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Mental capital, mental disorders, resilience and wellbeing through the life-course

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Abstract book

FIRST DAY - 9 March 2012

PLENARY 1 - A NEW LOOK AT CONFLICT AND VIOLENCE

Chair: Dinesh Bhugra
Co-Chair: Kamaldeep Bhui

Slavery and mental health: Are the shackles off?

Deji Ayonrinde

The history of African slavery has been widely told and distorted through prisms of narrative. Images of shackled men and women as well as accounts of the abolition movement abound. A lot less has been explored about the psychological legacy of African slavery.

Do the ancestral experiences of slavery by slave traders, slave owners and their slaves in Africa, the Caribbean, the Americas and Europe impact on the identity and perceptions of subsequent generations? Is slavery transmitted by similar means across modern society?

This presentation gives a historic, anthropological and psychological exploration into the "shackles" of slavery. Interwoven are the similarities with the shackles of mental illness and the mixed responses across society. The additional legacies of slave ancestry at the therapeutic interface are highlighted.

The presentation probes at individual and societal manacles (actual and perceived) and the interplay with the "enslaved mind". There is also cogitation about the historical and contemporary scientific "trade" and the fusion with the psychological abolition movement
Through historical narrative the lessons of freedom are shared with the unfettering of minds. The presentation concludes with the question - whose mind?
"*Oni suru ni o nfun wara kinihun mu*" – Yoruba proverb.

Promoting civilian protection: Engaging casualty data with culture, emotion and intellect

Madelyn Hsiao-Rei Hicks

BACKGROUND War is a major public health and humanitarian problem. Analysis of quantitative casualty data can reveal patterns of civilian harm and requires effective, cross-cultural communication for raised awareness and prevention. **METHOD** The author describes the development of proportional measures of war's effects on civilians, and how cultural and emotional considerations were taken into account to increase their acceptability and utility. Examples include: the Dirty War Index, the Civilian Battle Damage Assessment Ratio (CBDAR), and the Civilian Targeting Index. **RESULTS** The Dirty War Index was well-received by a wide spectrum of audiences. Acceptability to NATO military culture hinged on changing terminology to the CBDAR, which was used to track civilian casualties from military operations in southern Afghanistan. A Woman and Child Dirty War Index identified weapons and perpetrators that had relatively indiscriminate effects on civilians during the Iraq war. The terminology of 'suicide bombing' was chosen over that of 'terrorism' for cross-cultural communication of findings from a study of Iraqi civilian and Coalition soldier deaths from suicide bombs in Iraq. **CONCLUSIONS** In much of modern warfare, monitoring civilian casualties is feasible. Simple quantitative methods can identify weapons, tactics, and perpetrators that are particularly dangerous to civilians, contributing to prevention and intervention.

***Madelyn Hsiao-Rei Hicks**, M.D., M.A., MRCPsych, is an Honorary Lecturer with the Department of Health Service and Population Research, at the Institute of Psychiatry, King's College London. Dr. Hicks is a psychiatrist with a background in medical anthropology and zoology whose research focuses on the public health impact of armed conflict and on cross-cultural aspects of mental health. She has published on civilian casualties of war; military health; immigrant and refugee mental health; domestic violence; suicidality; and depression. Dr. Hicks's research on war combines public health and human rights perspectives. Her recent papers describe Iraqi civilian deaths caused by various perpetrators and weapons used during the Iraq war (PLoS Med, 2011), Iraqi civilian and Coalition soldier casualties from suicide bombs in Iraq (Lancet, 2011), and a global study of civilian targeting by warring groups (PLoS ONE, 2011).*

Terrorism and propaganda: Marketing and messaging in history

Nichola O'Shaugnessy

Terrorism is an imprecisely calibrated language of communication and persuasion, with very deep roots in history from the ancient Zealots of Judea through the Assassins of the medieval near east and the Thuggees of the eighteenth and early nineteenth century, right through to the Anarchists, Fenian Brotherhood, Sinn Fein, the various national liberation groups up to Al Qaeda itself today. In this paper the historical meaning and methodology of terror is elucidated through two related categories of persuasion. The first is propaganda (defined as didactic/ hyperbolic persuasion), and second, marketing, defined as commercially derived methods of solicitation focused on consumer response and segmentation. The approach in other words is one of conceptual hybridity. Such an argument can indeed be made: terrorism has target markets- governments and their political communities, as well as the host community which actively or passively supports the terrorist cause. The language of terrorism is symbolic and terrorist target and select targets for their symbolic resonance and capacity for symbolic elaboration.
But terrorism today involves a new reality. Clearly, the terrorist has never "spoken" like this before. For many years terrorism had not been exclusively the 'propaganda of the deed', for example Radio Free Algiers during the

Algerian war. But we are in a new era, when the act does not simply speak for itself via its symbolism, but is amplified and articulated through a vast constellation of modern media. Through the evolution of terrorism into a deviant sub- branch of marketing, we have faced a global insurrection, based on the core notion of an existential threat to the Islamic faith. This has been an insurrection which is not therefore confined to one geographic locality or fed only by a series of local grievances, but takes its motivating force from globalised media.

Terrorism is sometimes seen as a language of the powerless, but it is more than this; grievance is something that can be talked into people- can be talked into any group. And it is protean, changing shape, adopting different forms over the epochs as one method becomes creatively exhausted. There is a changing methodology- from the assassinations of the nineteenth century, to public explosions, to airline hijackings, to suicide bombings.

Its function also is to trigger polarisation effects- to sharpen differences between the communities it purports to attack and the communities it claims to defend. The aim is also the deliberate violation of both local and universal social norms and moral codes (as with the murder of children at Beslan in 2004), and to provoke authorities to spectacular acts of retaliation which exacerbate polarisation effects.

This paper is based on the premise that terrorism is not a peripheral but a central historic force. Terrorist incidents such as the assassination of Archduke Franz Ferdinand in 1914, the blowing up of the King David Hotel in Jerusalem (1946), and the Twin Towers, may be said to alter the course of history and will continue to do so. The articulation of the methodology and meaning of terrorist acts, both in history and today, is a critical intellectual study if terrorism and the responses to it are not again to sabotage the international political agenda, as they have in the past decade.

Art transforming lives: Young people, resistance and social transformation

Paul Heritage

If we were to create a live, interactive installation to illustrate and investigate how young people transform their worlds through the arts, what would it look and sound like? Professor Paul Heritage and Gary Stewart [Associate Artist, People's Palace Projects/QMUL], have been asking this question with young people living in communities at risk of violence in Brazil, Syria, Palestine and the UK. Young people that make art to transforms lives have created a series of performative interactive digital installations that will be part of this plenary presentation. Art transforming Lives brings the images, voices and ideas of young people together with academics, activists and policy makers to think about social and personal transformation through art. This presentation looks at how to give young people the means to name injustice, resist violence and engage in dynamic, transformative social relations through art.

PLENARY 2 - YOUNG PEOPLE AND RESILIENCE

Chair: Stephen Stansfeld

Co-Chair: Kwame McKenzie

Suicide in young people. The hidden epidemic in India

Vikram Patel

This lecture will present new findings from a nationally representative mortality survey which determined the cause of death occurring in 1,1 million randomly selected homes across India. We found that about 3% of deaths at ages 15 years and older were due to suicide. The majority of suicide, particularly in women, occurred at ages 15-29 years. Suicide rates in young Indians are amongst the highest in the world. Suicide rates for both genders are twice as high in rural areas than in urban areas. Suicide causes twice as many deaths as HIV/AIDS and kills as many young women as maternal causes. Ten-fold variation across states-highest rates in the most developed states. Poisoning, especially through pesticides, leading method of suicide deaths. The lecture will consider the public health significance of these findings, the possible socio-cultural explanations for these rates, and the necessary public health action needed to control suicides in young people.

Exposure to violence and the mental health of South African adolescents in Cape Town.

Stephen Stansfeld

BACKGROUND Material and social stressors affect the mental health of adolescents. Social support from family and friends may help to buffer the effects of adversity. The aim of this study was to examine the association between exposure to violence and mental health symptoms and to investigate whether social support mitigates these effects. **METHOD** A questionnaire survey was carried out in grade 8 learners from seven Cape Town high schools. The response rate was 88% with a sample size of 1034. Exposure to violence was measured by the modified Harvard Trauma Questionnaire, depressive symptoms by the Short Moods and Feelings Questionnaire and anxiety symptoms by the Zung Self-rated Anxiety Scale. **RESULTS** 41% of the sample scored highly on depressive symptoms, 16% on anxiety symptoms and 22% symptoms of PTSD. Mental ill-health was strongly associated with exposure to violence. In multivariate analysis after adjustment for sex, ethnicity and social support the odds of PTSD symptoms associated with violence were reduced (OR=8.93, 95% CI 2.93, 27.24) but still substantial. Social support slightly mitigated the impact of violence exposure on depressive symptoms (OR=6.23, 95% CI 4.20, 9.23). **CONCLUSIONS** There are high levels of exposure to violence in this representative sample of young adolescents from Cape Town. Violence is associated with a high risk of developing mental ill-health. Social support reduces the impact of violence on mental ill-health. These results imply that reduction of exposure to violence and provision of social support may be associated with less mental ill health in this age group.

Marriage, family, life course and mental health: China

Zhao Xudong

The presenter and his colleagues are conducting a national-wide research project on family, marriage and parent-child relation in Mainland China. Researchers employ various methods to investigate multiple facets of family life and its relevance to mental health. This presentation focuses selectively on the results of some researches in this project with clinical and community populations, in order to explore the meaning of traditional culture for the development of mental health theory and practice in China.

Life cycle of the individual in contemporary China is closely bonded with life cycle of the family. Both cycles are very complicated processes driven by the still powerful traditional Familism and other socio-cultural forces. These forces or factors have been influencing each other in various ways since 1949 due to radical social changes.

Although the arranged marriage has been prohibited and the nuclear family has become the major family pattern since 1949, marriage of the some Chinese in nowadays' China is still impacted much by the family of origin of the spouses. The vertical parent-children relation is extraordinarily close and tight, while the horizontal husband-wife relation is loose. As results, many outstanding issues have been emerging in family life and a lot of clinical problems are closely related to these issues.
Family-oriented interventions, such as systemic family therapy, are increasingly welcome in China, because family plays essential role for the mental health of Chinese.

Migration and mental health

Peter Jones

The lecture will review the constituencies and contradictions within the epidemiological literature over the past half century with a focus on schizophrenia and psychosis. Findings for increased incidence of psychotic disorders remain robust as a series of methodological concerns has been addressed with successive studies. These findings are not only of considerable social importance but also demand translation forward into public health and health service provision, as well as backwards into more basic sciences of psychology and neurobiology so as to understand the mechanism of the phenomenon. Putative explanations involving social defeat and abnormalities in amygdala function will be explored, and the conclusion drawn that the link between psychosis and migration points to the importance of personal meaning when building models of mental health disorders linked to adverse life events and experience.

PLENARY 3 - THE FUTURE OF CULTURAL PSYCHIATRY

Chair: Wen-Shing Tseng
Co-Chair: Goffredo Bartocci

The future of cultural psychiatry: Cultural phenomenology, critical neuroscience and global mental health

Laurence Kirmayer

With globalization, cultural psychiatry is increasingly recognized as an essential domain of scientific research, clinical expertise and mental health services design and delivery. This wider acceptance is driven by migration and political recognition of the voice of marginalized groups. More fundamentally, attention to culture and context reflects awareness of human beings as fundamentally social beings. This presentation will map three potential lines of development for future theory and practice in cultural psychiatry. *Cultural phenomenology* aims to understand how individual embodied experience is shaped by culturally-mediated developmental processes and embedded in local social worlds. *Critical neuroscience* examines the assumptions built into brain-based models of mental health and illness. This provides an essential critique of the ways that research in social and cultural neuroscience constructs categories of identity and difference. *Global mental health* poses fundamental challenges to the cross-cultural relevance of existing methods of diagnosis, treatment intervention and mental health promotion. Research, training and application of knowledge in cultural psychiatry is essential to insure that psychiatric theory encompasses the basic social determinants of health and engages with the sources of resilience and well-being in cultural values systems, families and communities. Cultural psychiatry can also contribute to building a global pluralistic civil society.

***Laurence J. Kirmayer**, MD, FRCPC, is James McGill Professor and Director, Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University. He is Editor-in-Chief of Transcultural Psychiatry, and Director of*

the Culture & Mental Health Research Unit at the Institute of Community and Family Psychiatry, Jewish General Hospital in Montreal, where he conducts research on mental health services for immigrants and refugees, psychiatry in primary care, the mental health of indigenous peoples, and the anthropology and philosophy of psychiatry. He founded and directs the annual Summer Program and Advanced Study Institute in Cultural Psychiatry at McGill. He also founded and directs the Network for Aboriginal Mental Health Research. His past research includes studies on cultural consultation, pathways and barriers to mental health care for immigrants and refugees, somatization in primary care, cultural concepts of mental health and illness in Inuit communities, risk and protective factors for suicide among Inuit youth, and resilience among Indigenous peoples. Current projects include: culturally based, family-centered mental health promotion for Aboriginal youth; development of a web-based multicultural mental health resource centre; and the use of the cultural formulation in cultural consultation. He co-edited the volumes, Current Concepts of Somatization (American Psychiatric Press), Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives (Cambridge University Press), and Healing Traditions: The Mental Health of Aboriginal Peoples in Canada (University of British Columbia Press). He is Chair of the Section of Transcultural Psychiatry of the Canadian Psychiatric Association. He has received a CIHR senior investigator award, a presidential commendation for dedication in advancing cultural psychiatry from the Canadian Psychiatric Association, and both the Creative Scholarship and Lifetime Achievement Awards from the Society for the Study of Psychiatry and Culture.

The future of cultural psychiatry: Dimensions and perspectives

Ronald Wintrob

In the 1960s and '70s, when my mentor Erik Wittkower was developing the Section of Social and Transcultural Psychiatry at McGill University in Montreal, and defining the scope and activities of the academic discipline of transcultural psychiatry, it was generally viewed as a sub-discipline of psychiatry, devoted to describing the beliefs and practices of distant and 'exotic' tribal communities concerning mental illness and its treatment.

Over the past thirty years, the scope and dimensions of cultural psychiatry have expanded greatly.

One illustration of this change was my discussion with an optometrist at a cultural psychiatry conference in Germany several years ago. In response to my expressed surprise that an optometrist was attending such a conference, she explained that her clients came from a wide diversity of cultural backgrounds, and that she always had to take into account their cultural expectations about acceptable interpersonal distance, age differences and respectful demeanor - and about female providers of medical services.

Cultural psychiatry's dimensions have greatly expanded, as issues of regional and international migration have become issues of global importance in terms of political, social, and public health concerns, and as urbanization, steadily increasing cultural diversity and culture change have affected the population of countries around the world.

The perspectives of cultural psychiatry have expanded in tandem. It has evolved into a discipline whose perspectives are wider than psychiatry; to psychology and anthropology, to epidemiology, to all clinical disciplines related to medicine, to social work and social policy, to public health and public policy – concerning immigration in particular – to education policy and practices at all levels, to public administration, to law and judicial process. Issues of access to public services, of fairness versus exclusion and discrimination, and the ethics of public policy are all relevant now to cultural psychiatry.

*Dr. **Ron Wintrob**. Born and educated in Canada, I started my academic career in cultural psychiatry at McGill University in Montreal, where I trained in psychiatry and was mentored by the eminent cultural psychiatrist Eric Wittkower.*

I have been living in New England since 1969. I went to the USA to have fulltime teaching and research positions in the Department of Psychiatry and the Department of Anthropology at the University of Connecticut. Since 1982, I have been at Brown University, where I was residency training director and Professor of Psychiatry and Human Behavior through 1994. I am currently Clinical Professor of Psychiatry and Human Behavior at Brown.

In 1976-'77, and again in 1995 and 1996 I was Visiting Professor in the Department of Psychological Medicine at Christchurch Medical School, University of Otago, New Zealand.

My main areas of research have been on the effects of culture change, both on indigenous minority populations, and on immigrant populations.Over the past 45 years I have studied these complex issues among the Cree Indians of northern Quebec and the Maori of New Zealand, as well as with Southeast Asian immigrants and southern European immigrants to the USA and Canada.

I was one of the founding members of the Society for the Study of Psychiatry and Culture, and of the World Association of Cultural Psychiatry. Since 2005, I have served as chair of the WPA-Transcultural Psychiatry Section.

The Seligman error and the origins of schizophrenia

Roland Littlewood

Early European social anthropology was indebted to a number of physicians, including medical psychologists, who participated in early expeditions such as that from Cambridge University to the Torres Straits. Some- Rivers, Seligman, Myers- returned briefly to medicine during the First World War, and thence to an interest in psychoanalysis which they shared with Malinowski. The later Culture and Personality school (Kardiner, Kluckholn, Benedict, Mead, Erikson) of American cultural anthropology, with its greater interest in the individual, took this much further to the point that many American anthropologist received a personal analysis, and the idea of 'personality' was seen as uniting the cultural and the psychological domains. With the exception of the Franco-Hungarian-American Devereux' */ethnopsychiatrie/* and the Dakar school of psychiatry, the Europeans generally avoided any focus on pathology as pathology until the rise of Anglo-American- Canadian */medical anthropology/* in the 1970s which has generally examined the local conceptualisations of psychopathology and its analogues rather than offering an opinion on pathology from an etic perspective. The current prospects of post-colonial psychiatric anthropology are reviewed, and also what survives of clinical psychiatry's turn to the humanities.

Cultural psychiatry: Scientific explorations, formal establishment, practical application to theoretical formation

Wen-Shing Tseng

BACKGROUND In order to discuss the future of cultural psychiatry, it is pertinent to review how it developed at various stages of development. **METHODS** Review the historical development of cultural psychiatry and envision its future. **RESULTS Scientific Explorations** At the turn of the century in the early 1900s, several forces promoted the development of *ethnopsychiatry*: clinical observations of differences in psychiatric conditions among hospitalized early European immigrants to America; European psychiatrists discovering "unusual syndromes" in colonized societies; pioneer interest of psychiatrists in comparative (descriptive) psychiatry; and concerns about the applicability of psychoanalytic concepts in primitive societies. From 1930 to the 1950s, there was interest in studying culture and personality, examining indigenous healing practices, the development of comparative psychiatric epidemiology, and emphasis on cultural study of minor psychiatric disorders beyond major psychiatric disorders. **Formal Establishment** The first formal organizations of *transcultural psychiatry* were established to promote the field. The Transcultural Psychiatry Division in McGill University was formed in the early 1960s. In 1971 the Transcultural Psychiatry Section was established as one of the sections of the World Psychiatric Association. Recently, in 2005, the World Association of Cultural Psychiatry was founded to promote *cultural psychiatry* worldwide. **Practical Applications** Starting in the 1960s, associated with the civil rights movement in North America, there was growing emphasis on ethnic and culturally relevant care for ethnic minorities. The surge in immigration to Western Europe also increased concern about how to provide culture-suitable care for ethnic immigrants. These trends helped to strengthen the emphasis on clinical applications of cultural psychiatry beyond academic research. **Theoretical Formation** It is time to pursue a more theoretical examination of cultural psychiatry and to analyze what is universal and what is culture-specific from a theoretical perspective. There is a growing need to understand culture modification and expansion from a theoretical point of view. Based on a sound theoretical formation, the field of cultural psychiatry can then grow and develop as one of the applied sciences. **CONCLUSIONS** It is recommended that: to make use of international networks for meaningful multi-cultural and world-wide study; to focus on cultural psychiatry issues of all people in their own society – beyond the matter of minorities and migrants; and to carry out culturally-relevant and meaningful research – for clinical application; and work on theoretical issues – to expand our knowledge and theoretical understanding.

***Wen-Shing Tseng**, M.D. is professor emeritus of psychiatry at the University of Hawaii School of Medicine, where he taught from 1972 to 2009. He has been a guest professor at the Institute of Mental Health of Peking University since 1987, and was*

chairman of the Transcultural Psychiatry Section of the World Psychiatric Association from 1983 to 1993. In 2005 he was nominated by international colleagues to serve as the founding president for the World Association of Cultural Psychiatry from 2005 to 2009.
Throughout his career, Prof. Tseng has conducted numerous research projects, mainly relating to the cultural aspects of mental health, psychiatry, and psychotherapy. He has published nearly 20 books in English and more than 40 books in Chinese. His authored book: "Handbook of Cultural Psychiatry," published in 2001, is regarded as a landmark book in the field of cultural psychiatry, and received the Creative Scholarship Award from the Society for Study of Psychiatry and Culture (SSPC) in 2002. Currently he is working on his new book: "Culture and Psychotherapy: Theory and Application – A World Perspective". Based on his personal experiences growing up and living through Japanese, Chinese, and American cultures, he is writing the autobiography: "One Life, Three Cultures," examining the impact of culture on personality development.
Prof. Tseng was named a Distinguished Life Fellow of the American Psychiatric Association in 2003, and in 2008 received both the Kun-Po Soo Award from the American Psychiatric Association for his significant contributions to Asian Psychiatry, and a Life Achievement Award from the SSPC for his distinguished role in advancing cultural psychiatry.

BOLLYWOOD FILM EVENING: UNDERSTANDING EMOTIONAL AND VISUAL MEDIA

Chair: Mitchell Weiss

A selection of short Hindi and Marathi films

(All films have English subtitles)

Mohan Agashe

SECOND DAY - 10 March 2012

PLENARY 4 - SPIRITUAL & CULTURAL PERSPECTIVES

Chair: Goffredo Bartocci

Co-Chair: Wen-Shing Tseng

Psychotherapy, culture and the supernatural

Goffredo Bartocci

"Dealing with psychological matters that involve supernatural or religion is an area that tends to be neglected in modern therapy [...]" (Tseng WS & Streltzer J. Culture and psychotherapy: A guide for clinical practice. Washington DC, American Psychiatric Press, 2001).

The majority of humans seeking relief from disease and illness improve their health status after being treated by a wide variety of interpersonal healing methods that are employed across different cultures.

This plenary will focus on: 1) the fundamental underlying mental mechanisms operating in these various treatments; 2) the role of suggestion within the different healing practices; 3) the way in which, over time, trance states, divine inspiration, enchantment, fascination and different forms of divine experiences have all been used to trigger non medical healing processes; 4) the revival in Western civilizations of a form of induced gullibility about a plethora of treatments for mental disturbances rooted in the play of a mundane/extramundane double register.

Psychotherapists must negotiate between the *emic* healing views of the religious practitioners and the biomedical knowledge involving synaptic reorientation, hence they need to assess, frame and distinguish the psychodynamics and psychic expressions related to the patient's world views, be they rooted in rationalistic, magic, spiritual or religious beliefs.

Spirituality and mental health

James Boehnlein

Psychiatry and religion are parallel and complementary frames of reference for understanding, interpreting, and describing the human experience and human behavior. Religious, spiritual, and mental health practices all draw upon rich and centuries-old traditions of human thought and practice. In its attempts to explain human behavior, including behavior associated with mental illness, psychiatry often has needed to go beyond the natural sciences into the philosophical realm. In parallel fashion, religious and spiritual traditions attempt to give their followers explanations for life's meaning, including the rationale for the reality of illness and human suffering. This presentation will discuss the relevance of religion and spirituality in psychiatric care, with particular reference to conditions such as posttraumatic stress disorder and depression where struggles with meaning and moral issues are often encountered in treatment. Because it is important for clinicians to understand the range of cultural belief systems, including religious thought and practice that relate to mental health and illness, the process of incorporating religious and spiritual issues in the psychiatric history and clinical formulation also will be highlighted in this presentation.

After completing psychiatry residency training at the Oregon Health and Science University, Dr. ***James Boehnlein*** *was a VA/Robert Wood Johnson Foundation Fellow at the University of Pennsylvania and Philadelphia VA Medical Center, where he received his masters degree in medical anthropology. He has been Associate Director for Education for the VA Northwest MIRECC since its inception in 1998, has been the Director of Medical Student Education for OHSU's Department of Psychiatry since 1993, and was OHSU's Assistant Dean for Curriculum from 1997-2005. For the past 24 years he has been a staff psychiatrist at the Portland VAMC Mental Health Clinic and at OHSU's Intercultural Psychiatric Program, where he has treated Southeast Asian and Central American refugees. His research has focused on cross-cultural psychiatry (particularly cultural and anthropological perspectives on posttraumatic stress disorder and long-term adjustment of traumatized refugees), the interface of culture and medical ethics, spiritual issues in psychiatry and psychological trauma,*

and on medical education. He is board certified in both general and forensic psychiatry. He is currently President of the Society for the Study of Psychiatry and Culture, an international association of psychiatric and social science researchers and educators

Cultural psychiatry and the culture of truth

Micol Ascoli

BACKGROUND If cultures are stories that we tell ourselves and each other about what is fundamental and what is unimportant in our world, it is essential for the patients that these stories are understood and believed by clinicians cross-culturally. There is always, in this process, an underpinning notion of truth held by the actors of the therapeutic relationship. In this paper I report on a cultural consultation service working with specialist inner city teams that cater for the needs of a multiethnic, multicultural and multifaith population in one of the most socially deprived areas of London. This paper will focus on narratives of care and how they can reveal common themes about cultural capability and an overall culture of care to inform future service development and research. **METHOD** Our approach was informed by anthropological methods (ethnography). The service worked at three different levels: clinical cultural consultation with referred patients, workforce development and organisational consultancy. **RESULTS** Our findings reveal common narratives and themes about culture, ethnicity, race and their perceived place and meaningfulness in clinical care. These narratives express underlying assumptions and covert rules for managing or negating dilemmas and difficulties in the presentation and expression of mental distress. The narratives reveal an overall "culture of culture" and "cultures of care" in secondary services as necessary foci of intervention to improve service user outcomes. **CONCLUSIONS** In depth engagement with the cultural dimension of care will largely depend on the clinicians willingness to venture in this field. This is in turn a function of their personal biographies and their own conceptualizations of culture, ethnicity and race. We found that teams culture of care is the place where the gap between the high aspirations of the policy level and the users frustration at the slow pace of change lies. Ultimately, teams cultures of care need to change if we want to achieve high quality of care for patients, better outcomes and improved experience.

Micol Ascoli *is an Italian psychiatrist and psychotherapist of Jewish origin, working in the UK as a Consultant in an ethnically and culturally diversified area of East London.*
She graduated in Medicine in Rome, Italy, in 1997 and specialized in Psychiatry and Psychotherapy in 2002, with a dissertation on guilt feelings in Holocaust survivors. After moving to London from Italy in 2004, she became the Clinical Lead in Cultural Psychiatry for the Newham locality and she set up training in Cultural Psychiatry for undergraduate and postgraduate medical trainees, clinical staff, service users groups and MSc students.
In 2008 Micol was appointed Honorary Senior Clinical Lecturer at Queen Mary University in London, in recognition of her teaching activity in the fields of Clinical and Cultural Psychiatry.
Micol has been involved with the WACP since its very beginning. She is co-Editor of the WACP Newsletters and the Co-Chair of the Local Organizing Committee of the 3rd World Congress of Cultural Psychiatry.
Since 2001, Micol has taken part in international congresses of Cultural Psychiatry where she has given presentations and chaired Symposia on several topics including Jewish culture and Psychoanalysis, PTSD and guilt feelings in Holocaust survivors, culture and mental health law, acculturation in migrant mental health workers, racism and mental health, charismatic religious healing and the concept of personhood in the Catholic religion. Her most recent fields of interest, research and work are cultural capability and the cultural consultation model.
In 2010 Micol started to work as a Consultant Psychiatrist and Research Fellow for the Tower Hamlets Cultural Consultation Service in London, UK, which provides clinical cultural consultation, training and organizational consultancy to patients, staff and commissioners in mainstream services.

Acculturation and mental health

Morton Beiser

Ideally, all new settlers -- regardless of whether they gain entry as refugees, independent or family class immigrants - should have the opportunity to become part of, to benefit from, and to contribute to their adopted countries. In general, however, refugees integrate less successfully than other classes of immigrants. Explanations for the gap between refugee and immigrant achievement fall into two categories, the first based on an assumption about something that immigrants have more of than refugees. This is the human capital argument: since immigrants are selected on the basis of their human capital, but refugees are not, the latter must, de facto, possess fewer attributes conducive to successful integration. The second explanation assumes that refugees have more of something than immigrants. It is widely assumed that, because of pre-migration trauma, refugees suffer a high burden of mental health problems. Although restricted human capital and excessive mental health burden are both plausible arguments, very little literature has addressed the respective roles of these attributes in determining refugee resettlement. **Focus**: This paper addresses this gap in the research literature, but also argues that integration is not solely the product of human capital advantages and mental health risk, but also of what refugees find in resettlement countries, including informal support from family and friends, formal support from service agencies as well as educational and religious institutions, feelings of being safe and feelings of being welcome. Data come from Ryerson University's "A Community in Distress," a community study of 1603 adult Sri Lankan Tamils living in Toronto, Canada. **Findings**: Although human capital has some effect on outcome, mental health and post-arrival social stresses play powerful roles in affecting resettlement success even after controlling for human capital attributes. **Implications**: Although usually ignored, mental health and the contingencies of resettlement must become part of immigration policy discourse.

SYMPOSIUM S1 - CULTURAL PSYCHIATRY IN THE EAST

Chair: Mustafa Soomro

Taijin Kyofusho in Japan as a culture-bound syndrome discriminated from social phobia in general

Hidehiko Kuramoto

BACKGROUND *Taijin* Kyofusho is said to be a culture-bound syndrome in Japan, which develops persistent and excessive fears of giving offense to others in social situations, instead of being embarrassed in cases of Social Phobia in general. They may take the form of extreme anxiety that blushing, eye-to-eye contact, or one's body odor will be offensive to others (after the text of DSM-IV-R, 2000). The concept of Taijin Kyofusho can be applied not only to nosological discussions but also more widely to the personality traits or the personal relationships of Japanese people. And a strong emphasis must be laid on the recent phenomenon of Social Withdrawal (*Hikikomori*) as a secondary behavioral change of *Taijin Kyofusho*. **METHOD & RESULTS** The historical background of *Taijin Kyofusho* in Japan is reviewed as contrasted with the concept of Social Phobia in DSM series. Then the typical clinical features are illustrated in some cases of *Taijin Kyofusho* the author has treated which are classified as Delusional Disorder rather than as Social Phobia; fear of emitting body odor, fear of eye-to-eye confrontation, dysmorphophobia, etc. Almost all of them suffered from *Hikikomori*. **CONCLUSIONS** The denotation and the connotation of *Taijin Kyofusho* as contrasted with Social Phobia will be shown. Its presence as an entity both clinical and cultural is still overwhelming in Japan.

Recognition of schizophrenic patients and social attitudes toward them. A cross cultural study in Vietnam and Japan

Masanori Isobe

BACKGROUND Concepts about mental diseases and coping behaviors vary from country to country based on various socio-cultural situations. We surveyed people to gain an understanding of their concepts and behaviors relating to schizophrenia in Vietnam society and compared them with those in Japan and findings from occidental countries. **METHOD** The survey was undertaken using semi-structured interviews. An interviewer visited the target households and began the interview after the respondent agreed in writing to participate in the survey. After reading a vignette describing a case, participants were asked questions about identification of the case which included, cause of the disease, coping behavior, concern for behavior, and perception of stigmatization. **RESULT** Vietnamese respondents were able to correctly identify acute and chronic schizophrenia. Fewer Japanese respondents were able to correctly identify cases especially the acute schizophrenic case. As a cause of schizophrenia, respondents emphasized psychosocial factors rather than biological factors as being responsible in two Asian countries. The use of traditional medicine and the role of the clergy were more favored in Vietnamese society. The role of family was highly favored in both Asian countries. The tendency toward discrimination was low in Vietnamese society in comparison with those found in Japanese respondents. The difference between the level of perceived stigma and that of personal stigma, was more pronounced in Japan, though not so much in Vietnam. **CONCLUSION** Two Asian countries had some common tendency, and also had their own characteristics in recognition of schizophrenic patients and social attitudes toward them.

SYMPOSIUM S2 - CRITICAL CULTURAL PSYCHIATRY

Chair: Anthony Fry

Selfhood at the core of psychiatric practice. A new pluralism

Anthony Fry

A new generation of mental health workers are emerging who have little training in the importance of selfhood and the subjective. The centrality and respect for the subjective, that accompanied the symptom based approach is being lost. This inner central private subjective is at the core of the human being. The subjective is usually the principle arena in which psychiatric disorder manifests itself, and where the self, the person becomes aware that "something is wrong".

In a function oriented treatment model, return to effective function becomes the core aim. Digital and audit friendly IT further diminish the importance of a feeling sensitive fellow human being – now known as a user, at the core of the endeavour. Access and cost effectiveness now shape service provision, which is increasingly controlled not by team professionals, but by managers, who offer rigid menus of intervention. These often fail to do justice to individuality and heterogeneity of service users, who are actually people as intricate and sensitive as managers and team members. Whilst access and cost effectiveness are laudable aims, an ethical emphasis on self and the subjective surely should remain at the centre of the psychiatric service.

I propose a 21st century pluralism, which should lie at the core of a humane and empathic psychiatric practice – fully accepting that emphasis will change depending on the problems brought by the suffering other or user. This must honour the primacy of self as an expression of mind, the centrality of brain and body and integration with the social base – which will include the goals of the service and its record system and principles of audit, which must be open, disclosed and up for review by team and users alike.

Selfhood originally stood within catholic Europe as the egocentric monitor of good and evil preparing for the judgement day. With the rise of the enlightenment, there was a tendency to diminish personal responsibility and to conceptualise the individual as a mechanical entity driven by a brain whose anatomy was becoming ever more apparent. This situation is rather similar to an idealised 21st Century reductionist view of human nature that is

energetically supported by some brain scientists who preach an omnipotent robotic vision of the human being, where free will is lost, and passion no more than an illusion.
We cannot have value free medicine, at some point Ethics and values have to drive some aspects of medical practice, and these should be declared. The new human model proposes a pragmatic psychiatry that embraces pluralism, of self, brain and social context – never forgetting that the self, the selfhood of the service user is the idealized subject of the endeavor, rather than the service itself.

Fluctuant attachment in Caribbean families in London

Francesca Zanatta

BACKGROUND Understanding the cultural differences shaping family dynamic is essential to avoid misunderstandings, prejudice and erroneous judgments. The Caribbean community is an example of how misconceptions can become labels hard to remove: Caribbean families still appear to be amongst the most criticized in British society. Media, welfare policies and studies depict the black family as a model to avoid, undeserving, and even pathological. Some researchers claimed that such family structure has instigated even specific facts, from the 1981 Brixton Riots to the recent events connected with the 2011 London riots. **METHOD** In the first section the paper introduces common themes gathered both from existing literature and interviews with practitioners working with Caribbean families. Subsequently the authors present a response to the investigation of such criticisms through the analysis of the data collected throughout two years of ethnographic fieldwork within the Caribbean community in South London. Attachment theory has been identified and employed as the tool for understanding and comparing patterns of mother-child relationship, as well as family dynamics. **RESULTS** Several common themes emerged from the analysis of the data collected: unbalanced family structure, in which the figure of the mother dominates and the figure of the father is frequently absent, male/female interaction, expression of emotions, and patterns of communication. The comparison of fieldwork data with existing patterns of attachment evinced gaps in the theory and the need for a new attachment pattern, fluctuant, specific to the studied population. A series of vignettes is presented in support to the formulation of such pattern. **CONCLUSION** The analysis of the concept of fluctuant attachment and of its impact on family dynamic and child development provides a new perspective and possible approaches for practitioners working with Caribbean families.

SYMPOSIUM S3 – MEDIA MANDATE FOR MENTAL HEALTH

Chair: Mohan Agashe

Media Matters for Mental Health

Mitchel Weiss

Cinema and mental health have a relationship rooted in aesthetic, practical and commercial interests. In a session considering use of media for public awareness of mental health, this presentation reviews various approaches for doing so. Didactic classroom films were developed in the aftermath of World War II in the United States as a tool for social engineering. Influenced by experience producing military training films, a genre of short films under the heading of mental hygiene were produced in the period from 1945 to 1970 to present a simplistic view of social challenges and their solutions for classroom discussion. They aimed to teach teenagers about "social courtesy" and dating, and the benefits of resisting temptations of juvenile delinquency and drugs. Reviewed by Ken Smith (1999), these films were highly ineffective and comical in retrospect. Documentaries and features presented a broader

range of interests. Sigmund Freud may have rejected the overture of Samuel Goldwyn to collaborate as a consultant on a film in 1925, but cinema has pursued a long-standing interest in psychoanalysis, psychiatry and other matters of mental health. Increasing attention to media and features has led in recent years to organization of film festivals to promote public awareness and support for mental health.

Media Health in Everyday Life (DVD)

R. Thara

The Frame of Mind (www.frameofmind.in) is a film festival on mental health conceptualized and organized by the Schizophrenia Research Foundation
(SCARF), an NGO in Chennai in south India. The paper describes the evolution of the festival, the primary objectives, the challenges faced and what we saw as the positive spin offs of the event. Public, professional and media participation in the event were noteworthy as also the fact that it served as a kind of stigma buster since consumers and their families felt comfortable disclosing the illness in public and discussing it.

Media & Health

Anand Nadkarni

This presentation is based on Dr. Anand Nadkarni's personal experiences of using media in the field of psychiatry. It traces a journey that spans 36 years. Throughout the journey different forms of media (print, audio-visual, etc) have been used to propagate and de-stigmatize mental health.
Mental health, psychological disorders have been portrayed in the media over the years. But mental health professionals have rarely used media as a tool in their profession.
Dr. Nadkarni shares some insights he gained about the use of media in his professional sphere.

1. Commitment to goal is primary; form and style of expression will follow.
2. Don't worry about results, enjoy the process.
3. Pursue a theme; enjoy the exploration.
4. Discipline, Time Management, and smart work are the key.
5. Your domain knowledge is both, a telescope and a microscope.
6. When you try to reach out, you reach within.

For each of these insights he gives instances of how various forms of media can be used effectively in the area of psychiatry and community mental health.

SYMPOSIUM S4 - TRADITIONAL CULTURE AND EMOTIONAL PROBLEMS IN SOCIO-CULTURALLY CHANGING SOCIETY OF CHINA

Chair: Zhao Xudong

Chinese Daoist cognitive therapy: From theory to practice

Jinfu Zhu

A new generation of mental health workers are emerging who have little training in the importance of selfhood and the subjective. The centrality and respect for the subjective, that accompanied the symptom based approach is being lost. This inner central private subjective is at the core of the human being. The subjective is usually the principle arena in which psychiatric disorder manifests itself, and where the self, the person becomes aware that "something is wrong".

In a function oriented treatment model, return to effective function becomes the core aim. Digital and audit friendly IT further diminish the importance of a feeling sensitive fellow human being – now known as a user, at the core of the endeavour. Access and cost effectiveness now shape service provision, which is increasingly controlled not by team professionals, but by managers, who offer rigid menus of intervention. These often fail to do justice to individuality and heterogeneity of service users, who are actually people as intricate and sensitive as managers and team members. Whilst access and cost effectiveness are laudable aims, an ethical emphasis on self and the subjective surely should remain at the centre of the psychiatric service.

Investigating quality of life of caregivers of older patients with mental disorders and related factors

Li Wu

BACKGROUND The objective of this study was to investigate the depression status of elder psychotic patients' caregivers and its relevant factors. **METHOD** 98 elder psychotic patients in Yunnan Province Mental Hospital and their caregivers completed self-reported measures, including General information questionnaire, Beck depression inventory (BDI), Zarit caregiver burden questionnaire (ZBI), Activity of Daily Living Scale (ADL) europsychiatric inventory (NPI), Mini-Mental State Examination (MMSE), Social support rating scale, Health status scale (SF-36). Results 20 cases (20.4%) reported a BDI total score higher than 14. The depressive caregivers had higher ZBI scores than the non-depressive group ($P<0.05$) and reported lower on SF-36 than the non-depressive group ($P<0.05$). "Care burden" was positively associated with the caregivers' depressive symptoms (OR=1.02895%CI=1.001～1.055) and "Health status" was found to be negatively linked with the depressive symptoms of the caregivers (OR=0.95695%CI=0.928～0.984). **CONCLUSIONS** The elder psychotic patients' caregivers are relatively vulnerable to depressive symptoms. Big care burden and caregivers' poor health status both contribute to their depressive symptoms.

Analyses and solutions on college students' mental health problems. Based on students' psychological assessment of Tongji University

Juan Zhao

In recent years, college students with mental confusion, mental illness, mental disorders, or some other psychological problems, would do serious harm to themselves or others. Such cases cause much damage to the person himself and his families, and the greater campus and society. More and more attention has been aroused by this. To solve these problems, the Center of psychological Counseling and education, Tongji University kept doing the psychological heath survey all these yeas to all the freshemen. From the survey data and case studies of the students who came to the center for help, we got a comprehensive understanding and an analysis of some changing characteristics. Further discuss showed that we have to take measures to strengthen and improve students' psychological health education and countermeasures.

An analysis on articles relating to the subject of cultural psychiatry appeared in the Chinese journals for the past three decades

Jie Li

BACKGROUND There is an increasing interest among Chinese scholars about cultural psychiatry as sub-specialty of psychiatry. The articles that has been published in major journals in China for the past 30 years were reviewed and to be presented with comments and suggestions for future development of cultural psychiatry in China. **METHOD** The study analyzed the topics of articles that has appeared in five academic periodicals in China for the period from 1980 to 2009, These journals are: (1) Chinese Journal of Neuropsychiatry (later as Chinese Journal of Psychiatry); (2) Chinese Mental Health Journal; (3) Nervous and Mental Diseases; (4) Shanghai Archives of Psychiatry; and (5) Journal of Chinese Psychological Medicine. The obtained data were analyzed to reveal its tendency. **RESULTS** Among the five major journals reviewed, it was found that there are a total of 189 papers published relating to the topic of cultural psychiatry. Among them, Chinese Mental Health Journal, that is more psychological and sociocultrally oriented, had published 100 papers (52.9%), significant more than other periodicals ($P<0.05$). Among all the articles, the subject reported and discussed can be divided into five main areas, namely: (1) cross-cultural comparison of prevalence and symptoms of various mental disorders; (2) culture-related specific syndromes; (3) mental health problems of migrants; (4) cross-cultural assessment of validity of psychometry; and (5) culture aspects of psychotherapy. **CONCLUSIONS** With speed up of globalization, Chinese cultural psychiatry also has been moving from the edge of psychiatry to the mainstream and it has played more and more important role and effect on clinical practice. We should provide cultural competent mental heath services for all the people in China, with the shifting of the medical orientation from the psychiatric medical model to comprehensive biological-psychological-social-cultural model.

The factors affecting the analysis of student psychological adjustment

Na Sun

In recent years, with the increasing number of the education project between Chinese and British governments, more and more Chinese students go to Britain for education. How to accommodate psychological adjustment and how to adapt to the life in Britain as soon as possible has become a major problem of a student who studies in Britain. **METHOD** In order to find out the factors of psychological adaptation of Chinese students in Britain, an investigation was conducted among the students of Tongji university. **CONCLUSIONS** According to the survey, main factors are the changes of the environment, teaching management, social support, their own personality, coping styles and so on. Change in the environment means the changes in daily diet and some other aspects. In Britain, most of the University and the campus dormitories are separated, which is different from Chinese colleges. When the students first arrive in Britain, they will often complain for moving back and forth between

schools and dormitories. The Britain diets are based on Western-diet, which is pretty uncomfortable and expensive for Chinese students, and this will make them concern about their life. These changes of environment bring a lot of stress to the students and anxiety. Of body and soul and the changing of lifestyle, they said that the Furnham and Bochner(1986) mentioned that there are certain links between the changing of life and the imbalance of one's state of mind, the wellbeing relevant rate are at 0.35,which is to say that the changes brought about by cross-culture contact can impact on the psychological adaptation of human beings. The change of teaching management mostly includes the change of teaching methods and management. Change of teaching method is not a problem to the students of Tongji University. They've been already accustomed to foreign teachers since they have foreign teachers when they were in China. The management of Students in Britain is quite different. There aren't any students counselors in Britain Universities. Students have to check on the Internet themselves to obtain the school's information, and school activities are arranged by the students union. Chinese students have become accustomed to be informed by teachers, and when they first come to Britain, they may miss some courses since they don't check the information in time. This brings them a feeling of being forgotten, being neglected, as well as disappointment, homesick, and some other emotions. The social support alters from family members into fellows and Britain students. Because of being far away from home, students obtain little support from family members, but mainly from other students. The students to be sent to Britain from our school will be assigned by 4~6 students to one school. Upon their arrival on Britain, they generally study and travel with their classmates from China, as to receive more support from their peers, thus cutting back some sense of solitude and loneliness. However, because they stay too much time with peers, they've lost a lot of opportunities to communicate with Britain students and know little about Britain culture, customs, values, which impede the learning of Britain culture, and extend the time to adapt the local lifestyle.

Student's characteristic is a major factor in psychological adaptation. Some students are outward, gregarious, and knew each other soon after arrival in Britain. They not only use the resources of peers to adapt to the environment soon, but also establish a good relationship with the Britain students. Some students are introverted, and it could be quite a problem for them to get along with peers in Britain. They often do anything by themselves, and have a very strong sense of loneliness which extend the period for psychological adjustment. Coping styles refers to the individual internal and external demand, constant awareness and efforts, which is the intermediary mechanism between stress and mental health. It plays a regulatory role of people's physical and mental health. Active and effective deal with the problem is closely related to a good adaptation, and negatively invalidly evading the problem is likely to lead to depression, anxiety, maladjustment, etc. (Zhang Yiling, Gan Yiqun. The different theoretical perspective of foreign research. *Chinese Journal of Clinical Psychology*, 3:321-323, 2004). Students studying in Britain deal with everything themselves, and a good deal with things can improve their efficiency and reduce the time of psychological adaptation in Britain.

Family factors impacting on adaptation disorders of Chinese lower-grade college students

Yuhong Yao

OBJECT To explore the family factors affecting the adaptation of Chinese College students to college life. Method: to investigate the possible factors of family from a self-made questionnaire and UPI, SCL-90. The reliability and validity of the self-made questionnaire are both good under the Leary's Interpersonal Theory Model. 1200 college students in Shanghai attended the survey. Result: Family factors that influencing the adaptation include control, submissiveness and warmth. Different grades have different result and gender has significant difference ($p<.001$). There are also some different situations between students who have different demographic characteristic ($p<.001$). **CONCLUSIONS** Chinese lower-grade College students would adapt to the college life better and have better mental health with more warm support and closer parent-child bond while with the grade higher the situation is the opposite.

SYMPOSIUM S5 - THE ECUMENICAL MESSAGE OF LATIN AMERICAN AND FRENCH MASTERS OF CULTURAL PSYCHIATRY: LESSONS FOR EUROPE AND THE WORLD

Chair: Sergio-Javier Villaseñor-Bayardo
Co-Chair: Daniel Delanoë

Masters of Mexican psychiatry

Sergio-Javier Villaseñor Bayardo

Following the model of anthologies published by the WPA, the Latin-American Team of Cross-cultural Studies (GLADET – Grupo Latinoamericano de Estudios Transculturales) has published an anthology of select texts of Latin-American psychiatry.

This paper presents a synopsis of the life and work of two great Mexican psychiatrists: José Luis Patiño Rojas and Manuel Guevara Oropeza.

José Luis Patiño Rojas (1913-1995) began his work at La Castañeda Asylum in Mexico City in 1936, of which he would later be Director for 10 years. In his professional thesis he argued that mental disease arises from physiological sources. His career as a clinician and a teacher continued at the "Fray Bernardino Alvarez" Psychiatric Hospital. His motto was that "a person with no imagination or sensitivity can never become a good psychiatrist". His phenomenological approach is reflected in his book Psiquiatría clínica ("*Clinical Psychiatry*"), a product of his comprehensive clinical experience and philosophical training.

Manuel Guevara Oropeza, as a student of Medicine at the University of Mexico in 1923, presented a thesis in which he attempted, for the first time and based on solid data, to compare the theories of Pierre Janet and Sigmund Freud. Together with other renowned psychiatrists, he founded in 1937 the Mexican Association of Neurology and Psychiatry (*Sociedad Mexicana de Neurología y Psiquiatría*) and was Head Editor of its main publication (*Archivos de Neurología y Psiquiatría de México*).

Five authors and three historical moments in Venezuelan psychiatry

Carlos Rojas Malpica & Néstor de la Portilla Geada

The purpose of this paper is to study the Texts of five Venezuelan authors in their respective historical context. The first is Dr.Carlos Arvelo y Guevara (1784-1862), who published in 1839 his "Curso de Patología Interna" and,for the first time in Venezuela, the works of both Cullen and Philippe Pinel were mentioned in a chapter named "Neuroses"(sic). Dr. Arvelo lived in the period of transition between the colony and independence.
Next is Dr. Lisandro Alvarado (1858-1929).In 1893 he published his essay on "Neurosis de hombres célebres de Venezuela" in a very prestigious national journal, later published in Italy in Professor Lombroso´s "L'archivio italiano di psichiatria".
The third essay is from Dr. Francisco Herrera Luque(1927-1991) and is extracted from his book "Viajeros de Indias"(1961), where the author relates the behaviour of venezuelan psychopaths and the heritage of the spaniard| conquerors.
We follow with Dr. José Luis Vethencourt (1924-2008) and his essay "La estructura familiar atípica y el fracaso histórico cultural en Venezuela".This is a sound paper grounded on clinical experience, and social and anthropological knowledge.
Last, we undertake the phenomenological investigation of Dr. José Solanes (1909-1991), Spanish Republican psychiatrist who came to Venezuela in 1949 We selected the chapter named "El exiliado como modelo del hombre. Universalidad del modelo" from his book "Los nombres del exilio".
Through these five Authors we focus in three historical moments of our National Psychiatry.

The cultural basis of educational ordinary violence

Daniel Delanoë

Ordinary educational violence, at home or school, refers to that violence against children that is considered legitimate because exercised for educational purposes, as opposed to abuse, which is unacceptable. Transcultural practices show that what is acceptable varies widely in different cultures. Thus, hitting a child with a belt is considered necessary for "education" in many countries, but not any longer in Europe, although slapping and spanking are legitimate in most European countries. Parents perceive remarks about the potentially traumatic results of these practices as a challenge to their identity as parents. It is therefore important to find levers to facilitate therapeutic alliance from a knowledge of the cultural processes underlying these forms of educational violence. We assume that an ontological conception of the child as the carrier of negative entities or qualities that must be removed by physical pain contributes to the salience of these practices. We start from clinical situations observed in families who have immigrated to metropolitan France from North Africa and the Caribbean and move to explore secular culture and religious texts

Les rapports entre médecine légale et psychopathologie, selon Ambroise Tardieu

Jacques Arveiller

The life and works of Ambroise Tardieu (1818-1879) will be first examined. He is certainly the most important author in XIXth century French forensic medicine. He is acknowledged by posterity for having for the first time described child mistreatment (1861). Will be then examined, from his major texts, what is his general conception of mental disorders, and in what measure those disorders can be considered as responsible for the production of crimes and other medico-legal acts. The theoretical model built and used by Tardieu is the "instinctive impulsion", referred to the brain, on the same pattern as the epileptic fit. This model is rather different from the models of transitory, sudden or instantaneous illnesses, developped contemporarily by alienists, in the track of the esquirolian

"monomany". Therefore, it is for Tardieu exceptional that child mistreatment can be referred to mental disorders presented by the mistreater.

Discussant

Renato Alarcón

No abstract submitted

SYMPOSIUM S6 - TEN YEARS AFTER THE 9/11: CONFLICT AND SOLUTIONS

Chair: Daniel Chen

On the 10th anniversary of the 9/11: What we have learned as clinicians

Daniel Chen

BACKGROUND According to the U.S. State Department, the victims were from over 90 countries. The findings from the Project Liberty, which is the New York's Crisis Counseling Program Created in the aftermath of September 11, 2001showed that the terrorist attack had substantial short term and long-term impact on the society. **METHOD** A total of 25 patients diagnosed with PTSD were followed from 2001 to 2011 after the 9/11. They were assessed for clinical symptoms and their daily living. **RESULTS** The clinical symptoms were significantly improved. But the stress tolerability was low, e.g. the earthquake on August 23, 2011 triggered relapses of PTSD symptoms. The majority of the patients changed their lifestyle in order to alleviate their anxiety. **CONCLUSIONS** On the 10th anniversary of the 9/11, we learned that the sense of loss experienced by New Yorkers was universal and cross-cultural. The clinical and cultural impact is significant. People are still recovering. The cultural of life is changed forever.

BIBLIOGRAPHY

Donahue SA, Lanzara CB, Chip J, Felton CJ, Essock SM & Carpinello S. Project Liberty: The New York's Crisis Counseling Program Created in the Aftermath of September 11, 2001. *Psychiatric Services*, 57:1253-1258, 2006; Five-Year 9/11. Remembrance Honors Victims from 90 Countries:
[http://www.america.gov/st/washfileenglish/2006/September/20060911141954bcreklaw0.9791071.html]

What we have learned from first response in Disasters

Robert Crupi

BACKGROUND Mental health has increasingly been recognized as a core public health concern in disasters. The coordination and delivery of mental health care services outside of the hospital pose unique challenges. The experience of the MediSys Health Network's response to multiple major disasters including the 9/11 attack in 2001 and the Hurricane Katrina in 2005 provided lessons for hospital emergency preparedness in the area of mental health. **METHOD** The hospital emergency incident command system (HEICS) model was used to coordinate mental health services. All first responders were trained in basic mental health first aid. The hospital also provided a self-care program to the first responders to prevent negative mental health outcomes to themselves. **RESULTS** To make the HEICS model effective, the hospital mobile crisis teams need to make early baseline assessment of the affected population's resiliency and risk factors. A monitoring system must be established to assess changes in baseline status over time. Training and education must be done to ensure a culturally competent system of care. **CONCLUSIONS** Mental health should be one of the core elements in

disaster relief. It provides psychological first aid and triage for people who are severely traumatized. It facilitates the rest of the affected people to restore the normalcy of their everyday life.

Mental health counseling for children and family in disaster relief

Anthony Maffia

BACKGROUND Mental health counseling has become an essential part of a major disaster relief. The Medisys Health System's first respond team provided mental health counseling for children and families after the TWA Flight 800 crash in 1996, Egypt Air Flight 990 crash in 1999. Mental health counseling for children and families in disaster relief became an important part of crisis intervention to those who were affected by these disasters. **METHOD** After the 9/11 attack, the Medisys First Response team utilized the psychological first aid to provide culturally sensitive mental health counseling to help the victims including children and families. **RESULT** In disaster relief, mental health counseling provided a sense of safety and hope to the effected children and families. They were screened for PTSD and were referred to the system's mental health clinics for further treatment. **CONCLUSION** Mental health counseling for children and families in disaster relief helped the children and families to understand the wide range of emotions such as numbness, frustration, anger, sadness, hopelessness. It helped them to identify and draw on their strengths, to resume pre-tragedy lives, to grieve in their own way without timetable.

SYMPOSIUM S7 – ADVANCES IN CULTURAL PSYCHIATRY TRAINING AND CULTURALLY COMPETENT SYSTEMS AND SERVICE DELIVERY IN NORTH AMERICA

Chair: Lim Russell & Laurence Kirmayer

The University of Toronto cultural psychiatry curriculum: An integrated approach to resident education

Lisa Andermann

To be clinically competent, Cultural Competence (CC) has become an essential requisite in an increasingly multicultural society. Postgraduate psychiatry training programs need to incorporate CC training into their curricula, including both specific and generic cultural competencies. CC consists of an overlapping set of attitudes, knowledge, skills, and an awareness and attention to power differences, which enable effective care to culturally diverse populations. An integrated approach utilizing the CANMEDS framework has been developed at the University of Toronto to deliver the CC curriculum across various psychiatric specialties during the successive years of psychiatry residency. The presentation will highlight some of the successful pedagogical tools developed for the curriculum.

Cultural psychiatry training in Canada

Laurence Kirmayer

Culture shapes the experience and expression of all psychiatric disorders. Cultural variations have been shown to influence the clinical recognition, diagnosis, and treatment of mental health problems. The Mental Health Commission of Canada included responding to the diverse needs of Canadians as the third of seven basic principles in its framework for a mental health strategy. To respond to this challenge, the Section on Transcultural Psychiatry of the Canadian Psychiatric Association has prepared a review paper on training in cultural psychiatry to address the needs of Canada's increasingly diverse population. This presentation will present the background research and rationale for the review and its key conclusions. An overview will be provided of existing cultural psychiatry training programs in Canada, along with a discussion of the definitions and limitations of cultural competence and cultural safety in the Canadian context. A proposed core curriculum in cultural psychiatry will be outlined, encompassing both practical issues of equity in health services and basic science questions about the social and cultural determinants of psychopathology and recovery. Strategies for achieving the CANMEDS core competencies as well as cultural competency and cultural safety will be discussed. Ways to access resources for training and self-education in cultural psychiatry will be discussed.

Assessing and enhancing organizational cultural competence

Ted Lo

Cultural Competence can be conceptualized as operating at 3 different levels in the healthcare system – macro, healthcare and other policies that influence social equity and determinants of health; meso, the institutional level and its clinical programs; and micro, the individual healthcare provider level. Based on our consultative work, we propose a comprehensive cultural competence framework for assessing, planning, implementing, and evaluating changes at the organizational level, ultimately aimed at enhancing mental healthcare service to the diverse patients, families, and communities. As each organization has its own unique "organizational culture", this needs to be identified and taken into account if organizational changes are to be successful. General principles and specific strategies for organizational change as applicable to enhancing organizaitonal cultural competence will also be examined, as they determine the likelihood of success in the implementation of paradigm shifts.

Culturally competence in psychotherapy

Kenneth Fung

To provide competent mental health care, cultural competence is a requisite. As psychotherapy is an important mental health intervention, it is imperative to become familiar with and critically examine the cultural and diversity issues as it relates to psychotherapy. In this presentation, an overview of a cultural competence framework in mental health will be presented. Cultural issues will be discussed as it relates to the multiple aspects of psychotherapy and the therapeutic process, including considerations of the cultural diversity of the clients, therapists, and the psychotherapeutic theories and techniques themselves. While examples of specific psychotherapeutic modalities such as cognitive behavioral therapy (cbt) or acceptance and commitment therapy (act) will be examined, an encompassing approach will be presented that allows discussion of the topic to be applicable to other psychotherapeutic modalities, both individual and group.

The UCD cultural psychiatry curriculum

Russell F. Lim

BACKGROUND at the university of california, davis, school of medicine, department of psychiatry and behavioral sciences, the diversity advisory committee (DAC) has developed a four-year curriculum for cultural psychiatry. Dac was founded in 1999 to improve instruction in cultural competence in graduate medical education, and has also supported the development of a four-year religion and spirituality curriculum as part of our cultural psychiatry curriculum. The american college of psychiatrists honored the department with its creativity in psychiatric education award in 2007 for the dac. The american association of director's of psychiatry residency training adopted our curriculum as a model curriculum in 2010. **METHODS** the cultural curriculum focuses on teaching culturally-generic skills such as the use of the dsm-iv-tr outline for cultural formulation (OCF), and uses videotaped case vignettes to illustrate concepts such as explanatory models, interethnic and intraethnic transference, the assessment of stressors and supports, and how to negotiate a treatment plan. Residents are asked to present cases in the ocf to cultural consultants. Films are shown as a stimulus for the discussion of racism, and articles are discussed regarding culturally appropriate psychotherapy. Residents also receive instruction in religion, spirituality, gender issues, sexual orientation, and gender identity. **RESULTS** the curriculum has received positive reviews from the residents. **CONCLUSION** a skills-based experiential curriculum with videotaped cases allows residents to see an expert perform a culturally appropriate assessment, as well as offer opportunities for formative evaluation and further practice of culturally appropriate assessment skills with the support of a faculty supervisor.

Cultural psychiatry training in us

Francis Lu

This presentation will review the "sociocultural issues" in the accreditation standards for general psychiatry residency training programs in the united states. First, the accreditation council for graduate medical education (ACGME) accreditation standards effective July 2007 will be reviewed focusing on sociocultural issues found in 5 of the 6 core competencies: medical knowledge, patient care, interpersonal and communication skills, professionalism, and systems-based practice. Secondly, three modifications of these accreditation standards will be proposed since the ACGME standards will be revised effective 2013.

SYMPOSIUM S8 - MENTAL HEALTH AND TRADITIONAL HEALING IN EAST AFRICA

Chair: Wielant Machleidt

Co-Chair: David M. Ndetei

Use of a phased model of treatment for refugees and asylum seekers with PTSD

Ken Carswell

Background Debate concerning the most appropriate treatment approaches for refugees and asylum seekers diagnosed with PTSD and other mental health problems in host developed nations is ongoing. Whilst some studies suggest that trauma focused psychological treatments are effective for use with this population, other authors argue for a more holistic approach to treatment. Current UK guidelines for the treatment of PTSD suggest the use of a phased model for the treatment of refugees and asylum seekers, adapted from the work of Herman (1992).

This presentation introduces the phased approach for the treatment of refugees and asylum seekers, starting with a brief review of supporting literature, followed by explanation of the approach used by clinicians with the refugee

service of the Traumatic Stress Clinic in Camden & Islington NHS Foundation Trust, London. The presentation will provide a practical framework for considering the holistic treatment of refugees and asylum seekers in developed countries that allows for the use of evidence based psychological approaches for trauma within a model that is culturally sensitive and acknowledges the broad range of social, political and psychological factors which may influence the experience of refugees and asylum seekers.

Healing in altered states of consciousness

Barbara Stoeckigt

BACKGROUND Altered states of consciousness are used worldwide in healing rituals. In contrast to this altered states of consciousness are mainly subject of psychiatry in the western medical system. Altered states of consciousness can either be selfinduced (non-pathological) like in trance, possession, shamanic and transpersonal states or can be forced (pathological) like in psychosis and the schizophrenic syndrome. **METHOD** In a qualitative study the question about the use of altered states of consciousness for healing psychotic patients was examined. Furthermore the question about transcultural effective factors which could expand western psychotherapy methods, was discussed. For this a field research in East Africa (Kenya and Uganda) took place wherein spiritual healers where interviewed about their healing practices of psychosis. Guided (Flick 1995) and ethnographical interviews (Spradley 1979) were performed and analysed by the circular deconstruction technique (Jaeggi et al. 1998). **RESULTS** It was shown that all common effective factors of psychotherapy are part of a spiritual healing ritual. Moreover a transcendental resource can be seen as an effective factor on its own. To activate this transcendental resource the spiritual healers use, among others, altered states of consciousness in the sense of trance and possession. This transcendental resource is transcultural. **CONCLUSIONS** A deepened examination of altered states of consciousness and its therapeutical use can probably lead to an expansion of the western psychotherapeutical spectrum. In addition the exchange between tradional and western medicine is necessary for a better understanding of each other and an integration of traditional medicine in health care worldwide.

SYMPOSIUM S9 - CULTURE AND RESILIENCE IN WAR AND NATURAL DISASTERS

Chair: Madelyn Hsiao-Rei Hicks

War, resilience, and culture in Afghanistan

Catherine Panter-Brick

BACKGROUND This paper reviews key literature on resilience in conflict settings, and presents a case study on resilience, culture, and mental health from Afghanistan. **METHODS** We conducted longitudinal research with a large, randomly selected sample of 1,011 Afghan families in 2006-07, interviewing both youth (boys and girls, 11-16 year old) and adult caregivers. We integrated epidemiological and social sciences data to assess mental health and resilience in the wake of war. **RESULTS** Prospective survey data show that key drivers of poor mental health among youth include, as expected, past exposure to trauma and ongoing exposure to violence. They also show that 'family unity' is the key protective factor driving an improvement of mental health trajectories. Thematic analyses of youth and adult narratives, in turn, demonstrate that hope is the bedrock of psychosocial resilience in the Afghan context. **CONCLUSIONS** Resilience is both a functional and a normative concept. The assumption that promoting cultural values will necessarily strengthen family and community resilience is too simplistic: cultural norms can be anchors of resilience as well as sources of social suffering. To better articulate

relationships between culture and resilience, we need stronger conceptual models and a more rigorous evidence base in conflict settings.

Peer and family support as predictors of resilience among child soldiers in Nepal

Brandon A. Kohrt

BACKGROUND There is a paucity of evidence for effective interventions to improve the mental health of child soldiers returning home after war. Most approaches emphasize family support and vocational rehabilitation. This study examined peer social support, especially the cultural role of ethnic discrimination, in promoting psychosocial resilience. **METHOD** Child soldiers (n=258) were compared with civilian children (n=258) before and after 12 months of psychosocial intervention for the children soldiers. Validated assessment measures included the Depression Self-Rating Scale (DSRS), Child PTSD Symptom Scale (CPSS), and locally-developed Child Function Impairment tool (CFI). **RESULTS** Prior to the intervention, mental health problems were greater among child soldiers compared with civilian children (depression: 40% vs. 25%; PTSD: 41% vs. 12%; function impairment: 58% vs. 41%). Difficulty with peers was the strongest predictor of poor mental health outcomes after controlling for trauma. Cultural caste differences influenced social support. After the intervention, there were no differences in mental health problems between child soldiers and civilian children (depression: 21% vs. 20%; PTSD: 16% vs. 14%; function impairment: 40% vs. 41%). Reduction in peer-related difficulties and increase in family support had the greatest effect on improvement in mental health outcomes. **CONCLUSIONS** The mental health of child soldiers and other children affected by armed conflict are influenced significantly by the degree of social support, especially from peers and family members. Post-conflict interventions should consider chronic cultural and ethnic discrimination patterns to be effective. Fostering peer support and minimizing discrimination can have dramatic effects on promoting resilience of reintegrating child soldiers

Eco-cultural resilience: Working with child-related psychosocial resources in war and natural disaster-affected communities

Joop T. de Jong

BACKGROUND A paradigm shift has been called for in relation to studying the psychosocial impact of war and disaster on children, from describing the impact in terms of psychiatric classification systems to examining the effects of chronic stress situations, protective and mediating factors, the role of cultural context, gender, and the type of conflict or disaster situation. This lecture provides an overview of resilience from an ecological-cultural perspective. **METHOD** We describe both qualitative and quantitative research findings on resilience at different ecological levels (family-level, peer-level school-level, community-level). Data were collected from Burundi, Indonesia, Sri Lanka and Haiti. **RESULTS** Integrating ecological resilience into psychosocial programming is still in its infancy. Based on examples of how ecological resilience has been translated into psychosocial programming we argue that there exists a lack of research evidence on basic principles for psychosocial programming and a lack of translation of research findings into intervention methodology. Future studies should focus on how resilience processes at different social-ecological levels can be effectively incorporated into psychosocial programs for children living in areas of armed conflict (and other types of disaster). Multi-level statistical techniques can be of assistance in this effort. Momentarily, there is evidence suggesting the importance of the family, but on the other social-ecological levels there is only scant research evidence to support the relationship of resilience with psychosocial wellbeing.

SYMPOSIUM S10 - INNOVATIVE VIRTUAL ENCOUNTERING- AN EMPOWERING TOOL FOR FUTURE GLOBAL MENTAL HEALTH AMONG YOUNG PEOPLE?

Chair: Solvig Ekblad

Virtual clinical encounters in transcultural psychiatric training: The role of virtual feedback – A pilot study

Ioannis Pantziaras

BACKGROUND A more comprehensive concept of medical competence has recently been considered including clinical, cultural, interpersonal and interprofessional competence. Advances in technology, changes in the health care context and the increased focus on clinical communication skills and reasoning, have gradually promoted the use of educational computer simulation models like Virtual Clinical Encounters (VCEs) as a method of teaching, learning and assessment that can be distance-based, automated, scalable and individualised. **METHOD** We have in collaboration with Harvard Program for Refugee Trauma (HPRT) developed a prototype version of a virtual refugee trauma simulation. In this version, the user can freely interact with a virtual patient (VP) and receive a detailed summative feedback regarding actions taken, their appropriateness and the quality of handling the case. The VCE-prototype was tested during a pilot study with 12 participants. **RESULTS** The VCE was experienced as an engaging and challenging educational activity that significantly contributed to the participants' increased confidence in solving clinical problems with emotionally distressed patients. The VCE was also highly perceived as a potential reliable assessment tool that could be enhanced by the implementation of a Virtual Advisor, and the use of feedback from the VP's own perspective. **CONCLUSIONS** VCEs based on real-life clinical scenarios are likely to be successful as a holistic assessment summative tool that can be formative by the use of feedback (Virtual Advisor or direct feedback from the Virtual Patient) potentially leading to sustainable improvement of the learners´ knowledge, skills and attitudes.

Poverty health and violence in conflict situations towards women – Innovative technical and pedagogic strategies for prevention

Marianne Kristiansson

BACKGROUND Poverty and aggression/violence are huge challenges worldwide and often related to poor health status. WHO has highlighted violence as a public health issue. Results from recent research also suggest that socioeconomic status and stress may have an impact on brain development and brain function hypothetically making people more vulnerable to maladaptive behaviour. Domestic violence and violence against women and children have been focused on in many countries. **METHODS** We have developed a computer-based simulation programme based on social learning and cognitive behavioural therapy. The aim of the present presentation is to present the programme and primary results from a study performed in Sweden. **RESULTS** Preliminary results from a pilot study suggest that the presented simulation programme may be used to facilitate change in violent behaviour through visualisation of and reflection on feelings, thoughts, behaviours and consequences that are common in domestic violence situations. **CONCLUSION** In summary, the programme seems to be possible to use in offenders sentenced for violence against women. In future research the programme should be tested in various cultural and socioeconomic settings.

Mobile telephone-based diabetes control in developing countries: culture tailored innovative strategy – The virtual doctor

Mesfin Tessma

BACKGROUND Technological advancements have transformed the delivery of health care remarkably, especially in the field of clinical medicine and public health. There exists today a paucity of culture-tailored devices that empower people to be actively involved in the management and control of chronic diseases. However, patients in developing countries are often marginalized from the health care. Interactive mobile telephone based "Virtual Doctor Simulations" (VDS) address this challenge. VDS simulate real-life scenarios and the patient interacts with the doctor audio-visually. It is accessed on demand and creates a mechanism for repetitive and direct feedback, systematic follow–up, individual counseling, patient autonomy and proactive learning. Diabetes has been selected as a suitable match since diabetes self-management education is the cornerstone of care. Further, diabetes has also impact on mental health, e.g., depression. Its prevalence and reported complications are alarmingly high in Ethiopia. **METHODS** The objective of the project is to evaluate the effectiveness of a mobile-based diabetes management control and prevention of complications intervention in Addis Ababa, Ethiopia using a randomized controlled trial, randomized to either standard lifestyle advice or a mobile-based intervention. Outcome variables include blood glucose, HA1C and quality of life items (like behavioral and attitudinal changes). **RESULTS** No results are available at this time. **CONCLUSION** It is anticipated that the intervention introduces a safe, simple, fast, efficient and sustainable (change?), low cost strategy in the management of diabetes and its complications at a distance.

Virtual patient encounters to challenge patient-centered interviewing skills

Olivier Courteille

BACKGROUND Today's interactive learning environments like Virtual Patient Encounters (VPEs) can promote and integrate cultural and gender differences as key components in the learning process. Featured with holistic feedback, VPEs enable thus tomorrow's students to become more actively involved in training clinical interview skills. **METHOD** In order to effectively improve and assess learners' interview skills with emotionally distressed patients, VPEs must challenge coping behaviours and emotional responsiveness. Therefore, we recommend designing a holistic summative feedback about the learner's performance in clinical interview, supplemented by a virtual adviser assessing the frequency and pertinence of psychosocial questioning, formulation of empathic statements, as well as management of patient problems. **RESULTS** Previous studies have shown that VPEs are not only experienced as realistic clinical encounters but can also evoke emotional engagement and empathic feelings. Incorporation of patient feedback has been found to contribute to increased awareness by putting patient's own concerns and expectations more in focus. The model's holistic approach, featured with a virtual advisor and patient feedback, and designed to increase participants' awareness/understanding about their interview style and its subsequent limitations, will be presented and discussed. **CONCLUSIONS** Being systematically checked in the exhibition of appropriate interview behaviours and supportive attitude, learners will learn how to elicit relevant patient cues. Well designed VPEs are highly relevant in a transcultural learning context and can contribute to the development of interpersonal, social and communication skills, as well as enhance confidence in trust building. This in turn promotes patient satisfaction and empowerment in multicultural settings.

Moral discourses among Ugandan mental health workers on suicide and suicidal individuals

Birthe Loa Knizek

BACKGROUND Suicidal behavior is still criminalized in Uganda. Religious and cultural norms condemn suicidal behavior and suicidal people to a large degree. Thus, suicidal behavior is sanctioned legally, religiously and culturally. Uganda has a shortage of mental health workers, which gives a heavy work load to each of them. In this diverse cultural context we set out to investigate mental health workers' views on suicide and suicidal people. **METHOD** We conducted qualitative interviews with 30 mental health workers in Kampala, the capital of Uganda; psychiatrists, clinical psychologists, psychiatric clinical officers and psychiatric nurses. They were asked

about their principle attitude towards suicide as well as their attitude towards suicidal people. They were also asked about their views on the current criminalization of suicidal behavior in Uganda. **RESULTS** The mental health workers employed three different moral discourses in positioning themselves: 1) Religious moral reasoning, 2) Professional moral reasoning, 3) Juridical moral reasoning. The religious reasoning was strong in all informants and sometimes overruled the other moral discourses, especially regarding a principle attitude towards suicide. The opposite was true with respect to their attitude towards suicidal people. None of the informants saw an antagonistic relationship between religion and professionalism, while many emphasized the complimentary relationship. On the basis of positioning themselves in a continuum between religious and professional reasoning the informants then took a standpoint towards suicide being criminal. Both religious and professional arguments were used in either being positive, negative or ambivalent towards this issue. **CONCLUSIONS** Mental health workers in Uganda employ a combination of three moral discourses for positioning themselves in their attitudes towards suicide and suicidal people. On the basis of their positioning in a continuum between religious and professional reasoning, the arguments towards the question of suicidal behaviour as a criminal offense then was formed.

Can case-based virtual encounters enhance service staff's social awareness, attitude and understanding in the evaluation and management of newly arrived refugees - lessons learnt?

Solvig Ekblad

BACKGROUND Refugees seek primary health care for their illness, which is often communicated by somatic complaints. The way doctors encounter patients with refugee trauma, one of the key components of a patient-centered behaviour, has been shown to affect recovery from illness. Can Virtual Clinical Encounters (VCEs) in medical education, a rather new paradigm compared with traditional teaching, enhance encountering with refugee patients? **METHODS** In collaboration with Harvard Program for Refugee Trauma (HPRT) we have developed a prototype version of a virtual refugee trauma simulation with a virtual female patient. VCEs are user-friendly, safe and individualised. Data from the user's social awareness, attitude and understanding in the evaluation and management of the VCEs will be presented. The prototype was tested during a pilot study with a group of medical doctors (n=12, 50 % female and 50% male) working as residents in Psychiatry (n=11) and General Medicine (n=1) in Stockholm and Uppsala. **RESULTS** The participants found that the VCEs was a promising educational tool in transcultural psychiatry and psychiatry in general. Training with VCEs and for collaborative education could increase knowledge on diagnosing, communication skills and clinical care. VCEs were significantly better compared with paper case. One of the advantages with VCEs was the active role of the participant during VCEs. VCEs were experienced as a good alternative when a real patient was not available during training. **CONCLUSION** The VCEs enhanced user's social awareness, attitude and understanding and is a promising educational tool for further studies.

A historical view of case simulation methods for healthcare education and its significance for psychiatry - What will the next step be?

Uno Fors

BACKGROUND Computer based simulation of cases has been used for more than 30 years in healthcare education. During that last 10 years, Virtual Clinical Encounters (VCE), has gained in interest and several educational organizations worldwide is nowadays using VCEs. However, since most VCE systems are focused on general medical cases, they are often based on physical exam procedures and lab/imaging tests. The question is if and how VCEs might be used for education in psychiatry, where the main information gathering method is discussion with the patient. METHOD We have been developing VCE systems in medicine, dentistry, nursing and other disciplines for more than 20 years. Most of these have been focusing on physical exam procedures, labs and imaging techniques. However, we have also been working with educational cases for psychiatry, which has

challenged the VCE systems. Therefore, we have also developed more dedicated systems, where the illness history taking and discussion with the patient has been in focus. **RESULTS** Three different systems have been developed during the years with the capability of a more free "discussion" with the virtual patient, including emotionally challenging responses and reactions of the VCE. **CONCLUSIONS** Traditional VCE systems may be used for developing psychiatry cases; however more dedicated systems might have an advantage when targeting psychiatric cases. However, such systems often have a drawback in a heavy use of human actors for capturing the video based responses. In the future high-fidelity animated VCEs might be used to overcome the high costs for using real human actors.

SYMPOSIUM S11 - SUICIDE & MENTAL HEALTH IN AFRICA

Chair: Heidi Hjelmeland

Moral discourses among Ugandan mental health workers on suicide and suicidal individuals

Birthe Loa Knizek

BACKGROUND Suicidal behavior is still criminalized in Uganda. Religious and cultural norms condemn suicidal behavior and suicidal people to a large degree. Thus, suicidal behavior is sanctioned legally, religiously and culturally. Uganda has a shortage of mental health workers, which gives a heavy work load to each of them. In this diverse cultural context we set out to investigate mental health workers' views on suicide and suicidal people. **METHOD** We conducted qualitative interviews with 30 mental health workers in Kampala, the capital of Uganda; psychiatrists, clinical psychologists, psychiatric clinical officers and psychiatric nurses. They were asked about their principle attitude towards suicide as well as their attitude towards suicidal people. They were also asked about their views on the current criminalization of suicidal behavior in Uganda. **RESULTS** The mental health workers employed three different moral discourses in positioning themselves: 1) Religious moral reasoning, 2) Professional moral reasoning, 3) Juridical moral reasoning. The religious reasoning was strong in all informants and sometimes overruled the other moral discourses, especially regarding a principle attitude towards suicide. The opposite was true with respect to their attitude towards suicidal people. None of the informants saw an antagonistic relationship between religion and professionalism, while many emphasized the complimentary relationship. On the basis of positioning themselves in a continuum between religious and professional reasoning the informants then took a standpoint towards suicide being criminal. Both religious and professional arguments were used in either being positive, negative or ambivalent towards this issue. **CONCLUSIONS** Mental health workers in Uganda employ a combination of three moral discourses for positioning themselves in their attitudes towards suicide and suicidal people. On the basis of their positioning in a continuum between religious and professional reasoning, the arguments towards the question of suicidal behaviour as a criminal offense then was formed.

Suicide prevention in Uganda: The views of mental health workers

Heidi Hjelmeland

BACKGROUND Suicidal behavior is still criminalized in Uganda. Religious and cultural norms condemn suicidal behavior and suicidal people to a large degree. Thus, suicidal behavior is sanctioned legally, religiously and culturally. Uganda harbours over 40 different ethnic groups. Although most of the country has been relatively peaceful for decades, the north until recently suffered two decades of war activities with two million people living in internally displaced peoples' camps. In this diverse cultural context we set out to investigate mental health workers' views on suicide prevention in Uganda. **METHOD** We conducted qualitative interviews with 30 mental

health workers in Kampala, the capital of Uganda; psychiatrists, clinical psychologists, psychiatric clinical officers and psychiatric nurses. They were asked whether they thought suicide can be prevented, how it could be done and who can contribute to such an endeavor. **RESULTS** All informants believed that suicide can be prevented. Their responses as to what could be done basically fell into two main categories: primary prevention (e.g., decriminalizing suicidal behavior, community sensitization/awareness/education) and secondary prevention (e.g., treatment of suicidal persons). The vast majority of the responses fell under the primary prevention category. They believed that everyone, from the Government to the individual community member and everyone in between (e.g., organizations, health workers, leaders, media), could contribute to prevent suicide. **CONCLUSIONS** Mental health workers in Uganda believe suicide can be prevented and have lots of ideas as to how it can be done and who can contribute. This information will be given to the Ministry of Health in Uganda.

Prevalence of traditional African beliefs and their impact on physical and mental illness in a Kenyan integrated primary health centre

Jean-Louis Aillon

BACKGROUND In Africa, mental and physical illness are often cured by Traditional Healers. The prevalence of traditional african beliefs in patients who go to "Western" hospitals is unknown. **OBJECTIVE** To determine prevalence of traditional african beliefs and their impact on the perception on both mental and physical illness in patients who went to an integrated primary health clinic in Nairobi. **METHOD** A cross-sectional descriptive study. We administered randomly to 300 adult outpatients the MINI-plus interview (DSM-IV-TR) and a questionnaire about traditional beliefs. RESULTS 56,3 % (n=169; N=300) met DSM-IV-TR criteria for at least one mental disorder, mostly Major Depressive Disorder (26,3%). 24,4% (n=33; N=136) thought that their mental illness was caused at least by one traditional belief (witchcraft=18%, curse=12%, spirit=11,4%, evil=8,4%, "jinn" =7,8%, "bad luck in all your life"= 7,2%, bad omen on the family 7,2%, "someone looked you with bad eyes"= 4,2%). This percentage was lower for physical illness: 12,5% (n=34; N=273). Patients reported that to heal from these sicknesses they would have prayed (89,7%), gone to see a priest (40%), a traditional healer (23,1%), a faith healer (12,5%), a whitch doctor (17,5%) and only the 22,5% would have consulted a professional mental health consultant. **CONCLUSION** More than one-half of patients suffer from a mental disorder. Traditional african beliefs have a mild impact on mental and physical illness. There is a need to integrate these findings in clinical work, practicing a more holistic approach, and enstablishing a mutual cooperation between "Western" doctors, traditional healers and religious figures.

SYMPOSIUM S12 - MARGINALISED GROUPS

Chair: John Loh

Trans-cultural aging for Cambodian refugee women in the United States

Nicole Dubus

BACKGROUND This study seeks to understand trans-cultural aging and stressors for aging refugees. It describes the experiences of Cambodian refugee women as they age in the United States. **METHODS** An examination during one year of the experiences of 16 Cambodian refugee women (ages 44 to 60), participants in a Cambodian community health center support group. **RESULTS** Analysis revealed complex experiences of aging in the U.S. including: (a) loss of one's role as respected elder, (b) cultural disconnection between their own expectations of aging and the expectations of those aging in the United States, (c) fear of living separately from children, (d) feeling de-valued by sons and daughters, and (e) self-blame for intergenerational cultural gap. The women also described that their employment was interrupted as the result of exacerbated post-traumatic stress symptoms later in life. **CONCLUSIONS** An ethnographic trans-cultural perspective on the experiences of aging for Southeast Asian refugees. Aging refugees face stressors even 20 to 30 years after re-settlement. Findings show a decrease in functioning as torture survivors grow older. Recommendations are given for social workers and social service programs.

Schizophrenia in the everyday life: Subjective experiences by patients, their families and community in the context of poverty, Brazil

Patricia Neves Guimaraes

BACKGROUND Brazil initiated a national process of deinstitutionalization of psychiatric care from psychiatric hospitals to local outpatient clinics called CAPS (Center for Psychosocial Care). Following this systemic change, patients' families became intensively involved in their daily care. **OBJECTIVE** to identify explanatory models and meanings formulated by patients, families and communities in order to understand schizophrenia b) to describe behaviors and popular practices of the patient's family used in the process of the schizophrenic care. **METHODS** An ethnographic research was conducted using participant observation and semi-structured in-depth interview with a total of 46 individuals: 23 family members, 07 members of the community and 16 chronic patients with schizophrenia undergoing treatment at a local CAPS serving a poor community of Montes Claros, Minas Gerais, Brazil. **RESULTS** Patients, families and the community share similar beliefs towards etiology and the course of the disease. Schizophrenia is not recognized as a disease both by patients and their families; it is considered a spiritual disorder and its main explanatory models are lack of post natal care, spirits, spells and spiritual obsession. Generational spirits are seen as responsible for the disease transmission and manifestation by inheritance. Patients and family members seek therapeutic help mainly in "spiritualist healers". Madness is related to the use of antipsychotic medication presenting a barrier to treatment adherence. The family relationship is surrounded by aggressiveness on both sides. Patients' violent behavior is seen as a moral character problem. Under the community view, the schizophrenic patient is dangerous and threatening. The fact of not being able to participate socially in the world is a source of suffering for the patients. **CONCLUSIONS** Mental health public policies have to deal with the challenges of local realities, family dynamics and cultural meanings which are inserted in the context of therapeutic care.

SYMPOSIUM S13 - TRAUMA, CONFLICT AND DISPLACEMENT

Chair: Aida Alayarian

Trauma, torture and dissociations: A psychoanalytic view

Aida Alayarian

BACKGROUND Explore the resilient factor and its relation to dissociations (healthy & unhealthy) in people who endured trauma. The term dissociation used is distinct from other current meanings. Understanding trauma and treatment of trauma will be considered from a relational perspective, with the view that childhood trauma of patient is a dual narration. The main question is: 'What are the traits in the unconscious of the personality which enable some people to be resilient to the experience and lead fulfilling lives and others collapse psychologically?' **METHOD** Looking at psychoanalytical ideas to address three main issues: 1. the characteristics commonly associated with trauma and with resilience; 2. the creation of an intra-psychic and secure state of mind with reference to Fraud and contemporary psychoanalytic thinking, specifically object relation theory**;** 3. the relevance between being resilient and psychological health or lack of it. An extended clinical vignettes and case studies are used to illustrate the key points and the theoretical conceptualization which is presented in close conjunction with clinical data. The importance of patients' early experiences and the developmental processes is considered important factors creating resilient qualities **RESULTS** In the case observation I aimed to identify causal factors associated with the pragmatic phenomenon in a flexible, but rigorous manner – I systematically documented any changes and the pattern of change made in patients, i.e.: the change that comes immediately after an interpretation or in the form of a dream in the following session/s. I identified four main key factors: a) Sense of Self; b) Psychic Space; c) Listening Other; d) Two types of Dissociations. And how the connections between these may or may not make the person resilient. For example the notion of having a L.O., is connected with having P.S. to let someone in, and with P.S. come a S of S. **CONCLUSIONS** Dissociative activity involves the de-construction of otherwise symbolically integrated self/other constellations, that is evoked independently or in response to, but always, in interaction with person's own unique organization of multiple centers of conscious and unconscious accessibility.

Prevalence of common mental disorders and the association with resilience among internally displaced people (IDP) in Puttalam district of Sri Lanka (The COMRAID Study)

Chesmal Siriwardhana

BACKGROUND IDPs are treated differently than refugees, as they are displaced within country borders. Lot of research has been conducted on mental health issues among refugees, but very few among IDPs. Muslim IDPs in Puttalam district, northwestern Sri Lanka, were initially displaced in 1991 from Northern Province. A recent national survey showed highest rates of common mental disorders (CMD) for Puttalam. A study was proposed to observe the prevalence of common mental disorders and association with resilience (COMRAID study) specifically among IDPs. **METHOD** Study had quantitative and qualitative components. A cross sectional survey of a randomly selected sample of 450 adults above 18 years, migrated within last 20 years or born in displacement selected from 141 settlements and a qualitative part of in-depth interviews conducted among 31 participants. CMD prevalence, resilience, social support/networks, suicidal ideations, socio-demographics, trauma exposure was measured and pre/post displacement experiences and impact on mental health was explored. **RESULTS** Preliminary results are available. 166 males and 284 females participated. Most were educated up to GCE O/Ls (246, 54%) while 170(38%) were employed and 127 (28%) lacked sufficient food at least one day in past month. Major depression prevalence was 5.1% with other depressive syndromes at 7.3%. Somatoform and anxiety disorders had 14% and 1.3% prevalence. **CONCLUSIONS** From available findings, it can be concluded that prevalence of CMD is higher among IDPs. Also, a considerable proportion of IDPs face lack of employment while a sizable number of families are facing a lack of sufficient food resources.

Theorising brief psychosis. A culturally mediated response to trauma and acculturation in post-conflict Timor-Leste?

James Rodger

BACKGROUND The East Timor Mental Health Study (2004) was predicated on the need for quantitative and qualitative insights into the mental health of the East Timorese population, in the wake of the atrocities they endured in the fight for their sovereignty. **METHOD** Potential 'cases' (from n=1544) were identified by both cross-culturally validated screening instruments and a local case-finding method using indigenous terms for mental distress. All cases of psychosis were identified using the local case finding method and ~80% were then interviewed in depth, eliciting illness narratives and explanatory models alongside clinical diagnosis. **RESULTS** Overall there were low rates of PTSD (1.47%) and chronic psychosis (0.51%), with relatively high rates of brief-psychotic states (0.84%), with periodic recurrence, affecting adults across the life-span. Recurrences were often associated with social stressors, but also with the time of the new moon. The violation of culturally sacrosanct ritual obligations often appeared to foreshadow the onset of 'disorder'. **CONCLUSIONS** Recurrent brief psychosis may represent an alternative culturally and developmentally mediated response to trauma with a 'cultural revitalising' function. Traumatic events are argued to become symbolically entwined with cultural beliefs and practices pertaining to ritual obligation, sacredness, and taboo. Brief psychotic episodes may represent trauma associated dissociative states, yet culture may represent a key organising principle, shaping and delimiting fragmented states of mind. Periodic recurrence may represent a culturally sanctioned compromise bridging communicative, functional and 'culturally revitalising' aspects of illness but allowing inter-episodic recovery necessary for survival. Sociocultural factors may limit the evolution of brief psychotic states to chronic illness

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SYMPOSIUM S14 - CHILDREN AND YOUNG PEOPLE

Chair: Armando Favazza

An ethnopsychology of the so called "child soldiers" of Nepal

Emilie Medeiros

BACKGROUND Despite substantial academic interest in studying the so-called "child soldiers", little has been done to conceptualize their psychological functioning and even less done in a culturally valid manner. To address such a gap requires the phenomenological study of individuals' subjectivity in relation to the cultural ecology from which it emerged. Kleinman's Anthropology of Experience was used to elicit specific structural and functional features of youngsters involved in armed groups in Nepal constituting their constructed subjectivity. **METHOD** Narratives of a cohort of informants have been documented during an 18 months multi-sited ethnography among former 'child' whole-timers[1] of the CPN-Maoist party. Combined with drawings, their theories on their subjective experience and inner functioning whilst affiliated to Nepalese society, as opposed to the armed group are explored. **RESULTS** Findings suggest, first, that *man* and *dimaag* are key experiential concepts during the two social affiliations, with their own structure and functions. Nevertheless, specific features of subjective organization are identified whilst in the armed group. Furthermore in terms of overall functioning, these instances are found to borrow from hydraulic, energetic and electrical models. As a whole-timer, *dimaag* dominates the whole experiential functioning through war metaphors and *man*, the emotional unit, becomes empty. Finally, different types of inter-relation between *man* and *dimaag* are identified and linked with recurrent features found among informants. **CONCLUSIONS** Results are placed in the light of experiential theories of party leaders and other youngsters forming their close environment. Other conceptualizations of subjectivity in Nepal and South Asia are also explored.

[1] Expression used in English by informants to describe full-time members of the CPN-Maoist party.

Beyond truth and lies: Improving narratives empathy in professionals working with unaccompanied minors

Gesin Sturm

BACKGROUND The specific and often quite complex need of the rising number of unaccompanied minors call for ambitious and efficient inter-institutional cooperation and training between professionals. One of the challenges of the work in this field is related to the high level of relation and transcultural competencies professional need to develop when working with minors. We refer to the concept of "narrative empathy" as a key-element of relational and transcultural competency and argue that unaccompanied minors. Confront professionals with many difficulties they are not properly prepared to respond to. The importance of a "convenient official scenario" concerning the minor's past on a administrational level contaminates trust on the professional's side, bringing in dynamics of suspicion and mistrust. Furthermore, trust is challenged by the relational consequences of disempowerment, dependency and traumatic experiences on the minor' side. **METHOD** we discuss ongoing explorative action research in which a small sample of educators working with minors are invited to reflect on their perception of the minors in order to improve the relationship they had established. In a first session, we ask six educators to describe their perceptions of the minors they work with focusing on situations they perceive to be "difficult". In a second session, one of the minors they talked about Is asked to construct a fictive "hero story" about him or herself. The professional and an interpreter are associated with the work. Later on, this experience is discussed with the professional, exploring the change this experience has provoked. Using qualitative methods (IPA), we analyse the way the professional describes his or her perception of the youngster and the changes we observe during and after the "story-telling-session". **RESULTS** We expect to find transformations in the relations and representation the educators develop with the minors. Results of this explorative small-case study (3 sessions with 6 educators) will be presented at the session. **CONCLUSIONS** The study indicates new possibilities to work on the relation between professionals and minors.

Mental health of pre-school children exposed to forced internal displacement in Colombia: Findings of a cross-sectional study conducted in four kindergartens in a low socio-economic neighbourhood in Bogotá

Ilse Flink

BACKGROUND The ongoing armed internal conflict in Colombia has forcibly displaced millions of families from rural to urban settlements. Previous research has shown that exposure to war trauma and migration greatly affect the mental health of children and adults. Little is know about the relationship between forced internal displacement and the mental health of pre-school children and which mediators explain the potential differences in mental health. **METHOD** Cross-sectional study conducted between February and April 2011 in Colombia comparing the mental health (measured with the Spanish Latino version of the CBCL/1,5-5) of 90 displaced and 189 non-displaced children aged 1.5-6 years, recruited from four kindergartens in a representative low socio-economic neighbourhood in Bogotá. **RESULTS** Displaced children presented significantly worse mental health than children from the non-displaced group (e.g. mean score total problems for displaced children 49.5 (23.2) relative to a mean score of 41.1 (20.8) in the non-displaced group (F=3.626 P=0.003), even after adjustment for potential confounders. Further adjustment for socio-economic circumstances slightly attenuated the association, though it remained significant. A final adjustment for mental health of the main caretaker and family functioning attenuated the association by 53.3% to OR=1.7 (95% CI 0.8; 3.8). **CONCLUSIONS** In this low socio-economic neighbourhood in Bogotá, forced internal displacement was found to affect the mental health of pre-school children mainly through the mental health of the primary caretaker and family functioning. These factors should be considered in future interventions and programs that aim to improve the mental health of children exposed to forced internal displacement.

The identity negotiation of young women of Maghrebine origin in France

Sara Skandrani

BACKGROUND In France, the political and even scientific debates concerning the second generation of Maghrebine women question the compatibility of Islam with the values of French Republic, especially concerning the status of women. **METHOD** In this context, we have conducted a qualitative research to study the identity negotiation of this population confronted to different cultural and religious values and demands. We administered a semi-structured interview to 19 young women, aged 16 to 25, born in France of parents who emigrated from the Maghreb. The data was analysed with the interpretative phenomenological analysis method. **RESULTS** The young women's identity negotiations crystallize around two symbolic identity markers: the Muslim religion and the norm of virginity. By respecting these norms, they are searching for a proof of their Maghrebine identity. By trespassing them, they are rejecting their filiation and affiliation of origin. They however redefine and transform these norms rather then reiterate them. Following these norms allows them to transgress other norms without endangering their Maghrebine identity, in their parents' eyes and in their own. **CONCLUSIONS** From the legacy of the colonial era to the current interethnic context, these norms enjoy a special status in the dominant image of women of Maghrebine origin within French society as well as in parental transmission, which in turn give these norms a symbolic value for these young women. The variety and creativity of their appropriation and redefinition of the transmitted norms reflects their hybrid and multiple identity negotiations and reveals them as creative agents.

The special needs of migrant children and their families in mental health care services

Türkan Akkaya-Kalayci

Many studies show that migrant children and their families have a low utilisation of psychiatric services, because they have special needs in mental health care. The Outpatient Clinic of Transcultural Psychiatry and Migration Related Psychiatric Disorders in Childhood and Adolescence at the Department of Child and Adolescent Psychiatry, Medical University Vienna, Austria, tries since 1996 to consider the special needs of children and adolescents from various countries in their treatment. Our clinical experience shows that the mental health services should consider cultural and language sensitive treatment as well as special psycho-education and mental health training programmes for the migrant families to reduce the doctor shopping and improve the compliance of migrant families with mental health services. This presentation will report about our experiences with migrant families from Turkey and former Yugoslavia, such as their attitudes to psychiatric services and the ways to increase their health literacy as well as awareness of services and to increase utilisation of psychiatric services.

SYMPOSIUM S15 - YOUNG REFUGEES'

Chair: Matthew Hodes
Co-Chair: Ilse Derluyn

Refugee children: Viewed as refugees or as children?

Ilse Derluyn

BACKGROUND Refugee children are generally seen as "vulnerable" children, as they might have experienced difficult life events and currently live in challenging living conditions (such as asylum centres). Moreover, research extensively documented a high prevalence of diverse psychological problems, although there is large

variety within this group of refugee and migrant children and adolescents. On the contrary, there are indications that the availability of psychological support for them remains relatively scarce. **METHODS** Self-report questionnaires on life experiences and symptoms of anxiety, depression and posttraumatic stress were administered in classes for newly arrived migrant children (n=2,100), and compared with Belgian adolescents of similar age (n=680). Moreover, the current care and reception system was examined, through semi-structured interviews and field research, to explore availability of specific support systems and methods for these youths. **RESULTS** Overall, migrant and refugee adolescents do not show more psychological problems compared to Belgian youths, although they experienced more difficult life events. However, specific subgroups with increased risks on developing psychological problems can be identified (e.g. separated adolescents, girls). Secondly, very little specific care initiatives to support migrant and refugee youths could be identified. **CONCLUSIONS** Although the vulnerability of refugee and migrant children and adolescents in developing psychological problems is largely acknowledged, this seems no to urge societies to implement specific care and support initiatives for these youths, questioning the current views in society onto this particular group.

The trajectory of unaccompanied refugee minors in Belgium: Expectations, agency and psychosocial wellbeing

Marianne Vervliet

BACKGROUND As most research on 'unaccompanied refugee minors' (UM) – young refugees separated from their parents – focuses on traumatic experiences and psychological problems, little is known about how they experience their trajectories in the host country and their future perspectives. In addition greater knowledge is needed about Afghan UM, since there has been a drastic, worldwide increase of this group in recent years (currently 30% of all UM in Belgium). This study aims to investigate the development of expectations, agency and psychosocial well-being of UM in Belgium by examining their own perspectives, paying special attention to Afghan UM. **METHODS** One hundred UM, including nearly fifty Afghan UM, are participating in a two year follow-up study which is currently being carried out (2010-2012). They completed self-report questionnaires on psychosocial wellbeing (Hopkins Symptoms Checklist- 37A, Stressful Life Events, Reaction of Adolescents to Traumatic Stress), expectations, daily stressors and agency, both at arrival in Belgium and after six months, and semi-structured and in-depth interviews were carried out. **RESULTS** Preliminary quantitative results and qualitative results suggest that most UM experienced a high number of traumatic experiences and are at risk of impaired psychosocial wellbeing. The UMs' experiences of their trajectories seem to be marked by a complex and dynamic interplay between daily stressors, expectations, psychosocial wellbeing and certain socio-demographic characteristics. **DISCUSSION** The implications for both migration policy as well as reception and care of UM will be presented and discussed.

The mental health and service contact of unaccompanied asylum seeking children

Matthew Hodes

BACKGROUND It is known that unaccompanied asylum seeking children (UASC) are at high risk of psychopathology in view of the level of past adversities they have experienced and ongoing stressors Little is known about their mental health service contact. **METHOD** A cross-sectional survey of 78 UASC Measures were self-report questionnaire instruments. The outcome measures for psychological distress were: SDQ, Birlson depression scale for risk of depression and the impact of event scale for posttraumatic stress symptoms. War traumatic events (Harvard Trauma Scale). **RESULTS** The 78 UASC had mean age 16.3 years. 52 (67%) had high risk of PTSD and 9 (13%) had high risk of depression. Mental health service contact was reported by 12 (17%) of the UASC. Mental health service contact was associated with high risk of psychiatric disorder, specifically depression, and using logistic regression predicted by depressive symptoms and duration of stay in the UK.

CONCLUSIONS There is a high level of unmet need amongst UASC. Implications for good practice are discussed.

Mental health problems of young refugees: Duration of settlement, risk factors and community based interventions

Henrikje Klasen

BACKGROUND Little is known about the characteristics of young psychologically distressed refugees in mental health services, and how they vary according to the duration of settlement. **METHOD** Study of 102 young refugees referred to a community based mental health service. Case note review for data on past adversities and current circumstances, referral problems, service utilisation. Treatment outcomes assessed using the SDQ, completed by teachers and parents. **RESULTS** More recently arrived refugees had significantly higher levels of exposure to war events, were more likely to have suffered separation from family and to have insecure legal status. Refugees settled longer were significantly more likely to be referred because of conduct problems. Young refugees had higher SDQ scores compared with the British national comparison group. Significant improvement was found in SDQ scores for the sub-group (n=24) who took up the treatments offered. **CONCLUSIONS** Community based mental health services for young refugees appeared effective. The implications for service development and practitioners are discussed.

SYMPOSIUM S16 - DISASTERS AND PSYCHIATRY

Chair: Fumitaka Noda

Psychological aftershocks of Great East Japan earthquake and tsunami: Cross-cultural speculation on the attitude of victimized people in the affected area

Fumitaka Noda

BACKGROUND Great earthquake and tsunami occurred in the north east coastal areas in Japan on March 11, 2011. Almost thirty thousand people died or are missing. In Fukushima, thousands of people had to be evacuated because of potential nuclear contamination due to the destruction of nuclear power plants. As a chair of Japanese Society of Transcultural Psychiatry, I have done several fieldwork to the affected areas in order to seek what is the most appropriate mental health intervention for the victimized people. **METHOD** Several interviews and participating observation have been made over the last six months in Soma, Fukushima where people were affected by the Tsunami and nuclear contamination. **RESULTS** From March to August, they have shown four psychological stages. First, feeling of fight in face of uncertainty (Ganbaru). Second, feeling of thankfulness for having survived (Arigatai). Third, feeling of never giving-up (Maketerarenai). Fourth, losing hope (Damekamoshirenai). **CONCLUSIONS** The psychology of victimized people is not so simple. It seems to me that they are not so eager to seek mental health help although they have suffered a lot. This phenomenon is closely related to Tohoku (north-east) cultural climate. I will discuss in this session what way of help is the most relevant for these people.

Mental health of children and adolescents pre and post the Chilean earthquake and tsunami

Robert Kohn

BACKGROUND Only a small number of studies have examined the longitudinal course of mental health following a disaster. Studies examining child and adolescent mental health are rare. The 2010 Earthquake and Tsunami that impacted Chile, reportedly the sixth strongest earthquake in the world recorded since 1900, offered an opportunity to examine the longitudinal course of psychopathology in population studied prior to the disaster. **METHOD** A representative community sample of 354 children (age 4-11) and adolescents (age 12-18) from the province of Concepción near the epicenter of the earthquake had participated in the national child mental health survey two months prior to the disaster and were reassessed one year later (n = 320). The Spanish computer version of the Diagnostic Interview Schedule for Children (DISC-V) was administered both pre- and post-disaster to obtain a DSM-IV diagnoses including affective, anxiety, substance use, and behavioral disorders. In addition, data about the subjects' family functioning, socio-demographics, social economic status, changes in family structure, the presence of family psychiatric history, physical health problems, and history of physical and sexual abuse were obtained. The post-disaster interview included information on exposure and impact of the disaster. **RESULTS** Prior to the earthquake and tsunami 27.5% of the children and adolescents in Concepción had a DSM-IV disorder, and 13.8% when impairment was accounted for. Preliminary analysis suggested that little change in the rates of child psychopathology were noted one-year after the disaster. **CONCLUSIONS** These findings will be discussed in context of other child mental health surveys following natural disasters.

The East Japan disaster: 11 March 2011

Tsuyoshi Akiyama

BACKGROUND The East Japan disaster was a triple disaster. The disaster started with Richter scale 9.0 magnitude earthquake, which, however, caused only a limited damage. The second disaster by tsunami caused a huge damage. The third radiation disaster seems to have caused little actual damage, but has resulted in an immense stress to the whole Japan, and even the whole world. The human being had witnessed only four occasions of nuclear disaster. Hiroshima, Nagasaki, Three Mile Island and Chernobyl. In Hiroshima and Nagasaki, no support program was provided. Three Mile Island was level four and the radiation exposure was limited. Chernobyl was level seven, but no substantial support program was provided to the residents, either. **METHODS** Almost for the first time in human history, we need to provide support program in Fukushima. It is a great challenge for us. And an escapable mission for me personally, who was born in Iwaki-city, Fukushima. The issue of radiation stress / relief influences a variety of aspects of mental health and the living. We are exploring to make up a support program for carers in Fukushima. **RESULTS** I hope I can present a preliminary report in London. **CONCLUSIONS** No conclusions are available at the time of this abstract submission.

SYMPOSIUM S17 - AFRICAN PSYCHIATRY

Chair: Nasir Warfa

Concepts of psychosocial competence among young people in Northern and Central Uganda: An exploratory study

Cathrine Abbo

BACKGROUND Psychosocial competence (PSC) has received a growing amount of attention in the promotion of mental health in young people world wide. Young people begin to acquire a variety of social and personal competence skills during childhood and as they mature and enter secondary school these skills are expected to increase. The components of PSC or Life skills are essentially those abilities that help promote mental well-being and competence in young people as they face the realities of life thus empowering them to take positive action to protect them and promote health and positive social relationships. Theoretically, the process of acquiring psychosocial skills is affected by socio-cultural context including individual experiences. Northern and Central Uganda are two regions of Uganda with varying socio-cultural context. But no effort has made to understand how these varying context impacts on young people's understanding of psychosocial competence. **OBJECTIVE** To explore the understanding of components of psychosocial competence by young people in school in Central and Northern Uganda. **METHODS** This was a qualitative study employing Focus Group Discussion (FGDs) with young people in secondary school aged 14-24 years. Eight FGDs were held; 4 from rural and 4 from Urban schools. Manual content analysis was used to analyze the data. **RESULTS** The components of psychosocial competence explored included: Decision making, problem solving, critical thinking, empathy. Self awareness, self assessment, self confidence, and coping with emotions. Decision making/ problem solving/ critical thinking seemed to be understood as similar concepts by the majority of the participants. A few perceived critical thinking as a bad thing. Empathy was seen as an active process that benefits both the giver and the receiver. Self assessment was generally perceived as a stage in self awareness while self confidence as related to having knowledge and performance. Coping with emotions and stress was generally seen in a negative and maladaptive way. **CONCLUSION** This preliminary result highlights the understanding of the components of psychosocial components among the school going young people in Northern and Central Uganda. Consistency in understanding of the components of psychosocial competence was found across the urban, rural and across age groups explored. These results will then be used to adapt research instruments in future studies of psychosocial competence to make them culturally appropriate.

Khat use, traumatic events and common mental health problems

Nasir Warfa

The presentation will focus on the results of a secondary analysis of data on a population sample of 180 Somali men and women from a non-conflict zone. We investigated the relationship between i) khat use, and ii) traumatic events, with measures of common psychotic symptoms and symptoms of anxiety and depression.
Frequency of khat use was not associated with common psychotic symptoms or with symptoms of anxiety and depression, nor with traumatic events. Traumatic events were related to low levels of psychotic symptoms and high levels of symptoms of anxiety and depression. Khat use is not inevitably linked to psychotic symptoms in population samples of Somali men and women, but may be used in conflict zones as a coping strategy for trauma and related psychotic symptoms which might be exacerbated.

Understanding of mental health and mental illness by young people in Northern and central Uganda: Preliminary findings

Elialia Okello

INTRODUCTION There has been limited effort to explore young people's perception about mental illness in Uganda. However, in order for mental health programs targeting young people to succeed, it is important to incorporate their definition of mental illness, perceptions about causes of mental illness as well as understanding their attitudes about mentally ill people. The current paper reports preliminary findings of a larger study on mental health and psychosocial competence of young people in secondary schools in Northern and Central Uganda with specific emphasis to the role of socio cultural context. **METHOD** Participants were young people aged 14-24 who participated in focus group discussions. The participants were selected from four secondary schools in central and Northern regions of Uganda. During the focus group discussion three areas were explored: meaning of mental health, mental illness, causes of mental illness and attitudes toward mental illness. Participants were also asked whether they would interact with a mentally ill person and whether mentally ill person should work. Data were analyzed using qualitative thematic analysis **FINDINGS** Four key themes were identified three key themes: understanding the terms mental health and mental illness; causes of mental health problems, mental illness and work. **Understanding the terms mental health and mental illness** The participants used concepts like sound and normal mind, right thinking, normal behavior and normal thoughts to define mental health. Mental illness on the other hand was defined as loss of sense of reality, malfunctioning of the brain, impaired thinking and bizarre behavior. **Causes of mental health problems** Young people believed mental illness is caused by substance abuse (Marijuana, alcohol), witnessing traumatic events (see your relatives being killed, or being forced to participate in killing-frequently mentioned by young people in Northern Uganda); witch craft, effect of physical illness e.g. HIV/epilepsy, thinking too much, accidents; Genetic (One may inherit from the parents). **Attitudes towards mentally ill persons** In general the findings reveal that substantial proportion of young people have negative towards mentally ill persons. Consequently, there was recurring theme in the data regarding unpredictability and dangerousness of mentally ill people and difficulties associated with interacting with mentally ill persons. Nonetheless, participants believed that the level of interaction with mentally ill persons was dependent upon two factors—the blood relationship with the mentally ill person and the severity of the symptoms. **Mental illness and work** Although there were mixed opinions among young people regarding mental illness and work, substantial proportion of the participants believed that person's ability to work should be judged on the basis of the severity of the symptoms, the nature of illness and type of work. Some believed that mentally ill people can not and should not work. **CONCLUSION** These findings, although preliminary, points to the fact that young people's definition of mental illness is relatively close to biopsychosocial model. However beliefs about causes of mental illness are specific to socio cultural context of respondents.

SYMPOSIUM S18 - THE ULYSSES SYNDROME IN IMMIGRANTS LIVING IN EXTREME SITUATIONS

Chair: Joseba Achotegui

New data about "The Ulysses Syndrome" among immigrants in Spain

Joseba Achotegui

I present/ the data of studies conducted in the public health network of mental health in the region of Valencia (Spain) that shows that the percentage of immigrants who experience the defining symptoms the Ulysses Syndrome is 17.02%. This data shows the importance of using this diagnosis to avoid the misdiagnosis of these immigrants using culturally insensitive standardized methods, when in fact what they suffer is a reactive crisis in response to very intense stress directly related to the process of migration.
Human migrations have been frequent phenomena throughout history; however, each migration presents its own unique characteristics. Today, the circumstances in which many immigrants come to developed countries are characterized by the stressful conditions they experience prior, during and after migration to the host country. For millions of individuals, emigration presents stress levels of such intensity that they exceed the human capacity of adaptation; resulting in a cluster of symptoms that our research group has identified over many years as 'The Ulysses Syndrome". Its defining characteristics and case illustrations are included in this presentation.

Program of mental health for migrant and relatives in Lima – Peru

José Lopez Rodas

There is more than 200 million people who live outside their country of origin. In first half of year 2011, the exit of Peruvian to the outside grew in 4% (235,339 people) in relation to first half of the previous year, being the main destination Chile with 45.8%, Bolivia with 13.2% and USA with 10.7%. Likewise, from January to July of the 2011, returned home more than 1,3 million Peruvians, 9.9% over the same period last year.
Peruvian migrant population has poor access to comprehensive health programs as well as mental health care. In the mental health community services for Independencia (Lima-Peru), we offer care for children of migrants who have been under the care of grandparents and uncles. The last three years has increased the attention of children whose parents are back to the country, so we have planned for them some parallel and joint actions. At the primary level of attention and with the participation of psychiatrist, psychologists, nurses and social workers is made evaluation and treatment of pychopathological and adaptation process problems in returnees, the latter with the application of the "Scale of Ulises". This type of care requires the participation of specialties such as pediatrics, internal medicine, as the participation of teachers in schools, coordination with other sectors, among others. In the last three months we have been required by representatives of parliament and NGOs to provide mental health care of returning migrants living in other districts of the city of Lima.

Ulysses Syndrome in immigrant minors

Dori Espeso

This exposition covers the concept of chronic and multiple stress relating to the immigrant child and adolescent population. Chronic stress and its pervasive nature as cause of psychological impairment is here analysed. That makes inevitably to take into account the preventive aspects and the importance of social capital in front to the vulnerability to develop mental illness. We shall comment on the factors producing stress and aspects involving chronicity, multiplicity and the loss of control over the stress factors. We shall mention the resilience and health promotion models from a clinical and welfare viewpoint.

About the Ulysses Syndrome in Japan

You Abe

In five years and half since the clinic has opened in March of 2006, the foreign patients who were attended for the first time were 636. The foreign patients attended were immigrants, temporary laborers, refugees, and students.
Ulysses Syndrome, which Achotegui has identified in mainly Moroccan laborers, was rarely found among migrant workers in Japan, probably because they have a legal status.
In comparison, Ulysses Syndrome is frequently identified in refugees from Asian and African countries who have come to Japan seeking asylum.
The refugees do not all show PTSD symptoms. Although they are depressive, they rarely show guilty or suicidal feelings. On the contrary, most of them are not apathetic but instead, they show the energy to live. Moreover, they may also display anxiety, insomnia, somatic symptoms, hallucinatory and delusory states. The above-mentioned group of symptoms may properly be identified as the Ulysses syndrome. Another advantage to use the diagnosis of Ulysses syndrome, is to differentiate it from a simple depressive state so that a therapeutic approach taking into consideration their energy to live may prove to be more effective.

SYMPOSIUM S21- MENTAL HEALTH LEGISLATION: RACE, CULTURE AND ETHNICITY

Chair: Albert Persaud

Impact of discrimination on Black and ethnic minority groups

Albert Persaud

Early legislation associated with mental health dates back beyond the 16th century. The 1890 Lunacy Act's principal aim was to ensure sane people were not committed to hospital. The 1930 Mental Treatment Act introduced the first notion of voluntary admission.
The most significant piece of legislation that transformed the way policy makers and practitioners think in the 20th century was the 1959 Mental Health Act, this was seen as the most liberal of all previous legislation, influenced by patients, legal activist and others interested in reform. Developed and implemented at the same time of the great American civil right movement, which has influenced a global trend to modernize mental health legislation. The 1983 Mental Health Act preserved the essential principles of the 1959 Act but also introduced increased external audits and monitoring. The Amended 1983 Act aim to modernise the current legislation in response to the growing treatment and care evidence base, the European Convention on Human Rights (ECHR) and the development of user led services. However, in spite of a designated strategy for mental health for black and minority ethnic groups.[2] there remain concerns with regard to the over representation of some Black and ethnic minority groups amongst the detained population; namely the Black Caribbean, Black African, Other Black and White/Black Caribbean Mixed groups.

Lessons and learning from New Zealand

Nemu Lallu

No abstract submitted.

SYMPOSIUM S23 - BARBARIC CRIMES AND CIVILIZED RESPONSE. US CULTURAL APPROACH TO STUDYING CAUSES AND FINDING SOLUTIONS TO SERIOUS CRIMES COMMITTED BY MENTALLY ILL

Chair: Leon Ravin
Co-Chair: Christine Martone

Cultural background and mental illness as factors in homicide

Christine Martone

BACKGROUND Previous studies in Europe have differed from those conducted in the US both in methodology and in results. Higher rates of homicide and the greater availability of guns in the United States account for differences in the rates of variables particularly the presence of mental illness. **METHOD** Previous studies will be reviewed and contrasted with a study of 278 homicide defendants. Court mandated psychiatric evaluations of all defendants charged with homicide in Allegheny County between 2001 and 2005 were analyzed

[2] Department of Health, *Delivering Race Equality in Mental Health Care: An Action Plan for Reform Inside and Outside Services, and The Government's Response to the Independent Inquiry into the Death of David Bennett* DoH (2005),

for demographic data, psychometric variables, and legal outcomes. **RESULTS** While data gathered in our study confirmed previous findings there were some significant differences. In contrast to European studies, only 17% of the sample was given a non-substance use axis I diagnosis. Only 14% of those with an axis I diagnosis had treatment in the three months prior to the offense. Differences in diagnosis were evident when comparing defendants by gender and age. **CONCLUSIONS** Cultural differences account for a lower rate of mental illness among homicide defendants in the US. However, when limiting the sample to mentally ill individuals this study highlights the lack of treatment prior to the offense and further identifies a disparity in treatment among cultural subgroups within the US which may have implications for intervention.

Preventable massacre? Untreated mental illness and cultural factors in notorious killings

Mustafa Rawaf

BACKGROUND While mass murder committed at the hands of the mentally ill account for a small proportion of violent crimes worldwide, they attract the attention of international media, politicians, as well as the mental health professional community. In most instances, questions arise as to whether there were red flags raised by the perpetrators to warrant a law enforcement or mental health intervention, potentially saving innocent lives. **METHOD** A review of 5 high-profile massacres from the past 100 years in the US. Examining the circumstances, profiling the perpetrator, reviewing cultural factors, mental health history, and potential for intervention. **RESULTS** In almost all instances reviewed, there appeared to be a theme of undiagnosed psychiatric conditions, unreported bizarre or aggressive behavior, along with easy access to weapons, forming an ultimately deadly combination. **CONCLUSIONS** While each of the cases reviewed have vast differences, there is a common thread of predisposing and perpetuating individual and societal factors. First, a history of childhood abandonment and/or trauma. Second, apparent signs of mental illness, usually involving social withdrawal. Third, easy access to firearms. Finally, an acute perceived personal insult, propelling the perpetrator to a "me against the world" mindset. It is evident that if methods were in place to intervene in preventing this "perfect storm" of circumstances, the mass murder would likely have not occurred. It is important moving forward, to increase awareness in the mental health community, law enforcement, as well as the general public, regarding the intersection of mental illness and violent crime.

American experience with outpatient commitment. Civil rights violation or guardianship of patient's best interest

Leon Ravin

BACKGROUND The question of outpatient commitment otherwise known as assisted outpatient treatment (AOT) has been debated for almost 20 years since the legislations started being introduced by various States in the US. Forty-four states and the District of Columbia have assisted outpatient treatment laws. However, supporters and opponents of outpatient commitment continue arguing its ethical, legal and financial grounds in the states that have adopted such laws and ones where the law is yet to be introduced. **METHOD** Research studies, state government reports and legal cases were reviewed in an attempt to separate the myths and truth surrounding the questions of outpatient commitment. **RESULTS** Several research studies from multiple states proved AOT to be cost-effective treatment. Only two studies have failed to definitively find AOT effective in reducing admissions. While about a half of patients felt angry or embarrassed at the time of their civil commitment, absolute majority of patients found outpatient commitment helpful in staying well and gaining control over their life. AOT laws survived numerous court challenges, including two court decisions upholding constitutionality of the law. **CONCLUSIONS** Outpatient commitment is a cost effective treatment option that is beneficial to individual patients and society at large, fully within constitutional limits.

SYMPOSIUM S24 - RESILIENCE BASED THERAPY IN A TRANSCULTURAL SETTING: THEORY AND PRACTICE

Chair: Cornelis (Kees) J. Laban

Co-Chair: Wim A. Thijs

Background and description of a resilience based work model

Cornelis (Kees) J. Laban

BACKGROUND People react in different ways to the same stressful life-events. The concept of 'resilience' is gaining increasing attention as a way of explaining these differences. In relation to treatment practice the definition of resilience is simply put: the capacity to recover from health problems experienced following a stressful event or, by ongoing causes of stress, the ability to tolerate the stressful situation without (increasing) health problems. **METHODS** The lecture will provide a theoretical explanation of the concept of resilience within the refugee context. Then a resilience based work model will be presented: the so-called SSKK-model. This acronym stands for the Dutch words Stress (stress), Steun (support), Kracht (strength) and Kwetsbaarheid (vulnerability). Together, the aspects strength and support make for resilience. Some of these aspects will be explored further making use of psychological and neurobiological research findings. **RESULTS** It will be made clear that an approach based on resilience accords with people's capacity to heal naturally, that this approach takes the 'whole being' of the patient seriously, that cultural and existential (e.g. religious) aspects become part of the treatment as a matter of course, that various factors of resilience have been the subject of abundant scientific research and finally, that the work model provides an effective framework for thought and practice. **CONCLUSIONS** The resilience based or so-called SSKK-model is now, more so than was previously the case, better supported by scientific evidence. Despite, and also because of, its simplicity the model provides an effective treatment framework for professional therapists and patients seeking to address complaints and improve functioning.

The resilience based approach in practice: Its application to a day treatment setting

Wim A. Thijs

BACKGROUND Asylum seekers and refugees have often been traumatised in their country of origin. These traumas undermine the basic certainties of one's existence: feelings of safety, predictability, trust in others and a degree of control over daily life. Psychiatric problems can manifest themselves as post traumatic stress disorder, anxiety disorders, depression and somatoform disorders. As well as having to cope with these traumas refugees are commonly confronted with a range of other causes of stress (acculturation, concerns over family members that have been left behind, the need to learn a new language and social marginalisation). Asylum seekers have the added pressure of having to deal with the asylum procedure system. The result of all of this is that these people, often suffering from serious psychological problems, have great difficulties in coping. **METHODS** The lecture describes the practice of a day treatment for traumatised refugees and asylum seekers based on the resilience based approach. The application of the SSKK-model will be explored, with the model providing the framework for the course of treatment. A number of practical examples will be given. **RESULTS** It will be clear how the SSKK-model can be implemented in the setting of a day treatment and how this approach can help traumatised refugees and asylum seekers regain control of their lives. Against a background context of past traumas and ongoing stress factors causing a feeling of powerlessness patients are able to regain their strength and find sources of support. The approach reinforces the natural recovery process; it acts to reduce complaints and contributes to improvements in the patient's ability to function. **CONCLUSIONS** An approach based on resilience offers a

practical framework to help reduce and address the often serious psychological complaints suffered by traumatised asylum seekers and refugees. This approach does not accentuate victimhood but instead explicitly considers all aspects, including healthy aspects, of the person being treated. This of itself has a therapeutic working. Above all though the approach helps patients to mobilize their own strengths and in so doing puts them in command of their own recovery.

Cultural aspects of resilience in refugee families

Simon P.N. Groen

BACKGROUND The capacity of refugees suffering trauma related psychological disorders to recover from health problems is embedded in their culture. How one reacts to stressful life events is learnt from a young age, is culturally inherited and is fully related to ones social-cultural identity. **METHODS** Through cultural interviews the cultural background of patients at De Evenaar is discussed. The cultural interview (CI-G) is based on the five components of the Cultural Formulation of Diagnosis in de DSM-IV. The five components are: cultural identity, cultural explanations of illness, cultural factors related to psychosocial environment, cultural elements of the clinician-patient relationship and lastly, the overall cultural assessment. This CI-G will be presented. **RESULTS** A wide array of cultural aspects of resilience emerges through cultural interviews. The presentation will explain how the outputs of the CI-G contribute to the treatment. A few casuistic examples will be examined whereby the focus will be on cultural aspects of the resilience based approach when working with families. **CONCLUSIONS** By paying attention to cultural aspects of resilience, from patient intake to consultation on the course of treatment, the psychiatrist is provided with a better understanding of the possibilities for treatment. At the same time the approach increases patient trust and improves the working relationship between patient and clinician.

SYMPOSIUM S26 - SPIRITUALITY, ETHNOGRAPHY & PSYCHIATRY

Chair: Simon Dein

Culture and psychopathology: An empirical cross-cultural comparison of ritual trances and possession trances

Antti Pakaslahti

Background Multiprofessional research has shown that trance and possession trance phenomena in ritual contexts occur in a large number of cultures around the world. Conceptual models abound: for instance, religious possession, hysterical psychopathology, social powerplay, traditional therapeutic techniques. However, there are few empirical studies describing and comparing the concrete phenomena cross-culturally on the clinical level in ritual settings. **Method** The present study is based on detailed visual documentation, analysis and comparison of trance and possession trance phenomena in three cross-culturally independent group session settings (digital video in Indian healing shrines and at a Finnish "energy" healer, original photography and drawings of Charcot´s "major hysteric attacks"). The focus of the study is comparison of the concrete visual data in the three settings. Cultural dynamics have been previously presented extensively elsewhere. **Results and conclusions** Analyses of the comparative findings revealed along with considerable cultural, contextual and processual differences a fair number of identifiable basic level similarities in outward psychophysiological trance phenomenca. Some of them may appear to the viewer at one end of a continuum as pathological and at the other end as components of healing techniques. In the discussion, a new cultural hypothesis is presented on the pathological "major hysteric attacks" of Charcot as ritual possession trances aborted from therapeutic functions.

New Zealand born Samoan youth, suicidal behaviours and the impact of spirituality

Jemaima Tiatia

BACKGROUND The WHO defines health as not only the absence of disease, but as a state of complete physical, mental and social wellbeing (World Health Organisation, 2002). However, most Samoan and Pacific peoples believe that spiritual wellbeing is equally important thus, perceiving health as a state of complete physical, mental, social and spiritual wellbeing. Although evidence suggests that spirituality relates to positive mental health outcomes and should be considered in suicide prevention, it is still often ignored in public health approaches. Suicidal behaviours contribute to the poor health status of Pacific youth in New Zealand yet there is a dearth of research-based evidence in this area. More specifically, there are no other studies examining suicidal behaviours amongst New Zealand born (NZ-born) Samoan youth. In response, a qualitative study entitled 'Reasons to Live: NZ-born Samoan Young People's Responses to Suicidal Behaviours' was undertaken. **METHOD** The study aimed to explore the perceptions of NZ-born Samoan youth suicide attempters around the event and resiliency factors. There were 27 cases, 20 NZ-born Samoan youth agreed to be interviewed. **RESULTS** Participants believed God was someone with whom they could connect with after a suicide attempt. God compensated for everything that had failed them - God was there, someone to talk to, provided hope, and had given them a reason to live. Their spiritual experiences post-attempt increased their capacity to cope and renewed their commitment towards life. **CONCLUSIONS** In the planning and development of suicide prevention strategies, a spiritual component must be included if there is to be an impact for NZ-born Samoan youth.

Resilience, spirituality, and psychiatric disorders: A cross-cultural comparison of immigrants

Mary de Chesnay

BACKGROUND The purpose of the study was to examine how key informants from several cultures explain how they use their sense of spirituality to find solutions to problems that could trigger or exacerbate psychiatric symptoms. The significance of the study is to generate culturally appropriate interventions that might help prevent symptoms or facilitate healing. **METHODS** Twenty-two men and women ranging in age from 22-57 were interviewed by using ethnographic interviewing techniques and participant observation after human subjects' committee approval was obtained. Key informants from several countries who immigrated to the United States legally were interviewed about the degree to which they perceived themselves as resilient, their risks for developing psychiatric symptoms, and how spirituality shaped their responses to the challenges they experienced. Their countries of origin were in Africa, the Caribbean, and Latin America. **RESULTS** Results indicated a high degree of resilience as measured by self-report, perception by others in families, and participant observation. Organized religion was not found to be an important factor in all their lives, but all key informants had what they described as a sense of spirituality that they credited with their ability to survive many health risks and acculturation pressures. **CONCLUSIONS** Key concepts that emerged were compared with the literature and a final typology of concepts was generated. Cultural interventions were derived from the typology as well as evidence-based recommendations for further research.

SYMPOSIUM S27 - DIAGNOSTIC PRACTICE AND VALIDITY

Chair: Johan Havenaar

Depression and the medicalisation of sadness. Conceptualization and help-seeking

Glòria Durà-Vilà

BACKGROUND Critiques of the validity of the DSM diagnostic criteria for depressive disorder argue that it fails to differentiate between abnormal sadness due to internal dysfunction or depression (sadness *without* an identifiable cause), and normal sadness (sadness *with* a clear cause). **METHOD** A population survey was undertaken in adult education centres in Spain aiming to explore beliefs about depression and normal sadness. Two hypothetical case vignettes portrayed individuals experiencing deep sadness, both fulfilling criteria for major depressive disorder (DSM-IV), one *with* a clear cause, another *without* an identifiable cause. 344 questionnaires were obtained (95% response rate). **RESULTS** Participants statistically significantly differentiated between the sadness-*with*-cause vignette, seen more frequently as a normal response, while the one *without* a cause was seen as pathological. Help-seeking behaviour recommendations followed this distinction: a medical option was statistically significantly more common when there was no cause for sadness. Socio-cultural variation in how people understand and deal with sadness was also found. C**ONCLUSIONS** This study emphasises the importance of taking into account the context in which depressive symptoms occur as it seems that the absence of an appropriate context is what makes people conceptualise them as abnormal. It also raises questions about the lack of face-validity of the current diagnostic classification for depressive disorder that exclusively uses descriptive criteria.

Assessing the cultural validity of the DSM-IV diagnosis of PTSD in a remote Asian village: A qualitative analysis

Amrit Kaur

BACKGROUND The current study uses qualitative methods to understand the cultural validity of the DSM-IV-TR (APA, 2000) diagnosis of post traumatic stress disorder (PTSD) in the Indonesian province of Aceh. Aceh suffered the greatest number of casualties among all countries affected by the 2004 tsunami. Assuming that

culture defines the very definition of mental health and what constitutes trauma, it was hypothesized that this remote population would demonstrate unique symptamotology that may not necessarily correspond to Western notions of PTSD. **METHODS** Twelve individuals from two villages in Aceh were interviewed about their trauma symptoms after being identified by village elders in 2008 to be suffering the most difficulty in coping in the aftermath of the tsunami. **RESULTS** Often without any prompting, participants reported significant levels of almost all DSM-IV-TR symptoms of PTSD. Although the expressions of illness symptoms were colored by the local language and customs, participants reported few symptoms that could be seen as unique to this culture. The frequent report of DSM symptoms corresponded with lower levels of self-reported functioning and economic distress. **CONCLUSIONS** Contrary to our expectations about the cultural variability of symptoms, the close correspondence between villagers' independent expressions of illness symptoms and standard DSM-IV PTSD symptoms, as well as the correspondence between the level of symptoms they reported and their overall functioning and economic distress provides clear indication that Western developed DSM-IV-TR symptomatology may be largely valid in this culture. The applicability of this findings to other cultures outside of the usual boundaries of psychiatric assessment is discussed.

Prevalence and ethnic variation in the diagnosis of personality disorder in inpatients in East London

Amjed Hossain

BACKGROUND Research suggests that Personality Disorder (PD) in inpatients is routinely underdiagnosed and that there are differing PD rates by ethnicity, but accurate data on differences are not available. Misdiagnosis has adverse clinical and resource outcomes in this patient group. Our objectives were to describe the describe the prevalence and ethnic variation in the diagnosis of PD in Inpatients in our Trust. **METHOD** Cross sectional data collected on diagnosis and ethnicity from the trust IT system on all admissions to East London Mental Health Trust between July 1st 2007 and June 30th 2010. The results were compared to local census data. **RESULTS** The average annual admission rate for PD is 8.2%. Overall prevalence rate for PD diagnosis was 8% (compared to 30-60% for inpatients found in research) This varied by ethnicity from 13.5% in White British to to 0% in Chinese. Mixed race White/Asian populations had highest rates at 26.3%. BME groups had consistently lower prevalence compared to native population. **CONCLUSION** Results suggest significant under diagnosis of PD in inpatients, and a wide variance in prevalence between ethnicities. The question remains whether this is due to lack of cultural awareness on the part of the clinician, genuine differences, or alternative presentations of PD from ICD-10 & DSM-IV criteria.

SYMPOSIUM S28 - FAMILY AND INTERGENERATIONAL DISORDER IN YOUNG MIGRANT PEOPLE: THE SWISS AND ITALY EXPERIENCE

Chair: Michele Mattia

Co-Chair: Pietro Barbetta

Could a conversive disorder, in adolescent girl, be reactive to intergenerational conflict within migrant family?

Michele Mattia

The goal of this paper is to discuss about an Italian adolescent girl, who live in the Italian part of Switzerland (Ticino), with her family. The family comes from the south part of Italy and live in Ticino since 1980. This teenager girl, fifteen-year old, began having a psychological difficulties, after a sudden and unexpected, school breakdown and a failure of a work stage.

As a follow-on from that situations she defecated twice a week into hand basin of her employer.This has been the first, strange and very bizarre, behaviour. Her mother suffer from an adjustment disorder consequent at mammary cancer, while the father have a depressive disorder with a alcoholism addiction. After the dramatic act of defecate, she began a psychiatric support and her family too. During the family therapy and the personal systemic therapy, came out a subtle conversive disorder, linked to cultural origin and intergenerational and family clash.
In fact she starts off with a somatic symptomatology characterized by muscles pain and faintness. At the cultural level the highlight was the lack of integration and the profound conflict of loyalty between the family of origin and the new culture of appartenance.

Devices of hidden social discrimination, good and unconscious oppressive practices

Pietro Barbetta

A boy around 14, was referred to psychotherapy whit the assessment of school disadvantages, and learning disabilities. The boy was belonging to an immigrant family from Albania, he is actually born in Italy, even though the rest of the family (mother, father and sister) came from Albania. The boy was described by the other members of the family like wild guy in school, even though they considered the child not so bad in the family context. So they were referring accounts made by some of the teachers at school. It was a matter of fact that he was receiving bad evaluation both on school performance level and on behavioural level.
During the conversation the therapist discovered that the boy was ever and ever considered by official documents at school as having Albanian citizenship, even though he by law had the Italian citizenship. He, as every intelligent guy, knew that the schools he was frequenting were considering him officially as Albanian, and not Italia, even though he was Italian by law. In the conversation we realised that the most important outburst he was having in school were connected with his checking documentations in which they defined him as Albanese citizen. For that he was frustrated and he started to believe the he was discriminated by the teachers.
Hi parents (father was a manual worker, mother and sister were official translator from Italian to Albanese and vice versa at the Court) were bringing him to therapy as a student who does not want to study, following the punctuation gave by the school, with not even mentioning the issue of citizenship. In the sessions of theory the boy was able to show the pain of being discriminated by the school, and the grief of not being believed by the other members of the family. Father was talking a very simple Italian, but mother and sister were very fluent in Italian, he too was fluent in Italian, and probably fluent in Albanese, but he refused to talk Albanese at all. He was feeling that allowing himself to talk Albanese was a way to be subjected at discrimination like: “He speaks Albanese, so he is Albanese”. For this reason one of his two mother tongues was going to be deleted from his own mind. As in some literature about post-colonial studies (Fanon), the invisible process of discrimination was seriously challenging Enver (this is the name we will give to him) process of subjectification (French: subjectivation) (Foucault), and was seriously challenging his mental system, and his sense of being in the world.
Social practices, that are supposed to be there for integration and fostering mental health, were working in the opposite way.

Psychopathological transgenerational implication in behavioral disorders. A clinical case with legal issue relating to an immigrant youth from Morocco

Camilla Callegari

BACKGROUND We report a 31-year-old man, native of Morocco and arrived in Italy in 1996 for family reunification. In past pre-migration, at the age of 8 years, he suffered the separation from family emigrated to Italy, an event that led to the onset psychopathology with behavioral disorders. In Italy he is known to psychiatric

services of UOP 2 of Varese from 2000 when he was hospitalized in the psychiatric department of Ospedale di Circolo Fondazione Macchi for nonspecific dysperceptive disorders. As a result of an erroneous diagnosis of psychotic disorder and an antisocial behavior he was hospitalized several times in Forensic Hospitals for social dangerousness attributed, that he has lost following the recent rehabilitation. **METHODS** The outline of the cultural formulation is used. Our attention focused on the cultural identity, on the cultural explanation of the disease and on legal aspects. Personality traits of the patient are completed using the psychodynamic approach. **RESULTS** The patient is in Italy since many years, from his arrival until now he had an experience that has allowed a comparison with the Italian culture. From the beginning he wanted to integrate imitating the habits of young Italians and often this has been a source of conflict with his family. He alternates ambivalent feelings for which the attraction to the Western world is accomplished by an antisocial and impulsive behavior with hypocritical evaluation of the consequences of his actions and of therapeutic resources available (health care, medicines, rehabilitation). He is also attracted by his land of origin, seen as a magical solver of his problems, but in a order detached from the reality of time and pervaded by mystical-religious suggestion. **CONCLUSIONS** From 2010 he is a guest at the CRM (Middle assistance Community for Rehabilitation) in Varese for a good rehabilitation project and where diagnosis is made as Other behavioural and emotional disorders with onset usually in childhood and adolescence, according to ICD-10.

SYMPOSIUM S31 - CULTURAL PERSPECTIVES ON UNDERSTANDING DEMENTIA AND ASSOCIATED CAREGIVING

Chair: Iqbal Ahmed

Co-Chair: Maria Llorente

Effect of culture on perceptions of dementia

Rika Suzuki

BACKGROUND: Family members and caregivers can play an important role in recognizing symptoms of dementia and seeking appropriate intervention with providers. Studies of family caregivers of ethnic minority groups such as Latinos suggest that perceptions of dementia appeared to be culturally influenced, but also influenced by level of education and acculturation. This may lead to them holding folk beliefs about the nature of dementia and its etiology and result in later help seeking from healthcare providers. These beliefs may also be held by less acculturated members of other ethnic minority groups such as Asians. This presentation will review previous studies, and present a study that assessed perceptions of dementia among family members of elders of three Asian ethnic groups admitted to long term care or inpatient facilities in Hawaii. The findings appeared to indicate that biomedical understanding of dementia was reflected in at least some subgroups of Asians living in Hawaii. Lower educational level, however, may correlate with lower levels of understanding and tendency to hold folk beliefs about dementia. Persisting cultural beliefs about dementia suggest the need for more culturally tailored strategies in patient education about dementia, emphasizing the importance of early intervention.

Cultural Factors and the impact on healthcare utilization for dementia services among Latino caregivers

Maria D. Llorente

Recent research has suggested that Latinos face an increased risk for developing Alzheimer's and vascular dementias than whites, but are less likely to be diagnosed and receive pharmacologic treatment for this diagnosis. Latinos with cognitive impairment are also less likely to be institutionalized by their families compared to whites, and less likely to use respite or other medical services to manage the illness. Latino caregivers report high levels of

stress associated with caregiving, but also report increased self-efficacy. The cultural factors associated with these findings will be reviewed, including Latino caregiver beliefs, concepts of familism, an increased tolerance for unusual behavior, and the normalization of dementia and associated behavioral disturbances. Methods to incorporate these beliefs into care delivery will also be described to illustrate culturally competent management of the Latino with dementia in the home environment.

Effective strategies to improve physical and psychological Health among African American caregivers of patients with dementia

Rita Hargrave

The majority of individuals with Alzheimer's disease live at home where family and other informal caregivers provide over 70% of their care. Many investigators have described how this situation may cause family caregivers to suffer a variety of deleterious effects on their physical and psychological health. Current research suggests that African American compared to Caucasian American caregivers report differences in terms of coping styles, rates of depression, caregiver burden and poor health outcomes. This presentation will discuss four culturally sensitive interventions which have been found to be effective in improving the physical and psychological health among African American caregivers of patients with dementia.

The impact of dementia on the patient's sense of personhood: Focus on cultural beliefs and behaviors

Helen H. Kyomen

In the biomedical fields, dementia has been associated with patterns of decline related to neurodegenerative changes and research efforts have centered on strategies to prevent, slow, stop and even reverse these processes. However, growing evidence indicates that the well-being and behavior of people with dementia are not determined entirely by neurophysiologic changes, but also are influenced by personal experiences, social interactions and environmental contexts. This presentation will introduce, in a person-centered approach to dementia care, a framework for understanding how dementia may affect the subjective experiences, immediate interactional milieu and larger social context of the person with dementia, with a focus on cultural beliefs and behaviors.

SYMPOSIUM S32 - UPDATE ON CULTURAL REVISIONS TO DSM-5

Chair: Roberto Lewis-Fernández

Culture and DSM-5: An endless story and a concrete history

Renato Alarcón

A brief review of the efforts to include cogent cultural components in past versions of DSM is presented, with emphasis on the sections and texts finally incorporated in DSM-IV. A critical examination of the level of utilization and relevance of these materials over the last decade follows. The developmental process of DSM-5 is then outlined with the creation of a Cultural Issues Subgroup within the Culture and Gender Study Group, as a decisive step. The work of this Subgroup has focused on the development of a Cultural Formulation Interview (CF), but has also included the examination of secondary databanks, the elaboration of an introductory chapter on cultural aspects of psychiatric diagnosis, discussions about the nosological consideration and location of "culture-

bound syndromes" and related concepts, and plans about field trials of the new instrument. The cultural components in a new definition of mental disorder are also a matter of ongoing deliberations. The whole process entails a variety of perceptions about the role of culture in psychiatric diagnosis, academic and other considerations, strengths and weakness of research and clinical work, and implications for the current world context of globalization and diversity. The concrete suggestions made so far are also objectively analyzed.

"Contextualizing" diagnosis in DSM-5: Revising the cultural formulation and disorder criteria

Roberto Lewis-Fernández

The specific expressions of psychiatric disorders described in DSM-IV-TR represent only one of various forms taken by these clinical presentations worldwide and over the historical record. This cultural variation may help explain why DSM-IV-TR diagnoses map only partially onto their putative biological substrates at the genetic or neurocircuitry level. It is more likely that these biological domains constitute dimensional vulnerability factors that pattern disorder expression more generally (e.g., mood dysregulation). The phenomenology of specific syndromes and the timing and precipitants of illness may arise from the interaction of this general vulnerability with other factors, including contextual elements such as stressors, interpretations of experience, culturally patterned illness expressions, and social predicaments such as migration and poverty. This talk will present two ways of integrating cultural and contextual variation into DSM-5. The first is the Cultural Formulation Interview (CFI), an operationalized revision of the DSM-IV Cultural Formulation being field-tested by an international network of collaborators. The CFI is a brief questionnaire that can be applied during a mental health evaluation with patients from any cultural background and which provides a basic systematic assessment of the socio-cultural context and the patient's illness perspective. Supplementary modules (under development) will enable further in-depth assessment as required. Secondly, we will present examples of how cultural variation is being considered for inclusion in the anxiety and dissociative disorders. Potential levels of inclusion will be discussed, including at the level of specified disorder criteria, Not Otherwise Specified categories, text, introductory chapter to the manual, and appendices.

Discussant

Laurence Kirmayer

The specific expressions of psychiatric disorders described in DSM-IV-TR represent only one of various forms taken by these clinical presentations worldwide and over the historical record. This cultural variation may help explain why DSM-IV-TR diagnoses map only partially onto their putative biological substrates at the genetic or neurocircuitry level. It is more likely that these biological domains constitute dimensional vulnerability factors that pattern disorder expression more generally (e.g., mood dysregulation). The phenomenology of specific syndromes and the timing and precipitants of illness may arise from the interaction of this general vulnerability with other factors, including contextual elements such as stressors, interpretations of experience, culturally patterned illness expressions, and social predicaments such as migration and poverty. This talk will present two ways of integrating cultural and contextual variation into DSM-5. The first is the Cultural Formulation Interview (CFI), an operationalized revision of the DSM-IV Cultural Formulation being field-tested by an international network of collaborators. The CFI is a brief questionnaire that can be applied during a mental health evaluation with patients from any cultural background and which provides a basic systematic assessment of the socio-cultural context and the patient's illness perspective. Supplementary modules (under development) will enable further in-depth assessment as required. Secondly, we will present examples of how cultural variation is being considered for inclusion in the anxiety and dissociative disorders. Potential levels of inclusion will be discussed, including at the level of specified disorder criteria, Not Otherwise Specified categories, text, introductory chapter to the manual, and appendices.

SYMPOSIUM S33 – LONG TERM PERSPECTIVES ON THE MENTAL HEALTH CONSEQUENCES OF FORCED INTERNATIONAL MIGRATION: A STORY OF HUMAN RESILIENCE AND ADAPTABILITY

Chair: Edvard Hauff

Co-Chair: Edith Montgomery

Trauma, exile and mental health in young refugees

Edith Montgomery

BACKGROUND Many studies of refugee children and adolescents find a high level of psychopathological problems; however symptoms levels are not always higher than in comparable groups of immigrant or native children, and psychological problems does not necessarily poor social adjustment in the country of asylum. Furthermore longitudinal studies have shown that a high initial symptom level is considerably reduced over time in exile. **METHOD** An 8-9 year follow up study of Middle Eastern refugee children in Denmark comprises 131 young refugees (mean age 15.3). At arrival the parents were interviewed about the child's exposure to organised violence and mental health. At follow-up, parent and youth were interviewed separately about the young person's social situation and mental health. **RESULTS** Traumatic experience before arrival was found to be most important for the long-term reaction of the children, while the influence of early traumatic experience on long-term mental health was more limited. The study showed that refugee children's psychological problems , following traumatic experience and flight as well as their adaptation to life in exile, must be understood in relation to the possibilities and constraints embedded in both their immediate (family and friends) and their more distance social life context (school, work, community). **CONCLUSION** The study emphasized the importance of environmental factors in recovery from the impact of traumatic experiences related to war and other organized violence. This has several implications for both clinical practice and community policy.

Mental health and social adaptation of Vietnamese refugees. Long term and trans-generational perspectives

Aina Vaage

BACKGROUND this study is from the third interview phase of a longitudinal prospective community cohort study of Vietnamese refugees settled in Norway, first included upon arrival in 1982 (T1), followed up in 1985 (T2) and in 2005/2006 (T3), when their spouses and children born in Norway were also included. **METHODS** Psychological distress of the original refugees, their spouses and children was assessed with the Symptom Check List-90-Revised or the Strengths and Difficulties Questionnaire. Dominant acculturation strategy and successful social adaptation was assessed. The distress score decreased significantly from T1 and T3. Trauma-related mental distress upon arrival and the trajectory of symptoms over the first three years of resettlement predicted mental health after 23 years. Significantly more respondents evaluated their own successful adaptation as a refugee as high, compared to the objective criteria. Integration was the dominant acculturation strategy. The mental health of children born in Norway was significantly better than that of their Norwegian peers. Paternal predictors of good mental health in the children were the absence of post-traumatic stress disorder (PTSD) upon arrival and early participation in a Norwegian network. **CONCLUSIONS** The uprooting and resettlement of Vietnamese refugees may be considered as successful regarding the long term and trans-generational effects on mental health and social adaptation.

Acculturation, parenting and the inter-generational relationship: Exploring recouses and resilience among Vietnamese refugees in Norway

Laaila Tingvold

BACKGROUND The nuclear family is often the point of departure in much of the existing acculturation research on refugee youth. Attention has been devotes to address the adverse life situation of refugees in exile. Less attention has been given to inquiry the resources refugee parents apply in the parenting role and measures they take to support their youth in exile. **METHODS** A qualitative study explores the influence of extended family members upon a small sample of Vietnamese refugee parents and their adolescents while they undergo acculturation trough they long-term resettlement process in Norway.

SYMPOSIUM S34 - CULTURAL DYNAMIC PSYCHOTHERAPY

Chair: Gian Giacomo Rovera

Co-Chair: Goffredo Bartocci

The network model in cultural dynamic psychotherapy. Anthropological bases for a culturally appropriate psychological treatment

Gian Giacomo Rovera

CLINICAL USE OF NETWORK MODEL This paradigm is a sort of framework and interactive network, which permits to connect together research programmes and sympathetic – explanatory psychotherapy. As a matter of fact, it tends to link biological, clinical and interpretative/supportive aspects in a cultural dimension through a multiplicity of interventions. **MIGRATION** The network model can be applied in migratory phenomena. The metropolitan area of Turin, which has more than
150.000 foreigners out of 2,277,686 inhabitants, is an example of multiculturalism. Speaker will present data on this particular panorama and regarding the existing network of services, especially in relation to mental health. **ANTHROPOLOGICAL AND CULTURAL QUESTIONS** Certain anthropological, social and cultural concepts are being rediscovered today. In this context, the notable importance of language ontogenesis, which we propose as one of the basis of the psychotherapeutic approach, emerges. Its importance comes out within the psychotherapeutic practice at the time when it sets itself as an inter-individual communication (both verbal and non-verbal). This communication goes from the supplying of presence to a comprehension, a "cultural self-identification", an empathic participation, an therapeutic use of enactments, entering into "meeting moments" and right up to the "interpretation" of transference/counter-transference. The interaction "re-semanticizes" the whole context starting from therapies. Different "Semantic frames" open up within a complex interactive communication, forming a common basis for an explanatory and shared comprehension.

Clinical experiences and applications of cultural dynamic psychotherapy

Silvana Lerda

The purpose of this session is to underline the importance of an individual and *psychodynamic approach* (uncoscious dynamic processes, defense mechanisms, attachment styles, transference and counter-trasference dynamics, etc.) through the presentation and the analysis of several case reports and first-hand experiences in psycho-social and psychotherapeutic treatments.
The speaker will respectively present the following experiences:
Cultural appropriate dynamic psychotherapy in a mental health center: Clinical experience with Russian and Ukrainian inpatients (Turin-Italy) Nine Russian and Ukrainian patients were admitted to a psychiatric ward because of serious and acute psychiatric symptoms. During hospitalization, all of them were treated with

culturally adapted pharmacotherapy and culturally adapted psychodynamic psychotherapy, using continuously supportive and psychoanalytic tools (40 minutes twice or thrice weekly settings). Our psychotherapeutic strategy speedy achieved a significant therapeutic relationship with acute inpatients. Besides, it also allowed influencing clinical and existential conditions, favoured social integration, promoted progressive changes and aided next courses of treatment.

Psychotherapy in liaison psychiatry: A case report from Africa (Nairobi -Kenya) The case of a Kenyan patient, with "bipolar disorder" and hyperphagic symptoms, who promptly recovered after a disclosure of unconscious fictions (related to a past traumatic event), combined with empathic listening, encouragement and a supportive/prescriptive intervention.

Treatment delivered in collaboration with cultural mediators (Turin-Italy/ London, Uk) Analysis of the complex dinamics deriving from the cooperation with cultural mediators and description of the related criticalities in a patient of Shona ethnicity, Zimbawe.

Training paths

Alessandra Bianconi

METHODOLOGICAL ASPECTS The development of network relation paradigm (cfr. Adlerian theory) takes shape in a continuum of comprehension/explanation/cooperation oriented toward an interactive cultural plurality. It involves different types of interventions regarding helping relationships (educational psychology, counselling and dynamic psychotherapy). Therefore it appears to be appropriate: a) to develop the theoretical and methodological aspects; b) to be carried out through comparative empirical research; c) to perform cultural supervisions particularly on the dynamics of the networks and of the therapeutic settings; d) to facilitate exchanges with "learners" of different cultures. **A TRAINING PROPOSAL** It is our conviction that, in order to deeply understand what a different culture is, it is desirable to experience it by living in a foreign country for a certain period of time, while working with local patients and colleagues. The speaker will describe what African Mental Health Foundation has done until now in this context and will, furthermore, promote the constitution of an international platform which would encourage and support these kind of training, in a double direction. Psychotherapists and psychiatrists from Western countries would have the possibility to experience differences and similarities abroad, while their colleagues from Non-western countries could exploit the same opportunity replacing them. **CONCLUSIONS** Regarding the impact of cultural factors on theory and psychotherapeutic practice, we need neuro-scientific bases to extend and to deepen an explanatory and shared comprehension within inter-individual relationship.

SYMPOSIUM S35 - CLINICAL AND RESEARCH REPORTS FROM THE INTERCULTURAL PSYCHIATRIC PROGRAM IN PORTLAND, OREGON, USA

Chair: Paul K. Leung

Co-Chair: Anthony Cull

History, development & challenges of a 34 year program for refugees and torture survivors

Paul K. Leung

For almost 35 years the Department of Psychiatry of Oregon Health & Sciences University (OHSU) has operated the Intercultural Psychiatric Program (IPP) focusing on providing comprehensive mental health services to the immigrant and refugee communities. Although it has its root in providing care to the refugees from Indochina, to

date IPP serves more than 1,300 patients from all over the world speaking 23 languages of last count. We utilize the proven model of pairing a psychiatrist with an ethnic mental health professional constituting the treatment team for a particular ethnic patient-group. Over the years we have provided high quality, culturally & linguistically competent services to our patients. Many of them were victims of trauma due to the political and economical instability of the regions where they came from. In this presentation the author will describe the model of treatment IPP has employed with rewarding outcomes. A significant portion of the presentation will be devoted to the discussion of the continuous challenges facing programs alike in providing cares to these communities.

Treatment outcome of tortured and non-tortured refugees

Crystal Riley

The number of refugees in the world is about 15,000,000. Many (perhaps 30%) have endured torture as well as the trauma of war, dislocation, separation of family, starvation conditions, and the difficult adjustment to a foreign country. There is little confirmation on the degree to which torture adds to the psychiatric distress of refugees who additionally have been tortured.
The Intercultural Psychiatric Program has treated refugees for 34 years. Increasingly, the refugees have reported torture experiences. This report is on 300 new refugee patients to our program. At intake, all patients received a full psychiatric evaluation and the following three scales were administered: the modified Harvard Trauma Scale, the Sheehan Disability Scale, and an analogue scale designed by our program to measure depression, irritability, flashbacks, and nightmares. The scales were repeated after one year of treatment in our clinic.
This report will describe the diagnostic and demographic characteristics of these patients and improvements in symptoms in tortured and non tortured refugees. The data will provide valuable outcome information regarding the effect of treatment on these groups.

The psychiatric effects of long term refugee camp experience: The Burmese and Nepalese examples

Anthony Cull

Some refugees have lived a generation in refugee camps, displaced from their homes and living in conditions intended to be temporary for up to 20 years. Examples are Burmese refugees from Burma and the Nepali refugees from Bhutan. We see patients from both groups in our clinic. Many of these patients have extraordinary difficulty adapting to life in their new environments when compared to other patients. Some factors in this difficulty are common to many refugee groups that we see in our clinic, such as little to no formal education, impairing psychiatric sequelae of trauma and loss, and little contact with others of the same language and ethnic group. Other factors, however, may be unique to the extended refugee camps experience, such as poor community structure in refugee camps, long-term reliance on rescue institutions, and models of medical care designed for short-term problems. In this presentation, I will use clinical examples to discuss the possible causes of these adaptation difficulties, as well as our approaches thus far in trying to solve them.

The personal reflection on the role changes from Bosnian physician to refugee to Bosnian counselor to American psychiatrist

Amela Blekic

The personal reflection on the 20-year-long journey that started in 1992 in Bosnia, continued in Croatia, then has been developing and shaping into its present stage in the United States.

The presentation follows the life of a Bosnian physician in a long journey from her home country to the United States. She underwent multiple professional and personal changes, a refugee status in Croatia, the immigration to the United States, work as a Bosnian counselor and a community role model, then an American psychiatrist, all of which required significant adjustments.
The same questions were answered and asked again throughout that time: What makes us strong and persistent? What delays our development and success? How to accept life obstacles, how to be open to a different experience, how to proceed and adjust to the different roles?
This is the story that combines more than one culture, more than one language, more than one continent. The story that starts with war and evil, goes through challenges, attempts to answer the unanswered questions, and in the end sends the message of humanity, relatedness and the good among the cultures.

Multigenerational trauma after the Khmer Rouge: Clinical care for Cambodian refugees and consultation to the Documentation Center of Cambodia

James Boehnlein

There have been many consequences of the Khmer Rouge regime in Cambodia from 1975-1979. It is estimated that 1.7 million out of a total population of 5 million Cambodians died of starvation, disease, and execution during those four years. Every family was touched in some way by that tragedy, and the adverse consequences spread throughout all parts of Cambodian society, including the foundations of education, government, law, health, religion, and other social structures. These foundations of society have needed to be rebuilt, and individuals and families both within the country and elsewhere have faced great challenges in coming to terms with intense trauma and loss. At the Intercultural Psychiatric Program we have treated Cambodian refugees over the past 30 years who have presented to our clinic with posttraumatic stress disorder, depression, psychosis, substance abuse, and family problems, requiring comprehensive biopsychosocial treatment to address these problems in a cultural context. Because of our extensive experience in treating Cambodian refugees and knowledge of the culture, we were invited to consult over the past several years to the Documentation Center of Cambodia to assist them in their work with survivors, including their preparing and debriefing civil claimants testifying before the Cambodian war crimes tribunal. This presentation will review the comprehensive treatment necessary for addressing the traumatic sequelae of the Cambodian genocide, and will describe how that clinical experience is relevant for developing effective consultation in Cambodia that strengthens multidisciplinary professional education and addresses cultural issues at the interface of psychiatry and law.

Psychiatric treatment outcome of torture survivor: 1 year follow up

David Kinzie

There is little consistent data on the treatment of torture victims. The majority of reports have used some form of psychological treatment (psychodynamic psychotherapy, CBT, exposure therapy, group therapy). Most survivors of torture have major psychiatric diagnosis, major depressive disorder and posttraumatic stress disorder (PTSD), which psychiatric treatment can address. This report is on 22 eclectic torture survivors from Iran, Afghanistan, Ethiopia, and Somalia. They all endured horrific trauma and at intake had a full psychiatric evaluation and self rating scales for depression, PTSD, and the World Health Organization Quality of Life Bref Scale. Treatment included psychiatric supportive psychotherapy, ethnic counselor who provided case management, medication, and support for a variety of social needs. The scales were repeated after one year of treatment. The majority (20 of 22) were greatly improved on depression and PTSD scales. The Quality of Life improved on physical health, mental health, and environmental health. Medicine use was associated with significant reduction in irritability, flashbacks, and nightmares.
It is not necessary to have trauma focused therapy. Supportive psychotherapy, medicine, and reduction in symptoms can greatly reduce symptoms in these complicated patients.

SYMPOSIUM S36 - PROMOTING RESILIENCE AND MENTAL HEALTH IN YOUNG PEOPLE AND ADULTS. A CAREIF PERSPECTIVE

Chair: Stephen Stansfeld

Co-Chair: Edgar Jones

Promoting positive mental health

Dinesh Bhugra

Promotion of mental health overlaps with prevention in many aspects, yet both of them are also distinct in that the emphasis in mental health promotion is on positive mental health rather than illness prevention. The concept of positive mental health includes well-being, salutogenic factors (like optimism), resilience (the capacity to cope with adversity) and quality of life as defined by WHO.

Mental health promotion as a concept involves making efforts to improve the well-being of individuals and communities. It differs from prevention of mental disorders, in a significant way. Prevention is part of mental health promotion efforts. Any action that is taken for protecting and improving mental health can be a part of mental health promotion. There is considerable evidence to indicate that many types of mental illnesses in adulthood are related to childhood development, parental and school factors. We know that one need not suffer from a mental illness in order to be called un-healthy. In addition to not suffering from any mental illness, mental well-being is important, wherein the individual is able to deal with the daily stresses of life and still function sufficiently enough to make a contribution in his or her area. Mental health forms an integral part along with physical health. Hence it is important to understand that one cannot ignore mental health at all. Mental health promotion is based on research evidence which will be presented here and described further in the context of mental health promotion and prevention of mental ill-health.

Psychological treatment of South Asian students in the transition from adolescence to adulthood

Diana Bass

The theme of this paper is the amplification of internal psychological conflict during the transition from adolescence to adulthood in some (mainly medical) students of South Asian origin at a British university. These young people may present themselves or are referred for psychodynamic counselling or psychotherapy in the student service having been in severe distress, often for some time. Their referral is usually as a result of unexplained examination panic or academic failure or triggered by family or relationship breakdown. In the consulting room powerful feelings of guilt and shame and a perception of letting people down can emerge. Experiences of emptiness, dislocation and suicidal despair are common and some of these young people may attempt suicide, self harm, starve themselves. They may have withdrawn from social contact in an attempt to resolve their internal predicament. Some are drawn to religious fundamentalism, which can feel like a solution, providing as it does a rigid container, a second skin for a fragile and fragmented sense of self.

The experience of immigration in their family's recent past is enormously significant, particularly so when being a member of an ethnic minority means that this factor is also visible to others. Many of these students have direct experience of racism but it is significant how often this is denied, or rationalised, perhaps also a way of protecting the (white) therapist. In the same way they might deny or play down poverty, violence or abuse at home. These young people often embody their parents' hopes for a better future and their intellect has been used to hold themselves and their families together. They do not have a way to think about their own feelings and states of mind and so find themselves without resources when their defences fail panic sets in and psychological help is

needed. Treatment needs to be sensitive to all these factors and can be challenging but also enlightening for both student and therapist.

Mental health of South African adolescents in Cape Town. A comparison with East London, UK

Stephen Stansfeld

BACKGROUND Young people are exposed to high levels of material deprivation and social inequalities in South Africa which may affect their mental health. To a lesser extent young people in east London are also exposed to material and social deprivation. The aim of this paper was to compare the rates of mental health symptoms in east London and Cape Town high schools using data from the SHaW Study in Cape Town and the RELACHS Study in London. **METHOD** A questionnaire survey was carried out in grade 8 learners from seven Cape Town high schools. A sample size of 1034 was achieved, with a response rate of 88%. The RELACHS Study included 2790 adolescents 11-14 years from 28 east London schools with a response rate of 84%. In both London and Cape Town depressive symptoms were measured by the Short Moods and Feelings Questionnaire (SMFQ). Similar measures of bullying and social support, the Multidimensional Scale of Perceived Social Support, were used in both studies. **RESULTS** On the SMFQ 41% of the sample scored highly on depressive symptoms in Cape Town whereas 19% scored highly in London. 34% of east London adolescents said they had ever been bullied compared to 28% in Cape Town. 80% of Cape Town adolescents reported good or very good self-rated general health compared to 74% of east London adolescents. **CONCLUSIONS** The high rates of depressive symptoms may represent greater mental ill-health in Cape Town than London but not all the indicators of ill-health or risk factors followed the same pattern. Styles of reporting, and reliability of questionnaires may also play a part in explaining these results. Cross-cultural surveys can be informative for understanding the different risk and protective factors that influence adolescent mental health in different cultural settings.

SYMPOSIUM S37 - INTERNET-BASED INTERVENTIONS TO FOSTER BETTER MENTAL HEALTH

Chair: Anil Thapliyal

The Lowdown

Anil Thapliyal

BACKGROUND New Zealand is leading the world in the development and deployment of community based E-therapy services, where the computer assisted and text based interventions support bio-psycho-social therapy approaches. Information and communication technologies (ICT) such as email, text and Instant Messaging (IM) online tools are changing the culture of therapy by empowering the mental health service users to choose from array of communication options best suited to people personal preference. E-Therapy in New Zealand has been used as an effective and a complimentary conduit to traditional therapeutic interventions. Depression and suicide are major health issues for New Zealand. Approximately 100 are young people, die by suicide every year. In 2006 there were 2,868 intentional self-harm hospitalisations. New Zealand has particularly high rates of depression and suicide among its youth. Approximately 1 in 8 young people aged 16 – 24 years will experience a mood disorder over a 12 month period. Suicide is the second most common cause of death and approximately 1 in 4 of all deaths among 15-24 yr olds is attributable to suicide. In an attempt to reduce these figures the Ministry of Health funded a website (www.thelowdown.co.nz) that encourages young people to seek help for depression and improves access to treatment. **METHOD** The Lowdown draws from supporting knowledge on both the computer and the human side. The lowdown uses techniques in computer graphics, operating systems, programming languages, and development environments. On the human side, the Lowdown combines communication theory, graphic and

industrial design disciplines, linguistics, social sciences, cognitive psychology, and human factors. The site identifies with youth and various youth cultures. Recognized youth role models from the entertainment and sporting world discuss their experiences of dealing with their own depression or that of friends and family. There is an assortment of multimedia resources including: depression fact sheets, a self- assessment tool, songs and videos. The resources on the site aim to engage, educate, empower and encourage, developing the participants' sense of competency and skill base to cope with their situation, and sense of control that there is a way through it. The central message is one of hope and encouragement to seek appropriate help. The key to the success of the site is the combination of interactive and multimedia resources backed up and supported by a skilled support team (The Lowdown Team). Support is assessed via email, text, and message board facilities, and e-coaching. Participants can also engage in one to one support through Web videoconferencing. **RESULTS** The key to the success of the project is the combination of interactive and multimedia resources backed up and supported by a skilled support team (the Lowdown Team) whose profiles (including video clips) are on site, so that young people know who they are communicating with. Support is assessed via email, text, and message board facilities, and e-coaching. Participants can also engage in one to one support through Web videoconferencing.
A recent evaluation of the Lowdown showed that:

- 80% of youth users rated the website highly for finding out about depression.
- 63% found the website personally helpful.
- 80% of users indicated that the text service met their needs extremely to quite well.
- 70-75% of users indicated that the email support services met their needs extremely to quite well.

CONCLUSIONS The Lowdown site is a world leading interactive internet based E-initiative that encourages youth to seek appropriate help, and increases awareness of effective interventions for depression. The service also improves the capability of health professionals to respond appropriately. This highly effective national youth depression service intersects human support with computer science to reduce youth depression and suicide.

The Journal

Simon Hatcher

BACKGROUND The Journal is a central component of Phase 2 of the National Depression Initiative (NDI), which is part of the Ministry of Health's Suicide Prevention Strategy. The NDI was launched in October 2006 with a high profile television campaign featuring an ex-All Black Rugby player John Kirwan. The Journal aims to promote the self-management of milder forms of depression, and support those in recovery from more severe depression. **METHOD** The Journal is a user-friendly online self-management programme fronted by John Kirwan and three mental health professionals. Personalised support can be accessed through free helpline, text, email, and online messaging. New television advertisements (also featuring John Kirwan) will signpost the public to www.depression.org.nz where they can sign up to interactive programme that supports people through a range of lifestyle and problem solving skills. At any point during the programme, people can access the support team to assist them through the process and offer information, support and advice, including access to treatment services. 'The programme is based on a form of cognitive behaviour therapy (problem solving therapy) which has been demonstrated to be effective in helping people with mild to moderate depression and anxiety. The programme may also be helpful for people in recovery from experience of depression, or as a complementary activity to clinical treatment. **CONCLUSION** The Journal is the natural evolution of the NDI's successful 'multi-channel' support services for people with depression. It offers mental health professionals a helpful resource which can be complementary to clinical treatment.

'Face Teen', many faces of teenagers

Samson Tse

BACKGROUND In response to the worrying trend of the local drug abuse cases, the Hong Kong Productivity Council and the University of Hong Kong has launched an on-line campaign project, namely "Let's Face It: A Life Skills Based Education Campaign on Facebook and Social Media Platforms that Bear Drugs before It Starts" (or "Face Teen in which some young people aged between 13 and 24 will be invited to participate in the campaign. **METHOD** To establish multiple presences, we integrate selected activities of the programme with various web 2.0 social media tools like Facebook, Youtube and Twitter. Multiple channels broadcasting such as Yahoo, Google, Uwants, Ugameasia, Discuss, Schools' Intranet and HKedCity are used to promulgate the project. The programme seeks to achieve the following objectives:

- Develop young people's self esteem and capacity to say "NO" to drugs through "Life skills based education approaches"
- Strengthen the knowledge on how substance and drug abuse affect future opportunities in life
- Impetus wider community engagement and collaboration on enhancing the awareness and support for young people's healthy development.

SYMPOSIUM S38 - NATURAL HISTORIES OF SPIRITUALITY AND THERAPEUTICS: EMPATHY AND HEALING

Chair: David Hufford

Spiritual medical doctors in Puerto Rico: Clinical perspectives

Joan Koss-Chioino

Years of study of Spiritist healers and their work, as well as a current study of medical doctors who are Spiritists (that also includes doctors who work with other types of spirituality) have highlighted certain dimensions of the therapeutic relationship, such as the presence of empathy on the part of the practitioner/healer which deepens when spirits or spirituality are part of the process of guiding diagnosis and treatment in particular patients. Spiritist healers literally take the illness/disorder into their own bodies to facilitate healing; I have labeled this process "radical empathy." Doctors who are also Spiritists, spiritual or deeply religious feel deeply concerned about particular patients and go to greater than usual lengths in treating them including home visits on weekends and at odd hours; they also report depending on spontaneous processes of spirit messages or intuition for diagnoses. Some report extreme efforts at resuscitation of moribund patients.

NDEs and ADCs as therapeutic?

David Hufford

There is good reason to believe that certain spiritual practices and beliefs found around the world originate in spontaneous visionary spiritual experiences. For example, near-death experiences (NDEs) and after-death contact experiences (ADCs), now shown to be both normal and salutogenic, support and sometimes give rise to spiritist-like beliefs (including belief in an after-life and the possibility of communication between the living and the deceased). Furthermore, some of these dramatic spiritual experiences are associated with better psychological health. NDEs and ADCs have healing power, and that power seems at least partly rooted in the way that the beliefs they entail affect cognitive appraisal of threats and, therefore, stress. Since stress can produce morbidity and death, and cognitive appraisal (i.e., beliefs) modulates stress, the spiritual resources arising from dramatic spiritual experiences can be potent mediators of the stress response and, therefore, emotional and physical health. Better knowledge regarding powerful spiritual experiences can help in the understanding of traditional spiritual healing techniques and may also be amenable to incorporation into new therapeutic modalities

Tribal psychiatry at a personal level

Edith Turner

The paper uses ethnographic material to trace cases of people in central Africa suffering from what we would term neurotic illness, bitter resentment developing into wandering pains in the body. Africans have a finely developed consciousness of spirit entities, a faculty I maintain would be ours if we did not suppress it. One woman felt the presence of an angry dead uncle. A ritual began, directed by a small team of medicine people from the family matriline. The healer was concerned to listen to the spirit inside the woman and talk to it, which enabled the woman to come out publicly with her troubles, at which the medicine people showed delight and relief at her frankness. The medicine man was then aware he could draw the biting spirit out of her. Music and a wave of empathy in the whole group were coaxing the spirit out of her body. At the climax the spirit itself responded, it did come out--which I saw - and the patient was healed. I would maintain, as regards our own psychiatry, that working with the processes of spirituality would give an enormous lift to the cure of torn minds and beleaguered souls.

Spiritual healing in Northern Nigeria: The Bori and the Spirits

Frank A. Salamone

Being in the presence of Jugun Hella, the Bori doctor of the Gungawa people, was like being in the presence of healing warmth. One was conscious of the heat's potential to consume but never feared that it would. Because Bori was so powerful he tempered his behavior with humor, even buffoonery. Everything about the Bori betokened healing. Watching him at work was to see someone combining elements of the old and new, of Islam, Christianity, and traditionalism. He also balanced ancient and modern healing in a manner comparable with watching a person on a tightrope, carefully balancing between opposing forces and gaining attention through doing so. Generally, I viewed him working with spirits talking through a pot, the spirits of the original Hausa religion, who lurk just below of the surface of their Islamic cover. Through them, the Bori would reveal psychological causes of many illnesses. He would speak over his medicines, dispensing modern pills along with ancient herbs and concoctions with similar ease, always praying to them. He was not above going into a Catholic chapel to seek the help of Jesus, whom he said lived there. Wherever he went, he drew attention, healing laughter and respect. He treated all peoples, and I benefited from his ministrations in lengthy talks over millet beer while he healed my own inner problems, chasing away my inner demons.

Christian fundamentalism and mental health in Appalachia

Larry Merkel

Since 2005 the author has been doing psychiatric assessments and treatment in southwestern Virginia, which is part of Central Appalachia. Ethnographic research has been conducted to support the treatment initiative. Through this process it has become clear that Christian Fundamentalism often acts as a bulwark of stigmatizing cultural beliefs about mental illness. Fundamental spiritual beliefs of this religion oppose efforts to obtain help via psychiatric care. Yet Appalachian culture witnesses high rates of mental illness, including depression, substance abuse, and suicide. This relates to the poverty, economic exploitation, and historical marginality of this population.

The relationship between spiritual beliefs and mental health treatment will be presented, including detailed case presentations of clinical cases exemplifying the conflict. Fundamentalist beliefs appear to support Appalachian cultural values of mistrust of outsiders and interpersonal violence, as well as group loyalty and traditional values. These beliefs and values are often antithetical to mainstream psychiatric treatment and binds members to the system which is anti-therapeutic. Fundamental beliefs provide support and spiritual comfort in settings of poverty and structural violence while simultaneously supporting factors involved in structural violence – marked gender roles and patriarchal dominance.

Seeking mental health care for people in Appalachia runs counter to many Fundamental Christian beliefs and risks further alienation and ostracism. Fundamental spiritualism is opposed to psychotherapeutic efforts resulting in a conflict between therapists and the church.

Discussant

Solomon Katz

No abstract submitted.

SYMPOSIUM S39 - ETHNO-CULTURAL PROBLEMS OF MENTAL HEALTH OF YOUTH IN RUSSIA

Chair: Valentin Semke

Co-Chair: Irina Kupriyanova

Ontogenetic problems of mental health of youth in Russia

Valentin Semke

Developed in country in recent years drastic social situation, significant growth of number of under age youth exposed to difficult life situation, growth of deviant, delinquent and addictive forms of behavior of adolescents determines as especially priority objects of research psychiatric, psychological, psychotherapeutic problems of orphanhood, homeless childhood, physical violence. Destructed families, personal crimes, thefts and robberies, numerous suicides of people, especially adolescents, driven to despair by heartless severity of the contemporary life - the cost which is paid by Russia every day for occurring everywhere expansion of new kinds of addiction. Existing social problems result in growth of personality abnormalities and pathological forms of behavior in the contingent of under age youth, accordingly moving the child-adolescent psychiatry into the category of most relevant societal disciplines. In the structure of borderline mental disorders in under age youth the first place is occupied by behavioral and emotional disturbances, personality deviations, being internal conditions of social disadaptation, formation in children and adolescents of deviant behavior. External conditions, promoting formation of deviant behavior, micro- and macro-social factors become. Situation of social adversity in the society regularly affects institute of family, forming new, often bearing destructive character, relations between children and parents. Of great pathogenic significance for children is high prevalence of borderline and personality disorders in parents, their low social status, asocial habits, marginal level of culture, alcoholism. Social statistic states significant growth of number of under age youth exposed since early childhood and during long time to social and familial deprivation.

Current patterns of addictive behavior among youth of Siberia

Nikolay Bokhan

Developed in country in recent years drastic social situation, significant growth of number of under age youth exposed to difficult life situation, growth of deviant, delinquent and addictive forms of behavior of adolescents determines as especially priority objects of research psychiatric, psychological, psychotherapeutic problems of orphanhood, homeless childhood, physical violence. Destructed families, personal crimes, thefts and robberies, numerous suicides of people, especially adolescents, driven to despair by heartless severity of the contemporary life - the cost which is paid by Russia every day for occurring everywhere expansion of new kinds of addiction. Existing social problems result in growth of personality abnormalities and pathological forms of behavior in the contingent of under age youth, accordingly moving the child-adolescent psychiatry into the category of most

relevant societal disciplines. In the structure of borderline mental disorders in under age youth the first place is occupied by behavioral and emotional disturbances, personality deviations, being internal conditions of social disadaptation, formation in children and adolescents of deviant behavior. External conditions, promoting formation of deviant behavior, micro- and macro-social factors become. Situation of social adversity in the society regularly affects institute of family, forming new, often bearing destructive character, relations between children and parents. Of great pathogenic significance for children is high prevalence of borderline and personality disorders in parents, their low social status, asocial habits, marginal level of culture, alcoholism. Social statistic states significant growth of number of under age youth exposed since early childhood and during long time to social and familial deprivation.

Ethno-cultural and adaptive aspects of schizophrenia

Arkady Semke

During last 25 years we studied problems of adaptation of schizophrenic patients. We have revealed that adaptive behavior takes shape of totality of clinical and social factors among which ethnocultural ones occupy a special, organizing value and flowing against the background of serious biological changes in the organism and only in the half of patients we have noticed parallelism in their development.

We have distinguished 4 types of adaptation: integrative, with relatively high level of clinical and social adaptation; destructive, with opposite according to sign combination, as well as types of adaptation with dissonance between these indices – extravert, with relatively high clinical and low social adaptation and introvert – in patients preserving social functioning in the worst clinical parameters.

In the number of clinical preconditions of adaptation of significance are positive psychopathological disorders, negative manifestations as well as provoking, accelerating and complicating course of disease factors. Degree of adaptive value of positive disorders depends on their rank predominating in the course of disease or character of "persistence". Social cataclysms of the 90th of the past century have given significant rise to archaic, "magic" forms of delusional experiences. Also growth of catatonic symptoms of schizophrenia has been noticed.

Adaptive value of negative disorders is associated with rank, area of impairment, correlation of quantitative-qualitative structure what may be called as endogenous transformation of the personality on which peculiarities of positive disorders in exacerbations and remissions, adaptive reactions and types of individual compensatory-adaptive defense depend.

Mental health of adolescents: Cross-cultural investigations

Irina Kupriyanova

In present investigation in two regions of Siberia (Republic of Buryatiya, Tomsk District) we have examined 268 schoolchildren form special schools – disabled children with various disturbances: child cerebral paralysis, hearing disorders, speech disorders, intellectual deterioration. From all schoolchildren 9,3% were mentally healthy. The most prevalent disorders were disturbances of psychological development - F83 (55,6%), mental retardation – F70 (4,5%), speech disorders F80 (23,5%), behavioral disorders with onset in childhood – F90 (2,2%). Majority of schoolchildren had combined disorders. In this investigation we study influence of cultural peculiarities on mental status of children with disabilities, family perception of basic defect. Anxiety in children with disabilities not always manifests itself in explicit form and often is not revealed during use of verbal tests. In this association we used projective methods. First signs of anxious state are deterioration of school record and change of behavior. According to results of monitoring of schoolchildren using method of D. Stott we have revealed high coefficient of maladjustment, depressive manifestations, anxiousness, emotional tension. In structure of personality of disabled children phobic component is traced.

It should be recognized that in our country approach to medical assistance rendering for children with disability is more oriented at pharmacotherapy of basic disease during deficit of psychiatric, corrective-psychological and social-pedagogical directions. Family psychotherapy and preventive corrective programs created for all

participants of pedagogical process (children, parents, and teachers) with account for social, ethnocultural factors contribute to social adaptation and increase of level of quality of life of disabled children.

Problems of mental health in patients with cardiovascular pathology

Galina Semke

Investigation was conducted on the basis of Cardiology Research Institute SB RAMSci of Tomsk city during 2010. Basic methods of investigation were: clinical-psychopathological including individual interview of the psychiatrist with the patient. During the year number of treated according to cardiologic profile patients at clinic of Cardiology Research institute has constituted 9650 persons. From them, pathology from the side of mental sphere has been revealed in 890 (9,2%) patients. Number of patients with verified diagnosis of mental disorders according to ICD-10 has constituted 745 persons (83,7 %). In 145 (16,2 %) patients we observed sub-clinical level of disorders. Consultation by the psychiatrist was refused by 29 patients (about 2,2 % of the total number of examined patients). Pathology of mental sphere according to diagnostic groups: the first ones are organic ones, including symptomatic, mental disorders (F00-F09). These disorders have been revealed in 399 persons (44,8%). Predominant diagnostic categories in this group were other mental disorders as a consequence of brain injury or dysfunction (F06). Neurotic, stress-related and somatoform disorders (F40-F49) have been revealed in 301 persons (33,8%). Leading diagnostic categories among this group are reactions to heavy stress and adjustment disorder (F43) and other anxiety disorders (F41). Prevailing categories in diagnostic group mood disorders (F30-F39) are depressive episode (F32) in 43,75% and chronic affective disorders (F 34) in 34, 3 % of cases among total number of revealed mental pathology among this group.

Psychosomatic problems of youth in Siberia

Valentina Lebedeva

OBJECTIVE Study of nosological structure of mental disorders associated with somatic diseases with distinguishing of basic pathogenetic factors and development of stepwise therapeutic programs. Material and methods: analyzed material - 2010 persons seeking for psychiatric help at primary care unit. Factorial analysis has identified the most significant factors (somatic-vegetative, psychopathological syndromes, somatic pathology, age peculiarities) in formation of combined mental and somatic diseases. With account for specifics of the contingent of patients, age structure, therapeutic-diagnostic complex of general primary care unit we have developed stepwise rehabilitative programs. **RESULTS** We have distinguished basic stages of therapy: initial, basic and maintenance. We have developed and introduced rehabilitative programs: for patients with neurotic disorders, organic mental disorders, personality disorders, affective disorders, alcohol dependence, and separately for persons of younger and elder age. We have structured basic principles of rendering of medical assistance – complexity, sufficiency, individual-differentiated approach, continuity, cooperativeness. **CONCLUSIONS** Use of base of general somatic primary care units, integrative approach during rendering of specialized psychiatric assistance to patients with mental disorders appeared to be most effective and lesser economically expensive as compared with institutional assistance at a profile institution. Of special relevance were psychological-psychotherapeutic programs for schoolchildren from senior grades in the period of relevance of disadaptive factors such as choice of profession and call-up age.

SYMPOSIUM S40 - THE CONTEXT OF FEMALE SUICIDE

Chair: Samuel Okpaku

Female suicide in Africa

Samuel Okpaku

BACKGROUND There is an increasing interest in self-destructive behavior by women in Africa. Civil wars, political strife, lifestyle changes and greater recognition of the phenomenon have probably contributed to the perceived increase in self-destructive behavior. For adequate preventative strategies more knowledge of the context in which Africa women commit suicide and parasucide will be important. This paper explores these issues. **METHODS** Literature Review. **RESULTS** There are social cultural factors that contribute to suicide and parasuicide in Africa. There are some gender variations in the means of suicide. Hanging and self-immolation appear to be prominent in some African regions. **CONCLUSIONS** Suicide and parasuicide in Africa is a recognizable problem that requires greater attention by mental health workers. **ABSTRACT** Classical mythologies have examples of women who have committed suicide for a variety of reasons. These reasons include: grief and bereavement from loss of spouse and/or offspring, shame from rape, and reasons related to madness. Their methods of suicide included: hanging, self-poisoning, drowning and leaping into water or from heights. The reasons for suicide and the corresponding means of suicide are still present today. With greater recognition of depression and the increase in modernity, the local explanations of depression are likely to rely less on sorcery, witchcraft and magic than in the past. However, the role of psychiatric illness and substance abuse of female suicide in Africa may become more prominent. This paper will explore some trends concerning female suicide in Africa. It will be suggested that this is an area which needs understanding and strategic planning to alleviate this predicted increase of suicide and by implication female suicide in Africa.

Changing patterns of female suicide within a South India village

Helen Ullrich

BACKGROUND There has been a marked change in the pattern of self-destructive behavior in India. By focusing on one South India village since 1964 I have noted a shift from female suicide at the time of marriage and the invisibility of female suicide at the time of widowhood to the highly visible suicide at the time of school examinations. This paper explores the issues behind the changing patterns to understanding the cultural dynamics. **METHODS** Interviews since 1964 of residents in a South India village. Literature review. **RESULTS** Cultural factors contribute to suicide and parasuicide in India. The longitudinal focus on one South India village illustrates the impact of cultural change on patterns of suicide. **CONCLUSIONS** Cultural changes in India have resulted in the recognition of suicide and parasuicide as an increasingly significant problem.
ABSTRACT Classical mythology has examples of the unhappy bride committing suicide by jumping into a well. The society viewed the death of a widow within ten days of her husband as auspicious and not a suicide. The bride and the widow traditionally were in powerless positions. As the society changed to allow women the option to determine their marriage partner and widows to retain power, the reasons for suicide among brides and widows changed. On the other hand, high school and college students who perceive their life goals as unattainable and older women who perceive their life goals as accomplished are at increased risk. These are areas that require strategic planning to alleviate the increased rate of suicide.

Gender-issues and suicide in different cultures

Erminia Colucci

Gender issues are often overlooked in suicide research and prevention. When they are taken into consideration, they are usually restricted to statistical analyses by sex rather than a deep understanding of the gender-related meanings of suicidal behaviour and how these relate to people's ethnocultural background. This paper explores cultural representations of youth suicide in relation to gender issues in at-least second generation Italian, Indian and Australian University students (18-24 years of age), enrolled in Universities in their native countries. Almost 700 students took part in the first phase of the study (i.e. semi-structured questionnaire) and 96 participated in the second phase (i.e. focus groups). Although the investigation of gender issues was not the

specific aim of the research, participants spontaneously and in various parts of the study differentiated their answers when talking about young males and females. Furthermore, gender was very significant in participants' explanatory model of youth suicide. This was particularly true in Indians, followed by Australians. Likewise, male and female participants across countries showed differences in the prevalence of suicidal ideation and behaviour, on the attitudes towards suicide and in what they believed to be the most important reasons for youth suicide. An overview of findings from a recent theatre-based study on domestic/family violence among Indian women will also be provided. During the presentation, several of these findings will be explored, providing suggestions for more gender-specific suicide research and prevention strategies

Suicidal behaviour among female minority ethnic groups

Marianne C. Kastrup

One of the consequences of globalisation is the increasing number of minority ethnic groups contacting psychiatric services. In Denmark a nationwide register study was carried out comprising all aged 18-66 in contact with services in 2003 and getting an F diagnosis in ICD-10. Among the non-ethnic Danish group 9.5 % were born aoutside DK, 5.8% were having one parent born outside DK, 0.8 having both parents born outside DK and 0.5 % were international adoptees. Women comprised 51% of the population. Self-mutilating behaviour was seen more frequently among women than men in all ethnic groups. Migrant women did not show more frequent self-mutilating behaviour compared to Danish women. But among 15-25 year old adopted women and second generation women a significant increased risk was observed. The findings are in accordance with findings reported in studies from Great Britain among South East Asian women, and Swedish studies have reported a similar high risk among adopted women. Based upon these findings and the findings from a Danish study of self-reported health problems in high school girls issues like cultural identity, acculturation difficulties, gender roles will be discussed as well as strategies to prevent this behaviour.

Suicide in Asian women – Cultural issues

Lakshmi Vijayakumar

BACKGROUND Suicide is the leading cause of mortality in adolescent girls in the world. Majority of suicides (83%) occur in the developing world. Despite this, remarkably few studies have explored the complex relationship between culture and suicide in young Asian women. **METHOD** An analysis of WHO mortality data on suicide in Asian women and review of literature. **RESULTS** The prevalence of suicide is high in young Asian Women. Issues related to marriage like arranged marriages, early age of marriage and the practice of dowry is related to suicide. Domestic violence, economic dependence and low social status of women also plays a significant role in suicidal behaviour. **CONCLUSION** Suicide prevention programs should incorporate women specific strategies. Reducing suicidal behaviour in women should be a social objective.

Depression and suicide of Japanese working women: Healthy workplace in consideration for female specific stressors

Lumie Kurabayashi

BACKGROUND In 2010, the suicide rate per hundred thousand in Japan was 24.9 (35.9 for male and 14.4 for female). It was one of the highest rates in the world. In 1998, the suicide has remarkably increased and has been very high until now, especially among middle-aged men. The suicide rate of Japanese male was much in co-relation with the unemployment rate. Compared with the suicide of working men, the suicide of working women was not paid much attention to. **OBJECTIVES AND METHODS** The aim of this presentation is to find the stressors and factors related to the suicide and depression of working Japanese women in previous studies and to consider how to make healthier workplace for them. **RESULTS AND DISCUSSION** Governmental statistics

showed that interpersonal stressors were very important job-related stressors among female employees. Kendler showed that the risk of depression was significantly low among women with good interpersonal relationship. These data indicate the importance of social support. **CONCLUSION** To prevent depression and suicide of working women, workplace with good social support may be one of the key concepts.

SYMPOSIUM S41 - SPECIAL AND ALTERNATIVE INTERVENTIONS

Chair: Rahul Bhattacharya

Sick and tired of being sick and tired: Providing psychiatric Services to homeless individuals with concurrent disorders and traumatic brain injuries

Kim Van Herk

BACKGROUND Homeless Aboriginal individuals living with co-occurring acquired brain injuries (ABI), addictions, and mental health issues are an invisible subgroup within the homeless population who are undertreated and underserved. Yet within the shelter system, this subgroup demonstrates difficult behaviours concerning their own and other's safety, utilizes large numbers of emergency service resources, have limited housing options and maintain a poor quality of life. **METHODS** Descriptive study of a managed alcohol program for homeless individuals living with co-occurring ABI and mental health issues comparing the characteristics of Aboriginal participants to the larger program sample. Quantitative and qualitative data will compare physical and mental health, level of cognitive dysfunction, number of ER visits and level of addiction. **RESULTS** 67% of the current program self-identifies as being of Aboriginal descent. Of this subgroup, nearly 80% have utilized emergency services in the last year, and 67% are currently being actively treated for their mental health. Previous research conducted on the program with clients living with severe concurrent disorders without diagnosed ABI, indicates that when clients were stabilized in the program with the necessary supportive staff, health care, managed alcohol, cultural supports and appropriate psychiatric treatment there was a significant improvement in physical and mental health and a decrease in ER visits. **CONCLUSION** Aboriginal homeless individuals living with co-occurring ABI, addictions and mental health issues benefit from a managed alcohol program with the appropriate medical and psychiatric care. Further study is needed to help better understand the specific needs of this subgroup of the homeless population and the appropriate supports to help rehabilitate and appropriately house this challenging and vulnerable population.

Madness, rape and exile: Adapting clinical and institutional approaches

Richard Simon

Based on the case study of a young female migrant patient, initially treated for acute psychotic symptoms, our aim is to illustrate how we rethought and adapted provision of treatment. As the patient's personal history unraveled during the first phase of her treatment, it became apparent that factors relating to trauma, family and migration, notwithstanding socio-economic issues, were highly relevant in the etiology of her symptoms. The treatment setting was therefore reassessed to also involve our child psychiatry unit and our unit specializing in transcultural psychiatry.

In recent years, we have set up a task force specialized in treating migrant patients with a focus on transcultural issues. The theoretical framework our treatment modalities are based on are psychoanalytical concepts and therefore we give special emphasis to working through concepts such as transference, counter-transference and cultural counter-transference in our relationship with patients. The difficulties our task force has encountered within the different units of our hospital, can be summarized as institutional resistance and theoretical resistance.

The need for provision of specialized treatment options and prevention are becoming our principal priorities, notwithstanding our increasing concern for the younger migrant generations growing up in often alienated families in which mental health issues are predominant risk factors.

A unique model for supporting street homeless people with mental health problems in the path for recovery from Kolkata, India

Rahul Bhattacharya

BACKGROUND Kolkata is a city of 14 million in India. Mental health services are hospital based and skeletal. Social care in non-statutory and not integrated with health; facilitated by voluntary sector. Societal stigma against mental health leads to mental health sufferers sometimes being left destitute. **METHOD** In 2007 *Iswar Sankalpa*, a voluntary sector organization set up a unique of integrated care for homeless people with mental health problems. This was piloted in selected areas of high homelessness. Care was provided through an outreach model. Support workers provided training and education of the local community. Longitudinal assessments were carried out on homeless individuals identified with possible mental illness. Multi-disciplinary assessments were carry out by an ambulatory team with a physical health nurse. This was followed by psychiatric assessment and initiation of medication with patient consent. The opening of a woman's night shelter in 2010, allowed vulnerable female patients a temporary refuge with Occupational Therapy input and the potential to re-integrate with their families. **RESULTS** By November 2010 in 41 months 1080 cases were identified. 602 of them were successfully treated and 62 re-integrated with their families. Of these 62, 19 persons (30%) were identified and repatriated during the 9 months (March-November 2010) period during with emergency night shelter was available and the ambulance service strengthened with stronger links with the police. **CONCLUSIONS** Night shelter, ambulance service and stronger links with the police were associated with reduced dropouts and increased efficacy. This model may provide a template for setting up similar services elsewhere. Care and support including care-pathways needs to be adapted to suit local needs.

Modified Forum Theater – A novel means of prevention and early recognition of family abuse and domestic violence in Australian Indian community

Manjula O'Connor

BACKGROUND The issue of Family Violence (FV) in the Indian community of Victoria, Australia is one of significant concern. There appears to be a distinct lack of meaningful engagement by Indian women with current domestic violence services. FV is a eminently preventable cause of many mental illnesses, including high suicide rates and psychosomatic illnesses. Further to this, children of family with Family Violence (FV) are prone to depression and behavioural problems and are likely to repeat domestic violence themselves. There is paucity of culturally sensitive data to guide services and prevention strategies campaigns. Indian is a collectivist society, commonly employs defence mechanisms such as denial, avoidance, shame, fear of social opprobrium, need for conformity, making it a taboo to speak freely about issues such as FV. To by-pass cultural defence mechanism, we decide to use modified Forum Theatre under the direction of a theatre director. **METHOD** Women from Indian populated areas in Melbourne took part in this community-action research. *Phase 1*. We used focus group discussions in 3 Melbourne localities. In *Phase 2*, script was created from themes of focus group. Discussions. *Phase 3*. Indian women from the above groups volunteered as actors for modified Forum Theatre. It was enacted with interactive audience participation. All key conversations were audio recorded and analysed with qualitative statistical tools. **RESULTS** 60 women took part in focus group discussions. A further 100 women took part in 4 theatre productions. Rich data was obtained regarding social drivers of FV in Australian Indian homes, silence on the topic, taboos and barriers to using FV services. **CONCLUSIONS** Modified Forum Theatre has yielded useful new data to guide treatment and prevention strategies for FV in Australian Indian population.

SYMPOSIUM S42 - MIGRATION, ACCULTURATION AND MENTAL HEALTH

Chair: Riyadh Al-Baldawi

The impact of migration and acculturation processes* on family relations. Psychosocial and psychosomatic consequences

Riyadh Al-Baldawi

Immigrant families which, either voluntarily or are forced to, emigrate to a new country face numerous challenges such as having to adapt to a new culture, traditions, norms, social structures and a new way of living. Families which immigrate to Sweden from countries in the Middle East face entirely novel family structures and relationships which differ significantly from those in their native countries. In order for them to adapt to and accept these new structures and relationships, a high level of preparedness and flexibility is required from all family members. Families with a strict patriarchal structure face more challenges and difficulties in their adaptation and integration process. This situation negatively affects the adults' and children's psychosocial statuses and causes numerous psychosocial and psychosomatic problems.

This presentation intends to describe and illustrate these difficulties and how they affect the internal and external relations of a group of 34 immigrant families. Our focus is primarily on changes to the family structure in general and the patriarchal family structure in particular. This presentation is based on long and extensive clinical experiences at Orient Medical & Rehabilitation Centre in Stockholm, Sweden when observing and evaluating immigrant families from the Middle East. These families where admitted to our centre through recommendation from the Swedish social authorities to help them with different conflicts and struggles. We studied and analysed these conflicts and struggles, under a period of three years. This presentation will reflect on the psychosocial and somatic consequences under their adaption and acculturation processes.

Resilience among migrants: Collectivism and religiosity as resources of psychological well being

Sandra Roberto

BACKGROUND The individual process of migration, in terms of the experience of integration into the host society, may represent an increased effort to obtain results of positive adjustment at a level of psychological well being due to the exposure of migrants to several risk factors (Torres, 2010, Wang, Schwartz, Zamboanga, 2010). However, the perspective of the resilience process of the people that migrate has brought a new perspective on this experience, as it focuses on the resources or protective factors in various levels; individual, social or community, that can be used to ensure psychological well-being (Kreuter et al, 2003, Utsey, Giesbrecht, Hook, Standard, 2008). **METHOD** This communication aims to present the results of a study conducted with a sample of 171 participants from Cape Verde and Brazil living in Portugal, seeking to understand the moderating role of collectivism and religiosity in the relationship between acculturation stress and psychological well-being and for this purpose were applied four measures of self-report. **RESULTS** The results significantly strengthen the acculturation stress as a negative predictor of psychological well being and collectivism both as a significant positive predictor of this variable and as a moderator of the relationship between acculturation stress and psychological well-being. Other specific variables of migration also appear to be significant in this relationship: the country of origin, length of stay in the host country and the reason of migration. **CONCLUSIONS** These results highlight the importance of the knowledge about the resources used by migrants when confronted with the

* Part of this study was published in the *Swedish Medical Journal*, vol. 95, nr. 19, 1998 (in Swedish).

adversities associated with the migration process, in order to be considered in specific interventions that seek to ensure psychological well being.

The impact of migration on forensic psychiatric patients

Susanne Bauer

BACKGROUND Migration is a phenomenon which not only influences everyday live but also gains importance in detecting and treating mentally ill. Furthermore in detention facilities as well as in special facilities for mentally ill offenders not guilty for reasons of insanity the incidence of hospitalisation is rising during the last ten years. We investigated the impact of migration on rising numbers of mentally ill offenders, form of offences, main diagnosis and severity of aggression in a subsample. **METHODS** Retrospective study in a sample of incarcerated mentally ill offenders not guilty for reasons of insanity in a high security hospital. Patients were diagnosed according to DSM-IV by using the SCID I and offenses were collected from the database of the ministry of justice. **RESULTS** Compared to the turn of the century the incidence of delinquent immigrants climbed from five to 50%. Main diagnosis was schizophrenia, mental deficiency, organic and affective disorder. Immigrants differed significantly from Austrians in diagnosis, comorbidity, form and severity of offenses. **CONCLUSIONS** Reasons for the rising numbers of immigrants in preventive custody will be discussed as well as factors enhancing resilience.

Exploring how to optimize the professional contribution and enhance the psychosocial well-being of migrant and refugee healthcare professionals in the UK

Eleni Hatzidimitriadou

BACKGROUND The necessity for and usefulness of a diverse healthcare workforce is consistently highlighted in Europe. However, in this age of 'super-diversity' the traditional multicultural approach of employing healthcare professionals from overseas is complex, as the professionals arriving in the host society have difficulties transferring and utilizing their knowledge and skills, receive inadequate levels of local support and mentoring and thus develop problems both in terms of professional adaptation and psychosocial health. In this paper we explore the processes which undervalue or promote the professional resources migrant and refugee healthcare professionals bring to the UK and the mechanisms which consequently shape their well-being. **METHODS** We analyse ten autobiographical narrative interviews we carried out with migrant and refugee doctors and nurses who received training and had their first work experiences in their home countries, currently work or have worked in the English healthcare sector and reside in London. **RESULTS** The findings reveal that migration status affects professional adaptation: nurses and doctors who are either refugees or on work permit face longer delays in their career development in comparison to migrant professionals. But doctors and nurses-irrespective of migration status- differ significantly in terms of well-being: doctors emerge as the most disillusioned group as they cannot fully cultivate the cultural capital they bring while nurses emerge as more psychosocially resilient. **CONCLUSIONS** Healthcare services in the UK can benefit greatly from a diverse workforce, thus we conclude by discussing the barriers that need to be overcome for these professionals' contribution to be fully realised.

SYMPOSIUM S43 - CULTURE AND FORENSIC PSYCHIATRY

Chair: Kalpana Dein

Mental health care of foreign nationals in UK prisons

Piyal Sen

Suicides in custody have been on a downward trend in the UK prison population. A group in which this trend is reversed is the foreign national group, where suicide rates have been rising. There appears to be a temporal link between this and broader immigration policies, making deportation mandatory for any prisoner sentenced to 12 months or more in custody. The key problems for this group centre around 3 broad areas: 1) Family contact, 2) Immigration issues, and 3) Language and cultural issues. The presentation will discuss these problems in detail and how they impact on the care offered to foreign national prisoners, Some solutions are proposed, including how to make use of evidence-based culturally validated tools for diagnosis, like the adapted versions of the MINI, particularly for the identification of PTSD and depression. Emerging evidence for the use of other tools like narrative exposure therapy for this group would be reviewed, including suggestions on how best to offer this to foreign national prisoners, including the training of lay people in such techniques.
Future areas for research in this group would be highlighted, including the need for a proper prevalence study of this group's mental health needs. However, the sensitivities around this area in a broader political climate of economic deprivation and anti-immigration rhetoric should not be ignored.

Relationship between personality disorder and culture

Yueqin Huang

OBJECTIVE To explore the relationship between culture-related risk factors and personality disorder, and to establish an intervention model of mental health education for adolescents in community. **METHOD** Using case-control study and community intervention trial, 10039 senior high school students were investigated with Personality Disorder Questionnaire-fourth edition (PDQ-4), EMBU, General Information Questionnaire, and International Personality Disorder Examination (IPDE) to diagnose personality disorder (PD) according to the criteria of ICD-10 and DSM-IV. The subjects were followed up for three years to evaluate the effect of intervention measure of mental health education. The single and multivariate analysis methods were applied for data processing. **RESULTS** (1) Case-control study: 1) Among first grade students, the risk factors of PD were poor parental relationship, rural residential area, parental rejection, over- protection, favoring subject, non-emotional warmth, less years of living with parents, and male. 2) Among third grade students, the risk factors of PD were culture-related factors including poor parental relationship, parental rejection and over-protection. (2) Community intervention trial: 1) PDQ-4 scores of the intervention group were significantly lower than those of the non-intervention group. 2) The incidence rate of personality dysfunction was 3.4% in the intervention group, and 4.0% in the non-intervention group. The incidence rate of PD was 0.8% in the intervention group, and 1.1% in the non-intervention group, but no statistical differences were found among them. 3) The mean score of PDQ-4 in intervention group was significantly lower than that in non-intervention group. Moreover, the incidence rates of cluster C, as well as paranoid, narcissistic and borderline PD were statistically decreased by intervention. **CONCLUSION** Culture-related risk factors including poor parental relationship, parental rejection and over-protection play an important role on PD occurrence. The mental health education during adolescence contributes to promotion of mental health for adolescents.

SYMPOSIUM S45 - MIGRATION IN THE 21ST CENTURY. RESILIENCE, BI-NATIONAL FUNCTIONING AND GLOBALIZATION

Chair: Ronald Wintrob

Migration to USA in the 21st century. Tensions in bi-national and bi-cultural functioning

Ron Wintrob

USA experienced a dramatic and steady surge in immigration – both legal and illegal – between 1980 and 2000. Legal migrants included a surge of international tertiary-level students and technical workers. The optimistic ethos of multiculturalism and globalization dominated discourse at the policy level as well as in academic centers and the population as a whole. However, all that has changed since September 11, 2001. There have been a major change in national policy toward immigration and very intense conflict has emerged in public sentiment toward all immigrants and toward immigration in general.
As a result, there has been a visible and palpable shift away from support for bi-nationalism and bi-culturalism in the US population, at the very time that the composition of the national population has become more diverse than ever before. And the great surge in numbers of Hispanic-Americans and Asian-Americans is making it increasingly possible to conceptualize the USA as a country in which bi-national and bi-cultural identity of more than half its citizens could be a fact of American life long before the dawn of the 22nd century.
This presentation reviews the main demographic changes in the US population and their projections in the decades ahead, and discusses the prospects for political and popular support for bi-nationalism and bi-culturalism at the individual, family, community and national levels.

Finding resilience and traditions in the arctic wilderness

Cecilie Jávo & Henrik Wahlberg

BACKGROUND Resilience is a prerequisite for individual and social survival in Arctic conditions. The indigenous Sámi population has inhabited Northern-Europe for at least 5000 years, thriving on the sparse resources such as fishing and nomadic reindeer herding, while maintaining Sámi cultural traditions. Coping and resilience are important assets in the harsh Arctic environment. Studies at the University of Tromsø have shown that mainstream healthcare does not have a profound impact on the Sámi population. In a study by Bals et al factors such as Sámi language competence and self-efficacy were identified as potential protective factors against mental health problems. In order to meet the special needs of the indigenous Sámi population, the Norwegian authorities established the Sámi National Centre for Mental Health (SANKS), located in the Sámi highlands of Northern Norway. The centre provides psychiatric treatment and training, and includes a research unit. The Centre develops new culturally sensitive methods in harmony with Sámi cultural values and ways of living. **METHOD** The centre's family unit has developed a "Wilderness model" where the usual indoor setting is replaced with an outdoor setting. During a three day expedition, the Center's staff live with Sámi families, interacting by sitting around the campfire and using practical tasks as a means of intervention and strengthening Sámi peoples' innate coping abilities. The model has been evaluated through the experiences of the Sámi staff, using Giorgi's phenomenological method. **RESULTS** The analyses show that the new model is based on six culturally based components: (1) Sámi stories, myths and legends, (2) Mastery and self-sufficiency, (3) Equality in family and staff relationships, (4) Activity-based interactions (5) Flexibility, (6) Informal/relaxed communication. **CONCLUSIONS** The model "Meahcceterapiija" is culturally appropriate for the Sámi families. It increases trust and attachment and improves relationships. It should be adopted and further developed. The Nordic Network for Cultural Psychology and Psychiatry CPPN will, together with the SANKS 2013, arrange the first 'Transcultural congress on resilience, coping and health care among the indigenous Sámi population of Norway, Sweden and Finland'.

Examining the paradox of resilience in biculturalism

John M. de Figueiredo

BACKGROUND The rapid cultural changes precipitated by globalization and conflicts resulting in refugees and asylum seekers require a clarification of the role of culture in fostering resilience. **METHOD** This research examined selected studies correlating the degree of acculturation with the risk for maladaptive behaviors and psychopathology in various cultural groups. The groups studied were American Indians, African Americans, Hispanic Americans and Asian Americans in the 1980s and 1990s. **RESULTS** Contrary to expectation, the

prevalence of maladaptive behaviors and psychopathology is higher among more acculturated immigrants. In a society exposed to a new culture, people who master the norms and values of that new culture without completely abandoning their own culture ("bicultural") are more resilient than those who maintain their culture and cannot adjust to the new culture, and those who completely reject their culture in favor of the new one ("monocultural"). Bicultural individuals are at lower risk of maladaptive behaviors and psychopathology. **CONCLUSIONS** The theory of demoralization may help explain this paradox. The disruption of the dominant sentiments in a culture causes demoralization. Demoralization, in turn, sets the stage for maladaptive behaviors and psychopathology. When a new culture challenges an existing culture, the more dominant sentiments and their meaningful interconnections are preserved as much as possible at the expense of the less dominant ones, thereby minimizing or preventing demoralization.

SYMPOSIUM S47 - CULTURE-SENSITIVE APPROACHES FOR ADJUSTMENT RELATED DISORDERS IN MULTICULTURAL CLINICAL AND SCHOOL ENVIRONMENT

Chair: Caterina Zaiontz

Adjustment-related challenges in a multicultural school setting: An empowerment-based protocol for promoting a culture-sensitive school environment

Giovanna Fungi

BACKGROUND Migration fluxes towards highly industrialized cities pose great challenges in the field of psychology for addressing the overall health of individuals and their communities. In multicultural schools, adjustment related issues affect learning, emotional and social experiences for students, families and teachers which interfere with social functioning and level of performance, and can engender psychopathological pictures. **OBJECTIVE** A multidisciplinary psychological and psycho-educational protocol is presented which was implemented three years ago at the request of an international school in Milan (Italy) containing 60 nationalities. This protocol provides early identification of psychological discomfort and adjustment related issues in a multicultural school setting, with the aim of creating and maintaining a culture-sensitive school environment. **METHOD** The protocol supports the school staff, families and students, and it includes: child observations modules, culture-sensitive approach on learning difficulties and disabilities, language-related challenges, teachers and parents psycho-educational training on disorders of the developing age and relationship between culture and psychopathology. The method of intervention includes orientation and ongoing support for school members and families in finding appropriate therapeutic programs in the city and in handling the delicate pre and post-diagnostic phase. **RESULTS** The protocol appears be an effective approach for providing services which increase the school population's empowerment in dealing with learning difficulties and adjustment issues. A structured clinical protocol on cases that deserved clinical and psycho-educational attention was also implemented, including a selection of up-to-date and culture-sensitive projective and cognitive testing.

The Venosta Transcultural Clinical Protocol (VTCP): A transcultural clinical protocol for a culture-sensitive therapeutic setting

Caterina Zaiontz

BACKGROUND As outlined in the DSM IV-TR Cultural Formulation, investigating the patient's background is an effective way to address the complexity of their psychiatric disorder including its cultural framework. Hence, understanding the bio-psycho-social-cultural-religious aspects of human behavior and the dynamics of diversity represents the starting point for the construction of a therapeutic setting aimed at increasing healthcare awareness, patient's satisfaction and the promotion of a culturally unbiased clinical environment. **OBJECTIVE** This study aims at demonstrating how the administration of a newly devised transcultural clinical protocol, VTCP, promotes a therapeutic alliance by means of enhancement of the patient's level of empowerment, thus strengthening the patient-treater collaboration, reducing the patient's level of anxiety, perceived or real, prior to the clinical consultation and eliciting culture-free response patterns. **METHOD** Data were collected from a 155 multicultural self-referred patient sample – primarily Italian and Anglo- American – from the Venosta International Clinic of Mental Health, Milan, Italy, and analyzed using Factor Analysis, ANOVA and other statistical methods. **RESULTS** The findings show that patients experienced a high level of satisfaction, and their level of anxiety was not altered throughout the survey protocol. Socio-demographic and clinical variables did not appear to affect overall satisfaction or empowerment levels, and patients' responses did not vary with psychopathology. The VTCP does not appear to be culture-bound and is independently applicable to a wide range of pathological pictures, thus serving as a basis for establishing an effective therapeutic relationship.

An interpretative phenomenological analysis of Congolese refugee men's perception of rape against women

Vittoria Ardino

BACKGROUND After the war, reports of purposeful rape and killings of women are still commonplace in eastern Congo. Most research focuses on the view of the women-victims themselves; however, little is known about how Congolese men perceive and understand rape against women and how their settlement as refugees in a new country depends on their concerns around the escalation of current violence against women in their country of origin. **OBJECTIVE** The study sought to explore the ways Congolese refugee men in the UK perceive and experience the massive amount of women rape committed in the Congo. It focuses on the impact of their concerns on their adjustment to the new country. **METHOD** Four participants were interviewed about their beliefs of rape against Congolese women. Interviews were analysed using IPA (Interpretative Phenomenological Analysis). IPA endeavours to understand how participants make sense of their experiences and it is concerned with illustrating the personal perceptions of the topic rather than being an attempt to produce an objective statement of the event. It was therefore considered to be a suitable technique for the study aims. **RESULTS** The adjustment of refugees was impacted by their way of making meaning of the root causes of rape and their perceptions of viable solutions to end current violence. **CONCLUSIONS** Refugee adjustment to the new culture depends on their beliefs and concerns about problems in their country of origin.

SYMPOSIUM S48 - PSYCHODYNAMICS OF CULTURE

Chair: Rosalba Terranova-Cecchini

Co-Chair: Alfredo Ancora

Cultural psychodynamics in life-course transculturation

Rosalba Terranova-Cecchini

BACKGROUND There is an increasing number of psychic disturbances at all age levels. **METHODS** The study included 30 years of transcultural psychotherapy delivered to psychiatric patients. **RESULTS** An average of 20 patients were treated every year over a 30 year period. All of them benefited from therapy and contributed professional and scientific value to the author in the research of the anthropopoietic function of culture as revealed in the psychic dynamic of the person. **CONCLUSIONS** The psychic structure of the ego is formed by its contact with tradition, (I. Sow, Ancestors, 1977) its upbringing, (Levine and New 2009), the influence of institutions (El Khaiat 2008), and the material cultural artifacts that pertain to its place of origin (Kaes 2008, Inghilleri 2009). The author proposes a new definition and term: the Cultural Ego, based on the home culture, in the same way neuroscientists state that it is linked to the brain (Edelman, 2006). These links are broken when a person changes culture, (now common in the globalization era) and/or enters a new phase of the human lifecycle. The stability of the Cultural Ego and the achievement of transcultural harmony depend on the mental ability to form new bonds and activate new capacities (Terranova-Cecchini and Servida, 2010) as well as the psychological selector (Massimini, 1986).

Well-being according to the cultural ego

Alessandra Manzoni

BACKGROUND Community projects are useful instruments to help small urban groups reach adaptation capacity in the city that is transforming their local culture into a global culture. Project requests are increasing. **METHODS** Project planning concerns the best activities for community well-being. These activities are those that develop social policies and activities in accordance with the Cultural Ego of the person (Csiksentmihaly's Flow) within a particular territory, with particular values, behaviours and group rituals. **RESULTS** In 15 years community projects have involved 12 communities in Milan. The good results are indicated by the National Award won by the project and also the constant requests being received by the Foundation to conduct further projects. **CONCLUSIONS** The Foundation research and practical application in community projects indicate that culture links the structure of the Ego to cultural rules in life context. Neuroscience documents that culture is an experience (Richardson, 2001) that is recorded like implicit memory (Kandel, 2006). Cultural diversity is present in western society (Hofstede, 1983). The projects of the Foundation assist the individual to develop capacities and personal resources in order to keep up with the present social changes of a society in transformation. These activities are also very useful for teen self-consciousness and marginalization of the elderly.

Transcultural family consultation in psychiatric services of Rome

Alfredo Ancora

BACKGROUND The Department of Mental Health in Rome (Roma B) where I am director has a section dedicated to transcultural psychiatry and family treatment. There is an increasing of number of family groups in crisis. **METHOD** The intercultural situation is co-formed by all the actors (family system members) and variables (time, space, culture) that interplay and reciprocally interlink. Families understand the transcultural nature of our work by the fact that appointments are not rigidly scheduled or adhered to; meeting places vary from traditional institutional meeting places to unconventional places; the relationships are rich in culturally appropriate transference and counter-transference. **RESULTS** In the last 20 years the Service has obtained good results for hundreds of families and has been recognized as "Service included in the National Health System". **CONCLUSIONS** A flow of emotions, affection and intellectual interchange are generated which create trust and security (Devereux, 1998) and therefore, creativity. These factors are useful in assisting family members in the adaptation process. Personnel training includes cross-cultural sensitivity training (APA-GAP 2004) and the application of new parameters of the Cultural Ego (Terranova-Cecchini).

SYMPOSIUM S49 - CLINICAL COMPETENCIES IN CULTURAL DIVERSITY

Chair: Carla Moleiro

Co-Chair: Marta Gonçalves

Cultural diversity competencies among clinicians: Assessment strategies and their implications for training and clinical practice

Carla Moleiro

BACKGROUND In an increasingly diverse world, clinicians need to be able to work with people who are culturally different from themselves. However, disparities in access to health care and even experienced discrimination within the health system have been documented in the literature. **METHOD** The study included two components. In the first one, we developed a brief self-report instrument to assess individual and cultural diversity competencies among mental health professionals. In the second component, and in order to reduce the limitations of self-report instruments, we conducted an analogue study with the aim to measure cultural diversity competencies of clinicians through their case conceptualization and intervention planning by watching a video case vignette with a minority client and a semi-structured interview. **RESULTS** Over 300 clinicians responded to the online self-report questionnaire, of both genders, different ages (mean=32), theoretical training models and years of clinical practice (mean=7). Thirty psychotherapists participated in the qualitative analogue study. Over 80% of the sample reported not having had any training on cultural diversity issues, even though most had had culturally diverse clients and stated that had experienced difficulties as clinicians. There were significant differences among those who had had prior training and those that did not. However, even when reported competence was good, actual ability to use culture in case conceptualization and intervention was low. **CONCLUSIONS** This study highlights the importance of cultural diversity competence training for clinicians. It also supports that self-report measures of clinical cultural competence are limited when assessing clinicians with openness to cultural issues, but little awareness and knowledge.

Meeting the needs: Clients' perceptions of religious competencies for mental health professionals in Portugal

Jaclin Freire

BACKGROUND The importance and impact of faith-related issues has been a major interest in studies on health, religiosity and spirituality. These two last dimensions seem to be associated with better indicators of physical and psychological well-being, but it also appears that, when facing stressful events, religious clients tend to respond better to interventions that seek to integrate their religious/spiritual beliefs into the psychotherapeutic process. However, in Portugal (as in other countries), clinicians do not receive any training regarding the integration of these dimensions, this being one of major barriers to incorporate the needs of religious/spiritual clients in clinical practice. **METHOD** The main objectives of this qualitative study was to contribute to a better understanding of religious communities' perceptions of a more accurate and sensitive integration of religiosity and spirituality in Psychotherapy. A total of 10 interviews with religious/spiritual leaders and 10 focus groups with members of the major religious communities in Portugal were conducted and analyzed. **RESULTS** The results are in preparation. They will be presented, contextualized in the terms of current clinical training settings and discussed. **CONCLUSIONS** An accurate work in the context of cultural and individual diversity implies not only the awareness of the existing differences between people and groups, but also the knowledge and respect to those specific characteristics, needs and expectations listed by the clients themselves.

Mental health social representations among multicultural youth: Combining qualitative and quantitative approaches

Marta Gonçalves

BACKGROUND Understanding mental health social representations can outline action strategies to prevent and overcome barriers to the access to mental health services, including existing stereotypes and stigma. The aim of this study is to characterize mental health social representations among a multicultural youth population. **METHOD** For this a multi-informant, combined qualitative and quantitative approach was selected. The study involved nine focus groups (N = 39) conducted with young immigrants (12-17 years), caregivers, teachers and health professionals in a first step. In a second step, 106 students (age mean of 14.33 years) with and without immigrant background and 56 caregivers participated in a study, filling out a survey adapted from the AMHC survey (Käppler et al., 2004). **RESULTS** The qualitative results show similarities and differences in youth concepts of mental health and their influence in help seeking processes among youth, caregivers, teachers and health professionals' perspectives. The findings of the survey indicate that the most frequent mental health social representation of mental health for youth and caregivers is related to not taking drugs; and mental illness associated with having stress and problems. According to both groups, the origin of these representations is mainly from the caregivers. When psychological distressed, young people try to change the situation and distract themselves (eg. watching TV), or seek siblings and friends, while caregivers encourage them to talk to someone about the problem believing that, besides siblings, they seek their mother. The main barriers in the access to mental health care mentioned by youth and caregivers in both research approaches are stigma and stereotypes. **CONCLUSIONS** This study contributes to the improvement of preventive and intervention actions in youth mental health.

SYMPOSIUM S51 - NEW UNDERSTANDING OF ETHNIC INEQUALITIES

Chair: Rachid Bennegadi

"To be or not to be": Applied Clinical Medical Anthropology in the healthcare system in France

Rachid Bennegadi

The care system in France tends to be blind culture, by the very nature of the care system's willingness to ensure access to health care for all and the non-stigmatization of migrants. Several approaches exist in France: those who focus on the patient's culture and those who cite the language barrier.
After 50 years of experience in providing migrant and refuge mental health care (2000 new cases and 15000 medico-psycho-social interventions per year), the Minkowska Centre made the following observations:

- Firstly, there are adverse effects that occur when we reduce the concept of illness to a cultural pattern.
- Secondly, implied stigmatisation occurs when summarising problems to language barriers.
- Thirdly, there is an implicit lack of will in the French healthcare system to accept ethnic community facilities. (Culture blind)

Introduction the Clinical Medical Anthropology approach in France, helped us to focus the debate on the confrontation of explanatory models giving meaning to cultural representations of mental illness among migrants (Illness) and the interpretation of mental illness and its nosographical classification (Disease) ,including the importance of the social determinants of mental health (Sickness). Over a long period of clinical practice, training, and networking, the Françoise Minkowska Centre proposes to synthesize all these paradoxes and paradigms in the concept of cultural competence.
This presentation will develop the three bases of cultural competence, as seen by the health care system in France.

Black and minority ethnic men's constructions of emotional well- being

Frank Keating

BACKGROUND The mental health needs of Black and Minority Ethnic (BME) men is an area for public concern. These groups are disproportionately represented in mental health statistics. Common concerns include the high rates of schizophrenia and psychotic disorders and the fact that these men normally find themselves at the harsher end of mental health services. What is disturbing is that this situation persists despite the fact that the needs, issues and concerns for BME men with mental health problems have been pushed to the fore of the policy agenda. **METHODS** A qualitative study, utilizing focus group methods, was conducted to explore BME men's perceptions and understandings of emotional well-being. Twelve focus groups were carried out each consisting of men from specific BME groups, convened in various locations in London and the West Midlands. The groups were stratified by age and ethnicity **RESULTS** The following key themes emerged from the study: Bme men's narratives of well-being highlighted the importance of relational and normative aspects, with influences of gender and ethnicity on aspirations, identity and values; key factors underlying mental illness included themes of: gendered and racialised social expectations, economic factors, generation and gender, and Experiences of services as racialised, and coercive that contributed to cycles of disengagement, isolation and marginalisation. **CONCLUSIONS** A complex mix of gendered, and racialised, experiences, including social stigma, the coercive power of institutions, and men's own perceptions of services and vice-versa can contribute to cycles of disengagement and isolation for marginalised BME men with mental health issues.

Race, ethnicity, and adolescent well-being

Ravinder Barn

BACKGROUND In recent years, there has been an increasing recognition of mental health needs of children and young people. Research studies document that one in five children and young people experience a wide range of mental health problems (ONS 1999). Research has made strong links between child mental heath problems and other issues of public concern such as family disruption, educational failure, substance misuse, juvenile crime, self-harm and eating disorders. Enormous constraints are placed on public services such as social services, health, education, and the youth justice system. **AIMS AND METHODS** This study aimed to explore mental health needs and concerns of 'ordinary' young people in the community. It set out to address young people's own understanding of the concept of mental health, and ascertain the nature and range of services available in the school setting. In doing this, the study sought to explore young people's knowledge and understanding of support

services internal and external to the school and identify their help-seeking behaviour and attitudes to service provision. The study used a range of quantitative and qualitative research methods to explore and establish key issues and concerns. A total of 519 young people from 4 secondary schools in London (aged 11-14) contributed to the quantitative data analysis, and individual and focus group interviews were conducted with 41 young people, 10 parents, and 12 school support and administrative staff including school nurses, and school counselors. **FINDINGS** Results show that some groups including younger children (age 11-12), Black young people, asylum seeking young people and those from a poorer background are most likely to experience emotional/behavioural difficulties. This paper will present the evidence for this, and also focus on young people's perceptions on a range of key issues and concerns including conceptualisation of mental health, transition from primary to secondary school, home/school liaison and school support structures. Findings will be discussed in the context of risk and resilience. **POLICY IMPLICATIONS** The research was commissioned by the Department of Health to explore the mental health needs of minority ethnic young people in the community. The central aim of this study is to promote understanding of adolescent perceptions and needs and concerns in this crucial area of mental health within a school setting to enable evidence based policy, practice and provision. It is hoped that the findings would be of interest to health and social care workers and education services working with children and young people.

SYMPOSIUM S52 - RIOTS SYMPOSIUM

Chair: Anthony Fry

The 2011 London riots: Criminality, deprivation or race relations? An analysis of narratives and anti-narratives from a psychiatrist's perspective

Micol Ascoli

For the past few years, most of the main European capitals have seen the rise of movements of protest and episodes of civil unrest in the form of riots. The UK turn came in August 2011. From the 6th to the 10th of August 2011, the British civil society was confronted with a wave or riots that spread across England, following the death, on the 4th of August 2011, of Marc Duggan, a young black man who was shot during an attempt by Police to arrest him in Tottenham, a Borough of London. The wave of riots that followed, spreading through other areas of London first, and then to other cities in England, has been chronicled by the media with extensive accounts taken from all sides: the Police, the rioters, the politicians, the common citizens and a number of analysts from different academic and professional backgrounds. What resulted was a plethora of narratives regarding the causes of the riots ranging from criminality, social and economic deprivation, alienation, exclusion, to tense race relations, mass hysteria, the economic climate and simple bad parenting. Suggested remedies to all identified problems also ranged widely and pointed at solutions placed at the political, legal, educational and economic level. In this presentation I will attempt to illustrate and analyse this media debate and the portrait of the British society emerging from perceived causes and identified solution, from the perspective of a transcultural psychiatrist working in an ethnically and culturally diversified area of East London.

Silence, rebellion and acting out of the unsaid: Understanding the French riots in 2005 from a postcolonial and etnopsychoanalytic perspective

Malika Mansouri

BACKGROUND The "riots" in autumn 2005 provoked astonishment and incomprehension in French society. Young people, many of them from a migrant background, engaged in a rebellion without making any political claims, attacking spaces and institutions, such as schools or day nurseries, that were supposed to be "theirs". These events raised questions about participation and integration of the families who live in the deprived suburbs of

France. The study we present analyses the understandings young people from these suburbs develop when talking about the riots. It explores the links they establish between these recent facts and colonial and post-colonial history. **METHOD** 15 young men were interviewed. They were all of Franco-Algerian background. The interviews focused on the riots and the current situation in the suburbs. They also included an exploration of family histories and their link to Franco-Algerian history. **RESULTS** Experiences of discrimination play a central role in the discourse of the young people who understand the riots in this context. The deprived suburbs and their institutions, including schools, appear as spaces of exclusion which exist outside French society. The no man's land the youngsters describe reflects their lack of knowledge of their own family's social, cultural and political history. This testifies to a lack of transmission of personal histories within families, but also to a silencing of colonial history in the French school system. We interpret the riots as acting out of anger linked to current and past experiences of domination and exclusion.

SYMPOSIUM S58 - INCREASING DIVERSITY COMPETENCE IN TREATING VARIOUS MENTAL DISORDERS

Chair: Marrie H.J. Bekker

No DSM without a GSM: Increasing diversity competence in mental health care for Western-European ethnic minority groups implies the need for a Group-Specific Manual of Characteristics relevant for Mental Disorders

Marrie H.J. Bekker

BACKGROUND A recent inventory (Bekker & Van Mens-Verhulst, 2009) showed that, aside from the scarcity of knowledge on the prevalence of most mental disorders, particularly the quality and effectiveness of mental health care for people from Western-European ethnic minority groups are still largely unknown. Given the increasing demand of evidence-based mental health care, a main conclusion was that disorder- and minority group-specific research on psychopathology and the effectiveness of good, diversity-sensitive therapy practices should be prioritized. **AIM** The main aim of the presented lecture is to substantiate the claim for enlarging our disorder- and minority group-specific knowledge as a major component of diversity competence. **METHOD** To this end some historical developments within clinical practice will be discussed; it will be shown that attitude and awareness solely will not lead to more diversity competence, and that adding specific knowledge is a sine qua non. **RESULTS** Practical tools for measuring the knowledge component within diversity competence will be presented.

Dropout and no-show in Dutch-Turkish and –Moroccan clients: A comparison between practitioners with varying experience levels in diversity-competence

Gabriela A. Sempértegui

BACKGROUND There are often problems in conducting diagnosis and treatment in clients from minority groups. In particular, findings show higher drop-out and no-show rates in this population, when compared to native Dutch clients (Bekker & Frederiksen, 2005; Blom et al., 2010). Depression is the most prevalent mental health disorder within the largest ethnic minority groups in the Netherlands (Moroccan and Turkish) (de Wit et al., 2006; Spijker et al., 2004). Several (inter)national clinical experts and researchers have suggested that the diagnosis and treatment of mental health disorders in minority groups should be adapted to the diversity determinants of these populations, such as ethnicity, gender/sex, age, acculturation level and religion. Nevertheless, little is known about the effectiveness of diversity-competent assessment, diagnosis and treatment

of depressive disorders in these clients. With this study we aim to determine the efficacy of a diversity-competent approach in primary mental healthcare. **METHODS** Quasi-experimental pretest-posttest control group design in a population of 190 adult Turkish and Moroccan-Dutch patients with depressive disorder. Patients are location-based assigned to care as usual or a condition in which clinicians participated in a training, focused on diversity-competencies to conduct group-appropriate assessment, diagnosis and treatment of depressive disorders. The outcome parameters are drop-out and no-show rates, severity of depressive symptoms and other complaints such as anxiety and somatization, quality of life, treatment satisfaction and evaluation of therapists' diversity-competence. **RESULTS/CONCLUSIONS** Preliminary results concerning the variation in the therapists' diversity competence as result of the training will be presented.

Meaning of autonomy-connectedness in a multi-cultural treatment context

Elisabeth A. P. Rutten

BACKGROUND Autonomy-connectedness is the need and capacity for self-reliance and independence, as well as for intimacy and functioning satisfactorily in intimate relations (Bekker & Van Assen, 2006). Little is known about the question to what extent autonomy is universally regarded as the end product of a successful developmental process, or whether this is mainly the case in more individualistic cultures. A recent study has shown there are both differences and similarities between native and immigrant Dutch women in terms of their self-concept concerning autonomy-connectedness (Bekker, Arends-Tóth, & Croon, 2011). Autonomy problems are proven to be related to various mental disorders, among which anxiety-, mood-, eating- and personality disorders (Alford & Gerrity, 1995; Bekker, Bachrach, & Croon, 2007; Bekker & Belt, 2006). However, the relation of autonomy with mental health for ethnic minorities is largely unknown. This research aims at increasing our knowledge of the concept of autonomy and how it must be understood within ethnic minority groups with a more collectivistic background, and what relationships between autonomy and psychopathology exist within these groups. **METHOD** A cross sectional study design will be used. Data will be acquired using a large immigrant panel. This panel consists of over 1100 households in the Netherlands (see http://www.lissdata.nl/lissdata/About_the_Panel for a description) representative for the immigrant population in the Netherlands. Subjects will be asked to fill out several questionnaires concerning autonomy-connectedness, adherence to independency- and interdependence- related values, level of acculturation, and mental health complaints. **RESULTS/CONCLUSIONS** Some preliminary results from previous studies will be presented.

SYMPOSIUM S59 - HISTORICAL PERSPECTIVES ON PUBLIC HEALTH, MEDICINE AND CONFLICT

Chair: Edgar Jones

Culture and disorders of distress: Young men in the British Army

Edgar Jones

Armies traditionally recruit young men because they are more likely to take risks in situations of danger. The opportunity for adventure and to test resourcefulness and determination are selling points for the military. However, soldiers arrive on the battlefield with a diverse range of family and personal histories and with different vulnerabilities and strengths. The institution itself is primed to keep as many service personnel in active duty as possible but also recognises a need to provide respite to the mentally and physically exhausted. Past experience suggests that psychiatric casualties are inevitable when soldiers suffer wounds and death. This presentation explores how service personnel express distress in ways that will meet the expectations of the army, whilst allowing them an acceptable exit from the battlefield. Culture has exercised a powerful impact on the framing of traumatic illnesses following combat. This paper will compare war syndromes from the Second World War with those that followed the 1991 Gulf War. In particular it discusses how medically unexplained symptoms are interpreted in terms of popular health fears, the state of medical knowledge and stigma.

Psychological trauma in World War One: The perspective of the German soldier and psychiatrist

Stefanie Linden

The psychological consequences of combat stress have changed over time, almost to an extent that each war had its characteristic traumatic disorder (Jones BMJ, 2002). For World War I, this was shell shock. Although the

British shell shock epidemic is most widely known, similar phenomena occurred in German servicemen, resulting in an active discussion on the aetiology and treatment of these disorders within German psychiatry. British and German psychiatrists differed in their assessment of the contribution of organic causes, and the wartime literature also reflects differences in clinical presentation. We analysed the wartime clinical records from two leading academic psychiatry departments, those at Berlin and Jena. The clinical picture was dominated by pseudo-neurological motor or sensory symptoms as well as pseudo-seizures. Some soldiers relived combat experiences in dream-like dissociative states that partly resembled modern-day post-traumatic stress disorder or developed psychosis-like experiences. Severe functional disorders of a neurological character could develop even without traumatic exposure in combat, which is of interest for the current debate on triggers of stress disorders. Our data contribute to the debate on the changing patterns of human responses to traumatic experience and their historical, cultural and social context.

Test tubes and turpitude: Reproductive health and the medical profession in later twentieth-century Scotland

Gayle Davis

This paper stems from ongoing research into the interface between reproduction, sexuality, health and medicine in post-World War Two Scotland. It will focus particularly on infertility and its treatment through human artificial insemination (AI). In 1958, a Departmental Committee was appointed to investigate the practice of AI and to consider whether any change in the law was necessary to protect the interests of specific individuals or society as a whole. The written and oral evidence submitted by medical witnesses gives rich insights into the complex social and medical politics and anxieties surrounding infertility and its treatment in post-WWII Britain. I will use this witness testimony to illustrate the extent to which medical thinking and practice were informed by traditional values and moral imperatives, and to explore the ways in which doctors heavily pathologised those involved in the process - patients, their husbands, and sperm donors alike.

SYMPOSIUM S60 - CULTURAL CONSULTATION AND COMPETENCE

Chair: John Owiti

The complexity of recovery: Narratives of recovery from mental illness by mental health service users in the community

John Owiti

BACKGROUND Recovery is an expected outcome from mental illness. The process of recovery is an individualised personal journey to wellness and wellbeing. However, it has been established that some sections of the populations because of ethnicity, race, and socio-economic status have poor recovery from mental illness. This has been attributed to misdiagnosis, racism, and poor experiences with, and outcomes from, interventions. Nevertheless, recovery is complex and contextual, as it is influenced by a complex of socio-structural factors which are often beyond the control of the patient. In addition, what matters to service users in their recovery pathway has not been comprehensively investigated, and as a result, not enough is known about the experience, and life process, of recovery. It is on this background that, employing a broader theoretical and conceptual framework for illness experience and recovery, a narrative-based innovative model of clinical cultural consultation, the Tower Hamlets Cultural Consultation Service (ToCCS), provides a broader conceptual and methodological frameworks which aims to improve on the service users' experience of, and outcomes from, mental health interventions, thus facilitate recovery and address health inequalities. **METHODS** Using ethnographic methodology, Barts Explanatory Model Interview (BEMI) questionnaire, in-depth interviews, and

participant observations, narrative data have been gathered on illness and treatment experiences from a sample of care-coordinated patients in an inner-city community mental health service. **RESULTS** The emergent themes such as inadequate diagnosis, poverty, immigration, language barrier, isolation, staff attitudes and working practices, homelessness, stigma, coercive treatment, effect of psychotropic medication, safety, communication, and complexity of mental health and social services indicate the complex nature of factors that service users consider as either impeding or promoting their recovery. Recovery is therefore facilitated or impeded through the dynamic interplay of many forces that are complex, synergistic, and linked. **CONCLUSION** Recovery is influenced by a multitude of factors, including service users' lived experiences, and requires an understanding in the context of their intersections. Because of the complex nature of recovery, which clinical teams/clinicians are unable to engage with, service users do not recover and as result poor outcomes and health inequalities persist. People rely upon many internal and external resources, and at times consider other external factors as important for their recovery. As factors that affect recovery extend beyond the boundaries of traditional mental healthcare systems, the latter and wider government policies often play a part in either promoting or impeding recovery. This narrative-based enquiry increases our understanding of the complex causal influences of the recovery process.

Is cultural competence contagious? A social network analysis of cultural competence among health care providers in two hospitals

Marie Dauvrin & Vincent Lorant

BACKGROUND In most European metropolitan areas hospitals are increasing required to provide culturally competent health care as a way of delivering a more equitable health care to ethnic minority patients. So far this goal has remained elusive. This study investigates the role of the organizational-level on t he diffusion of cultural competence. We test two hypotheses: (1) cultural competence is contagious and spreads within an hospital ward through social network. (2) A service is more likely to be culturally competent when it needs to be. **METHOD** Social network analysis was carried out in 8 services from two hospitals recruited in Brussels. All health care workers were requested to fill a questionnaire taping their cultural competences as well as their social relationships. We computed indicators of centrality and of peer-effect. **RESULTS** We found that cultural competence do not spread when the most central health care workers are not culturally competent. Peer-effect of cultural competence were low rather suggesting that cultural competence remains and individual attitude and is not supported by organizational learning. We found that services with more need of cultural competence do not turn out to be so. **CONCLUSIONS** Training is unlikely to deliver more culturally competent health care. The best way to improve cultural competence is to target health care providers with high centrality or to make leaders accountable.

PLENARY 5 - CULTURAL PSYCHIATRY AROUND THE GLOBE

Chair: Sergio J. Villaseñor-Bayardo

Co-Chair: Ahmed El-Dosoky

Transcultural psychiatry and addictions in Russia

Nikolay Bokhan

BACKGROUND Ultrahigh consumption and mortality from alcohol and opiates - are factors of the demographic crisis, especially in regions of Siberia and Far East and Far North (SFE and FN), home to indigenous and minority ethnic groups. **METHODS** Expeditionary clinical epidemiological and socio-psychological techniques. **RESULTS** The phenomenon of acculturation of the indigenous population of SFE and the FN is accompanied by growth of broad spectrum of mental disorders in the first place - drug disease, among whom alcoholism is a dominant factor

in depopulation. Alcoholism in northern Mongoloids - leading nosology in men (2/3 of all mental disorders), its frequency is maximum at the age of 28-35 years. Malignant nature of alcoholism determines the high mortality of men aged 40 years - from suicide, accident, co-morbid somatic diseases - with abrupt deformation of the pyramid between ages of 25-40 years. Clinic and prognosis of alcoholism are less favorable in Arctic Mongoloids. Tuvinian revealed low incidence of classic and high frequency of abortive and atypical forms of flash responses, not hindering the formation of dependency in men. **DISCUSSION AND CONCLUSION** The process of depopulation in archaic ethnic groups in Siberia due to complex biopsychosocial factors: alcohol abuse, acculturation, urbanization, and other industrial factors in the proven vulnerability of minority ethnic groups to a wide range of mental disorders. This indicates a high likelihood of adverse scenarios of addictive diseases among the indigenous population of Siberia and requires further large-scale prevention efforts based on scientific analysis of problems and interdisciplinary interaction.

Nikolay A. Bokhan *is M.D. (addiction psychiatry, 1996), Professor of Higher Attestation Commission on specialty 14.01.27 – "Addiction Psychiatry" (1999), Honored Scientist of Russian Federation (2004). Deputy Director for Science of Mental Health Research Institute SB RAMSci (1997), Head of Addictive States Department (1989).*
Chief Visiting Psychiatrist of Tomsk City (1997), Professor of Psychotherapy and Psychological Counseling Department of Psychology Faculty of Tomsk State University (1999), Professor of Psychiatry, Addiction Psychiatry and Psychotherapy Department of Medical Faculty of Siberian State Medical University (2004). He has higher medical category on psychiatry (1998), certified on specialties psychiatry, addiction psychiatry, psychotherapy.

Cultural psychiatry in India

Ragu Raguram

Soon after independence, there was an upsurge of interest among Indian psychiatrists to identify patterns of mental illness that are distinctly different and unique in the Indian context. This led to the identification and categorization of what was deemed to be 'culture bound' conditions like Dhat Syndrome. However, the overarching influence of 'international' classifications has ensured salience of an 'etic' approach to psychiatric disorders and interest in exploring cultural determinants as independent variables, has been sporadic, largely confined to the academia. In addition, globalization has ushered in a cascade of changes in the cultural landscape of India. The impact of 'glocalization' on mental health issues and the challenges it poses will be outlined in the presentation.

Cultural psychiatry in Egypt and the Middle East

Ahmed El-Dosoky

Mental disorders have been recognized in Egypt for millennia 5000 years ago, they were considered to be physical ailments of the heart or uterus as described in the Ebers and Kahun papyri (Okasha, 2001). These disorders carried no stigma, as there was no demarcation then between psyche and soma. Egypt is central to the Arab world, which despite its wealth and its natural and human resources, has fared poorly in many aspects of development. Important problems include illiteracy (especially among women), lack of job opportunities (especially for young people) and slow economic growth because of loss of traditional economies, low productivity, and lack of innovation and competitiveness. Military spending is triple that of other regions. Rapid expansion of Arab populations threatens progress, especially in countries with limited resources such as Egypt. Since the new Egyptian revolution in January 2011 and the Arab Spring the face of society had undergone dramatic changes in terms of morals, values and traditions. Psychiatric services had influenced by those changes to great extent.

*Dr. **Ahmed El-Dosoky** completed his basic medical training at Benha Faculty of Medicine, Zagazig University in 1983. He continued his postgraduate training at Benha University Hospital and gained his Master Degree in Neurology and Psychological Medicine in 1989. He also worked as a registrar and then senior registrar at the Behman Hospital between 1989 and 1991. He trained at Charing Cross General Psychiatric Training Scheme, UK during the period from 1991 to 1996. He was elected to the Membership of the Royal College of Psychiatrists in 1995. He was elected to the fellowship of the Royal College of Psychiatrists in 2008. Upon returning to Cairo on 1996 Dr. El-Dosoky worked as consultant psychiatrist at the Behman Hospital. In July 2000 he became the Managing Director of the Hospital in addition to his work as Consultant Psychiatrist. Dr. El-Dosoky was instrumental in the inauguration of the Middle East Division of the Royal College of Psychiatrists in 1998. He is also an Overseas College Tutor since 1999. Dr. El-Dosoky continued the tradition of practicing in psychiatry within the setting of the hospital and private offices in Cairo. He was elected as a Board Member of the World Association of Cultural Psychiatry since 2009.*

Masters of transcultural psychiatry in Latin America

Sergio Villaseñor-Bayardo

Latin American psychiatry has made greater progress in the anthropological and cultural fields than in the biological one. Some Latin American psychiatrists have stood out for their research and publications. Today I will only mention César Augusto Cabral (Argentina); Mario Gabriel Hollweg (Bolivia); José Ángel Bustamante O´Leary (Cuba); Eduardo Medina (Chile); José Luis Patiño Rojas (Mexico), and Honorio Delgado (Perú). A great part of the richness of cultural psychiatry in our continent comes from the Pre-Columbian vision and the cultural syncretism that took place during the Colonial era and persists in our times, taking shape in multiple and colorful shades. Therapeutic rituals, the sacred, and the use of the "plants of the Gods" in Latin America have pointed the way to find solutions to the emotional troubles our people encounter. I would like to point out Cabral's interest in linking psychiatry and literature, and his tireless work at the head of the journal *Acta psiquiátrica y psicológica de América Latina*. I would also like to mention Hollweg's nosological proposal of classifying cultural symptoms as a) emotionally reactive syndromes, b) "imposed damage" (*daño puesto*) syndromes, and; c) "diseases of the soul". Bustamante's work on brief reactive psychoses in the Caribbean is exemplary, as is Medina's comprehensive overview of the discipline in Chile, De Patiño's phenomenological and anthropological approach to clinical practice, particularly the "world of the schizophrenic", and Delgado's "Course of psychiatry", a fine blend of science and humanism. With Alarcón, I believe that "*psychiatry in Latin America need not and must not be an outsider in the mythical "global village" of the future. On the contrary, it must and it wants to have full access credentials that guarantee respect and acceptance. It is an active participant in a core set of knowledge and practices common to the discipline in all latitudes, embraces contributions from others in the name of a healthy universalism and a constructive crossbreeding, and must share its achievements and experiences with a global community of colleagues…*".

*Dr. **Sergio Villaseñor-Bayardo** is Professor at the University of Guadalajara, Mexico. He is Chief of the Psychiatry Inpatient Service at Civil Hospital Fray Antonio Alcalde. Member of Mexico's National System of Researchers, Member of the Mexican Academy of Science, President and Founding Member of The Latin American Group of Transcultural Studies*

(GLADET) and Secretary of the World Association of Cultural Psychiatry W.A.C.P. (2009-2012). Founder of the Ethnopsychiatry Section of the Mexican and the Latin American Psychiatric Association (APM and APAL).
He was born in the city of Guadalajara, Mexico. He was graduated as a physician at the University of Guadalajara and then was selected as Psychiatry Resident at the Hospital Fray Bernardino Alvarez, in Mexico city, under the direction of Doctor José Luis Patiño Rojas. Soon after he began to be trained in Consultation-liaison psychiatry at the Mexican Institute of Psychiatry, which was concluded at L'hôpital Saint Antoine, Paris. Fascinated by the intensity of academic life that he was living he turned towards in a new cycle of studies in Social Anthropology and Ethnology at the School for Advanced Studies in Social Sciences, (EHESS) of Paris. There he got his Ph.D. (Social Anthropology) with the thesis entitled: Towars an Mexican ethnopsychiatry.
He is currently working in different lines of research: Cultural Psychiatry, Medical Anthropology, Liaison Psychiatry, Psychopharmacology (Mood and anxiety disorders and Schizophrenias).
Accordingly with his interest in the dissemination of science he has participated in different Editorial Boards, among them we should mention: Revista Facultad de Medicina Universidad Nacional de Colombia; Vertex, Journal of Psychiatry; Argentine; Psicopatología, Institute of Spanish-speaking Psychiatrists, L'Évolution Psychiatrique, France and founding editor of Investigación en Salud, Mexico. He has published several books as an author or co-author, Latin American Guide for Psychiatric Diagnosis (GLADP) and articles in national and international journals.
He has been awarded bye the Medical College of Jalisco (Premio Jalisco en Ciencias de la Salud), the University of Guadalajara (Enrique Díaz de León Award) and the University of Carabobo, Venezuela (Orden Rectoral Alejo Zuloaga).

THIRD DAY - 11 March 2012

PLENARY 6 - NEUROSCIENCE AND CULTURAL PSYCHIATRY

Chair: David Vinkers

Co-Chair: Thomas Stompe

Psychotherapy and organic brain science

Wielant Machleidt

BACKGROUND Actually psychotherapy is becoming increasingly important for the mental health in modern societies. Psychotherapy is undergoing a rapid development at the moment. Its methods such as behavioral, psychodynamic, systemic etc. are diverse and changing, and their theories are different and sometimes contradictory. The more important and fascinating is the empirical neurobiological confirmation of their paradigms. The important issues that need to be made are whether the brain sciences may map related brain functions and reflect the efficacy of psychotherapeutic action. **METHOD** The literature was looked through for the results of modern brain research in connection with psychotherapeutic concepts and practices. It was asked whether modern brain research is able to validate theoretical and practical paradigms of the psychotherapeutic sciences. **RESULTS** Particularly neuroimaging is a complex and increasingly more firmly established scientific discipline. Its key issue is the theory of the neuronal network which is intended to make possible a fundamentally new access to the comprehension of the psychotherapeutic action. Some of the findings by neuroimaging concerning mirror neurons (MNS), basic emotion systems, theory of mind experiments, dreaming of a "disconnected" brain and many others have some strong relation to psychotherapeutic concepts in theory and practice. Some of the results also show an impact of culture on brain activity. **CONCLUSIONS** Modern brain sciences in particular neuroimaging is able to demonstrate significant changes in brain function. The findings are far from giving a coherent pattern. But they are of some importance for psychotherapeutic concepts and some of them allow close epistemic associations. For the interpretation of results neuro-philosophical considerations may be helpful. A simple positivistic way of thinking is not appropriate given the complexity of the phenomena. We look forward to a very exciting development in the field.

Is the prevalence of psychotic disorders in black and minority ethnic defendants really decreased?

David Vinkers

BACKGROUND The prevalence of psychotic disorders in Black and Minority Ethnic (BME) defendants as assessed with semi-structured interviews is decreased. We assessed the prevalence of psychotic disorders in defendants using 21.844 elaborate pre-trial psychiatric reports made between 01–01–2000 and 31–12–2006 in The Netherlands. **RESULTS** Among the pre-trial reported defendants, 1231 BME (19.8 %) and 1383 Dutch native (9.2 %) persons were diagnosed with a psychotic disorder. The OR for the presence of a psychotic disorder in BME defendants remained increased (3.15, 95 % CI: 2.77-3.60; $p < 0.001$) after adjustment for age, gender, history of judicial contact and psychiatric treatment, personality disorder, and substance abuse. **CONCLUSIONS** The prevalence of psychotic disorders in BME defendants as assessed with semi-structured interviews is two-fold increased as compared with Dutch native prisoners. This finding is at odds with earlier studies which used semi-structured interviews. Our findings suggest that BME defendants should be more elaborately screened for psychiatric disorders.

Culture, emotions and the brain

Thomas Stompe

The increasing progress in neuroscience has shown us that basic as well as moral emotions are associated with an activation of the amygdala, thalamus, and upper midbrain. This neural organization seems to be a more or less universal culture independent pattern rooted in the mammal phylogeny. However, complex cognitive functions like recognition and evaluation are involved in the processing of all kinds of feelings and emotions. These cognitions functions are shaped by cultural acquaintance of the expression of emotions or language specific semantic networks of emotion words. The implications of these facts for the further planning of cultural neuroscientific studies on emotions are discussed.

Audio-Visual media and emotions

Mohan Agashe

Print Media dominated communication in the 20th Century, and so the concept of literacy concerned itself primarily with the words and text. Competence in reading and writing were the priorities of education and development planning for literacy and language skills. Although we speak at least our mother tongue even before the first day of school, curricula build on that to strengthen language skills in school and college for at least another 12 years—even for our first language independent of training in one or more additional languages. The digital revolution in our 21st Century has changed things. It has democratized the language of image and sound and it accessible. The pen in our pocket, which is a tool that enables us to harness and use our literacy productively, is now complemented by a mobile device with a digital and video camera. The camera and video recorder are highly appealing, as the growth of YouTube demonstrates so clearly, but there are limits to how effective we are in using the newly accessible tools without acquiring new forms of literacy. Although literacy in words and text requires a degree of cerebral development, literacy in image and sound is different. It requires us to pay more attention to the complementary subtexts beyond the texts. Education now needs to recognize the priority of this new form of audio-visual literacy. For those of us working in the fields of psychiatry and psychology, whose effectiveness requires us to communicate and understand emotional experience, we in particular have an obligation to recognize and work in the new idioms of social and cultural communication. Education and training needs to acknowledge these changing priorities so that we can work more effectively not only with the texts, but also the subtexts of emotional experience, communication and support.

SYMPOSIUM S61 - CULTURE AND HEALTH CARE THROUGHOUT THE LIFE CYCLE

Chair: Jon Streltzer

Co-Chair: Iqbal Ahmed

Introduction to cultural influences on health care

Jon Streltzer

This will be a very brief introduction to the symposium, describing how cultural issues are pertinent to health care. Three cultures interact: the culture of the doctor, the culture of the patient, and the medical cuture prevaling in the particular community Issues relating to a cultural gap between doctor and patient will be delineated.

Cultural issues in psychiatric consultation to primary care

Hoyle Leigh

BACKGROUND There is an increasing awareness of cultural issues in psychiatric consultation to primary care both in inpatient and ambulatory care settings. These issues often present challenges to optimal care of patients. **METHOD** We reviewed literature concerning culture, psychiatry, and primary care as well as the records of the psychiatric consultation service at UCSF Fresno. **RESULTS** We obtained 363 reports through literature search. The issues in general can be classified into 1) related to enhancing rapport with patients cross-culturally, 2) diagnosing psychiatric conditions cross-culturally, 3) issues related to mental health of immigrants, 4) issues related to specific psychiatric culturally-affected psychiatric conditions such as the presenting symptoms of depression, 5) genetic issues related to ethnicity, 6) physician cultural competency issues, and 7) others. We will present case examples from the UCSF Fresno Psychiatric Consultation Service related to these issues and emphasize the role of communication in resolving cultural issues in the primary care/general hospital setting. **CONCLUSIONS** There are some common issues in psychiatric consultation to primary care. Most of these issues can be understood through enhancing communication between the patient, the family, and the physician, often with the help of the psychiatric consultant and a cultural broker

Cultural issues in geriatric health care

Iqbal Ahmed

There are compelling reasons to examine cultural issues in geriatric health care. The number of aged persons in the global population will double from 500 million in 1990 to one billion in 2025. Moreover, in 2025, 72% of persons age 60 and over will be living in developing societies. However, even within developed nations there will be marked demographic shifts. For example, in the United States, the proportion of elderly persons who are non-Caucasian will rise from approximately 10% to 20% in 2050.

The role of culture in the aging process, unfortunately, is not simple. With technological and scientific developments, such as telecommunication, and increasing globalization, it is too simplistic to think in terms of Western and non-Western. Each minority group has pertinent historical experiences. Even within each minority group there is considerable heterogeneity. In fact, due to variations of life experiences, there is greater heterogeneity among the elderly than among younger cohorts. Therefore, in consideration of the effects of culture and aging on psychopathology and treatment, the specific cohort experience may indeed be a key variable. Not surprisingly, the elderly groups of all cultures have been low utilizers of mental health services. New immigrant elderly are especially unlikely to seek mental health treatment, although the need may be greater, and family resources are limited.

Culture & Ethnicity can affect concepts of aging, psychopathology, intergenerational issues, psychiatric care issues such as choice and expectations of treatment, differential incidence of disorders such as depression and dementia, psychopharmacolgic treatment, psychotherapy, family/caregiver issues, system of care issues such as access and affordability. In this presentation, these cultural considerations in evaluation and treatment in the elderly will be discussed.

Integrating culture into mental health strategies for indigenous Hawaiian youth

Deborah Goebert

BACKGROUND Our research has consistently demonstrated that Native Hawaiian adolescents have significantly higher rates of psychiatric symptomatology than those of non-Hawaiians, particularly anxiety and suicidality. However, more than 80% of those facing adversity did not exhibit high levels of psychiatric symptoms. Culture can facilitate resilience for indigenous people facing adversity, supporting the need for intervention programs designed to promote resilience in adolescents in culturally appropriate ways. Yet such cultural strengths have not been the focus of evidence-based practices. **METHOD** Two cultural integration strategies for adolescents are presented that promote positive youth development by addressing issues that Native Hawaiian youth face. Qualitative and quantitative evaluations were conducted. **RESULTS** Case examples are used to illustrate and provide preliminary evidence that integrating culture into interventions contribute to greater engagement, meaningfulness, resilience and wellness for Native Hawaiian youth. Evaluation results of prevention program indicated up to 2-fold improvements in participants' knowledge of suicide and suicide prevention skills. Qualitative evaluation suggested that the experiences gained during the program empowered them to make a positive change in their community and increased their capacity to recognize signs of suicide in themselves and others, to know how to respond appropriately and find help, and to be a positive influence for their families and community. **CONCLUSIONS** Understanding how youth interpret and express cultural values facilitates the development of trust and enhances the individual's investment and continued participation interventions. We believe that by combining cultural competency with culturally-integrated interventions, we can improve mental health services for Native Hawaiian youth.

Social networking, cultural differences and stress

Vincenta Leigh

BACKGROUND Social networking has dramatically changed our environment, the direction of history, as well as challenged our daily lives. This activity has been instrumental in bringing down oppressive regimes in the Middle East, in organizing rioting in Britain, and been responsible for the resignation of various political leaders in the United States. These virtual networks often provide a sense of belonging and social support as well as a source of stress for adults and adolescents who may spend an enormous amount of time and energy connected to this evolving medium. Social networking has been the fuel source for cyberbullying in the United States, responsible for the death and torture of vulnerable teens. Child neglect issues, resulting from what some say is "internet addiction," have made headlines. Are there cultural differences in the use of social networking and the problems arising from it? **METHODS** Data from various studies and surveys from the last 7 years will be reviewed. **RESULTS** Social networking habits and usage vary considerably. The Phillippines, Australia and Brazil are the top Social Media users in the world, using different social networks. Asia/Pacific region exhibit significantly more market differentiation, resulting in clinical issues and treatments. China and Korean clinics and "bootcamps" have been developed to help internet gamers and "addicts." **CONCLUSION** As social networking options continue to evolve, penetrate and proliferate worldwide, there will be increasing associated stress that may further highlight cultural differences.

SYMPOSIUM S62 - THE MAZE OF PATHWAY OF PSYCHIATRIC HEALTHCARE AND HELP-SEEKING BEHAVIORS IN CENTRAL ITALY

Chair: Vittorio De Luca

Co-Chair: Vittorio Infante

The paradoxical crossroad of public mental health care in the era of public disengagement

Vittorio Infante

In Italy, the local Mental Health Services were established according to the Italian Mental Act (the so-called "Law 180") issued in 1978. These services share a strong commitment towards community, that origins from the political inclination of the National Health System set up almost simultaneously. While in later years the de-institutionalisation and the improvement of psychiatric-wards-within-general-hospital has reached a standard level of coverage and uniformity in the country, the same cannot be said of the local psychiatric units still operating patchy. These units are mostly used by outpatients who have been regularly admitted in psychiatric wards or who are at risk of being committed; others seek for pharmacological support (and psychotherapy) after the onset of symptoms. Nowadays many foreigners, especially those who are in Italy from several generations, do seek for appropriate care in these centres, but many others still feel more comfortable in avoiding public system facilities and look for Catholic voluntary associations (which also provide support for many other problems) or for non-profit lay organisations or projects developed for ethnic minorities, specific psychiatric problems or special territorial emergencies. A relevant share of foreigners do not reach any psychiatric services (except for emergencies services) because of insufficient knowledge of Italian language and economic difficulties; some other have more difficulty in recognising the need for psychiatric help and distinguishing it from social and legal ones. Some former negatives experiences or contacts with psychiatric facilities do play a role, and finally the presence of religious and cultural preconceptions must not be overlooked.

The controversial role of private system within Italian psychiatric healthcare

Vittorio De Luca

For many years, the role of private hospitals within the management of psychiatric patients has been controversial in the Italian debate on mental health. Traditionally, in many regions these private psychiatric hospitals had played a critical role in providing care for chronic psychotic inpatients who have been taken away from their community and cannot be placed within a home treatment program for several cultural and social reasons. More recently, their role has become even more crucial in the management of detoxification and rehabilitation of dual diagnosis inpatients. As immigrants and refugees have started to access mainstream mental health services, the population of patients within private psychiatric hospitals has gradually changed, including up to 25% of culturally diverse patients, often with dual diagnosis. Along with a description of the cultural change of private healthcare in Italy, the author provides a qualitative analysis of clinical cases observed by the privileged viewpoint of a psychiatric hospital which is also sheltering 80 North African asylum seekers.

Psychiatric culture in Italy between professional responsibility and paternalistic attitude: Legal considerations in the field of inter-ethnic psychiatry

Simone Bellarelli

Psychiatric practice in Italy is influenced by many cultural factors, and has on his turn contributed to form a public opinion at a national and international level in the past. Currently, the professional responsibility of the psychiatrist is deeply connected with his public role, shaped on one side by the collective expectations on the containment of deviance and on the other side by the general culture of the freedom of treatment and the patients' rights. New challenges to current psychiatric culture are obviously given by the need to promote mental health to the most marginalized groups of citizens, while maintaining a difficult balance between guarantees of citizenship, equality of treatment for cultural minorities and the need to facilitate and promote an integrative process. In this difficult evolutive process, the author offers a comparison between the Italian legal and psychiatric cultures in this crucial historical moment.

Women helping women. A project to improve immigrant women's access to Family Counselling Services in Rome

Amelia Argirò

Family Counselling Services are free public services that, in respect of any moral, religious and political orientation, are committed to responsible motherhood and fatherhood, promoting free and aware procreation by means of prevention, information, social support, and medical / psychological assistance at individual or group level. The Health Trust "RM B", located in South-Eastern Rome, has an extension of 220.45 km2 with about 730,000 inhabitants. The foreigners' population has increased in the last five years by 52%, reaching about 52,000 people. Immigrants, especially first generation ones, represent a very fragile group with several needs from the condition of obliged marginality, due to both lack of understanding of the language, and for little or no knowledge of services and their rights.

In order to overcome cultural and linguistic barriers to services accessibility, the presence of an interpreter/culture broker acting as a bridge between the operator and the foreign woman is not enough. A pregnant woman accessing Family Counselling Service is in a critical phase of its life cycle: the expectation of a child to be born in a country still unknown. The project idea is these women to be assisted by other immigrant women who have already experienced motherhood within the same Family Counselling, trained in a course for preparation to birth, and having already attended the "Family Space" where the new family can receive psychological and social support. Therefore a group of women from various nationalities are trained by professionals for at least twenty hours on the organisation of public services and support facilities, and through the elaboration of their migratory experience. In this way women can help women, immigrant women who have

already experienced social integration support first-generation immigrant women in their difficult path towards integration.

SYMPOSIUM S63 - CROSS-CULTURAL MENTAL HEALTH CHALLENGES IN NEW ZEALAND

Chair: Andrew Hornblow

Co-Chair: Sandy MacLeod

Migrations, increasing diversity and mental health in New Zealand

Andrew Hornblow

BACKGROUND New Zealand society has been shaped by successive migrations; the Maori a millennium ago, British colonisation from the early 1800s, Pacific Island peoples from WWII, and Asian migrants from the 1990s. Also, about 1000 refugees resettle in New Zealand each year. It is predicted that the proportion of New Zealanders of European origin will decrease from 68% currently to about half by mid-century. This increasing diversity presents challenges and opportunities for an evolving health system. **METHOD** Government and health sector reports were accessed and reviewed, also census and national survey data, published research literature, and material sourced from health provider organisations. **RESULTS** Maori and Pacific Islands peoples have poorer health on most indicators relative to the general population. Bipolar and substance use disorders, hazardous drinking, youth suicide, and domestic violence are over represented. While the 'healthy immigrant effect' is seen among Asian migrants, mental health issues are emerging for Asian youth and elderly. Access to and use of health and mental health services is less than for the general population, despite indications of greater need. Over recent decades there have been a range of targeted health policy initiatives and strategies, including successful innovation through establishment of primary care services administered and delivered by Maori, Pacific and Asian providers. **CONCLUSION** Addressing increasing ethnic diversity is a key challenge for the New Zealand health system and workforce.

The criminalisation of the Maori mentally ill in New Zealand

John Grigor

BACKGROUND New Zealand attracts a high proportion of overseas psychiatrists some of whom have trained in jurisdictions where justification for compulsory treatment may be more tightly defined. Some practice from a philosophical position where the wishes of those opposing treatment should be respected regardless of issues of insight or seriousness of illness. This may be coupled with a belief that such patients also should be accountable for the consequences of any violent behaviour on the ward even if they are floridly psychotic. Police may be called to deal with the situation. Police, well aware of the small numbers of acute beds, may sometimes charge a patient prior to admission with assault as a precaution against premature discharge of someone who remains unwell and is causing distress. Maori, three times more likely to be diagnosed with schizophrenia and usually presenting later in the illness cycle are frequently hospitalised under compulsion, more likely to have a forensic background and less likely to be willing to accept treatment. **CONCLUSIONS** Case vignettes are being collected to ascertain whether this practice of conflating a medical model with a moral model is widespread. As many doctors are on six month contracts and issues of confidentiality abound material is often at a hearsay level but the distress of families is clear. Psychiatrist education may be the answer.

Mood disorder in refugee and migrant populations

Sandy MacLeod

BACKGROUND The considerable number of psychosocial stressors (past and present) resettled refugees and migrants endure impact on their mental health. Many refugee groups do not understand or accept the Western concepts of mental ill health. Mental distress may be highly stigmatised and they may not present to psychiatric services. Mood dysfunctions include disheartenment, despondency, despair, demoralisation and major depression. Somatic complaints are common. Medicalisation of mental distress and pharmacological interventions are often of little value in this population. **METHOD** An Australian and New Zealand adult sample (50 'depressed' mental health patients, 50 community-based individuals) completed self-rating scales of depression and demoralisation. 47% of the sample was being prescribed antidepressant medications. 84% of the mental health cohort repeated the scales after 6 months. **RESULTS** 74% of those on medication reported limited or no response. No clear distinction was evident between symptoms of depression and demoralisation. All participants experienced some degree of demoralisation. High demoralisation was associated with suicidality. The passage of time did not impact on the demoralisation score though employment and family reunification appeared to. **CONCLUSIONS** Conceptualising distress in terms of demoralisation and offering broad welfare assistance (including family, language and employment support) may be more effective than medicalising the distress of refugees and migrants.

Is the degree of demoralization found among refugee and migrant populations a social-political problem or a psychological one?

Lynne Briggs

BACKGROUND New Zealand has been offering third country resettlement to refugees, migrants and their families since the end of the Second World War. While many studies in the international literature point to the negative impact of migration on the mental health of individuals others consider whether the social and political aspects of resettlement are more important. This paper considers the challenge of meeting the mental health needs of refugees and migrants living in New Zealand. In order to do so some findings from studies examining the degree of demoralization and psychological distress among three cohorts of refugee and migrant people living in Australian, Canada and New Zealand will be presented. Other factors known to impact on successful

resettlement and are also considered. **METHOD** Study questionnaires, standardized inventories and a demoralisation scale were completed by three different cohorts of refugee and migrant people attending mental health and resettlement services in Australia, Canada and New Zealand. The responses were scored and entered into SPSS for statistical analysis. **RESULTS** While a degree of demoralization was evident across all cohorts significant differences ($p<0.01$) were found between the mental health participant scores in comparison to the non-clinical cohorts. Furthermore in all three cohorts factors such an ability to speak English ($p<0.01$) and unemployment ($p<0.001$) significantly impacted on the demoralization mean scores. **CONCLUSIONS** The findings support the view that social and cultural issues play a role in understanding the degree of psychological distress among culturally diverse clients. Thus, in order to reduce the risk, additional factors associated with migration that may impact on the onset of mental health problems need to be taken into account.

Christchurch earthquakes: How did former refugees cope?

M Osman

BACKGROUND This study investigated how former refugees now living in Christchurch communities coped after the 4 September 2010 and subsequent earthquakes. **METHOD** Former refugees from three ethnic groupings (Somalia/Ethiopia, Afghanistan, and Bhutan) were randomly selected from a refugee contact list provided by the Canterbury Refugee Council and invited to participate in the study. Seventy two out of 105 potential participants completed a 26 item questionnaire regarding the impact of the quakes, their concerns and anxieties, coping strategies and social supports. The methodology was complicated by ongoing aftershocks, particularly that of 22 February 2011. **RESULTS** Three quarters of participants reported that they had coped well, spirituality and religion practice being an important support for many, despite less than 20% receiving support from mainstream agencies. Most participants (72%) had not experienced a traumatic event or natural disaster before. Older participants and married couples with children were more likely to worry about the earthquakes and their impact than single individuals. There was a significant difference in the level of anxiety between males and females. Those who completed the questionnaire after the 22 February 2011 quake were more worried overall than those interviewed before this. **CONCLUSIONS** Overall, the former refugees reported they had coped well despite most of them not experiencing an earthquake before and few receiving support from statutory relief agencies. More engagement from local services is needed in order to build trust and cooperation between the refugee and local communities.

SYMPOSIUM S64 - DEPRESSION AND SUICIDE IN THE CHINESE SOCIETY

Chair: Shuiyuan Xiao

A psychoautopsy study on suicide in a Chinese sample

Jie Zhang

The Strain Theory of Suicide postulates that psychological strains usually precede suicide mental disorders including suicidal behavior. The four sources of strain are basically (1) differential value conflicts, (2) discrepancies between aspiration and reality, (3) relative deprivation, and (4) lack of coping skills. This paper focuses on the effect of perceived failed life aspiration on the individual's mental disorder and suicide risk. Data for this study were from a large psychological autopsy study conducted in rural China, where 392 suicides and 416 community living controls were consecutively recruited. Two informants (a family member and a close friend) were interviewed for each suicide and each control. Major depression was assessed with HAM-D and the diagnosis of mental disorder was made with SCID.

It was found that individuals having experienced failed aspiration were significantly more likely than those having not experienced a failed aspiration to be diagnosed with at least one disorder measured by the SCID and major depression measured by HAM-D, and to be a suicide victim, which is true of both suicides and controls.

This study supports the hypothesis that the discrepancies between an individual's aspiration and the reality is likely to lead to mental disorder including major depression and suicidal behavior. Lowering a patient's unrealistic aspiration can be part of the of psychological strains reduction strategies in cognitive therapies by clinicians' and mental health professionals.

Depression and suicide ideation among left-behind rural elderly in Hunan, China

Liang Zhuo

BACKGROUND In China more than 10% of the whole population are migrant workers, who are mostly young and middle aged persons. Therefore, a lot of elderly are left behind in rural China. **METHOD** This is a cross-sectional survey conducted in Hengyang, Hunan. 1,044 individuals older than 60 years were interviewed. Left behind elderly is defined as all offspring have left the rural area. Depression (PHQ-9), suicide ideation, stressful life events, and activity of daily living (ADL) were evaluated. Logistic regression models were used to identify potential risk factors of depression and suicide ideation. **RESULTS** 255 (24.5%) were left behind elderly, and they were younger, more likely to be male. Total scores of PHQ-9 among those who were and were not left behind were 6.62 vs. 8.13. The prevalence of suicide ideation among those who were and were not left behind were 20.4% and 21.9%. Logistic regression indicated that risk factors of depression included lower ADL score (OR=2.52, 95%CI=1.65-3.87), higher life stress (OR=5.19, 95%CI=3.12-8.63), worse economic status (OR=2.27, 95%CI=1.55-3.32), worse physical health (OR=1.71, 95%CI=1.21-2.43), and stable marital status was protective (OR=0.52, 95%CI=0.34-0.79). The risk factors of suicide ideation included higher life stress (OR=4.25, 95%CI=2.98-6.05), worse economic status (OR=1.91, 95%CI=1.42-2.58), worse physical health (OR=1.75, 95%CI=1.35-2.28). **CONCLUSION** We failed to find differences of depression and suicide ideation among left behind and not left behind rural elderly. This may be explained by different socio-demographic characteristics: left behind elderly are younger and are more likely to be male. The impact of being left behind needs to be further investigated.

Help-seeking behavior of patients with depression

Shuiyuan Xiao

Depression is a common psychiatric condition around the world. In China, it took 5.9% DALYs in 1998 years and will be up to 7.3% by 2020 years according to current tendency. The situation in rural area of China is large different compare to urban areas in education level, income level, medical resource and help seeking behavior. Patients with depression are less likely to be recognized or treated in rural areas.
Using stratified multistage random sampling, 7,347 rural residents of 15 years and older from Liuyang County were enrolled in this cross-sectional study. The prevalence of present DSM-IV major depressive episode (MDE) was 1.9%that of past MDE was 1.3%, that of dysthymic disorder was 0.8%, and the prevalence of any depressive disorder was 4.0%. Among the patients diagnosed as present MDE, only 4% of them had ever sought help from a psychiatric or psychological professional.
The prevalence of depression was higher in females (4.6%) than in males (3.3%) after adjusted for age. There were also significant differences across different age groups, and the highest was found in 45-74 years age group. The risk factors were female, older, lower education level, being agriculture workers, unstable marital status, lower income, and suffering from any chronic somatic disease. Among the patients with MDE, 37.2% patients have the symptoms of suicidal ideation and attempts, and females were significant higher than males (40.5% vs. 31.4%). The results of multiple logistic regression analysis showed patients in unstable marital status, felt valueless or self guilty had more suicidal ideation and attempts, and patients with symptoms of loss of interest or happiness has less suicidal ideation and attempts.
Depression prevalence reported in our study is higher than most of other studies in China. The very low rate of seeking help from professionals indicates that a campaign to raise public awareness toward depression is needed in China.

SYMPOSIUM S65 - MIGRATION AND MENTAL HEALTH

Chair: Peter Jones

Psychosis in the city: Socio-environmental adversity in East London and incidence of psychosis

JB Kirkbride

INTRODUCTION Urban birth, upbringing and living are associated with increased risk of non-affective psychotic disorders, with growing support for an etiological causal role. The social and physical factors which explain these associations remain unclear. **METHODS** We investigated whether incidence of DSM-IV non-affective and affective psychoses varied by neighbourhood-level factors within the catchment of the East London, UK, First Episode Psychosis study. We characterized neighborhoods according to social, economic and physical attributes using principal components analyses. We determined associations with psychosis rates in random effects Poisson models, adjusted for individual-level factors. **RESULTS** We identified substantial neighbourhood-level variance in non-affective, but not affective psychoses. This persisted following adjustment for individual-level age, sex, ethnicity and socioeconomic position. For non-affective psychoses, neighbourhood-level random effects were independently associated with greater socioeconomic deprivation (incidence rate ratio [IRR]: 1.28; 95%CI: 1.12, 1.46), lower relative deprivation (IRR: 0.84; 95%CI: 0.74, 0.98), lower ethnic separation (IRR: 0.82; 95%CI: 0.67, 1.00), greater social fragmentation (IRR: 1.25; 95%CI: 1.05, 1.48) and lower community investment (IRR: 1.30; 95%CI: 1.11,1.53), which reduced residual variation to non-significance. Own-group ethnic density had a notable confounding effect (~25%) on IRR in the largest ethnic minority groups, and was independently associated with lower psychosis rates in the black Caribbean and African populations. **CONCLUSION** These findings strongly support the role of neighbourhood-level social adversity in determining incidence of non-affective psychosis. Social and ethnic fragmentation and exclusion, as well as socioeconomic deprivation, were particularly important markers of variation in rates. Precise characterization of social environmental effects has

translational relevance for studies of gene-environment interactions and prediction models informing health service planning.

The long-term course and outcome of psychosis: Initial findings from AESOP 10

Craig Morgan

In the UK, there is strong evidence that black Caribbean and black African populations have higher rates of psychosis and more negative interactions with specialist mental health services. In addition, it has been suggested that the clinical course and outcome of psychosis in these groups is more benign, with fewer individuals experiencing continuous and negative symptoms over time. Underlying this is the idea that psychosis in these groups is more often brief, characterised by an acute onset and positive and manic symptoms, and caused by social stress (broadly construed). We sought to test this in a ten-year follow-up of a large cohort of individuals with first-episode psychosis (n = 535) (AESOP-10). Initial analyses suggest a) there is no evidence that black Caribbean or black African cases experience a better or more episodic clinical course and outcome, compared with white British; and b) there are marked differences in patterns of service use, i.e. in black Caribbean and black African cases: higher rates of compulsory admission over the follow-up period, lower levels of engagement with follow-up services, and lower levels of satisfaction with services. These initial analyses do not support the proposition that outcomes of psychosis are more benign in black minority ethnic groups in the UK. They do, however, again show high levels of compulsion in these groups.

Mental health of economic migrants in Santiago: Initial findings from the Inner Santiago Health Study

Antonia Errazuriz

BACKGROUND Despite a few exceptions, most research suggests that a personal or family history of migration is a psychologically stressful life event and a risk factor for developing mental health problems. Possible differences in which this may occur in developing countries is an understudied topic in mental health literature. We present the methodology and preliminary results of the first population based mental health survey of immigrants carried out in Chile. The objectives of the study were to estimate the prevalence of neurosis and psychosis among first generation economic immigrant adults aged 15–64 living in Santiago and to investigate the association between mental illness and potential environmental risk factors. **METHOD** A total of 1,294 adult householders of Santiago were assessed in a two-stage survey with the Revised Clinical Interview Schedule (CIS-R) and Psychosis Screening Questionnaire (PSQ). Respondents with a positive PSQ or who received a diagnosis of, or treatment for, psychosis were examined by psychiatrists using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I). **RESULTS** Preliminary analyses suggest lower risk of neurosis for immigrant versus non-immigrant men and similar risk between immigrant and non-immigrant women. They also suggest no differences in prevalence of psychosis between the immigrant and non-immigrant group. Negative life events, lack of social support and chronic strain were important explanatory factors for both men and women. **CONCLUSIONS** These findings provide evidence that first generation economic immigrants to Chile are not at a higher risk of mental health problems when compared with the local population.

SYMPOSIUM S66 – NEW TREATMENT PROGRAMS FOR MIGRANTS AND REFUGEES: CLINICAL PRACTICE AND RESEARCH

Chair: Hans Rohlof

Co-Chair: Sofie Bäärnhielm

Contextually and culturally appropriate practice in support of immigrant mental health and recovery: The case of the Asian immigrant in New Zealand

Amritha Sobrun Maharaji

BACKGROUND Mental health issues among Asian immigrants in New Zealand have implications for the mental health workforce in terms of delivering contextually and culturally appropriate service to this clientele. This study evaluates specific recovery relevant components of two models used in training of mental health support staff and their impact on staff knowledge, skills, attitudes and behaviours about recovery; identifies gaps that may exist in their training, and recommends modifications for enhancement of the models. **METHOD** Eleven Asian mental health support staff participated in two workshops, a focus group discussion, two case studies and pre- and post-training evaluations. The workshops comprised training in the use of the Wellness Recovery Action Plan® and the Re-covery Model which were integrated and tested for their impact on and appropriateness for staff. The Recovery Knowledge Inventory was used to assess recovery knowledge and attitudes before and after workshops. **RESULTS** Analysis of quantitative and qualitative data suggests a positive impact of the integrated models on staff knowledge, attitudes and understanding of recovery and the application of recovery principles. Participants found most aspects of the models appropriate for working with Asians, but suggested that cultural and contextual appropriateness was needed. **CONCLUSIONS** Recommendations are made for modifications to training, which include considering cultural context and the impact of the migration experience on mental health, and utilising culturally appropriate tools. A model of delivery for Asian mental health and an appropriate toolkit have been developed for use with Asian, and potentially other immigrant, clients.

Culture sensitive interpersonal psychotherapy (IPT-CC) for the treatment of depressed patients from Turkish, Moroccan and Surinamese backgrounds in the Netherlands

Marc B.J. Blom

BACKGROUND Depression is a serious mental disorder that causes severe suffering in patients and is a great financial burden for society. Treatment for depression is however effective with evidence based forms of psychotherapy as treatment of choice for moderately severe forms of depression alongside with medication. Research into the efficacy of psychotherapy for patients from ethnic minority groups is however severely lacking. In an earlier study (Blom et al. 2010) we found a high drop out rate but comparable outcomes in patients from ethnic minority groups compared to native Dutch patients. **METHOD** We adapted the standard IPT protocol for use with patients from diverse ethnic minorities. Six therapists, all experienced IPT therapists, were trained in the use of this protocol as well in the use of the cultural interview. Next, the protocol was tested in a open pilot study. Patients were referred for the study by there GP and after assessment included in the study. All patients were offered 16 weekly sessions of IPT. Data were collected at baseline, at midpoint and upon completion of the treatment. The score on the Inventory of Depressive Symptoms (IDS) was the primary outcome measure. **RESULTS** 43 patients were referred for the study of whom 29 were included. 22 patients completed the study. In the intent to treat sample, 55% responded to treatment. Of the patients who completed the treatment, response rate was 63%. **CONCLUSION** IPT-CC is a promising treatment for patients from ethnic minority groups.

Somatisation, a transcultural perspective: Developing a program for the management of chronic pain and other bodily symptoms

Peter van Loon

Somatisation refers to bodily complaints that a patient has which can be difficult to attribute to a purely biological background. The dichotomy between body and mind plays a greater role in Western medical models than in models utilized in other non-Western countries. Interpretation of presenting symptoms frequently differs between patient and therapist, there is often an (implicit) assumption on the part of the therapist that patients are unable to verbalise or connect with their feelings in relation to their bodily complaints. In a transcultural treatment setting, stereotyping based on inadequate background knowledge related to somatisation can be avoided. This talk will discuss issues in the epidemiology, nosology, relevant sociocultural stress factors and anthropological concepts in somatisation. A programme developed by Bamburac et al in this department for patients with chronic pain and other bodily symptoms will be discussed and will draw upon experience built up in the department in Rotterdam. The programme is based upon cognitive-behavioral principles and given in a group setting. The goal is to enable the patient to understand and accept the pain, to gain mastery over it and to improve adaptive functioning and quality of life. The content of the programme is adapted to the cultural background and level of education The programme of the group started in October 2008, all written material is translated and an interpreter is involved all the time. Now, it is interesting to discuss some results as well as characteristic features of the target group, some of them culturally defined. In addition adaptations which have to be made in every stage of the program to motivate participants for the program and to prevent the drop-out will be presented.

Cultural consultations in mental health care in Stockholm

Sofie Bäärnhielm

Globalisation and cultural diversity are a challenge to mental health care in Sweden and require attention to culture in assessment and treatment. Cultural awareness has to be a generic knowledge of the mental health professionals, in order to avoid segregation according to ethnic background. As this type of knowledge is poorly integrated in the basic educations of mental health professionals in Sweden, clinical consultations and training are needed. Since 1999, the Transcultural Centre in Stockholm has provided clinical consultations and supervision free of charge. Consultations based on reflexivity, encouraging new questions and perspectives on the cases as well as a self-reflexive attitude, support and empower the clinicians in their cultural awareness. Multicultural and multidisciplinary staff groups promoting diversity in perspectives can be useful in treatment. Combining clinical consultations with tailor-made training at the work places can improve practice and at the same time introduce theoretical knowledge in the fields of cultural psychiatry and anthropology.

Collective trauma and the production of distress among Sri Lankan Tamil refugees in Toronto and Chennai

Miriam George

BACKGROUND Civil wars and natural disasters can produce individual as well as collective trauma among refugees. The catastrophic migration events have produced immense psychological distress and widespread trauma at the individual and community level. However, there is less recognition on the effects of collective trauma as well as the appropriate interventions at this level. The objective of this presentation, developed from an international research study analyzing the traumatic experiences and psychological distress faced by Sri Lankan Tamil refugees, is to highlight the need for broader interventions at the individual and collective level. **METHOD** This mixed method study was conducted among Sri Lankan Tamil refugees in Gummidipoondi refugee camps near Chennai, India as well as in Toronto, Canada. One hundred refugees participated in the quantitative survey using standardized instruments; thirty refugees participated in semi-structured interviews for the qualitative analysis. **RESULTS** Quantitative results showed that post-migration traumatic experience scores positively predicted psychological distress, and that refugee claimants living in Canada had the highest scores on pre-migration and post-migration traumatic experiences. The qualitative analysis revealed a high level of war-related distress in the community raised from genocide, social deterioration, settlement stress, child soldiers, war widows, political detentions and migration policies. **CONCLUSION** The respondents in this study emphasized the intense collective trauma and the "loss of community soul". Recognizing the manifestations of the collective

trauma will help to rebuild the community, not only through public awareness and rehabilitation services but also by effectively incorporating traditional practices like storytelling and religious rituals into intervention models.

New developments in group and day clinical treatment with refugees

Hans Rohlof

BACKGROUNDS Refugees form a specific population with different psychopathology, culture, and treatment needs than the general population. In our centre with a 15 year long experience of treating refugees in groups and in day clinics, specific programs were constructed to meet the needs of refugees as good as possible. Research of change in symptoms of the treated refugees can show the effect of the different treatment programs. A time limited day clinical treatment was compared to the classical day clinic program. **METHOD** All refugees in our program are monitored via routine outcome monitoring, in a program called Compass. In this monitoring different questionnaires are used: symptoms checklists, patient satisfaction scales, quality of life scales. **RESULTS** Patient satisfaction is high in these groups. Clinical improvement is also present. Symptoms seem to stay, when viewed through the quantitative measures of the symptom questionnaires. The time-limited group showed having better results than open-end treatment programs. **CONCLUSIONS** Implications for group therapy with refugees are discussed. Tailor-made modules in treatment and time-limited groups show to be improvements in group treatment with refugees.

SYMPOSIUM S67 - SEGEMI– INTERNATIONAL SURVEY ON MENTAL HEALTH OF PEOPLE WITH AN IMMIGRATION BACKGROUND AND ON CROSS-CULTURAL OPENNESS WITHIN THE MENTAL HEALTH CARE SYSTEM

Chair: Mike Mösko

Co-Chair: Ulrike Kluge

The relative risk of mood and anxiety disorders in people with migration background in comparison to their host society. A systematic review

Rebekka Risch

BACKGROUND/AIM The number of persons with migration background is increasing in most western societies. Previous reviews are restricted on first and second-generation migrants or report only absolute risk data (Swinnen&Selten, 2007; Lindert et al., 2009). Aim of the study is to evaluate the relative risk of depression and anxiety in migrants and their extended families (inclusive the 3rd generation). In order to avoid potential help-seeking-biases, we focussed on prevalence rates of individuals without / independent from contact to the healthcare system. **METHODS** Population-based studies reporting prevalence rates of mood and anxiety disorders assessed by administered structured interviews based on DSM-III-R or ICD-10 criteria are evaluated. Prevalence rates of people with migration background are plotted against corresponding rates of the general population in the respective host country. **RESULTS** A primary systematic literature search aligned with a broader conception of both mental disorders and cultural minority populations carried out in the databases MEDLINE, EMBASE and PsychInfo resulted in about 8300 documents, of which 652 met our inclusion criteria. The present analysis of mood and anxiety disorders in particular is based on 261 original studies emerging from this pool. **DISCUSSION** A better understanding of the prevalence and shape of mental diseases in people with

migration background is essential to enable clinicians and national healthcare systems to meet the specific needs of this emerging population.

BIBLIOGRAPHY

Swinnen, S. & Selten, J.-P. Mood disorders and migration. Meta-analysis. British Journal of Psychiatry, 190, 6-10, 2007

Lindert et al. Depression and anxiety in labor migrants and refugees – A systematic review and meta-analysis. Social Science & Medicine, 69, 246-257, 2009

Epidemiological survey of mental disorders for people with a Turkish immigration background

Ulrike Kluge

BACKGROUND Detailed knowledge about the mental health of immigrants in Europe is limited due to a lack of representative data (Kirkcaldy et al., 2006). Part of the problem is the difficult accessibility to and the participation of immigrants (Schenk and Neuhauser, 2005). The international research project (www.segemi.de) is aiming to provide those missing data by conducting an epidemiological study on the prevalence and co-morbidity of mental disorders and psychosocial impairments as well as the health care utilisation of people with a Turkish immigration background living in Germany. **METHODS** In order to assess the mental health state interviewes with a Computer Assisted Personal Interviewing (CAPI) of the Composite International Diagnostic Interview (CIDI) are conducted in Turkish and German in Hamburg and Berlin. To increase the generally low participation rates two different strategies are used in Berlin and in Hamburg. After building trust- relationships to the Turkish communities in both cities, either a snowballing approach and a quota plan with recruitment in public places or representative sampling through the registration office plus onomastic method guided by a public campaign are carried out. **RESULTS** Due to an ongoing data acquisition process at the time of the conference preliminary results in regard to participation rates, strategy differences as well as first results on psychosocial impairments and health care utilisation of people with a Turkish migration background will be presented. These data will be compared with national epidemiological data for German speaking citizens.

BIBLIOGRAPHY

Kirkcaldy, B., Wittig, U., Furnham, A., Merbach, M., Siefen, R.G. Health and migration. Psychosocial determinants. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz, 49(9): 873–883., 2006

Schenk, L., Neuhauser, H. Beteiligung von Migranten im telefonischen Gesundheitssurvey: Möglichkeiten und Grenzen. Gesundheitswesen, 67: 719-725, 2005

Intercultural openness in outpatient mental health care service in Germany

Mike Mösko

BACKGROUND Immigrant status is generally associated with lower access to and use of mental health services (Kirmayer et al., 2007). Barriers against migrant healthcare access on the part of health care staff is also described (Gaitanides, 1998). The aim of this study was to provide representative data regarding mental health care utilisation by patients with a migration background, the diversity of psychotherapists in the outpatient mental health care services and the cross-cultural sensitivity of psychotherapists. **METHODS** All public outpatient psychological psychotherapists (N=600) in the metropolis of Hamburg have been asked to participate. Topics were e.g. migration background or cross-cultural experiences of the therapists, language barriers, socio-cultural knowledge, therapeutical attitudes, consideration of cross-cultural aspects, demand for cross-cultural training. The response rate was 80%. **RESULTS** The first results show an underprovision of psychotherapists with a migration background in regard to the active population. 79% of the therapists currently treat patients with a migration background. Because of cultural issues 23% of the therapists to feel queasy in contact to the patients. 72% of the providers belief that additional training in cross-cultural sensitivity would be helpful. In proportion to all treated patients there is an underprovision of patients with migration background compared to the general population. **DISCUSSION** Despite the lack of representative epidemiological data there is indication that patients as well as providers with a migration background are under-represented in the outpatient mental health care system. Cultural issues seem to make the psychotherapists feel insecure. Cross-cultural training is needed.

BIBLIOGRAPHY

Kirmayer, L.J., Weinfeld, M., Burgos, G., du Fort, G.G., Lasry, J.C., & Young, A.. Use of health care services for psychological distress by immigrants in an urban multicultural milieu. Canadian Journal of Psychiatry, 52(5), 295-304, 2007

Gaitanides, S. Zugansgbarrieren von Migranten zu den Drogendiensten. in Sucht in unserer multikulturellen Gesellschaft. In: Deutsche Gesellschaft gegen die Suchtgefahren (Eds.). Sucht in unserer multikulturellen Gesellschaft. Lambertus, Freiburg, Br., 1998

Systematic review of methods and results of cross-cultural competence training in health care

Greey Suarez-Serrano

BACKGROUND Cross-Cultural competence trainings (CCCTs) are suitable for raising awareness of cultural differences in health care. Increased awareness among health professionals can make an important contribution to cross-cultural openness within the health care system, have an impact on health care outcomes and reduce health disparities. Several reviews were performed in the past addressing the effectiveness of CCCTs (Beach 2005, Lie 2011). A systematic review with the following objectives was conducted: examine the effectiveness of interventions, analyses the differences of effective methods used in trainings and finding a suitable framework for evaluation. **METHODS** In order to identify studies that evaluate interventions for improving the cultural competence of health care professionals the publications were search via databases and hand search. Two authors independently rated the study's quality using defined criteria. **RESULTS** In the databases MEDLINE, PsychINFO and Embase 3444 articles have been found by using keywords. The articles will then be evaluated iteratively due to the defined inclusion criteria. The final results will be available on the conference. **CONCLUSION** Research has shown that CCCTs can improve the awareness and competence of health professionals. However, multiple factors have shown to contribute to health disparities and patient outcomes. Thus, there is a need on quality standards for CCCTs and evaluation.

BIBLIOGRAPHY

Beach, M.C., Price, E.G., Gary, T.L., Robinson, K.A., Gozu, A., Palacio, A., et al. Cultural competence: a systematic review of health care provider educational interventions. Medical Care; 43:356–73, 2005

Lie, D.A., Lee-Rey, E., Gomez, A., Bereknyei, S. Does cultural competency training of health improve patient outcomes? A systematic review and proposed algorithm for future research. Journal of General Internal Medicine, 26(3):317-25, 2011

Collaborative planning of cross-cultural training

Maria Sundvall

BACKGROUND The challenge of meeting the health needs of new refugee and immigrant groups led the Stockholm County Council to start a knowledge centre, the Transcultural Centre, in 1999. The centre's initial mission was to provide training, consultation and supervision regarding cultural psychiatry to the mental health services. Over the years the activities have expanded, and care units are increasingly involved in planning of training. **METHODS** Joint planning, reference groups and systematic interviews with purchasers, medical managers and local health units have been used to ensure training adapted to clinical needs. Special efforts have been made to explore the needs of clinical care staff that has limited access to training. In a recent project with support from the National Board on Health and Welfare, courses are organized jointly with social services, psychiatry and primary care. Models of evaluation are being developed to measure the effects of training on knowledge and attitudes. **RESULTS** Collaborative planning has increased the outreach of the training, as well as the participation of clinical care staff. There are however difficulties related to organizational changes, especially in psychiatry. **CONCLUSION** Reflections will be made on experiences and evaluations of collaborative forms of organizing cross-cultural training. Obstacles as well as possibilities will be highlighted.

SYMPOSIUM S68 - THE SOCIAL INSURANCE SYSTEM OF THE ITALIAN-SPEAKING PART OF SWITZERLAND COMPARED WITH THE ITALIAN SOCIAL INSURANCE SYSTEM, THROUGH THE PRESENTATION OF CLINICAL EXPERIENCES WITH IMMIGRANTS COMING FROM FOREIGNER COUNTRIES

Chair: Michele Mattia

Co-Chair: Pietro Barbetta

Depressive, somatoform and request of disability insurance: A deep calvary in a Bosnian migrant woman in Switzerland

Michela Ravizza

This case study involves a woman who was born and grew up in Bosnia.
Her husband moved to Switzerland at the end of the '80s to look for a job whereas the patient herself arrived in Ticino in 1992. She remembers having had major difficulties in learning the language and integrating. From a professional point of view, she managed to maintain her job as a care assistant until the beginning of 2004 when, after she accidentally fell on her way to work, she started developing a chronic pain syndrome which prevented her from going back to work. The patient, unconsciously, started using the symptoms stemming from her body, and hugely amplified by her depression, to communicate a psychophysical unease. Over the last years there presumably has been an encystment of the latent depressive thoughts which finally triggered the amplification somatized by the episodes of pain.
After the 2004 accident a post-traumatic stress syndrome progressively developed, which evolved in a permanent change in personality and a persistent depressive symptomatology.
Alongside with the above set forth elements we also have to consider the cultural and migratory framework wherein the somatic trauma occurred, i.e. the migration mainly signified the research of social security and most of all, economic stability. The lack of cultural integration, alongside the creation of a family and social cyst, and finally the persistent use of the mother tongue and the scarce knowledge of the Italian language are all to be considered as psychopathologic amplifiers. In 2005, following the somatic and psychiatric syndrome triggered by the accident, the patient applied for the disability insurance allowance of the Ticino Canton so as to be granted an economic revenue, under the form of a monthly pension. Her application was turned down the first time because they accused her of simulating the illness. Also after having challenged the decision and filed a supplementary psychiatrist's report she was unable to obtain the disability allowance because of her surname and of the "excessively theatrical and histrionic representation of the symptoms", as the experts of the invalidity insurance put it.
Ethnic discrimination? Racial prejudice? Lack of knowledge of the cultural characters? Or was the model used to interpret the disease solely based on a Western model?.

Work accident in Rumanian man and apply for the disability insurance allowance: The complicated and discriminating Swiss conflict!

Michele Mattia

This case study involves a Rumanian man who initially emigrated to Italy and then, in the '80s, emigrated to Switzerland. Following an accident suffered by the patient, he had to face a radically modified reality: without a job, with precarious health conditions and acute pains in his back and lower limbs. During our meetings he has major difficulties in sitting still and every so often has to get up. He is worried about the future and the impossibility to work due to his pain syndrome, and as a consequence is very scared. The reason behind the migration, i.e. the need to make a living, has been a fundamental reason of life for Stan since he left his home country. His life has been rotating around his profession for the past 20 years and this allowed Stan to create a solid basis for his whole family, including his two daughters, which he had long waited for during his first marriage but who were only born a few years ago, in 2003 and in 2007. Needless to say that the physical pain also limits his relation with his daughters, for instance in actions such as playing with them. This triggers feelings of frustration and anger in him, the same feelings which are already triggered by the fact he cannot work. Whilst also considering the reference culture, the traumatic and sudden event of the accident also prevented Stan, who is the head of the household, to perform his main and fundamental function: i.e. to take care of the whole family, both in financial and concrete terms as for what concerns the emotional sphere. The accident suffered in May 2010 abruptly amended the habits of all the members making up the household, and this implied extremely serious organizational and emotional repercussions. The delegation and/or abrupt interruption of his functions as the head of the household previously entirely performed by Stan himself (the only income which had to provide for their living as well as the management of the house and daughters) still is a major sufferance, which is now also expressed through his body.
The patient applied for the disability insurance allowance, but due to his country of origin and the presence of pain symptoms, culturally amplified according to the health services of the Ticino Canton, he was not granted the allowance.
Cultural discrimination related to the patient's origin, name and cultural belonging?
We will discuss also the Swiss disability insurance system.

The Italian social insurance system, through the presentation of clinical experience with immigrants coming from foreigner countries

Pietro Barbetta

The purpose of this speech is to treat of different clinical cases to talk about the disability insurance in Italy, with particularly attention to people coming from foreigner countries.
Through the really experiences the author will share the difficulties that the migrant population meet, when one of them fall ill and it's prevented to continue his/her job.
Its truly important to know the obstacles that the migrants meet with the disability insurance to forestall the chronically cultural illness.
In fact don't being recognized by the law in a foreigner country, often mean worsening the evolution of illness. The migrant whom the social insurance don't recognize the allowance for the disability create by work accident o by occupational disease, fall in a negative spiral of thoughts. This contrary reply could bring the subject to enter in a pessimistic and regressive behaviours.

SYMPOSIUM S69 - MINORITY GROUPS IN A MULTICULTURAL WORLD – ASSESSMENT AND TREATMENT CHALLENGES

Chair: Hans-Jörg Assion

Suicide around the world

Thomas Stompe

Suicide rates differ widely among societies. Conklin and Simpson (1987) identified two clusters of variables being associated with national suicide rates: one cluster had the highest loading from the Islam religion, the second cluster from economic development. Lower suicide rates were found for nations with less economic development and where Islam was the dominant religion. We present new analyses of aggregate data showing that the process of civilization and humanization which started in the late Medieval Europe lead to low suicide and high homicide rates. Aside from these socio-cultural factors genetic variations like low rates of subjects with other blood types than 0 or with certain serotonine transporters have an important impact for the explanation of the wide range of national suicide rates.

Trauma and posttraumatic stress disorder in migrants

Hans-Jörg Assion

Migrants have a substantial risk to experience traumatic events and refugees are definitely a high risk group. Consequently, there is evidence that migrants more likely develop Posttraumatic Stress Disorder (PTSD). On one hand it is to consider that there is no culture specific symptomatology of PTSD, on the other hand certain regional trauma-related syndromes are described, namely Latah, Susto, eg, known as culture-bound syndromes. Various studies have evaluated the elevated prevalence rates of PTSD in migrant settings worldwide. It is evident that origin, cultural context and ethnical background are of significant relevance and worth to be considered in research and clinical practice. The aim of this contribution is to emphasis the ethnical background in the discussion of trauma and PTSD.

Culture-sensitive Treatment of the Oriental Outpatient

Bransi Ahmad

Oriental patients bring along their characteristics into the psychiatric treatment. The understanding of psychic disorders and the strategies to handle these disorders are coined by religious, social and traditional medical aspects. About 75 per cent of the population in the Orient are Muslims, whereby the Islam does not only represent the religion, but also represents the basis for the social life, standards, customs and social graces. This religious self-image of migrants is reflected in the disease understanding and has also influence on the treatment and the treatment process.

The oriental society is mostly family oriented, patriarchal society with a collective way of thinking. The patient understands himself as a part of the large family, whose protection and integrity are the highest task of each family member. On the one hand the family may not be loaded with complaints of individual persons, on the other hand one is regarded as a sign of the individual maturity, if complaints and lamentations are not expressed. On the other side physical complaints can be expressed harmlessly. This comprehension of diseases finds its condensation in the acceptance and handling of psychological illnesses. Also, traditional medical diseases and health conceptions are found by oriental patients, for example the “evil eye” as a cause of illness. This disease understanding can also be considered in the psychiatric outpatient treatment setting

Transcultural psychiatry and psychotherapy as a part of regular health

Küchenhoff Bernhard

BACKGROUND About 20% of our patients are migrants. These patients need a treatment that is in accordance with their complex biographies and social circumstances. To achieve this goal it is necessary to develop special competences. **METHODS** We arranged a specialized procedure for transcultural psychiatry on an acute ward. This approach is based on social anthropology, ethnopsychiatry and ethno-psychoanalysis. Therefore we work regularly with an ethnologist, who is now a member of our staff. A main focus of our treatment setting is the ethnopsychiatric group-therapy. In this approach we refer to the work of Ms. M.R.Moro from Paris. It is necessary to keep in mind that it involves a group of therapists with one patient and it is not a group of patients. In the contribution our setting will be described and an example of a therapy, as well as more details about our approach, will be included. **CONCLUSION** It is our experience and well-proven praxis that it is necessary and not only possible to implement a special treatment for migrants on an acute ward in regular health care setting.

Migration-related stressors

Eckhardt Müller Koch

In a retrospective analysis the validity of a brief 10-item instrument for the assessment of stressors potentially related to migration and migration background (MIGSTR10) was evaluated. MIGSTR10 based on previous work and interrater reliability was tested in a chart review study. Charts of 100 inpatients (50 Turkish migrants, 50 native German Patients) with affective or anxiety disorder were reviewed by three independent raters and MIGSTR10, DSMSTR9 and GAF scores were obtained.
To show convergent and discriminant validity, MIGSTR10 scores and general psychosocial stressors derived from DSM-IV axis IV (DSMSTR9) were compared between a randomly selected group of 30 inpatients with Turkish migration background and a native German control group matched for age, gender, and diagnosis. The differential contribution of MIGSTR10 and DSMSTR9 to global functioning (GAF scores) was calculated.
Multivariate analysis showed a significantly higher distress in MIG compared to CON with regard to MIGSTR10 and DSMSTR9; significant differences of single stressor severities between MIG and CON were found for the items “communication problems”, “migration history”, “loss of status”, and “homesickness” of the MIGSTR10, but for none of the DSMSTR9 stressors. The results corroborate the validity of the MIGSTR10 to assess migration-related stressors which can affect global functioning and mental health in patients with migration background. The topics of the stressors could be used to stimulate the therapeutic process.

Identity, acculturation and mental health of Jewish-Russian migrants in Austria

Beate Trilesnik

No abstract submitted.

SYMPOSIUM S70 - RESISTANCE, RESILIENCE AND RECOVERY: RENEWED PERSPECTIVES IN CULTURAL PSYCHIATRY

Chair: Rob Whitley
Co-Chair: Lauren Ban

Perspectives on resilience and illness in the Peruvian highlands

Nicole D’Souza

BACKGROUND Armed conflict, guerilla warfare, and political violence have contributed to the burden of disease and disability, especially among civilian populations of Peru. The effects of war and political violence can be long lasting and can determine the capacity of people to reconstruct their lives long after wars have ended. In 2000, a collaborative research project was initiated between the *Instituto de Investigación y Promoción del Desarrollo y Paz* (IPAZ) in Peru and the Douglas Mental Health University Institute. The goal of the project was to understand the effects of political violence on the mental health of the population in the Andean region of Peru. The study revealed that of all respondents who had been exposed to violence, one in four (N=92) reported symptoms compatible with the DSM-III-R diagnosis of PTSD. However, due to the absence of mental health services in the province, it was virtually impossible to refer those cases for treatment and follow-up. It has now been ten years since the first survey, and the number of PTSD positive cases that were detected in 2000, were relocated and tracked to understand the culturally specific patterns of recovery and coping. **METHODS** The study was conducted in Ayacucho, Peru in four rural communities as well as one urban slum. Semi-structured interviews were carried out with a subsample (N=16) of the original population of PTSD positive cases from 2000 to elicit narratives on the experiences of distress, mental illness, coping and resilience. **RESULTS** Although the severity of trauma experienced during *la violencia* continues to haunt people of the Peruvian highlands to different extents today, individuals express more distress about the tremendous difficulties of surviving in the present day than about the massacres of the war, and the symptoms of PTSD. Findings suggest that changes in religion, social networks, and access to health care are influencing factors affecting patterns of recovery and coping for the affected populations in this highland region. **CONCLUSION** The data reveals that postwar psychosocial health cannot be separated from the broader political and economic structural weaknesses that often follow war.

Recovery and first episode psychosis: Seeking safe spaces in a hegemonic world

Constantin Tranulis

BACKGROUND The recovery and the first episode psychosis movements provide complementary frameworks for understanding what is at stake in the early phases of suffering a psychotic disorder. It is unclear how (and to what extent) these frameworks are used in a first psychotic episode clinic in the therapeutic interventions. **METHODS** An ethnography was performed during one year in a first episode psychosis clinic in Montreal. Participant-observation data, gray and scientific literature were collected and analyzed using a reflection-team strategy and the NVivo software. This presentation is focused on the recovery and first episode psychosis - related data. **RESULTS** Discordances between "official" discourses (e.g. scientific literature), "informal" everyday clinical talk and actual practices in the clinic reveal significant modulations on how these framework are actually translated in the clinical space. Global cultural trends influenced heavily the implementation process, switching the focus from patient's subjectivity to the pervasive pursuit of biomedical objectivity. **CONCLUSIONS** Culture-changing perspectives such as recovery or first episode psychosis movements might encounter significant resistance during their implementation. Cultural psychiatry offers a rich and useful tool for reflecting and acting upon these complex processes.

Social defeat or social resistance? The lives of urban African-Americans with severe mental illness

Rob Whitley

BACKGROUND This presentation is propelled by recent theory positing that 'social defeat' is a common experience for urban African-Americans with severe mental illness, potentially affecting course and outcome. The objective is to investigate how far fear of crime and violence contributes towards 'social defeat'. **METHOD** This is done through examination of six years of ethnographic data collected from a sample of urban-dwelling African-Americans with severe mental illness, all securely-housed in apartments located in small scale 'recovery communities' in various Washington DC neighborhoods. **RESULTS** Findings suggest that many participants

living in the highest crime neighborhoods report that they deliberately restrict their temporal and spatial movement as a consequence of such crime. This hinders aspects of their recovery. Nevertheless, participants actively confront the nefarious affects of neighborhood crime by engaging in various empowering strategies of resistance. These include confronting disruptive people, fortifying homes, moving around the neighborhood in small groups and carrying objects such as umbrellas and canes that can be used in self-defense. Some reported that fear of crime directly contributed to the development of a rich and gratifying domestic life, centered on hospitality, religion and pursuit of indoor hobbies. **CONCLUSION** I conclude that participants partake in valiant and durable 'social resistance', and may better be perceived as imaginative and resourceful resistors, rather than passive victims of 'social defeat'. An influential factor fostering such resistance is the 'recovery community' itself, which creates secure and reliable housing within a micro-community in which participants could thrive.

Cultural differences in concepts of psychiatric resilience and recovery

Lauren Ban

BACKGROUND When people enter the psychiatric system, they have well-developed, implicit beliefs about the nature of psychological abnormality. Making sense of these beliefs is of great importance for clinical practice. To date, research on explanatory models in psychiatry has focused on causal explanations of mental illness. In response to growing interest in positive mental health and resilience, the present study explored cultural differences in resilience explanations (i.e., what leads a person to recover and thrive) and the relationship between causal attributions and resilience. **METHODS** 118 Euro-Canadian students from Concordia University and 64 Chinese-Singaporeans students from Nanyang Technical University provided explanations for causal and resilience factors associated with four psychiatric conditions (Major Depressive Disorder, Schizophrenia, Substance Abuse and a Religious or Spiritual Problem). Explanations were coded for three cognitive modes of explanation: reasons, often accompanying moral explanations; causes, often accompanying medical explanations; and causal history of reasons, often accompanying psychological explanations (Haslam, 2005; Malle, 1999). **RESULTS** Results indicate that Euro-Canadians and Chinese-Singaporeans employ distinct explanatory styles, which include 'sociological' explanations, not yet well captured by psychological models. In line with research on recovery, social factors were seen as important to the recovery process even when causal factors remain present, suggesting that lay people draw the same distinction between clinical and social recovery that is drawn in professional discourse. **CONCLUSIONS** Beliefs about recovery and resilience influence people's help-seeking behavior, compliance with treatment and stigmatizing tendencies. The results of the current study suggest a need for culturally distinct interventions for fostering resilience.

The genetic roots of resilience: Role of genetic factors in gene - environment interaction

Venkataramana Bhat

BACKGROUND Resilience is often described as having a higher threshold to stress in the stress-diathesis model of mental illness. The interaction between biology (e.g. genetics, personality) and environment (e.g. social support, socioeconomic status) has been explored in the context of resilience to stress. This study aimed to critically examine the genetic roots of resilience. **METHOD** The detailed literature review focused on articles dealing with genetics, resilience and stress in the context of mental illness, as well as articles at the interface between the different themes. The final choice of publications for synthesis was based on recency of publication, choice of methods, quality and relevance. **RESULTS** Current research points towards polymorphisms in the following genes as contributing to resilience: Serotonin Transporter gene(5-HT), Catechol-O-Methyl Transferase gene (COMT), Hypothalamus Pituitary Axis (HPA-Axis) related genes, and Brain Derived Neurotrophic Factor (BDNF) genes. In addition, gene-gene interactions among the above mentioned genes have been shown to affect stress response. Environmental factors such as social support have been shown to interact with genotypes such as BDNF and 5-HT in modulating stress response. Finally, epigenetic mechanisms affecting the HPA- axis have also

been implicated in amplifying stress response. **CONCLUSIONS** Genetic endowment as well as its interaction with environmental stressors during development is thought to modulate neural circuitry, resulting in behaviors characteristic of resilient individuals. The first responses to negative or traumatic events as well as the capacity for cognitive reappraisal of those events have been shown to be influenced by genetic polymorphisms.

SYMPOSIUM S71 - FREE PAPERS SESSION 1

Chair: Marcos de Noronha

Romany life-style, Romany psychopathology in Hungary

Gyöngyi Szilágyi

Background The aim of this presentation is to reveal and understand the relation between the Romany cultural background, customs, health-seeking pathways, healing rituals and the mental health issues among Romanies in Hungary. Method The Romany society is based on traditional unwritten laws and rules of conduct, which are not always in concordance with the common decencies and the civil code of the country. Studying the Romanipen, the Romany code, our intention was to understand their multifaceted health concept and the meaning of psychical well-being. We analyzed the reason for the acculturation stress among Romanies in Hungary, the pathogenic and pathoplastic effects of the magical-religious folk belief. Conclusions Understanding their way of thinking could be helpful to overcome therapeutical challenges in the mental health system and to develop culturally sensitive therapies.

The career of Henri Collomb for a social psychiatry

Marcos de Noronha

A Brazilian psychiatrist in training, is surprised, in the eighties, with the activities of an ethno-psychiatry service at a French university and search in the path of their creator, find the foundations of a discipline more comprehensive and more humane to prevent and recover suffering from emotional disturbance. The work is primarily an intimate journey, starting with the University of Nice in southern France, where he studied and where the author ended the life story of Henri Collomb killed prematurely. Through interviews with various stakeholders in the ethno-psychiatry service at the University of Nice and considering the period in which that institution was doing his graduate studies the author highlights the foundation for a new psychiatry, more industry, humane and effective.
Collomb walk by foot through Africa, where he lived for 30 years and where he took the history of ethno-psychiatry clinic, the scene lost the human dimension, reduced by the material form and focus purely biological treatments prevailing today.

Thought insertion in the general population: An experimental study of agency misattributions and the effect of thought content using the Mind-to-Mind Interface paradigm

Loren Swiney

BACKGROUND Thought insertion is a first-rank symptom of schizophrenia whereby the patient reports experiencing another person's thoughts. Bottom-up accounts point to the bizarre nature of the report and posit a causal role for neurocognitive deficits. Top-down accounts point to the high levels of cross-cultural variation in the diagnosis of though insertion and posit a causal role for motivational and other factors. This experiment investigates the possibility that prior belief in a plausible mechanism is sufficient to induce reports of thought

insertion in a non-patient sample, and that the frequency of these reports will be greater when thought content is negative. **METHODOLOGY** 47 participants were connected to a phony machine supposedly capable of inserting another's thoughts into their mind via magnetic stimulation and told it may or may not be on. The emotional content of the thought being 'inserted' by the machine was varied across three conditions (Neutral, Negative, Positive). During a five-minute trial participants clicked a mouse to report thought insertion. **RESULTS** Most (72%) of participants indicated at least one inserted thought and descriptions of the experience showed striking similarities to patient reports. Those in the Negative condition indicated significantly more inserted thoughts than those in the Neutral. **CONCLUSIONS** The finding that negative thoughts were more likely to be reported as inserted highlights the importance of top-down factors in thought insertion. Moreover, the findings indicate that prior belief in a plausible mechanism is sufficient to induce non-patients to report ordinary thoughts as inserted, suggesting a novel causal account of thought insertion that may have relevance to schizophrenia cases.

How the new technologies can solve part of the global mental health gap

Korste Roos

BACKGROUND Worldwide a vast majority of people with mental disorders receive no professional treatment. Lack of funding, lack of political interest, lack of qualified mental health practitioners, lack of incentives to work in this area and stigma, are a few reasons for this so called treatment gap. The hypothesis of this study is that the new technologies, like the internet and mobile devices, can solve part of this gap. **METHODS** With references to reports, figures and practical examples, the benefits of the new technologies in this global health field are addressed and clarified from 10 different angles:
1: The new technologies are already there and booming business
2: Affordable mental health care; saving costs
3: Reaching people in need in the remote and underserved area's
4: Anticipating on the globalization and movement of people
5: Fighting stigma and raise awareness
6: Empowerment and independence of users and caregivers
7: Capacity building
8: Global knowledge; together we know more
9: Bottom up and demand driven programs for sustainability
10: Useful data for research planning and evaluation
RESULTS The eMental-Health sector is still in it's infancy, but there are already very useful examples and results from other health sectors (eHealth, mHealth). One does not need to invent the wheel again. **CONCLUSIONS** The main result is that, although there are obstacles, pitfalls and hazards, the new technologies can be of great value in the global mental health field. More attention and change in policies are needed.

SYMPOSIUM S72 - FREE PAPERS SESSION 2

Chair: Micol Ascoli

The value of ethno cultural approaches to suicide prevention

Boris Polozhy

OBJECTIVE Persons committed completed suicides. Methods: statistical analysis of suicide rate in the Russian Federation from 1990 to 2010. **RESULTS** Despite of recent advances in psychiatry and improvement of social conditions of life in developed countries, the suicide rate still has remained high exceeding the WHO critical level. Particularly it is true for Russia where the rate for completed suicides in 2010 was 23.5 cases for 100 000 populations. Hence this is a major challenge for public health and well-being. The specificity of suicide situation in

Russia is that suicide rates in different ethnic groups of the population has the distinction of reaching 100. This is due to cultural peculiarities of these peoples, including the historically established their relationship to suicide. Taking in consideration this factors the differential programs for suicide prevention were elaborated. That has allowed to lower suicidal rate in average in 1.5 times for 7 years. That indicates the possible beneficial effects of the ethnocultural approach in suicide prevention strategies. **CONCLUSION** Currently the most effective prevention programs are presented integrative suicide, taking into account, in addition to traditional areas, ethnocultural characteristics of the population.

Follow-up study of traumatized refugees receiving treatment at a psychiatric trauma clinic for refugees

Caecile Buhmann

Follow-up study of traumatized refugees (N=82) suffering from PTSD / Depression (DSM-IV). The patients were evaluated before and after treatment with self-rating scales (Level of Functioning, Life Quality, Depression, PTSD and Anxiety). Treatment comprised 6 months trauma-focused CBT in combination with anti-depressants. The inclusion period was April 2008 – June 2009. Change in patient condition and predictors of change were evaluated statistically (paired t-test, ANOVA, regression analysis). The patients suffered from a large degree of co-morbidity. More than 90% of patients suffered from depression, post-traumatic stress disorder, pain and somatic disease or symptoms at the same time. Improvement corresponding to a cohen's d of 0.42 – 0.58 standard deviation was seen on all rating scales and it is unlikely that the change is due to chance (p-value <0.003). There was no correlation between baseline and the observed change over time. Methodological limits of the study include a small study sample, non-blinded outcome measures and a lack of control group. No prior Danish study of comparable populations has found a similar change in patient condition. Very limited international studies with comparable patient groups exist. The study will be followed up by a randomized controlled trial, which is the first of its kind in the world.
In case an oral presentation is accepted the above research results can be supplemented by a description of the organization of treatment of traumatized refugees at the trauma clinic and specifically how service provision and research is integrated. We further expect to have results of a study of the same patient population following the patients' change in clinical condition throughout the treatment period of 8 months reflecting very large individual changes from session to session. To our knowledge, this is the first study of traumatized refugees in treatment where patient condition has been followed on a weekly basis. Finally, we finished inclusion in a large randomized trial of treatment with CBT and antidepressants on a similar patient population (N=300) in June 2011 and we expect to have baseline data ready in March, which can also be presented as part of an oral presentation.

Supporting the recovery of black individuals who use adult community mental health services

Victoria Bird

Background there is now an emphasis on personal recovery within mental health services within the uk. However, little empirical research has investigated how best to support the recovery of individuals from black communities. In order to be more recovery-orientated, understanding the perspectives of people from minority ethnic communities is fundamental in enabling services to match the needs of the diverse communities they serve. We aim to address this research gap, by developing a framework of recovery support for black individuals, and translating this framework into a tool for use in clinical practice. Method the conceptual framework of recovery support was developed from a qualitative study, which included 5 focus groups and 15 semi-structured interviews with individuals from black communities. The conceptual framework was used to design a module of the refocus intervention manual (researchintorecovery.com/refocus), which is currently being tested within a multi-site randomised controlled trial (rct). Within the rct, an adequately powered sub-group analysis focusing on recovery and service satisfaction outcomes for black individuals will be conducted. Results the framework included the

following overarching categories: "meaning of the illness experience", "meaning of recovery", "barriers and facilitators within society" "barriers and facilitators within the system", and "the role of practitioners". Within the analysis, "identity" emerged as the core category, with the meaning of illness and recovery linked to an individual's sense of identity. Conclusions the practice implications of the conceptual framework of recovery support will be discussed alongside the recommendations for mental health services. The intervention informed by the qualitative study namely the "understanding individual's values and treatment preferences interview guide", will also be discussed

Psychoanalytic psychotherapy in first psychotic episodes in community M.H.

Lennox K. Thomas

BACKGROUND Working in a community mental health facility attracted referrals from general medical practitioners of people with acute mental health problems who are reluctant to be admitted to hospital. This is often characterized by acute states of anxiety paranoia as well as a great desire to recover from this state which they recognize as not their usual emotional state. Often patients are brought to the clinic by a trusted friend or family member. The skills of listening to the narrative, engaging with the patients understanding of the symbolic meaning given to dreams and hallucinations, helping to structure their real world, exploring their living conditions and family support, being empathic about their predicament and teaching the patient the skills of understanding their condition with psycho education first advocated by Alfred Adler. **METHOD** Adaptations of classical psychoanalytic techniques; Using some crisis intervention concepts; Understanding but refraining from interpretations of transference material; Reducing the persecutory aspects sometimes provoked in patient /therapist relationship; Working collaboratively with their General Physician; Using the patients trusted chosen friend as a "psychological advocate" in the consulting room if necessary; Adopting a relational perspective; Encouraging the patient to use healthy attachments for support; Two case examples will help to illustrate the work with early psychosis. **RESULTS** The outcome of treatment is evaluated by: recovery to social functioning after therapy 10m -18m; Reduction or cessation of medication reduced states of anxiety and paranoia return to employment/study; Discovering different communication styles; Plotting personality/identity; Internal dialogues understanding voices no further episode within 2years. **CONCLUSIONS** There has been some success in using psychoanalytic principles with patients who present with early onset psychosis and are able and supported to attend once or twice weekly therapy. It would be useful to discover the ingredients in this model which is useful to patients.

Mixed race families in contemporary Italy: The experience of the "Other" and mental disturbance in the context of immigrant families

Vanna Berlincioni

BACKGROUND The immigration influx that has taken place in Italy in the past few years has brought on for the Mental Health Services an increasingly complex challenge presenting them with various multicultural and multilingual scenarios, new political and ideological movements, uncharted identity manifestations, as well as unexplored social and familial dynamics (Fabietti, 1998, Bruno & Berlincioni, 2009). As a consequence, the clinicians and staff within the Social and Educational Services have necessarely had to come up with alternative ways of thinking and approaching a psychiatric therapy in order to be successful in the difficult art of meeting the 'other' (Berlincioni, 2002; Berlincioni & Bruno, 2011). 'Mixed race families' are here the subject of our interest and yet they are a field of research on which scientific literature is rather scarce (Tognetti Bordogna, 1996). One of the reasons for this, might be the fact that in our Country, up until very recent times, this type of partnership/family was a phenomenon with minor incidence. On the contrary nowadays, the percentage of mixed race families in which either the husband, wife or both are Foreign Nationals, reaches 15% on the totality of marriages celebrated in Italy. The study of mixed families presents itself as an interesting observatory as it creates a space in which it is possible to witness the experience of mixed blood offspring and the encounter with the 'Other' on various levels. This range of experiences, however, can become problematic as it involves a confrontation with the themes of identity and foreignness. **METHOD** We will analyse the ramifications of the themes concerning the foreigner/relative within 'mixed race families' starting from the work of psychiatrists and psychotherapists through their observation of clinical cases. **RESULTS** Within 'mixed race families', when mixed blood offspring - whom by nature have composite qualities and diverse dialectics - have presented problems related to their identity, the scenarios have often brought on unprecedented and creative solutions. Nevertheless, sometimes, the process was marked by conflict, psychic disturbance and experience of loss and transgression.

CONCLUSIONS The cultural and ethnic differences between a married couple can be enacted with different modalities, more often that not ambivalently. Within such families, the theme of the Foreign can be resolved in original ways (Meintel, 2002), but it can also support a dominator/dominated relationship. Understanding how the dialectics and the experiences of foreigners/relatives interact within these new families who find themselves facing the 'Other', is of crucial importance in our job as psychiatrists and psychotherapists.

BIBLIOGRAPHY

Berlincioni V & Bruno D. Ghosts from the past: A clinical case study of intercultural therapy in contemporary Italy. International Journal of Culture and Mental Health, 2011 (in press)
Berlincioni V. (2002) Etnopsichiatria, etnopsicoanalisi: problemi vecchi e nuovi, Quaderni de gli Argonauti, 2002 (4) 9-30
Bruno D., Berlincioni V. L'istituzione familiare tra mito e realtà. Rivista di Studi Familiari, XIV, 1:10-18, 2009
Fabietti U. (1995) L'identità etnica, Storia e critica di un concetto equivoco. Roma, Carocci, 1998
Meintel D. Transmitting pluralism: Mixed unions in Montreal. Canadian Ethnic Studies/Études ethniques au Canada, 34, 3:99-120, 2002
Tognetti Bordogna M. Legami familiari e immigrazione: I matrimoni misti. Torino, L'Harmattan Italia, 1996

SYMPOSIUM S73 - EL SISTEMA: VIDEO SESSION

Chair: Francis Lu

El Sistema

This 2009 film tells the story of Venezuela's classical music education system, founded over 30 years ago by José Antonio Abreu, to bring music to the lives of kids from Caracas's shanty towns, which has changed the lives of over two hundred thousand children. Children from streets dominated by the gun battles of gang warfare are taken into music schools, given access to music, and taught through the model of the symphony orchestra how to build a better society. Gustavo Dudamel, Music Director of the Los Angeles Philharmonic, and the Simon Bolivar Youth Orchestra of Venezuela are among the outstanding exemplars of this unique system about which Sir Simon Rattle has said: "The future of classical music lies in Venezuela."

SYMPOSIUM S74 – MEDIA MANDATE FOR MENTAL HEALTH

Chair: Rizkar Amin

Iraq mental health survey

Mohammed Al-Uzri

No abstract submitted.

Public perception of mental health

Sabah Sadik

No abstract submitted.

A clinical quality and standard-setting project in mental health in Iraq

Riadh Abed

No abstract submitted.

Iraqi Mental Health ACT: A cultural perspective

Majid AL-Yassiri

The Iraqi Mental health Act was approved by Iraqi Parliament in 2005. The Iraqi mental health national advisor had lead the process supported by expert committee with national and international consultation. The law provide a legal framework to regulate admission, detention, treatment and after care and cover the right of patient, how they can be discharged from hospital and what aftercare they can expect to receive. It also cover forensic patients and cases referred from penal institutions. *The law also deals with definitions of mental disorders and requirements for admissions for assessments (S7) and treatment (S8). The presentation also deals briefly with historical accounts as related to mental health Act. The final part discuss Cultural factors that had influenced the formulation, consultation, clinical definition, legal and socio political variables, role of legal players,* service users, families and carers and the impact of available mental health service, professional ethics and Role of NGOs and advocacy.

Cognitive Behavioural Therapy training and service delivery in Iraq, cultural perspective

Saleh Dhumad

No abstract submitted.

Suicide bombing: typical meanings, an approach to the understanding the meaning of the suicide bombing phenomenon in Iraq using the Baechler's theory

Mohammed Abbas

No abstract submitted.

SYMPOSIUM S75 - ADDRESSING THE IMPACT OF SOCIAL EXCLUSION ON MENTAL HEALTH IN GYPSY, ROMA, AND TRAVELLER (GRT) COMMUNITIES

Chair: Annie Lau

Co-Chair: Kwame McKenzie

The work of Irish Traveller Movement in Britain

Yvonne McNamara

BACKGROUND Gypsies, Roma and Irish Travellers are some of the most disadvantaged minority ethnic groups in Britain. This presentation will provide an overview of who they are, the main projects that ITMB have been engaged, what has been achieved, and challenges for the future. The aims and objectives of ITMB have included creating an evidence and resource base for positive change for the Irish Traveller community; to promote the social inclusion of this community by campaigning on issues that contribute to their exclusion; promote equality of access to statutory and voluntary agencies; develop policy models for working with members of the community, and to educate statutory and mainstream services in the cultural needs of Irish Travellers. Public controversy around forced eviction of Traveller families from illegal sites has been the focus of media, and UN interest. Yvonne will present a summary of the Dale Farm dilemma, which brought to the fore some of the major issues facing Travellers and Gypsies in the UK today. This includes accommodation issues, and need for sites. **RECOMMENDATIONS** ITMB recommend a national strategy for addressing the chronic shortage of site provision. ITMB equally call for full consultation and inclusion of key stakeholder groups in developing the national Roma Integration Strategy as directed by the European Commission in June 2011.

Harnessing community Social work to address the impact of social exclusion on mental health in Gypsy traveller Roma communities

Michael Ridge

BACKGROUND AND METHODS The impact of community social work transformational models and culturally sensitive practice methods on mental capital in Gypsy Traveller Roma communities will be discussed on micro and macro levels with case work, group work, and accommodation and child poverty needs assessment examples. A recent published article on Haringey's Gypsy Traveller community social work model will be shared. **RESULTS** Mental Capital in Gypsy Roma and Traveller communities will be discussed in the context of the interplay of research and accommodation needs assessments on community social work practice on micro and macro levels. Gypsy and Traveller cultural and psychological aversion to housing will be discussed in this context. A published Traveller youth art project, which harnessed cartoons to deconstruct and challenge Traveller Gypsy Roma racisms whilst exploring complex Traveller identities, will also be shared. A published multidisciplinary article written with the Chair of this symposium will also be discussed. **CONCLUSIONS** and Recommendations Community Social Work methods and Cultural Psychiatry approaches can be harnessed to generate and support mental capital, resilience and well being in Gypsy Traveller Roma communities throughout the life course. These approaches and methodologies can also be used to assess the impact of complex Traveller Gypsy Roma racisms on mental health in these communities.

Voices unheard. A study of Irish travellers in prison

Conn MacGabhann

BACKGROUND The Travellers in Prison Project, initiated by Irish Chaplaincy in Britain, conducted research in prisons across England and Wales between August 2010 to March 2011, to establish an accurate picture of Irish Traveller population in the UK prison system. **METHODS** In mid September 2010, survey packs were sent to the Diversity and Chaplaincy teams in all prisons in England and Wales. We asked a prison official, who works most closely with Irish Travellers, to take charge of completing the survey form for each Irish Traveller prisoner during the week 20th September - 27 September 2010. Focus groups and interviews with 57 Irish Traveller prisoners in seven prisons also explored in depth the issues raised by the survey. **RESULTS** Irish Travellers represent between 0.6% and 1% of the entire prison population, but there is no effective strategy for monitoring Irish Travellers in prison. Specific difficulties included low literacy, high levels of mental illness and problematic engagement with resettlement services. Also the research found evidence that Irish Travellers are commonly subjected to racist treatment in prison. **CONCLUSIONS** The Travellers in Prisons project recommended that NOMS (National Offender Management Services) introduce an effective process for monitoring Irish Travellers in prison. Facilitating Traveller groups, introducing Traveller cultural awareness training for staff, and implementing culturally sensitive literacy programmes, were some of the specific recommendations made to improve conditions for Travellers in prisons.

The impact of social exclusion on physical and mental health for Gypsy Roma and Traveller families

Annie Lau

High rates of school exclusion, and experiences of racist abuse and bullying, leads to young people dropping out of school. Subsequent lack of achievement, low literacy and exclusion from the mainstream, leads to an accumulation of stresses, and depression (Greenfields and Smith, 2010). Research on health outcomes show GRT have high rates of poor maternal health, and ten years lower life expectancy, with high rates of morbidity and mortality associated with long term conditions. Reviews have found high rates of suicide in families, anecdotally linked with untreated depression and long-term bereavement. Results of the Ireland Survey of Travellers, 2011, found a seven fold increase of suicide in Traveller men compared to the settled community. A case study will be presented to show the impact on a Traveller family. The Mental Health Equality Programme Board, DoH, identified good practice which engages ethnic minority communities. Examples will be discussed which involve active outreach and partnership. **RECOMMENDATIONS** Services need to engage with GRT communities in active outreach and partnership. Cultural awareness training, along with confrontation of prejudicial attitudes held by the mainstream community, would be important in improving access to more culturally responsive services.

SYMPOSIUM S77 - DASH ADOLESCENT MENTAL HEAL CAUSES AND SOLUTIONS: MENTAL HEALTH IN MARGINALIZED GROUPS IN CANADA

Chair: Kwame McKenzie

More than a Label. Racialised youth building health promotion strategies

Andrew Tuck

BACKGROUND More than a Label was a joint action between community agencies and youth in Toronto to develop a mental health prevention and promotion intervention tool for racialized youth in Toronto. The project was lead by a committee of 25 engaged youth. The purpose was to build effective, sustainable health resiliency, mental health literacy and community capacity amongst racialized youth and their families and communities. To identify innovative approaches and interventions that can enhance youth access to services that focus on building mental heath well-being, social well-being and adjustment and on resilience, defined as "health despite adversity" building mental health well-being, social wellbeing and adjustment in an ecosystems context. **METHODS** Innovative evidence-based interventions aimed at increasing mental health literacy were evaluated by the Youth Committee and one "MindMatters" was selected. The tool was adapted by the youth to reflect the Canadian society, culture and context. **RESULTS** The project uses multiple media to improve mental health literacy of school staff, youth workers and youth. In addition, it helps school and community organizations to identify local professional and lay resources to develop partnerships that facilitate pathways to care and support for youth. **CONCLUSIONS** Most mental health problems begin in adolescence and embedding promotion, prevention and early intervention activities for mental health and wellbeing in schools is a priority with this tool. Often factors like bullying, and racism effect students' mental wellbeing and developing school environments where young people feel safe, valued, engaged and purposeful help to eliminate these tensions. The More than a Label project has helped to develop a set of tools, videos exploring issues of racism, labels, resilience and prevention, and a set of resources for educators and students to increase mental health literacy, mental health promotion, and mental health prevention for young people in Toronto.

Defining social entrepreneurship in mental health equity

Sean A. Kidd

BACKGROUND Mental health inequity remains a pervasive and persistent problem for many minority groupsdespite active efforts in research, service, policy and advocacy domains to call attention to and improve health equity. In this study the usefulness of the social entrepreneurship (SE) framework in highlighting effective models of service development and practice in mental health equity was examined. **METHODS** Using a rigorous SE search process and a multiple case study design, core themes underlying the effectiveness of 5 services in Toronto, Canada for transgender, Aboriginal, immigrant, refugee, and homeless populations were determined. **RESULTS** It was found that the SE construct is highly applicable in this context, with key components revolving around the personal investment of leaders within a social justice framework, close integration with the communities served, clarity and stability in values and focus while cultivating flexibility and rapid implementation, and the creation of social capital. **CONCLUSIONS** These findings, discussed in light of the SE and management literatures, suggest that the SE framework assists in articulating effective models of care that address mental health equity. Such modelscould prove useful in providing guidance to individuals early in their trajectories of SE and as a tool thatcan be used by decision maker "champions" to better identify and support SE endeavors in mental health equity.

Illness explanatory models and help seeking behaviours for depression in South Asian origin people living in Canada

Samanthika Ekanayake

BACKGROUND Depression is the most common mood disorder among Canadians. People from immigrant groups are as likely to suffer from depression but less likely to seek mental health treatments as non-immigrants. Conceptual models of depression vary between men and women within the same cultural group and can change over time. Understanding differences in conceptual models of depression may help services to improve access to care and outcomes. **METHOD** This study used a qualitative methodology to describe the explanatory illness models of the South Asian origin population of Toronto. This group is the largest ethnic group in Canada. In-depth interviews were conducted with 20 South Asian immigrants who are belonged to first and second generations. Thematic content analysis with some elements with grounded theory will be used analyze the interview transcripts. **RESULTS** The majority of first generation South Asians believed that depression has a 'socio-cultural' model while many second generation South Asians viewed it as a 'biopsycho-social' model. There were clear differences in the help-seeking behaviours and coping mechanisms of depression among these two groups. **CONCLUSION** Results indicate the pervasive differences in the illness explanatory models and help seeking behaviours of depression among first and second generation immigrants in Canada. A future study with a larger sample will address these findings more specifically.

SYMPOSIUM S91 - DASH ADOLESCENT MENTAL HEALTH

Chair: Seeromanie Harding

Racism, ethnic density and psychological wellbeing through adolescence: Evidence from the determinants of adolescent social wellbeing and health longitudinal study

Seeromanie Harding

OBJECTIVE To investigate the effect of racism, own-group ethnic density, diversity and deprivation on adolescent trajectories in psychological wellbeing. **METHODS** Longitudinal analysis of psychological wellbeing (total difficulties score (TDS) from Goodman's Strengths and Difficulties Questionnaire, higher scores correspond to greater difficulties) for 4782 adolescents aged 11-16yrs in 51 London (UK) schools. Individual level variables included ethnicity, racism, gender, age, migrant generation, socio-economic circumstances, family type and indicators of family interactions. Contextual variables were percent eligible for free school-meals, neighbourhood deprivation, percent own-group ethnic density, and ethnic diversity. **RESULTS** Ethnic minorities were more likely to report racism than Whites. Ethnic minority boys (except Indian boys) and Indian girls reported better psychological wellbeing throughout adolescence compared to their White peers. Notably, better TDS scores were observed for Nigerian/Ghanaian boys, among whom the reporting of racism increased with age. Adjusted for individual characteristics, psychological wellbeing improved with age across all ethnic groups. Racism was associated with poorer psychological wellbeing trajectories for all ethnic groups ($p<0.001$), reducing with age. Less racism was generally reported in schools and neighbourhoods with high than low own-group density. Own ethnic density and diversity were not consistently associated with TDS for any ethnic group. Living in more deprived neighbourhoods was associated with poorer psychological wellbeing for Whites and Black Caribbeans ($p<0.05$). **CONCLUSION** Racism, but not ethnic density and deprivation in schools or neighbourhoods, was an important influence on psychological well being, but did not affect the ethnic minority advantage in psychological wellbeing.

Does cultural integration explain a mental health advantage for adolescents?

Erik Lenguerrand

BACKGROUND Research shows an unexplained mental health (MH) advantage for African and Indian adolescents living in ethnically diverse cities in Britain. Cross-cultural friendships measure cultural integration which may explain the MH advantage. **METHODS** A prospective cohort of adolescents was recruited from 51 secondary schools in ten London boroughs. Cultural identity was assessed by friendship choices within and across ethnic groups. We tested whether cultural integration (one of four categories of cultural identity) explained a MH advantage, and whether gender and age were influential. Demographic and other relevant factors, such as ethnic group, socio-economic status, family structure or perceived racism were also considered. MH was measured by the Strengths and Difficulties Questionnaire as a *total difficulties score*. **RESULTS** 6,643 pupils (ages 11–13) took part in the baseline survey (2003/4) and 4,785 (ages 14-16) took part in the follow-up survey in 2005–2006. Overall MH improved with age, more so in boys rather than girls. Cultural integration (friendships with own and other ethnic groups) was associated with the lowest levels of MH problems especially amongst boys. This effect was sustained irrespective of age, ethnicity and other potential explanatory variables. There was a MH advantage among specific ethnic groups: Black Caribbean and Black-African boys (Nigerian/Ghanaian origin) and Indian girls. This was not fully explained by cultural integration, although cultural integration was independently associated with better MH. **CONCLUSIONS** Cultural integration was associated with better MH, independent of the MH advantage for Black Caribbean and some Black African boys and Indian girls.

SYMPOSIUM S92 - CULTURE COMPETENCE IN THE MIDDLE EAST

Chair: Ahmed R. El-Dosoky

Cultural adaptation of globalized psychiatry

M. Fakhr El-Islam

BACKGROUND Clinical experience in U.K., Egypt, Kuwait and Qatar highlighted the input of culture in the definition, aetiology, prevention, diagnosis, prognosis management and rehabilitation of the mentally ill. **METHOD** Method through the patient-doctor relationship cultural inputs were evaluated in the above areas. Family resources are extensively utilized in Arab cultures. **RESULTS** Members of traditional families develop group superegos and perpetuate the collective authority and responsibility of family elders to take decisions for healthy and sick members alike e.g. decisions on hospitalization of insightless patients, arranging marriages and fore-care and after-care of patients. Knowledge of contents and limits of culturally shared supernatural beliefs is essential for all therapists in order to define illness onset and subsequent recovery. Western models of doctor expectations and goals of treatment have to be adapted to patients' culturally conditioned expectations of greater dependence on therapists and interdependence in relation to others rather than individual independence. Establishment of a healthy therapist-patient relationship based on mutual trust is the common denominator of both professional and traditional therapies. The difference however, is that the former try to undo patients' projections on supernatural agents which the latter reinforce. **CONCLUSIONS** The development of Cultural competence is a great and to the development of management competence. Although globally useful, modern psychiatric methods have to be administered in methods that are culture-congruent.

Impact of culture attitude on the choice of drug abuse in Iraq during war and sanction

Hamdy Moselhy

United Nations sanctions against Iraq were imposed by the United Nations in 1990, resulted in high rates of malnutrition, lack of medical supplies, and diseases from lack of clean water. Sanctions have seriously hampered the Iraqi health care system. We report here how the war and sanctions shaped the attitude and choice of drug use. **FIRST** The patients included in the study were recruited from all subjects who had been consecutively visited the 3 primary health centres in Al-Hilla city, Babylon Governorate, Iraq, during a 150 days period (September 2001 to January 2002). A 120 patients out of 7309 used corticosteroid for weight gain purposes. Female were over represented (80.8%). The average age of the sample was 29 years. Eighty percent felt satisfied with the effect of the drug and 90% were not motivated to stop it. Majority of the patients experienced mood changes but no clear psychiatric syndromes. Doctors were significantly the main source of information about the weight gain effects of corticosteroids. The main original reason for starting it is gaining weight and improves their physical appearance. **SECOND** All Patients from psychiatric service in Merjan hospital, who had a prescription for benzhexol between January 1991 and December 2000, were identified. All participants received their diagnosis based on the clinical criteria of the DSM IV. In the 10-year period under study, 354 patients were prescribed benzhexol. A hundred and 90 patient diagnosed as intermittent explosive disorder (IED) and 164 suffered severe mental disorders or personality disorders excluded from the study. The average age of the IED group was 29.5 years. On direct questioning, the main reason patients gave most frequently for using benzhexol was to control the aggressive outbursts (N=92, 48.4), to get high (N=49, 25.8), to relax (N=26, 13.7), to get rid of boredom (N=23, 12.1). Of the 190, three patients had a diagnosis of obsessive compulsive disorders, 36 patients had a diagnosis of benzodiazepines dependence, and a further five had a diagnosis of alcohol dependency syndrome. Eighty percent felt satisfied with the effect of the drug and 95 were not motivated to stop it. **CONCLUSION** there were a significant number of patients who routinely prescribed benzhexol as a replacement therapy and a significant number of patients who routinely misuse dexamethasone, probably driven by the cultural belief that obese women are priceless, especially when it comes to finding a good husband.

SYMPOSIUM S94 - SUICIDE – OR NOT – OR WHAT

Chair: Geoff Roberts

An exposure to a mock English inquest with considerations of formulating a verdict
Presenters who will give their evidence from a script
1: Prof. Carolyn Steele (GRIEVING NEXT OF KIN)
2: Albert Persaud (CORONER'S OFFICER)
3: Dr Ian Macpherson (psychiatrist)
4: INVESTING POLICE OFFICER

BACKGROUND There is a significant stigma attached to deliberate self-killing in many countries. Although some countries have decriminalized this, others have not. These elements impact on due legal process in the investigation and presentation of the facts. **METHOD** This is a workshop which will be very closely based in process and evidence from a real inquest. The evidence will be given, the audience will be informed of the considerations under English law on the possible verdicts available to them. This is intended to be an opportunity to share the cultural and legal processes in different countries, before the audience is invited to give their verdict. Since, under English law, the Coroner is right, the Coroner will give and discuss the reasons for his own verdict. **CONCLUSIONS** The verdict of a Coroner can only reflect the evidence heard. The cultural aspects of the consideration and reasoning will be examined by the audience.

SYMPOSIUM S95 - CULTURAL CONSULTATION AND RECOVERY

Chair: Bertine de Jongh

Cultural consultation – An exploration of service user and clinician outcomes

Bertine de Jongh

BACKGROUND Within the literature on cultural competency and cultural consultation models, the main emphasis has been placed on teaching and education of clinician skills to promote culturally competent and appropriate care. However, systematic reviews show that there is a gap in measuring of service user outcomes following any of these interventions. The Cultural Consultation Service set out to evaluate the impact of the cultural consultation intervention by using standardised outcome measures. **METHOD** This was an exploratory audit, with the aim to identify both clinician-rated and self-defined service user outcomes. A range of measures were used, including: Health of the Nation Outcomes Scales, Mental Health Clustering Tool, Global Assessment of Functioning (GAF) scale, CORE 10, EuroQol, Camberwell Assessment of Needs, Bart's Explanatory Model Inventory (BEMI), Scale to Assess Therapeutic Relationships (STAR) user and clinician, and Client Socio-demographic and Service Receipt Inventory(CSSRI)-EU. Out of 99 referrals, a total of 46 cases were identified as suitable for a prolonged cultural consultation intervention, and outcome measures were collected both at baseline and a minimum of 3 months after the intervention. **RESULTS** Due to the small sample, overall trends in the comparison between baseline and follow-up will be discussed. Preliminary results suggest a relatively high average HoNOS score for the CCS cases and a large proportion of CCS service users were diagnosed with schizophrenia. The CSSRI-EU seems to show an overall reduction in level of service user at follow-up. **CONCLUSIONS** Preliminary results seem to suggest that a cultural consultation intervention can reduce the level of service use required and associated costs. A larger study is needed to confirm some of these findings.

SYMPOSIUM S99 - "WE CAN'T TAKE IT FOR GRANTED!": USING RECOVERY APPROACH THROUGH THE LIFE-COURSE IN DIFFERENT ETHNIC COMMUNITIES

Chair: Tse Samson

Introduction

Tse Samson

Samson has worked in New Zealand for over 20 years before taking up his present position in Hong Kong. He has extensive experience in seeing 'recovery approach in action' cross-culturally. Samson will give a 5-minute introduction to the theme of the Round Table discussion: Define the key terms and highlight the context for the present discussion. Including only two speakers will allow ample of time for engaging the session participants in the discussion.

What recovery means to me? – Perspectives on the meaning of recovery for individuals from BAME communities

Victoria Bird

BACKGROUND In recent years interest in the concept of recovery has increased both within the scientific community and mental health services world-wide. However, many authors have noted a lack of emphasis on race, culture and ethnicity within the literature. Furthermore, it has been claimed that the recovery literature is "monocultural" with little investigation into the perspectives, and particularly the meaning of recovery for individuals from Black, Asian, Minority Ethnic (BAME) communities. **METHOD** A systematic review and narrative synthesis of models and frameworks of recovery was conducted. The narrative synthesis process included a pre-planned sub-group analysis of papers which focused on models and descriptions of recovery from the perspective of individuals from minority communities. **RESULTS** Compared to the literature based on majority populations, five main differences emerged in respect to the perspectives of recovery for people from minority communities. These were: 1) an increased emphasis on the role of spirituality and religion, 2) additional stigma and discrimination faced by individuals and their families, 3) culturally specific facilitating factors such as traditional healing practices, 4) individualistic vs. collectivist values and the impact that differing values have on the meaning and experience of recovery and 5) additional barriers at the level of the mental health system, including perceptions of institutional racism. **CONCLUSIONS** The themes related to the meaning of recovery for individuals from BAME populations will be discussed alongside recommendations for practice. Further research is needed to assess how different inequalities interact and influence the experience of recovery for people from diverse communities.

SYMPOSIUM S101 - DEPRESSION

Chair: Nasir Warfa

Depression and perceived causes of neurasthenia spectrum disorders

Vasudeo Paralikar

BACKGROUND Relationship between Neurasthenia Spectrum Disorders (NSDs) and depression is of vital interest in cultural psychiatry. This study considered whether and how the meaning of NSDs explains depression, adjusting for sociodemographic variables and treatment clinic. **METHOD** We evaluated 352 outpatients with NSD core-criteria in four specialty urban outpatient-clinics in Pune, India. On SCID-I, 106 met criteria for depression; 246 did not. We conducted EMIC interviews to elicit explanatory models of NSDs. Meaningful regrouping of Perceived Causes (PCs) facilitated data parsimony. Bivariate and stepwise logistic regression comparing the two groups analyzed risk of depression vis-à-vis socio-demographic variables and perceived causes. We used MaxQDA for qualitative analyses of patients' narratives. **RESULTS** Marital status and sex affected patients differently across clinics. Mean prominence for lack of enthusiasm was more than that for anhedonia. Psychosocial-cultural PCs indicated depression, while biological explanations appeared protective. Preoccupations about marital, financial, and other stresses, magico-religious beliefs indicated depression. Psychiatry clinic was most prominent in frequency, distress, and PCs associated with depression. Logistic regression emphasized the role of PCs, and identified male sex and status of 'other-backward-caste' as risk factors. Cognitive appraisal of PCs and role-responsibilities can explain occurrence of depression among patients with common PCs in both groups. **CONCLUSIONS** NSDs are independent of co-morbid depression. Appraisal of PCs explained the occurrence and nature of depression among patients with NSDs thus endorsing the cognitive-behavioral approach. A sense of personal failure or implied blame and helplessness were notable features of depression. Findings indicate the value of studying stigma of NSDs and sociocultural factors engendering stigma and depression.

Education, family structure, and the course of depression. An analysis in the Turkish sociocultural context

Michael Kraus

BACKGROUND Education and family structure repeatedly were found to be associated with mental health variables. However is known concerning their role on the course of major depression (MD) in a socioculturally defined setting. **METHOD** A sample of 69 unipolar MD outpatients in university and primary health care in Antalya, Turkey were observed naturalistically for a mean 11 month period. The baseline examination included several psychosocial variables, among them the highest attained schooling degree (DEG), possible further, but unfulfilled educational aspirations (UEA), and the participants' parents' level of education (PEL). According to 4-montly HAM-D-17 measurements, a binary variable differentiated 'non-remissive' from 'remissive' courses. **RESULTS** 42% of the sample displayed a non-remissive one year course of MD. Half of the participants reported UEA, being more prevalent among women. Qualitative informations added causal gender-specific perceptions. In logistic regression, DEG proved prognostic impact, but was exceeded by the combination of UEA and PEL as a strongest predictor model. As risk factors for low education, a pattern of female gender and large family size (Itself predicted by rural descent) emerged. **CONCLUSIONS** low education proved to be a risk factor for an unfavourable course of MD. There may be an important interplay between familial perceptions, family structure, education, and mental health.

Does social support protect against depression and psychological distress? Findings from the RELACHS study of East London adolescents

Yasmin Khatib

BACKGROUND Few prospective studies have examined the relationship between social support and psychological distress during adolescence. The aims of this study were to test whether social support is protective against psychological distress and depressive symptoms in an ethnically diverse population of adolescents, and whether differences in social support are reflected in ethnic differences in psychological distress and depressive symptoms. **METHODS** This longitudinal study surveyed a representative sample of 821 East London adolescents, aged 11-14 years at baseline and 13-16 years at follow-up. We used two outcomes to measure psychological distress: the Strengths and Difficulties Questionnaire, a measure of overall psychological distress; the Moods and Feelings Questionnaire, a specific measure of depressive symptoms. Social support was measured by the Multidimensional Scale of Perceived Social Support. **RESULTS** A low level of social support from the family was associated with an increased risk of depressive symptoms at follow-up (OR=2.25, 95% CI 1.43-3.54). Compared with White UK pupils, Black pupils (Black Caribbean, Black British and Black African pupils) were less likely to display psychological distress at follow-up (OR=0.21, 95% CI 0.09-0.51). However, social support did not explain the ethnic variations in psychological distress. **CONCLUSIONS** Family support is an important protective factor against depressive symptoms in adolescents. The family environment may be a more influential and consistent source of social support compared with support from adolescent peers. The lower risk of psychological distress among Black pupils compared to White pupils requires further investigation.

SYMPOSIUM S102 - CULTURAL INFLUENCES ON PRESENTATION AND MANAGEMENT OF MENTAL DISORDERS: PAKISTANI EXPERIENCE

Chair: Afzal Javed

Presentation of mental health problems & cultural influence in Pakistani patients

Afzal Javed

No abstract submitted.

DUP (Duration of Untreated Psychosis) and the 'culture' of care for schizophrenia in developing countries. Critical appraisal of the role of cultural psychiatry

Saeed Farooq

Long Duration of Untreated Psychosis (DUP) in first episode psychosis is associated with worse short and long term prognosis and acted as catalyst for early intervention services mostly in developed countries. We conducted a systematic review and meta-analysis of studies from Low and Middle Income Countries that reported an association between DUP and response to treatment, measures of disability and mortality. The average mean DUP in studies from LAMI countries was 125.0 weeks compared with 63.4 weeks in studies from high income countries (P=0.012). Meta analysis of studies that reported the association between DUP and the reduction in total symptoms scores after treatment found a significant negative correlation between DUP and improvement in symptoms after treatment (r =-0.290, 95% CI = -0.483 to -0.069, z = -2.559). Prolonged DUP was also associated with increased levels of disability. A rather unexpected finding during this systematic review was that the researchers in this filed had an expectation that the 'natural' course of schizophrenia would be favourable, despite lack of treatment in developing countries. This presentation will focus on present 'culture' of care for Schizophrenia in the light of this systematic review of literature on Duration of Untreated Psychosis in developing countries. It will be argued that the discourse in cultural psychiatry on the outcome of Schizophrenia in developing countries has ignored the microcosm in the care of schizophrenia and has largely relied on cross national studies. The presentation will also highlight the possible solutions and the future directions for research in this area.

Birth order, family size and its association with conversion disorders

Nasar Sayed Khan

AIMS AND OBJECTIVES To find out the association of family size and birth order in patients suffering from conversion disorder, and to observe its correlation with pattern of conversion symptoms and co morbid anxiety and depressive symptoms. **DESIGN** This was a hospital based, descriptive, cross sectional study. Place and duration: The study was conducted in the Department of Psychiatry, Services hospital, Lahore for six months. **MATERIALS** and Methods: One hundred patients, suffering from conversion disorder diagnosed on the basis of DSM-IV criteria were assessed for symptom pattern. A semi-structured interview was used to collect details of family size and birth order. Anxiety and Depressive symptoms were evaluated by using Hospital Anxiety and Depression Scale (HADS). **RESULTS** The majority of the patients were having 4-6 siblings. A strong correlation was found between the larger sized family and the middle born patients with the pattern of the conversion symptoms as well as with the anxiety and depressive symptoms. **CONCLUSION** The patients with a diagnosis of conversion disorder need to be managed for, not only the psychological aspects but also the social issues like family size and stresses associated with it.

SYMPOSIUM S103 - MEMORY OF MY FACE

Chair: Robert Lemelson

"Memory of my face" A film from "Afflictions: culture and mental illness in Indonesia" documentary film series

BACKGROUND The rise of globalization has shaped many people's recovery, understanding, and acceptance of mental disorders such as schizoaffective disorder in a developing country OBJECTIVES Phase one elicited explanatory models of psychosis amongst South Asians. Phase two is to culturally adapt REACT based on findings from phase one. **METHOD** A visual and qualitative analysis on a man living with a mental disorder in a developing country amid rising globalization and his experience with understanding, accepting, and functioning with his illness. **RESULTS** Memory of My Face is part of a series of ethnographic films on severe mental illness in Indonesia, based on material drawn from 12 years of person-centered research by writer/anthropologist Robert Lemelson. The film focuses on Bambang Rujito, a university-educated Indonesian man in his late thirties diagnosed with schizoaffective disorder. It explores the "globalized" features of Bambang's illness and recovery narrative – western psychiatric diagnostics and pharmaceuticals, work opportunities in a rapidly changing urban environment, participation in an interfaith religious community, and his family's understanding and acceptance of what Bambang describes as a "mental disability" But it also considers aspects of Bambang's more complex, historically and politically shaded narrative, giving language and a deeper substance to his illness experience. **CONCLUSION** The character's narrative illustrates how globalization has shaped his recovery, understanding, and acceptance of his mental disorder as well as how he functions within a sociocultural context.

SYMPOSIUM S105 - CULTURALLY ADAPTED PSYCHOSOCIAL INTERVENTIONS

Chair: Nusrat Husain

A feasibility study of culturally adapted cognitive remediation for South Asian first episode psychosis sufferers

Richard Drake

AIM Cognitive Remediation (CR) is an efficacious intervention for schizophrenia. However, the acceptability and accessibility of this intervention for ethnic minority service users is unknown. This feasibility aims to explore South Asian first episode psychosis sufferers' levels of engagement and satisfaction with culturally adapted computerized cognitive remediation. **METHODS** Qualitative interviews explored South Asian users of NHS Early Intervention Services attitudes towards CR. Emergent themes informed the development of cultural adapted CR. A feasibility trial of culturally adapted CR recruited ten participants. Participants received 40 hours of culturally adapted CR over 12 weeks, delivered one to one by a therapist. Assessments at baseline and after the intervention measured service user satisfaction and engagement, mental state, neurocognition, social functioning, self-esteem and quality of life. **RESULTS** Qualitative themes included: help seeking for psychosis, sociocultural influences on help seeking, experience of cognitive deficits, and recommended cultural adaptations to CR. Respondents' level of acculturation and the influence of family and illness beliefs were associated with distinct pathways to care. The feasibility trial established culturally adapted CR was highly acceptable. Family contact and therapeutic alliance were crucial for engagement. Significant improvements in symptoms and neurocognition, but not social functioning, were established. **CONCLUSIONS** Cognitive Remediation was successfully adapted with high engagement and satisfaction among South Asian first episode service users.

Cultural adaptation of CBT for British South Asian muslim community

Shanaya Rathod

Cognitive-behaviour therapy (CBT) has been shown to be an effective treatment for mental disorders including severe mental illness like chronic and treatment-resistant depression, schizophrenia, and bipolar disorder. However, patients from some ethnic minority groups do not achieve same outcomes compared to their white counterparts. Our group in the UK has developed a culturally adapted CBT manual based intervention on department of health funded research projects. A Feasibility trial has been carried out to test its effectiveness. The aim of the presentation is to describe the findings of the feasibility trial, techniques that will be beneficial in engaging patients from South Asian Muslim communities and enhance confidence and competence in therapists regarding their interactions with these ethnic groups in therapy to improve outcomes.

Improving access to psychosocial interventions in severe mental illness. Focus on South Asians

Farooq Naeem

We adapted CBT for depression in Pakistan, as part of Developing Culturally Sensitive CBT (DCSC) Project at the Southampton University, UK. We conducted a series of qualitative studies. These consisted of interviews with patients, psychologists and group discussions with university students. Information from these projects was then used to develop guidelines to adapt a CBT for depression manual. This work suggested that three main areas need to be considered in order to provide culturally sensitive CBT. These include, awareness of the salient issues, assessment and engagement and adjustment in therapy techniques. Therapist needs to be aware of issues related to culture and religion, capacity of the individuals and the system and cognitions and beliefs. Adapted CBT was then tested through a pilot project and was found to be effective in reducing symptoms of depression. The same methodology was used to adapt CBT for psychosis in Pakistan. This study further confirmed the findings from first study. We also found that patients and their families use a bio-psycho-spirituo-social model of illness. We also found that patients with psychosis are more likely to see faith healers compared with patients with depression. Guidelines developed for CBT for psychosis guided application of therapy. Adapted therapy is being tested currently in Pakistan. This presentation will briefly describe the findings from the above studies.

PLENARY 7 – HUMANISM AND PSYCHIATRY

Chair: Zhao Xudong

Co-Chair: Ragu Raguram

From polemics to dialogue: Science and humanism in contemporary psychiatry

Renato Alarcón

This presentation initially examines issues of Psychiatry's identity as a medical discipline, subjected to a variety of factors that can make it, on occasions, substantially different from other branches of Medicine. This analysis leads to the elaboration of several dichotomies (being-doing, brain-mind, science-humanism, and others) exemplified, or materialized then, in the some times tense relationship between basic scientific research and clinical practice. The central hypothesis is that, historically, the initial differences, of a clear polemical nature may have evolved (or be in the process of evolving) towards a more solid conviction that only a high-leveled dialogue can put an end to the problems generated by Cartesian and other types of dualisms. This process could make it possible a comprehensive consideration of the suffering human being (patient) with the offering of an "explanatory pluralism" as suggested by Kenneth Kendler. To substantiate this possibility, a review is made of key aspects of the work of, and revealing quotations from a series of authors, particularly from the U.S. or living in the U.S., who represent stations or evolutionary and converging points of this conceptual and pragmatic journey. The contributions of these scientist, thinkers and practitioners devoted to the study of different aspects of the existence and functioning of human beings, are critically examined, rescuing and emphasizing the increasingly stronger similarities and coincidences of their approaches and conclusions. The achievement of a genuine closeness (and of a desirable identity of purposes, objectives and actions) can only be possible to the extent that we push forward a new humanism, structure a new phenomenology, solidify a new psychopathology, and elaborate a new diagnostic process. These all are, indeed, part and parcel of a continuous process in the history and evolution of medical and psychiatric ideas.

Radicalisation and public health

Kamaldeep Bhui

Studies of terrorism have focused on those identified and convicted of terrorist crimes, with little attention to those who are vulnerable to recruitment to terrorist action. The recent emphasis on 'home – grown' terrorism has resulted in a vigorous discourse on 'radicalization' as a process that might explain how seemingly ordinary people become terrorists. This paper draws on interdisciplinary perspectives on pathways to radicalization, specifically exploring psychological influences, and large group and individual identity. The role of cultural identity, transitions in identity during adolescence, and social exclusion are discussed, alongside potentially protective factors. The place of multiculturalism in political and social discourse includes fears that multiculturalism is a threat. This paper considers how multiculturalism as a public health intervention is likely to be helpful and how radicalization is a public health issue.

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