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A NOTE FROM THE EDITORS

Welcome to World Healer. Hope your summer was peaceful. We have lots of exciting material for you. We begin with the new chair's report. We present past and future conferences. Finally we provide details of two educational courses focusing upon cultural psychiatry.

We hope you enjoy it!

Simon Dein

FROM THE CHAIR

2016 has been a busy year for the section. With the high numbers of refugees from various conflict zones (but especially from Syria) we had the strong feeling we should try to bring colleagues together to discuss what has been done and what can be done to alleviate the suffering of so many people. The program was already of a symposium as part of the WPA Istanbul conference in June. When this conference had to be cancelled for safety reasons the symposium was re-scheduled to Hamburg in September. You find the report of this very fruitful meeting in this newsletter. The statement which was formulated during and after the symposium was accepted by the Executive Board of the WPA as a WPA Discussion Document. We will send the document to all WPA member organisations and sections.

At the symposium we were very much inspired to continue to take up our responsibility as experts in Transcultural Psychiatry, using and creating opportunities on clinical, research and national level to prevent and treat mental health problems among refugees.

Other issues in the newsletter cover the very successful Cape Town WPA international conference, the preparations of the special issue of Transcultural Psychiatry on asylum seekers and refugees, the upcoming events in Poland and

Berlin and information about courses.

On behalf of the board of our section, I wish you a happy and peaceful new year.

Kees Laban

Time to Renew Your Membership!

Many of you have received an email from our treasurer Robert Kohn with the request to renew your membership. The financial situation of the section is very poor. Many of us contribute voluntarily to the section by presenting in the symposia without any reimbursement, but you all will understand that some activities do cost money. Continue or re-contact our worldwide network of mental health workers with a special interest in transcultural psychiatry!

Paying your dues will allow you to vote for a new Board, qualify to be nominated at the election for the Board, have reduction in registration fees conferences sponsored by the Section, and engage in discussions with other members through the website. Please remember: we need a financial backing to be able to co-organize conferences, build and maintain our website, support younger colleagues and colleagues from low and middle-income countries in their careers, publish a newsletter and co-publish a journal, and many other activities.

Paying your dues is easy, using Paypal and your credit card: go to

<http://www.wpa-tps.org/about-wpa-tps/becoming-a-member/membership-payment/>

and choose the correct value (\$ or €) and the correct amount, and just click.

If you have any trouble paying

or any questions, please contact me as your Treasurer. Robert Kohn : jdefig999@gmail.com

Special Issue on Asylum Seekers and Refugees.

As you know the WPA-TPS is linked to the journal *Transcultural Psychiatry*. We are happy to announce that the special issue on the theme "People on the move; Refugees and Asylum Seekers" is almost ready and will be published (first online) in early 2017. We thank all the contributors and all the reviewers and look very much forward to the publication. We are already discussing the theme of the next special issue. Suggestions from members are very welcome. {In the last board meeting it has been decided that the editor of *Transcultural Psychiatry*, Prof Laurence Kirmayer will be invited as a liaison member of the WPA-TPS Board}.

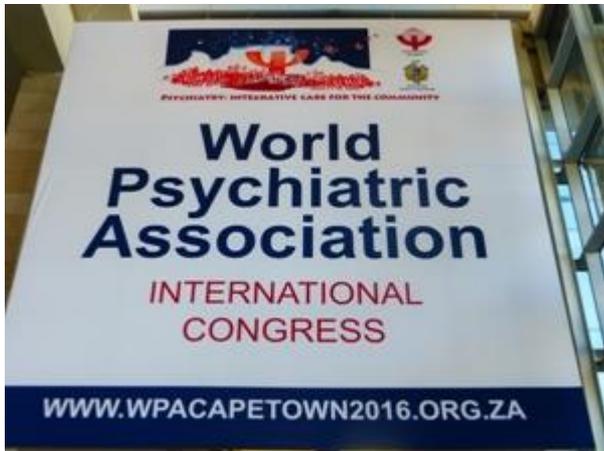


WPA-TPS



CONFERENCE REPORTS

CAPETOWN 18-22 November 2017



ABOUT THE CONGRESS

With the death of Nelson Mandela in December 2013, there was a fairly general realization in South Africa, and elsewhere, that reconciliation, transformation and integration of our communities and of our clinical practice, have not been completed or, in some instances, not even undertaken yet.

The theme of this congress was therefore **"Psychiatry: Integrative Care for the Community"** and explored concepts, controversies and consequences of Psychiatry's responsibility and accountability to society in terms of its scope of practice and of what can be considered as Psychiatry's social contract.¹

The congress considered how to integrate the developing scope of current psychiatric practice with emphasis on illness prevention, health promotion, clinical care,

as well as rehabilitative interventions over the course of people's life time. The congress deliberated on the expanding systems required for all four dimensions of care to be integrated, including:

- Psychiatry's core neuroscience content and evidence-base for clinical care (biological);
- established psychotherapeutic process (psychological) and
- active social involvement (social);
- undertaken within particular cultural, religious and spiritual contexts (spiritual)



Abstracts

The WPA-TPS presented 5 symposia with 19 speakers, in cooperation with the World Association of Cultural Psychiatry (WACP) and the Section on Religion and Spirituality WPA. Below you find the abstracts

Title : Cultural Identity And Etiologies In DSM5, In Research And In Clinical Practice

Chair : Kees Laban

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Co-chair: Roberto Lewis Fernandez

This is a symposium of the WPA section of Transcultural Psychiatry in cooperation with the World Association of Cultural

Psychiatry (WACP)

General description:

In this symposium the audience will learn about the major changes in DSM5 compared to DSM-IV on the issue of the cultural formulation and the aspect of cultural identity and even a look in the future will be given. New findings will be presented on domains of cultural identity in a group of traumatized refugees and experiences from the psychiatric and anthropological consultation practice will be shared.

Prof. dr Roberto Lewis Fernandez

Professor of Psychiatry, Columbia University Medical Center
Director, NYS Center of Excellence for Cultural Competence, and Hispanic Treatment Program, New York State Psychiatric Institute Chair of the Society of Studies on Cultural Psychiatry (SSPC) Co-chair World Association of Cultural Psychiatry;
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Title : Formulating Cultural Identity: Diverse Approaches To Cultural Assessment In Dsm-5 And Beyond

Abstract (Number 605): This presentation will focus on the process of formulating a person's cultural identity as part of the revisions of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (USA). Describing the cultural identity of the patient is an integral part of every operationalized cultural assessment used during a diagnostic evaluation. However, diverse approaches have been used to carry out this description. In DSM-IV, cultural identity was the first topic to be explored in the Outline for Cultural Formulation, a conceptual framework for

assessing the impact of culture on illness and care during clinical care. In DSM-5, by contrast, cultural identity was queried midway through the Cultural Formulation Interview (CFI) - a standardized set of cultural assessment guidelines and questions for clinicians - following probes on the patient's and family's idioms of distress, perceived etiologies, and contextual stressors and supports.

This presentation will review the development of the cultural identity section of the DSM-5 CFI and discuss alternative cultural assessment methods used in different countries.

Simon Groen MSc cultural anthropologist De Evenaar, Centre for Transcultural Psychiatry, GGZDrenthe, The Netherlands and PhD student at the University of Amsterdam The Netherlands.

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Title: Lessons Learned From A Focus On Cultural Identity Of Traumatized Refugee Patients In The Netherlands

Abstract (Number 606)
Background: Already in 1999 Bughra et al stated that there is an urgent need for placing cultural identity back at the core of the individual's well-being while 20 years later Mezzich et al recognized that the social and individual functioning of migrants with mental health problems. Aim: The aim of present Dutch-based research is to unravel the complexity and many layers of cultural identity in traumatized asylum seekers and refugees, to assess how stress and acculturation relate to changes in cultural identity, and how cultural identity can be organized into domains that are potentially useful for mental health workers. Method: Interviews with Afghan and Iraqi

refugee patients (n=85) were qualitatively analysed eventually resulting in 3 main domains: personal identity, ethnic identity, and social identity. Each domain contains several items that could extensively be related to stress and acculturation. Results: First, our study showed that interaction with personal identity clarifies how cultural factors concerning experienced stress in the personal sphere could directly be related to acculturation problems. Second, interaction with ethnic affiliation may help clinician better understand to what extent various ethnic groups are confronted with stress and difficulties integrating into society. Finally, interaction with social identity shows to what extent social and cultural loss relates to stress and hampers integration or even participation in society. The results show that refugee patients are bereft of their old identity, while a new identity has not been established yet, partly because of mental health problems, partly because of acculturation problems. Conclusion. The lessons that could be learned from a focus on these domains of cultural identity may contribute to an enhancement of cultural competencies of mental health workers who are increasingly confronted with a culturally diverse patient population.

Daniel Delanoë, M.D., PhD.

psychiatrist and anthropologist at French Institute of Health and Medical Research, University of Paris. France;

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Title: Integration Of Traditional Etiologies In Cross-cultural Consultancy

Abstract (number 609): France has been hosting for several decades

migrant families. As from 1980 first ethnopsychanalytical consultation service was created in France by Tobbie Nathan then MarieRose Moro. This model is inspired by George Devereux's ethnopsychanalysis, Henri Collomb's experiences at Fann Hospital in Dakar during the sixties, psychoanalytical and systemic family therapy, and anthropology.

While individual counseling with the migrant is often difficult, marked by distrust, poor expression, the therapists group offers both a groupal and a cultural shell.

In this reassuring environment, the primary therapist may ask his co-therapists what would be said in their country, about the symptoms of the patient. The co-therapists can say that at home they evoke a spell, a djinn, a spirit of an ancestor, in short to evoke traditional etiologies that patients would not dare express in a normal consultation, for fear of being misunderstood or rejected or worse yet be taken for superstitious believers. Traditional etiologies being thus legitimated, patients allow themselves to evoke them cautiously. The therapist welcomes these etiologies as important elements for the patients, while being careful not to credit them himself of any truth. These powerful therapeutic levels (Devereux) enable to evoke representations of the origin of evil and disease, which are related to family history and express conflicts and trauma. These etiologies also have traditional therapeutic dimensions, that families can achieve here or on a trip to the country, which also can be an opportunity to renew the affiliation process manhandled by migration. Meanwhile, the therapeutic

alliance is building, and gradually, in the course of consultations, traditional etiologies are evoked less and less while family dynamics and trauma are talked of more frequently, which usually leads to a significant symptomatic improvement.

We will present some clinical cases from our own transcultural consultation near Paris, France.

Title : Cultural Perspectives On Psychotic Features, Biological Markers And Drug Use

Chair : Sergio Villaseñor Bayardo
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Co-chair: Robert Kohn

This a section symposium from the WPA Section of Transcultural Psychiatry (WPA-TPS)

General description:

This symposium starts with an overview of a large WHO dataset about the treatment gap in patients with a schizophrenic disorder. Then the focus shifts to the topic of psychotic features in patients with a post traumatic stress disorder and the question of the difference with a schizophrenia. Research on a biological marker to discriminating patients with PTSD from patients with PTSD-SP or schizophrenia is presented. Subsequently a warning from an N = 1 study will make the audience vigilant on an aspect in the ethnopharmacological field

Speakers and presentations:

Prof. Robert Kohn, MD is professor at Warren Alpert Medical School of Brown University Department of Psychiatry and Human Behavior Director, Board member WPA

section on Transcultural Psychiatry (WPA-TPS)

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Title : The Treatment Gap Of Schizophrenia Low And Middle Income Countries Revisited Using The WHO-aims

Abstract (Number 615):

Objectives: Schizophrenic disorders account for roughly 1% of the global burden of disease. In 2004 the treatment gap for schizophrenia globally was estimated at 32% by Kohn and colleagues. **Methods:** World Health Organization Assessment Instrument for Mental Health Systems consists of 155 indicators, covering six domains: policy and legislative framework; mental health services; mental health in primary care; human resources; public information and links with other sectors and monitoring and research. **Results** of two separate studies based on the WHO-AIMS will be reviewed: 1) a global assessment based on 50 low and middle income countries; and a newer study of 36 Latin American and Caribbean countries. **Results:** The global study found the median treatment gap was 69% and was higher in low-income countries, 89%, than in lower-middle-income, 69%, and upper-middle-income countries, 63%.

Availability of psychiatrists and nurses in mental health facilities was found to be a significant predictor for the treatment gap. The Latin America and Caribbean study found a treatment gap of 56% with those in low-income countries at 75%. In Latin America and the Caribbean the most important association with treatment gap was the availability of outpatient follow-up.

Conclusions: The burden of mental disorders is growing in most low and middle-income countries. In the last decade since the initial estimate of the treatment gap for

schizophrenia published in 2004, there is little evidence that it has narrowed and in fact it may have been greatly underestimated

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**Title: Clinical Differences
Between Psychosis In
'posttraumatic Stress Disorder
With Secondary Psychotic
Features' And Schizophrenia Among
Refugees**

Abstract (Number 618)

Objectives: The aim of this study was to evaluate whether chronic psychosis in 'posttraumatic stress disorder with secondary psychotic features' (PTSD-SP) can be distinguished from psychosis in schizophrenia by clinical features and trauma history.

Methodology: In a cross sectional study among refugees, inpatients with PTSD-SP were compared to inpatients suffering from schizophrenia. **Research:** Main diagnosis and comorbid disorders were assessed as well as detailed clinical features and trauma history. Positive psychotic symptoms were equally present in both groups, except for conceptual disorganization which was less prevalent in the PTSD-SP group. Compared to the schizophrenia group, patients with PTSD-SP reported markedly fewer negative symptoms, less lack of judgment and insight, much higher levels of anxiety and depression, and more comorbid psychiatric disorders.

Conclusion: It is concluded that PTSD-SP can be distinguished from schizophrenia by clinical features. These findings suggest

that PTSD-SP is clinically different from schizophrenia and support previous proposals to conceptualize PTSD-SP as a separate nosological entity in DSM-5.

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**Title: Plasma Dopamine Beta-
hydroxylase Activity Is Not
Increased In Posttraumatic Stress
Disorder With Secondary Psychotic
Features**

Abstract (number 619): **Objective:**

The presence of secondary psychotic symptoms in patients with a posttraumatic stress disorder (PTSD-SP) complicates treatment compared to simple posttraumatic stress disorder (PTSD). A previous study among patients with PTSD and PTSD-SP suggested that the vulnerability towards developing psychotic symptoms in PTSD is associated with increased activity of dopamine beta-hydroxylase (D β H), a critical enzyme in the synthesis of noradrenalin from dopamine. The present study aimed to validate these findings in a larger, mixed gender, multi-ethnic sample, also including patients with schizophrenia, in order to evaluate whether plasma D β H activity is a biological marker for PTSD-SP. In addition, we also evaluated DBH -1021C>T (rs1611115) genotype because D β H plasma levels are under strong genetic control. **Methods:** In a cross-sectional study, D β H plasma activity and DBH -1021C>T genotype were assessed in a consecutive series of patients

with PTSD (n=17), PTSD-SP (n=27), schizophrenia (n=13) and in healthy controls (n=20). Results: *DBH -1021C>T genotype was strongly associated with plasma DβH activity in the ethnically heterogeneous sample (51.3% variance explained). However mean plasma DβH activity in patients with PTSD-SP was not different from that of patients with schizophrenia or PTSD or from that of health individuals, even after taking DBH -1021C>T genotype into account. The presence or absence of major depressive disorder in patients with PTSD-SP was not related to plasma DβH activity either.* Conclusions: Plasma DβH activity does not seem to be a suitable biological marker for discriminating patients with PTSD from patients with PTSD-SP or schizophrenia.

Douwe van der Heide, MD Head of the Rehabilitation Department at GGZ Centraal Veluwe & Veluwe Vallei, Veldwijk Ermelo, The Netherlands

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Title: Qat (khat) As A Cause Of Hypertensive Crisis In A Patient On Tranlycypromine..

Abstract (Number 621):

Background: An estimated 10 million people globally use qat on a daily basis. Amongst communities in the Horn of Africa (Djibouti, Ethiopia, Somalia) and the Arabian Peninsula, qat-chewing has a long history as a social custom dating back thousands of years. In other part of the world the use of khat is low. Khat use is limited to countries with immigrant communities from countries where khat use is common (such as Ethiopia, Somalia and Kenya). Objectives To demonstrate the potentially fatal interaction of qat (khat, *Catha edulis*) with tranlycypromine. Methodology Case

file analysis (N = 1) Research Case Report: An East-African refugee in the Netherlands was treated for a therapy-resistant depression with tranlycypromine and in the process of tapering down his medication (current daily dosage: 10 mg). Despite adhering meticulously to his tyramine-restricted diet he developed a hypertensive crisis resulting in subarachnoid hemorrhage. Probable cause: approximately thirty minutes prior to the onset of the crisis the patient ingested- for the first time in several years - a minimal amount of qat ('two leafs only'). Conclusion In fatalities involving tranlycypromine, especially in cases with a low blood concentration of this medication, one tends to look for evidence of amphetamine as putative metabolite. In the increasingly multicultural societies of Western Europe qat should also be considered as a cause.

Title : Do We Understand Each Other ? Indigenous Views, Culture, Communication And Social Support In The Light Of Trauma And Acculturation"

Chair : Meryam Schouler-Ocek
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Co-chair: Renato Alarcon

This a sectional symposium from the WPA Section on Transcultural Psychiatry in cooperation with the World Association of Cultural Psychiatry (WACP)

General description:

The symposium will describe a model for mental health care which focuses on the problems and the needs of the migrant indigenous population from different ethnic groups in the

Mexico emphasizing it is essential to know the patients' culture to be able to intervene with efficacy. This will be followed by a presentation about the experience of Hispanic immigrants to US entailing a complexity of individual, interpersonal, decision-making and epigenetic components that demand significant adaptation and acculturation efforts. One presentation will focus on the effects of social support on health outcomes adjusted for pre- and post-migration stressors, including long asylum procedure, in Iraqi asylum seekers in the Netherlands.

Speakers and presentations:

Prof. dr. Renato Alarcon is Emeritus Professor of Psychiatry, Mayo Clinic College of Medicine; USA. Honorio Delgado Chair, Universidad Peruana Cayetano Heredia, Lima, Perú; and Secretary of the World Association of Cultural Psychiatry WACP)

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Title : Clinical And Cultural Issues Among Hispanic Immigrants In The U.S.A.

Abstract (Number 640):

Background: The Hispanic/Latino immigrant population is the largest minority group in the U.S. and is a study subject of growing importance in many disciplines. Even though it is not a monolithic group, the experience of Hispanic immigrants entails a complex series of individual, interpersonal, decision-making and epigenetic components that demand significant adaptation and acculturation efforts. Aim: In this presentation these phenomena are described in the context of concepts such as the so-called "Hispanic Paradox" and Acculturative Stress, risk and

protective processes and subsequent clinical ramifications. Methods: Review of literature and clinical practice. Results

Socio-cultural and neurobiological factors, and epidemiological data on clinical entities such as depression, anxiety, substance abuse and psychotic conditions are examined. Moreover an outline of areas and items for further research is presented, with emphasis on accurate clinical diagnosis, treatment issues and preventive measures. Similarly, areas of social integration, public health and illness-related behaviors and their cultural and clinical implications are discussed.

Cornelis (Kees) Laban, MD, PhD.

De Evenaar, North Netherlands Centre for Transcultural Psychiatry, GGZDrenthe, The Netherlands. Chair Section Transcultural Psychiatry WPA.

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Title: The Effects Of Social Support And Pre- And Post-migration Stressors On Psychopathology, Somatic Complaints, Disability And Quality Of Life Among Iraqi Asylum Seekers In The Netherlands

Abstract (Number 707)

Background: Recent research shows that a long asylum procedure is associated with increased mental health problems, somatic complaints, and impairment as well as decreased quality of life. Objective: The purpose of the present study is to assess the effects of social support on health outcomes adjusted for pre- and post-migration stressors, including long asylum procedure, in Iraqi asylum seekers in the Netherlands. Methods:

In a national cross-sectional study among Iraqi asylum seekers (n=294) two groups, respectively

less than 6 months (group1: n=143) and more than 2 years (group 2: n=151) in the Netherlands, were interviewed with fully structured, culturally validated, Arabic questionnaires. Outcome measures included psychopathology, somatic complaints, quality of life, and impairment. The effects of received social support as well as pre-and post-migration stressors were estimated using structural equation modeling. The model included (partial) mediation effects of psychopathology and somatic complaints on impairment and quality of life. Results: Higher received social support was significantly associated with lower psychopathology, as well as lower impairment and higher quality of life. The effects of social support on impairment and quality of life were fully mediated by psychopathology. However, long asylum procedure remained significantly adversely associated with all health outcomes despite the beneficial effects of social support. Conclusions: The beneficial effect of social support on health in asylum seekers do not override the adverse effects of a long asylum procedure. Preventive and treatment programs for asylum seekers should be based on an empowerment and resilience-oriented approach, i.e. access to the labor market, social network building, providing information and advice relevant to present circumstances and complaints, and adequate recognition and management of mental health problems.

Marianne Kastrup MD PhD Privat practice, free lance ; Copenhagen, Denmark. Emeritis senior consultant at the Competence Centre for Transcultural Psychiatry,

Psychiatric Centre Ballerup, Denmark. Board member WPA section on Transcultural Psychiatry, past chair

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Title: Cross-cultural Communication With Traumatized Refugees And Asylum Seekers

Abstract (number 708): Cross-cultural communication aims to establish and understand how people from different cultures communicate with each other. It borrows from the field of anthropology, cultural studies and psychology in order to find ways in which people from different cultures can better communicate with each other. In psychiatry, it is today unavoidable that we due to globalization will encounter patients from different cultures and we have an obligation as professionals to make the encounter as smoothly as possible. Effective communication with patients of different cultures is especially challenging. Communication may be hampered not only due to language barriers, but also due to different culture styles. To some degree, the effect brought by cultural difference override the language gap. For instance, in individualistic cultures, such as in Western Europe and the United States, an independent self is dominant, characterized by a sense of self relatively distinct from others and the environment. In interdependent cultures, such as Asian, African, and Middle Eastern cultures, an interdependent self is dominant with the self is meaningful primarily in the context of social relationships, duties, and roles. This cultural difference contributes to one of the biggest challenges for cross-cultural communication. The paper will discuss some of the challenges encountered when treating

refugees and asylum seekers from different cultural backgrounds and strategies to improve the cultural competence of the mental health professionals responsible for the treatment.

Prof dr Sergio Villaseñor Bayardo
University of Guadalajara,
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**Title: "Illnesses Of The Mind"
And "illnesses Of The Spirit"**

**Among The Ñu'u Savi Indigenous
People That Inhabit The
Metropolitan Area Of Guadalajara
(mag) City, In Mexico.**

Abstract (Number 709): Background
Ethnic diversity brings along
problems derived from coexistence
and different worldviews. It
seems necessary to make an
analysis of the Mental Health
consequences from the point of
view of those who face a forced
process of Acculturation. With
funding of Mexico's National
Council for Science and
Technology (CONACYT), we are
conducting research work aimed to
generate knowledge in order to
create a model for mental health
care which focuses on the
problems and the needs of the
migrant indigenous population
from different ethnic groups in
the MAG. This paper shows the
results of the research done with
the *Mixteca* population. *Mixteca*
(named so by the non-indigenous
population) or, more properly,
Ñu'u savi (People of the Rain)
are one of the migrant indigenous
groups with more population in
the MAG. They arrived here in the
1980s. Nowadays there are 2001
speakers of their language. Aim
To characterize the illnesses and
therapeutic methods described by
this population and related
somehow to Mental Health.

Method Qualitative research semi-
structured and non-structured
interviews to migrant *Ñu'u savi*
indigenous people living in the
MAG Results There were identified
cases that could be diagnosed by
psychiatry and others that the
community had an interpretation
related to spiritual causes, as
witchcraft and *susto*. Conclusion:
It is essential to know the
patients' culture in order to be
able to intervene with efficacy.
Psychiatry and Western medicine
should adapt to and understand
the population studied.

**Title : People On The Move :
Asylum Seekers And Refugees**

Chair : Marianne Kastrup

marianne.kastrup@mail.tele.dk

Co-chair: Levent Kuey

Symposium of the WPA Section on
Transcultural Psychiatry (WPA-
TPS) in cooperation with the
World Association of Cultural
Psychiatry

Symposium description

The world has not seen so many
refugees since WWII. According to
the United Nations High
Commissioners for Refugees
(UNHCR), the worldwide numbers of
asylum seekers and refugees show
an upward trend, reaching 60
million and above. Many studies
report on the multiple and highly
complex stressors with which
refugees are often faced, and
which are at risk of having a
lasting impact on their mental
health. These might be
experiences of traumatisation
before, during and after the
actual journey of migration. This
symposium will give information
on epidemiological data, risk
factors and some directions for
treatment.

Speakers and presentation:

Prof. dr Levent Kuey Associate Professor of Psychiatry Istanbul Bilgi University, Istanbul, Turkey European Psychiatric Association Board Member (2015-2019) World Psychiatric Association past Secretary General (2008-2014)

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Title : Revisiting An Old/new Humanitarian Emergency: Forced Displacement And Mental Health

Abstract (Number 589): Global forced displacement in 2015 was the highest displacement on record since WW II : over 60 million individuals. This can be considered as a psycho-social earthquake. Especially after the deaths of thousands of people in the Mediterranean in the last couple years has brought this issue sharply into the focus of the whole world. Over the year 2014 2.500 lost their lives and the figures in 2015 are even higher.

Refugees fleeing with few possessions leading to neighboring or more developed countries face many life threatening risks on the way. They have lost the past for an unknown future. Experiences of loss and danger are imprinted in their selves. It is shown that, in the short/medium term, 60 % suffer from mental disorders, e.g., posttraumatic stress disorder (PTSD), depressive disorders, anxiety disorders, psychosis, and dissociative disorders. In the long term, existing evidence suggests that mental disorders tend to be highly prevalent in war refugees even many years after resettlement. This increased risk may not only be a consequence of exposure to wartime trauma but may also be influenced by post-migration socio-economic factors.

In fact, "we are seeing here the immense costs of not ending wars,

of failing to resolve or prevent conflicts." Once more, psychiatry and mental health workers are facing the mental health consequences of persecution, general violence, wars, and human rights violations caused by the current prevailing economy-politics and socio-politics. So, a serious challenge here is both consolidating the psychiatric/medical help, and avoiding the medicalization of social phenomena at the same time. This presentation will discuss the issue of forced displaced people considering it as a humanitarian tragedy with some examples of its mental health consequences.

Geert Smid, MD, PhD, Arq Psychotrauma Expert Group, Centrum45, Dutch National Expert Centre for Specialised Psychological and Psychiatric Treatment to Victims of Torture, Persecution and Other Forms of Violence. g.smid@centrum45.nl

Title: The Effects Of Loss Of Loved Ones On Psychopathology, Impairment, And Quality Of Life In Iraqi Asylum Seekers In The Netherlands,

Abstract (Number 591)
Background: Emerging evidence suggests that losses of loved ones have distinctive effects on mental health that may need specific treatment. Objective: To estimate the prevalence of multiple loss, unnatural loss, and witnessing loss of family members and friends as well as to evaluate their impact on mental health in Iraqi asylum seekers. Methods: Iraqi asylum seekers (n=294) in the Netherlands were interviewed. Outcome measures included psychopathology, quality of life, and impairment. The effects of losses of loved ones on mental health were estimated using structural equation

modeling. The model included (partial) mediation effects of psychopathology on impairment and quality of life. Results: Loss of family members was reported by n=255 (87.6% of the sample), of an own child by n=23 (8.1%), and of friends by n=144 (49.5%). Unnatural loss of a family member was reported by n=163 (57.4%), of an own child by n=15 (5.6%), and of friends by n=114 (39.2%), and witnessing the loss of a family member or friend was reported by n=134 (45.6%). Multiple losses were significantly associated with higher psychopathology, as well as higher impairment and lower quality of life. The effects of losses of loved ones on quality of life were fully mediated by psychopathology. Unnatural loss of an own child was significantly associated with higher impairment through direct effects as well as effects that were mediated by psychopathology. Conclusions: Witnessing death, unnatural death of own children, and multiple losses of family members are commonly reported in asylum seekers and have a significant, independent impact on psychopathology, impairment, and quality of life. The independent direct effects of loss on impairment is consistent with the notion that grief-related psychopathology is not fully covered by DSM-IV diagnostic categories. Clinicians should take note of these important findings.

Prof. dr Meryam Schouler-Ocak, Associate professor at the Charité University, Department for Psychiatry and psychotherapy. Co-chair WPA section Transcultural Psychiatry Chair EPA section Cultural Psychiatry . meryam.schouler-ocak@charite.de

Title: Refugees And Asylum Seekers In Germany - Challenges Or Excessive Demands For The

Health Care Services?

Abstract (number 593): Germany is one of the main receiving countries of refugees and asylum seekers belonging to ethnic minority groups due to a global increase in social and political instability as well as socio-economic conflicts. Most of refugees and asylum seekers are from war zones like Syria, Iraq, Afghanistan, and Somalia. Last year the number of refugees and asylum seekers passed one million. Both the number of refugees and asylum seekers and the number of people with mental disorders are therefore growing significantly. The current healthcare services are not prepared for this specific population of mentally ill immigrants or ethnic minority groups. Mental health care for refugee and asylum seeker patients is lacking in cultural competence and legislation related to access to and utilisation of health services varies from district to district. In this talk new data on mental health of refugees and asylum seekers will be presented and discussed. Particularly, the challenges in the treatment of refugees and asylum seekers and the impact of residence law aspects on mental health in Germany will be focused and discussed.

Hans Rohlof, MD, Consultant Psychiatrist at Transparant Mental Health, Affiliated to the University of Utrecht, for research and education. Treasurer World Association of Cultural Psychiatry WPA section on Transcultural Psychiatry, past chair. rohlof@planet.nl

Title: Somatization In Traumatized Refugees: Need To Combine Psychiatric And Somatic Treatment

Abstract (Number 595):

Introduction: Somatization is a complicated concept. Whether patients who have unexplainable somatic complaints should be called somatising, or should be regarded as genuine interpreters of their inner distress, is more a philosophical and cultural question than a medical. Yet, in psychiatric practice patients who have many somatic complaints are sometimes hard to treat.

Research: We looked at somatization in traumatised refugees. In literature, somatization showed to occur very commonly in refugees, and seemed to have a connection with traumatisation. In a study among 947 refugees who were referred to a psychiatric outpatient clinic, the prevalence of somatic complaints seemed to have a clear connection with a history of physical torture. Conclusion: In tortured refugees the occurrence of physical complaints is large. More attention is needed to this phenomenon, and to the development of programs who combine psychiatric treatment with somatic treatment protocols. Next to this, accepting the idea of the body as source of distress stays important in transcultural psychiatric practice.

Title : Religion, Atheism, Culture And Psychiatry In A Globalised World

Chair : Peter Verhagen

verhagen.p@wxs.nl

Co-chair: Simon Dein

Joint symposium of the WPA Section on Religion, Spirituality and Psychiatry and the WPA Section on Transcultural Psychiatry (WPA-TPS)

General description:

This symposium will show the importance of spirituality and

religious and non-religious beliefs in psychiatry. Tools will be discussed to incorporate questions about religion into routine diagnostic procedures. A qualitative study addresses the question how religious and professional views and experiences of care relate to West African victims of human trafficking in the way. A new line of research is presented dealing with the relation of atheism and psychiatry. Some studies suggest that atheist beliefs may also reduce anxiety symptoms. Finally a review of literature on medical training and education is presented. The symposium will round up with a discussion with the audience.

Speakers and presentations:

Prof. dr. Arjan W. Braam, M.D., Ph.D. Head of the Psychiatric Residency Training, Altrecht Mental Health Care in Utrecht, endowed chair Religion and Psychiatry at the University for Humanistic Studies in Utrecht - Netherlands Board member WPA Section on Religion, Spirituality and Psychiatry;

a.braam@altrecht.nl

Title : Needs For Care Among West-african Migrants As Victims Of Human Trafficking: Paradox Or Dialogue?

Abstract (Number 569):

Background: Victims of human trafficking, arriving in western European countries, face complex tasks in finding their way towards a safe living environment and attaining a stable mental equilibrium after a period of emotional turmoil frequently due to traumatizing experiences. For West-Africans, engagement with religious, particularly Pentecostal, communities, can be meaningful in terms of their personal identity. The West-African Pentecostal domain is

determined by both particular moral and inspirational Christian convictions and a modern, secular outlook on life, in which in many cases a striving for prosperity is placed central. Legal and care professionals in Western-Europe are often hardly familiar with this particular African Pentecostal setting and ideology. On the other hand, religious leaders and volunteers of Pentecostal communities in Western Europe may not be informed about the possibilities for (trauma) care. Aim: The current study addresses the question how religious and professional views and experiences of care relate to West African victims of human trafficking in the way in which key participants provide practical, mental, religious and legal care for this specific group. Methods. Employing a qualitative design, in depth interviews were carried out with legal professionals (N = 6) and care professional (N = 5) involved with West African victims of human trafficking in The Netherlands, as well as with clergy members of Pentecostal communities in The Netherlands (N = 5). Results: Perceptions of the professionals about the Pentecostal worldview proved to extremely rudimentary. The two sources for care substantially differ in their basic value patterns. This contributes to prototypes of how they perceive their West-African clients. Conclusion.: The lack of mutual knowledge between western, secular professionals and religious clergy members may impair, delay or interfere with their collaboration. A model of utilizing knowledge about religious diversity in West Africa, including the main components of African

Pentecostalism is proposed.

Prof. dr. Simon L. Dein is professor at Durham University and Queen Mary University of London, UK Board member of the WPA Transcultural Psychiatry Section (WPA-TPS) s.dein@ucl.ac.uk

Title: Atheism And Mental Health
Abstract (Number 570) Background Compared to the large volume of work on religion and mental health, work on atheism and mental health is scarce. Atheism is becoming more prevalent in western Europe. Aims Critical appraisal of literature on atheism and mental health. Methods Critical literature review. Results The author has found five studies documenting relationships between atheism and mental health. In two studies atheist beliefs were more protective against depression than religious or spiritual beliefs. Atheist beliefs may also reduce anxiety symptoms. Conclusion It may be that strong beliefs about god's non existence may be as protective as strong religious beliefs. The author argues for more work on the mental health implications of atheism. Moreover he will discuss the use of a non religious/secular spirituality scale (the NRNSS*).

Peter Verhagen, MD, GGZ Centraal Mental Health Care, Harderwijk, The Netherlands WPA Section on Religion, Spirituality and Psychiatry, past chair. verhagen.p@wxs.nl

Title: Psychiatry And Religion: What Psychiatrists Need To Learn And To Practice
Abstract (number 572): Objective: Many specimen of thorough clinical work (speculative, research) have been contributing

to the enhancement of the dialogue between psychiatry and religion in the past couple of decades. Religion and spirituality have become more prominent in mainstream psychiatry in a number of areas of study and clinical care. Spirituality is important to many psychiatric patients, and these patients may be moved toward recovery more effectively if their spiritual needs are addressed in treatment. However, this is rarely given expression in psychiatric residency training and continuous medical-psychiatric education. Nevertheless it is clear that religion and spirituality are important not as a doctrine or set of principles and practices in the first place, but because of the relatedness to the integration or wholeness of people. Aim and Method: Review of literature on medical training and education. Results: The rationale and the goals for assessing the spiritual needs of psychiatric patients are examined. These goals differ between the assessment and treatment phases. Asking about a patient's religious and spiritual life need to become standard part of history taking ('Cultural Formulation Interview'). Skills for engaging religious patients, fostering therapeutic work alliance, avoiding pitfalls and facilitating treatment within the patient's religious and spiritual context will be considered. Conclusion: Teaching and continuous education need to cover the domains of knowledge, skills and attitude. However, skills turn out to be more effective than broad knowledge of many religious traditions. Despite the overt skepticism here and there many data on religion/spirituality and mental health are available to counter

this skepticism in a scientific and research based way.

Ellen Minkenberg, MD I-Psy, The Hague, The Netherlands, Secretary Section Transcultural Psychiatry Dutch Association of Psychiatry;

eminkenberg@hotmail.com

Title: Obtaining Information About Religious Beliefs In Diagnostic Assessments Among Traumatized Migrants.

Abstract (Number 597):

Introduction: Individuals in different parts of the world interpret traumatizing events in widely varying ways. Their interpretations may reflect deeply held religious views that can shape the experience of the traumatic event either positively or negatively. Clinicians should familiarize themselves with the worldview of the patient to maximize their ability to offer culturally sensitive care.

Methods: This study aimed to develop a intercultural religious coping measure for migrants of different cultural and/or religious background comparable to the 10-item version of Pargament's Brief RCOPE.

Intercultural Brief RCOPE was conducted during the initial phase of treatment of migrants with PTSD on an outpatient department of a specialized centre for transcultural psychiatry. The cluster intrusion of PTSD and anxiety/depression symptoms were measured with the Harvard Trauma Questionnaire (HTQ) and Hopkins Symptom Checklist-25 (HSCL-25). Results: A study was conducted among 30 traumatized migrants (Middle East, Africa, Eastern Europe and Suriname). In the lecture the results of the research on religious intensity and cognitive strategies of traumatized migrants will be presented,

together with some casuistic.
Conclusions: By routinely obtaining religious information as part the treatment, the clinician can understand the patient's personal coping and social-cultural resources better as well as allow the patient to express and explore religious and existential issues that may contribute to his or her suffering of trauma and PTSD.



WPA-TPS

Report on WPA - TPS Hamburg

September 17th, 2016

WPA-Transcultural Section

Conference "People on the Move: Asylum-seekers and Refugees"

The WPA Transcultural Section had originally planned a one day conference adjacent to the WPA International Congress to take place in Istanbul July 2016. Due to unfortunate circumstances this congress had to be cancelled.

Fortunately the Section vice-chair Meryam Schouler-Ocak suggested moving the one day conference and letting it join the IX. DTGPP Kongres (that is the German Turkish Association of Psychiatry and Psychotherapy). This congress with the theme:

"Psychosoziale Versorgung im interkulturellen Kontext" was taking place at the University Clinic of Hamburg- Eppendorf September 14-16 in collaboration

with DGPPN (the German Association of Psychiatrists).

The DTGPP congresses have a long tradition of organizing well attended congresses in Germany and Turkey with different transcultural themes of pertinent interest. The congresses attract often 2-300 participants and the idea to join the two meetings were welcomed by the Section Committee and the participants of the DTGPP meeting were invited to join the one day conference.. Unfortunately the current situation in Turkey did not allow for as many Turkish participants as usual.

There was a fine bridging between the two meetings as the Section chair Kees Laban was invited to give the final plenary talk at the DTGPP congress on September 16 with the theme: "Resilience oriented treatment in asylum seekers and refugees". Resilience is receiving increased attention and many aspects were outlined including how important it is to stay physically active and mentally fit, and the importance of sturdy role models. He emphasized the need to maintain an optimistic outlook, to accept social support but also to confront your own fear but not forgetting to rely upon you own inner moral compass. Indeed a very encouraging talk stressing the human capacity to survive despite desperate conditions.

Furthermore all participants for both meetings were cordially invited to the wonderful boat trip in the Hamburg Harbour in the evening of September 16 with an excellent opportunity to meet old friends and make new.

The meeting took place on September 17 in the Hamburg-Eppendorf University setting that provided fine facilities in all

respects and in order to facilitate communication interpreters were available all day.

The one day meeting was planned to give an overview of the situation in Europe with respect to asylum-seekers and refugees and to allow for time to exchange ideas, discuss how to deal with the overwhelming migrant crisis and share some of the political implications we are experiencing in several European countries presently.

After a short introduction by Kees Laban and Meryam Schouler-Ocak the morning session was concentrating on overviews. First, Allison Male, who is a psychologist with a long experience working for *Medicins sans Frontières* gave an excellent overview of the work that this organisation does with respect to refugees and asylum seekers and demonstrated under how difficult circumstances the staff of the organization has to work and the challenges they are constantly facing.

Kees Laban gave a key note lecture focusing on "Preserving and Improving the Mental Health of Refugees and Asylum Seekers' on behalf of prof Karien Stronks". The literature review, composed for the Dutch Health Council dealt with the (increased) prevalence rates of mental disorders, the impact of pre and post migration risk and protective factors and the evidence based treatment interventions. The importance of accessible health services and available resources of resilience in the society were emphasized.

Subsequently we had two very personal contributions from the region currently touched by

difficult political situations.

Jasem Almansour gave a first-hand account of how he and colleagues are trying to carry out research in Syria under exceptional circumstances and documenting how important it is to meet with colleagues to share information and how this helps to continue the work.

Levent Kuey gave us a tour de force of the Turkish situation regarding the refugees but did not focus only on that country but gave an excellent overview of the overall situation and the migrant crisis Europe is facing.

Subsequently presentations were given from a large number of European countries. We heard about the German huge number of refugees and how the country is coping with the situation by Meryam Schouler-Ocak. From the Netherlands Marjolein Van Duijl shared the Dutch experiences. Simon Dein gave his perspectives from a British angle, and Adil Qureshi from Spain described how refugees in Spain are subject to less discrimination compared to many European countries. After that we had 4 Nordic contributions. Marianne Kastrup presented the Danish situation; Sofie Bäärnhielm the Swedish situation including a description of the work by the Transcultural Centre in Stockholm demonstrated with a video. Aina Basilier Vaage from Norway described the current work in Norway and Jyrki A. Korkeila from Finland gave the final presentation.

The many presentations left the audience with a kaleidoscopic impression where each presenter had a different angle - but that we all share some of the same problems and challenges and that there are no easy solutions. One thing is certain no country alone

can bring a solution and close collaboration and joint efforts are a must.

There was a lively debate subsequently on how to proceed from here.

It was suggested that a statement on the current refugee crisis should be produced reflecting some of the problems encountered. A draft was already available and it was decided that this draft should be finalised and all input welcomed. If the statement* should not just represent the Transcultural Section but WPA as such which could be an advantage for its visibility and distribution, the Section chair will approach the Secretary for Sections Afzal Javeed for advice how to proceed.

All in all a very intense and successful meeting.

Marianne Kastrup

* The statement has been approved by the Executive Board of the WPA at their meeting in Cape Town, as a WPA Discussion Document. See the text below:

WPA Discussion Document

Hamburg, Germany. September 17th 2016

A call for a humanitarian European response to refugees from war and conflict zones and the promotion of good mental health

There is an emergency of challenges for mental health promotion and mental health care for asylum seekers, refugees and undocumented migrants in Europe. Today there are more than 60 million refugees in the world, the majority being internal refugees within their own

national borders. Most are from Syria, with more than 4 million refugees outside Syria and more than 7 million internal refugees. The Syrian people have suffered heavily for more than five years due to the Syrian Civil War. There are several other war zones and conflict areas with refugees from Afghanistan globally constituting the second biggest refugee group and those from Somalia the third (UNHCR, 2015).

Most refugees remain close to conflict areas in neighbouring countries. Turkey and Pakistan are the two major host countries. However, Lebanon and Jordan have given shelter to the greatest number of refugees in relation to the size of their own populations (UNHCR, 2014). Since 2015 more than a million people have made the perilous journey over the Mediterranean Sea trying to reach security in Europe. European countries have been unable to construct a shared and generous policy for accepting and supporting refugees. Over the past year the European nations, one by one, have closed their borders to refugees in need of protection. Many of the refugees who have succeed in entering the European Union have become stuck, in very bad conditions, in the south of Europe, especially mainland Greece and the Greek Islands.

War and its consequences remain the greatest threat to human lives and well-being. Human rights are breached and all possibilities of living a decent life are removed. War tests our humanism and ability to support people in need. The profound effects on mental health and psychosocial wellbeing among Syrian refugees is documented in a report commissioned by UNHCR (2015). For the Syrians, the

experiences of conflict-related violence are added to the daily severe stressors of displacement, including poverty, lack of basic needs and services, and uncertainty about the future. The report shows that psychological distress is manifested in a wide range of emotional, cognitive, physical, behavioural and social problems. A wide range of mental disorders is documented: depression, prolonged grief disorders, post-traumatic stress disorder, anxiety disorders and also a certain increase in severe mental disorders (psychosis, severe depression and anxiety disorders). Psychological stress reactions are the most common. The Syrian example is in accord with current mental health research showing that refugees are a vulnerable population with increased risk of psychiatric disorders including posttraumatic stress disorder.

To respond to the needs of refugees is an urgent social and humanitarian priority. Literature shows that the prevalence of mental disorders does not only relate to trauma and to personal characteristics of refugees (e.g., age, sex), but also to the social conditions in the host country. In other words, among this group the exposure to potentially traumatic events does not necessarily translate into mental disorders. Instead the risk of mental disorders is dependent on social conditions in the host country. In order to enhance resilience and promote good mental health amongst refugees arriving in Europe it is important to provide reception systems with short asylum processes, the possibility of reunification of families, permanent resident permits instead of temporary ones, access to education and access to the

labour market. It is also essential to give asylum seekers, refugees and undocumented migrants access to health including mental health care. Mental health care must be of good quality and include culturally sensitive services responding to the psychological needs of the refugees.

The main mission of health professionals is ultimately to promote people's well-being. From this stand-point we would now wish to exhort all those involved, including all European governments, to:

- o Respect and uphold the United Nation Refugee convention
- o Respect and uphold the Charter of the United Nations and the Universal Declaration of Human Rights
- o Ensure refugees in need of protection the social security of a permanent residence permit
- o Support and facilitate family reunions for asylum seekers and refugees
- o Ensure that all asylum seekers, refugees, and undocumented migrants have access to medical assessments regarding physical and mental health, as well as access to continued healthcare based on the assessed needs
- o Ensure easy access to good quality mental health care for asylum seekers, refugees, and undocumented migrants regardless of their legal status
- o Ensure culturally sensitive mental health care including linguistic communication support
- o Support transcultural psychiatric courses in

- health education and training of professionals
- Offer psychosocial support and resilience-oriented public health strategies to support good mental health among asylum seekers, refugees, and undocumented migrants
- Ensure access to education and access to the labour market.
- Educate the local populations about the needs of refugees and prevent misconceptions and discrimination
- Be aware that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity
- Be aware that health is a resource for everyday life, not the object of living
- Be aware that health is a fundamental human right, recognized in the Universal Declaration of Human Rights
- Support possibilities to participate in working processes, ensure inclusive strategies into the society
- Avoid misuse of refugees and asylum seekers as political subjects e.g. in election procedures

Section of Transcultural psychiatry, World psychiatric association (WPA-TPS) Supported by World Psychiatric Association, Section of Cultural Psychiatry of the European Psychiatric Association, Intercultural Psychiatry and Psychotherapy, Migration of the DGPPN and the Turkish-German Association for Psychiatry, Psychotherapy and Psychosocial Health (DTGPP)

UPCOMING INTERNATIONAL CONFERENCES

17th WPA World Congress of Psychiatry

"Psychiatry of the 21st Century: Context, Controversies and Commitment"

08.10.2017 - 12.10.2017

Germany / Berlin

Organizer: German Association for Psychiatry, Psychotherapy and Psychosomatics

Contact: Prof. Peter Falkai

Email: wpa2017@cpo-hanser.de

Website: www.wpaberlin2017.com

The 2017 theme of the **World Congress of Psychiatry** is "Psychiatry of the 21st Century: Context, Controversies and Commitment". This meeting will be an excellent opportunity to discuss academic trends, research findings and clinical advancement as well as networking and offering support to other peers.



**WPA-TPS CO-SPONSORED
CONFERENCE GYDYNIA
POLAND 18/5 -20/5
2017**

Europe is experiencing one of the most significant influxes of migrants and refugees in its history. Pushed by civil war and terror and pulled by the promise of a better life, hundreds of thousands of people have fled the Middle East and Africa, risking their lives along the way. More than a million migrants and refugees crossed into Europe in 2015, sparking a crisis as countries struggle to cope with the influx, and creating division in the EU over how best to deal with resettling people. The vast majority arrived by sea but some migrants have made their way over land, principally via Turkey and the Balkan countries.

In a rapidly changing world, psychiatry faces numerous challenges. In response to these rapid societal changes, psychiatry needs to be prepared to meet the challenges of migration, acculturative change and acculturative stressors. Transcultural psychiatry focuses on the study of all these phenomena. In a rapidly changing world, the culture of psychiatry itself is also changing, from a more medically constricted perspective to a more inclusive scientific approach integrating the perspectives of the social sciences, public health and public policy, along with medicine and its related clinical disciplines.

That is why we invite you to

learn about these developments and to discuss their implications in this conference - the **Second International Conference on Transcultural Psychiatry in Central/North European Countries.**

We will discuss the characteristics of rapid culture change over the past two decades, theoretical and practical issues related to the mental health care for migrants, migrants' access to appropriate mental health and social services, coping with stigma and social exclusion, intercultural marriage and its implications, culture change within psychiatry and health care more broadly, and a number of other related subjects.

The conference objective is to enable presentations by experienced researchers, clinicians and policymakers from a number of European countries, as well as those from countries around the world.

The long-range goal of the conference is the greater cultural integration of immigrants and refugees in all countries, along with the reduction of stigma related to migration and minority status in all countries.

<http://www.wpa-mitk-congress.org/>

Courses

Spirituality, Theology and Health; Durham University

2014/09/01 - 2015/07/01



This is an exciting new inter-professional, inter-disciplinary 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).

Venue

Durham University

Mental Health: Transcultural Mental Healthcare

Postgraduate Diploma (1 year Full-time / 2 years Part-time)

QMUL, London

Overview

Mental health is an ever-growing field and the care for mental illness is developing accordingly worldwide. There is an overall sense of enhanced awareness on mental health, leading to a need for new knowledge and applications of good practice. Phenomena such as globalisation, and displacements of populations, create new strengths and vulnerabilities in mental health. London, in particular, is a culturally diverse community which requires its practitioners to be culturally sensitive to the individual needs of their clients.

We offer two programme pathways: Mental Health: Psychological Therapies; and, Mental Health: Transcultural Mental Healthcare,

both leading to an MSc, Postgraduate Diploma or Postgraduate Certificate. All of the courses are available by blended or distance learning modes of delivery.

The primary aims of this programme, Mental Health: Transcultural Mental Healthcare, are to develop your ability to think critically about working in mental health and mental health research, and to provide greater knowledge and skills, while also imparting the professional values and attitude necessary in health and social care.

The Transcultural Mental Healthcare pathway primarily focuses on cultural capability in health and social care, and provides training in health services research. You will develop a knowledge base derived from anthropological, medical, sociological, epidemiological, pharmacological disciplines, as well as cultural understandings of the presentation, expression and management of psychological distress amongst ethnic minorities. Students undertake a placement related to Transcultural Mental Healthcare for improving reflective practice and complete a research project or systematic literature review on a related topic.

This programme will:

- Allow you to develop a 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
- Give you access to an

academic programme that prepares you to be a competent practitioner, able to deliver effective mental health treatments for people with psychological problems

- Develop your knowledge of research methods and systematic and critical review techniques Develop and give you access to a network of mental health professionals and established academics.

Why study your MSc in Mental Health: Transcultural Mental Healthcare at Queen Mary?

Barts and the London School of Medicine and Dentistry is comprised of two world renowned teaching hospitals, St Bartholomew's and The Royal London, which have made, and continue to make, an outstanding contribution to modern medicine. We are one of the top five in the UK for medicine in the 2008 Research Assessment Exercise.

Mental Healthcare Studies is taught in the Centre for Psychiatry at the Wolfson Institute of Preventive Medicine at Barts and The London School of Medicine and Dentistry.

The Centre for Psychiatry has research interests in psychiatric epidemiology and social psychiatry, cultural psychiatry, liaison psychiatry and forensic mental health. Current research focuses on aetiology of common mental disorder, particularly examining the role of social factors, and on explanations for inequalities in mental health in adults, psychosomatic illness and mental health in ethnic minorities.

- This pathway equips you with invaluable skills that will

be directly applied in clinical work. It enhances and sensitises people interested in acquiring in-depth knowledge on the differences between cultures, from a mental health point of view

- This course addresses the current gap in training for professionals working in multi-cultural populations where mental health issues are important
- The lectures are primarily taught by external speakers, which gives you the chance to be taught by experts in each particular field
- It provides a stimulating environment in which the curiosity about race, culture and ethnicity and management of health issues can be explored in the spirit of advancing knowledge and education in order to improve quality of care to black and ethnic minority groups
- It promotes critical thinking about research on mental health issues of black and ethnic minority groups, and develops new research methodologies to deliver high quality research outputs.

Facilities

You will have access to Queen Mary's comprehensive libraries, including the Postgraduate Reading Room, and The British Library can also be accessed as a research resource.

Specialist resources include:

- The Blizard Building. At the heart of the Whitechapel development is the Blizard Building, which houses state-of-the-art facilities for

students and staff: open-plan research laboratories, office space, a 400-seat lecture theatre and a cafe

- You will have access to a large collection of basic medical and dental texts in the main library at Mile End. The Library is open seven days a week. This resource is complemented by the two large medical and dental archives based at the Royal London and at Barts in older, architecturally distinguished buildings that are well worth a visit just to experience their atmosphere.

The course director, Professor Kamaldeep Bhui, introduces this programme:

For more details please visit:

www.mental-health-studies.org.uk

For further information, you can

also visit [Barts and The London School of Medicine and Dentistry](#) website.

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