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WPA-TPS CHAIR'S REPORT
Hans Rohlof, MD
Chair, WPA-TPS

This issue of the World Healer reaches you somewhat later than we had planned. The reason is that we had some delay with the renewal of the website, where all the newsletters are placed. Have you already looked at our new website? We are still improving it, make it more interactive, so that you can put your comments on it. This will be only available for members, though! In the policy to attract young colleagues, the Section also decided to have a Twitter account and a Facebook page. Please like us on FB and connect on Twitter!

This year was a fruitful year for our Section, again. We had a conference in Hamm, Germany. We were active with symposia in the Congress of the World Association of Social Psychiatry in Lisbon, in June. We sponsored a conference in Tanzania, together with the local psychiatric organisation. And we organised symposiums on the Conference of the World Psychiatric Association in Vienna, in October. Reports of Hamm and Vienna can be read in this Newsletter.

Next to this the special issue in our scientific journal, Transcultural Psychiatry, on transcultural research in different countries, has been published in an electronic format, and will soon be published in paper.

This issue of World Healer contains also some



A NOTE FROM THE EDITORS

Welcome to Issue 8 (1) World Healer. In this issue Hans Rohlof presents an overview of events in the WPA TPS. There follows reports of conferences in Hamm and Vienna . Two conferences will be of interest to members in 2014: Shanghai and Madrid. There is a book review and we advertise an MSc in Spirituality, Theology and Health , Durham University.

We wish you all a happy Christmas/Channukah and a very prosperous 2014

Simon Dein and Hans Rohlof.

book reviews, and news about forthcoming conferences and courses.

We hope to see you in one of the conferences. We stay open for suggestions to improve our activities: please write!

Hans Rohlof, Chair

Young Researcher Award

The Section has in its policy to be more active in attracting young colleagues. For this purpose, we decided to establish a new award, the Young Researcher Award. Young researchers could send their manuscripts to the Board of the Section to review and score for this award. Manuscripts which are chosen for publication can be sent for anonymous peer review to Transcultural Psychiatry. The plan is to make a special Young Researcher issue next year. Before the deadline of October, the 15th, 2013, ten manuscripts were sent to the Board. Some of them are excellent, some need improvement. At this moment the Board is deciding which manuscript receive the Award. More news about it will follow in the coming Newsletter, and on the website.

Hans Rohlof

Welcome speech Hamm 9.2.2013

Ladies and gentlemen, dear colleagues

I welcome you as Chair of the Transcultural Section of the World Psychiatric Association to this two day conference on transcultural

psychiatry in Hamm. I see this day as a more extensive continuation of the conferences we had in Essen, Germany and in Arnhem, The Netherlands, some years ago: the two German-Dutch conferences on Transcultural Psychiatry. Many of us were present there. We now welcome participants from all over Europe. I also see this conference as a continuation of the presence of foreign guests at the annual meetings of the DTPPP, like for instance Ron Wintrob. He could unfortunately not be here because of family circumstances. But he stimulated this conference very much.

The history of this conference is quite long. In 2011 there were contacts between Rachid Bennegadi and Solmaz Golsabahi which resulted in an agreement about this conference. Rachid asked Marianne Kastrup, who is the vice-chair of the Section, and me to elaborate the idea of the conference together with Solmaz. We worked on it during last year.

The Section stressed the idea of inviting as many participants as possible. This resulted in not only inviting foreign participants, but also in bringing together in Germany the transcultural colleagues who are more engaged with daily practice from the DTPPP with the more scientifically oriented transcultural psychiatrists from the Section in the German Psychiatric Association. We hope that this union will hold longer in the future!

The Transcultural Section aims to unite all colleagues who are occupied with the field of transcultural psychiatry. Next to this, its purpose is to give information about the field to others,

and to promote interest about it in international forums. That is why there is a stimulation policy including several promoting awards. The Section has an own website which is renewed frequently. The Section has a Newsletter, the so-called World Healer. And the Section has its own peer reviewed scientific journal, Transcultural Psychiatry. Every year a special issue is issued for the members of the Section.

The policy of the Section is to organise conferences on different locations in the world together with local enthusiastic people who are interested in Transcultural psychiatry. There have been conferences in Providence (USA), Guadalajara (Mexico), Kamakura (Japan), Stockholm, Shanghai, Amsterdam, Barcelona, Paris, Tel Aviv. There have been symposia in all the great conferences of the World Psychiatric Association, in Cairo, Prague, Buenos Aires, and soon in Vienna, and in other conferences like the World Conferences of the World Association of Social Psychiatry, In Marrakesh and this year in Lisbon. And now we meet in Hamm. Not a major world city, but we came here to share our knowledge, or science, our skills. We thank our host and hostess, Artur and Solmaz Broclavski-Golsabahi, for their hospitality and their energy. We thank the mayor of Hamm, Mr. Hunsteger-Petermann, for his presence here and for your nice words. We thank Yasmin Gaunold for the organisation.

We wish the lecturers today and tomorrow much success with their lectures and workshops. We welcome all the participants and want to encourage them to take part in the scientific discourse. As an international Section we are

used to the fact that not all participants are fluent in English, the lingua franca of current science. But we will always find persons who are willing to translate in order to let the discussion go on.

Report of the Conference in Hamm, Germany, February, 9th and 10th, 2013

The Hamm conference was organised by the German Transcultural Society, called the Dachverband der Transculturellen Psychiatrie, Psychotherapie und Psychosomatik in Deutschsprachigen Raum (Umbrella Organisation of Transcultural Psychiatry, Psychotherapy and Psychosomatics in German Speaking World, DTPPP) and the Transcultural Section. Organiser from the German side was Solmaz Golsabahi-Broclawski, who is the current chair of the DTPPP.



Conference Dinner

The city of Hamm was chosen because it is the home town of Solmaz, and it is in the centre of Germany. It is a quiet provincial town, with very few historical buildings, but with a nice centre.

The conference dinner took place in an Indian restaurant, which is said to be one of the best of Germany.

The conference was attended by around 70 people, most of them from Germany, The Netherlands, and Denmark. There was a lively discussion around the themes which were presented.



Audience

After a welcome speech by the chair (see elsewhere) there were several plenary lectures.

Simon Groen (The Netherlands) told about his research with a new Cultural Interview, which he had based on the Cultural Formulation. The dilemma in cultural psychiatry is that cultural influences play a great role in diagnostics and in treatment, but patients find it hard to reflect on their own culture. That is why a cultural interview in the beginning of therapy is much needed..

Wieland Machleidt (Germany) presented an interesting lecture on the role of religion and spirituality on the healing process. He stated that religious feelings should not be neglected in treatment since they give meaning to patients.

Religiosity is said to be a medicine against depression (Miller et al, 2010), but in most research the social support of religious groups is excluded. Using religious metaphors in psychotherapy makes the impact much stronger in religious patients. But clinicians should be aware of negative side effects, since all great religions have a strong moralistic power, which can hurt some feelings in patients.

Yesem Erim (Germany) talked about the migration project in Essen, part of and donated by a social institution (Landschaftsverband Rheinland). The main aim was to improve the psychiatric care of immigrants by reduction of barriers to treatment, enquiry of patients' views, use of psychometric tests in other languages, and providence of therapists who are fluent in other languages. The project was successful but had to be closed since it was temporary.

Bernard Küchenhoff (Switzerland) gave an overview of the number of migrants in his country. In some cities like Zürich and Geneva, the number of migrants is one fourth to one third of the population. The general rate of migrants in Switzerland is 22.3 % (2011). Only 2.5 % of the migrants are asylum seekers, whose admission is very restricted in the country. The most important countries of origin are Eritrea, Nigeria, Tunisia, Serbia, Afghanistan and Syria. In 2012 only 2,507 asylum seekers were admitted, this is 11 % of the number of asylum seekers. On the other hand, illegal persons have rights like education for children and a health insurance. A quite interesting finding was presented by an Iranian researcher who was able to do some epidemiologic studies in Iran. It seems that psychiatric disorders rank second on burden of

diseases after unintentional accidents.
Depression is paramount, but the rate differs strongly in between the different communities.

On Sunday a workshop on religion as topic in supervision was held by Sita Somers, Koemar Gokoel and Ellen Minkenberg (The Netherlands).

In a nonreligious society as The Netherlands supervisors have to help trainees to create skills in talking about religious subjects and using religion in treatment, was their statement.

Specially on the field of moral views trainees and patients may differ, and trainees have to handle this. Gokoel gave a nice view on Winti, the original African religion which plays a role in Surinam creole patients in The Netherlands, and on Sufism, and Catholicism.

Ramazan Salman (Germany) mentioned the MiMi-program in Germany, which helps migrants in their empowerment, and straightens the way for more involvement in society.

The conference was a nice being together of clinicians and researchers in Middle Europe, who are finding their way in transcultural psychiatry. The focus was on epidemiology and diagnosis, but there was some mentioning of experimental therapies. All the participants were enthusiastic and expressed their hope that there will be a follow-up of this type of conferences.

Hans Rohlof

Report of Symposia in Vienna

From the 27th till the 30th of October, 2013, a large conference of the World Psychiatric

Association took place in Vienna, Austria. This general psychiatric congress attracted about 1300 participants from all over the world, of whom most were giving lectures: the number of lectures and posters was great. Vienna is a very pleasant city for conferences, with a large congress centre near the city, excellent transportation, and a rich cultural life. What more can you expect next to the scientific content. And this scientific content was good. Apart from plenary lectures by excellent general psychiatric researchers like Nora Volkow, Danuta Wasserman and Jeffrey Lieberman there were many interesting lectures on new topics, like the development of psychotherapy and new psychotropic drugs.

The Section organised two Section Symposia, both on Cultural Psychiatry in the DSM-5-area. This theme was chosen since the DSM-5 was launched this year, and we could offer new insights attached to this.

In the first symposium five lectures were given. Hans Rohlof (The Netherlands) presented a report of the research of a new interview intended to get more knowledge on cultural backgrounds of psychiatric patients, the Cultural Formulation Interview. This interview is included in the DSM-5-book, and is available for anybody (<http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Cultural>). Research in different countries resulted in an improved version which can be used alone, or together with supplementary modules on several issues like religion and spirituality, patient-clinician relationship, migrant situation and so on.

Marianne Kastrup (Denmark) showed how

several other diagnostic systems are improving cultural awareness. She warned that guidelines and protocols are not yet culturally tested, and therefore they should be used with caution in other cultural groups.



Section Chairs



Audience

Simon Dein (U.K.) elaborated the controversies about spirit possession in the DSM-5. Dissociative Trance Disorder, a disorder which according to DSM-IV should need further study should be merged with Dissociative Identity Disorder (DID). In this way, DID could be made a more globally accepted disorder. If social impairment would be included in DID it is also more differentiated from normal cultural

experiences.

Carlos Zubaran (Australia) mentioned another important issue in cultural psychiatry: racism, discrimination and the associated poor mental health. He presented many studies on this relationship. He pledged for more research, and for more action towards discrimination and racism in order to achieve better health outcomes for marginalised groups.

Knejinja Richter (Germany) reported on research they performed on asylum seekers in large reception centres in Germany. An important finding was that the general psychological health in asylum seekers who sought help from medical services was not very different then in asylum seekers who did not seek help. In about one third of the whole group, post traumatic stress disorder or another anxiety disorder could be diagnosed, and in one fourth a depression. Richter advised to establish low threshold psychiatric services in reception centres, in order to help those who are reluctant to go to a doctor.

In the second symposium there were three lectures. They were about migrants, refugees, and ethnic minorities.

David Kinzie (U.S.A.) showed new material on his life long search on diagnosis and treatment of refugees. Refugees do not only have psychiatric diagnoses, but suffer also in a higher degree then the normal population from diabetes, hypertension and other somatic diseases. He stressed the fact that usual therapies are not enough for refugees since they are culturally

inappropriate. His suggestion to include cultural brokers, adapted therapies and newly developed or found medicines found much enthusiasm.

Davor Mucic (Denmark) told about the latest developments in telepsychiatry, a form of treatment where the clinician is on another place than the patient. New technical findings make this form of therapy easier, giving good satisfaction in patients and clinicians. This form of therapy could be a solution in patients who are not fluent in the common language, and need cultural competent care by a psychiatrist from the same ethnic background.

Xudong Zhao (China) gave an interesting lecture on research in his institute about climacteric complaints in Moso women. In this ethnic minority in southern China women live together in groups, admitting the men and fathers only very temporary entrance in the so-called walking marriages. Menopausal complaints in these women were far less than in Han Chinese women. This gave us many thoughts about the ideal relation between men and women in the different communities.

In our opinion, a quite interesting mix of lectures and interesting discussions afterwards!

Hans Rohlof

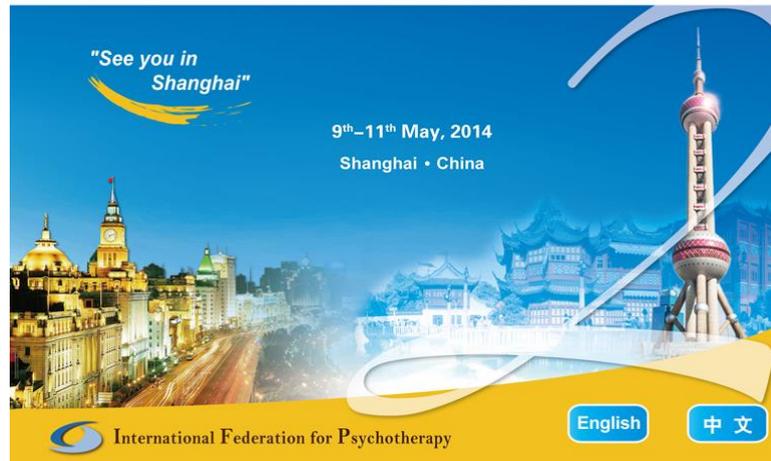


UPCOMING INTERNATIONAL CONFERENCES



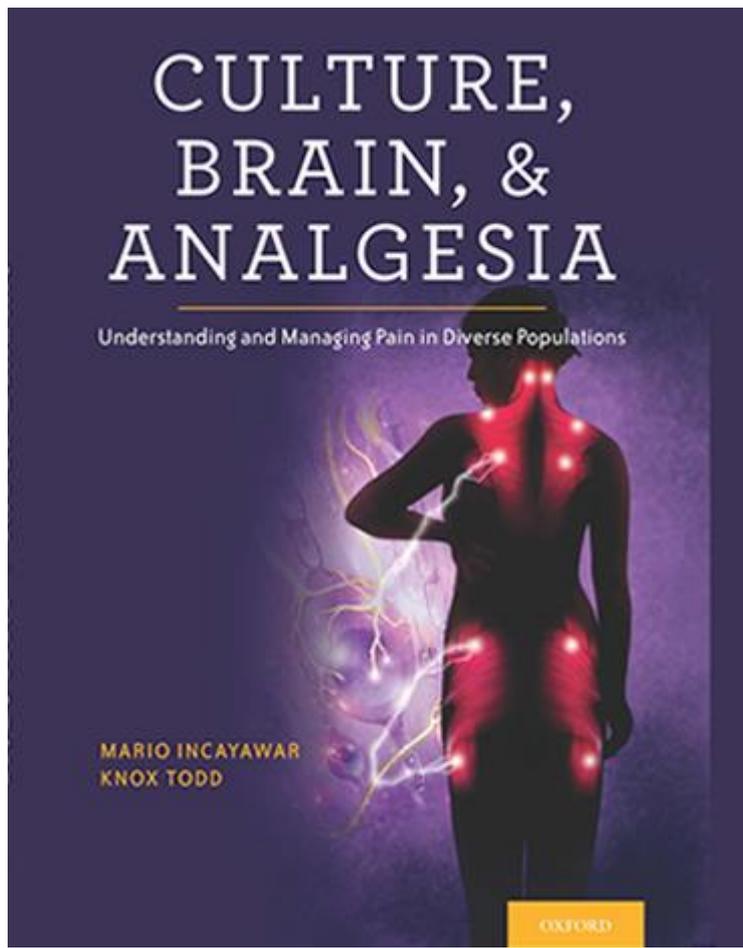
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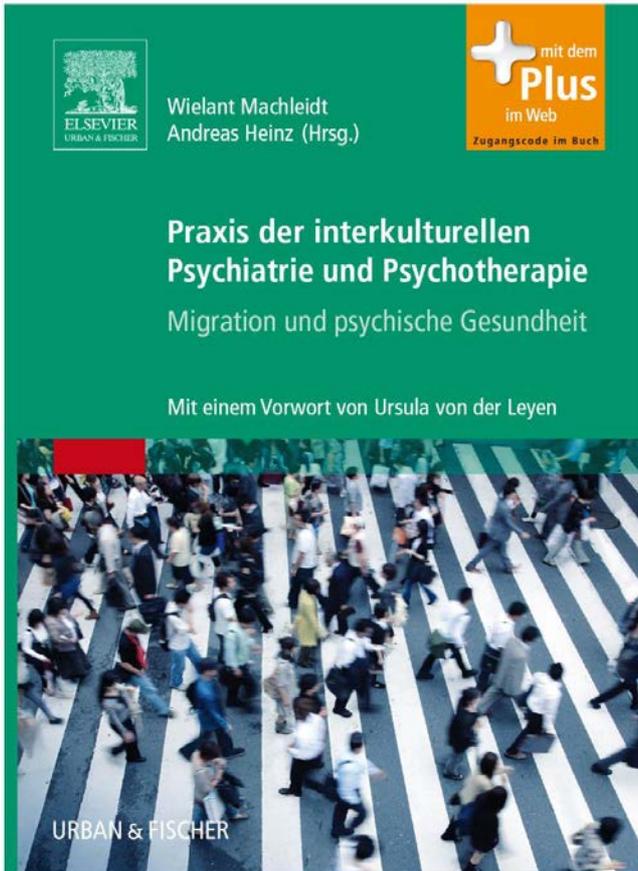
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Book Reviews





Prof Wielant Machleidt

Wielant Machleidt and Andreas Heinz (Eds.): Praxis der interkulturellen Psychiatrie und Psychotherapie. Migration und psychische Gesundheit. [Practice of intercultural psychiatry and psychotherapy. Migration and mental health.] Urban & Fischer Elsevier, München, p. 612, 2011.

The expansion and maturation of the European Union over the past three decades has led to greater interaction and communication between the national populations that comprise the EU. It has also witnessed a much greater inflow of migrants from countries outside the EU. As the numbers of migrants from both European and other countries have increased, the national populations of many European countries have become steadily more culturally diverse. Migrants now comprise 10-20% of the national populations of many European countries. This new multiculturalism in European countries has opened up new fields of research and areas of clinical focus for psychiatry, psychotherapy and psychology in central Europe, as well as for sociology and ethnology.

This volume brings together major themes and findings of the resulting intercultural scientific research and experience from clinical practice, in the form of a textbook on the practice of cultural psychiatry and psychotherapy, edited by Wielant



Prof Andreas Heinz

Machleidt and Andreas Heinz, that includes chapters by more than eighty experienced contributors to this burgeoning field. This is the first such comprehensive textbook on cultural psychiatry and psychotherapy published in continental Europe, and responds to the growing need over the past two decades for just such a comprehensive textbook

The textbook contains 70 individual articles gathered together in eight chapters addressing the central themes of migration psychiatry and psychology, in addition to important but often overlooked special topics. The text begins with a review of models of understanding of the phenomenon of migration. Section One titled "Theoretical aspects" presents multi-dimensional approaches towards the understanding of migration including philosophical, ethnological, and ethno-psychiatric approaches, followed by a lively debate between the editors and individual authors on the strengths and weaknesses of the main theoretical positions in ethno-psychiatry. This theoretical section leads to a detailed review of the processes of migration, through discussion of the themes of integration, acculturation, identity and religiosity. The societal obstacles resulting from discrimination and racism are also analysed in depth. The section ends with an overview of the patterns of migration encountered in central Europe.

Under what conditions do migrants come into contact with the local population? Section Two titled "General requirements for the care of migrants" includes contributions on this topic by researchers experienced in studies of migration to German-speaking countries and of people who themselves migrated to German-speaking countries as well: Turks, Russian Jews, Poles,

Latin Americans, Chinese, and Japanese - as well as ethnic Germans who had been living for generations in areas of the former Soviet Union who have been re-settled in Germany during the past two decades. This section also addresses the complex issues of housing, educational and occupational opportunities made available to migrants, as well as health and mental health services offered to migrants by national and regional government agencies. The recommendations for psychiatric-psychotherapeutic treatment of migrants contained in the "Sonnenberger Guidelines" are presented. In addition, this section deals with practical experience in language mediation, the development of multicultural clinical service teams, and acquisition of intercultural skills. This section also addresses the politically contentious basic requirements for naturalisation of aliens (asylum seekers), as well as methods of transcultural clinical assessment for courts.

Section Three focuses on "Diagnostics" from a three-fold perspective: cultural aspects of the clinical psychiatric exploration and examination - the cultural formulation; the objectifying of intercultural psychological test diagnostics on the basis of culturally sensitive and fair psychological test procedures; and a critical analysis of knowledge concerning the psychiatric vulnerability and risk of disease amongst people from other cultures – cultural epidemiology.

It was a particular wish of the editors that Section Four deal with "migrant groups in special problem situations" - groups that are often not seen, but are in particular need of psychiatric/psychotherapeutic help. This includes groups that differ widely, such as adolescent migrants, unaccompanied underage refugees,

women and girls from central and Eastern Europe who are victims of human trafficking, false imprisonment and sexual violence, illegal or 'undocumented' migrants, and elderly migrants.

Section Five, titled "Disease patterns", makes it clear that both culturally comparative and migration specific perspectives are important for clinical diagnosis and treatment. All of the major psychiatric disease patterns are presented within the framework of the influence of their culturally- and migration-specific combinations of psychopathological symptoms. The section ends with a review of the "culture-bound syndromes"; not only because they are often seen as ethnic "exotica" of transcultural psychiatry, but also because they are exemplary in repeatedly generating critical and useful controversy around the fundamental question of what constitutes psychiatric "disease entities".

What must be taken into account during psychotherapeutic treatment of patients from other cultures? Section Six, "Intercultural and transcultural psychotherapy" approaches the question from two perspectives. One point of view deals with psychotherapy and rehabilitation of migrants from the perspective of depth psychology, behaviour therapy and systemic therapy, while the other compares psychotherapeutic methods and their effectiveness across cultural boundaries using the example of East African shamanism and traditional healing practices in Islamic culture. This section ends with a discussion of issues related to supervision of the treatment team in clinical practice.

At present the most intensive research activities in the psychiatric/psychotherapeutic treatment system involve the provision of culturally

sensitive and competent "strategies for treatment and care" for migrants (Section Seven). Eleven contributions address in detail the important fields of care: clinical assessment and treatment of migrants in the emergency department; forensics; out-patient clinics; community psychiatry; prevention; intercultural pharmacology; as well as utilization of community mental health and clinical services by migrants. In addition the importance for the treatment environment of intercultural competence amongst nursing and social staff is considered. Finally concepts are presented that, as examples of "good practice", can provide orientation for people wishing to expand their knowledge and clinical skills in this field.

In order to establish intercultural competence in daily practice in clinical settings, intercultural themes need to be included as a normal component of the learning environment and be embedded in the curricula of students (medicine, psychology, sociology, ethnology, etc.), as well as in higher and vocational education modules designed for all professional groups involved in psychiatry/psychosomatics and psychotherapy. Section Eight provides examples of how this may be applied in educational terms for a number of different professional groups.

In Summary this textbook integrates the experience of well-known experts for application in intercultural practice. It is bound to the therapeutic requirement to treat people from other cultures with the same high professional standards of quality received by the native populations of Central Europe. The incidence of mental illness amongst migrant groups lacking an integrative infrastructure is known to be considerably higher. Conceptually, the objective

of this textbook was to focus on two major topics; 1) the complexity of the migrant process and the host country acceptance of current migrants, and 2) the wellbeing of individuals and families of the different ethnic groups that constitute the current generation of migrants to central European countries.

Beyond this it is important for the editors to involve subject areas that are normally neglected. In the theoretical part of the book, for example, a debate is included concerning controversial standpoints in ethnopsychiatry (see the internet version), psychodynamic models of migration are presented, and racist positions are delineated and discussed. What is the value of a book in which those affected do not have their say? The answer to this question is provided by articles, well worth reading, on the "subjective aspect of migration", by people from very diverse cultures. Still more special topics are presented in the Section, "migrant groups in special problem situations". This section deals with unaccompanied underage refugees, the situation of women and girls, "modern slavery", east European women who are victims of human trafficking and prostitution, undocumented irregular migrants, and aged migrants. As explained, the interaction between psychotherapeutic methods from different cultures becomes productive only with the relativism of one's background and the analysis and exposure of the transcultural factors inherent in these procedures. The enrichment of a variety of psychotherapeutic procedures with impulses from other cultures is then not merely a vision, but can become, through further research and clinical experience, a concrete option with many uses in intercultural clinical practice. Many further themes that have been selected might be

mentioned, but we will limit ourselves to two, the largely neglected prevention of mental illnesses, and the clear and inspiring concepts presented as models of "Exemplary Practice".

This practical textbook will be a help to all those in the field of psychiatry, psychosomatics, and psychotherapy who wish to enrich and deepen their treatment of people from other cultures through increasing their intercultural competence. It is intended to all professional groups in these fields, including psychiatrists, psychotherapists, psychologists, general practitioners, sociologists, ethnologists, social workers, nursing staff, and those in closely related disciplines such as public policy, health administration, education, and legal services.

Hannover, January 2013

Wielant Machleidt and Andreas Heinz

PS: The editors thank Ron Wintrob for his help with the translation of the review.

Overview- Machleidt and Heinz; Textbook of Intercultural Psychiatry

The publication of the Textbook of Intercultural Psychiatry and Psychotherapy, edited by Machleidt and Heinz, represents another landmark in the rapid growth and maturation of both the academic and the clinical components of cultural psychiatry and its related disciplines in the German-speaking world.

A textbook has to serve multiple purposes and populations. It needs to be comprehensive in its scope, address current issues of theoretical importance in its field, offer practical guidelines for practicing clinicians and for investigators who come to the field of cultural psychiatry from a variety of academic and clinical backgrounds, and it needs to address the training of the next generation of clinicians and academics. Taking all this into account comprises a sobering task for the editors of any textbook.

In this instance, Machleidt and Heinz deserve congratulations for the comprehensiveness of the textbook they have generated. It is beyond the scope of this overview to elaborate on the content of specific chapters, but I would like to point out some of the unique features of the content of this textbook.

In the section on theoretical aspects, there are very welcome chapters on 'psychodynamic models of migration', 'migration, culture and identity, and 'acculturation', as well as chapters on 'stereotyping and discrimination' and 'racism' in intercultural psychiatry and psychotherapy. These are all issues of fundamental importance to current-day cultural psychiatry that need to be given greater emphasis in articles and books addressing fundamental themes of cultural psychiatry in the years ahead.

Subsequent sections address the practical aspects of the treatment of specific immigrant

groups in the German-speaking countries; Turks, Russians, Jews, Poles, Latin Americans, Chinese and Japanese. There are chapters on 'multicultural teams' and on 'intercultural competence', both issues of great current importance in cultural psychiatry and its related disciplines.

There is a chapter on the core theoretical and pragmatic issues of 'cultural case formulation'. And there is a ground-breaking chapter on "modern slavery" that focuses on the tragic issue of the trafficking in women for the sex trade; in this case, women from eastern European countries. There is also a chapter on the burgeoning and often overlooked issue of undocumented (illegal) immigrants.

Machleidt and Heinz have shown very good judgment in including several chapters often overlooked in similar textbooks, on how to create a clinical ambience in hospitals that is sensitive to the needs of immigrants and ethnic minority populations.

The last section of this textbook focuses on training issues; that is, on culturally sensitive training of nurses, medical students, general physicians, social scientists, psychologists and psychiatrists; the future leaders of our field.

I am confident that this textbook will have a powerful impact on students, clinicians and scholars of cultural psychiatry and its related fields in the German-speaking world. It deserves

the close attention of all those interested in the growth and development of the field of cultural psychiatry far beyond the German-speaking countries for whom this textbook is directed. The editors and authors deserve congratulations for what they have achieved. I hope the textbook will soon be published in languages that will extend its impact around the world.

Ronald Wintrob MD (E-Mail:
rwintrob@earthlink.net)

Educational programmes

Spirituality, Theology and Health Durham University



MA/MSc Spirituality, Theology and Health

This is an exciting new inter-professional, interdisciplinary programme for those interested in Christian theology and those in Health related professions. The programme is a collaborative venture with the Department of Theology & Religion, focusing on the interdisciplinary and inter-professional issues that emerge in the study of spirituality and wellbeing, particularly in the

healthcare context.

The aim of the programme:

- To provide a taught postgraduate programme on which theologians and scientists, clergy/chaplains and healthcare workers may reflect together on their understanding of the interdisciplinary field of spirituality, theology and health.
- To assist practitioners in acquiring and extending their ability to reflect theologically on their pastoral and clinical work in spirituality and healthcare.
- To provide practitioners and researchers with subject specific knowledge and skills supportive of progression to teaching others about spirituality, theology and health.
- To provide a depth of 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 having a master's degree or doctorate in a different but related field, wish to enter this as a new academic field for research or teaching.
- To allow students to conduct, on their individual initiative, a substantial piece of academic research with a primary focus on either theology (MA route) or health (MSc route).

Mental Health: Transcultural Mental Healthcare

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A3L5 MSc/PGDip One year full-time, two years part-time

Programme description

(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.

Programme outline

The MSc programme consists of three 12-week modules.

- **Module 1** - (Advanced Mental Health Assessment) is compulsory and completion of this alone is accredited for exit with a certificate in mental health assessment. This is a compulsory module for all students.
- **Module 2** - We offer the option of two pathways. Psychological Therapies or Transcultural Mental Healthcare. Completion of this module and module one permits exit with a diploma in either Psychological Therapies or Transcultural Mental Healthcare.
- **Module 3** - is compulsory to all students and includes research methods and

evidence based practice. Students aiming for the MSc award are required to undertake a dissertation on an original topic that includes original research or an original and comprehensive literature review using systematic methods wherever possible. Completion of modules 1, 2 and 3 is accredited for exit with an MSc in either Psychological Therapies or Transcultural Mental Healthcare.

Each module has 12 core teaching and learning days. You are expected to undertake a half-day work placement (Transcultural Mental Healthcare students) for Module 2 or half a day a week supervised treatment of two short cases of 12 to 20 sessions (for students following the Psychological therapy pathway) to develop better practices in real clinical settings. Students prepare a report on this as part of the programme assessment for Modules 1 and 2. There are also PBL sessions (one a week), and time is required to read two key references each week and provide a precis each week.

MSc

- Full-time: all three modules are completed in one year.
- Part-time: we advise students that it is best to complete the first two modules in the first year and the third (research module) in year two. However, we permit flexibility if individual circumstances require this.

Postgraduate Diploma

- Full-time: both modules are completed in

year 1.

- Part-time: One module is completed in each year.

Postgraduate Certificate

- Full-time: completion in one term
- Part-time: N/A

Assessment

- **Module 1:** Practice placement plan, clinical therapy (one brief therapy), research or literature review plan, tutor's assessment report on PBL write ups, oral and written examination.
- **Module 2:** Practice placement report or clinical practice (two brief cases), pilot study report for the main study, student presentation, tutor's assessment report on PBL write ups and oral and written examination.
- **Module 3:** Tutor's assessment report on PBL write ups and attendance, grant writing report, dissertation (10-15,000 words), supporting publications and written examination.

Distance learning options

Both programmes are also available as distance learning options. All students will have access to our established E-learning facilities for each module, including: Online Programme Syllabus (student handbook); Tools for e-lecture materials; tools for online PBL materials; tools for submitting online assignments/homework; WebCT email; virtual discussion board; virtual classrooms (synchronous); e-calendar Tools for online student feedback; Tools for students to track online results /progress; e-notice board and

Skype tutorials as well as Skype add-ons (ie whiteboard) to facilitate virtual classroom interactions. In addition, lectures are recorded using screen capture technology and then uploaded onto WebCT.

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.

For language requirements, please refer to the [International Students](#) section. [new window]

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