**Guest Editors: Sergio Javier Villaseñor Bayardo,
Martha Patricia Aceves Pulido & Adriana Romero**

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Natural Disasters, Conflict, Insecurity, Migration, and Spirituality.

Abstract book

PRE CONGRESS DAY - 29 October 2015

The Realm of the Supernatural: Biopsychocultural Study on Cross-Cultural Phenomena Connected with the Persistence of Beliefs and Behaviours on Magic and the Divine in the XXI Century

Coordinated by: Goffredo Bartocci
Co-Chair: Sergio J. Villaseñor

In the 21st century, the role of supernatural seems to be confined to non-scientific disciplines, which scantly use investigative methods and analyses for its description. On the contrary, cultural psychiatry underlines how cultural factors, as religious practices and peculiar *Weltanschauung*, have always constituted risk elements or protective factors towards psychic distress and mental disorders.

Authors provide analyses of specific cultural variables included in major religions, paying high attention to individual and collective meaning of prayer, and highlighting those features connected to spiritual practice, which are also relevant to psychiatry.

Within this overlook, not only several healing practices and prayers are cited, but also specific worldview, as products of Western civilization, are represented, as they might be differently connected to the onset of peculiar psychiatric symptoms.

The realm of the supernatural: phantasy or cultural delusion?
Goffredo Bartocci

The realm of the supernatural has enchanted the mind since millennia. Under an anthropological point of view the dimension of the supernatural is located between the magic world and the divine world. The former being considered a "primitive" stage of the sophisticated theology of Western population. This lecture is aimed to focus on how cultural psychiatry is the right tool to make a diagnostic comparison between the "psychopathologies" following each conception of the world.

MD, University of Rome, La Sapienza. Italian Institute of Transcultural Mental Health. Rome, Italy.

Why do billions of humans pray to God everyday " . . . and lead us not to temptation . . ."; A psychoanalytical point of view
Alberto Velasco

It's interesting to see the aim of a pray and the paradoxes it sometimes represents. Since Tertullian, Church's Father in the second century, there has always been a constant worry about what this part of "Our Father" pray claims. The most recent proposals made by the Pope Francis show that this aporia is still hard to solve. We will try to show how Freud and Lacan might be of some help in lightening it.

MD, Psychiatrist Université Paris V, France. Centre Hospitalier Sainte Anne. Paris, France.

Testing the efficacy of prayer: A review of current studies
Simon Dein

Aims. There is good evidence that prayer is commonplace at times of sickness. But how effective is prayer? In this talk I review the evidence for the efficacy of prayer. Following a discussion of the problems 'testing prayer' I examine its efficacy through discussing Pentecostal healing and intercessory prayer.
Methods. Systematic review of the literature on prayer and healing
Analysis. Qualitative and quantitative analysis of key studies
Conclusion. While 'proving' the efficacy of prayer presents major methodological issues, there is good evidence that it has psychological effects. The case for its influence on biological processes remains unproven.

The pursuit of recovery: the exorcism in Central Italy between religious salvation and clinical debate
Vittorio De Luca

Central Italy represents an exceptional observation point for the study of the exorcism. For more than two decades, it has seen the proliferation of important exorcists of national and international relevance, with the establishment of individual and collective ceremonies within standard religious rites or peculiar healing practices. The author analyses the evolution of exorcism in central Italy, comparing a historical analysis with patients' reports.

Italian Institute of Transcultural Mental Health. Rome, Italy.

Devereux and the dereistic Western attitude
Donato Zupin

Among all of the concepts belonging to classical psychopathology, dereism is one of the more useful and, at the same time, less investigated in today's evidence based psychiatry, maybe because of the difficulties arising when defining this human phenomenon. Devereux, one of the founding fathers of cultural psychiatry, considers dereism a cornerstone both of his theory of mental functioning (both normal and abnormal) and of his explanation of the Western's proneness to chronic schizophrenia. In order to face global challenges cultural psychiatry is dealing with, it's worth to retrace Devereux's thought and reconsider the implications of dereism in clinical practice.

University of Rome, Tor Vergata.Italian Institute of Transcultural Mental Health. me, Italy.

Development of the Intercultural Brief Religious Coping Scale
Ellen Minkenberg

Objectives: Development of the Intercultural Brief RCOPE to identify positive and negative coping strategies and intensity of religion and beliefs in migrants of different cultural and/or religious background with PTSD in the Netherlands.
Methods: This study aimed to develop an intercultural religious coping measure for migrants of different cultural and/or religious background comparable to the 10-item version of Pargament's Brief RCOPE. Material for other specific intercultural subscales and measurement of religious intensity were generated through interviews with patients experiencing major life stressors. Intercultural Brief RCOPE was conducted during the initial phase of treatment of migrants with PTSD in an outpatient department of a specialized centre of transcultural psychiatry, to determine the validity of this questionnaire.
Results: A study was conducted among 30 traumatized migrants (Middle East, Africa, Eastern Europe and Suriname). In the lecture the results of the research on religious intensity and cognitive strategies of traumatized migrants will be presented, together with some casuistic.
Conclusions: Positive and negative coping strategies and intensity of religion and beliefs are very important in migrants with PTSD. In order to get better diagnostics and interventions, it is important to have a more distinct view on how patients experience their religion.
References: Braam, A.W., Schrier A.C., Tuinebreijer, W.C., Beekman A.T.F., Dekker, J.J.M., Wit, M.A.S. van. (2010). Religious coping and depression in multicultural Amsterdam: A comparison between native Dutch citizens and Turkish, Moroccan and Suriname/Antillean migrants. Journal of Affective Disorders 125, 269-278.

Transcultural Psychiatrist. Ipsy. The Hague; The Netherlands.

The informal Koranic schools and their students: between religious education and manipulation
Rita Finco

In every language, concepts and their employments obtain autonomy in connection with different speakers, historical periods, cultural system, current dynamics and power relationships among politics, ideology and religion. This is an unavoidable process that also concerns the words "Koranic" school and "Koran" students. Talking about the phenomenon of Sahelian Africa's "Garibout" (students of informal Koranic schools) means questioning about different points of view, but here I will focus

exclusively on the operation of "Kuttab" (Islamic teaching's centres) and the creations of its "nathanian's" followers.

PhD student in clinical psychology. University Paris XIII.Bergame- Italy.

Religions, delusions and religious delusions: clinical, cultural and social considerations
Micol Ascoli

In clinical practice sometimes, it can be difficult to discern normal and pathological religious experiences and expressions. Many authors argue for a clear demarcation between the two, but there are times when clinical experience challenges this notion. In particular, some current cultural and social expressions of religion, such as monotheistic militant extremism, are located at the border between normality and pathology. Yet it is difficult to categorise and analyse this pathology at an individual level, in the classic Western psychiatric tradition, as some of these manifestations of pathological religiosity are affecting huge numbers of people in Western countries, so to configure a new pathological entity, that of cultural delusions. The author will provide some illustrations of the above, through recent events in the UK, where a huge number of teenagers and young people are fleeing to the Middle East to join Islamic militants.

Consultant Psychiatrist. Queen Mary University of London. London, United Kingdom.

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Whorkshop: Training Clinicians in The DSM-5 Cultural Formulation Interview
Chair: Roberto Lewis-Fernández
Co-Chair: Neil Krishan Aggarwal

Cultural psychiatrists have long advocated for use of cultural assessments within routine patient evaluations to clarify the symptom presentations, personal meanings, treatment preferences, and social contexts of illness. This advocacy achieved significant acceptance among general psychiatrists with the publication of the Outline for Cultural Formulation (OCF) in DSM-IV. However, a major criticism of the OCF since has been its lack of standard format, implementation guidelines, or training package to promote widespread use in general practice. In response, the DSM-5 Cross-Cultural Issues Subgroup has created a revision to the OCF known as the Cultural Formulation Interview (CFI) with a standard format and implementation guidelines, tested in a field trial with 321 patients and 75 patients in 6 countries. The CFI field trial also included a questionnaire for clinicians on their training experiences and preferences after their first patient contact.

This workshop presents a training package for the CFI that has since been refined based on evidence from the field trial. The workshop uses a mix of pedagogies to introduce participants to the CFI such as didactic presentations, experiential learning, and Socratic question-and-answer exchange. This mix imparts a sense of how the presenters have trained clinicians in the CFI in line with the broader science on training within mental health interventions. We first introduce the DSM-5's definition of culture, the CFI's implementation guidelines, each CFI question, and discuss the CFI supplementary modules. Next, we present video illustrations of the CFI to show examples for participants to model. The examples cover suggested applications of the CFI. Afterwards, participants will practice the CFI with case-based behavioral simulations. This experience allows for peer and expert feedback and coaching. The CFI fidelity instrument (CFI-FI) is then presented to show how participants can rate themselves and others along key domains. We close with a review of CFI training products, focusing

on an online intervention for clinicians developed with the New York State Office of Mental Health. Time will be kept for extensive Q&A during and after the presentation.

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FIRST DAY - 30 October 2015

Symposium 1: Culturally Congruent Interventions to Enhance Treatment Engagementxposure to violence and the mental health of South African adolescents in Cape Town
Chair: Roberto Lewis-Fernández
Co-Chair: Francis Lu

Treatment engagement is a complex process through which patients and relatives connect with clinicians and health systems to facilitate patients' entry, active participation, and retention in treatment. Engagement in mental health services involves overcoming barriers to care with strong cultural elements. Patients and clinicians may have different understandings of mental illness or treatment expectations; organizational culture may configure caregiving in ways that limit effective communication; the stigma of mental illness and of specific therapies (e.g., medications) may block patients' efforts to find effective treatment; and the culture of biomedicine may limit clinicians' attention to important domains of illness experience, resilience, and recovery. When combined with other obstacles to sustained involvement in care, including financial limitations, multiple jobs and other competing demands, and language barriers, it becomes obvious that developing evidence-based, culturally congruent efforts to enhance engagement is a priority for mental healthcare services.

This symposium describes three research programs on engagement-enhancement interventions that take culture seriously. DECIDE relies on an educational strategy that teaches patients to ask questions and make collaborative decisions with their clinicians to enhance their activation and self-management and increase engagement in care. The Multifamily Group approach to psychoeducation culturally tailored to Mexican Americans with schizophrenia marshals the experiences of group members to overcome cultural barriers to care. Motivational Pharmacotherapy combines principles and techniques from Motivational Interviewing with standard pharmacotherapy and cultural adaptations to enhance antidepressant and adherence among Latinos with major depression.   These novel interventions comprise a growing evidence base of culturally congruent engagement approaches.

DECIDE-Integrating The Patient's Perspective in the Clinical Encounter
Margarita Alegría

Achieving patient-centered health care outcomes involves not only providing the patient with the best information available about treatment options, but also understanding what these options mean to a patient, particularly one who does not share the same cultural background of the provider. Patient involvement in decisions about mental health treatment may be important for improving treatment quality, particularly for ethnic/racial minority patients who may hold traditional role expectations against participation in clinical encounters. This presentation discusses the findings of a randomized trial examining whether our intervention, DECIDE, is effective in increasing minority patient's activation, self-management of mental illness and engagement and retention in care. The study was conducted in thirteen outpatient community mental health clinics across five U.S. states and one U.S. territory. Primary analysis included 647 English or Spanish-speaking patients ages 18-70, recruited from behavioral health clinics. Intervention patients received three 30-45 minute DECIDE trainings from Care Managers delivered over three months. Patients in the control condition received a brochure on managing mental illness. Patients assigned to DECIDE reported significant increases in activation (P=.003) and self-management (P=.008) relative to controls but there was no evidence of an impact on engagement or retention in care. The intervention appears to help patients learn to effectively ask questions and participate in decisions about their behavioral health care but a provider component

might be needed to augment engagement in care. DECIDE appears to have promise as a strategy for changing the role of minority patients in behavioral health care.

Doctoral degree in Psychology. Professor, Harvard Medical School and Director of the Center for Multicultural Mental Health Research at the Cambridge Health Alliance. Somerville, MA, USA 02116.

Impact of Motivational Pharmacotherapy on Treatment Engagement among Depressed Latinos
Roberto Lewis-Fernández

Compared to non-Latino whites, US racial/ethnic minority groups show higher non-adherence with outpatient antidepressant therapy, including lower retention, despite adjusting for sociodemographic and insurance covariates. Culturally salient concerns about antidepressants leading to ambivalence about treatment engagement may contribute to this discrepancy. To improve treatment adherence among depressed Latinos, we developed Motivational Pharmacotherapy, a novel approach that combines Motivational Interviewing, standard pharmacotherapy, and attention to Latino cultural concerns about antidepressants. This talk will review the impact of Motivational Pharmacotherapy on antidepressant therapy retention, adherence, response, and visit duration. Pilot data from an open trial yielded a 55% reduction in non-retention after 12 weeks, compared to historical controls at the same clinic (20% vs. 55% non-retention), without increasing duration of visits above the US mean of outpatient psychiatric visits. This talk will present novel data from a randomized controlled trial (N=196) of depressed Latinos with major depression focusing on the subgroups of patients for whom Motivational Pharmacotherapy was most effective. We will also describe patients' views about antidepressant therapy at study entry that constitute modifiable barriers to treatment engagement. Considerations for the real-world adoption and implementation of Motivational Pharmacotherapy will be discussed.

Medical Doctor, Masters in Theological Studies. Professor, Columbia University Medical Center; Director, Center of Excellence for Cultural Competence, New York State Psychiatric Institute. New York, NY USA 10032

The Use of Multifamily Groups to Improve Treatment Adherence Among Mexican-Americans with Schizophrenia
Alex Kopelowicz

This project evaluated a culturally adapted, family-based intervention designed to promote treatment adherence among Mexican-Americans with schizophrenia. 174 Mexican-American patients with schizophrenia and their families were randomly assigned to either: 1) one year of standard multi-family groups (MFG-S); 2) one year of multi-family groups adapted to emphasize the importance of medication adherence (MFG-A); or 3) treatment as usual only (TAU; monthly pharmacotherapy sessions and additional services as clinically needed). Evaluations were made of patients and their key relative at baseline and every four months for the first year with follow up evaluations at 18 months and 24 months. Subjects in both MFG conditions had significantly fewer days hospitalized than the subjects in the TAU condition (MFG-A: 32.8; MFG-S: 31.5; TAU: 54.5; p=.003). However, subjects assigned to the MFG-A group were significantly less likely to be hospitalized over the course of the study than subjects in either of the two other conditions (MFG-A: 39%; MFG-S: 66%; TAU: 70%; p<.001). Moreover, subjects in the MFG-A condition demonstrated better adherence to their antipsychotic medication than subjects in the other two groups (p<.01). Finally, path analysis revealed that treatment effects on re-hospitalization were mediated by medication adherence. In turn, adherence

was mediated by family influence. These results suggest that directly targeting the factors that affect adherence to medication treatment for Mexican-Americans with schizophrenia by using a culturally-informed family intervention can lead to improved treatment outcomes in terms of symptom amelioration and community re-integration.

Medical Doctor.
Professor and Vice-Chair, Dept. of Psychiatry, David Geffen School of Medicine at UCLA.
Los Angeles, California, USA

Symposium 2: A Sense of Belonging in a Globalised World
Chair: Carlos Zubaran
Co-Chair: Fakhr El-Islam

In this symposium, presenters will deliberate on migration, and globalisation as well as on interpersonal and professional aspects that result from these phenomena. In particular, features related to the migration of doctors, a form of brain drain, will be presented along with the personal account of a doctor who faced the obstacles to practice overseas. Finally, from an ethnological perspective, one of the presenters will address the themes of hospitality and social ties, based on one's experience of indigenous communities in Brazil. It is hoped that this symposium will provide the audience with a different, if not unconventional, understanding of the complexities and pitfalls of globalisation and migration.

Struggling to fit in: The plight of international medical graduates in Australia
Carlos Zubaran

Background: The international migration of health care professionals has been recognized as a public health concern. A series of 'push' and 'pull' factors have been identified as driving forces for migration of doctors. The USA, UK, Canada and Australia are the main beneficiaries of medical migration, which generates adverse consequences on health care systems in developing countries. Research evidence also reveals that international medical graduates (IMGs) face discriminatory obstacles to exercise their rights and professions in developed countries. In Australia, IMGs face significant obstacles, including hindrances to obtain medical registration, and insufficient orientation to local work protocols. Many of these professionals are neither allowed to practice independently nor entitled to public health care and permanent resident status. In fact, these hindrances were the object of a parliamentary inquiry, although the resulting recommendations have not yet been implemented. Conclusions: An international strategy is required to promote sustainable health care systems worldwide. Additional academic and scientific partnerships must be established between developed and developing nations in order to minimize discrepancies. There is an urgent need to review policies related to the recognition of IMG's professional credentials in host countries including Australia.

Professor of Psychiatry. University of Western Sydney. Australia

Running a mental health service in a multicultural locale
Dorgival Caetano

The author believes that migration has become an irreversible phenomenon because of free will and the ever present pushing (e.g., low wages, lack of resources, poor working conditions, lack of political/economic/religious freedom, etc.) and pulling (e.g., professional development, better future

for the children, accelerating growth and demand for health professionals, etc.) factors. Due to the already well established globalisation by which communication and information are easily available, brain drain is unlikely to change in the foreseeable future, and thus sending countries will be more and more depleted from health professionals.

Both patients and mental health staff bring into the recipient country their culture, beliefs, religious faith and practice, perceptions, sense of authority, expectations, attitudes and behaviours. Personal characteristics play an important role in the acculturation process, but regardless of personality makeup, the host countries should help and support both patients and doctors through the acculturation process.

The author reports his work experience in both patient and staff multicultural settings in Sydney metropolitan area, Australia. Real life world examples are given to highlight the importance of issues such as language, interpreters, culture, religious beliefs and practice, and cultural background. Recommendations are made.

C/Professor University of Western Sydney (UWS) , M.D., PhD, FRANZCP. UWS and Blacktown Hospital. lacktown/Sydney, Australia.

A journey in the labyrinth: an "OTP" in Australia
Ettore Guaia

Three years of change for Overseas Trained Psychiatrist in Australia.

The author will present his personal experience of Overseas Trained Psychiatrist working across three countries (Italy – UK – Australia).

The author describes the complex journey that migrant psychiatrists have to go through to practice in a different country of their training.

The acknowledgment of specialist training in each country is different and there are many obstacles that they have to face.

The most complex of this is the comparability of their training and experience. Due to lack of shared agreements on specific standards most of the time psychiatrist who want to migrate to another country face not only a complex cultural shift but also they have to face complex and sometimes unfair assessments and comply with overwhelming requirements.

The author will describe the journey of the Overseas Trained Psychiatrist Committee of RANZCP that in the last three years has supported the change from a system based on assessments specifically tailored for Overseas Trained Doctors to a new system that is based on the same test that local trainees have to go through.

In the last ten years Overseas Trained Psychiatrists have been the main workforce for the public service and have been responsible to deliver mental health care in rural and remote areas of Australia. Their contribution has enriched the Australian multicultural society but as well the delivery of mental health care.

The author will present all the complex steps that Overseas Trained Psychiatrists had to go through.

MD Child and Adolescent Psychiatrist Heed of Service Paediatric Consultation Liaison Service – RANZCP Overseas Trained Psychiatrist Committee deputy Chair. Princess Margaret Hospital for Children. Perth Western Australia.

Hospitality and social ties: notes from a clinical far afield
Marcos Noronha

In ethnology and sociocultural anthropology observers, examiner and researchers analyse the characteristics of different peoples and the relationship between them. In these fields, the interactions of individuals are scrutinized in their own milieu and social circumstances. The observation of primitive societies have allowed anthropologists to describe parameters of social interactions that

generate superior collective benefit when compared to various practices of social interaction in the day-to-day of modern societies in the Western world. Without falling into a romanticized view of indigenous societies, the author will present his own impression as an etnopsychiatrist in Brazil. The presenter will tap into interactions established with indigenous communities in Brazil in order to encourage further reflection on how and what could be done in our daily lives in modern societies to build on hospitality and ameliorate our social ties.

Psychiatrist. Brazilian Association of Cultural Psychiatry. Florianopolis, Brazil.

Symposum 3: Global Mental Health: Creating the Social, Economic and Cultural Architecture
Chair: Kamaldeep Bhui

Mental health problems account for almost 13% of the world total disease burden, affects up to 10% of people across the life course at any one time and make up over a quarter of the years people live with disability globally. People with mental health problems are subject to some of the world's worst human rights abuses; In total, mental health problems cost the world some US$2.5 trillion per year, yet the amount invested to treating mental health problems is barely a fraction of this - less that 2% of the total health spending in most low and middle income countries;
This symposium will outline the actions needed to develop an effective architecture that leads to sustainable developments, innovations and human rights.

Mental health in low and middle income countries; economic and cultural case for social justice
Dinesh Bhugra

Mental health problems are extremely common in all countries; rates of mental disorder in low and middle income countries are very similar of those in high income countries; At any one time more than one in ten people have a mental health problem, of which nearly three quarters of these people live in low and middle income countries and represents a significant disease burden; which impedes social and economic development, community functioning and impacts on issues such as child and maternal health, child development and education. It is now so significant that mental health is now being advocated as a significant global sustainable goal; this presentation will provide a global overview of the evidence, with an analysis of the current momentum amongst the global institutions like the G20, and an outline for future action.

Professor of Mental Health and Cultural Diversity; Trustee: The Centre for Applied Research and Evaluation- International Foundation. (careif). President World Psychiatric Association.UK.

Human Rights, Mental Health and Human Dignity
Chair: Albert Persaud

It is often said that the true test of a decent society is the way it treats its most vulnerable citizens. However, too often, politicians, policy-makers, professionals and those others with the authority and duty to protect and provide for them, fail to do so. People with mental health problems are often subjected to serious abuses, such as chaining, and in some countries denied fundamental human rights

and protection through proscriptive laws. This presentation will give an overview of mental health legislation use in some countries and how culture and psychiatry can impact change;

Co-founder and Director. The Centre for Applied Research and Evaluation- International Foundation. (careif). UK

Title Wellbeing& Global Mental Health
Jenny Willis

Wellbeing, whilst not a panacea for mental health, can be important to the defence against and recovery from mental illnesses. For over a decade, the Organisation for Economic Co-operation and Development has been measuring and comparing perceptions of wellbeing based on life-evaluation, affect and eudaimonia (self-actualisation). The United Nations Children's Fund report, Child Wellbeing in Rich Countries (Innocenti Report Card 11, 2013) compares children's wellbeing nationally according to five dimensions: wealth; health and safety; education; behaviour and risks, and housing and environment. The significance of such work is that it recognises the centrality of personal needs and social contexts to our sense of wellbeing. In 2011, the UK Department of Health launched its strategy 'No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages'. Despite references to inequality and enabling individuals to take personal control of their lives, this strategy was clearly driven by financial imperatives: mental illness (unwellbeing) makes serious demands on the national economy. In response, the national economic foundation (nef) identified a set of measurable indicators, 5 Ways to Wellbeing (2010) designed to maximise wellbeing by making 'healthy' lifestyle choices, drawing from a menu of five domains: connecting with others; being active; taking notice; keeping on learning; and giving to others. My comparative research with groups in the UK, China and Argentina highlighted the variability of conceptions according to cultural norms. Participants are invited to complete a similar questionnaire so that we can explore common features of wellbeing.

Careif; Editor LifewideEducation Magazine; Editor CreativeAcademic Magazine; Fellow Royal Society of Arts UK.

Symposium 4: Psicosocioanálisis De La Violencia En México. Recorrido Historico-Cultural Desde Una Perspectiva De La Complejidad
Chair: Luis Xavier Sandoval.
Co-Chair: Alfredo Alcántar Camarena

La búsqueda de una explicación argumentada sobre los orígenes de la violencia en cualquier sociedad requiere un acercamiento multidisciplinario para no caer en reduccionismos simplistas y sesgados, pero sobre todo, que no se conviertan en visiones intolerantes y que nos lleven más bien a incrementar la incomprensión del fenómeno.
Esta ambición incluyente sobre los mecanismos interdisciplinarios requiere una metodología que pueda llevarnos a incluir los diferentes enfoques que finalmente nos den una visión amplia sobre un fenómeno de gran trascendencia académica, humanitaria y reflexiva. En cuanto a la visión académica creemos que es importante aportar perspectivas bien fundamentadas para que pueda convertirse en un punto de partida para la reflexión por parte de los sujetos que padecemos dicha violencia. Permanecer en una actitud pasiva ante los hechos recientes conlleva el riesgo de mantener una actitud que impacte negativamente en la salud mental y los procesos de interacción social cotidiana en la sociedad en el mejor de los casos; en el peor de ellos, podría conllevar a un crecimiento escalado y potenciado, a manera de bucle negativo que empeore aún más la estabilidad emocional e inclusive económica y política, al grado de tener el riesgo de caer en una crisis nacional. Por lo anterior, creemos que de

manera alternativa una mejor comprensión puede fomentar actitudes reflexivas que finalmente nos acerquen más a tomar decisiones, hacer planteamientos en diferentes niveles que puedan revertir un proceso que empieza a instalarse como una manera de vida tolerada de manera implícita y explícita.

Imágenes y símbolos de sangre: su sentido mítico y sagrado en el México Antiguo
Alfredo Alcantar Camarena

La actividad psíquica manifiesta en la representación imaginaria de las experiencias de la realidad aporta una gran variedad de evidencias altamente significativas de productos culturales que contienen los sentimientos, pensamientos y comportamientos de los seres humanos ante su experiencia vital frente a la naturaleza, el cosmos, el tiempo, la cultura y la sociedad en la que se vive.
En el México antiguo la comunicación de la experiencia humana se expresó en producciones muy ricas en contenidos, condensaciones de significados en torno a la vida, la muerte, el hombre, el cosmos, el tiempo, las fuerzas superiores y las sociedades en las cuales el poder la sobrevivencia y la procreación eran elementos muy destacados del culto religioso y los eventos sociales.
Uno de los elementos de representación simbólica que con gran frecuencia se encuentran en las producciones gráficas, esculturas y en sus raíces míticas es la sangre. Se presenta en los ritos de sacrificio propiciatorio, en las diversas formas de batalla ritual o en las ofrendas a las fuerzas y componentes del gran cosmos visible.
Para la mentalidad contemporánea inclusive de nuestros connacionales los elementos o productos culturales expresados en imágenes, en símbolos, en ritos y tradiciones suelen ser incomprendidos, impactantes o ignorados. Es necesario trabajar en la elucidación de los significativos contenidos imaginarios y simbólicos de las culturas prehispánicas que siguen ejerciendo un gran potencial comunicativo para el entendimiento humano.

Médico cirujano, especialista en psiquiatría, psicoanalista individual y de grupo. Profesor titular de la Facultad de Medicina UNAM. Miembro pleno de AMPAG y de la APM. Seminario de mito y psicoanálisis de la Asociación Mexicana de Psicoterapia Psicoanalítica y de Grupo AC México, D.F.

Encuentro de dos mundos: aboliciones, emergencias y sincretismo de la violencia
Carmen Trejo

En el encuentro de dos mundos con una cosmovisión tan distinta, con mitologías, escritura, costumbres, prioridades, contacto con la naturaleza, religión, formación, alimentación, y lenguaje tan distinto generó un intercambio en todos los niveles como nunca se ha dado en la historia de la humanidad. Sin embargo, el intercambio no fue bilateral con la misma dimensión, sino que la conquista generó desigualdades que marcaron el futuro en la población conquistada. La naturaleza de este trabajo está más bien orientado a conocer los elementos psicodinámicos y psicosociales que se encuentran subyacentemente inmersos en este proceso de intercambio de símbolos y signos en la estructura cognitiva y en el inconsciente de los individuos que han habitado este país. De acuerdo a la propuesta de Kaës sobre la transmisión psíquica generacional en donde los procesos de los antepasados siguen influyendo en la formación del psiquismo en las generaciones presentes mi propuesta, un tanto parcial, es que para entender el presente lleno de violencia, del nivel más bajo que se está viviendo en México, hay que entender ese encuentro de dos mundos del cual ha resultado este tercero, síntesis y evolución de aquellos acontecimientos.

Con ejemplos como el mito de la malinche y la Tonantzin Guadalupe ejemplifico la violencia que funda este nuevo mundo, se reedita en la actualidad en el abuso sexual por parte de sacerdotes, en la guerra contra el narcotráfico, en la relación hombre-mujer, en la familia y en el filicidio que atenta contra la vida futura de este país.

Médico cirujano, especialista en psiquiatría, psicoanalista individual y de grupo. Seminario de mito y psicoanálisis de la Asociación Mexicana de Psicoterapia Psicoanalítica y de Grupo AC. México, D.F.

La violencia en el México moderno
Carmen Merodio; Francisco Javier Gutiérrez

Después de una aparente estabilidad en varias décadas que dejó la Revolución mexicana, la emergencia de movimientos violentos en los últimos años nos invita a considerar los procesos sociales subyacentes para que existan poderes económicos y fácticos que hayan generado un cambio de las reglas en la convivencia de diferentes poderes. Los asesinatos masivos, los secuestros, la extorsión, el derecho de piso están marcando actualmente la agenda de un gobierno que no logra reinstalarse en el centro del poder y en la posesión exclusiva de la fuerza. Sin embargo, la impunidad, la alianza de poderes fácticos con el gobierno, la llegada del narcotráfico, la exclusión de la mayor parte del país en la distribución de la riqueza, y lo que nosotros consideramos más importante en nuestro trabajo, los fenómenos psicosociales subyacentes acumulados en el llamado imaginario social, generaron las condiciones necesarias para el crecimiento de grupos armados y poderes económicos alternativos que han generado violencia.

Retomando la conceptualización de Cassirer sobre el mito del estado, desmantelamos la aparente unidad de un estado para adentrarnos a esas diferencias e incongruencias que existen de manera subyacente, y que nos llevan a la esencia de los conflictos que continuamente existen entre la tendencia a la construcción y la tendencia a la destrucción de cada individuo y que se entreteje con los grupos y organizaciones sociales en ese interminable proceso de pertenencia grupal, individuación e instituyente institucionalizado que ha llevado a que varias autoridades políticas hayan llegado a referirse a México como un estado fallido.

Carmen Merodio; Francisco Javier Gutiérrez. Médico cirujano, especialista en psiquiatría, psicoanalista individual y de grupo. Seminario de mito y psicoanálisis de la Asociación Mexicana de Psicoterapia Psicoanalítica y de Grupo AC México D.F.

Integración psicosocial de procesos histórico- culturales de la violencia desde una perspectiva de la complejidad
Luis Xavier Sandoval García; Agustín Cisneros Santos

Proponemos un acercamiento desde la teoría de la complejidad que ha aportado una comprensión más amplia a todo tipo de fenómenos, por lo que inclusive las llamadas ciencias biológicas o exactas se están comunicando con las ciencias humanas o sociales. En este trabajo expondremos una integración epistemológica de la visión histórica y sociológica y antropológica de México a la visión psicosocial que teóricos como Castoriadis, Cassirer, Lipovetsky, Morin, Erdheim, Kaës, y muchos otros han posibilitado una comprensión de los distintos grupos humanos.

Para lo anterior, hacemos un entretejido histórico social en donde incluimos al México institucional moderno e instalado en una postmodernidad globalizada, con un país que mantiene creencias y percepciones indígenas, un proceso doloroso de la conquista y con un largo período de colonización; a lo anterior, se agregó un país legalmente independiente y con una visión revolucionaria, pero con atavismos y limitaciones por la manera en que se encuentra inmerso en la economía mundial, por lo que se generaron condiciones de gran desigualdad social, complicidades político-económicas y

vulnerabilidad psicosocial, escenario poco apto para recibir ese fenómeno mundial llamada narcotráfico muy bien descrito por Sabiano en su reciente publicación. Y de aquí partimos a los entrelazamientos metodológicos a través de la complejidad con diferentes aproximaciones tales como la estructuralista, psicodinámica, vincular, del inconsciente social y academicista positivista para generar una propuesta que se va desarrollando en las diferentes exposiciones, la prehispánica, la de la unión de dos mentalidades y la del México actual.

Symposium 5: Empirical Work on Current Issues in Psychiatry
Chair: Carlos Rojas Malpica
Co Chair: Michael Patrick Redmod

El cuidador primario informal de personas con demencia: calidad de vida y características del cuidado
Montserrat Fernández López

La demencia es un síndrome de gran impacto biopsicosocial en el individuo que la padece y sus familiares, principalmente hacia el cuidador primario informal (CPI), al formar vínculos estrechos y de gran dependencia.
Objetivo: Determinar la asociación de la calidad de vida con las características del cuidado y la sobrecarga del CPI de la persona con demencia (PCD).
Material y métodos: Se incluyó a los CPI de PCD que acudieron a la Clínica de Psicogeriatría del Instituto Nacional de Psiquiatría "Ramón de la Fuente", entre mayo y octubre de 2014. Instrumentos: Cuestionario SF-36, Escala de Zarit, Inventario Neuropsiquiátrico, Índice de Katz y Cuestionario de características del cuidado. Análisis estadístico: X^2, t de Student y el coeficiente de correlación de Pearson. La significancia estadística se fijó con una $p \leq 0.05$.
Resultados: Se incluyó a 30 CPI, la mayor frecuencia fueron del género femenino, casadas, dedicadas al hogar, hijas, con una edad media de 58 años, el 63% de los CPI tuvieron sobrecarga intensa, asociada con el tiempo de cuidado al día y relacionada con una menor calidad de vida y mayor intensidad de síntomas neuropsiquiátricos de la PCD.
Conclusión: Este estudio mostró una alta frecuencia de CPI con sobrecarga intensa. La salud del CPI forma parte de sus recursos de afrontamiento, por ello, el personal de salud se encuentra en la posibilidad de integrar en la atención de la PCD, la identificación de aquellos cuidadores en los que su calidad de vida se ve comprometida por las demandas del cuidado.
Médico cirujano, especialista en Psiquiatría Geriátrica. INPRF. Ciudad de México.

Primitive reflexes in ADHD: developmental deficits of unknown origin
Carmen Trejo

Background: Cognitive and motor disintegration and other functional disturbances in various neuropsychiatric disorders may be related to inhibitory deficits that may manifest as a persistence or re-expression of primitive reflexes and few recent data indicate that these deficits occur in dyslexia and ADHD.
Methods: We assessed 80 medication-naïve children with ADHD (40 girls and 40 boys) in the school age (8-11 years) and compared these data with a healthy control group of 60 children (30 boys and 30 girls) of the same age.

Methods: Using standard psychiatric and neurological measures we have tested relationship between ADHD symptoms and persisting primitive reflexes, such as Asymmetric Tonic Neck Reflex (ATNR) and Symmetric Tonic Neck Reflex (STNR).

Results: ADHD children manifest significant scores of these primitive reflexes that in healthy children occur exceptionally. The results also show new findings that ADHD symptoms are strongly and specifically associated with persistent ATNR in girls and STNR in boys.

Conclusions: These results provide first evidence in medical literature that ADHD in girls and boys is specifically related to distinguished neurological developmental mechanisms related to disinhibition of primitive reflexes. According to current findings there is no evidence whether some environmental factors influence these deficits or they are developmental per se.

Charles University. First Faculty of Medicine. Prague, Czech Republic.

Déficit de Atención sin hiperactividad un Camino a la Demencia Frontal
Carmen Coutado

Objetivo General. Detectar trastornos cognitivos en sujetos mayores de 40 de años con antecedentes y/o familiares descendientes con ADD. Estudios cognitivos y estrategias metacognitivas para la evaluación que presentan frente a las dificultades en decodificación de sus conductas en relación a las respuesta de los psicoestimulantes utilizados en las diferentes tipos de demencias.

Palabras Clave: ADD, demencia frontal, trastornos cognitivos, psicoestimulantes.

Material y métodos. Se evaluaron 90 niños que cursan en la primera etapa escolar, donde 9% se diagnosticaron con ADD. Se estudiaron a sus padres y a sus abuelos; detectando en estos últimos trastornos cognitivos con predominio frontal compatibles con DFT. Se realizaron estudios de evaluaciones neuropsicológicas (distintas escalas) EEG, RMN. Se realizó tratamiento con estimulantes (metilfenidato), terapia psicológica cognitiva-conductual en un lapso de 24 meses.

Resultados. Del 62% de los niños con ADD, sus padres y sus abuelos presentan igual patología. A mayor edad de los mismos y sin presentar modificaciones en la RMN se manifestaron con un cuadro compatible con DFT, mejoraron su sintomatología de trastornos de conducta con estimulantes (metilfenidato) acompañado de los inhibidores reversibles de la acetilcolinesterasa y no risperidona. (que agravó su cuadro cognitivo). Siendo el neuroléptico de elección el aripiprazol y asenapina.

Conclusiones. El estudio nos lleva a prolongar en el tiempo para comprobar que la existencia de uno de los tipos de DFT sea posible como consecuencia del deterioro de ADD /sin H, confirmando la presencia genética de los mismos. Obteniendo mejoría de los cuadros con estimulantes.

Psiquiatra Jerarquizada _ Legista / Docente de Universidad de Buenos Aires a cargo de materia y del internado en Psiquiatría. Fundadora CEDISAM. CEDISAM Centro de Investigación y docencia en Salud Mental. Municipalidad San Martin (Buenos Aires, Argentina).
Buenos Aires / Argentina

Technopsychopathy: A new public health emergency
Michael Patrick Redmond García

The advances in telecommunications change daily and have influenced lifestyle, making it more comfortable, entertained and have also produced a well communicated society; however, this has actually contributed to the origin of mental health problems that we were not prepared for, and they are related to computers, cell phones applications and video games. At the same time, with the development and diffusion of internet, started the utilization of smartphones, online games and portable computers, and the user population started a tendency to use excessively these new devices during their time off, becoming a mental health problem that needs a classification that considers all

technology together. This would allow conducting epidemiological studies, offering psycho education, and treatment; these group of disorders could be classified as follows:

Technopsychopathy (Obsessive compulsive disorders related with specific technology) 300.X

There should be at least two of the following findings, which should last enough time to be the subject of medical attention, as seen in these clinical pictures:

A. - Evidence that there has been a prolonged contact with specific technology during time off, recreational or no work–school related time, and its use goes beyond the purposes of its creation.

B. - Evidence of deficits in familiar, social, academic or work functioning as a consequence of the prolonged contact with the specific technology, with or without the affection of physical health.

C. - The presence of obsessions and compulsions directly related with the specific technology, with or without mood and/or anxiety disorders.

D. - There must be a change in the prior behavior that the individual had before starting the contact with the specific technology, making it dysfunctional.

Specify if:

Associated to video games: Arcades, on line or home video games

Associated to computers: Websites (any kind such as pornography, cybersex etc.), social media, on line gambling, compulsive shopping.

Associated to Smartphones: Multiple applications.

Of combined type.

Psychiatrist. I.M.S.S.Veracruz, Veracruz, México

Symposium 6: Cultural Aspects of Women's Mental Health. Sponsored by The International Association Section on Women's Mental Health, The World Psychiatric Association's Section on Women's Mental Health, and WPA Section on Public Policy.
Chair: Marta Rondon
Co Chair: Micol Ascoli

Gender roles are contextual and historical. They are shaped by cultural influences and in turn powerfully determine how the resources and opportunities in a given society are assigned and how men's and women's behavior, beliefs, demands, and health are assessed. Their social stratifying power reaches all aspects and levels of life in society. In this symposium we will discuss the influence of culture on the way the law is shaped, understood and implemented. Dr. Stewart will present the results of a survey in Latin America, showing how patriarchal prejudices impinge upon the implementation of international evidence based technical recommendations on the response to violence against women. Not surprisingly, implementation is slow and fragmentary in settings where there is a high tolerance of violence and deeply held patriarchal values. Dr. Rondon will discuss the difficulties posed for the use of existing therapeutic abortion regulations by the resistance of mental health providers, reared in the Catholic tradition that overvalues maternity and represses sexuality in the woman. Dr. Gaviria has interesting data about the influence of unrealistic ideas of beauty and social worth on the epidemics of eating disorders and the excessive use of surgical procedures for cosmetic purposes.

Marianism and attitudes towards women's sexual and reproductive rights among mental health providers

Marta B. Rondon

Background: Marianism is a cultural set of beliefs that poses that women are morally superior to men, and hence, able to overcome and forgive the vicissitudes of men's macho behavior. Women, after a deformed notion of the Virgin Mary are selfless, generous and resigned to suffering. Latin America is a very conservative region where the recognition of women's sexual and reproductive rights is incomplete and opposed by wide sectors of the establishment, resulting in high maternal mortality, high levels of intimate partner violence, high prevalence of common psychiatric disorders and fragmentary implementation of sanitary policies designed to overcome these.

Method: selected mental health providers were surveyed and interviewed in order to determine whether their religious beliefs had any relation to their willingness to advocate for further liberalization of the law and to their readiness to follow existing guidelines.

Results: deeply held religious views influence knowledge about women's rights and about readiness to get involved in the liberalization of current laws.

Conclusions: the existence of a confusion between the precepts of religion and the law of the land and the deep ideas about an idealized woman preclude knowledge of women's rights and more active attitudes to protect them. However, shortcoming in medical education, supervision and monitoring are also very relevant.

MD President, International Association for Women's Mental Health. Universidad Peruana Cayetano Heredia. Lima, Peru.

National Clinical/Policy Guidelines on Intimate Partner Violence (IPV) Against Women: Special Issues in Latin America

Donna E Stewart

Background: IPV is a serious violation of women's human rights and Latin American and Caribbean (LAC) countries have some of the highest rates of IPV in the world partly related to the patriarchal culture. This presentation will discuss baseline levels of adherence and gaps in LAC countries to 2013 WHO Guidelines on Responding to IPV against Women.

Methods: We conducted a Survey Monkey Questionnaire, sent emails to PAHO focal points, conducted web searches, and reviewed the UN Women web site and personal contacts. All IPV policy and clinical topics were entered into a matrix by recommendations in WHO Guidelines.

Results: National policies (15/27) and guidelines (12/27) were obtained from English, Portuguese or Spanish speaking countries. Multiple sectors were involved. Fewer than 50% of these countries had policies or guidelines on IPV and those that did had many gaps. Gaps on mental health problems and training of practitioners were prominent. Information for patients regarding symptoms and services was inadequate. Other WHO recommendations that were deficient will also be presented.

Conclusions: All countries should develop and implement IPV clinical and policy guidelines that adhere to the 2013 WHO Guidelines. Further training, services, monitoring and evaluation are needed especially relating to mental health aspects to improve women's human rights and safety. Special issues relating to the patriarchal culture of LAC will be discussed.

CM, MD, FRCPC University Professor, Senior Scientist. University Health Network, University of Toronto. Toronto, Canada

Body worship, the origin of new psychopathological expressions
Silvia Gaviria Arbealez

Body worship is a very important contemporary social phenomenon. The presentation of the physical self has acquired special importance due to new lifestyles. At the same time, there has been, over the last decades, more awareness on how biological differences among individuals become justification for social discrimination. Several health problems in our days collide with the ideal of the perfect body. Obesity is a good example of a condition that is labeled as "illness" in some instances and as "normal" in others, depending on the prevalent trend. Seclusion of the obese, rejection of obesity and the social construct of the "obese being" are social phenomena that merit deep sociological analysis.

There have always been efforts to adapt the body to the ideal of beauty based on stereotypical models built by different social groups. Several women, who presently wish for a slender silhouette, would have been very proud a couple of centuries ago to show off their exuberant bodies, that artists like Fernando Botero have depicted in their work.

This presentation analyses the historical and cultural perspectives of the meaning of body image, its impact on women's mental health and the different psychopathological manifestations that arise from these ideas

Directora, Departamento de Psiquiatría. Universidad CES. Medellin Colombia

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Symposium 7: Describing, Coping and Healing: British Bangladeshis and Mental Illness
Chair: Nikolay Bokhan

In this symposium, three researchers will discuss how British Bangladeshis describe, cope and heal from mental illness.

Madness and migration challenge the boundaries of the self, of the 'other' - as well as boundaries between the patient and the psychiatrist. British Bangladeshis constitute a significant Muslim migrant community in the UK. The symposium will have three presentations followed by open discussion. 1) How illness is made sense of through Orthodox/Folk Islam and Bengali idioms of distress. 2) How the trans-national status of this community of first, second and third generation migrants produces unique sets of healing and coping strategies and 3) The processes by which the language and concepts of psychiatry and biomedicine successfully (or not) intervene into explanatory models.

These presentations follow from detailed ethnographic study conducted by the researchers in London. Examples of specific cases will be used as well as the commonalities found - on the background of the field of cultural psychiatry in the UK.

This symposium examines how specific explanations of sorcery, the evil eye, and jinn possession coexist and compete with the institutional, legal and linguistic power of psychiatry. These conflicting illness models result in divergent coping practices and searches for meaning.

By using the particular case of British Bangladeshis, this symposium reveals the complex interactions between identity, belief and response to illness.

Accounts of Psychosis in British Bangladeshis
Khaldoon Ahmed

This paper examines how psychosis is experienced in Bangladeshis living in London. Semi-structured interviews were held with 18 individuals to see how illness was named, explained and understood. Participants were generally young bilingual men who had spent around one third of their life in

Bangladesh. The research confirmed existing research that people with psychosis attribute their illness to social stress. However, the participants showed a strong adoption of biomedical diagnosis and concordance with Western psychiatric treatments. They rejected traditional Bengali and Islamic ideas of causation and treatment. This was despite a strong identity as Bangladeshi Muslims.

University College London, MSc Medical Anthropology, 2012 South West London St George's NHS Trust and St George's Medical School. London, United Kingdom

Religious coping in Bangladeshi Muslims in London
Simon Dein

For Muslims Islam is more than a way of life. It is an overarching philosophy of seeing the world which impacts directly upon experiences of suffering and adversity. Based on ethnographic fieldwork conducted by the author in Tower Hamlets from 2005-2010, this paper examines religious coping among Bangladeshi Muslims. It examines how Orthodox Islamic frameworks facilitate coping and expands this area to look at how folk Islam – explanations in terms of jinn, sorcery and the evil eye- are deployed by members of this community and their use of traditional healers in illness contexts. Finally I discuss the implications of anthropological work for the rapidly growing literature on religion and health.

Senior Lecturer in Anthropology and Medicine, University College, London and Honorary Professor, University of Durham. He has published widely on religion and health and Jewish millennialism. His PhD from University College London examined religious healing among Orthodox Jews in London. He is the editor of the journal Mental Health, Religion and Culture. Honorary Consultant psychiatrist in Essex. London, United Kingdom.

Muslim Spirit, Soul, and Suffering
Ayesha Ahmad

This paper explains the conceptual basis for the context of the detailed ethnographic study discussed during the panel. Suffering is subject to various meanings and idioms that are situated in cultural narration and understandings of religious discourse. The understanding of suffering from a Muslim perspective may at times conflict with the framework of Western psychiatry during mental health interventions.

The first part of this paper exposes the nuances of suffering from a Muslim perspective that relate disorders of the mind to Islamic notions of spirituality and the soul. The purpose of this is to draw attention to why certain explanations discussed throughout this panel such as sorcery, the evil eye, and jinn possession develop and how they are embodied into the narrative of a Muslim.

The second part of this paper focuses on the ethical considerations of transcultural psychiatry; in particular the impact on the individual as a relational being and the subsequent consequences on their family and community. It translates how the legacy of psychiatric diagnosis can be interpreted and integrated into different understandings of the body and the mind.

Finally, the paper concludes by emphasizing that the boundaries between religion and suffering, body and mind, Islam and Western psychiatry play an integral role in shaping the way that communication and empathy is navigated during the clinical encounter.

PhD, Medical Ethics. University College London – Medical School. London, United Kingdom

Workshop 1: Human Rights
Chair: Jesús Gómez Plascencia

An Interdisciplinary Approach to Working with International Survivors of Human Rights Abuses
Melba J. Nicholson Sullivan

Immigrant survivors of human rights abuses represent a resilient population with unique psychiatric, psychological, social, educational, legal and physical needs. Addressing their needs serves as a model for culturally informed, comprehensive, collaborative care. Since 1995, Bellevue Hospital Center/New York University School of Medicine Program for Survivors of Torture (PSOT) has provided comprehensive mental health, medical, legal, and social services to assist more than 4,000 survivors from over 100 countries with rebuilding their lives. Moreover, the program trains current and future professionals in these fields including immigration officials from around the world. As PSOT's Director of Training, Dr. Sullivan is well-positioned to describe interdisciplinary care for international survivors of human rights abuses.

Research data and case examples will be reviewed during this symposium.   As a result of their attendance, participants will learn an empirically-validated, culturally informed, integrative approach to working with immigrant survivors of human rights abuses. Specifically, participants will be able to: 1) Examine culturally informed definitions of torture, health and well-being; 2) Describe culturally informed medical and psychiatric strategies for healing; 3) Compare resilience-based individual and group interventions that facilitate well-being; 4) Identify trauma-informed approaches to social and educational support; 5) Explore legal processes and systems that affect survivor functioning; 7) Survey professional training methods in interdisciplinary work. Participants will be invited to share their own experiences providing culturally informed interdisciplinary care.

Ph.D.Licensed Psychologist; Director of Training. Bellevue Hospital Center/ New York University School of Medicine Program for Survivors of Torture. New York, New York; United States of America.

Psycho-social Intervention and Rehabilitation for Psychological and Psychiatric Aspect of Violence against Women and Girls in Cairo
Melba J. Nicholson Sullivan

Immigrant survivors of human rights abuses represent a resilient population with unique psychiatric, psychological, social, educational, legal and physical needs. Addressing their needs serves as a model for culturally informed, comprehensive, collaborative care. Since 1995, Bellevue Hospital Center/New York University School of Medicine Program for Survivors of Torture (PSOT) has provided comprehensive mental health, medical, legal, and social services to assist more than 4,000 survivors from over 100 countries with rebuilding their lives. Moreover, the program trains current and future professionals in these fields including immigration officials from around the world. As PSOT's Director of Training, Dr. Sullivan is well-positioned to describe interdisciplinary care for international survivors of human rights abuses.

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Ph.D.Licensed Psychologist; Director of Training. Bellevue Hospital Center/ New York University School of Medicine Program for Survivors of Torture. New York, New York; United States of America

Psycho-social Intervention and Rehabilitation for Psychological and Psychiatric Aspect of Violence against Women and Girls in Cairo
Samir Aboulmagd

Egyptian women are victims of personal violence (individual & domestic) and social violence (i.e., cultural, symbolic, structural). Psychological Health & Awareness Society in Egypt (PHASE NGO) established a program dedicated to psychological and psycho-social consequences of exposure to violent traumatic events at family level. In an addition to this approach, a comprehensive integrated rehabilitation program for traumatized women and children was designed.
A comprehensive treatment program using pharmacological and psycho-therapeutic tools was designed to empower and foster their personal skills, knowledge and abilities This is facilitated through different courses tackling stress management, anger and conflict management, addiction and compulsive behavior management, health, aging, lifestyle and self-care, managing relationships and intimacy, family and parenting; spirituality and personal growth, life coaching, motivation and time management, career planning and development, entrepreneurial and small business development (to insure financial independency), human rights and political rights.
Women were much improved; the quality of life was getting better after finishing the program.

MD, Psychiatrist. Professor of Psychiatry Cairo University. El Cairo, Egypt.

Culture, ethnicity and psychiatric evaluation of defendants: Focus on the Netherlands
L.E. (Laura) van Oploo

The Netherlands can be considered a multicultural society, which has consequences for the composition of the suspect and offender population. Statistics show an over-representation of certain ethnic and cultural minorities among those arrested and imprisoned for criminal offences. In 2012, almost half of the population of detainees was not born in the Netherlands, which is also true for nearly a third of all detainees with compulsory psychiatric treatment. The multicultural population has made psychiatric observation, evaluation, and reporting a more complex and challenging task, as the experts will have to evaluate defendants from a variety of cultural and ethnic backgrounds. In fact, serious concerns have been raised regarding the quality of psychiatric and psychological evaluations of these defendants. Differences between the backgrounds of psychiatrist and defendant may create several problems. Language barriers may lead to misinterpretations and disrupted communication processes, psychiatric phenomena are not necessarily identical in different cultures, and psychological test material sometimes has a cultural bias and can be influenced by Western education. Cultural and ethnical aspects do not only complicate the forensic psychiatric evaluation, they may also hamper the court's ability to administer justice: because of the court's reliance on the experts' advice, this could affect its decisions and lead to individual or societal risks. In this presentation, I will analyze these

challenges and explore which (legal) measures can be taken to reduce the risk of unjust or ineffective legal decisions.

Ph.D. Student (LL.M., M.A.). Tilburg Law School, Department of Criminal Law. Tilburg, the Netherlands

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Special Session 1
Chair: Kenneth Fung & Co-chair: Micol Ascoli

Challenges of Actualizing Cultural Competence in Psychiatric Practice
Kenneth Fung, Lisa Andermann & Ted Lo

To meet the challenges of cultural diversity of the globalizing world, cultural competence is advanced as an important skill and requisite. At the University of Toronto, we have developed a model of cultural competence based on five core concepts: 1. Broad Definition of Culture; 2. Comprehensive Definition of Cultural Competence; 3. Levels of Cultural Competence; 4. Components of Cultural Competence; and 5. Generic vs Specific Cultural Competence. This is in the context of developing a competency-based postgraduate psychiatry curriculum. From our experience of cultural competence training with students, residents, psychiatrists, and allied mental health professionals, we have observed that various barriers against cultural competence can arise in the practice of psychiatry due to fundamental issues related to the 5 core underlying concepts of cultural competence. This presentation will focus on these challenges in actualizing cultural competence from theory to daily clinical practice. Reviewing the barriers, we will explore solutions from various perspectives, including Cultural Quotient, training, cultural adaptation, systems-level intervention.

Learning Objectives:
By the end of the presentation, participants will be able to:
1. Define the 5 core concepts of Cultural Competence
2. Describe challenges in the practice of Cultural Competence related to the 5 core concepts of Cultural Competence
3. Explore ways of increasing clinical Cultural Competence through training, cultural adapation, and systems-level interventions.

*Associate Professor, Department of Psychiatry. University of Toronto. Toronto, Canada.
**Integrative Mental Health Centre of Toronto

Depression in Islamic Culture
M. Fakher El-Islam

Culture has a pathoplastic effect on depressive symptomology. Culture colours the contents of Beck's symptom triad. A "blameful self" can be discovered in most patients with major depression. Guilt and shame involve a lot of religious matter. Depressive suicidality often proceeds from morbid self-reproach to unworthiness of self and/or life and stops at the stage of death wishes because it is blasphemous to contemplate, attempt or carry out suicide.
Because filial piety ranks high in the worship system it is the religious duty of families to nurture a depressed family member and waive his/her social obligations. The family also decides on appropriate illness behavior, e.g. traditional and/or professional help-seeking for the depressed. Self-regulation by

the religious belief system helps to alleviate depressive suffering. The code of worship involves ritual practice by the depressed and their families and this reduces the stigma and isolation of the depressed. Families of patients are involved with the patients and psychiatrists in a triangular family-patient-doctor relationship. The families provide the psychiatrist with information about patients' depressive behaviors and expect to receive information on their required input in patients' after-care. On the other hand, family attribution of depression to weak faith is unhelpful to the depressed.

Depressed patients and their families seek traditional/faith healing concurrently with biomedical treatment. Most psychiatrists do not object to this, provided the former does not interfere with the latter, or involve physical harm to patients by beatings or toxic herbs.

Behman hospital. Helwan. Cairo. Egypt.

Interaction between personal factors and pre-move, move and post-move phase issues
Tsuyoshi Akiyama

In order to comprehend the sometimes inconsistent epidemiological findings and to provide better personalized supports, we should pay more attention to the interaction between mover's personal factors and pre-move, move and post-move phase issues.

The pre-move phase involves the motivation and decision to move and may be influenced by cultural identity, general adaptation or history of mental illness of the person. The purpose and the intention for moving are different between sojourners and migrants. This stage may be also influenced by outer/environmental factors such as oppression, poverty or move of the family.

The difficulty of move can influence the second phase. When the move is difficult, only those with higher capacity can move. When the move is easy, those with lower capacity, maladjusted in the original culture may move.

The pre-move and move phases define the "selection" of the movers. When there exists considerable outer/ environmental pressure for people, this selection may take place as a collective phenomenon. Otherwise, the selection may be more personal.

The third phase, post-move resettlement, may be influenced by factors such as language barrier, process of acculturation, and acceptance by the host society on employment and social status matters. Within family intergenerational differences in acculturation may lead to conflict. The same post-move environmental challenges can cause different responses among the movers.

We should include appropriate assessment on the intricacy of the interaction between personal factors and phase issues to have better epidemiological comprehension and to provide more personalized supports for the movers.

MD PhD. NTT Medical Center. Tokyo Japan

Teaching Cultural Psychiatry to Medical Students, Residents, and Psychiatrists using the DSM-5 Cultural Formulation Interview (CFI)
Russell F. Lim* & Esperanza Diaz**

In the United States, cultural competence education has been required by the American Association of Medical Colleges (AAMC), for medical student education and by the Psychiatry Residency Review Committee (RRC) of the Accreditation Council for Graduate Medical Education (ACGME) in

residency training, and by some states licensing boards. In the United States' multicultural society, clinicians need to be able to perform a culturally appropriate assessment for culturally appropriate diagnosis and treatment of diverse individuals. The Institute of Medicine (IOM) recognized that being a member of a cultural minority group led to health disparities in the care received by ainstream patients and minority patients in their report, Unequal Treatment.

The Cultural Formulation Interview (CFI) was introduced with the release of of DSM-5. The CFI is a useful assessment tool that complements the Outline for Cultural Formulation, the Glossary of Culture Concept of Distress, the inclusion of cultural factors in diagnosis in the text of some chapters, and new diagnoses such as a Spiritual Crisis, or Acculturation Problem.

The symposium will describe various approaches to teaching cultural competence in medical student education, resident education, and continuing medical education (CME) using the CFI and Outline for Cultural Formulation. Applying principles of Cultural competence to Psychiatry can reduce health disparities and improve health outcomes in patients by improved attendance, engagement, and adherence to treatment plans by patient's who indentify with diverse groups, as well as for patients who identify with the mainstream culture.

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Special Session 2. Social and Mental Health Services in the Context of Migration (Experiences and Observations from Sweden)
Chair: Riyadh Al-Baldawi & Co-Chair: Vittorio De Luca

When meeting with a new country, immigrants have to go through a huge number of cultural, social and religious challenges in order to establish a functional and active life in the new society. These challenges together put immigrants in front of adjustment related stress. This kind of stress affects the social and health conditions differently. Many immigrants cover these problems using their own resources and the help they can get from different religious or cultural organizations and authorities in the new country. Other immigrants get psychosocial problems that need an effective health care service.

The aim of this symposium is to present the clinical and research observations on migrants traveling to Sweden and the challenges for the social and health care services related to the demographic and social changes of the society with a view on how to help the immigrants to find better ways for an active adaptation to the new society.

Associate Professor Of Psychiatry , Senior Consultant Of Psychiatry. Ersta Sköndal University College , Orient Medical Center. Stockholm, Sweden.

Intercultural social work in hybrid welfare provision
Johan Gärde

The contribution by intercultural social work by Faith Based Organizations in the adaption process by Refugees in Sweden will be explored. Innovative new methods of intercultural social work in a post-secular northern European context will be examined and analyzed in relation to welfare provision and wellbeing. The approach on methods and models used will be interdisciplinary and drawn from both

social work and the sociology of religion on the new pattern of hybrid welfare organizations that now are emerging, with new collaboration patterns between the public and private sectors as well as Faith Based Organizations and secular NGOs from civil society, in the welfare provision for refugees and immigrants. From the interdisciplinary studies of global civil society, secular and religious organizations can be understood in the two main categories of service and voice (Salamon 1999; Anheier & Themudo, 2002). The theoretical concept elaborated by Hogget & Thompson is a benchmark of the understanding of social welfare provision and will be used as an analytical model for the way Faith Based Organizations interact and collaborate with other stake-holders in the public and private spheres, with a focus on wellbeing and welfare provisions for refugees and immigrants.

PhD in Sociology of Religion, Senior Lecturer. Ersta Sköndal University College. Stockholm, Sweden

Public Sector and Civil Society Interventions against Social Exclusion of Young Immigrants and Refugee Populations in Sweden
Riyadh Al-Baldawi

Migration to Sweden over the last 50 years changed the social and demographic structure of the society. More than 15% of the population was born outside Sweden. These changes put the health care system in general and the mental health service in particular in front of huge challenges. This situation affects also the structure of the psychiatric team service. The rise of multi-ethnic and multicultural staff within the team service brings a number of advantages as well as challenges.
The aim of this presentation is to describe and analyse the major changes in the mental health service related to migration in a historic and contemporary perspective as well as to discuss the challenges met by the psychiatric team services.

Associate Professor and Senior Consultant of Psychiatry. Ersta Sköndal University College, Orient Medical Center. Stockholm –Sweden.

Contribution of cultural psychiatry to the successful trans-cultural implantation of psychotherapy in China
Xudong Zhao

China is progressing rapidly. The socio-cultural environment, the contents and styles of the life in China have been changed enormously so that all the people have to readjust their behavioral ways and psychological status. Social-cultural changes have inevitably induced radical changes in the individual inner psychic life. While enjoying the progress and experiencing individual growth, many people have to pay a high price for such a new 'Great Leap'. Behavioral deviations relating to psychopathology have been seen as major causes of some serious social events and emergencies. Thus, the society has to pay the high price, too.
Facing to the huge demands for mental health services, the dominant biological psychiatry is insufficient. A new system of mental health service with more humane paradigm and techniques is urgently needed.
Since 1980's, psychotherapy and psychological counseling became the focus of attention. Finally, psychotherapy was acknowledged as a 'scientific medical treatment' and psychological counseling as a 'useful method to promote mental health' in the <Mental Health Law of the People's Republic of China>, which is a historical progress in China.

The auhor introduces the 30-year effort to develop psychological services in the Chinese society, which is a thousand-year civilization and that had once declared against psychology as a pseudo-science from 1950 to 1978. Especially, he specifies the following outstanding issues to be dealt with by developing culturally adaptive psychotherapy in a developing country like China:
1. Universality vs. Uniqueness.
2. Collectivism vs. Individuation.
3. Harmony vs. Perturbation.
4. Localization vs. Globalization.
5. Understanding Psychology vs. Explaining Psychology.

Prof.Dr. Tongji University School of Medicine. Shanghai, China.

Symposium 8. Social and Mental Health Services in the Context of Migration (Experiences and Observations from Sweden)

Global Mental Health: conflict, identity and compassion.
Chair: Dinesh Bhugra & Co-Chair: Albert Persaud

As we commemorate the centenary of the 'Great War', (World War 1: 1914-1918) in this complex second decade of the 21st century, we find ourselves, sadly, caught up in global conflagrations based on romantic, idealised views of the past, fuelled by skewed interpretations of sacred religious/sociological texts and teachings resulting in various -isms, in-equalities, bigotry, symbolic and real violence. These are experienced at personal, local, national and global levels. Is this why, human beings appear not to learn from history, or, as nature is not democratic, is this inevitable?
As migration and mass media blur boundaries and expose different values the potential for stigmatisation and conflict is ever increasing. This symposium will illustrate the tragic consequences of conflict in our sense of identity, and remind us of the need to address stigmatisation, compassion and resilience.

Recognising individual resources as a social asset in tackling 'radicalisation': resilience, existential responsibility, and social ethics
Aneta Tunariu* & Rachel Tribe**

In responding to the invitation to bridge paradigms and open up multidisciplinary collaborations, the presentation will outline the benefits of approaching the issue of radicalisation indirectly yet not minimising or avoiding it. The proposal is to tackle it as an implicit outcome of psycho-social interventions that focus on individual capacity for growth and resilience as a pivotal social asset. Drawing on theory and principles from existential positive psychology, developmental coaching and psychotherapy it promotes the view that temporarily suspending the imperative for political positioning or diagnostic categorization offers a valuable and unique window for early interventions and a greater understanding of the phenomena of 'radicalization' in action. Illustrations of this view will be facilitated with reference to a current project – the iNEAR psycho-social intervention – involving working with disenfranchised young people to develop positive identities, personal resilience and positive future perspectives. The audience will be invited to reflect on the challenge of delivering interventions designed to instigate meaningful change without re-problematising already vulnerable or sceptical groups of people or communities.
University of East London, Head of Subject for Psychological Interventions. UK

*University of East London, Professor of Applied Psychological Practice. UK

The need for trauma-based services in the Middle-East; A pilot study.
Walid Abdul-Hamid

29 participants and two facilitators of the EMDR training conducted in Istanbul by UK EMDR and Ireland Association Humanitarian Assistance Programme (HAP) were asked to complete an Arabic translation of 'The Need for Trauma-based Services Questionnaire' in the last two days of the training. All participants completed both quantitative and the qualitative questions. The participants in the course were mental health professionals from Syria (42%), Iraq (32%), and two each were from Egypt, Jordan, Libya and Palestine (7%).

The results showed that the most common problem in the participants' practice were post traumatic problems as reported by 65% of the participants. Post traumatic problems were the most prevalent problem as reported by 80% of the Iraqi participants and 69% of the Syrian participants. Participants felt that they were only able to meet 39% of trauma-clients' needs. The discussion used both the qualitative and quantitative parts of the study to draw a picture of a very difficult situation, particularly in Syria and Iraq, where the lack of security and the deteriorating situation have had great impact on the mental health of the population. The way forward is discussed.

North Essex Partnership Foundation Trust. (UK). The Advisory Board of the Arab Psychological Sciences Network (ArabPsyNet). Barts Centre for Psychiatry. UK

Stigma, conflict and group identity
Nadarasar Yoganathan

As human beings began to live in groups, they inevitably created hierarchies to maintain order. Social strata (e.g. caste, class) were incorporated as culture with beliefs and practices becoming normalised and even dogmatised. History records how this led to crusades, civil wars, slave trade etc. Enlightenment, scientific discoveries and industrial revolution brought some levelling of the hierarchy but did not prevent revolutions, due to the gap between the 'haves' and 'have not's. Abolition of slavery and the growth of democracy created an illusion that we could live in harmony but two world wars shattered this dream. Post WW2 saw an artificial balance between two ideologies (capitalists vs socialist/communist) resulting in the Cold War, which gave a false sense of stability. But the growth of a market economy model and the collapse of the socialistic model, with unchecked capitalism, has further widened the inequality. Isn't it inevitable, that this medium is fertile for the growth of even more radical ideologies, based on some romantic and idealised view of the past? Proponents use the very elements of stigmatisation (ignorance, isolation, victimisation) to recruit more followers through monologue and duologue. These destructive group phenomena (envy, splitting, projection) can only be reversed through a constructive group process. To deal with this we must confront our own prejudices in order to reverse the cycle: contact, education, acceptance will empower individuals rather than let them be seduced by fanatical ideology. This requires a compassionate approach based on openness, dialogue, tolerance and empathy by all parties concerned.

Consultant Psychiatrist; St Mary's Hospital, Isle of Wight NHS Trust: UK. Royal College of Psychiatrists Tutor; Full Member Group Analytic Society, London, Convenor Median Groups; Life Member World Federation for Mental Health,UK

Symposium 9. Social Inclusion, Coping Strategies and Quality of Life in Vulnerable International Populations. WPA Section for Public Policy
Chair: Jonathan Burns
Co Chair: Solomon Rataemane

This symposium is presented by the World Psychiatric Association Section on Public Policy and Psychiatry. It focuses on important issues of social inclusion, unmet needs and coping strategies, and quality of life in vulnerable populations around the globe.

A comparison of social inclusion between mental health patients in Hong Kong and the UK
Peter Huxley

Background. According to the World Bank's definition, "Social inclusion refers to promoting equal access to opportunities, enabling every member of the society to contribute to social and economic program and share in its rewards." A review of literature found that there is a lack of empirical and evaluative studies that are dealing directly with social inclusion for people with mental health problems.
A robust measure of social inclusion [Social and Community Opportunities Profile (SCOPE)] has been developed in UK that is multidimensional and captures multiple life domains.
Method. A vigorous process was undertaken to develop a Chinese version of SCOPE that is relevant to the context of Hong Kong society. The process included a focus group study using concept mapping method; translation and back translation of the questions; replacing selected questions about local issues with questions from Hong Kong Population Census questions; and pilot-testing the Chinese version of SCOPE.
With the help of non-profit organizations, a non-probability sample survey using the Chinese version of SCOPE was conducted among 170 individuals with severe mental illness in Hong Kong. A sample of 43 mental health services users and a representative community sample of 250 completed the SCOPE in the UK.
Results. In exploratory factor analysis, the structure of the social inclusion concept was found to be very similar in both countries, but there was greater emphasis in Honk Kong on stigma and discrimination which formed a unique factor. Although stigma and discrimination emerged in the concept mapping groups it was unrelated to mental health status in the main HK sample. In logistic regression analysis 60-80% of 'overall inclusion' variance was explained in the UK healthy population and mentally unwell samples. Only 20% of the variance was explained in the Hong Kong sample.
Conclusion. The reasons for these findings will be discussed.

Professor of Mental Health Research. Centre for Mental Health and Society, Bangor University School of Social Sciences. Bangor, Wales, UK.

Unmet needs and coping strategies of African refugees in urban South Africa

Charlotte Labys*, Chandre Dreyer**, Duncan Cartwright** & Jonathan K. Burns*

Background: Over a million refugees from African countries reside in South Africa where they face an unsympathetic immigration system, high unemployment environment and widespread hostility from local populations. Little is known about the challenges, emotional needs and coping strategies of this highly vulnerable population.

Methods: We conducted in-depth 60-90 minute semi-structured interviews in English or French with 20 adult refugees recruited from a community-based centre providing health, legal and food support to refugees in the city of Durban. Participants were asked about current social and psychological problems, coping abilities and daily functioning. Interviews were recorded and analysed for themes.

Results: Ten males and ten females were interviewed, ten from Zimbabwe, eight from the Democratic Republic of Congo and two from Burundi. The average age was 36 years and average period living in South Africa, six years. Major problems reported included: financial problems, unemployment, lack of accommodation and homelessness, food insecurity, barriers accessing health and education, exploitation by rent lords and temporary employers, and extensive experiences of discrimination, verbal abuse and physical assault. The result of these problems were feelings of anger, fear, sadness and hopelessness, shame and self-blame, helplessness, physical fatigue and pain. Means of coping included going to church, praying, talking to friends (especially same nationality), learning the local language, and 'keeping quiet.' Many expressed a strong desire to return to their home countries.

Discussion: Refugees in urban South Africa face considerable hardship including widespread xenophobia. In addition to needing psychological support, they have many unmet basic social needs.

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**Department of Psychology, School of Applied Human Sciences, University of KwaZulu-Natal, Durban, South Africa.*

The emics and etics of quality of life assessment

Richard Warner

Background: Among quality of life (QOL) researchers there is a debate over the value of subjective measures, because subjective ratings of different areas of people's lives often bear little relation to their objective life circumstances. Anthropological theory can illuminate this debate, since cultural anthropologists grapple with a similar issue -the difference between emics and etics. Emic data, in anthropology, deals with distinctions that are real and significant to natives of the culture, while etic statements depend on distinctions judged appropriate by scientific observers.

Conclusions: The study of emics and etics suggests the following conclusions for QOL researchers. Subjective and objective appraisals are different kinds of data, both of which can be collected from subjects. Both are valuable, but it may be necessary to override subjective data to develop a predictive model. Objective circumstances do not reliably predict subjective evaluations of those circumstances or vice versa, particularly in evaluating change over time. The combination of subjective and objective measures, however, can lead more directly to service improvements that are sensitive to consumers' needs.

Professor. University of Colorado, Department of Psychiatry. Aurora, Colorado, USA

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Symposium 10. Global Mental Health and Culture
Chair: Samuel O. Okpaku
Co Chair: Francis Lu

There is an abundance of definitions of globalization. They all emphasize an ascendency of capitalism and interconnectivity in an ever shrinking world space. Four major dimensions can be distilled from these definitions. These dimensions are historical, economic, political and socio cultural, for example many low income and middle income countries have had a recent colonial part and the majority are non-western. Hence globalisation has not gained a universal acceptance as evidenced by demonstrations at G10 meetings. In fact it has been suggested that globalization is a back door approach to neo-colonization and that the process has had a further marginalization of countries in Africa, South America and Asia. Similarly, global mental health has not gained a universal acceptance. The Grand Challenges report of 2011 was criticized for lack of sensitivity to local conditions and cultures. There is a suspicion of westernization and over medicalization of mental health and illness. In attempting to reduce the tension between the different schools, a definition of global mental health is offered. This definition identifies five criteria-namely universal and transnational, public health, stakeholders, problem ownership, and team criteria. This symposium will address aspects of this approach to global mental health.

Global Health and Mental Health as Diplomacy
Samuel O Okpaku

Global mental health can be seen as a range of activities that meet five criteria. These are the universal and transnational, the public health, the stakeholders, the problem ownership, and the team criteria. The health diplomat defined health diplomacy as "the chosen methods of interaction between the stakeholders engaged in public health and politics for the purpose of representation, corporation, resolving disputes, improving health systems and securing the right to health of vulnerable populations". Labonte examined how government position health in their foreign policies. Global health and foreign policy frequently overlap. Examples of global health driving foreign policy include immigrations, natural and manmade disasters, and violence as a public issue. A major milestone in foreign policy is the OSLO Declaration of 2007 where foreign ministers from Brazil, France, Indonesia, Senegal, South Africa, and Thailand declared that there is a strategic need to focus on health as an international issue. This paper will trace the evolution of modern global health and hence global mental health. Examples of bilateral, regional, and international treaties will be given. Predictions for the future of global health and mental health as the portfolio of health expands will be attempted.

Objectives: At the conclusion of the presentation participations will become.
1) More knowledgeable about the intersection of global mental health and foreign policy.
2) More knowledgeable about the definitions of global mental health

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The Mental Health of the Mayan Population in Guatemala
Robert Kohn

Guatemala has a population of 14.2 million people of which slightly less than half are indigenous. The indigenous people are concentrated in the rural regions of the country. About 28 different languages are spoken across Guatemala; the majority of the population speaks Spanish. There are four officially recognized ethnic groups: three indigenous populations (Maya 39%, Xinca 0.1%, Garifuna 0.1%), and one admixed population (Ladino, 60%). For the purposes of this study, we grouped all three indigenous populations together. The socio-demographic characteristic of the survey participants was 62.7% females, 27.8% Mayan population, median age 36 years old. This was the first diagnostic survey in Latin America to include a substantial number of indigenous people (n = 1452 of which 409 are Mayan). There were no statistically significant differences in the rates of mental disorders, with the exception of the Ladino population having higher rates of substance use disorders. The indigenous population had higher rates of PTSD when exposed to violence of war. Service utilization is low in Guatemala and lower yet among the indigenous population. As in other studies, rates of mental disorders across ethnic groups do not widely differ. However, large disparities and risk factors for mental illness do.

Objectives:
1.	The participants will learn about the mental health issues facing the Mayan population
2.	The participants will learn about the disparities in mental health services between Mayan and the non-Mayan population
3.	The participants will learn about the pitfalls in conducting epidemiological studies in resource poor countries

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MD. Alpert Medical School of Brown University, Department of Psychiatry and Human Behavior. The Miriam Hospital. Providence, USA.

Douglas Mental Health University Institute – Division of Social and Transcultural Psychiatry, McGill University
Duncan Pedersen

Current efforts in Global Mental Health (GMH) aim to address the enormous disparities in mental health care within and between rich and poor countries. The main strategies promoted by multi and bilateral agencies, government and NGOs including private foundations, have been focused on developing, implementing and evaluating evidence-based practices that can be scaled-up through task-shifting and other methods aimed to improve access to and reduce the treatment gap. Recent debates on GMH have raised questions about the goals,

methods, and consequences of these approaches. Some of these critiques are concerned with applying Western ways of framing problems and developing therapies and interventions, which may not be socially relevant and culturally appropriate. More fundamentally, exclusive attention to discrete mental disorders identified by psychiatric nosology may shift attention from social structural determinants of health that are root causes of global health disparities. A first step toward a new architecture for GMH would be to acknowledge the fact that unless social, cultural, political and economic realities are incorporated into our research and action programs, the gap between the rich and poor will continue widening, with continual devastation of the natural environment, and poor health outcomes, including mental health.

Core areas:
1. Origins and transformations of knowledge and practice
2. Social determinants of mental health and health care

MD. Douglas Mental Health University Institute – Division of Social and Transcultural Psychiatry, McGill University. Montreal, Canada

Global Mental Health: Undergraduate and Graduate Medical Education Perspectives
Mary Kay Smith

International health education experiences have contributed to improve cultural competence, acquisition of knowledge, and development of valuable skills in medical students and residents, but there has been a relative lag in understanding psychiatry's potential to be involved in educational global health experiences. Academic psychiatrists are beginning to recognize the value of developing and supporting clinical and educational relationships globally and are creating collaborative partnerships with this in mind. Clinical educators recognize the benefits of their students' and residents' involvement in countries with limited health care resources, and are recognizing the multiple benefits that these learners bring back to their academic health centers. While these future health care professionals may return home with more nuanced perspectives regarding access to care and population health, opportunities to learn about local philosophies and traditions are frequently missed.

This presentation will examine the implementation of community-building practices in the U.S. that were inspired by years of travel to Southern Africa to teach faith leaders about mental illnesses, HIV infection, and neglected tropical diseases. The author will discuss how the focus on the interconnectedness learned abroad has been adopted as the organizing principle in collaborating with academic and community-based partners to implement an innovative health care workforce development initiative. She will explain how lessons learned from faith and community leaders in Zambia and D.R. Congo were utilized to bring health professions students and individuals with limited access to health care together to start promoting health and wellness in their local community and how students, residents, and the local community benefit from this global exchange, regardless of whether they travel abroad to participate in global mental health. Initiatives currently being developed at the national and international levels to promote medical students' and residents' involvement in global mental health experiences will also be explored.

Objectives:
1. Discuss current initiatives aimed at increasing the involvement of medical students and residents in global mental health experiences.
2. Describe how lessons learned from individuals with differing worldviews can be used to address undergraduate and graduate medical education priorities, regardless of whether or not learners choose to travel abroad.

M.D. Director, Public and Community Psychiatry. The University of Toledo

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Symposium 11. Leaving Home or the end of Belonging: Migration and Its Consequences
Chair: Martha Ontiveros
Co-Chair Irma Patricia Espinosa

Migration's causes don't show compelling evidence that economic welfare is a magnet for immigrants, that's why, with exceptions such as undocumented Mexican or Central-American immigrants, we can say that migration is one of the driving forces behind social and psychological changes in the world, not only because it restructures the way people think and feel about race and ethnicity, but above all, about themselves as members of a host country, or as a person who has to leave home and therefore, it questions their sense of belonging. Focusing on this issue may improve our understanding of human themes such as diversity, self-identity, home, sense of family and security; all of them as direct consequences of -in a psychological way- "being a foreigner", the "new Ulysses" of the Second Millenium.

Self -Identity, Belonging and Home
Sergio Viera Niño

Migration as a psychological experience has been neglected by many studies, because often thought of it as a result of economic, political or social circunstances. However, since the beginning of this century there is a growing group that chose to leave their countries and live in a foreing place, not for those reasons we have mentioned; these migrants are known as "voluntary migrants". Whether voluntary or not, all migrants suffer from certain impact on their mental health, but there is also evidence that many of them have different concepts about "belonging" and "self identity" in comparison to other family or community members; exploring these pecularities may help us understand what provoked the initial leaving and what happens to the person and their whole concept of home during this process.

Psychiatrist Mexican Psychiatric Association. (APM). San Luis Potosí, Mexico

Migration and Family Psychodynamics aspects
Araceli Granados Díaz

Migration processes in a globalized world have led to substantial changes in family psychodynamics, resulting in new forms of expression of this model, which in turn influence the structure of the community; both in the community from which the migrant came and in the host country. Several studies show that almost 35% households in the foreign population are formed by married people who left their families in the country of origin with whom they maintain affective, economic and social ties; emerging what is known as "transnational family", a new form of family dynamics that often suffers from the separation of its members in which quickly exhausts their capacity to respond to everyday problems, especially in the definition and expression of family leadership and authority, in the social role and social status of the family, which in turn leads to intra and extra familial histories of exclusion and various forms of psychopathology, both in the people that migrated and in those who were left behind.

Psychiatrist. Mexican Psychiatric Association (APM). Pachuca, Mexico.

Leaving Home and its Psychosocial Consequences: the Ulysses Syndrome
Irma Patricia Espinosa Hernández

Freud's "Unheimlich" concept is an internal experience that evokes, at the same time, the intertwined ideas of being -at- home and the uncanny, in a way that what is familiar and agreeable is also kept hidden and concealed and can provoke the feeling of strangeness as a consequence of two simoultaneuos tendencies: to hold onto what is stable and to seek out new and exciting situations; corresponding to an ambivalent "attraction to the foreign" combined with a "longing for home". For many authors this existential ambiguity is not considered a form of psychopathology, but a psychological attribute that leads someone to explore its own humanity in a different way than others do; however, in many cases no matter if we are in front of an exiled or a voluntary migrant, it may result in what we know as the "Ulysses Syndrome", a chronic and multiple stress syndrome of the immigrant population.

Psychiatrist. Mexican Psychiatric Association. Mexico City, Mexico.

Symposium 12. Childhood Family and Culture
Chair: John de Figueiredo

Culture Influences Eye Contact Behaviors of Autistic and Control Children: A Comparison of Italian and Japanese Boys
Daina Crafa

Background: Studies from cultural neuroscience robustly demonstrate numerous differences across cultures. Their findings in healthy participants raise questions about whether culture affects clinical outcomes too. However, the influence of culture on neuropsychiatric outcomes has not been directly examined. Previous cross-cultural studies of autism report differences in visual processing styles between controls and patients, and these differences may reflect cultural customs. This study is a first step toward investigating the role of culture in neuropsychiatry more broadly.
Methods: Boys with and without autism were recruited from Japan, a country where eye contact is discouraged, and Italy, a country where eye contact is encouraged, to participate in an eye tracking study. Participants identified the emotional expression of normalized Asian and European faces.
Results: When eye contact count and duration was compared between autism and control groups without considering culture no significant differences emerged, a finding that echoes many other studies in autism research. However, when country was co-considered, effects were highly significant between both control and autism cohorts. Italian boys showed more eye contact overall compared to Japanese boys.
Discussion: Reduced eye contact is an essential symptom of autism that is relied on for diagnosis during childhood. Our findings suggest that cultural norms may substantially contribute to neuropsychiatric findings for disorders like autism. Differences in eye contact behaviors across cultures may lead to misdiagnosis, for example if children have migrated into countries with different eye contact norms. Suggestions for considering the role of culture in neuropsychiatry will be discussed through the lens of international autism research.

M.Sc., M.Sc., Ph.D. candidate. Integrated Program in Neuroscience, Douglas Mental Health Institute, McGill University. Montreal, QC, Canada

La infancia, la crianza y la Mexicanidad
Jorge Escotto Morett

El presente escrito es una selección arbitraria, mas o menos ordenada en una secuencia cronológica, que no tiene otro objetivo que mostrar algunas consideraciones históricas bastante conspicuas enfocadas a la representación de la infancia, su idea y su cuidado; la evolución del concepto de la misma, la crianza y la identidad. Las repercusiones de esta triada en los ámbitos sociales y culturales en un fenómeno seleccionado ad hoc, como es el mexicano.

Psychiatry and child psychiatry. Hospital psiquiatrico infantil Dr. Juan N. Navarro. Distrito Federal, México.

Hidden Epidemic of Dissociative Symptoms in Fatherless Families?
Petr Bob

Background: Current findings show significant associations between parental divorce and children's emotional and behavioral problems and some data indicate an association between fatherlessness and child psychopathology. These findings suggest that mother's marital status indicating father's absence or conflicting relationship to father may be specifically related to dissociation and other stress related symptoms.
Methods: We have assessed relationships of mother's marital status, dissociative symptoms and other psychopathological manifestations in a sample of 19-years young adults (N=450) participating in European longitudinal study ELSPAC.
Results: The results show clinically significant manifestations of dissociative symptoms in young adult men whose mothers were fatherless (unmarried or divorced and not re-married) and women whose mothers were re-married. Other psychopathological symptoms did not reach clinically significant manifestations. These results show that girls and boys respond to the same mother's marital status and to limited father's presence or absence differently.
Conclusions: The results suggest that significant factors related to the high level of dissociative symptoms in men growing in fatherless families might be linked with disturbed and conflicting attachment to a father's figure and pathological dependent attachment to mother. In women dissociative symptoms likely are linked to conflicting relationship between mother and daughter associated with stepfather presence in the family.

Charles University. First Faculty of Medicine. Prague, Czech Republic.

Assessing the readiness of interprofessional clinicians to adopt the principles of motivational interviewing (MI) in a primary care setting: A competency-based MI training module in Hidalgo, Mexico
Pablo Diaz

Introduction: Mental healthcare providers (HCPs) can be trained to use motivational interviewing (MI), a counselling approach for promoting health behaviour change. This study sought to understand

the individual and social factors influencing HCPs' ability to apply MI into practice following a workshop.

Methods: In July 2012, a two-day MI training course for interprofessional primary care and substance abuse HCPs was held in Hidalgo, Mexico. Nine participants participated in one-on-one interviews two months afterwards. Participants were asked to review cases in which they used MI since the training. Interviews were audio-recorded and translated. Using a constant comparative analysis approach, transcripts were analyzed to develop codes and group into subthemes.

Results: Participants articulated some MI concepts, but they often were not applied in described cases. Three factors influenced MI implementation. 1. Involuntary nature of program: most service users were in the addiction program due to a judicial process or family pressure, MI tenet that service users must want to receive treatment. 2. Familial influence: Can present additional pressure in reducing ambivalence and increase expectations. 3. Acceptability of interprofessional learning: Collaboration with professionals from other disciplines as taught in the course was a challenge for some.

Discussion: Despite "readiness to change" before and after a twoday MI training course, HCPs did not consistently implement MI in day-to-day practice. The difficulty of engaging involuntary patients, and familial influence often acted as barriers. Completing training alongside interdisciplinary colleagues and creating a community of practice may challenge hierarchical norms in health care.

Assistant professor, Department of Psychiatry, University of Toronto. Centre for Addiction and Mental Health. Toronto ON. Canada.

Symposium 13. Migration & Culture 1
Chair: Jie Li

Emergency psychiatric care of children and adolescents with and without migration background

Background: Migrants usually attend psychiatric care less frequently than the autochthonous population. Because there are no data available for the Austrian population, we compared acute referrals of patients originating from Turkey, former Yugoslavia (Serbia/Croatia/Bosnia), and Austria for differences in frequencies and reasons of referral.

Method: We retrospectively analyzed the patient records of 1,718 children and adolescents aged 4-18 years who attended our outpatient clinic for acute psychiatric problems in the years 2008-2010. We compared the reasons for referrals of Austrian, Turkish and Serbian/Croatian/Bosnian children.

Results: More children and adolescents with migration background than Austrians consulted our emergency outpatient clinic (53.3 % vs. 46.6 %). Most frequent reasons for referral were suicide attempts in Turkish, acute stress disorder and suicide attempts in Serbians/Croatians/Bosnians, acute stress disorder and behavioral disorders in Austrian patients.

Conclusion: More children and adolescents with migration background than their autochthonous peers consult acute psychiatric clinics because of a lack of adequate mental healthcare services for migrants. There are differences in reasons for acute referral depending on the migration background. Therefore evidence-based studies and special mental healthcare measures for children and adolescents with migration background are needed to improve their mental-health care.

Türkan Akkaya-Kalayci.Consultant for Child and Adolescent Psychiatry and consultant for Adult Psychiatry and Psychotherapeutic Medicine. Department of Child and Adolescent Psychiatry, Medical University of Vienna, Austria.

Cross-cultural barriers and resources in the utilization and provision of inpatient mental health care services for patients with a migration background in Germany

Oriana Handtke

Even though people with a migration background tend to have an increased need for psychological treatment, their utilization rates of inpatient mental health care services are lower than those of patients from native populations. Due to language barriers and cultural differences, providing health care to patients from diverse cultural backgrounds represents a challenge for health care systems. To gain a better understanding of cross-cultural barriers and resources in the utilization and provision of inpatient mental health care services in Germany and to derive appropriate measures of treatment for patients from different cultural backgrounds, this project aims to:

1. Evaluate inpatient mental health care facilities in Germany regarding the implementation of the process of "cross-cultural opening". This organizational process has been introduced in order to improve mental health care treatment for a cultural diverse population.

2. Assess non-users with an indication for inpatient treatment and a migration background.

3. Interview patients with and without a migration background as well as mental health care workers about barriers and resources in providing care in inpatient mental health care settings.

Recruiting patients with a migration background is a known challenge in migration research. Therefore, the primary goal of this session is to present innovative recruitment strategies. Further, to invite the audience to critically discuss the study's concept and data collection methods as well as to disclose potential pitfalls in its implementation.

Master of Science in Psychology. University Medical Center Hamburg-Eppendorf, Department of Medical Psychology. Hamburg, Germany.

Inventory of Stress by having a Migrant Relative (INEFAM), its confirmatory analyses

María de la Luz Pérez Padilla*, Fabiola González Bentazos** & María Elena Rivera Heredia***,

Family experiences high stress when a relative migrates. It is a mental health concern because family can also be vulnerable when migration occurs. The Inventory of Stress by having a Migrant Relative (INEFAM) was developed by Salgado de Snyder and Maldonado in 1993. Originally, it was created only for the use of wives of migrants; nevertheless, it has the potential to be used with other populations such as mothers, sisters, brothers, and fathers who are also affected by the migration process. For that reason, the scale was used in a study not only for wives and exploratory and confirmatory analyses were applied to identify its potential and statistics properties. In order to do this, structural equations were used with the statistics program AMOS. Four dimensions were found in the exploratory analyses: Maladjustment, rootlessness, acquired responsibility, and sustention. The lowest factorial weight was .481 and the highest .883. In the confirmatory analyses, after trying different models, one model with acceptable indices was used which obtained for example, GFI (0.849) and CFI (0.849). In the confirmatory analyses, low correlations were found between sustention with maladjustment and acquired responsibility, and rootlessness with acquired responsibility. Finally, the Cronbach alpha was acceptable in each dimension (.706, the lowest and .861 the highest); therefore, the INEFAM could be a useful instrument to measure the migrant´s relatives stress when mental health providers are working with families in the migration context.

*PhD in Psychology Centro Universitario de los Lagos. San Juan de los Lagos, Jal., México.
**PhD. In Universidad Michoacana de San Nicolás de Hidalgo. Morelia, Mich. México.
***PhD in Psychology. Universidad Michoacana de San Nicolás de Hidalgo. Morelia, Mich., México

Progress in the ICD 11 and Latin American Guide on Psychiatric Diagnosis GLADP VR

Elvia Velasquez de Pavón

Introduction. There are two major international classifications of diseases, the ICD 10 with the upcoming publication of ICD 11 in 2017 coordinated by the World Health Organization, and the Diagnostic and Statistical Manual, DSM 5, published in May 2013 in the USA. There are regional versions of the ICD 10 as the Latin American Psychiatric Diagnosis Guide (GLADP), Cuban Glossary of Mental Disorders, and others. The international classifications are necessary for diagnosis and medical clinical activities

Purpose To describe the progress of ICD 11 with emphasis on cultural aspects and show the importance of GLADP VR.

Results. Due to the international use of ICD 11, besides of being necessary a universality of criteria, it needs to have emphasis, more than the DSM 5, in the cultural and regional particularities of psychopathological expression. This presentation describes history, steps in the creation of working groups, reviews and consensus; development of publishing format, definitions, clinical descriptions and diagnostic guidelines. ICD 11 should be multipurpose for morbidity mortality, clinical care, public health, primary care health, research, multilingual use in 43 languages; it should also be integrated to electronic health records and web platforms, as well as field tests for all items of the classification.

The presentation includes the importance of GLADP VR because it contributes to reflect the regional specificities through Latin American Annotations, Cultural syndromes and the PID (Personal Integrated Diagnostic) as a person-centered model.

Conclusion. Latin American Psychiatry should be present in the big contributions to science like the Psychiatric International Classifications by providing culturally related inputs.

MD Psychiatrist and Epidemiologist Member of the Latin American Association on Addictions, APAL Section on Substance Disorder and APAL Section of Diagnosis and Classification. Medellín Colombia

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Symposium 14. La espiritualidad en la promoción del ejercicio y deporte en pacientes con trastornos emocionales

Chair: Fakhr El-Islam
Co-Chair: Daniel Chen

Lo material, sigue siendo de gran preeminencia en la vida de las personas y los pueblos, pero nuestra humanidad siempre ha vuelto los ojos por aquello tan preciado que es lo espiritual. En el campo de la salud mental, lo espiritual es la perspectiva en la que hay una forma superior individual o grupal, y su uso creativo puede mejorar los procesos de ayuda, terapéuticos, etc. Por iniciativa de los equipos de salud mental de Japón e Italia celebraremos un primer campeonato mundial de Futsal para personas con problemas mentales de diversos países, lo cual nos parece es una práctica de espiritualidad sin precedentes.

Situation and tasks of the sports for people with mental disorders in Japan.

Abe Yu* & Seishiro Inoue**

Japan Social Football Association (JFSA)" was founded in August, 2013 as a football organization for people with mental disorders at the national level. In October of the same year, three important events were held: the First International Sports Symposium of People with Mental Disorders, the First

National Futsal Competition for People with Mental Disorders, and lastly, the First International Conference for the Sport of People with Mental Disorders.

About the events that followed afterwards at the domestic level in Japan, although changes are still minor, interest in sports of people with mental disorders is on the rise. New futsal teams are being created across the country, and local exchanges have increased.

In the national competition, the teams of Hokkaido, and the area of Tohoku have won. (Tohoku has been affected by the Great East Japan earthquake). This experience of winning has left an important heritage in this affected region. Despite being relatively a wide area with inconvenient traffic, the movement of players and staff for these activities has increased dramatically, thus deepening ties within this region.

Along the increase of activities at a domestic level, JSFA is organizing a national competition in Nagoya, which will be held in October, 2015. Moreover, in response to the agreement reached at the First International Conference for the Sport of People with Mental Disorders, JSFA is mainly promoting preparations for the First International Competition which will be held in Osaka in February or March, 2016, and adjustments among countries are currently on the way.

*Medical Psychiatrist. Member of the First International Conference for the Sport of People with Mental. Disorders and Meiji Gakuin University. Tokyo, Japon.
**Chief of the outpatient department section. Ishikane Hospital.

Sport as a vocational tool in psychiatric recovery-based rehabilitation
Santo Rullo

Psychosocial rehabilitation is a process that helps individuals who have problems due to a mental disorder, to recover opportunities to reach their optimal level of independent functioning in the community. Implies both an improvement of individual skills and the introduction of changes in the environment, in order to create the conditions for better quality of life and dignity for anyone who had an experience of mental suffering likely to produce disability.

Almost always mental illnesses are associated with movement disorders, because mind and body are not sharply separated. Motor coordination problems for psychosis, motor slowing for depression, hyperactivity in personality disorders, mania, etc.

The areas of Psychosocial rehabilitation are clinical, vocational, educational, social-relational and familiar. The outcomes of therapeutic and rehabilitative interventions are complex and manifold.

Relapse prevention of disorders doesn't equal "recovery". We need to help the person with mental health problems to associate taking medication and psychotherapy with meeting life goals. Collaborating with the patient and social system, the patient-person becomes co-leader of a team, focusing on strengths and opportunities instead of only psychiatric symptoms.

Sport is a powerful mediator of the relationship between mind and body. The technical gestures of individual disciplines and tactical strategies of team sports lead the athlete to coordinate thinking, motor activity and ability to relate. The competition and the playful component add important emotional components.

There is widespread support for a positive and lasting relationship between participation in regular exercise and sport activities and improvements of mental health. The evidence for psychological benefits, although impressive for mentally healthy individuals, is even stronger for psychiatric populations.

The first promotions of rehabilitative interventions with sports for people with mental health problems were in Italy in 1992. Since then sport activities, training, events and championships became part of the vocational tools of community psychiatry in different countries.

MD, Psychiatrist. Italian Association for Psychosocial Rehabilitation. Rome, Italy.

Adherencia al tratamiento en pacientes con esquizofrenia
Raymundo Muscellini

La adherencia al tratamiento es fundamental para el pronóstico de la esquizofrenia. En el presente trabajo exploratorio se evalúa si existe relación entre adherencia farmacológica, grado de insight, reconocimiento de los estados emocionales, funcionamiento global y adaptación social como factores intervinientes en la adherencia al tratamiento.

65 pacientes con diagnóstico de esquizofrenia de la ciudad de Córdoba Argentina, fueron entrevistados con cuestionario sociodemográfico, escalas clínicas: Insight Scale; TMMS 24; DAI -10; PANNS MJ; EEASL y SASS.

Los resultados evidencian correlación entre adherencia farmacológica, funcionamiento social y grado de insight. También se halló correlación entre el grado de insight y el funcionamiento social. Por otro lado la terapia grupal promueve el reconocimiento y expresión de estados emocionales, estrategias de afrontamiento y comportamiento asertivo y mayores niveles significativos de conciencia de síntomas. La psicoeducación familiar favorece la adaptación social. Aquellos pacientes que tuvieron internación psiquiátrica muestran niveles significativos en la necesidad de recibir tratamiento

El deterioro funcional que conlleva el aumento de la sintomatología negativa influye en la falta de adherencia farmacológica, disminución del funcionamiento social y el requerimiento de administración de la medicación por parte de terceros. Un abordaje terapéutico integral en el cual, el tratamiento farmacológico continuado controla la sintomatología, permitiendo al paciente acceder a intervenciones psicosociales, psicoeducativas, estrategias de afrontamiento y comportamiento asertivo permitirá gradualmente un mayor funcionamiento social, lo que posibilita una mejor calidad de vida.

Médico Psiquiatra. Fundación Recuperar. Córdova, Argentina.

Workshop 2. Women's Mental Health and Cinema: Film Screening
Chair: Erminia Colucci

Cinema and modern Psychiatry share a parallel history. Born in 1895, when the Lumiere brothers scared a Parisian audience with a train coming at them and Freud scared Viennese society with his descriptions of sexual traumas, all the way to 2015 and the worlwide mass scare of Fifty Shades of Grey. This shared 120 year history has been characterised by the interchange of ideas, information and stories, with cinema using psychiatry and mental illness as a major source of inspiration. However, sexism and bias have been hallmarks of this phenomenon. Men and male stories have entertained and informed the public from the screen. Women and female stories have been relegated to a secondary position, usually prejudiced, discriminatory or even offensive. This interactive presentation aims at addressing this inequality through the screening of vignettes from different international films showcasing the role of women as psychiatrists, patients and sufferers of mental disorders.

Consultant Psychiatrist Private Practice. Sydney, Australia

Opening Plenary Session
Chair: Sergio Javier Villaseñor Bayardo.

The work of WACP
Kamaldeep Bhui

This paper introduces delegates to the officers of the association and summarises the establishment and development of the World Association, and its objectives as an international organisation to promote a better understanding of the influence of culture on the emergence of mental illness and its treatment. The place of culture in global and public mental health will be discussed with a particular focus on the work of our affiliated associations, the shaping of world congresses and their effect on international capacity, our programmes of regional and international meetings, special interests groups, and the association's scientific journal.

President of the World Association of Cultural Psychiatry.
1985 BSc II (i) Hons. Pharmacology, University College London
1988 MBBS, United Medical & Dental Schools of Guy's and St Thomas' (UMDS), now KCL.
1992 MRCPsych. (FRCPsych elected in 2005)
1993 Diploma in Clinical Psychotherapy (UMDS) (Distinction)
1994 MSc Mental Health Studies (UMDS) Distinction, Anthropology, Sex & Marital Therapy
1996 Diploma in Epidemiology (London School of Hygiene & Tropical Medicine, LSHTM)
1996 MSc Epidemiology (LSHTM)
1997 CCST
1999 British Association of Psychotherapists-Member
2000 MD in Psychiatry. Institute of Psychiatry.
Posts: Current: Professor of Cultural Psychiatry & Epidemiology & Hon. Consultant Psychiatrist, East London Foundation Trust (May 2003-present)
Head of Department, Centre for Psychiatry (July2014 onwards).

Cultural congruity and acculturation
Dinesh Bhugra

No abstract
President of the World Association of Psychiatry.
He is the recipient of over 10 honorary degrees. Professor Bhugra's research interests are in cultural psychiatry, sexual dysfunction and service development. He has authored/co-authored over 350 scientific papers, chapters and 30 books. His recent volumes include Leadership in Psychiatry, Troublesome disguises, Principles of Social Psychiatry, Mental Health of Refugees and Asylum Seekers (Highly Commended in the 2011 BMA Awards), Migration and Mental Health, Textbook of Cultural Psychiatry (Commended in the BMA Book Awards in 2008 and recipient of the 2012 Creative Scholarship Award from the Society for the Study of Psychiatry and Culture), Culture and Mental Health and Management for Psychiatrists. He published Mad Tales from Bollywood: Portrayal of Madness in Conventional Hindi Cinema in 2006.
Professor Bhugra is the Editor of the International Journal of Social Psychiatry, International Review of Psychiatry and International Journal of Culture and Mental Health. He developed teaching modules and short courses for medical students and psychiatric trainees on Cultural Psychiatry and on Cinema and Psychiatry.
From 2008 to 2011 he was President of the Royal College of Psychiatrists. From 2011 to 2014 he was Chair of the Mental Health Foundation and is currently President of the Foundation. In early 2012 he was appointed a CBE. In September 2014, he became President of the World Psychiatric Association for a three year term.

The Closure of High Security Psychiatric Hospitals in Italy: a Cultural Phenomenon

Micol Ascoli.

This paper will illustrate the closure of the remaining six high security psychiatric hos-pitals in Italy. These hospitals escaped closure after the 1978 psychiatric reform and became over the decades increasingly obsolete. A public opinion movement for their closure started in 2008, and gained momentum in 2011 after a shocking video report on the patients' daily lives in these institutions. The public outrage culminated in a law imposing the closure of the high security hospitals and their substitution with residen-tial community facilities. The Author will illustrate the processes of the hospitalisation of the "criminally insane" and the long legislative and administrative process of the closure of the high security psychiatric hospitals, to be completed in 2015. The Author will also outline the positions of different parties in the heated debate about the mean-ing, the process and the purposes of this last wave of deinstitutionalisation in Italy. The narratives, the politics, the media portraits within the social discourse on deinstitution-alisation reveal a dominant culture of care still based on the notions that "freedom is therapeutic" and that the rooting of psychiatric care in the community is an index of a country's level of civilisation. After 37 years from the Italian psychiatric reform, a cul-ture of care still dominates the Italian scenario: a culture that, rejecting attention to risk factors and evidence based decisions, still focuses on the civil and political rights of the mentally ill citizens.

Consultant Psychiatrist
East London NHS Foundation Trust, London, UK
I completed my training in Psychiatry and Psychotherapy in Italy in 2002, with a final dissertation on the phenomenology and the psychodynamics of guilt feelings in Holocaust survivors.
After moving to London from Italy in 2004, I became the Clinical Lead in Cultural Psychiatry for the Newham locality and I have set up training in Cultural Psychiatry for undergraduate and postgraduate medical trainees, clinical staff, service users groups, approved mental health professionals and MSc students at Queen Mary University of London.
In 2008 I was appointed Honorary Senior Clinical Lecturer at the same University, in recognition of my teaching and academic activities in the fields of Clinical and Cultural Psychiatry.
In 2010 I started working as a Consultant Psychiatrist and Research Fellow for the Tower Hamlets Cultural Consultation Service in London, which provides clinical cultural consultation, training and organizational consultancy in mainstream services. I am the Chair of the Trustees of the London Refugee Therapy Centre, where I have been working since 2006, as a teacher, tutor and trustee. I have been the Secretary of the World Association of Cultural Psychiatry since 2013

SECOND DAY - 31 October 2015

Symposium 15: Suicide, Culture and Brain Mechanisms
Chair: Kamaldeep Bhui
Co Chair: Renato Alarcón

This symposium includes presentation on internet and digital media based research on suicidal thinking, to inform interventions; alongside a better understanding how to intervene using digital media and contrasting with new research on the neuroscience of persistent suicidal thinking and impulsivity.

Suicide First Aid guidelines: A tool for community-based suicide prevention for culturally-diverse populations
Erminia Colucci

During this presentation, *Suicide First Aid Guidelines* developed for Sri Lanka, India, Philippines, Japan and for immigrant and refugee populations will be discussed. These guidelines were designed to help members of the public to recognize and provide 'first aid' to someone who is at risk of suicide. The role of the first aider is to assist the person until appropriate professional help is received or the crisis is resolved.

Separate Delphi expert consensus processes using on-line questionnaires containing possible first aid actions were employed. Participants were asked to rate whether each action should be included in the guidelines and to suggest additional actions that were not included in the original questionnaire but were considered by the respondent to be particularly relevant to a person living in one of these Asian countries or is from an immigrant or refugee background. The Delphi process in each study consisted of three rounds and acceptance criterion was set at 80% or above.

Although these guidelines are designed for members of the public, they may also be helpful to non-mental health professionals working in health and welfare settings.

Lecturer and Research Scientist.Queen Mary University of London.Melbourne.

Reducing Suicidal Thoughts among Turkish Migrants in the UK and in the Netherlands: Effectiveness of an Online Intervention
Ozlem Eylem

This paper is addressing the question whether a culturally adapted, guided, CBT based, online self-help programme is effective in reducing suicidal ideation among Turkish migrants living in the UK and in the Netherlands. The aims of this study are 1) to translate and back-translate the existing online self-help programme for suicidal thoughts in Turkish 2) to adapt the programme in line with the Turkish culture and 3) to evaluate the effectiveness of the adapted intervention for Turkish migrants with suicidal thoughts.

PhD Candidate. VU University Amsterdam. Amerstdam.

Persistent suicidal thinking: cultural or neurobiological origins?
Kamaldeep Bhui

This paper is addressing the question whether a culturally adapted, guided, CBT based, online self-help programme is effective in reducing suicidal ideation among Turkish migrants living in the UK and in the Netherlands. The aims of this study are 1) to translate and back-translate the existing online self-help programme for suicidal thoughts in Turkish 2) to adapt the programme in line with the Turkish culture and 3) to evaluate the effectiveness of the adapted intervention for Turkish migrants with suicidal thoughts.

Professor of Cultural Psychiatry and Epidemiology. Queen Mary University of London .

Symposium 16: Psichiatry & Human Disasters
Chair: Riyad Al Baldawi

Working with Indigenous (Maori) children affected by the Christchurch Earthquakes in New Zealand
Mark Alison

This paper outlines the cultural aspects that need to be considered and accommodated when providing a Westernised approach to Trauma such as Trauma Focussed Cognitive Behaviour Therapy.
This includes understanding the Maori worldview about kinship, interconnectedness, Tikanga (culturally appropriate rules) and how these aspects of difference to a westernised treatment approach can be respected and brought into therapy. At the same time, an adherence to an evidence based therapy like CBT does not have to be compromised and is in fact enhanced by such. The paper explores the trauma narrative of three siblings caught in a Christchurch school as a major earthquake hit. It highlights the approach taken to engage the family and the incorporation of Maori protocol in sessions, such as starting each session with karakia (prayers) designed to protect words and deeds from malevolent forces and ensuring the family hierarchy is respected in dealing with the head of the household etc. It also details the therapy as it is undertaken with examples of the trauma narrative and how this is turned into a child friendly task; e.g. the use of drawings to provide the material for reliving the traumatic experiences, etc.

Child and Adolescent Mental Health Service. Nelson, New Zealand.

The Christchurch earthquakes: responding to the mental health needs of a community under stress
Lynne Briggs

When natural disasters strike they impact on the mental health of entire communities as lives are shattered psychologically alongside the loss of homes, social networks, supports, a community and often employment. When an earthquake such as the Christchurch earthquakes of September 2010 and February 2011 occur, initially people strive to cope with the immediate task of survival and there is little time to pay attention to the emotional pain people suffer as is often hidden at the outset and only emerges later. Giving early psychological support to a population under stress can help avoid the onset of more chronic disorders while allowing for people experiencing more extreme reactions to be

identified and referred on for assistance if required. During the past few years there has been an increasing number of natural disasters happening around the world and the psychological impact that follows is attracting the attention of health and social service professionals and academics. This paper briefly considers a model that was implemented to mitigate, or at the very least, assist prevention of the mental health consequences as much as possible in Christchurch by offering a timely and sustained intervention.

Associate Professor. Griffith University. Gold Coast, Briggs

Posttraumatic stress disorder factor structure among survivors of the 2010 Haitian Earthquake: Adjudicating heterogeneous post-disaster PTSD dimensionality
Sabrina Hermosilla

Background: There is inconsistent empirical evidence supporting a universal underlying factor structure of posttraumatic stress disorder (PTSD). Methods: We assessed model fit of six theoretical factor structures of PTSD: 1-factor Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV; 3-factor DSM-IV (arousal, avoidance, and intrusion); 3-main factor (arousal, avoidance, and intrusion) and 1-hierarchical factor DSM-IV; 4-factor King 1998 (avoidance, hypervigilance, emotional numbing, re-experiencing); 4-factor Simms 2002 (avoidance, dysphoria, hyperarousal, intrusion); and 4-factor DSM-5 (arousal, avoidance, intrusion, negative mood and cognition). Confirmatory factor analyses were conducted on PTSD symptoms identified through the Posttraumatic Checklist – Civilian Version in a population-based sample of 1302 survivors of the 2010 Haitian earthquake. Results: All models adequately fit the data, indexes ranged from: root mean square error of approximation (RMSEA) 0.056–0.069; comparative fit index (CFI) 0.885-0.927; Tucker Lewis Index (TLI) 0.865-0.915; weighted root mean square residual (WRMR) 1.768-2.148; Akaike information criterion (AIC) 24,768.459-29,346.352; and Bayesian information criterion (BIC) 24,952.178-29,584.705. The King 1998 and Simms 2002 models fit slightly better than the DSM-IV 1-factor and DSM-5 models. However, the 3-factor DSM-IV (arousal, avoidance, and intrusion) model fits the sample best (χ^2=593.257, 116 degrees of freedom; RMSEA=0.056; CFI=0.927; TLI=0.915, WRMR=1.769; AIC=24,760.459; and BIC=24,952.178). Implications: The tight range in model fit statistics, consistent with published heterogeneous factor structures, suggests that empirical-based model selection is insufficient to characterize earthquake-related PTSD and challenges the universality of any one PTSD factor structure model. Adjudication of PTSD model selection should thus be theoretically driven, informed by cultural and traumatic event realities.

BA, MIA, MPH, Mphil, PhD (c). Columbia University. New York, U.S.A.

CAN WE MIND THE GAP. Trauma, Resilience & Dissociation: Intercultural Perspectives
Aida Alayarian

Traumatic events can disturb, rebuild, or reinforce the existing sense of self – and continuity of psychic space. The concepts of resilience and dissociation in considering aspects of patient's personality formations and character beyond the trauma will be discussed; accepting the core experience of the psychological trauma is vulnerability and disempowerments.
• The recovery therefore based on empowerment, creation of new connections with self and other/s.

• The relationship changes is an objective method of determining symptom presentations and alterations – taking Child Trauma as Dual Narration that can break psychic confidence, its consistency and resilience of its core; that cannot deal with an actual traumatic experience or memory of it.

• It is as if the core self's support systems, agency, continuity, cohesiveness, and affect are disconnected – and cannot be reconnected seamlessly – there is no 'sense of self'. This happen if we are not able to manage the experience and memory of it – as a result our thought process become fragmented with no clear 'sense of self' and 'psychic space'.

• In such circumstances although, there is retreat from memory of trauma - there is awareness in back of mind that the self has lost its familiar ground. This awareness is partly conscious, that can come into perceptive and penetrating relief that can be changed in response to external or internal cues – i.e.: in therapy. This can also be a complaint or drone in the background; a knowledge of otherness; of the failure of the self and the self-connections due to lack of psychic space.

PhD. Refugee Therapy Centre. United Kingdom

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Symposium 17: Cultural Psychiatry in Radically Changin China
Chair: Xudong Zhao & Co Chair: Jianzhong Yang

Cultural psychiatry is both very old and very young in China. In Traditional Chinese Medicine, culture is always the focus and very important for physicians. However, culture is also constantly changing, seeming less important for the medical education, thus, cultural psychiatry is a new thing for most Chinese psychiatrists. Since the last 30 years, part of psychiatrists in China tried to understand and practice cultural psychiatry in radically changing China. In this symposium, the colleagues from China will demonstrate their way to cultural psychiatry.

Towards the cultural psychosomatic medicine: A meaningful integration of neurosciences, psychiatry and Traditional Chinese Medicine
Xudong Zhao

Psychosomatic medicine is an area where clinicians and researchers have to deal with parallel issues of so-called 'Psychology of Explanation' and 'Psychology of Understanding'. But at present, natural scientific paradigm is overwhelming in the research of psychosomatic medicine, and the search of 'meaningful connections' in body-mind relation is much ignored.

In the latest decades, advances in cultural psychiatry, psychotherapy and neurosciences have offered convincing evidences for the development of psychosomatic medicine that should be more holistic, integrated and humane. Additionally, there is another promoting factor in China to develop such a new psychosomatic medicine, i.e., Traditional Chinese Medicine (TCM).

Theories and methodology of cultural psychiatry are useful in our pursuit to enrich psychosomatic medicine in many aspects and ways. In the last 10 years, our team has conducted a series of studies focusing on the following topics:

1. Mental health in families with special socio-cultural background, such as the families of domestic immigrants into the mega-metropolitan Shanghai; '4-2-1' family configuration due to 'one-child policy', etc.
2. Patient's preference for TCM or for Western Medicine.
3. Medically unexplained physical symptoms and somatization in Chinese.
4. Menopause Syndrome in the Mosuo Women in the matriarchal society of Yunnan Province.
5. Application and modification of Western-rooted psychotherapy in China, especially systemic family therapy.

This presenter will introduce the main findings and discuss the significance of the works.

Prof., Ph.D. Tongji University. Shanghai, China.

Thirty Years Longitudinal Follow-up Study of Mental Health Status in Jinuo Nationality in China: A Case of the Development and Challenge Of Transcultural Psychiatry In China
Jianzhong Yang

Since 1978 Chinese society has experienced rapid and dramatic socio-economic development, especially apparent in rapid technical modernization and urbanization. All Chinese people, those of the Han majority population as well as those of the 55 ethnic nationalities in China, have been directly and indirectly impacted by these changes. However, rapid development and social change have generated new problems of acculturative stress and social isolation in large cities to which many millions have migrated from rural communities.

From the perspective of transcultural psychiatry, both the economic and the sociocultural changes of the past thirty years have caused large numbers of people to feel disconnected from their previous lives and norms of behavior; leading to an increased prevalence of psychiatric symptoms and disorders, including increased incidence of alcohol and drug-related disorders, major depressive disorder, anxiety disorders and raising rates of suicide in rural communities, such as it is shown in Jinuo Nationality over the past thirty years longitudinal follow-up study, as well as in urban populations.

The resilience of ethnic minority populations in coping with and adapting to these massive changes has not been subject to detailed study, and it is a new task for current transcultural psychiatry research in China to explore those psychosocial mechanisms that both help and hinder the adaptation of specific ethnic groups faced with the rapid and intense changes of the past three decades.

Prof., Ph.D.
Department of psychiatry, the Second Affiliated Hospital of Kunming Medical University.
Kunming, China.

Thinking Characteristics of Chinese with Other-oriented Social Anxiety: Results of a Semi-instructed Interview

Kan Wang, Mingyi Qian, Tomoko Kishimoto, Qinxue Zhao,Huijing Chen, Yanchao Wang, Jialin Liu

Taijin Kyofusho (TKS) is a kind of other-oriented social anxiety, originally named by Shoma Morita, a Japanese psychiatrist. Other-oriented social anxiety has been found more in Eastern countries. This research aimed to investigate the thinking characteristics of Chinese subjects with other-oriented social anxiety. A semi-instructed interview was used to explore the thinking characteristics of other-oriented social anxiety; 33 subjects were interviewed. The results showed: First of all, people with self-oriented social anxiety and with other-oriented social anxiety were most afraid of public speaking and giving a report; secondly, all of them were afraid of being given a negative evaluation; thirdly, individuals with other-oriented social anxiety in social situations were less likely to worry that their own behavior would embarrass themselves, but worried more about the impact on others; fourthly, individuals with other-oriented social anxiety were most worried that their own words or behavior would affect others, followed by fear that their own anxiety or nervousness would affect others, the third fear was that their own eyes or physical characteristics would affect others; fifthly, comparing

with individuals with self-oriented social anxiety, individuals with other-oriented social anxiety tended to be more positive in seeking help.

Department of Psychology, Peking University. Beijing, China.

Consideration on the inherent superego and temporary superego
Xiaosi Li

Objective: In some of the subcultures, group members may have behaviors under certain conditions that they would not have when they are alone. This kind of behavior is often not allowed by the "inherent superego" of the individual. This research will try to explore and explain this phenomenon within the framework of psychology. Methods: To analyze and explain the phenomenon with psychoanalytic theory. Results: The existence of both kinds of superego is related to the characteristics of superego that are relative stability as well as plasticity. The criterion of the superego also shows changes on periodicity and polarity. In other words, the criteria of the superego can be the inherent superego during some specific periods, or it can be the opposite side of the inherent superego at different times or under specific circumstances, whose contents are suppressed and not allowed by the inherent superego. The author offers a proposal that this kind of superego should be named as the "temporary superego". Conclusion: The "temporary superego" is a ubiquitous psychological phenomenon, which has numerous characteristics.

Anhui Mental Health Centre. Anhui, China.

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Symposium 18: Experiencias en la Utilización del Síndrome de Ulises en Personas Migrantes en Latinoamérica

Chair: José López-Rodas & Co Chair: Americo Reyes Ticas

Se presentan experiencias del proceso migratorio, el de aculturación en hijos de latinos que viven en Miami, como la utilización del concepto Síndrome de Ulises en poblaciones con desplazamiento interno y externo.

Síndrome de Ulises en Población de Migrantes Centroamericanos.
Karina Morales Flores.

The present work aims to provide a description of Ulysses Syndrome in Central American Transmigrants population, who arrive to Mexico City.
We studied and proposed different risk factors involving migrants, who presented the symptomatology of Ulysses Syndrome. For this purpose a descriptive analysis of the elements of the trip focused on three aspects was performed:
- Before leaving their country.
- During their journey.
- Upon arrival to Mexico City.

Based on five narratives of migrants from Honduras and El Salvador, a qualitative analysis was performed using narrative techniques to explore different psychosomatic and psychological aspects that affect the mental health of this population.

Universidad Nacional Autónoma de México. Facultad de Psicología UNAM. Ciudad de México

Desplazamiento forzado en Colombia y síndrome de Ulises
Juliana Montoya Otálvaro

El desplazamiento forzado en Colombia es una problemática que se viene presentando en las últimas décadas enmarcado en el conflicto interno del país, generando en la población afectada miedo, angustia, sentimiento de desprotección. El desplazamiento puede ser considerado como un acontecimiento estresor traumático que pone a prueba la estabilidad propia y la solidez del núcleo familiar y social, poniendo al individuo ante estresores y duelos que se asocian con los que presenta Achotegui en la descripción del cuadro clínico del Sindrome de Ulises.
El objetivo de esta presentación es compartir los resultados de la investigación realizada por el grupo de investigación de Neuropsicología y salud mental de la Fundación Universitaria María Cano, en donde se buscaba describir el cuadro clínico del Síndrome de Ulises en población desplazada en Colombia pertenecientes a una Institución que atiende las necesidades educativas de esta población en la ciudad de Medellín. Se tomó una muestra de 100 personas desplazadas mayores de 18 años a las cuales se les aplicó la Escala Ulises, la cual proporciona los criterios de evaluación de los factores de riesgo en salud mental en la migración. Se encontró que el 54% de la muestra cumple con el criterio diagnóstico para este cuadro clínico. Al lograr identificar este cuadro clínico en la población desplazada se podrán tener muchos más elementos para la intervención clínica y psicosocial para esta población.

Psicóloga-doctoranda en psicología. Fundación Universitaria María Cano. Medellín, Colombia

The Mental Health of Central Americans In Route to the USA: The Case of Monterrey and Saltillo, Mexico
Federico Ramos Ruiz

The aim is to describe the mental health of Central American migrants and the sociodemographic characteristics of this population.
The study was conducted in migrant shelters in Monterrey and Saltillo, Mexico, in one hundred and ten migrants. Results showed that 95% of migrants were male with a mean age of 29 years. Most transient migrants were Hondurans. The main reason cited for migration was economically based and religion was cited as the main motivation to continue the trip. An overwhelming majority of migrants were stowaways on trains and 63% were required to work in temporary jobs in Mexico. The main psychiatric diagnoses were major depressive episode and alcohol abuse.
We identified sociodemographic characteristics and mental health disorders of Central American migrants in Northeastern Mexico. Similar studies in different geographical areas of the country are needed to more fully understand Central Americans' journeys through Mexico.

Psychiatrist. Instituto Tecnológico de Estudios Superiores de Monterrey (ITESM). Monterrey, México.

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Symposium 19: The European View on Asylum Seekers and Refugees: Relevance and Manifold Aspects
Chair: Duncan Pedersen

In the last years the number of asylum seekers and refugees in Europe is increasing and causes lots of problems not only in the health systems but also in the societies.

In our symposium research some of the multiple and complex problems are presented.

Hans-Jörg Assion figures the "Needs for the growing number of asylum seekers in Europe: Considerations from a German perspective". He will give an overview on the crucial situation of the growing number of asylum seekers in Europe and opens the discussion to concepts for improving the social and health status for these people.

Geert E. Smid presents a study about "Traumatic loss of loved ones or home: effects on sensitivity to stressful life events and minority stress". Traumatic loss of loved ones may increase a sense of mistrust, anger, detachment, or identity disruption and thereby increase sensitivity to ethnic minority stress.

Kees Laban speaks about "Suicidal behaviour among asylum seekers in the Netherlands; prevalence, background and prevention". The impossibility to get control over their lives and the lack of resources of resilience need to be recognized as important risk factors.

The final lecture of Eckhardt Koch picks "Theatre and Arts – a chance to build bridges between Asylum Seekers and the Society" out as a central theme to strengthen empowerment and social integration of asylum seekers and refugees.

Needs for the growing number of asylum seekers in Europe: Considerations from a German perspective
Hans-Jörg Assion

Background: The demographic profile of the European population is currently far from being homogenous. Migration is a key force in this demographic diversity of the European population, involving 56 million international migrants. Immigrants tend to bring their own values and practices with them as they settle in a new country, and these may be very different from those of the host culture.

Methods: Literature about acculturation stress is summarized

Results: The adaptation to their new environment creates difficulties that immigrants have to cope with when they integrate new styles and norms of interpersonal relationships, social habits and rules, organisation of community services to start a new life in a different culture.

For the growing number of Asylum seekers in Europe the situation is problematic. They often carry the burden of trauma experience in their home country and in consequence post-traumatic stress disorder is prevalent. The disorder is added to the known acculturative stress that characterizes immigration. Several studies indicated that immigration and its related acculturation stress are associated with a higher risk for mental disorders.

Conclusion: This contribution will give an overview on the crucial situation of the growing number of asylum seekers in Europe and Germany and opens the discussion to concepts for improving the social and health status for these people.

Prof. Dr. med. LWL Clinic for Psychiatry and Psychotherapy Dortmund, affiliated to Psychiatric Department of Ruhr University Bochum. Dortmund, Germany

Traumatic loss of loved ones or home: effects on sensitivity to stressful life events and minority stress

Geert E. Smid*, Annelieke N. Drogendijk** & Rolf J. Kleber***

Background: The traumatic loss of loved ones or home may bring about increased sensitivity to new or ongoing stressors. We examined whether the loss of loved ones or home due to a disaster are associated with more persistent disaster-related distress in persons reporting post-disaster stressful life events (SLE) and in ethnic minorities.
Methods: In residents affected by a fireworks disaster (N=1567), we examined disaster-related posttraumatic distress after 3 weeks, 18 months, and 4 years. The effects of loss of loved ones or home, SLE and ethnic minority status on distress were analyzed using latent growth modeling.
Results: The loss of loved ones was associated with more persistent disaster-related distress in ethnic minorities compared with natives at 18 months. The loss of home was associated with more persistent disaster-related distress in affected residents reporting SLE at 18 months, and in ethnic minorities compared with natives between 18 months and 4 years.
Conclusions: Traumatic loss of loved ones may increase a sense of mistrust, anger, detachment, or identity disruption and thereby increase sensitivity to ethnic minority stress. Loss of home may lead to further resource loss and thereby increase sensitivity to SLE as well as ethnic minority stress.

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**PhD. Impact / Arq Psychotrauma Expert Group
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Suicidal behaviour among asylum seekers in the Netherlands; prevalence, background and prevention

Kees Laban

Background: Problems of asylum seekers are multiple and complex. Having experienced the adversities that put them to flight, in the host country they face (usually long) asylum procedures and a multitude of post-migration living problems. In clinical practice suicidal ideations and suicidal behaviour often occurs.
Method: Literature, related to the subject, is summarized.
Results: In this presentation the context of the reception of asylum seekers is explained. Data and estimates will be shown on suicides and suicidal attempts among asylum seekers, in comparison with the Dutch population and with international data. Moreover, an overview of qualitative and quantitative research findings will be shown on the many risk factors asylum seekers experience: traumatic experiences, loss and torture, mental health problems, poor living conditions, fear to be expelled, uncertain future and post migration living problems like missing one's family, lack of work, lack of finances, etc. Attention will be given to the situation of imprisoned undocumented migrants in The Netherlands. Hobfolls theory of the Conservation of Resources will be used to explain the increased risk for suicidal behavior and suicide among asylum seekers and undocumented migrants. Prevention strategies contain cooperation to decrease the risk factors, enhance the protective factors, early detection of signals, and good access to mental health care.
Conclusion: Asylum seekers encounter many risk factors for suicidal behaviour and suicide. Government as well as health workers should realise the serious impact of the asylum procedure. In the experience of the asylum seekers it is a matter of life and death. The impossibility to get control over their lives and the lack of resources of resilience need to be recognised as important risk factors. There is a need for cooperation between all professionals and volunteers to change this situation.

MD, PhD. De Evenaar North Netherlands Centre for Transcultural Psychiatry, GGZDrenthe, Beilen, the Netherlands. Beilen, the Netherlands

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Symposium 20: Therapeutic Spirituality
Chair: Hans Rohlof & Co Chair: Luis Xavier Sandoval

"Trust in God and keep your powder dry": Spirituality and self-efficacy in caregiving of elderly relatives.

Javier López Martínez, Cristina Noriega, Cristina Velasco, Cristóbal Olaya, Julia Angélica Carcamo, Luis Alfonso Quintanilla

Background: Family caregiving is a stressful experience. Spirituality and self-efficacy have been associated with higher levels of caregivers' well-being. However, these two concepts have rarely been examined simultaneously in a transcultural sample.

Methods: Family caregivers (n=150) from Spain and El Salvador were assessed in relation to the following variables: stressors (time since caregiving began, daily hours caring, frequency of behavioral problems, patient's functional status); appraisal (caregiver's appraisal of behavioral problems), caregiver's personal resources (self-efficacy, spiritual meaning, social support), and outcomes (depression and anxiety).

Results: Participants were divided into four groups corresponding to four profiles defined by their scores on spiritual meaning and self-efficacy: LELS= Low self-Efficacy + Low Spirituality; HELS= High self-Efficacy + Low Spirituality; LEHS= Low self-Efficacy + High Spirituality; and HEHS= High self-Efficacy + High Spirituality. No differences were found between groups in stressors, appraisal or personal resources. Caregivers in the HEHS group had significantly less depression compared to the LEHS group. Regression analysis showed that being a HEHS caregiver, low frequency of behavioral problems, low appraisal of behavioral problems and high social support were associated with low caregiver depression. Furthermore, high appraisal of behavioral problems and low social support were associated with high levels of anxiety.

Conclusion: The results of this study suggest that spirituality and self-efficacy had an additive effect on caregivers' well-being. A high sense of spiritual meaning and a high self-efficacy, in combination, was associated with lower levels of depression in caregivers. There are no differences in this issue for Salvadorian or Spanish caregivers.

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The use of religion in diagnostic and therapeutic interventions
Koemar Gokoel

Religion is an important part of the cultural background of a person, and also of the psychiatric patient. But, there is a lack of attention in the psychiatric practice for this. However, it is important to consider the religious background of patients, because this can play a major role in the onset, explaining and treatment of the psychiatric symptoms. Symptoms can strongly intertwine with religious experience. Religion can play an important role in the meaning of life, coping and life perspective. Also, entities linked with religion such as curse, evil eye, trance, possession, etc. must be taken into account.

In recent decades, there has been a development in the scientific study of religion and of the diagnostic and intervention tools of religion. There are two sides of religion, namely positive (white) and negative (black) side. The black side mainly evoke fears. We tend to draw energy from the positive (white) side. This can play an important role in the symptoms, diagnostic and therapy.

The use of religion as diagnostic and intervention tool, will be highlighted by a couple of case-studies. For example, in one study the Winti religion was used during a second opinion in a Surinamese woman who was diagnosed as having schizophrenia for 20 years, and in other study, Islam was used to prevent suicide.

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Psychiatrist. I-psy (Center for Transcultural Psychiatry ans Psychotherapy). The Hague, The Netherlands

"If I go to the Bible it will help me with my problems": Religion and mental health in ethnically diverse young Londoners in the DASH study
Seeromanie Harding/ Ursula Read

Background: Religion may moderate the effect of adversity on mental health through social support, providing meaning and coherence, and positive coping. However evidence among adolescents is equivocal and there are few longitudinal studies which track changes through the transition to adulthood.

Methods: In 2002-3, 6643 11-13 year olds in London, UK, ~80% ethnic minorities, participated in the baseline survey; 4,782 were seen again at 14-16y. In 2012-14, 665 took part in a pilot follow-up aged 21-23y, including 42 qualitative interviews. Measures of psychosocial factors and mental health were collected, including frequency of attendance to a place of worship. Analysis involved iterative comparison of quantitative and qualitative findings.

Results: Attendance to a place of worship was higher among ethnic minorities than White British and was associated with better mental health in adolescence, despite greater deprivation. Though religious attendance was no longer significant for mental health at 21-23y, the continued influence of religion on well-being and values was a strong theme in qualitative interviews. These revealed the continuation of personal religious practice such as prayer and adherence to moral codes, even where religious attendance had declined. Religion appeared to combine with family ties to moderate the impact of adverse events and life transitions through social support, positive identity formation, a sense of meaning and purpose, and positive coping strategies.

Conclusion: This study provides evidence that religion may enhance resilience among ethnic minority young people growing up in London. This suggests religion may be a valuable resource for mental. health promotion.

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Symposium 21: Transcultural Psychiatry & Addictions
Chair: Ramón Florenzano & Co-Chair: Pablo Pascual Baéz

In the search for bio-behavioral markers to approach at the Alcohol Use Disorder basis. Workgroup in Mexico.
Edén Cristian Sánchez Rosas & Carlos Sabas Cruz Fuentes

El estudio de los factores relacionados con la abstinencia, el control y la pérdida del control del consumo de alcohol ha sido un reto, entre otras cosas, por la presencia de síntomas compartidos de psicopatología entre las categorías diagnósticas de los TUA (i.e. el abuso y la dependencia al alcohol), y por la naturaleza subjetiva de la descripción del sujeto. La mayoría de la evidencia clínica y de investigación sobre los TUA se ha basado en entrevistas clínicas e instrumentos de auto-reporte para establecer la ausencia, la presencia y la gravedad del TUA.

La investigación en adicciones ha mostrado resultados interesantes para la comprensión detallada de los factores moleculares, celulares y en los circuitos cerebrales que influyen en la transición desde la abstinencia hacia el consumo controlado, o desde el consumo controlado hacia la pérdida del control. Sin embargo, aunque el enfoque 'reduccionista' ha sido útil para alcanzar algunos conocimientos precisos sobre varios aspectos biológicos de la adicción, se requieren nuevos marcos conceptuales para entender la complejidad subyacente a lo que se ha denominado como "un trastorno bio-conductual", esto es, un trastorno profundamente relacionado con vulnerabilidad psico-social y genética. Uno de los objetivos de la investigación en la neurobiología del uso de las sustancias ha sido el de profundizar en el entendimiento de los mecanismos que median la transición del no-uso al uso ocasional, del uso controlado a la pérdida del control y de las recaídas a pesar de haber conseguido una abstinencia.

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Addiction, Insecurity and Crime: The need of a Comprehensive Approach
Jorge Sánchez Mejorada, Meyer Roberto, Pavón Patricia, Gogeascochea Maria del Carmen, Blazquez Sobeida, De San Jorge Xochitl

The main strategy for addicted criminal behaviour is usually the fight against drug traffic. The fact that people break the law to offer illicit drugs or even tobacco and alcohol to minors is well known. Most government actions around the world are based on the goal to control this traffic. There are also the facts that people commit crime under the influence of alcohol and illicit drugs and that addicted people do it with the specific purpose of getting drugs for their personal use. Punishment in prison settings usually tends to perpetuate and aggravate both addiction and crime. Through some data collected with the population in a Mexican prison setting concerning personal and family, drug abuse and criminal behaviour history we analyse the need of a comprehensive clinical and psychosocial approach, either in prison settings or as alternative to them in order to reduce both, drug use and criminal behaviour. These kinds of approaches have been already evaluated in some countries. The challenge of creating a new recovery culture in decision makers, prison system and even health professionals is also analysed.

Universidad Veracruzana. Jalapa, México.

Harm to others as a result of alcohol consumption and the protective role of religiosity: data from Chile

Ramon Florenzano/ Michelle Barr Spiliotis/ Catalina Sieverson/ Angela Echeverria

Alcohol can harm both drinkers and their environment. Most of the research in Chile has focused on the former; this work focuses on the damage to others. The expenditures for the government due to drinking have been estimated to quadruple the income earned through taxation. Objective: To present preliminary results of a population survey conducted in Chile in 2013 to assess the harm caused to others from drinking by a known or unrelated drinker. Method: A household survey was conducted by trained interviewers in a probability sample of 1500 subjects living in urban areas of over 50,000 inhabitants. Results: A significant number of respondents reported that the effect of alcohol consumption by third parties was somewhat negative (16.8%) or very negative (13.5%). The most frequent negative effects were verbal abuse (26.5 %), being in a vehicle conducted by a drunken driver (17%), being bullied (16.4%) or pushed around (16%). Women were more frequently affected by their partner than by friends or neighbors. The two socio-demographic characteristics related to higher harm were lesser education and lower religiosity. Conclusions: About one third of Chileans surveyed have suffered negative effects due to alcohol consumption by a known or unknown drinker. This finding signals the need of designing public policies addressed to minimize or prevent collateral effects of drinking, and the possible protective role of religiosity.

Professor of Psychiatry/ Bachellor in Psychology/ Candidate PhD/ Master in Psychology. Universidad del Desarrollo Santiago de Chile

Longitudinal Course of Child and Adolescent Psychiatric Disorders Pre- and Post Disaster: the 2010 earthquake and tsunami, Concepción, Chile

Robert Kohn/ Benjamin Vicente / Sandra Saldivia

Objectives: A small number of studies have been conducted on children and adolescents where pre-disaster measures were available. For the most part these studies are not generalizable to disaster-exposed populations, do not utilize structured diagnostic instruments to establish both pre and post-disaster mental disorders, and have limited baseline risk factor data. The aim of this study was to examine the rates of mental disorders pre and post-disaster among children and adolescents near the epicenter of the 2010 earthquake and tsunami in Chile in a community-based population sample.

Methods: Using a 2-wave, prospective design, 320 children and adolescents (age ranges 4 - 11 and 12 - 18, respectively) participating in a national mental health survey were assessed two months pre-disaster and one year post-disaster. DSM-IV diagnoses were made at both time periods using the DISC.

Results: Assessments of the 12-month prevalence found no statistically significant changes in post-disaster psychopathology relative to the baseline assessment. When children and adolescents were examined independently, a statistically significant difference in mood disorders without impairment was observed in adolescents, with the rate decreasing post-disaster from 6.3% to 1.3%. Statistically significant associations, however, were found between post-disaster mental health outcomes and poor family functioning, living with only one parent, and earthquake-related physical injuries.

Conclusions: These findings illustrate that post-disaster psychopathology, other than posttraumatic stress disorder, may be best explained by pre-disaster mental disorders. Researchers should be cautious about conclusions regarding the role of disasters on mental health in cross-sectional studies of children and adolescents.

MD Professor, Psychiatry and Human Behavior/ MD, PhD / PhD. Brown University/ Universidad de Concepcion

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Workshop 3: Migración mazahua a la ciudad de méxico, impacto en salud mental e intervención institucional
Chair: Cristina Chávez

Hector Rodriguez Juarez, Francisco Nente Chavez & . Mariela Calzado Calderón

Introducción. Esta población auto adscrita como indígena mazahua debe su asentamiento urbano en Iztapalapa, al proceso migratorio (escasos ingresos, redes sociales, capital humano), como estrategia para mejorar sus condiciones de vida.

Según el censo de población 2010, su demografía total es de 336 546 habitantes; en el DF residen 22,119 (6.57%), son pobladores históricamente con limitaciones estructurales, tienen un rezago y vulnerabilidad social medio bajo, sin instrucción escolar; es alto número de indígenas y, de acuerdo a indicadores de reemplazo la etnolingüística es de extinción acelerada; su derechohabiencia es baja. Con esto los riesgos de aparición de padecimientos mentales se incrementan.

Objetivo. Comprender los cambios socio-culturales, el impacto en la salud mental de este segmento de población indígena, en una zona urbana de Iztapalapa de la ciudad de México y, enriquecer los componentes de intervención de salud mental comunitaria.

Metodología. Investigación cuantitativa y cualitativa de campo, que permite observar la reconfiguración gradual de la identidad étnica de este grupo y el impacto en su salud mental.

Resultados-Conclusión. Identificación de elementos diagnósticos psicosociales protectores y de riesgos a la salud mental en este grupo de familias. Información que corrobora la invisibilidad y debilitamiento cultural de estos habitantes en la urbe, así como las dificultades para la promoción y atención en salud desde el modelo biomédico.

Centro Comunitario de Salud Mental Iztapalapa, Mexico. Servicios de Atencion Psiquiatrica, Secretaria de Salud, Mexico, D.F.

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Symposium 22: Cultural Reintegration & Refugees
Chair: Roberto Lewis-Fernández
Co-Chair: Hans Rolhof

Exploration of cultural identity among refugee patients
Simon Groen

Cultural identity has progressively been linked to mental health and migration in recent publications. Publications that evaluated the DSM-IV's Outline for Cultural Formulation stressed a further exploration of the concept of cultural identity. The aim of the present study is to find out how and what kind of information about cultural identity is useful for clinicians in mental health care, more specifically in the treatment of posttraumatic stress disorders. Cultural interview reports of 85 Afghan and Iraqi patients have systematically been analyzed using a grounded theory approach and qualitative data analysis software. Results show that four main domains of cultural identity can be distinguished. A framework of cultural identity has been constructed: personal, ethnic, and social identity change through acculturation. In each of these identities there is a link to potentially traumatic events in the home country and post migration living problems. Changes in cultural identity through pre-migration trauma and post-migration stressors lead to identity unclarity, which presupposes adherence problems

in posttraumatic treatment. Conclusion is that clinicians will better understand refugee patients by focusing on the individual perspective (personal identity), enhance it to the most meaningful social environment (ethnic identity) and contextualise within the wider social environment (social identity). A better understanding on the perspectives on health, illness and treatment can be established by eliciting how these identities have changed and continue to change through acculturation.

MA. Centre for Transcultural Psychiatry De Evenaar .Beilen, the Netherlands.

Perceptions of Mental Health among Syrian Refugees Living in Jordan: A Qualitative Study
Ruth Wells

The ongoing crisis in Syria has led to the displacement of millions, many of whom have experienced loss and human rights violations as a result of the conflict, and are now forced to face ongoing adversities in the displacement context. Humanitarian organisations have rushed to address the likely mental health consequences of this crisis. However, very little is known about how mental health or illness is understood within Syrian culture, or what kinds of interventions may be considered acceptable or appropriate. In order to explore explanatory models and acceptability of psychosocial assistance in the Syrian refugee community, 20 key informant interviews were conducted with Syrian refugees participating as volunteers in the relief effort in Amman, Jordan, between December 2013 and January 2014. Key informants described how some explanatory models have shifted from a view that familial failure and personal weakness lead to mental disorder, to a conception that trauma is a leading cause. External rather than internal (personal and familial) attributions of responsibility for distress have important implications for feelings of shame associated with seeking psychosocial support. Informants reported that psychosocial programs administered by Syrian professionals and lay staff are acceptable to community members. A participatory action Train the Trainer model to equip professional community members to train lay volunteers to administer culturally adapted psychosocial group programs is discussed.

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Reintegration and recovery: Rebuilding the lives of the formerly incarcerated through community
Denise Torres/ Laurens Van Sluytman

National findings indicate that more than half of all prison and jail inmates in the United States experience a mental health problem even as they may go undiagnosed and untreated during their imprisonment. As a consequence of their incarceration they are likely to experience discrimination and barriers that lead to unemployment, homelessness, and involvement in underground economies as compared to individuals without such concerns resulting in a greater likelihood of arrest and recidivism. More needs to be done to identify, treat, and appropriately re-integrate the formerly incarcerated into their communities if the US is to successfully prevent re-offenses and reduce its prison population. This mixed method study with residents of Baltimore, Maryland offers insight into how culturally competent responses to the needs of formerly incarcerated Black men can build both individual and community resilience and promote recovery. Approved by the Institutional Review Board of Morgan State University, the study comprised (10) stakeholders, (10) formerly incarcerated men, between the ages of 21 and 58 who served at least three years for drug offenses and (20) community members. Consistent with national data, our findings indicated that 60% experienced

significant psychological distress immediately after release and half of these continue to struggle with mental health concerns years after release. Yet, the results also demonstrate that the rebuilding of cultural and social capital are critical protective factors to preventing re-offense. Thus, we offer empirically supported programmatic and policy strategies that strengthen individual and community assets.

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Mental health needs of male foreign nationals in detention in the UK.
Piyal Sen / Kideshini Widyaratna / Jessica Tan / Josephine Youd / Al-Aditya Khan/ Eugene Connell/ Karen Slade/ Andrew Forrester

Background: In the UK, people classified as 'foreign nationals', and who do not have the right to remain, are sometimes detained in immigration removal centres (IRCs) for deportation. The UK Government has a duty to ensure the welfare of these detainees, but mental health resources in IRC-s are limited.

Aims:
1.   Examine the prevalence of common mental health disorders amongst male immigration detainees
2.   Assess their unmet needs
3.   Assess whether stay in prison is an additional vulnerability factor

Method: Participants were randomly selected from the list of detainees in Dover IRC. The screening tools were MINI (common mental health disorders), SAPAS (personality disorder), ADHQ (ADHD), LDSQ (learning disability) and CANFOR (needs assessment). Data were coded and analysed using SPSS.

Results: The number interviewed was 101, most commonly from the Indian sub-continent and Africa. Mean age was 31.65, and 35% had previously been in prison.

The commonest mental health problems were suicidality (60%; with 20% at high risk), depression (53%) and Post-Traumatic Stress disorder (21%); 31% report a current mental health issue.

Psychological distress, intimate relationships and sexual expression were the commonest unmet needs. There was significantly greater prevalence in the prison group for ASPD, Mood Disorder, Drug dependence and ADHD.

Conclusions:
1)   There was a high prevalence of mental health problems, particularly suicidality.
2) Stay in prison is associated with higher mental health morbidity.
3) Appropriate services required to meet the needs of the resident population.

Consultant Forensic Psychiatrist and Visiting Researcher/ Student/ Student/ Student/ Consultant Forensic Psychiatrist/ Psychiatric Nurse/ Senior Lecturer in Psychology/ Honorary Senior Lecturer/Consultant Forensic Psychiatrist St Andrew's Essex, and King's College/ King's College/ King's College/ King's College/ Oxleas NHS Foundation Trust/ Oxleas NHS Foundation Trust/ Nottingham Trent University/ King's College, London and South London and Maudsley NHS Trust. London and United Kingdom

Symposium 23: Traditional, Cultural Illness & Possession
Chair: Jonathan K. Burns

Traditional healers in the pathway to care for help-seeking adults with early psychosis: The FE-INCET Study in rural South Africa

Jonathan K. Burns*, Sisanda Mtshemla**, Elliot M Makhathini***, Charlotte Labys****, Wim Veling*****, Hans Wijbrand Hoek******, Graham*******, Thornicroft******, Ezra Susser******

Background. "Psychotic disorders in an African setting: Incidence, early course, and treatment pathways" (INCET Study), developed methods for screening and a protocol for assessment and follow-up for first-episode psychosis (FEP) that is feasible and culturally sensitive within a remote rural region of South Africa. This preparatory study has established methods for the first incidence study of FEP on the African continent. Collaboration with traditional healers (THs) is a core strategy of the study.

Methods. Extensive consultation was conducted with local tribal authorities, TH organizations, and other community stakeholders. Ethnography of the behavior and perspectives of local people with respect to pathways to care for mental illness was conducted and instruments for the study were translated, adapted and piloted. Traditional healers (50) were recruited and trained in the recognition of psychotic symptoms. A referral system was established between THs and the research team for THs to refer clients seeking their help for mental health complaints to the investigator team. THs were asked to indicate whether they thought referred clients had a psychotic disorder.

Results. THs referred 149 adult clients seeking their help for mental health complaints to investigators who administered the CAPE, ASSIST and SCAN. Thirty-eight percent had a DSM-5 psychotic disorder. THs showed a good ability to predict which clients were psychotic with 70% accuracy.

Conclusions. In under-resourced settings, traditional healers are able to identify psychotic symptoms and are keen collaborative partners in improving pathways to care for community-dwelling individuals seeking help for psychotic-like complaints.

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********Professor. Columbia University, New York, USA

Factors Associated with Spirit Possession Across- Cultural Systematic Literature Review
Abdalla A. B. Khairi

Background: There are no cross-cultural systematic literature reviews on factors associated with spirit possession. This cross-cultural systematic review included ten primary studies from different countries. The aim is to assess their methodological qualities and summarize the association between spirit possession and certain demographic (gender, age, marital status and educational level) and clinical (hysteria/hysterical traits and anxiety/neuroticism) factors.

Methodology: An electronic search in relevant databases using suitable search terms was carried out in order to identify studies pertinent to the aims of the review. A large number of articles (710) were identified. Applying inclusion and exclusion criteria, this was reduced to only 10 eligible studies. These were included in the review.

Results: Out of the ten primary studies included in the review only four (40%) were controlled. The remaining six (60%) were uncontrolled. For this reason, the latter studies were not considered as sources of reliable evidence in the review. According to the controlled studies, the two clinical factors (hysteria/hysterical traits and anxiety/neuroticism) and one of the demographic factors (educational level) were found to be significantly associated with spirit possession.

Consultant Psychiatrist: M.B.B.S; MSc.psych; ABMS.psych. Hamad Medical Corporation . Doha (Qatar)

Presentation of Delirious Mania as Jinn Possession in Pakistan- A retrospective review
Qurat ul Ain Khan & Aisha Sanober

Objective: To study association of delirious mania with Jinn possession in Pakistan.

Methods: We reviewed medical records of patients seen at the Aga Khan University hospital from Nov 2013 until May 2014 and diagnosed with bipolar I disorder according to DSM IV-TR. We collected data about the presence or absence of delirium, catatonic features, phenomenon of Jinn possession and religious treatment received. Hospital ethics committee exempted the study from full review.

Results: Out of the total 73 people diagnosed with bipolar I disorder, 17 had delirious mania and 5 out of 17 had Jinn possession. All 5 cases with Jinn possession were females, had poor compliance with treatment and continued religious treatment by faith healers.

Conclusion: Presentation of delirious mania may be associated with phenomenon of Jinn possession in Pakistan. Knowledge of possible association of psychopathology with Jinn possession phenomenon needs to be promoted among the general public and physicians to reduce associated morbidity and mortality. Collaborations with faith healers may be useful to improve compliance.

*Assistant Professor. Aga Khan University. Karachi, Pakistan.
**Resident Psychiatry. Aga Khan University

Help Seeking: Traditional and Modern Ways of Knowing, and Insights for Mental Health Practice of Arab Americans
Alean Al-Krenawi

This presentation reviews the mental health practices of Arab Americans. Specifically, it describes the ethnic Arab traditional healing system, which has origins in the Middle East, and shows how the mental health seeking behavior of Arab Americans residing in North America both reflects, and

diverges from, this traditional system. It is noted that Arab Americans – Muslim and Christian alike – have a tendency to seek psychological support first from friends and family, and then to turn to religious leaders for relief of emotional distress. The formal mental health care system is markedly underutilized by this population. There are three main elements (traditional social norms, stigma/disclosure issues, and mistrust of the multicultural competency of the formal system) that affect the mental health care decisions made by Arab Americans. This presentation highlights a novel collaborative approach that draws together the best of both the traditional/religious and the formal systems, offers a brief case example of this kind of integrative methodology, and makes recommendations for future research and practice.

Professor of Social Work . Ben Gurion University of the Negev . Beer Sheva, Israel

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Symposium 24: Dynamics of Intercultural Models and Clinical Practice

Chair: Albert Persaud

Cultural transition and acculturation is often discussed as relevant to migrants and the need to integrate, when in fact it is of relevance to all cultures in an ever compacting world. It is indeed necessary to be equipped with knowledge about cultures and their influence on wellbeing and mental health in a wider sense. The role of understanding culture and mental health care becomes greater than a health care issue; These series of presentation will focus on practice and the interactions of cultural backgrounds, amongst individuals of differing professional disciplines.

Taking Up the Role of Doctor
Diana Bass

In what ways does the cultural background of medical students and the process of medical acculturation affect the development of a professional identity?
Research has shown that medical students are more vulnerable to mental illness and psychological distress than other students and find it more difficult to ask for help. 60% of the current intake of students in this London medical school are female, and 30% are from British Ethnic Minority backgrounds. BEM students are over-represented in British medical schools compared to the United Kingdom average of 17%. The aim of this study is to present descriptive statistics on medical students attending counselling sessions in the university counselling service in the academic year 2011/2012, and to consider these alongside qualitative clinical evidence from the counselling service on the presenting problems of medical students. The conclusion reached is that there is some evidence that underlying factors such as gender, culture, ethnicity and socio-economic background can have a significant impact on the mental health of medical students, while acknowledging the argument that these issues can sometimes be difficult to separate. Further detailed research is necessary on the ways that factors in medical culture, and the cultural background of medical students, affect the way students experience their training and take up their professional role.

Psychoanalytic Psychotherapist; Kings College; London, United Kingdom.

Acculturation and the presentation of depression
Simon Dein

Anthropologists and psychiatrists have found that individuals from non-western cultures frequently somatise psychological distress. What happens following migration to the UK and to the USA? This talk examines how South Asians in the UK and in the USA learn to express distress psychologically. I argue that through acculturation migrants adopt the idioms of distress of the host culture.

Consultant Psychiatrist; Essex UK. University College London; Durham University.

Compassion and Care
Yasmin Khatib

The recent stream of global events prompted the Centre for Applied Research & Evaluation International Foundation (careif) to deliver a series of essays on the nature and role of compassion. The main aim of the careif compassion essays is to bring to life everyday examples of compassion through the lens of different professional and personal perspectives. From touching upon the role of compassion in the delivery of care amongst healthcare professionals, to the role and responsibility of the media in portraying vulnerable groups through the language of compassion, careif has disseminated diverse narratives of compassion that collectively highlight an essential need for self-compassion and compassion to one another with the aim of sharing knowledge and changing lives.

Queen Mary, University of London . careif International Advisor- International Women's Affairs & Compassion and Care. London, United Kingdom

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Symposium 25: Family Therapy: Socio-Cultural Problems And Their Relation To Psychological Distress
Chair: Raúl Medina Centeno

Our belief is that part of personal distress results from the characteristics of the dominant narrative culture. However, we also believe that it is through the diversity of cultural features that personal wellbeing can be restored; therefore, the very resources provided by the mosaic of cultural scenery, where the person inhabits in his or her narrative, strengthen an intervention with family therapy. Falicov (1988) points out that family therapists must try to distinguish between universal, transcultural, culture-specific, and idiosyncratic family patterns in any assessment of family functioning. That is, therapists must discriminate between those family situations where culture issues are relevant (e.g. machismo, inflexible gender roles, racism, etc.) and those where cultural issues are tangential. These cause patterns of intolerance, exclusion, abuse, etc., breaking the nutritious relations and the open dialogue within the family, at work, school, community, etc.

From our perspective, families, the self, identity and psychological problems are socio-cultural discursive constructions; they are ways of talking about entities. They subsist only in people's practices, in the gaps, zones, or boundaries between people; not as natural "essence" or biological content, but as historical and cultural entities. In these specific local socio-culture discursive contexts is where selves, identities and psychological problems become ´real´ entities. Socio-cultural distress could become recurrent and take ownership in first person; it may go into the psychological field, even into the body (neuronal or psychosomatic). Therefore, people suffer the symptoms for ´real´, but these problems never lose their socio-cultural discursive nature.

Five axioms of human emotion: a framework for emotional family therapy
Esteban Laso Ortiz

The five axioms of human communication (Watzlawick et al, 1967) are one of the most widely cited texts in family therapy. However, much has been discovered in the field of emotion, therapy and psychopathology since their original publication. Therefore, I present here an updated version of the five axioms by incorporating those discoveries within the framework of relational-systemic therapy.

PhD in Social Psychology-U. Autònoma de Barcelona. Universidad de Guadalajara – Centro Universitario de La Ciénega. Ocotlán, México.

Scenarios of Violence in Family Therapy: systematizing data for research
Silvana Mabel Nuñez Fadda

Violence in the family is difficult to evaluate in research surveys, given the fact that is more or less secret and silenced. But in the clinical setting is a common issue, sometimes presented as part of the daily life of couples and families that are more open to talk about it in the safe space brought by the therapeutic alliance. A review of the casuistry of Center of Specialized Family Studies (CEEFAM), in the Coast University Center of Guadalajara University, Puerto Vallarta, Jalisco, México, from 2011 to 2013, was carried out with the purpose of estimating the prevalence of violence in clinical setting.
From this first review arose the need of a better way to register and organize the collected data. We propose a systematization comprising: A) Violence as main complaint, subdivided in violence of other/s toward the consultant, violence from the consultant toward other/s, violent behavior of children in the family, school or both, and couple violence; B) Violence as past or present scenario in other main complaints. The results are reported, including distribution by gender, age and systematization. Following the first study it is compared the prevalence measured with the new system; Given the high prevalence of violence scenarios in clinical practice, the implications of the findings and their impact on family therapy practice are discussed.

Clinical Psychiatrist, Family Therapist. University of Guadalajara, Campus Puerto Vallarta. Puerto Vallarta, México.

Factors associated to empowerment and couple violence in police/ prison women guards working at State of Jalisco Prosecution of Social Reintegration
Esperanza Vargas Jiménez

The research has, as main target, to contribute to knowledge of factors associated to empowerment in women working in the Prosecution of social re-integration at Jalisco State, having a marital status of married or cohabiting. The factors included to analyze the empowerment at the scope of the couple (absence or presence of violence against women in different manifestations), occupational (job satisfaction index) and individual (life satisfaction index, autonomy and decision index; personal freedom and gender ideology). The information was analyzed with SSPS statistic program; participants were 223 women between 25 and 64 years. In the results prevails emotional violence (25%), followed by economic violence (13%), sexual (11%) and less visible appears physical violence (7%). Correlational analyses evidenced that the different factors evaluated had a negative and significant tendency of association to health index and occupational conditions, as well as to life satisfaction index. This last factor correlates positively with the four sub-scales of job satisfaction index. In opposite direction, the personal autonomy index correlates significantly and positively with different forms of violence. It concludes that prevalence of couple violence in the group studied is

inferior to the reported by other sources and national surveys; risk factors are associated to women's autonomy, and the protective ones to subjective and occupational fields.

Esperanza Vargas Jiménez. Psychologist, Family Therapist, PhD. Sciences for Sustainable Development.. University of Guadalajara, Campus Puerto Vallarta. Guadalajara, México.

Adjustment behaviors in adolescents enrolled in secondary schools in Puerto Vallarta: an analysis by gender and age.
Claudia Elizabeth Bonilla Castillón

It is important to mention that the analysis presented here is part of a larger study. In this paper we focus on analyzing gender and age statistics differences in adolescents enrolled in public secondary schools in Puerto Vallarta, and factors affecting adolescent adjustment (violent behavior and family communication). The sample consists of 1507 adolescent students of both sexes, aged between 9-19 years old. For data analysis, ANOVA was calculated (multivariate analysis). The data indicated that boys show significantly different manifestation of violent behavior compared with girls. The data also suggested that the group between 15 and 16 years or more has an increased susceptibility for transgression of social norms and manifestation of violent behavior. Finally, we found a direct relationship between the adolescent's age concerning family rules, support and expression, being the group between 10- 12 years the one that shows higher scores.

Masters in family therapy, Master in Education. University of Guadalajara, Campus Puerto Vallarta, México.

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Symposium 26: intervención y respuesta ante desastres en el hospital psiquiátrico "Fray Bernardino Álvarez"
Chair: Ricardo Virgen Montelongo

La atención Psicológica en Casos de desastre es un Programa de atención importante que se debe implementar desde la planeación de las actividades de protección civil de un hospital y traspasar las paredes del mismo como una atención a la comunidad.
Cuando alguien está ante un evento que simbra los cimientos de la institución en que laboramos, también debemos de pensar en las personas que ven impactadas sus vidas y que viven una vida que se ve afectada por un evento que está fuera de su alcance evitarlo o contenerlo. Por lo tanto, es importante crear acciones para el manejo hospitalario y para la atención comunitaria en caso de un desastre.

Los pacientes en un plan de acción ante desastres
Diego Larios Villanueva

No Abstract
Medico Psiquiátra. Hospital Psiquiátrico "Fray Bernardino Álvarez"México D.F.

El equipo interdisciplinario ante los desastres
J. Patricia Anzaldo Juárez

Se conformó el Comité con personal médico (psiquiatras y no psiquiatras), de enfermería, psicología, trabajo social, protección civil y servicios generales. También fueron tomados en cuenta todos los turnos ya que el hospital atiende todo el día, todos los días del año. Se ha organizado la capacitación de sus integrantes en diferentes niveles: para la atención de pacientes no complicados (primeros auxilios) y para pacientes con trauma grave (ATLS). Se desarrollaron guías de atención de los

principales problemas en caso de contingencia (desmayos, fracturas, quemaduras, etc.) y se asignaron responsables para la atención de pacientes por nivel de prioridad (rojo, amarillo, verde y negro). También se han llevado a cabo varios simulacros para desarrollar los protocolos establecidos en distintas situaciones (temblor, amenaza de bomba, incendio). Se pudo comprobar que el personal organizado sabe qué hacer y a quien dirigirse para resolver las diferentes situaciones que supone una contingencia.

Médico Especialista en Salud Pública. Hospital Psiquiátrico "Fray Bernardino Álvarez". México D.F.

Atención psicológica en caso de desastre. Un dispositivo utilizado   en el hospital psiquiátrico "Fray Bernardino Álvarez".

Cecilia Bautista Rodríguez

Desde el punto de vista de la Salud Mental, durante las emergencias toda la población sufre tensiones y angustias, de manera directa e indirecta, Por lo que es menester desarrollar un sistema de atención eficaz en situaciones de crisis, emergencias o desastres, que fortalezcan las capacidades y sume las experiencias institucionales, para atender a la población que es vulnerable, damnificada en comunidades afectadas. El apoyo inmediato a las comunidades será de gran ayuda para que puedan volver a reconstruir sus vida y retomen la funcionalidad, retornando a la normalidad.

Por lo que desde el año 2000 en el marco de los 12 programas de salud mental, se estableció el Programa de Atención Psicológica en caso de Desastre, cuya coordinadora era la Mtra. Martha Díaz Santos. Quien trabajó de manera incansable para que se pudiera capacitar a células de atención en toda la república.

 El objetico era poder mitigar el sufrimiento de las personas impactadas por un evento inesperado y que el estado pudiera realizar una respuesta pronta y coordinada. Siendo el Hospital psiquiátrico Fray Bernardino Álvarez, la institución que más eventos atendió.

Médico Psiquiatra. Hospital Psiquiátrico "Frasy Bernardino Álvarez". Mexico, D.F. País: México

Desastres y espiritualidad

Laura Verónica Eroza López, Cecilia Bautista Rodríguez

El vivir en zonas que se encuentran vulnerables ante desastres naturales, o antrópicos, causa una tendencia marcada al sufrimiento de nuestra esfera psíquica. En la parte espiritual del ser humano, siempre hemos presentado la tendencia a recibir consuelo y ayuda cuando estamos transitando por una crisis o un dolor importante. Muchas veces nos regresionamos y nos convertimos en personas altamente indefensas y con la importante necesidad de ser protegidas, reaseguradas y confortadas. Es cuando la ayuda de la espiritualidad, sea cual sea el culto que profesemos como humanos, nos hace refugiarnos en las figuras paternales y maternas simbólicas, que nos cubren con su protección y nos hacen sentir una mejoría importante. Es también la espiritualidad, la que provee de una fuerza y deseo de salir adelante que posibilita el avance en la crisis. El acercamiento a una religión en donde los sacerdotes y pastores se preocupan por sus feligreses, lo que les motiva a superar el dolor físico y psíquico que están padeciendo.

Cuando no se puede contextualizar a la población afectada dentro de este marco espiritual, nos podemos quedar muy cortos en la ayuda que podamos brindar como profesionales de la salud mental.

Médicos Psiquiatras. Hospital Psiquiátrico "Fray Bernardino Álvarez". México, D.F., México

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Symposium 27: Promotion & Theory in Transcultural Psychiatry
Chair: Francis Lu

Curiosity, Context and Critical thinking: Cultural competence and mental health
Begum Maitra

This paper will build on a film set in multicultural inner-city London (Maitra and Livingstone 2010), and book based on it (Maitra and Krause 2014), to consider the challenges 'cultural competence' poses. Are clinical trainings complete without an understanding of the multiple, shifting contexts that underlie the clinical encounter? The film demonstrates through interviews with minority ethnic communities, religious leaders, healers, and mental health experts how trainees may be encouraged to question (culture-specific) assumptions - about madness, health and illness, individuals, groups and family. What is the interplay of meanings between widely differing and often contradictory sources of knowledge – religious, cultural, professional, academic, organisational? How do different forms of community (translocal, global, diasporic) influence these ideas and understandings? 'Engaging the community' may be an effective component of clinical training: without it – or the sort of exposure the film suggests - practitioners may fail to grasp how meaning and power are negotiated in real-life cross-cultural exchanges. Audio-visual material provides opportunities for debate and critical analysis that are not available from exclusively textual sources. It can also deepen, and complement, clinical supervision when culturally skilled supervisors are not available. Given the poor returns from 'anti-stigma' campaigns and 'health education' programs that aim to alter what minority groups believe this paper will suggest that an increasingly multicultural workforce may need newer ways of training if they are to remain relevant within the unpredictable flux of global exchanges.

Begum Maitra. Child and Adolescent Psychiatry, Adult Psychotherapy. Honorary attachment, Tavistock and Portman NHS Foundation Trust

Promoting Cultural Psychiatry
Daniel Chen, Robert Crupi & Anthony Maffia

The World Congress of Culture Psychiatry (WCCP) has held three consecutive successful Congresses in Beijing (PRC), Norcia (Italy) and London (UK). Clinicians and researchers in the field of Culture Psychiatry will meet again this upcoming fall at the IV WCCP to be held in Puerto Vallarta, Mexico. Dr. Wen-Shing Tseng founded the World Association of Culture Psychiatry (WACP) in 2005 along with its co-founder, Dr. Goffredo Bartocci. Dr. Tseng served as the first President of WACP from 2005 to 2009 and was instrumental in organizing the first WCCP in Beijing in fall 2006.
Objective. Dr. Tseng's work in the field of Culture Psychiatry and his leadership in advancing this academic discipline has led clinicians and scholars from all parts of the world to learn and grow professionally, including the authors. Sadly, Dr. Tseng passed away in 2012. However, his legacy marches on. The authors feel that it is a very appropriate time to share their reflections on Dr. Tseng's life and work. Our personal acquaintances with Dr. Tseng provided some insight as to how the person informed his work and how he touched both the lives of his professional colleagues and the subjects of his inquiries. It is worth illustrating how the body of his work cannot be separated from its originator and how that will inspire future generations. Our objective is to elaborate on Dr. Wen-Shing Tseng's

contributions in the field of Cultural Psychiatry and encourage others to move these contributions forward as a dynamic monument to his memory.

Method. The authors reflected on their own experiences of personal interactions with Dr. Tseng. A brief review of Dr. Tseng's work and related accomplishments was also conducted. The review has been divided into three parts in chronological order: early career, middle career, and late career. It was also reviewed from the prism of three cultural aspects: Chinese, Japanese, and English.

Conclusion To many of us in the field of culture psychiatry, Dr. Tseng was a caring mentor, a humble scholar, a colleague with an imposing humanity and a pioneer. Among Dr. Tseng's numerous books, chapters and articles, the "Handbook of Culture Psychiatry" published in 2001 was considered the cornerstone in the field of culture psychiatry. He was awarded the Creative Scholarship Award by the Society for Study of Psychiatry and Culture in 2002, the Kun-Po Soon Award by the American Psychiatric Association in 2008 and the Life Achievement Award by the Society for Study of Psychiatry and Culture in 2008. As Prof. Dr. Goffredo Bartocci pointed out in his greetings at the IV WCCP: "I must underline, albeit at the cost of creating a corner of sadness with this happy occasion of the IV WCCP that after the death of Wen-Shing Tseng, co-founder of WACP, the task of promoting Culture Psychiatry is up to all of us. I am sure this congress will show our will to pick up Wen-Shing Tseng's legacy."[1]

Reference

1: http://waculturalpsy.org

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Suicidal Behaviors in Indigenous People of Vaupés, Colombia: Narrative Plots, Explanatory Models and Structural Devices

The territory of Vaupés (Colombia) is located in the northwestern Amazonian Basin, in which live 18 to 22 indigenous ethnic groups that make up one of the most interesting ethnological multicultural complexes. This multicultural complex has been under intense changes since the late nineteenth century, that include migratory waves, intense evangelization process, extractive colonization, armed conflict and state intervention. These changes generated transformations in subjectivity, identity and agency of the indigenous population. The increase of suicidal behavior is one of the things that have allowed an understanding of these changes over the last decade. The aim of the present study is to describe the characteristics of suicidal behavior of the indigenous population of Vaupés. Based on the literature reviewed and field work, we analyzed the suicidal behavior of indigenous ethnic groups of two settlements of Vaupés using the concepts of narrative plots (Uribe, 1999), explanatory models (Kleinman, 1988) and structural devices (Bibeau, 1993). The results of this analysis allow identifying the challenges of mental and public health teams, as well as the need for sociocultural adequacy of interventions.

MD, MA Anthropology, Doctor in Public Health/ MD, Psychiatrist
Sinergias Alianzas Estratégicas para la Salud y el Desarrollo Social. Bogotá D.C., Colombia

Indigenous Youth Suicide: Cultural Influences on Hope, Help, and Healing
Deborah Goebert

Suicide is a serious, preventable public health problem that can have lasting harmful effects on individuals, families, and communities. Since the 1950s, the suicide rate has more than tripled among youth, with more American youth dying from suicide than from motor vehicle traffic-related injuries. Rates of attempted suicide and suicide death are highest among indigenous youth in the U.S.—70% higher than their Caucasian counterparts. Native Hawaiian adolescents are at the highest overall risk for suicide-related behaviors in nation. Our partnership, Hawaii's Caring Community Initiative for youth suicide prevention seeks to promote protective factors among youth by placing them in leadership roles and connecting them to culturally grounded activities to improve hope, help seeking and healing. Based on pioneering studies among indigenous youth that found increasing protective factors were far more effective in reducing suicide attempts than reducing risk factors, we developed strength-based programs. Our intervention embraces a more holistic approach, focusing on relationship building and community connectedness. Additionally, our approach centers on engaging youth within their local communities in significant ways. Given this vision, our community partners have rallied around suicide prevention, and have been responsive to HCCI's efforts. Congruent with cultural values, community and youth are the center driving suicide prevention and early intervention efforts and make lasting and sustainable impact on community wellness. Indigenous youth provide valuable cultural insight and creativity to suicide prevention initiatives that have become powerful modes of prevention in the community.

DrPH. University of Hawaii, John A. Burns School of Medicine, Department of Psychiatry. Honolulu, HI

Forensification of psychiatry, myths and facts
Miran Pustoslemsek

Global increase of forensic beds in recent decades is probably multifactorial. Certain authors claim, that deinstitutionalisation is one of the important reasons, beside the increase of PAS misuse, changes in juridical policy, and public and media attitude towards violent behaviour of patients with mental disorders. The population of imprisoned people with serious mental disorder is increasing up to 25% of inmates in the countries with the highest coefficient of imprisonment, so questions about sufficient treatment facilities are important, not to mention the ethical issues. This situation is difficult to cope with even in countries with high income per capita. In certain countries (Georgia) the number of imprisoned population has quadrupled in some periods. In the last two years it has been reducing again, due to changes of juridical policy after the change of the government. Consequences of this situation in prisons will be described.

MD in cultural anthropology, psychiatrist. Head of Unit for Forensic Psychiatry, Univ. Clinical Centre Maribor. Maribor, Slovenia

Workshop 4: Book Presentation. Cultural Adaptation of CBT for Serious Mental Illness. A Guide for Training and Practice
Chair: Sergio J. Villaseñor-Bayardo
Moderator: Farooq Naeem

Shanaya Rathod*, David Kingdon**, Narsimha Pinninti***, Douglas Turkington****, Peter Phiri*****

Cognitive behaviour therapy (CBT) is now recognised as a key evidence-based therapy that is widely used across the globe for various illnesses. However the concepts and constructs used in therapy have been criticised as being West centric and not in tune with varied cultural beliefs. As a result, people from diverse cultural backgrounds are reluctant to work with therapists, who in turn often do not have the confidence to work with people from diverse cultures. With such realisations, the concept of cultural relevance is one that has become significantly more important in recent years. Cultural adaptation of CBT is therefore a step further towards the personalization of therapy.

This is the first book on cultural adaptation of CBT and a comprehensive guide designed to enable practitioners to effectively engage people from diverse cultural backgrounds by applying culturally-sensitive therapeutic techniques. The guide adapts core CBT techniques including reattribution, normalization, explanation development, formulating, reality testing, inference chaining and resetting expectations. The adaptation discussed in this book maintains fidelity to the core elements of CBT, thereby ensuring that the basic principles of therapy remain the same. Adaptations are applied to the delivery of therapy and use of culture as a strength to enhance recovery.

This book pulls all the current data on the effectiveness of culturally sensitive CBT in this area as well as providing clinicians with a manual to learn and practice culturally informed CBT. I can confidently recommend it as helpful for anyone working with severely mentally ill clients.—Aaron T. Beck, M.D., University Professor Emeritus of Psychiatry, University of Pennsylvania

This volume offers a practical guide to culturally adapting CBT for severe mental health conditions. The authors are gifted clinicians and investigators that present a sophisticated overview of key conceptual and pragmatic issues in working with diverse communities. The book proposes novel concepts and applications of a well-established evidenced-based treatment in which language, culture, race, and ethnicity, are integral to the conceptualization and process of therapy. This book is a remarkable contribution to the growing literature on cultural adaptations and as such it represents a major contribution to multicultural psychology and mental health. This is essential reading for clinicians and scholars interested in working with the diverse majority-world communities.—Guillermo Bernal, Ph.D., Director, Institute for Psychological Research, University of Puerto Rico, Rio Piedras, Puerto Rico.

There was a time when psychological therapies were not thought to be appropriate for all patients, especially those of low socio-economic or poor educational status, and ethnic minorities, refugees, migrants or people from low and middle-income countries. Clinicians did not have the tools to adapt their skills. No more! Combining psychoanalytic, cognitive behavioural and general therapeutics theory with evidence on the cultural adaptation of psychological therapies, this impressive, accessible and timely volume offers hope to patients of diverse cultural heritage, beliefs, and practices.—Kamaldeep Bhui, Professor of Cultural Psychiatry & Epidemiology, Queen Mary University of London

In a globalized world we need methods to adapt interventions so they are equally effective for different groups. One size fits all and culture and color blind approaches hardwire inequity. Many have undertaken cultural adaptations but to have some of the major voices in CBT produce guidance

on cultural adaptation produces a priceless treasure. Whether you are developing services in a low income country or for marginalised groups in a high income country this book will help you produce the most effective CBT for the people you serve.—Kwame McKenzie M.D. FRCPsych (UK), Medical Director CAMH, Professor of Psychiatry University of Toronto

"With its clear, thoughtful prose and its diverse, vivid case examples, this guide will help CBT practitioners sensitively handle the challenges of working with individuals and families from a wide variety of cultural, religious, and spiritual backgrounds. By using these approaches, unique and thorny challenges to the cross cultural application of CBT can be creatively and collaboratively addressed and resolved."—Ron Unger

"Culturally informed mental health care is rapidly moving from an attitudinal orientation to an evidence-based approach. This textbook makes an important contribution towards understanding the conceptual basis and evidence behind cultural adaptation of cognitive behavioral therapy, but also provides clinical and contextual guidance in application for diverse populations and serious psychiatric disorders. A must-read for the clinician who wishes to serve the majority of patients we will be serving as cultural plurality is achieved in the US and globally."—Andres J Pumariega, M.D., Professor and Chair, Cooper Medical School of Rowan University and Cooper Health System.

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*****MD. Southern Health NHS Foundation Trust

Posters Exhibition

How do cultural factors affect the mental health of medical students?
Diana Bass

Research has shown that medical students are more vulnerable to psychological distress than other students. This study considers the impact that factors embedded in medical training, together with the student's background culture, have on students' mental health and wellbeing.

Kings College: London.UK. The Centre for Applied Research and Evaluation- International Foundation. (careif). Centre for Psychiatry. Wolfson Institute of Preventive Medicine. Barts and The London, Queen Mary's School of Medicine & Dentistry

Impacto de los aspectos socioculturales en los trastornos de personalidad: a propósito de un caso
Edith Arianne, César Gustavo Vieyra Chacón

Objetivo: analizar la influencia y asociación de los aspectos socioculturales que atañen a la población mexicana, en la formación de la estructura organizacional del carácter en etapas tempranas del desarrollo, destacar la influencia de factores gravemente nocivos como la violencia, abuso, delincuencia, prostitución, marginación y aculturación, por mencionar algunos.
Antecedentes: La asociación del medio ambiente con la génesis del carácter es conocida, sin embargo, habitualmente no se afronta de manera multidisciplinaria, se pretende demostrar con evidencia clínica el beneficio del abordaje psicodinámico profundamente implícito.
Material y métodos: reporte de caso con revisión bibliográfica.
Resultados: mujer de 33 años de edad, que acude a consulta de manera voluntaria refiriendo problemas de pareja, sin embargo en la evaluación inicial se observó la necesidad de corroborar gran

parte de la información su red de apoyo, descubriendo omisión, manipulación y distorsión de los datos aportados, quedando una constelación de interrogantes en el diagnóstico, motivo por el cual se inicia una evaluación multidisciplinaria, abarcando familia, pareja y pruebas psicológicas para *adecuación diagnóstica y farmacológica.*

Conclusiones: se pretende dar evidencia de un trastorno de personalidad sadomasoquista con rasgos paranoides desde una perspectiva psicodinámica, donde el origen de los rasgos caracterológicos compenetra una estructura organizacional limítrofe baja de la personalidad con fragilidad ante situaciones de estrés, resultando en psicosis atípicas, refractarias a tratamiento convencional. Se pretende con este reporte de caso comprender desde otro ángulo el mundo interno del paciente y mayor apertura a tratamientos.

Psiquiatra egresado del Hospital Universitario "Dr. José Eleuterio González de la Universidad Autónoma de Nuevo León, México.León, Guanajuato, México.

Desigualdad de género y pobreza, en el cuidado informal de la salud y calidad de vida en pacientes oncológicos.

Edith Arianne, César Gustavo Vieyra Chacón

Objetivo: Estudio en población mexicana que describe la asociación de las variables sociodemográficas y diferencias en relación a género que influyen en el cuidado informal de salud y calidad de vida en pacientes con cáncer

Material y métodos: mediante un estudio observacional, analítico, no experimental, transversal con alcance correlacional, se obtuvo un censo de la población por medio de un muestreo incidental, durante el periodo comprendido de marzo 2013 - octubre 2014, y se realizó la aplicación de 3 instrumentos de trabajo, EORTC-QLQ30, FACT-G para evaluar la calidad de vida y el SSQ para evaluar el soporte social, así como una ficha sociodemográfica que incluye: edad, sexo, escolaridad, género, religión, salario mínimo mensual, tipo de soporte social y actividad económica

Resultados: correlación con el ítem de fatiga; en las mujeres la función de rol obtuvo r=-.761, en los hombres la función física fue de r=-.728 y el estado global de salud en r=-.798. El grado de satisfacción del soporte social se asoció en el análisis de acuerdo al género, con una correlación estadísticamente significativa con el índice de calidad de vida tanto en hombres (r=.643) y mujeres (r=.684). En el género femenino se incluyó además el factor emocional (r=.649) y la función social (r=.642). En los varones influyó en la calidad de vida, la edad (r=.608) y salario mínimo mensual (r=.485).

Conclusiones: la importancia de los diferentes estados de vulnerabilidad de acuerdo con el género, el rol social, cultural y el nivel de protección que la sociedad le brinda al paciente crónicamente enfermo.

Psiquiatra egresado del Hospital Universitario "Dr. José Eleuterio González" de la Universidad Autónoma de Nuevo León, México. León, Guanajuato, México.

Talk about it: A qualitative study about the perspectives on suicide in theTurkish-speaking communities living in the Netherlands and in the UK.

Ozlem Eylem, Kamaldeep Bhui, Ferhat Jak Icoz, Annemieke van Straten, Ad J.F.M. Kerkhof

Background: The Turkish-speaking communities are one of the vulnerable groups for presenting suicidal behaviours who do not access psychological services easily. The low-up-take of services suggests the presence of cultural and linguistic barriers in their help-seeking process. Recent advancements for suicide prevention, such as interactive online therapies, are promising ways of

addressing such barriers in the help-seeking process. It is equally important to adapt these interventions to address such culturally specific barriers while remaining to be effective. Given the cultural and linguistic diversity in the Turkish-speaking communities, it is necessary to develop a research process which is more generalizable and of value for this population.

Objectives: This presentation will introduce the design of the study and present the results of the 1st stage of the study where the lay perspectives as well as professional perspectives have been identified through a qualitative study.

Implications: Although the population of interest is limited with a specific ethnic group, this research will contribute to the on-going efforts to accumulate knowledge about vulnerable ethnic groups. It will also contribute to the improvement of the quality of research about the effectiveness of new interventions in these groups. The presentation is of particular value for clinicians as well as researchers who are working with diverse populations.

Reference: Eylem, O., van Straten, A., Bhui, K. & Kerkhof, A.J.F.M. (2015). Reducing suicidal ideation among the Turkish migrants living in the Netherlands and in the UK: Effectiveness of an online intervention. *International Review of Psychiatry,*Comissioned Publication.

Queen Mary University of London, New School of Psychotherapy and Counselling, VU University Amsterdam, VU University Amsterdam

Violence Through Electronic Tools (Cyber Bullying) Between Teenagers. Gender Differences and Type of Participation

Gerardo García-Maldonado, Rafael Sanchez Nuncio & Rubén de Jesús Castro–García

The violence through electronic technology is becoming more prevalent. Few investigations have studied this phenomenon as a risk factor for psychiatric and/or psychological problems.

Objective: 1. – To analyze cyber bullying as a risk factor for the development of other changes, taking into account gender differences and type of participation. 2. – To document inherent phenomenon variables. Material and methods: Observational, cross-sectional, open and analytical study. Students from a private school in Tampico, Tamaulipas, Mexico, school year 2012 – 2013; 603 students of both sexes collaborated, 40% were enrolled in the first year. The project was approved by the Research Ethic Committee and all students signed informed consent.

Results: The average age of the students was 13.4 years (SD 1.01) for males and 13.3 (SD 0.96) for women, 3.5% were cyber victims and 24.4% were victims of traditional bullying. Cyber bullying was a risk factor for headache in cyber attackers that were males (X^2 = 16.328 df = 1 p = 0.000 OR = 12.722 95% CI 2.692-60.111), and for women the risk was for emotional symptoms when they were cyber victims – cyber aggressors (X^2 = 38.416 df 1 p=0.000 OR = 0.030, 95% CI 0.002-0.515). No statistical significance for hyperactivity and behavioral problems was found, but significance was relevant for tobacco, alcohol and traditional bullying. Cyber aggression modes: criticism and ridicule were the most widely used; cell phone and cyber aggression were more common among individuals of the same sex. Conclusion: Violence through electronic tools is common and can have consequences on mental health.

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Perception and attitude towards the migrant in transtition passing by the Zona Metropolitana de Guadalajara.

Daniela Heredia Talavera, Anaissa Ramón Chapa, Bernadette Eguía Ornelas

As a result of the actual migratory transit that goes all the way from Central America to the United States, an investigation has been done which purpose is to describe the attitudes and perceptions of the neighbors and tenants from the train tracks' surrounding areas that cross the Guadalajara's Metropolitan Area, about the migratory transit phenomenon they deal with every day due to one of the most important migratory routes that traverses the area.

The study was carried out in collaboration with "FM4-Paso Libre", a civil organization that helps migrants passing through.

A mixed design was used, based on ethnographic tools and an attitude scale designed for the purpose of the research. Regarding the theoretical scheme, the terms analyzed were: *perception* from a socio-cognitive paradigm and *attitude* from a sociocultural paradigm, as well as the concepts of *migrant, prejudice and discrimination,* identifying the *social categorization* from a psychology sociological perspective.

Within the results, it was observed that a series of factors affect the perception and attitude towards the migrants, such as: the time that they have been interacting with the environment or living there, the experiences lived by being in touch with the migrant and the proximity to the railroads. Even though the attitudes towards the issue varied depending on the experiences, what prevails is an indifferent attitude up at the migrant.

An analysis of the psychological process of parents who lost their children to illness and discussion on support in Japan: A qualitative study from the children's outbreak of the illness, death, to present.

Wataru Ishida

The purpose of this study was to explanatorily examine a psychological process of parents who lost their children to illness from the children's outbreak of the illness, death, to present, and to discuss support for the parents in Japan. Semi-structured interviews of five Japanese parents who lost their children to the illness were conducted, and analyzed by the Modified Grounded Theory Approach (Kinoshita, 1999). As a result, 12 categories and the story line based on the analysis were developed.

Firstly, since the latest onset of illness, social support providers -even if they were not psychiatric and psychological experts- had been supporting the parents from bereavement to present. On the other hand, almost all the participants stopped getting support after bereavement, even from psychiatrists and clinical psychologists. Therefore, it is important that the parents get professional psychological support for the issues that occur regarding the child's medical condition since the onset. Also, social support by non-professionals provided immediately after onset was considered to be helpful for the parents until now. Accordingly, in order to specifically solve the everyday problems that parents face, it is necessary for medical professionals to provide information for social support. Finally, in the future, it is important to train experts who are familiar with bereavement so that they can appropriately support the parents who lost their children after bereavement.

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Traits of Pessimism in Bipolar disorder and Major depressive disorder in Japan

Chie Kimizuka, Kotaro Hattori, Yuki Yokota, Tomoko Kurashimo, Ryo Matsumura, Takahiro Tomizawa, Sumiko Yoshida & Yu-ichi Goto

Early identification of bipolar disorder (BD) from major depressive disorder (MDD) is one of the key points in managing depression in the primary care setting to avoid inappropriate use of antidepressants.

In this study, we aimed to investigate the difference in the psychological traits between BD and MDD. Forty seven Japanese patients who suffered from depressive episode of BD (24 male and 23 female) and 59 patients with MDD (26 male and 33 female) were recruited in outpatient clinic at National Center of Neurology and Psychiatry hospital. They were agreed to participate in National Center Baiobank project. Clinical psychologists conducted MADRS (Montgomery & Åsberg, 1979) to patients.

T-test indicated that the average level of pessimistic thoughts, a sub-score of MADRS, was significantly lower in BD group compared to MDD group *(t=0.002, df=104, p<.01)*. The two groups did not differ significantly in terms of the total score *(t=0.056, df=104, n.s.)* or mood sub-score *(t=0.29, df=104, n.s.)*.

Above data indicated that patients with BD were less likely to be pessimistic even if they were in a depressive episode compared to patients with MDD. These findings are in line with a previous study which suggests vulnerability to mania was associated with an over-optimistic style of interpreting positive events (Alloy et al ,1999), although they did not evaluate BD in depressive episode.

Further study using lager sample size, interview and a study in other culture would be required to confirm the validity of pessimistic thoughts evaluation as an indicator of discriminating BD from MDD.

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Multiple kinds of victimization and mental health symptoms between first generation immigrants and native adolescents in Spain

Ernesto Magallón-Neri, Anna Segura, Maria Forns & Teresa Kirchner

Introduction: Occasionally, immigrant adolescents tend to suffer multiple kinds of victimization. Many authors have highlighted the need to study immigrant adolescents' community when they are immersed in a stressful process of acculturation.

Objective: The aim is to assess multiple types of victimization and mental health symptoms between first generation immigrants in comparison to native adolescents.

Method: The sample was composed of 248 adolescents (60.8% girls) aged 13-18 ($M = 15.6$; $SD = 1.2$) in Spain. Participants were distributed depending on migration status; first generation immigrants (40.3%) and natives (59.7%). The *Juvenile Victimization Questionnaire* was used to assess victimization experiences during the last year and the *Youth Self Report* to assess psychological distress.

Results: Significant differences were shown between first generation immigrants and natives in relation to child maltreatment ($p< .05$) being the immigrants group the most affected. Nevertheless, immigrant and native adolescents were comparable in average of total victimizations. Associations between multiple kinds of victimization and mental health problems were found. Moreover, different

patterns were found depending on migration status, with more externalizing problems in natives, and internalizing problems in foreigners.

Conclusions: Study's results emphasize the importance to assess victimization experiences and their relationship with mental health problems, in adolescents depending on their migration status.

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Phenomenology of Depression in Adolescents
Tetyana Proskurina, E. Mykhailova, A. Matkovska & N. Reshetovska

Background and Aims: The notion of adolescence includes somatic and psychoendocrine status of puberty, characteristics of ontogenetic development, psychic sphere with its features of behavioral and adaptation response to stress factors (Brent.D.A. 2007; Levis C.C. Simons A.D., 2009). Clinical phenomenology of depression comorbid with endocrine diseases in adolescents still remains insufficiently studied.

Patients and Methods: 156 adolescents with depression aged from 12 to 18 years have been examined. Design of investigation: clinical psychopathological, somatic neurological, psychological (rating scale for depression by Boyko V.M., MADRS; pathological diagnostic personal questionnaire by Lichko A.Ye.).

Results: In the patients aged from 12 to 14 years, asthenic, anxiety and hypochondriac syndromes have been found; in the patients aged from 14 to 18 years, behavioral, dysmorphic, apathy syndromes were present. Depression severity was positively correlated with insuline-resistant obesity ($r=0,776$, $p <0,001$); apathy – with thyroid pathology ($r=0,338$, $p =0,020$), behavioral symptoms were positively correlated with hypothalamic pubertal syndrome ($r=0,654$, $p <0,001$), dysmorphia – with anorexia nervosa syndrome ($r=0,556$, $p <0,001$).

Conclusion: depression in adolescents is comorbid with certain endocrine diseases; it generates the risk of late recognition of affective disorders and untimely therapeutic intervention.

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Características sociodemográficas de los pacientes inmigrantes que recibieron atención psiquiátrica en el hospital psiquiátrico "Fray Bernardino Álvarez" durante el año 2010 al 2014 y correlación clínica
Isis Arsahé Suárez Ponce de León & Miguel Herrera Estrella

La migración es un fenómeno en continuo aumento, las personas constantemente se desplazan de un lugar a otro debido a múltiples razones. En recientes investigaciones se ha encontrado que los migrantes son propensos a ciertos trastornos psiquiátricos debido a la experiencia migratoria y el asentamiento en un lugar nuevo, además tienen necesidades especiales. Es probable que algunos inmigrantes presenten síntomas de alguna enfermedad mental antes del proceso migratorio, durante o después de éste. Actualmente y debido a la heterogeneidad de esta población, entre otros, en el Hospital Psiquiátrico Fray Bernardino Álvarez, no contamos con un registro detallado que nos dé un panorama acerca de esta población. Es importante hacer un análisis socio-demográfico de estos pacientes y hacer una correlación clínica; con la intención de optimizar la atención que reciben y en relación a las necesidades que dicha población plantea. OBJETIVOS: Conocer las características sociodemográficas de los pacientes inmigrantes internos en el Instituto Nacional de Migración (INM) que acudieron a recibir atención psiquiátrica al HPFBA, durante el año 2010 al 2014 y su correlación clínica. Se solicitaron en el archivo clínico del hospital, los expedientes clínicos de todos los pacientes

inmigrantes internos al INM, que acudieron al HPFBA para recibir atención psiquiátrica intrahospitalaria durante el año 2010 al 2014. Se empleo estadística descriptiva para características demográficas y para la correlación una R de Pearson.

Hospital Psiquiátrico "Fray Bernardino Álvarez

Relationship between cultural transition and traumatic symptoms of international children in a foster home in Japan. -Analysis of TSCC-A: traumatic symptoms check list for children and their narratives
Yumi Suzuki*, Yu Abe**

International children who have lived in or have been transferred from foreign countries were the focus of this study. TSCC-A: traumatic symptoms check list for children and their narratives from interview were analyzed.

In study one, it was shown that children who have lived in or have been transferred among foreign countries (N=17) scored higher in the post-traumatic stress scale (PTS) and dissociation scale (DIS) when compared to the control group (N=95). Also, it was revealed by multiple correspondence analyses that the length of their stay and mother tongue were related to post-traumatic stress scale (PTS) and dissociation scale (DIS) scores.

 In study two, it was inferred that there were some concepts that had a relation with PTSD and dissociation; this were "instable and vulnerable family", "traumatic experience before transfer", "factors before transfer", "something lost during transfer that bothered", "waving mind and looking for something that would give meaning to the incidents when children entered the foster home" and "suffering loss experiences repeatedly." In addition, concepts of "cultural bullying" and "I came to another world" were found.

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Prevalence of acute traumatic events in women
Victoria Valdez, Diego Vasquez, Hector Palma, Karla Calderon, Nelly Herrera, Alejandro Gonzalez, David Rueda, Eduardo Soto & Joseph Veloz

Objectives. Since there is a wide range of information on women and PTSD, we decided to use a national Ecuadorian survey focused on gender violence to determine the incidence of acute traumatic events in Ecuadorian women.
Materials. A sectional descriptive study carried out by the INEC (Ecuadorian *National Institute of Statistics and Census*) was used for this research. The INEC chose the 24 provinces of Ecuador, date: November 16 - December 15 of 2011. The quality data was controlled by a team of pollsters that were carefully selected and trained. Surveys were directed towards women 15 years old and older in a total number of 18,800 households in urban and rural areas. The DSM 5 (Diagnostic and Statistical Manual of Mental Disorders) was used as a reference to denote the term acute traumatic event when meeting the A, D, G and H criteria for PTSD (Posttraumatic Stress Disorder).
Results. The findings of this study showed that 60.6 % women had experienced violence. The outcomes were 61.4% in the urban area and 58.7% in the rural area. There were several types of abuse regarding a traumatic event: Psychological 53.9%, physical 38.0%, sexual 25.7% and Patrimonial 35.3%; 76% of these women had been victims of domestic violence, while 24.0% were exposed to external violence. The acute traumatic event index was 4.6% over a total of 70,445 surveys.

Conclusion. We have identified the prevalence of acute traumatic events in this national survey. The outcome of this research must be analyzed by the Ministry of Public Health and considered to develop programs to prevent and work on this field. Also, we hope this study will constitute a baseline for future research, since depression, anxiety disorders and substance abuse are some of the consequences of PTSD.

Key words: violence, acute traumatic event, women.

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Diferencias en el status económico, educativo y cultural en los trastornos de ansiedad y capacidad de resiliencia

César Gustavo Vieyra Chacón & Edith Arianne Estrada Chavarría

Objetivo: observar la influencia de las variables sociodemográficas y describir las diferencias en el status económico, educativo y cultural que influyen en la calidad de vida, en dos grupos poblacionales: personas con trastornos de ansiedad y población sin diagnóstico de enfermedad.

Material y métodos: análisis observacional, transversal con alcance correlacional, realizado en Febrero 2014 a diciembre 2014, participaron 242 sujetos, de éstos se formaron 2 grupos: el grupo censo lo constituyen 57 pacientes con trastornos de ansiedad que acuden a la consulta externa de psiquiatría del Hospital Universitario "Dr. José E. González" y el grupo control 185 estudiantes de medicina, sin diagnóstico de enfermedad psiquiátrica, de la Universidad Autónoma de Nuevo León. Se utilizaron dos escalas: SF-36 y Escala de Discapacidad de Sheehan, además de una ficha sociodemográfica, que incluye: sexo, edad, género, nivel económico, ocupación, escolaridad y lugar de residencia.

Resultados. Las variables implícitas en la calidad de vida en ambos grupos son semejantes pero la distribución es diferente. En el grupo censo se observó una correlación estadísticamente significativa en el índice de discapacidad, estrés percibido, vida social y vida familiar. A diferencia del Grupo Control, predominaron el índice de discapacidad, vida social, vida familiar, pero se agregó el trabajo y la salud mental.

Conclusiones: En los dos, existen síntomas de ansiedad pero en un grupo se torna con disfuncionalidad y en el otro no, resultado que se proyecta como el reflejo de las necesidades de cada población en particular y capacidad de resiliencia.

Egresado del Hospital Universitario "Dr. José Eleuterio González de la Universidad Autónoma de Nuevo León, México.

Exhibicionismo, una forma diferente del comportamiento sexual: a propósito de un caso

César Gustavo Vieyra Chacón & Edith Arianne Estrada Chavarría

Objetivo: analizar el impacto y asociación de los aspectos socioculturales en la gestación de las perversiones sexuales y la gravedad de acuerdo a la estructura organizacional de la personalidad.

Antecedentes: el beneficio del abordaje psicodinámico profundamente implícito en las parafilias.

Material y métodos: reporte de caso con revisión bibliográfica.

Resultados: masculino de 22 años de edad, que acude a la consulta externa de psiquiatría para tratar aspectos relacionados con su orientación sexual, en el transcurso de la evaluación se exploran conductas sexuales de riesgo, como promiscuidad, sin protección, masturbación en lugares públicos y egosíntonia de poder ser descubierto en el acto, se observaron recursos caracterológicos protectores, como la evaluación del superyó y calidad de culpa.

Conclusiones: el abordaje de la estructura organizacional del carácter aporta un amplio panorama en las posibilidades y limites que tendremos los profesionales de la salud mental con los ofensores sexuales o simplemente con las diferentes formas del comportamiento sexual.

Egresado del Hospital Universitario "Dr. José Eleuterio González" de la Universidad Autónoma de Nuevo León, México.

The Theory of Measurement of Experiences and Psychological Characteristics in the Past

Wang Wei-Dong*, Feng Fan*, Zhang Jin-Hua**, Lv Xue-Yu**

Purpose: According to psychodynamic theory, personality is shaped by experiences in the early age. Developmental Psychology considers psychological development of the individual as a continuous process with special phases. The special phases have their own characteristics, and the characteristics develop based on previous ones. Therefore, measurement of the experiences and psychological characteristics of an individual in the past are meaningful for evaluation and treatment.
Method: We collected literature, summarized the clinical experience and used traceability to build structures of personality development.
Results: Measurement of the experiences and psychological characteristics of an individual in the past need to be realized by autobiographical memory. Autobiographical memory is the memory about personal life. Conway et al divided autobiographical knowledge into three parts: knowledge of life fragment, knowledge of ordinary events and knowledge of specific events. Among them, knowledge of specific events is important; it can be an experience that the individual really had, or an imagination of the individual. Regardless of experience or imagination, the perceptual experiences are necessary. Thus, autobiographical memory has influences on the psychological development and provides feasibility of measurement of the experiences and psychological characteristics of an individual in the past.
Conclusion: We can measure the experiences and psychological characteristics of an individual in different phases. Then, we can describe the process of psychological development and apply it in clinical settings.

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**China Academy of Chinese Medical Sciences. Psychological Department Guang'anmen Hospital China Academy of Chinese Medical Sciences. The Theory of Measurement of Experiences and Psychological Characteristics in the Past*

An Ancient Traditional Chinese Medicine Psychotherapy-"Zhuyou"

Wei-Dong Wang, Jin-Hua Zhang, Feng Fan, LI Gui-xia, Hong Lan

Objective: People used "Zhuyou" to treat body and mental diseases before medics appeared in ancient times in China. It had survived for thousands of years. Although it has the characteristics of witchcraft, it also contains rich knowledge of psychology. Here, we redefine "Zhuyou" from the Angle of TCM psychology.
Method： The method of collecting, sorting and reviewing literature to understand the main forms, methods, treatments, etc., about "Zhuyou" was utilized. The study summarizes and generalizes the scientific composition of "Zhuyou"and local Chinese psychological theories.
Results： In the process of medical development, "Zhuyou" has often been considered a superstitious method. It has been quite a long time since witchcraft medicine. "Zhuyou" has a variety of forms, such as "Fangshu", "Zhanbu", "Tiaodashen", "Fengshui", etc. which have traditional Chinese cultural elements."Zhuyou"first appeared in the book "Huangdi Neijing" and various dynasties had different records about "Zhuyou" becoming a government medical subject since the Sui dynasty. Sui, such as

the Tang and Song dynasties set up "zhujinboshi" and "zhoujinshi", while Yuan dynasty government set up the "Zhuyou thirteen Department".
Conclusion: With further understanding, we uncovered the mysterious preliminary veil of "Zhuyou". It is a kind of an ancient psychotherapy. We found its scientific internal connotation and methods with the development of Chinese indigenous psychology and psychology of TCM.

Psychological Department Guang'anmen Hospital China Academy of Chinese Medical Sciences

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Symposium 29: The Jamaican Dream-A-World Cultural Therapy Research Projects: A Multimodal Intervention Model For High –Risk Disadvantaged Primary School Children
Chair: Jaswant Guzder

After a pilot project with the Dream-A-world Cultural Therapy intervention model in Jamaican garrison community school with a study cohort of 60 high-risk children, a Grand Challenges 3 year grant facilitated a scale up study of 200 children (100 study group and 100 controls) in four primary schools in similar highly disadvantaged neighborhoods. The presentation will outline the intervention model, and its impact on the children, school and community measured with qualitative and quantitative data. The children were selected for severe disruptive disorder symptoms and academic failure with developmental risks and exposure to violence and poverty in their development.
The children were evaluated with psychometric testing and ASEBA measures specifically evaluating gains in literacy, numeracy and gains in externalizing and internalizing symptoms. Qualitative data was collected to follow the process of engagement, agency and prosocial development influencing the children, school and community. The children were seen in two summer interventions and refueled through the school year with sessions of group cultural therapy and performance arts conducted by cultural therapists, artists and teachers.
This model of intervention aims at reparation of attachment trauma, capacity for prosocial responses, social skill enhancement, literacy and consolidation of identity by working with the children and their teachers in a school based intervention model.

Pilot Project of Jamaican Dream-A-World Cultural Therapy model: implications for scale up of design, resilience promotion and research questions
Jaswant Guzder

The original pilot project assessed the effectiveness of a multimodal afterschool and summer intervention called the Dream-A-World (DAW) Project for a cohort of school aged Jamaican children from an impoverished, disadvantaged inner-city community in Kingston, Jamaica. Children were selected by their teachers based on severe disruptive disorders and academic underachievement and compared with a matched control group. The pilot was a child focused therapeutic modality without parental intervention addressing resilience promotion to address both disruptive conduct and academic failure. A group psychotherapeutic intervention of creative arts therapies and remedial academic support was adapted for the Jamaican context was implemented with 30 children from an inner-city primary school. The intervention was implemented over $2 1/2$ years spanning grade three to six with evaluation of outcomes using the ASEBA Teacher Report Form (TRF) and end of term grades for the intervention group versus matched controls who were offered usual school supports. The intervention

group made significant improvements in school social and behavior adjustment with more successful outcome amongst boys for behavioral gains with less significant improvements were made by the girls. Limitations of cohort size, lack of parent data and questions of gender disparities as well as the impact on the school community and community engagement emerged as relevant agendas for scale up projects.

McGill University. Montreal, Canada

The Kingston Seaview Dream-A-World Cultural Therapy 'Scale Up': methods and outcome
Geoffrey Walcott

" The mind is not a vessel to be filled but a fire to be kindled" Plutarch
 Jamaica has the world's sixth highest rate of lethal violence. Following a successful multi-modal risk-reduction proof of concept program for high-risk inner city children called Dream A World Cultural Therapy a 2013 Grand Challenges Canada Grant "Countering Youth and Urban Violence with a Community Engagement Cultural Therapy Program in Kingston Jamaica" provided a 240 hour scale up over 2 years for 100 dysfunctional and academically underacheving 8-year-olds and 100 control children from four primary schools in a Kingston inner city community. At three annual summer programs, and fortnightly 'refueling' term-time sessions the children were invited to 'Dream-A-World', imagining their life on a new planet. Constructing songs, poems, and dances, they presented a dramatic performance about their fantasized-world to parents, teachers and guests.
Using manualized cultural therapy components of circling, centering, culturing, cognitive catalysis and capacity the process achieved qualitative improvement in academic achievement impulse control, self-confidence, group organization and authority management. Intervention group made significant improvements in Mathematics and Literacy exam scores, Male Grade 3 =53.06, Male Grade 4 =71.37, 11.147, $p < 0.001$; Female Grade 3 = 63.80, Females Grade 4 = 80.15, 6.465, $p < 0.001$. They also made significant improvements in artistic, musical and dramatic performance, resulting in measurable group artistic performances. Using ASEBA, Connors, WRIT and WRAT scales the study cohort showed improvement in behavioural and academic performance that was statistically significant within 12 months over the control group.

University of the West Indies.Mona, Kingston 7, Jamaica

The Eastern Jamaica Dream-A-World Cultural Resiliency 'Transition to Scale'
Hilary Robertson-Hickling

"Some of My Worst Wounds have healed into poems" Lorna Goodison
Success achieved from the Dream-A-World Cultural Therapy (DAW-CT) program resulted in the evolution of the New Dream-A-World Cultural Resiliency (NDAW-CR) program for 35 of the academically poorest preforming primary schools primary schools in Eastern Jamaica. A newly established parallel Grade 4 Class replaced the 240-hour two-year DAW CT process with a 1000-hour program spanning a regular school year. This new parallel class accommodated 25 of the poorest academic performers and most disruptive students from the 2014 Grade 3 cohort. A teacher and a guidance counselor from the 35 schools were trained in the five therapeutic modality elements of the Dream A World Cultural Therapy program – circling, centering, culturing, cognitive catalysis and capacity building. A team of three cultural therapy trainers provides bi-monthly follow-up DAW-CT supplementation assistance to the teachers and students of each school program. The NDAW CR program has been videotaped in the classroom and analyzed by AtlasTi, and the students' academic

grade performance has been followed over the year. The ASEBA TR instrument has been used to evaluate the behavioral performance of the children. The paper examines the qualitative evidence of the task sharing and task shifting to other school classes and teachers that the NDAW-CR program has revealed and the quantitative evidence of improved behavioral and academic outcomes of the students trained. The outcome results will provide the proof of concept evidence for the transition-to-scale of the NDAW CR program to 1000 schools across Jamaica.

University of the West Indies.Mona, Kingston 7, Jamaica

When psychiatry goes to school: using Dream-A-World Cultural Therapy to unleash creativity for mental health primary prevention in impoverished dysfunctional children

Frederick W. Hickling

The Dream-A-World Cultural Therapy (DAW-CT) proof-of-concept, scale-up, and transition to scale movement for dysfunctional underachieving high-risk 8-year-old children in Kingston, Jamaica has demonstrated unequivocally the therapeutic transformation unleashed by the syncretic combination of psychohistoriography and cultural creativity in the primary school institutional environment. Labeled the cultural DNA flip, the process uses the techniques of circling and centering to create a practical culturing crucible for teachers and students to unleash dormant indigenous cultural memories to negate experiences of attachment trauma and abuse to catalyze creativity in the forms of poetry, music, art and drama, to engender sustained cognitive development and capacity building. Videotaped evidence garnered from the DAW-CT experience from 35 primary schools in Jamaica demonstrates the facility with which techniques of circling and centering can be taught to students and teachers. The videos drill-down on the culturing experiences, which unleash creative catalysis to generate a seemingly unlimited well-pool of recordable and enduring artistic creativity in both students and teachers, which in turn sustain cognitive and emotional capacity building that facilitate impulse control, self confidence and smadification (on becoming somebody thereby being liberated from perceived obscurity of themselves). This was demonstrated by significant improvements in mathematics and literacy; and in artistic, musical and dramatic performance. Using ASEBA, Connors, WRIT and WRAT scales the study cohort showed improvement in behavioural and academic performance that was statistically significant within 12 months and over a control group. A neurobiological epigenetic model of this cultural creativity process for healing and social reengineering is proposed.

MD, FRCPsych UK, DLFAPA. University of the West Indies. Mona, Kingston 7, Jamaica

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Symposium 30: The Work of L'evolution Psychiatrique the French Experience
Chair: Manuella De Luca

Consulta de Información Consejo y Orientación para mujeres en con seguimiento por problemas psíquicos, embarazadas o con deseo de tener hijos. (C.I.C.O.)

Alberto Velasco/ Jean Luc Marcel

El rol parental del adulto se ve frecuentemente afectado en funcion de la vulnerabilidad de la estructura psiquica prealable. Esto es aun mas valido en aquellos pacientes que presentan una patologia psiquiatrica. A pesar de la necesidad de asegurar una seguridad tanto a los padres como a los ninos, la psiquiatria de adultos y la paidopsiquiatria no han trabajado lo suficentem en forma conjunta

para acompanar este dificil y esencial aspecto. En este simposio se hablara de la experiencia desarrollada en el Centro Hospitalario Sainte Anne en paris, Francia, en la que profesionales de ambas ramas reciben en consultas puntuales a adultos enviados por su psiquiatra ya sea con un deseo o voluntad de ser padres o bien que cursan ya con un embarazo. Se trata asi de evaluar el tipo de acompanamiento farmacologico necesario a la futura madre como el discernir las necesidades para un precoz seguimiento especifico tanto de adultos como de los futuros hijos.

MD, Psiquiatra, Université Paris V, Paris. Centre Hospitalier Sainte Anne. Paris, France

Social logic in cultural transference. A theoretical model.
Daniel Delanöe

Unlike cultural countertransference, cultural transference has been little studied. Defined as a reaction of the collective embodied by the patient versus the collective embodied by the therapist, it remains a dark continent of psychoanalysis and ethnopsychoanalysis. We propose to consider cultural transference as a social relationship at stake in the transcultural consultation, traversed by social bonds, which are generally hierarchical.
We offer a theoretical model of cultural transference articulated around five logical patterns that structure the relationships between historically and socially constructed groups of patients and groups of therapists: the power relationship between the therapist and the patient, the humanitarian relationship polarized between solidarity and inequality, postcolonial relations between former colonies and former colonizers, racialized social relations, global cultural domination. These dimensions invite us to speak in terms of socio-cultural transference rather than cultural transference.
Keywords: Transcultural; cultural transference; humanitarian; racism; colonization; postcolonial; migrant; cultural domination; doctor-patient relationship

Board of directors of WACP . France

The premises of institutional psychotherapy through the Catalan refugee psychiatrist F. Tosquelles's thesis.
Manuella De Luca, P. Chenivesse,

F. Tosquelles attended his thesis of medicine entitled: "Experiencing the end of the world in madness: Gerard de Nerval's testimony", in Paris in 1948. It has been then published in 1986 and last year.
The author elaborates a detailed study on patient's and world's end experience, concerning especially schizophrenic patients but also other mental illnesses such as maniac episodes. He illustrates his argument with a text by Gerard de Nerval entitled "Aurora" which describes de Nerval's experience of madness and world's end.
The knowledge of the foundation of the world's end for psychiatry is essential for Tosquelles in the organisation of psychotherapy movement. Beyond the psychoanalysis contribution on the subject, especially in the frame of the talking cure, the author defends an active psychotherapy in which meeting various objects and persons is a key element to fight back the narcissistic threat for the patient. F. Tosquelles introduces here a therapeutic strategy that will be at the heart of institutional psychotherapy.

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Symposium 31: Developing a Model for Cultural Adaptation of Cognitive Behavior Therapy

Chair: Kamaldeep Bhui & Co Chair: Shanaya Rathod

Cognitive Behaviour Therapy (CBT) is the most widely recommended psychological therapy for most mental health problems including depression, anxiety, obsessive compulsive disorder and psychosis in the United Kingdom (e.g. NICE 2014) and many other countries. However, explanations used in CBT are based on Western concepts and illness models. There has been little attention given to modifying the therapeutic framework and practice of therapy (Williams et al, 2006) to incorporate an understanding of diverse ethnic, cultural and religious contexts (Rathod et al, 2008).

Dr Rathod will present her pioneering work in the UK in developing and testing a culturally adapted CBT in the UK through involvement of lay people, patients, carers and professionals from diverse communities and results of a feasibility trial of culturally adapted CBT for psychosis (CaCBTp).

The symposium aims to explore the current possibilities and challenges of using CBT across different countries.

Educational Objectives:

At the conclusion of this session participants will be able to

1. Understand the need to culturally adapt Cognitive Behaviour Therapy to facilitate engagement and improve outcomes in patients from ethnic minority communities

2. Recognise themes and adaptations of therapy that are specific to certain cultures and which impact on treatment when interacting with patients from these communities

Cultural adaptation: Process and Methods
Farooq Naeem

Dr Naeem will present his work on cultural adaptation process and methods. His group adapted CBT for Pakistani clients in Manchester, Southampton and in Pakistan. A mixed method approach was used. A series of qualitative studies were conducted which involved interviews and focus groups with clients, their carers, mental health professionals and managers. The results of these studies were used to develop guidelines that were used to culturally adapt CBT. The group concluded that in order to effectively work with clients from South Asian Muslims (SAM) background, therapists need to consider and develop three fundamental areas of cultural competence; (1) Awareness of relevant cultural issues and preparation for therapy; (2) Assessment and engagement and, (3) Adjustments in therapy techniques. These principles will be explored in detail.

MRCPsych, PhD. Queens University. Kingston, Canada

Evaluation of cultural adaptation work in Pakistan:
Muhammad Irfan

The cultural adaptation of CBT involved a series of qualitative studies in Pakistan and the results were utilized in the selection of culturally equivalent terminology. The group conducted randomized controlled trials to evaluate culturally adapted CBT and this presentation will focus on these RCTs. In the first RCT, CaCBT was evaluated in primary care for patients with depression. This culturally adapted CBT was then used to develop a self-help manual. A multicentre RCT was conducted to test

the effectiveness of this self-help manual. The presentation will discuss the findings and implications of this work.

Peshawar Medical College. Pakistan

Culturally adapted CBT for psychosis in Low And Middle Income Countries (LAMIC):
Tariq Munshi

Culturally adapted CBT for psychosis in Low And Middle Income Countries (LAMIC): Brief Culturally adapted CBT for psychosis (CaCBTp) targeted at symptoms of schizophrenia for outpatients plus treatment as usual (TAU) is compared with TAU. A total of 116 participants with schizophrenia were recruited from two hospitals in Karachi, Pakistan, and randomized into two groups with 1:1 allocation (CaCBTp plus TAU=59, TAU=57). A brief version of CaCBTp (six individual sessions with the involvement of main carer, plus one session for the family) was provided over four months. Psychopathology was measured using Positive and Negative Syndrome Scale of Schizophrenia (PANSS), Psychotic Symptom Rating Scales (PSYRATS), and the Schedule for Assessment of Insight (SAI) at baseline and end of therapy. Participants in treatment group, showed statistically significant improvement in all measures of psychopathology at the end of the study compared with control group. Participants in treatment group showed statistically significant improvement in Positive Symptoms (PANSS, Positive Symptoms Subscale; p=0.000), Negative Symptoms (PANSS, Negative Symptoms subscales; p=0.000), Delusions (PSYRATS, Delusions Subscale; p=0.000), Hallucinations (PSYRATS, Hallucination Subscale; p=0.000) and Insight (SAI; p=0.007). The results suggest that brief, Culturally adapted CBT for psychosis can be an effective treatment when provided in combination with TAU, for patients with schizophrenia in a LAMIC setting. This is the first trial of CBT for psychosis from outside the Western world. These findings need replicating in other low and middle income countries.

Queens University. Kingston, Canada

Symposium 32: Estrés, trauma y desastre: su impacto y su intervención. Sección académica de guerra, trauma y desastre, de la Asociación Psiquiátrica Mexicana, Hospital Militar Regional de Tampico
Víctor Octavio López Amaro

Humanity runs parallel to a history of wars and disasters that have modified their social and mental structure. After an adverse event we usually obtain emotional growth or a mental disorder, depending on our coping tools. A single event can be perceived in different ways and generate various changes in those who lived it.

Our country (Mexico) suffers the battles of nature (earthquakes, storms, fires) and also the battles of the humankind (organized crime, armed groups), for which some control strategies are being considered. Similarly, the emotional impact is also being considered, for which psycho-emotional support groups exist. Some of the changes that happen to the brain structures after suffering adverse events causing Posttraumatic Stress Disorder (PTSD) are already known; and this has been the basis for current treatments, including various models of psychotherapy, psycho-education, drug treatments, and electromagnetic stimulation.

We have worked on therapeutic measures to support victims and their families with emphasis on resilience factors: subject of current research.

We are currently basing mental health in the psychiatric and psychological medical care of patients with mental illness. We conclude that we must look for the prevention and rehabilitation of the patient, limiting damage and facilitating their reintegration into family, social and work environment; working in the behavioral health of our patients. We must prioritize programs based on prevention, psychosocial management and strengthening of resilience factors.

Generalidades del Trastorno por Estrés Postraumático
Jorge Eutiquio Sulub Cohuo

Since the last edition of the Diagnostic Manual of Mental Disorders, it has been considered a separate chapter for this disorder. There have been many advances in this condition, and currently includes victims who are not directly involved but are affected by several reasons.

We have designed various psychotherapeutic and pharmacological approaches.

Medico Psiquiatra. Hospital Militar Regional Guadalajara. Guadalajara, Jalisco.

Impacto en la población mexicana ante los eventos adversos.
Cesar Federico Franco Herrera

Mexico has been affected by natural and social disasters that have affected a large percentage of the population.

The effects of stress were studied in military operations among the military themselves and their families through an observational field study.

Médico Psiquiatra y Maestro en Ciencias. Hospital Central Militar. Mexico, D.F.

Tratamientos actuales: desde los fármacos hasta las medidas psicosociales.
Víctor Octavio López Amaro

In the treatment of posttraumatic stress disorder, we have implemented preventive measures (to prevent, minimize and rehabilitate the injury), new drug treatments (e.g. use of hydrocortisone to reduce the risk of PTSD after a traumatic event) and social measures that help integrate victims back to their family and social environment.

Some cognitive behavioral models, MDR and the usefulness of magnetic stimulation in treatment are being studied.

Médico Psiquiatra y Maestro en Ciencias. Sección Académica de Guerra, Trauma y Desastre, de la Asociación Psiquiátrica Mexicana. Hospital Militar Regional Tampico. Tampico, Tamaulipas.

Symposium 33: Music, Culture And Psychiatry: An Approach To Musical Experience As A Tool In Psychiatric Practice.
Rodrigo Córdoba

Music has been present in every culture since the beginning of time. The musical experience is a phenomenon that has been attributed multiples qualities, from the expressions of emotions to healing effects. Based on this, we propose an approach to the musical experience from different perspectives to promote a discussion toward an integrated view that will let us consider the cultural expression of music in daily psychiatric practice.

We propose to start from a biological perspective to review the principal mechanisms that underlie the processing of music in humans. It is critical to review and discuss the neurobiological mechanisms of musical processing to determine the benefits of music in diverse clinical conditions and its ubiquitous presence in human life.

Afterwards, an overview of interrelation between physical and mental health in a popular accordion music genre as a method of expressing emotions will be reviewed. It will be shown that feelings and perceptions of people transcends from inside each person to the culture of Caribbean people from Colombia

To finish, an overview from the anthropological perspective will be done, looking at how music and culture interact with each other. We will provide examples in which music has been the key cultural vehicle of adaptive processes in some cultures. Putting all of this together, we will show you how a wider and complete understanding of music, can provide valuable tools in psychiatry.

Music and Brain: Biological bases of the therapeutic effect of music
Jairo Mario Gonzalez Diaz.

From the beginning of time, a healing effect has been attributed to music. This is evident in many dances, rituals and songs across the world. Thanks to advances in neurosciences, it has been possible to approach to the complex mechanisms underlying musical processing, finding that activation of associative brain regions, neuroprotective effect mediated by neurotrophins, and emotional expression linked to tonal and rhythmic perception, are the main elements behind the therapeutic effect of music. This, together with its availability in many settings, would explain the presence of musical-therapeutic strategies across cultures and ages. Therefore, neurobiological, evolutionary and ontogenetic mechanisms of musical processing are reviewed and discussed here in order to understand the benefits of music in a wide range of clinical disorders and its omnipresent existence in human life.

Physician, Universidad del Magdalena. Third year Psychiatry Resident, Universidad del Rosario. Universidad del Rosario Bogotá (Colombia)

Music in culture: the concept of music for the human experience.
Angela Liliana Vélez Traslaviña.

A review of the origins of music, and its relationship with tradition and culture. We also discuss the importance of the musical encounter in human experience and through the understanding of the role of music in the relationship processes in culture. In addition, the use of music as a communication tool in the practice of psychiatry is proposed. It is exemplified by studying specific cases where music has been a leading instrument in linking different human processes; the importance of considering the

cultural aspects of music is analysed. This look can broaden our vision and allow the possibility of using different communication strategies in acting as psychiatrists.

Physician and Psychiatrist, Universidad del Rosario. Master in Anthropology Student, Universidad de los Andes. Rosario University, Colombia.

"Vallenato" (accordion music from Colombia): emotions from people's soul
Rossana Calderón Forero.

The mind of vallenato composers, as any poet's one is an eternal movement from darkness to happiness, covering a whole range of emotions. A vallenato from within, a joyful one, another full of love, another sad one: as life itself, singing them is nothing less than going back and forth from love. Vallenato, as many other popular genres sings to the heart and soul, custodians of emotions of an entire people.

Physician and Psychiatrist, Universidad del Rosario. Liaison Psychiatry Specialist, Universidad El Bosque.Universidad del Rosario Psychiatry Department, Associate Professor. Bogotá (Colombia)

Symposium 34: Affects, Culture, Eating Disorders, Alexithymia & Psychoanalysis
Chair: J. Armando Barriguete Meléndez

Affects play a fundamental role in the connotation of life experiences, important for personal and academic development, also fundamental for the therapeutic alliance and psychotherapy.
The impact of alexithymia in development, relationships, therapeutic alliance and therapy for eating disorders is discussed. From a research with Mexican patients (N=800).
And a great field for research in Transcultural Psychoanalysis.

Affects, Culture & Eating Disorders with Alexithymia
J. Armando Barriguete

Affects play a fundamental role in the connotation of life experiences, important for personal and academic development, alsofundamental for the therapeutic alliance and psychotherapy.
The impact of alexithymia in development, relationships, therapeutic alliance and therapy for eating disorders is discussed. From a research with Mexican patients (N=800).
And a great field for research in Transcultural Psychoanalysis.

Psychiatry (France). Psychoanalysis (APM Mexico and SPP France). PhD in psychotherapy (APM Mexico). M MD PhD FAED. Instituto Nacional de Ciencias Médicas y Nutrición & Clínicas Angeles TCA Hospitales Angeles México& Fundación Franco-Mexicana para la Medicina IAP. Mexico City Mexico

Affects, Culture & Eating Disorders with Alexithymia
Lea Walter

Affects play a fundamental role in the connotation of life experiences, important for personal and academic development, alsofundamental for the therapeutic alliance and psychotherapy.

The impact of alexithymia in development, relationships, therapeutic alliance and therapy for eating disorders is discussed. From a research with Mexican patients (N=800).
And a great field for research in Transcultural Psychoanalysis.

MSc. Rome University Italy &Clínicas Angeles TCA Hospitales Angeles México. Rome Italy

Affects, Culture & Alexithymia in Severe and Enduring Anorexia Nervosa patients
Ana Regina Pérez Bustinzar

Affects play a fundamental role in the connotation of life experiences, important for personal and academic development, alsofundamental for the therapeutic alliance and psychotherapy.
The impact of alexithymia in development, relationships, therapeutic alliance , therapy and chronicity for eating disorders is discussed from a research with Mexican Patients with diagnosis of Severe and Enduring Anorexia Nervosa.
And a great field for research in Transcultural Psychoanalysis.

MScUniversidad Anahuac. Clínicas Angeles TCA Hospitales Angeles México&Universidad Iberoamericana & Universidad Anahuac. Mexico City Mexico

Affects, Culture & Eating Disorders with Alexithymia
Ruth Axelrod

Affects play a fundamental role in the connotation of life experiences, important for personal and academic development, alsofundamental for the therapeutic alliance and psychotherapy.
The impact of alexithymia in development, relationships, therapeutic alliance and therapy for eating disorders is discussed. From a research with Mexican patients (N=800).
And a great field for research in Transcultural Psychoanalysis.
PhD UNAM & APM
Mexican Association Psychoanalytical

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Symposium 35: Current Mental Health Under Special Social Situations
Chair: Eutiquiana Toledo Ruiz

The aim of the symposium is to review the mental health of humans subjected to special social situations such as immigration, racism in the labor market, transcultural or "¿Falta algo aquí?" felt by 80´s and 2000 generations due to loosening family ties with their significant relatives.
Lastly we review the mental health of siblings growing without some significant family member due to terrorist acts mutilating family stability.

Psychopathology comparative analysis inside immigrant population living in Madrid between 2007 and 2015.
Eutiquiana Toledo Ruiz

Between 2014 and 2015, centered in the north area of Madrid and inside the context of private psychiatric assistance, we have done a statistical analysis of motives that derive in different immigrants medical consultations.

The results of this psychopathological study are compared with the ones coming from the native Spanish population in the same time frame and clinic. This data is also compared with the information extracted from the same clinic during 2007, which was already presented in the 1st GLADET International Congress: "Psychiatry, nature and culture, from singular to universal".

Lastly, a quantitative and qualitative psychopathological analysis of the immigrants in Spain is presented inside the current social context.

Psychiatrist and Professor inside the U.C.M Psychiatry department in Madrid.. Universidad Complutense de Madrid, Spain.

Love in the time of plasma
Luz Elena de la Vega Contreras

Nowadays we blame the technology revolution for the incidence of narcissistic disorders and its wide psychopathogenic spectrum:

Paranoia

Borderline Personality Disorder

Antisocial Personality Disorder

Society in general share the concept of "Narcissistic generation" (people born between 1980-2000) this post-modern society doesn't sleep, slaved by the continuous seduction always working in search of an absent state of suffering, using their "Smart"-phone to negotiate, have sex or psychoanalyze themselves.

Bonds become fragile and the continuous excess of attention about one self makes the Ego to lose its substance.

The Art of Loving by Erich Fromm gives structure, while nutritious it's antithetic to the Narcissistic generation described above.

Several authors agree with the social vision of Fromm, although they cannot lay the foundation of the concept of social character they do bring new and different concepts of postmodernity:

From The Uneasiness in Culture we move to Civilization Discontent and the concept of " Whitenes

From love and its disintegration in the occidental contemporary society to the difficulty of loving thy neighbor "Liquid love"

M.D. Psychiatry, Psychoanalyst and Supervisor on clinical psychoanalytic training. Instituto Mexicano de Psicoanálisis, Ciudad de México, Mexico.

Postmodern Globalization and Alienation
Marcos Hernández Daza

It is said that transculturation is as old as humanity itself. There are examples of this social phenomenon in the processes of colonization and national or international migration of populations that migrate from their place of origin by genocidal threats or poverty.

A phenomenon that affects transculturation is the postmodern globalization with its economic, financial and dehumanizing geopolitical extents, at the hand of the scientific advances (1. Cybernetics, 2. Aerospace, 3. Nuclear, 4. Biotechno-industrial and 5. New technology composed of genetic

elements, nanotechnology, and robotics), which represents a movement that assemblies both effect and cause, for the conversion of all types of human activity, in anthropology the concept of ethno-cultural "identities" raises questions such as thinking of the endless process of cultural hybridization; in the arts, rises in the world of cultural industry; in the environment, predation of the biosphere; in the political, breakup of Nation-states; in the subjective, appearance of the cyber character, commercial character, the psychological type of homo consumens, prevalence of fan thinking and thinking of automaton; in the economic, ultra-concentration of global wealth in the hands of a plutocracy of omnipotent transnational corporations; in religion, expression of fundamentalism or proliferation of sects; in the geo-political, the de-territorialization of the cultures produced by the constant flows of populations from mass tourism to the migration of peripheral workers in search of survival who are held by foreign labor racism.

Médico Psiquiatra y Psicoanalista didacta, Supervisor clínico en Psicoanálisis. Instituto Mexicano de Psicoanálisis. Ciudad de Mexico (Mexico)

Workshop 5: The Advent of the Adversary: Negative Power in Certain Therapeutic Systems
Chair: Micol Ascoli

Roland Littlewood

'Religio-therapeutic systems' commonly start out with a straightforward ethical injunction or healing faculty as their core principle. With time, recognised failures, along with internal or external criticisms, start to appear, for which the action of a new countervailing principle or power, formally opposed to the initial one, provides the explanations. The two constitute a new dynamic of power and counter-power. The instances considered here are Christian Science, Reichian energetics, Freudian psychoanalysis and, arguably, their source in Christianity. Some speculations on the complementary opposition between the initial power and its negative are considered.

Professor of Anthropology and Psychiatry.University College London, London, United Kingdom.

Special Session 3: Cultural Psychiatry: The New Challenges after the Neo-Kraepelinian Perspectives
Chair: Vittorio De Luca & Co-chair: Tsuyoshi Akiyama

The neo-krapelinians psychiatry goals have been the simplification of pathognomonic and syndromic features of mental disorders to create a Manual (DSM) for a global and ready use.
This trend to restrict and homogenize diagnostic categories and dimensions is also increasingly influencing care systems oriented to produce effects on behaviour and lifestyles, regardless to specificity and to variances of psycho-cultural needs of each individual.
All of this, as a rebound effect, is bringing out with vigour the cultural essence by diagnostic clusters and by therapies along with the heuristic value of psychiatry: a medical science that uses tools for the uneasy and uncomfortable scope of reading and decoding signs and symbols by which each individual describes his inner world, the lived experience (erlebnis), as well as the surrounding area (umwelt).

Cultural challenges, diagnostic issues and the practice of psychiatry in rural central Italy
Vittorio De Luca

In central Italy a particular cultural challenge occurs to clinicians, because on the one hand, there is still an important rural heritage influencing clinical presentation of distress and help seeking behaviours (as expressed by the strong impact of religious healers and exorcists) and on the other hand, there is the first acknowledgement of the migratory process, due to a rapid and in many cases conflictual process of urbanization and population growth. Challenges to clinicians, therefore, concern different levels, from the knowledge of cross-cultural symptoms to the formulation of programs and services that can be culturally sensitive and competent.

MD, University of Rome, La Sapienza. Italian Institute of Transcultural Mental Health, Rome, Italy.

Katabasis: healers and miracles healing in Southern Italy
Vittorio Infante

Southern Italy is a typical example of a society still deeply rooted in cultural and religious traditions with which natives are very involved in, despite to the rapid changes given by the globalization of communications:
1) There are many pilgrims visiting the holy places entitled to Padre Pio, the Cappuccino Friar with the stigmata and thaumaturgical miraculous capacity for which he was proclaimed a saint recently.
2) During Holy Week a particular ceremony occurs, called the Vattienti's rite: those are believers flagellating themselves, beating their bodies with pieces of glass and other instruments until they bleed, during a religious parade.
3) Natuzza Evolo, a mystic with the stigmata who recently passed away, has been a famous healer recently agreed to become the first authorization in the beatification process.
4) There is a very compact group of devotees attending the places where the charismatic Fratel Cosimo lives and works with his Marian revelations.
5) Thrice a year there is the rite of the liquefaction of the supposed blood of San Gennaro, the patron saint of Naples, revered by a large group of followers and devotees.

MD, University of Rome, La Sapienza. Italian Institute of Transcultural Mental Health, Rome, Italy

Epidemiological studies on schizophrenia: is culture becoming a black box?
Donato Zupin / Elisa Rapisarda

WHO-collaborative transcultural studies (IPSS, DOSMeD and ISoS) stand like a cornerstone in the history of epidemiological studies on schizophrenia. These works show significant differences in the prognosis for psychosis between industrialized and non-industrialized societies. From more recent national and international studies a less clear-cut picture emerges. Since the beginning of the twentieth century, researchers tried to explain these differences mainly considering the role of culture. While on the one hand the amount of statistical data is increasingly growing throughout the years, on the other hand the efforts to create qualitative, ethnographic and theoretical interpretations of these data are progressively disappearing. This trend led to the paradoxical risk of leaving us overwhelmed with statistical data and no real knowledge on a fundamental topic, such as the role of cultural factors on psychosis.

University of Rome, Tor Vergata.. Italian Institute of Transcultural Mental Health, Rome, Italy.

To be delusional, but not alone: psychopathology and cultural perspective of folie à deux, mass hysteria and cultural delusions

Andrea Daverio

One of the most deleterious consequences of delusion is the isolation of the individual from his context. Nevertheless, in some circumstances delusions are shared by a community. We present a brief overview of the current literature on folie à deux (shared psychotic disorder) and mass hysteria, highlighting case reports from different historical periods and cultural contexts. Isolation of two or more people plays a key role in the dynamics of folie à deux, while cultural determinants of mass hysteria are still not clearly understood. Despite the differences between these two conditions, we propose a dimensional view in which delusion is not confined to individual subjectivity but can be shared within a community at different degrees of intensity and complexity. Finally, we discuss the possibility that the majority of individuals belonging to a culture can accept, in a delirious way, false assumptions.

University of Rome, Tor Vergata. Italian Institute of Transcultural Mental Health, Rome, Italy

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Special Session 4: Refugees and Asylum Seekers in Europe. WPA-TS and Section on Cultural Psychiatry of EPA

Chair: Marianne C. Kastrup & Co-chair: Meryam Schouler-Ocak

Many studies report the multiple and highly complex stressors with which refugees are often faced, and which are at risk of having a lasting impact on their mental health. These might be experiences of traumatisation before, during and after the actual journey of migration. If they succeed in leaving the crisis area, this journey is often a long and tortuous one on which they may be exposed to other traumatic events. When they finally arrive in the host country that they may have long been yearning for, they usually have to deal with sharing cramped accommodation, often with very poor sanitary facilities, next door to strangers from other cultures and unable to make themselves understand. A lack of future perspectives exacerbates the situation.

Refugees seeking asylum are a particularly vulnerable population. It has been pointed out that among the most commonly-occurring disorders in this population there is a high incidence of post-traumatic stress disorder, generalized anxiety disorder, and depression. These disorders may be linked to the difficult paths that refugees are forced to undertake, as well as to different traumatic events which are particularly destructive psychologically. Studies underlined that 60 % of subjects do indeed suffer from psychopathological disorders with an important comorbidity of PTSB and depression (64.2 %). The rate of PTSD among refugees is reported as 10 times that of the general population. Furthermore, the seriousness of the symptoms is correlated with less adaptive defence mechanisms.

In this symposium an overview on refugees and asylum seekers, the possibilities of treatments and the residence law aspects and their implications on mental health in several European countries will be given.

Challenges in the work with traumatized refugees- a Danish perspective

Marianne C. Kastrup

No abstract

MD, speciallæge i psykiatri. Frederiksberg; Denmark

The impact of a long asylum procedure on quality of life, disability and physical health in Iraqi asylum seekers in the Netherlands
Kees Laban

No abstract

MD PhD, Centrum voor Transculturele Psychiatrie van GGZ.Drenthe, The Netherlands.

Challenges in the treatment of refugees and the impact of residence law aspects on mental health in Germany
Meryam Schouler-Ocak

No abstract

MD, Psychiatric University of Charité at St. Hedwig Hospital. Berlin, Germany

Cross-cultural Communication with Traumatised Immigrants
Hans Rohlof

No abstract

MD, Head of the Outpatient Clinic for Refugees. OEGSTGEEST, The Netherlands

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Plenary Session 2
Chair: Micol Ascoli.

The place of culture in global mental health: Critical psychiatry and person-centered health care
Laurence J. Kirmayer

Despite a growing body of evidence for the effectiveness of mental health interventions in low- and middle-income countries, there has been continuing controversy over how well mainstream psychiatric practices translate to diverse social contexts and cultures. Culture plays a central role in the social determinants of mental health and strategies for mental health promotion and effective mental health services in several ways: i) along with socioeconomic disparities and multiple forms of discrimination, cultural, ethnic and racialized identities are associated with significant health disparities in most societies; ii) culture influences the symptomatology, course and outcome of psychiatric disorders through developmental and interpersonal effects on psychophysiological and cognitive-interpretive processes; iii) culture shapes both individual and family coping, adaptation and recovery; iv) cultural models of illness determine help-seeking pathways and clinical presentations of mental health problems; v) cultural values and assumptions undergird the clinician-patient relationship and hence the response to medical advice and intervention; and vi) culture plays a central role in health policy and practice by framing the values, alternatives, and outcomes that inform health care. This presentation will illustrate the central role of cultural analysis in providing critical perspectives on global mental health and advancing person-centered psychiatry. Particular attention will be given to

conceptual issues in the cross-cultural applicability of diagnostic constructs and interventions and the importance of attention to culture as a human rights issue.

Laurence J. Kirmayer, M.D. is James McGill Professor and Director of the Division of Social and Transcultural Psychiatry in the Department of Psychiatry, McGill University. He is Editor-in-Chief of the journal, Transcultural Psychiatry. *He directs the Culture & Mental Health Research Unit at the Institute of Community and Family Psychiatry, Jewish General Hospital in Montreal, where he conducts research on culturally responsive mental health services, the mental health of indigenous peoples, and the anthropology of psychiatry. He founded and directs the annual McGill Summer Program in Social & Cultural Psychiatry. 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); Cultural Consultation: Encountering the Other in Mental Health Services (Springer); and Re-Visioning Psychiatry: Cultural Phenomenology, Critical Neuroscience and Global Mental Health (Cambridge). He is a Fellow of the Canadian Academy of Health Sciences and 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.*

Depression in Islamic Culture
M. Fakhr El-Islam

Culture has a pathoplastic effect on depressive symptomology. Culture colours the contents of Beck's symptom triad. A "blameful self" can be discovered in most patients with major depression. Guilt and shame involve a lot of religious matter. Depressive suicidality often proceeds from morbid self-reproach to unworthiness of self and /or life and stops at the stage of death wishes because it is blasphemous to contemplate, attempt or carry out suicide.

Because filial piety ranks high in the worship system it is the religious duty of families to nurture a depressed family member and waive his /her social obligations. The family also decides on appropriate illness behavior e.g. traditional and/or professional help-seeking for the depressed. Self-regulation by the religious belief system helps to alleviate depressive suffering. The code of worship involves ritual practice by the depressed and their families and this reduces the stigma and isolation of the depressed.

Families of patients are involved with the patients and psychiatrists in a triangular family-patient-doctor relationship. The families provide the psychiatrist with information about patients' depressive behaviors and expect to receive information on their required input in patients' after-care. On the other hand family attribution of depression to weak faith in unhelpful to the depressed.

Depressed patients and their families seek traditional/faith healing concurrently with biomedical treatment. Most psychiatrists do not object to this provided the former does not interfere with the latter or involve physical harm to patients by beatings or toxic herbs.

Born in the north of Egypt. Medical graduate of Cairo University.
Trained in psychiatry at the Institute of Psychiatry, University of London. Trained in psychotherapy at the Tavistock Institute of Human Relations, London. Academic staff Department of Psychiatry, Cairo University. Started and ran Psychiatric services for the state of Qatar 1971-1980 and 1990-1996. Professor and Chairman of Academic Department of Psychiatry, Kuwait University. Consultant Psychiatrist, West Midlands U.K 1996-1997. Academic Consultant Behman Hospital Cairo 1998-present. Published research on cultural Psychiatry with special interest in person-centred psychiatric training, intergenerational conflict and cultural inputs in psychotherapy and mental health care. Dr. El-Islam is a member of the WACP board of directors representing the Middle East and North Africa.

Culture and Psychiatric Nosology
Roberto Lewis-Fernández

The specific expressions of psychiatric disorders in DSM and ICD represent only one of various forms taken by these clinical presentations worldwide and over the historical record. This cultural variation may help explain why psychiatric 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), and that specific syndromes arise from the interaction of this general vulnerability with other factors, including contextual elements such as culturally patterned illness expressions. This talk will discuss the theoretical and empirical rationale for incorporating cultural variation into psychiatric nosology, illustrated by inclusions in DSM-5 at the level of criteria, prevalence statements, and syndrome description. It will also describe the revision in DSM-5 of the construct of "culture-bound syndrome" into "cultural concepts of distress" to clarify the contextual nature of all psychiatric presentations. Data on ataque de nervios (attack of nerves), a Latin American idiom of distress, will be used to describe how the interaction of socio-cultural ideology (e.g., the master metaphor of remaining "in control"), biographical adversity (e.g., trauma), and psychological mechanisms (e.g., dissociative capacity) can pattern the phenomenology of emotional and behavioral suffering in a specific local setting: Puerto Rico. The talk will conclude by describing how cultural aspects of psychiatric presentation can be explored using a new assessment method introduced in DSM-5, the Cultural Formulation Interview.

Dr. Roberto Lewis-Fernández is Professor of Psychiatry at Columbia University Medical Center (New York, NY, USA), Director of the New York State (NYS) Center of Excellence for Cultural Competence and the Hispanic Treatment Program at NYS Psychiatric Institute, and Lecturer on Global Health and Social Medicine at Harvard University. Dr. Lewis-Fernández's research focuses on developing clinical interventions and novel service-delivery approaches to help overcome disparities in the care of underserved cultural groups. His work centers on improving engagement and retention in mental health care and on the way culture affects individuals' experience of mental disorder and their help-seeking expectations, including how to explore this cultural variation during the psychiatric evaluation. He led the development of the DSM-5 Cultural Formulation Interview, a standardized method for cultural assessment for use in mental health practice, and the Principal Investigator of its international field trial, conducted in Canada, India, Kenya, the Netherlands, Peru, and the United States.

Dr. Lewis-Fernández is currently a Board Member of WACP, representing North America, and has been an active participant at WACP general and regional meetings. He is also chair of the Cultural Committee of the Group for the Advancement of Psychiatry, President-Elect of the Society for the Study of Psychiatry and Culture, and Immediate Past President of the American Society of Hispanic Psychiatry. He was until recently a member of the National Advisory Mental Health Council of the National Institute of Mental Health (NIMH), a member of the DSM-5 Anxiety Disorders Work Group, and the chair of the Cross-Cultural Issues Subgroup of the DSM-5 Task Force. He has received numerous awards, including the NAMI Exemplary Psychiatrist Award, the Simón Bolívar Award (American Psychiatric Association) and the Creative Scholarship Award (Society for the Study of Psychiatry and Culture).

Los nombres de la locura: interculturalidad en la psiquiatría argentina a fines del siglo XIX.
Juan Carlos Stagnaro

No abstract

Prof. Dr. Juan Carlos Stagnaro received his Medical degree with Honors from the School of Medicine of the University of Buenos Aires (UBA) in 1970. There he also obtained Postgraduate degrees in Medical Specialists in Psychiatry and in Teaching Education, and became a Doctor in Medicine with the thesis: "Lucio Meléndez y el nacimiento de la psiquiatría como especialidad médica en la Argentina, 1870-1890", which won the "Facultad de Medicina" Award for the best Doctoral Thesis in 2005. In that School, he also received the Biennial Award for Medical Education "Doctor Francisco C. Arrillaga" (2006/2008).

He is Regular Full Professor at the Department of Psychiatry and Mental Health, School of Medicine, University of Buenos Aires, where he was Director from 2007 to 2013, and Professor and Researcher at the Institute of the History of Medicine of the Department of Medical Humanities of said School. Since 2009, he has been the Coordinator of the Academic Board of the Postgraduate Training Institute at the Argentinean Psychiatrists Association (APSA), and the Executive Director of the French-Argentine Inter-University Center of the University of Buenos Aires.

He was the President of the Argentinean Psychiatrists Association (APSA) from 2008 to 2011, and Member of the Supervisory Committee of the "15th World Congress of Psychiatry of the World Psychiatric Association (WPA)", which was held in Buenos Aires in 2011. Since 1990, he has been the founder and director of Vertex, Revista Argentina de Psiquiatría; since 1997, the founder and co-director of the journal Temas de Historia de la Psiquiatría Argentina; he is also a

correspondent in Argentina of the journals Psychiatrie Française and L'Information Psychiatrique from France, and member of the scientific committees of other journals in the field.
From 2012 to 2014, he was the Secretary General for the Latin American Psychiatric Association (APAL). He is also a member of the International Network for Suicide Prevention, Honorary Membership of the World Psychiatric Association (WPA), Active Member of the Sociedad Científica Argentina and of the Asociación Médica Argentina (AMA). Since 1997, he has been National Corresponding Member of the Société Médico-Psychologique and the Société de L'Evolution Psychiatrique from France. He is the author of more than two hundred papers published in Argentinean and foreign journals, and of twenty-five book prologues and chapters. He manages the Complete Works of The Classics of Psychiatry, with twenty volumes published of its translation into Spanish of the main authors in the field.

Book Presentation: Anthology of Latin American Psychiatric Text.
Sergio Villaseñor, Carlos Rojas & Jean Garrabé

The presence of Latin American psychiatry in the world scene is surely open to debate and even to disagreement. I align myself with those who speak of a "benign neglect" by the world's academic, institutional, or editorial powerholders, which does not mean that our psychiatrists and our psychiatry do not share a responsibility for its relatively scarce presence in current discussions. Factors such as the dominance of English and other languages in medical and psychiatric literature do play an important role – perhaps beyond our control – but they also pose a decisive challenge. The history of psychiatry in our continent, the actions of its intellectual trailblazers and the validity of their contributions are an inspiration and a challenge, a promise and the reality of an inexhaustible vein. Such is the testimony of this precious volume, eagerly anticipated and now successfully materialized. The biographical sketches of the 37 professors chosen introduce us to a fascinating space of ideas and evidence. Originating from nine different countries, these psychiatrists, vigorous examples of a profound dedication, tenacity, brilliance and human excellence, are great reflections of the heuristic wealth of Latin American psychiatry.

This volume contains substantial papers on thirty different subjects: clinical research harmoniously combined with philosophical reflection, original theories on schizophrenia, neurosis or depersonalization side by side with innovative approaches to psychotherapy and its intrinsic humanism, epidemiological studies and revealing incursions into history, artistic and cultural psychiatry research, and important inquiries on the practice of psychiatry in Latin America give this book the texture of filigree, the joy of multiple colors and the essence of mystery and promise that our profession recognizes in itself and now displays with quality and pride for all the world to admire and acknowledge.

Films at the Evening: Ethnographic Documentary: Breaking the Chains with Q&A with the Director/Researcher
Erminia Colucci

'Breaking the Chains' (64 min, Indonesia/UK/Australia) depicts the use of physical restraint and confinement of people with mental illness in Indonesia, an illegal practice known as pasung in this country but common also in other low and middle income countries, and almost universally ignored. To address these severe human rights violations, the Indonesian government has committed to the elimination of this practice across the country by 2015, later postponed to 2017. This ethnographic film-documentary tells an original story about the social activism to free people from this practice and the process that leads to the release of victims of pasung such as Yayah, a young woman who has been chained inside a small room with no window for 17 years. In particular, the film follows the activities

that have been initiated by an organization in Cianjur (West Java) that is led and run by people also with mental health problems.

PhD Cultural Psychiatry, MPhil Ethnographic Documentary/Visual Anthropology, BPsycSc(Hons). Centre for Psychiatry, Queen Mary University of London, UK.

THIRD DAY – 1st November 2015

Symposium 36: Wacp Sig on Arts, Media and Mental Health: Part 1 from Recovery to Gender Representations
Chair: Erminia Colucci

Authors who have submitted their manuscripts for the WACP Essay prize and/or Special Issue on "Arts, media and mental health" will be presenting their works in a two-parts symposium that brings together examples of uses of arts and media from catalysts for recovery to tools to increase awareness and education about mental health in remote communities. Part 1 includes first-hands and professionals'experiences of using arts as a 'road to recovery', to have an insight into the 'mind of patients', to understand young peoples' experiences with cannabis while living with psychosis, and a route to foster social transformation.

Visual Arts in Psychiatry─From Theory to Practice
Jie Li

Psychiatry is both a science and an art. However, in China biological psychiatry is still overly dominant, and cultural psychiatry is too often ignored. Scholars rarely study psychiatry from the perspective of art, despite the close relationship between art and psychiatry. In this paper I describe briefly the relationship between art and psychiatry, and share the stories of the patients with mental illness, as seen through the lens of their art. Art opens up a world of beauty for those whose worlds are darkened by mental illness. In contemporary psychiatry, insights from the humanities and the arts serve to enrich our understanding of the mind as we treat the brain. For this reason, mental health staff needs to have a basic knowledge of art in order to better understand the mind of patients, so as to provide better mental health services for them.

Professor, Guangzhou Brain Hospital (Guangzhou Psychiatric Hospital) Guangzhou Medical University, China.

The Representation of Women's Mental Health in the Movies
Jose Alberto Menendez

Psychiatry and mental illness have been a major source of material for movie-makers since the movies began. Psychiatrists, patients, treatments, psychotherapy, electroconvulsive therapy, stigma, fear, and all the way to the blatant ridiculous and offensive have been represented in myriad of films. However, by far such representation has been sexist. Men occupy the major roles in film depictions, with women appearing way behind in numbers and relevance. Furthermore, male psychiatrists are by enlarge represented as ethical, well balanced and wise, whereas female psychiatrists are fragile, emotional and easily prone at letting their judgment be clouded by their own personal conflicts. Similarly, men affected by mental disorders are otherwise good and valuable members of society who suffer from well defined mental illnesses, whereas women are society outcasts, leaving a trail of disaffection and even immorality while suffering from all sort of ill-defined emotional problems. This presentation aims at addressing this inequality and bias by concentrating on women's depictions in all areas of psychiatry. From women psychiatrists and patients, their illnesses and treatments, to the impact those illnesses have on them, their families and society. Short clips from a varied selection of international films will be shown to highlight and facilitate discussion of these issues. Films will include from those which are straightforward psychiatric in nature to those which are far more contentious, challenging and provocative. It is expected that the ensuing discussion will facilitate a better understanding of the role cinema plays in the depiction of psychiatry and mental illness.

Consultant Psychiatrist. Sydney, Australia

The Madness Hotel: the 'uses of disorder' as a route towards social and individual transformation in applied theatre practices in mental health
Julia Evangelista

This paper identifies a number of key characteristics behind the birth and growth of the Madness Hotel, a Brazilian applied theatre project in mental health. The Madness Hotel primarily draws its practices from the notion of 'the uses of disorder', which according to Sennett, is a catalyst to resisting oppressive social systems. In using 'disorder' to establish truly democratic, inclusive and effective modes of intervention, the project has become a beacon against the oppressive backdrop of Brazil's public mental health system.

This paper defends the thesis that the Madness Hotel is possible because it arises from a context in Brazil where applied theatre practices are scarcely funded and mostly marginal to governmental policy. As a result, such practices find fertile terrain to develop 'disorderly', specifically because they are 'ungoverned'. In contrast, in the UK, such practices are increasingly becoming central to governmental policy and fashioned within a more instrumental approach where success is defined primarily by the ability to generate pre-determined and quantifiable outcomes. In this process, where over-governance prevails, participation, playfulness, unpredictability and dialogue – which are difficult to quantify and measure – become unnecessary luxuries. As these qualities are removed, and the processes of applied theatre become excessively 'orderly', the transformative power of applied theatre becomes severely compromised.

The paper concludes that the Madness Hotel is effective because it embraces the 'uses of disorder', not as a luxury, but as a necessity. By doing so, the Madness Hotel can help inform alternative approaches in applied theatre practice beyond the field of mental health as a route to foster democratic and social transformation.

PhD research student, Warwick University, London-UK

Symposium 37: A Debate among the Swiss, Italian and Us Immigration Policies after the Swiss Vote about "Stop Mass Immigration from EU"
Chair: Micol Ascoli

Swiss voters on Sunday 9th of February, 2014 narrowly backed proposals to reintroduce immigration quotas with the European Union; a result that calls into question bilateral accords with the EU and could irk multinational companies and could create many difficulties for immigration policies. The initiative "Against mass immigration" is a Swiss federal popular initiative. Switzerland has profited enormously from open borders and from an influx of qualified foreign workers. Swiss is a country with a strong multicultural tradition, which has more official languages than any other country in Europe and punches well above its weight in almost every other aspect too. If the freedom of movement treaty is allowed to lapse, then other agreements between Switzerland and the EU will also have to be phased out because of their legal interconnectedness. After this poll the cultural crash is becoming higher between the Swiss fundamentalist population, who think that the migrant is stealing their job. The migrant workers, particularly, live a sense of discrimination and racism. Some of them live also a deep sense of social and mental distress that creates anxiety and depressive reaction. After the approbation of the initiative in favor of stopping mass immigration, in the social class, particularly, lowest social classes, wind a state of social, cultural and psychic instability. In our symposia we want to discuss the different approaches that exist in three different countries (Swiss, Italy and US) about immigration policies and psychotherapeutic approaches.

What is happening in Swiss after the vote "Stop mass immigration from EU"
Michele Mattia

As of 2014, 23.4% of Switzerland's population are foreigners. The net immigration is 80,000 people per year. According to the European Commission about 1 million EU citizens live in Switzerland and another 230,000 cross the border daily for work, while 430,000 Swiss live in the EU. Some 50.3 percent of eligible Swiss voters cast ballots in favor of the initiative introduced by the right-leaning, nationalist Swiss People's Party, rejecting immigration policies of recent years that have been highly successful. The great mystery remains why the Swiss felt the need to hold a referendum in the first place. So why are the Swiss so worried about immigration? We would analyze here particularly the consequences in the Italian-speaking canton of Ticino, which was strongly in favor of reintroducing immigration quotas with the European Union and where more or less 60.000 Italian workers cross the border daily for work (Frontalieri). In fact, here the cultural crash between the Swiss fundamentalist population, who think that the migrants are stealing their jobs, and the Italian workers, is becoming acute. The Italian workers, particularly, live a sense of discrimination and racism. Some of them live also a deep sense of social and mental distress that creates anxiety and depressive reaction. After the approval of the initiative in favor of stopping mass immigration, a state of social, cultural and psychic instability pervades the lowest social classes. We might conclude that the voting Swiss society is living a negative and frustrating period. It was clearly a profound and negative page in the Swiss democracy. Now we must turn the page over, looking to reduce the disconcerting impact of this dramatic result.

Psychiatrist, studiomattia, Lugano-Paradiso; Switzerland

The changing of psychotherapy during the last thirty years in Italy, when immigration started to become a mass phenomenon
Pietro Barbetta

From 1985 on, the Italian cultural panorama has been changed under more than one aspect. In few years Italy became an intercultural country, and developed in a few years the "Symptom Interculture". In the following presentation Interculture will be envisaged, as in Freudian terms, "a reaction formation". Italy will be considered as a borderline patient reclining on the analyst sofa, as in a thought experiment.

PhD, Centro Milanese di Terapia della Famiglia (Director), Milano

Moving therapy for moving populations
Marcelo Pakman

A constant tension has marked the pragmatic acceptance of immigrants, who can be found working across the US, with prejudice against them within the population of white ancestry as well as other minority groups. These tensions are also reflected in the ambiguous governmental policies on immigration in general that seem to allow but also put obstacles into the complex family situations of immigrant families. Medical and mental health systems also reflect these tensions while others are added, for instance: tensions between cultural competence and cultural sensitivity approaches to the particularities of cultures, or tensions between the need to offer treatment equal to that received by the general population versus the idea that the particularities of their condition of immigrant is what requires prioritized attention. The social, cultural and political situation of immigrant families make visible the need for therapy to move from certain principles that have stiffen its flexibility to consider events, history and contingency as central aspects of human life.

Symposium 38: Cultural Psychiatry and the Politics of Diversity: Multiculturalism and Mental Health in Canada

Chair: Lisa Andermann
Co-chair: Jaswant Guzder

Social, historical and political contexts influence the ways that cultural identity is configured in different societies. Certain kinds of difference are recognized as salient and worthy of attention in mental health services while others are marginalized and ignored. This symposium will examine the ways in which the multicultural politics of Canada influences mental health, psychiatric training and models of services. Case studies of different regions of Canada and of different populations (immigrants, refugees, indigenous peoples, racialiazed groups, and established ethnocultural communities) will illustrate the "diversity within diversity" in an over-arching political context that valorizes cultural diversity. Particular attention will be given to the impact of discrimination, approaches to training and innovative service approaches.

Multiculturalism, Interculturalism and the Politics of Alterity in Quebec
Laurence J. Kirmayer

This presentation will discuss the politics of identity and mental health in Quebec, a predominately French-speaking province in Canada. Quebec has a distinctive approach to collective identity that emphasizes the centrality of language, Franco-Quebecois culture, and secular values based on the historical rejection of the dominance of the Catholic Church in the "Quiet Revolution" of the 1950s. The province has rejected the federal construct of multiculturalism and prefers to frame cultural issues in terms of interculturalism, the encounter between the institutions of the dominant society and others from diverse backgrounds. This has encouraged the development of services aimed at social integration or bridging difference. In 2013, the province underwent an intense debate in response to a proposed "Charter" of Quebec values that would have prevented displays of religious symbols by professionals and institutions. The logic of this debate and its impact on the mental health of minority groups in Quebec will be discussed. Cultural psychiatry can play an important role in advocacy and in challenging potentially discriminatory and exclusionary practices.

MD, McGill University, Montreal, Canada.

Diverse Cultural Psychiatry Approaches for Diverse Populations in Toronto

Kenneth Fung, Lisa Andermann, Alpna Munshi, Ted Lo

Toronto is one of the most diverse cities in the world, with over 140 languages and dialects being spoken by its population, half of whom were born outside of Canada and half of whom are visible minorities. It is a vibrant city that officially embraces all kinds of diversity, including ethnicity, religion, and sexual orientation. To address the mental health challenges in the context of social inequity, marginalization, discrimination, and cultural diversity, various approaches have been taken at the micro, meso, and macro level. This presentation will highlight some of the service models that have been developed in response to these clinical challenges, from ethnospecific services to cultural consultation models. To affect system level changes within the Department of Psychiatry at University of Toronto, and beyond, the work of the 4th pillar of the strategic plan entitled 'Dialogue' will be presented, which has been a focused effort to promote anti-stigma, advocacy, and other related work in social justice through its residency program. There is great diversity within the residency program itself, including one of the largest International Medical Graduate programs in Canada. Finally, examples of community-based initiatives and research activities that demonstrate academic-community collaborations and partnerships to address diversity issues will be presented.

Department of Psychiatry, University of Toronto, Toronto, Canada.

Cultural issues and challenges for mental health services in Newfoundland

Amin A. Muhammad

This presentation will discuss the demographics of immigrants to the Province of Newfoundland. The province is largely dominated by white, local population, and in the last decade a number of people have immigrated. Most of this influx is secondary to UN assisted mobilization from war trodden countries. Most of these migrants avail refugee status. Because of diversity of population, challenges and stress associated with migration, mental health morbidity has become increasingly noticeable in the province. Discussion will be based on how the mental health department deals with such morbidity in terms of identification of cases, cultural issues, language, expressions of health symptoms and subsequent management of patients.

Md, PhD, University Of Toronto, Canada.

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Symposium 39: Migration & Culture 2
Chair: Renato Alarcón

Migration and poverty status' effect on psychopathology and coping, using Ecological Momentary Assessment in adolescents

Ernesto Mijail Magallón-Neri, Teresa Kichner, Maria Forns, Gloria Canalda, Irina Planellas

Situations such as immigrating to a new country with scarce economic and personal resources or living precarious situations within the poverty threshold will be analysed. If these situations become chronic they can express themselves in mental health problems. Family dynamics that can be generated in these high-risk collectives may affect the development of mental health, pathological patterns and inefficient coping in adverse situations.

Objective: To describe and assess the variability of psychological vulnerability in adolescents and their parents or guardians under situations with and without psychosocial exclusion risk.

Method: Prospective design of ecological assessment with electronic devices (smartphones) in adolescents under psychosocial risk. Socio-economic, psychopathological, coping and personality variables are included in this study.

Preliminary study's results suggest that adolescent participants under psychosocial risk situation, present a good adherence to the Ecological Momentary Assessment, with a rate of positive response (about 86%). Interaction with other people is essentially with their parents (39%), school-partners (20%) and friends (18%). Participants recorded the sensation of having a problem in 8.4% of the situations, and the most used coping strategies were seeking diversions (30%), avoidance (17.5%) or ventilating feelings (16%). The degree of subjective insatisfaction about inefficient coping was moderately related to anxiety and externalizing problems.

Conclusions: Ecological Momentary Assessment -on the study of processes of coping and mental health symptomatological expressions in adolescents under social exclusion risk- takes shape as a useful non-invasive and precise methodology in the contents that it provides to the clinician or researcher on the diversity of daily dynamics.

Department of Personality, Assessment and Psychological Treatment, Faculty of Psychology, University of Barcelona.

Mexican migrants experiences about emotions lived during the migration process, with alcohol and drugs consumption

Teresa Margarita Torres López*, José Luis López López**, Miguel Mercado Ramírez***, Amparo Tapia Curiel****

The objective of this study was to analyze migrant experiences in Mexico and United States of America (USA) about emotions lived during the migration process along with alcohol and drugs consumption. It was an ethnographic study with depth interviews, 19 in Mexico and 19 in USA. The analysis was phenomenological. The participants pointed out negative and depressive emotions, in connection with different consume patterns of alcohol and drugs, along the migration phases. Some stress and social pressure sources cited were: Family distance, work exigency and job uncertainty, difficulties in integrating into a new culture, a high access to drug consumption in USA; also, the relationship with cultural groups seemed hostile from their perspective . They identify social networks in USA, in which they get positive emotional support: family, couple, friends and religious practices.

* PhD Antropología Social y Cultural, Universidad de Guadalajara.
** PhD Ciencias de la Salud, Universidad de Guadalajara.
*** PhD Ciencias de la Salud Pública, Universidad de Guadalajara.
**** PhD Ciencias de la Salud, Universidad de Guadalajara

La condición migrante. Abordaje cuanti/cualitativo en 250 migrantes desde la Psiquiatría Antropológica

Sergio Orlandini Cappannari

La migración es constitutiva del ser humano. La migrancia continúa condicionándolo.

En las redes intersubjetivas, donde todos participamos, se diferencian posibilidades de crecimiento o de padecimiento, de estrés cultural, de patologías o fortalezas psíquicas al convivir con el fenómeno de la migración.

Con frecuencia se estudia y trata a la migración como un acto, individual o indiferenciado, asociado a las problemáticas y a los conflictos con la seguridad nacional e internacional, de tipo étnico, religioso, bélico o económico. Como una patología inabordable.

Presentamos a la migración como acontecimiento, proceso y acción transformadora de sus actores. Como característica social y dimensión comunitaria, familiar y también individual. Las perspectivas de la Psiquiatría Antropológica habilitan intervenciones más eficaces en la terapéutica.

Se exponen resultados de un estudio de casos cuanti/cualitativo, que incluyó a 250 migrantes internacionales que compartían la lengua española. El estudio continúa desde el 2007. Fueron investigados los antecedentes personales y familiares; el contexto de la migración y sus causales. Aplicando un cuestionario auto-administrado sobre la percepción de sintomatología y padecimiento mental y somático, pudieron ser valorados los procesos migratorios y su implicancia en la estructuración psíquica. Se conocieron las reflexiones sobre sus propios procesos migratorios, la integración en el país receptor y los vínculos con las redes de connacionales, entre otros. Formulamos un recurso metodológico para acercar a los migrantes a la atención de la salud mental para su mejor comprensión.

La migración imprimiría, de superarse los prejuicios y políticas actuales, el carácter compartido y humano de la tierra.

Médico Especialista en Psiquiatría, Asociación de Psiquiatras Argentinos, APSA, Buenos Aires, Argentina

The Impact of International Migration on the Mental Health of Honduran Adolescents
Américo Reyes Ticas

In Honduras, international migration is mainly caused by poverty and insecurity. It is believed that 800,000 Hondurans have left the country, of which 80% have migrated to the United States. One of Honduras' largest income comes from remittances, however there is no information on the impact that this social phenomenon has on family disintegration.

Objective. To determine the mental health status in adolescents of a secondary institute in Tegucigalpa from homes with and without parental emigration in 2009.

Material and Methods: The first phase was screening, which determined functionality and the adolescents with migrant parents, which were the cases; two group controls were then assigned, one with separate parents and one living with both parents. Results: of the 3608 students, 449 (12.44%) had migrant parents; 550 adolescents were interviewed in the second phase. Perception of communication was better in the families with both parents. Belonging to maras was 4.36% higher in families with migrant parents. The relations of the adolescent with the parents were better in the families with migration. The percentage of physical, psychological and sexual abuse was higher (p.009) in the families with migration. Families with both parents acted as a protective factor against abuse. Statistical significance was found for suffering depressive and anxiety disorder in the families with migration. Conclusion: Parental migration is a risk factor for suffering depression and anxiety disorders, and for initiating in dissocial groups.

Key words: migration, familiar functionality, mental health adolescent.

Dr. Profesor Postgrado de Psiquiatría, Universidad Nacional Autónoma de Honduras.

Symposium 40: Risks and Resilience in Migration and Human Displacement
Chair: Yu Abe
Co-Chair: Nélida Tanaka

Although technological advances have virtually shortened distances, thus allowing greater human motility and communication, humans are inevitably bound to physical limitations, and moving away from the original land for an indefinite period, is still a stressing experience of uprooting,

encompassing many separations and losses. Being uprooted from the land, whether voluntarily or forced by external factors, is an extremely difficult experience.

This symposium is intended to discuss risks involved in contemporary human displacement and migration, and also focus on factors that nourish resilience under such situations. Identifying these factors is extremely important because they provide hints to create effective measures to support migrants and refugees achieve a healthier adaptation.

Risks and resilience found in families in which one of its members migrated, in the district of Independencia, Lima

Renato López Guevara*, José Lopez Rodas**

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The 2% of adolescents in secondary schools in the district of Independencia (Lima, Peru) indicate that their parents live abroad or have returned in recent months or years. Mostly, the residents' migration of the Independencia district is given voluntarily and thereby achieving greater stability and family development. The migratory movement from the district of Independence, with a population of 220,000 habitants of middle and medium low socioeconomic level, agrees with the data rates of migration of Peruvians; even considering that in recent decades there was an economic improvement in Peru and developed countries recovered from the economic crisis.

Several studies have reported that migration of a family member raises expectations to improve living conditions, family reunification, etc. It has also been noted that transformations, new dynamics, including breakdown are given in families of migrants; so the present study assesses risk and resilience in twenty families in the district of Independence, in which one member is a migrant or returnee. The results of this study represent a better appreciation of the strengths and weaknesses of these families, and new coping strategies to be implemented by public services, within the framework of a new Law of Return in Peru.

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Risks and resilience of schizophrenic patients in a multicultural milieu

Yu Abe

Much has been discussed about the onset and deterioration of schizophrenia in migration, and on the contrary, there is very little about how schizophrenic patients adapt, are treated and live in another culture.

Here, the adaptation process and life in another culture of ten schizophrenic patients -who have migrated to Japan, have melted into the culture, and are having a normal life- are considered from the viewpoint of resilience in a sociocultural context.

Some of these patients, had schizophrenia already in their countries, and some had their onset in Japan, however all have adapted to the culture of Japan, are having a normal life, and are working. Resilience unfolds in multi-dimensional areas, and this work will focus on the psychosocial level of resilience such as the individual and creativity, the family and receptivity, healing by the community, and socio-cultural globalization in order to elucidate factors of their resilience.

It is said that schizophrenic patients are better adapted in developing countries rather than in developed countries. If simultaneously, their adaptation process in other culture is also good, is there something in common? The possibility of common points in both aspects, and its relation with resilience at the psychosocial level is considered.

Juntendo University School of Medicine. Meiji Gakuin University. Tokyo, Japan

Factors nourishing resilience in the second generation of Latin Americans in Japan

Nélida Tanaka

Although the economic crisis triggered by Lehman Brothers in 2008 and the nuclear plant explosion after the earthquake in 2011, prompted a massive return of Latin Americans to their country, still there are more than 246,000 living in Japan, of whom around 24% are below 20 years old.

Migration involves several separations and partial mourning as pointed out by Achotegui (2012), which pose several risks for the physical and psychological well-being of migrants. Most Latin Americans in Japan are residing for economic reasons working in blue-collared jobs with tough conditions such as night shifts at the expense of family life, which especially affects the second generation.

This study intends to search the risks involved in the migration of the second generation of Latin Americans in Japan, and analyze the factors which nourished the resilience of children observed through individual and family counseling of 58 cases, on the one hand, and group support activities, on the other. It is expected that these findings provide indications for effective measures to foster resilience in the second generation of migrants.

Sophia University Department of Psychology, Yotsuya Yui Clinic, Tokyo, Japan

Latino Mental Health and Resiliency: Mainstreaming the Wellness Half of the Health Continuum

Sergio Aguilar-Gaxiola

Mental disorders are commonly occurring and major drivers of suffering, disability, health care cost, and disease burden. By far, the main focus of research studies on the prevalence and consequences of mental disorders has been on the symptoms and related disabilities of those suffering from mental health conditions. Yet, individuals suffering from mental illness also have strengths and many show admirable resilience in dealing with their conditions and many recover from them.   In this presentation, I will discuss the importance of also shifting attention to the wellness half of the health continuum using an Illness-Wellness Paradigm framework.   In addition to presenting prevalence rates and rates of service utilization of Latinos in the US and other Latin American countries, I will also present protective and resiliency factors especially in US Latino immigrants and conclude with a personal reflection on the need to change paradigms from focusing solely on deficits to expand our focus to also include wellness and the impact that social determinants have on health and mental health.

Universidad Autonoma de Guadalajara, Vanderbilt University, University of California, San Francisco.University of California, Davis, Sacramento, California USA

Symposium 41: Migración y Salud Mental en la Frontera Norte

Psiquiatria perinatal en la región Tijuana-San Diego

Mirna Trancoso

Introducción: La psiquiatría perinatal se orienta a la detección y tratamiento precoz de la psicopatología materna en torno a la gestación, parto y puerperio, así como su efecto en el recién nacido y en la interacción vincular. Algunos autores afirman que los problemas de salud mental

perinatal son probablemente fenómenos transculturales, cuya prevalencia pueden variar por el contexto cultural.

Material y Método: Se realiza una revisión de la literatura e investigaciones más recientes relacionadas con el área de la salud mental perinatal, enfocado en la población de la frontera norte de México. También se examina en esta población el fenómeno de "turismo de partos o niños ancla".

Desarrollo del Tema: Los efectos socioeconómicos y culturales regionales tienen un impacto profundo en los aspectos de la salud. En la frontera San Diego-Tijuana, se reúnen el poderío económico y el subdesarrollo al mismo tiempo, resultando desigualdades en la salud y el aumento de enfermedades, entre otras, las mentales. Si bien, la mayoría de los trastornos mentales y del neurodesarrollo no se deben únicamente a una causa lineal; sino al resultado de la interacción de factores de riesgo genético y ambiental; el estrés materno puede provenir de factores psicosociales, complicaciones obstétricas, enfermedades psiquiátricas, respuesta emocional al embarazo, etc.

Conclusiones: Sabiendo que la migración es una situación de riesgo para el desarrollo armónico del lactante, los padres y la familia; es de suma importancia trabajar de manera multidisciplinaria con los especialistas en la atención obstétrica y realizar más estudios enfocados a poblaciones específicas que reflejen las diferencias culturales encontradas al respecto.

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Hospital de Salud Mental de Tijuana A.C Tijuana, México.

SALUD MENTAL EN NIÑOS Y ADOLESCENTES MIGRANTES

Alberto Aguilar

La Organización Mundial de la Salud (Brunddtland, 2001) señala que los dos factores que contribuyen con mayor fuerza al aumento de enfermedades mentales en el mundo son tanto los rápidos cambios en el ambiente como el inmenso número de gente que vive en situaciones de pobreza. Los inmigrantes suelen caracterizarse por poseer ambos factores, ya que muchos se mueven de un país a otro con la esperanza de mejorar su situación socioeconómica y, por ello, se enfrentan a cambios bruscos tanto en el ambiente físico y económico como en el ámbito social, dejando atrás su tierra, país, costumbres y, en muchos casos, a sus familias y amigos. Autores como Hovey (2001), y Quintero y Clavel (2005) identifican una multitud de estresores específicos que se asocian con la experiencia migratoria y que aumentan el riesgo de desarrollar problemas de salud mental. El impacto de la migración en los niños y adolescente puede generar trastornos mentales debido a que es un grupo vulnerable. La migración es un proceso en sí complejo que puede afectar no solo la salud física de los individuos sino también su salud mental. Los síntomas que presentan los niños cuando se encuentra en un fenómeno migratorio dependen de la interacción de muchos factores. Estos síntomas son generalmente diferentes a los de adultos por su condición del desarrollo. Los trastornos depresivos y ansiosos, la somatización, diversos síndromes dolorosos crónicos, el abuso de drogas, la violencia familiar y negligencia de los niños, desórdenes de conducta y comportamiento de niños y adolescentes, los episodios psicóticos e incluso la esquizofrenia han sido descritos en las poblaciones migrantes.

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Estigma internalizado en pacientes con trastornos psiquiátricos en la ciudad fronteriza de Tijuana

Héctor Manuel Paredes Márquez

El estigma se refiere a un atributo que desacredita al individuo que posee una característica distinta a los demás, reduciendo su estatus, siendo visto como inaceptable o inferior y fomentando su aislamiento de la sociedad. Se divide en dos grandes tipos: el estigma social y el estigma internalizado; este último describe la manera en que el individuo vive y se siente con base a su condición que lo diferencia del resto. Históricamente una de las principales condiciones estigmatizadas son los trastornos psiquiátricos, generando en las personas que las padecen, reacciones emocionales negativas como vergüenza, miedo, baja autoestima y pérdida de la confianza, provocando que la persona esconda su condición, se aleje por miedo a las críticas, no busque atención de manera oportuna disminuyendo la calidad de vida así como favoreciendo el deterioro general del individuo. En la ciudad fronteriza de Tijuana, las personas que son atendidas en el hospital de salud mental, suelen presentar otra condición estigmatizada como la migración. Éstos, deben esforzarse por integrarse a una sociedad que posee códigos de convivencia diferentes, siendo en ocasiones víctimas de la discriminación en distintas áreas.

Se ha encontrado que las enfermedades psiquiátricas más estigmatizadas son los trastornos por uso de sustancias, el trastorno bipolar y la esquizofrenia. Principalmente el empleo de sustancias es un problema muy común en los migrantes. Esto es importante debido a que la mayoría de las intervenciones psiquiátricas y el personal de salud que las aplica no toma en cuenta al estigma internalizado.

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Impacto en Salud Mental de Adultos Mayores Deportados en la Frontera México-Estados Unidos

Marcela Romo Guardado

Los adultos mayores pueden ser un grupo etario de alta vulnerabilidad debido al cambio de estatus social, económico, familiar y de salud. A partir del 2011 en Estados Unidos de Norteamérica (EUA) posterior al ataque de las torres gemelas hubo mayor vigilancia del proceso de inmigración, con lo cual aumentó el número de deportaciones hacia México. Entre 2010 y 2012, el Instituto Nacional de Migración (INM) registró 273 mil 903 casos de repatriación de connacionales desde los Estados Unidos a través de la garita Tijuana-San Ysidro. Cabe señalar que el 40% por ciento de las deportaciones se realizan vía Tijuana. Dentro de los migrantes deportados se incluyen adultos mayores que llegaron a vivir a los Estados Unidos en sus años de juventud, formando familias, un patrimonio, pero muchos de ellos no lograron regular su estatus migratorio. Según reportes del INM el 36% de los migrantes son deportados por infracciones de tránsito; 27% por inspección policíaca rutinaria; 24%

por previa orden de arresto. Una vez que son detectados, algunos son detenidos por períodos que van desde meses hasta 5 años y posterior a ello son deportados a México. Esto ha generado que los adultos mayores deportados regresen a su país de origen, después de haber formado una vida en EUA y al llegar sin compañía y buscar alguna forma de sostén económico se encuentran con que no son empleados debido a su rango de edad. Otro factor de gran importancia son los problemas de salud crónico degenerativos, como lo menciona Markides (2011) con la paradoja hispana, dónde describe que los méxico-americanos mayores de 75 años tienen menor mortalidad pero con mayor discapacidad que los adultos mayores de la población general, como lo mostró el Hispanic Established Population for the Epidemiological Study of the Elderly (EPESE), formando todo ello un conjunto de causas que pueden tener efectos directos en la salud mental de ellos. En el Hospital de Salud Mental de Tijuana, en la consulta de psicogeriatría, en el 2014 se han atendido a un grupo de adultos mayores deportados, encontrando principalmente síntomas depresivos, ansiosos, insomnio e incluso algunos con abuso de benzodiacepinas.

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Hospital de Salud Mental de Tijuana, Tijuana, BC, México

Symposium 42: Drugs & Divinity: Recovery and Redemption across the Americas

Chair: Brian Anderson
Co Chair: Daniel Chen

Drugs and addiction inspire both great curiosity and fear for their ability to transform human subjectivity, physiology and social worlds. This symposium presents original empirical data from studies in anthropology, psychology and psychiatry to examine how divergent concepts of "drug" and "divinity" take shape in and influence a diverse set of transnational, spiritual movements dedicated to the redemption of persons suffering from addiction.

After this symposium, attendees will be better equipped to:

1. Identify alternative treatment modalities for addiction that use Mexican forms of the 12 step program, or that use ayahuasca

2. Assess how transnational contexts influence local concepts of drugs, transcendence and recovery

3. Apply qualitative understandings of lesser known treatment practices to critique the limited quantitative data available on these healing movements.

Anonymous and Punitive: Mutual Aid in Mexican Anexos
Brian Anderson

Background: Alcoholics Anonymous (AA) is a spiritually-oriented mutual aid organization for substance users that began in the US but which has over the past several decades spread throughout Mexico. A novel Mexican variant of AA revolves around involuntary residential treatment centers known as anexos.
Aims: This paper examines the invention and experience of unconventional therapeutic techniques for addiction that are simultaneously contemplative and punitive.
Methods: An on-going collaborative and binational ethnographic study of mutual aid in Mexico and in Mexican communities in the USA.
Results: Anexos are generally highly religious establishments that employ psychological and physical rehabilitation techniques not considered evidence-based practices by current clinical standards. These techniques go far beyond the typical 12 step paradigm and include involuntary detention, isolation and shackling; physical beatings and aplicaciones (painful bodily postures); and religious indoctrination. Most anexos are not regulated by any government authority.
Conclusions: Despite regular allegations of human rights abuses, anexos are the mainstay of addiction care throughout much of Mexico. The legality, danger and efficacy of this treatment modality must be analyzed within the social, economic and political framework that has led to its rapid diffusion throughout Mexico.

Psychiatry / Medical anthropology MD, MSc. University of California San Francisco (UCSF); Núcleo de Estudos Interdisciplinares sobre Psicoativos (NEIP)

Ritual and Therapy: Reflections on the treatment and handling of substance dependence with ayahuasca in different cultural settings
Beatriz Labate, Clancy Cavnar

Background: The ritual use of the psychoactive brew ayahuasca is increasingly being lauded for its potential to treat substance dependence. The authors, co-editors of the book "The Therapeutic Use of Ayahuasca" (Springer, 2014), combine their expertise in anthropology and clinical psychology to further our understanding of an alternative treatment modality for addiction.
Aims: To discuss and contrast varying concepts of "treatment," from conventional clinical use to religious healing. To develop a framework for understanding native conceptions of "drugs," "health," "illness," and "healing" in different cultural settings. To contemplate the role of narratives of religious conversion and therapeutic transformation in establishing cure and new ("non-addicted") identities.
Methods: Ethnographic fieldwork conducted in both North and South America. Also a critical review of anthropological and psychiatric literature on the ritual use of ayahuasca for healing dependence in psychotherapeutic centers (in Peru and Brazil), and ayahuasca religions (in Brazil and the USA).
Results: Definitions of "treatment" and "cure" vary across cultural groups and disciplines. Religious, psychological and pharmacological variables cannot be cleanly separated in attempts to understand ayahuasca healing.
Conclusion: With the expansion of the use of ayahuasca has emerged a plurality of therapeutic and religious practices and beliefs, including in the area of alleviating substance dependence. Symbolic efficacy, ritual and context are crucial to analyzing treatment outcomes with ayahuasca.

*Social Anthropology PhD.

Centro de Investigaciones y Estudios Superiores en Antropología Social - CIESAS Occidente, Guadalajara; Centro de Investigación y Docencia Económicas - CIDE Región Centro, Aguascalientes; Núcleo de Estudos Interdisciplinares sobre Psicoativos (NEIP). Guadalajara, Mexico
**Clinical Psychology. Núcleo de Estudos Interdisciplinares sobre Psicoativos (NEIP). San Francisco, USA

Experience of a spirit remedy: Mechanisms and outcomes of ayahuasca treatments for addiction

Celina De Leon*, Anja Loizaga-Velder*

Background: The importance of traditional and community-based medical systems within medical research is increasingly being recognized. Ayahuasca is a traditional botanical remedy and a psychoactive brew from the northwest Amazon that is gaining international attention as an alternative therapy for addictions.

Aims: This presentation will serve as an introduction to the use of ayahuasca in the treatment of addictions and will explore theoretical transcultural mechanisms of action based on the phenomenology of the ayahuasca experience.

Methods: A case study of the use of ayahuasca to treat addiction, supplemented by a qualitative study which was conducted to identify therapeutic mechanisms of action of ayahuasca-assisted treatment.

Results: In carefully structured settings, ayahuasca can catalyze processes that support recovery from addiction and the prevention of relapse. These processes are reported to include fostering deep personal insights, spiritual understandings, and a sense of communion with the divine.

Conclusions: The bio-psycho-social-spiritual model of addiction offers a framework for understanding the mechanisms by which ayahuasca seems to treat addictions. Empiric outcomes of these treatments are now being collected via the Ayahuasca Treatment Outcomes Project (ATOP), a multi-country, mixed-methods study designed to rigorously gather health data while honoring the complexity of studying a traditional medical system within a modern western context.

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Workshop 6: Disasters, Conflict and Migration, the Role of Spirit Possession in Dealing with Trauma and Dissociation in a Transcultural Context.

Chair: Per Nilsson
Marjolein van Duijl

In the context of conflict, disasters, insecurity and migration patients seeking help can present with dissociative presentations in many cultural settings. When mental health professionals are confronted with pathological spirit possession experiences and cultural explanations Western diagnostic categories and treatment models however seem limited. There is increasing evidence that dissociative presentations, such as dissociative trance and possessive trance disorders, are related to traumatic experiences.

This workshop will give more insight in recognition, diagnosis and management of dissociative disorders in the transcultural setting. The applicability of the new diagnostic criteria for dissociative disorders in the DSM-5 will be discussed and practiced in the workshop. Case histories from the African and Dutch clinical setting with refugees, migrants and prisoners will be discussed to illustrate different idioms of distress, explanatory models and culturally sensitive interventions. Presenters'

research findings on classification, help-seeking and explanatory models of patients with spirit possession in Uganda will be referred to, as well as recent relevant literature. A side step will be made to the interrelation of the recent Ebola emergency outbreak in West Africa with former war experiences and the functioning of traditional and modern health care systems.

Aims of the workshop: The participants will achieve tools to recognize dissociative symptoms, learn how to deal with different explanatory models for trauma and dissociation and reflect on options for management of dissociation in a transcultural context.

MD, PhD (psychiatrist). World Health Organization, Monrovia, Liberia (currently March 2015)

Special Session 5
Chair: Alberto Velasco & Co-Chair: Eutiquiana Toledo

Toledo's Greco, cultural influences in psychiatry
Jean Garrabé de Lara

A pesar de que   cuando murió El Greco era un pintor famoso en España se va a olvidar su memoria en este país durante un par de siglos en los que se admiran más clásicos como Velásquez y Goya. Solo se redescubrirá en el siglo XIX después de la Revolución de 1848 que inaugura la época romántica. Un escritor como Théophile Gauthier habla entonces de él en un libro *Voyage en Espagne* en que describe sus cuadros que ha podido admirar en Toledo o un pintor como Edouard Manet hace copias o se inspira de los que estaba entonces en el Museo del Prado. Gauthier habla de la "folie", locura del Greco pero no se trata de la locura como enfermedad mental sino de la que está en relación con el genio. Coleccionistas como el rey Louis- Philippe de Francia, que había llegado compran cuadros del Greco para sus colecciones privadas de donde pasaran a museo del mundo entero. Este redescubrimiento se produjo también en España durante el reino de Alfonso XIII marcado después de la guerra de Cuba por cierto nacionalismo cultural época en que donde varios eruditos españoles van a publicar estudios situando la pintura del Greco de Toledo en la historia del arte en su país.

El mejor conocimiento de la obra del Greco va a tener en el Siglo XX   un impacto sobre el desarrollo a través del mundo del arte moderno. Para conmemorar el   cuarto centenario de su muerte el Museo del Prado ha organizado une importante exposición "*El Greco & la pintura moderna* que reunía y comparaba las obras del maestro toledano traídas de museos del mundo entero con las que habían inspirado a pintores modernos. Como coincidía con la reunión en Madrid del XVI° congreso de la Asociación Mundial de Psiquiatria permitió a numerosos congresistas ver como la historia del arte al estudiar la difusión en el mundo globalizado del siglo XXI de obras nacidas en el mundo mediterráneo del siglo XVII también contribuye al estudio de la psiquiatria transcultural.

Estudios de medicina en la Facultad de Paris. Tesis de doctorado en 1958.
Psiquiatra jefe de servicio de los hospitales de Paris de 1967 a 1997.
Director de enseñanza clínica en la Universidad René Descartes-Paris V.
Profesor honorario del Instituto de Psiquiatria de Lengua Española.
Profesor honorario de la Facultad de Guadalajara (Jalisco).
Sociedades científicas.
Francesas: Société médico-psychologique (presidente en 2000).
Evolution psychiatrique (presidente de honor).
Presidente de honor de la Association pour une Fondation Henri Ey (Perpignan).
Extranjeras: miembro de honor de la Sociedad española de psiquiatria, de la Asociación de psiquiatria de Jalisco.

Presidente del Congreso del Jubileo de la Asociación mundial de psiquiatria (Paris 2000) Miembro individual honorario de la World Psychiatric Association (Yokohama 2002).

Anthropology of Curses
Carlos Rojas Malpica

The symbolic order offers a great number of opportunities for understanding man's greatest fears. Based on Levi Strauss' original concept, we can study the symbolic efficacy of curses and enrich it with the most recent contributions of neuroscience, philosophy, and the anthropology of consciousness. This is a report of qualitative research traversed by the methods of phenomenology and symbolic hermeneutics on a rarely addressed subject of unique significance to cultural psychiatry. We have worked on the empirical data of some classic religious curses of great historical value, but we have also inquired into the phenomenon of secular excommunication. Finally, we have interpreted the symbols used in curses and the areas of the psyche that they succeed in mobilizing. We suggest that the primary core of curses is dogma, without which their symbolic efficacy would not be possible.

Egresado como Médico-Cirujano de la Facultad de Medicina de la Universidad de Carabobo en 1.970. Curso de Postgrado en Psiquiatría en la Escuela Profesional de Psiquiatría de la Facultad de Medicina de la Universidad Hispalense de Sevilla, España (1.974-76). Curso de Postgrado en Terapia de la Conducta y Sexología en el Instituto Venezolano de Investigaciones Psiquiátricas (Caracas,1977). Doctor en Ciencias Médicas de la Universidad del Zulia (2001). Profesor Titular de Psiquiatría, Psicopatología y Psicología Médica del Departamento de Salud Mental de la Facultad de Ciencias de la Salud UC. Ex Jefe del Departamento de Salud Mental UC. Profesor de Psiquiatría en el Postgrado de Medicina Interna de la Ciudad Hospitalaria Enrique Tejera. Profesor de Psicosociología del Trabajo en el Postgrado de Salud Ocupacional UC. Miembro del Consejo Académico del Doctorado en Ciencias Sociales y del Doctorado en Ciencias Médicas de la UC. Profesor Honorífico del Instituto de Psiquiatras de Lengua Española (Madrid). Miembro del Consejo Editorial de las Revistas Zona Tórrida (UC), Psicopatología (Madrid), Investigación en Salud (Universidad de Guadalajara, México), Revista del Hospital Psiquiátrico de la Habana, y Anales de Discapacidad y Salud Mental de la Universidad Autónoma de Madrid. Calificado en el Programa de Estímulo al Investigador del Ministerio de Ciencia y Tecnología de Venezuela como Investigador Nivel B. MEMBRE ASSOCIÉ ÉTRANGER de la Société Médico-Psychologique (Francia). Académico Correspondiente Extranjero de la Real Academia Nacional de Medicina de España.

Transcultural aspects inside "El Quijote"
Eutiquiana Toledo Ruiz

Commemorating the 4th century of "El Quijote" 2nd part first publication, the speaker examines transcultural aspects of Miguel de Cervantes literature work. A deep analysis is presented through the characters of Ana Felix and Zoraida, highlighting the differences and similarities between Christian and Muslim culture that were present during this 1615 historical moment.

A Bachelor's degree and graduate in Medicine from U.C.M. University (Madrid-Spain) with distinction in the teaching Unit of the Hospital 'Cruz Roja' , 1980.
 Specialist in Occupational Medicine since 1986.
PhD in psychopharmacology with distinction, Cum Laude from U.C.M. (Spain), 1989.
Specialist in Psychiatry since 1996. Trained in the 'Clinic' Hospital (Madrid-Spain).
Master's Degree in Legal Psychiatry, 1996.
Expands its training in psychotherapy.
Accredited by F.E.A.P. (European Federation of Associations of psychotherapists), The College of Physicians of Madrid, and A.E.P.P. (Spanish Association of Dynamic Psychotherapy). She furthered her studies with the Staff Tavistock Clinic of London, Pedagogical University of Geneva, Staff Menniger School Clinic of Psychiatry (Topeka-EEUU), and The Institute of Freudd of México.
Psychotherapists interventions in emergencies with Brain Integration Techniques in the center of advanced therapies Dr. Solvey (Buenos Aires-Argentina), and Reconstructive guided introspection in Scharovsky Institute (Buenos Aires-Argentina) Health care experience.
Private Psychiatric practice: Training, prevention, diagnostic, treatment and defense in courts of mentally ills. From 1996 to the present

'Monforte Vaguada' Clinic (Psychiatry Surgery), attention to insurance companies: Adeslas, Sanitas, Muface… From 1996 to the present

The Esalen Film Seminars (1987-2015): Transformation through the Mindful Viewing of Films
Francis G. Lu

This presentation describes the film viewing seminars that Francis Lu has co-led since 1987 at Esalen Institute in Big Sur, CA, which is a humanistic/transpersonal psychology conference center established in 1962; 26 have been co-led with Brother David Steindl-Rast, a Benedictine monk. Each seminar is organized around a theme such as gratefulness, forgiveness, and wisdom/compassion. Originally 5 days in duration, they are now 7 days in duration since 2006; currently 15 films are shown during each seminar. Through a mindful viewing of each film, the participants become more aware in themselves of the strengths or virtues exemplified by the film characters. The film viewing process begins with a centering practice, contemplative viewing and then silent reflection, journaling, dyadic sharing, and group discussion. The experience of a concentrated viewing 15 films that are carefully curated and sequenced in 7 days has a cumulative transformative effect. To illustrate seminars and film tiles relevant to cultural psychiatry, the author will describe the 2008 seminar "Intolerance, Social Justice and Reconciliation" and the 2015 seminar "From Oppression to Freedom: Social Inequality and Justice in Films." See www.gratefulness.org, then search "films."

Francis G. Lu, MD, is the Luke & Grace Kim Professor in Cultural Psychiatry, Emeritus, and Assistant Dean for Faculty Diversity, Emeritus, at the School of Medicine at the University of California, Davis. As a Distinguished Life Fellow of the American Psychiatric Association, Dr. Lu has contributed to the areas of cultural psychiatry, psychiatric education, film and psychiatry, and psychiatry/religion/spirituality. In 2008, the American Psychiatric Foundation awarded him one of its Advancing Minority Mental Health Awards. In 2008, he received the Association for Academic Psychiatry Lifetime Achievement Award. He has been a member of the American Psychiatric Association Council on Minority Mental Health and Health Disparities since 2003; he chaired it from 2003 to 2008. He is currently Secretary of the Society for the Study of Psychiatry and Culture and a member of the Group for the Advancement Cultural Psychiatry Committee. He has been on the World Association for Cultural Psychiatry Board since 2011.

Special Session 6: Crisis Situations and Mental Health Problems in Russian Population and Eastern frontier Territories.
Chair: Nikolay Bokhan & Co-chair: Xudong Zhao

Gradually all over the world, awareness of the scales and consequences of having enveloped the society "total crisis" (social, economical, political, ethnical and ecological) is raised and the necessity for its rational resolution is postulated. In documents of the World Association of Social Psychiatry there is a call to study in detail the mental health of the individual confronted by threat of nuclear homicide, mass dissemination of drugs, world starvation, qualitative transformation of moral criteria leading to destruction of the nation and its gene pool. Modern trends of society development take increasingly frightening contours, reflecting high levels of crime, violence, terrorism, drug addictions, suicides, growing depopulation (especially typical for sparsely populated Siberian territories), increased number of disabled persons, elder people, homeless children; threat of extinction of smaller ethnoses associated with ignoring their native interests, traditions, customs; frightening demarcation of social strata, polarization according to social and economical rankings; reckless pollution of the environment and reinforcement of the tempos of elimination of the flora and fauna. State strategies of care and strengthening of the spiritual and moral health of people, renaissance of ideas of humanism and education, establishment of human rights and societal legitimacy, become an alternative to this crisis in society's life.

Migration and mental health of aborigines of Siberia: borders of contact of the problems

Nikolay A. Bokhan

Relevance: The process of acculturation of aborigines of Siberia and Far East of Russia was characterized by destabilizing influence of migrants and adoption of alien traditions of alcohol use. Among new wave migrants, the number of socially maladjusted migrants with depression, suicidal and addictive behavior has grown.

Objective: To identify factors of prevention for alcohol-related over-mortality of native population, based on monitoring of medico-social indices of substance abuse situation, clinical dynamic and prognosis of alcoholism in differentiated groups.

Material and methods: Clinical-epidemiological and clinical-psychopathological screening of revealed (ICD-10) alcoholic patients among arctic groups (Evenks, Chukchi, Koryaks, Eskimos) of north-Asian mongoloids (n=735). Group of comparison - 90 patients (F10.2) male Caucasians from this locality.

Results: Aborigines of Siberia show high frequency (50-65% in both sexes) of mental disorders. Men are characterized predominantly by alcohol dependence syndrome (maximum at age of 26-35 years); women by affective disorders. The malign character of alcoholism determines the high lethality of young men by committing suicide, alcohol-related accidents, complications of co-morbid somatic pathology with deformation of sex-age pyramid at 25-40 years. Severe degradation of personality (psychopath-like, cognitive defects) is typical; psychopathological transformation of intoxication with aggression precedes the development of withdrawal syndrome. Discussion: Marginalization of new migration wave promotes the formation of various forms of mental inadaptations, hetero (homicidal) and auto-aggressive (addictions, suicides) behaviors. A way of preventing acculturation's negative consequences is by monitoring the mental health of both aborigines and migrants. Significance is acquired by ethnological expertise of possible consequences of current migration processes for ethnodemographic parameters of scanty ethnoses.

MD, professor, Corresponding Member of RAMSci. Mental Health Research Institute, Siberian State Medical University, National Research Tomsk State University. Tomsk, Russia.

Ethnocultural features of depression: comparative clinical investigations in Russia and China

Irina E. Kupriyanova*, Zhang Congpei**

Objective, material and methods: 38 students of Chinese origin studying at educational institutions in Tomsk were examined. Mean age during survey was 19,5 ± 1,7 years. Group surveyed included 24 men and 14 women. The survey was conducted within joint Russian-Chinese agreement on scientific and technical cooperation. Quality of life and coping strategies were investigated with Anxiety and Depression Hamilton Scales.

Results: Only one student was diagnosed with depressive episode. Clinical manifestations were characterized not only by change of mood, but also by massive somatic complaints and vegetative manifestations. Of 16 students who had high level of activity, sociability in four, short-term lowering of mood episodes associated with adapting to a new place were observed. Ten persons had anxiety and hypochondriac traits. Five students had somatic pathology and showed sufficient cognitive adaptability, but used non-adaptive strategies in behavior and manifestation of emotion.

Seven students showed asthenic manifestations, mainly of somatic- vegetative character that could be qualified as disadaptation syndrome.

As a control, Russian students studying in the same universities (n=20) were examined. In them, the adaptation period was milder, but to stressful situations these students reacted with psychopathological reactions: depressed mood, manifestation of anxiety, tension, and difficulty in communicating with their peers and teachers. Only two Russian students had psychosomatic manifestations.

Conclusion: Thus, despite of cultural differences, students of both nationalities need active psychotherapeutic assistance, especially in the first years of study.

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**Dr. The 1st City Hospital. Kharbin, China.

Ethnopsychological risk factors of disturbances of mental health in adolescents

Victoria Maerker*, Tatiana G. Bokhan**, Eduard V. Galazhinsky***

Risks of disturbance of mental health at adolescent age are associated with problems of mental development of adolescents. Ethnocultural environment of multicultural space of Russia represented by certain values, attitudes, traditions of perception and coping with difficulties acts as conditions for mental development of adolescents.

Objective: To reveal deficits and deformations of mental resources of development of the personality of adolescents as factors of preservation of mental health and risk of its disturbances under different ethnocultural conditions.

Methods: Quality of Life Index Scale (R. Eliot), Striving Assessment Scale (R. Emmons), Coping Strategies Rating (E. Heim), technique of incomplete sentences (J. Nuttin), adapted to tasks of the investigation, questionnaire of social-psychological adaptation (Rogers-Dymonds), content-analysis of statements. Methods of data processing: descriptive statistics, t-criterion by Student, factor analysis.

Sample: n=890 adolescents, representatives of peoples of Siberia (Altaits, Buryats, Khakases, Shorts, Yakuts, Russians).

Results: Variable (for every ethnic group) and invariable indices of mental resources of development of adolescents as factors of preservation of mental health of adolescents were revealed; variable (for every ethnic group) and invariable deficits and deformations in mental resources of development of adolescents were identified which are associated with growth of stress severity, lowering of quality of life and which may be considered as risks of disturbance of mental development under conditions of certain ethnocultural environment; risks of disturbance of mental health of adolescents of traditional culture under current conditions of multicultural space of Russia were identified.

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Clinical and social-psychological aspects of psychosomatic disorders in Russia and Kazakhstan

Sagat A. Altynbekov*, Valentina F. Lebedeva**

Objective: Study of clinical and social-psychological aspects of mental disorders associated with somatic diseases by distinguishing the basic pathogenetic factors and development of stepwise therapeutic programs.

Material and methods: Analyzed material - persons seeking for psychiatric help at primary care units on Eastern frontier territories of Kazakhstan and Russia. Factorial analysis identified the most significant factors (somatic-vegetative, psychopathological syndromes, somatic pathology, age peculiarities) in the 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 units, stepwise rehabilitative programs have been developed.

Results: Basic stages of therapy have been distinguished: initial, basic and maintenance. Rehabilitative programs have been developed and introduced: for patients with neurotic disorders, organic mental disorders, personality disorders, affective disorders, alcohol dependence, and separately for persons of younger and elder age. Basic principles of rendering of medical assistance have been structured: complexity, sufficiency, individual-differentiated approach, continuity and cooperativeness.

Conclusions: Use of base of general somatic primary care units and 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.

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Symposium 43: Wacp Sig On Arts, Media And Mental Health: Part 2 Experiences from Brazil
Chair: Marcos de Noronha

Authors who have submitted their manuscripts for the WACP Essay prize and/or Special Issue on "Arts, media and mental health" will be presenting their works in a two-parts symposium that brings together examples of uses of arts and media from catalysts for recovery to tools to increase awareness and education about mental health in remote communities. Part 2 focuses on examples from Brazil.

Developing socio-cultural technologies for mental health intervention in São Paulo, Brazil: interface of arts, health and culture

Eliane Dias de Castro*, Elizabeth Maria Freire de Araújo Lima**, Erika Alvarez***, Inforsato Renata Monteiro Buelau****

The 'Laboratório de estudos e pesquisa Arte, Corpo e Terapia Ocupacional' at USP, Brazil, develops teaching, research and assistance activities connected to the public policies concerning mental health, humanization and culture, introduced in Brazil from 2000 onwards, contributing to the quality of services offered to the community. This article presents a panorama of these actions, informed by the social movements surrounding the deinstitutionalization of madness and the rights of people with a disability, which constitute a new field of practices in occupational therapy. Focused on the complex demands of the target people and the expansion of their socio-cultural participation, the main methods for the monitoring and evaluation of these activities are related to qualitative research, which aims to build local knowledge of occupational therapy oriented by creative actions and clinical, artistic and cultural references. The strategies developed increased the access of this public to artistic and cultural experiences in the city territory and contributed to the construction of life projects, forms of participation, living together and the production of subjectivity. Nowadays, socio-cultural technologies have been configured in concordance with the importance of building contemporary proposals for populations deprived of their life networks.

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The music in Brazilian Psychiatric Reform: audible lines in mental health practices.

Tânya Marques Cardoso*, Elizabeth Maria Freire de Araújo Lima**,

This paper presents results of a bibliographic research that explored some perspectives for the relation between music and subjectivity in the context of Brazilian Psychiatric Reform. Through a multiplicity of documental sources – books, journals, websites and electronic databases – unique musical experiences were found and organized in five operating modes: 1. Music-therapy; 2. Musical workshops; 3. Musical solos, bands, choirs and other musical groups forms; 4. Carnival groups; 5. Radio programs. The study of these experiences allowed us to produce analytical categories that made audible five different dimensions of the relation between music and subjectivity in health context: 1. The clinical and technical dimension; 2. The expressive, aesthetic and artistic dimension; 3. The communicational, socio-cultural and political dimension; 4. The pedagogical dimension; and, 5. The transversality between health and culture. The research made it possible to understand how musical practices participate to the deinstitutionalization process and the amplitude of musical practices in mental health services in Brazil.

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Temporary communities: encounters of delicacy, artistic creation and difference between singularities

Juliana Araújo Silva*, Elizabeth Maria Freire de Araújo Lima**

This communication is an outcome of the dissertation "Poetics and marginality: the Projeto Cidadãos Cantantes experience" that focused on the chorus collective experience, the formation of groupality, the ways of being together, and the possibilities of building a community based on distance and delicacy. This Project was created in 1992 in the interface between arts and mental health. It consists of two workshops: a scenic chorus workshop and a workshop of dance and body expression. It took place at Galeria Olido, a Cultural Center in São Paulo, Brazil. Through being part of the project, the authors elaborated a narrative that leads the analyses of the experience. It is understood that promoting encounters between any kind of people, with or without psychological suffering - and not grouped based on diagnosis - that desire to be together to produce art collectively, allows a cooperative way of relation in which is possible to bear distances and delicacies – as Roland Barthes taught us. Therefore, the relationships developed during the project's workshops strengthen the promotion of communities, the musical and corporal creation and the respect for differences among people.

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Symposium 44: Consideraciones teóricas respecto al uso del concepto Síndrome de Ulises en Latinoamérica
Chair: Pablo Pascual Baéz

Clasificaciones Psiquiátricas Internacionales y el Síndrome de Ulises
Santiago Andrés Salomón Cabrera

El síndrome de Ulises (SU) o síndrome del emigrante con estrés crónico y múltiple es una entidad descrita por el psiquiatra español Joseba Achótegui el año 2002. Consiste en una serie de síntomas afectivos, somáticos y cognitivos que aparecen en respuesta al duelo migratorio. Las alteraciones psicopatológicas que presentan las personas ante una situación de estrés han merecido la consideración de la psiquiatría en sus diversas clasificaciones internacionales; el Diagnostic and Statistical Manual of Mental Disorders (DSM-5) los considera dentro de su capítulo "Trastornos relacionados con traumas y factores de estrés". Es relevante su estudio en la actualidad, pues nuestra sociedad debe enfrentar cantidades mayores de personas que migran hacia otros países y condiciones más difíciles para ésta.
El SU está relacionado a dos condiciones principales dentro de las clasificaciones: el trastorno de adaptación y el trastorno de estrés postraumático, además de la "dificultad de aculturación" (dentro de "Otros problemas relacionados con el entorno social"). Se propone también que algunos síndromes culturales podrían ser afines. Esta presentación reflexiona sobre paralelos que existen entre el SU y estos cuadros en las diversos sistemas de clasificación, resaltando el aspecto psicosocial del cuadro y su relevancia en la actualidad. Se tratará temas como el inicio y duración de los síntomas, las condiciones en que se da estresor migratorio – por ejemplo, casos de migración extrema –, conceptos de normalidad y sus consecuencias desde un enfoque de salud pública.

Médico Psiquiatra.Instituto Nacional de Salud Mental "Honorio Delgado – Hideyo Noguchi". Lima, Perú.

La teoría cognitivo conductual y el Síndrome de Ulises.
Prado Santander Edna

A migrant can be more vulnerable than other people; from falling ill to feeling depressed. People who emigrate in conditions of inequality often face familiar disintegration, sensations of uprooting, dangers of death on having crossed the border undocumented, etc. Also, they are affected by the organized delinquency, the harassment and the deportation in which migration authorities take part.
The path travelled on the "beast" damages the integrity of the migrant, when arriving some things are sure; abuses and vexations, loss of documents and others they concerned for, cold and heat, hunger and the uncertainty of not knowing whether they were getting near to the desired destination.
In Hidalgo, the Central American migrant population is the one with major traffic and with the major number of insurances and deportations; it is comprised of nationalities such as Guatemala, El Salvador and Honduras. Geographically, Hidalgo is at the center of the Republic of Mexico, that is to say, half of the way, half of the dream, half of having reached the assignment.
As a result, migrants' mental health is damaged and even worse, ignored. It is not a question of migratory statistics, it is a question of why does that happen and why it is not being recognized.
In these moments an investigation on anxiety as a result of harassment is being conducted in the population before mentioned.

Magister Psicología Conductual. Instituto de Postgrado en Psicología Cognitivo Conductual. Hidalgo, México.

El Síndrome de Ulises desde el punto de vista sociológico
Olga Gil Valle

En el presente trabajo se presentarán diferentes teorías que ayuden a entender un poco más el fenómeno de la migración, que siempre ha existido en la humanidad. El mundo de hoy es un mundo globalizado que presenta diferentes circunstancias históricas. Por lo tanto, debemos investigar dicho fenómeno desde diferentes escenarios y lo más importante atrevernos a utilizar todas las herramientas de investigación con las que cuenta la comunidad científica desde las diferentes disciplinas con las que contamos actualmente. El objetivo principal es estudiar y hacer el camino menos sinuoso para los migrantes, tratar de analizar cual sería una posible solución real acorde con este mundo globalizado. Los principales autores con los que se ha estado trabajando son: Achotegui, Durkheim, Foucault, Baruch Spinoza, entre otros. Unir los conocimientos acumulados durante siglos para tratar de entender la evolución de la migración y las consecuencias que este hecho social puede traer a la población migrante en situaciones extremas para actualizar las medidas pertinentes que mejoren las condiciones de los migrantes, especialmente migrantes en situaciones extremas. En este trabajo se expondrá el Síndrome de Ulises desde el punto de vista sociológico y como este puede contribuir a conocer más sobre la migración extrema para tratar de buscar soluciones viables y sobre todo realistas. Todo individuo tiene derecho a buscar una vida mejor para él y su familia y si la migración es una solución, como lo ha sido durante siglos, es el deber de la comunidad científica aportar soluciones viables para que la vida de los migrantes en situaciones extremas sea mejor cada día.

Socióloga, Universidad de Barcelona, León, Guanajuato, México.

Espiritualidad en el uso del concepto Síndrome de Ulises
José López-Rodas

En toda época, se ha hecho evidente la emigración o movilización permanente de nuestra humanidad; en las últimas décadas las mayores razones se dan por la no satisfacción con las condiciones de vida que ofrece el país de origen, y en búsqueda de ello el migrante se encuentra algunas veces en situaciones traumáticas y límites, que incluso ponen en riesgo su propia vida.

En el campo de la salud mental, el profesor Achotegui ha familiarizado el Síndrome de Ulises, en consideración a la vida espiritual del héroe de Itaca y de su protectora la Diosa Atenea. Nuestra humanidad, con sus logros científicos y tecnología, los aportes de las diversas disciplinas, sectores y políticas nacionales e internacionales, tiene que ofrecer concretamente acciones que denoten espiritualidad por el bienestar de ese individuo que emigra, al asentarse en el nuevo país y al retornar a su país de origen, toda vez que en ello hay altos valores humanos y familiares, de grupos humanos y para nuestros países.

Médico Psiquiatra Social. Universidad Peruana Cayetano Heredia. Lima, Perú.

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Symposium 45: Disociación, personalidad múltiple y posesión: entidades comunes
Chair: Enrique Chávez León.

La característica central de los trastornos disociativos es la alteración brusca en el funcionamiento mental que ocasiona un estado alterado de la conciencia o un cambio de identidad manifestado por sonambulismo, amnesia, estados de fuga y múltiples personalidades. La Asociación Psiquiátrica

Americana, en su reciente revisión de la clasificación de los trastornos mentales (DSM-5) modificó la concepción de los trastornos disociativos y los agrupó de una manera distinta. La personalidad múltiple y el trastorno de posesión están incluidos en el trastorno de identidad disociativa. La fuga disociativa está considerada como una variante de amnesia disociativa. El trastorno de despersonalización y desrealización, constituye, con los dos anteriores, los trastornos disociativos principales. El simposio "Disociación, personalidad múltiple y posesión: Entidades comunes", consta de tres exposiciones: Los estados de posesión, la personalidad múltiple y los aspectos legales de los trastornos disociativos. El objetivo de la presentación es describir la concepción actual del trastorno de identidad disociativa en el ámbito clínico y forense de la práctica psiquiátrica.

La Psiquiatría, los estados de posesión y el exorcismo
Enrique Chávez- León

Esta presentación busca establecer las características del estado de posesión, como un trastorno disociativo, distinto a las psicosis y a los fenómenos culturalmente aceptados.

Como fenómeno cultural el estado de posesión, ocurre en ambientes controlados (ritos) en donde "participan" deidades veneradas. Como trastorno mental, consiste en un fenómeno patológico involuntario, que ocurre en personas con antecedentes de abuso/maltrato infantil y con limitaciones para manejar el estrés.

La disociación, mecanismo de defensa que lo produce, está también asociado a la pérdida del recuerdo (amnesia y estados de fuga), estados de trance y a la personalidad múltiple.

Los estados de posesión se caracterizan por episodios de sustitución de la identidad real por una o varias alternas, atribuidas a espíritus, deidades o seres malignos. Durante ellos, el paciente se comporta de acuerdo a los estereotipos culturalmente correspondientes a ser controlado por entes sobrenaturales, sin guardar recuerdo de ello. La influencia cultural es trascendental para determinar la aparición de la personalidad múltiple o del estado de posesión, por ello estos últimos son más frecuentes en el tercer mundo y en sociedades opresivas, aunque también ocurran en Norteamérica, Reino Unido, Suiza, Italia, Francia, Grecia e Israel. En sociedades más avanzadas es más frecuente la personalidad múltiple.

En el DSM 5, el estado de posesión está incluido en el trastorno de identidad disociativo, definiéndose acorde a ello: Alteración en la identidad caracterizada por dos o más estados de personalidad distintos, que puede ser descrita en algunas culturas, como la experiencia de posesión.

Enrique Chávez- León. Médico Especialista en Psiquiatría, Maestro en Psiquiatría (Psicología Médica) y Doctorando en Bioética. Universidad Anáhuac México Norte, Facultad de Psicología México.

Los trastornos disociativos y la personalidad múltiple.
Martha Patricia Ontiveros Uribe

No abstract
Médico especialista en psiquiatría. instituto nacional de psiquiatría "Dr. Ramón de la Fuente Muñiz". México City, México.

Aspectos legales de los trastornos disociativos
Fernando López Munguía

No abstract

Médico especialista en psiquiatría, Asociación Psiquiátrica Mexicana, México City, México

Symposium 46: Violencia, Migraciones y Salud Mental
Chair: Renato Alarcón
Co-Chair: Santiago Stucchi-Portocarrero

The cockfight as addictive gambling
Carlos Rojas-Malpica

There are records of the cockfight that date back to 3000 BC; Cleopatra was known to be very fond of that distraction. Saint Augustine was expressed in glowing terms about the cock, and is said Hernan Cortez landed with his roosters when he arrived on Mexican shores. Despite its symbolic importance and psychopathology, the cockfight has remained outside the psychiatric gaze. It is now being recognized social addictions or without drug addiction, and attention is paid to the problem of addictive gambling. The initial motivation for this work came from a patient who consulted for this problem. The purpose of this paper is to explore the experiential world of the patient through the phenomenological and existential analysis. It took the field observation to determine the psychosocial dynamics and atmosphere of the cockpit. Therefore, the description requires a mixture of idiographic and symbolic hermeneutics record, with a story halfway between literary narrative and scientific observation, in a text organized in linear sequences, but each sequence may contain temporal oscillations. Also correlate data from empirical observation with scientific findings of clinical research and neuroscience, as well as a postulate our holding that mental illness is a loss of freedom and complexity, which is accompanied by an interlocking highly predictable behavior triggered once it leaves little scope for change, which in other studies, we call mental illness as Ananke. Similarly, evidence is symbolic and anthropological components that keep the history and personal life, *gallero* addictive behavior.

Universidad de Carabobo. Valencia, Venezuela.

Atención psiquiátrica in situ a los migrantes mexicanos después de los ataques a las Torres Gemelas en Nueva York en septiembre del 2001
Fernando Corona-Hernández

Al día siguiente de los ataques terroristas a las Torres Gemelas del World Trade Center de la ciudad de Nueva York el 11 de Septiembre del 2001, el Gobierno Mexicano de manera solidaria organizó una brigada de apoyo para ponerla a disposición del Gobierno de los Estados Unidos de América, con el propósito de dar apoyo psicológico y atención psiquiátrica a los migrantes mexicanos radicados en aquella ciudad que así lo requirieran. El grupo estuvo originalmente integrado por psiquiatras, paidopsiquiatras, psicólogas y trabajadoras sociales de diferentes dependencias de salud del Gobierno exicano. El día 14 de septiembre una comisión ad hoc realizó una visita a la ciudad de Nueva York para evaluar la magnitud del problema y las condiciones de salud de la población mexicana en esos momentos y con esa información diseñar una estrategia de apoyo y asistencia. En esta presentación se describen las experiencias y los resultados del trabajo realizado con los migrantes mexicanos en aquella ciudad.

Médico Cirujano y Partero por el Instituto Politécnico Nacional. Psiquiatra por la SSA y UNAM. Profesor de la División de Estudios de Posgrado UNAM. Médico Adscrito en el Hospital Fray Bernardino Álvarez, SSA. Medico de Base en el Hospital "Dr. Héctor Tovar Acosta", IMSS. Mexico City, México

Trauma, migration and mental health
Vanessa Herrera-Lopez

The prevalence of psychosocial problems and mental disorders among migrants affected by several kinds of violence is high, according to several research reports worldwide. Likewise, the consequences

of the impact of violence associated with migration as a complex and diverse process, profoundly affects the individual, family and society. The characteristics of the social determinants associated with the phenomenon of migration, cultural characteristics and emotional involvement, show the little prioritization of public policies in mental health and little access to care. Furthermore, although in the literature exist a large number of guides and lines of intervention for people affected by some form of violence and for trauma care, even the effectiveness and applicability of these in different cultural contexts have limited empirical evidence.

Some of these issues are raised to analyze in this symposium for the evidence in psychiatry, social sciences and approach to the needs of public policies that are required for interventions in these vulnerable populations.

Universidad Peruana Cayetano Heredia. National Institute of Mental Health "Honorio Delgado-Hideyo Noguchi". Lima, Perú

Symposium 47: Indigenous Migrants
Chair: Tsuyoshi Akiyama

Cultural Diversity, Clinic and its interfaces: report of an experience of care in mental health in the Brazilian context

Renata Monteiro Buelau*, Eliane Dias de Castro**

This work was developed from the author's mastership thesis "Art Platform, Clinical Station: boundaries between art and life" performed in the Interunities Program in Aesthetics and Art History (PGEHA USP) at the University of São Paulo, Brazil, from 2011 to 2013. CAPS (Psychosocial Care Centers) are municipal unities of SUS (Brazilian Public Health System) that were created during the Brazilian Psychiatry Reformation in order to offer daily and multiprofessional service in Mental Health. This service aims to organize a support network able to replace psychiatric hospitals in the country. Years after the Psychiatric Reformation, the professionals are still challenged to create inter and transdisciplinary strategies of care, to extrapolate dominant subjectivization politics, hegemonic conceptions of health and biased assistance motivations, and to value differences between people, cultural diversity and sociocultural participation. The extract selected for this congress is made of scenes from therapeutic accompaniments in Occupational Therapy performed in a CAPS located in the suburbs of São Paulo with people living in vulnerable situations. It uses Philosophy concepts from Barthes, Deleuze, Guattari and Agamben to problematize and reflect on the contemporary strategies to face these challenges. The work proposes the affirmation of actions classified in the boundaries of different fields, not exclusively in health, as well as strategies capable of favoring liberations that fortify life in its power of creation – of life itself and of the community that comes.

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**Undergraduate Degree: Occupational Therapy at the Univertity of São Paulo (2007); Master's: Theory and Critics of Art at the University of São Paulo (2013). Medicine School of the University of São Paulo (FMUSP). São Paulo – Brazil. Faculty of Medicine of the University of São Paulo (FMUSP).

The Experience of Traumatic Illness among Outpatients in Phnom Penh, Cambodia: Employing the MINI

Naofumi Yoshida

This study focuses on Cambodian patients with mental illness who have experienced trauma in clinical settings in Cambodia. The patients' subjective narratives of mental health problems were examined using a semi-structured qualitative interview tool, the McGill Illness Narrative Interview (MINI)-revised version (Groleau et al. 2006). Multiple quantitative studies suggest that the psychological effects of traumatic exposure during the rule of Democratic Kampuchea from 1975–1979 have been profound, including a high prevalence of posttraumatic stress disorder (PTSD), depression, somatic symptoms, and disability (Mollica et al. 1993, de Jong et al. 2001, Sonis et al. 2009). However, these studies are limited in their ability to capture the complexity of human behavior and experience. For instance, it has been suggested that, in non-Western populations, the outcomes of trauma are experienced as a cluster of signs and symptoms that transcend the narrow boundaries of PTSD and are manifested in local idioms of distress and diverse somatoform disorders (Young 1995, Kirmayer 1996). A total of nine interviews were collected from patients at the psychiatric outpatient clinic of the Khmer-Soviet Friendship Hospital in Phnom Penh, Cambodia, from May 1, 2011, to September 30, 2011. This paper will facilitate a better understanding of both individual idiosyncratic experiences as well as larger cultural systems of meaning that are related to mental health problems and trauma experiences. Such understanding will provide essential data for the clinician and for future mental health service delivery in Cambodia.

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"La sexualidad del Mexicano desde la época Pre-hispánica hasta la época actual." Revisión de Literatura

Felipe De Jesús Ortega Zarzosa

El goce sexual separado de su función reproductiva es un producto de la civilización, porque la sexualidad como parte esencial de la vida humana ha evolucionado junto con el hombre, varía de una cultura a otra y en el contexto socio-histórico en que se desarrolle.

En nuestras sociedades occidentales, no es más novedoso que hace 5 mil años atrás, existe un cúmulo de evidencias arqueológicas de nuestro México prehispánico que señalan claramente la existencia de ciertas prácticas sexuales y ritos, principalmente relacionados con la fertilidad, en los que la sexualidad era parte fundamental.

Con la llegada de los españoles los indígenas se trastornaron profundamente, alterando sus costumbres y tradiciones ya que los españoles tuvieron desde un principio una actitud contraria hacia la concepción de la sexualidad de los pueblos mesoamericanos, como la tuvieron respecto a los ritos de iniciación y a la práctica del sacrificio humano considerándolos como la manifestación "perversa del mal" sobre la tierra.

Este trabajo se centra en el análisis de las concepciones y prácticas amatorias desde las culturas mesoamericanas hasta nuestros días, tomando como base las prácticas de las civilizaciones antiguas.

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Hospital Lomas de San Luis Internacional San Luis Potosí S.L.P. México

Symposium 48: The Mental Healt Field in China
Chair: Xudong Zhao

Stigma in the mental health field in China
Jie Li

Authors have submitted their manuscripts for stigma and discrimination in the mental health field, including families with psychiatric patients and mental health professionals themselves, in China.

M.D, Professor. Guangzhou Brain Hospital, Guangzhou Medical University. Guangzhou, China

Female Psychiatric Patients' Experience of Stigma in China
Zhiying Maerker

Doctoral Candidate, Department of Comparative Human Development & Department of Anthropology, University of Chicago, USA, Chicago, IL.

Female Psychiatric Patients' Experience of Stigma in China
This study examines the experience of stigma by female psychiatric patients in China. The researcher conducted semi-structured interviews with 22 adult female psychiatric inpatients, most of whom had a diagnosis of schizophrenia, about their experience with mental illness and people's attitudes toward them. As the results indicate, the female psychiatric inpatients often experienced stigma from their families. They felt that although in the name of love, their families were actually using medicine to control their behavior, instead of truly listening to their difficulties and concerns. In a society where women are seen as reproductive machines, the conjugal families tended to see the female psychiatric patients as biologically or socially unfit for motherhood, thereby discriminating their reproductive and child care rights, or even trying to sever the conjugal ties. Moreover, as families often saw the female patients as a burden of care, they sometimes threatened to abandon the patients or not to release them from the hospital, which made the patients very fearful. In order to alleviate this family-based stigma, I argue that we should reflect on and reform the cultural understanding of womanhood and the medicalized notion of love. We should also provide psychosocial support to the female patients, educate the families about patient rights, and build new ways of care beyond families.

Developmental Psychotherapeutics - A Theoretical System of Psychotherapy Based on Abnormal Development
Wei-dong Wang, Gui-xia Li

Developmental Psychotherapeutics (DPT) is a discipline studying the law of psychological activities in psychological disorders caused by abnormal development with deviation and abnormal development with absence that occur in the growth process, with Chinese local culture as the background and based on developmental psychology, medical psychology and clinical psychology, etc., and to guild clinical practice with relevant findings.

"Abnormal development with deviation" mainly refers to the deviation of psychological development from normal track in the growth process (including the deviation caused by physical, social and other factors). If not treated promptly (self and non-self), it will eventually lead to psychological disorder.

"Abnormal development with absence" mainly refers to the absence of phases or elements of psychological processes (including cognition, affection and emotions, and will) and individual psychology (including psychological tendencies and psychological characteristics) mainly referring to personality in the individual's growth process. Without timely treatment, it will eventually result in psychological disorders.

China Academy of Chinese Medical Sciences. Psychology and Sleep Department of Guang'anmen Hospital. Beijing , China

To observe the clinical effect of TIP technique in the treatment of depression

Zhou Xuanzi*,Wang Weidong*, Zhang Jinhua** , Li Guixia**,Qi Weijing**

Objective. To observe the effects of TCM Psychotherapy : Low Resistance Thought Induction Psychotherapy (TIP) against mild to moderate depression.

Method. In the psychology department of Guanganmen hospital, 40 patients with mild to moderate depression were randomly divided into two groups, TIP group and the western medicine citalopram hydrobromide group, 20 patients in each group, the observation period was 6 weeks. The evaluation of the results was made using Hamilton Depression Rating Scale (HAMA), and Hamilton Anxiety Rating Scale (HAMD), serum 5-HT concentration and cortisol saliva concentration.

Result. The following results were obtained through the 6 weeks of the study: (1) within group comparison: the two treatment methods of TIP and Western medicine in the treatment of 6 weeks compared with before treatment, HAMD, HAMA, 5-HT and cortisol were significantly improved (P<0.05). The comparison between the two groups: (2) after 6 weeks of treatment, observation results show that, the Chinese medicine psychology TIP technology with the western medicine group curative effect of citalopram hydrobromide approximation, the effective rate of citalopram hydrobromide 84% western medicine group, the Chinese medicine psychology of TCM psychological treatment rate of group TIP was 95%, the efficacy of the two groups were not statistically significant.

Conclusion. TIP treatment and citalopram treatment both have a significant reducing effect on depression and anxiety on mild to moderate depression patients.

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**China Academy of Chinese Medical Sciences. Guang anmen Hospital

The Effect of TIP Bravery Training for Depression with Cowardice Personality Tendency

Gui-xia Li, Wei-dong Wang, Lan Hong,Jin-hua Zhang, Feng Fan, Xuan-zi Zhou, Chu-yuan Wang, Xue Liu,Wei-jing Qi

Background: As early as 2000 years ago, Traditional Chinese Medicine (TCM) was put forward to the point of "All eleven viscera depend on gallbladder". TCM thinks "Gallbladder governs decision", from the psychological perspective, a person's courage plays an important role on mental health. People's judgments about themselves and the outside have close relationship with courage. "People are suffering because they don't know what are the objective matters that they can change and they must be acceptable, which is subjective". Depressive patients are usually less courageous, for their self-evaluation is low. Their misjudgment of the outside world produces an excessive pursuit of security; patients with bipolar disorder on the other hand, have their self-judgment too high, and so on. Based on this theory, we conducted a clinical study.

Object: To verify the function of bravery training on depression with cowardice personality tendency.

Methods: Participants were 35 depressive patients with cowardice personality tendency. We implemented an intervention for four weeks, mainly using Low Resistance Thought Induction Psychotherapy (TIP) bravery training. Before and after treatment, Bravery scale, HAMD and HAMA were used for evaluation. The curative effect was observed by comparing the situation before and after treatment.

Result. Comparison between HAMD and HAMA before and after treatment: HAMD and HAMA before and after treatment all have significant differences and P=0.000, smaller than 0.001.

Comparison between GMPI and Bravery scale before and after treatment: There was significant difference in the separate and total score of Bravery scale before and after treatment, P=0.000 excluded adaptability. That is smaller than 0.001 or 0.005.

Conclusion. Bravery Training could adjust bravery. The TIP technology with its main bravery training has a good therapeutic effect on cowardice personality tendency patients with depression.

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Symposium 49: Clasificaciones Psiquiátricas y Atención Transcultural en Etnias Mexicanas
Chair: Amaranta Marcela Guerrero Gutiérrez

Clasificación de las enfermedades mentales desde el sistema medico tradicional de la cultura maya – quiché de Guatemala, aporte a la construcción de una atención psiquiátrica intercultural.
Cristina Chávez Alvarado*, Felipe Pol Morales**

Desde la Asociación Médicos Descalzos de Guatemala, investigamos el sistema médico tradicional maya-quiché, en esta oportunidad presentaremos los resultados relativos a la manera en que los terapeutas llamados Ajq'ijab' clasifican, describen y tratan las seis psicopatologías más comunes entre la población indígena. La descripción de estas psicopatologías revela una particular manera de entender al ser humano y de organizar el conocimiento sobre su sufrimiento y sobre los mecanismos para restituir el equilibrio que le permite vivir en armonía consigo mismo, con la familia y la comunidad, aportando valiosas concepciones a la psiquiatría cultural. La investigación se ha desarrollado a lo largo de doce años, con una metodología de investigación participativa en la que los terapeutas tradicionales, dejan de ser únicamente sujetos de estudio o informantes clave, para convertirse en investigadores de su propia cultura y beneficiarios directos del proceso y resultados de la investigación. Asimismo, dichos resultados han servido de puente para la comunicación horizontal entre los terapeutas mayas de Médicos Descalzos y varias generaciones de residentes de psiquiatría que se forman en el Hospital Nacional de Salud Mental –Federico Mora, con quienes hemos impulsado la creación de las jornadas de atención etnopsiquiátrica para pacientes indígenas. Con lo que esta investigación también nos ha llevado a plantear la posibilidad de concebir una "etnopsiquiatría aplicada", en la que se busca tanto la complementariedad de la práctica terapéutica indígena con la del psiquiatra, así como los límites de cada cual, apuntando así, hacia una verdadera atención intercultural en beneficio de la población.

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** Médico Tradicional Maya (Ajq'ij) y Médico Naturópata, Asociación Médicos Descalzos de Guatemala

"Illnesses of the Mind" and "Illnesses of the Spirit" among the Ñu'u savi indigenous people that inhabit the Metropolitan Area of Guadalajara (MAG) City, in Mexico.
Sergio Javier Villaseñor-Bayardo, Martha Patricia Aceves Pulido, Isaura Matilde García Hernández, Ruelas Rangel María Dolores

Ethnic diversity brings along problems derived from coexistence and different worldviews. It seems necessary to make an analysis of the Mental Health consequences from the point of view of those who face a forced process of Acculturation.

Mixteca (named so by the non-indigenous population) or, more properly, Ñu'u savi (People of the Rain) are one of the migrant indigenous groups with more population in the MAG. They arrived here in the 1980s. Nowadays there are 2001 speakers of their language.

We will show the results of a qualitative research aimed to characterize the illnesses and therapeutic methods described by this population and related somehow to Mental Health.

We made semi-structured and non-structured interviews to migrant *Ñu'u savi* indigenous people living in the MAG. We identified cases that could be diagnosed as schizophrenia, depression, or enuresis. That community had an interpretation related to spiritual causes, as witchcraft and*susto*. The persons interviewed also attributed those illnesses to discrimination, identity problems, or stress derived from problems of adaptation to city life. Other illnesses mentioned were being worried and *nervios*.

The medicine–man is in charge of therapeutic methods based on medicinal plants and rituals. In spite of that, some persons also mentioned the "Mind Doctor" and the psychologist.

It is essential to know the patients' culture in order to be able to intervene with efficacy. Psychiatry and Western medicine should adapt to and understand the population studied.

Universidad de Guadalajara, GLADET.

Symposium 50: San Luis Potosí University Symposium
Rodrigo Nel Córdoba

Perceptions about sexual health in men with bipolar affective disorder
Dulce María Galarza Tejada, Juan Carlos Ramirez Rodríguez

This paper analyzes the perceptions that are constructed around male sexuality with bipolar affective disorder (BD) and the impact they have on the practices of attention to their sexual health. From a phenomenological qualitative methodology through a thoughtful design and analysis of the speeches of people with the TAB, and health professionals interacting with these men in the clinical field. A semi-structured interview to 12 mental health professionals, seven men and two focus groups TAB where four men were involved with the disorder, took place. Among the main results it is identified as the perception of mental health professionals about sexuality of patients with TAB, oriented to change in sexual functioning and impulse control symptoms related to TAB; therefore care practices to sexual health are limited to manage episodes. It lacks a proposal to promote sexual health and risk prevention as the use of alternative drugs used by some men without a prescription, to enhance sexual performance; or stopping the medication to treat the TAB, and which is associated with decreased of desire and practices sexual. For their part, men diagnosed with TAB refer other cultural elements associated with the ideal of hegemonic masculinity and the impact it has mainly engage in relationships with their sexual partners.

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Universidad de Guadalajara

Ethical position against psychic pain into paranoid schizophrenia
Salvador Ramos Rodríguez, Víctor Javier Novoa Cota

Every clinical treatment has a determinate ethical position, from where we can notice the different dispositive and techniques that are used in the clinical intervention. Therefore, this project expounds the possibilities to approach paranoid schizophrenia patients, since an ethical position against psychic pain starting from the psychoanalysis theory with patient that has this diagnose.

From the above, the ethical position it's considered the place that is taken for the clinic in front of the speech of the patient, in the subjectivity, the pain and the suffer of the other, giving the word to the patient and letting him the place of the knowledge, because giving him the word means that we are humanizing him, so it implies keeping an ethical relation where the word acquires its polysemy value. Meanwhile, psychic pain is understood from the Freudian's theory like the reaction in front of a real or imagined lost. The delirium into the paranoid schizophrenia arises like a failing try of cure into the impossibility of facing a duel.

Said so, the psychoanalytic listen of the psychic process that intervenes in the schizophrenic delirium is expound, from the psychosis transference, like an axis of intervention to contained the angst and delirium stability to confront the empty angst and the death experience that's shown into the delirium.

*Licenciatura en Psicología, Maestrante en el Instituto de Investigación y Posgrado de la Facultad de psicología, en la Línea de Investigación en Estudios Psicoanalíticos, bajo la dirección del Dr. Víctor Javier Novoa Cota adscrito a la línea de Investigación: Posicionamiento Ético ante el dolor. Universidad Autónoma de San Luis Potosí. México.
**Doctor en Fundamentos y desarrollos psicoanalíticos por la Universidad Autónoma de Madrid y Complutense de Madrid. Universidad Autónoma de San Luis Potosí. México

Psychic support: a clinical approach to the psychosis unfettered

Emma Lourdes Cerecer Ortiz*, Víctor Javier Novoa Cota**

The research project emphasizes on the following: psychosis unfettered, passage to the act and psychic support; which are approached from the metapsychology Freudian's propose, it means that it does emphasis into psychics process, the childhood sexuality theory, the pulsional life and the unconscious dynamic. Also, this project focuses into the clinical intervention with patients that have had a psychosis episode and are hospitalized into a psychiatry hospital at San Luis Potosí, México.

The interest of the approaching clinical to psychotic crisis patients, is because the critical moment represent the most psychic vulnerability to the patient due to the pulsional subjugated and the meeting with an unfetter factor, getting possible the passage to the act because its express the overflowing angst that threats the patient, the definitive damage to hurt himself or another person or the psychic death.

That's why the intervention, that priories the transference relationship with the patient, has two methodological moments: first, a therapeutic company modality during the crisis, enhancing the real presence of the psychologist and his respect to the patient to content the angst. Then, clinical session trough listening the patient's speech to open a subjective space of psychic support where he would have the possibility to talk to other and, in this way, arrive to a new stable land.

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Plenary Session 3
Chair: Kamaldeep Bhui

Terrorism: Historical and Psychopathological Aspects

The presence of Latin American psychiatry in the world scene is surely open to debate and even to disagreement. I align myself with those who speak of a "benign neglect" by the world's academic, institutional, or editorial powerholders, which does not mean that our psychiatrists and our psychiatry do not share a responsibility for its relatively scarce presence in current discussions. Factors such as

the dominance of English and other languages in medical and psychiatric literature do play an important role – perhaps beyond our control – but they also pose a decisive challenge. The history of psychiatry in our continent, the actions of its intellectual trailblazers and the validity of their contributions are an inspiration and a challenge, a promise and the reality of an inexhaustible vein. Such is the testimony of this precious volume, eagerly anticipated and now successfully materialized. The biographical sketches of the 37 professors chosen introduce us to a fascinating space of ideas and evidence. Originating from nine different countries, these psychiatrists, vigorous examples of a profound dedication, tenacity, brilliance and human excellence, are great reflections of the heuristic wealth of Latin American psychiatry.

This volume contains substantial papers on thirty different subjects: clinical research harmoniously combined with philosophical reflection, original theories on schizophrenia, neurosis or depersonalization side by side with innovative approaches to psychotherapy and its intrinsic humanism, epidemiological studies and revealing incursions into history, artistic and cultural psychiatry research, and important inquiries on the practice of psychiatry in Latin America give this book the texture of filigree, the joy of multiple colors and the essence of mystery and promise that our profession recognizes in itself and now displays with quality and pride for all the world to admire and acknowledge.

Professor of Psychiatry at the University of Guadalajara, Mexico; Psychiatrist at the Adult Inpatient Psychiatry Service at the Hospital Civil Fray Antonio Alcalde; Member of the Mexican Academy of Science, President and Founding Member of The Latin American Group of Transcultural Studies (GLADET), Secretary of the World Association of Cultural Psychiatry W.A.C.P. (2009-2012), President-elect of the WACP (2012-2015). Founder of the Ethnopsychiatric Section of the Mexican and the Latin American Psychiatric Association (APM and APAL). Co-chair of the Literature and Psychiatry section of the World Psychiatric Association (WPA).
Born in 1960 in Guadalajara, Mexico. Married to Doloritas and father of four children.
Graduated from the University of Guadalajara, School of Medicine; Specialized in Psychiatry, under the direction of Pr. José Luis Patiño Rojas, at Hospital Fray Bernardino Alvarez, Mexico City; trained in consultation-liaison psychiatry at the Mexican Institute of Psychiatry Ramón De la Fuente and at L'hôpital Saint Antoine, Paris, France. Studied Social Anthropology and Ethnology at the EHESS of Paris, where he obtained his Ph.D. with the dissertation "Towards a Mexican Ethnopsychiatry".
Currently working on different lines of research: Cultural Psychiatry, Medical Anthropology, Liaison Psychiatry, and Psychopharmacology for Mood and Anxiety Disorders and Schizophrenias.
Has participated in the Editorial Boards of Revista Facultad de Medicina, Universidad Nacional de Colombia; Vertex Journal of Psychiatry, Argentina; Psicopatología, Institute of Spanish-speaking Psychiatrists; L'Évolution Psychiatrique, France, Acta Psiquiátrica y Psicológica de América Latina, Asia-Pacific Psychiatry and founding editor of Investigación en Salud (1999-2008), Mexico. Has published 18 books, 25 book chapters and 63 articles in Mexican and international journals. Has participated in more than 200 congress.
Awarded the Recognition to Outstanding Research of the Medical College of Jalisco, Mexico, the Academic Merit Award of the University of Guadalajara, and the Orden Rectoral Alejo Zuloaga of the University of Carabobo, Venezuela.

Cultural Competence and the Cultural Interviews
Hans Rohlof

Introduction. In clinical practice with a culturally diverse population every psychiatrist needs to be culturally competent. In the definition of cultural competence, skills are described as the acceptance of differences, respect, sensitivity to other cultures, and avoidance of stereotyping. Yet, a good starting point remains necessary.

Description. The Outline for Cultural Formulation (OCF) offers tools for a good starting point in diagnosis and treatment. In order to give a practical instrument for the OCF we constructed the Cultural Interview (CI), which has been used now for about 15 years, and has different forms and applications. In 2013, international cooperation resulted in another instrument for the OCF, the Cultural Formulation Interview (CFI).

Conclusion. Both interviews have their own value and application in clinical practice. Cultural identity is better described by the CI, while the CFI is easier and shorter; thus, more applicable in practice.

Reference:

Roberto Lewis-Fernández, Neil Krishan Aggarwal, Sofie Bäärnhielm, Hans Rohlof, Laurence J. Kirmayer, Mitchell G. Weiss, Sushrut Jadhav, Ladson Hinton, Renato D. Alarcón, Dinesh Bhugra, Simon Groen, Rob van Dijk, Adil Qureshi, Francisco Collazos, Cécile Rousseau, Luis Caballero, Mar Ramos, and Francis Lu (2014). Culture and Psychiatric Evaluation: Operationalizing Cultural Formulation for DSM-5 Psychiatry 77(2) 130-154.

He is psychiatrist, psychotherapist and researcher at 'Centrum '45' in Oegstgeest, the Netherlands: this is the National Institute for Psychotrauma Treatment and Research. He is Head of the Outpatient Department of Refugees. He is also occupied with the education of residents in psychiatry, and with several other education programs, nationwide and abroad. His specialisation is the diagnosis and treatment of traumatised refugees.

After a secondary education in Tilburg, in the south of the Netherlands he finished Medical School in Leiden University in 1976. He was board certified as psychiatrist in the University Psychiatric Clinic in Leiden/Oegstgeest in 1982 after education on several places. After that he was appointed as clinical psychiatrist and manager in different inpatient and outpatient clinics in the Leiden region.

He started his career in transcultural psychiatry around 1988, with a clinical practice and education appointment in 1992 at the National Institute for Refugee Care Pharos in Amsterdam and Utrecht. From 1999 on, he is affiliated to the Refugee Department of Centrum '45.

In 2001, he was one of the founders of the Section on Transcultural Psychiatry of the Netherlands Association of Psychiatry, and for eight years he was Board Member and Secretary. Since August, 2008, till September, 2014, he was Board Member and later Chair of the Transcultural Section of the World Psychiatric Association. In 2014, he was appointed as Honorary Advisor of this Section, and as Honorary Member of the World Psychiatric Association.

He is member of the Editorial Board of the peer reviewed scientific journals 'Transcultural Psychiatry' and 'World Cultural Psychiatry Research Review'. He is occupied as peer reviewer for nine scientific journals, among which the 'British Journal of Psychiatry' and 'European Psychiatry'.

He is Member of the Membership Committee of the World Association of Cultural Psychiatry. He is Board Member, Treasurer, of the Division on Psychotherapy of the Netherlands Association of Psychiatry.

His list of publications shows more than 90 articles, books, and book chapters about post traumatic stress disorder, transcultural psychiatry and about refugees. He co-edited three books on refugee mental health and on transcultural psychiatry.

His research topics in psychiatry are somatization, treatment effect in migrants and cultural diagnostics.

Global Mental Health and Cultural Psychiatry: Links, overlaps and distinctions

Renato D. Alarcón

Probably the most frequently used concept in current medical, psychiatric and mental health debates, Global Mental Health (GMH) is more a set of ideas covering a variety of fields than a unified body of knowledge. Its connection with the phenomena of Globalization makes it the subject of promising developments as well as the topic of heated discussions between supporters and critics. This presentation primarily attempts to establish the relationship between GMH and Cultural Psychiatry, the latter being almost forced to re-state its objectives, methodology and expertise areas in order not to become a limited branch of the former, or a tool in the hands of politicians or bureaucrats. Links or similarities such as a cogent multidisciplinary perspective are mixed with overlaps (i.e. understanding of cultural variables) that require clarifications aimed at the prevention of ambiguities. The distinctions, moreover, must be clearly made in order to avoid the risks of homogenization, duplicative *clichés* or theoretical and practical confusions. With the socio-cultural determinants of mental health as a common work ground, for instance, several issues are pointed out as challenges to these efforts, areas of autonomous and integrated actions, and principled bases of mind-body

interactions, policy and legislation priorities, strategic adaptability and ethical reaffirmation of the Culture-Mental Health equation.

Dr. Alarcón is Emeritus Professor and Consultant in the Department of Psychiatry and Psychology at Mayo Clinic College of Medicine, Rochester, Minnesota. Since 2009, he also holds the Honorio Delgado Chair at the Universidad Peruana Cayetano Heredia (UPCH), in Lima, Perú. He did his psychiatric Residency and Fellowships in Psychosomatic Medicine and Clinical Psychopharmacology at Johns Hopkins Hospital in Baltimore, Maryland, graduating also at Hopkins as Master of Public Health. in 1972. He worked at UPCH before returning to the U.S. in 1980 as Professor of Psychiatry at the University of Alabama in Birmingham, and Chief of the Inpatient Service at University Hospital. He moved to Atlanta, Georgia as Chief of Psychiatry at the VA Medical Center, and Professor and Vice Chairman, Department of Psychiatry, Emory University School of Medicine, between 1993 and 2002. Author or co-author of over 250 articles, author/editor of 18 books and 80 book chapters, Senior Editor of the standard psychiatric textbook in Latin America, and of the Ibero-American Encyclopedia of Psychiatry, Co-Editor of Archivos de Psiquiatría in Spain, Associate Editor of Transcultural Psychiatry and Asia-Pacific Psychiatry, and Board Member of World Psychiatry and Psychiatric Times. Recipient of APA's Simon Bolivar (1999) and George Tarjan (2011) Awards, Life Achievement Award of the Society for the Study of Psychiatry and Culture (SSPC), Jean Garrabé Award from the Grupo Latinoamericano de Estudios Transculturales (Gladet), APA's Distinguished Life Fellow and Fellow of the American College of Psychiatrists. He is also a Master of Latin American Psychiatry, granted by the Latin American Psychiatric Association (APAL), former Chair of the Cultural Psychiatry Committee, Group for the Advancement of Psychiatry and Associate Member of the National Academy of Medicine in Perú. Former President of the American Society of Hispanic Psychiatry, advisor in APA's Young Psychiatrists programs, and the American Association of Directors of Psychiatric Residency Training Programs, member of the APA Council of Minorities and Health Disparities, and of the Executive Board of the SSPC. Member of the Carter Center Mental Health Task Force, the Education Committee of the World Psychiatric Association (WPA), the Board of Directors of the World Association of Cultural Psychiatry, (WACP), Advisor to the Latin American Psychiatric Association (APAL), National Senior Examiner of the American Board of Psychiatry and Neurology (ABPN), Honorary and Visiting Professor in several Latin American and European Universities, member of APA's DSM-5 Task and of APA's DSM Screening Committee since 2013. His fields of academic and clinical interests include mood and personality disorders, psychiatric diagnosis, global mental health and cultural psychiatry.

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GLADET CONGRESS – 2nd November 2015

Gladet Symposium: Transcultural Psychiatry in Latin America
Chair: Jesús Gómez Plascencia

Psiquiatria Cultural en la Republica Dominicana y los Paises Del Caribe Hispano-Hablante
Pablo Pascual Baez

The arrival of Europeans in the fifteenth century to the present day Americas, marked a significant milestone in the history of mankind. Caribbean represented the gateway to the " Meeting of Two Cultures " and today Hispaniola Island, part of which is now the Dominican Republic, it formed the basis of operation of the first stage of exploitation of the continent.

The Greater Antilles, Cuba, Hispaniola, Puerto Rico have for the Spanish language and in its territory, just 50 years of Spanish occupation, extermination of its inhabitants was complete, leaving only traces of what were these ethnic groups. Today, they represent the most vivid example of social and cultural syncretism that any society has ever experienced.

The substitution of labor launched by the Spaniards at the expense of the kidnapping of African people as a result of the extermination of the native people, led to the establishment of slavery in these parts.

The burden of uprooting which accounted for those humans being brutally uprooted from their habitat and family, and the process of crossing ethnic Indo-Euro-African, have established the characterological and personality of individuals and the collective expression basis peoples emerged here, that based on codes, values, beliefs and practices, complemented each and degraded others, determined traits of culture and identity very particular and not yet fully concretized, which in turn impact on the forms and characteristics of human interaction and how sick mental mind.

Médico Psiquiatra, Educador. Universidad Autónoma de Santo Domingo. Santo Domingo, República Dominicana. Miembro distinguido de GLADET.

Secuestro y Despersonalización en García Márquez
Rafael Carmona Gallegos

La observación de las incidencias del inconsciente en el cuerpo data desde los orígenes mismos del psicoanálisis, con el desciframiento de los síntomas histéricos. Así también la búsqueda de los efectos de la violencia en la subjetividad. A lo largo de la historia se pueden señalar diversas causas del secuestro, algunas de ellas tienen carácter político, religioso, social, cultural; pero indudablemente en la actualidad la razón principal es el dinero. En el contexto de la violencia del secuestro la libra de carne de El mercader de Venecia no es una metáfora, apunta al necesario pago al contado, del cuerpo que es tratado como objeto de intercambio, como mercancía, como un objeto más que se ha producido. El presente trabajo tiene como propósito enunciar a la despersonalización pensada de la perturbación de la imagen del cuerpo, a consecuencia del trato del cuerpo como mercancía, consecuencias del trato del cuerpo como objeto, el cuerpo que se retiene como la prenda de un pago.

Teniendo como guía ¿Que es la despersonalización pensada desde el Psicoanálisis Lacaniano? ¿Cuál es la relación posible entre la despersonalización y el secuestro?

En el intento de responder estos cuestionamientos se realizara el examen y presentación dos casos reales, extraídos de "Noticia de un secuestro" de García Márquez.

Psicología, Doctorante. Universidad de Guadalajara. México.

Medicina Tradicional Mixteca en la Zona Metropolitana de Guadalajara, México: Tratamientos para el enfermo de la mente y del espíritu
María Dolores Ruelas Rangel

El arte médico y el desarrollo del mismo, en el campo de las alteraciones de la mente son inseparable del contexto cultural del enfermo. Siendo los ñuu savi (mixtecos) uno de los grupos indígenas con mayor población en la zona metropolitana de Guadalajara y en México (INEGI, 2010), sus métodos y estrategias para enfrentar el la enfermedad tienen un papel cada vez más importante dentro de la cultura no-indígena.

Con el objetivo de conocer y caracterizar los manejos de los padecimientos mentales entre mixtecos de la zona metropolitana de Guadalajara, se realizó un estudio cualitativo, de corte transversal, de julio a agosto 2014. La muestra se conformó por dos curanderos mixtecos y cuatro sujetos indígenas originarios de pueblos de la Mixteca Baja Oaxaqueña y residentes de dos colonias muy identificadas por que los mixtecos viven en comunidad dentro de la Zona Metropolitana de Guadalajara. Como método de recolección de datos se utilizó la entrevista no estructurada.

De acuerdo con las entrevistas, en las comunidades mixtecas, la atención del enfermo está a cargo del curandero, quien sana a través de la utilización de plantas medicinales y la realización de rituales curativos. El curandero, alivia principalmente a quienes son aquejados de susto, brujería, preocupación o nervios. Es indispensable conocer el universo cultural del que se desprenden dichos padecimientos y los conceptos en los que se basa su manejo dentro de las comunidades indígenas para que la medicina occidental y en particular, la psiquiatría, pueda adaptarse a las necesidades específicas de la población en aras de su bienestar.

*Instituto Nacional de Estadística y Geografía, (2010). Censo de Población y vivienda 2010. Extractos disponibles en: http://www3.inegi.org.mx/sistemas/TabuladosBasicos/Default.aspx?c=2730 2&s=est

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Salud mental en indígenas. Revisión de literatura
Isaura Matilde García Hernández

La salud mental se entiende "como un estado de bienestar en el cual el individuo es consciente de sus propias capacidades, puede afrontar las tensiones normales de la vida, puede trabajar de forma productiva y fructífera y es capaz de hacer una contribución a su comunidad" (OMS, 2014). Este concepto pretende incluir a todo tipo de población y sociedad en el mundo. Sin embargo, es necesario considerar el contexto y la cultura. Al hablar de países social y culturalmente diversos, donde actualmente la migración ha llevado a una gran movilidad entre la población, y los grupos de comunidades indígenas, de acuerdo con Jilek y Holleweg (2012) dicen que existen efectos por los cambios acelerados de la cultura el impacto de la occidentalización, en ocasiones se observa que esta población es quien presenta los menores niveles de escolaridad, empleo, economía, vivienda y salud (Lopera, J.S., y Rojas, S, 2012). Al considerar la diversidad cultural nos encontramos específicamente con los indígenas que traen consigo una convivencia y cosmovisión propia, la cual se ve afectada por factores sociales, económicos, y psicológicos que identifica necesidades muy particulares en salud mental. El objetivo de esta revisión de la literatura es identificar estudios empíricos sobre salud mental en población indígena.

Universidad de Guadalajara, GLADET.

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Symposium: Spirituality, Migration And Psychiatry: A Heated Argument?

Chair: Eduardo Corona

Although medicine is practiced in a secular setting, religious and spiritual issues have an impact on patients' perspectives regarding their health and the management of disorders that may afflict them.
This is especially true in psychiatry, because spiritual and religious beliefs are prevalent among those with emotional or mental illness.
Clinicians are rarely aware of the importance of religion and understand little of its value as a positive force for coping with the many difficulties that patients and their families must face.
In this symposium we want to present some clinical cases to discuss the relationship between religion, spirituality and psychiatric disorder.
Particularly the authors will underline the pathofacilitator or the pathoprotective effect of Christian, Muslim, Buddhism, Hinduism and Evangelical religions, through the analysis of specific clinical cases.
The clinical cases showed will be focused on: psychosis, anxiety disorders, affective disorders, chronic pain disorder and somatic symptom disorder.
During the symposia, through our study cases and our clinical experience, we will be looking for answers:
Does religion affect the development of psychiatric disorders?
Can religious coping help patients with psychiatric disorder?
Does religion have an effect on patients' outcomes?
Another purpose will be to create a panel discussion, with participants, about the role of the medical practitioner and the psychotherapist.

Religion and Psychiatry: clinical cases
Michele Mattia

The author presents some clinical cases that include different forms of psychic disorder and the connection with religion beliefs.
Particularly, we will stress the relationship between the three monotheistic religions (Christian, Islamic and Jewish) and other specific religions: Buddhism, Hinduism and Evangelical.
We will present six clinical cases of which one is about depression, anxiety and protective effects of Hinduism. Two others about depressive symptomatology and protective effects of Catholic religion.
Another clinical case will be about the change in religious beliefs of a young Swiss student of Philosophy.
In fact, he was Catholic and he changed his religion becoming Muslim. This conversion created in an early state an important reduction of his psychiatric disorder (he was a neurotic patient), but after a while he became particularly aggressive and violent. His mind couldn't remain calm and quiet and was very hard to cope with him.
Another case will consider the analgesic effect of Buddhism. In fact, a young Swiss man that had had for several years, different forms of pain, after being introduced with Buddhism religion he could cope with his pain, consequently reducing the use of analgesics and antidepressants.
The last one will examine in depth the relaxing effect of the evangelical religion in a woman with panic attack and hysterical bolus.

Psychiatrist. Studiomattia. Lugano-Paradiso; Switzerland.

How people show their religious roots in psychotherapy: a clinical example. Azi's dreams
Pietro Barbetta

Azi, alias Maria, was a Nigerian young woman that came to Italy in mass migration from Africa. One of the boats that usually wreck when crossing the Mediterranean sea.

The process of this devastating trip starts with a travel to Libya from the country in which the subject lives. In Libya, Azi meets a woman (they call her *madam* or *sister*) who receives their money, giving Azi the possibility to get a rubber boat.

The money is not enough, so the "sister" puts the rest, involving Azi in a voodoo ritual with blood.

From now on Azi is blood linked to her debt and as soon as she crosses the border, she must return the missing sum of money, or will be cursed.

Then the "sister" gives Azi a false id, the new name is Maria. After being put on the rubber boat Azi reached Duruku (Niger) where migrants are deported in a filthy and very dangerous boat, to the South of Europe.

Women that do not die, when arriving in Europe have to call via public phone the cellular number of the "sister" to tell the exact place where they are. After a while, a car arrives to drive those women to the northern part of Italy, where they are immediately sent on the street for prostitution.

The presentation will talk about the therapeutic process with Azi. The two therapists involved were Regina, a Nigerian student at my university, and me.

PhD. Director Centro Milanese di Terapia della Famiglia. Milano.

Migration and other waves: Brain, Mind and the return of Psyché
Marcelo Pakman

I will talk about the forgotten Greek domain of Psyché, left aside over time by the brain-mind dichotomy, correlative of the theory-practice dichotomy. That left behind the dimension of poiesis in its original sense. As I will show with some clinical examples, this conceptual historical migration results in models of intervention too abstract to apprehend the everyday sensual experience of individuals and families in general and immigrants as migrant families in particular.

Psychiatrist. Private practice – Lecturer. Amherst, MA, USA.

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Workshop: ADHD
Chair: Eutiquiana Toledo Ruiz

1. In the next workshop not only we will exposed genetic and epigenetic factors of ADHD, but also risk factors of suffering ADHD from epdemiological and transcultural perspective.
 2. We will understand psychological and cognitive ADHD aspects.
 3. We will teach improving attention and comprehensive techniques, explaining how motivation process works towards using full potential of a mentally healthy child.

Genetic and epigenetic factors asociated with ADHD

Eutiquiana Toledo Ruiz

In the next workshop, we will explain how genetic factors asociated with ADHD are the key not only for clinical diagnosis, but also important to prevent comorbidity asociated with this disorder.
We will show epidemiological and transcultural differences and we will increase our knowledge with other psichopatological differential diagnosis.
Finally we talk about psychopharmacological control and motivational intervetion for the patient an its family.

Psychiatrist and Professor inside the U.C.M Psychiatry department in Madrid. Universidad Complutense de Madrid, España.

Epidemiological and motivational aspects in diagnostic and treatment of ADHD Patients

Jorge Collantes Nuñez

We will try to answer to this question: which is the limit line between genetic and coexistence?
To get the own personal potential of children with ADHD is the most important motivational item to work with this patiens. From this point, it is possible to obtain the successful personal, educational and social abilities of this children in order to obtain the most successful development and personal growth of ADHD patiens.

Clinical and Educational Psychologist, PhD in Medicine. Universidad Pontificia de Comillas, Madrid, España.

Reading comprehension in schoolar exercises statements in students with ADHD

M Ángeles Alonso Riera

As the Atencion Deficit and Hyperactivity Disorder (ADD or ADHD) the most frequent psyquiatrical disorder during the first steps of life and its prevalence is between 5 and 7%, at least, it is very probable that there is one (or up to 3) pupils with ADHD per classroom.
The people with ADHD thave different thought processes to those unnaffected. We are just beguinning to understand the characteristics of ADHD and to design elemental strategies that allow for the pupils and their teachers to more successfully face their school life and, most probably will have a positive influence in the rest of the ADHD patient's life. Properly trained, pupils with ADHD can improv their reading comperhension and, due to that, their academic performance a 15% up to 25% as an average.

Teacher, Philosopher and Speech Therapist. Universidad Complutense de Madrid. Madrid, España.

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Workshop: Clínica de las emociones: cambiando la vida relacional de las familias, escuelas y comunidad
Chair: Miguel Ángel Flores Tinajero.
Miguel Ángel Flores Tinajero*, Cecila Guzmán Mellado**

Intervención en familias que se realiza en el Hospital Civil de Guadalajara "Fray Antonio Alcalde" en el Servicio de Paidopsiquiatría desde 1997. Nace bajo la necesidad de implementar cambios en familias, escuelas o comunidades que tienen estilos de crianza negligentes que estriban entre los malos tratos, con la idea de no atraparnos en buscar culpables, sino mas bien propuestas centradas en soluciones y cambios.

Este trabajo ha sido publicado en un libro en colaboración de la Universidad de Córdoba, Argentina y la Universidad de Guadalajara el año pasado. Es un estudio producto de 17 años de seguimiento. Lo hemos desarrollado en la Universidad de Tamaulipas como una propuesta de colaboración y Educación para la Paz. En el CULAGOS, en municipios de Jalisco. Actualmente en colaboración con la CUSUR, ayuntamiento de Atoyac Y DIF de Atoyac.

En el hospital se oferta como un curso taller y han participado tomando este curso taller: el DIF, la Procuraduría, Municipios del estado de Jalisco, el Centro de Recursos para la Regulación Educativa del estado de Jalisco, las estancias infantiles del estado de Jalisco, entre otros y los padres que llegan por problemas en el cuidado de sus hijos a los Hospitales Civiles, tanto los que necesitan hospitalización como los que llegan por consulta externa. Se nos ha invitado al Congreso del Estado de Jalisco para valorarlo como una propuesta de política publica.

*Médico Cirujano y Partero, Psiquiatra Infantil y de la Adolescencia, Master en Terapia Familiar Sistémica. Universidad de Guadalajara y Hospital Psiquiátrico Infantil "Juan N. Navarro" & Instituto Tzapopan – Universidad de Barcelona. Guadalajara, Jalisco, México.
**Lic. en Educación Especial en Problemas de Aprendizaje y Master en Terapia Familiar Sistémica. ENSEJ & Instituto Tzapopan – Universidad de Barcelona.

SUMMARY

World Cultural Psychiatry Research Review 2015, Volume 10, Supplement 1: S1-S152

World Cultural Psychiatry Research Review 2015, Volume 10, Supplement 1: S1-S152

Alphabetical list of authors

A

Abdul-Hamid, 27
Aboulmagd, 21
Aceves, 125
Aggarwal, 4
Aguilar, 107
Aguilar-Gaxiola, 106
Ahmad, 19
Ahmed, 18
Akiyama, 23, 90, 123
Al Baldawi, 44
Alarcón, 43, 102, 122, 129
Alayarian, 45
Al-Baldawi, 24, 25
Alcantar, 12
Alcántar, 11
Alegría, 6
Alison, 44
Al-Krenawi, 60
Alonso, 135
Altynbekov, 116
Alvarez, 117
Andermann, 22, 101, 102
Anderson, 109, 110
Anzaldo, 64
Araújo, 118
Arianne, 70, 71
Ascoli, 4, 16, 22, 42, 90, 93, 99
Assion, 50
Axelrod, 88

B

Barbetta, 100, 134
Barr, 55
Barriguete, 87
Bartocci, 1, 2
Bass, 61, 70
Bautista, 65
Bhugra, 10, 26, 41
Bhui, 10, 41, 43, 44, 71, 83, 127
Blazquez, 54
Bob, 35
Bokhan, N., 18, 114, 115
Bokhan, T., 116
Bonilla, 64
Briggs, 44
Burns, 28, 29, 59

C

Caetano, 8
Calderon, 76
Calderón, 56, 87
Calzado, 56
Canalda, 102
Carcamo, 52

Carmona, 131
Cartwright, 29
Castro–García, 72
Cavnar, 110
Cerecer, 127
Chávez, 56, 120, 121, 125
Chen, 38, 47, 66, 109
Chenivesse, 82
Cisneros, 13
Collantes, 135
Colucci, 40, 43, 96, 98
Congpei, 115
Connell, 58
Córdoba, 86, 126
Corona, 122, 133
Corona-Hernández, 122
Coutado, 15
Crafa, 34
Crupi, 66
Cruz, 54

D

Daverio, 92
de Castro, 117, 123
de Figueiredo, 34
de la Vega, 89
De Leon, 111
De Luca, M., 81, 82
De Luca, V., 2, 24, 90, 91
De San, 54
Dein, 2, 19, 62
Delanöe, 82
Diaz, 23, 35
Dreyer, 29
Drogendijk, 51

E

Echeverria, 55
Eguía, 73
El-Islam, 8, 22, 38, 94
Eroza, 65
Escotto, 35
Espinosa, 33, 34
Estrada, 77
Evangelista, 99
Eylem, 43, 71

F

Fan, 78, 125
Fernández, 14
Finco, 3
Florenzano, 54, 55
Flores, 48, 136

World Cultural Psychiatry Research Review 2015, Volume 10, Supplement 1: S1-S152

N

Naeem, 69, 83
Nente, 56
Nicholson Sullivan, 20
Nilsson, 111
Noriega, 52
Noronha, 9, 117
Novoa, 126, 127
Nuñez, 63

O

Okpaku, 30
Olaya, 52
Ontiveros, 33, 121
Orlandini, 103
Ortega, 124

P

Pakman, 101, 134
Palma, 76
Paredes, 108
Pascual, 54, 119, 131
Pavón, 38, 54
Pedersen, 31, 50
Pérez, 37, 88
Persaud, 10, 26, 61
Phiri, 69
Pinninti, 69
Planellas, 102
Pol, 125
Ponce, 75
Proskurina, 75
Pustoslemsek, 68

Q

Qi, 125
Qian, 47
Quintanilla, 52

R

Ramirez, 126
Ramón, 73
Ramos, 49, 126
Rapisarda, 91
Rataemane, 28
Rathod, 69, 83
Read, 53
Redmod, 14
Redmond García, 15
Reshetovska, 75
Reyes, 48, 104
Rivera, 37
Robertson-Hickling, 80
Rodriguez, 56
Rohlof, 52, 93, 128
Rojas, 14, 96, 113, 122
Rolhof, 56

Romo, 108
Rondon, 16, 17
Rueda, 76
Ruelas, 125, 132
Rullo, 39

S

Saldivia, 55
Salomón, 119
Sanchez, 72
Sánchez, 54
Sandoval, 11, 13, 52
Sanober, 60
Santander, 119
Schouler-Ocak, 92, 93
Segura, 74
Sen, 58
Sieverson, 55
Slade, 58
Smid, 50, 51
Smith, 32
Soto, 76
Stagnaro, 95
Stewart, 17
Stucchi-Portocarrero, 122
Sulub, 85
Susser, 59
Suzuki, 76

T

Tan, 58
Tanaka, 104, 106
Tapia, 103
Thornicroft, 59
Toledo, 88, 89, 112, 113, 134, 135
Tomizawa, 74
Torres, 57, 103
Trancoso, 106
Trejo, 12, 14
Tribe, 26
Tunariu, 26
Turkington, 69

V

Valdez, 76
van Duijl, 111
van Oploo, 21
Van Sluytman, 57
van Straten, 71
Vargas, 63
Vasquez, 76
Velasco, 2, 52, 81, 112
Velasquez, 38
Vélez, 86
Veling, 59
Veloz, 76
Vicente, 55
Viera, 33
Vieyra, 70, 71, 77
Villaseñor, 1, 41, 69, 96, 125