent and context-informed interventions as a priority. Efforts must be made to apply knowledge from social and cultural psychiatry to the field of early intervention in psychosis.

### **Learning Objectives**

To understand the importance of taking social and cultural aspects into account in the care planning for individuals with early psychosis. To acknowledge the specific needs and predicaments of migrant and ethnic minority populations and the complexities that mental healthcare provision to these communities might entail.

### **References**

- Jarvis, G. E., Iyer, S. N., Andermann, L., & Fung, K. P. (2020). Culture and psychosis in clinical practice. In *A Clinical Introduction to Psychosis* (pp. 85-112). Academic Press. - Jones, N., Kamens, S., Oluwoye, O., Mascayano, F., Perry, C., Manseau, M., & Compton, M. T. (2021). Structural Disadvantage and Culture, Race, and Ethnicity in Early Psychosis Services: International Provider Survey. *Psychiatric Services*, *appi-ps*. - Kirmayer, L. J., Guzder, J., & Rousseau, C. (Eds.). (2013). *Cultural consultation: Encountering the other in mental health care*. Springer

Science & Business Media.- Maguire, J., Sizer, H., Mifsud, N., & O'Donoghue, B. (2020). Outcomes for migrants with a first episode of psychosis: A systematic review. *Schizophrenia research*. - Selten, J. P., Van Der Ven, E., & Termorshuizen, F. (2020). Migration and psychosis: a meta-analysis of incidence studies. *Psychological medicine*, 50(2), 303-313.

**Co-authors:**

*Srividya Iyer, McGill University, Douglas Mental Health University Institute*

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## **DSM-5 Text Revision on Ethnoracial Equity & Inclusion and Social Determinants of Mental Health**

**Abstract ID: 212**

**Presenting author: Francis Lu, UC Davis**

### **Background**

The DSM-5 Text Revision will be published in March 2022. The American Psychiatric Association appointed work groups on cultural issues including one on Ethnoracial Equity & Inclusion that made important revisions to the text. These revisions include attention paid to the social determinants of mental health.

### **Aims**

This presentation that is part of the overall symposium submission #21 = Opportunities and Constraints of the DSM Review Process: Perspectives from Cultural Psychiatry chaired by Roberto Lewis Fernandez, MD, will review the work of the Ethnoracial Equity & Inclusion work group.

### **Methods**

The Work Group on Ethnoracial Equity & Inclusion met between March and June 2021 to serve as a final review of the text of DSM-5 Text Revision to ensure that issues involving racism, discrimination, and mental health equity were included in the text.

### **Results**

Revisions were made throughout the DSM-5 Text Revision especially in the Introduction, the Culture-Related Diagnostic Issues sections, and in the Cultural Formulation part of Section 3.

### **Discussion**

These changes substantially update DSM-5 in addressing issues of racism, discrimination, and mental health equity including social determinants of mental health in the process of diagnosis.

### **Learning Objectives**

1. To understand the important changes in the DSM-5 Text Revision concerning issues of racism, discrimination, and mental health equity including social determinants of mental health. 2. To understand the process by which these revisions were made in the DSM-5 revision process.

### **References**

American Psychiatric Association. (2022). *DSM-5 Text Revision*. Washington, DC: American Psychiatric Association.

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## The limitations of contextualizing data limitations in the DSM-5-TR: Eating disorders and culture-related diagnostic issues

**Abstract ID: 213**

**Presenting author: Anne Becker, Harvard Medical School**

### **Background**

Eating disorders are serious mental disorders with potentially consequential medical sequelae. Given that many of their signs and symptoms are dimensional and reference local social norms, an informed understanding of how the presentations of these disorders are culturally patterned is salient to clinical detection.

### **Aims**

This presentation will critique limitations to—and consider opportunities for—enhancing the clinical utility of information provided in the DSM about the cultural dimension of eating disorders.

### **Methods**

Description and critical reflection about the process for reviewing the relevant literature and proposing edits to update culture-related diagnostic issues for eating disorders in the DSM-5-TR (APA, 2022). The presenter served as a reviser for the cross-cutting culture review of feeding and eating disorders for the DSM-5-TR.

### **Results**

There is a persisting lack of available rigorous epidemiological data on eating disorders from community-based populations in the Global South to refine understanding about phenotypic diversity of eating disorders and to extend or challenge conventional wisdom about social and cultural moderators and mediators of risk (e.g., Thomas et al. 2016). DSM-5 text revision amendments, of course, had to align with the data in hand, regardless of their limitations. With respect to the eating disorders text updates, there was insufficient opportunity to contextualize these data gaps.

### **Discussion**

Limited contextualization of available data on eating disorders has potential consequences for perpetuation of clinical stereotypes about risk that can undermine diagnostic assessment and therapeutic engagement as well as implications for the visibility, prioritization, and public health resources for eating disorders in the Global South.

### **Learning Objectives**

Describe limitations of culture-related data on eating disorders in the DSM  
Examine the reasons for these limitations  
Understand potential impacts on clinical utility and practice

## References

American Psychiatric Association. (Forthcoming, 2022). Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition, Text Revision. Washington, DC: American Psychiatric Publishing.

Baxter, A. J., Patton, G., Scott, K. M., Degenhardt, L., & Whiteford, H. A. (2013). Global epidemiology of mental disorders: what are we missing?. *PloS one*, 8(6), e65514. DOI: <https://doi.org/10.1371/journal.pone.0065514>

Becker, A. E., & Thomas, J. J. (2015). Eating Pathology in Fiji: Phenomenologic Diversity, Visibility, and Vulnerability. In: Kirmayer L, Lemelson R, Cummings C, Eds. *Revisioning Psychiatry: Cultural Phenomenology, Critical Neuroscience, and Global Mental Health*. Cambridge University Press; 2015; Pp. 515-543.

Santomauro, D. F., Melen, S., Mitchison, D., Vos, T., Whiteford, H., & Ferrari, A. J. (2021). The hidden burden of eating disorders: an extension of estimates from the Global Burden of Disease Study 2019. *The Lancet Psychiatry*, 8(4), 320-328. DOI: [https://doi.org/10.1016/S2215-0366\(21\)00040-7](https://doi.org/10.1016/S2215-0366(21)00040-7)

Thomas, J. J., Lee, S., & Becker, A. E. (2016). Updates in the epidemiology of eating disorders in Asia and the Pacific. *Current Opinion in Psychiatry*, 29(6), 354-362. DOI: <https://doi.org/10.1097/YCO.0000000000000288>

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## Impact of the COVID-19 pandemic on mental health services to the Hispanic population

**Abstract ID: 218**

**Presenting author: Shirin Shokooh-Fermaint, Yale University School of Medicine**

### Background

Racial disparities and other social determinants of health have negative outcomes in the health care opportunities of underserved and minority groups (Penman-Aguilar, A. et al., 2016) (Maura, J. et al., 2017). These inequities are further highlighted in the context of natural disasters, such as the COVID-19 pandemic (Ornell, F. et al., 2021). Implementation of culturally sensitive novel mechanisms for continuity of care is essential to prevent increase in the incidence of mental disorders and worsening of pre-existing psychiatric conditions (Neelam, K. et al., 2021). We faced these challenges at an outpatient mental health clinic while providing services to the Spanish-monolingual Hispanic population suffering from severe mental illness (SMI). Due to the pandemic's impact on in-person visits, we needed to adjust to this new reality by implementing telehealth services for all our patients (Bojdani, E. et al., 2020).

### Aims

To determine the impact of policy responses to the COVID-19 pandemic in outpatient services providing care to Hispanic patients with SMI.

### Methods

We investigated the policies implemented during the COVID-19 pandemic. Outcome variables were reported using descriptive statistics. We provided an anonymous online survey to clinical and administrative staff to understand how these measures impacted direct patient care.

### Results

The clinic was able to increase its capacity to provide mental health services by increasing the patient census. The number of encounters decreased slightly. The results from the staff survey will be presented during the session (analysis in progress), and we will compare these results with other outpatient clinics providing services to Hispanic patients.

## Discussion

Addressing social determinants of health and cultural factors helped maintain continuity of mental health services to the underserved Hispanic population with SMI.

## Learning Objectives

1. Recognize the socioeconomic disparities exacerbated by the COVID-19 pandemic and its impact on mental health in the Hispanic population. 2. Identify three strategies to provide excellent mental health care to the Hispanic population with severe mental illness during the COVID-19 pandemic. 3. Implement measures focused on mitigating or eliminating specific social determinants of health affecting the Hispanic population with severe mental illness.

## References

1. Penman-Aguilar, A., Talih, M., Huang, D. et al. (2016). Measurement of Health Disparities, Health Inequities, and Social Determinants of Health to Support the Advancement of Health Equity. *Journal of public health management and practice* : JPHMP, 22 Suppl 1(Suppl 1), S33–S42. doi.org/10.1097/PHH.00000000000003732.

Maura, J. and Weisman de Mamani, A. (2017). Mental Health Disparities, Treatment Engagement, and Attrition Among Racial/Ethnic Minorities with Severe Mental Illness: A Review. *Journal of clinical psychology in medical settings*, 24(3-4), 187–210. doi.org/10.1007/s10880-017-9510-23.

Ornell, F., Borelli, W. V., Benzano, D. et al. (2021). The next pandemic: impact of COVID-19 in mental healthcare assistance in a nationwide epidemiological study. *Lancet Regional Health. Americas*, 100061. Advance online publication. doi.org/10.1016/j.lana.2021.1000614.

Neelam, K., Duddu, V., Anyim, N. et al. (2021). Pandemics and pre-existing mental illness: A systematic review and meta-analysis. *Brain, behavior, & immunity - health*, 10, 100177. doi.org/10.1016/j.bbih.2020.1001775.

Bojdani, E., Rajagopalan, A., Chen, A. et al. (2020). COVID-19 Pandemic: Impact on psychiatric care in the United States. *Psychiatry research*, 289, 113069. doi.org/10.1016/j.psychres.2020.113069

## Co-authors:

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## The Contextual Developmental Assessment (CDA): a new tool for assessment and understanding of mental health problems

**Abstract ID: 226**

**Presenting author: Boris Drozdek, tbd**

## Background

Inclusion of the Outline for Cultural Formulation (OCF) in the fourth edition of the DSM provided a structural framework to assess cultural factors that could potentially affect the clinical encounter in mental health treatment. In the fifth edition of the DSM, the Cultural Formulation Interview (CFI) was introduced and some adjustments to the OCF domains were made. The CFI was developed to enhance implementation of the OCF and counter its underutilization in clinical practice. Nowadays, a refinement of the OCF and the CFI together with a rigorous evaluation of high-quality clinical care seem necessary in order to facilitate psychiatry and psychology in responding to current real-world challenges.

### **Aims**

To develop a new interview tool based on the CFI and aiming at inclusion of biographical and developmental aspects in assessment and treatment of mental health problems.

### **Methods**

Based on the Integrative Developmental Contextual Model for understanding mental health problems throughout a lifespan from the ecological and developmental perspectives, a new interview tool, the Contextual Developmental Assessment (CDA), was developed and tested in a multicultural clinical population.

### **Results**

The CDA explores experiences that could have led to mental health issues in all life stages, from birth to the present age, with attention to local norms and values on micro, meso, exo and macro levels of an individual, family, (ethnic) group, and society. Moreover, the interview includes questions about a post-migration phase inquiring into sociodemographic and psychosocial changes after resettlement. It helps us understand why individuals develop mental health problems at some stages of their life trajectories and stay in balance at the other despite stressful experiences. The CDA was successfully applied in a multicultural clinical population in the Netherlands.

### **Discussion**

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### **Learning Objectives**

The CDA seems to provide relevant information for assessment and treatment of mental health problems in multicultural clinical populations. This assessment tool is closely related to the existing procedures in mental health care practice, such as inquiring into biographical and developmental trajectories, which may facilitate its implementation. The CDA helps establishing clearer connections between the different OCF domains.

### **References**

American Psychiatric Association (1994) Diagnostic and statistical manual of mental disorders. Fourth edition. Arlington (VA): American Psychiatric Publishing. American Psychiatric Association (2013) Diagnostic and statistical manual of mental disorders. Fifth edition. Arlington (VA): American Psychiatric Publishing. Lewis-Fernández R, Díaz N (2002) The cultural formulation: A method for assessing cultural factors affecting the clinical encounter. *Psychiatric Q.* 73(4):271-295. Droždek B (2007) The rebirth of contextual thinking in psychotraumatology. In Droždek B, Wilson JP (Eds), *Voices of trauma: treating survivors across cultures* (pp 1-26). New York: Springer. Droždek B (2015) Challenges in treatment of posttraumatic stress disorder in refugees: Towards integration of evidence-based treatment with contextual and culture-sensitive perspectives. *Eur J Psychotraumatol.* 6:24750.

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## **The Outline for Cultural Formulation: Development, culture, and social structure in case formulation**

**Abstract ID: 227**

**Presenting author: Laurence J Kirmayer, James McGill Professor and Director, Division of Social and Transcultural Psychiatry, McGill University, Montreal, Canada**

### **Background**

The increase of cultural diversity of patient populations in mental health keeps challenging mental health

professionals to address cultural factors that may influence diagnosis and treatment. Mental health professionals are challenged to understand cultural influences to mental health problems, contextual development and social structures.

### **Aims**

The aim of this symposium is to reflect on the Outline for Cultural Formulation (OCF) in light of the current dynamics of a societal discourse and to understand refugees and their predicament using a holistic approach including development, culture, and social structure.

### **Methods**

The presentations include a qualitative analysis of cultural identity as part of the OCF, the development of a contextual developmental assessment, and an elaboration of the ways in which intrapsychic dynamics of refugees' suffering and remembering interact with larger societal dynamics. The dispositions of the refugee's predicament are placed in the context of current debates about structural racism and exclusion. Assessment of psychosocial development has been developed and added to the OCF with the aim to enhance understanding of contextual, cultural and developmental aspects in mental health challenges.

### **Results**

Qualitative analysis of cultural identity related to trauma and acculturation resulted in a conceptual framework of personal, ethnic and social components. To include and structure valuable information from refugees' biographical accounts, an integrative contextual developmental assessment has been developed. This Social-Cultural Formulation (SCF) is an update of the OCF.

### **Discussion**

The concept of cultural identity can be clarified in the CFI with modification of questions. An integrative contextual development assessment will provide information about attachment and bonding, parentification, and early childhood trauma as they all may impact a refugee's reaction and adaptation to current life stressors. Inclusion of structural competency requires an update of the OCF into a SCF aiming at adequately addressing real-world challenges in routine clinical practice.

### **Learning Objectives**

1. Adaptation of questions on cultural identity in the Cultural Formulation Interview (CFI) and the relevance of the concept of cultural identity for understanding mental health problems; 2. The Social-Cultural Formulation (SCF) will facilitate required structural competency in cultural psychiatry; 3. An integrative contextual developmental assessment helps retrieving fundamental vulnerabilities for development of mental health disorders in refugee patients.

### **References**

Droždek, B. (2015). Challenges in treatment of posttraumatic stress disorder in refugees: Towards integration of evidence-based treatments with contextual and culture-sensitive perspectives. *European Journal of Psychotraumatology*, 6, 24750 – <http://dx.doi.org/10.3402/ejpt.v6.24750>. Groen, S.P.N., Richters, A., Laban, C.J., Devillé, W.L.J.M. (2018). Cultural identity among Afghan and Iraqi traumatized refugees: Towards a conceptual framework for mental health care professionals. *Culture, Medicine, & Psychiatry*, 42(1), 69-91. Weiss, M.G., Aggarwal, N.K., Gómez-Carillo, A., Kohrt, B., Kirmayer, L.J., Bhui, K.S., Like, R., Kopelowicz, A., Lu, F., Farias, P.J., Becker, A.E., Hinton, L., Lewis-Fernández, R. (2021). Culture and social structure in comprehensive case formulation. *The Journal of Nervous and Mental Disease*, 209(7), 465-466.

### **Co-authors:**

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## Negotiating to and acceptability of psychiatric assessment and treatment for minor refugees through collaborative approaches (as agreed with core team)

**Abstract ID: 228**

**Presenting author: Jakob Versteete, University Psychiatric Hospital (UPC KU Leuven)**

### **Background**

Unaccompanied refugee minors are consistently documented to show an increased prevalence of psychiatric morbidity. Yet, minor refugees are less likely to access regular psychosocial and psychiatric services. Several thresholds are at play and intersect in explaining their limited mental health care utilization: socio-cultural factors that shape symptomatology and explanatory models of illness, acceptability of mental health care and stigma within cultural communities, and institutional factors that include levels of cultural and structural competence in mental health and psychiatric care providers.

### **Aims**

Expecting to meet many of these barriers in acceptance of admission to Paso, a newly developed psychiatric semi-residential unit for transcultural trauma treatment for minor refugees, the intake procedure implements collaborative outreach, developing a pre-therapeutic trajectory that actively addresses and negotiates barriers to psychiatric care.

### **Methods**

In this collaborative approach, professional partners are engaged as members of a care network around a minor refugee referred for psychiatric treatment. Within these collaborative care networks thresholds are explored, actively addressed and negotiated in close dialogue with the adolescent. In this presentation we discuss the specific socio-cultural, and institutional thresholds to accessing and accepting psychiatric treatment that were met, and how these intersect with posttraumatic response in vulnerable minor refugees, and describe the process of successfully facilitating mental health care utilization in refugee adolescents referred to psychiatric treatment.

### **Results**

This contribution starts with providing an integrative synthesis of scientific literature on barriers faced by refugees in accessing mental health services. Based on a delineation of our pilot collaborative approach in facilitating access to transcultural psychiatric care, we present case examples and empirical data from ongoing process-analysis with clinicians and patients that provide further insight in both specific socio-cultural, and institutional thresholds to accessing and accepting psychiatric treatment, and how these intersect with posttraumatic response in vulnerable minor refugees.

### **Discussion**

(x)

### **Learning Objectives**

(x)

### **References**

(x)

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## Developing cultural formulation with refugee families (as agreed with core team)

**Abstract ID: 229**

**Presenting author: Lucia De Haene, University of Leuven & Faculty Clinical Centre PraxisP**

### Background

Cultural formulation is oriented on the ethnographic exploration of social and cultural factors relevant to diagnosis and treatment as accounted for by patients and significant informants. In its current operationalization, the inclusion of both patient and informant versions indicates an interest in exploring family members' perspectives on illness experiences and coping strategies. Notwithstanding this potential, the CFI is designed to support social and cultural contextualization in diagnosis and treatment on the individual level. Here, recent scholarly literature shows a growing interest in an ethnographic assessment at family level, exploring family dynamics as both central mediators of family members' health and illness and core resources of coping.

### Aims

This contribution presents a family-level approach to cultural formulation, developed and piloted within a transcultural trauma-therapeutic outpatient service for refugee families.

### Methods

Starting from the core foci of contextualizing illness narratives within cultural meaning systems, migration and exile, and social predicaments, the design of a family-level cultural formulation assessment protocol was based on the integration of transcultural psychiatric and system therapeutic literature, including premises and methods of systemic assessment and transcultural system therapeutic literature. In the pilot family-level approach to cultural formulation, we engage in a joint exploration and meaning-making with family members on family illness narratives, inviting family members to address cultural models of child development; family dynamics in shaping cultural identifications in diaspora, including transgenerational and transnational dynamics; family processes of posttrauma communication and meaning-making; the role of collective violence in cultural and collective belonging within family functioning; family dynamics in mobilizing cultural forms of symptom expression and explanatory models; and the impact of structural conditions in diaspora within family relationships.

### Results

This contribution provides a synthesis of literature integrated within the family systems protocol for cultural formulation and, using case examples, discusses future perspectives on further clinical implementation and research.

### Discussion

(x)

### Learning Objectives

(x)

## References

(x)

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## Developing Cultural Formulation of Refugee Child Development in School-based Collaborative Mental Health Care (as agreed with core team)

**Abstract ID: 230**

**Presenting author: Caroline Spaas, University of Leuven & Faculty Clinical Centre PraxisP**

### Background

Studies consistently document how, in the wake of forced migration, refugee children are at an increased risk for the development of mental health difficulties. However, refugee communities are known to underutilize mental health services, due to cultural stigma, social isolation, and institutional dynamics in mental health care services. Situated within broader scholarly interest in facilitating low-threshold psychosocial care within community settings, scholars point towards schools as a promising context in which to embed accessible psychosocial care for refugee children. A particular practice of school-based care, collaborative mental health care involves the formation of care networks, in which mental health care providers, school partners and refugee families

### Aims

Based on a detailed description of an ongoing practice of school-based collaborative care (including case documents, written process reflections, clinical case analysis and the identification of intervention themes), we describe a model that outlines a comprehensive approach for the cultural formulation of refugee children's development in school-based collaborative mental health care. This model effectively locates refugee child psychosocial, linguistic and cultural development within family relationships structured by coping with and giving meaning to family migration history, host society conditions and cultural belonging in exile.

### Methods

Findings from intervention description and clinical case analysis indicate how the model for cultural formulation of refugee children's development through joint assessment within school-based collaborative mental health care allows for clinicians, practitioners and families to move away from an individual perspective on refugee children's development, towards an meaningful engagement with refugee families' migration histories, cultural background and social condition. It forms an important stepping stone towards collaborative intervention that mobilizes the school and the family-school interaction as vehicles of restoring safety and stability in the aftermath of forced migration. Furthermore, the model provides tools for promoting expertise in school actors and practitioners.

### Results

(x)

## Discussion

(x)

## Learning Objectives

(x)

## References

(x)

## Co-authors:

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## Developing cultural formulation with adolescent refugees in psychiatric treatment (as agreed with core team)

**Abstract ID: 231**

**Presenting author: Jacob Vermeulen, University Psychiatric Hospital (UPC KU Leuven)**

### Background

While evidence on cultural formulation has developed extensively, clinical literature on its use with children and adolescents remains scarce. This contribution explores the embedding of cultural formulation during diagnostic assessment within a psychiatric semi-residential treatment for refugee adolescents, and presents the specific adaptations made to the Cultural Formulation Interview (CFI) in order to align with patients' specific developmental and psychiatric profile.

### Aims

Implementing the CFI in its current form with minor refugees is bound by distinct challenges, echoing the scant literature on CFI-implementation with children and adolescents. The CFI seems to require complex cognitive abilities in patients, processes that are often compromised as the result of severe traumatization, particularly in the initial treatment phase of stabilization and symptom reduction. Other important challenges referred to CFI-questions frequently triggering trauma response in patients for whom ongoing family separation operates as major source of trauma-reactivation, or their provision of mere generic social, religious, and cultural accounts by patients who are often limitedly acquainted with the practice of psychiatric care.

### Methods

This contribution presents an adaptation to the CFI for adolescent refugees, using a dynamic, person-centered ethnographic approach. We explore ethnic and/or cultural identity and explanatory models in adolescent refugees through an open exploration of individual lived experience in relation to cultural meaning and knowledge systems, resulting in a thick description of an individualized experience of culture with emerging subjunctive narratives and allowing refugee adolescents to co-regulate the course of the interview.

### Results

This contribution starts from an overview of existing literature on cultural formulation with children and adolescents, and presents the specific adaptations developed to enhance feasibility and acceptability in working with minor refugees with a history of severe traumatization. The adapted interview guideline is illustrated with case examples; a concluding discussion identifies future clinical and research directions.

#### Discussion

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#### Learning Objectives

(x)

#### References

(x)

#### Co-authors:

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## Rethinking Strategies for Providing Mental Health Services in Africa

**Abstract ID: 232**

**Presenting author: Andrew Prof Zamani, Nasarawa State University, Keffi. Nigeria**

#### Background

The paper examines the impact of the provision of mental health services in secondary and tertiary health care institutions in Africa. The challenges of availability of services through professionally trained specialists, access to care and socio-cultural barriers are examined on a regional basis. .

#### Aims

1. To examine current methods for the provision of mental health services in Africa  
2. To examine the degree of implementation of National mental health Policies in Africa  
3. To examine the level coverage of mental health services and access to care in Africa on regional basis

#### Methods

The paper is a systematic review of literature and extraction of secondary on the the status of mental health services in Africa. The review deliberately compares the different regions of Africa on mental health services in terms of manpower, facilities and quality of care.

#### Results

The paper observes the following as the challenges of the effective provision of mental health services in Africa.  
1. Dearth of facilities and practitioners  
2. Poor funding  
3. Negative attitudes, superstition and social stigma  
4. Obsolete mental health laws and stale policies

#### Discussion

The following issues are discussed:  
1. The imperatives of scientific case- identification and pharmacological interventions for neurological and substance use disorders as panacea for reducing the burden of mental ill-health on the continent.  
2. An integrated system is therefore advocated to enable mental health practitioners to train primary health workers to provide basic mental health services at the grassroots level to resolve acute cases as well as prevent degeneration to chronic status.  
3. The need for a model that promotes the mainstreaming of mental health psychosocial support into the WHO mental health gap action programme to scale up care for mental, neurological and substance use disorders is proposed as a major strategy for “universal” coverage in conclusion

#### Learning Objectives

1. Expert and facility census on mental health in Africa
2. Mental health statistics by regions
3. Innovations on user friendly methods to upscale mental health services in Africa

## References

1. ANDREW E. ZAMANI, JAMES T. OBINDO, CHRISTOPHER C.G, et al. (2008). APPRAISING PSYCHOTHERAPEUTIC SERVICES IN THE NIGERIAN HEALTH CARE SETTING. AFRICAN JOURNAL OF APPLIED PSYCHOLOGY, VOL. 2, 3, 52-582.
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## TRANSLATION, CROSS-CULTURAL ADAPTATION, AND VALIDATION OF ENRICH SCALE FOR MARITAL SATISFACTION IN PASHTO

**Abstract ID: 235**

**Presenting author: Rabia Kareem, Peshawar Medical College**

### Background

Marital satisfaction is a subjective evaluation of one's quality of marriage and scales are used to assess it. These all have been developed according to the norms of western culture. Unfortunately, there have been no validated and culturally appropriate instrument for use with Pashto speaking population of Pakistan and Afghanistan.

### Aims

This study was conducted with the aim to validate the Evaluation and Nurturing Relationship Issues, Communication and Happiness (ENRICH) scale in Pashto.

### Methods

This study was conducted in tertiary care teaching hospitals of Peshawar from August to October 2021 on 658 married women. The mean age of the sample was 29.56 ± 7.99 years. Majority were uneducated (n=335, 50.9%) and were unemployed (n=566, 86.0%) respectively. ENRICH was translated from English to Pashto, using the forward-backward method by three bilingual experts and the translated scale given to the participants to find out the exploratory and confirmatory factor analysis, Cronbach's alpha reliability, and construct validity of ENRICH (Pashto version).

### Results

The scale appeared as a three-factor model on factorial validity and the items of the scale were inter-correlated. Regarding construct validity, the factor loading through Item Total Correlation scores revealed highly satisfactory correlation coefficients. The Cronbach's alpha reliability of the Pashto version of ENRICH was 0.847. The confirmatory factor analysis (CFA) indicated a good fit model with 0.926 and the RMSEA value of .067. On ENRICH, the majority were maritally satisfied (n=408, 62.01%).

### Discussion

This study is the first attempt to translate and validate an important instrument for measuring marital satisfaction in Pashto. A study showed a positive correlation with education unlike our study. The present study validated and translated ENRICH and showed excellent psychometric properties of the Pashto version. The Cronbach's alpha reliability in our study was 0.847 which is higher than the values reported by a number of studies.

### Learning Objectives

1. To translate a culturally appropriate scale for measurement of marital satisfaction in the Pashto speaking population.
2. To validate the ENRICH in the Pashto speaking population
3. To assess marital satisfaction in the Pashto speaking population using ENRICH

### References

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## THE EFFECT OF CULTURALLY ADAPTED COGNITIVE BEHAVIOUR THERAPY BASED GUIDED SELF-HELP IN PATIENTS WITH MYOCARDIAL INFARCTION HAVING DEPRESSION

**Abstract ID: 236**

**Presenting author: Mifrah Rauf Sethi, Peshawar Medical College**

### Background

Patients with cardiovascular diseases commonly have comorbid depression which is often ignored and this becomes the major contributor to the poor quality of life in these patients.

### Aims

To determine the efficacy of a culturally adapted Cognitive Behaviour Therapy-based Guided Self Help (CaCBT-GSH) for depression in patients with myocardial infarction (MI) when added to Treatment As Usual (TAU), compared with TAU alone.

### Methods

This was an assessor-blinded, randomised controlled clinical trial. Participants with a diagnosis of depression post myocardial infarction, coming to the Punjab Institute of Cardiology in Lahore, Pakistan, were included in

the study. A total of 140 patients were screened; 70 of them were randomly allocated to CaCBT-based guided self-help plus TAU (Treatment group) and 70 to TAU alone (Control group). Assessments were done at baseline and at end of therapy (8 weeks from baseline). Reduction in depression score (Depression Subscale of the Hospital Anxiety and Depression Scale (HADS)) at eight weeks was the primary outcome measure. The secondary outcome measures included anxiety scores (HADS - Anxiety Subscale), somatic symptoms (Bradford Somatic Inventory), disability (World Health Organisation Disability Assessment Schedule) and treatment satisfaction.

### **Results**

Participants in the Treatment group (n=70) showed statistically significant improvement in depression, somatic symptoms, and disability (each  $p=0.000$ ). Participants in the Treatment group also reported higher satisfaction with treatment compared to those in the Control group ( $p<0.01$ ).

### **Discussion**

Guided Self-help based on CaCBT can be effective in improving depressive symptoms, when compared with Treatment As Usual alone. This is the first report of a trial of culturally adapted CBT based Guided self-help (CaCBT-GSH) using a manual, in secondary care regarding patients with MI, from South Asia. Further studies are needed to generalize these findings.

### **Learning Objectives**

1. To find out the efficacy of a culturally adapted Cognitive Behaviour Therapy-based Guided Self Help (CaCBT-GSH) for depression in patients with myocardial infarction (MI).
2. To find the improvement in Somatic symptoms and Disability in patients who received CBT post MI.
3. To find out the satisfaction with treatment in patients who received CBT post MI.

### **References**

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Roest, A. M., Martens, E. J., Denollet, J., De Jonge, P. (2010). Prognostic association of anxiety post myocardial infarction with mortality and new cardiac events: a meta-analysis. *Psychosomatic Medicine*, 72:563–569. DOI: 10.1097/PSY.0b013e3181dbff97

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Naeem, F., Irfan, M., Ayub, M. (2015). Khushi aur Khatoon: self-help guide for depression. *Pakistan Association of Cognitive Therapists (PACT)*. DOI: 10.1016/j.jad.2013.10.051

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# THE EFFECT OF CULTURALLY ADAPTED COGNITIVE BEHAVIORAL THERAPY BASED GUIDED SELF-HELP IN PATIENTS WITH POSTNATAL DEPRESSION

**Abstract ID: 237**

**Presenting author: Muhammad Irfan, Peshawar Medical College**

## **Background**

Postnatal depression is a very common occurrence but often ignored and this becomes the major contributor to the poor quality of life in these women.

## **Aims**

To determine the efficacy of Culturally Adapted Cognitive Behaviour Therapy based Guided Self Help (CaCBT-GSH) for depression in patients with Post Natal Depression (PND) when added to Treatment As Usual (TAU), compared with TAU alone.

## **Methods**

This was an assessor-blinded, randomized controlled clinical trial. Participants with a diagnosis of Post Natal Depression, coming to a teaching hospital of Karachi - Pakistan, were included in the study. A total of 140 patients were screened out and were randomly allocated 70 to CaCBT based guided self-help [Treatment group] and 70 to TAU alone [Control group]. Assessments were completed at baseline and the end of therapy (after 8 weeks from baseline). Reduction in depression score (Edinburgh Postnatal Depression Scale) at eight weeks was the primary outcome measure. The secondary outcome measures included somatic symptoms (Bradford Somatic Inventory), disability (World Health Organization Disability Assessment Schedule) and satisfaction with the treatment.

## **Results**

A total of 70 participants were randomized to the Treatment group and the other 70 to the Control group. Participants in the Treatment group showed statistically significant improvement in depression ( $p=0.000$ ), somatic symptoms ( $p=0.000$ ), and disability ( $p=0.000$ ).

## **Discussion**

Guided Self-help based on CaCBT can be useful in improving depressive symptoms when compared with Treatment as Usual alone. This is the first report of a trial of culturally adapted CBT based Guided self-help (CaCBT-GSH) using a manual, in secondary care for patients with postnatal depression, from South Asia. Further studies are needed to generalize these findings.

## **Learning Objectives**

1. To find out the efficacy of a culturally adapted Cognitive Behaviour Therapy-based Guided Self Help (CaCBT-GSH) for postnatal depression.
2. To find the improvement in Somatic symptoms and Disability in women with postnatal depression who received CBT.
3. To find out the satisfaction with treatment in women with postnatal depression who received CBT.

## References

- Woody, C. A., Ferrari, A., Siskind, D., Whiteford, H., Harris, M. (2017). A systematic review and meta-regression of the prevalence and incidence of perinatal depression. *Journal of Affective Disorder*, 219: 86-92. DOI:10.1016/j.jad.2017.05.003
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## IMPROVING THE EFFECTIVENESS OF COGNITIVE BEHAVIOR THERAPY ACROSS CULTURES

**Abstract ID: 238**

**Presenting author: Muhammad Irfan, Peshawar Medical College**

### Background

Cognitive Behaviour Therapy (CBT) has a strong evidence base and is recommended by the National Institute of Health and Clinical Excellence (NICE) in the UK and by the American Psychiatric Association (APA) in the US for a variety of emotional and mental health problems.

### Aims

It has been suggested that CBT is underpinned by specific cultural values and for it to be effective for clients from diverse backgrounds it should be culturally adapted.

### Methods

It has been suggested that cultures differ in core values, for example; Individualism-Communalism, Cognitivism-Emotionalism, Free will-Determinism and Materialism-Spiritualism. The literature describing guidance for cognitive therapists is limited.

### Results

Individual Talks  
 CULTURAL ADAPTATION OF CBT: PROCESS, METHODS AND FINDINGS  
 CULTURAL ADAPTATION OF COGNITIVE BEHAVIOR THERAPY FOR PSYCHOSIS  
 CBT WITH ASIANS IN THE WEST  
 EVALUATION OF CULTURALLY ADAPTED CBT (CACBT) THROUGH RCTS IN PAKISTAN: DEVELOPING THE EVIDENCE BASE

### Discussion

Recently our international group have used various methods to adapt CBT for clients from various backgrounds including African, Carribeans, Chinese, Bangladeshi and Pakistanis. In this symposium/ Seminar we will describe our experience of adaptation of CBT and outcome of RCTs to evaluate these culturally adapted therapies.

### Learning Objectives

At the conclusion of this session participants will be able to recognize and understand themes related to CBT and the need to culturally adapt CBT. At the conclusion of this session participants will be able to identify

necessary steps to culturally adapt CBT. At the conclusion of this session participants will be able to recognize social origins of psychiatric illnesses and its relevance in developing psychological interventions.

### References

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Naeem, F., Ayub, M., Gobbi, M., et al. (2009). Development of Southampton Adaptation Framework for CBT (SAF-CBT): a Framework for Adaptation of CBT in Non-Western Culture. *Journal of Pakistan Psychiatric Society*, 6: 79–84.

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## Culturally adapted Manual Assisted Problem-solving intervention for suicidal ideation in Elderly (CMAP-E): A Pilot Study Protocol from Pakistan

**Abstract ID: 241**

**Presenting author: Sehrish Tofique, Research fellow**

### Background

Suicidal ideation is one the strongest predictors of suicide and marked as an important area to focus on as early intervention and prevention (Brown, 2017). Older adults are at increased risk of suicide but research in this area is limited.

### Aims

This study aims to further adapt and test the efficacy of a CMAP-E in reducing suicide ideation among older adults (>55years) in Pakistan.

### Methods

The adaptation of the CMAP manual involved 2 Focus Groups (FGs): health professionals and services users and carers. The pilot study is a two-arm, mixed-method, multi-site, randomized controlled trial of 132 older adults with suicidal ideation randomized either to 1) CMAP added to Treatment as Usual (TAU) or 2) TAU arm. The intervention will be comprised of 6 sessions delivered individually over 3 months by trained therapists. All participants will be assessed at baseline and end of intervention for suicidal ideation, hopelessness, depression, health-related quality of life, coping resources, satisfaction with treatment, and episodes of self-harm. One-to-one in-depth interviews will be conducted with participants and therapists to explore the perceived usefulness of the intervention.

### Results

Thematic analysis of FGs highlighted that participants preferred adding a religious component in the distraction technique, providing information about the importance of medical treatment, examples of recorded sessions on problem-solving techniques, and family involvement throughout the intervention period. A multi-disciplinary team of mental health professionals, GPs, and service users are currently incorporating changes in the manual. For instance, the pictures are being made to represent older adults so they can relate to the content explained by these pictures. Patient and Public Involvement activities are going on to develop recruitment plans.

## Discussion

Culturally relevant psycho-social intervention with problem-solving and cognitive elements may reduce the risk of suicide in vulnerable older adults experiencing suicidal ideation

## Learning Objectives

- 1) Participants will learn about the design of the pilot multi-center trial aiming to test the preliminary effects of the culturally adapted CMAP for an elderly population with suicidal ideation in Pakistan 2) Participants will critically reflect on the methodology of the study and the research and clinical implications in low-resource contexts.

## References

Brown, G. (2017). A review of suicide assessment measures for intervention research with adults and older adults. National Institute of Mental Health. 2001

## Co-authors:

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*Jahanara Miah, Research Associate*  
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## Perceived Usefulness of a Culturally Adapted Manual Assisted Problem-solving (CMAP) intervention: A qualitative study nested in a multicentre trial

**Abstract ID: 242**

**Presenting author: Nasim Chaudhry, Professor of Psychiatry**

## Background

Suicide is a major public health concern (WHO, 2021). Self-harm is amongst the strongest predictors of suicide. Problem-solving interventions with a component of Cognitive Behaviour Therapy are recommended to reduce risk of suicide. Evidence on role of culturally relevant interventions for suicide prevention from low-and-middle-income countries is limited.

## Aims

This study aims to explore the perceived usefulness of culturally adapted manual assisted problem (CMAP) intervention for adults with a recent history of self-harm in Pakistan.

## Methods

The study was designed as a qualitative study nested within a multicentre trial testing the effectiveness of CMAP. In-depth one-to-one qualitative interviews were conducted with participants from CMAP arm (n=20) at end of intervention and with trial therapist who delivered the intervention using separate semi-structured topic guides. Interviews were audio-recorded, transcribed verbatim, translated into English, analysed using thematic analysis and presented through model of theoretical framework of acceptability (TFA).

## Results

All transcripts were thematically analysed. The theoretical framework of acceptability was used to map the data in seven constructs of TFA: attitude, coherence, opportunity cost, burden, self-efficacy, ethicality, and perceived effectiveness. CMAP was coded as favourable on six constructs of TFA: (affective attitude – current stressors, feelings towards stress, and responses to stressors), (coherence - useful components such as identification of thinking errors), (opportunity cost - perceived challenges such as time for, and traveling to the sessions), (self-efficacy -problem-solving skills), (ethicality -availability of a place where the privacy is respected) and (perceived effectiveness - improvements in physical and mental health, relationships). Responses on these constructs highlight the perceived effectiveness on both ends: delivery and receiving end of the intervention.

## Discussion

Participants' and therapists' perspectives are crucial for facilitating and guiding the scale-up of culturally relevant interventions for prevention of self-harm and suicide in low-resource countries with limited health services.

## Learning Objectives

1) Participants will learn about the TFA which guided the data analysis 2) Participants will critically reflect on the real-life implications of the study in terms of the perceived usefulness of CMAP in a low resource context

## References

WHO. (2021). Suicide worldwide in 2019: global health estimates.

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## Effectiveness of Youth culturally adapted manual assisted intervention (YCMAP) for suicide prevention in Pakistan

**Abstract ID: 243**

**Presenting author: Ozlem Eylem-van Bergeijk, PhD in Clinical Psychology**

### Background

Suicide is a major public health problem in adolescents with rates of self-harm being high in this group and suicide being second common cause of mortality in young people globally (Naz et al., 2021)

### Aims

This study aims to present baseline findings from a large trial of YCMAP intervention for self-harm prevention in adolescents (12-18years) in Pakistan.

### Methods

This was a multi-centre randomized control trial testing the effectiveness of YCMAP intervention with 684 adolescents recruited from 5 cities across Pakistan. The YCMAP intervention comprises of 8-10 one-to-one

sessions delivered over months. The YCMAP has been translated into Urdu and adapted for young people through consultations with relevant stakeholders (services users, health professionals, teachers, and carers). The adapted manual includes relevant stories of young self-harm survivors highlighting issues relevant to young Pakistani people, culturally appropriate pictures of young people etc. Primary outcome measure is the repetition of self-harm at 12 months. The secondary outcomes include improvement in suicidal ideation, hopelessness, distress and health-related quality of life. Assessments are being conducted at baseline, 3, 6, 9 and 12-month post-randomization.

### Results

The study is guided by the Theory of Change (ToC) approach to ensure that the whole trial is centred around needs of the end beneficiaries as key stakeholders in the process. The ToC causal pathway is an output of stakeholder engagement and ownership. Informed by the ToC workshop, a Young People's Advisory Group has been established. Preliminary baseline findings highlighted that adolescents with a history of self-harm has high level of distress, hopelessness and suicidal ideation. They reported poor health-related quality of life.

### Discussion

Establishing the evidence-base for successful prevention initiatives aimed at young people and those at especially high risk (such as those presenting after self-harm) are paramount needs particularly in low income settings where the need is huge but available resources are limited.

### Learning Objectives

1) Participants will learn about the ToC approach which guided the study 2) Participants will learn about the processes and steps of establishing a Young People's Advisory Group as a means of engagement in a low-resource context 3) Participants will critically reflect on the methodological and clinical implications of the study.

### References

Naz et al., 2021. Exploring lived experiences of adolescents presenting with self-harm and their views about suicide prevention strategies: a qualitative approach. *International journal of environmental research and public health*, 18(9), p.4694.

### Co-authors:

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## Implementing Capacity & Capability building research framework for self-harm and suicide prevention as part of South Asia Harm Reduction Movement

**Abstract ID: 244**

**Presenting author: Tayyeba Kiran, PhD in Clinical Psychology**

### **Background**

There is an increasing need to build capacity and capability for strengthening mental health research particularly in low and middle income countries such as Pakistan.

### **Aims**

The aim of the study is to develop world-leading researchers in global mental health, with a focus on self-harm and suicide prevention by strengthening across Pakistan. To be sustainable, we take a systems approach that responds to capacity need capacity and capability at different levels (individual and organisational levels) and is tailored to the local context.

### **Methods**

Researcher Development Framework (RDF)(Vitae, 2010) is being used as a standard framework. RDF consists of 4 main domains, 12 subdomains, and 63 descriptors in which knowledge and intellectual abilities, personal effectiveness, research governance and organization and engagement, influence, and impact-based training is included. Pre-post assessments were conducted.

### **Results**

A total of 92 mental health professionals have been trained in suicide prevention intervention, 170 early career researchers, clinical psychologists, and frontline health workers trained in Research Ethics and Governance, 70 social sciences students, biostatisticians, and early career researchers trained in Bio-Statistics and Epidemiology, 38 senior researchers trained in Evidence Synthesis, 50 researchers in Health Economics, 89 psychologists in Safeguarding and Supervision. These capacity-capability initiative has helped to develop a training toolkit for each of these training sessions that is available for universities and training institutes. This has also supported supervision and mentorship opportunities for early career researchers across Pakistan.

### **Discussion**

Lack of trained researchers, peer networks, a fragmented policy framework for research, and lack of human resource support are amongst the potential barriers for research capacity and capability building in Pakistan. We continue to work closely with the government, private and third sector organisations to identify funds and resources for capacity building, awareness-raising and dissemination.

### **Learning Objectives**

- 1) Participants will learn about the RDF and it's implementation in the context of Pakistan
- 2) Participants will critically reflect on the methodological and theoretical implications of the study
- 3) Participants will be able to discuss the policy implications of the study for low-resource contexts.

### **References**

Vitae. (2010). Researcher development framework.

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## Socio-cultural case formulation and sexually relevant clinical data

**Abstract ID: 245**

**Presenting author: Vasudeo Paralikar, KEM Hospital & KEM Hospital Research Centre, Pune, Dr. Paralikar Clinic**

**Winner of WACP2022 Travel Award Contest**

### Background

Sexually relevant clinical data often arise during clinical assessment, and they are important for various reasons. Sexuality is relevant as a feature of a patient's identity, clinical problems, social relations, and/or perceived impact of cultural norms and societal structure. Case data may be understood with reference to such a framework, comprising four domains of a socio-cultural formulation (SCF): identity, explanatory model, social relations, and societal structural contexts. We report findings from analysis of clinical data obtained with cultural and socio-cultural assessments vis-a-vis this approach to socio-cultural case formulation.

### Aims

To examine sexually relevant clinical data using the socio-cultural formulation framework.

### Methods

Case data from study of six cases with either the CFI or a tool based on domains of the SCF, namely, a socio-cultural formulation interview (SCFI) was used. We identified and analyzed sexually relevant case data obtained from both sources with reference to the SCF.

### Results

Issues relating to cultural identity included gender roles, and both binary and nonbinary aspects of gender that arose from conflict of assigned and experienced gender identities. Problems included issues affecting experience of sexuality and other concerns. Perceived sexual deprivation affected family social relationships, especially marital relationships. Perceived impact of structural issues included experience with Internet and social networks. Societal and cultural norms also perpetuated and intensified feelings of guilt, doubts about self-worth, questions of the morality of sexual behavior, and required conformity to gender roles.

### Discussion

Our analysis indicated the clinical relevance of complex aspects of sexuality, which are particularly difficult to assess in Indian clinical practice settings. By structuring clinical data with reference to the domains of the SCF, we identified important complementary issues requiring attention in clinical care. Sexuality is of course one issue among many in clinical assessment, and this report indicates how others may also be usefully considered with the SCF framework.

## Learning Objectives

1. To understand how assessment tools (CFI and SCFI) may help to elicit clinically relevant data concerning sexuality and gender. 2. To map sexually relevant content obtained from clinical assessment onto the SCF framework for case formulation (i.e., cultural identities, illness explanatory models, key social relationships, societal structural contexts). 3. To relate sexually relevant issues to other clinical data in a SCF case formulation and indicate their significance for case management and treatment. 4. To indicate how other topics of clinical interest, apart from sexually relevant data, may be usefully incorporated in a SCF framework for case formulation.

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## An ecosocial view of resignation syndrome: a call for integrative case formulation

**Abstract ID: 247**

**Presenting author: Ana Gómez-Carrillo, Division of Social & Transcultural Psychiatry, McGill University, Montreal, Canada**

## Background

Since 2001 several hundred cases of refugee children whose families were facing uncertain outcomes in the process of migration presented with a syndrome characterised by depression and behavioural withdrawal that progresses to stupor and finally a state of apparent unconsciousness, with loss of pain response, requiring nasogastric tube feeding and intensive care. Following a report by an expert committee in which six

etiological models were presented, the Resignation Syndrome was recognized by the Swedish National Board of Health and Welfare as a novel diagnostic entity, with ICD-10 code F32.3A.

### **Aims**

Review and analyse the complexity of the Resignation Syndrome to exemplify the need, value and challenges of integrative case formulation.

### **Methods**

Scoping narrative literature review, theoretical analysis and synthesis, combined with case material review.

### **Results**

The analysis of the etiological models and the scoping review of literature that emerged on the Resignation Syndrome reflects the complex etiological enmeshment of cultural, structural, social, political and neurobiological processes underlying psychopathology and mental disorders, both from theoretical and practical perspectives. Each etiological model drew from different kinds of available knowledge in clinical contexts and thus addressed different aspects of the Resignation Syndrome which guided subsequent recommended intervention and prevention strategies differentially. In the case of Resignation Syndrome, the struggle to validate it as a novel diagnosis and explain the syndrome revealed important social and political dynamics related to the local and global refugee crisis.

### **Discussion**

The Resignation syndrome remains poorly understood because of lacking integrative approaches to case formulation and multilevel explanation frameworks in psychiatric practice. No single model manages to account for the symptomatology and experience of those affected by it. The biopsychosocial model serves as a placeholder for a multilevel formulation but requires further specification to deliver on its promise. Advances in 4-E cognitive science provide concepts that can help flesh out an ecosocial approach.

### **Learning Objectives**

- Participants will learn about the etiology of the Resignation Syndrome among refugee children- Participants will learn about the complex enmeshment of cultural, structural, social, political and neurobiological processes underlying mental disorders- Participants will better understand how to apply an ecosocial approach in order to recognize the Resignation Syndrome

### **References**

Kirmayer, L. J., & Gómez-Carrillo, A. (2019). Agency, embodiment and enactment in psychosomatic theory and practice. *Medical Humanities*, 45(2), 169-182.

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## **The drug overdose crisis in the United States: racial, ethnic, and cultural disparities.**

**Abstract ID: 262**

**Presenting author: Iván Montoya, Director, Division of Therapeutics and Medical Consequences, National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH) 3 White Flint North Bethesda MD 20892.**

### **Background**

Since the early 2000's, the United States has seen a dramatic increase in the number of deaths associated with illicit drug overdose. It has been reported that in the past 10 years more than 700,000 individuals died because

of drug overdose. Unfortunately, this devastating public health crisis has not affected all racial, ethnic, and cultural groups the same way. It has been reported that racial and ethnic minority groups have been disproportionately affected by this crisis. Little is known about the social and cultural determinants of this crisis

### **Aims**

The aim of this presentation is to review the epidemiological waves of the drug overdose crisis in the United States and present some of the racial, ethnic, and cultural differences in the nature and extent of this crisis.

### **Methods**

Data and reports from multiple epidemiological surveys conducted by the National Institute on Drug Abuse (NIDA), the Centers for Disease Control and Prevention (CDC), and others were reviewed and analyzed to evaluate racial, ethnic, and cultural differences in the nature and distribution of the overdose deaths.

### **Results**

Studies show that Blacks and Native American/Alaskan Native have been disproportionately affected by overdose deaths. In 2020, the overdose death rate among older Black men was almost seven times higher than among older White men. There are significant sex differences. For example, in 2020 the death rate among Black men and women was 61.0 and 19.9 per 100,000 population, respectively. For most ethnic groups, the age group predominantly affected by drug overdose is between 25 and 44 years old. However, for Blacks the group most affected is between 44 and 64 years old. It has been reported these disparities may be due to unequal access to substance use treatment services, socioeconomic inequities, and social determinants of health. Little is known about cultural differences in the incidence of drug overdose. A recently published study showed that the overdose rates are lower in the foreign-born than the US-born population, in both for men and women.

### **Discussion**

There are racial, ethnic, and cultural differences in the overdose mortality rates in the US. The social-cultural factors associated with these differences are not fully understood. Research is urgently needed to understand the social and cultural determinants in the disparities of overdose deaths.

### **Learning Objectives**

At the end of the presentation, the audience will learn and appreciate: 1) the public health extent of the illicit drug use mortality in the U.S., 2) the racial, gender and other sociodemographic differences in the overdose mortality rates, 3) the need for more research about the social and cultural factors associated with the drug overdose crisis.

### **References**

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## Interpersonal Therapy for refugee parents in community settings

**Abstract ID: 263**

**Presenting author: Ilse Verhagen**

### **Background**

Worldwide, an unprecedented number of people are forcibly displaced. Mental health problems are highly prevalent and persistent among people from refugee backgrounds as a result of different stressful life events before, during and after their forced migration. Furthermore, these stressful life events can negatively impact parenting practices. Despite their high mental health needs, mental health services seem less accessible and effective for refugees. In this context, group Interpersonal Therapy [IPT] could be an effective and feasible intervention for this population, as it is a brief, transdiagnostic intervention that focusses on problem areas that are relevant to refugees (grief or complicated bereavement, role dispute, role transition and interpersonal deficits). Furthermore, IPT can be provided by lay counsellors from similar cultural and linguistic backgrounds. Previous studies have shown that IPT can reduce mental health symptoms in both parents and their children.

### **Aims**

To describe a novel adaptation of IPT for use among refugee parents, and present opportunities and challenges when conducting a randomized controlled trial into its effectiveness.

### **Methods**

The study is a randomized controlled trial with a crossover design to assess the effectiveness of an adapted version of IPT among refugee parents, as well as their children. Participants (N=56) are Afghan, Eritrean, Iranian, Iraqi and Syrian parents from refugee backgrounds who have been resettled in the Netherlands in the past seven years. Questionnaires will be administered in an interview format to assess symptoms of depression, anxiety and PTSD and quality of life in both parents and children, as well as perceived social support, parental distress, and parenting and family adjustment. While conducting this study, a number of challenges and opportunities have been identified that will be further discussed.

### **Results**

The intervention consists of 10 weekly sessions in Arabic, Farsi or Tigrinya for a group of 6 to 10 participants. The adapted version of IPT contains strategies to strengthen the parent-child relationship and improve parenting skills. Challenges include (a) baseline competencies of lay counsellors as a source of variance, (b) distrust due to political or ethno-cultural backgrounds within each group, (c) tension between cultural sensitivity and maintaining uniformity when adapting the treatment protocol for several cultural groups, and (d) barriers to implementation and scaling up IPT in the future.

### **Discussion**

IPT is a promising intervention that could improve the well-being of refugee parents and children. However, delivering this intervention may be hampered by specific challenges that need to be addressed for successful implementation.

### **Learning Objectives**

- Gaining insight into the potential benefit of IPT for refugee parents and children - Becoming familiar with challenges and opportunities when conducting RCT's among refugees in metropolitan settings.

## References

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## Mental Health Screening for Refugee and Asylum Seeking Children and Adolescents: A pilot study in preventive child health care

**Abstract ID: 264**

**Presenting author: Ilse Verhagen**

### Background

An unprecedentedly large number of people worldwide are forcibly displaced, of which more than 40 percent are under 18 years of age. Forcibly displaced children and adolescents have often been exposed to stressful life events and are therefore at increased risk of developing mental health problems, such as posttraumatic stress disorder, depression and anxiety. Thus, evaluating mental health screening instruments and procedures to support adequate delivery of interventions for this population is of great importance.

### Aims

The first aim was to synthesize the existing evidence on psychometric properties of outcome measures for assessing the mental health of asylum seeking, refugee and internally displaced children and youth. The second aim was to evaluate the feasibility and acceptability of computer-based mental health screening of refugee and asylum seeking children in preventive child health care [PCH], and to gain insight into mental health problems of this population in The Netherlands.

### Methods

Firstly, a systematic review was conducted. The methodological quality of the identified studies was examined using the COSMIN Risk of Bias checklist and the COSMIN criteria for good measurement properties were used to evaluate the quality of the instruments. Secondly, self-reports and parent-reports of the Strengths and Difficulties Questionnaire [SDQ] and the Children's Revised Impact of Event Scale [CRIES] were administered during periodic health examinations in PCH using audio computer-assisted self-interview software. The Stressful Life Events [SLE] was administered verbally by PCH nurses and physicians. Semi-structured interviews were conducted with PCH nurses and physicians and Syrian and Eritrean children and parents.

### Results

A total of 27 articles met inclusion criteria for the literature review. There is a lack of research on psychometric properties of mental health assessment instruments for forcibly displaced children and youth. In the pilot study, children and parents reported high rates of traumatic events and psychological issues on the questionnaires. The internal consistency of the SDQ and CRIES-13 self-report and parent-report were sufficient. The self-report of the SDQ and CRIES-13 were positively correlated with the number of reported stressful life events, however, the parent-report did not show this correlation. Reading and writing abilities of the participants impacted the satisfaction with the screening procedure, but it was well received by most children, parents and PCH professionals.

## Discussion

High rates of mental health problems were present in refugee and asylum seeking children in the pilot study, which need to be attended to. The SDQ and CRIES-13 could be a useful tools in screening for mental health problems in this population. However, there is a lack of evidence regarding the reliability and validity of mental health assessment instruments for forcibly displaced children and adolescents. More research is needed in order to establish cross-cultural validity of mental health assessment tools and to provide optimal cut-off scores for this population.

## Learning Objectives

- Gain insight into the psychometric properties of mental health screening and assessment instruments for forcibly displaced children and adolescents - Evaluate the feasibility and acceptability of computer-based mental health screening of refugee and asylum seeking children in preventive child health care

## References

Systematic review manuscript is currently under review in journal

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## SCALES-s project: The prevalence of common mental disorders among Syrian status holders settled in The Netherlands

**Abstract ID: 265**

**Presenting author: Martina Patanè**

### Background

People with a Syrian refugee background are at elevated risk of developing common mental disorders (CMD) as they may have been exposed to trauma, loss and may experience ongoing living difficulties (Sijbrandij et al., 2017; Silove et al., 2017). However, prevalence rates of CMDs among refugees reported across studies vary strongly (Patanè et al., 2022).

### Aims

The aim of the SCALES-s (Schaalbare Signalering Syrische Nieuwkomers-STRENGTHS) has been to examine the prevalence of CMDs (depression, anxiety, posttraumatic stress disorder (PTSD), and somatic disorder) among Syrian status holders in the Netherlands, and the diagnostic accuracy of self-reporting questionnaires in Syrian-Arabic.

### Methods

A sample of N=1339 adult Syrian refugees was randomly selected from the Dutch national population registry. Participants were approached in December 2020-March 2021 to complete questionnaires on symptoms of PTSD (PCL-5) (Weathers FWL, 2013), anxiety/depression (HSCL-25) (Mollica et al., 1987), and somatic disorder (SSS-8) (Gierk et al., 2014) using audio computer-assisted self-interviewing (ACASI). A sub-sample of 217 participants was interviewed with the Structured Clinical Interview for DSM-5 (SCID-5) to enquire about the presence or absence of PTSD, anxiety, depression, or somatic disorder.

### Results

In total, 405 participants (53.6% female, M age=35.7yrs, SD=12.3) completed the survey. The majority (80.7%) arrived in the Netherlands in 2015-2017. Using a cut-off of PCL-5  $\geq 27$ , 111 participants (27.5%) reported probable PTSD. Using a cut-off of  $\geq 1.83$  on the HSCL-25 depression subscale and  $\geq 1.85$  on the anxiety subscale, 148 participants (37.4%) reported depression and 123 (30.6%) reported anxiety and using a cut-off of  $\geq 16.0$  on

the SSS-8, 68 (17%) reported somatic complaints. A sub-sample of 217 participants were followed-up with the SCID-5. Psychometric properties of all instruments used will be presented.

### Discussion

Syrian status holders in the Netherlands are at high risk for the development of a CMD, and the results of this study are in line with prevalence rates of CMDs among Syrian refugees in other countries, Self-report questionnaires on depression, anxiety, PTSD and somatic complaints appear to have sufficient ability to detect CMDs in this population. Implications for effective and feasible prevention strategies to address mental health problems will be discussed.

### Learning Objectives

- To understand the mental health needs of Syrian status holders in The Netherlands.
- To understand the strengths and limitations of using established mental health assessment tools in refugees.

### References

symptom scale-8 (SSS-8): a brief measure of somatic symptom burden. *JAMA Intern Med*, 174(3), 399-407. <https://doi.org/10.1001/jamainternmed.2013.12179> Mollica, R. F., Wyshak, G., de Marneffe, D., Khuon, F., & Lavelle, J. (1987, Apr). Indochinese versions of the Hopkins Symptom Checklist-25: a screening instrument for the psychiatric care of refugees. *Am J Psychiatry*, 144(4), 497-500. <https://doi.org/10.1176/ajp.144.4.497> Patanè, M., Ghane, S., Karyotaki, E., Cuijpers, P., Schoonmade, L., Tarsitani, L., & Sijbrandij, M. (2022). Prevalence of mental disorders in refugees and asylum seekers: a systematic review and meta-analysis. *Global Mental Health*, 1-14. <https://doi.org/10.1017/gmh.2022.29> Sijbrandij, M., Acarturk, C., Bird, M., Bryant, R. A., Burchert, S., Carswell, K., de Jong, J., Dinesen, C., Dawson, K. S., El Chammay, R., van Ittersum, L., Jordans, M., Knaevelsrud, C., McDaid, D., Miller, K., Morina, N., Park, A. L., Roberts, B., van Son, Y., Sondorp, E., Pfaltz, M. C., Ruttenberg, L., Schick, M., Schnyder, U., van Ommeren, M., Ventevogel, P., Weissbecker, I., Weitz, E., Wiedemann, N., Whitney, C., & Cuijpers, P. (2017). Strengthening mental health care systems for Syrian refugees in Europe and the Middle East: integrating scalable psychological interventions in eight countries. *Eur J Psychotraumatol*, 8(sup2), 1388102. <https://doi.org/10.1080/20008198.2017.1388102> Silove, D., Ventevogel, P., & Rees, S. (2017, Jun). The contemporary refugee crisis: an overview of mental health challenges. *World Psychiatry*, 16(2), 130-139. <https://doi.org/10.1002/wps.20438> Weathers FWL, B. T. K., T. M.; Palmieri, P. A.; Marx, B. P.; Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5).

## Keeping the cultural in cultural psychiatry review of DSM5

**Abstract ID: 266**

**Presenting author: Kamaldeep Bhui, Professor of Psychiatry, Department of Psychiatry & Nuffield Department of Primary Care Health Sciences, Medical Sciences Division, University of Oxford**

### Background

DSM5 and ICD-11 have been under review and sought to consider cultural perspectives

### Aims

To consider the challenges of classification of mental disorders that accommodate cultural perspectives

### Methods

Experiences of being involved in DSM5 review group led by Prof Lewis-Fernandez

## Results

Bhui will discuss DSM5 reviews on personality disorder and conduct disorders, suicidal thinking, depressive disorders, disruptive impulsive disorders in childhood, and schizophrenia. Examples of the limitations of classification more generally and issues related to the review process and decisions will be discussed. Some examples include: Assessing diagnosis is intended to inform prognosis and treatment options as well as reflect aetiologies with some predictability. Yet, DSM classification systems were intended to be unrestrictive on treatment options. Phenomenological patterns break down across cultures, for example, consider paranoia in personality disorder, schizophrenia, and as a natural response to adversity discrimination and persecution. Practice safeguards were not included, for example, keeping in mind child protection around environmental interventions when considering young people in distress. Depth understanding of cultural issues was not easily apprehended, for example, when considering 'honor' killings or 'intergenerational conflicts'. These require significant unpacking or might be stereotypically used to perpetuate scripts rather than personalised assessment. Furthermore, there was little on notions of self and socio-political forces shaping character in understanding personality norms. Marked differences in rates of diagnosis across ethnic and racial groups raise questions about the source of these variations, e.g. are these actual differences or artefacts of our assessment methods and diagnostic practices and classifications.

## Discussion

There are significant restrictions on the extent to which cultural perspectives can be introduced into diagnostic classifications, partly as our craft is so specific and detailed, to the point the generalist may not see the relevance or have the vocabulary to apprehend the philosophical and epistemic positions taken by cultural psychiatrists. Within classification, there was little scope to consider why classify, in order to improve treatment outcomes; without that premise, cultural perspectives may seem irrelevant, and the classification systems serves only to reify categories devoid of fuzzy boundaries or questions of relevance and validity. This undermines personalised medicine that considers culture.

## Learning Objectives

1) To consider the constraints on the DSM5 review process in achieving its objects on a cultural critique. To demonstrate through examples some concerns about cultural relevance and validity.

## References

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## Abstracts Workshops

### I can't understand my patient. What do I do now?

**Abstract ID: 5**

**Workshop leader(s): Rembrant Aarts, Mentrum Mental Health; Bahar Cirakoglu**

#### Description

Background: the first barrier to treating patients from foreign backgrounds is usually the language, it is usually too poor to be able to have and understand a complex conversation with a health practitioner. In general health care, language problems result in lower treatment compliance, including poor medication intake, while measures to overcome the language barrier result in quality of care comparable to that of patients who speak the same language as their care provider. In mental healthcare, where language plays an even more important role in both diagnosis and treatment, language barriers are prohibitive to proper care. Language barriers impede access to care, resulting in an increase in complaints. Objective: 1. participants are aware of different ways to overcome the language barrier and know in which conversations they should use which means. The cost and organizational aspects are also considered here. 2. participants understand the role and task of the interpreter and learn the basic rules of the conversation techniques of bilingual communication. Method: in a short introduction, various forms of language assistance are reviewed, each with their specific advantages and disadvantages, related to the nature of the patient's problem, their language and literacy skills and the phase of treatment. After that, various forms of language assistance are covered interactively.

#### Co-authors:

*Hanneke Bot, self employed*

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### Risks of under- and overdiagnosis of personality disorders in migrants and ethnic minorities

**Abstract ID: 9**

**Workshop leader(s): Ardalan Najjarkakhaki, Parnassia Psychiatric Institute; Samrad Ghane, Parnassia Psychiatric Institute**

#### Description

In this workshop we focus on conceptual challenges in classification of personality disorders in migrants and ethnic minorities. We first present a framework to highlight specific interactions between personality disorders, migration processes, and cultural factors. It is argued that migration processes can merely resemble personality pathology, activate certain (latent) vulnerabilities, and aggravate pre-existing personality pathology. We propose that these migration processes can include manifestations of grief about the loss of pre-migratory psychosocial and economic resources, and the struggle to attain psychosocial and economic resources in the host culture. Moreover, several cultural dimensions are outlined that can either resemble or mask personality pathology. The term "culturally masked personality disorder" is coined, to delineate clinical cases in which cultural factors are overused or misused to rationalize behavioral patterns that are consistently inflexible, distressing, or harmful to the individual and/or significant others, lead to significant impairment, and exceed the relevant cultural norms. Additionally, the role of historical trauma is addressed in the context of potential overdiagnosis of personality disorders in Indigenous persons, and the implications of misdiagnosis in migrants,

ethnic minorities, and Indigenous populations are elaborated. We will present case examples and have attendees reflect on the interplay between personality pathology, migration processes and cultural factors.

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## **BAMBOO Adults: a positive prevention program for refugees in the Netherlands.**

**Abstract ID: 31**

**Workshop leader(s): Tom Hendriks, GZA healthcare, Tilburg University; Baer Jonkers; Joop de Jong; Marianne van Woerkom**

### **Description**

The BAMBOO program is a prevention program focused on increasing resilience and mental well-being, which is being conducted at over 30 asylum seekers centers across the Netherlands (Bloemen & van Beek, 2021). The program is based on the theoretical framework of positive psychology and consist of five sessions that focus on the topics resilience, emotions, character strengths, gratitude, and goals (Hendriks & de Jong, 2021). This workshop consists of five sections. Firstly, drs. Baer Jonkers - program manager at GZA healthcare- provides information on how the program was implemented. Secondly, dr. Tom Hendriks – program developer for GZA healthcare and researcher at Tilburg University, describes the cultural adaptation process of the program and presents findings from a feasibility study on the effects of the program and share user experiences from participants. Thirdly, em. prof. Joop de Jong – senior consultant for BAMBOO- will discuss how the program fits into the public mental health pyramid. Fourthly, participants of workshop will partake in strengths- based activities that are a part of the BAMBOO program. This section will take approximately 50% of the workshop. Fifthly, prof. Marianne van Woerkom – professor in positive organizational psychology at Erasmus University Rotterdam- will discuss how using a strength based approach as used in BAMBOO, can be beneficial to refugees during the process of integration in the labor market and how organizations can support employees with a refugee background.

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## **Anthropological perspectives on working with the Cultural Formulation of Diagnosis**

**Abstract ID: 34**

**Workshop leader(s): Simon Groen, De Evenaar Center for Transcultural Psychiatry, GGZ Drenthe**

### **Description**

The Outline for Cultural Formulation(OCF) in DSM-IV was a joint effort of psychiatrists, psychologists and anthropologists (Good, 1996). Since its inclusion in the DSM-IV, clinical experiences with the OCF were published in Culture, Medicine, and Psychiatry. Thematic issues of Transcultural Psychiatry offered critical reflections on the OCF were offered. The role of the contribution from anthropological expertise and intercultural communication remained underexposed. The goal of this workshop is to inform about the contribution from anthropologists in the development and origins of the Outline for Cultural Formulation (OCF). We will practice

anthropological views and intercultural communication theoretical models in constructing a Cultural Formulation of Diagnosis. Anthropologist perspectives on topics in cultural psychiatry published in journals such as *Culture, Medicine, and Psychiatry* and *Transcultural Psychiatry* are analyzed. The classification of the OCF as mini-ethnographic method is summarized. Theoretical frameworks of intercultural communication will be used for practical implications in constructing an OCF. Potential users of the OCF may profit from anthropological perspectives on mental health, the way mental health problems may be presented through patients with a migration background, and the cultural context of developing mental disorders. Intercultural communication practice models raise the awareness in mental health professionals of how cultural frames of reference may be different or not.

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## Assessment tools in mental health practice: exploring culture, power, and language

**Abstract ID: 43**

**Workshop leader(s):** Marc Andrew Hem Lee, Drexel University College of Medicine; Eden Almasude, Yale Child Study Center, Albert J. Solnit Children's Center

### Description

From PHQ-9s to the C-SSRS to extensive neuropsychological testing, there is an abundance of tools that are used to evaluate symptoms, improvement, or risk in psychiatry. Many of these tools were created within a framework and context that must be continually adapted, across both languages and cultures. While assessments are validated in various dominant languages, this is not the case for minoritized and Indigenous languages nor do those tools consider the affective dimension of interacting in a colonial language. For example, Spanish-language materials are important in increasing accessibility, yet casting this as 'language justice' may obfuscate other layers of meaning and history. Does a GAD-7 in Mandarin convey any additional nuance in the responses, or weigh the consideration of the patient's cultural values? What have we lost, in our biopsychosocial or psychodynamic patient formulations or elsewhere, sometimes literally in translation? Our workshop seeks to explore how these measures can be applicable across cultures, if at all. We will present a lesson that spans all four learning domains, from factual to metacognitive, to offer a practical and critical inquiry of existing methods of assessment. By the end of the workshop the learner will be able to begin challenging their biases and cultural assumptions and incorporating methods of evaluation that will complement their own strengths.

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## Implementation of The WPA Position Statement on Europe's Migrant & Refugee Crisis

**Abstract ID: 56**

**Workshop leader(s):** Meryam Schouler Ocak, Charité

### Description

This workshop will include theoretical knowledge about mental health issues related to refugees and displaced persons, and practical training on how the World Psychiatric Association (WPA) Position Statement on Europe's Migrant & Refugee Crisis can be implemented in local health care systems to support the improvement of mental health care for these groups. The global refugee and displacement crisis continues to worsen, with 84 million

people worldwide forcibly displaced in mid-2021, particularly for those hosted in developing and neighbouring countries. According to UNHCR, 1 in every 95 people on earth has fled their home because of conflict or persecution. People who have been forcibly displaced or who are stateless have been among the hardest-hit by COVID-19, facing increased food and economic insecurity as well as challenges to access health and protection services. Epidemiological data point to refugees and asylum seekers being at risk of impaired mental health. At the same time, mental health care systems, including high income countries, in many ways fail to respond to the needs of displaced persons. The WPA Position Statement on Europe's Migrant & Refugee Crisis aims to highlight and support the challenges of adapting mental health care systems to cope with the needs of displaced persons. This includes clinical adaptation to cultural diversity and structural competency in social determinants of mental health.

**Co-authors:**

*Sofie Bäärnhielm, Region Stockholm, Karolinska Institutet*

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## **Teaching solution-focussed communication in transcultural contexts - how junior psychiatrists can improve agency and intercultural competence**

**Abstract ID: 57**

**Workshop leader(s): Thomas Hegemann, Director**

**Description**

In a globalized world, psychiatry needs to contextualize patients, families, professionals, and psychiatry itself as a profession. Some of the most urgent tasks on that way is to endow junior psychiatrists with sufficient tools in order to communicate across cultural borders. To rehabilitate patients with a minority, migrational or refugee background it is essential to find solutions which are acceptable for the culture of origin as well as for the one in the new society. In this workshop we present an educational project, how to teach junior professionals in psychiatry to perform a solution focussed communication in order to ameliorate a better agency for patients and families in distress. Reflecting psychiatry itself as a culturally embedded profession and one's own history, will be a basic task as well as providing basics in cognitive, affective and behavioural intercultural competence. In this workshop we shall do practical exercises with the participants relating to these issues.

**Co-authors:**

*Matthias Klosinski, Senior member*

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## To approach identity and history in the clinical encounter with persons from indigenous background

**Abstract ID: 76**

**Workshop leader(s):** Maria Sundvall, Transcultural Centre, Region Stockholm, Sweden, Department of Learning, Informatics, Management and Ethics, Karolinska Institutet, Stockholm, Sweden

### Description

The Samis are an indigenous people living in Norway, Sweden, Finland, and Russia. Studies have shown mental health risks for Samis, especially reindeer herders in the north of these countries. Less is known about the mental health of Samis in the cities, where they constitute a small minority with living conditions similar to other Swedes. We interviewed 25 Samis in the Stockholm region about Sami identity, perception of health and well-being and experiences of healthcare contacts. In this participatory study, we collaborated fruitfully with the Sami association. The most important finding was the role of Sami identity, built on family relations and the history of the Samis, including oppression and harassment. The majority population's ignorance on Samis and the lack of recognition of their rights were perceived as painful. To be visible and at the same time feel safe and respected in their Sami identity was the most important concern in healthcare encounters. Nevertheless, many feared being seen only as representatives of their people. In this workshop, we want to address the way clinicians could be sensitive to the identity and background of minority or indigenous persons in clinical encounters, without creating new stereotypes. What knowledge and what tools do clinicians need? Would the items on identity in the Cultural Formulation Interview be valuable? How could the participation of minorities and their associations be strengthened in healthcare and clinical research?

### Co-authors:

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## Building Bridges: an experiential training in cultural sensitivity

**Abstract ID: 77**

**Workshop leader(s):** Winny Ang, University of Antwerp, Clinical Practice 't\_verhaal

### Description

Rationale Dealing with a diverse population is one of the most compelling topics of this era. Therefore it is utterly important to pay attention to diversity training in the medical education. The combination of knowledge, skills, and attitude comprise the foundation of diversity training. Clinician's awareness of their own (cultural) identity and the implicit assumptions is fundamental. The effort to respond to diversity in the psychiatric clinic, forces psychiatrists and other mental health workers to confront their own value systems. Throughout the University of Antwerp Medical School's curriculum, an integrative diversity training program is set up. The training that is part of the communication skills curriculum is attitude-based and experiential using three (visual) metaphors to raise awareness of one's own premises and assumptions. We set up a qualitative study to explore the impact of this training on the (cultural) awareness/attitudes towards diversity perceived by medical student. The results clearly show the importance of the use of the metaphors and the power of the experiential and the reflection-based approach. In this interactive workshop, we will demonstrate both the content of the training, as the

specific educational methods we use. Learning Objectives By the end of this workshop, participants will be able to) 1) Distinguish the different dimensions of identity that make people both diverse and alike 2) Interpret 3 different metaphors used to raise self-awareness of diversity issues – extrapolate to their unique caregiver-patient interactions? 3) Apply the educational tools to their own clinical or teaching practice

**Co-authors:**

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## **Braids of Forbidden Trinity in Cultural Psychiatry: What Do We Need to Know About Religion, Politics and Sex as International Mental Health Providers?**

**Abstract ID: 80**

**Workshop leader(s): Lama Muhammad, UCSD**

**Description**

Background: While fighting racism continues to be a hot topic around the world, teaching empathy is still under-established. Empathy is the mainstay in fighting racism as it promotes prosocial behavior and discourages aggressive behavior towards others. It is almost impossible to teach empathy without knowing more about the forbidden trinity in the culture: Religion, Politics, and Sex. Although the chronotopic frame of this trinity differs between cultures, there are many basic pieces of information that can be globally enhanced. Method: The presenter will discuss the cultural aspect of the Forbidden Trinity: Religion, Politics, and Sex, then explore a novel way to teach empathy in cultural psychiatry. Evidence-based culturally adapted strategies to approach some unique difficult cases will be discussed. Discussion: Religion, Politics, and Sex interact with mental health from many aspects. Although their concepts' approaches differ between cultures, there are very important points that need to be educated in cultural psychiatry. No assent definition existed for the chronotopic frame of the Forbidden Trinity. Granted that with the increase in diversity of the population in the US, recognizing the impact of this trinity has become an increasingly important skill set. Despite the increasing emphasis on the need for the development of these skills, the field has lagged in implementation and incorporation into training. The forbidden trinity is a critical factor to consider in the case formulation. This workshop will include case-based, and discussion portions with the goal of learning more about the forbidden trinity and its different chronotopic frames.

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## **Design A Community-Based Mental Health Intervention**

**Abstract ID: 82**

**Workshop leader(s): Rick Wolthusen, Duke University Medical Center, Department of Psychiatry and Behavioral Sciences, On The Move e.V.**

**Description**

Mental health conditions contribute significantly to the disease burden worldwide. The disease burden is associated with a multifactorial treatment gap. Two of the treatment gap-related challenges are institutionalized mental health care and the noninvolvement of communities in the care of patients with mental illness. There is much transcultural learning to be done between Germany and the US, and countries of the African continent.

One of the most relevant learnings can be derived from the role of communities in Africa. The African proverb “It takes a village to raise a child,” which emphasizes the importance of a community in the safe and healthy upbringing of a child, should be transformed into “It takes a village to take care of individuals with a mental health condition.” As part of the workshop, we will introduce the concepts of social innovation and design thinking, and discuss how they relate to community psychiatry. We will then discuss two community-based interventions from Germany/the US as well as from Ghana and Kenya. In small groups, attendees will then be encouraged to discuss the mental health needs of their respective communities in more depth and apply some general principles of social innovation and design-thinking to brainstorm potential community-based mental health interventions. Lastly, attendees will share their ideas discussed during small groups with the whole group. The overall aim of the workshop is to show that community-based mental health interventions are well suited to tackle numerous social determinants of mental health and are inevitable in overcoming the treatment gap.

**Co-authors:**

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*Judith Herbers, Technical University Dresden, On The Move e.V.*

*Paul Andrä, On The Move e.V.*

## **A co-constructed and rhizomatic organization of transcultural mental health care: sharing ideas, examples and experiences**

**Abstract ID: 91**

**Workshop leader(s): Chris Noorduin, CGG VBO; Bart Van Hoof, CGG VBO**

**Description**

The concept of ‘the rhizome’ of Deleuze and Guattari (1976) can serve as a source of inspiration in the organization of transcultural mental health care. These authors clarified an important difference between classical rooting of trees (and so for organizations), being vertical, top-down and systematic and “the rhizome” that like bamboo is horizontal, non-hierarchical, spontaneous, chaotic and diverse. The ‘health care rhizome’ in which we work in the city of Leuven (Belgium) is as a web woven not for – but with – our partners. It grows, connects and invents in many new ways transcultural mental health care projects. It is a process of collaboration in which various institutions – e.g. social, medical, political, academic -, communities of high cultural diversity, and the patients themselves and their relatives are co-authors of the mental health care that is provided. This co-constructive approach is vital and in our view the best way to really develop approaches ‘sensitive’ towards the populations’ needs. We therefore no longer speak of ‘community based interventions’, but of ‘the community that creates his interventions’. In this workshop we will present our ideas and experiences, highlight some specific processes and give examples of the way in which the rhizome developed into concrete projects of mental health care. We will end with an exchange with all participants in order to share ideas and experiences about how to co-construct transcultural rhizomes of mental health care. Deleuze, G. & Guattari, F. (1976). Rhizome, introduction. Les Editions de Minuit: Paris.

**Co-authors:**

*Abdul Halim Ahmadzai, Stad Leuven*

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## **Culture, Psychosis and Clinical Practice**

**Abstract ID: 95**

**Workshop leader(s): G. Eric Jarvis, McGill University**

**Description**

Background: The influence of culture is inextricably entwined with the experience and interpretation of psychotic symptoms. Psychosis has proven difficult to diagnose in cross-cultural context and has been challenging for the implementation of cross-cultural research tools and clinical tools like the CFI. Aims: To orient clinicians to the wide array of issues at the intersection of culture, clinical practice, and psychosis. Methods: The presenters review the literature regarding diagnosis, treatment and outcome of psychosis across cultures, and will draw upon examples from specialty clinics to illustrate dilemmas and potential solutions. Results: Culture influences access to care and shapes the onset, meaning, course, and outcome of psychosis. Stereotypes of patients from specific ethno-cultural groups undermine appropriate care. Developing culturally competent skills and strategies are important at all levels – societal, structural, institutional and clinical – to avoid misdiagnosis and mismanagement. Cross-cultural tools, such as the DSM-5 Outline for Cultural Formulation (OCF) and Cultural Formulation Interview (CFI), may mitigate these challenges. Conclusion: Standard approaches are not enough for cross-cultural assessment and treatment of psychosis. Clinicians must work in new ways by reflecting on personal biases toward patients with psychosis from various ethnic origins, engaging families and communities as partners in the care of patients, incorporating religious beliefs and practices into diagnosis and treatment, and maintaining a healthy respect for the difficulties of cross-cultural diagnosis and treatment. This workshop is expected to enhance cultural awareness and competence and will be illustrated by the presenters' own clinical research and practical experiences, including cases.

**Co-authors:**

*Lisa Andermann, University of Toronto*

*Kenneth Fung, University of Toronto*

*Srividya Iyer, McGill University*

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## **The impact of family reunion on the psychosocial adaptation of refugees who arrive alone: Clinical observations from Sweden**

**Abstract ID: 97**

**Workshop leader(s): Riyadh Al-Baldawi, Ersta ( Marie Cederschiold) University College - Stockholm, director for Orient Medical and rehabilitation center**

**Background**

During three months of the Autumn of 2016 more than 160.000 asylum seekers arrived in Sweden, many of them of Syrian origin. More than 56% arrived alone or just with parts of their nuclear family. The remaining family members were left back home in Syria or in other neighboring countries, with hope that an eventual

reunion would take place by the implementation of the primary family member's residency. The huge number of asylum seekers put Sweden and its institutions to huge numbers of social-, administrative- and economic challenges. As a result of this, many changes in the regulation of migration policies followed. More thorough assessments and thus longer processes in the decision making of asylum cases, resulted in more cases of time-limited residencies (for one or two years) which led to delays in family reunions. In some cases, this could take more than 5 years.

### **Aims**

This presentation seeks to describe our observations in a group of 28 Sweden-based Syrian refugees that arrived alone (study group). We have sought to understand the effects of the family reunion on their individual processes of adaptation and integration in the new country. As a control group we used a group of 16 Syrian refugees who arrived in Sweden with their respective families (control group).

### **Methods**

Clinical observations, qualitative Interview, study of individual clinical files

### **Results**

We found that the study group exhibited larger difficulties with their individual adaptation and integration process which negatively affected their health conditions. Further, the study group had more difficulties with learning the Swedish language and participate in the labour market than the members of the control group. In addition, the study group showed a higher number of migration related stress symptoms than the control group.

### **Discussion**

The swift reunion of refugee families helps individuals for better adaptation in the new receiving society

### **Learning objective**

How to make the adaptation process for the recent arrival refugees more effective both for them as individuals and for the receiving society and minimize the migration related stress

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## **Supporting families' wellbeing after migration**

**Abstract ID: 102**

**Workshop leader(s): Saija-Liisa Kankaanpää, Finnish Institute For Health And Welfare**

### **Description**

Parents who raise their children in a foreign country face several challenges that may affect their wellbeing. For example, in Finland, foreign-born families are overrepresented in Child Protection Services and children of foreign-born parents are placed outside the family home twice as often as children of Finnish-born parents. There is a well-grounded concern that psychosocial and health care services fail to reach and support migrant-origin families in a timely manner. Yet research shows that families benefit from parental support programs if they are culturally sensitive. We present two methods developed in Finland that aim to increase families' wellbeing and access to support after migration. The first method, Culturally Sensitive Interview on Parenting (CSIP) is a semi-structured qualitative interview. It consists of four sections that focus, e.g., on family's sociocultural and linguistic background, migration experiences, parents' views and hopes for support as well as parents' thoughts on parenting and child development. The CSIP can be used flexibly in different types of services with the aim of encountering each family individually and in a culturally sensitive manner. The second method, Uniting Families model, is a semi-structured preventive model developed for refugee-origin families. It builds on various family therapeutic and family work methods with the aim of supporting parenting and

increasing unitedness and communication within the family. The model is structured as a workbook that offers the professionals information, constructed themes, and methods for 7-9 meetings with families. We will practice using these two methods and discuss their implementation in other countries.

**Co-authors:**

*Essi Salama, Turku University Hospital*

*Katja Cilenti, City of Helsinki*

*Iida-Maria Bimberg, City of Oulu*

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## Dealing with traumatic contents in interpreter-mediated triadic settings to prevent vicarious traumatisation

**Abstract ID: 103**

**Workshop leader(s): Nathalie Bennoun, Appartenances, CPM, FSP, AFTD, Shyps**

**Description**

Nowadays many consultations take place in collaboration with interpreters. When traumatic contents appear, the practitioner (therapist, counsellor, social worker, physician...) may be prepared to deal with this violence for him/herself through his/her professional training. The interpreter is usually trained to render the discourse in the other language with accuracy, but scarcely to deal with the vicarious traumatisation that may occur when working with clients suffering from traumatic experiences. What happens in the triadic setting when this traumatic content upsets the interpreter with overwhelming emotions so that he/she is not in an appropriate cognitive and emotional state to pursue translating? How can the professionals adjust their interventions to face these challenges and keep strengthening this crucial collaboration? We are a team composed of a specialist in translation studies, a linguist, a psychiatrist and a psychologist, all experienced in working in a transcultural context. Our main objective in this workshop is to combine our expertise with the participants' experience of vicarious traumatisation processes and challenges in interpreter-mediated triadic settings. After a brief theoretical introduction, we will use an analytical grid offering the participants the opportunity to reflect on their own practices and challenges in working in interpreter-mediated triadic settings in which traumatic contents occurs, putting the practitioner and the interpreter at risk of vicarious traumatisation. We will foster a cross-disciplinary discussion that integrates the practitioners' and the interpreters' perspectives.

**Co-authors:**

*Felicia Dutray, Appartenances, CPM, CHUV, FMH*

*Orest Weber, CHUV*

*Anne Delizée, UMONS*

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## Applying Kleinman's insights on caregiving to global mental health collaborations: The CISAMIA framework

**Abstract ID: 111**

**Workshop leader(s): Carolina Hausmann-Stabile, Bryn Mawr College**

### Description

This workshop will introduce CISAMIA, a framework that applies Kleinman's insights about caregiving to the international transference of mental health technologies. The CISAMIA framework engages stakeholders in the articulation and praxis of ways to resist the market model in global mental health. The workshop presenter will discuss the CISAMIA emergence in 2019 as a free international training program for people "with skin in the game" organized by the Mexican Instituto Nacional de Psiquiatría, Bryn Mawr College, and other organizations in Latin America. In this training, mental health researchers shared five evidence-based practices (EBP) with 149 participants from nine low-and-middle-income countries. After completing the training, participants were invited to apply for support to carry out an implementation study with the EBP developers. These collaborations do not carry training or materials costs associated with the implemented EBP, allowing researchers to build the evidence for their EBP, and developing human and material capital in low-resource settings. The workshop presenters will illustrate the CISAMIA model with the MMIDA case. MMIDA is a differential diagnosis and intervention EBP for youth in contact with the juvenile justice system created in Chile. A team of Chilean, Mexican, and American scientists and practitioners is culturally and contextually adapting the MMIDA differential diagnosis component in Mexico. Participants in the workshop will actively engage in discussion and questioning. By introducing the CISAMIA framework, this workshop will improve participants' skills to apply Kleinman's insights about caregiving in real-world settings to resist the market model in global mental health.

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## Tender emergency as a systemic intervention

**Abstract ID: 126**

**Workshop leader(s): Michele MAttia, Centro Milanese Terapia Della Famiglia**

### Description

Emergency seems to deal with an immediate decision making process with no regards to the context or the circumstances in which the decision is going to be made. In the case of psychiatric hospitalization in Italy, and in many other countries, emergency is usually connected with a phone call, made by someone. Such a demand concerns someone else who is doing very strange and unexpected things. The usual situation is the one where an ambulance is going fast to the place and sometimes forces the person to be hospitalized. In some cases, it follows that the person must remain in the hospital against her/his own will, sometimes the person receives drug that she/he does not desire to take, and sometimes the person is tied on the bed or obliged not to move. In our presentation we will show how to avoid the authoritarian practice described above. Pietro Barbetta will talk about emergency in ethno clinical work with asylum seekers and refugee. Giuseppe Cersosimo will describe the practice of Psychological Urgency, a service open in Milan since 2014: the use of the phone, the use of invitation and welcome, the proposal for an eventual psychotherapy, after the emergency phase, are the main instruments. Michele Mattia will speak about the real emergency difficulties in clinical practice about psychiatric intervention with migrants in private medical practice in Switzerland. Umberta Telfener will talk about the iatrogenic risk in the practice of emergency. How we risk of colluding and resonating.

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## Experiential Exploration of Cultural Moments in Psychotherapy

**Abstract ID: 129**

**Workshop leader(s): Kenneth Fung, University of Toronto**

### Description

It is increasingly being acknowledged even outside cultural psychiatry that culture plays an important role in psychotherapy given the recent increased championship of Equity, Diversity, and Inclusion issues. Models and techniques used in psychotherapy can be examined from a cultural perspective, and systematic cultural adaptation can be made for specific therapies for specified target populations. However, for broader applicability, this workshop will focus on an integrative generic cultural competent approach to psychotherapy, which increases the flexibility of the therapist regardless of the specific psychotherapy modality used in order to increase the fit with culturally diverse patients. This includes the use of the cultural formulation as well as the adaptation of goal, process, and content of psychotherapy. Further, based on the principles of present moment in mindfulness, the consideration of cultural and universal values, and group techniques I have developed based on Acceptance and Commitment Therapy (ACT), workshop participants will be engaged in experiential activities to reflect on and identify moments in therapy where cultural issues may be embedded. The workshop will create a space to enable the participants to collectively increase their skills in "impromptu" and "on-the-fly" cultural adaptation amidst the on-going stream and process of psychotherapy.

### Co-authors:

*Ted Lo, Hong Fook Mental Health Association*

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## Trauma treatment along the lifeline: Narrative Exposure Therapy (NET) for PTSD due to multiple trauma

**Abstract ID: 139**

**Workshop leader(s): Imma van Galen, ARQ Centrum'45; Marianne van Nieuwkerk**

### Description

Narrative Exposure Therapy (NET) is an evidence-based approach for the treatment of trauma-related mental disorders, especially PTSD. Given its focus on the autobiographical elaboration of traumatic experiences, NET is particularly suited for populations affected by multiple traumatic experiences like torture, sexual, familial and organized violence. NET is well-tolerated, which makes NET an asset for patients with comorbidity like depressive or dissociative symptoms, or patients in difficult living conditions, like refugees or patients in low-income countries with few resources. NET is a time limited therapy. The most essential elements of NET are the creation of the lifeline and then working through this lifeline by doing exposure therapy in a chronologic order. A written testimony is made for the patient during treatment. An important feature of NET is that trauma processing is always embedded in the context of the traumatic events and in the life history as a whole. Furthermore, NET gives attention not only to the important adverse life events but also to the joyful events. Working through the person's biography in NET facilitates the recognition of interrelated emotional networks of events in cases of multiple trauma. This helps to build episodic memory, fosters a sense of identity and gives deep personal understanding of schemes and social emotions that have evolved across the lifespan. In this workshop the principles and practice of NET will be explained and demonstrated. The workshop will be

interactive and is suited for clinicians, social workers and others who provide psychosocial support or treatment to traumatized people.

**Co-authors:**

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## **Culture, Family & Psychosis: Does the Culture of the Family Affect How It Deals with a Psychotic Member?**

**Abstract ID: 150**

**Workshop leader(s): Vincenzo Di Nicola, Université de Montréal, The George Washington University**

### **background**

Bateson's pioneering studies on the "double bind" hypothesis of schizophrenia triggered an industry of work on the family and schizophrenia, including family therapists (Selvini, 1986; Grácio, et al., 2015) and social psychiatrists dissatisfied with the medical model of psychosis. With the Expressed Emotion (EE) model of schizophrenia, Vaughan & Leff (1976) created a paradigm for family, social and cultural contexts of psychosis. When EE was applied across cultures (Di Nicola, 1988), critical questions arose, including: Does family culture affect how it deals with a psychotic member?

### **Aims**

To review: 1. How the variables culture, family, and psychosis interact. 2. Theories and models of family interventions for psychosis. 3. Critique the EE paradigm for families with a psychotic member.

### **Methods**

Literature review including: • early theories about the family and schizophrenia; • family therapy models of psychosis (Selvini, 1986; Grácio, et al., 2015); • EE paradigm (Vaughan & Leff, 1976) of social variables in the family experience of psychosis, leading to cross-cultural studies.

### **Results**

Selvini (1986) sought universal patterns of psychosis to construct her "invariant prescription" in the family treatment of psychosis. EE researchers tried to validate EE across cultures rather than investigate the experience of psychosis in other cultures (Di Nicola, 1988). Difficulties exporting the phenomenology of psychosis across cultures question the cross-cultural validity of psychosis, echoing foundational work by Kraepelin, who pioneered psychiatric classification and comparative psychiatry.

### **Discussion**

Research on interactions of culture, family and psychosis question assumptions about their stability. "Psychosis" cannot be assumed as a stable concept because family environment and cultural context shape how it's defined and experienced, what explanatory models are privileged, and what treatments are sanctioned. Just as culture shapes family experience as demonstrated by cultural family therapy, culture and the family shape the experience of psychosis as well as its outcome in terms of illness or health.

### **Learning objective**

After this presentation, the participant will be able to: 1. Identify the evolution of how family therapy and systems theory revisioned psychosis as part of family process. 2. Appreciate the contributions and

limitations of the Expressed Emotion (EE) paradigm to understand the interaction among family, social context, and psychosis. 3. Understand how the culture of the family affects how it deals with a psychotic member.

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Di Nicola VF. (1988). Expressed emotion and schizophrenia in North India: An essay review. *Transcultural Psychiatric Res Rev* 25(3), 205-217. doi:0.1177/136346158802500302Di Nicola, V. (1997). *A Stranger in the Family: Culture, Families, and Therapy*. New York: WW Norton & Co. ISBN 0-393-70228-6. OCLC 36126477Grácio J, Gonçalves-Pereira M, Leff J. (2016). What Do We Know about Family Interventions for Psychosis at the Process Level? A Systematic Review. *Fam Process* 55(1), 79-90. doi:10.1111/famp.12155. Epub 2015 Apr 21. PMID: 25900627.Selvini, M.P. (1986), Towards a general model of psychotic family games. *J Marital Fam Therapy*, 12, 339-349. doi.org/10.1111/j.1752-0606.1986.tb00665.xVaughn CE, Leff J. (1976). The influence of family and social factors on the course of psychiatric illness. *Br J Psychol* 129, 125-37. doi:10.1192/bjp.129.2.125

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## Coming Home to Your Body: A Transcultural and Body-Orientated Approach for Trauma Survivors

**Abstract ID: 152**

**Workshop leader(s): Esther Mulders, UPC KU Leuven, Moving Through Trauma; Saskia Bieleveldt, Centrum 45**

### Description

Culture and trauma are both embodied experiences. In the Western approach to mental health the body has, however, long been neglected. Yet, through the body one can 'speak' and connect with the self, others and the surrounding world in ways that transcend linguistic and cultural barriers. Working with body-orientated interventions in trauma treatment thus offers an accessible and contextualized way to work with people from different backgrounds and specifically with people from low-income countries. How one can experience, interpret, express and communicate their inner world and sensations is always coloured by their context. Despite these differences, we all share the same working mechanisms of the nervous system. Through connecting with the body, we can address the similarities whilst also finding contextualized meanings of sensations, emotions and all the different ways to express and fulfill needs. We want to re-contextualize the body. Firstly, by looking into a theoretical framework of social suffering and the embodiment of violence as well as by looking into different cultural meanings of the body and movement. Secondly, we focus on the role of body-based interventions in working with trauma in the future of transcultural psychiatry. We will zoom in on body-based survival reactions and personalized resources. In this workshop you will explore different cultural meanings of the body and trauma symptoms which we will exemplify with case studies of clients from around the world. Finally, you will get to experience connecting to your own body and tapping into your inner world.

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## **ANALOGY BETWEEN RELIGIOUS RITUALS AND PSYCHOTHERAPIES**

**Abstract ID: 156**

**Workshop leader(s): Marcos de Ribeiro, Associação Brasileira de Psiquiatria Cultural**

**Winner of WACP2022 Travel Award Contest**

### **Description**

Catharsis is a method with a liberating effect, produced by the staging of certain actions, especially those that appeal to fear and anger, used by therapies that are based on the cathartic method and by traditional societies in their rituals. Which psychotherapeutic practices or societies, which with their traditions, resort to rituals that rely on catharsis? How can the resources of catharsis and the valuation of emotion be used? How can the affective and emotional resource be used by teachers who want to improve their students' learning? In this workshop, we will not only make an analogy between the techniques of individual psychotherapy and those of group, but also of both with religious rituals. Even in the diversity of religious manifestations, which prevents us from generalizing the phenomenon, there is something in common, both in the formation of symptoms and in the manifestations of emotions. Ethnopsychiatrist knows the influence of culture on the plasticity of mental illness and has access to anthropological studies on healing rituals, methods, and proven efficacy. Graduated in Psychodrama and as a Psychodramatist Didata, I will use the techniques of this modality, starting with Sociodrama and, together with the participation of all, we will warm up with the basic emotion concepts and their representations. Taking advantage of the cultural diversity of the audience, considering the predictions of participants of the 5th World Congress of Cultural Psychiatry, we will make analyzes of the rituals, traditional or of experiences, familiarized by the participants and their repercussions on the patient.

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## **Listening to Stories: Expanding Our Understanding of Culture through Narrative Medicine Practice**

**Abstract ID: 172**

**Workshop leader(s): Sally Huang, Stanford University School of Medicine**

### **Description**

Culture informs how we understand and experience the world. Narrative medicine (NM), as initiated by interdisciplinary scholars in the 1990's, provides a method of engaging with creative texts and understanding narrative structure that promotes cultural humility. This workshop will teach skills to employ and demonstrate how a NM approach can enhance how we think about and work with culture. After an introduction to NM, workshop participants will take part in a 60-minute NM process, which involves group close reading of a creative text, reflective prompted writing in the shadow of the text, and voluntary sharing of writing. Discussion will focus on participants' experiences of the process and how examining narrative elements such as voice, metaphor, and character can help us better understand cultural identity formation. Participants will leave the workshop with an experiential and theoretical understanding of the NM workshop method, which encourages openness to multiple interpretations of the same narrative and promotes a stance of self-reflexivity in understanding one's own relationship and response to a narrative. This workshop raises several future directions of inquiry for the intersections between cultural psychiatry and narrative medicine, including how developing a sophisticated understanding of narrative structure and function can help us understand the complexity of patient narratives, and how NM workshops may be used to encourage self-reflexivity and the development of cultural and narrative humility in practitioners.

**Co-authors:**

Francis G Lu, UC Davis Department of Psychiatry and Behavioral Sciences

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## **Symposium by the Family & Culture Special Interest Group (SIG): Working with Mental Health Problems Across Cultures with Family Therapy**

**Abstract ID: 182**

**Workshop leader(s): Vincenzo Di Nicola, Université de Montréal, Montréal, QC, Canada, The George Washington University, Washington, DC, USA**

### **Background**

WACP's Family & Culture SIG, founded by Di Nicola and Al-Baldawi, addresses family matters across cultures. The symposium panelists are: SIG founders (psychiatrists), Borcsa and Pomini (psychologists), all family therapists, presenting topics on working with migrant families across cultures.

### **Aims**

The symposium's goals are to: 1. Understand how the culture of the family affects how it deals with a psychotic member. 2. Appreciate the relevance and impact of information and communication technologies (ICTs) on how globalization becomes embodied in the transnational family. 3. Facilitate the adaptation process for recently arrived refugees for them and for the host society and minimize migration-related stress. 4. Become familiar with online multifamily systemic interventions in early psychosis.

### **Methods**

The symposium consists of four presentations followed by a Q&A and discussion period: Di Nicola: "Culture, Family & Psychosis: How the Culture of the Family Affects How It Deals with a Psychotic Member" (Di Nicola, 1988; Grácio, et al., 2016) Borcsa: "Globalized Families as Transcultural Systems: The Relevance of Information and Communication Technologies (ICTs)" (Borcsa & Hille, 2016) Al-Baldawi: "The Impact of Family Reunion on the Psychosocial Adaptation of Refugees Who Arrive Alone: Clinical Observations from Sweden" (Al-Baldawi & Al-Baldawi, 2020) Pomini: "Online Multifamily Systemic Therapy after First Psychotic Episode: Developing a New Culture of Care in Mental Health Early Intervention" (Galanis, et al, 2020)

### **Results**

Each presenter offers conclusions related to: dealing with psychosis across cultures (Di Nicola) and using online multifamily treatment (Pomini); understanding the impacts of ICTS on emerging globalized transnational families (Borcsa); facilitating family reunion for refugees in Sweden (Al-Baldawi).

### **Discussion**

By engaging specialized topics of families across cultures, this symposium sensitizes clinicians to the emerging challenges of working with families across cultures in the face of psychosis and migration stress in an increasingly transnational world while facing the countervailing trends of nationalism and ethnocentrism.

### **Learning objective**

After this presentation, the participant will be able to: 1. Understand how the culture of the family affects how it deals with a psychotic member. 2. Appreciate the relevance and impact of information and communication technologies (ICTs) on how globalization becomes embodied in the transnational family. 3. How to make the adaptation process for the recently arrived refugees more effective for them and for the host society and

minimize migration-related stress.4. Become familiar with online multifamily systemic interventions in early psychosis.

#### Reference

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## Understanding and Treating Suicidal Ideation Among Women in Postnatal Period in Pakistan

**Abstract ID: 187**

**Workshop leader(s): Ozlem Eylem-van Bergeijk, PhD in Clinical Psychology**

#### Description

Maternal suicidal behaviour (MSB) including completed suicide, suicidal ideation and attempt is a global concern. The results of our systematic review indicated that socio-demographic factors such as young age, low education level, poverty and mental illness such as depression were main characteristics of MSB in Low and Middle Income Countries (LMICs). Also, interpersonal violence and lack of social support from the partner precipitated the risk for MSB regardless of the region and/or country. MSB is arguably the “tip of the iceberg, hence theoretical development is needed for advancing the prevention, care and treatment of MSB globally. In light of these results, this workshop has two objectives: 1) To discuss the MSB in LMICs according to the intersectional framework, 2) To present an on-going single feasibility Randomised Controlled Trial aiming to test the feasibility and the indications of the effectiveness of the Culturally Adapted Manual Assisted Therapy (C-MAP) in treating suicidal ideation among post-natal women in Pakistan. This work has been conducted as part of the South Asia Harm Reduction Movement (SAHAR-M) which is carried out in partnership between the University of Manchester and Pakistan Institute of Living and Learning with the intention of creating an integrated approach to prevent suicide and quality improvement in the health care system. This workshop is relevant to researchers, practitioners and policy makers. It will contribute to the existing knowledgebase on understanding and treating suicidal ideation specifically in low resource settings.

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## **Families at play: An interactive workshop on a family-level approach to cultural formulation in transcultural trauma care**

**Abstract ID: 219**

**Workshop leader(s):** Sofie de Smet, Parenting and Special Education Research Unit, Faculty of Psychology and Educational Sciences, University of Leuven, Belgium, Studies in Performing Arts and Media, Faculty of Arts and Philosophy, University of Ghent, Ghent, Belgium;

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**Description**

This workshop for mental health practitioners provides an introduction to a family-level approach to cultural formulation, a protocol developed and piloted within The Transcultural Trauma Care Team (KU Leuven, Belgium), an outpatient service for refugee families. Acknowledging the core foci of cultural formulation of contextualizing illness narratives within cultural meaning systems, migration and exile, and social predicaments, the family-level approach protocol aims to engage in a systemic exploration of family dynamics as both central mediators of family members' health and illness trajectories and core resources of coping and healing strategies. The format of the workshop includes a plenary theoretical framing on transcultural and system therapeutic literature that resulted in the design of the family approach to the cultural formulation protocol, followed by an interactive engagement with the protocol which explicates the use of the protocol in trauma-informed care with refugees. Drawing on in-depth case examples, supported by the visualization of intergenerational genograms, participants are encouraged to practice the use of the protocol throughout experience-centered exercises and role-playing games in small groups with the aim to foster active reflections on the assessment and therapeutic dimensions of the protocol in different diagnostic and therapeutic settings. In the workshop participants will actively explore and reflect upon important verbal and non-verbal techniques of systemic therapeutic interventions at play within the family-level approach protocol including systemic interview and drama techniques. The interactive workshop will be facilitated by a team consisting of clinical psychologists, family therapists, and cultural brokers of The Transcultural Trauma Care Team.

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## All God's Children: documentary

**Abstract ID: 223**

**Workshop leader(s):** Winny Ang, University of Antwerp, 't\_verhaal, MFC Heder

### Description

**Background** All God's Children (67min) is a documentary (2021) made by Robert Lemelson, a cultural anthropologist and ethnographic filmmaker. Content documentary: Well over half a million children in Indonesia are on the autism spectrum and have varying difficulty with social interaction and communication, as well as uneven access to resources, education and services. "All God's Children" tells the story of Idris, a nonverbal autistic teenager living in rural Central Java. Idris's mother, Isti, struggles to understand Idris and meet their basic needs, especially since the two moved away from Idris's neurotypical twin brother and biological father over thirteen years ago. Shot over the course of five years, the film follows Idris and Isti to traditional healers, biomedical treatment centers, specialized schools, activist organizations, and community gatherings as they seek the acceptance and support they long for. As the family ultimately finds new avenues to healing and hope, the film also tells a story of how grassroots disability awareness movements, local cultural models of inclusion, and religious principles can unite to better support all members of a community. Aims Showing 'All God's Children', the premiere in the Netherlands. A powerful documentary about (cultural) beliefs regarding children with autism within Indonesian cultures. Having a panel discussion (25 minutes) about the relationship of culture, psychology and personal experience. Possible panel members: Rob Lemelson (live/online), psychiatrist/psychologist/ anthropologist, ... Reference All God's Children, Elemental Productions (2021), directed by Rob Lemelson Keywords documentary Indonesia mental health Autism

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## Reframing sociotherapy: from Santpoort to Rwanda and back: resilience and reconciliation in the aftermath of disaster

**Abstract ID: 267**

**Workshop leader(s):** Annemiek Richters

### Description

Community Based Sociotherapy (CBS) as practised in Rwanda is a group-based mental health and psychosocial support (MHPSS) intervention for people suffering through relational and collective trauma resulting from war, genocide, forced migration, epidemics, or natural disasters. It recovers the capacity to build supportive new relationships while research shows that this leads to empowerment, reconciliation between perpetrators and survivors, and the mitigation of a range of psychological disorders. The main questions to be discussed in the workshop are: What did sociotherapy bring from the Netherlands to Rwanda; What new insights does it bring traveling back to the Netherlands (and other countries in the Western world for that matter); and What (if any) adaptations may be needed to make it work after its return.

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## Women from Georgia

**Abstract ID: 268**

**Workshop leader(s):** Antoine van Sint Fiet

## Abstracts Posters

### The Christian Mental Health Initiative: Increasing Mental Health Literacy Among Black Church Leaders

**Abstract ID: 3**

**Author: Atasha Jordan, Psychiatry Resident Physician, University of Pennsylvania Department of Psychiatry**

#### Background

According to the Pew Research Center, approximately 80% of Black Americans identify as Christian. Studies suggest that most Black Christians seek counsel from church leaders rather than mental health clinicians in times of psychological distress. However, church leaders' seminary training focuses on spiritual health, not mental health. As such, there presently exists an extensive gap between faith and mental health literacy within Black Christian communities. Few studies exist that examine the role of mental health education within the Black church.

#### Aims

This study aims to bridge the gap between faith and mental health by providing Black church leaders an evidence-based mental health training to better recognize church members' mental health challenges.

#### Methods

We seek to recruit approximately 200 Gospel Hall and/or Brethren church leaders in the Greater Philadelphia area to participate in an eight-hour-long Mental Health First Aid (MHFA) workshop. In collaboration with certified MHFA instructors, we will administer the workshops in smaller groups of approximately 25 attendees. Attendees will complete brief pre-and post-intervention surveys to assess their knowledge of mental illnesses and their willingness to refer church members to mental health resources.

#### Results

We hypothesize that Black church leaders will report increased knowledge of mental illnesses, increased willingness to refer church members to mental health resources, and an increased rate of referral of congregants to mental health resources.

#### Discussion

Many Black Americans currently receive their psychiatric and psychological care from pastors and church leaders who are untrained to provide this level of support. Educating Black Christian leaders on mental illness and local mental health resources may, in turn, increase the utilization of mental health services amongst Black persons with mental illness in times of psychological distress.

#### Learning Objectives

1) Understand the current spiritual and religious landscape in Black American communities 2) Describe the role that faith leaders play in addressing the mental health of spiritually- and religiously-minded persons 3) Learn about the current use cases for Mental Health First Aid as a means of increasing mental health literacy 4) Uncover the ways that community initiatives can help faith leaders better meet the mental health needs of their congregants

#### References

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Stanford (2014) Training and Education of North American Masters of Divinity Students in Relation to Serious Mental Illness, *Journal of Research on Christian Education*, 23:2, 176-186, DOI: 10.1080/10656219.2014.899480 Hays K, Lincoln KD.(2017) Mental Health Help-Seeking Profiles Among African Americans: Exploring the Influence of Religion. *Race and Social Problems*.; doi: 10.1007/s12552-017-9193-1 Religious Landscape Study. Pew Research Center, Washington, D.C. (2014). <https://www.pewforum.org/religious-landscape-study/racial-and-ethnic-composition>. Wang, P, et al. (2003). Patterns and Correlates of Contacting Clergy for Mental Disorders in the United States. *Health Serv Res*;38(2):647-73.

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## Use of Outpatient Mental Health Services in a sample of Expat Population before and after the outbreak of COVID-19

**Abstract ID: 12**

**Author: Maria Aragues, International Mental Health. K&P, The Hague. The Netherlands.**

### Background

The coronavirus disease 2019 (COVID-19) pandemic has had a profound impact on both the physical and mental well-being of the global population. Relatively few studies have measured the impact of COVID-19 crisis in the Expat population.

### Aims

To describe secondary mental health service utilization pre-start of COVID (March 2020) and after COVID within the expat population in The Netherlands. To evaluate if more expats seek help and the characteristics of this population.

### Methods

Data pertaining to mental health referral to our practice, a polyclinic specialized in Expat population in The Netherlands. In order to do that, we studied from our electronic records for both 18 months pre COVID (March 2020) and post COVID. We will study demographic aspects of the sample as gender, age, and nationality. Also, the diagnose according to DSM after the intake will be studied. We will later make a descriptive analysis using the statistical program SPSS Statistics version 20.

### Results

Preliminary results show that as with other publications a decrease in referrals to our practice after March 2020. There were 564 intakes before against 427 intakes after. Still we are in the process to study further the sample.

### Discussion

To the best of our knowledge, this will be one of the first studies that focus on the impact of COVID on the Expat population. An overall number of referrals was reduced in our practice. Potential reasons for these observations are discussed.

### Learning Objectives

- To learn about the impact of COVID-19 in our Expat population in relation to their mental health. - To learn if there was a difference in the type of patient referred and the diagnosis before and after COVID-19

## References

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## Findings from a German clinical study: refugees' pathways to mental health care

**Abstract ID: 45**

**Author: Vera Mohwinkel, University Osnabrueck, Osnabrueck, Germany**

### Background

Refugees constitute a psychologically vulnerable population, showing increased rates of mental disorders, while at the same time facing multiple structural and cultural barriers when trying to access mental health care services in their host countries (Hadgkiss et al., 2014; Rousseau et al. 2019). Thus, studies report refugees' underutilisation of mental health care services compared to other groups (Satinsky et al., 2019).

### Aims

This study aims to examine refugees' pathways to mental health care services before, during and after their flight to Germany. Relationship between psychological distress and refugees' help-seeking behavior is investigated, as well as the influence of sociodemographic and flight-specific factors on help-seeking.

### Methods

Refugee patients' data are collected in psychosocial centers or cooperating psychiatric clinics within the state-funded "refuKey"-project in Lower-Saxony, Germany. During their interpreter-assisted initial interview, refugee patients answer an adapted version of the German Psychiatric Association migration-questionnaire. Besides, they fill out validated and well-established questionnaires, available in eight languages, to measure symptoms of traumatisation, anxiety, depression, somatisation, psychoticism as well as mental well-being and quality of life (HSCL-25, SCL-90, HTQ, WEMWBS, WHOQoL).

### Results

Results will be presented.

### Discussion

Possibilities of how to improve refugees' access to psychiatric-psychotherapeutic and psychosocial care will be discussed.

### Learning Objectives

Findings will contribute to a better understanding of refugees' mental health care utilisation and will show up possibilities of how to adapt service offers to refugees' needs.

### References

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care for asylum seekers residing in the community: a systematic review of the literature. *Australian Health Review*, 38(2), 142-159. doi:10.1071/AH13113 Rousseau, C., & Frounfelker, R. L. (2019). Mental health needs and services for migrants: an overview for primary care providers. *Journal of Travel Medicine*, 26(2), tay150. doi: 10.1093/jtm/tay150 Satinsky, E., Fuhr, D. C., Woodward, A., Sondorp, E., & Roberts, B. (2019). Mental health care utilisation and access among refugees and asylum seekers in Europe: A systematic review. *Health Policy*, 123(9), 851-863. doi:10.1016/j.healthpol.2019.02.007

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## Suicidal behavior among psychiatric patients in Rwanda

**Abstract ID: 63**

**Author: Maja Grønlund Bendtsen, University of Copenhagen**

### Background

Every year more than 700.000 people die due to suicide (WHO mortality database, 2021). More than half of the people completing suicide in low- and middle-income countries (LMICs) have an underlying mental health disorder (Knipe et al., 2019). Of all mental health disorders, bipolar disorder has the highest occurrence of suicide with a rate 20-30 times that of the general population (Chen and Dilsaver, 1996). There is no national suicide prevention strategy in Rwanda and no treatment guidelines. Suicide has been under-researched in Rwanda. There are no studies assessing suicidal behaviour among people with a history of suicide attempts nor any with people with a diagnosis of a mental health disorder. Furthermore, there are no studies assessing the help-seeking behaviour of those at risk of suicide. Additionally, suicide is a great taboo and a subject for stigmatisation.

### Aims

The overall aim is to explore the prevalence and experiences of suicidal behaviour among individuals with bipolar disorder in Rwanda to identify potential and culturally adaptable interventions to help those people at risk of suicide. Specifically, the study will explore the frequency of suicidal ideation and behaviour as well as how suicidal behaviour is experienced and perceived among people who previously have attempted suicide in Rwanda. This includes exploring warning signs, help-seeking behaviour and protective factors.

### Methods

The study uses a mixed-method approach with quantitative data collection on the prevalence of suicidal behaviour among people with bipolar disorder and qualitative interviews with people with a history of suicidal behaviour conducted with a phenomenological approach (Malterud, 2012).

### Results

Analyses are ongoing, and results will be presented at the conference.

### Discussion

The findings of this research will highlight the need to implement policies and interventions to prevent suicide attempts in LMIC.

### Learning Objectives

It is expected that information gained from exploring the living experience of suicidal behaviour, will bring knowledge on how potential interventions programmes can be culturally adapted to help those at risk of suicide in Rwanda.

### References

Chen, Yuan-who, and Steven C Dilsaver. 1996. "Lifetime Rates of Suicide Attempts among Subjects with Bipolar and Unipolar Disorders Relative to Subjects with Other Axis I Disorders." 3223(95): 0–3. Knipe, Duleeka et al. 2019. "Psychiatric Morbidity and Suicidal Behaviour in Low- And Middle-Income Countries: A Systematic Review and Meta-Analysis." PLoS Medicine 16(10): 1–29. Malterud, Kirsti. 2012. "Systematic Text Condensation: A Strategy for Qualitative Analysis." Scandinavian Journal of Public Health 40(8): 795–805. "WHO Mortality Database." 2021. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/suicide>.

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## Global Mental Health Collaboration for Seniors in Syria

**Abstract ID: 64**

**Author: Azaad Kassam, University of Ottawa**

### Background

Syria's conflict has displaced millions. Among them are families who have had to leave their elders behind, resulting in a lack of established support mechanisms. This has been exacerbated by further social and health risks imposed by the pandemic.

### Aims

Communities in Syria have reached out for knowledge and skills to assist their senior population with their mental health and well-being, including understanding neurocognitive conditions, mood disorders, and trauma-related suffering. We hypothesized that a cross-cultural and transatlantic collaboration through videoconferencing technology is an effective method of sharing knowledge in the areas of mental and neurocognitive health.

### Methods

We developed a collaboration amongst volunteer health professionals including psychologists, psychiatrists, pharmacists, geriatricians, and public health to respond to requests for education and training in seniors' mental health. Needs assessment involved intercultural communication and co-development of training modules. We implemented qualitative surveys to ascertain the feedback of the learners in gaining relevant knowledge and skills.

### Results

We present our partnership with Syrian professional and lay volunteers to offer culturally-informed virtual training and case consultation in geriatric mental health. Feedback surveys suggest a positive benefit to the

learners in their understanding and approach to Syrian seniors wellness. Strategies for sustainability are discussed.

### Discussion

The pandemic opened an opportunity to link with Syrian communities in an unprecedented fashion due to a pivot to internet-based technology. Enhanced data could be obtained with further development of surveys. With an ongoing, iterative feedback process, we continue to develop the quality and scope of culturally-meaningful and contextually-informed educational opportunities.

### Learning Objectives

1. Appreciate the challenges faced by elders in Syria during a time of conflict and pandemic, including mental health and well-being. 2. Become aware of strategies to link with communities who are seeking knowledge and skills in mental health care, using internet-based technology. 3. Understand the interface of culture and context in co-developing mental health teaching modules with community partners overseas.

### References

Kassam A, Magwood O, Pottie K. Fostering Refugee and Other Migrant Resilience through Empowerment, Pluralism, and Collaboration in Mental Health. *International Journal of Environmental Research and Public Health*. 2020; 17(24):9557. <https://doi.org/10.3390/ijerph17249557> Naheed Rajabali, Darryl Rolfson, Sean, Bagshaw (2016). Assessment and Utility of Frailty Measures in Critical Illness, Cardiology and Cardiac Surgery. *Canadian Journal of Cardiology*. 1157-1165. <https://doi.org/10.1016/j.cjca.2016.05.011> Pottie, K., Kassam, A., Gruner, D., Community-based Mental Health Care and Narrative Exposure Therapy. Book chapter in: *The Oxford Textbook of Migrant Psychiatry*. Ed. Bhugra, D. Oxford University Press. 2021. ISBN: 9780198833741 Hassan, G., Ventevogel, P., Jefee-Bahloul, H., Barkil-Oteo, A., & Kirmayer, L. (2016). Mental health and psychosocial wellbeing of Syrians affected by armed conflict. *Epidemiology and Psychiatric Sciences*, 25(2), 129-141. doi:10.1017/S2045796016000044

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## Contemporary cultural delusions and the dissociated imaginary. A video

**Abstract ID: 79**

**Author: Silvia Folchi, Italian Institute of Transcultural Mental Health**

### Background

In the 2018 WCPA Congress, Italian Institute of Transcultural Mental Health suggested cultural delusion as a powerful tool for psychiatry. What makes pathological cultural delusion is not so much its being false, as its being unchangeable in front of the data of experience, with the consequent stiffening of the subject and the decline of its self-fulfilling capacities.

### Aims

To go deeper in the concept of cultural delusion.

### Methods

Exploring cultural delusion through a visual approach.

### Results

Psychodynamic disciplines are themselves immersed in a cultural context that can propose dissociative values. The mechanics that lead to dissociation run through our culture and force the subject to make logical and imaginative leaps that expose him to the risk of a continuous state of incoherence.

### Discussion

Like words, images have an interpretative code that generates meaning. Film brings into play resources that draw on the visual repertoire internalized by each person in the complex work of metaphorical elaboration. From the anthropologist's point of view, the concept of cultural delusion is useful for defining disruptive configurations that can affect the social group as well as the individual. For example, currently many unvaccinated patients, even at the point of death, refuse essential therapies. The strength of their denial comes from a counter-faith: nothing is true. The nihilist position, impregnable, does not admit verification: it can be considered a form of dissociation of our times.

### Learning Objectives

Demonstrate the heuristic capacity of images in social analysis.

### References

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## Facilitating and hindering factors in the treatment of persistent somatic symptoms in migrants: A scoping review

**Abstract ID: 92**

**Author: Erik van Twillert, Dimence Mental Health Care, Specialist Center for Persistent Somatic Symptoms & Somatic Symptom Disorders, PO Box 5003, 7400 GC Deventer, the Netherlands**

### Background

While patients with a migratory background (MB) are overrepresented among those suffering from persistent somatic symptoms (PSS), MB is associated with poorer treatment outcomes. Available guidelines provide limited recommendations regarding PSS treatment adaptations for MB patients.

### Aims

To identify facilitating and hindering factors influencing the treatment of PSS among MB patients in psychiatry and other health care settings.

### Methods

A scoping review using the PRISMA-ScR checklist to ensure its integrity. PubMed and Embase databases were

searched for primary research articles investigating treatment interventions in adult migrants with PSS. PSS as an accompanying feature of another underlying diagnosis was excluded. Abstracts were independently judged for eligibility and methodological quality by two authors, and charted in a data form that included study design and identified facilitating and hindering factors.

### Results

Eleven articles examining a variety of PSS interventions were included. The most common treatment adaptations related to: (a) translation and interpretation, (b) adaptation to lower educational levels, (c) culture-sensitive therapists and materials, (d) gender roles, (e) removal of practical barriers, (f) supportive treatment, and (g) nonverbal therapy forms. The most frequently mentioned facilitating and hindering factors related to (a) cultural sensitivity, (b) interpretation and communication, (c) group interaction, (d) body- and experience-oriented treatment elements, (e) health literacy, and (f) somatic underdiagnosis or overtreatment.

### Discussion

This review provides an overview of available research on treatment adaptations for PSS in MB patients. Facilitating and hindering factors that may be useful for healthcare providers treating PSS in MB patients were identified.

### Learning Objectives

At the end of this session, participants will have gained knowledge concerning factors influencing treatment of PSS in MB patients.

### References

N/A

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## Loss, Resilience, and Mental Health in Older Adults in Puerto Rico 2 Years After Hurricane María

**Abstract ID: 106**

**Author: Thomas Buckley, University of Pittsburgh School of Social Work and Department of Psychiatry**

### Background

Natural disasters pose both short- and long-term risks to mental health, perhaps especially for older adults (Parker et al., 2016).

### Aims

This cross-sectional study uses a risk and resilience framework to explore the association between losses, resilience and mental distress among older adults in Puerto Rico two years after Hurricane María devastated the island.

## Methods

We conducted face-to-face interviews with a non-probability sample of community dwelling adults aged 60+ (N = 154). We assessed mental distress with the SRQ-20 (range = 0-20), PTSD with the PTSD Checklist-6 (range = 0-24), and resilience with the Brief Resilient Coping Scale (range = 4-20). We created an 8-item index to measure hurricane-related losses, e.g., income, family and/or friends, home damage, and displacement (range = 0-8). We used two hierarchical linear regression models to examine the association of losses and resilience with mental distress and PTSD respectively, and tested for the moderating effects of resilience.

## Results

Mean scores for PTSD and the SRQ-20 were 5.56 (SD = 5.22) and 6.64 (SD = 5.14) respectively. One-third of the sample screened positive for PTSD and 42% for mental distress. Higher levels of loss were associated with more mental distress (B = 1.06,  $p < .001$ ) and PTSD (B = 0.80,  $p = .003$ ), and higher levels of resilience were associated with lower mental distress (B = -0.45,  $p = .001$ ) and PTSD (B = -0.35,  $p = .022$ ). Resilience did not significantly moderate the relationship between hurricane related loss and mental distress or PTSD.

## Discussion

To summarize, older adults were experiencing high levels of mental health problems 2 years after María, and hurricane-related losses were associated with increased levels of mental distress and PTSD. Greater personal resilience served as a strong protective factor, but did not affect the association of loss with either mental health outcome.

## Learning Objectives

Participants will: 1. Demonstrate knowledge about the potential long-term effects of natural disasters on older adults' mental health. 2. Consider prevention and intervention strategies that highlight the role of individual-level experiences of loss and resilience after a disaster. 3. Discuss the relevance of sociocultural, political and economic context for assessment and intervention with older adults following a natural disaster.

## References

Parker, G., Lie, D., Siskind, D. J., et al. (2016). Mental health implications for older adults after natural disasters - A systematic review and meta-analysis. *International Psychogeriatrics* 28(1), 11–20. doi: 10.1017/S1041610215001210

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## Suicide & Alcoholism in the Guyanese-American Community: A Population at Risk

**Abstract ID: 112**

**Author: Satesh A Seegobin, Jamaica Hospital Medical Center, Ross University School of Medicine**

## Background

Guyana is a country with one of the highest suicide rates in the world. With depression being recognized as the fifth greatest contributor to disease burden in the country, suicide is pervasive and considered the third-leading

cause of death in Guyana. Research shows higher rates of alcohol abuse among Indo-Guyanese as compared to other ethnic groups in Guyana. Individuals with a family history of suicide and substance abuse disorders are among the most prevalent risk factors for suicide in the United States. With Guyanese immigrants accounting for the fifth largest immigration group in New York City (NYC), the increased risk for suicide among the Guyanese community warrants concern.

### **Aims**

The current review aims to establish the Guyanese-American community in NYC as a vulnerable population, susceptible to suicidal behavior and Alcohol Use Disorder (AUD) while inspiring efforts towards reducing suicide related deaths.

### **Methods**

A literature review was conducted including studies using the following search terms; alcohol use, suicidality, and Guyanese population. Exclusion criteria consisted of articles focusing on general psychiatric disorders.

### **Results**

Risk of suicide is increased significantly with presence of alcohol use disorder and family history of completed suicide. Guyanese Americans have significantly higher rates of alcohol abuse, substance abuse, and depression than citizens of Guyana where alcoholism is an issue.

### **Discussion**

A relationship has been observed between alcoholism and suicide in the Guyanese American community and the evidence suggests that the risk of developing AUD or suicidal behavior is increased in subsequent generations relative to the general population. Cultural factors may contribute to the development of these conditions and implementing culturally appropriate interventions may prove beneficial to decrease rates of alcohol-related suicide attempts among the Guyanese American community. Future research is warranted to determine preventative measures, therapies, and support that are effective in this unique population.

### **Learning Objectives**

Identify the presence of alcoholism and suicidality in the Guyanese-American community and understand the cultural factors that contribute to this problem.

### **References**

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## A systematic review of non-verbal behaviour associated with paranoid delusions

**Abstract ID: 114**

**Author: Ron Haarms, Centre for Transcultural Psychiatry (Veldzicht), Department of Psychiatry, University Medical Center Groningen, University of Groningen.**

### **Background**

Asylumseekers and refugees have an increased relative risk of developing psychotic disorders (Selten et al., 2020). Further exploration into this field and a better understanding of the transcultural manifestation of psychosis is needed to increase diagnostic validity and reliability. Research shows that cultural differences can bias the diagnosis of psychosis when using instruments that are not culturally sensitive (Zandi et al., 2016). Diagnostic tools are heavily reliant on language-based assessments (e.g. interviews or questionnaires), which presents problems when client and professional don't have the same mother tongue. The language barrier, high levels of anxiety, and suspicion add to the challenge of the assessment of psychotic disorders within this specific population. In order to be able to develop novel non-verbal diagnostic tools that are transculturally validated and can be used in this group we need to know which non-verbal behaviours are associated with paranoid delusions.

### **Aims**

The aim of the paper is to create a systematic literature review concerning all non-verbal behaviour associated with paranoid delusions and to critically review these behaviours in terms of cultural variation.

### **Methods**

The systematic literature review followed the guidelines in the PRISMA-statement (Page et al., 2020) and the protocol was registered with PROSPERO: International Prospective Register of Systematic Review Protocols. Articles with and without a comparator control were included, as well as both qualitative and quantitative studies. Screening was done in duplicate and data was extracted using a standardised format. Assessed non-verbal behaviours were measured using any standardized instrument. Both clinical (delusions) and subclinical (paranoid ideations) levels of paranoia were included in the systematic review. Research papers investigating solely children were excluded (cut-off below the age of 16).

### **Results**

Preliminary searches yielded 2,736 titles. Full results will be presented at the conference.

### **Discussion**

Full results will be presented at the conference.

### **Learning Objectives**

The learning objective is to create a clear overview of non-verbal behaviour associated with paranoid delusions and ideations, wherein the non-verbal behaviours are assessed in terms of cultural variation. Furthermore, results will be used as a foundation for a larger PhD Project that investigates the manifestation of paranoid delusions in asylum-seekers using Virtual-Reality.

### **References**

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(2014). Advances in understanding and treating persecutory delusions: a review. *Social psychiatry and psychiatric epidemiology*, 49(8), 1179-1189. Zandi, T., Havenaar, J. M., Laan, W., Kahn, R. S., & van den Brink, W. (2016). Effects of a culturally sensitive assessment on symptom profiles in native Dutch and Moroccan patients with a first psychosis referral. *Transcultural psychiatry*, 53(1), 45-59.

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## ADAPTATION PROCESS OF A NEUROCOGNITIVE TOOL FOR KENYAN CHILDREN

**Abstract ID: 121**

**Author: Rachel Maina, Tilburg University**

### Background

Neuropsychological assessments have become preferable in assessing cognitive functions of individuals at risk or with any neurological compromise as opposed to invasive assessments. However, several studies have shown that tools developed in the West are prone to cultural bias hence there is a need to adapt the measures to a specific setting.

### Aims

To adapt a Spanish neurocognitive battery to a Kenyan population of children.

### Methods

Translation was the first stage of adaptation where one bilingual researcher translated the battery from Spanish to English and another English native speaker checked for linguistic and semantic consistency of the English version. Four Clinical psychologists and psychiatrists then checked for synthesis. Here, the tools' structure and appropriateness was evaluated against the tool's original markers. A pilot study was done among eight children (median age 13 years) where the item, picture and instructions appropriateness were checked. The pilot phase involved full battery administration and interviews.

### Results

Language adaptations were made for some English words in BENCI that could not be comprehended by the children. An example is the word 'Figures' which was changed to 'Shape' due to observed familiarity with the latter. Administration adaptations were made to unclear instructions. Recommendations were made to ensure children understood what to do when a certain stimulus appeared. This is more so in the Visual Memory subtest where children tended to pass their fingers playfully along the screen resulting in unintended responses. It was observed that younger children had a better understanding when additional information was given in Kiswahili – the national language. The sustained attention subtest was reorganized as it was quite long and put right before a scheduled break. Cultural adaptations were done to images that looked similar, for example head and hair.

### Discussion

Adaptation of neuropsychological tools is important in reducing cultural bias and ensuring the tools validity.

### Learning Objectives

Learn the cultural undertones likely to be experienced when adapting a cognitive test in LMIC.

## References

Rachel, M., Fons, V.D.V.J.R., Amina, A. et al. (2021). Assessing Neuropsychological Functions in Middle Childhood: a Narrative Review of Measures and Their Psychometric Properties Across Context. *J Pediatr Neuropsychol* 7, 113–138. <https://doi.org/10.1007/s40817-021-00096-9>. Maina, R.W., Abubakar, A., Miguel, P.G. et al. (2019). Standardization of the Computerized Battery for Neuropsychological Evaluation of Children (BENCI) in an urban setting, in Kenya: a study protocol. *BMC Res Notes* 12, 799. <https://doi.org/10.1186/s13104-019-4830-y>

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## Assessing Neuropsychological Functions in Middle Childhood: A Narrative Review of Measures and Their Psychometric Properties Across Context

**Abstract ID: 122**

**Author: Rachel Wanjiru Maina, University Of Nairobi**

### Background

There is a significant number of neuropsychological measures for use among children aged 6–12 years. However, most of these tests have been developed in high-income contexts (HICs). To avoid or to at least to minimize bias in assessment, most researchers carry out cultural adaptations of these tools. In selecting sub-tests to adapt before using the entire test battery, researchers would benefit from having a reference source summarizing available tools and how easily they can be used in different context.

### Aims

This narrative review has a twofold aim: first, to identify tools commonly used among 6–12-year-olds; second, to summarize the psychometric properties of these tools especially emphasizing their usage across different cultural contexts.

### Methods

We searched the literature from 1 January 1987 to 31 December 2017 for tools used among children aged 6 to 12 years. An extensive search of PubMed, Psych Info and Web of Science using the keywords (i) neuropsychological or neurocognitive with (ii) assessment or test was done.

### Results

A hundred and forty-five papers out of 306 reported on psychometric properties of different tools including Behavior Rating Inventory of Executive Functioning—BRIEF (count = 6), Visual-Motor Integration—VMI (count = 6), the Test of Memory Malingering—TOMM (count = 6), MSVT (count = 6) and Continuous Performance Tests—CPT (count = 6). Most studies were based in high-income countries (46% in USA), which further highlights the need to validate these measures for use in lower- and middle-income countries. Psychometric check was adequate in most tests for measuring executive functioning such as BRIEF, although tests such as CPT that measure complex attention had mixed findings. The studies addressed certain aspects of validity and or reliability while leaving out others; thus, a comprehensive picture is lacking.

### Discussion

We propose further studies to thoroughly investigate and report the psychometric properties of these measures, especially in lower- and middle-income countries.

### Learning Objectives

The audience will be able to understand gaps in cultural adaptation and standardization of cognitive tests.

### References

Maina, R.W., Abubakar, A., Miguel, PG. et al. Standardization of the Computerized Battery for Neuropsychological Evaluation of Children (BENCI) in an urban setting, in Kenya: a study protocol. BMC Res Notes 12, 799 (2019). <https://doi.org/10.1186/s13104-019-4830-y>

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## DISSOCIATION, RELIGION AND SEXUAL ABUSE

**Abstract ID: 125**

**Author: LAURA MORENO FERNANDEZ, HOSPITAL RAMON Y CAJAL**

### Background

22 years old woman with a Dissociative Identity Disorder, or Multiple Personality. She is from a rural area in Honduras, migrated to Spain escaping from intra familiar sexual abuse, a wish to support the economy of her family and develop her catholic religious vocation. The patient describes six different personalities. Each personality has different desires and behaviours. She can make a clear difference between evil and good ones, with strong moral division.

### Aims

Analyse the cultural factor of religion, from a clinical case of dissociative identity disorder in context of traumatic sexuality and migration

### Methods

Case story, Cultural Formulation Interviewed (CFI-5), and ADEs Adolescent Dissociative Experiences Scale and projective techniques

### Results

Religion can play a double role as a coping mechanism and as a stressor. Religious judgement on sexuality and the role of purity in the narrative of the patient appears in projective techniques as a stressor, associated with culpability. Dissociation triggers are traumatic memories, sexual desire arousal, and western rappings, among others. On the other hand, religion provides as a help-seeking mechanism and an wish for hope and control.

### Discussion

From the psychiatric perspective, dissociation is assumed to be a direct product of an underlying neurobiological mechanism, while the anthropological paradigm treats dissociation as a social and rhetorical phenomena, and a way of creating social space and articulation of self-experiences in particular cultural contexts. (R. Seligman). Traumatic sexualisation is in conflict with the purity values and beliefs of catholic religion. Religion in this case

plays a double role, as a help-seeking mechanism, and as a stressor. Dissociation plays a significant role in the patient adaptation efforts; underlying repression and splitting mechanisms, solving the moral pain evoked from the dissonance between what is experienced and what was culturally expected.(L.J. Kirmayer)

### Learning Objectives

Integrating neuropsychological notions of dissociative phenomena with sociocultural processes of narrative construction of the self in order to treat moral pain associated with traumatic sexualisation and religious beliefs.

### References

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## Intersections of race and queerness: Analysis of risk and demographics at a Brooklyn-based LGBTQ+ mental health clinic

**Abstract ID: 128**

**Author: Jinal Patel, Maimonides Medical Center**

### Background

LGBTQ+ persons have an increased risk of mental illnesses and adverse outcomes, with transgender and bisexual people having the highest risk of suicide and self-harm(1). Sexual and gender minorities face unique health inequities, further compounded in racial or ethnic LGBTQ+ minorities(2, 3) in an intersectional manner. LGBTQ+-specific clinics treat the mental health needs of LGBTQ+ patients by providing gender-affirming care(1).

### Aims

Assess demographics and risk of patients at a community mental health LGBTQ+ clinic.

### Methods

Clinical and socio-demographic data were obtained from electronic health records for 91 outpatients. Suicide and self-harm risk calculated with Columbia Suicide Severity Rating Scale.

### Results

Results revealed mean age (29 years), sex assigned at birth (male=42.9%; female=57.1%), gender identities (cis-gender=74.8%; non-binary=14.3%; transgender=8.8%), sexual orientation (gay=33.0%; bisexual=25.3%; queer=26.4%; lesbian=9.9%), race or ethnicity (White=47.3%; Latinx=27.5%; Asian=18.1%; African American=8.8%), and religion (none=70.3%). 77% of bisexual patients were non-white (77%), while most gay (57%) and lesbian (78%) patients were white. Bisexual, transgender, and Asian patients had the highest suicide risk, whilst cisgender and Latinx patients had the lowest risk.

## Discussion

There is a discrepancy between the demographics of Brooklyn and patients utilizing our clinic. Older adult, lesbian, African American, and non-English speaking patients are significantly under-represented. There is an intersectional nature of increased clinical risk in LGBTQ+ patients and racial and ethnic minorities.

## Learning Objectives

Our study demonstrates the need to better understand the demographics and risk of LGBTQ+ patients to inform and effectively tailor services.

## References

1. Hafeez, H., Zeshan, M., Tahir, M. A., Jahan, N., & Naveed, S. (2017). Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. *Cureus*, 9(4), e1184. <https://doi.org/10.7759/cureus.1184>
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3. Darren L. Whitfield, N. Eugene Walls, Lisa Langenderfer-Magruder & Brad Clark (2014) Queer Is the New Black? Not So Much: Racial Disparities in Anti-LGBTQ+ Discrimination, *Journal of Gay & Lesbian Social Services*, 26:4, 426-440, DOI: 10.1080/10538720.2014.955556

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## Development of a Problematic Khat Use Screening Test (PKUST-17) in Ethiopia: Classical Test Theory and Item Response Theory Analysis.

**Abstract ID: 142**

**Author: Awoke Mihretu, AAU**

### Background

Khat use, especially problematic khat use, has multidimensional problems, ranging from individual to population levels. Problematic khat use adversely affects both mental and physical health. However, problematic khat use has been poorly defined and measured.

### Aims

This study aimed to develop a problematic khat use screening tool in the Gurage Community, South-central Ethiopia.

### Methods

We have used a series of methods to generate a pool of items for problematic khat use screening tool. Classical test theory and a 2-parameter item response theory statistics were used for the initial psychometric evaluation of the scale.

### Results

Initially, we developed a pool of 50 items. IRT analysis indicated that item about irritability when not chewing khat showed the highest discrimination ( $\alpha$  thresholds =2.44). Chewing khat to do routines was the most difficult (first  $\beta$  thresholds =0.25) item, which was the only positive coefficient. The test information function graph depicts the scale that provided a lot of information in the latent trait's moderate range.

## Discussion

We developed a Problematic Khat Use Screening Test with 17 items which will have a perfect utility for the general population or primary health care settings than for the clinical population. Future studies should do full-scale validation of the scale.

## Learning Objectives

Employing a series of methods is very important for item selection, refinement and inform the cultural validity of a construct or measure.

## References

1. Gebrehana, E., Berhane, E., and Worku, A. (2014). Prevalence and Predictors of harmful Khat use among university Students in Ethiopia. . Substance Abuse: Research and Treatment 8, 45-51. doi: 10.41372. Alem, A., Kebede, D., and Kullgren, G. (1999). The prevalence and socio-demographic correlates of khat chewing in Butajira, Ethiopia. Acta Psychiatrica Scandinavica Supplementum, 100, 84-91. 3. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (DSM-5®): American Psychiatric Pub.4. Baker, F. B. (2001). The basics of item response theory: ERIC.5. Bashford, J. (2009). Screening and assessment for cannabis use disorders. Background paper for management of cannabis use disorder and related issues: a clinician's guide. National Cannabis Prevention and Information Centre.

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## Exploring psychosocial resilience and needs of frontline healthcare workers during the COVID-19 pandemic in Kazakhstan, Central Asia

**Abstract ID: 153**

**Author: Akbota Kanderzhanova, Nazarbayev University School of Medicine**

### Background

In Kazakhstan, there have been 1 373 047 confirmed cases of COVID-19 with 18 736 deaths as of 11 February 2022 (WHO, 2022). Burden posed by the pandemic contributed to the psychological burden of frontline healthcare workers (FHCWs) reporting symptoms of anxiety, depression, insomnia, and distress (Lai et al., 2020). To overcome the challenges, FHCWs also adopted different ways of coping mechanisms.

### Aims

This study explores Kazakhstani FHCWs' coping, support systems, and psychological needs framed by local culture and context during the COVID-19 pandemic.

### Methods

We conducted 30 qualitative in-depth interviews with FHCWs working in COVID-19 facilities throughout the country. Data were analyzed using deductive-inductive hybrid approach guided by thematic analysis and Interpretative Phenomenological Analysis.

### Results

The following themes were identified: situation acceptance, religious coping, gratitude and appreciation, self-

care, support from family, friends and colleagues, and occupational mental health support (moral support and encouragement). Population health literacy concerns and the COVID-19 misinfodemic were also mentioned. Participants highlighted the need for enhancing psychological support services for HCWs in Kazakhstan.

### Discussion

Indeed, in contrast to the Western system of workplace counseling practices, the system of psychological support of healthcare professionals in Kazakhstan is still lagging behind. Furthermore, whilst culture coping scholars highlight that cultural orientations can predict coping styles (Shekriladze et al., 2021), our research also explores coping and needs driven by the cultural and social texture during COVID-19 in Kazakhstan. Similar coping strategies adopted by FHCWs throughout the world were also identified in other studies (Xu et al., 2021).

### Learning Objectives

Learners will distinguish available support systems and coping ways adopted by the FHCWs to deal with frontline traumatic experience during the COVID-19 pandemic in a Central Asian country. Learners will identify FHCWs' social concerns and mental health needs provided a useful lens through cultural and social perspectives. Learners will interpret the need to enhance the systems of professional counseling/mental health services for healthcare workers during COVID-19 and beyond.

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## Cultural identity, psychosis and pathways to recovery of forensic inpatients with a migration background.

**Abstract ID: 159**

**Author: Charlotte Clous, Centre for Transcultural Psychiatry (Veldzicht), Department of Psychiatry, University Medical Center Groningen, University of Groningen.**

### Background

Cultural identity and discrimination might be drivers of the increased psychosis risk observed in ethnic minorities. The potential protective effects of ethnic density and a strong ethnic identity (Veling, 2008) indicate that experiences of sociocultural inclusion could counterpose the effects of social exclusion in maintaining the balance of mental health. The literature in this area is dominated by risk of developing disorder and epidemiological studies. In this study, we aim to examine experiences of in- and exclusion of forensic inpatients

with a pre-existing psychotic disorder and a migration background in a transcultural mental health clinic using qualitative methodology.

### **Aims**

This study aims to provide insight into processes of identification and their role in pathways to recovery of forensic inpatients for whom mandatory treatment ends in a return to their country of origin. We focus on how cultural identity is socially negotiated and how this helps or hinders recovery. Hereby we respond to the increasing call for context-based care including both patients' characteristics and particularities of the mental health facility.

### **Methods**

We use a hospital ethnography methodology, combining observations, interviews and focus groups, centering patients' experiences in their interaction with clinical context. Participant observation will be combined with a longitudinal series of interviews mapping patients life journeys. Focus groups will triangulate and contextualise findings.

### **Results**

Within the particular context of one centre for transcultural psychiatry, we discuss meaning and patterns of sociocultural identity in clinical interactions and how these take shape in ways that may either help or hinder patients' recovery. Preliminary results will be presented at the conference.

### **Discussion**

Based on the preliminary results we will discuss how results may be used in clinical practice, e.g., to guide adaptations to application or content of the currently used Cultural Interview

### **Learning Objectives**

- Increasing awareness on the connection between psychosis and cultural identity • Describing patterns of sociocultural identification and their role in personal recovery

### **References**

Veling, W. (2013). Ethnic minority position and risk for psychotic disorders. *Current Opinion in Psychiatry*, 26(2), 166-171.

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## **Understanding the Implementation Process of an Online Community-Based Psychosocial Intervention for Asylum-Seekers During the COVID-19 Pandemic**

**Abstract ID: 174**

**Author: Yufei (Mandy) Wu, McGill University**

### **Background**

Asylum-seekers experience high degrees of psychological distress from post-migration difficulties, which have been exacerbated during the pandemic (Garcini et al., 2020). Community-based psychosocial support programs have demonstrated potential to protect asylum-seekers' mental health by promoting social connections and

facilitating service access (Priebe et al., 2016), but how such programming might work online during the pandemic is unknown.

### **Aims**

The current study aims to understand the implementation process of a community-based psychosocial support program for asylum-seekers and identify the challenges and opportunities of virtual programming during the pandemic.

### **Methods**

Based on an ethnographic approach, we use i) participant observation (fieldnotes) during implementation process and online program activities and ii) semi-structured interviews with asylum-seekers and community partners providing the online programming.

### **Results**

Preliminary results indicate that there are significant challenges in delivering online psychosocial support to asylum-seekers including inequitable access to technology and participants' anxieties in using an exposing medium. Service providers also mentioned difficulties in encouraging participation and establishing rapport. However, opportunities such as increased scheduling flexibility and geographical reach suggest that these programs may facilitate service access for portions of this vulnerablized population while widening barrier for others.

### **Discussion**

By understanding the barriers and facilitators of implementing online community-based psychosocial interventions for asylum-seekers, we recommend strategies for virtual programming that will more effectively engage asylum-seekers and improve their mental wellbeing.

### **Learning Objectives**

1) Describe the implementation process of an online community-based psychosocial intervention for asylum-seekers during the pandemic. 2) Identify the challenges and opportunities of using virtual programming to engage asylum-seekers and provide psychosocial support.

### **References**

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## Attending to my emotions: Cultural differences in 2 cultural groups and mediating effects on well-being

**Abstract ID: 176**

**Author: Jie Chang, Concordia University**

### **Background**

Cultural contexts foster diverse ways to engage with emotions, and lead to distinct effects on well-being. The tendency to suppress one's emotional expression (expressive suppression) is one such example – expressive suppression has been associated with poorer well-being in cultures that are emotionally expressive, but is unrelated to well-being in East Asian cultures valuing emotional restraint (Soto et al., 2011). East Asian cultures has also shown less normative interest in emotions (Dere et al., 2008) and less report of everyday emotional experiences (Mesquita et al., 2010). The tendency to pay attention to one's emotions has never been formally explored across different cultural contexts.

### **Aims**

The present study examines whether the tendency to attend to one's feelings differs across two cultural groups, and whether this difference may underline the culturally divergent relationship between expressive suppression and well-being.

### **Methods**

Canadian university students with Euro-Canadian (n = 45) and Chinese (n = 84) cultural backgrounds completed questionnaires measuring attention to emotions, expressive suppression and well-being indicators - depressive symptoms and life satisfaction.

### **Results**

The Euro-Canadian group showed significantly higher attention to emotions than the Chinese group. Consistent with previous literature, higher expressive suppression was associated with lower well-being in the Euro-Canadian group, but was not associated with well-being in the Chinese group. Finally, attention to emotions significantly mediated the relationship between expressive suppression and well-being in the Chinese group, but not in the Euro-Canadian group.

### **Discussion**

These preliminary findings highlight that people from different cultural contexts normatively attend to their internal feelings to different extents, and such differences have implications on emotional regulation and well-being. It is generally assumed that low attention to or interest in emotions is maladaptive; however, this study suggests that cultural norms for emotional experiences should be considered when making such evaluations.

### **Learning Objectives**

Emotional experiences should be understood in context of cultural practices and norms to avoid pathologizing culturally normative experiences.

### **References**

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Mesquita, B., & Karasawa, M. (2002). Different emotional lives. *Cognition & Emotion* 16, 127-141.  
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## Migration and psychosis in Trieste, Italy: an epidemiological study

**Abstract ID: 205**

**Author: Sara Velcich, PSychiatric rehabilitation technician**

### Background

Literature suggests that migrants are more likely to develop psychotic disorders compared to the general population. Factors influencing the prognosis of these disorders may be linked to the presence of positive or negative aspects, such as a welcoming process developed for asylum seekers or migrants', excluding policies. Trieste, Italy, is a place where these two factors coexist, raising the question whether they can influence the incidence of psychotic disorders.

### Aims

1. To compare the incidence of psychotic disorders in migrants with those of Italians in charge of the Mental Health Department (MHD) of Trieste, 2. to evaluate the purpose of intervention, whether it addresses a psychiatric emergency or providing ongoing support, and 3. to assess the nature of intervention, either clinical or psychosocial.

### Methods

Retrospective study using the informative system of the MHD of Azienda Sanitaria Universitaria Giuliano Isontina, years 2014-2019 to select data on migrants and Italians in charge of the MHD. Data on not-Italians and Italians of the general population of Trieste were used for calculating yearly incidence. Gender and ages were considered.

### Results

Psychosis incidence in migrants was higher compared to that of Italians in both genders and in all ages. Migrants had a smaller number of interventions compared to Italian patients in charge of the MHD (129 vs 209,84). The two patients' samples have a similar proportion of multiprofessional interventions related both to psychosocial rehabilitation and clinical care.

### Discussion

Incidence of psychotic disorders in migrants in Trieste is higher than Italians. Psychiatric care is equally multiprofessional in both group.

### Learning Objectives

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### References

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## Symptoms of subthreshold depression in adolescents

**Abstract ID: 207**

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### Background

Affective symptoms of the preclinical level are frequently masked by personality or behavioral characteristics, puberty manifestations. Quite often such adolescents remain out of sight of specialists with a high need for adequate medical and psychological assistance.

### Aims

The purpose of this study was to identify the subclinical level affective symptoms in different groups of adolescents (subthreshold depression) and to study its clinical features.

### Methods

Materials and methods. 659 adolescents 7-17 years old. clinical, psychological (depression scale M. Kovak), and statistical methods were used.

### Results

Results: a group of adolescents with a risk of developing depression was identified (35.7%): with an «above average» level of depression's risk (26.6%), with a high level (7.9%) and high scores on particular scales (1.2%). In 10.3% of the pupils, the individual signs of affective disorders were identified that significantly affected the quality of functioning, which we regarded as persons with subthreshold depression. including 15.8% urban, 10.8% rural, and 6.3% teenagers with disabilities.

### Discussion

Adolescents in secondary schools, compared to the pupils in correctional schools, had significantly higher indicators on the total score and «Negative mood» and «Angelonia» scales in the group with a high risk of depression. The indicators of the «Interpersonal problems» scale were high in all groups of students. Adolescents from urban schools are at the greatest risk of developing depression compared to both rural adolescents and correctional school pupils.

### Learning Objectives

This group needs a dynamic observation and carrying out preventive measures with the obligatory involvement of the social environment - parents, and teachers.

### References

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## Addressing Food Insecurity Within Primary Care: Piloting the Use of Social Determinant "Z-Codes" To Address Care Gaps

**Abstract ID: 215**

**Author: Lorin Scher, UC Davis School of Medicine**

### Background

Health Care Organizations (HCOs) are working to address the social determinants of health and mental health. These societal factors lead to many health inequities within patient outcomes, and these associations are well documented. The American Psychiatric Association (APA), the American Medical Association (AMA), and the American Hospital Association (AHA) have advocated for improved data collection, screening, and coding for the social needs of patients. While the ICD-10 "Z codes" were developed in 2016 to address non-medical factors which impact health outcomes, the codes are rarely used. In 2019, less than 2% of Medicare patients received a Z code.

### Aims

1. To address food insecurity in the ambulatory care setting using a data-driven and population health focus.
2. To fully integrate food insecurity workflows into clinical operations and to connect patients to resources
3. To train providers and medical coders to use the Z-codes in patient assessments and billing, respectively
4. To decrease food insecurity rates for patients with high medical complexity

### Methods

1. UC Davis Health developed a Food Insecurity Workgroup within ambulatory care operations. This group consists of PCPs, psychiatrists, IT experts, and case managers
2. Develop a dashboard of patients with food insecurity by patient sites
3. Training and Outreach
  - A. Develop scrips, workflows, and Frequently Asked Questions (FAQs) for case managers to provide patient-centered interventions
  - B. Develop a strong network of community based organizations (CBOs) that provide services for patients with food insecurity
4. To implement a social determinants of health management platform to link patients, case managers, and social workers to needed resources

### Results

work-in-progress -- results available at meeting

### Discussion

If hospitals and primary care systems identify social determinants using diagnostic codes, it will help with data-driven care for integrated interventions. Linking SDOH initiatives to existing behavioral health integration efforts is a logical and practical approach.

## Learning Objectives

1. Learners will recognize the benefits of using diagnostic Z-codes when addressing social determinants of health  
2. Learners will identify information technology solutions when addressing SDOH within clinical care  
3. Learners will describe key features of a "training and outreach" program when training case managers to address food insecurity within primary care settings

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## Developing cultural formulation with refugee children, adolescents and their families

**Abstract ID: 220**

**Author: Lucia De Haene, University of Leuven & Faculty Clinical Centre PraxisP**

### Background

Cultural formulation is oriented on the ethnographic, narrative exploration of social and cultural factors relevant to diagnosis and treatment as accounted for by patients and significant informants. In its current operationalization of the Cultural Formulation Interview, the inclusion of both patient and informant versions for children, adolescents, and family members' orient clinicians to the applicability of cultural formulation with minor patients as well as to explore family members' narratives on illness narratives and to yield an understanding of family dynamics in shaping illness experience.

### Aims

Notwithstanding this initial potential of the existing interview formats, clinical literature on implementing cultural formulation with refugee children, adolescents, and their families remains relatively scant.

### Methods

In this symposium, four contributions explore ongoing pilot implementations of cultural formulation with refugee children, adolescents, and their families. Based on clinical practice in school-based collaborative care for refugee children and their families, outpatient systems therapeutic care with refugee families, and semi-residential psychiatric care for minor refugees, we discuss specific modalities of cultural formulation developed in our clinical work: (i) cultural formulation on refugee child development in school-based collaborative care; (ii) cultural formulation for minor refugees in psychiatric treatment; (iii) cultural formulation with refugee families. A fourth contribution explores the promoting of access to and acceptability of psychiatric assessment and treatment through collaborative approaches.

### Results

For each contribution, the development and design of a specific format of cultural formulation is situated within scientific literature, followed by an articulation of the procedure and protocol for cultural formulation as piloted

within ongoing clinical practice. This discussion integrates case examples and empirical data from process analyses, and is concluded by reflections on future directions in clinical practice and research.

#### **Discussion**

(abstracts symposium contributions enclosed in e-mail)

#### **Learning Objectives**

(abstracts symposium contributions enclosed in e-mail)

#### **References**

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## **Hot/cold or Humoral Presentation of the Orthorexia Nervosa: a Case Study and a Proposal.**

**Abstract ID: 221**

**Author: Muhammad Faisal Amir Malik, Rawalpindi Medical University**

**Winner of WACP2022 Travel Award Contest**

#### **Background**

Beliefs about the hot/cold properties of food and their impact on health are seen in many cultures. (Manderson, 1987) Orthorexia Nervosa (ON) refers to preoccupation with eating 'right' food and its preparation leading to distress. (Cena et al., 2019)

#### **Aims**

To present a case of ON with hot/cold beliefs regarding food.

#### **Methods**

Case study.

#### **Results**

A 45-years-old-lady belonging to the middle socioeconomic class presented with persistent worrying thoughts,

restlessness, and multiple somatic symptoms. These symptoms had occurred with varying intensity for 2 decades. For the past 4 to 5 years, she had adopted a highly rigid pattern of food preparation and consumption which was centered around a personal classification of foods into hot/cold. According to her some foods were cold and caused symptoms like flu, phlegm, and fever which were relieved by taking 'hot' medicines. Other foods, were hot and caused anxiety and symptoms of dryness of the head, headache, burning, and pain in the abdomen. These activities and concerns took up a significant portion of her day.

### **Discussion**

A survey in Pakistan found the beliefs regarding the hot/cold properties of food to be common. (Ali et al., 2003) These beliefs are a part of the cultural explanatory models of health and disease. (Pool, 1987) The subsumption of new items into these categories is also seen. (Manderson, 1987) The food-related anxieties and distress of orthorexia are absorbed into and show themselves through the lens of cultural beliefs. There is limited research on the impact of 'cultures and eating traditions' on ON. (Strahler et al., 2020) In this case, the manifestations of ON were informed by the hot/cold concepts of food. Further work needs to be done to describe the manifestation and prevalence of ON with hot/cold beliefs, and see if these cultural factors are sufficiently significant as to merit classification as a sub-variant.

### **Learning Objectives**

To discuss a case of ON informed by hot/cold beliefs. To see how manifestations of the ON could be influenced by the cultural tradition related to food. To learn about the prevalence and evolution of hot/cold beliefs in modern societies. To discuss a case of ON informed by these beliefs.

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## **Poh: Case Series of Culture-specific Presentation in Women with Mild Intellectual Disability**

**Abstract ID: 222**

**Author: Muhammad Faisal Amir Malik, Rawalpindi Medical University**

**Winner of WACP2022 Travel Award Contest**

### **Background**

People with intellectual disabilities are diagnosed with psychiatric disorders at a higher rate. (Axmon et al., 2018) Trauma and intellectual disability are associated with each other, and both are associated with poor mental

health. (Noorthoorn et al., 2021) A consideration of their cultural milieu is important for full understanding. Poh is the name of winter month in the Punjabi calendar when we saw the first patient.

### **Aims**

To present a culture-specific presentation in women with mild intellectual disability.

### **Methods**

Case series.

### **Results**

Over a period of 3 winter months, we saw 3 patients who bore a striking resemblance in their presentation, clinical challenges, life history, and their interactions with society, culture, and medical system. 3 women in their early middle-ages and belonging to low-to-low-middle socioeconomic status with mild intellectual disability and exhibiting the following symptoms: periods of behavioral disturbances; psychotic symptoms which were not persistent, and when present consisted of hypochondriacal delusions, delusional misperception, and ideas of misidentification; mood-and-affect lability; and social disinhibition. In history, all 3 had: harsh early life experiences with physical and verbal abuse caused by a lack of understanding of their condition and attributing their behavior to moral/conduct issues; inability to fulfill expected roles and social norms leading to turbulent relationships, divorce, and separation from children; changing clinical picture, changing diagnoses, and refractory to the given pharmacological treatment.

### **Discussion**

In Pakistan, people with intellectual disability have to face high stigma and poor attitudes; additionally, there is poor understanding and recognition of the condition, nature of disabilities, and their causes. (Patka et al., 2013) This leads, as in the cases above, to a cultural milieu (including the medical system), where they are mistreated and their needs neglected and condition misunderstood. In my opinion, a life-historical, culturally specific, and ecological understanding (Poh) is better suited for conceptualizing the condition of such patients.

### **Learning Objectives**

To learn about the psychiatric presentations of people with mild intellectual disability. To see how cultural factors influence the development of mental disorders in people with mild intellectual disability. To discuss the best ways of understanding the condition of people with mild intellectual disability.

### **References**

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## The “Lesvos syndrome”: a high degree of PTSD with psychotic symptoms among asylum seekers attending the clinic of MSF in Lesvos

**Abstract ID: 224**

**Author: Alessandro Barberio, ASUGI**

### **Background**

Asylum seekers are susceptible to severe and complex mental health disorders because of traumatic events and adverse circumstances before, during, or after their migratory journey. We describe two groups of asylum seekers with PTSD in presence or in absence of psychotic symptoms, describing this complex clinical presentation, to propose ways forward for its management.

### **Aims**

The aim of this study was to compare the socio-demographic and clinical characteristics of a cohort of contained asylum seekers in Lesvos presenting with “simple” PTSD or with PTSD and psychotic symptoms. Treatment outcomes were also analysed comparing both groups

### **Methods**

An observational study using routine programme data of 171 asylum seekers diagnosed with PTSD with or without psychotic symptoms in a Médecins Sans Frontières mental health programme in Lesvos, Greece.

### **Results**

44% and 56% patients were diagnosed with PTSD and PTSD with psychotic symptoms (PTSD+), respectively. When comparing the two groups, cases with PTSD+ were more likely to come from Western Africa (adjusted OR = 15.42). The Global Assessment of Functioning demonstrated a good response to treatment in both PTSD and PTSD+ groups (Mood  $P < 0.0001$ ), while the two conditions differed by the severity of clinical presentation ( $\chi^2$  Pearson  $P > 0.05$ ).

### **Discussion**

PTSD+ was a common diagnosis in asylum seekers. An early multidisciplinary intervention resulted in an improvement of clinical conditions, including psychotic symptoms. Being aware of this clinical manifestation is important to distinguish rapidly between reactive and chronic psychotic symptomatology. This seems crucial to offer more efficient health interventions in similar contexts worldwide. More research is needed in order to decide whether including these particular psychotic symptoms in PTSD, or to consider them as part of a separate psychiatric syndrome.

### **Learning Objectives**

A number of reflections may arise from our observations. Clinicians working in similar settings may also find a high prevalence of psychotic symptoms among PTSD cases, in line with our results. Further research may help to clarify whether the occurrence of PTSD with psychotic symptoms can be considered a cultural issue or may reflect traumas encountered by asylum seekers and migrants on the move, or both. We show that PTSD+ responds well to a multidisciplinary approach. It would be of advantage that other actors replicate this model of care. Moreover, our findings indicated that an extremely vulnerable population, with a high degree of suicidal ideation, was administratively held in a containment camp, which offers limited or even no options for adequate protection of these individuals. An increased capacity to better host such individuals should urgently be put in place.

### **References**

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## **The YouBelongHOME Intervention: working with families to enhance recovery for persons living with Severe Mental Illness in Uganda**

**Abstract ID: 225**

**Author: Byamah Brian Mutamba, YouBelong Uganda**

### **Background**

In Uganda and similar contexts, there are pressing needs to strengthen support outside of the mental hospital for people living with severe mental illness (PLWSMI) and their families. The YouBelong HOME (YBH) intervention ([www.youbelongcommunity.org](http://www.youbelongcommunity.org)) aims to deliver a culturally centred, family-focussed recovery programme for PLWSMI who have been abandoned or institutionalised. .

### **Aims**

We discuss lessons from the CHaRISMA (Curtailling Hospital Readmissions for people with severe mental illness in Africa) research study, which is generating evidence on the feasibility and cultural appropriateness of the YBH approach

### **Methods**

Action research was used to test and refine the YBH process in the context of understanding who is likely to benefit, what works well in the YBH intervention and can be improved, and what are feasible community-based initiatives to augment a community mental health programme.

### **Results**

We have developed deeper insights into both the feasibility and cultural appropriateness of the YBH intervention

### **Discussion**

A closer link between practice wisdom, community engagement and policy development is a much needed bridge for progressive developments in this area

### **Learning Objectives**

Towards generating evidence on culturally and contextually responsive community mental health services in sub Saharan Africa

### **References**

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## Attitude toward Depression and related factors in Physicians

**Abstract ID: 233**

**Author: Chawanun Charmsil, faculty of medicine, Chiangmai university**

### Background

Stigma refers to negative beliefs and attitudes that lead people to reject, avoid, or fear and those perceived as being different. Lack of knowledge, misunderstanding, and stigma about depressed people and their surroundings are barriers to improving their mental health.

### Aims

This study aims to examine the attitude toward depression in Thai physicians compare with general population.

### Methods

A cross-sectional descriptive study, in Thai physicians and general population. We used the Depression Stigma Scale in Thai version to assess stigma. The Depression stigma scale was distributed via the internet with google form program.

### Results

2083 participants responded the questionnaire. Comparing Depression stigma scale of general population and physicians by using independent test demonstrated that there was different between two group significantly ( $p < 0.001$ ) (table 3) which average total score of physician higher than general population (37.47 and 35.73 respectively). There was significant different in Perceived Stigma Subscale in general population  $p < 0.001$  and physician but not in Personal Stigma Subscale. There was significant different between Personal Stigma Subscale of male and female physician ( $P < 0.05$ ). But there was not significant different between Perceived Stigma Subscale of male and female physician. But in male and female general population there was not significant different in Depression stigma scale.

### Discussion

Physicians had higher depression stigma than general population especially in Perceived stigma.

### Learning Objectives

To understand depression stigma and related factors in physician .

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## Climacteric symptoms in Mosuo, Yi, and Han Chinese women

**Abstract ID: 234**

**Author: Jinyi Wang, Tongji University**

### Background

Large scale cross-cultural studies showed that climacteric symptoms varied in different countries and ethnic groups [1,2]. Southwest region is the most culturally and ethnically diverse place in China. However, few studies have focused on the perimenopausal health of Mosuo (the representative of matrilineal society) and Yi (the representative of the patrilineal clan) and their relationship with culture.

### Aims

To explore the similarities and differences in physical and mental health among Mosuo, Yi, and Han middle-aged women differed in physical and mental health that could be affected by their differing cultural characteristics and social support.

### Methods

This study adopted a cross-cultural design by snowball sampling method to recruit 208 women aged 40-60 from Yongning Village, Ninglang County, Lijiang City, Yunnan province. linear regression model was used to compare the differences among Mosuo, Yi, and Han middle-aged women in family support and climacteric symptoms.

### Results

Compared with Yi and Han, Mosuo women had the highest family supports. Multiple linear regression analyses showed that ethnicity, age, family support predicted the severity of depressive mood in middle-aged women ( $R^2=0.09$ ). Age ( $\beta=0.149$ ,  $P < 0.01$ ), perceived daily family support ( $\beta=-0.126$ ,  $P<0.05$ ) and ethnicity were associated with symptom severity. Compared with Mosuo women, Yi women had more physical symptoms and Han women had more psychological symptoms.

### Discussion

In conclusion, climacteric symptoms vary among women of different cultures. Higher perceived family support may be protective factors of climacterium-related depression.

### Learning Objectives

The measurement of cultural indicators

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## **Extreme sadness and extreme Happiness: Experiences of living with bipolar disorder in Rwanda**

**Abstract ID: 239**

**Author: Nelly Umulisa Rurangwa, University of Rwanda**

### **Background**

The global estimates of the prevalence of bipolar disorder spectrum are between 2-3 % (Global Burden of Disease Collaborative Network, 2021). Yet, in Rwanda's first mental health survey (Rwanda Biomedical Center, 2018), the prevalence of bipolar disorder was only 0.1% in the general population and 0.7% among survivors of the Genocide against the Tutsi, indicating possible undetected cases. In Rwanda, there is limited awareness of bipolar disorder, no word for the disorder in Kinyarwanda and no treatment guidelines available. Moreover, there is little knowledge about the management and impact of bipolar disorder from the perspective of individuals affected by the disorder. This source of insight is essential in developing sustainable, culturally tailored interventions for persons with bipolar disorder in Rwanda.

### **Aims**

To explore illness experience, help-seeking pathway, coping mechanisms, and impact of illness among individuals with bipolar disorder in Rwanda.

### **Methods**

A trained psychologist conducted in-depth qualitative interviews with individuals with bipolar disorder. Interviews were conducted in Kinyarwanda, audio-recorded, transcribed, and translated into English. Data were analyzed using systematic text condensation (Malterud, 2012).

### **Results**

Thirteen interviews were performed. Data analysis is ongoing. The results are planned to be publicly available in July 2022.

### **Discussion**

The findings are expected to underline the necessity to implement interventions programs for bipolar disorder informed by the perspective of individuals from the local settings to improve their health.

### **Learning Objectives**

The study will provide insight into how different intervention programs for bipolar disorder can be tailored to the cultural context in low resource settings.

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## **“We’re seen as human after we’re dead”: Exploring Black men’s barriers to expressing psychological distress**

**Abstract ID: 240**

**Author: Florencia Gysbertha, University of East London student**

### **Background**

Society has significantly contributed to the distorted perception of Black manhood and what it means to exist as a Black man (Akbar, 1991; Akinkunmi, 2019; Hooks, 2004). This distortion has an impact on Black men's understanding of mental health and engagement with mental health services in highly dynamic and complex ways. Therefore, it is imperative to evaluate the lived experiences of Black men and address the long-standing disparities experienced by this population.

### **Aims**

To explore Black male experiential barriers to expressing psychological distress in the UK. The men's shared experiences and meaning-making of those barriers are considered from systemic, social, cultural, and historical lenses to understand and contextualise the underlying mechanisms that shape their lived experiences and contribute to maintaining these barriers.

### **Methods**

Semi-structured, one-to-one remote interviews with six Black male participants based in London, UK. Their ages range from 27 to 35. A dual inductive-deductive approach to Thematic Analysis is utilised to analyse the data. The analytical process and the construction of themes are derived from critical theoretical and social constructionist frameworks.

### **Results**

Four overarching themes ‘Detrimental perceptions of Black manhood’, ‘Internal and external conflict’, ‘Strength in the face of adversity’, and ‘Redefining Black manhood’ were constructed from the data, demonstrating several complex, multi-layered, and interrelated barriers. Masculine ideologies, systemic violence and oppression, adopted individualism and collective disconnection, and lack of Black representation are identified as macro-level barriers. Internalised stereotypes and emulating strength, fear of stigma and judgement, and ancestral attachment were identified as micro-level barriers.

### **Discussion**

The findings demonstrate that barriers to Black men expressing psychological distress are created and maintained through systemic strategies, experiences of oppression and racial trauma, social constructs, intergenerational trauma, cultural and individual belief systems, contextual factors, and their social network.

### Learning Objectives

The participants reflected on factors that could help overcome existing barriers through exploration, such as embedding African-centred theories, sociological frameworks, decolonisation, racial socialisation and deconstructing (anti-)Blackness within psychological professions and policies. Additionally, mental health services and regulatory bodies have a duty to diversify their workforce and provide a co-produced service provision.

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## Turning barriers into opportunities: current challenges in mental healthcare for asylum seekers

**Abstract ID: 246**

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### Background

Mental disorders are highly prevalent among asylum seekers (Blackmore et al. 2020). Numerous risk factors for psychopathology play a role including exposure to trauma, lack of shelter, uncertainty, and long duration of the asylum procedure. Access to care is a proven protective factor (Giacco 2019). However, the use of mental health services by asylum seekers is low compared to the need (Claus et al. 2022). This may be related to specific barriers to mental healthcare for asylum seekers.

### Aims

To explore barriers to Western mental health care for asylum seekers

### Methods

A narrative literature review of the state-of-the-art knowledge on barriers to mental healthcare in asylum seekers

### Results

We identified six major thematic barriers: lack of knowledge on the healthcare system, language barriers, lack of trust towards authority, structural difficulties (financial limitations, precarity, lack of capacity...) and discrepant beliefs and expectations of mental health and healthcare (Claus et al. 2022). Providing adapted services & information, engaging interpreters & cultural mediators, and educating both asylum seekers & caregivers can be valuable interventions. Evidence on effectiveness of various proposed interventions is currently limited.

### Discussion

Six thematic barriers were retained. Different interventions are suggested. Our findings also stress the importance of cultural factors in the expression and experience of psychological distress. For an accurate approach to asylum seekers' mental health difficulties, it is therefore necessary to map out their cultural context.

The 'Cultural Formulation Interview' (CFI) can be a valuable instrument in this purpose. The CFI approach is particularly important in vulnerable and asymmetrical mental health encounters, e.g. when working with migrants (Lindberg et al. 2021). However, up to now studies focusing on asylum seekers or on the value of the CFI on the diagnostic process are lacking (Aggarwal et al. 2020). More specific research, eg on use of the CFI in asylum seekers, is urgently needed.

### Learning Objectives

Asylum seekers in need of mental healthcare encounter several barriers. Different interventions are possible to address these, such as use of the CFI. Targeted research, especially on use of the CFI in asylum seekers, can be of particular clinical, societal and academic interest.

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## The psychological experience of second-generation Somali young adults whose parents were forced to migrate during the Somali Civil war in the 1990's

**Abstract ID: 248**

**Author: Raisa Kumaga, student**

### Background

Children of parents who fled during the Somali Civil war often navigate and manage different identities while striving to succeed in life despite bearing the legacy of the forced migration (Guardian, 2020). The holocaust survivor studies emphasise on the importance of understanding the offspring (Sangalang & Vang, 2017; Danieli, 1998). Children of the refugee parent go through a different acculturation process since the children negotiate their parents' cultural norms as well as the western norms (Degni et al., 2016). The second-generation Somali young adults might have different experiences due to the their historical, social and cultural context.

### **Aims**

To explore the psychological experience by including psychological distress and strength of second-generation Somali young adults whose parents were forced to migrate during the Somali Civil war in the 1990's.

### **Methods**

The study adopts an interpretative phenomenological approach (Smith, 2009;2020) that aims to reveal the meaning-making process of psychological experience amongst second-generation Somalis.

### **Results**

1. Strength and resilience in the Somali community and broader African diaspora 2. Flipping hats: the confusion in belonging and identity 3. The impact of parents forced migration story and refugee background 4. Ceeb(hush) and Aamusnaan(silence)- hiding one-self and emotions

### **Discussion**

This study shall contribute to the field of psychology, more specifically Counselling Psychology by elucidating the subjective experience of the adult children of refugee parent which will inform formulation and assessment. Additionally, the findings of this study will contribute to the debate on refugee family and mental health as well as improve access to psychological services due to elucidating the communities needs.

### **Learning Objectives**

Understand intergenerational trauma and the limitations Explore the effects of growing up in a refugee family

### **References**

Degni, F., Pöntinen, S., & Mölsä, M. (2006). Somali parents' experiences of bringing up children in Finland: Exploring social-cultural change within migrant households. *Forum Qualitative Social Research*, 7(3). Retrieved from <http://nbn-resolving.de/urn:nbn:de:0114-fqs060388>. Sangalang, C. C., & Vang, C. (2016). Intergenerational Trauma in Refugee Families: A Systematic Review. *Journal of Immigrant and Minority Health*, 19(3), 745–754. <https://doi.org/10.1007/s10903-016-0499-7> Somalinimo: Somali culture, blackness and Islam at Cambridge University - Guardian documentary. *the Guardian*. (2022). Retrieved 19 March 2022, from <https://www.theguardian.com/education/ng-interactive/2020/sep/02/somalinimo-somali-culture-blackness-and-islam-at-cambridge-university>. Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis : theory, method and research*. Sage Publications. Danieli, Y. (1998). *International Handbook of Multigenerational Legacies of Trauma* (pp. 2–4; Y. Danieli, ed.). <https://doi.org/10.1007/978-1-4757-5567-1>

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## **Prescription patterns of Psychotropic medications for treatment naive patients with mental disorder in Amanuel hospital, Addis Ababa, Ethiopia**

**Abstract ID: 249**

**Author: Beakal Amare, Psychotherapy, Substance**

### **Background**

Psychotropic medication experiences for patients at the beginning of treatment may have a lasting impact on their attitudes toward medication and course of illness, this is a critical time to optimize prescribing. There is no adequate information on the patterns of drug prescribing among this population. A study on prescribing

practices will help identify opportunities for corrective measures to enhance achievement of therapeutic goals and patients' quality of life.

### **Aims**

-To study the patterns of Psychotropic medication prescription patterns for treatment naive mental illness patients in Amanuel hospital. -To describe socio-demographic characteristics and distribution of treatment of the treatment naive patients.

### **Methods**

A retrospective record review was conducted on 384 treatment naive patients with mental disorder in Amanuel hospital out-patient department (between March 10/2019 and March 29/2019).

### **Results**

From these 384 cases, patients were prescribed a mean of 2 psychotropic medications. Risperidone was the most frequently prescribed drugs from antipsychotics and tricyclic antidepressants remain the most frequently prescribed class of antidepressants. This study also showed off-label prescription of (n=11; (17.5%) intravenous administration of haloperidol for treatment naive patients and (n=15; (10.7%) patients were prescribed with long-acting antipsychotic Fluphenazine Decanoate.

### **Discussion**

In present study (n=11; (17.5%) patients were prescribed IV Haloperidol injection. Some researchers also showed that the intravenous administration of haloperidol is a relatively common off-label clinical practice (1). The FDA said injectable haloperidol is only approved for intramuscular injections. In our set up where there is inadequate cardiac monitoring and investigation. In this setup giving IV Haloperidol might cause serious side effects. Long-acting antipsychotic Fluphenazine Decanoate was prescribed in 15(10.7%) treatment naive patients. Guidelines recommend long-acting injectable treatment should not be used in treatment-naive or in acutely disturbed patients without prior stabilization on oral treatment (2).

### **Learning Objectives**

-To describe patterns of Psychotropic medication prescription patterns for treatment naive mental illness patients.

### **References**

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## **Differences in Psychological Difficulties and Well-being of Indonesian Students amidst COVID-19 based on Involvement in School Organized Activities**

**Abstract ID: 250**

**Author: Nabilah Amalina Rozi, RoCMHI, Faculty of Psychology, Universitas Indonesia**

**Winner of WACP2022 Travel Award Contest**

### **Background**

The COVID-19 pandemic has been affecting humans globally, including middle and high school students. Their

period of identity seeking, autonomy, and socialization is hampered by physical distancing and the implementation of online learning (Liang et al., 2020; Munasinghe et al., 2020). Research indicated a relationship between in-school organized activities and positive academic, social, and psychological outcomes (Eisman et al., 2017; Meier et al., 2018). The Indonesian Ministry of Education obliged the schools to provide organized activities for students. By now, schools in Indonesia already have various organized activities. Unfortunately, studies regarding organized activities in Indonesia are found to be scarce.

### **Aims**

Our research explored differences of psychological difficulties (namely emotional, peer, conduct, and hyperactivity problems) and well-being (namely autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance) among students in Indonesia by involvement in in-school organized activity during the COVID-19 pandemic.

### **Methods**

This is a nationwide study of 13,072 middle and high school students from Indonesia. Participants were grouped by their involvement in the school's organized activities (involved and uninvolved). Psychological difficulties were measured by SDQ, while well-being was measured by PWB-18. Data were collected through an online questionnaire.

### **Results**

There was a statistically significant difference between students who were involved compared to those uninvolved in school organized activities. Students who were involved had significantly lower conduct and peer relationship problems and significantly higher scores of personal growth, positive relationships with others, and purpose in life.

### **Discussion**

Students with fewer psychological difficulties and better well-being are those who were involved in in-school organized activities during the COVID-19 pandemic. Findings of this study might relate to Indonesian collectivist cultures. Indonesian students tend to be involved in group organized activities rather than activities done individually. Therefore, organized activities could help adolescents to enhance not only their personal abilities, but also their interpersonal skills.

### **Learning Objectives**

Psychological difficulties and well-being of Indonesian adolescents differs by their involvement in organized activities in school and these differences might reflect the collectivist cultures instilled in Indonesia.

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## Culture of suicide reporting among major newspapers in Nepal

**Abstract ID: 251**

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### Background

Culture of sensible media reporting of suicide is a population-based suicide prevention strategy (Zalsman et al., 2016). However, there has been lack of researches exploring the culture of suicide media reporting in Nepal.

### Aims

We aimed to assess the culture of major newspapers in Nepal towards quality of suicide media reporting in Nepal with reference to World Health Organization (WHO) media guidelines for suicide reporting (WHO, 2017).

### Methods

We searched eight major newspapers in Nepal between January 2020 and May 2021 and assessed the culture of the newspapers across 167 news reports against WHO suicide reporting guidelines.

### Results

Culture of reporting potentially harmful characteristics were found to be reported in both the title and main text of the news reports. About half of them mentioned sex and location of suicide in the title. 74.3%, 95.2%, 34.7%, 92.2%, 98.8%, and 52.7% mentioned the name, sex, occupation, method of suicide, the location of suicide, and life events, respectively, in their main content. Only 6% and 2.4% of reports mentioned linkage of suicides with mental illness and substance abuse, respectively. There was poor culture among the selected newspapers to report helpful features of suicide reporting with lesser than 1% of reports narrated educative information regarding suicide prevention, none mentioned contact information for help-seeking for the vulnerable.

### Discussion

Culture of sensible suicide reporting was found to be poor among the newspapers in Nepal and poorly adheres to WHO guidelines, substantiated by the high presence of potentially harmful characteristics and negligible presence of potentially helpful characteristics to prevent suicide. Similar culture of poor suicidal reporting has been reported in other low resource settings (Arafat et al., 2020; Marthoenis et al., 2021; Nisa et al., 2020) which indicates the urgent need to intervene for sensible media reporting across these settings including Nepal.

### Learning Objectives

The findings of this study will act as an evidence for low resource countries like Nepal to guide media towards effective and sensible suicidal reporting in an attempt to prevent suicide.

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## Meta-Mindfulness: Cultural considerations on the digitization of mindfulness

**Abstract ID: 252**

**Author: Magnus Bein, Department of Psychiatry, McGill University, Geri-PARTy Research Group, Lady Davis Research Institute, Jewish General Hospital**

### Background

Mindfulness is an ancient contemplative practice based in religions and cultures of Southeast/ East Asia. It's gained broader acceptance among Western health care professionals as an effective intervention. Digital mediums (i.e. audio recordings to virtual reality) are used to disseminate meditation in clinical settings (Slunecko and Chlouba, 2021), secularizing the practice (Shaw et al., 2020). Arguably, meditation's cultural association creates greater validity and thus, digitization of the practice may lead to the loss of efficacy.

### Aims

To critically assess the digitization of meditation in virtual reality for older adults by monitoring its impact on stress (primary outcome) and trait mindfulness through presence and state mindfulness associated with the meditation sessions and qualitative feedback.

### Methods

We created a course on meditation and mindfulness of breath and body, both in-person (n = 30) and remotely (n = 10), and compared qualitative feedback and performance scales to participant's own goals, clinical targets, and cultural indicators.

### Results

In addition to observing participants taking the course and their qualitative feedback, we share barriers our team faced as cultural and religious inclusion was debated upon during the creation of the study.

### Discussion

A critical analysis of technology shows digitization fragments users' experience (Slunecko and Chlouba, 2021), diminishing attention, and thus the efficacy of meditation. A need to be culturally responsive and sensitive to the sociocultural embedding of the practice and the individuals participating seems fundamental in maintaining the viability of meditation (Kucinkas, 2022; Lutkajtis, 2022). We anticipate that including the cultural sources, with participant's reflections will complement and enhance participants' personal growth (Vörös, 2021; Kucinkas, 2022).

### Learning Objectives

- To highlight the strengths and weaknesses, opportunities, and risks of digital mindfulness and meditation in clinical settings
- To discuss advantages and disadvantages of digitization, secularization on cultural approaches to mental health care delivery
- To outline a framework that can be used to develop and assess digital health interventions

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## The Impact of COVID-19 and COVID-19 Vaccine Distribution on Mental Health Outcomes: Understanding Individuals at Risk of Neuropsychiatric Disorders

**Abstract ID: 254**

**Author: Samuel Omidoyin, All Saints University School of Medicine Dominica**

### Background

The COVID-19 pandemic has led to a “second pandemic” of anxiety and depression. While vaccines are primarily aimed at reducing COVID-19 transmission and mortality risks; they also reduce stress and anxiety caused by the threat of infection.

### Aims

Evaluates the psychological stressors associated with the mitigation strategies adopted for the COVID-19 pandemic. Emphasizes the less discernible benefits of a scaled up COVID-19 vaccination on the mental well-being of individuals.

### Methods

One-to-one interviews (using semi structured questionnaire) with male and female respondents of various ages in Kingstown, April-August 2021. 216 respondents (132 males, 84 females) were interviewed. Secondary data analysis of relevant literatures completed the mixed methods approach.

## Results

37.0% of participants responded that they have received at least a dose of the Covid-19 vaccines. 63.0% have not been vaccinated. 90% of the vaccinated participants responded that they feel safe being vaccinated, and would attend outdoor events. 75% of the unvaccinated participants responded that they would not attend social gatherings.

## Discussion

There have been recurrent waves of the COVID-19 pandemic, and post-COVID-19 sequelae of neurological complications, including direct and indirect effects on the CNS, have been recognized. Work-associated stress, lockdowns, social distancing, and quarantine in response to contain SARS-CoV-2 have also affected the mental health of large populations. There is growing evidence that COVID-19 vaccination improves mental health.

## Learning Objectives

Meditation, yoga, exercises, sharing feelings with loved ones, and engaging in activities of interest could provide some assistance for coping with mental health issues. There are multiple mechanisms through which COVID-19 vaccination positively affects individual psychological well-being.

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