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TPS CHAIR'S REPORT

Ronald Wintrob, MD
Chair, WPA-TPS 2008 - 2011

It was a brisk, early spring morning when Pauline and I arrived in Buenos Aires and got a taxi to the small and comfortable hotel in the Palermo Soho district, where we felt like houseguests of the owner-managers of this lovely place during our week in BA.

We got to the Sheraton Conference Center in central BA about two hours ahead of the formal opening of the congress, and were directed toward the registration area. The line was very long, and was not moving much. After about an hour we had hardly advanced. There was an announcement

that the registration area would be closed until the next morning, and no-one could participate in the opening activities unless they had registered. We had pre-registered many months in advance, but that didn't matter.

We went back to our hotel, frustrated, dismayed and angry.



I went back the next day to try again to register. It was no better; a nightmare such as I have never encountered before, in many years of participating in national and international conferences, and especially galling after traveling so far and at substantial expense to participate in this conference.

As you can readily imagine, I was not the only one who felt this way.

During the year leading up to the BA congress, I had spent considerable time and effort, together with members of the TPS Executive Committee and numerous TPS members, in planning and helping organize ten TPS-sponsored symposia on the theme of 'current research in cultural psychiatry in countries and regions around the world'. In addition, TPS sponsored a symposium on its WPA-funded research project on 'demoralization and depression in cancer patients', and the TPS Section symposium on 'the cultural context of person-centered psychiatry'.

In all, these twelve symposia comprised fifty presentations sponsored by TPS.



I had planned to attend most of the twelve symposia, but was unable to do so because of the registration and other organizational

problems at the congress site. I was able to attend some of the symposia, and others who were there reported that TPS-sponsored symposia had lively and informative presentations, and were well attended. However, two of the ten symposia on 'current research in cultural psychiatry in countries and regions around the world' had to be canceled.



The Section symposium on 'the cultural context of person-centered psychiatry' drew an enthusiastic (and an overflow) audience.

Planning is already underway to expand on the theme of this symposium at future WPA conferences.

Planning has been underway for several months now to have 'current research in cultural psychiatry in countries and regions around the world' be the theme of the 2nd special issue of Transcultural Psychiatry sponsored by WPA-TPS. Thirteen lead authors have been designated and have agreed to prepare articles for this project. We anticipate a publication date in late 2012.

In June, TPS held an election for members of the Executive Committee, for the term Sep 2011 – Sep 2014. The results of the election were announced at the TPS Business Meeting, scheduled for Sep 21, during the BA Congress. Attendance at the TPS Business Meeting was very limited, because our Section meeting, as well as those of all other sections, was not listed in the Congress schedule.



The following members were elected to the TS Executive Committee for the term Sep 2011 – Sep 2014; Joseba Achotegui (Spain), Rachid Bennegadi (France), Kameldeep Bhui (UK), Simon Dein (UK), John de Figueiredo (USA), Marianne Kastrup (Denmark), Hans Rohlof (The Netherlands), Thomas Stompe (Austria), Xudong Zhao (China).

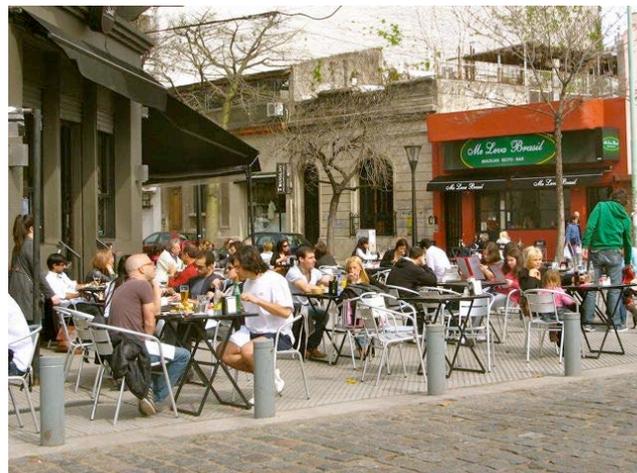
The members of the Executive Committee elected the following officers for 2011-2014; Rachid Bennegadi (chair), Marianne Kastrup (co-chair), Hans Rohlof (secretary), John de Figueiredo (treasurer).

Simon Dein has agreed to continue to serve

as editor of *'World Healer'*, our TPS Newsletter.

During 2012, TPS will be a co-sponsor of the 3rd World Congress of Cultural psychiatry, to be held in London, Mar 9-11, 2012, as well as a co-sponsor of the annual SSPC meeting, to be held in New York, May 9-11, 2012.

TPS will be the principal sponsor of the 'International Conference on Cultural Psychiatry', to be held Nov 5-7, 2012, in Tel Aviv. Anne-Marie Ulman MD, is chairperson of the Israeli Organizing Committee for this conference. The overall conference theme is; 'Cultures in transition; acculturative stress and coping ability'.



During the BA Congress, the TPS Executive Committee for 2008-2011 held its last meeting, and a joint meeting was held with the incoming Executive Committee for 2011-2014, to try to make the transition in leadership of our Section as smooth and seamless as possible.

I am very confident that the vigor and

productivity of WPA-TPS will continue in the years ahead, under the leadership of the new Executive Committee.



It is with great sadness that I have to acknowledge the untimely passing of our friend and colleague Marco Scarpinati Rosso, who died Sep 1st. An *In Memoriam* tribute to Marco, including the re-publication of his wonderful bio-sketch from Nov 2009, has been included in the *In Memoriam*, along with tributes to Marco contributed by a number of his friends and close colleagues. It has been posted on our TPS website and can be accessed at www.wpa-tps.org



In closing, I want to thank all members of the TPS Executive Committee who have contributed so much to the vitality of our Section and its activities during the past six years that I have been fortunate enough to be chair of our Section, and to thank all TPS members for their numerous contributions and support of the activities of our Section during these six years.

I look forward to greeting all of you at our conferences and other activities during the years ahead.

Ronald Wintrob MD

Chair, WPA-TPS

2005-2008 and 2008-2011



TPS CHAIR'S REPORT

Rachid Bennegadi, M.D.

Chair, WPA-TPS

While attending the congress of Buenos Aires, I had the pleasure of discovering a city that I had yet to imagine would be as warm and welcoming. No one can deny that we had to adapt to unexpected conditions, due to the remarkable success of the congress, which slightly overwhelmed the local organizers. Beyond this, I had the pleasure of meeting and exchanging with many colleagues, amongst whom were several I have known for over 25 years and others that I had just met. The excellence of

the program and the diversity of approaches helped overcome certain difficulties, such as a four-hour waiting line for registration.

The WPA-TPS Executive Committee meeting was held under the extraordinary conditions of mutual respect and tensions of a strategic nature. In fact, it was not a simple endeavour, as we had to elect Ron Wintrob's successor, who during two successive mandates led a motivated and competent team. Ron Wintrob not only valued the work of therapists and researchers in the transcultural discipline, but also brought an international dimension to our field in a concrete and loyal manner whilst putting considerable thought into the congresses themes and locations where fruitful discussions took place. Ron was able to gently but firmly manage the fervor and susceptibilities with a mastery that joined what we regard as the ultimate commitment to each other, which is cultural competence. By the word 'competence', one should not focus on the technical achievement of intercultural communication, but a genuine stride towards the respect for others, from the conceptual perspective of the great philosopher Emmanuel Levinas.

This way of being in the world allowed each one of us to express our know-how as well as our disagreements without ever undermining the internal coherence of the group that formed the Executive Committee.

It so happened that I was a member of the

group as General Secretary of the Section, and I felt that I could perhaps have the abilities to succeed the position, and thus presented my candidature. My colleagues have done me the honor of electing me as Chair, and along with me, a team of officers to implement effective work in the Section. With Marianne Kastrup as Co-Chair, Hans Rohlof as General Secretary, John de Figueredo as treasurer, I'm already at work and the transition will be achieved in a serene and serious manner.

The Section is already engaged in different international meetings in 2012 and it will be my duty to ensure a balance within the different endeavors that we will be facing. These endeavors interact within the contexts of globalization, acceleration of migratory flux and transformations, which the host societies, multicultural or not, necessitate.

On behalf of all members of the section and especially on behalf of the Executive Committee, I wish to thank Ron Wintrob for all his contributions. I would like to express the tremendous respect that we share for him and our admiration for his courageous commitments to our discipline, which thanks to people like him has won acclaim in the world of psychiatry.

Rachid Bennegadi, M.D.
Chair, WPA-TPS 2011- 2014



A NOTE FROM THE EDITORS

Welcome to World Healer. This has been an exciting year for the WPA –TPS. There have been there stimulating and well attended conferences in Paris, Istanbul and most recently in Buenos Aries – all very enjoyable. We were very saddened to hear of the untimely death of Marco Scarpinati-Rosso. This has been a great loss to Cultural Psychiatry and we send our condolences to his family. Sadly we recently heard about the death of Prof. Wolfgang M. Pfeiffer. We send our condolences to his family. We heartedly congratulate Rachid Bennegadi on his election to Chair of the WPA – TPS and would like express our thanks to Ron Wintrob for all his hard work as the outgoing Chair. In this issue we report on forthcoming conferences in London (WACP-2012), Prague (2012) and Tel Aviv (2012), Mexico (2012), Turkey (2012) and Iguacu (2013). We provide information about educational activities. We hope you enjoy reading this. We wish all our members a happy Christmas and a prosperous new year.

Dr Simon Dein. Editor
Dr Robert Kohn, Associate Editor



BOOK ABSTRACT

By
Riyadh Al-Baldawi

SHORT INTRODUCTION TO THE BOOK “THE UNKNOWN JOURNEY- MIGRATION, ACCULTURATION AND HEALTH IN AN INTERCULTURAL CLINICAL PERSPECTIVE”

“The unknown journey - migration, acculturation and health in an intercultural clinical perspective”, is a book that addresses the effects of migration and adaptation to the individual's psychosocial health condition.

Writing about migration and the adaptation processes is not an easy task. Each immigrant and refugee has their own story. This means that there are as many different experiences of these processes as there are refugees and immigrants making it difficult to avoid generalizations. The purpose is to monitor and observe what is common in these different phenomena. I am aware that generalization moves the individuals with their feelings and experiences to the periphery. Therefore, I try to enrich the general theoretical models which I describe in the book with clinical case reports thus trying to reduce possible generalizations.

The bases for this book are the patients I have worked with over the past 20 years

and their experiences and concerns. Parts of the material are taken from the cases where I have acted as a consultant or advisor in healthcare, social services authorities and various treatment institutions throughout Sweden. The purpose of these case studies is to make the book more down to earth and adapted to reality. I hope that you, the reader will get a picture of the challenges and the human suffering that lies behind the migration journey. My hope is that the book also highlights the strength and the courage that these people bring with them. I have strived to provide my own interpretation of how migration and adjustment difficulties affect an individual's psychosocial health and family relationships.

The book is divided into four parts. The first is to migrate and live in exile, where I attempt to describe the migration process and the challenges faced by the individual and the family, from the moment they are forced or choose to leave their country, until they arrive at their new country. The second part deals with issues arising from the difficulties faced by individuals in their adaptation to the new country. Here, I try to touch on difficulties in adjusting to a new culture, new organization of society, and eventually to new labor conditions. The third part deals with migration and adjustment-related stress and how it affects people's ability to acculturate and adapt. In this chapter I have tried to undertake a clinical trial to interpret the relationship

between migration- adjustment-related stress and posttraumatic stress status (PTSD). The fourth and final section explains the changes and challenges faced by the family as a whole in connection with the arrival in the new country, how these changes affect the family's internal relations, and how this applies to their psychosocial health condition.

My purpose for the book is not to turn it into a scientific paper. It is instead intended to portray the human experience and suffering during the migration and adaptation processes. I came to Sweden as a refugee for more than 25 years ago. My experiences have given me extra strength to describe and analyse my patients' problems. My own experiences as a refugee are however depicted only briefly.

Parts of the material in this book have previously been published in the form of articles or chapters in different books. However, I have tried to rework the material with new aspects and enrich it with new observations and experiences.

The aim of this book is to help healthcare professionals (especially those with Swedish ethnic background) in their encounters with immigrant patients by providing tools which can facilitate the investigation, assessment and treatment work. Cross- cultural medical and psychiatric research has developed enormously throughout the world during the past 30 years. I have tried to improve the

book's reference list with in-depth national and international works on the subject. My hope is that this will facilitate them in the future to engage in research in cross-cultural medicine.

This book is primarily addressed to professionals within healthcare services, social services, schools, police and other treatment institutions. Nevertheless, it can be useful for anyone who is interested in cross-cultural issues and who works with or meets people from immigrant backgrounds.

Dr. Riyadh Al-Baldawi

MD, PhD,

Ass. Professor – Ersta – Sköndal University College

Medical director for Orient Medical and Rehabilitation centre

Stockholm – Sweden



UPCOMING INTERNATIONAL CONFERENCES

**World Association of Cultural Psychiatry:
3rd World Congress of Cultural Psychiatry
"Mental capital, mental disorders, resilience and wellbeing through the life-course"
March 09 - 11, 2012
London, England**



World Association of Cultural Psychiatry

The 3rd world congress of Cultural Psychiatry

9 - 11 March 2012

The conference will feature a bio-psycho-social, and a spiritual-cultural synthesis of cultural psychiatry, with a **special focus on young people and life course approaches to cultural psychiatry:**

- Young people, emotional wellbeing and recovery
- Young people, physical health and wellbeing
- The role of arts, laws and humanities in wider society in promoting the wellbeing of young people in a diverse and global village
- Cultural adaptation in the face of diverse values and religious systems that help wellness and resilience and healing

Acculturation and globalisation place unique challenges on protecting human capital, and impact on cultural practices in ways that may promote resilience or undermine mental health.

There are also threats to safety and wellbeing because international conflict, war and terrorism. A scientific programme will have *core themes* (listed below) and an interconnecting theme of resilience and wellbeing across diverse cultural groups:

- The neuro-scientific basis of violence and psychiatric symptoms
- The neurobiology of violence and psychiatric symptoms
- Terrorism and Conflict: global

solutions

- Violence, self harm and suicide
- Diagnostic precision
- Culture and Psychotherapy
- Ethnopharmacology
- Pharmacogenetics and gene-culture interactions
- Complementary and traditional healing systems from around the world
- Migration, refugees and asylum seekers: risk factors and service provision
- The future of cultural psychiatry
- Spirituality, religion and mental health
- 'State of the art' research symposia
- The use of arts and humanities in psychiatric and psychological theory and practice.
- Performance, ritual, theatre and mental health
- Training and education
- Service organisation and health systems
- Mental Health & Public Health Policy
- Multidisciplinary critiques of cultural psychiatry theory and practice
- Trainee Workshops before and after the main programme
- Media and Mental Health
- Research, clinical practice, policy and service development to optimise wellbeing and recovery for diverse cultures, and immigrants in a host society
- Social and human capital

- Regeneration, modernisation and mental health.

This event will be locally organised by Queen Mary, University of London, in association with Careif, an international mental health charity, and Visit London.

There will be an exciting social programme that will include London venues such as the Tate Modern and Tate Art Galleries, walks of historic London, the Tower of London and London Bridge, the Wheel on the South Bank and cultural events at University venues. Non-London venues include Stratford upon Avon (Shakespeare's birthplace), Down House (where Darwin wrote his scientific thesis on the origin of species), Stonehenge (an ancient pagan site of worship) and the neighbouring beautiful English countryside. There are short flights and frequent trains to Edinburgh and Paris, and other European venues.

WACP2012 will take place at Queen Mary, University of London which is based in the Mile End area of East London.

The self-contained university campus will host the entire congress including all plenary, keynote and parallel sessions.

For more information please contact :
Professor Kamaldeep Bhui
Centre for Psychiatry, Barts and The
London School of Medicine & Dentistry
email: wacp2012@qmul.ac.uk



SSPC meeting New York May 2012
<http://www.psychiatryandculture.org>



SSPC is pleased to announce the call for papers for the 2012 annual meeting to be held in New York, May 9-11. Abstracts are due no later than November 1, 2011, and all abstracts will be peer reviewed. Preference will be given to papers that relate to the theme of the meeting, "Globalization and the Dilemmas of Multiculturalism", and to papers that reflect the following topics for which we are planning symposia:

- Globalization and the dilemmas of multiculturalism
- Treatment of torture victims
- LGBT issues across cultures
- Disasters and cultural psychiatry
- Aging in a multicultural society
- Treatment of immigrant families across cultures

We also will have sessions for free papers, and a dedicated trainee session.

Abstracts must not exceed 200 words in length. All submissions must include at least two learning objectives, and be accompanied by the cover page and disclosure form. Please see the instructions

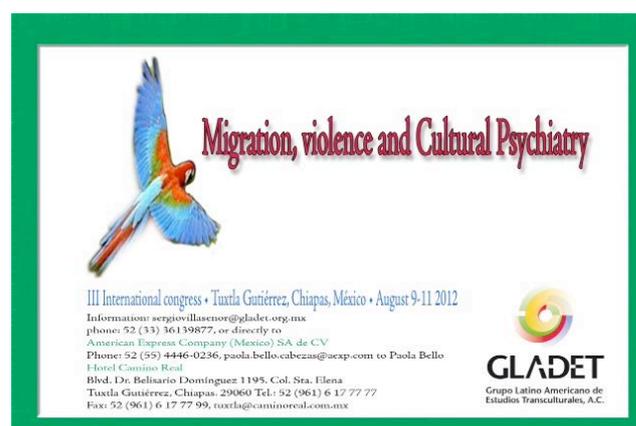
for authors for more details about submission.

We regret that we are unable to have a poster session this year.



GLADET
Migration, Violence and Cultural Psychiatry Conference
Mexico Aug 9-11 2012

<http://www.gladet.org.mx>



WPA International Congress
Focusing on Access, Quality and Humane Care
Prague, 17-21 October 2012

<http://www.wpaic2012.org>



I welcome you to attend and participate in the WPA International Congress to be held

in Prague, Czech Republic, on October 17–21, 2012. In this occasion, we will address and focus on access, quality and humane care aspects of the field of psychiatry and mental health.

Prague, more than any other city in the world, is an ideal site for this important and memorable international congress. I look forward to the opportunity to share with you our ideals and expectations put forward for this occasion.

Sincerely,

Professor Pedro Ruiz, M.D.

President Elect

World Psychiatric Association (WPA)



**CULTURAL PSYCHIATRY
WORLD FORUM
Foz do Iguaçu – Brazil
May 1-4 2013**

Preliminary Announcement

The WPA-Transcultural Psychiatry Section was established in 1977, and has been one of the most active and productive Sections of the World Psychiatric Association. It has about 100 active members, from countries all around the world. Over the past ten years, WPA-TPS has hosted several international conferences each year on current research, clinical practice and education in cultural psychiatry and its

related disciplines in the social and psychological sciences, nursing and social work. Each of these conferences, held in cities throughout the world, has drawn several hundred participants. In addition to holding its own, separate, WPA-TPS international conferences, WPA-TPS has organized numerous symposia on cultural psychiatry topics at WPA congresses each year.

The ASSOCIAÇÃO BRASILEIRA DE PSIQUIATRIA CULTURAL – ABE (Brazilian Association of Cultural Psychiatry) held its first major conference in 1998, in Florianopolis, Brazil, jointly holding the International Symposium on Cultural Psychiatry and the first Brazilian Congress of Cultural Psychiatry. In addition to its scientific objectives, ABE aims to foster and develop more effective and accessible culturally sensitive mental health care for the culturally diverse people of Brazil. ABE is also devoted to the teaching of cultural psychiatry and ethno-psychiatry and to developing techniques of individual and group psychotherapy focusing on socio-cultural issues.

THE CULTURAL PSYCHIATRY WORLD FORUM, co-sponsored by ABE, WPA-TPS, and GLADET (Grupo Latino Americano de Estudios Transculturales) will be convened May 1-4, 2013, in the city of Foz do Iguaçu, Parana, Brazil. It will be organized in coordination with the Brazilian, Argentinian and Paraguayan national associations of

psychiatry and will focus on many aspects of cultural psychiatry research, practice, policy and education. The scientific program will include international symposia on transcultural psychotherapy practice with individuals, groups and families, in addition to offering a series of activities promoting mental health and sociocultural integration.

The Forum will bring together regional and international authorities in cultural psychiatry and related fields to participate in symposia, conferences, debates, workshops and poster sessions on a variety of topics over the four-days of the Forum program. The Forum is being organized with the expectation of having 500 participants from Latin America and around the world, in addition to sponsoring satellite cultural events, workshops, and festive performances intended for the participation of the general public.

The site for the Forum, Foz de Iguacu, Parana, Brazil, has been selected because of its unique location at the confluence of Brazil, Argentina and Paraguay, and because of its outstanding physical beauty, in addition to having conference facilities ideally suited to the purposes of the Forum.

Associação Brasileira de
Psiquiatria Cultural - ABE Av.
Prof. Othon Gama D'Eça, 900-903

CEP 88015-240 Florianópolis, Brasil
Telephone / Fax: 55 - 48-33241212

E-mail www.abe.org.br: forum@abe.org.br



IN MEMORIAM TRIBUTE TO MARCO SCARPINATI ROSSO



Marco Scarpinati Rosso - June, 2010

The bio-sketch below was prepared for publication in the Nov, 2009 issue of the WPA-TPS Newsletter. The text has been edited for the purpose of this tribute to the memory of Marco Scarpinati Rosso, who died Sep 1, 2011, after a brief illness and surgery.

An In Memoriam Tribute to Marco Scarpinati Rosso, M.D.

When Ron asked me to contribute some short biographical notes to this website my first inclination was to decline. As a pretext, I could use the lack of time because of my clinical duties and my research project but, basically, the fact is that I do not like to talk about myself.

However, driven by curiosity, I decided to take a look at the TPS Newsletter and to

read some stories written by colleagues and friends. I was really impressed by the generosity and sincerity they introduced in their own narrations dealing with very personal issues. Moreover, I felt that I share feelings and experiences with a lot of them. So, overcoming my shyness, I decided to write something, even if short.

I was born and raised in Rome. My father, a gynecologist, came from a family of doctors and my mother, of French background, from a family with a long heritage of military officers. Her father was in the diplomatic service, so they traveled a lot. I am still convinced that the fact that she could speak French and Arabic played a big role in my current professional interests. I attended the Classic Lyceum - secondary school with a lot of Latin, ancient Greek and philosophy courses – and then medical school at the La Sapienza University in Rome.

I must confess that I did almost anything to avoid becoming a psychiatrist, even though I was really attracted by this discipline from the beginning of medical school. I thought it was very difficult clinical work, with poor treatment outcomes and a high degree of stigma associated with the field. So, to make my life easier, I specialized in neurosurgery; and then I joined the army, becoming a professional medical officer. In this way I was able to make an effective synthesis of my family's traditions in both medicine and military service.

But as so often happens, it is not you who chooses psychiatry, but rather it is psychiatry that chooses you, and nothing can prevent it when you receive the call. In my case, I became a psychiatrist – and at the same time, a cultural psychiatrist – because of a very concrete cause: war.

Although my primary post was the military hospital in Rome, I have been deployed several times abroad, in different conflict areas in peace-keeping and peace-enforcement operations. During these missions, trauma was a constant aspect of my daily clinical work with the military personnel and with the civilian population that we protected and cared for. During the Kosovo crisis, I was deployed as an observer for the OSCE (Organization for Security and Cooperation in Europe) in the capital, Pristina. Before the NATO bombing of Serbia, our unit moved to Macedonia to organize and monitor the refugee camps near the borders. During this mission I confronted the complex and grave burden of the direct effects of war on the population, and the impact that violent ethnic discrimination, displacement and loss have on peoples' mental health.

This experience has influenced me in several ways. From the clinical point of view, I felt a need to approach the complex phenomenon of trauma from a different and more global perspective, scrutinizing the tight paradigm of PTSD as we use it today.

From a broader perspective, I understood that the current models of intervention in relief activities are not effective. Moreover, I thought about the major challenge societies and health services face as a consequence of globalization and the need for a cultural perspective in psychiatry.

Thus, I decided to become a cultural psychiatrist and to increase my knowledge and skills through research. Accordingly, I undertook my specialty training in psychiatry in Rome – thereby changing my clinical perspective from neurotraumatology to psychotraumatology. I resigned from the army and I decided to move to wherever I could realize my clinical and research objectives as a cultural psychiatrist.

My research interests are in cross-cultural psychopathology, psychotraumatology and the interactions between the cultural mind-sets of patients on one hand, and the health services system on the other.

After all these years of clinical practice, I must admit that I still do not believe that cultural psychiatry is radically different from general psychiatry. The needs of the patients are almost the same; to be understood and respected.

But what is really important and unique is that cross-cultural psychiatry can contribute to the reflections on psychiatry itself, about its asymmetrical power relationships

between patients and their families, and the health services personnel who provide treatment for them; as well as how to avoid the stereotyping of people as patients. These perspectives are greatly needed in all aspects of contemporary psychiatric practice.

**In Memoriam tribute to
Marco Scarpinati Rosso**

Henrik Wahlberg and Antti Pakaslahti

Marco was exceptional. We are all special, but Marco was exceptional.

Marco was gifted, refined and deeply humane. His family combined generations of doctors, commissioned officers and diplomats. He completed a classical education with emphasis on Latin, Greek and philosophy. He graduated in medicine from La Sapienza University in Rome and then completed post-graduate training in neurosurgery. After specialization in neurosurgery he became a medical officer in the Italian army. He participated several times in peacekeeping missions and also served a tour of duty in the Antarctic.

Marco was confronted with ethnic persecution, displacement and atrocities and their complex and grave burden on people and their mental health, particularly when he participated in the OSCE peace-monitoring mission during the Balkan wars in the mid-1990s. Efforts to ameliorate the traumatic impacts of inter-ethnic conflicts in

the Balkan region taught him new aspects of posttraumatic treatment.

Marco's experiences revealed the importance of psychology and psychiatry, and of mental health in general. Marco said about his specialization in psychiatry: "it is not you who chooses psychiatry, but rather it is psychiatry that chooses you, and nothing can prevent it when you receive the call".

He worked as a chief physician in Uppsala, Sweden, from 2003-06 and learned to speak Swedish within a few years. He worked from 2007-09 in Stockholm, where he was simultaneously a PhD candidate at the Karolinska Institute. During this year he was nearing completion of his thesis in transcultural psychiatry.

Marco was appointed as head of the Department of Emergency and Consultation Psychiatry at the Akademiska Hospital in Uppsala and returned to live there in 2010. He was full of energy and enthusiasm. He was determined to develop and improve the quality and cultural sensitivity of psychiatric care in that department.

In his professional work Marco stressed:

1. The need for patients to be understood and respected as persons.
 2. The importance of avoiding the stereotyping of people as patients.
- He tried to implement these principles in the

daily clinical activities of the emergency unit, and he combined them with high quality and efficiency of clinical care.

He impressed us all with his astounding capacities for humane and sound clinical intuition. Marco's humane nature guided him in everything he did. He worked closely with the recipients of treatment and with their families. He managed to give hope and dignity to those people. He included a representative of the recipients of care in the managing board of his department.

Marco was an enthusiastic member of CPPN, the Nordic Network of Cultural Psychology and Psychiatry. He contributed to the network and actively participated in CPPN meetings in the Nordic countries. He was also an active member of the WPA-Transcultural Psychiatry Section and participated in many WPA-TPS conferences, usually accompanied by his wife, Piera.

He had friends all around the world.

Marco liked Uppsala very much. Uppsala is a small university city, where Carl von Linnaeus made his discoveries. After working in different countries and traveling widely throughout his professional career, Uppsala became his home.

Marco's legacy at the psychiatric hospital in Uppsala, and to psychiatry in general, is to

treat patients as friends and treat them with professionalism and kindness!

Marco's unexpected passing came as a shock to his friends in Sweden and around the world. His generous spirit lives on in our hearts and in our memories.

Henrik Wahlberg
WPA Board member
Coordinator of CPPN, Sweden
Antti Pakaslahti
Adjunct Professor of Transcultural Psychiatry
School of Health Sciences, University of Tampere, Finland

**In Memoriam Tribute to
Marco Scarpinati Rosso
Marianne Kastrup**

I had the pleasure to meet Marco Rosso when he was working at the Transkulturellt Centrum in Stockholm. He was the core person behind the Swedish adaptation of the DSM-IV Cultural Formulation and we at the Danish Centre of Transcultural Psychiatry in Copenhagen were fortunate in that Marco agreed to come to Copenhagen and lecture about his research and clinical experiences with the Cultural Formulation. This led to the development of a Danish adaptation - inspired greatly by the Swedish version –and we are grateful to Marco for his constructive feedback.

But Marco's unique style also made this

symposium particularly memorable. Sitting there in a cold, not very charming auditorium, the entire audience was charmed by his Italian sense of humor when he was talking about his encounter with Scandinavian psychiatry assessing patients to be depressive – when in fact they were “just Swedish”.

Later, I was fortunate enough to participate in a transcultural congress in Norcia with Marco and his wife, and I still remember how that scientific program was spiced with wonderful encounters with Italian cuisine and further developing our friendship

This is how I recall Marco. He was able to combine scientific rigor with a humanistic approach, and able to flavor it with a particular charm.

He shall be greatly missed.

Marianne Kastrup
Centre for Transcultural Psychiatry,
Denmark

**Memoriam tribute to
Marco Scarpinati Rosso
Solvig Ekblad, PhD**

I met Marco for the first time several years ago, when he worked with refugee children as a clinical psychiatrist. My first memory was Marco's distinctive professional clinical eye and a wish to know more about cultural formulation in Sweden. During his work as a consultant psychiatrist at the Transcultural

Centre, Stockholm, he invited me several times to lecture in courses for clinical staff encountering patients with refugee backgrounds. His research interests in cross-cultural psychopathology, psycho-traumatology and the interactions between the cultural mind-sets of patients on one hand and the health services system on the other, resulted in Marco becoming a PhD student at the Karolinska Institutet, Stockholm. Last year he passed his half-way control seminar and was nearing the end of his PhD studies. His thesis of great potential importance will now not be finalised, but I do hope that his supervisors will publish his data as a tribute to his memory.

I also encountered Marco in two international contexts; in the Nordic network in transcultural psychiatry and psychology, and when he participated in the post-graduate course on Global Mental Health: Trauma and Recovery, comprising both on-site learning and web-based learning 2009/2010.

In his motivation to participate in the Global Mental Health course Marco wrote the following: "I applied to this course for two main reasons. From the clinical point of view, I felt a need to approach the complex phenomenon of trauma from a different and more global perspective, scrutinizing the narrow paradigm of PTSD as we use it today. Further, due to my previous experience in the field, I strongly believe that

the current models of intervention in mental health relief activities are not effective. I am looking forward to meeting the faculty and colleagues in order to share knowledge narrations, experiences and - why not, - dreams" (p. 7).

During the last course 2010/2011, I was invited to be a resource person in the international team of facilitators, which I have been in since the inception of this course five years ago.

Marco shared with me some of his knowledge narrations when we met at dinners with other colleagues in central Stockholm or in Italy. The same week when Marco passed away I tried to contact him to arrange a time for a dinner after the summer holidays.

Unfortunately, it was too late. What we did not know was how serious his health problems were. He had a strong integrity, something that deserves our respect.

He passed away too young, but his knowledge narrations in transcultural psychiatry must continue; not only in Uppsala, Stockholm, and the rest of Sweden, but also in the Nordic countries and other countries around the world.

All of us who knew him and liked him have a responsibility to help Marco's dreams become reality.

I send my condolences to his family in Rome.

Solvig Ekblad, PhD

Senior researcher and Associate professor in transcultural psychology at Karolinska Institutet, Stockholm, Sweden

Member of the Nordic network in

Transcultural psychiatry and psychology

**In Memoriam tribute to
Marco Scarpinati Rosso
Richard F. Mollica MD MAR**

I had the good fortune to meet Marco as a trainee in my Global Mental Health Course in Italy just over 2 years ago. He was in my small group weekly discussions, along with other international medical providers for over five months. Almost immediately I noticed his wonderful intelligence and wit. He had that Italian skepticism of all sacred cows that I loved. Because of his brilliance and insight, I invited him to help start our Global Mental Health Alumni Association.. He dived right in and has done a great job.

On two occasions I met him in Sweden at the Karolinska Institutet (KI) where he was studying with my close colleague Professor Solvig Ekblad. At KI he was greatly respected and had a promising academic future.

All of us at the Harvard Program in Refugee

Trauma (HPRT) and the international faculty of the Global Mental Health Program are shocked and saddened to hear of his death. He was clearly a brilliant and passionate doctor and human being who cared deeply about his patients and his friends.

Marco confided in me about his long journey from being a neurosurgeon in the Italian Army, working in conflict zones, to his cultural psychiatry thesis at KI, to his main clinical preoccupations as a clinical director of a large psychiatry program in Sweden.

He was a man of extraordinary courage on insight.

It is heartbreaking for all of us to hear of his death at such a young age.

In fond remembrance;

Richard F. Mollica MD MAR

Professor of Psychiatry

Harvard Medical School

Director

Harvard Program in Refugee Trauma

Massachusetts General Hospital

**In Memoriam Tribute to
Marco Scarpinati Rosso
WOLFGANG RUTZ**

Marco Scarpinati Rosso, an Italian – Swedish psychiatrist, a dear colleague and beloved friend of many of us, has left us suddenly and unexpectedly in a time full of

activities, future plans and shared projects. At the time for his death, he was one of the leading chief psychiatrists at the academic university hospital in Uppsala, heading the emergency unit as well as the center for psychiatric stress research.

Marco was Italian, a Roman citizen, humanistically educated, with a strong foundation in ancient philosophy and languages, and consistently striving to give this humanism a modern, relevant meaning in Sweden, his other homeland, in modern Swedish psychiatry. He felt close to humanistic sciences – striving to integrate positivistic knowledge of neuro-psychiatry and neurology, with psychosocial dimensions of human ecology and mental environment, into the human condition of being body and mind, acknowledging psychiatry's closeness to and overlap with anthropology, cultural sciences, philosophy and literature.

Marco was educated in Italy, he studied in Rome, completed a PhD there and became specialized in both psychiatry and neurosurgery. At the time of his death he was working on his second PhD dissertation at the Karolinska Institute in Stockholm. His focus was international and transcultural. He had worked in several countries, including the Balkan countries, helping people in the posttraumatic throes of internal warfare and conflicts, with a strong dedication to individuals and on a societal level, and with a focus on crisis reactions

and posttraumatic stress.

When I met him after coming back to Uppsala following seven years in the World Health Organization, we joined in a common network of friends and psychiatrists, elaborating on psychiatry's psychosocial, biological and even existential dimensions, working both with treatment and pathology but even with salutogenesis and health promotion - fully aware of an holistic "Conditio humana", in need of being applied in integrative, psychiatric and psychosocial person-oriented clinical work.

Marco later left Uppsala, to work in transcultural psychiatry in Stockholm. One of his main focuses was on refugees and their apathetic children who had become a major political issue at that time in the Swedish political and even professional discussion. Here he focused on clinical work and publications on the psychosocial and existential causalities behind these conditions and even argued intelligently and sharply in discussions and symposia about the fate of "paperless" (undocumented) refugees in Sweden, who at that time had no reasonable access to most basic human rights, such as education and medical treatment. That the situation since then has changed somewhat for the better is due in some part to Marco's efforts and commitment.

When he came back to Uppsala about a year ago (unfortunately, after my

retirement), he soon became again a central figure in a group of dedicated psychiatrists, working toward the goal of re-humanizing psychiatry, including human beings' humane aspects and – above necessary guidelines and protocols – treating and supporting patients in a personalized, individual and narrative approach, meeting them at the level of equals, inter-subjectivistic and empathic, as persons, not merely diagnoses and syndromes.

To exemplify this, his last project was to present Uppsala's psychiatry in the context of the city's "Cultural night", connecting psychiatric clients to persons from world literature, thus showing the commonality and generalizability, as well as the philosophical and existential interconnection of mental and psychiatric suffering.

Marco was a humanistic, ethically sensitive, gifted and hardworking professional, striving from an holistic point of view to put psychiatry in perspective and give it an outstanding place among the most complex medical specialties, within the context of an academic hospital environment. However, he was clearly aware that psychiatry – like other medical disciplines – had to be seen and treated in the psychosocial and existential context of human life, and that here, psychiatry hopefully was in the forefront of the development of other medical disciplines and specialties.

As a colleague and friend, Marco was consistent, demanding and generous, warmhearted and spiritually stimulating, knowledgeable and innovative, not fearing to be authentic and even controversial when fighting for the ideas he considered important – and he was loved, respected and sometimes greatly admired by his patients.

He was a fighter in the struggle to re-humanize psychiatry, to counteract tendencies to reduce psychiatry to merely a neuropsychiatric medical specialty and efforts to instrumentalize both the psychiatric profession and its clients in a more and more market- and profit-oriented health care system.

He was to us a model of a psychiatric professionalism that has profound humanism and philanthropy at its foundation, as a "conditio sine qua non" and as a final goal.

We will miss him. It will be difficult to fill the role that he has left open in the development of a modern people-oriented Swedish and international psychiatry.

Stockholm / Coburg, September 2011

Wolfgang Rutz, MD, PhD

Professor of Social Psychiatry

f. WHO Regional Advisor for Mental Health in Europe, 1998 – 2005

f. Vice President, Swedish Psychiatric Association

**Contribution to In Memoriam tribute to
Marco Scarpinati Rosso
Ronald Wintrob MD
Chair, WPA-Transcultural psychiatry
Section**

In 2009, I had invited Marco to contribute his bio-sketch and photo for a series of bio-sketches of people who had become members of WPA-TPS during 2008 and 2009. He prepared a very impressive and highly personal article about the growth of his interest and commitment to cultural psychiatry. His article, and accompanying photo, were published in the Nov, 2009, issue of our TPS Newsletter.

After receiving the very sad news about Marco's untimely passing, at much too young an age, and in the full flower of his productivity as an innovative contributor to the field of cultural psychiatry, I re-read Marco's wonderfully expressive bio-sketch.

We have done some minor editing of his bio-sketch, for the purpose of including it as the lead article in this in memoriam tribute to Marco's memory, along with a photo of Marco taken in June, 2010, during the TPS-sponsored international conference on cultural psychiatry, held in Amsterdam.

During that conference, Marco wanted to talk with me about the plans he was working on for the development of cultural psychiatry research and teaching in Sweden and

internationally. He was very enthusiastic, and I strongly encouraged him, since his ideas struck me as both sensible and useful.

I was particularly intrigued by his plan to prepare a series of articles on the life experiences and professional development of a number of cultural psychiatrists of Italian background, especially those who were the children of immigrants to USA, Canada, Australia and to a number of countries in Latin America and Europe, where these immigrant families established themselves and influenced their children to become physicians, psychiatrists and cultural psychiatrists.

Another aspect of this project that he spoke about in some detail was about the cultural adaptation and the contributions to cultural psychiatry research and teaching of people like himself, who had migrated to other countries and established very productive lives and careers there.

Marco was an excellent contributor to our field. He was an enthusiastic colleague. And he was a very likable man.

He will be greatly missed.

Providence, RI, USA
7 Sep 2011



Mental Health: Transcultural Mental Healthcare

A3L5 MSc/PGDip/PGCert

Programme description

One year full-time, two years part-time

Distance learning option available.

Students on this programme aim to:

- Develop more advanced understanding of the basis of assessment, diagnosis, formulation and care management of psychological disorders in general and then in diverse racial, ethnic and cultural groups drawing on cultural psychiatry, social sciences and allied disciplines.
- Have access to an academic programme that prepares competent practitioners to deliver effective mental health treatments for people with psychological problems.
- Develop knowledge of research methods and systematic and critical review.
- Develop and have access to a network of mental health professionals and established academics.

Students on the Transcultural Mental Health programme will learn how to improve their assessment of mental health problems. The specific strength of the MSc is that students will develop an knowledge base derived from social anthropological, medical, sociological, epidemiological and pharmacological understanding of the presentation, expression and management of mental disorders and psychological distress amongst Black and Ethnic minorities.

Students on the Psychological Therapies programme will also learn and utilise an advanced level of knowledge derived from different psychological interventions including:

- Therapeutic paradigms
- Cognitive Behavioural Therapies
- Cognitive analytic therapies
- Group Therapies
- Family Therapy
- Psychoanalytic and Psychodynamic Therapies
- Bio-psycho-social model

Entry requirements

Applicants should have a basic degree in a related subject and/or a professional qualification and have worked in the relevant subject area for at least one year. We wish to include people from diverse backgrounds and career pathways especially people working in the independent and voluntary

sector and NHS.

Further information

Please contact:

Dr Nasir Warfa

Tel: +44 (0)20 7882 2035

email: n.warfa@qmul.ac.uk

www.qmul.ac.uk/courses



Spirituality, Theology and Health

A new inter-professional and interdisciplinary programme, offered by the Durham Project for Spirituality, Theology & Health, leading to an MA or MSc, in which clergy, health professionals, theologians, anthropologists, psychologists and others may study alongside each other.

The aims of the programme

- To assist practitioners (clergy and healthcare professionals) in acquiring and extending pastoral and clinical skills in spirituality and healthcare
- To provide practitioners and researchers with a foundation of knowledge and skills in this inter-disciplinary and inter-professional field in order to equip them to teach others
- To provide a basic foundation in knowledge of the literature and in research skills prior to undertaking a doctoral

programme of study (PhD or DThM) in this field

- To assist those who already have a master's degree or doctorate in a different but related field, who wish to enter this as a new academic field for research or teaching.

Programme structure

Two core modules and a dissertation are compulsory components of the programme:

1. Spirituality, Religion & Health – 30 credits
2. Practical Theology: Context, Practice and Methodology – 30 credits
3. Dissertation – 60 credits

Relevant modules to a total of 60 credits may be taken from other programmes in the Department of Theology & Religion, School for Medicine & Health and from the MSc in Medical Anthropology.

Find out more

www.durham.ac.uk/spirituality.health

Programme Director :

Prof. Christopher Cook

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Tel: 0191 334 3929

Department of Theology and Religion

Abbey House Palace Green

Durham DH1 3RS



**Gloucester Diploma Whole Person
Healthcare**

Introduction to Whole Person Healthcare

Designed for health and spiritual care practitioners working in a variety of care settings, this module introduces students to the theory and practice of a whole person approach to medicine and health care.

Aims of the Programme

Students will be enabled to develop knowledge, critical insight and skills in order to assess, diagnose and begin the process of helping patients to health in body, mind and spirit

Benefits

On successful completion of the module the student should be able to:

- study the theory and practice of a whole person healthcare approach
- improve their professional practice in providing patient-centred whole person care

The module supports lifelong learning and continuing professional development for healthcare professionals

Structure and Timing

Located in Cheltenham, the module will be taught over five full-day sessions, normally on Wednesdays, with student-directed learning through an online workbook. Assessment is via workbook completion, a 2000 word case study and 3000 word

essay.

Illustrative Themes within the Module **APH412**

- anthropology, philosophy and theology and their influence on the development of understanding of body, mind and spirit
- medical models and implications for healthcare delivery
- definition of health and wellbeing throughout a person's lifespan
- the patient as person – identifying and meeting needs
- skills of the therapist in a whole person model, including counselling and listening skills, spiritual care and the special needs of the dying, elderly people and those with identified mental health problems
- tools to empower patients in their journey into health, including coping strategies, self-help tools and assisted decision-making
- practical applications of a whole person approach

Entry requirements

Prospective students are expected to have a prior qualification or experience within an area of medical, social work or spiritual care professions