World Cultural Psychiatry Research Review
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WORLD ASSOCIATION OF CULTURAL PSYCHIATRY

World Association of Cultural Psychiatry

The fifth world congress of cultural psychiatry
ACHIEVING GLOBAL MENTAL HEALTH EQUITY:
MAKING CULTURAL PSYCHIATRY COUNT

October 11-13, 2018 – New York

The Fifth World Congress of Cultural Psychiatry:
Poster Session

Welcome Address

Prof. Sergio J. Villaseñor-Bayardo, President of WACP

The World Association of Cultural Psychiatry is a non-profit, freestanding, independent international academic organization whose main objective is to promote the exchange of scientific and educational information and the progress of international activity in the field of cultural psychiatry across the world.

The 1st World Congress of Cultural Psychiatry (WCCP), with the main theme of "Current Perspectives on Research and Clinical Issues in Cultural Psychiatry around the World," was held in Beijing, China on September 23-26, 2006.

It was at this meeting that the Association was formally established. Prof. Wen-Shing Tseng, the founding and first president of WACP, wrote: "The landmark 1st World Congress of Cultural Psychiatry proved the significance and usefulness of having an event with participants of diverse ethno-cultural backgrounds from around the world to exchange knowledge and experiences relevant to Cultural Psychiatry."

The 2nd WCCP, organized by Prof. Goffredo Bartocci, was held in the medieval town of Norcia, Italy on September 27-30, 2009. Discussions about the central theme of this meeting reaffirmed the truth of one of the basic principles of our Association: psychopathology cannot be fully understood and addressed without systematically assessing and engaging the patient's actions and behaviors as determined by his or her cultural, social, political and environmental background.

The 3rd WCCP, with the theme of "Mental Capital, Mental Disorders, Resilience and Wellbeing Through the Life Course,“ held in London on March 9-11, 2012, represented the international consolidation of our scientific discipline. The many new frontiers of cultural psychiatry were explored and found to be substantiated by integrated and complementary concepts in clinical, interpersonal, temperamental, and cultural aspects of the individual's life cycle.

The 4th WCCP, with the theme of "Global Challenges & Cultural Psychiatry: Natural Disasters, Conflict, Insecurity, Migration, and Spirituality," took place in Puerto Vallarta, Mexico from October 29th to November 2nd, 2015. It was timed to coincide with the 4th International Congress of the Latin American Group of Transcultural Studies (GLADET AC). This WCCP promoted our discipline's pan-culturally based theoretical pillars, encouraging a bold expansion into critical areas of global mental health and emphasizing culturally competent clinical care in psychiatry.

The 5th WCCP, with the theme of "Achieving Global Mental Health Equity: Making Cultural Psychiatry Count", will be held in New York City on October 11-13, 2018. There, in a multicultural location, we will have another great opportunity to show that culture affects every aspect of clinical care. Thanks to the excellent organizing job of Prof. Roberto Lewis-Fernández, Prof. Daniel Chen, and their team, this event has attracted over 340 presenters from 40 countries across all five continents who are interested in the most up-to-date advances and achievements in Cultural Psychiatry.

Dr. Mario Braakman and his team offer us the precious gift of publishing in our journal the abstracts of most of the presentations that we will enjoy during the Congress.

Dear Colleague, remember that our duty is to fight against a culture-less psychiatry that denies the human and humanistic essence of our profession!

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Invitation to the 5th World Congress of Cultural Psychiatry

By Prof. Roberto Lewis-Fernández, President of the Congress and Prof. Daniel C. Chen, Co-President of the Congress

We are delighted to invite you to the 5th World Congress of Cultural Psychiatry in New York City, sponsored by the World Association of Cultural Psychiatry (WACP), Columbia University Medical Center, New York Institute of Technology College of Osteopathic Medicine, and our partner organizations. Every three years, WACP brings together clinicians, researchers, educators, advocates, policy makers, and persons with lived experience who are vitally interested in Cultural Psychiatry. We meet in a global conference to discuss the current state of our discipline and to review its future.

The theme for the 2018 World Congress, Achieving Global Mental Health Equity: Making Cultural Psychiatry Count, is an invitation to share our reflections and best practices regarding how to maximize the impact of our discipline on day-to-day mental health services. The meeting is especially focused on how to overcome the tremendous disparities in access to quality mental health care that still plague all societies, especially those with low-and-middle income economies, but also those with many more resources. This theme is extremely timely. Every day, the global debate rages around us regarding inequality: arguments for and against nativistic trade policies, immigration bans, religious intolerance, racist structural policies, exclusion of nonconforming gender identities, and limitations of healthcare services. At the same time, we are surrounded by inclusive solutions, movements of resilience, and successes in very practical ways of overcoming disparities in the allocation of resources. Our conference seeks to showcase these solutions and the lessons learned with respect to mental health care, focusing on how approaches that take culture seriously can serve as antidotes to inequality in service delivery.

Our hope is that the World Congress can serve as a catalyst for many intra- and cross-national collaborations. What has been useful in one place may be useful in another, so long as these efforts are grounded in local realities. The planning group seeks to build on the WACP community to foster a network of individuals and organizations devoted to reducing disparities in care through the implementation of culture-focused, contextualized, and inclusive approaches.

We invite you to browse our Congress website (www.wacp2018.org) to review the program for the Congress. Our web-based journal, the World Cultural Psychiatry Research Review (LINK), includes the abstracts, learning objectives, and references that describe the lectures, symposia, workshops, posters, and other activities of the Congress. The content of the meeting represents the efforts of many – in the end, of all of us who participate in it.

We extend to you a most enthusiastic invitation to attend the 5th World Congress of Cultural Psychiatry. New York welcomes you to share with us your interest and your experiences working in Cultural Psychiatry and to help us grow the field to provide the most effective care to those who need it. We urge you to join WACP so we can continue to work together to overcome the care disparities facing our diverse communities.

Help Seeking and Stigma Related to Perinatal Depression Treatment in Nigeria

Ademola Adeponle, Danielle Groleau, Laurence J. Kirmayer, Oye Gureje

Background

Although reportedly more common in low and middle-income countries (LMICs), perinatal depression remains under-treated in many LMICs, especially in sub-Saharan Africa, and help-seeking poorly understood. There is also an absence of research on cultural processes that may be mediating treatment barriers and facilitators. To address this gap, we conducted an in-depth qualitative study of the cultural context of help-seeking for perinatal depression in southwestern Nigeria.

Aims

To describe the help-seeking process for perinatal depression treatment, and perceived treatment barriers and facilitators, including illness-related stigma

Methods

We conducted 1 on 1 semi-structured interviews using the McGill Illness Narrative Interview. Study participants consisted of women with perinatal depression, their family caregivers, and health care providers.

Results

Thematic analyses revealed a 3-step process of help-seeking: i) illness recognition, ii) getting help, and iii) utilization. Help-seeking was initiated and undertaken by family caregivers. Treatment facilitators included family support, and trust in expertise of provider; barriers included poor finances. Stigma was tied to negative beliefs that persons with perinatal depression are "vagrants”, and “violent”, and that the disorder is "incurable" and "contagious".

Conclusions

Attention to culture and context can help inform the design of interventions and services for perinatal depression treatment in global mental health

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Identify the cultural processes mediating help-seeking barriers and facilitators for perinatal depression treatment in southwestern Nigeria
2) Describe the stigma (stereotypes, prejudicial beliefs, experiences of discrimination) related to perinatal depression

REFERENCES

Dennis, C. L., & Chung-Lee, L. (2006). Postpartum depression help-seeking barriers and maternal treatment preferences: A qualitative systematic review. Birth, 33(4), 323-331.

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. Psychological medicine, 45(1), 11-27.

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Improving Access to Psychotropic Medications for a Humanitarian Setting in Lebanon

Ali Haidar

Background

After the Syrian crisis and with the 30% increase of Lebanon's population after the influx of around 1.5 million Syrian refugees, local and international Non-Governmental Organizations (NGOs) initiated specialized mental health services (2015) while using different formularies of psychotropic medications irrespective of cost-effectiveness, leading to challenges in maintaining a continuum of care.

Purpose

The need to rationalize the medication list, especially in the absence of a national list for psychiatric medications at specialized level, was reported to the Mental Health and Psychosocial Support Task Force (MHPSS TF) that is led by the Ministry of Public Health (MOPH).

Methods

The MOPH collaborated with the different NGOs to collect their different medication formularies and worked on establishing a national psychotropic list for humanitarian setting taking into account the national essential list of psychotropic medications already supported by MOPH for around 435 PHC centers and dispensaries. The WHO essential list of psychotropic medications was used as reference (2009), in addition to the following psychotropic medications categories: antidepressants, anxiolytics, antipsychotics, mood stabilizers and antiepileptics. A maximum of 2 representatives from major classes of psychotropic medication were selected based on pricing and availability to Lebanese markets. The list obtained was reviewed by the different NGOs with specialized mental health services in addition to local and international experts. The final recommendations for initial line of treatment accounted for the suboptimal settings for follow up especially when routine laboratory tests were not logistically possible or financially accessible.

Conclusion

The list developed was widely spread for use by NGOs specializing in mental health and working in humanitarian settings. This allowed a better access to psychotropic medications and a continuum of care for the vulnerable population in Lebanon. We include the finalized full list as part of our presentation.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe the need for a national psychotropic medication list for humanitarian settings like Lebanon
2) Apply processes for developing a national medication list

REFERENCES

World Health Organization (2009). Pharmacological Treatment of Mental Disorders in Primary Health Care. Geneva.

Lebanese Ministry of Public Health. (2015). WHO-AIMS Report on Mental Health services in Lebanon. Beirut.

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Hidden in Plain Sight: A Literature Review of Intimate Partner Violence (IPV) in Same-Sex Couples

Amilcar Tirado

Background

This poster will summarize how IPV in same-sex couples impacts the medical and mental health of the victim. It will also explore issues, barriers, and challenges LGBTQ individuals face when attempting to report an incident of IPV.

Objectives

1) To have a greater understanding of same-sex IPV
2) For healthcare providers to feel more confident and comfortable screening and assessing their patients for IPV

Methods

A PubMed and Google search was performed using keywords LGBT, LGBTQ, gay, lesbian, transgender, intimate partner violence, and domestic violence. Articles that did not define intimate partner violence in general and how it specifically pertains to the LGBT, LGBTQ, gay, lesbian, and transgendered populations were not included. 25 articles were reviewed and 12 selected for this literature review that examined the similarities of IPV traditionally described as being a heterosexual experience where the victim is typically female. The articles selected also explained unique aspects of IPV experienced in the LGBTQ patient population.

Results

Same-sex couples experience the same issues of power and control as heterosexual couples. This may manifest itself in physical, sexual, emotional/verbal, and economic abuse. Some examples of more specific forms of IPV in same-sex couples is threatening a partner with disclosure of his or her sexual identity and/or HIV positive status to unknowing friends, family members, or the work place of the victim. As per the literature, substance and alcohol use is common as a coping mechanism for victims of IPV and has been found to occur at higher rates in same-sex couples.

Discussion

Victims of same-sex IPV face added challenges when attempting to receive help. Survivors of same-sex IPV can receive the recognition and help they need with further research, better training for law enforcement officials, and more funding for relevant programs.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Understand same-sex IPV
2) Apply screening and assessment of patients for IPV

REFERENCES

Brown MJ, Serovich JM, and Kimberly JA. Depressive Symptoms, Substance Use and Partner Violence Victimization Associated with HIV Disclosure among Men who have Sex with Men. AIDS Behav. 2016 January; 20(1) 184-192.

Stephenson R, Sato KN, and Finneran C. Dyadic, Partner, and Social Network Influences on Intimate Partner Violence among Male-Male Couples. Western Journal of Emergency medicine. Volume XIV, No. 4: August 2013.

Lewis RJ, Padilla MA, Milletich RJ, Kelley ML, Winstead BA, Lau-Barraco C, and Mason TB. Emotional Distress, Alcohol Use, and Bidirectional Partner Violence among Lesbian Women. Violence Against Women. 2015 August; 21(8) 917-938.

Stephenson R and Finneran C. The IPV-GBM Scale: A New Scale to Measure Intimate Partner Violence among Gay and Bisexual Men. June 2013 Volume 8 Issue 6.

Butler AM, Devries KM, Howard LM, Bacchus LJ. Associations between Intimate Partner Violence and Health among Men Who Have Sex with Men: A Systematic Review and Meta-Analysis. PLoS Medicine 2014 Mar; 11(3).

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Cultural, Contextual and Social Factors that Contribute to Depression among Women in India: A Meta-Ethnography

Anindita Bhattacharya, David Camacho, Laura Kimberly, Ellen Lukens

Background

Depression is one of the most common mental disorders affecting women in low and middle-income countries. Social determinants such as poverty, low levels of education, and gender disadvantage (e.g., rigid traditional roles, interpersonal conflict and violence) make women more susceptible to depression. We conducted a meta-ethnography to examine how culture shapes women's experiences of depression in India.

Methods

We used Noblit and Hare's (1988) meta-ethnography approach to synthesize findings from 11 studies (1987-2017) that explored women's experiences of depression in India. This approach focuses on the "translation of qualitative studies into one another" and uses the techniques of comparison and reinterpretation to arrive at conceptual insights of a social phenomenon.

Findings

There is limited qualitative scholarship on depression among women in India. Synthesis revealed that Indian women's experiences with depression are deeply embedded in their social worlds. Women across studies cited strained and/or loss of social relationships, pressure to conform to traditional gender roles, violence, financial hardships and their powerlessness to remedy adverse situations as precursors to depressive symptoms. Somatic complaints and 'tension' were common cultural expression to describe depression. Although biomedical causes of depression were rarely acknowledged, women mostly sought biomedical treatment for their somatic and reproductive complaints.

Implications

Narratives of women whose lives are impacted by multiple marginalized identities of gender, class, caste and disability have received limited visibility in mental health research in India. Diverse methodologies that integrate sociological data into understanding of women's illness experiences is essential to the development of more nuanced cultural approaches to care. The synthesis highlights the need for clinical practice that attends to women's socio-cultural context, is trauma informed and upholds values of social justice and gender equality. In addition, structural supports (e.g. education, supportive housing, safe shelters and employment) are essential to promote well-being among Indian women.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Identify 3 social, cultural and contextual factors that contribute to depression among Indian women
2) Identify 2 ways of incorporating gender sensitivity in mental health care

REFERENCES

Noblit, G. W., & Hare, R. D. (1997). Meta-Ethnography: synthesizing qualitative studies. Newbury Park, Calif.: Sage.

Rao, D., Horton, R., & Raguram, R. (2012). Gender inequality and structural violence among depressed women in South India. Social psychiatry and psychiatric epidemiology, 47(12), 1967-1975.

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The Tripartite Model and Dimensions of Anxiety and Depression: An Examination of Structure among Indian Adolescents

Anjali Jain, Vaishali Raval, Aaron Luebbe, Anuradha Sathiyaseelan

Background

The tripartite model suggests that the covariation between depression and anxiety can be understood by examining three related yet distinct constructs: negative affect (NA), positive affect (PA), and physiological hyperarousal (PH). Although the tripartite model has received much support across youth and adult samples, these studies primarily involve middle-class Caucasian samples from Western countries like the United States, Canada, and the United Kingdom. Research demonstrating cultural variation in the salience and expression PA, NA and PH suggests that components of the tripartite model may function differently in samples from Asia.

Aims

The purpose of the current study is to examine whether the tripartite model is supported among adolescents from Bangalore, India.

Methods

Adolescents and their parents will complete questionnaires at two points in time, five months apart. Adolescents complete measures of PA, NA, PH, academic stress, and depression and anxiety, and their parents complete a measure rating adolescent depression and anxiety. Bivariate correlations and path analyses using composite (parent and adolescent) scores will be used to determine the application of the tripartite model.

Results

Based on the dialectical cultural script of balancing positive and negative emotions, it is hypothesized low PA will not be uniquely associated with/predictive of depressive symptoms. It is hypothesized for NA constructs to function as the tripartite model posits, in that it will be a shared component of depressive and anxiety symptoms. Based on the salience of PH symptoms in this culture, it is hypothesized for PH to not be a distinct component of anxiety symptoms, but also of depressive symptoms.

Discussion

Understanding factors that are associated with anxiety and depression among adolescents in India can help enhance diagnostic specificity and improve treatment foci for this group.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Distinguish the prescriptive and descriptive nature of existing Western-based theories among adolescents in India
2) Carry out the further development of a psychological perspective on the cultural shaping of mental and physical health and well-being

REFERENCES

Miyamoto, Y. & Ryff, C. (2011). Cultural differences in the dialectical and non-dialectical emotional styles and their implications for health. Cognition and Emotion, 25, 22-30.

Saint Arnault, D., & Kim, O. (2008). Is there an Asian idiom of distress?: Somatic symptoms in female Japanese and Korean students. Archives of psychiatric nursing, 22(1), 27-38.

Uchida, Y., & Kitayama, S. (2009). Happiness and unhappiness in east and west: Themes and variations. Emotion, 9, 441-456.

Watson, D., Clark, L. A., Weber, K., Assenheimer, J. S., Strauss, M. E., & McCormick, R. A. (1995). Testing a tripartite model: II. Exploring the symptom structure of anxiety and depression in student, adult, and patient samples. Journal of Abnormal Psychology, 104(1), 15.

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Preferences for Pharmacological and Psychological Interventions among Primary Care Workers Trained to Treat Depression in Nepal

Anvita Bhardwaj, Sauharda Rai, Dristy Gurung, Mark Jordans, Bonnie Kaiser, Cori Tergesen, Nagendra P. Luitel, Kathleen Sikkema, Crick Lund, Brandon Kohrt

Background

There is increasing evidence for psychological interventions in low resource settings; however, health workers may prefer medication to psychosocial therapies because of knowledge, time, and attitudes including stigma. Therefore, there is a need to understand factors that may contribute to attitudes toward MH care that incorporate both pharmacological and psychological treatments.

Objectives

We examined attitudes toward pharmacological versus psychological treatments among primary care workers after an mhGAP training and the impact of a stigma reduction intervention on these treatment preferences.

Methods

As part of the "Reducing stigma among healthcare providers to improve mental health services" (RESHAPE) study, qualitative interviews and a knowledge and attitudes assessment were conducted with primary care workers (n=30) before and after training, in which half of the participants also received the RESHAPE anti-stigma intervention. Interviews were analyzed using NVivo software, coded by 3 researchers (interrater agreement = 79%). Mean scores of the Depression Attitude Questionnaire (DAQ) from the pre-and post-training assessment were compared.

Results

Results showed that before the training pharmacological treatments were preferred with 37% of healthcare workers endorsing that medications are a quick and easy way cure people with mental illnesses (PMI). Four months after the training, primary care workers reported a greater likelihood of utilizing psychological treatments with 77% endorsing counseling as the first line of treatment. Results from the DAQ supported the qualitative data for example, that participants significantly increased in their support that depression can improve without medications.

Discussion

Changes in treatment preferences were likely influenced by multiple factors including psychosocial content added to mhGAP curriculum and use evidence-based stigma reduction techniques. These findings suggest that stigma-reduction techniques, especially social contact, may optimize support for psychological and psychosocial interventions. Programs integrating psychological/psychosocial treatments into primary care should consider incorporating social contact and other stigma-reduction in their trainings and supervision practices.

REFERENCES

Angdembe, M., Kohrt, B. A., Jordans, M., Rimal, D., & Luitel, N. P. (2017). Situational analysis to inform development of primary care and community-based mental health services for severe mental disorders in Nepal. International journal of mental health systems, 11(1), 69.

Ola, B., Crabb, J., Adewuya, A., Olugbile, F., & Abosede, O. A. (2014). The state of readiness of Lagos State Primary Health Care Physicians to embrace the care of depression in Nigeria. Community mental health journal, 50(2), 239-244.

Implementation of Mental Health Services after the Earthquake of September 7, 2017 in the State of Oaxaca Mexico

Argenis López Salinas, Alejandra Fernández Quintanilla

Background

In September of 2017, a magnitude 8.1 earthquake hit the coasts of the southern Pacific of the Mexican Republic, affecting mainly the states of Oaxaca and Chiapas, leaving people dead, hundreds injured, destroying homes and changing the lives of the inhabitants of the region. It has been reported that after an earthquake, an estimated 15 to 20% of the population develops mild to moderate mental disorders such as depression, anxiety and / or posttraumatic stress disorder; while 3 to 4% suffer severe forms of the same diseases.

Aims

To analyze the capacity of the resources in health and mental health of the Mexican government and the state of Oaxaca to face the emerging problems in mental health after a natural disaster.

Methods

A bibliographical and field research was carried out on the Mexican government's implementations after the earthquake on September 7, 2017.

Results

According to the communications from the Mexican government secretariat more than 25,000 actions of prevention and health promotion and 31,822 medical and psychological consultations, is the result of the uninterrupted attention provided by medical personnel to the population of Oaxaca and Chiapas, affected by the earthquake of September 7.

However, actions regarding mental health are scarce, since a very large sector of the population has not had access to medical services.

Discussion

Cultural barriers prevent the successful achievement of this type of program, because the people who inhabit the different towns of Oaxaca are not accustomed to receiving psychological or psychiatric attention.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Assess mental health care capacity following a disaster
2) Evaluate the response of the Mexican government in terms of mental health care following the September 2017 earthquake

REFERENCES

Sherchan, S., Samuel, R., Marahatta, K., Anwar, N., Van Ommeren, M., & Ofrin, R. (2017). Post-disaster mental health and psychosocial support: Experience from the 2015 Nepal earthquake. WHO South-East Asia Journal of Public Health, 6(1), 22.

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Mental Health Global Challenges: What Literature Search Tells Us

Artin Mahdanian

Introduction

Recognizing the significance of mental health challenges in different geographical areas has been an important primary goal of global mental health movements to shape a universal collective effort to fight psychiatric disorders at global level. Disease burden and the treatment gap are the main factors making neuropsychiatric disorders a leading cause of disability worldwide. There are many factors that play fundamental roles to these issues. Several international organizations such as WHO, Grand Challenges Canada, NIH and others have done different research projects to identify these factors.

Aims

To do a literature review and try to put the results together.

Methods

This is a desk review of the literature on current challenges in global mental health. We did an extensive search on PubMed Medline, Embase, and PsychInfo using McGill University Library search engines.

Results

The primary search found 187 articles in PubMed, 218 on Embase, and 34 on PsychInfo. After combining the three and deleting the duplicates and non-English articles and limiting to the last 5 years, we ended up having 52 articles. These articles' titles and abstracts were then reviewed and assessed by the first author. The studies that discussed challenges and issues in mental health were kept and the main topic of the discussion, if relevant, is considered as a global challenge in mental health.

Conclusions

The following issues were found as current global challenges in mental health:

a) Integrate mental health services into primary health care
b) Strengthen the cultural training for all healthcare providers
c) Incorporate a mental health component into international aid programs
d) Develop school based mental health awareness programs
e) Increase culturally trained mental health professionals to provide evidence based care

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe some of the challenges in Mental Health at a Global Scale
2) Discuss the importance of cultural training for mental health care professionals

REFERENCES

Global prevalence of dementia: a Delphi consensus study. Ferri CP1, Prince M, Brayne C, Brodaty H, Fratiglioni L, Ganguli M, Hall K, Hasegawa K, Hendrie H, Huang Y, Jorm A, Mathers C, Menezes PR, Rimmer E, Scazufca M (2005). Alzheimer's Disease International. Lancet, 17;366(9503):2112-7.

Collins, P. Y., Patel, V., Joestl, S. S., March, D., Insel, T. R., & Daar, A. S. (2011). Grand challenges in global mental health: A consortium of researchers, advocates and clinicians announces here research priorities for improving the lives of people with mental illness around the world, and calls for urgent action and investment. Nature, 475(7354), 27–30. http://doi.org/10.1038/475027a.

Chiao JY, Li SC, Turner R, Lee-Tauler SY, Pringle BA (2017). Cultural neuroscience and global mental health: addressing grand challenges. Cult Brain: 5(1):4-13. doi: 10.1007/s40167-016-0045-4. Epub 2016 Nov 4.

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Why Mexicans Struggle to Follow a Healthy Diet: An Emotional and Cultural Combination

Ingrid Rivera Iñiguez, Arturo Panduro, Sonia Roman, Maricruz Sepúlveda Villegas, Claudia Ojeda-Granados, Sergio Javier, Villaseñor Bayardo

Background

Obesity management in Mexico is affected by food culture and emotional factors

Objectives

To explore the emotional behaviors that contribute to unhealthy eating among overweight and obese subjects during a 6-month dietary intervention

Methods

Sixty-two subjects were interviewed using a qualitative questionnaire regarding emotions and behaviors that influence their food consumption. Additionally, the Patient Health Questionnaire (PHQ-9) was administered to assess depression severity

Results

Negative emotions induce the consumption of larger food portions by 71.7% and binge eating episodes by 76.9%. In 40% of binge episodes, anxiety was the key precipitant. In those moments, sugary foods were consumed the most (42.2%), followed by fried foods (28.9%), and salty foods (28.9%). Binge eaters stated regret for those episodes. Symptoms of depression were found in 43.8%: mild depression in 39.6%, and major depression in 16.7%. At the beginning of the intervention, 56.5% of excess weight subjects were considered to make frequently unhealthy decisions regarding their food consumption. Low self-efficacy was found in 13% of participants; in contrast, moderate and high self-efficacy was found in 67.4% and 19.6%, respectively. During the first three months of the intervention, unhealthy decisions were reduced to 46.9% and low self-efficacy to 6.4%. However, at six months, unhealthy decisions and low self-efficacy increased to 53.1% and 16.4%, respectively.

Discussion

This research provides valuable insights for the design of dietary interventions. Negative emotions interfere with healthy food decision-making and self-efficacy. For emotional eaters, a reward generated by indulgent foods is more valuable than the long-term benefit of a dietary intervention. The sugary/fatty/salty foods consumed by Mexicans during negative emotional experiences disrupt the gene-nutrient co-evolution established since pre-Hispanic times.

Conclusions

The combination of negative emotions and high availability of processed foods interferes with Mexicans' traditional diet and healthy lifestyle.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Distinguish which emotions influence the consumption of unhealthy foods
2) Determine which food preferences are related to negative emotions, and if eating decision-making and self-efficacy is affected by emotions while dieting

REFERENCES

Iniguez, I. R., Yap, J., & Mager, D. R. (2014). Parental perceptions regarding lifestyle interventions for obese children and adolescents with nonalcoholic fatty liver disease. Paediatrics & Child Health, 19(5), e24-29.

Panduro, A., Rivera-Iniguez, I., Sepulveda-Villegas, M., & Roman, S. (2017). Genes, emotions and gut microbiota: The next frontier for the gastroenterologist. World Journal of Gastroenterology, 23(17), 3030–3042.

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Translation, Adaptation and Validation of the Multicultural Counseling Inventory (MCI)

Aya Yuasa

Background

Multicultural education and training deficiency is one of the most serious concerns facing Japanese mental health professionals. According to the Ministry of Health, Labor and Welfare in 2016, more than two million foreign visitors live in Japan. However, in this globalized situation, the mental health institutions providing multilingual and multicultural services are rare and inadequate compared to the situation in the U.S. and European countries. Research regarding the topic is also rare in the Japanese mental health field.

Aims

The purpose of the present study was to translate the English questionnaire, Multicultural Counseling Inventory (MCI), into Japanese and to validate it. MCI is a self-report instrument that measures multicultural counseling competencies. The study aimed to prepare the validated questionnaire to measure the practitioners' multicultural competences in Japan. It aimed to improve the multicultural education, training, and practice of mental health professionals.

Methods

First, two English-Japanese bilingual mental health professionals independently translated the original questionnaire into Japanese, and a consensus version was generated. Later, two other professional translators, blind to the original questionnaire, performed a back translation. This version was then compared with the original English questionnaire. Next we mailed the questionnaire to 120 mental health professionals who practice their counseling with diverse clients. We collected the data and conducted a factor analysis. We used the Japanese version of MAKSS-CE-R and The Multicultural Competence Inventory (developed in Japanese) to verify its validity. The study was conducted from November 2017 to March 2018.

Outcome

Potentially, the outcome would reveal the differences among Japanese practitioners based upon their knowledge and skill of multiculturalism. We plan to use the results in a future study to verify the reliability of the questionnaire and conduct its standardization.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe the significance of Japanese mental health professionals based upon multicultural competence
2) Apply the process of translation and validation of a questionnaire

REFERENCES

D'Andrea, M., Daniels, J., & Heck, R. (1990). The multicultural awareness-knowledge-skills survey. Honolulu: University of Hawaii-Manoa.

Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the Multicultural Counseling Inventory: A self-report measure of multicultural competencies. Journal of Counseling Psychology, 41(2), 137.

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Evaluation for the Effects of Racial Discrimination on the Mental Health of Young Black Males in Boston Communities

Brandon Newsome

Background

Ethnic minorities experience inequality in mental health services in comparison to their American counterparts in the United States. African populations are a specifically vulnerable ethnic group due to their social standing throughout American history. Myriad studies have identified several factors that compound their vulnerability. Micro-aggression/racial discrimination plays a central role. In addition, research has shown that poor mental well-being can result in impaired daily functioning, social alienation, and self-destructive behaviors. Despite the fact that black communities are more likely to suffer from mental health disparities, they are less motivated to access care, even if services are available.

Aims

To collect community feedback on the needs assessment findings in order to gain a robust, well-informed, and comprehensive understanding of the landscape of health and mental health care in this community.

Methods

This will be done through a mixed-method study utilizing in-depth qualitative interviews and quantitative assessments. Interviews will be conducted to explore participants' experiences with micro-aggressions, police relations, and their definition and perception of mental health. Data collected will be analyzed with a focus on their experiences in the spectrum of mental health issues. The investigators will employ grounded theory. Assuming that data collection and data analysis occur simultaneously, preliminary searches of codes, salient terms, and emergent themes from the interviews will inform probes for the remaining interviews. In doing so, the qualitative data analysis can remain flexible to address new findings and modify assumptions made a priori by the investigator.

Discussion

In identifying the effects of racial discrimination on the mental health of black communities, this needs assessment is to diminish the likelihood of society building the institutional perpetuation against this community where mental health professionals are able to take advantage of African-American-centered care and services to systematically assist those in need.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Identify micro aggression terminology and themes
2) Describe how race and socioeconomic status interplay in access to mental health services

REFERENCES

Hall, J. M., & Fields, B. (2015). "It's Killing Us!" Narratives of Black Adults About Microaggression Experiences and Related Health Stress. Global Qualitative Nursing Research,2,2333393615591569. doi:10.1177/2333393615591569.

Parks, M. H., Mcclellan, L. H., & Mcgee, M. L. (2015). Health Disparity Intervention through Minority Collegiate Service Learning. Journal of Health Care for the Poor and Underserved,26(1),287-292. doi:10.1353/hpu.2015.0015.

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Variables Related to Self-Harm in a Mexican Population of Adolescents

Carolina Villegas Martínez, Bárbara Siller González, Francelis Katiuska, Andrade Santeliz, Marie Heidy, Ayala de León, María Zorrilla Román, Mariana Botello Veiga, Francisco Antonio, Treviño Elizondo, Guillermo Byrd Willis Sánchez, Angélica Quiroga Garza

Background

Self-injurious behavior constitutes the third leading cause of death among adolescents in Mexico. One year after self-harming, the suicide risk is 66 times greater than in the general population.

Aims

To determine if there are differences in family satisfaction, coping strategies, depression, and suicidal ideation among junior-high school adolescents in Monterrey, Mexico with and without self-injurious behavior.

Methods

The study used a quantitative and comparative approach. The measurements used were the Family Satisfaction Scale, the Stress Coping Questionnaire, the Depression Scale for Adolescents, the Evaluation of Child-Juvenile Suicide Potential, and a Self-Harm Questionnaire.

The sample consisted of 901 students, 434 male and 459 female, with an average age of 12.95. Among all participants, 425 belonged to a private school and 476 to a public school. 23.97% of the students have self-injurious behavior and significant differences were found for all variables between students with self-injurious behavior and those without. Adolescents who self-harm have lower levels of family satisfaction, use more emotional coping strategies and fewer rational ones, have more depressive traits and higher levels of suicide potential. Results showed that only depression and suicide potential, together, predict self-harming behaviour.

Discussion

The study supports a deeper explanation for the behavior than only the immediate intention of the person, in light of the presence of a depressive emotional state and a latent suicide potential, corroborating the assumption of an eventual development of self-harming behavior into suicidal behavior. Finally, the results confirm that a large number of elements are related to this behavior, complicating the understanding of and attention to it.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Identify the factors related to self-harm in adolescents
2) Discuss the importance of the development of reliable and accessible ways to give support to this risk population

REFERENCES

Buresová, I. (2016). Self-Harm in adolescence. Frankfurt, Alemania: Peter Lang Academic Research.

Cruz, D., Narciso, I., Muñoz, M., Pereira, C.R. & Sampaio, D. (2013). Adolescents and self-destructive behaviours: an exploratory analysis of family and individual correlates. Behavioral Psychology, 21, 271-288.

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Socio-Demographic Profile of Asian Americans Treated for Schizophrenia in Community Mental Health Settings: Implications for Service Delivery

Caroline Lim

Introduction

The majority of users of mental health services in the Asian American community are expected to be individuals with schizophrenia and other serious psychiatric disorders, yet little is known about this group. Serving this population necessitates an examination of their profile that can provide insights to their psychosocial needs. The aim of this exploratory descriptive study is to catalogue selected socio-demographic characteristics of Asian Americans with schizophrenia.

Methods

Data came from cross-sectional interviews conducted with 75 Asian Americans served at community mental health centers in Los Angeles County for a diagnosis of schizophrenia. Data were collected through in-person interviewing and participant completion of validated self-report questionnaires. Descriptive statistics were used to summarize participants' characteristics.

Results

The study sample was ethnically diverse and has an average age of 43.03 years. Most were foreign born (70.67%) with low levels of English proficiency. Participants evidenced low levels of educational attainment (15.07% obtained a college degree), marriage (25.33%), and participation in the labor force (24.00%). The presence of a surviving parent influenced participants' living arrangements. Most (58.33%) reported at least one adverse childhood event related to maltreatment, parental maladjustment, and interpersonal loss. Similar lifetime rates were found for victimization (46.97%) and arrest (43.84%), but the occurrence of sexual assault or abuse was comparatively lower (20.55%). Among participants who experienced a recent life event (43.24%), the most common negative event concerned the behavior of a family member (45.34%), followed by involuntary unemployment (31.25%). The majority (97.30%) reported experiencing at least one chronic strain attributed to the lack of or failed efforts to engage with one's surroundings in the previous 6 months.

Conclusion

The implications of this study's findings relate to ways to enhance the delivery of mental health services that can prevent further socioeconomic disadvantages of Asian Americans with schizophrenia and improve treatment outcomes.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Plan the delivery of culturally responsive services according to the psychosocial needs of the target population
2) Describe the intervention adaptation and skills needed to serve Asian Americans with schizophrenia

REFERENCES

National Institute of Mental Health. (2009). Schizophrenia (NIH Publication No. 09-3517). Retrieved from

http://www.nimh.nih.gov/health/publications/schizophrenia/nimh-schizophrenia-booklet.pdf.

Barreto, R. M., Segal, S. P., (2005). Use of mental health services by Asian Americans. Psychiatric Services, 56, 746–748. doi:10.1178/appi.ps.56.6.746

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Psycho-dramatic Resources in Social Inhibition Cases

Cecília Leite Costa

We seek to offer a practical proposal of psychological group intervention that not only takes into account work on symptoms (or behaviors) but that can be more agile than individual psychotherapy, which has a commitment to searching for latent contents of symptoms, with no set deadlines or guarantees of short-term efficacy on subjects' present-life conflict nuclei. In our approach, we use Morenian assumptions regarding spontaneity and Integration Catharsis, along with psychodramatic resources, in order to mobilize blocked emotions and release spontaneity. The group's theme is Social Inhibition. It contemplates High Functioning individuals with autism or dysfunctional clinical conditions based on sociability difficulties. They are characterized by failure in attempts to relate to others and by the emotional destabilization it causes. The focus of the work is the characteristic defined as empathy deficit.

In the Supplementary Reality, that of imagination and fantasy, we experience real situations "as if" they could be experienced differently. Subjects begin to see themselves from the outside, in the Mirror, to put themselves in the other's place, in the Role Reversal, to hear from the outside tacit contents of their speech that could not be expressed, in the Double, etc. Working through situations of hostility and rejection in a protected environment leads them to identify with one another, to feel understood and accepted and to begin a process of reconciliation with their self-esteem. The goal is to act as a catalyst for this process and the proposal contemplates subjects from different cultures, since it works on empathy. Regardless of cultural differences, they share the feeling of exclusion and inability to meet social expectations.

The psychodramatic resources make both clinical and educational practices more versatile, as the author's proposal is adaptable to different methods and approaches.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Propose techniques that enable the freer use of creativity, fantasy and improvisation when solving everyday problems
2) Build a context of intimacy, acceptance and belonging that releases blocked spontaneity

REFERENCES

Moreno, J.L (1980) Psicodrama. São Paulo: Cultrix.

Winnicott, D.W (1991). Playing and Reality. Great Britain: Routledge.

Vertical Cultural Transmission and Schizophrenia: The First Step towards Understanding the Relationship between Culture and Schizophrenia

Cindy Wu, Daina Crafa

Background

Although past research shows that cultural background influences the manifestation of schizophrenia, information is still limited regarding the precise elements that affect the occurrence and development of schizophrenia. Cultural differences are primarily learned through a process called vertical transmission, in which children acquire culture from their parents. Most studies of vertical transmission investigate maternal relationships. Since psychiatric disorders usually emerge during late-adolescence and adulthood, the relationship between vertical transmission and psychiatric disorders is currently unknown. This study acts as a first step by examining whether the quality of one's relationship with their mother influences the self-construal (a common measure of cultural transmission) of patients with schizophrenia.

Objectives

This study builds on our previous research, which found that healthy adults with collectivist self-construals were more likely to have good relationships with their mothers. Likewise, the present study investigates whether patients with schizophrenia who have collectivistic self-construal are more likely to have good maternal relationships.

Methods

A total 47 schizophrenia patients and 43 controls completed the Parent Adult-Child Relationship Questionnaire Mother section (PACQ-mother) and the Self-Construal Scale (SCS).

Results

Like in controls, maternal relationships influence self-construal in patients with schizophrenia. However, this influence is less strong in patients compared to in healthy controls. In addition, patients with schizophrenia had a higher tendency of being collectivist than healthy controls.

Discussion

Vertical transmission of culture appears to have less of an impact on patients with schizophrenia; however, patients exhibited a distinct tendency toward collectivism. Pilarska suggests that adopting a collectivist self-construal is one adaptation that the self undergoes in order to reduce the harmful impacts of mental illness. Psychologically, forming a close connection with family and friends has beneficial impacts on the self, as other-oriented individuals tend to receive emotional support from others.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Evaluate the impact of vertical cultural transmission on patients with schizophrenia
2) Explore the role of a close maternal relationship and a collectivist self-construal in the occurrence and development of schizophrenia

REFERENCES

Bhui, K., & Tsangarides, N. (2008). Culture and schizophrenia. Psychiatry, 7(11), 454–457. doi:10.1016/j.mppsy.2008.08.005.

Pilarska, A. (2014). Self-Construal as a Mediator Between Identity Structure and Subjective Well-Being. Current Psychology (New Brunswick, N.J.), 33, 130–154. doi:10.1007/s12144-013-9202-5.

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The Impact of Cultural Health Capital on the Wellbeing of African American Women

Clarencetine (Teena) Brooks

Background

Data obtained from the National Survey of American Life and the Collaborative Psychiatry Epidemiology Surveys were used to understand the impact of Cultural Health Capital on the formation of treatment values and beliefs, utilization, and self-reported well-being among adult African American women with Major Depressive Disorder and Type 2 diabetes.

Cultural Health Capital will be used to form the theoretical framework for this inquiry. This theory posits that an individual's accumulated life experiences may "equip them with a tool-kit of skills and resources that they can draw upon when interacting with the healthcare system. These skills may include knowledge of medical terms and other relevant information, communication and interpersonal skills, a sense of control over one's health, and the ability to communicate social privilege.

The impact of socioeconomic status has long been considered a determining factor in health promotion. However, despite economic barriers that have historically compromised their health, the resiliency of African American women and their availability to obtain and leverage a diverse array of resources has been the focus of a growing body of research. Moreover, the persistence of health inequalities even when socio-economic status is controlled for suggests a need for further consideration of the impact of culture in health promotion.

Methods

Secondary data analysis will be used for this study. It is proposed that higher rates of CHC (independent variable) will impact treatment beliefs, utilization, and well-being, hospitalization (dependent variables). Since data were collected for both surveys the health care system in the United Stated has undergone sweeping reform. The increased focus on integrated health, payment restructuring, and acknowledgment of the need to consider the myriad of cultural factors that influence health care access and outcomes make it critical to continue studying the range of factors that promote advantage.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Explain how theories such as Cultural Health Capital can be used to explore how culture can influence perceived well-being among African American women
2) Investigate the relationship between social determinants and culture and acquire a better understanding of how each impacts health care beliefs and outcomes

REFERENCES

Abel T Cultural capital and social inequality in health Journal of Epidemiology & Community Health 2008;62:e13.

Gage-Bouchard, E. A. (2017). Culture, Styles of Institutional Interactions, and Inequalities in Healthcare Experiences. Journal of Health and Social Behavior, 58(2), 147-165.

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Promoting Mental Health Awareness in the Christian Community through Collaboration

Claudine Jones-Bourne, Melissa Arbuckle, Benjamin Miller

Background

Efforts have grown to improve knowledge and awareness of mental health illnesses in order to decrease stigma and improve outcomes of mental illness. Christian churches are of particular interest because people in religious settings are more likely to have better outcomes with certain mental illnesses (1). However, stigma towards mental illness within the Christian community may limit this potential benefit. Collaboration between mental health professionals and religious leaders may be useful in addressing some of these issues (2).

Aims

To assess the feasibility of developing and implementing a mental health educational series in collaboration with a church community and to assess the impact of the program.

Methods

The pastor and a congregation member (a psychiatrist) at an Orthodox Presbyterian church in New York co-developed six educational sessions focused on mental health. The sessions were offered weekly after the main services to high school students and adult attendees. Each session focused on different psychiatric illnesses and centered around the themes: Recognition, Recovery, Renewal, and Response. The psychiatrist presented symptoms of various illnesses and treatment options (Recognition and Recovery), while the pastor led a discussion of religious aspects and the ways congregants can support to people with these illnesses (Renewal and Response). A post-survey of participants is underway.

Results

Interest in the series was evidenced by the fact that about 50% of the members who attended worship also participated in the series. Our hypothesis is that the series promoted positive change in the congregation's opinions about mental illness as well as their thoughts about seeking treatment for such illnesses.

Implications

If the survey confirms a positive change in participant attitudes about mental illness and treatment, the format and collaboration techniques employed could serve as a model and translated to other community outreach efforts.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Recognize the value of collaboration between religious leaders and mental health providers to promote mental health awareness within religious communities
2) Identify the most effective components of an educational intervention on changing attitudes of its participants

REFERENCES

Bonelli, R. M., & Koenig, H. G. (2013). Mental disorders, religion and spirituality: A systematic evidence-based review. Journal of Religion and Health, 52(2), 657–673.

Kinghorn, W. A. (2015). American Christian Engagement With Mental Health and Mental Illness. Psychiatric Services, appi.ps.201400542. https://doi.org/10.1176/appi.ps.201400542

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What does one's Social Network Say about one's Willingness to Talk about Mental Health? The Case of Chinese Migrants in Montreal

Dan Tao, Marina M. Doucerain, Norman S. Segalowitz, Andrew G. Ryder

Background

Although East Asians in North America show a similar rate of psychological distress compared to the general population, there is a severe underutilization of mental health services, partially due to anxiety in using a second language (L2) in healthcare settings. The level of inclusiveness and density of the L2 social network has been shown to foster communicative competence.

Issues of Focus

The current study uses a mixed-method approach to examine the effect of social network features on Chinese migrants' frequency to talk about personal emotional issues with friends.

Methods

40 Bilingual Chinese immigrants (Mage = 23.9, Myrs in Canada = 7.3) were recruited through social media, and completed an online survey and a follow up interview.

Results

Qualitative results indicated significant levels of distress; however, most people never sought professional help but dealt with the issues by themselves or with their parents. Multilevel regression results demonstrated that Chinese migrants talk more about mental health with friends who are: (a) less close (t=-8.95***); (b) frequent contacts (t=11.80***); (c) also Chinese (t=2.04*); (d) and known outside of work or school (t=4.32***). People with a more interconnected social circle have more personal emotional conversations with their friends (t = 3.44***), which in turn is related to higher eudaimonic well-being (t = 2.92**).

Discussion

Results confirmed the gap between distress and help seeking among Chinese young migrants and highlighted the need to foster an interconnected social network with both Chinese and Canadian friends outside of work and school. The findings also illustrate the importance of the heritage network especially for those who experience more acculturative stress. Overall, this study demonstrated the need for cultural competence and adaptations to reduce barriers faced by cultural and linguistic minorities in Canada.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Explain how migrants' social networks affect their mental health help seeking behaviours
2) Describe factors behind the gap between distress and help-seeking among Chinese migrants in Canada (with potential generalization to other English-speaking, immigrant-receiving societies)

REFERENCES

Doucerain, M. M., Varnaamkhaasti, R. S., Segalowitz, N., & Ryder, A. G. (2015). Second language social networks and communication-related acculturative stress: the role of interconnectedness. Frontiers in psychology, 6.

Tiwari, S. K., & Wang, J. (2008). Ethnic differences in mental health service use among White, Chinese, South Asian and South East Asian populations living in Canada. Social Psychiatry and Psychiatric Epidemiology, 43(11), 866-871.

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Beauty: The New Common Goal that Brings Together Cultures: Understanding the Psychology behind Plastic Maxillo Facial Surgery

Daniele Bartocci

Background

Every cultural context has different perceptions of the body, in particular of facial expression. In this regard positive outcome of maxillo-facial surgery also depends on individual and family expectations as well as beauty-related cultural factors.

Maxillo-facial surgery is often related to trauma. Facial traumas commonly result from vehicle accidents and assault, and they may be accompanied by distressing consequences. Facial injury has been found to predict high rates of psychological sequelae among traumatized individuals, including depressive disorders, anxiety, substance abuse and dependence, posttraumatic stress disorder and symptoms related to physical disability

Aims

To make evident the cultural factors that influence the post-operative care and the progressive homologation of plastic surgery's concept among cultures

Methods

Review of the literature and clinical vignettes of patients who underwent maxillo-facial surgery (Alma Mater Univerity, Bologna. Maxillo-facial surgery ward)

Result/Implication

The actual trend leads us to observe the existence of a superior goal, which goes beyond our different body perceptions: Beauty, regardless of individual conception of body images and facial expression, This study reveals an ambition toward "absolute beauty" in westernized cultures. Psychological problems can remain even after technically successful surgical and medical treatment. When the patient's true psychological needs are not taken into proper consideration, this phenomenon can persist for many years. Therefore psychological counselling in the post-surgical period must be made available to patients

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Provide surgeons and psychiatrists with information on patients' body images related to culture
2) Prevent patients' addiction to plastic surgery

REFERENCES

Acocella A. , Rispoli A. , Agostini T. , Sacco R. , Bertolai R (2006) Maxillofacial Traumas: Causes And Psychological Consequences. Post-Trauma Psychoemotional Profile. Italian Journal Of Maxillofacial Surgery 2006 April-December;17(1-3):1-6.

Charlotte Gill (2016) Why Is Cosmetic Surgery On The Rise? We're So Obsessed With Being Beautiful We Forgot It's Ok To Be Ok-Looking. Indipendent Monday 8 February 2016.

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Depression among Mexican Elderly: A Cultural and Contextual Analysis Exploring the Role of Social Isolation and Violence

David Camacho, Ellen Lukens, Yookyong Lee, Anindita Bhattacharya, Laura Vargas

Background and Aim

Depression is a leading cause of disability worldwide; it is often chronic and significantly impacts quality of life especially when comorbid with other psychiatric or medical disorders. Depression and affective disorders among Mexican elders have received some attention yet no study has considered the impact of social isolation and violence. Thus, we sought to identify shared and unique psychosocial predictors of depression and affective disorders among Mexican elders.

Methods

We used data from the WHO Study on Global AGEing and Adult Health (SAGE) Wave 1(2007-2010). This survey used a multi-stage, stratified clustered sample design, with household clusters sampled to reflect age, sex, level of wealth/local economic development, and urban/rural status in the Mexico Census. Measures were standardized, well¬ validated and widely used in world health surveys. Interviews included 1,973 adults aged ≥ 50 years. We created dichotomous variables to capture participants diagnosed with depression or possible affective disorder. We conducted correlation and logistic regression analyses exploring: socio-demographics (e.g., age, gender, education); physical health (i.e. chronic health conditions, Self-Rated Health); healthcare utilization (i.e., inpatient and outpatient); social isolation and violence (i.e., homicide rates, safety, victimization).

Findings

Among Mexican elders, 12% were diagnosed with depression while 16% had a possible affective disorder. Gender, number of chronic conditions, self-rated health, social isolation and perceived safety at home were all significant predictors of both depression and affect. Age, hospitalization and homicide rates were significantly associated with depression only while income significantly predicted affect only.

Conclusions

Mexican healthcare professionals should pay special attention to elders' mental health. Current practitioners should screen for depression and affective disorders among older adults, especially those with identified risk factors. Future research should explore other protective factors, and cultural perspectives (e.g. familism, on aging, ageism) through illness narratives to facilitate the development of effective prevention/reduction strategies.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe at least three psychosocial factors contributing to high rates of depression and possible affective disorders among older Mexican adults
2) Identify two cultural and contextual processes affecting mental health care in Mexico

REFERENCES

Allan, C. E., Valkanova, V., & Ebmeier, K. P. (2014). Depression in older people is underdiagnosed. The Practitioner, 258(1771), 19-22.

Alexopoulos, G. S. (2005). Depression in the elderly. The lancet, 365(9475), 1961-1970.

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Catatonia in the Pearl of Africa: A Case Report

Diana Robinson

Introduction

Catatonia is a syndrome of motor and motivational dysfunction that can result in significant morbidity and mortality. The following case report describes a woman diagnosed and treated with catatonia in Uganda. The patient's diagnosis and treatment were further complicated by the clinical setting of a limited resource environment.

Case

M is a 48 year old woman with a psychiatric history of bipolar affective disorder and no past medical history who presented to a regional hospital inpatient psychiatry unit in Uganda with three weeks of decreased speech, blunted affect, increased sleep, increased activity, and decreased food intake. On hospital day (HD) 2 on intake interview, the patient could not respond to questions and suddenly stood up and remained standing. Neurological and physical exams were normal. Her Bush-Francis Catatonia Rating Scale was 5 of 14 for immobility, mutism, staring, posturing, and withdrawal. Medical work up included complete blood count, HIV test, and malaria smears, which were negative. On HD3, the patient received diazepam 10mg IV stat with improvement in withdrawal, immobility, staring, and posturing. She was started on diazepam 20mg orally nightly. By HD8, she had improving withdrawal and resolved immobility. Diazepam was split to 10mg twice daily. By HD10, her catatonic symptoms resolved. She was discharged on HD10 on carbamazepine 200mg twice daily and diazepam 10mg twice daily with a plan to taper over four weeks.

Discussion

The limited resource treatment setting impacted the admission evaluation, medical workup options, and treatment options. We will review the literature on prevalence, diagnosis, and treatment of catatonia in limited resource settings.

Conclusion

An emerging body of literature has identified catatonia in limited resource settings. It is critical for catatonia to be considered in both high and limited resource settings given that there is access to affordable treatment.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Discuss how a limited resource setting can impact the treatment of catatonia
2) Discuss how differences in the patient-physician culture and language can impact the diagnosis of catatonia

REFERENCES

Fricchione GL, Gross AF, Huffman JC, Bush G, Stern TA. Chapter 21 - Catatonia, Neuroleptic Malignant Syndrome, and Serotonin Syndrome. In: Massachusetts General Hospital Handbook of General Hospital Psychiatry (Sixth Edition). Saint Louis: W.B. Saunders; 2010. p. 273–88.

Smith SL, Grelotti DJ, Fils-Aime R, Uwimana E, Ndikubwimana JS, Therosme T, Severe J, Dushimiyimana D, Uwamariya C, Bienvenu R, Alcindor Y, Eustache E, Raviola GJ, Fricchione GL. Catatonia in Resource Limited Settings: A Case Series and Treatment Protocol. General Hospital Psychiatry. 37, 2015, 89-93.

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Acceptability and Engagement in the Loving-Kindness Mindfulness (LKM) Smartphone App among Chinese American College Students: A Mixed-Methods Study

Emily Wu, Robert Boland

Background

Asian American college students have presented with higher rates of suicidal ideation and suicidal attempts compared with white students. Studies have suggested Asian American students have low rates of mental health help seeking due to interpersonal shame and perfectionist family expectation discrepancy. Most of the current depression and suicidal prevention programs on college campuses have not shown evidence-based cultural appropriateness for Asian Americans. Therefore, this study utilized loving-kindness mindfulness (LKM) as a holistic approach to address emotional wellness and encourage engagement in mental health care. Moreover, there is little research to address the communication strategies for ensuring access to mental health care in this population. As smart-phone technology has become ubiquitous in U.S. society, literature indicated a high rate of smart-phone ownership and medical apps use among ethnic minorities. In this pilot study, we introduced a newly developed smart-phone app featuring a LKM-based interactive game to the Asian American college students.

Objectives

To evaluate the acceptability and engagement in using this LKM game app via quantitative and qualitative protocols.

Methods

A total of 30 college students in the Greater Boston area who self-identify as Chinese ethnicity, age 18-30, and own personal smart-phones that can self download the LKM game app will be recruited for this study. Subjects will be asked to complete a user experience questionnaire and attend a focus group discussion after 7 consecutive days of app use.

Potential Outcomes

User acceptability will be analyzed based on the Technology Acceptance Model and the Mobile Application Rating Scale. Qualitative data on app utility will be assessed through semi-structured interviews.

Implications

This app can be an acceptable and culturally-customized tool to deliver an accessible and holistic mental health intervention in the Asian American community.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Evaluate the acceptability and engagement of using a smart-phone app with an interactive LKM game among Chinese American college students
2) Appraise the quality of this newly developed smart-phone app through both quantitative and qualitative data

REFERENCES

Choi H, Park H, Suarez ML, Park C, Zhao Z, Wilkie DJ. Feasibility of a web-based suicide awareness programme for Asian American college students. BMJ Open. 2016;6(12):e013466.

St George SM, Delamater AM, Pulgaron ER, Daigre A, Sanchez J. Access to and Interest in Using Smartphone Technology for the Management of Type 1 Diabetes in Ethnic Minority Adolescents and Their Parents. Diabetes Technol Ther. 2016 Feb;18(2):104-9.

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The Emergence of Gender Differences in Reported Mental Health Symptoms among Middle School Aged Youth Exposed to High Levels of Community and Domestic Violence

Erica L. Gollub, Jakevia Green, Lisa Richardson, Danielle Broussard, Denese Shervington

Background

Believe in Youth – Louisiana is a trauma-informed (TI) reproductive health intervention intended for Southeast Louisiana youth aged 11-19 years, enrolled from diverse community settings.

Aims

To better define variations in reported indirect violence exposures and reported adverse mental health (MH) symptoms across age and gender, in public school students.

Methods

A proctored "emotional wellness screener" (EWS), adapted from clinical diagnostic criteria and national surveys, assessed exposure to traumatic events and symptoms of post-traumatic stress disorder (PTSD) and depression.

Results

From January 2016 to May 2017, 1548 participants completed the EWS (mean age 13.5 yrs; 57% female and 43% male). Most youth (93%) identified as African American. Overall, youth reported extremely high levels of exposure to violence: 29.8% witnessed violence against a parent; 41.7% witnessed a shooting/stabbing/beating; 18.3% witnessed a murder; and 53.8% experienced the murder of someone close. Frequency of adverse MH outcomes was high: 21.2% screened positive for depression; 45.7% for lifetime PTSD; and 26.9% for current PTSD. Indirect violence exposure generally increased with age. For middle school aged youth (11-14 yrs), endorsement of PTSD symptoms among boys exhibited a marked linear decline with increasing age, compared with a much slower decline among girls. At age 11 yrs, 43% of boys and 37% of girls endorsed PTSD symptoms (without depression); by age 14, the ratio reversed to 19% and 29%, respectively. Girls' rise in reported depression symptoms started at age 14. At age 11 yrs, 57% of boys and 54% of girls endorsed either depression and/or PTSD symptoms; by age 14, a striking gender-based imbalance emerged, with these proportions at 26% and 65%, respectively.

Discussion

Although cross-sectional in nature, these data suggest distinctive patterns of desensitization to witnessed violence by gender over the middle school period. School-based TI approaches should be crafted around these gender specific differences.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Identify various types of indirect violence exposure reported by youth in this public school sample
2) Detect and compare gender-based differences in reported mental health symptoms in the sample in the context of existing literature on gender and mental health outcomes

REFERENCES

Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2013). Violence, crime, and abuse exposure in a national sample of children and youth: an update. JAMA pediatrics, 167(7), 614-621.

Hickman, L. J., Jaycox, L. H., Setodji, C. M., Kofner, A., Schultz, D., Barnes-Proby, D., & Harris, R. (2013). How much does "how much" matter? Assessing the relationship between children's lifetime exposure to violence and trauma symptoms, behavior problems, and parenting stress. Journal of interpersonal violence, 28(6), 1338-1362.

Chen, W, Corvo K, Yookyong Lee Y, Hahm HC. Longitudinal Trajectory of Adolescent Exposure to Community Violence and Depressive Symptoms Among Adolescents and Young Adults: Understanding the Effect of Mental Health Service Usage. Community Mental Health J (2017) 53:39–52.

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Culturally Adapting an Observer-Based Measure of the Working Alliance for Black Americans

Hillary Litwin, Tristan Chirico, Sophia Williams, Doris Chang, Vivian Dzokoto

Psychotherapy research has consistently shown strong therapeutic alliance among the best indicators of successful treatment outcome. Several validated measurement tools exist for assessing the alliance from therapist, client, and observer perspectives. In designing these measures, a major feature of client-therapist interactions has been overlooked: the impact race, ethnicity, and culture (REC) can have in the therapeutic relationship. Research suggests there may be a greater likelihood of cultural misattunements and differential treatment expectations in cross-racial therapy, due to differences in cultural values and communication styles as well as racial anxiety and cultural mistrust.

A REC diverse team of researchers employed a hybrid deductive-inductive process to culturally adapt the Segmented Working Alliance Inventory, Observer-based measure (S-WAI-O) for Black Americans. The S-WAI-O assesses the task and bond dimensions of Bordin's concept of the working alliance through 12 items, rated by observers in 5-minute increments (based on videotapes of the session). In Phase I (deductive), core constructs in the multicultural literature on Black Americans were reviewed (cultural mistrust and shaping of emotions). The original items and anchors of the S-WAI-O were reviewed and critiqued in the context of this literature. Proposed changes to the measure were discussed. In Phase II (inductive), iterative adaptations will be made to the S-WAI-O, informed by efforts to apply the tool to 5 videotaped psychotherapy sessions involving Black clients and White therapists in problem-focused therapy. In Phase III, the culturally adapted measure will be applied to a second sample of 10 cases drawn from the same dataset, to assess fit and need for further adaptation.

Preliminary Results from Phase II suggest a number of adaptations are needed to enhance the cultural validity of the measure. We will continue to refine and pilot necessary changes over the next 9 months to present the final culturally adapted version of the S-WAI-O.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Recall the theoretical underpinnings of the cultural mistrust psychological construct
2) Explain why ruptures in the Black client-White therapist relationship are difficult to identify with existing measures of the working alliance

REFERENCES

Berk, E. A., Safran, J. D., Muran, J. C., & Eubanks-Carter, C. E. (2010). The segmented working alliance inventory—observer-based (S-WAI-O) measure: Manual.

Duncan, B. L., Miller, S. D., Sparks, J. A., Claud, D. A., Reynolds, L. R., Brown, J., & Johnson, L. D. (2003). The Session Rating Scale: Preliminary psychometric properties of a "working" alliance measure. Journal of brief Therapy, 3(1), 3-12.

Gaztambide, D. J. (2012). Addressing cultural impasses with rupture resolution strategies: A proposal and recommendations. Professional Psychology: Research and Practice, 43(3), 183.

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The Effects of Physical Activity and Psychological Distress between Medical Co-Morbidity and HRQOL among People with Mental Illness: A Moderated Mediation Analysis

Ingyu Moon

Background

In 2001-2003, more than half of people with mental illness reported medical co-morbidity. Due to their medical co-morbidity and symptoms of mental illness, poor health-related quality of life (HRQOL) is common. Lower levels of physical activity and severe psychological distress among people with mental illness are also important contributing factors to decreased HRQOL.

Aims

1) To explore the difference in health factors such as co-morbidity, psychological distress, and levels of physical activity between people with mental illness and the general population
2) To delineate, given the result of moderated mediation analysis, how physical activity buffers the impacts of co-morbidity on HRQOL, and the role of psychological distress

Methods

A total of 36,418 respondents (3,797 with mental illness and 32,621without mental illness) were selected from the 2013 Behavioral Risk Factor Surveillance System. Bivariate analysis was conducted to compare health factors between people with mental illness and without mental illness. Next, hierarchical regression and structural equation modeling were conducted to examine moderated mediation effects using 3,797 individuals with mental illness.

Results

People with mental illness reported high rates of co-morbidity and psychological distress, whereas they reported poor general health, levels of physical activity, and HRQOL. Another key finding is that levels of physical activity diminished the impact of co-morbidity on psychological distress, which in turn makes the negative impact of co-morbidity less likely to affect HRQOL among people with mental illness.

Discussion

The results of this study suggest that support for increasing levels of physical activity is necessary for increased HRQOL of people with mental illness, as such physical activity appears to buffer the negative impact of co-morbidity and psychological distress.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Understand health disparities between people with mental illness and the general population
2) Apply study findings such as the impact of physical activity and psychological distress on HRQOL in their practice or further research

REFERENCES

Cullen, C., & McCann, E. (2015). Exploring the role of physical activity for people diagnosed with serious mental illness in Ireland. Jounal of PsychiatricMental Health Nursing, 22(1), 58-64.

Druss, B. G., & Walker, E. R. (2011). Mental disorders and medical comorbidity. Research Synthesis Report, 21, 1-32.

Sim, K., Chan, Y. H., Chua, T. H., Mahedran, R., Chong, S. A. & McGorry, P. (2006). Physical comorbidity, insight, quality of life and global functioning in first episode schizophrenia: A 24-month, longitudinal outcome study. Schizophrenia Research, 88, 82–89.

Shih, M., & Simon, P. A. (2008). Health-related quality of life among adults with serious psychological distress and chronic medical conditions. Quality of Life Research, 17(4), 521-528.

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Implications of Using the Early Childhood Development Index in High-Income Settings

Jaimie Shaff, Carol Yoon, Shirley Berger

Background

The Early Childhood Development Index (ECDI) is a measure of overall developmental status of young children, and is used by UNICEF globally to monitor the status of children. The ECDI has been tested and used in low- and middle- income countries; however, it is unclear if the measure is relevant in high-income countries like the United States (US). In New York City (NYC), a densely populated urban area in the US that is home to over 8 million people, the ECDI was included by the Department of Health and Mental Hygiene in the 2015 Child Health, Emotional Wellness, and Development Survey (CHEWDS) to explore suitability of the measure.

Aims

To explore implications of using the ECDI to measure early child development in NYC.

Methods

This poster will use ECDI data collected between April and July 2015 as part of CHEWDS from a representative sample of 2- to 4- year old children living in NYC households. Surveys were conducted by phone with a knowledgeable adult in the household. Data will be analyzed in SAS-callable SUDAAN; ECDI responses will be compared to additional CHEWDS early childhood development questions.

Results

This analysis will describe results collected from the ECDI's inclusion in the 2015 CHEWDS and will assess the suitability of this tool for use in the US.

Discussion

The results will be used to provide recommendations for testing the validity and reliability of the ECDI in high-income countries in order to assess the need for alternate tools to measure early childhood development in these countries.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe the areas of early childhood development assessed by the ECDI
2) Discuss the suitability of the ECDI for assessing the status of early childhood development in the United States

REFERENCES

Loizillon, A., N. Petrowski, P. Britto and C. Cappa (2017). Development of the Early Childhood Development Index in MICS surveys. MICS Methodological Papers, No. 6, Data and Analytics Section, Division of Data, Research and Policy, UNICEF New York. World Bank Country and Lending Groups (2018).

https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups

New York City Department of Health and Mental Hygiene. Child Health, Emotional Wellness and Development Survey Methods Summary (2015).

https://www1.nyc.gov/assets/doh/downloads/pdf/episrv/chewds2015methods.pdf

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Trust, Temporality and Ritualized Play on Intercultural Training

Janique Johnson-Lafleur, Cécile Rousseau

Background

Ignoring cultural elements in clinical practice can lead to low-quality care. Yet, teaching intercultural care can be very challenging, notably because it involves raising awareness about practitioners' own representations, attitudes and identities. In Montreal, transcultural interinstitutional and interdisciplinary case discussion seminars (TIICDSs) have been implemented as a training modality. Evaluations have shown that TIICDSs contribute to enhance practitioners' intercultural competence, but conditions and processes fostering such changes have to be further analyzed. As a framework devoted to study collective interactions, game theory can apply to intercultural group training and offers an interesting perspective to examine both power relationships and other interactional dynamics.

Objectives

The presentation's objective is to describe conditions and processes contributing to TIICDSs' positive outcomes, using insights from game theory.

Methods

During 3 years, TIICDSs were audio-taped (N=58) and interviews were conducted with participants on their experience and perception of TIICDs in focus groups (N=58) and individual interviews (N=27). Thematic and discourse analyses were realized to identify TIICDSs' required conditions and processes.

Results

Research findings suggest that TIICDSs operate under different rules compared with real-life clinical work. They are characterized by: 1) the establishment of a safe space (without evaluation and blame), 2) a high value placed on diversity and creativity, 3) a concern for affects and power dynamics, 4) a process of inclusive dialogue and negotiation, and 5) a consideration for continuity. Results also indicate that participants play with representations of people and situations; that affects and identities are individual payoffs; and that enhanced case formulations are collective game outcomes. The game rules allow participants to safely apprehend a situation from a different perspective, a key competence in intercultural care.

Discussion

These results suggest that game theory can help to understand the process of attitude and perception transformations, and how this can be enhanced through training.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Acquire an understanding of processes at play during trans-cultural inter-institutional and interdisciplinary case discussion seminars (TIICDSs)
2) Determine the importance of certain conditions for TIICDSs to foster positive outcomes

REFERENCES

Rousseau C, Johnson-Lafleur J, Papazian-Zohrabian G, Measham T (in press). Interdisciplinary case discussions as a training modality to teach cultural formulation in child mental health, Transcultural Psychiatry.

Tarrant, C., Dixon-Woods, M., Colman, A. M., & Stokes, T. (2010). Continuity and trust in primary care: a qualitative study informed by game theory. The Annals of Family Medicine, 8(5), 440-446.

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Mental Health Care in Jordan: Assessing Barriers, Treatment Options, and Culture

Cara T. Pozun, Jenna R. Wheaton

Background

In 2010, the Global Burden of Disease study identified mental and substance use disorders as the fifth leading category of Disability Adjusted Life Years and the leading non-fatal cause of the burden of disease. Despite the worldwide burden of mental health disorders, access to and availability of mental health resources are still limited in many countries. According to the World Health Organization's Report on Mental Health System in Jordan, there are only an estimated 1.09 psychiatrists, 0.27 psychologists, and 0.30 social workers per 100,000 Jordanians.

Objectives

To investigate barriers affecting patients and attitudes among primary care physicians and medical students at the Global Mental Health Conference in Amman, Jordan.

Method

A 42-question survey was provided to 66 physicians and 15 medical students at the University of Jordan-Amman, assessing motivations, beliefs, and barriers surrounding mental health care.

Results

Survey results indicated stigma as a primary obstacle faced when arranging mental health care for patients (45% of physicians and 78% of medical students). This stigma included cultural/community beliefs, family/relational expectations, as well as patient stigma leading to treatment refusal. Accessibility of services, including limitations surrounding financial resources, location of clinics, and number of mental health professionals, were also barriers in providing treatment (45% of physicians and 55% of medical students).

Discussion

Results indicate that, due to the prevalence of stigma and accessibility as barriers to seeking and receiving mental health treatment in Jordan, efforts to decrease stigma and improve accessibility would be worthwhile in order to facilitate mental health treatment.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Identify the barriers to receiving mental health treatment in Jordan, specifically the influence of social stigma and accessibility
2) Describe potential physician strategies for addressing the cultural stigma that limits patient reception for treatment to mental health disorders in Jordan

REFERENCES

Whiteford, H. A., Degenhardt, L., Rehm, J., Baxter, A. J., Ferrari, A. J., Erskine, H. E., Charlson, F. J., Norman, R. E., Flaxman, A. D., Johns, N., Burstein, R., Murray C. J., & Voss, T. (2013). Global burden of disease attributable to mental and substance use disorders: Findings from the Global Burden of Disease Study 2010. The Lancet, 382(9904), 1575-1596.

WHO-AIMS Report on Mental Health System in Jordan, WHO and Ministry of Health, Amman, Jordan, 2011.

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Ecuadorian Physicians' Attitudes towards Mental Health Integration in Primary Care Settings: Preliminary Findings

Jessica Keane

Background

Stigma surrounding mental health, as well as limited resources, are factors that prevent individuals from accessing mental health professionals and effective treatments across the globe. A growing body of literature suggests that integrating mental health services into medical settings (e.g. primary care clinics) is an effective way to address issues of access and stigma, particularly for underserved populations. Integrated care approaches are an important and well supported mechanism for connecting underserved populations to mental health services in the United States; less is currently understood about how integrated care might function in clinical settings of low/middle income countries. Physician attitudes towards mental health are a potential barrier to successful implementation of integrated care programs. A recent study revealed that US physicians expressed interest in mental health education and resources.

Aims

To extend this work and assess physician attitudes in Ecuador.

Methods

A sample of physicians (N=18), representing a variety of primary care specialties, associated with the Universidad de Cuenca, Facultad de Ciencias Medicas will complete a Spanish-language version of the Provider Survey (instrument utilized by Beacham, et al). The survey is composed of 30 Likert scale items regarding access to mental health resources, as well as the providers' understanding of the primary care physician's role in the diagnosis and treatment of mental illness. There are additional open-ended questions that gather information about physicians' perceived need for specific types of mental health services.

Potential Outcomes

Findings will be compared to the results of the study conducted by Beacham, et al. to identify similarities and differences in domestic vs. global physicians' attitudes.

Discussion

Additionally, if the results show a willingness to incorporate mental health services, this could represent an opportunity to introduce integrated care initiatives in Ecuador.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Identify barriers to access of mental health resources and services in low and middle income countries; and describe Ecuadorian physician attitudes towards mental illness, mental health resources and trainings
2) Discuss cross-cultural differences between US and Ecuadorian physician attitudes towards mental health education and resources

REFERENCES

Beacham, A. O., Herbst, A., Streitwieser, T., Scheu, E., & Sieber, W. J. (2012). Primary Care.

Medical Provider Attitudes Regarding Mental Health and Behavioral Medicine in Integrated and Non-integrated Primary Care Practice Settings. Journal of Clinical Psychology in Medical Settings, 19(4), 364-375.

Pescosolido, B. A., Medina, T. R., Martin, J. K., & Long, J. (2013). The "Backbone" of Stigma: Identifying the Global Core of Public Prejudice Associated With Mental Illness. American Journal of Public Health, 103(5), 853-860.

Evaluating the Cultural Formulation Interview – A Randomized Controlled Trial

Malin Idar Wallin, Marie Dahlin, Lauri Nevonen, Sofie Bäärnhielm

Background

Refugees are at higher risk of common mental disorders. European studies reveal lower utilization of psychiatric in- and outpatient care amongst immigrants, refugees included. The psychiatric diagnostic manual DSM-5 has included a Cultural Formulation Interview (CFI), providing a framework for assessing information and helping the clinician identify cultural and contextual factors of relevance for diagnosis and treatment.

Objectives

To present results from a study evaluating the core CFI with 16 questions.

Methods

An RCT was conducted comparing diagnoses between an intervention group where the CFI was used at the initial diagnostic assessment and a control group were the CFI was not used. Patients' and clinicians' experience of using the CFI were explored through questionnaires. The clinicians' experience was additionally explored through focus group interviews.

Results

Results from the RCT will be presented. Results from patient questionnaires show mean values for clinical utility 2.98, feasibility 2.76 (out of 4) and acceptability 8.3 (out of 10). Results from clinicians questionnaires show mean values for clinical utility 3.143, feasibility 2.696 and acceptability 3.482 (out of 4). Results from focus group interviews with clinicians indicate that the CFI is a valuable tool for supporting clinicians to explore cultural and contextual factors in psychiatric assessment and treatment.

Discussion

The study can provide evidence as to whether the CFI in DSM-5 is a clinically feasible method for improved trans-cultural psychiatric diagnosis.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe how using the CFI affects psychiatric diagnosis during the initial assessment
2) Discuss how the use of CFI can be helpful for exploring cultural and contextual factors in psychiatric assessments

REFERENCES

Lewis-Fernández R, et al. Operationalizing the Outline for Cultural Formulation in DSM Psychiatry: Interpersonal and Biological Processes, 2014: 77(2), 130-54.

Bäärnhielm, S., Åberg Wistedt, A., & Scarpinati Rosso, M. (2015). Revising psychiatric diagnostic categorization of immigrant patients after using the Cultural Formulation in DSM-IV. Transcultural Psychiatry, 52 (2) 287-310. PMID: 25492265.

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A Qualitative Analysis of the Psychological Process of Adolescents who Lost their Grandparents to Illness in Japan

Wataru Ishida, Sayaka Jinno, Chie Kimizuka

Background

Every cultural context has different perceptions of the body, in particular of facial expression. In this regard positive outcome of maxillo-facial surgery also depends on individual and family expectations as well as beauty-related cultural factors.

Maxillo-facial surgery is often related to trauma. Facial traumas commonly result from vehicle accidents and assault, and they may be accompanied by distressing consequences. Facial injury has been found to predict high rates of psychological sequelae among traumatized individuals, including depressive disorders, anxiety, substance abuse and dependence, posttraumatic stress disorder and symptoms related to physical disability

Aims

To make evident the cultural factors that influence the post-operative care and the progressive homologation of plastic surgery's concept among cultures

Methods

Review of the literature and clinical vignettes of patients who underwent maxillo-facial surgery (Alma Mater Univerity, Bologna. Maxillo-facial surgery ward)

Result

The actual trend leads us to observe the existence of a superior goal, which goes beyond our different body perceptions: Beauty, regardless of individual conception of body images and facial expression. This study reveals an ambition toward "absolute beauty" in westernized cultures. Psychological problems can remain even after technically successful surgical and medical treatment. When the patient's true psychological needs are not taken into proper consideration, this phenomenon can persist for many years. Therefore psychological counselling in the post-surgical period must be made available to patients

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Provide surgeons and psychiatrists with information on patients' body images related to culture
2) Prevent patients' addiction to plastic surgery

REFERENCES

Bowlby, J. (1988). A secure base: Clinical Applications of Attachment Theory. Oxford: Routledge.

Ens, C., & Bond, J.B.(2005).Death anxiety and personal growth in adolescents experiencing the death of a grandparent. Death Studies, 29(2), 171-178.

Folkman, S., & Luzarus, R.(1988). The relationship between coping and emotion: Implications for theory and research. Social Science and Medicine,26(3),309-317.

Freud, S.(1917). Trauer und melancholia. Internationale zeidschrift fur arzriche. Psychoanalyse,4,288-301.

Prigerson, H. G., & Jacobs, S. C.(2001). Traumatic grief as a distinct disorder: A rationale, consensus criteria, and a preliminary empirical test. Handbook of bereavement research consequences, coping and care. Washington, DC: American Psychological Association.

Prigerson, H. G., Vanderwerker, L. C., & Macijewski, P. K. (2008). A case for inclusion of prolonged grief disorder in DSM-V. Handbook of bereavement research and practice: advance in theory and intervention. Washington, DC: American Psychological Association.

Stroebe, M. S., & Schut, H. (2001). Meaning making in the dual process model of coping with bereavement. Washington, DC: American Psychological Association.

Worden, J.W. (1991). Grief counseling and grief therapy: A handbook for the mental health practitioner. New York: Springer Publishing Company.

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Empowering Culturally Diverse Youth in Early Intervention Services: A Participatory Process to Develop Audiovisual Narrative Tools

Amanda Gabrielle Cruz, Oscar Jiménez-Solomon, Hilda Eitzen, Roberto Lewis-Fernández

Background

Longer duration of untreated psychosis has been associated with poorer treatment outcomes. Improving early-intervention service engagement may reduce the risk of long-term disability, particularly amongst racial and ethnic minorities in the United States, who often experience disparities in mental health treatment access. Participatory approaches in mental health have proven to be efficacious in improving social inclusion. However, the feasibility of involving young adults in the development of tools to enhance engagement in early-intervention services is not well understood.

Aims

To develop, through a participatory process, audiovisual narrative tools aimed at empowering culturally diverse youth to express what matters to them in the context of their cultural identities and backgrounds in order to enhance their engagement in early-intervention services.

Methods

The participatory process involved 18 youth advisors receiving first-episode psychosis services in three New York State locations. Through a series of workshops and feedback sessions, participants were supported in: (1) writing narratives about their personal experience with psychosis, following the structure of the DSM-5 Cultural Formulation Interview; (2) selecting stories to be portrayed in four empowerment videos; (3) outlining and developing storyboards and scripts for each video; (4) providing feedback on “beta” versions of the videos regarding key messages portrayed, emotional reactions, and suggestions for editing, music, and visual effects; and (5) developing a youth-oriented dissemination plan. Nearly all creative team members were young adults. All session discussions were documented by project team members.

Lessons and Implications for Practice

Four short films were developed based on the lived experiences and personal narratives of young adults who participated in this project, suggesting the feasibility of engaging youth in a meaningful participatory process to develop audio-visual empowerment tools. Workshops also resulted in an outline for a comic strip to disseminate these stories in print. Empowerment videos may help activate youth in early-psychosis services to express their cultural formulations of their life situations. Future research should study the impact of audiovisual narratives developed through a participatory process on enhancing the active participation of youth in a cultural assessment process and their engagement in early-intervention services.

Learning Objectives

At the conclusion of the presentation, the participant will be able to:

1) Describe two participatory strategies used with young adults to develop audiovisual narrative tools to empower youth to actively participate in conversations about their cultural formulations of their life situation
2) Discuss the transformative potential for the development of visual media-based empowerment tools of involving a creative team of young adults and a youth advisory board with lived experience

REFERENCES

Aggarwal, N., Jiménez-Solomon, O., Lam, P & Lewis-Fernández, R. (2015). The Core Cultural Formulation Interview and the DSM-5 Field Trials. In: The DSM-5

Handbook on the Cultural Formulation Interview. Lewis-Fernández, R., Aggarwal, NK, Hinton, L., Hinton, D., & Kirmayer, L., (Eds.). American Psychiatric Publishing (a Division of the American Psychiatric Association).

Boydell, K. M., Cheng, C., Gladstone, B. M., Nadin, S., & Stasiulis, E. (2018). Co-Producing Narratives on Access to Care in Rural Communities: Using Digital Storytelling to Foster Social Inclusion of Young People Experiencing Psychosis (Dispatch). Studies in Social Justice, 11(2), 298. doi:10.26522/ssj.v11i2.1395.

Larkey, L. K., & Hecht, M. (2010). A Model of Effects of Narrative as Culture-Centric Health Promotion. Journal of Health Communication, 15(2), 114-135. doi:10.1080/10810730903528017.

Macdonald, J. M., Gagnon, A. J., Mitchell, C., Meglio, G. D., Rennick, J. E., & Cox, J. (2011). Include Them and They Will Tell You: Learnings From a Participatory Process With Youth. Qualitative Health Research, 21(8), 1127-1135. doi:10.1177/1049732311405799.

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When the Campus is Not a Sanctuary: Assessing the Psychosocial Needs of Undocumented Students and International Students

Jordan Dunn

Background

Since the US presidential election, immigrant and international college students face a hostile climate, with undocumented students and Muslim students especially targeted by anti-immigrant policies. The negative mental health consequences on undocumented youth has been investigated, but the impact on other vulnerable student populations has not been reported. Previous research established that undocumented students experience frequent discrimination and restricted access to higher education and that perceived institutional support predicts international student acculturative stress. But the impact of specific university supports and psychosocial interventions on the full range of affected students has not been assessed.

Aims

To survey the needs of immigrant students in relation to institutional support.

Methods

To assess the impact of university policies, an anonymous needs assessment survey was administered at two private universities in New York City. The 43-item survey was constructed based on student accounts of discrimination and lack of resources, and included a standardized measure of distress, DASS-21. The IRB approved the anonymous online survey. It was distributed via e-mail and flyer.

Results

At the first university, which provided minimal support, the participants (n=251) reported moderate levels of anxiety and depression, distressing experiences of discrimination (e.g., perceived as less knowledgeable than peers), and rated increasing financial support for targeted students and declaring the university a Sanctuary Campus as urgent needs. In the current political climate, a broad range of immigrant, international students and mixed status family students are affected.

Discussion

This is the first study to quantify which experiences of discrimination are most distressing and which measures of support are most impactful. Responses are being collected from the second university, which provided greater support, and where distress is expected to be lower.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Identify the needs of undocumented students and international students in higher education settings and identify the psychosocial interventions and institutional support rated favorably by this population
2) Recognize the most common forms of interpersonal and institutional discrimination non-citizen students face, distinguishing between the experiences of undocumented students and authorized migrant students

REFERENCES

Bai, J. (2016). Perceived Support as a Predictor of Acculturative Stress Among International Students in the United States. Journal of International Students, 6(1), 93–106.

Nienhusser, H. K., Vega, B., & Saavedra Carquin, M. (2016). Undocumented Students' Experiences With Microaggressions During Their College Choice Process. Teachers College Record, 118, 1–33.

Suárez-Orozco, C., Katsiaficas, D., Birchall, O., Alcantar, C. M., Hernandez, E., Garcia, Y., ... Teranishi, R. T. (2015).

Undocumented Undergraduates on College Campuses: Understanding Their Challenges and Assets and What It Takes to Make an Undocufriendly Campus. Harvard Educational Review, 85(3), 427-463.

Venkataramani, A. S., & Tsai, A. C. (2017). Dreams Deferred — The Public Health Consequences of Rescinding DACA. New England Journal of Medicine, n.v. https://doi.org/10.1056/NEJMp1711416.

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The Hall of Dragon Metamorphoses Tragedy: Life and Death in an Indigenous Mental Asylum in Taiwan 1983-2018

Jung-Kwang Wen, Su-Ting Hsu, Nai-Ying Ko

Background

The temple asylum, Lung Hwa Tang (LHT), was built illegally in a rural area of Kaohsiung in southern Taiwan in 1980. LHT was founded by a monk master, Mr. L (1930-2004), who became a famous folk healer, especially for the care of mental patients. There were 210 patients in 1984, whose number increased to 800 around 2000, and then decreased to 503 in December 2017, when an epidemic of amoebic dysentery and a tuberculosis outbreak drew the attention of the mass media and governmental intervention.

Issues of Focus

High institutional mortality and poor mental health governance during the implementation of a de-institutionalization policy seriously jeopardized patients' rights.

Proposition

Two waves of field work and investigation, the first of which was completed during 1983-1986, and the second is ongoing, since July 2017. Psychiatric, socio-cultural, and epidemiological assessments, evaluation, and laboratory exams were conducted and compared across the two periods.

Potential Outcomes

There is a strong detrimental effect of the total institution with exceedingly high mortality of 9/191 in 1983-1984, with a mean age of 33.6, and of 12/510 in the more recent time period, with an average age of 56. The majority of the causes of death were due to infectious diseases, trauma, and/or poor nutrition. The antagonism and resistance of the temple asylum against the governmental intervention under the mental health law and the law for the protection of the rights of persons with mental disorders have failed to stop the tragedy until recently.

Implications

De-institutionalization policy in the context of a modern culture of globalization takes a long time to create change through dialectical interaction and counter-interaction with indigenous / traditional folk / religious healing culture, which is family-centered and evidences deeply rooted stigma against the mentally ill. The LHT tragedy is a sad story deserving our attention.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Explain sociological, political economy, and medical anthropological terms such as total institution and de-institutionalization
2) Apply these concepts to a cross-cultural case study and ethnographic report

REFERENCES

Goffman, K. (1961). Asylums: Essays on the Social Situation of Mental Patients and Other Inmates, New York: Doubleday & Company Inc.

Wen, J.K. The Hall of Dragon Metamorphoses: A Unique, Indigenous Asylum for Chronic Mental Patients in Taiwan; Culture, Medicine and Psychiatry 14:1-19, 1990.

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StrongMinds: Treating Depression at Scale in Africa

Kari Frame

Background

Mental illness is the most neglected health problem in the developing world. Most African governments spend less than 1% of their health budget on mental illness. In Africa, there are .07 psychiatrists per 100,000 people. In comparison, there are 7.79 psychiatrists per 100,000 people in the United States.

Issue of Focus

Depression is particularly pronounced in developing countries, where rates can be several times higher than in the United States and Europe. In Africa, there are 66 million women suffering from depression, 85 percent of whom have no access to treatment.

Methods

Strong Minds, a non-profit organization, treats women with depression in Uganda, East Africa. Our approach is based on group interpersonal psychotherapy (IPT-G) -- a proven technique supported by a Johns Hopkins/Columbia University randomized control trial that took place in Uganda in 2002 and demonstrated depression-free (minimal depression) rates as high as 93%. Our unique talk therapy groups are a structured intervention that is culturally adapted and enriched with role-playing activities and interactive visuals. StrongMinds also trains selected graduates of the program to facilitate their own Peer Therapy Groups in their community.

Results Women are diagnosed, screened, and assessed periodically during and after treatment using the Patient Health Questionnaire (PHQ-9). StrongMinds Talk Therapy Groups have been shown to consistently reduce depressive symptoms among the women -- with 75% of participants being depression-free (minimal depression) at the conclusion of formal sessions. Six months later 72% remain at this improved level.

Discussion

Since beginning fieldwork in 2014, StrongMinds has treated over 25,000 women. Our goal is to treat 2 million African women by 2025 through this approach and working with International Non-Governmental Organizations. Previously, we have worked with the International Rescue Committee to treat refugees and BRAC Uganda to treat adolescents. StrongMinds also plans to expand to additional African countries.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe the cultural and other adaptations made to group interpersonal psychotherapy (IPT-G) for the Ugandan setting
2) Explain the importance of treating depression in Africa to assist in other development efforts

REFERENCES

Bolton P, Bass J, Neugebauer R, Verdeli H, Clougherty KF, Wickramaratne P, Speelman L, Ndogoni L, Weissman M. Group Interpersonal Psychotherapy for Depression in Rural Uganda: A Randomized Controlled Trial JAMA June 18, 2003 Vol 289 No 23.

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Conceptualizations of Wellbeing and Distress in Chinese International Students

Kathy Lin

Background

As psychological processes and experiences are embedded in a cultural context, including constructs of well-being and distress, cultural psychology approaches have provided evidence for unique conceptualizations, understandings, and interpretations to these constructs within cultures that might be more relevant, ecologically valid, and clinically meaningful. Yet, a review of the literature demonstrates a lack of culturally grounded studies that address conceptualizations of wellbeing and distress among Chinese populations in the US.

Aims

The present qualitative study aims to enrich knowledge on cultural conceptualizations of wellbeing and distress among Chinese international students in the US.

Methods

Participants (n = 12) were interviewed in Mandarin and asked to provide their definitions of wellbeing and distress. Participants were also asked to tell stories of community members who had suffered an event, what their responses to distress were, and factors that led to them either functioning well or not well.

Results

Interpretative phenomenological analysis was used to analyze interview data, and five overarching themes were identified (with 33 subthemes): conceptualizations of well-being, conceptualizations of distress, responses to distress, factors that lead to well versus poor functioning after a distressing event, and indicators of functioning.

Discussion

Western conceptualizations of wellbeing and distress may not fully capture the experiences of such constructs in non-Western populations. Thus, in order to better understand and serve diverse populations, culturally grounded understandings of these constructs need to be investigated. As the international student body from China continues to grow in the US, these students face challenges in areas related to transitions, language, mental health, and social support. This study will contribute to the existing knowledge base by examining how Chinese international students conceptualize wellbeing and distress.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Recognize how constructs of wellbeing and distress are embedded in a cultural context
2) Propose how culturally grounded conceptualizations of wellbeing and distress can inform clinical interventions for diverse populations

REFERENCES

Lee, D. T., Kleinman, J., & Kleinman, A. (2007). Rethinking depression: An ethnographic study of the experiences of depression among Chinese. Harvard Review of Psychiatry, 15, 1-8.

Lu, L. (2001). Understanding happiness: A look into the Chinese folk psychology. Journal of Happiness Studies, 2, 407-432.

Racial Implicit Bias in Psychiatry Residents and Restraint Use in the Emergency Department

Katrina Hui, Elaine Bradley, Juveria Zaheer

Race has been shown in limited studies to influence clinical decision-making in medical settings, including in specialties such as obstetrics-gynaecology, emergency medicine, and internal medicine. Implicit, or unconscious, biases specifically arise during times of high degrees of stress and may influence differentials in patient care based on factors like race and gender. In psychiatric settings, it has been shown that higher uses of restraints are ordered for patients from racial minorities, notably Black and indigenous patients. Implicit association tests are a commonly used method in psychology and sociology to assess such implicit biases. This test has not been studied in psychiatry residents specifically, for whom culturally competent care is a highlight of their training. By the time of this presentation, we will have preliminary results of this implicit association test on psychiatry residents in Canada across levels of training to assess their degree of explicit and implicit racial bias. We will also present a 5-year data set from a psychiatric emergency department in Canada to assess whether patient race is correlated with differentials in rates of restraint and seclusion use specifically during overnight call shifts when residents are the primary physician care providers. We will draw attention to these differences and propose educational interventions to limit the disproportionate overuse of coercive treatments experienced by certain minority populations.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Identify demographic factors that may be correlated to higher rates of restraint use in psychiatric patients
2) Propose educational tactics to counter possible implict biases in learners in psychiatry

REFERENCES

Bond Jr, C. F., DiCandia, C. G., & MacKinnon, J. R. (1988). Responses to violence in a psychiatric setting: The role of patient's race. Personality and Social Psychology Bulletin, 14(3), 448-458.

Price, T. B., David, B., & Otis, D. (2004). The use of restraint and seclusion in different racial groups in an inpatient forensic setting. The journal of the American Academy of Psychiatry and the Law, 32(2), 163-168.

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Service Users as a Cultural Community: Data from the INCLUDE – US Study

Kelsey Clayman, Kathleen Pike, Margaret Swarbrick Jody Silver, Patricia Nemec

Background

Service users represent a fundamental community voice and unique culture that is impacted by the diagnostic criteria and language for mental disorders. However, until now, no revision of either the DSM or the ICD systems has incorporated service user feedback prior to publication. In advance of the 11th revision of the International Classification of Diseases (ICD-11), the inclusion of perspectives from this traditionally under-represented yet culturally-essential cohort of service users can offer policy makers, service providers and researchers an opportunity to improve the ICD-11 criteria with particular regard to patient concerns.

Aims

The study seeks feedback from service users on whether diagnostic criteria are clear, reflect the lived experience of symptoms, and ensure accuracy and validity with minimized negative impact.

Methods

Service user input was obtained through 11 focus groups comprised of 58 individuals who identified living with the label of either Schizophrenia, Major Depression, or Bipolar 1 Disorder. Thematic analysis methods examining focus group transcripts were employed.

Results

Key themes will be presented highlighting the voice and culturally relevant perspectives from the service users.

Discussion

Challenging the longstanding absence of service user perspectives in the development and refinement of diagnostic classifications, this study demonstrates the value of eliciting culturally relevant and meaningful insights into how clinicians, researchers, policy makers, and service users conceptualize mental health diagnoses. Consideration of the lived experiences of service users in formal diagnostic systems, beginning with the ICD-11, will contribute to the critically necessary de-stigmatization and cultural understanding of mental illness.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Explore the views and perspective of service users regarding the criteria included in the 11th revision of the International Classification of Diseases
2) Identify the importance of seeking culturally relevant perspectives from service users to ensure diagnostic language and classification is appropriate and accessible

REFERENCES

Beresford P. The role of service user research in generating knowledge-based health and social care: from conflict to contribution. Evidence & Policy: A Journal of Research, Debate and Practice 2007;3(3):329-41. doi:10.1332/174426407781738074.

Department of Health. Putting People First: Planning together – peer support and self-directed support. London: Department of Health 2010.

Stalker K, Ferguson I, Barclay A. ‘It is a horrible term for someone’: service user and provider perspectives on ‘personality disorder’. Disability and Society 2005;20(4):359-73.

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Tuko Pamoja – We are together. Caregivers of Patients with Severe Mental Illness. Experiences of a Family Intervention in Tanga, Tanzania

Kristin Hatløy, Mercy Chiduo, Olav Johannes Hovland, Husna Rajabu, Liv Nilsen

Background

Since November 2012, seven supportive family group programs have been completed in Tanga International Center (TICC), Tanzania.

Aims

To assess caregivers' experiences of participating in this psychoeducational multifamily intervention. A literature review shows that mental illness may cause a variety of psychosocial problems for both patient and family members. Decreased quality of life and increased social isolation can be a result for the patient as well as for family members. The caregivers carry the burden, but are also the ones who can best support their family member in the recovery process.

Methods

The study design will be explorative, with in-depth semi-structured interviews with six caregivers, and key-informant interviews with two of the group leaders. In the data analysis process we will use STC (Systematic text condensation) to identify and classify the data and then abstract generalisations and explanation of patterns.

Implications

Earlier studies concerning family work in severe mental illness have been performed in several countries around the world, but there is still a lack of research concerning this important issue among families in Africa. This study will hopefully give a better understanding of caregivers' experiences of a family intervention in Tanzania.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe a family intervention for caregivers' of patients with severe mental illness in Tanzania
2) Discuss experiences of a psycho-educational multifamily group model in Tanzania

REFERENCES

Iseselo, M. K., Kajula, L., & Yahya-Malima, K. I. (2016). The psychosocial problems of families caring for relatives with mental illnesses and their coping strategies: a qualitative urban based study in Dar es Salaam, Tanzania. BMC Psychiatry, 16(1), 146. doi: 10.1186/s12888-016-0857-y.

Nilsen, L., Frich, J. C., Friis, S., & Røssberg, J. I. (2014). Patients' and Family Members' Experiences of a Psychoeducational Family Intervention after a First Episode Psychosis: A Qualitative Study. Issues in Mental Health Nursing, 35(1), 58-68. doi: 10.3109/01612840.2013.837992.

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Implementing the Cultural Formulation Interview in Danish Mental Health Care - What Can We Learn? A Qualitative Study of the CFI-Consultations and the Perspectives of Providers, Patients and Interpreters.

Laura Glahder Lindberg, Katrine Schepelern Johansen, Maria Kristiansen, Jessica Carlsson Lohman

Background

Migration is associated with an increased occurrence of mental disorders, but studies show that providers experience difficulty in communication, diagnostics and treatment of migrant patients. Likewise, migrant patients experience low levels of trust and receptiveness in the patient-provider encounter. Mental health is particularly challenged because the presentation, interpretation, and treatment of mental health symptoms vary across cultures.

To enhance mutual understanding in the encounter, the Cultural Formulation Interview (CFI) was developed. With 16 questions, the CFI examines the individual patient's perception of his/her problem and relevant treatment, and uncovers resources and strains in the network, faith and cultural identity.

Aims

To evaluate whether the implementation of the CFI in Danish mental health services helps overcoming the above-mentioned challenges in the encounter.

Methods

Participant observations, semi-structured interviews with 12 migrant patients and 18 providers, focus group interviews with 14 interpreters, and 20 video-recorded CFI-consultations was produced in three mental health clinics, transcribed verbatim, coded in NVivo, and analysed with the thematic networks framework.

Results

Patients were happy that the provider wanted to understand their story and culture. However, the providers felt that the CFI-questions on cultural identity and background were difficult to pose and challenging to get rich answers to. The videos showed that patients were alert and cautious about answering those questions, and the interpreters explained this by the negative preconceptions around Middle Eastern culture that are produced by the media.

Discussion

The CFI's objective of addressing cultural issues of importance for the mental illness was only partly fulfilled. The results must be understood in relation to the societal and organizational context where they are produced, and small-scale studies can help tailoring training for the providers in foreseeing and overcoming issues related to local variations in the CFI-settings.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) List 1 pro and 1 con argument for using the CFI for each of the partakers in the clinical encounter
2) Describe two contextual factors relevant for the implementation of the CFI in Denmark

REFERENCES

Aggarwal, N. K., Desilva, R., Nicasio, A. V., Boiler, M., & Lewis-Fernández, R. (2013). Does the Cultural Formulation Interview for the fifth revision of the diagnostic and statistical manual of mental disorders (DSM-5) affect medical communication? A qualitative exploratory study from the New York site. Ethnicity & Health, 20(1), 1–28.

Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. Qualitative Research, 1(3), 385–405.

Bhugra, D., Gupta, S., Schouler-Ocak, M., Graeff-Calliess, I., Deakin, N. a., Qureshi, a., … Carta, M. (2014). EPA guidance mental health care of migrants. European Psychiatry : The Journal of the Association of European Psychiatrists, 29(2), 107–15.

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Communicating with Refugee Students in a Pre-Bachelor's Program about Emotional Distress and Coping Strategies in the Netherlands

Maria HJB van Schaeren, Marijke Sniekers, Fatma Köl, Emma Salemans, Renske Ploos van Amstel

Background

In September 2017, Zuyd University of Applied Sciences in the Netherlands started a one year Pre-bachelor's program for 25 refugee students aged 19 to 30. The program aims to improve competencies for higher education. The refugees are mainly Syrian and have lived in the Netherlands for 1.5 to 2 years. Right from the start, refugees struggled with psychosocial problems. They were reluctant to use the regular support system and lacked the ability to express their feelings.

Aims

How can we help these refugees in emotional distress? What coping strategies do they already have themselves? Do we help by referring them to the regular support system and by providing communication competencies for interactions with professionals?

Methods

Based on the 7 life domains, a method practiced by social workers to engage their own power, combined with the Cultural Formulation, we will start in January 2018 and will work 10 weeks (4 hours per week) in groups of 4 refugees, 1 Dutch social work student, and 1 supervisor to talk about expressions and problem-solving strategies using cards with terminology and expressions for interactions with professionals in the Netherlands.

Dutch students will first provide information about welfare and care, and invite refugees to use cards with words and expressions to talk about needs, viewpoints, coping, and problem-solving strategies. Before each session, the refugee will have to do a preparatory assignment with a reflection on emotional expression possibilities, coping, and knowledge of pathways to help.

Results

The program aims to influence the micro and meso levels, teaching refugees to know and to apply:

a) vocabulary for interactions with professionals
b) pathways to help
c) coping insight
d) problem solving strategies and those of their peers needs and support needs of refugees in education using their own power and those of their peers

Discussion

We will discuss the pros and cons of this method.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Support refugees to talk about their feelings (in emotional distress) and to prepare to interact with professionals in the Netherlands
2) Identify refugees' coping and help-seeking strategies and to empower them to help themselves (using their own power and those of their peers)

REFERENCES

American Psychiatric Assosciation, 2013. Dutch translation of the Supplementary Moduels to the Core Cultural Formulation Interview (CFI). (2017). Translated by Mario Braakman, Huub Beijers, Rob van Dijk, Simon Groen, Jeroen Oomen, and Hans Rohlof.

https://www.dsm5.nl/documenten/cultural_formulation_interview_clientversie.pdf. Consulted the 8th of January 2018).

Berry, J.W., Segal M.H., Kagitçibasi C. (1997, 1980). Handbook of Cross Cultural Psychology. Volume 3. Social Behavior and applications. Boston, Toronto, Sydney, Tokyo, Singapore : Allyn and Bacon.

Dijk, R. van (1989). Cultuur als excuus voor een falende hulpverlening. In: Medische Antropologie 1(2), 1989, pp.131-143.

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Mental Health Crisis and Assertive Community Treatment Teams Serving Culturally Diverse Neighbourhoods in Queens, New York: Experience and Recommendations

Mark Nathanson, Jennifer Traxler, Hina Khan, Dhruv Gupta

Background and Issues of Focus

The purpose of this paper is to describe the clinical and administrative experiences, lessons learned, and recommendations for improvement, of two mental health community-based teams in a culturally-diverse segment of the borough of Queens, New York: Assertive Community Treatment (ACT) and Mobile Crisis Unit. Elmhurst Hospital Center, located in Queens, New York City, serves an area of approximately one million people. The surrounding neighbourhoods are considered to be the most ethically, culturally, and linguistically diverse communities in the world, with immigrants hailing from over 112 countries.

Mobile Crisis Unit is a component of the Comprehensive Psychiatric Emergency Program in New York State, charged with home visits to high risk mentally ill patients and their families. The goal of this inter-professional team of social workers, psychiatrists, residents, and students is to evaluate and assist in referral to community-based care or, in some cases, to facilitate transfer and care in emergency room or inpatient levels of care.

ACT is a service delivery model that provides treatment, rehabilitation, case management, and support services delivered by a mobile, multi-disciplinary mental health team to individuals with severe mental illness whose needs have not been well met by more traditional service delivery approaches. ACT supports recipients' recovery through a highly individualized approach toward maintaining housing, employment, building relationships, improving psychiatric symptoms, managing crisis, and preventing relapse.

Results and Discussion

a) Communicating with our patients in culturally palatable language which minimizes medical and psychiatric jargon
b) Increased clinical staff willingness to incorporate spiritually-driven solutions
c) Understanding stigma of a mental illness in varied cultures
d) Willingness to empower people of other cultures with choices/options for treatment that they may prefer

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Discuss clinical experiences of professionals caring for a culturally diverse population in their home settings
2) Apply new approaches of engaging patients from diverse backgrounds in accepting mental health care

REFERENCES

Murphy SM, Irving CB, Adams CE, Waqar MMurphy SM, Irving CB, Adams CE, Waqar M.Crisis intervention for people with severe mental illnesses.Cochrane Database of Systematic Reviews 2015, Issue 12.

Rotenberg, Martin; Tuck, Andrew; Ptashny, Rachel; McKenzie, Kwame. The role of ethnicity in pathways to emergency psychiatric services for clients with psychosis. BMC Psychiatry; London Vol. 17, (2017).

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Increasing Evidence-Based Mental Health Treatment through the Systematic Adaptation of an Evidence-Based Intervention in Cap-Haïtien, Haiti

Michael Galvin

Background

Mental health issues represent 9 of the 20 leading causes of disability-adjusted life years worldwide, and an estimated 75-85% of individuals with serious psychiatric conditions living in resource-limited settings do not receive the treatment they need. As the poorest country in the Western Hemisphere, Haiti suffers from a significant burden of untreated mental illness. The prevalence of mental illness was exacerbated by the 2010 earthquake, which killed more than 200,000 Haitians. Additionally, there is evidence of significant emotional distress due to widespread organized violence and life stressors in the country. With a severe shortage of professional healthcare workers, Haitians are unable to access appropriate mental health treatment. In Cap-Haïtien, Haiti's second largest city, there is little to no services for mental health treatment or care.

Aims

The purpose of this systematic adaptation is to increase mental health treatment capacity through the systematic adaptation of steps 1-6 of the ADAPT-ITT framework.

Methods

First, we will establish a Community Advisory Board (CAB) in Cap-Haïtien, with the goal of bringing together a variety of stakeholders, from government officials to community activists. The CAB will then identify an evidence-based intervention (EBI), adapt it to the local environment, produce a draft of the new EBI, and integrate feedback from experts back into the intervention.

Results

By following steps 1-6 of the ADAPT-ITT framework, the CAB will be able to appropriately adapt an evidence-based intervention for the context of northern Haiti and create a shared vocabulary and toolset for scaling up mental health treatment in Cap-Haïtien.

Discussion

A future pilot study will incorporate community-based participatory approaches such as this, to unite evidence-based interventions with local context through strong implication of local actors and stakeholders.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe the importance of increasing mental health services in northern Haiti
2) Discuss the role of community-based participatory research in implementing evidence-based interventions in developing countries

REFERENCES

Grelotti, D. J., Lee, A. C., Fils-Aime, J. R., Jean, J. S., Therosme, T., Petit-Homme, H., . . . Eustache, E. (2015). A pilot initiative to deliver community-based psychiatric services in rural Haiti after the 2010 earthquake. Annals of Global Health, 81(5), 718-724. doi:10.1016/j.aogh.2015.08.028 [doi]

Raviola, G., Eustache, E., Oswald, C., & Belkin, G. S. (2012). Mental Health Response in Haiti in the Aftermath of the 2010 Earthquake: A Case Study for Building Long-Term Solutions. Harvard Review of Psychiatry (Taylor & Francis Ltd), 20(1), 68-77. doi:10.3109/10673229.2012.652877.

Smith Fawzi, M. C., Eustache, E., Oswald, C., Louis, E., Surkan, P. J., Scanlan, F., . . . Mukherjee, J. S. (2012). Psychosocial support intervention for HIV-affected families in Haiti: Implications for programs and policies for orphans and vulnerable children. Social

Science & Medicine, 74(10), 1494-1503. doi:10.1016/j.socscimed.2012.01.022

Grelotti, D. J. (2013). Even More Mountains: Challenges to Implementing Mental Health Services in Resource-Limited Settings. Journal of The American Academy Of Child & Adolescent Psychiatry, 52(4), 339-343. doi:10.1016/j.jaac.2012.12.013

Wingood G, DiClemente R. The ADAPT-ITT model: a novel method of adapting evidence-based HIV interventions. JAIDS 2008 March 1;47(Suppl 1):S40-S46.

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The Impact of Traditional and Transformed Traditional Cultural Elements in the Russian Revolution

Miran Pustoslemsek

Traditional culture is characterised by a stable system of transmission of cultural elements, which ensured the stability of traditional society for centuries. The dynamic processes in modern and postmodern periods tend to change the traditional system of transmission of cultural elements, which appear sometimes as transformed traditional elements. The Russian Revolution is a unique presentation of dynamic structural change, disclosing the potency of certain cultural elements in relation to specific historical conditions.

Bolshevism had a tendency to change some crucial entities of traditional culture, such as religion, patriarchy, individualism, nationality, and morality. On the other hand, farmers represented 80% of the population in 1917 in the Russian Empire. They were serfs until the reforms of Tsar Alexander II in 1861, while the working class represented only 3% of the population. The facts that influenced the vast majority of the population to be ready to sacrifice crucial elements of traditional society will be presented, and the role of transformed traditional elements, which shaped the political aspects in the Soviet Union and in modern Russia 100 years after the Revolution, will be discussed.

Learning Objective

At the conclusion of this presentation, participants will be able to:
Describe the role of cultural elements, and evaluate the stability of transmission of cultural elements, in the Russian Revolution

REFERENCES

Pipes Richard. History-Reflections on the Russian Revolution. Palace Archives. www.alexanderpalace.org/palace/pipesrevolution.html. Adopted 28.1.2018.

Clements, Barbara Evans. Working Class and Peasant Women in the Russian Revolution, 1917-1923. Signs, Vol. 8, No.2(Winter 1982). Stable http:/www.jstor.org/stable/3173897 Adopted 28.1.2018.

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Multilingualism in Outpatient Mental Health Care Services in Germany

Mike Mösko

Background

Germany has hosted an increased number of refugees in the last years. The treatment capacities for mentally disordered refugees have not increased. Community interpreters are generally not paid by insurance. The data derive from a baseline survey ahead of the implementation of a nationwide pilot project based on a concept by the Federal Chamber of Psychotherapists and the German Medical Association. The goal of the project is to integrate more patients with limited German language proficiency into regular outpatient mental health services with the help of a qualified regional community interpreter system.

Aims

To gather data from patients with limited German speaking skills, language diversity of the health professionals, and use and attitudes towards interpreters.

Methods

A census of all mental health professionals (psychotherapists and psychiatrists) working in outpatient services in the city-state of Hamburg (N=1.690). The data were obtained by means of a three-page self-report questionnaire that was mailed to the study population.

Results

Two-third of all professionals (67%) replied to the survey. 8% of all patients in outpatient mental health care services do not speak German sufficient for adequate diagnosis or treatment. 17% of the professionals have refused the treatment due to a language barrier in the last 6 months. In addition, 29% of all professionals have used a language other than German in outpatient care. If the funding of community interpreters were well regulated, 56% of professionals would integrate them more into work.

Discussion

A significant number of patients who seek outpatient mental health care professionals do not speak German sufficiently fluently. Due to the limited linguistic diversity of mental health professionals, a regional interpreter system is needed. There is high willingness among professionals to work with qualified community interpreters.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe the outpatient mental health care situation for patients with limited German skills
2) Evaluate the barriers and possibilities for facing German mental health care professionals regarding multilingual treatment.

REFERENCES

Mösko, M (2015) Cross-cultural Opening – a long way to achieve substantial changes in the German mental health care system; Socialmedicinsk tidskrift 1/2015; 79-88.

Mösko, M, Gil-Martinez, F, Schulz, H (2013) Cross-cultural opening in German outpatient mental health care service - Explorative study of structural and procedural aspects. Journal of Clinical Psychology & Psychotherapy; 20 (5), 434-446.

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Suicidal Ideation in College Students

Navikran Mahajan

Background

Suicide is the third leading cause of death among 15-24 year olds and the second leading cause of death among college students. Its etiology in college students is multidimensional. Suicide ideation is considered to be an important precursor to later attempted and completed suicide.

Aims and Objectives

To determine the prevalence of suicidal ideation in college students. The collected data will:

1) Highlight the prevalence of suicidal ideation in both academic groups
2) Help in planning strategies to assess and manage them appropriately

Methodology

The study comprised a total of 200 students aged 18-25 years out of which 100 students were undergraduates from the medical stream and 100 from the humanities stream. They were evaluated with the Suicide Behaviors Questionnaire-Revised (SBQ-R).

Results

In the medical stream, 17.65% males and 16.33% females reported suicidal behavior. Lifetime suicidal ideation was reported in 19.6% of males and 28.57% of females and in the past year alone was reported in 13.72% of males and 22.45% of females. In the humanities stream, 7.89% of males and 11.29% of females reported suicidal behavior. Lifetime suicidal ideation was reported in 23.68% of males and 27.42% of females and in past year alone was reported in 18.42% of males and 24.12% of females.

Discussion

This population needs to be regularly screened on an on-going basis to address the mental health issues confronting them, which may not be confined to depression alone. It is essential to understand the unique etiological factors among students in order to devise a good suicide prevention programme.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe the prevalence of suicidal ideation in college students in India
2) Articulate planning strategies to assess and manage college students with suicidal ideation appropriately

REFERENCES

Anderson RN, Smith BL. (2005) Deaths: Leading causes for 2002. National Vital Statistics Reports: From the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System;53(17):1–89.

Gili-Planas M, Roca-Bennasar M, Ferrer-Perez V, Bernardo-Arroyo M (2001) Suicidal ideation, psychiatric disorder, and medical illness in a community epidemiological study. Suicide Life Threat Behav; 31(2):207-13.

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Providing Culturally-Appropriate Mental Health Services to Mayan Communities in Guatemala

Alejandra Paniagua-Avila, Rubén Alvarado, Maria Soledad Burrone, Victor Puac Polanco

Background

Mental health disorders contribute to 17.7% of the global burden of disease in low and middle-income countries like Guatemala. However, national mental health expenditures are less than 1% of the health budget, and less than 2.3% of the population has access to mental health services. The Mayan populations, which account for 50% of Guatemalans, face additional limitations, such as language barriers and discriminatory practices given that mental health services have not been designed to support language diversity and the Mayan understandings of mental health. Therefore, there is an urgent need to develop culturally-appropriate mental health services that can effectively serve the Guatemalan Mayan communities.

Objectives

To pilot a scalable model for the delivery of community-based mental health services while respecting and including the Mayan understandings of mental health.

Proposition

During the first semester of 2018, we will assess the local needs and assets for mental health in a Mayan Kaqchiquel-majority Guatemalan town, and form a Community Advisory Board (CAB) that will contribute to the design and implementation of future interventions. Next steps include 1) Train a team of community health providers to diagnose and treat individuals with mental illness and to address mental health stigma, 2.) Implement and evaluate evidence-based, culturally-appropriate interventions that address the previously identified mental health needs and 3.) Implement and evaluate culturally-appropriate interventions that promote mental health.

Potential Outcomes

Process indicators include local acceptability of the program, number of trained community health providers, and number of individuals reached by our initiative. Impact indicators include better quality of life for the participants and improved mental health indicators.

Implications

Our international team believes this multi-disciplinary, community-based effort will help us build a model for the delivery of mental health services to rural indigenous communities of Guatemala

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Identify the mental health needs and assets within a Guatemalan Mayan population with a unique understanding of mental health
2) Assess the role of a Community Advisory Board in the design of culturally-appropriate mental health services

REFERENCES

Puac-Polanco, Lopez-Soto, Kohn, Xie, Richmond, Branas,. (2015). Previous Violent Events and Mental Health Outcomes in Guatemala. American Journal of Public Health. 105 (4).

Ministerio de Salud Publica de Guatemala. (2011). Informe sobre el sistema de salud mental en Guatemala. OMS.

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Stigma in African Genomics Research on South African Xhosa Patients with Schizophrenia and Patients with Rheumatic Heart Disease

Olivia Matshabane, Megan M. Campbell, Paul S. Appelbaum, Marlyn C. Faure, Patricia A. Marshall, Bongani M. Mayosi, Dan J. Stein, Jantina de Vries

Background

An ethical concern often identified in genomics research is the role of genetic attribution on stigma relating to disease. There is limited data on this effect in Africa. An existing gap in the scholarship indicates that no studies have systematically investigated the role of genomic knowledge in relation to increasing or decreasing disease stigma experiences in the African context.

Aims

This presentation aims to explore the relationship between genomic knowledge and stigma associated with schizophrenia and rheumatic heart disease in a sample of Xhosa patients in South Africa.

Methods

We conducted a mixed-methods study involving both the quantitative measuring of internalised stigma experiences of patients in these two disease groups (with the use of the Internalised Stigma of Mental illness scale), and focus group discussions (FGDs) to explore the relationship between genetic attribution and stigma. Overall, we conducted 13 focus group discussions (6 FGDs with 36 Xhosa patients diagnosed with schizophrenia and 7 FGDs with 46 Xhosa patients with rheumatic heart disease).

Results

Preliminary results revealed that both groups of patients understood genetic causation of their illness in complex ways. Relating to cultural beliefs, many participants leaned on environmental and supernatural causes to explain disease causation. This presentation will present the results from the study's analysis of quantitative and qualitative data on these patients' stigma experiences.

Implications

In accordance with the literature, exploring the relationship between genomic knowledge and stigma in the African context can contribute to academic research and can promote greater understanding on how decisions on genomic research can impact African communities.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe some of the evidence of stigma experienced by Xhosa people with schizophrenia and those with rheumatic heart disease in South Africa
2) Discuss how to investigate stigma experienced by patients with a mental illness (schizophrenia) and those with a cardiac disease (rheumatic heart disease) in an African context

REFERENCES

Phelan, J.C., L.H. Yang, and R. Cruz-Rojas, Effects of attributing serious mental illnesses to genetic causes on orientations to treatment. Psychiatric Services, 2006.

Yang, L.H., et al., Culture and stigma: adding moral experience to stigma theory. Social Science & Medicine, 2007. 64(7): p. 1524-1535.

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Cultural Competence in Healthcare Organizations – A Scoping Review of Interventions

Oriana Handtke, Benjamin Schilgen, Mike Mösko

Background

Culturally and linguistically diverse patients (CLPDs) access healthcare services less than the receiving population, even though prevalence rates of diseases are high. In order to reduce these disparities the promotion of culturally competent healthcare organizations has been a political goal. This scoping review gives an overview of evaluated interventions increasing cultural competences in facilities and improving healthcare for CLPDs.

Methods

In August 2016 a systematic literature research was carried out in 3 databases (Pubmed, PsycINFO and Web of Science). In January 2017 the search was updated to include recent studies. The PICO criteria were adapted to formulate the research question and to systematically choose relevant search terms. The selection process was divided into two screening phases.

Results

The initial search provided a total of 10,701 citations and 57 met all eligibility criteria. 6 articles were identified through the update and 4 identified by hand search. In the end 67 articles were included in the final synthesis. Healthcare interventions for CLDPs were associated with changes on different levels: individual treatment (n=26), healthcare delivery process (n=19), healthcare organizations (n=18) and in communities (n=4). Identified interventions were categorized in five groups: characteristics of healthcare providers; sites and methods of healthcare delivery; healthcare delivery process; implementing structural changes and cultural and linguistic adaptations. Identified interventions had positive effects on patient outcomes (e.g. clinical outcomes), provider outcomes (e.g. knowledge), quality outcomes (e.g. feasibility of the intervention) and organizational outcomes (e.g. workforce diversity).

Discussion

Interventions for CLDPs in healthcare organizations not only include classic concepts of cultural competence, such as integrating multilingual providers or linguistic adaptations of material, but also structural changes as well as changes in processes of delivery. A catalogue of identified interventions provides stakeholders, policy and decision makers with practical strategies to battle healthcare disparities and enhance healthcare for all patients.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Distinguish different strategies to improve cultural competences in healthcare facilities on different levels
2) Plan and integrate strategies to improve cultural competences in healthcare facilities

REFERENCES

Alizadeh, S., & Chavan, M. (2016). Cultural competence dimensions and outcomes: a systematic review of the literature. Health and Social Care in the Community, 24(6), e117-e130.

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Clinicians' Ratings of Usefulness of Diagnostic Criteria for Depressive Disorders among Adolescents in India

Pankhuri Aggarwal, Vaishali Raval

Background

Little is known about how clinicians in non-western cultures approach the diagnosis of depression and the extent to which they find the diagnostic criteria developed within the west beneficial.

Aims

We examined clinicians' perspectives regarding the usefulness of the criteria of Major Depressive Disorder outlined in Diagnostic and Statistical Manual of Mental Disorders – 5; (DSM-5) and International Classification of Mental and Behavioral Disorders – 10; (ICD-10) for diagnosing depression among adolescents in India.

Methods

Practicing clinicians or trainees from the fields of Psychiatry, Clinical Psychology and Psychiatric Social Work (n=101, collection in progress) rated the utility of the diagnostic criteria of depression into 'necessary', 'helpful but not necessary', and 'unhelpful'. A smaller subsample (n=17, collection in progress) completed an open-ended interview providing narrative descriptions of clinical cases.

Results

Between 86.1% and 54.5% of participants considered the following DSM-5 criteria as necessary for diagnosing depression among adolescents in India: little interest/pleasure in doing things, feeling sad/down, feelings of hopelessness, feeling worthlessness, trouble concentrating, thoughts of not being around, trouble falling/staying asleep, feeling tired, and poor appetite/overeating. Between 50.5% and 59.4% of participants considered the following additional ICD-10 criteria as necessary: reduced self-esteem, ideas of guilt, bleak and pessimistic views of the future, and ideas/acts of self-harm. Interestingly, between 25.7% and 46.5% of the participants considered the following DSM-5 criteria necessary: moving/speaking slowly, feeling irritated, and crying often. Clinicians indicated agitation, loss of sexual desire, reduced efficiency, binge eating, social withdrawal, and poor hygiene as other helpful indicators of depression that are not currently captured by DSM-5 or ICD-10.

Implications

The findings will contribute to the scarce literature on youth depression in India and help improve the diagnosis and treatment of depression. The study has practical implications for the training of clinicians in India, and for clinical practice in general.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe the relative helpfulness of the DSM-5 and ICD-10 diagnostic criteria for diagnosing Major Depressive Disorder among the adolescents in the Indian context
2) Discuss the applicability of diagnostic criteria for depression in non-western contexts

REFERENCES

Kleinman, A. (2002). How is culture important for DSM-IV? In Mezzich, J. E., Kleinman, A., Febrega Jr, H. & Parron, D. L. (Eds.), Culture and psychiatric diagnosis: A DSM-IV Perspective (pp. 15-25). Washington DC: American Psychiatric Press, Inc.

Raghuram, R., Weiss, M. G., Keval, H., & Channabasavanna, S. M. (2001). Cultural dimensions of clinical depression in Bangalore, India. Anthropology and Medicine, 8(1), 31-46. doi: 10.1080/13648470120063889.

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Perceived Stress and Burden in Primary Caretaker of Substance Abusers

Ranjive Mahajan

Background

Substance abuse is a severe mental health problem that causes significant harm to self, family and society as a whole. Family plays a key role in the care of patients with substance abuse especially in India because of various factors like the tradition of interdependence, concern for family, and lack of sufficient mental health professionals.

Aims and Objectives

To assess the family burden and perceived stress in primary caretakers of substance abusers. The collected data will:

a) Highlight the problems faced by the primary caretakers who are the main providers of social support
b) Help manage problems of primary caretakers that will improve outcome of substance abusers

Methodology

This study was conducted in the Outpatient department of Psychiatry of a Tertiary Care Hospital on 100 primary caretakers of subjects diagnosed with substance dependence according to ICD-10 criteria. They were evaluated using the Family Burden Interview Schedule and Perceived Stress Scale.

Results

Moderate to severe stress was observed on the Family Burden Interview Schedule (Total family burden 29.16±6.07) with disruption of financial burden (7.77±2.19), family routine (6.80±1.89), family leisure (5.68±1.79) and family interaction (5.51±1.93), physical health (0.67±0.88) and mental health (1.25±1.07). Total disruption of objective burden 27.68±5.95 and subjective burden was 1.48±0.50. On the Perceived Stress scale, 81% had moderate perceived stress, 17% had severe perceived stress, and 2% had mild perceived stress with total perceived stress of 23.0±3.77.

Discussion

In our study, the caretakers experienced significant burden and stress. Addressing their problems suitably can have positive impact on the outcome of substance abusers.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe the problems faced by the primary caretakers who are the main providers of social support
2) Describe how to manage problems of primary caretakers that will improve outcomes of substance abusers

REFERENCES

Ramanujam V, Karthik MS, Balakrishnan R, and Sathianathan R (2017) Caregiver Burden in Alcohol Dependence Syndrome, Journal of Addiction.

Malik P, Kumar N, Sidhu BS, Sharma KC, Gulia AD. (2012)Impact of Substance Dependence on Primary Caretaker in Rural Punjab. Delhi Psychiatry journal: 72-78.

A. Avasthi (2010) Preserve and strengthen family to promote mental health,Indian Journal of Psychiatry, 113–126.

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Practices and Attitudes toward Parents with Mental Illnesses and their Dependent Children among Mental Health Professionals: A Nationwide Survey of Japanese Psychiatric Hospitals

Rie Ueno

Background

Many people with mental illnesses are parents caring for dependent children. However, there is limited information available about professionals’ practices and attitudes toward the parents and the children.

Aims

The aims of this study were to investigate practices and attitudes toward parents with mental illnesses and their dependent children among mental health professionals in Japanese psychiatric hospitals.

Methods

We employed a cross-sectional study design. We sent the self-report questionnaire to 1207 directors of nursing in Japanese psychiatric hospitals. Ethics approval was gained from the Tokyo Medical University.

Results

A total of 287 professionals returned the questionnaire. Nearly all of the participants responded that supports for the children were necessary. Slightly more than half of the participants routinely collected data on whether adults who have mental illness have dependent children when the participants met the adults. Most of the participants assessed parenting when they supported the parents. A total of 116 participants (43.3%) had a consultation with the children including worries about their future, their mental health, and so on. On the other hand, 112 (42.7%) participants answered that they did not support the children. Around 70 participants of 112 answered that reasons for not supporting the children were that the target populations of their hospitals didn’t include children and that there were few opportunities to meet the children. More than half of the participants had had consultations with the parents regarding their children. Around 80% of the participants reported finding it difficult to support the parents and children. The most common difficulties were related to having insufficient knowledge and having a lack of support from their hospitals.

Implications

The research provides an overview of the practices and attitudes towards the parents and the children among Japanese mental health professionals. It is essential that professionals receive support for improving their practices.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe Japanese mental health professionals' practices and attitudes toward parents with mental illnesses and their dependent children
2) Recognize cultural differences of mental health professionals' practices and attitudes toward parents with mental illnesses and their dependent children between Japan and each participant's own country

REFERENCES

Reupert, A ., Maybery, D., Nicholson, J., Göpfert, M., Seeman, M. (2015). Parental Psychiatric Disorder: Distressed Parents and their Families 3rd Edition. Cambridge University Press.

Goodyear, M., Maybery, D., Reupert, A., Allchin, R., Fraser, C., Fernbacher, S., Cuff, R. (2017). Thinking families: A study of the characteristics of the workforce that delivers family-focused practice. International Journal of Mental Health Nursing, 26, 238-248.

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Navigating Cultural Dilemmas in Early Psychosis Care: Illustrating the Value of an Inter-subjective Approach to Providing Culturally Competent Care

Ryan Primrose, Oscar Jiménez-Solomon, Hong Ngo, Roberto Lewis-Fernández

Background

Early interventions for psychosis, rapidly spreading throughout the United States, offer an opportunity to provide critical care during a vulnerable time in the lives of affected young people. Shared decision-making (SDM) is an emerging best practice that is framing early psychosis services. However, SDM as implemented in early psychosis care may not place sufficient attention on how culture shapes the values, care preferences, and mental health experiences of participants. Cultural dilemmas, which arise frequently in early psychosis care, can challenge meaningful participation in SDM if not addressed effectively.

Aims

To develop audiovisual and written tools aimed at training providers to effectively identify and address cultural dilemmas in early psychosis care, and thus engage consumers in a culturally meaningful SDM process.

Methods

This project expands on two prior initiatives for providing culturally competent care in early psychosis care: a provider guide and four short films on youth empowerment based on real-life case studies. An interdisciplinary team, including the authors: (1) reviewed these materials to identify prevalent themes and cultural dilemmas, key principles, and best practices; (2) created three video scripts depicting how cultural dilemmas involving religion, family, and gender were navigated successfully; (3) filmed three provider training videos; (4) provided feedback on beta versions; and (5) developed a companion guide.

Lessons and Implications

These training materials illustrate an inter-subjective approach to fostering culturally meaningful SDM. Three components are involved: (1) competency-based provider training outlining best practices and core competencies; (2) a team-based approach to enhance inter-subjectivity in clinical care and apply key principles of good clinical practice while accounting for cultural diversity; and (3) integration of individuals' cultural values and preferences with providers' clinical expertise from a perspective that deconstructs the notions of "risk" and "duty to care." Within this epistemological framework, these training materials offer concrete tools and skills for constructing a shared reality with participants where empathy and trust can occur, and common ground for meaningful SDM can be found.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe the benefits of developing audiovisual training tools based on real-life case studies to demonstrate how providers can apply culturally competent principles and best practices to address cultural dilemmas
2) Discuss the value of a team-based approach to creating a relational inter-subjective framework for identifying and navigating cultural dilemmas in clinical care
3) Provide three examples of how providers portrayed in the videos integrate their clinical expertise with participants' cultural perspectives to find a balance between self-determination and duty to care and, in turn, foster culturally meaningful shared decision-making

REFERENCES

Alden D, Friend J, Schapira M, Stiggelbout A (2014). Cultural targeting and tailoring of shared decision making technology: A theoretical framework for improving the effectiveness of patient decision aids in culturally diverse groups. Social Science & Medicine, 105:1-8.

Lewis-Fernández R, Jiménez-Solomon O, Díaz S, Bello I, Malinovsky I, Nossel I… Dixon L. Delivering Culturally Competent Care in First-Episode Psychosis. New York: OnTrackNY, 2018.

Pérez Foster RM (1999). An intersubjective approach to cross-cultural clinical work. Smith College Studies in Social Work, 69(2):269-291, DOI: 10.1080/00377319909517555.

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Utilization of Mental Health Services by Immigrant Populations: A Pilot Study

Sachidanand Peteru, Manu Dhawan, Prashanth Pillai

Histories of American immigrant groups variously date back to colonial periods (European and British Colonies), the mid-19th century or turn of the 20th century, or in the post-1965 era. Among immigrants, persons at risk of mental illness are those who abandon their native culture but fail to be assimilated or acculturated, especially those who lose their sense of identity or purpose in life.

Knowledge of cultural factors in the etiopathogenesis, diagnosis, treatment, outcome, and prognosis of mental conditions broadens the outlook of every clinician. Culturally based modalities of help-seeking, explanatory models of illness, and idiosyncratic patterns of management, including the fostering of resiliency, are getting specific attention. The Cultural Formulation Interview (CFI) introduced in DSM-5 focuses on cultural identity; perceptions of cause, context, and support; factors affecting self-coping; and past and current help-seeking behavior. Prior to DSM-IV, cultural formulation was nonexistent. DSM-IV introduced the Outline for Cultural Formulation, which was modified in DSM-5 to the CFI.

Upon literature review, very few studies were found that compared the use of mental health services between recent immigrants and non-immigrants, and results showed lower use of mental health services by recent immigrants. Barriers to help-seeking might include access to care and problems experienced in previous treatment, clinician-patient relationship due to perceived racism, language barrier, and cultural differences, etc. which negatively affect compliance.

Our pilot study aimed to understand the utilization of mental health services by immigrant populations. Data were collected from medical and surgical floors during consultation services. 813 patients were seen during a 2-month period, and 103 patients met the inclusion criteria. Our institutional IRB approved our questionnaire for gathering information regarding the patients' socio-cultural characteristics and mental health conditions. Our objective was to identify the differences in compliance rates with psychiatric recommendations between different generations of immigrant populations and other psychosocial characteristics. Results showed that 1st generation and 3rd generation immigrants had better compliance compared to 2nd generation. Asians as well as African Americans had equally good attendance rates, followed by Latinos and Caucasians. The most common psychiatric diagnoses were unipolar depression, delirium/dementia, bipolar, adjustment disorder followed by psychosis and anxiety disorder in that order.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe the importance of the Cultural Formulation Interview in the evaluation of immigrants
2) Describe the need for improving mental health resources for immigrants

REFERENCES

Alarcón, Renato D. 2013. “Cultural Psychiatry: A General Perspective.” Advances n Psychosomatic Medicine 33 (June): 1–14.

Durbin, Anna, Rahim Moineddin, Elizabeth Lin, Leah S. Steele, and Richard H. Glazier. 2015. “Mental Health Service Use by Recent Immigrants fromDifferent World Regions and by Non-Immigrants in Ontario, Canada: A Cross-Sectional Study.” BMC Health Services Research 15 (August): 336.

Falgas, Irene, Zorangeli Ramos, Lizbeth Herrera, Adil Qureshi, Ligia Chavez, Covadonga Bonal, Samantha McPeck, Ye Wang, Benjamin Cook, and Margarita Alegría. 2017. “Barriers to and Correlates of

Retention in Behavioral Health Treatment Among Latinos in 2 Different Host Countries: The United States and Spain." Journal of Public Health Management and Practice: JPHMP 23 (1): e20–27.

Kortmann, Frank. 2010. "Transcultural Psychiatry: From Practice to Theory." Transcultural Psychiatry 47 (2): 203–23.

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Depressed Latinx Elderly Adults' Decision-Making and Information-Seeking Preference in Primary Care: Implications for Late-Life Depression Treatment

Sara Romero

Background

The shared decision-making model is a patient-centered approach aimed at reducing racial and ethnic health disparities in primary care settings. Key factors of the shared decision-making model, the decision-making process, decision-making preferences, and the desire to be knowledgeable about health-related information have not been extensively explored in samples of older Latinx (the gender neutral term for Latino/a).

Aims

To assess a multiethnic group of depressed older Latinx primary care patients to determine whether specific socio-cultural demographic characteristics influence patients' preferences in making depression treatment-related decisions and the desire to be knowledgeable about health-related information.

Methods

Differences between older Puerto Rican patients and patients from other Latinx heritages were examined to assess their level of involvement in the decision-making process with a primary care provider. N=184 Latinx patients completed measures of decision-making preferences, information-seeking desires, depression severity, level of disability, and social service needs.

Results

Latinx heritage moderated the relationship between depression severity and decision-making preferences related to late-life depression treatment. In addition, level of income and disability were culture-specific determinants for decision-making preferences and information-seeking desires for Latinx older adults.

Discussion

We will discuss the implications of the research findings on older Latinx adults' preference for a collaborative approach when seeking late-life depression treatment in a primary care setting.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Explain the importance of considering Latinx heritage when engaging in the shared decision-making process in a primary care context
2) Compare depression severity, level of disability, and social service needs between older Puerto Rican patients and patients of other Latinx heritages

REFERENCES

Suurmond, J., & Seeleman, C. (2006). Shared decision-making in an intercultural context: Barriers in the interaction between physicians and immigrant patients. Patient Education and Counseling, 60, 253-259.

Patel, S. R., & Bakken, S. (2010). Preferences for participation in decision making among ethnically diverse patients with anxiety and depression. Community Mental Health Journal, 46, 466-473.

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A Cross-Cultural Perspective on Contributing Factors in Anorexia Nervosa

Sarah Benkirane, Marina M. Doucerain

Anorexia nervosa affects between 0.5 - 4% of Canadians each year. Although eating disorders appear to be prevalent around the globe, anorexia has often been deemed a "Western illness." This misconception has affected anorexia's diagnostic criteria, treatment, and recovery in non-Western patients. Despite the fact that anorexia nervosa is characterized, in all cultures, by significant weight loss due to dietary restriction and the refusal to maintain a healthy body weight, specific contributing factors may arise when treating non-Western patients for anorexia nervosa. This poster examines the similarities and differences in these factors with a focus on three regions: Asia, the Middle East, and South America. Recognizing anorexia nervosa as a mental illness that can affect people from any cultural background and not just as a Western illness, will eventually allow for a more culture-specific treatment of this illness worldwide. This knowledge can also help decrease the stigma associated with anorexia nervosa in non-western cultures.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Apply knowledge of culturally specific contributing factors to the diagnosis and treatment of anorexia nervosa
2) Recognize non-Western patients suffering from anorexia nervosa without relying on the diagnostic criteria of fat-phobia

REFERENCES

Pike, K., & Dunne, P. (2015). The rise of eating disorders in Asia: a review. Journal Of Eating Disorders, 3(1). http://dx.doi.org/10.1186/s40337-015-0070-2.

Mitchison, D., Hay, P., Slewa-Younan, S., & Mond, J. (2014). The changing demographic profile of eating disorder behaviors in the community. BMC Public Health, 14(1). http://dx.doi.org/10.1186/1471-2458-14-943.

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Relationship between Stressor and Stress Coping of Family Members of Cancer Patients

Sayaka Jinno, Wataru Ishida

Background

When a cancer diagnosis is given to a family member, the family has various effects, such as mental burden and deterioration of quality of life. The influence the family has on cancer depends on the relationship with the patient.

Aim

To clarify the stress-coping methods of cancer patients' families.

Methods

A survey questionnaire was conducted with 113 spouses and 106 children of cancer patients. The stressor measurement scale and coping scale were used.

Results

Spouses evaluate the state of the patient (e.g., "pain of the patient") as the strongest stressor, whereas the child evaluates the influence on his or her own life (e.g., "adjustment of work and change of role at home") as strongest. Both groups used more coping types than avoidance types; among these, spouses used problem-focused and children used emotion-focused types of coping.

Discussion

If the stressor is assessed to be manageable, the problem-focused type is used; if it is assessed as unprotectable, emotional-focus type of coping is used instead. Coping has been shown to have a negative relationship with mental health. Therefore, the child seems to be unable to deal with the change of life for him or herself due to the mother's cancer, and the importance of support for the child's stressor was suggested. This study provides detailed information on the status of cancer families. In other words, the spouse was the most stressed by the cancer condition of the patient while the children were most stressed by their own living changes. From this result, the spouse can make concrete suggestions, such as what kind of care the patient should engage in. For children, it is most important to provide a place to talk about their own feelings.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe two types of coping strategies
2) Design a study to assess in what circumstances different coping strategies are applied

REFERENCES

Barbara, G. (1977). Helping families face the crisis of cancer. American Journal of Nursing , 1585-1588.

Billings, A. G., & Moos, R. H. (1981). The role of coping responses and social resources in attenuating the stress of life events. Journal of behavioral medicine, 4(2), 139-157.

Bluebond-Langner, M. (1980). The private worlds of dying children. Princeton University Press.

Borden, W. (1991). Stress, coping, and adaptation in spouses of older adults with chronic dementia. In Social Work Research and Abstracts (Vol. 27, No. 1, pp. 14-21). Oxford University Press.

Cameron, J., Franche. R. L., Cheung. A. M. & Stewart. D. E.(2002). Lifestyle Interference and Emotional Distress in Family Caregivers of Advanced Cancer Patients. American Cancer Society, 94, 521-527.

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Need for Culture-Specific and Trans-Cultural Educational Modules for Psychiatrists: A Narrative Review

Surbhi Batra, Mina Chandra, Shipra Singh

Culture denotes the basic values and shared patterns of beliefs, feelings, and behaviors that people who usually belong to a particular ethnic, religious or philosophical group carry in their minds as guides for their conduct which is transmitted from one generation to another.

Cultural factors often influence the presentation, diagnosis, and treatment of psychiatric disorders. Cultural factors influence psychopathology as well as perceived stigma and discrimination for patients and caregivers. Hence, psychiatric treatment requires an integrated approach for pharmacological and non-pharmacological interventions that takes into account the cultural context. This necessitates adequate understanding of cultural beliefs and ethno-linguistic backgrounds of patients. The diagnostic importance of cultural variables is enshrined in modern nosological systems like DSM-5, though this was also practiced in ancient India.

The emergence of trans-cultural psychiatry in the West has helped clinicians appreciate these factors from a holistic perspective. Several countries like U.S.A., Canada, and the U.K. have already incorporated teaching of cultural psychiatry into residency programs. However, developing countries like India, with culturally heterogeneous populations, do not have any standardized trans-cultural training modules. Hence, there is an urgent need to have Culture-Specific Educational Modules for Post-Graduate Training in Psychiatry in India and South Asia.

An initiative by University College London and an Indian NGO (The Banyan) for teaching clinically applied anthropology brought forth some specific challenges encountered in developing culture-specific training modules in India. Courses should be designed in conjunction with the Global Mental Health framework and at the same time they must provide a contextualized perspective on issues that are of more specific local relevance.

Further, there is a need to train and empower psychiatry faculty on trans-cultural issues and linguistic and culture-specific barriers within India. Such faculty training will improve the quality of resident training on cultural psychiatry.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe the need for culture-specific educational modules
2) Develop an approach incorporating emerging trans-cultural /cross-cultural cases in psychiatry

REFERENCES

Gautam S, Jain N. Indian culture and psychiatry. Indian J Psychiatry. 2010 Jan;52(Suppl1):S309–13.

ICD-10 Versus DSM-5 on Cultural Issues - Freddy A. Paniagua, 2018 [Internet]. [cited 2018 Aug 8]. Available from: http://journals.sagepub.com/doi/full/10.1177/2158244018756165.

Kirmayer LJ, Rousseau C, Guzder J, Jarvis GE. Training clinicians in cultural psychiatry: a Canadian perspective. Acad Psychiatry J Am Assoc Dir Psychiatr Resid Train Assoc Acad Psychiatry. 2008 Aug;32(4):313–9.

Griffith JL, Kohrt BA, Dyer A, Polatin P, Morse M, Jabr S, et al. Training Psychiatrists for Global Mental Health: Cultural Psychiatry, Collaborative Inquiry, and Ethics of Alterity. Acad Psychiatry J Am Assoc Dir Psychiatr Resid Train Assoc Acad Psychiatry. 2016 Aug;40(4):701–6.

Improving Mental Health: A Process Evaluation Using Qualitative and Quantitative Analysis of a Psychiatry Education Intervention in Mwanza, Tanzania for Medical Students

Susan Poon, Jordan Li, Susan Johnson

Background

A psychiatry curriculum was developed for medical students in Mwanza, Tanzania. The two-weeks of teaching was a mixture of didactic lectures, small groups, and review sessions. The intervention was developed based on pedagogy from the Canadian undergraduate curriculum, with input from Tanzanian faculty. A process evaluation was done to determine best practices.

Study Objectives

1) To understand the advantages and barriers to implementation
2) To measure the level of satisfaction by those who participated
3) To explore what skills and knowledge are needed for mental health practice

Methods

This study was a cross-sectional design using qualitative and quantitative data collection. Focus groups and surveys were collected from medical students. Stakeholder interviews were collected from faculty. Qualitative data was analyzed using thematic analysis and quantitative using descriptive and frequency distribution.

Results

Students appreciated the friendly teacher-student relationship and diverse engaging teaching methods such as small groups and audiovisual materials. Suggestions included increasing review and audiovisual material, cultural and clinical relevance, and culturally acceptable methods of asking questions. Survey results pointed to ways to improve education delivery. Stakeholders identified stigma and poor understanding of the etiology of mental health disorders as huge barriers for the treatment of patients.

Discussion

Studies show there is poor knowledge of mental illness and under-prioritization within the health care system which is consistent with themes expressed. Consistent with the literature, both education and exposure reduces stigma.

Conclusion

Continued quality improvement is needed to ensure interventions are effective at increasing knowledge and reducing stigma.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe stigma and recognize stigma's implications on mental health education
2) Describe a cross-cultural educational intervention and its practical relevance for Canadian resident psychiatrists

REFERENCES

Mbatia, J. & Jenkins R., (2010). Development of a Mental Health Policy and System in Tanzania: An Integrated Approach to Achieve Equity. Psychiatric Services, 61(10), 1028-1031.

PLOS Medicine Editors (2013). The Paradox of Mental Health: Over-Treatment and Under- Recognition. PLoS Medicine, 10(5), e1001456.doi:10.1371/journal.pmed.1001456.

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Transformation of Cultural Competence among Mental Health Practitioners with their Seven Years' Outreach to People in Affected Areas of the Great East Japan Earthquake

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Background

In 2011, the Great East Japan Earthquake hit the 500 km north-east coastal regions of three prefectures: Iwate, Miyagi, and Fukushima. The regions have a distinctive nature that is characterized by reticence, patience, various local accents, and great respect for their ancestors. They also have suffered from shortage of mental health resources and stigma against mental disorders. Due to the disaster, people in the areas were losing their original support system in the community. Three separate NGOs that developed spontaneously in the three prefectures have been serving their respective communities seven years after the disaster. Each NGO developed a similar outreach model which revealed latent demands for the services. Outreach services by multi-disciplinary professionals supplement the weakened function of the commuty-based support system, and the NGOs have had annual meetings to enhance their peer support since 2014.

Aims

To define the transformation of cultural competence among mental health professionals who have been involved with people in areas of the outreach for a long time.

Methods

An interview-based descriptive study focused on professional development was conducted with psychiatrists, psychiatric nurses, and clinical psychologists who have been working for the NGOs with different regional backgrounds from the outreach areas.

Result

Almost all interviewees realized they improved their sensitivity for cultural difference with the residents and the co-workers after their long-term interactions. They also found their cultivated awareness in intrinsic cultural issues including life history traits, professional identity, and inter-professional conflict. They came to regard cultural competence as more reciprocal and transformable than before, and their transformed cultural competence deepened relationships with both clients and co-workers.

Discussion

This study suggests that cultural competence which is essential for mental health professionals, especially those working in disaster areas, could be enhanced and transformed by long-term exposure to cultural diversity and a multi-disciplinary milieu.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Recognize long-term multi-professional collaboration at disaster areas
2) Analyze the concept of cultural competence

REFERENCES

Loizillon, A., N. Petrowski, P. Britto and C. Cappa (2017). Development of the Early Childhood Wen-Shing Tseng (2003). Clinician's Guide to Cultural Psychiatry: Academic Press.

Elspeth Ritchie, Patricia J Watson & Matthew J Friedman (2006). Interventions Following Mass Violence and Disasters: The Guilford Press.

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A Critical Review of Current Evidence on Multiple Discrimination and Health

Sylvanna Vargas

Background

In September 2017, Zuyd University of Applied Sciences in the Netherlands started a one year Pre-bachelor's program for 25 refugee students aged 19 to 30. The program aims to improve competencies for higher education. The refugees are mainly Syrian and have lived in the Netherlands for 1.5 to 2 years. Right from the start, refugees struggled with psychosocial problems. They were reluctant to use the regular support system and lacked the ability to express their feelings.

Aims

How can we help these refugees in emotional distress? What coping strategies do they already have themselves? Do we help by referring them to the regular support system and by providing communication competencies for interactions with professionals?

Methods

Based on the 7 life domains, a method practiced by social workers to engage their own power, combined with the Cultural Formulation, we will start in January 2018 and will work 10 weeks (4 hours per week) in groups of 4 refugees, 1 Dutch social work student, and 1 supervisor to talk about expressions and problem-solving strategies using cards with terminology and expressions for interactions with professionals in the Netherlands.

Dutch students will first provide information about welfare and care, and invite refugees to use cards with words and expressions to talk about needs, viewpoints, coping, and problem-solving strategies. Before each session, the refugee will have to do a preparatory assignment with a reflection on emotional expression possibilities, coping, and knowledge of pathways to help.

Results

The program aims to influence the micro and meso levels, teaching refugees to know and to apply:

a) vocabulary for interactions with professionals
b) pathways to help
c) coping insight
d) problem solving strategies and those of their peers
e) needs and support needs of refugees in education
f) using their own power and those of their peers

Discussion

We will discuss the pros and cons of this method.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Support refugees to talk about their feelings (in emotional distress) and to prepare to interact with professionals in the Netherlands
2) Identify refugees' coping and help-seeking strategies and to empower them to help themselves (using their own power and those of their peers)

REFERENCES

American Psychiatric Assosciation, 2013. Dutch translation of the Supplementary Moduels to the Core Cultural Formulation Interview (CFI). (2017). Translated by Mario Braakman, Huub Beijers, Rob van Dijk, Simon Groen, Jeroen Oomen, and Hans Rohlof. https://www.dsm5.nl/documenten/cultural_formulation_interview_clientversie.pdf. Consulted the 8th of January 2018).

Berry, J.W., Segal M.H., Kagitçibasi C. (1997, 1980). Handbook of Cross Cultural Psychology. Volume 3. Social Behavior and applications. Boston, Toronto, Sydney, Tokyo, Singapore : Allyn and Bacon.

Dijk, R. van (1989). Cultuur als excuus voor een falende hulpverlening. In: Medische Antropologie 1(2), 1989, pp.131-143.

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Integrating Culture and Evidence: A Scoping Review of Culturally Competent Psychological Interventions for Female Survivors of Intimate Partner Violence

Taslim Alani-Verjee, Mirella Stroink

Background

The American Psychological Association has advocated for evidence-based practice, including the consideration of patient characteristics, and has directed clinicians to improve psychological services for women survivors of intimate partner violence. This is especially the case for women of colour, who are more likely to experience severe violence, experience barriers to accessing services, and feel dissatisfied by such services.

Objectives

To identify psychological interventions that have been developed/modified for women of colour who are surviving the effects of intimate partner violence in order to determine scope of programs and outcomes.

Methods

A scoping review was conducted searching electronic databases (i.e., PsycINFO, Google Scholar, NORCVAW) in order to identify interventions.

Results

Although there were several descriptions of programs, only nine different programs were identified that included both a description of the program and psychological outcomes of completing the intervention. Some of these interventions include culturally-specific practices, others that are grounded in cultural belief systems, and others that were specifically for members of a certain ethnic/cultural group. All interventions demonstrated improvement in some areas related to health and well-being.

Conclusions

There are a limited number of interventions developed for women of colour survivors of intimate partner violence, and more research is needed in this area. Participants generally appreciated having cultural components weaved into therapy and found that these interventions offered a sense of community and belonging.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Identify the lack of appropriate services available to women of colour who are surviving the effects of intimate partner violence, and the health consequences of this
2) Describe how culturally-competent evidence-based interventions can be developed for marginalized populations
3) Describe the characteristics of interventions and programs that have been found to be most meaningful to women of colour survivors of intimate partner violence

REFERENCES

American Psychological Association. (2002). Intimate partner abuse and relationship violence. Washington, DC: APA. Retrieved from: https://www.apa.org/about/division/activities/partner-abuse.pdf.

Burman, E., Smailes, S.L., & Chantler, K. (2004). “Culture” as a barrier to service provision and delivery: Domestic violence services for minoritized women. Critical Social Policy, 24(3), 332-357. doi: 10.1177/0261018304044363.

Mass Hysteria - A Maldivian Perspective

Trupti Koli

Background

A case of mass hysteria occurred in a Male' city school, Maldives, in 2011 among twenty-one 8th graders and one 12th grader.

Objectives

a) To present a qualitative report of an incident of mass hysteria
b) To report the cultural causes in the cohort
c) To draw parallels between this local incident and other global incidents of mass hysteria

Methods

Detailed histories and investigations were carried out to rule out asthma, allergic reactions or any other organic illness. Pediatric and Pulmonologist referrals were sought. Patients were admitted in a contingency ward opened especially to tackle this emergency. After the girls were medically cleared by Paediatricians & Pulmonologist, they were referred for psychiatric assessment. They were assessed individually and on further inquiry, it was deduced that it started largely by two girls (J & Y). The girls reported that they saw J hyperventilating and fainting and then Y followed suit. Then all the other girls started hyperventilating and fainting one by one.

Results

a) 20 girls were discharged
b) 7 girls – had a math test the next day and 1 girl had a tourism test the next day
c) 2 girls – had family history of psychiatric illness
d) 1 girl – was known to have seizure disorder. Her last seizure was 1 month prior to the episode
e) 5 girls – had similar episodes in the past individually
f) 2 girls – perpetrators (J & Y) were advised admission but relatives were unwilling to consent
g) 1 girl – 12th grader watched the news on TV and started hyperventilating, complained of chest pain and tremors at home and then was brought to the ER

Conclusions

a) Sudden onset with rapid recovery
b) Negative lab findings
c) Underlying psychological tests
d) Mostly attributed to Demonic Possessions due to Djinns
e) Exams were cancelled the next day
f) Constant exposure of the incident via news media can incite/reinforce

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Define mass hysteria
2) Describe the process for assessing children to investigate mass hysteria

REFERENCES

Definition of mass Hysteria , Small & Borus, 1983.

History of Mass Hysteria – Medscape.

Gary Small, MD, Brain Bootcamp, 28/9/2010, Mass Hysteria can strike anywhere / anytime.

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Using Critical Reflexivity to Support Cultural Humility: Individual Action as a Challenge to Systemic Injustice

Vashti Campbell

Background

Psychiatric settings often use cultural competence frameworks to address racial disparities. Cultural competence does little to address power relations in trans-cultural interactions, and even less to address the power dynamics of structural oppression. As health care practitioners and scholars we must interrogate the root of these disparities to understand the operations of power that underpin our practice. I argue that these disparities originate from the colonialist origins of psychiatry, and may be perpetuated within contemporary psychiatry.

A number of theorists examining racism within psychiatry cite the colonialist origins of diagnosis and practice. Resisting this 'colonial aftermath' is essential for the decolonization of our modes of thinking.

Aims

To demonstrate the simultaneous historic and geographic development of psychiatry and the DSM alongside European colonialism; to consider the ways that contemporary colonialism and racism may be replicated within, and/or perpetuated by, psychiatric discourse; and to provide individual strategies to mitigate this systemic problem.

Methods

This work challenges assumptions within psychiatry through the application of post-colonial theory, and draws on the work of feminist and critical disability scholars. Reviewing leading-edge arts-based, narrative, auto-ethnographic, and social-justice oriented research within health sciences, and applying these approaches to my own experience as a psychiatric social worker, I present approaches to resisting the aftermath of colonialism present in psychiatry.

Results

I present five strategies for engaging in post-colonial 'resistance' work within psychiatry that can be taken up by clinicians in their everyday practice to support equity, and mitigate biases inherent in contemporary medical and psychiatric practice.

Implications

These strategies support improved equity in service provision and improved quality of care. Given their ease-of-use, they have the potential to generate a groundswell of social accountability within cultural psychiatry, by empowering practitioners to take individual actions toward systemic change.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Distinguish between various levels of oppression and to recognize the ways that each of these generate barriers to mental health and wellbeing for racialized populations in various practice settings
2) Apply practices of critical self-reflexivity in everyday clinical practice to improve quality of care, equity in care, and patient relationships

REFERENCES

Chapman, C. (2013) Cultivating a troubled consciousness: Compulsory sound-mindedness and complicity in oppression. Health, Culture and Society (5),1. DOI 10.5195/hcs.2013.140 from http://hcs.pitt.edu on July 20, 2017.

Pelto-Piri, V., Engstöm, K., & Engström, I. (2013). Paternalism, autonomy, and reciprocity: Ethical perspectives in encounters with patients in psychiatric in-patient care. BMC Medical Ethics, 14(49), np. DOI: 10.1186/1472-6939-14-49.

Social Isolation among Mexican Older Adults: A Cultural and Contextual Analysis of the Relationship with Physical Health, Mental Health and Healthcare Utilization

David Camacho, Ellen Lukens, Yookyong Lee, Anindita Bhattacharya, Laura Vargas

Background

Social Isolation (SI) is a “silent killer” affecting older adults worldwide; it is associated with increased rates of heart disease, cancer and mortality. Research has focused on high-income countries; little is known regarding how SI varies by culture/context. No study has explored SI among Mexican elderly.

Aims

Guided by Nicholson’s conceptual analysis, we aimed to estimate the prevalence of SI and identify significant predictors using a national probability sample of Mexican elders.

Methods

Data are from the WHO Study on Global AGEing and Adult Health Wave 1. The survey used a multi-stage, stratified clustered sample design, with household clusters sampled to reflect age, sex, level of wealth/local economic development, and urban/rural status in the Mexico Census. Measures were standardized, well-validated and widely used in world health surveys. Interviews included 1,973 adults aged ≥ 50 years. We created a dichotomous variable for SI (i.e., feeling dissatisfied with level of social integration). We conducted correlation and logistic regression analyses to explore the impact of: socio-demographics (i.e. age, gender, education, income, marital status); physical health (i.e. chronic health conditions, Self-Rated Health); healthcare utilization (i.e., inpatient and outpatient); mental health (i.e., depression, affect) and violence (i.e., homicide rates, safety, victimization).

Results

Approximately 25% of older adults in Mexico are socially isolated. SI is significantly associated with gender, Self-Rated Health, Depression, Affect, inpatient care, homicide rates and perceived safety.

Conclusions

SI is an under-recognized yet critical social concern. Mexico’s geriatric professionals should pay special attention to SI as they develop their geriatric care infrastructure. Current practitioners should screen for SI among all older adults, especially those with identified risk factors. Future research should identify protective factors and explore the role of healthcare access, physical functioning and other cultural factors (e.g. familism, perceptions of aging, ageism) to inform the development of effective prevention/reduction strategies.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1) Describe at least three psychosocial factors contributing to high rates of social isolation among older Mexican adults
2) Identify two cultural and contextual processes affecting Social Isolation in Mexico

REFERENCES

Nicholson Jr, N. R. (2009). Social isolation in older adults: an evolutionary concept analysis. Journal of advanced nursing, 65(6), 1342-1352.

Nicholson, N. R. (2012). A review of social isolation: an important but under assessed condition in older adults. The journal of primary prevention, 33(2-3), 137-152.

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