

# Cultural Psychiatry & Global Mental Health

a conference to mark the farewell of

**Joop de Jong**

as Professor of Cultural & International Psychiatry  
at the VU University in Amsterdam

**Date:** May 31<sup>st</sup> 2013

**Venue:** VU University, De Boelelaan 1105, Amsterdam, the Netherlands

9.00 – 9.30 Registration (see also last page of this flyer)

Chair: M. van Ommeren, PhD, WHO.

09.30 – 09.45 **Welcome:** *Guy Widdershoven*, PhD (Head of the Department of Medical Humanities, VU University Medical Centre –VUmc)  
**Introduction:** *Aartjan Beekman*, MD, PhD (President Netherlands Psychiatric Association & Head of the Department of Psychiatry, VUmc)

09.45 – 10.25 *Stevan Hobfoll*, PhD, **Resiliency in the Face of Terrorism and Mass Casualty: Keys to Our Understanding of Thriving, Surviving, and Making it to the Next Day**

10.25 – 11.05 *Devon Hinton*, MD, PhD, **Culturally Sensitive Treatment of Traumatized Refugees and Ethnic Populations: Emotion Regulation Therapy for PTSD**

11.05 – 11.35 Tea & coffee break

11.35 – 12.15 *Vikram Patel*, MD, PhD, **The Grand Challenges in Global Mental Health**

12.15 – 12.45 Questions and forum discussion

12.45 – 13.45 Lunch

13.45 – 15.15 Parallel symposia:

**Symposium 1** Qualitative research in Asia, Africa and among immigrants in the Netherlands  
Theme: Cultural concepts and Cultural idioms of distress

**Symposium 2** Quantitative Research in Asia and Africa  
Theme: Mental health research among youth in post-conflict settings

**Symposium 3** Quantitative and qualitative research in the Middle East and the Caucasus  
Theme: Mental health research among youth and genocide research

**Symposium 4** Quantitative and qualitative research in Africa  
Theme: Mental health in post-conflict settings

**Symposium 5** Service provision in Africa and Asia  
Theme: Providing mental health services in post-conflict settings

**Symposium 6.** Quantitative research  
Theme: Mental health research among immigrants and refugees

**Symposium 7:** Research. Integrative psychiatry cultural psychotherapy and post apartheid legacies  
Theme: Integrative psychiatry and interdisciplinary approaches

15.15 – 15.45 Break

15.45 – 16.45 **Farewell lecture** *Joop de Jong*, MD, PhD

16.45 – 17.45 Reception

## Keynotes



### Keynote lecture 1

#### ***Stevan Hobfoll, Resiliency in the Face of Terrorism and Mass Casualty: Keys to Our Understanding of Thriving, Surviving, and Making it to the Next Day***

Stevan Hobfoll, PhD, has authored and edited 12 books, including *Traumatic stress*, *The ecology of stress*, *Stress culture and community*, and *The imperfect guardian* (an historical novel set in Eastern Europe at the time of WWI). In addition, he has authored over 200 journal articles, book chapters, and technical reports. He has been a frequent workshop leader on stress, war, and terrorism, stress and health, and organizational stress. Dr. Hobfoll is currently the Judd and Marjorie Weinberg Presidential Professor and Chair of the Department of Behavioral Sciences at Rush Medical College in Chicago. He is also a Senior Fellow of the Center for National Security Studies at the University of Haifa, Israel. Formerly at Tel Aviv and Ben Gurion Universities, and an officer in the Israeli Defense Forces, he remains involved with the problem of stress in Israel. Dr. Hobfoll received lifetime achievement awards for his work on stress and health and traumatic stress from several scientific societies. He was co-chair of the American Psychological Association Commission on Stress and War during Operation Desert Storm, member of the National Biodefense Science Board (NBSB), and a member of APA's Task Force on Resilience in Response to Terrorism. He has been a consultant to several nations, military organizations, and major corporations on problems of stress and health. His most recent work involves the impact of traumatic stress on immune regulation and inflammation among cancer patients and in the development of heart disease, and the development of interactive web-based resiliency building for military veterans. His work on mass casualty intervention was designated as one of the most influential recent contributions to psychiatry.

### Abstract

The study of terrorism and mass casualty, and indeed of trauma, has focused on pathological responses. Many individuals, however, do not develop pathological responding, others hardly develop symptoms whatsoever, and still others initially show upset, but recover quickly. We have addressed the pathways of resilience and resistance to mass casualty and terrorism. We examine terrorist attacks and other mass casualty circumstances around the world in light of how to better define resilience, resistance, and recovery. In so doing the epidemiology of resilience, how it might be defined, and how it should be explored in future research is explored. This work is critical for broadening our theoretical understanding of people's responding to trauma, key to public health intervention, and carries enormous potential for building a Psychology of Human Strength in the face of adversity that has been absent in trauma studies. Our work on the consequences of terrorism, mass conflict and war from the World Trade Center attacks, Israel and Palestine will be presented. The first national study of Palestinians will be presented. Rather than defining types and tight-knit categories, research suggests pathways or trajectories that people display following exposure to mass casualty and trauma. These pathways suggest that many people respond with minimal distress or harm following exposure to mass casualty and trauma. Others are chronically distressed and their exposure to mass casualty and trauma interacts with a high risk/high vulnerability life pattern that is exacerbated by the new trauma exposure. Another group may not show initial distress following mass casualty and trauma, but perhaps due to events that occur in the wake of the trauma, they develop increasing symptoms of distress over time. Finally, an important trajectory is characterized by initial distress and signs of harm, but recovery in a timely manner. This more complex understanding of resilience and resistance suggests important roles for individual differences in vulnerability and resiliency-related characteristics, situational differences in levels of exposure, the chronicity of exposure, and environmental contingencies. It also highlights the important concept of the relativity of resilience in light of the severity and chronicity of what people are facing. Given a lifetime of multiple severe traumas, continued functioning in life roles, and facing a new day, may be a sign of resilience and the access point for intervention to support future recovery. These identifiable trajectories suggest a need to fit interventions differentially to the processes of support of recovery, support of continued well-being, and chronic distress.



## **Keynote lecture 2**

### ***Devon E. Hinton, Culturally Sensitive Treatment of Traumatized Refugees and Ethnic Populations: Emotion Regulation Therapy for PTSD***

Devon E. Hinton, M.D, PhD., is an anthropologist and psychiatrist, and is Associate Professor of Psychiatry at Harvard Medical School. His work has focused on culturally specific presentation of anxiety disorders and culturally sensitive treatment of PTSD. He is the co-editor, with Byron Good, of the volumes “Culture and Panic Disorder” (Stanford University Press, 2009) and “Culture and PTSD” (Cornell University Press, in press), as well as a treatment manual for providing culturally sensitive CBT (Oxford University Press, in press), and he is the first author of over 100 articles and chapters. He is fluent in several languages including Cambodian and Spanish. He is a member of the DSM-V Cultural Study subgroup and an advisor to the Anxiety, OC, Posttraumatic, and Dissociative Disorders Work Group of DSM-V (American Psychiatric Association). He is on the American Psychological Association panel to determine PTSD treatment guidelines. Address: Massachusetts General Hospital, Center for Anxiety and Traumatic Stress Disorders, One Bowdoin Square, 6<sup>th</sup> Floor, Boston, MA 02114, USA. [E-mail: [devon\\_hinton@hms.harvard.edu](mailto:devon_hinton@hms.harvard.edu)]

#### **Abstract**

In this presentation, I will describe a culturally sensitive treatment for traumatized refugees, which we refer to as Emotion Regulation Therapy (ERT) for PTSD because of its emphasis on emotion regulation techniques. In particular, the treatment aims to promote emotional and psychological flexibility to improve emotion regulation and general adaptation. The treatment has been shown to be effective for PTSD in several randomized controlled trials: with Cambodian refugees in the United States, with Vietnamese refugees in the United States, and with Spanish-speaking patients in the United States. The treatment involves multiple emotion regulation techniques—a visualization that promotes flexibility, practice in mindfulness, yoga-like stretching exercises paired with self-statements of flexible adjustment, a trauma-processing protocol—that are adapted for the culture in question. It includes several standard CBT techniques—education, modifying catastrophic cognitions, and interoceptive exposure—but it modifies these techniques, for example, by emphasizing positive re-associations during interoceptive exposure.





### **Keynote lecture 3**

#### ***Vikram Patel, The Grand Challenges in Global Mental Health***

Vikram Patel is a Professor of International Mental Health and Wellcome Trust Senior Research Fellow in Clinical Science at the London School of Hygiene & Tropical Medicine (UK). He is the Joint Director of the School's Centre for Global Mental Health ([www.centreforglobalmentalhealth.org](http://www.centreforglobalmentalhealth.org)) and Honorary Director of the Public Health Foundation of India's Centre for Mental Health. He is a co-founder of Sangath, a community based NGO in India ([www.sangath.com](http://www.sangath.com)). He serves on the WHO's Expert Advisory Group for Mental Health and the Technical Steering Committee of the Department of Child & Adolescent Health, the World Economic Forum Global Agenda Council on Mental Health and Well-Being, and the Mental Health Policy Group of the Ministry of Health, Government of India. His book *Where There Is No Psychiatrist* (2003) has become a widely used manual for community mental health in developing countries. He is based in India where he leads a program of mental health research and capacity development in partnership with Sangath, the Public Health Foundation of India and government agencies.

#### **Abstract**

Grand Challenge initiatives are a form of priority setting in global health which utilize a Delphi methodology to identify scientific hurdles needed to improve the global health. The Grand Challenges in Global Mental Health initiative sought to identify specific barriers that, if removed, would help address the global burden of mental, neurological, and substance use (MNS) disorders. The initiative aimed to identify research priorities that, within the next decade, could lead to substantial improvements in the lives of people affected by these disorders. The three-round Delphi panel which involved more than 400 stakeholders from around the world culminated in a list of 40 challenges ranked and weighted for feasibility, disease burden reduction, likelihood of improving equity in the population, and immediacy of impact. Categories of priorities include prevention and identification of modifiable risk factors, treatment and access to care, public awareness, capacity building, and transformation of global health systems. The leading challenges concerned improving access to care for people affected by mental disorders<sup>1</sup>.

The Grand Challenges in Global Mental Health initiative engaged the largest global Delphi panel to date to identify priority areas of research to reduce the burden of mental, neurological, and substance use disorders. The initiative's secondary impacts lie in its integration of mental health into global health research efforts surrounding non-communicable disease and in engagement of a global community of funders committed to supporting research on MNS disorders. The global mental health community's efforts to nurture a growing social movement that focuses on human rights and access to care are now joined by another critical element: a scientific movement supported by a global community of funders. Given the broad range of priority categories established by the GCGMH, coordinated action from policymakers, providers, researchers, mental health user communities, and others in response to the GCGMH is critical to progress toward achieving the goals set forth by the initiative.



## Chairperson of the day



### **Mark van Ommeren**

Mark van Ommeren is focal point for mental health and psychosocial support in emergencies in WHO headquarters. This job includes advising and supporting governments, NGOs, WHO Offices and other UN organizations in provision of the best possible social and mental health supports to people affected by emergencies. He has played a key role in drafting a range mental health and psychosocial normative documents currently used in disasters, including IASC Guidelines, Sphere standards, WHO position statements, WHO mhGAP evidence-based guidelines and clinical protocols as well as a range of assessment tools. He publishes regularly in leading public health journals. He has a particular interest in early recovery, i.e. initiating the development of long-term, sustainable services at the time of emergencies. Mark completed his PhD in 2000 (Supervisor Prof. Joop de Jong) on culture-informed psychiatric epidemiology among Bhutanese refugee torture survivors in Nepal. He is currently member of the editorial board of PLoS Med.

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**Forum discussion chaired by Mark van Ommeren with key note speakers, Daya Somasundaram, Patrick Onyango and Daniel Botha**

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### **Daniel Botha**

Since 2000 Daniel has been chairing of the Board of PEACE (People's Education, Assistance and Counseling For Empowerment) for survivors of torture and trauma in Namibia. PEACE is the only institution since independence that has been working to develop understanding of and expertise in dealing with trauma in this post colonial, post apartheid and post liberation war society. He has also been a Member of Parliament, representing SWAPO in the first National Assembly after independence. Before that he was a lecturer in Biblical Studies at the Academy in Windhoek. He has been involved in social development and community and political activism since university days at Stellenbosch University in South Africa and is presently working as a senior consultant for FREE TO GROW a company promoting learning and change in individuals, teams, organisations and communities in Government, corporate and the NGO sectors.

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## 13.45 – 15.15 Parallel symposia

### Quick reference guide symposia\*

1	Qualitative research in Asia, Africa and among immigrants in the Netherlands. Chair: Rob van Dijk	<i>Daya Somasundaram</i>	<i>Peter Ventevogel</i>	<i>Gökçe Gökçen, Arezoe Delawar, Naoual Benaissa</i>
2	Quantitative Research in Asia and Africa. Chair: Daniel Botha	<i>Mark Jordans</i>	<i>Wietse Tol</i>	<i>Brandon Kohrt</i>
3	Quantitative and qualitative research in the Middle East and the Caucasus. Chair: Polli Hagenaars	<i>Samir Qouta</i>	<i>Yoke van der Meulen</i>	<i>Anthonie Holslag</i>
4	Quantitative and qualitative research in Africa. Chair: Ype Poortinga	<i>Marjolein van Duijl</i>	<i>Herman Ndayisaba</i>	<i>Heleen van den Brink</i>
5	Service provision in Africa and Asia. Chair: Hans Rohlof	<i>Chhim Sotheara</i>	<i>Noureddine Khaled</i>	<i>Patrick Onyango</i>
6	Quantitative research. Chair: Anneke van Schaik	<i>Albert Boon &amp; Anna de Haan</i>	<i>Kees Laban</i>	<i>Stevan Weine</i>
7	Research on Integrative psychiatry, cultural psychotherapy and post apartheid legacies. Chair: Indra Boedjarath	<i>Rogier Hoenders</i>	<i>Sjoerd Colijn</i>	<i>Theresa Edlmann</i>

\*Most speakers are (ex)PhDs or were affiliated with Joop de Jong's work



## Symposium 1

### Qualitative research in Asia, Africa and among immigrants in the Netherlands Theme: Cultural concepts and Cultural idioms of distress

Chair: *Rob van Dijk*



#### **Daya Somasundaram, Collective Trauma**

Daya Somasundaram was a Senior Professor of Psychiatry at the Faculty of Medicine, University of Jaffna and Consultant Psychiatrist working in Northern Sri Lanka for over two decades. He hopes to return this year. He worked in Cambodia for two years in a community mental health program with the Transcultural Psychosocial Organization. Apart from teaching and training a variety of health staff and community level workers, his research and publications have mainly concentrated on the psychological effects and treatment of disasters, both manmade, wars and natural tsunami. His book, *Scarred Minds*, described the psychological effects of war on individuals. He was co-author of *Broken Palmyrah* with three other academics from the University of Jaffna. He received the Commonwealth Scholarship in 1988 and fellowship of the Institute of International Education's Scholars Rescue Fund, UN plaza, New York, USA in 2006-8. He is a Fellow of the Royal College of Psychiatrists, UK and the Royal Australian and New Zealand College of Psychiatrists. Currently he is on an extended sabbatical in Australia, where he has been working on a book, *Scarred Communities*, as well as a consultant psychiatrist at Glenside Hospital, Supporting Survivors of Torture and Trauma (STTARS) and Clinical Associate Professor at the University of Adelaide.

#### **Abstract**

Complex situations that follow war and natural disasters have a psychosocial impact not only on the individual but also on the family, community and society. Just as the mental health effects on the individual psyche can result in non pathological distress as well as a variety of psychiatric disorders; massive and widespread trauma and loss can impact on family and social processes causing changes at the family, community and societal levels. Fundamental changes in the functioning of the family and the community can be observed. At the family level, the dynamics of single parent families, lack of trust among members, and changes in significant relationships, and child rearing practices were seen. Communities tended to be more dependent, passive, silent, without leadership, mistrustful, and suspicious. Additional adverse effects included the breakdown in traditional structures, institutions and familiar ways of life, and deterioration in social norms and ethics and loss of social capital. Collective trauma and consequent loss of social capital can be studied using sophisticated multi-level statistical analysis. A variety of community level interventions can be used. For post-disaster relief, rehabilitation and development programs to be effective they need to address the problem of collective trauma, particularly using integrated holistic approaches.

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#### **Peter Ventevogel, Madness or sadness? Local concepts of mental illness in four conflict affected African communities**

Peter Ventevogel is a psychiatrist and a medical anthropologist. He did medical anthropological fieldwork in Ghana in 1990/91 and subsequently specialized in psychiatry at the University of Amsterdam. He worked with the Dutch NGO HealthNet TPO in Afghanistan (2002-2005), Burundi (2005-2008) and Amsterdam (2008-2011). He has done several short-term consultancies on mental health for the World Health Organization (Pakistan, Egypt, Jordan, Syria, Libya and Sudan) and various other organisations. He is the editor in chief of *Intervention, the International Journal for Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, published by the War Trauma Foundation in the Netherlands. Since 2013 he is an independent consultant on mental health and psychosocial support in post conflict settings. He is a member of the Board of the Section for Transcultural Psychiatry of the Netherlands Association for Psychiatry (NVvP).



## Abstract

Concepts of 'what constitutes mental illness', the presumed etiology and preferred treatment options, vary considerably from one cultural context to another. Knowledge and understanding of these local conceptualizations is essential to inform public mental health programming and policy.

Participants in four African settings (Burundi, South Sudan and the Democratic Republic of the Congo), were invited to describe 'problems they knew of that related to thinking, feeling and behavior?'

Data were collected over 31 focus groups discussions (251 participants) and key informant interviews with traditional healers and health workers.

In all areas, participants were able to describe localized syndromes characterized by severe behavioral and cognitive disturbances with considerable semblance to psychotic disorders. Additionally, respondents throughout all settings described local syndromes that included sadness and social withdrawal as core features. These syndromes had some similarities with nonpsychotic mental disorders, such as major depression or anxiety disorders, but also differed significantly. Etiological concepts varied a great deal within each setting, and causes identified varied from supernatural to psychosocial and natural. Local syndromes resembling psychotic disorders were seen as an abnormality in need of treatment, although people do not really know where to go. Local syndromes resembling nonpsychotic mental disorders were not regarded as a 'medical' disorder, and were therefore also not seen as a condition for which help should be sought within the health care system. Rather, such conditions were expected to improve through social and emotional support from relatives, traditional healers and community members.



### ***Gökçe Gökçen & Arezoe Delawar & Naoual Benaissa, IOD's Among Turkish, Afghan and Moroccan Immigrants in the Netherlands*** ***Gökçe Gökçen***

After my graduation in Istanbul Bilgi University, I started to work as a school psychologist in Istanbul. After a year, I went back to my hometown. I started to work in psychological counselling centre. I worked with children-adolescents who suffer from ADHD, learning disability, emotional and behavioral problems. The title of my thesis was "The investigation of ego states, childhood decisions and psychological adjustment of alcoholics and social drinkers." Later I trained in Psychodynamic Psychotherapies and Gestalt Therapy. Since 2009, I live in Amsterdam where I attended a clinical psychology certificate program. In 2010, I started to work as a psychologist in Allekleur. As a PhD candidate I am investigating the idioms of distress among Turkish immigrants living in the Netherlands.



### ***Naoual Benaissa***

I have a master in clinical psychology. For two years I'm working for Allekleur as a psychologist and our focus is on immigrants living in the Netherlands. I'm in the beginning of a study that focus on Maroccain idioms of distress among immigrants.



### ***Arezoe Delawar***

Since about 15 years I live in the Netherland. I am originally from Kabul, Afghanistan. After completing my Master in Science Psychology at the Free University Amsterdam I am currently working as a psychologist responsible for treating clients from Afghanistan and Iran in AlleKleur. My specialization is in the field of Clinical Psychology. My PhD focuses on idioms of distress among Afghan Immigrants.

## Abstract

Our studies focus on Turkish, Afghan and Moroccan Idioms of Distress. There are specific ways to express distress in any given culture. Our papers focus on IOD and the relationship of IOD to DSM disorders. Turkish immigrants localize distress in and around their heart instead of head and mind. The emotions are described in a metaphorical way. Pain is shared as 'my heart is worried', 'my heart is wounded', 'my heart aches', 'my soul is trembling', 'heart worry', chest tightness, and 'distress of heart'. In addition

to known Afghan IOD's (i.e. Asabi, Jigar Khun, Fishar, Beating Oneself) we found several other IOD's like Deltangi (spaces that occupy my heart become smaller), Churt ( thinking too much), Tashwiesh (worry) and 'Thoughts remain in my body'.



## Symposium 2

### Quantitative Research in Asia and Africa

#### Theme: Mental health research among children and youth in post-conflict settings

Chair: *Daniel Botha*



#### **Mark Jordans, A controlled evaluation of a brief parenting psycho-education intervention in Burundi**

Mark Jordans is a child psychologist working as Head of Research for the NGO HealthNet TPO in the Netherlands. He is also an Honorary Senior Lecturer in the London School of Hygiene and Tropical Medicine (Centre for Global Mental Health). His work focuses on the development, implementation and evaluation of psychosocial and mental health care systems in low and middle income countries, especially for children in adversities and in fragile states. Mark Jordans is co-founder of TPO Nepal, a mental health NGO in Nepal, where he has worked between 1999 and 2011.

**Abstract** (Jordans, M.J.D., Tol, W.A., Ndayisaba, A., Komproe, I.H)

Conduct problems and emotional distress have been identified as key problems among children and adolescents in post-war Burundi. This pilot-study aims to evaluate the impact of a brief parenting psycho-education intervention on children's mental health. This study employs a controlled pre and post evaluation design. The two-session psycho-education intervention was offered to groups of parents of children who had been screened for elevated psychosocial distress. Children in the intervention group (n=58) were compared to a waitlist control group (n=62). Outcome indicators included child-reported levels of aggression, depression symptoms and perceived family social support. The intervention had a beneficial effect on reducing conduct problems compared to the control condition, especially among boys, while not showing impact on depression symptoms or family social support. Parents evaluated the intervention positively, with increased awareness of positive parenting strategies and appropriate disciplinary techniques reported as the most common learning points. A brief parenting psycho-education intervention conducted by lay community counselors is a promising public health strategy in dealing with widespread conduct problems in boys living in violence-affected settings, not so for social and emotional indicators and for girls.



#### **Wietse Tol, Mental health and psychosocial support services for children in areas of armed conflict: current evidence and research priorities**

Wietse Tol is the Dr. Ali and Rose Kawi Assistant Professor in Global Mental Health at the Department of Mental Health of the Johns Hopkins Bloomberg School of Public Health and senior advisor with HealthNet TPO. His main interest concerns how research can contribute to improved practice and policy in the area of the mental health and psychosocial wellbeing of populations affected by severe adversity in low- and middle-income countries. He has conducted qualitative and quantitative research with torture survivors in Nepal and with children affected by armed conflict in Burundi, Indonesia, and Sri Lanka. Recently, he has led a number of systematic reviews of evidence-based practices and coordinated the setting of research priorities in this field. He regularly consults with United Nations and (international) non-governmental organizations with regard to assessment, capacity building, and monitoring and evaluation. His research has been published in the Lancet, JAMA, PLoS Medicine, Journal of Consulting & Clinical Psychology, World Psychiatry, and Social Science & Medicine. In 2011, Dr. Tol was awarded the Chaim and Bela Danieli Young Professional Award by the International Society for Traumatic Stress Studies.

**Abstract**

Over 1 billion children and adolescents live in countries affected by armed conflict according to estimates by UNICEF. Given evidence of increased psychological distress and mental disorders in this population, mental health and psychosocial support programs are increasing in popularity. This presentation will

focus on three recent research projects to critically examine the evidence base for such interventions, and identify current gaps in knowledge and research priorities. First, outcomes of a systematic review and meta-analysis of intervention outcome studies in low- and middle-income countries will be presented. Second, recently formed recommendations on stress-related mental health problems in children and adolescents by the World Health Organization – as part of their Mental Health Gap Action Program (mhGAP) will be reviewed. Third, findings from an international research priority setting study for mental health in humanitarian settings will be presented.

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**Brandon Kohrt, Child Soldiers in Nepal: Five-year longitudinal study of community-based intervention strategies and developmental health outcomes**

Brandon Kohrt is a medical anthropologist and psychiatrist, and assistant professor of Global Health and Psychiatry at the Duke University. He conducts global mental health research focusing on populations affected by war-related trauma and chronic stressors of poverty, discrimination, and lack of access to healthcare and education. He has worked in Nepal for 16 years using a biocultural developmental perspective integrating epidemiology, cultural anthropology, ethnopsychology, and neuroendocrinology. With Transcultural Psychosocial Organization (TPO) Nepal, he designed and evaluated psychosocial reintegration packages for child soldiers in Nepal. He currently leads mental stigma reduction programs for The Carter Center in Liberia and for the Grand Challenges Canada Mental Health Beyond Facilities initiative.

**Abstract**

Social ecological frameworks of children’s mental health and psychosocial wellbeing in war and other complex emergencies emphasize the need to address not only individual children’s needs but also the needs of children’s broader social experiences. This includes interventions to support families, schools, and other community organizations. In Nepal a community-based intervention was conducted by psychosocial workers who worked directly with these support systems. This five-year study examines how changes in family support contributed to improved mental health among child soldiers participating in the intervention. Child soldiers reported less support from their families compared with never-conscripted children prior to the intervention. However, a year later, the levels of family support and mental health status of child soldiers did not differ from never-conscripted children. However, four-years after the intervention mental health differences persisted including greater suicide risk among former girls soldiers. Former girl soldiers also were more likely to have poor reproductive health outcomes. The findings demonstrate the need focus on family and community support, as well as provide ongoing services for the most at-risk groups, such as girl soldiers.

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## Symposium 3

### Quantitative and qualitative research in the Middle East and the Caucasus Theme: Mental health research among youth and Genocide research

Chair: *Polli Hagenaars*



#### **Samir Qouta, The Impact of trauma on Palestinian children**

Samir Qouta, a psychologist, was born in Gaza, Palestine. He received his Psychology degree from Cairo University and his PhD from the VU University in Amsterdam. He worked as a Head of the Research Department at the Gaza Community Mental Health Programme. He is a member of many local and international health and human rights organizations. Dr. Samir Qouta published extensively on issues of trauma, PTSD, peace and human rights. He worked in Bahrain university and he currently is professor in clinical psychology at the Islamic university and the head of the counseling center and clinical unit.

#### **Abstract**

While traumatic stress is a psychological phenomenon, which focuses on the individual, it does not occur in a vacuum. Individuals interpret war, loss, violence and disasters, and the resulting feelings of helplessness, disruption, and despair, within a context, and our reactions are shaped largely by our culture and society, and by the latter's values and norms. As thinking and reacting beings, we are shaped not merely by biology and heredity, but also by our culture, which supplies behavioral patterns, ways of thinking, and feelings.

Accordingly our research tried to explore the impact of the trauma in the Palestinian context through various studies during the first and second Intifada. The results show: first, the majority of children had been exposed to various kinds of direct and indirect trauma. Second, the exposure to trauma affected the ability of the child to concentrate, and increased level of risk taking and neuroticism. Third, it was found that the trauma led to certain disorganization inside the Palestinian family, as the parents were unable to protect their children, and the children started to perceive their parents as more rejecting and hostile. Fourth, it was found that the peace treaty had a positive role especially on the children whom participated in the Intifada. Fifth, the suffering of children continued in the second Intifada since due to the exposure to the violence 55% of the children in hot areas suffered from PTSD, while 32% of the children in the community areas suffered from PTSD. Sixth, after the siege and the last wars the children and the Palestinian families still suffer from various psychological problems.

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#### **Yoke van der Meulen, Reflections on a psychosocial intervention for youth in the West Bank**

Yoke van der Meulen-Rabaia has lived and worked in the West Bank since 1983 and has graduated in sociology (BA) and public health (MPH) at Birzeit University. Since 2004 she is a member of the research team of the Institute of Community and Public Health of Birzeit University, and is currently the coordinator of the mental health unit. She is interested in psychosocial health and well being of populations in situations of prolonged conflict, which is also the subject of her doctorate work.

#### **Abstract**

Since 2005, the Institute of Community and Public Health of Birzeit University and a Community Based Rehabilitation Program, led by a Palestinian NGO, have collaborated on the development of a psychosocial intervention for young people in villages in the north of the West Bank.

What started as an idea to give young people space for expression and peer support turned into a volunteer program allowing girls and young women, as well as boys and youth with disabilities, to initiate and participate in community activities. In some villages boys and girls groups work together. This presentation will allow the audience to follow the intervention in its development from the initial 2-year pilot to the Community Based Rehabilitation youth group program as it currently stands. Special attention will be given to issues of organizational culture, unexpected set-backs and opportunities, sustainability, and monitoring and evaluation.



***Antonie Holslag, Transgenerational trauma in cultural expressions and narratives***

Tony is an anthropologist who graduated Cum Laude on the subject of the Armenian genocide and how this is conceptualized and experienced in present day Armenian Diaspora communities. His research has recently been published in 2009 and he has written several articles on the topic. He teaches at the Royal Research Academy NIOD (Institute for War Documentation and Holocaust and Genocide Studies) and at the Summer Institute of the University of Utrecht.

**Abstract**

In this paper I will explore the transgenerational trauma of second, third and fourth generation genocide survivors. I will do this by studying the Armenian genocide and how this genocide is still relived, recaptured and rephrased in current cultural imaginary, discourse and narratives. I will hereby compare the Armenians survivors living in the Netherlands and Armenian survivors in London. How much does the local community influence the narratives? Where do the narratives differ? In my presentation I will apply ideas and concepts of implicit and tacit knowledge, the construction of new narratives and the differences between political discourse and cultural discourse. I will argue that genocidal violence can be internalized and can be used as embodied “empowerment” by the victimized group. This “empowerment” is both transgenerational and non-spatial in the narratives.

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## Symposium 4

### Quantitative and qualitative research in Africa Theme: Mental health in post-conflict settings

Chair: *Ype Poortinga*



#### ***Marjolein van Duijl, Unraveling the spirits' message. Pathways to healing of dissociative patients in SW Uganda***

Marjolein van Duijl spent her childhood in South Africa, Malta and South Korea. Her work has been dedicated towards developing and providing mental health services in the transcultural and psycho-trauma field in various settings in Uganda and the Netherlands. Currently she is working for the Netherlands Institution for Forensic Psychiatry, The Hague. Her Phd research is on Trauma, Possession and Dissociation in Uganda.

#### **Abstract**

As in many cultures spirit possession in Uganda is a common idiom of distress associated with traumatic experiences. In the DSM-IV and DSM-5 possession trance disorders can be classified as dissociative disorders. Dissociation in western countries is associated with complicated, time consuming and costly therapies. Spirit-possessed patients of traditional healers in South West Uganda however often report partial or full recovery after treatment. Despite possible selection and memory bias it is interesting to further study the process of healing of dissociative phenomena.

A mixed method research approach was used to explore the illness narratives of 119 spirit-possessed patients referred by traditional healers. We explored how the development of complaints, help-seeking steps, the generation of explanations eventually led to their mostly positive evaluation of treatment. Traditional healing processes of spirit possession can play a role in restoring health, morality, justice, and a sense of social coherence and cultural belonging. It does not always seem necessary to address individual traumatic experiences per se, which is in line with other research in this field.



#### ***Herman Ndayisaba, Effectiveness of a psychosocial programme for ex-combatants in Burundi***

Herman Ndayisaba is a clinical psychologist who has been involved in several projects with psychosocial and mental health component in the Great Lakes Region especially in Burundi DRC and Rwanda. He has a long experience in working with different vulnerable groups such as orphans, victims of war, GBV and torture, child soldiers, ex-combatants, and refugees. He has managed several projects from different donor since 2001 until now. He's now Deputy Head of Mission for HealthNet TPO in Burundi.

#### **Abstract**

Burundi has experienced cyclic war since its independence in 1962. Talks and political negotiations took place between opponent parties to end the conflict. Ceasefire was finally signed and a Demobilization and Reintegration program was designed. This program started in 2004 and the first phase of the project ended in 2008 with around 26000 soldiers demobilized. From 2009, another phase was designed following the FNL armed movement integration in the government body. The new initiative tried to use key lessons from the first phase and decided to include a psychosocial program in the overall services provided to ex-combatants. Many of ex-combatants reported to have psychosocial and common mental health problems. The main complaints are insomnia, stigma, anger, psychosomatic complaints (heart, breathing problems etc). The package of intervention consists mainly of support group and family interventions grouped with some individual counseling and substance abuse interventions. Drama, narrative theatre and recreational activities are also used. A cluster randomized trial was designed to evaluate the effectiveness of this intervention. A combination of instruments has been organized to serve as a complete tool for the study such as: the SW-4; the PSS; the PHQ-9, the SF-12, the WHO DAS II; the CSD-3 etc. 400 adult ex-combatants were selected randomly. A comparison is made between 200 ex-combatants who received treatment and 200 ex-combatants on a waiting list control group. The



study tried to check whether people who are living in the psychosocial intervention area improve in terms of general functioning, psychosocial distress, common mental health disorder, coping and quality of life. Observations were made at T1, T2 and T3. Conclusion so far after T2 shows that a statistically significant improvement was noticed for the intervention group, both in reduction of symptoms (80%) and in an increase of daily functioning (61%). Changes in time, socioeconomic indicators associated with psychosocial distress and rural/urban differences will be discussed.

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***Heleen van den Brink, Children and Mental Health in Sierra Leone***

Heleen van den Brink obtained a MSc in pedagogical sciences from Utrecht University. After working for several years in out-patient child & adolescent mental health care in the Netherlands, she moved to Sierra Leone in 2003. Currently she is working part-time with a local rehabilitation centre for people with mental and substance abuse disorders, while pursuing her PhD. She is interested in the development of child and adolescent mental health care services in low-resource, post-conflict settings.

**Abstract**

In 2002, Sierra Leone emerged from an 11-year civil war which severely damaged its infrastructure, including its health systems. (I)NGOs and UN organizations poured in, providing psychosocial services and trauma healing programmes for the many victims of war, including thousands of child soldiers. Ten years after the war, we used exploratory, qualitative research to look at the status of the current mental health care services for children and youth in Sierra Leone, at perceptions of mental health and children, and at help seeking behavior. The results of this research will be used to identify further research priorities and recommendations for the development of mental health care services for children and adolescents in Sierra Leone.

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## Symposium 5

### Service provision in Africa and Asia

Theme: Providing mental health services in post-conflict settings

Chair: *Hans Rohlof*



#### **Chhim Sotheara, Mental Health Challenges in Cambodia's Post Genocide Development**

Sotheara Chhim, is a Psychiatrist, Executive Director of the Transcultural Psychosocial Organization, Cambodia (TPO Cambodia), and a lecturer of psychiatry, Royal University of Phnom Penh. He is a PhD Candidate at Monash Asia Institute, Monash University, Melbourne, Australia. His areas of interest are community mental health, trauma, transcultural mental health and transitional justice. He receives Human Rights Award for 2012 from the Leitner Center for International Law and Justice, Fordham Law School, Fordham University in New York City as recognition of his work to promote the rights of people with mental health problems in Cambodia.

#### **Abstract**

Cambodians who survived the Khmer Rouge live with on-going trauma that transmits into the next generation. Individual and community distress is associated with changing forms of violence, poverty and mental health problems, alongside a lack of resources and dependency on foreign aid and health and education advisors. The speaker will discuss how a culturally adapted community-based model of mental health intervention of the Transcultural Psychosocial Organization Cambodia may benefit those who are trapped in the vicious cycle of violence, poverty and poor mental health in rural and remote regions of Cambodia. The author will also discuss these challenges while proposing some ways forward. For instance, research models that can account for the diversity of ritual practices and health promotion systems.



#### **Nouredine Khaled, A two-wave evaluation of the mental health of an adult population of victims of terrorism in Algeria**

Nouredine Khaled, PhD in psychology and social psychology, is professor at Algiers University where he assumes different tasks as lecturer and supervisor of graduate and postgraduate thesis. He has a practice as psychotherapist since 1987. He was president of SARP (Algerian Society for Research in Psychology) where he directed psychosocial programs for victims of terrorism, conducted an epidemiological study and wrote many publications. He is a United Nations expert of stress counselling. He directed research and published on adolescents, deviant behavior, success and failure in school, posttraumatic stress disorders and psychosociology of migrants.

#### **Abstract**

This presentation is based on the results of research, which we undertook in 2010 in the University of Algiers and the SARP (Algerian Society of Research in Psychology) on the development of psychological trauma related to terrorist violence. We assessed mental wellbeing among 326 people in 2000 at Sidi Moussa and Bentalha, and 84 were found and agreed to take part in a reevaluation of their psychological status with the same instrument used before, the CIDI.

Mental health in this sample clearly improved in a decade. Ten years ago, the prevalence of various traumatic pathologies were very high (PTSD: 53,6%, Anxiety: 52,4%, Phobias: 41%, Depression: 31%, somatoform disorders: 13%). After ten years, all pathologies seem to have decreased significantly in the population (PTSD: 11,9%, Anxiety: 16,7%, Phobias: 13,1%, Depression: 1,2%, somatoform disorders: 8,3%). The discussion will focus on several lines for reflection and study such as resilience and risk factors, evolution of traumatic pathologies, the passage from single pathology to the comorbidity.



**Patrick Onyango, Public – private partnerships: Scaling up of Trauma Support and Mental Health Services among war affected communities in Northern Uganda**

Patrick Onyango Mangen is presently the Country Director of TPO Uganda ([www.tpoug.org](http://www.tpoug.org)), a Ugandan national NGO. He has worked in the field of mental health and psychosocial support for over 15 years now. In Uganda, TPO Uganda is renowned for its community based approach to mental health and the organization has worked closely with the Ministry of Health and the local WHO Office to design and roll out a model of integrating mental health into primary health care through public- private partnerships.

**Abstract**

In 2008 TPO Uganda and the Uganda Ministry of Health began a collaborative project aimed at improving the availability of mental health services in the three districts of post conflict Northern Uganda. The project interventions were three fold and will constitute the bulk of my presentation:

- 1). How general health workers were trained and oriented to integrate mental health and psychosocial support into primary health care system.
- 2). How regular support supervision and quality control mechanisms were devised to further support the capacity of general health workers to deliver mental health services.
- 3). How the project increased the participation and capacity of community members to respond effectively to mental health and psychosocial needs of people within their families, households and communities. Here we shall see how the project gave voice and empowered patients and their caregivers through ‘patient support groups’ that then provided support to patients with mental disorders. At the end of this 22 month project, the capacities of health workers and village health teams to provide mental health services had been strengthened. Major gaps that still need to be addressed were attrition of government health workers and lack of drugs. Lessons learned from this project include: the importance of coordination and join planning between non profit organizations and the government; the importance of support supervision; the important role of village health team members in community mobilization and sensitization; and the roles of patient support groups in complementing medical and biomedical activities. This presentation will highlight key findings and lessons learned.



## Symposium 6

### Quantitative research

#### Theme: Mental health research immigrants and refugees

Chair: *Anneke van Schaik*



#### **Albert Boon & Anna de Haan, Accessibility of mental health services for immigrant youth**

Starting with his dissertation in 2001, Albert is interested in cultural aspects of mental health care. He works at De Jutters (Youth Mental Health Care, YMHC, The Hague area) and Lucertis (YMHC, Rotterdam area) as a researcher. His research focus is on the relevance of the ethnic background of patients in YMHC on therapy results, given diagnosis, dropout, satisfaction etc.



In 2006 Anna received her master clinical psychology at the University of Utrecht, with Conflict studies as her minor. She works as researcher at De Jutters since 2007 and is finishing her dissertation on the accessibility of YMHC for immigrant youth. Part of her work at De Jutters is the implementation of ROM (Routine Outcome Monitoring) within the entire organization.

#### **Abstract**

About half of the children and adolescents for whom psychiatric treatment is indicated, is treated in youth mental health care (YMHC). For non-native youth, the treatment percentages are even lower than for native youth. The chances for non-native youth to be (obligatory) treated at forensic mental health care settings during adolescence, are almost four times higher than for native youth. Within this group of youth delinquents, the presence of conduct disorders or other psychiatric disorders is relatively high. It is important to increase our knowledge of the low treatment percentages of non-native youth in regular YMHC, because children with untreated disorders are likely to leave school without a qualification, engage in delinquent activities, abuse drugs and alcohol and become unemployed. Until now, not much is known about the reasons that non-native children are treated less often in regular YMHC than native youth, not much is known about the prevalence of the various psychiatric disorders and whether this differs for the different ethnic groups, and not much is known about the effectiveness of the various psychiatric treatments for non-native youth. Because in the large cities of The Netherlands more than fifty percent of the youth has a non-native background, knowledge on these subjects should be increased.

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#### **Kees Laban, Post-trauma risk factors for psychiatric problems and health-related dimensions among asylum seekers in the western world**

Kees Laban is psychiatrist, co-founder and medical director of De Evenaar, North Netherlands Centre of Transcultural Psychiatry, GGZ Drenthe, The Netherlands. He started his medical carrier as a tropical doctor. He shifted to the field of psychiatry in

1992 and after a short period in general adult psychiatry, he accepted a position as Project leader for 'New health policy for asylum seekers' in the province of Drenthe. His research programme (the Dutch Study Iraqi Asylum Seekers) resulted in a PhD from the Vrije Universiteit. Since 2008 he is the chairman of the Section Transcultural Psychiatry of the Netherlands Association of Psychiatry.

#### **Abstract**

Problems of asylum seekers are multiple and complex. Having experienced the adversities that put them to flight, in the host country they face (usually long) asylum procedures and a multitude of post-migration living problems. Western countries are using increasingly restrictive policies, including the detention of asylum seekers.

This presentation will compare the findings of a previous epidemiological study among Iraqi asylum seekers in the Netherlands with other studies among asylum seekers and (imprisoned) undocumented migrants in the western world. Overall the literature shows high prevalence rates of mental disorders,

low quality of life and high levels of disability and somatic complaints. Among asylum seekers, the length of procedure is an even more important risk factor for psychopathology than the adverse life events in the country of origin. Research findings among imprisoned undocumented migrants consistently report high levels of mental health problems. Both qualitative and quantitative research has shown the relevant types of post-migration living problems, such as uncertainty about the future, the fear to be sent home, missing one's family, and lack of work.

In order to improve the mental health status of this very vulnerable group both mental health workers and government policy makers should draw consequences from the study results. Mental health workers should realize the importance of the asylum procedure and the related post-migration living problems and consider to focus their treatment on (coping with) these problems instead of only focusing on traumas from the past. A resilience-oriented approach is recommended. The government should reconsider their policy regarding the asylum procedure, the detention of undocumented migrants, living conditions in the asylum seeking centres, work, and family reunification. Some examples of advocacy activities will be mentioned.



**Stevan Weine, Incorporating Multimethodological Approaches into Prevention Research with Refugees and Migrants**

Stevan Weine, a psychiatrist, is a researcher, writer, teacher and clinician. He is Professor of Psychiatry and Director of the International Center on Responses to Catastrophes, at the University of Illinois at Chicago. He was awarded a Career Scientist Award from the National Institute of Mental Health on "Services Based Research with Refugee

Families" for which he conducted an ethnography of Bosnian adolescents and their families. He was principal investigator of a National Institute of Mental Health funded research study is investigating the Coffee and Family Education and Support intervention with Bosnian and Kosovar families in Chicago. Weine is author of two books. When History is a Nightmare: Lives and Memories of Ethnic Cleansing in Bosnia-Herzegovina (Rutgers, 1999) and Testimony and Catastrophe: Narrating the Traumas of Political Violence (Northwestern, 2006). Weine is currently Principal Investigator of three NIH funded studies: "An Ethnographic Study of Preventive Mental Health Services for Adolescent Refugees", "Migrancy, Masculinity, and Preventing HIV in Tajik Male Migrant Workers", and "Labor Migration and Multilevel HIV Prevention." He is also Principal Investigator of a DHS funded study on "Violent Radicalization and Terrorist Recruitment in Somali Americans."

**Abstract**

Ethnographic and mixed methods incorporate multiple different types of data using well-accepted designs including: triangulation, explanation, transformation, and exploration. This presentation examines two studies that have used ethnographic and mixed methods in prevention research with refugees and migrants. A comparative analysis is used to clarify the type and extent of mixed methods data collection and analysis needed to inform efficient preventive intervention development and evaluation. The advantages and pitfalls of using different ways of combining survey and ethnographic data, multiple perspectives on a given topic of study, and longitudinal data, will be considered. Based on these findings, this presentation provide strategies for better incorporating ethnographic and mixed methods into prevention research with refugees and migrants, including the use of emergent methods, such as geospatial analyses and experience sampling using mobile technology.



## Symposium 7:

### Research and service provision

#### Theme: Integrative psychiatry and interdisciplinary approaches

Chair: *Indra Boedjarath*



#### **Rogier Hoenders, Integrative Psychiatry: the philosophical foundation, practical implication and effectiveness of 'Integrative Medicine' in mental health care**

Rogier Hoenders, is a psychiatrist and clinical instructor in psychiatry. He founded and directs the Center for Integrative Psychiatry, Lentis, in Groningen, the Netherlands. He is the chairman of the organizing committee of the two-yearly congress integrated psychiatry. He is board member of the International Network Integrative Mental Health ([www.inimh.org](http://www.inimh.org)).

#### **Abstract**

Integrative medicine (IM) is a new concept of health care that was launched by a consortium of academic health centers in the USA in the late nineties of the past century. It has been defined as (1) the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, (2) focuses on the whole person, is (3) informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to (4) achieve optimal health and healing. Since its start there has been great interest from the medical and scientific community and a steady growth. Currently, more than 50 academic health centers are active members of this consortium ([www.imconsortium.org](http://www.imconsortium.org)).

Today, many research groups, health centers, educational, advocacy and policy activities related to IM exist, but the part of psychiatry / mental health care seems undervalued. This talk will highlight the philosophical foundation of integrative medicine in mental health care. It will also address the practical implementation of integrative medicine in daily practice. Finally the results of three years routine outcome monitoring in the center for integrative psychiatry will be shown and discussed.

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#### **Sjoerd Colijn, Transcultural treatment models and psychotherapy research**

Sjoerd Colijn is psychotherapist, clinical psychologist and cultural anthropologist; at present he is psychotherapist and Director of research at the Centre for Personality Disorders Jelgersma, Oegstgeest and Director of clinical training in psychotherapy, PDO-GGz Leiden/Rotterdam/Utrecht. He did anthropological research in Sri Lanka, and research on the effectiveness of psychological treatments in an adolescent inpatient and adult inpatient facilities in the Hague and Leiden. He published articles and books on psychotherapy (effectiveness, common factors, personality disorders) and cultural psychotherapy.

#### **Abstract**

This presentation will be dedicated to the relationship between the abundance of recent findings in Western psychotherapy research in combination with the scarcity of transcultural treatment research on the one hand, and their application in transcultural treatment on the other hand. In the last decades this relationship has been conceptualized in several ways: the classification-treatment model, the assimilation model, the universal therapeutic factors model, the negotiation model and the transition model. I will discuss strengths and weaknesses of these models, and the general state-of-affairs when overseeing this field.

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***Theresa Edlmann, The Legacies of Conscription into the Apartheid Era South African Defence Force: A Reflection on Narrative Research with Conscripts***

Theresa Edlmann is founding Director of the Legacies of Apartheid Wars Project, based at the Rhodes University History Department, South Africa, which has emerged out of her doctoral research into the psychosocial legacies of South African Defence Force conscripts' experiences.

**Abstract**

During the apartheid era, a key component of the Nationalist government's strategy in combating both African nationalism and a perceived communist threat was the compulsory conscription of school-leaving white men into the South African Defence Force (SADF) between 1968 and 1993. This paper will reflect on the findings emerging from narrative research into the personal and social legacies of this system, conducted with ex-conscripts. Temporal continuities and identity 'trouble' in personal and political identities will be discussed, with particular regard to race, gender and perceptions of threat as discursive resources within conscripts' biographical talk.

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## Farewell lecture Joop de Jong



### Joop de Jong

Joop de Jong, MD, PhD, is Professor of Cultural and International Psychiatry at VU University, Adjunct Professor of Psychiatry at Boston University School of Medicine, Visiting Professor at Rhodes University, S Africa, and staff member of the Amsterdam Institute for Social Science Research. Joop de Jong worked for years in Africa as public mental health expert, psychiatrist and psychotherapist. He developed a nationwide mental health program in Guinea Bissau on which he wrote his doctoral thesis, combining an anthropological and epidemiological perspective. He was the founder and director of the Transcultural Psychosocial Organization (TPO), until its merger with HealthNet in 2004, worldwide the largest NGO providing mental health and psychosocial services in more than 20 countries in Africa, Asia, and Europe. Programs of TPO and its affiliated organizations often operated in armed conflict and disaster areas and gave special attention to the prevention of violence, reconciliation, and to interventions for youth, former combatants, child soldiers and sexual violence. Joop de Jong worked part-time with immigrants and refugees in the Netherlands.

Over the past decades he developed novel approaches to global mental health by integrating insights from public mental health, anthropology and epidemiology in community interventions in a variety of cultures. He combined interventions with research and emphasized the relation between psychosocial factors and socio-economic construction in post-war settings. He tried to bridge reductionist perspectives on PTSD and other types of psychopathology with critical social science. He played an important role in the development of cultural psychiatry and psychology in the Netherlands and - with his PhDs and colleagues - (co)authored and (co)edited 250 papers and eight books such as: *A descent into African psychiatry* (1987), *Mental health of refugees* (1996), *Trauma, war and violence* (2002) and, with other editors, *Trauma interventions in war and peace* (2003) and *Handboek culturele psychiatrie en psychotherapie* (2010).

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## Organization Committee

Polli Hagenaars (NIP), Anneke van Schaik (VUmc-GGZ InGeest), Peter Ventevogel (NVvP).  
Peter Ventevogel's biosketch and photo are mentioned earlier in the flyer.



### Polli Hagenaars

Polli Hagenaars was trained as a developmental psychologist at the Free University in Amsterdam. Diversity and emancipation have been the major themes in her professional career. She has been a trainer in diversity, advisor to the city of The Hague in intercultural education, and lecturer at the Rotterdam and Free University Colleges. She is also practising as a primary health care psychologist. From 2006-2012 she was the chair of the Division on Interculturalization of the Netherlands Institute of Psychologists (NIP). Her current interests include Identity, exclusion, professional social and cultural responsibility, and intercultural ethics.

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### Anneke van Schaik

Anneke van Schaik, MD, PhD is a psychiatrist and senior researcher at the Department of Psychiatry of GGZ inGeest/VU University Medical Centre. She works at the outpatient clinic for depressive disorders and her research also focuses on depression. In 2006 she obtained a PhD on "Interpersonal Psychotherapy for late life depression in general practice". She participated in several other depression intervention trials. She has a special interest in chronic and complex depression and in treating non-western migrants with depression. She is project leader of a study on the effectiveness of an intercultural module added to the treatment guidelines for Moroccan and Turkish patients with depressive and anxiety disorders. She was one of the authors of the "Intercultural addendum to the Netherlands Multidisciplinary Guidelines for Depression Treatment".

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## Financial support

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## Venue

Aula VU University, De Boelelaan 1105, Amsterdam.

- Directions:  
(<http://www.vu.nl/en/about-vu-amsterdam/contact-info-and-route/route-description/index.asp>)
- Public transport
- From Central Station
- metro tram 51, direction Amstelveen Westwijk (16 minutes), stop at: De Boelelaan/VU
- tram 5, direction Amstelveen Binnenhof (25 minutes), stop at: De Boelelaan/VU
- tram 16 or 24, direction VUmc, final stop

## From Station Amsterdam Zuid

express tram 51 (1 minute), direction Amstelveen Westwijk  
tram 5 (1 minute), direction Amstelveen Binnenhof  
it's a 10 minute walk to the VU from Station Amsterdam Zuid

## **Car**

The A-10 Amsterdam ring road can be reached from all directions. Follow the A-10 to the Zuid/Amstelveen exit S 108. Turn left at the end of the slip road onto Amstelveenseweg: after about three hundred yards (at the VU University hospital building) turn left again onto De Boelelaan. VU University Amsterdam can be reached via city routes S 108 and S 109.

## **Parking**

There is a limited amount of parking space around VU University Amsterdam itself in De Boelelaan, which has parking bays, and also in Karel Lotsyiaan. There is paid parking on VU Amsterdam parking lot to the right of the Hospital Outpatient Clinic. There is even more parking space on the east side of Buitenveldertselaan at the junction with Willem van Weldammelaan, within 5 minutes walking distance of VU University Amsterdam. A number of parking places for the handicapped are reserved in front of the VU University Amsterdam Main Building and within its grounds.

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1. Vul dit formulier in/Fill in this form
2. Fax het formulier naar i-psy: 088 358 4114, of stuur het per email naar: p.meijer@i-psy.nl/  
Send the form to: p.meijer@i-psy.nl
3. Maak het verschuldigde bedrag van € 95 over op rekening nummer 657125776 t.n.v.  
i-psy Holding BV, Den Haag onder vermelding van 'Afscheidssymposium Joop de Jong'/  
and mention here 'Farewell symposium Joop de Jong.' Transfer € 95 to bank number IBAN:  
NL09INGB0657125776 and BIC: INGBNL2A to i-psy Holding BV, The Hague.

Na inschrijving ontvangt u per e-mail bevestiging van uw aanmelding/Your registration will be confirmed by email.

### **Geef uw voorkeur aan voor drie symposia/Mention your three favorite symposia**

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2.
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Vul de velden hieronder in als u accreditatiepunten wilt ontvangen voor deelname aan het symposium. Accreditatie wordt aangevraagd bij de NVvP (Nederlandse Vereniging voor Psychiatrie), het NIP (Nederlands Instituut voor Psychologen) en de VGCT (Vereniging voor Gedragstherapie en Cognitieve Therapie). Aan de hand van het aantal geïnteresseerden zal worden bepaald of accreditatie bij andere beroepsvereniging wordt aangevraagd./Fill in your date of birth plus your professional registration number if you want to receive accreditation points

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### **Kosten deelname**

De kosten voor deelname aan het symposium bedragen/Costs: € 95. U kunt tot 1 april 2013 kosteloos annuleren/Cancellation free of charge till April 1<sup>st</sup>. Bij annulering tot 24 mei 2012 brengen we € 15 annuleringskosten in rekening/After May 15th € 15 cancellation fee. Daarna kunnen we geen restitutie verlenen/After that date, cancellation is no longer possible. Indien u bent verhinderd, kan een vervanger van uw inschrijving gebruik maken, mits u ons dit van tevoren meldt/Contact the organization if you want someone else to replace you during the conference.