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The Fifth World Congress of Cultural Psychiatry:

ABSTRACT BOOK FOR PAPER SESSION

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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

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 much intra- and cross-national collaboration. 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.

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The Persistence of God, Spirituality, The Supernatural: Cultural Psychiatry and Mental Health

Goffredo Bartocci, Daniel Chen

In the history of Cultural and Transcultural Psychiatry, the studies on supernatural, spirituality and mental health have always been a particularly significant and fruitful field of investigation and clinical application. The World Association of Cultural Psychiatry has contributed substantially in carrying out this line of research. Because of the extent of these matters, the previous WACP congresses have assigned a specific day to examine them in depth.

"Mental capital, mental disorders, resilience and wellbeing through the life-course" was the title of the third WACP congress in 2012, whose first pre-congress, titled "Culture, spirituality & psychopathology: integrating clinical and theoretical perspectives" was held in St. Paul's Cathedral in London. The fifth WACP congress, held in 2015, was "Global challenges & cultural psychiatry: natural disasters, conflict, insecurity, migration, and spirituality" and included a pre-congress titled "The realm of the supernatural: biopsychocultural study on cross-cultural phenomena connected with the persistence of beliefs and behaviours on magic and the divine in the XXI century", which took place in Puerto Vallarta, Mexico.

The current pre-congress is in line with the previous ones and aims to help pursuing the investigation on the relationships between supernatural, spirituality and mental health. The different interaction between these factors is analyzed and described by comparing theologized forms of the supernatural management with those of traditional populations, by depicting the possible, non- antithetic coexistence of these two forms, by analyzing the challenges posed by these topics in mental health public service management and by examining the common historical-religious roots of these extreme forms of behavior and belief.

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Culture, Religion and Mental Health

Simon Dein

Background
This presentation examines the role of cultural factors in studies of religion and mental health. I begin by discussing the limitations of existing studies particularly their Christian bias. I critically evaluate the cross-cultural validity of terms such as religion and spirituality. I present an overview of studies in Judaism, Islam and Hinduism. Finally, I discuss the use of ethnographic fieldwork in research on religion and mental health.

Aims
To examine how culture impacts the relationship between religion and mental health.

Methods
Critical literature review

Results
The extant literature has been 'blind' to cultural factors. To date the main focus has been on Christianity and we cannot assume findings on Christian samples can be applied to other faith groups such as Judaism, Islam and Hinduism. A small literature on Judaism and Islam reflect the findings in Christian samples i.e. generally positive relationships. Furthermore, ideas of religion, spirituality and ritual vary across cultural groups.

Discussion
I examine the importance of cultural factors on future research on religion and mental health and the importance of conducting participant observation.

Learning Objectives
At the end of the presentation, participants will be able to:

1) Assess the relevance of anthropological literature to the discussion of 'religion', 'spirituality' and 'mental health'
2) Examine the relevance of anthropological fieldwork on studies of religion and mental health

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Medications and/or Yellow Water? Multiculturalism and Its Discomfort in a Psychiatric Intensive Care Unit in London

Micol Ascoli

Background
In a globalised world, hybridisation of explanatory models and multiple healing procedures consumption is becoming frequent. Patients will shop around the treatments on offer in multicultural societies, accept those that work best and adjust their explanatory models accordingly. Such patients might present to hospital requesting non evidence-based treatments. Do clinicians have the knowledge and practical skills to respond?

Aims
I will suggest practical ways of working with multiple explanatory models, opposing professional and traditional beliefs, and with the coexistence of biomedical and religious healing procedures in a public healthcare setting increasingly influenced by the principles of patients' inclusion and participation.

Methods
A clinical vignette will illustrate the coexistence of biomedical and religious help seeking behaviours in a third-generation Bangladeshi male admitted to hospital after the onset of a severe manic episode with religious delusions. The family requests that a religious healing ceremony is carried out. This elicits a divisive response by the treating team.

Results
Many public healthcare organisations in the UK include cultural capability among their values. However, no specific guidelines exist on whether or not, when and how to incorporate traditional beliefs and healing procedures into the mainstream treatments. Teams are left to negotiate their own ethical standards and ways of working in this complex area.

Discussion
The case illustrates three aspects of multiculturalism in action, in the hospital setting:

1) The persistence of traditional beliefs in bicultural patients and the adoption of hybrid explanatory models where religion and scientific facts coexist and complement each other without clashing
2) The expectations by senior clinicians that the workforce will operate according to neutral professional orientations and will behave as "culture free"
3) The ethical dilemmas raised by the incongruent evidence-based treatments and culturally determined healing procedures preferred by the service users

Learning Objectives

At the end of the presentation, participants will be able to:

1) Confidently explore explanatory models with patients belonging to a variety of cultural backgrounds
2) Negotiate and set up treatment plans that may include non evidence-based, healing procedures while still operating within the framework of medical knowledge, ethics and professionalism
3) Consider the wider cultural impact of these "deviations" on the whole care setting and team, including patients, their families and the mental health workforce

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Decline and Fall of the Imaginary Dimension: Are we Moving Towards a Virtual and Fictitious Cultural Empire?

Goffredo Bartocci

Background
The role of the religious factor in psychic economy has called much attention in every WACP congress. Since WACP congress in London, pre-congresses have been entirely dedicated to this topic, which has now caught the attention of New York Congress' presidency as well.

In the 21st century cultural proselytizing has replaced cultural borrowing. This phenomenon is particularly evident in the proliferating of religious sects and dogmatic beliefs rooted in institutionalized theism. Since their foundation as scientific disciplines, Transcultural Psychiatry and Cultural Psychiatry are in charge to deeply investigate this field of knowledge.

Aims
To mark off a subject suitable to scientific research and to timely clinical interventions by investigating the interplay between:

a) extreme cultural beliefs
b) the psychological environment generated by them
c) how economical and geopolitical factors influence the shaping of different kinds of interhuman relationships
d) representation of A, B and C in clinical manifestations

Methods
The presentation develops the theoretical foundations on which WACP and CPRR were born, aimed to shift transcultural psychiatrists' attention not only towards “foreign people”, but first and foremost towards our own culture, namely the holder of the predominant psychiatric parameters.

Results
Comparative observations resulting from field researches on Australian Desert Aborigines' beliefs and Christian Church's statements on specific miracles are reported.

Discussion
The purposes of the presentation are:
1. To reassess the several notions of supernatural illustrated by considering religion and magic as analogous human survival techniques
2. To partly illustrate how the process of implicitly making religion's and culture's origins overlap brings inevitably to the flattening of the entire field of ethnology on the one of religious ethnology.

Learning Objectives
At the end of the presentation participants will be able to:

1) Outline patients' anamnesis by considering also their interplay with unverifiable beliefs in the field of supernatural
2) Discern more easily the group of shared beliefs related to the imaginary which have not had an acceptable definition neither in the nosographic classification, nor in the social common sense

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The Palio of Siena: Where the Horses enter the Church. Horizons of Identity in a City in Central Italy.

Antonio Bartoli, Silvia Folchi

Background
The Palio is a feast held continuously since the Middle Ages in Siena. It is rich in contamination between religious beliefs, aggregative values, strong passions that cross the social group in dynamics of cohesion and rivalry and contribute to structuring the life of the individual. The feast is part of a solidly formalized social structure: the neighborhoods of the city, whose boundaries have been the same for many centuries, constitute the centers of social life throughout the year by comprising the main passages of the people's life cycle.

Aims
It is common to believe that in Western advanced societies cyclical events of a time prior to contemporary culture fall into the category of folklore, understood as the formal expression of a content which is no longer alive and scarcely affecting people's lives: a kind of envelope that re-proposes no longer existing beliefs and mythologies. However, there is some uncertainty in the way the group of shared cultural beliefs related to the supernatural world, which Raymond Prince refers to as "integranal beliefs", are to be defined.

Methods
The documentary is based on the synthetic value of the image and on interviews with participants and scholars (all deeply connected to the events they are talking about).

Results
In the Palio many cultural plans intersect: some apparently folkloric (residual), others specific to religious rituals of Western culture. The actors easily shuttle from one cultural register to another, from religious devotion to the profane feast, since the social structure is flexibly steeped in both aspects. An engine of meaning allows to continuously renew the emotional experience of the subjects in a common indentitarian environment, coexistence between ancient and contemporary, sacred images and profane passions.

Discussion
An involvement in different conceptions of the supernatural disables the double register of relationship with the external world which, in other situations, leads to the divergence of states of consciousness suitable to involve ordinary or extramundane facts.

Learning Objective
At the end of the presentation, participants will be able to:
Discern the concrete possibility of not relegating the dimension of the supernatural, both religious or magic-apotropaic, within a single perspective neither for those who live it nor for those who study it.

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On Spirituality: Which Language for a Psychiatric Perspective?

Andrea Daverio, Giovanni Giacomo Rovera

Background
One of the objectives of cultural psychiatry is to reconcile purely scientific methods (medical, psychological and sociological) with humanistic and existential approaches in order to provide an interpretative network for promoting the understanding of human nature. For example, in research on depression, the most recent discoveries in the fields of neuroscience and psychology must be taken into account while also understanding the cultures of reference, without disregarding the ability to grasp the unique features that characterize the lives of individuals. In a similar way, the discourse on spirituality must be addressed in scientific terms as well as in humanistic and existential terms. Both perspectives are necessary for grasping the phenomenon in its entirety, but they require different languages, which are often not easy to reconcile.

Aims
This presentation has two objectives. The first is to provide a framework for the current debate on the definition of spirituality and the second is to provide a critical analysis of the different languages and narrative styles with which this topic is addressed.

Results
Spirituality has a more than one definition and no one is actually capable of embrace its complexity. Each discipline uses specific languages and styles to communicate different aspect of human nature, in respect of this topic.

Discussion
Not only is it important to know the different perspectives used when addressing this topic, it is also essential to know how to choose the languages that best represent the identity of cultural psychiatry on this topic. Otherwise, reductionism and ideological contrasts can undermine research and clinical practice.

Learning Objectives
At the end of presentation participants will be able to:

1) Appraise the different definitions of spirituality
2) Identify the method trough which cultural psychiatry addresses such a complex topic as spirituality

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Martyrdom, Suicide Terrorism, Religion and Psychological Climate: A Cultural Psychiatry Perspective

Donato Zupin, Elisa Rapisarda

Background
Suicide terrorism has increased exponentially in the last decades, becoming a debated topic in the public opinion as well as in the scientific debate. Simultaneously extreme right terrorism with christian connotation is re-emerging. Political, religious, social, cultural and psychiatric factors have been singled out. The psychiatrists' reactions have deeply diverged, ranging from refusing to handle this matter to accurately investigating the phenomenon to attempting to individuate the biological causes of the "wickedness".

Aims
To retrace the history of this matter in psychiatric and anthropological studies to attempt giving a cultural psychiatry contribution to this field of investigation.

Methods
Literature on suicide and far-right terrorism is analyzed and discussed by adopting a perspective of cultural dynamic psychiatry.

Results
It is possible to stress a common historical root in the Christian and Islamic traditions regarding martyrdom, suicides and murders linked to religious reasons. These two traditions have progressively differentiated: the similarities and differences may be connected to the different forms adopted by suicide jihadist and far-right christian terrorism. Specific beliefs and culturally ratified operations, such as transcendence and martyrdom training techniques, contribute to creating the psychological climate which foreshadows the terrorist performance.

Discussion
There is a common matrix between Western and Islamic variations regarding the construction of the forms of the supernatural and the related cultural techniques. These in turn show a deep imbrication with the internal psychic dynamics that allow the detachment from the human being and the resolution to death. If the suicide jihadist terrorism is connected to geopolitical and cultural middle-eastern issues, the modality in which this violence is staged and managed in terms of media draws its form from Western dynamics. How these phenomena acquire significance in the media and virtual reality, and which consequences are implied in the inter-human reality should be investigated.

Learning Objectives
At the end of the presentation, the participants will be able to:

1) Describe similarities and differences between Christian and Islamic traditions in regard to martyrdom and religious-related terrorism
2) Analyze the cultural psycho-dynamic of jihadist and extreme right terrorism

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Clinical Case Conference With Diverse Populations: An International Perspective

Wei Qi, A. Ning Zhou, Prashanth Pillai, Vanesa DislaMuthoni Mathai

Research on best practices in clinical training from several countries has shown that clinical case conferences are an effective teaching modality. For example, clinical case conferences helped significantly reduce medication orders, medication costs, and mortality rates in the care of nursing home patients in Canberra, Australia (King & Roberts, 2001). In the United States, some training courses are centered around case conferences, such as a course developed for Addiction Psychiatry fellows at Yale. It successfully increased participants' confidence in presenting cases and providing and receiving feedback (Muvvala et al., 2016). Clinical case conferences are also an integral part of training in cultural psychiatry. At the McGill Cultural Consultation Service, for example, multidisciplinary case conferences involving interpreters, psychiatrists, psychologists, cultural brokers, social workers, residents, fellows, and other participants allow staff and trainees to arrive at a more comprehensive and valid diagnostic and treatment process (Dinh et al., 2012).

Given the centrality of clinical case conferences in training programs and overall continuing education efforts internationally, this session will focus on case presentations of patients from diverse cultural backgrounds presented by four trainees from psychiatry residency programs in New York City: New York University, Columbia, St. Barnabas Hospital, and Jamaica-Flushing Medical Center. Each case will be discussed by a clinical educator, including discussants from training programs around the world. Topics covered in the discussion will include cultural aspects of diagnosis, clinical formulations, and treatment options.

Learning Objectives
At the conclusion of the program, participants will be able to:

1) Describe cultural aspects of the clinical presentations of patients from diverse backgrounds
2) Discuss a range of treatment options that are informed by culturally sensitive engagement of patients' treatment expectations

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Stigma and Culture in China

Jie Li, Mao-Sheng Ran, Zhiying Ma

Background
Stigma has long hindered the development of mental health services because of people's shame. Recent studies of mental disorders have been focused on stigma. Since the 1960s, researchers have pointed out the importance of a psychosocial viewpoint for reducing stigma. In the 1990s, the World Psychiatric Association (WPA) carried out the first anti-stigma campaign, after which followed eight international conferences related to stigma reduction, mainly in high income countries (HICs). However, programs reducing stigma are late in coming in low- and middle-income countries (LMICs). It is still unclear about the level and characteristics of stigma in China.

Aims
To explore the level and characteristics of stigma among patients with severe mental illness (SMI) in China, especially stigma that is internalized, mediated by families, and/or gender-based, and to evaluate the effectiveness of a community-based comprehensive intervention on stigma and discrimination reduction.

Methods
Both qualitative and quantitative methods were used to assess the levels and experiences of stigma in different SMI (e.g., schizophrenia, major depressive disorder and bipolar disorder). The effects of the intervention on internalized stigma and discrimination towards patients with schizophrenia were evaluated before and after the training.

Results
Levels of internalized stigma among patients with schizophrenia, major depressive disorder and bipolar were relatively high. The female psychiatric inpatients often experienced stigma from their families. Lower family income was an important factor associated with higher levels of internalized stigma. After the intervention, anticipated discrimination was reduced and skills to overcome stigma increased.

Conclusion
Experiences of stigma are common in patients with SMI. Because of complicated cultural phenomena, it is challenging to eliminate stigma in China. Culturally specific individual-level interventions against stigma, either internalized stigma or family-based stigma, are necessary in further research.

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

1) Understand the relationship between universal mechanisms and particular cultural factors in the field of stigma and discrimination
2) Apply both qualitative and quantitative methods to measure levels of stigma and discrimination

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Innovations in Cultural Adaptations to Trauma Treatment

Geert Smid, Simon Groen, Daniel Delanoë

Background
Trauma always has been a major focus in psychiatry, especially in cultural psychiatry. During the past decades new interventions, methods and perspectives on trauma have been developed. A shift in trauma research has been the adjustment of existing models in general psychiatry and culturally sensitive adaptations of trauma treatment. Currently, there is a growing interest within cultural psychiatry in aligning these adaptations with the patient's cultural identity.

Aims
In this symposium, innovations in cultural adaptations to trauma treatment are presented. First, trauma as a turning point in cultural identity among traumatized refugees aims to show the centrality of traumatic memory for cultural identity. Second, culturally sensitive approaches are described to find meaning after traumatic bereavement. Third, an individual case study is presented to illustrate how a culturally sensitive approach may find meaning consistent with the patient's cultural identity.

Methods
The three presentations concern a mixed-methods study with a patient group and a control group, psychotherapeutic interventions based on a cognitive stress model of traumatic bereavement and evidence-based trauma and traumatic grief treatment, and an individual case study.

Results
Trauma appears to be more central to cultural identity for refugee patients than for healthy refugees and is all-encompassing for mental stress, acculturation and post-migration stress. A sense of injustice and guilt due to the absence of culturally appropriate rituals following bereavement and grief may be addressed in psychotherapeutic interventions. Individual case studies illustrate in more detail how a culturally sensitive approach is practically applied.

Implications
New insights in trauma-related disorders have led to new developments in psychiatry. The presentations in this symposium implicate in several ways that a focus on cultural identity in trauma treatment may lead to more culturally sensitive treatment.

Learning Objectives
At the conclusion of this presentation, participants will be able to:
1) Identify new interventions and perspectives on trauma treatment
2) Discover how these interventions address the cultural needs of traumatized patients

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WPA-TPS: Dimensions and Consequences of Forced Displacement

Simon Dein, Meryam Schouler-Ocak, Hans-Jörg Assion

The longstanding conflicts in disrupted societies in the Middle East and eastern Africa have forced millions of civilians to flee their countries leading to the largest migration wave since World War II. According to the United Nations High Commissioner for Refugees (UNHCR), in the year 2017 65.6 million people live in external or internal situation of displacement, the highest number since recording begun in 1951. Refugees flee their home countries due to war, internal conflict, threat to their lives and those of their families, experiences of violence and inability to provide food and shelter to themselves and their families. The reasons for leaving one's country are different and complex, including political, logistic, economic and social factors. This decision is often taxing and frequently seen as unavoidable, thus, representing a major life event for all affected. These might be experiences of traumatisation before, during and after the actual migration. Many studies report on the multiple and highly complex stressors with which refugees are often faced, and which are at risk of having a lasting impact on their mental health. Additionally, the persistence of institutional and interpersonal discrimination is driven by racism. Studies have shown that perceived racial discrimination is a significant risk factor for mental health. At the same time, access to the health care system varies greatly between countries.

In this symposium the first talk will give an overview on migration, globalisation, forcibly displaced people and mental health. The second talk will focus on gender-specific needs and expectations of refugees and asylum seekers, while the third talk will be on trauma- and stressor-related disorders in refugees and asylum seekers. The last speaker will focus on room for hope: how to deal with mental health consequences of growing racism and discrimination?

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

1) Describe key topics regarding migration, globalisation, experiences of forcibly displaced people, and their mental health consequences
2) Understand the gender-specific needs and expectations of refugees and asylum seekers

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Structural Determinants of Global Mental Health

Lawrence Yang, Srishti Sardana, Deborah Padgett, Helena Hansen

Background
Awareness in global mental health has expanded beyond attention to cultural differences, yet the pathologies of social systems that are major drivers of mental health outcomes need greater attention. The evidence base demonstrating the significance of structural determinants such as poverty, stigma and homelessness is expanding, but empirical examples need to be empirically applied within global mental health discourses.

Aims
To address knowledge gaps by offering three examples of structural determinant research by the authors. The goal is to empirically illustrate and implicate the meaning of these determinants for global mental health.

Methods
Study #1 reports findings from a clinical assessment of stigma among 50 Chinese immigrants with psychosis who face severe forms of structural discrimination. Study #2 draws on ethnographic research with 10 homeless women in Delhi who denied having symptoms of mental problems but referred to distress in socio-somatic form (gynecological complaints amidst interpersonal tensions). Study #3 describes a structural competency training intervention for U.S. psychiatric residents including results from an evaluation of its effectiveness.

Results
The three studies provide complementary findings regarding: the sociocultural nuances of stigma where impact of symptoms exceeds that of the diagnostic label itself by reflecting structural circumstances (Study #1); the expression of distress in bio-social form under conditions of severe deprivation (Study #2); and a means of successfully incorporating structural competence into psychiatric training (Study #3).

Discussion
Integration of empirical findings on structural determinants in global mental health expands and deepens the ongoing discourse among researchers, policymakers and practitioners. By offering research findings and a protocol for a structural competence training intervention, this presentation offers attendees knowledge about structural determinants as well as a potential means of addressing them in the future.

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

1) Identify three structural determinants of mental health and the potential impact of each from a global perspective
2) Propose the basic elements of a structural competence training program informed by structural determinants

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COFALP/GLADET: Migration and Mental Health in Latin America

Carlos Rojas Malpica, Lenika López Flores, Martha Patricia Aceves Pulido, Sebastián Sepúlveda

This symposium, presented by COFALP, the Coordination France-Amérique Latine de Psychiatrie (France-Latin America Psychiatry Coordinating Committee), is the first in a series of four COFALP symposia presented in this Congress. This panel will discuss clinical, sociological, and anthropological aspects of internal and external migratory processes in Latin America, including Venezuela, Mexico, and Chile. The focus is squarely on the impact of migration on the population remaining within the borders of the nation-state. This includes processes of internal migration, such as from rural to urban settings in Mexico or from continental Chile to Easter Island, since 1967 a component of the Chilean nation. It also includes description of the consequences for the population left back at home of the massive migration of Venezuelans for political and economic reasons in the last 20 years. The presenters will describe these migratory flows using data from clinical practice, administrative databases, qualitative research, and historical sources. The results will help clarify the mental health impact of migration, a major historical trend in Latin America.

Learning Objectives

1) Understand two cross-national characteristics of migratory processes in three Latin American countries
2) Describe the mental health impact of these migratory flows

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Culture and Global Diagnosis for Mental Disorders: A Good-Enough Fit?

Kathleen Pike, Roberto Lewis-Fernández, Corinna Hackmann

Background
The ICD-11 classification of Mental, Behavioural, and Neurodevelopmental Disorders was released in spring 2018. It was developed according to a global, multilingual, and multidisciplinary process and represents the first revision of the ICD since 1990.

Issues of Focus
The process integrated the consideration of cultural variations throughout the development process. The ICD-11 Clinical Descriptions and Diagnostic Guidelines (CDDG) also provides information designed to help clinicians consider how culture may moderate symptom presentation via culture-linked idioms of distress that overlap with diagnostic categories, as well as how these factors may bias clinical decision making.

Methods
This symposium will discuss the foundational principles that governed the development of the ICD-11 and will highlight the development, rationale, scope, and implementation of culture-related guidance provided in the CDDG and the place of this guidance in more complete cultural formulations relevant to clinical work.

Results
The ICD-11 processes and principles engaged over 15,000 stakeholders across a range of disciplines and practice. All WHO regions were represented. Initial findings indicate that the ICD-11 CDDG are successful in the integration and representation of cultural variations.

Discussion
The ICD-11 appears to have the potential to be an important vehicle for advancing mental health across cultures around the globe.

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

1) Recognize the ways in which cultural considerations were integrated from conceptualization to completion of the development of the ICD-11 Clinical Descriptions and Diagnostic Guidelines
2) Interpret the CDDGs within the relevant cultural context of their work and practice

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Seeking Meaning and Hope in the Opioid Crisis

Daniel Chen, Anthony Maffia, Robert Crupi, Brigit Palathra

Background
Between 2000-2014 the rate of overdose deaths involving opioids (opioid pain relievers and heroin) increased by 200% in the United States. A total of 47,055 overdose deaths occurred in 2014.

Aims
To provide insights into the drivers of the current opioid epidemic, its intersection with culture and mental illness, its effects on the very young and the very old, and the effects of stigma around chronic pain and opioids.

Methods
Literature review and analysis of databases.

Results
Each culture has its own unique language of pain and distress. Culture can affect a person's response to pain, both its meaning and expression. Infants of mothers who use opioids during pregnancy may suffer a range of physical, behavioral and cognitive problems. Children of parents with substance abuse disorders are more likely to experience abuse and neglect. Children living with an addicted parent often deal with constant uncertainty and fear, and sometimes must take over the role of caregiver for younger siblings. Older Americans are at risk of abuse by opioid dependent children, may need to become the primary caregiver for their grandchildren or may be opioid dependent themselves. The stigma associated with chronic pain has negative effects for patients at multiple levels including their interactions with medical professionals.

Discussion
Multidisciplinary research needs to investigate models of pain in different cultural groups. Drug treatment for substance abusers must address the needs of children and the extended families who might care for them. Insufficient attention has been given to the issues of older Americans in our current opioid crisis. The Center for Disease Control's current guidelines for chronic pain recommend comprehensive interdisciplinary approach which may not be within financial or logistical reach of many individuals.

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

1) Recognize the cultural dimensions of opioid use and acquire an understanding of its impact on different age groups including the very young and very old
2) Explore the effects of stigma surrounding opioids and its negative effects on patients and health providers

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Migration and Dementia in Intercultural Contexts

Iris Graef-Calliess, Umut Altunoz, Ilaria Tarricon

Background
Dementia in immigrants is a growing problem in multicultural societies since immigrants are ageing.

Issues of focus
Although it is crucial for immigrants with dementia, as much as for native-born individuals, to receive prompt and effective care, a wide array of barriers can hamper that process. Above all, native clinicians are often neither trained nor skilled to deal with the challenges of the diagnostic and therapeutic processes in this population. Moreover, patients and caregivers possibly experience additional burdens when confronted with foreign illness beliefs and a foreign health care system.

Methods
This workshop aims to address these wide-ranging challenges, from diagnostic difficulties to psychosocial problems of the caregivers of patients with dementia and an immigration background, by expert presentations.

Results
The main framework of the workshop will consist of an overview of diagnostic challenges associated with dementia in intercultural contexts, as well as the presentation of innovative approaches that aim to evaluate cognitive disorders in immigrants, comparative data from Turkey and Germany regarding caregiver burden, and data on psychiatric risk factors in female caregivers of immigrant patients with dementia. The data come from The EUropean Network of national schizophrenia networks studying Gene-Environment Interactions (EU-GEI) study, the largest international incidence study of psychotic disorders in 30 years. Rates were elevated in minority groups (IRR: 1.6; 95%CI: 1.5-1.7). Vis a vis culturally different concepts of illness and the need for adequate and adapted health care in immigrant groups, special focus will be given to the concept of dementia in non-Western cultures and to the fact that in Western societies, immigrants are often caretakers of natives with dementia and cognitive disorders.

Discussion
An interactive discussion with the participants, including case presentations, focusing on these issues will be crucial to gain a more comprehensive understanding of similarities and differences around the globe.

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

1) Identify and analyze risk factors for incidence and differential diagnostic challenges of dementia in immigrants
2) Apply the concept of dementia in immigrant groups and understand culturally different concepts of illness and help-seeking strategies

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Fostering Self-Reflection and Cultural Intelligence Among a New Generation of Trainees

Angela Shrestha, Surya Sabhapathy, Brandi Jackson

Take one step forward if you always assumed you'd go to college. Take another step forward if people who look like you are well represented in psychiatry. Take one step back if you've done privilege walks earlier in your education and aren't convinced that another one will change your thinking.

"Cultural competence" is a constantly shifting target. Can anyone really profess competence in navigating the innumerable intersections between identities including ethnicity, gender, sexuality, and age? Moreover, the current generation of residents has been long steeped in the lexicon of privilege, oppression, and microaggressions. Many residents may feel overconfident that they already know the "right answer" and tune out of didactics. Others have already spent significant time grappling with these topics well before residency and are hungry for deeper discussion.

To meaningfully engage current trainees, educators must be innovative in their approach to teaching cultural psychiatry. We need to steer residents away from memorizing facts about population segments to understanding where we fit within larger systems. It is essential for residents to foster self-reflection about our own social identities and styles of interaction, in order to work effectively across cultures. Educators must also be equipped to take advantage of teachable moments outside of designated didactics. In this interactive workshop, attendees will discuss why current methodologies for teaching cultural psychiatry are less likely to engage current residents, participate in two activities that utilize self-reflection to enhance cultural understanding, and learn how to facilitate discussions both inside and out of the classroom.

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

1) Integrate concepts of cultural psychiatry in order to facilitate discussion of cross-cultural issues among residents and lead two activities designed to foster self-reflection among the current generation of trainees
2) Apply model of ongoing self-reflection and awareness of culture for trainees

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DBT-Informed Treatment for Asian-American Immigrants: Recognizing Cultural and Acculturation Factors that Inhibit Change

Yuen Ling Elaine Ho, Dustin Chien

Traditional cultural beliefs and values play a significant role in how Asian-Americans interpret their environment and understand their emotions. Cultural practices such as filial piety, indirect communication, and self-restraint fundamentally impact the emotional expression, socialization, and coping strategies of Asian immigrants and their children. When these cultural practices manifest as suppression and somatization, they can adversely reinforce feelings of inferiority and powerlessness within a Western cultural context. Dialectical Behavior Therapy (DBT) offers a framework of acceptance and change strategies that can help patients reframe their emotional (and somatic) suffering by recognizing how immigration and acculturation intersect with mental health.

The Gouverneur Health Asian Bicultural Clinic has a unique multilingual interdisciplinary team that provides community-based mental health care and culturally relevant services to Fujianese, Cantonese, and American-born Chinese patients. For the past three years, DBT-informed group treatment has been the clinic's primary innovation project, and it is both cost-effective and culturally adaptable in treating patients of varying ages, acculturation levels, and diagnoses. After describing the intervention and showing preliminary process and outcome data, we will use case vignettes from these DBT-informed treatment groups to share how patients processed their emotions and reduced the frequency of mood-dependent responses by cultivating nonjudgmental thinking and self-compassion. Resistance and stigma towards treatment diminished when a safe space was provided to clarify prevalent cultural dilemmas shared among group members, supported by the DBT skills training modality – consistent with the cultural concept of developing resilience through "learning." This cultural adaptation of DBT-informed treatment has implications for increasing the availability of socially and culturally congruent services for immigrant populations across many cultures, and may encourage innovation opportunities through applying cultural depth to other Western psychotherapy models.

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

1) Identify unique cultural beliefs and values in Asian populations that contribute to their experience of an invalidating environment
2) Utilize culturally relevant reframing skills to support patients in recognizing and accepting cultural dilemma to make way for positive change

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Best Practices for Delivering Culturally Competent Coordinated Specialty Care Treatment for First-Episode Psychosis

Iruma Bello, Hong Ngo, Sarah Piscitelli, Oscar Jiménez-Solomon

Background
Coordinated Specialty Care (CSC) is an early intervention treatment model found to significantly improve outcomes for young individuals experiencing a first episode of psychosis (FEP). Challenges with treatment engagement have been identified as primary barriers preventing young people from receiving CSC treatment, particularly for those who do not identify as having a psychotic illness. Cultural competency is one of the underlying clinical pillars necessary for delivering effective CSC treatment.

Objectives
CSC providers express a need for strategies that address the intersection between cultural factors and symptoms of psychosis. This workshop will focus on discussing and practicing culturally competent best practices for treating individuals with FEP.

Methods
Content will be derived from the OnTrackNY Delivering Culturally Competent Care for FEP Guide developed collaboratively by cultural competency experts and CSC providers. A framework will be provided for understanding the bidirectional relationship between psychotic symptoms and culture. Participants will be presented with typical themes that arise for young people with FEP (i.e., religion/spirituality, family culture, language barriers, gender/sexuality, youth culture, and organizational culture of CSC treatment). Recommended best practices will be reviewed for each theme, and role play exercises based on clinical vignettes will be utilized to help develop participants' skills.

Potential Outcomes
Participants will have a better understanding of how to conceptualize the relationship between culture and FEP and will have developed a more nuanced and culturally competent framework for delivering treatment. Participants will feel more comfortable incorporating the best practices into their clinical work.

Discussion
CSC treatment has been shown to improve outcomes for individuals with FEP. Yet, as programs expand across diverse communities, it becomes important that providers have practical guidelines that facilitate their ability to work with individuals in a flexible way that respects and effectively incorporates the role that culture plays in people's lives.

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

1) Describe first episode psychosis, coordinated specialty care and ways in which to incorporate the cultural formulation interview into the assessment engagement process
2) Apply best practices for working with cultural themes and psychosis within coordinated specialty care treatment

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Radicalisation and Countering Violent Extremism

Neil Krishan Aggarwal, Kamaldeep Bhui, Stevan Weine, Edgar Jones

Background
Extremism and radicalisation are receiving more public policy attention, and health policy must now also address what previously was understood as a criminal justice system issue.

Aims
To present theories of pathways to radicalisation and violent extremism and to consider public health and population approaches alongside criminal justice system interventions. In addition, to consider the contributions of cultural psychiatry to the discourse, making use of studies on religiosity, diagnosis, social exclusion and discrimination against minorities and migrants, and criminal justice system process that compound structural disadvantage.

Results
The symposium will present the results of empirical epidemiological studies, in-depth qualitative studies, police and practice analyses. These reveal contrasting explanations for aetiology and proposed targets for intervention. We will also consider how to measure extremism and preventive programmes.

Discussion
The symposium presenters will engage the audience in contested theories and practices to research and prevent violent extremism. We propose contributions from cultural psychiatry practice, research and theory, and how this needs integration with public health and criminal justice practice, research and policy.

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

1) Recognise and present pathways to radicalisation and extremist violence drawing on notions of identity, integration, exclusion and prejudice
2) Distinguish between diverse theories and pathways to radicalisation and extremist violence, offering analyses that help explore preventive interventions and approaches
3) Propose research recommendations based on a synthesis of the evidence from diverse disciplinary perspectives, and propose practice and policy solutions

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Scandinavian experiences of the Cultural Formulation Interview

Valerie DeMarinis, Sigrid Kjørven Haug, Signe Lund Skammeritz

Background
Globalisation and migration flows increase the need for evidence-based clinical methods taking cultural and contextual factors in psychiatric diagnostics into consideration. These factors contribute to understanding both mental illness expression and the illness course. Difficulties evaluating psychopathology in transcultural diagnostic situations may lead to incorrect diagnoses, with both over- and under diagnosing. Cultural and contextual factors in mental health and physical health contexts are also important for ethnic majority populations. They can provide a meaning-making framework relevant for diagnostics and treatment planning for all patients.

Objectives
To present results from clinical research on the DSM-5 Cultural Formulation Interview (CFI) in Norway, Sweden, and Denmark.

Methods
To evaluate the clinical usefulness of the CFI, a randomised, controlled intervention study was conducted in a multicultural suburban area in Stockholm, Sweden. The core, 16-question version of the CFI was used in psychiatric diagnostics for an intervention group of patients making their first visit to mental health care services but not for a corresponding control group. Patients' and clinicians' experiences of the CFI were evaluated with rating scales, and for the clinicians also with focus group interviews. The Norwegian study at a complex rehabilitation clinic outside a small urban setting, primarily focused on an ethnic Norwegian population. An in-depth study of the CFI process was conducted. The CFI process related to diagnostics, treatment planning and delivery, as well as implications for the approach used at the clinic were evaluated with rating scales as well as individual interviews with both patients and clinicians. The Danish mixed-methods study focused on the care of immigrants at a specialized mental health setting. It assessed physicians' perceptions of the usefulness of the CFI in assessing symptoms and diagnosis and in developing the treatment plan. It also assessed patient's views of the instrument's acceptability and satisfaction.

Results
Findings will be presented from the RCT in Sweden and patients' and clinicians' experiences of the CFI, from the in-depth study of the CFI at a complex rehabilitation clinic in Norway, and from a mixed-methods analysis of the usefulness of the CFI with immigrant patients in Denmark.

Discussion
Implication for the clinical use of the CFI and methodological difficulties with these types of studies are discussed.

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

1) Recognize how the CFI can be used in diverse clinical settings for diagnostics and treatment planning
2) Evaluate challenges that emerge when conducting clinical research with the CFI

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Reducing Disparities in Care Across Social Groups in a State Mental Health Authority: The New York State Office of Mental Health

Ann Marie Sullivan, Crystal Fuller Lewis, Roberto Lewis-Fernández

Background
The New York State Office of Mental Health (NYS-OMH) is the State Mental Health Authority responsible for regulating, overseeing, funding, and operating public mental health services statewide. NYS-OMH is committed to eliminating disparities in the quality and availability of mental health care for all New Yorkers, regardless of language, race/ethnicity, sexual orientation, gender identity, religion, and other social characteristics.

Aims
To present efforts undertaken by NYS-OMH to achieve the goal of mental health equity, including the formation of two research centers on cultural and structural competence at the state-funded Nathan Kline Institute (NKI) and the NYS Psychiatric Institute (NYSPI).

Methods/Results
Dr. Anne Marie Sullivan, the NYS Commissioner of Mental Health and Director of OMH, will present an overview of OMH initiatives to reduce disparities in care, focusing on ways to increase access for high-need/high-cost patients, whose limited access results in more complex and expensive service use over time, leading to higher service costs and less effective care. Dr. Crystal Fuller Lewis, the Director of the Division of Services Research at NKI and Co-Director of the NKI Center for Research on Cultural and Structural Equity in Behavioral Health, will present the work of the NKI Center that incorporates cultural and structural competence approaches and focuses on a full range of behavioral health problems, including opioid abuse across diverse communities. Dr. Roberto Lewis-Fernández, the Director of the NYSPI Center of Excellence for Cultural Competence, will describe six initiatives currently underway at the NYSPI Center focusing on various areas of persistent disparities in care, including physical/mental health integration, language access, and the impact of social determinants of mental health.

Discussion/Implications
The NYS-OMH is working to reduce disparities in mental health care statewide through a mix of clinical, research, and policy initiatives. The characteristics of these initiatives will be the object of discussion.

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

1) Describe the range of activities undertaken by the New York State Office of Mental Health to promote mental health equity for all New Yorkers
2) Discuss examples from the work of each OMH-funded research center that aim to help reduce disparities in service delivery

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Current Status of use of Cultural Adaptation in Clinical Interactions

Tariq Munshi, Muhammad Irfan, Shanaya Rathod

Background
During several decades, there has been rapid social and cultural change in the ever-changing socio-political and media world, as well as migration within and between nations. Worldwide, societies are becoming multi-ethnic and poly-cultural. It is now acknowledged that culture influences the expression of psychological distress as well as help-seeking behaviours by people in need of services.

Aims
To investigate the extent to which culturally informed interactions (assessment, formulation and treatment) are used by clinicians to engage people from minority communities and how patients experience these interactions.

Methods
Questionnaires were developed based on published approaches for conducting culturally informed interactions between clinicians and patients. Questionnaires will be completed by clinicians in the UK National Health Service (NHS) and patients accessing NHS care.

Results
Presenters will discuss the results of the study and explain key barriers to achieving parity of services for minority cultural groups in developed nations.

Implications
The results of this study will help to identify gaps in clinical interactions that can be addressed by programmes focusing on the unmet health needs of patients from minority groups. The project will also identify gaps in training and service-delivery resources.

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

1) Describe ways in which mental health systems can provide care that is locally adapted at the clinician level
2) Understand what cultural adaptations to clinical interactions are being conducted in different clinical settings to ensure appropriate communication with diverse populations in the UK

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The Emergence of the Suicidal Society

Michele Mattia, Pietro Barbetta, Marcelo Pakman

Recent years have witnessed a surge in literature concerning the end of the world. This new representation of the end, as in the song This is the End by the group The Doors, and used by director Francis Ford Coppola in his movie Apocalypse Now, is the one in which the End of the World coincides with the end of humanity: "my only friend the end", as in the words of the song. We live in a period in which suicide finds a new expression in the idea that, since the end of the world is coming, the end of the ego represents no more than a healing act to compensate for not seeing the course of the events that are going to destroy the earth: the Apocalypse. At the same time suicide is impossible to deal with. There are at least two reasons that make it dreadful: the first is the radical and ideological contrast of two positions, "who is not with me, is against me". The second reason is the necessity to include suicide within the dominion of singularity. The first reason renders the second impossible. The ideological contrast makes it impossible to recount a life-script, in trying to understand why the subject (this subject, and not others) gives death to It-self, transforming, through such a gesture, he/she into It. Why It-self, why we do not use her or himself, why do we use the capital letter "I" in writing the word "It", and why do we place "It" in italics? The phenomenon of death transforms a living body into a corpse, the subject into object. We will conduct a panel discussion about suicide, both assisted/legalized (Swiss) and unauthorized (i.e., Italy and USA), as well as through clinical cases.

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

1) Distinguish and compare different realities among Italian, Swiss and USA approaches to assisted suicide
2) Interpret and reflect about cultural, philosophical, religious and political aspects of "sweet death."
3) Discover and evaluate, through a clinical case, what "sweet death" means and how the person copes with life's last hours

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COFALP/GLADET: Important Topics in Mental Health: Suicide, Violence, and the Changing View of "Truth"

Paola González Castro, David Hafner, Carlos Rojas Malpica, Angélica Quiroga-Garza, Juana Nájera Delgado

This is the second in a series of four symposia at this Congress presented by COFALP. This symposium focuses on important topics in mental health: suicide ideation and behavior, violence, and the changing view of "truth." The topic of suicidality is covered in two talks. Both focus on suicidal ideation and behavior in Mexican youth but bring to bear very different perspectives. One reports on the development and empirical testing of a suicide risk scale adapted for Mexican youth. The other conceptualizes suicidal behavior and the response of surviving family members based on concepts from Lacan and Winnicott, proposing a phenomenological investigation into the narrative restructuring of survivors of suicide epidemics. The next two presentations focus on the association between family models and social and psychological outcomes in adolescents, including school violence and scholastic achievement. Both of these report empirical findings from high school-based research in Monterrey, Mexico. A final talk focuses on the epistemological impact of the phenomenon of "post-truth" and "post-factuality" and its consequences for how contemporary medicine and psychiatry approach mental health.

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

1) Describe two perspectives (empirical and psychoanalytic) on the conceptualization and evaluation of suicidal behavior in youth
2) Present two findings on the relationship between family models and social and psychological outcomes among adolescents in Mexico, including school violence

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Religion: A Core Variable for Psychiatric Assessment, Care and Recovery

Glen Milstein, Sidney Hankerson, Connie Svob

Background
Religion – as a foundation of most cultures – exists in people's lives from their first day. With roots in people's early development, religion plays a role in infant attachment, adolescent identity and adult generativity: powerful sources of hope and affirmation, as well as rejection and denigration. Therefore, religion is a necessary topic of psychiatric assessment, which may include collaboration with community resources to facilitate early detection and care, through treatment and recovery and relapse prevention.

Aims
There are over 344,000 religious congregations in the United States. Members of individual congregations frequently pertain to the same ethnicity, therefore collaboration provides extensive opportunities to develop initiatives, which target communities experiencing disparities of mental health care and where stigma toward mental health care is an impediment to helpseeking.

Methods
This symposium will present three research teams' work: 1) Prevention Science model of Clergy Outreach & Professional Engagement (COPE) in a community mental health clinic that both trains clinicians and collaborates with Faith Communities; 2) Partnership within a coalition of African-American churches, which developed care and assessments consonant with community mores; 3) Longitudinal research on the role of religion in mental health outcomes.

Results/Potential Outcomes
COPE will educate participants on the roles of clergy and congregations in promoting wellness, response to stressors, access and adherence to care. The church initiative will provide pragmatic guidelines for forming and sustaining these partnerships. The basic research will support the clinical need to pursue these assessments and interventions.

Discussion/Implications
Before most people are incapacitated by mental illness, they will have developed personal strengths rooted in their cultural communities. Therefore, as religious identity comes from most persons' earliest development, congregation involvement could be a reclamation of strengths formed before onset. Also, religious congregations can provide persons who have functional difficulties multiple ways to be generative adults.

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

1) Determine resources – within their clinical and research settings – to assess for improved utility through collaboration with religious communities, as well as identify community clergy and their congregations with whom to collaborate
2) Use the COPE model to organize interventions, which integrate a continuum of care informed by the specific examples of the African-American church initiatives and build on the theoretical insights of the longitudinal studies

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How to Deal with Mental Health Problems of International Students from China?

Xudong Zhao, Lusha Liu

Chinese international students are the largest group of international students in many countries. In 2015, there were 1,260,000 Chinese students studying abroad, accounting for one-fourth of all international students in the world. USA, Canada, UK, and Australia are the major destinations of Chinese students. In 2013, 274,439 Chinese students were studying in American colleges and universities. Mental health problems are very common among them. Although there are few epidemiological studies to show how serious these problems are, psychiatrists, clinical psychologists and counsellors, both in China and abroad, see many clients and patients from this population. Due to certain cultural barriers, there are difficulties recognizing, diagnosing and treating these patients. The two facilitators of this workshop have worked with many cases. Usually, the majority of patients did not see mental health professionals on their own initiative. If they were suggested or referred by other people to seek help, they often communicated poorly with the helping professionals due to a language barriers or distrust. The non-Chinese psychiatrists and clinical psychologists had difficulty understanding their psychopathology and relevant socio-cultural background, especially the influence of the family. Thus, it is not easy to prescribe medication properly, not to mention carrying out psychotherapy efficiently. As psychiatrists working in China and the USA, the facilitators have been developing a cooperative working model since 2014. They have referred patients to each other bilaterally, i.e., from the USA to China, and from China to the USA. They will introduce their experiences in dealing with difficult clinical situations.

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

1) Learn how to engage Chinese students, how to communicate with them and how to understand them, in order to develop a management plan
2) Integrate general principles of psychopathology and bio-psychiatry with cultural understanding and empathy to solve an emerging complex clinical challenge

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Tai Chi, Qigong and Breath Practices for Wellbeing and Mood Regulation

Colleen Loehr, Patricia Gerbarg, Richard Brown

Tai chi and Qigong are ancient healing arts from China that promote physical and mental well-being. In this workshop, participants will engage in qigong and tai chi exercises to directly experience a surprising sense of refreshment and calm. Neurophysiological mechanisms of action and clinical studies of qigong, tai chi, and breathing practices will be reviewed, including autonomic balance, emotion regulation, social engagement, Polyvagal Theory, and Vagal-GABA theory. The use of specific breath practices in psychotherapy and for mass disaster relief will be discussed. Participants will experience a therapeutic integration of gentle but powerful qigong movement and breath techniques with Coherent breathing, and Open Focus meditation. These sequences have been used to relieve stress, anxiety, depression and trauma in a wide range of patients, caregivers, active duty military, veterans, and survivors of mass disasters. Profound renewal is available through the practice of these simple, time-tested exercises. Both the didactic and experiential portions of this workshop will demonstrate that qigong and tai chi are effective tools for increasing well-being and reducing compassion fatigue.

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

1) Understand relevant research studies about the practice of qigong, tai chi, and breathing practices to regulate mood and improve well-being
2) Explore mindful movements of qigong and tai chi to increase well-being and reduce compassion fatigue, and a simple breathing practice to improve sympatho-vagal balance and stress resilience

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Addressing Mental Health Stigma in Immigrant Families through the Lens of Film and Storytelling

Seeba Anam, Dinesh Sabu

Immigrant populations face significant challenges, contributing to elevated risk factors for mental illness. Barriers affecting Asian immigrants include low rates of detection of mental illness by providers, limited accessibility of culturally informed care, and stigma regarding mental health. These barriers contribute to low mental health care utilization and high prevalence of depression and suicidality in Asian Americans. Interactive, first-person contact programs are identified as effective interventions for stigma reduction, but few programs have targeted immigrant populations.

The workshop will 1) illustrate the significance of film or storytelling as a novel intervention to facilitate culturally informed training for providers; 2) challenge mental health stigma and discrimination in Asian immigrant populations; and 3) explore the utility of racial/ethnic concordance in improving knowledge and attitudes about mental illness in Asian communities.

The workshop will incorporate clips from the autobiographical documentary Unbroken Glass. Clips will highlight the intersection of cultural norms, immigrant identity, and mental illness, followed by a discussion facilitated by the documentarian/primary subject on the storytelling approach he used in film. Additionally, a documentarian and a mental health specialist will explore themes of stigma, cultural aspects of mental health, as well as the utility of narrative medicine and storytelling to convey lived experiences of mental health.

Participants will 1) demonstrate improvement in knowledge and attitudes regarding barriers to mental health treatment in Asian/immigrant populations; and 2) apply a culturally informed approach to addressing stigma through unique forms of narrative media.

This workshop serves as a targeted and culturally informed approach to address stigma, a major contributor to the gap between the mental health needs and service utilization of the Asian immigrant population. By employing the evidence-based intervention of first-person contact and narrative documentary, this workshop serves as a model for clinician training, community engagement, and future research in this underserved and underrepresented population.

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

1) Identify barriers to mental health treatment in immigrant populations
2) Explore strategies for culturally informed engagement and training utilizing novel forms of media

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How Can We Deal with Spirit Possession and Learn from Traditional Rituals in Our Work in Mental Health and Psychotherapies?

Marcos R. de Noronha, Marjolein van Duijl

This workshop will focus on the recognition, diagnosis, and management of dissociative disorders in low- resource settings. The applicability of DSM-5 dissociative disorder criteria will be discussed and practiced. Case histories from African countries and other clinical settings with refugees, migrants, and prisoners will be presented to illustrate various idioms of distress, explanatory models, and culturally sensitive interventions. Research findings on classification, help-seeking, and explanatory models of individuals with spirit possession in Uganda will be discussed, as well as recent relevant literature. Attention will be given to the inclusion of these presentations in mhGAP-based approaches to training in and planning for mental health services.
Catharsis is a method with a liberating effect, produced by the staging of specific actions, especially those that appeal to fear and anger, incorporated in certain therapies and by traditional societies in their rituals. Which psychotherapeutic practices and societies, and which specific traditions, resort to rituals that rely on catharsis? Does understanding the appeal of catharsis contribute to clarifying its impact? Among the known psychotherapeutic treatments, some mobilize the person's emotions during individual sessions to produce healing. Others follow a similar approach, but in a group setting, following the example of rituals from traditional societies. How can the resource of catharsis and the centrality of emotion be employed in psychotherapy? In addition, how can an approach centered on the expression and valuing of emotions be used by teachers to improve their students' learning experience?

In this workshop, we will compare the techniques of individual and group psychotherapy and make an analogy with religious rituals. Even given the diversity of religious manifestations, which prevents us from generalizing the phenomenon, these approaches have something in common, both in the formation of symptoms and in the manifestations of emotions. Ethnopsychiatrists understand the influence of culture on the plasticity of mental illness and have access to anthropological studies on healing rituals and methods to improve treatment efficacy.

Learning Objectives:
At the end of this presentation, participants will be able to:

1) Identify and diagnose dissociative disorders, including pathological spirit possession experiences, in diverse cultural and low-resource settings and classify these using the DSM-5
2) Discuss how incorporating cultural resources, such as healing rituals used by priests and shamans, can help enhance the efficacy of psychotherapeutic practice by bringing up affective states and repressed memories to free the individual from his/her unconscious conflicts

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Indigenous Community Mental Health in the USA and Canada: Engagements with Cultural Psychiatry (Part 1)

William Hartmann, Emma Elliott-Groves, Jake Burack

Background
Indigenous populations in the USA and Canada experience profound mental health inequities, including substance use disorders, posttraumatic stress, and suicide. The origin of these disparities is regularly attributed to the European colonization of North America, in which these populations were systematically subjugated, dispossessed, and marginalized. For many contemporary Indigenous communities, recovery and restoration to well-being is understood to depend on cultural reclamation in service of self-determination.

Aims
Across two integrated panels, we feature eight researchers that have engaged in sustained collaborations with community partners to promote Indigenous mental health. These projects include identification of culturally-informed predictors of psychiatric distress and well-being, innovative development of community-based mental health interventions, and critical evaluation of treatment and service delivery. Collectively, these investigations demonstrate the promise of cultural psychiatry for improving mental health outcomes for diverse Indigenous communities.

Methods
In this panel, four mental health researchers culturally contextualize and complicate clinically familiar psychiatric frameworks for understanding distress in Indigenous communities.

Results
Specifically, William Hartmann partnered with a Great Plains reservation community to investigate conceptualizations of history in contemporary hardship, finding a need for attention to medical syncretism to interpret causal explanations of youth suicide referencing historical trauma. Emma Elliot-Groves partnered with Cowichan Tribes to investigate local patterns of suicide, finding settler-colonial theory indispensable for understanding suicide in this community. Jake Burack partnered with the Naskapi Nation of Kawawachikamach to investigate youth resilience, finding cultural identity predictive of mental health problems and resilient outcomes. Finally, Joseph Gone will discuss implications of these three efforts for cultural psychiatry and Indigenous peoples, launching an illuminating exchange with audience members.

Discussion
Drawing upon established commitments of cultural psychiatry, each collaborative research project demonstrates the significance of cultural traditions, innovative interventions, and postcolonial self-determination for meeting the substantial mental health needs of Indigenous communities.

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

1) Recognize multiple methods for culturally contextualizing hardship in Indigenous communities
2) Extrapolate the valuable contributions of cultural psychiatry via the cultural contextualization of hardship in Indigenous communities to reconciling local and professional explanatory models

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Strengthening Mental Health Services in Yogyakarta, Indonesia: Using an Action Research Model Linking University to Public Health System

Mary Jo DelVecchio Good, MA Subandi, Carla Marchira

Background
Since July 2011, teams of researchers from Harvard Medical School and Gadjah Mada University in Yogyakarta, Indonesia, have been conducting action research projects in collaboration with the public health system to strengthen and improve mental health services. This work has been supported by grants from USAID and from the Harvard-Dubai Center for Global Health Delivery. This symposium will provide a brief overview of the action research projects conducted, and will then present findings from three specific projects conducted as part of this program.

Aims
This symposium aims to suggest a model for strengthening mental health services through specific action research projects linking university researchers with the public mental health delivery system. Three specific projects will be described: a) a study evaluating the effectiveness of a government program to unlock persons with psychotic illnesses living in constraints in their homes, provide them care, and return them to their homes; b) a study of family caregivers for patients registered with a primary care system; and c) a study of using family psycho-education to improve care of persons with psychotic illness living at home.

Methods
Each project identified a specific aspect of the mental health system and developed a mixed-methods research project aimed at strengthening services.

Results
Results of these specific projects will be described. The overall program of action research has led to a new model for engagement between the University and public mental health system, contributed to changes in Indonesian mental health care policy, and to an ongoing process of collaboration between the University and public health services.

Discussion
Action research aimed at improving mental health services requires deep cultural knowledge about meanings of illness, local systems of care, the challenges facing families, as well as the intricacies of local bureaucracies.

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

1) Formulate plans for conducting action research programs in a culturally sensitive manner in low-resource settings
2) Evaluate the efficacy of projects linking universities to local public mental health systems, using research to address problems and measure the effectiveness of interventions to improve the system

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Psychological Climate, "Cultural Delusions" and the New Pathologies of the West

Micol Ascoli, Giangiacomo Rovera, Donato Zupin

Background
According to the literature, in order to achieve global mental health, it is crucial to keep the research focused on where the limits of pathology, psychological distress and mental health lie. Nowadays clinicians are confronted in their everyday practice with many situations in which cultural or subcultural beliefs are involved in the development, maintenance, or worsening of psychiatric syndromes or psychological distress or in treatment refusal by individuals with these conditions. The basis of cultural psychiatry is to avoid pathologizing worldviews that differ from scientific and social norms common in Western societies, while also taking into account the pathogenetic effects of cultural and subcultural individual backgrounds and engaging them to improve patients' mental health.

Aims
Based on the literature on pathoplastic and pathogenetic effects of specific cultural factors influencing mental performances, the talks will focus on how specific beliefs combined with the psychological climate may be defined using the term cultural delusion.

Methods
The concept of cultural delusion will be analysed in light of 19th century European psychopathology and DSM 5-based modern nosography. A critical analysis of the history of the relationship between Western concepts of reality and delusions will be offered. Clinical vignettes, religious beliefs and various typologies of mass movements will be subjects of discussion.

Results
Cultural psychiatrists and psychotherapists are able to maintain their therapeutic roles and also respect others' cultural backgrounds. To achieve this, cultural delusion can be a useful conceptual tool.

Discussion
Unrealistic beliefs spreading among Western populations could became a subtle and scattered wahnstimmung, facilitating the outbreak of individual delusions. Understanding the interconnections between the psychological climate and cultural delusions is crucial to prevent individual psychopathology.

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

1) Identify clinical cases and public health problems in which cultural delusion could be an appropriate diagnosis
2) Propose appropriate therapeutic intervention for cultural delusions

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Culture, Systems And Relationships: Theoretical and Clinical Approaches

Jaswant Guzder, Sharon Bond, Sarah Nguyen,

Background
Understanding the family/culture interface is critical for effective clinical and support work with all families, and is particularly crucial with poor, indigenous, immigrant and refugee populations, and those at the cultural margins. Cultural psychiatry and family therapy both rely on a culturally nuanced and multi-systemic approach to the world. However, psychiatrists commonly receive inadequate support for seeing families, making it more difficult to devise effective solutions for specific families or communities.

Aims/Methods
This symposium offers both theory-based and clinical examples to support new skills in family work. Presentations focus on the latest work in this area. We will cover: a) the latest tools in genogram construction for rapid assessment of cultural/family issues; b) discussion of advocacy, cultural camouflage and cultural safety; and c) increasing and supporting the role of fathers in family systems. The presenters will highlight tools, examples, and guidelines which directly inform clinical work. Having effective clinical tools for family support and intervention, and clinical experience with families, enhances the work of cultural psychiatry in both understanding and advocacy.

Discussion/Implications
Nuclear and extended families provide the major safety net during times of cultural strife, war, and emigration. Having knowledge and tools to increase family functioning and resilience will increase the possibilities for family growth and policy work. Our discussion period will continue to delineate the connections between family skills and cultural psychiatry.

Learning Objectives
At the conclusion of this presentation, participants will be able to:
1) Become more comfortable seeing families and apply tools learned in the session in their work with family members
2) Recognise the multiple connections between family systems and the larger systems of community and culture

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COFALP/GLADET: Important Topics in Mental Health: Religious Beliefs, Spiritual Healing, the Family, and Stigma

Maria Dolores Ruelas, Irma Espinosa Hernández, Alberto Velasco, Marina Nava Medellín, Antonio Geraldo da Silva

This symposium will cover work in Latin America on several important topics affecting work in mental health: religious beliefs, spiritual healing, the family, and stigma. The role of religious concepts and spiritual healing in Mexico, France, and the United States is covered in three talks. One discusses the role of spiritual healing among the indigenous Mixtec population of Guadalajara as a response to the distress associated with internal rural-urban migration. Another focuses on the difference between France and the US on the prevalence of belief in the Devil and in demonic/diabolic possession and exorcism, relying on a psychoanalytic perspective. The third talk on this topic emphasizes the role of religious experiences in the presentation and treatment of mental disorders. Another talk presents empirical data from a sample of Mexican youth on the relationship between family models (e.g., overprotective, authoritarian) and level of family functionality. Stigmatization of individuals with mental illness is the focus of the final talk, which provides a historical updating of the concept of stigma, its meaning, and its consequences currently in physical and legal life. Various efforts to reduce stigma are described, including their limitations.

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

1) Describe updated concepts of stigmatization of individuals with mental illness
2) Discuss the relationship between family models and a range of socio-psychological outcomes among high school students

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Globalization and Mental Health of Immigrants

Yu Abe, Jose López Rodas, Marcos R. de Noronha

In 2017, BREXIT and the victory of President Donald Tramp rocked the world. These two situations share one common factor, which is said to be a public dissatisfaction with the rapid increase in immigration. London was originally a multicultural international city, and Britain was a tolerant country for immigrants within Europe; however, it has transformed itself into an "intolerant country". In addition, the U.S.A., always seen as the country of liberty, is becoming an "inconvenient country" that excludes immigrants based on their nationality, race and/or religion.

This workshop examines the challenges and possibilities of multicultural psychiatry, which has been developing along with globalization, by focusing on the trends of mass immigration and refugee issues that the world is facing in the 21st century.

How will Italy deal with mental support for Syrian refugees? Japan is accepting foreign workers as technical trainees and students instead of accepting refugees. Still, Japan is lacking in mental support for these foreigners. However, in Peru, there is the issue of immigrants who moved to Lima from the Andes, and they are accepted. Brazil has received a great contingent of immigrants coming from Haiti and now also from Venezuela.

The approach to accepting immigrants and refugees is different from country to country, but there are common forms of acculturation, as well as unique forms of acculturation for each country. Whether acculturation works positively or negatively for immigrants depends on each situation.

In this workshop, we will discuss how mental problems among immigrants and refugees can be affected by acculturation, which can traumatize or promote their resiliece. We will do so by considering clinical case examples.

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

1) Translate the situation of immigrants and refugees in their experience into each situation of each country
2) Propose solutions for the situation of immigrants and refugees

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Life is Precious: Serving Latina Adolescents in a Culturally-Competent Manner

Rosa Gil, Jennifer Humensky

Background
Latina adolescents have high rates of suicidal ideation and attempts (Zayas et al, 2010, Goldston et al, 2008, CDC 2015). Life is Precious (LIP) serves Latinas ages 12 - 18 at risk for suicide in an after-school, clubhouse model in NYC that supplements outpatient mental health treatment with a set of culturally-competent services, including family support services, supported education services, and creative arts therapy.

Aims
We assess suicide attempts and changes in symptoms among LIP participants.

Methods
Since program inception in 2008, data have been obtained for 279 participants. Psychological assessment results for "Suicidal Ideation Questionnaire" (SIQ), "Reynolds Adolescent Depression Scale" (RADS2), and "Trauma Symptom Checklist for Children" (TSCC) are analyzed using linear mixed-effects models.

Results
There have been no completed suicides among program participants. In the past year, there was one suicide attempt (of 124 participants served over the course of the year). Suicidal ideation, as measured by SIQ, decreases by about one point per year of enrollment ($p<0.01$). Participants with risk factors see greater decreases in SIQ: participants with a history of sexual abuse (three points per year, $p<0.01$), participants with a history of alcohol use (three points, $p<0.02$) and tobacco use (five points, $p<0.01$). Depressive symptoms also decrease (2.6 points on RADS2, one point on TSCC, $p<0.01$ for all). Anger, anxiety and post-traumatic stress symptoms all decrease by about half a point ($p<0.01$ for all). There is no control group at this time, and assessments only measure participants during participation.

Discussion
The program is showing low rates of suicide attempts in this high risk population. While changes to ideation and symptoms are small, they are statistically significant and are seen over time and in multiple assessment measures. The next phase of this project will compare outcomes to persons receiving outpatient mental health treatment without the additional LIP services.

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

1) Identify the rates of suicidal ideation and attempts among Latina adolescents in the United States and some of the reasons for these high rates
2) Describe potential interventions and how they might help address the risk factors facing Latina adolescents
3) Discuss the potential of the LIP clubhouse model to address risk factors faced by Latina adolescents

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Peer Support in New York: An Evolving Landscape

Carlton Whitmore, Celia Brown, Gita Enders

New York City has been at the forefront of the consumer / peer movement since its inception several decades ago. Today, that movement has evolved to include a vital and culturally diverse workforce of individuals who use their own experience of recovery from mental health and / or substance use disorders to support others in their recovery journeys. Specialized training, lived experience, and institutional knowledge put them in a unique position to offer support, advocate, model recovery, and empower others in a way that has made this evidence-based practice an essential component of our service delivery system. Employing strategies that value the diversity of the communities we serve and acknowledge the impact of social determinants of health has been key to the success of NYC peers. This workshop will provide an opportunity to interact with leaders from the NYC peer community who will share their own personal and professional journeys and reflect with workshop participants on how their own lived experience has helped them contribute to one of the most expansive, diverse, and impactful peer support communities in the world.

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

1) Identify core principles of peer support
2) Describe the history and current practice of peer support in New York City
3) Summarize innovative applications of peer support in large diverse urban settings

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Conceptual Models for Teaching Cultural Competency: Theoretical Considerations and a Case Example from the Hmong Culture

Scott J Sandage, James Stevens, Steven J. Sandage

Background
In recent times, the massive waves of immigration, especially of refugee populations, have created challenges for the provision of effective mental health services. Special skills and sensitivity are required for working with clients and families from diverse cultural backgrounds, whose belief systems may be very different from the Western biomedical model. This requires the development of models for understanding cultural differences and approaches for teaching cultural competency skills to trainees who will be the future providers of mental health treatment.

Aims
Basic concepts around the teaching of cultural competency will be reviewed, drawing on the Developmental Model of Intercultural Sensitivity and the Intercultural Development Inventory. There will be presentation of examples of educational approaches for working with students and trainees around the promotion of cultural competency skills.

Methods
The Hmong community in Wisconsin and Minnesota is a large immigrant population that will be used as a specific example for discussing approaches to intercultural treatment. A general overview of Hmong culture and immigration will be introduced. Then a psychotherapy case study will be presented of two Hmong girls who responded differently than other family members to the accidental death of their father. Each family member adapted their own hybrid cultural system for dealing with grief and loss that included a mixture of traditional Hmong beliefs and North American mainstream cultural ideas, and the family system displayed complex intersectionalities related to religious traditions and acculturation processes.

Results/Possible Outcomes
Certain empirically-supported conceptual models and culturally-sensitive approaches to working with clients can reduce the barriers to providing mental health services and improve the outcomes.

Discussion/Implications
Models for teaching cultural competency to students and trainees can help to promote enhanced clinical skills, greater cultural sensitivity and use of a cultural formulation to better conceptualize effective treatment.

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

1) Develop a curriculum of cultural competency for mental health trainees
2) Identify empirically-supported conceptual models and culturally-sensitive approaches to providing intercultural mental health treatment services

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Unleashing the Promise of the Cultural Formulation Interview (CFI): Using Short Films to Empower Young People to Express their Cultural Formulations and Identities

Oscar Jiménez-Solomon, Chacku Mathai, Andy Ramón, Nannan Liu, Elisa Padilla

Background
The DSM-5 Cultural Formulation Interview (CFI) offers the promise of transforming the relationship between mental health providers and consumers. By eliciting the person's views about what is happening to them and why, what matters most to them in care and recovery, and how they want to be helped, the CFI has the potential to foster shared decision-making, shift power dynamics, and, ultimately, promote equity in recovery outcomes. Nevertheless, the unleashing of such promise requires not only a competent provider, but also an empowered consumer able to actively participate in and take ownership of the CFI process and overall care. It calls for providers capable of creating an emphatic space where the vulnerability to dissent is possible, and empowered consumers able to tap into their courage and willingness and express their cultural formulations (CF).

Objectives
Building on the lessons of a two-year participatory project, this workshop will present and discuss short films developed to empower young people to express their CF in early care.

Methods
This workshop will introduce four short films based on the true stories of participants of a first episode psychosis (FEP) program. Two will be screened during the workshop. Group discussion will follow to identify the CF of the main characters, and discuss the relevance of the CFI in early engagement and treatment. The workshop will also discuss how these films, and similar visual media-based strategies, can be employed to improve youth engagement.

Implications for programs and practice
For young people, early intervention programs can make the difference between full lives and long-term disability. However, these rapidly emerging programs may only be as effective as their ability to engage individuals in expressing their CF. This project suggests that what matters most to young people in early care is being able to pursue life dreams (e.g., school, work, romantic relationships). In addition to CFI-based interviews, effective engagement may include use of creative strategies, such as story-telling, drawing, and comic strips and video creation.

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

1) Explain the importance of empowering service users to express their cultural formulations and actively participate in the CFI process
2) Describe key elements of the cultural formulation in the two short films screened ("Taina" and "Mike"), including the main character's views on what is happening to them and why, how their parents see what is happening, what matters most to them in care

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Indigenous Community Mental Health in the USA and Canada: Engagements with Cultural Psychiatry (Part 2)

Dennis Wendt, Victoria O'Keefe, Monica Skewes,

Background
Indigenous populations in the USA and Canada experience profound mental health inequities, including substance use disorders, posttraumatic stress, and suicide. The origin of these disparities is regularly attributed to the European colonization of North America, in which these populations were systematically subjugated, dispossessed, and marginalized. For many contemporary Indigenous communities, recovery and restoration to well-being is understood to depend on cultural reclamation in service of self-determination.

Aims
Across two integrated panels, we feature eight researchers that have engaged in sustained collaborations with community partners to promote Indigenous mental health. These projects include identification of culturally-informed predictors of psychiatric distress and well-being, innovative development of community-based mental health interventions, and critical evaluation of treatment and service delivery. Collectively, these investigations demonstrate the promise of cultural psychiatry for improving mental health outcomes for diverse Indigenous communities.

Methods
In this panel, four mental health researchers explore issues related to developing and implementing culturally-informed interventions for suicide and substance use disorders.

Results
Specifically, Dennis Wendt partnered with two Pacific Northwest tribes to investigate implementation of medication assisted treatments, finding significant promise and challenges for realizing such efforts. Monica Skewes partnered with a Northern Plains reservation community to investigate implementation of a relapse prevention program, finding significant interest and promise for culturally-adapted evidence-based relapse prevention. Victoria O'Keefe partnered with the White Mountain Apache Tribe to implement a suicide prevention program delivered by tribal elders in tribal schools, finding significant community interest in the program and reduced suicide rates. Finally, Kamilla Venner will discuss implications of these three efforts for cultural psychiatry and Indigenous peoples, launching an illuminating exchange with audience members.

Discussion
Drawing upon established commitments of cultural psychiatry, each collaborative research project demonstrates the significance of cultural traditions, innovative interventions, and postcolonial self-determination for meeting the substantial mental health needs of Indigenous communities.

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

1) Distinguish and integrate ideas across three different approaches to culturally tailoring interventions for Indigenous communities
2) Extrapolate several impactful potential contributions of cultural psychiatry to efforts supporting Indigenous mental health

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Using Evidence-based Approaches to Guide the Development of Culturally Adapted Treatments

Nolan Zane, Doris Chang, Cindy Huang

Background and Objectives
Recent meta-analytic studies consistently have found that culturally adapted interventions in the United States are more effective than orthodox treatments with ethnic minority and culturally diverse clients (e.g., Hall, Ibaraki, Huang, Marti, & Stice, 2016). However, these effects have been modest which suggests that adapted treatments may be even more effective if more systematic approaches to the adaptations are used. Previous adaptations have mostly relied on focus groups, investigator expertise, and careful reviews of relevant research to guide the development of the adaptation. Most of these efforts have provided little actual empirical evidence that the specific adaptations are considered or perceived as culturally appropriate or socially valid (Kazdin, 1977), by patients from that cultural or ethnic minority group. The three presentations in this symposium highlight various evidence-based approaches that are used to guide the development of adapted interventions in the U.S.

Summaries of Presentations
The first presentation summarizes research that examines a culturally salient issue for many immigrant clients, face concern, and its relationship to critical treatment processes such as self-disclosure and treatment credibility. These empirical findings are then applied to address orthodox treatment features that may cause face loss resulting in poor disclosure and/or early termination. The second presentation describes evidence-based efforts to adapt and implement an indigenous therapy developed in China (for the treatment of neurosis) for use with Chinese American immigrants. The feasibility study found clinically significant improvements for Taoist Cognitive Therapy in clients with generalized anxiety disorder. The final presentation examines the influence of cultural factors (e.g., illness beliefs, stigma) on the social validity of Family Check-Up (FCU), an evidence-based, family-focused prevention intervention when used with Chinese immigrant parents from New York City's Chinatown. The study determines which aspects of FCU are problematic for these parents, especially those with more traditional Chinese values.

Learning Objectives
At the conclusion of this presentation, participants will be able to:
1) Explain how research on cultural constructs, social validity, and indigenous treatments can be used to guide the development of culturally adapted treatments
2) Identify two or more culturally salient issues that can affect treatment processes and outcomes in interventions for immigrant clients in the U.S.

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Spirituality as a Pathway to Global Mental Health Equity: Lessons from Liberia

Gilberte Bastien, Dyonah Thomas, Worpoe Woahloe

Background
Religious practices are often the primary choice for help in facing adversity. In Liberia, religious and spiritual leaders (RSLs) serve as the default treatment option when people fall ill. Research is needed to explore a role for RSLs in addressing mental illness and achieving global mental health equity.

Aims
This symposium highlights opportunities for leveraging RSLs in promoting global mental health equity by examining their role in strengthening mental health capacity in Liberia. A study examining the role of RSLs in responding to the 2014-2016 Ebola outbreak in Liberia will be presented. Additionally, we will discuss the Carter Center's Mental Health Liberia Program's (TCC MHPL) efforts to train RSLs to tackle mental health stigma in Liberia.

Methods
Since 2010, TCC MHPL has worked to improve access to mental health care, address stigma, reduce the burden of disease, and improve mental health policy in Liberia. We have trained over 200 RSLs using the WHO MHGaP module. TCC MHPL also collaborated with a Morehouse School of Medicine lead team to investigate the long-term mental health consequences of Ebola for survivors.

Results
Findings from a study with RSLs revealed significant mental health needs among Ebola-affected communities. RSLs engaged in addressing mental health and associated stigma across Liberia revealed that 98% of respondents were using knowledge and skills gained from training to identify and refer persons with mental illness and epilepsy to care.

Discussion
Presenters will 1) highlight importance of adopting integrative and culturally informed approaches in responding to mental health needs in resource constrained settings, 2) discuss strategies for fostering strategic partnerships with RSLs and 3) provide examples of resiliency and strength-based approaches for emergency response. The symposium aims to promote therapeutic interventions that are respectful of individuals and communities and that build on local strengths, resources, and existing modes of healing.

Learning Objectives

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

1) Discuss the importance of integrating religious and spiritual leaders in efforts to address mental health need in resource constrained settings
2) Describe examples of how the capacity and skills of religious and spiritual leaders are being leveraged to meet mental health needs in Liberia
3) Discuss the work of religious and spiritual leaders to reduce stigma and seek care and dignity for persons living with mental illness and epilepsy in a low-income country in Africa

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Understanding Preferences for Depression Treatment and for Shared Decision Making in Mental Health Care

Nicholas Carson, Benjamin Le Cook, Ana Progovac

Background
Attending to patient preferences is key to successful engagement of individuals in mental health treatment. However, eliciting preferences among racial/ethnic minorities requires a sensitivity to diverse cultural attitudes towards mental health treatment and discrimination in past health care encounters. Shared decision making (SDM) has the potential to improve care quality across racial/ethnic groups, but there is little research that describes patients' understanding of and expectations for SDM. We present findings from two different research studies, both PCORI funded, to address these challenges.

Aims of Study 1
(i) Measure the frequency, sources, and types of health care discrimination experienced by people with depression; (ii) Investigate the relationship between current treatment preferences and past health care discrimination.

Aim of Study 2: Explore preferences for SDM in mental health treatment among Spanish, Mandarin, and English-speaking patients in relation to established SDM frameworks.

Methods
Study 1 was a community-informed, nationally representative survey of people with depression (n=711). Study 2 involved five focus groups of patients in a multi-site SDM intervention that taught skills for asking questions and participating in treatment decisions.

Results Study 1
Racial/ethnic minorities were more likely than non-Hispanic whites to have experienced health care discrimination. Past discrimination shifted preferences of non-Hispanic black respondents with depression towards medication/away from talk therapy. Study 2: Patients spoke to the importance of a strong treatment alliance that values partnership, mutual agreement, trust, and connecting on a personal level. Self-efficacy and contextual constraints were seen as key in taking joint ownership of treatment negotiations.

Discussion
Racial/ethnic groups with mental health care needs differ in experiences of health care discrimination and its association with current treatment preferences. Patient perceptions of SDM showed the importance of mediating behaviors (such as asking questions) and overlapped with theoretical frameworks of SDM involving information exchange, negotiation, and sharing decisions.

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

1) Analyze the relationship between past experiences of discrimination in health care settings and current treatment preferences among people with depression
2) Identify the attitudes and behaviors involved in successful shared decision-making as described by culturally and linguistically diverse individuals in mental healthcare

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Increasing Access to Care Among Anxious Racial/Ethnic Minority Youth: Culture, Development and the Youth Anxiety Center

María C. Zerrate, Jazmín Reyes Portillo, Rebecca Erbán de la Vega

The transition from adolescence to young adulthood is a unique developmental period that poses critical challenges (Arnett, 2000). Anxiety disorders, frequent in emerging adulthood, can arrest these processes with serious impact into adulthood. The repercussions of an anxiety disorder can be even more pronounced among youth of minority backgrounds, who struggle with additional pressure adapting to the dominant culture. Plus, access to mental health treatment for emerging adults with anxiety is startlingly low, especially for racial/ethnic minority youth. This situation underscores the need for integrating developmental and cultural considerations to treatment and for improving mental health access (MacLeod & Brownlie, 2014).

The Washington Heights Youth Anxiety Clinic (WH-YAC) is a community-based clinic, located in an urban academic medical center, serving Latino youth with anxiety disorders by implementing a culturally and developmentally informed evidence-based treatment (EBT). The culturally competent clinicians and staff at WH-YAC incorporate the Launching Emerging Adults Program (LEAP), a developmentally-informed model that integrates key components of Cognitive-Behavioral Therapy (CBT) for anxiety disorders aiming to facilitate the transition to emerging adulthood.

The first presentation will portray the unique challenge that young adults of racial/ethnic minority background (particularly Latino) face in relation to identity development and how a community-based evidence-based treatment for young adults with anxiety can best face these challenges (Zerrate et al.). Second, we will examine how anxious Latino youth accessed our specialized mental health clinic at WH-YAC, by identifying referral patterns and treatment outcome expectations (Reyes-Portillo, et al). The results may inform future outreach strategies and help us understand prior experience with the healthcare system. For the third presentation, Dr. Erban et al. will describe how WH-YAC is well accepted by patients and is expanding its reach through integration with other treatment care settings (e.g., primary care) where young adults with anxiety disorders can be identified.

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

1) Explore identity development among under-served minority young adults with anxiety disorders
2) Understand the role of prior treatment experiences, referral patterns, and outcome expectations among Latino young adults seeking treatment and describe a culturally and developmentally informed outpatient and integrated care model

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Assessments of United States Veterans for Retirement Benefits

Samuel Okpaku, William Lawson, Ron Armstead

Background
Wars carry serious psychological, physical, and other consequences for combatants, victims, and their community. The Iraq and Afghanistan Wars are some of the longest in US history. It is estimated that since the 09/11 conflict between 200,000 and 250,000 veterans exit the services each year. African American males make up 17.2% of US active duty enlisted males and 30.7% of active duty women. The application and assessment for compensation and pension for service members exiting is complex. This is made worse by disparities in the diagnosis and determinations of benefits for African American Veterans.

Aims
a) To highlight the complexity of the assessment of service men exiting the military; b) to draw attention to some disparities in the assessment and determination of benefits for African Americans.

Methods
Include a survey of completed reports on 250 consecutive service men and women, a literature review, and a review of news reports of an instance study by a black veteran.

Observations & Results
Evidence points to disparities in the diagnosis of African Americans applying for compensation and pension and suggests disparities in benefits for African Americans. There are some social cultural factors that impinge on these applicants and assessments. An important aspect is the fear of being labeled and stop compensation and benefits.

Discussion
This symposium will address several aspects of the compensation and pension assessments of veterans. It will also discuss the need for comprehensive services. Evidence will be presented to show racial disparities and access to services.

Learning Objectives
At the conclusion of this presentation, participants will be able to:
1) Become familiar with the medical evidence required for the compensation and pension examination
2) Become more familiar with disparity issues in these assessments

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COFALP/GLADET: Translating Suffering: Challenges Facing The Trans-cultural Clinic

Dominique Wintrebert, Federico Ossola, Daniel Delanoë, Thames Cornette-Borges

Our symposium is entitled "Translating Suffering" to indicate its openness to local and universal aspects of the human experience of suffering. Presenters from several countries will focus on diverse approaches to the topic. The talks will rely on a common foundation of psychopathology and psychoanalysis. The various perspectives are meant to foster reflection on the overall aim of this Congress: achieving global mental health equity.

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

1) Describe how certain clinical problems exist in all cultures and regions of the world
2) Learn how to translate suffering into various languages and classification approaches

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Disrupting Resistance to Cultural Competence: Adventures in Equity Pedagogy in (Inter)Professional Practice

Rani Srivastava, Janet Mawhinney

Background
Despite the recognition that 21st century health system transformation requires a foundation of equity and cultural competence, this goal continues to be challenging and elusive. Continuing debate, confusion, and resistance to clinical cultural competence and the false assumption that systemic inequality cannot be addressed by this approach further compounds the challenge. Effective cultural competence education and practice must address the false divide in equity, human rights and cultural competence approaches.

Aims
This interactive workshop will present an innovative approach to equity education enhancing both individual and organizational capacity for cultural competence and equity within a large urban mental health hospital and in a partnership with a graduate Faculty of Social Work. Our approach incorporates the following key elements: a) an understanding of culture as patterns and power; b) definition of culture that explicitly includes multiple and intersectional lens of culture/diversity; and c) links equity pedagogy and competence to practice standards across the range of health disciplines. Our model combines three key paradigms: 1) human rights foundation and analysis of power and privilege; 2) anchoring to quality and professional practice expectations; and 3) developmental approach to acquisition of knowledge and skills on issues of power and inequality.

Methods
This session will convey the foundations of our approach, key techniques from application in academic and clinical setting, and engage participants in sharing experiences to deepen our collective understanding of cultural competence and equity pedagogy and its application to practice.

Learning Objectives
At the conclusion of this presentation, participants will be able to:
1) Identify the significance of paradigms of power to effective uptake and penetration of cultural competence practice across disciplines
2) Recognize opportunities for theoretical cohesion amongst cultural competence and human rights models for equity in clinical practice

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Culturally Competent Reflective Practice: Integrating the Personal and the Professional

Kenneth Fung, Ted Lo

Background
Cultural competence (CC) describes the capacity to deliver care effectively in cross-cultural situations, which essentially describes most of clinical care if a broad approach of defining culture is used, inclusive of all forms of collective identification such as ethnicity, gender, sexual orientation, social class, religion, education, immigrant status, occupation, etc. Cultural competence may include intervening at the systemic (macro or meso) or individual level (micro), encompassing the requisite attitudes, knowledge, and skills as well as attention to power differentials that can optimally promote equitable recovery and well-being. However, there are limitations when CC is narrowly defined or understood. Further, a "common-sense" and/or "politically-correct" approach is sometimes conflated with and presumed to be equivalent to CC. Others not "specializing" in cultural psychiatry find CC simply irrelevant. Reflective practice may be the key to addressing these limitations, pitfalls, and barriers.

Aims
This experiential workshop will explore CC through a self and collective reflection process.

Methods
The facilitators will lead the participants through a series of self and group reflective exercises utilizing developmental, structural, and functional perspectives to elicit narratives and stories from both personal and professional lives. Experiential learning will be synthesized and incorporated into the various CC theoretical frameworks we have developed over the years in teaching and clinical practice.

Targeted Outcomes
Participants will be able to explore their own cultural experiences through self and group reflection, which will deepen the understanding of CC. The CC framework can facilitate the application of learning clinically, especially in psychotherapy.

Implications
Cultural processes are often invisible in our own daily lives. Self and collective group reflections are powerful processes that can deepen our appreciation of culturally interactive processes and experiences. This will enable us to reach beyond an intellectualized understanding of CC frameworks and use them more effectively in practice.

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

1) Reflect on and identify the meaning of culture and cultural competence in their own personal and professional lives
2) Utilize cultural competence concepts and frameworks to enhance clinical care, especially in psychotherapy

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"A Falta de Pan, Galletas": Developing a Multifamily DBT Skills Group in Spanish

Maciel Campos, Alexandra Canetti, Zachary Blumkin

Background
Factors including trauma, acculturation stressors, and discrimination place Latino children, who comprise the nation's largest ethnic minority, at high risk for mental health disorders. Suicide, particularly, is a public health concern looming over the Latino community and its providers. Despite the high risk for mental distress, Latino engagement in mental health care remains low.

Aims/Objectives/Issues of focus
This workshop aims to focus primarily on language as a barrier to access to care for Latino families. The workshop will review a linguistic and cultural adaptation of Alec Miller, PsyD and Jill Rathus's, PhD, Dialectical Behavioral Therapy (DBT) for an adolescent multifamily skills group, to increase access to quality care for Latino families managing adolescent high risk behaviors.

Methods/Proposition
Workshop participants will learn about the development of a bilingual multifamily DBT skills group within an adherent DBT program. The workshop will illustrate the application of DBT to Latino adolescents with a history of severe emotion dysregulation, suicidal behaviors and other risky behaviors receiving services in a community mental health clinic in New York City. Presenters will detail their process in applying cultural nuances, acculturation themes, Latino specific values, and bilingualism to develop this group.

Results
Workshop participants will engage in experiential learning activities that model considerations for developing a culturally adapted bilingual DBT skills group and recreate its implementation. Participants will actively discuss clinical application of the model and understand its role in increasing access to fully adherent DBT for Latino, Spanish speaking/bilingual families and improving their engagement in care.

Discussion/Implications
Ongoing efforts towards cultural and linguistic adaptations of effective treatments like DBT for adolescents will benefit and equip the increasing number of clinical providers caring for severely emotionally dysregulated Latino adolescents and their Spanish speaking parents. These efforts bridge disparities in care while supporting the bilingual/bicultural clinician in their competence.

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

1) Recognize culturally attuned adaptations to Dialectical Behavior Therapy that can be utilized with Spanish speaking Latino populations
2) Explain strategies for providing flexibility for cultural and linguistic adaptations while maintaining Dialectical Behavior Therapy treatment fidelity in working with Spanish speaking populations

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Migration to Europe Presents Challenges and Opportunities for Mental Health Services: Clinical Experiences from Different Countries

Riyadh Al-Baldawi, Cornelis (Kees) Laban, Vittorio de Luca, Solmaz Golsabahi-Broclawski

Migration to Europe has intensified greatly over the past four years. Some countries (e.g., Germany, Sweden, Italy, and the Netherlands) received an enormous number of immigrants and refugees in a very short period. This created huge challenges for the social and health care systems and other institutions in these countries. Refugees must meet a host of cultural, social, and religious challenges to develop a functional, active life in the new society. These challenges give rise to adjustment-related stress for immigrants/ refugees, which affects their social and health conditions differently. Many immigrants address these problems using their own resources and the help they receive from various institutions in the receiving countries, including religious and other cultural non-governmental organizations. Other immigrants encounter grave psychosocial problems that require the help of effective social and health care services. This symposium will present clinical and research observations on immigration to various European countries focusing not only on the challenges faced by social and health care services in the receiving countries but also on the opportunities offered by migration waves for the development of clinical experience and research.

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

1) Analyze the current migration situation in Europe
2) Suggest appropriate procedures or solutions to address the problem

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Intercultural Mental Health Challenges and Opportunities and Promoting Anti-Discriminatory Practice

Diana Bass, Samrad Ghane, Anna Preston

Background
We face challenges in health care systems, especially in resource-poor areas, and where multiple disadvantages lead to greater demands, health inequalities, and services with limited capacity. The challenges of tackling prejudice and discrimination include addressing individual attitudes and the values of society, as well as improving responses by the care system, criminal justice system and other agencies.

Aims
To examine an evaluation of how to prevent racial and social profiling by the Canadian police; a process of developing an anti-discriminatory practice through the lens of illness attributions and strategies (often culturally located) between patients and clinicians; and how positive risk taking can boost the recovery of some mental health services users.

Proposition
Each paper will suggest ways of developing anti-discriminatory practices in ways which may bolster well-being and mental health.

Results/Potential Outcomes
The work on profiling with the Canadian police noted the importance of rewarding officers for work leading to a reduction in discriminatory profiling. The study on therapist–patient discrepancies found that illness attributions were associated with poorer psychotherapy outcomes and lower psychotherapy attendance rates. The work on positive risk taking found that features of the therapeutic alliance were significant in enabling positive risk taking.

Discussion/Implications
The police in this study need to establish clear objectives and targets to ensure that racial profiling is reduced and that 'othering' or racially discriminatory behaviors towards those from different ethno-cultural communities does not take place. The study on illness attributions and strategies found that early assessment of patients' and clinicians' illness attributions and strategies are important aspects of therapeutic practice and intercultural mental health care. The study on positive risk taking found that positive risk taking assisted the recovery of service users recovery and suggests ways to improve practice at the team, organizational and governmental level.

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

1) Recognize the impact of racial profiling on police-community interactions and relations and on individual and communal mental health
2) Formulate what are illness attributions and how they may affect psychotherapy process and outcome
3) Describe what is meant by positive risk taking within cultural psychiatry and why it is important

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Context, Adversity, Pubertal Development and the Next Generation: Findings in a Latino Subgroup

Eleonor McGlinchey, Shakira Suglia, Hannah Carliner

Background
Exposure to adverse life experiences during childhood may lead to alterations in a range of health and developmental outcomes, such as pubertal development. Meaningful variations in pubertal development have been described across different contexts. Pubertal timing has been examined extensively among White females in Western countries, and there is evidence of earlier pubertal timing among racial and ethnic minority groups living in the United States, relative to their White counterparts. Earlier puberty has been associated with a number of potentially adverse outcomes, which can have cascading effects over an individual's life course as well as for the next generation. Understanding reasons for these disparities in pubertal timing is therefore important for multi-generational health and social outcomes, and possible upstream public health prevention strategies. Specifically, childhood adversity and/or pubertal timing could be transmitted inter-generationally via epigenetic changes.

Issues of focus
In this symposium, we combine three different reports related to the Boricua Youth Study (BYS), which has, for the almost two decades, examined Puerto Rican girls and boys developing in two different cultural contexts: San Juan in Puerto Rico (PR) and the South Bronx (SBx), New York City. Specifically, we focus on pubertal development among children starting at age 8 to 13 and followed up over three years.

Potential Outcomes
Pubertal timing (onset and progression), contrasted across two contexts, is related to childhood adverse life experiences. How exposure to these adverse experiences in childhood may impact the development of the next generation is the research question guiding a new assessment of the BYS sample, being undertaken as part of the Environmental influences on Child Health Outcomes program.

Discussion
The discussant, Dr. Houghton, will conclude the presentation with a discussion focused on the interpretation of current findings and future directions.

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

1) Describe variation in pubertal development across different contexts
2) Assess the relationship between exposure to adversities in childhood and pubertal timing in a Latino subgroup

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Measuring Posttraumatic Stress Disorder Across Culture

Andrew Rasmussen, Nuwan Jayawickreme, Bonnie Kaiser

Background
Cultural psychiatry is grounded firmly in theory, but is rarely applied in large datasets. Severe long-term responses to trauma events are often thought to be culturally universal, but the large literature on posttraumatic stress disorder (PTSD) includes few examples of cross-cultural comparison. In this symposium, participants present three examples of PTSD assessment research across culture.

Aims
Participants and audience members will discuss the development and testing of reliable measures of PTSD.

Methods
Presenters present research from Sri Lanka, Nepal, Nigeria, Mexico and the United States. Methods used will include mixed methods to identify idioms of distress (Jayawickreme), measurement invariance to compare cross-cultural meanings (Rasmussen, Kaiser), and validation using structured clinical interviews (Kaiser). Populations include national samples (Rasmussen), war-affected children (Kaiser) and internally displaced persons (Jayawickreme).

Results/Potential Outcomes
Each research project assesses the "fit" of PTSD symptoms (although fit has different meanings across presentations). In addition to the particular results from each research project, presentations will include larger lessons learned about the application of cultural psychiatry to measuring psychological distress.

Discussion/Implications
The discussant will lead conversation related to applying cultural psychiatry to clinical measurement with specific attention given to PTSD symptomatology.

Learning Objectives
At the conclusion of this presentation, participants will be able to:
1) Identify key issues in cross-cultural measurement
2) Apply cultural psychiatry theory to measuring psychological distress

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Dissociative Alterations of Consciousness and their Correlation with Migration Psychopathology: Clinical Cases

Michele Mattia, Camilla Callegari, Marta Ielmini

Dissociation is a ubiquitous construct in modern psychopathology, changing over the years, defined by DSM-5 as "disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior" (1).

Dissociation has two historically different origins: on the one hand Bleuler speaks of dissociation within schizophrenia; on the other, Janet introduces the concept of dissociation of consciousness referred to as hysteria. The corresponding phenomena cover a range from relatively common experiences, such as being completely absorbed by a book or movie, to severe states, such as not recognizing oneself in the mirror (2). More common experiences have often been linked to mild forms of absorption, that is, focusing on one aspect of experiences and blocking others (3).
As dissociation causes impaired reality testing, individuals who cope with trauma via dissociation are more likely to subsequently experience psychosis, not only in patients with severe mental illness, but also in the general population (Evans et al., 2015; Hammersley, Read, Woodall, & Dillon, 2008; Kilcommons & Morrison, 2005).

The aim of the symposium arises from the observation that transdiagnostically the experience of dissociative symptoms has been linked to acute or chronic stress (21). It is also noted that the onset or exacerbation of dissociative symptoms is strongly influenced by traumatic or stressful environmental components, and there is evidence for the traumatic and pathogenic role of conflict or destructive parental relationships, alongside the geographical backgrounds that support the inevitable problem of migration psychopathology.

The aim will be achieved trough the presentation of the following clinical cases in which the focus of interest is represented by the dissociative alterations of consciousness and their correlation with migration psychopathology.

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

1) Identify and distinguish the different dissociation personality symptoms through real cases
2) Integrate and assess the knowledge to select the symptoms of dissociative personality and formulate a strategy to create a therapeutic plan

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Evans et al., 2015.

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Kilcommons & Morrison, 2005.

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Cultivating Trauma

Naoko Miyaji, Ernesto Mujica, Daniel Gaztambide

Background
Traumatic experiences cause not only PTSD but also various psycho-pathological effects. However, traumatic experiences can also bring positive consequences, such as posttraumatic growth and resilience. Although we now have world-wide understanding of PTSD, what becomes traumatic may at times be culturally dependent. What kinds of experiences should be secret and shameful? Which experiences may lead one to be proud in the larger society or in one's subculture? How may the effects of trauma be interpreted as expectable or pathological, or perhaps even creative? What kind of cultural resources are available for symptom prevention and for therapeutic recovery? These questions are not yet well understood.

Aims
We will investigate the relationship between trauma and culture, and explore how to "cultivate" trauma, which includes to widen and enrich our ways of conceptualizing trauma.

Methods
We will encourage examination of our own clinical practice with traumatized people while taking into account the backgrounds of both patient and therapist. We will also discuss ways in which we may relativize our view of traumatic reactions as something more than pathology, by being cognizant and reflective about our own theoretical backgrounds and cultural biases.

Potential Outcomes
We will widen our awareness and understanding of the variety of cultural norms and symptom manifestations of trauma (such as masculinity and aggression); b) culture as trauma-causing and pathogenic (such as discrimination and stigmatization against sexual minorities; c) culture as a therapeutic resource (such as shamanistic activities and community rituals; and d) working through trauma as a source of creativity (art, literature, etc.),

Implications
This presentation will help therapists reflect on how their own cultural norms and assumptions influence their approach to treatment, and will encourage participants to have a wider and culturally sensitive view of trauma.

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

1) Recognize the relationship between trauma and culture, and explore how to "cultivate" trauma, which includes to enrich the concept of trauma
2) Explore how therapist's cultural norms and assumptions influence treatments and to have wider and culturally sensitive view of trauma

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Promoting Mental Health in Jordan: Challenges and Opportunities

Jo Ellen Patterson, James Griffith, Todd Edwards, Hana Abu-Hassan

The "Global Mental Health Initiative in the Middle East" is a partnership between U.S. and Jordanian universities to strengthen competencies of Jordanian primary care physicians in recognition, prevention, and care of mental illnesses. Jordan is a unique country in terms of its political stability, in spite of 35% of the population being refugees - Palestinian, Syrian, Iraqi, and Yemeni. Its healthcare system is well-staffed with general practitioners, but they have minimal mental health training. In October 2017, 250 medical school faculty, residents, medical students, and nurses gathered for a three-day "Global Mental Health Conference" to discuss mental health problems in primary care, cultural barriers hindering access, and strategies to build capacity for service delivery, including a Mental Health Parity Act as public policy.

Over 80 participants completed a post-conference evaluation, including a Provider Survey that assessed attitudes and knowledge about mental health (Sieber, 2006). Open-ended questions inquired about experiences delivering mental health care. The Provider Survey has been used to assess physicians' attitudes in Kentucky as a comparative sample (Beacham, et al. 2012). Participants reported stigma and cultural practices as major obstacles to mental health services. Few efforts had been initiated to address these obstacles, and little data exist on effectiveness of services. There was a perceived need for a mental health law.

Qualitative and quantitative data from the 2017 conference will be used to discuss challenges and opportunities for strengthening mental health services in Jordan. Numerous challenges remain. In this workshop, the audience will serve as consultants and work together to address the challenges inherent in building mental health services in Jordan. Workshop activities will focus on practical skills to address each theme. Case studies, video clips, and small group discussion will be used to allow the audience to problem solve current issues that Jordan faces as it develops mental health services. Participants can also relate findings to the challenges they face in their own community.

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

1) Identify the impact of culture on patients' mental health concerns and providers' ability to identify and treat mental illnesses in Jordan
2) Describe how Jordanian culture influences recognition of mental illnesses
3) Identify initiatives to enhance the equity of mental healthcare in Jordan including initiatives by the Jordanian Ministry of Health and regional and international non-profits
4) Describe obstacles to achieving equity in mental health services in Jordan

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Cultural Change: Diversity Advisory Committee 1999-2018, Twenty Years of a Diversity Initiative, Successes and Future Directions

Russell Lim, Francis Lu, Ruth Shim, Alan Koike

The United States is a multi-cultural country, requiring mental health clinicians to understand the effect of culture on engagement, assessment, case formulation, diagnosis, and treatment planning. Any or all of these aspects of assessment and treatment could be disrupted by a cultural misunderstanding. Health and mental health disparities based on cultural and racial differences have been identified. Training in culturally appropriate assessment has been proposed as a way to reduce these disparities.

The Department of Psychiatry and Behavioral Sciences implemented training in culturally appropriate assessment and treatment in 1999 and celebrates its 20th anniversary in 2018. This workshop will highlight the changes that were made in resident and medical student ducation, Grand Rounds, resident recruitment and mentorship, and scholarly activity, including an endowed professorship in Cultural Psychiatry (the only such position in the USA), that served to create a national reputation for the Department for excellence in Cultural Psychiatry training. A developmentally oriented four year Curriculum on Cultural Psychiatry and Spirituality was developed that was recognized by the American College of Psychiatrists (ACP) for its Creativity in Psychiatric Education Award in 2005. The curriculum was also chosen as a model curriculum on Cultural Psychiatry in 2010 by the American Association of Directors of Psychiatric Resident Training (AADPRT). Future plans for the improving the Cultural Psychiatry Training Program in the Department will be presented, as well as current plans for Global Psychiatry programs for residents. Residents who participate will experience another culture and its beliefs and values regarding mental health.

Attendees of the workshop will break out into small groups to create diversity plans for their own institution, including a needs analysis, identifying key contacts for support of training in Cultural Psychiatry in their institution, and faculty and/or community leaders to provide content.

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

1) Describe the University of California Davis School of Medicine Department of Psychiatry and Behavioral Sciences' diversity plan and its method of developing training for medical students, residents, and faculty with infrastructure changes
2) Develop their own diversity initiative plan for their institution with other audience members and the workshop faculty, including identifying key support faculty, developing training, and mentoring students, residents and faculty, and having a rationale

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All Therapy is Cross-Cultural: A Workshop for Mastering Cultural Complexity

Steven Wolin, Vincenzo Di Nicola

New definitions of culture expand one's identity beyond ethnic, national and religious heritage to include race, social class, gender, and sexual preference, as well as beliefs shared within families, communities, and societies. This expansion implies that everyone's identity is complex, i.e., multicultural, and changing over time. As a result, the competent clinician must first understand this complexity, both in themselves as well as their clients, and second, they must interact with knowledge, humility, and compassion for the subjectivity of each other's cultures. This workshop is intended to begin mastering cross-cultural therapy with individuals, couples, and families. Attendees will learn: a) how to describe their own complex cultural identity, b) how to assess the equivalent complexity of cultures in their clients, and c) how to work cross-culturally in therapy. The workshop has two parts of 45 minutes each. In the first part, called "Your cultures and mine," attendees will complete an 8-category cultural self-assessment and compare their results with another attendee. In the second half of the workshop, a therapy case will be discussed with significant cultural differences between client and therapist. Our discussion will introduce important problems which often occur in cross cultural interactions: misunderstanding, bias, privilege and defensiveness. Attendees will be encouraged to share their own experiences in these problem areas. Plans for further cross-cultural training within WACP will be discussed. The workshop leaders are both cultural psychiatrists and family therapists who have developed models for working across cultures.

Learning Objectives

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

1) Identify 8 components of cultural identity and apply the subjectivity and complexity of these components to themselves and their clients
2) Recognize why all therapy is, in part, a cross-cultural interaction and investigate the 4 most common problems that arise between therapist and client because of cultural differences

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The Trauma of Immigration: Providing Ethical and Cross-Culturally Competent Care to Immigrant Populations

Pamela Montano-Arteaga, Xinlin Chen, Gabrielle Shapiro, Oscar Silva

Terrorism. Natural and man-made disasters. Genocide. Yearning for social mobility. Many people are migrating because of the aforementioned reasons. Currently, immigration is a global occurrence affecting myriad nations. Plenty of immigrants, with their distinct concerns, will show up in our psychiatric facilities and therapy offices looking for mental health treatment (Watson, 2017). However, are we capable of extending culturally competent treatment to these populations in the current political and social climate?

Although we often think of trauma as a reason many people migrate across the globe, this workshop will cover traumatic experiences experienced during and post migration. Various forms of migration (e.g., refugees, displacement, undocumented and "legal" migration) will be discussed. Topics of conversation will include trauma related to: detention, sex trafficking, persecution and discrimination (based on sexual orientation, religion, gender, race, socioeconomic status, etc.), second-class citizenship and victimization, as well as myriad types of violence.

The workshop will include discussion of (a) issues specific to traumatized immigrant populations, and (b) evidence-based, cross-cultural treatment modalities and techniques to employ with these populations. The latter topic will incorporate topics of practitioners' possible biases in diagnosing immigrant populations. The workshop will culminate in intensive, interactive analysis and application of learned treatment modalities in participants' clinical sites. Specific challenges faced at different sites and ideas for collaboration to provide better care to the immigrant population will be discussed.

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

1) Identify traumatic incidents prior to and post migration such as: detention, sex trafficking, persecution and discrimination
2) Apply information regarding cross-cultural treatment modalities and techniques available to treat immigrant populations as well as trauma victims in the contexts of their work sites

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Perceptions of Trainees and Clinicians regarding the Meaning of Culturally Competence in Mental Health Care in India and United States

Vaishali Raval

Background
Cultural competence is an important cornerstone of effective mental health care in diverse societies. However, what it means to be culturally competent varies across cultures because the most salient markers of diversity are likely to be different.

Aims
In the presented study, we focused on two highly diverse countries, India and United States, and explored how trainees, practicing clinicians, and faculty teaching in graduate programs define and understand cultural competence through focus groups and online surveys.

Methods
We completed a total of 15 focus groups in India and 11 focus groups in USA, with approximately 4 to 7 participants per focus group. We also recruited graduate students in clinical, counseling, or school psychology, faculty teaching in graduate programs and practicing clinicians with a master or PhD degrees (total n = 450 in India, 350 in USA) to complete a comprehensive survey either online or in a traditional paper-pencil format. In the current presentation, we will specifically focus on responses to open-ended questions in focus groups and surveys that ask participants to define cultural competence. The data were analyzed using thematic analysis.

Results
Our findings showed that participants described attending to various social identities of the client. For example, in India participants refereed to client's religion, language, regional identity, urban versus rural residence, social class, and other identities. In the United States, participants referred to race, ethnicity, nationality, sexual orientation, gender identity, social class and other markers. Participants primarily focused on awareness of cultural differences, and to some extent on knowledge about various groups, but rarely referenced skills for culturally competent assessment, diagnosis, or interventions.

Implications
The current findings contribute to the scarce literature on how mental health trainees and practitioners conceptualize cultural competence, and have implications for informing graduate training and continuing education programs.

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

1) To describe the conceptualizations of cultural competence among trainees and practitioners in two diverse countries
2) To apply these conceptualizations to inform training in mental health

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A Comparison of CBT, Treatment as Usual, and Waitlist for Anxiety Disorders. Experiences with a Quasi-Experimental Comparative Study in Indonesia

Theo Bouman

Background
Mental health care in non-Western countries (and with ethnic minorities in Western countries) is confronted with limited access to health care facilities, early drop out, lack of therapist cultural sensitivity, and lack of convergence of treatments with patient values and characteristics (Bernal et al., 2009). Recent psychological treatment outcome studies and meta-analyses show an increase in studies being carried out in non-Western countries (e.g. Hall et al., 2016), inspiring discussion on the need for cultural adaptations(Hinton & Jalal, 2014; Bernal et al., 2009). Until now, there are no direct comparisons between locally delivered treatments as usual and western-based mainstream CBT interventions.

Aims
We set out to explore the acceptability, feasibility and effectiveness of brief individual CBT for anxiety disorders in outpatient mental health care (Puskesmas) in Indonesia and to compare this with local treatment as usual.

Methods
Patients diagnosed with any anxiety disorder who were referred to participating Puskesmas in and around Yogyakarta were randomly assigned to either CBT group, Treatment as Usual (TAU), or Waiting list condition (WL). The CBT condition received 5 sessions of manualized CBT, the TAU also lasted 5 sessions, and the WL received CBT after 6 weeks. Measures on anxiety symptoms, level of functioning, compliance and acceptability were collected during each session and at 6 weeks follow-up.

Results
With this study still going on, we were confronted with various challenges in setting up this type of research. Some of these relate to the unfamiliarity of the Indonesian health care system with doing outcome research, others had to do with the referral system, and important factors are patient related obstacles in benefitting from psychological treatments, such as economic and financial aspects.

Discussion
We will analyze the background of the challenges we've met, and suggest solutions for this and similar future studies.

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

1) Develop a culturally adapted CBT treatment manual
2) Understand the challenges of adapting CBT based on cultural context

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The New Beginnings Clinic: Providing Effective, Culturally Competent Assessment and Treatment for Refugees

Lisa Andermann, Clare Pain, Branka Agic, Mercedes Sobers, Aamna Ashraf, Karen Fournier, Kwame McKenz

Background
Canada has accepted nearly 50,000 Syrian refugees to Canada since 2016, as well as many other refugees from around the world. To respond to the mental health needs of Syrian refugees, and other newcomers, in 2016 The Centre for Addiction and Mental Health in partnership, with COSTI Immigrant Services and the Crossroads Refugee Clinic at Women's College Hospital, launched the New Beginnings Clinic.

Objectives
The clinic has two main components: 1) Case consultation - provides primary care providers with access to psychiatrists and social workers for discussion and advice on client/patient cases. 2) Psychiatric consultation and, when appropriate, brief culturally sensitive interventions for newly arrived refugees.

Methods
Through evidence-based information gained from a 1-year chart review study of the first year of clinic operation, and insights from CAMH's New Beginnings Refugee Clinic multidisciplinary staff, this paper will discuss the provision of effective mental health services for refugees.

Results
This half-day per week clinic staffed by 2 psychiatrists and a social worker has assessed well over 100 refugees since its' inception 1.5 years ago. Demographics, countries of origin, diagnostic categories, treatment plan and disposition are presented.

Discussion
Attending to post-migration factors and social determinants of health is key to working with refugees in a clinical setting. This requires a culturally competent, multidisciplinary approach including social work and psychiatry as well as interpreter services trained in mental health, and partnerships with primary care and settlement workers. Interaction with immigration lawyers representing refugee claimants who may require psychiatric reports in support of their refugee hearings also makes up a significant portion of the clinical work. Lessons learned and case vignettes will be presented.

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

1) Describe the most common mental disorders affecting refugees and recognize unique needs and considerations for refugee patients/clients
2) Propose effective treatment and support for refugees

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Values-Based Psychiatry

Hasanen Al-Taiar

Introduction
Values-based Practice (VBP) is a clinical skills-based approach to working with complex and conflicting values in healthcare. It is a twin framework to evidence-based practice (EBP).

Aims
To familarise the audience with valued based practice, especially in mental health settings. The sessions will start with an ice-breaking exercise, asking the audience about what values are for them and clarifying the VBP concept through several examples. A wide variety of disciplines are already contributing to values-based medicine.

Propositions/Issues of Focus
What are values and why should psychiatrists take them seriously? Researchers suggest that looking at the different values that mental healthcare professionals and patients bring to their experience in the clinical arena can help (a) to make clinical care more patient-centred; (b) to address difficult conceptual issues such as diagnosis; and (c) the discussion of difficult ethical dilemmas in clinical practice, such as involuntary treatment.

The dyadic approach: in dyadic healthcare relationships, there is no relevant experience outside the consulting space. The patient brings a problem, which the doctor considers thoughtfully. The therapeutic focus is on the problem itself. Removing or ameliorating the problem is the doctor's task; the doctor takes action to do this and with that action the relationship ends.

Systemic thinking: in contrast, a systemic approach assumes that the patient exists within a number of social systems or groups and has different roles in each of them. Although 'the problem' has a clinical aspect, it also has meanings for the patient that are outside the doctor's experience.

Conclusions
The most important reason, however, for the rising importance of values in medicine has to do with the emergence of a model of patient-centered practice in which the values of individual patients are central to evidence-based clinical decision-making.

Learning Objectives
At the conclusion of this presentation, participants will be able to:
1) Grasp the concept of values based practice
2) Reflect on their current clinical practices and come up with more holistic approaches to patient care

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The Effect of Contact with Patients on the Attitude of Student Nurses Towards the Mentally Ill

Mohamed Fakhr El-Islam

Background
The stigma of mental illness involves social downcasting of individuals with these conditions across various cultures.

Objectives
To demonstrate whether the effect of face-to-face contact with patients in the Behman private psychiatric hospital for 8 weeks was associated with a change in attitudes towards the mentally ill after a clerkship in psychiatric nursing.

Methods
N=10 student nurses had pre- and post- rotation assessment of their attitudes towards individuals with mental illness by means of the Bartlett Inventory. Their pooled responses were statistically assessed, using a Chi-squared test.

Results
There was a significant post-rotation increase in favourable responses on the Inventory at the expense of undecided and unfavourable responses after an 8-week rotation involving face-to-face contact with mentally ill inpatients.

Discussion/Conclusions
A positive attitude towards individuals with mental illness can be induced by direct patient contact. Empathic understanding of the suffering and predicaments of mentally ill individuals replaces notions of unreliability, unpredictability and dangerousness associated with mental illness by the public.

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

1) Prioritize practical contact over theoretical instruction in order to secure attitude change
2) Discuss the value of empathy rather than fear of individuals with mentally illness and use this to put into practice healthy nurse-patient relationships

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Local Music: A Resource in Music Therapy

Antonio Díaz Quiroz

Music exists since ancient times and probably since prehistoric times. It is present in every culture around the world. Music Therapy (MT) is the use of music by a therapist to help improve mental or physical health. The uses of MT in mental health vary from treating anxiety symptoms to improving the symptoms of Alzheimer's Disease. There are others uses as well, such as a psychoanalytic tool. In Mexico, MT does not have enough diffusion in psychiatric centers. In our hospital, we practice passive MT with non-guided imagery during psychiatric hospitalization. It takes place in a quiet, closed room, once a week, in which 10-15 members participate, including inpatients, one nurse, and a psychiatric resident, as the leader. Instrumental music, usually three pieces of music, is chosen by the therapist based on group phenomena and information on group interactions gathered during the week. After each piece of music of 3-5 minutes' duration, inpatients are invited to talk about the emotional experience each one had while listening. Sometimes the group suggests certain music genres or songs that are taken into account and played during the next session, while understanding the need for the request. Most of these requested songs are those that are played locally. Inpatients are more expressive about their feelings after listening to the music. Most of the time, patients consider this activity as the most emotionally engaging aspect of their hospitalization and when they feel the most free.

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

1) Describe the use of passive Music Therapy with non-guided imagery during psychiatric hospitalization
2) Consider the use of local music as a tool for passive Music Therapy with non-guided imagery

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Mind the Cultural Gap: Key Domains for Cultural and Contextual Responsiveness in mhGap Adaptation and Implementation

Ana Gómez-Carrillo, Raphael Lencucha, Neda Faregh
Samuel Veissière, Laurence J. Kirmayer

Background
In 2002, the WHO launched the Mental Health Global Action Programme (mhGAP) with the goal of "support(ing) member states to enhance their capacity to reduce the risk, stigma and burden of mental disorders and to promote mental health of the population" (WHO, 2002). The mhGAP program has been widely implemented but also criticized for certain ontological and epistemic assumptions and for the implicit power wielded through the program which may suppress local, culturally grounded approaches to mental health care.

Issues of Focus
To address some of these critiques, we propose a framework and corresponding questions that can be used by those involved in mhGAP implementation to guide ethical reflection.

Proposition
We start from the recognition that despite practical, political, epistemological, and ethical challenges that confront the mhGAP-project, the program itself continues to be implemented around the world. Hence, the ethical challenges that face mhGAP implementation need to be brought into practice in the form of engaged deliberation with and within communities. Aligned with the three key components of the WHO implementation research guide, we propose a three-part-framework for reflection on ethical and cultural domains of mhGAP implementation: Concepts of wellness and illness: 1) To examine beliefs and norms in relation to the 'culture of the mhGAP'. 2) Systems of care: To identify formal and informal systems of care in the cultural context of practice 3) Power dynamics: To examine dynamics of communication and decision-making.

Potential Outcomes
Foster epistemic justice by interrogating cultures of care and support diverse cultures of care by providing a framework for dialogue.

Implications
Creating space for dialogue in practice can allow local communities to engage as active partners in identifying problems and generating solutions. Fostering ethical reflection and reflexivity among mhGAP implementers at all levels can improve the fit with culture and context.

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

1) Identify the ethical implications of mhGAP implementation
2) Discuss three domains of ethical questions pertaining to mhGAP implementation and describe ways in which stakeholders can use the proposed framework to foster culturally sensitive deliberation with local communities

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Cultural Adaptation of the WHO Digital Intervention Program Step-By-Step for Filipino Transnational Migrants

Brian J. Hall

Background
Overseas Filipino workers (OFWs) number more than 2.3 million people worldwide. Access to needed mental health intervention for this population is lacking. Digital mental health interventions offer scalable solutions to meet the needs of diverse populations living in contexts of adversity and where there are few mental health providers.

Aims
The aim of this presentation is to describe the cultural adaptation of the World Health Organization's digital mental health program, Step-by-Step, currently being piloted tested among Filipino transnational migrants.

Methods
Cultural adaptation was carried out in several phases: 1) Consultations with expert Filipino psychologists; 2) Preliminary content adaptation; 3) Iterative content and illustration adaptations based on focus groups with 28 migrants working in diverse industries; 4) Stakeholder feedback. In each FGD, cognitive interviewing was used to probe for relevance, acceptability, comprehensibility, and completeness of illustrations and text.

Results
We made a number of key adaptations. To enhance relevance, we adapted the program narrative to match migrants' experiences, incorporated Filipino values, and illustrated familiar problems and activities. To increase acceptability, our main characters were changed to wise elders rather than health professionals (reducing mental health and help-seeking stigma), potentially unacceptable content was removed, and the program was made suitable for migrants working in a variety of sectors. To increase comprehension, we used English and Filipino languages, simplified the text to ease interpretation of abstract terms or ideas, and ensured that text and illustrations matched. Lastly, we retained the core elements and concepts included in the original Step-by-Step program to maintain completeness.

Discussion
This study showed the utility of using the four-point framework that focuses on acceptance, relevance, comprehensibility, and completeness. We achieved a culturally-appropriate adapted version of the Step-by-Step program for OFWs. We discuss lessons learned in the process to guide future cultural adaptations of digital mental health interventions.

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

1) Describe the cultural adaptation process of a digital mental health intervention program
2) Discuss lessons learned and how the cultural adaptation process may be adapted for local research needs

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A Chilean Adaptation of the Culturally Focused Interview in Santiago De Chile: Advances and Issues

Sergio Ramón Florenzano

Background
The number of immigrants to Chile has doubled in the last 10 years. The Cultural Formulation Interview (CFI) of the US DSM-5 aims to improve the care of those patients. Aggarwal et al has evaluated the impact of the CFI on doctor-patient communication: it improved the therapeutic alliance. The principal barriers to its use were the lack of conceptual relevance of the intervention, the redundancy of the data, a deviation from correct administration, and the severity of the patient's illness.

Aims
To review the theoretical and practical foundations of the DSM-5 Cultural Formulation Interview in order to develop a pilot project where this instrument can be tested in a culturally diverse setting such as Santiago de Chile.

Methods
This exploratory and descriptive study follows a mixed (qualitative-quantitative design). The CFI was administered to N=40 patients aged 18-80 born outside Chile who agreed to participate after signing informed consent. Participants had attended the primary, secondary or tertiary level of care at the East Santiago Metropolitan Health Service in Santiago de Chile. The interviews were carried out by members of the research team using the Peruvian translation into Spanish and its local adaptation.

Results / Potential Outcomes
The non-Chilean patients were younger than the Chilean ones. There were no other differences in socio-economic or clinical diagnosis in the intergroup comparison.

Discussion / Implications
Methodological difficulties to analyze the data include determining their place of birth, due to the confidentiality of that information in the current Chilean statistical system. There were no substantial differences in the clinical presentation or psychiatric diagnoses between patients born in or outside Chile. The length of the interview was an issue, and future research should focus on ways to shorten its administration.

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

1) Recognize the need for a culturally sensitive interview in the psychiatric evaluation of immigrant patients
2) Understand the main mental health problems presented by inmigrants requesting psychiatric care in Santiago de Chile

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The Structure and Delivery of a Behavioural Intervention to Reduce HIV Transmission amongst Serodiscordant Couples in Durban, South Africa: Conceptual Basis, Procedures, Challenges and Lessons Learnt

Sibongile Mashaphu

Background
This article describes an HIV risk-reduction intervention (Eban South Africa) that was delivered to a group of serodiscordant couples in the city of Durban, South Africa. The description includes the theoretical framework, the structure, the core elements, the procedures that were followed, the challenges, and the lessons learnt during the delivery of this intervention. Eban South Africa is a pilot sub-study that was adapted from a USA National Institute of Mental Health (NIMH) Multi-site HIV/STD prevention trial for African American Couples.

Issues of Focus
The intervention was adapted to suit the South African cultural context and was delivered to target individual, interpersonal and community factors that contribute towards risk taking behaviour.

Methods
This intervention is couples' based, taking place in a group setting, employing a mixed modality approach based on an ecological framework using social cognitive theory and Afrocentric principles. In this intervention, N=30 couples from around Durban, South Africa, were randomised 2:1 to an immediate risk reduction intervention and a 3 month waitlist treatment as usual, delayed intervention. Behavioural and biological data were collected at baseline, 3 months and 6 months post intervention for group comparison.

Results
The implementation of this intervention posed many challenges but provided valuable lessons for future interventions. Our experiences are similar to those of other structural interventions, which report good efficacy, feasibility and cost-effectiveness.

Discussion
The overall response to this couples' based HIV risk-reduction intervention adapted for local use was favourable, and comparison with similar interventions will guide further adaptations to the intervention.

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

1) Compare new information with previous literature
2) Plan or design new interventions relevant to their communities
3) Evaluate structural interventions

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Exploring the Cultural Flexibility of the ACT Model as An Effective Therapeutic Group Intervention for Turkish Speaking Communities in East London

Aradhana Perry, Chelsea Gardener, Joseph E. Oliver, Çigdem Tas, Cansu Özenç

Background
Cultural and socio-demographic factors influence the way people experience their distress, symptom expression and help seeking behaviours. Cultural modifications are therefore necessary and important considerations when attempting to demonstrate the cultural and clinical competency of a treatment approach for diverse communities in terms of inclusion of cultural knowledge, therapeutic process and equitable service delivery.

Aims
To develop a culturally acceptable Acceptance and Commitment Therapy (ACT) group that is responsive to the therapeutic needs of participants from Turkish-speaking communities.

Methods
The study implemented a mixed-method analysis with a one group pre/post-test design to examine the effectiveness of a 7-session culturally-adapted ACT group intervention, and a descriptive approach was implemented to assess usefulness, relevance and acceptability.

Results
Results demonstrated an overall positive effect of the culturally adapted ACT intervention in terms of both symptoms and patient-reported outcomes. Participants showed significant improvements on measures of depression ($p=0.014$), anxiety ($p=0.041$) and psychological distress ($p=0.003$). The magnitude of these changes were categorized as large, with effect sizes from 0.90 to 2.03. Qualitative responses indicated that the group was experienced as enjoyable and useful and was considered to be an accessible and acceptable therapeutic format.

Discussion
Although a pilot within clinical practice, the findings provide preliminary support for the clinical utility of ACT as an effective, culturally acceptable therapeutic approach for Turkish speaking communities living in an urban UK setting. It highlights the importance for culturally appropriate service development and a need for further research within this area.

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

1) Understand how Acceptance and Commitment Therapy (ACT) can be successfully adapted to the needs of Turkish speaking communities
2) Discuss the importance of community consultation and partnership working with third-sector organisations in the development of culturally relevant and accessible therapeutic interventions

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A Cross-Cultural Clinical Comparison between Subjects with Obsessive-Compulsive Disorder from the United States and Brazil

Gustavo Medeiros

Background
Although OCD is a global problem, the literature comparing, in a direct and standardized way, the manifestations across countries is scarce. Therefore, questions remain as to whether some important clinical findings are replicable worldwide, especially in the developing world.

Aims
To perform a clinical comparison of OCD patients recruited in the United States (U.S.) and Brazil.

Methods
Our sample consisted of 1,187 adult, treatment-seeking OCD outpatients from the U.S. (n=236) and Brazil (n=951).

Results
With regards to the demographics, U.S. participants with OCD were older, more likely to identify as Caucasian, had achieved a higher educational level, and were less likely to be partnered when compared to Brazilians. Concerning the clinical variables, after controlling for demographics, the two samples presented largely similar profiles. Brazilian participants with OCD, however, endorsed significantly greater rates of generalized anxiety disorder and post-traumatic stress disorder, whereas U.S. subjects were significantly more likely to endorse a lifetime history of addiction (alcohol-use and substance-use disorders).

Discussion/Implications
This is the largest direct cross-cultural comparison to date in the OCD field. Our results provide much needed insight regarding the development of culture-sensitive treatments.

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

1) Understand the clinical presentation of obsessive-compulsive disorder in different cultures
2) Describe how to develop cultural-sensitive treatments for obsessive-compulsive disorder

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Change of Treatment Status of Persons with Severe Mental Illness from 1994 to 2015 in Rural China

Mao-Sheng Ran, Yu-Jun Liu, Tian-Ming Zhang, Xinyi Zhao, Fan Yang, Meijun Xu, Yongyou Yao, Hua Wang, Mingmin Tang, Yan Hu, Haijun Yang, Die Zhou, Na Deng, Ke Gong, Chao-Hau Huang, Fu-Rong Lin, Ya Zeng

Background
Although the percentage increase in GDP from 1994 to 2015 was remarkable (1932.6%) in China, it is unclear how treatment status might have changed among persons with severe mental illness (SMI) during the period of rapid development in rural China.

Aims
To explore the change of treatment status of persons with SMI from 1994 to 2015 in rural China.

Methods
Treatment status was compared in two cohorts of persons with SMI identified in mental health surveys using ICD-10 criteria in 1994 (N=1,017) and 2015 (N=2,830) in six townships (total population 17,0174 in 2015) of Xinjin County, Chengdu, China.

Results
The age-standardized lifetime prevalence of all mental disorders in persons aged 15 years and older increased 48.2% from 870.1 per 100,000 population in 1994 to 1,289.4 per 100,000 population in 2015. However, over 34.0% of persons with SMI did not receive any antipsychotic medication in 1994 and 2015. The rate of those taking antipsychotic medication was significantly higher in 2015 (8.8%) than in 1994 (4.5%) ($p<0.01$). The rate of hospitalization in mental hospitals among young patients (age 15-64 years) was 1.3% and 1.4% in 1994 and 2015, and in older patients (age ≥65 years) was 0.1% and 0.9% in 1994 and 2015, respectively. Compared with young patients (9.5%), older patients had significantly higher rates of being cared for by their children (35.3%) ($p<0.001$). There were no significant differences in percentage of individuals without caregivers between young (14.0%) and older patients (12.6%)

Discussion

Although treatment status has improved from 1994 to 2015, the treatment status of persons with SMI is still very poor in rural China and many patients do not receive any antipsychotic medication. Specific health policy, insurance, community mental health care and family-based interventions should be developed for improving patients' treatment and rehabilitation.

Learning Objectives

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

1) Understand the impact of Chinese culture and socio-economic development on prevalence and treatment status of persons with severe mental illness in rural China
2) Describe the health policy, health insurance, community mental health care and family-based intervention strategies for improving treatment status of persons with severe mental illness in China and in other low- and middle-income countries

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Cross Cultural Comparison of Callous-Unemotional Traits – Japan vs other countries

Hirokazu Osada

Background
Callous-Unemotional Traits (CU traits) have been adopted as one of the specified features under Conduct Disorder (CD) in DSM-5. CD is related to antisocial behaviors including delinquency, and a part of CD could possibly become antisocial personality disorder. If CU traits could be detected in early life stages, we could prevent children/adolescents from the severer antisocial behaviors. Japan is generally regarded as the safest country in the world; however, we have less knowledge regarding how to prevent children/adolescents from delinquency if they have CU traits.

Objectives
I developed the Japanese version of the Inventory of Callous-Unemotional Traits (ICU) with permission from Dr. Frick. Comparing the ICU scores of Japanese children/adolescents with children/adolescents from other countries at the community level, I can identify preventive strategies to combat delinquency/crime in Japan.

Methods
In a Japanese nation-wide survey, there were a total of 4,088 students as participants. Based on the list of "Translations of the Inventory of Callous-Unemotional Traits" on Dr. Frick's website, I referred to community-based studies' results from the following countries; US, UK, Germany, Netherlands, Sweden, Turkey, and China. I calculated effect sizes between Japanese scores on the ICU and other countries.

Results
Average total scores of the Japanese ICU was 24.04 (SD=8.74). Calculating Cohen's d as an effect size, I found there were possibly no significant cultural differences between Japan and US, Germany, and Netherlands, while Turkish adolescents showed much higher scores, and Chinese showed lower scores than Japanese.

Discussion
Considering cultural background, we could adopt the previous American and/or European evidence-based practices to prevent Japanese children/adolescents with CU traits from antisocial behaviors in the future. On the other hand, possible factors should be discussed for differences between Japanese and Turkish/Chinese children/adolescents with CU traits.

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

1) Identify at the community level how many Japanese children/adolescents have Callous-Unemotional Traits
2) Compare children/adolescents with Callous-Unemotional Traits between Japan and other Western and emerging countries

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The Predictive Value of Self-Report Scales Compared with Physician Diagnosis of Depression in HIV+ Patients in Harare, Zimbabwe

Tonya Taylor

Background
In Zimbabwe, people living with HIV or AIDS (PLWHA) have a disproportionately higher burden of depression compared to those without HIV. Access to basic mental health care is limited due to shortages of highly trained mental health professionals. There is an urgent need to identify effective screening tools that can be administered by a lay-health interviewer.

Aims
Assess the predictive value of self-report scales compared with the physician-administered Structured Clinical Interview for Depression (SCID) at an urban HIV clinic in Zimbabwe.

Methods
Using a cross-sectional design, six physicians with expertise in psychiatry conducted 200 survey assessments that included: 1) the SCID; 2) the Edinburgh Postnatal Depression Scale; 3) the Shona Symptom Questionnaire (SSQ-14); and 4) the HIV/AIDS-Targeted quality of life (QoL) survey.

Results
Participants were mostly women, employed, and in unstable housing situations. When comparing the SSQ ($p < 0.001$) and EPSD ($p = 0.005$) to the SCID, we found that while the SSQ and EPSD are highly sensitive tools, the specificity (SSQ: 51.5%) is not high enough to serve as a practical screening tool for identifying patients at risk of depression. In a multivariable logistic regression, we found that being employed was negatively associated (OR = 0.455, CI 0.226. - 0.915), and unstable housing was positively associated (OR = 5.325, CI 1.506 - 18.826) with the likelihood of being depressed. In a logistic regression with each of the HAT-QoL domains, we found that overall quality of life ($p=0.008$) and health worries ($p= 0.031$) significantly predicted a depressive score using the SCID.

Discussion
These results underscore the importance of addressing quality of life concerns in the care of HIV-infected patients in primary clinics. Effectively screening patients for depression would provide opportunities for identifying those patients in greatest need of ancillary care and services, in settings with limited resources.

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

1) Define task-shifting as the process of delegating tasks to less specialized health workers.
2) Describe the Shona Symptom Questionnaire (SSQ-14) as a culturally-tailored screen of common mental disorders that includes emic and clinical idioms of distress widely recognizable by patients and providers in Zimbabwe.

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Schizophrenia and Stigma Among Guatemalan Mayan Families

Robert Kohn

Background
The examination of caregiver attitudes and stigma towards family members with schizophrenia has rarely been examined.

Aims
To investigate factors associated with family stigma in Guatemalan Mayan indigenous persons, treated and untreated, with schizophrenia.

Methods
Key informants identified potential Mayan individuals with untreated symptoms of psychosis. Treated Mayan individuals were selected from the formal mental health system. Mayan lay-interviewers conducted a screening interview for possible psychosis. Those screened positive were interviewed by a psychiatrist using SCAN to confirm a schizophrenia diagnosis. Interviews were conducted in Spanish or Tzutijil. The self-identified primary caregiver was interviewed using the Family Interview Schedule, which included measures of stigma, impact of mental illness, caregiver coping, family involvement, and behavioral symptoms.

Results
N=73 individuals were identified with schizophrenia with N=58 caregivers participating (Guatemala City Treated=14; Guatemala City Not Treated=5; Rural Guatemala Treated=13; Santiago Atitlan Not Treated=26). 51.7% were male, mean age 33.3 ± 13.3. Among the caregiver informants, 65.4% were females and 50% were parents. There was significant difference in stigma between the four study groups (Guatemala City Treated=0.88 ± 0.47; Rural Guatemala Treated=0.98 ± 0.53; Guatemala City Not Treated=1.23 ± 0.59; Santiago Atitlan=1.37 ± 0.36). Santiago Atitlan (Untreated) had significantly greater stigma than Guatemala City Treated. Those not in treatment had greater stigma ($p < 0.03$). Other factors associated with stigma were lower caregiver education, and greater positive and negative symptoms and behavioral problems. Caregiver burden, impact on the caregiver and caregiver coping were not associated with stigma

Discussion
Stigma was greatest among Mayan families who had an untreated family member with schizophrenia despite controlling for symptoms and behavioral problems. Stigma also existed among those who have little contact with media. Treatment may reduce stigma associated with schizophrenia.
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Learning Objectives
At the conclusion of this presentation, participants will be able to:

1) Identify the role stigma has on families that a live in a traditional indigenous community versus an urban area
2) Compare the impact of being treated versus not-treated on stigma in schizophrenia

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Comparative Study of Depression among Adolescents in Russia and China

Irina Kupriyanova

Background
The study was carried out among adolescents ages 12-18 enrolled in secondary and vocational schools of higher degrees in several Russian towns in the Siberian region – Tomsk, Omsk, Novokuznetsk (N=365) – and in Harbin, China (N=2,174).

Methods
Scales included the SCL-90, SBQ-R, and Kovacs M. Children's Depression Inventory.

Results
In Russia, rural children (80% boys, 75% girls) had a low-to-average risk of depression. Urban children (53% boys, 65% girls) were at high risk of depression. The highest possible score was on the scale "Interpersonal relationships": typically 65% of boys and 62% girls, which could be regarded as a variant of the age specificity. Girls had high scores on the scales for "Negative mood" (50%) and "Anhedonia" (52%). 65% of urban girls compared to 27% of rural girls ($p<0.001$) had high scores on the scale "Negative self-evaluation" that included questions on suicidal risk. In China we examined male and female students enrolled in secondary and vocational schools using the SCL-90. Results included: somatization - 12.8%, obsessive-compulsive disorder - 36.4%; interpersonal sensitivity - 24.6%, paranoia – 21.5%, depression - 19.5%, anxiety - 15.8%, obsessive fears - 12.6%, psychoticism - 11.2%. Scores among girls for interpersonal sensitivity, obsessive fears, and prejudices were much higher than for boys of similar ages and symptoms of hostility were clearly milder than those of boys.

Discussion
The high level of risk for depression (35%) among adolescents requires a complex of activities addressing preventive, therapeutic and social aspects. Gender-related differences in the prevalence of affective symptoms were determined not only by biological and psychological characteristics, but also, perhaps, by greater "sensitivity" of traditional methods to detect these symptoms in girls. Results suggest the need to study the peculiarities of affective pathology in boys and the inclusion of additional issues in screening, for example on behavioral, addictive, and self-aggressive manifestations.

Learning Objectives
At the conclusion of this presentation, participants will be able to:
1) Analyze depression in adolescents
2) Compare manifestations of depresion in different cultures

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Programa Esperanza: A Comparative Effectiveness Trial To Optimize Mental Health Equity In Older Us Latinos

Maria P. Aranda

Background
Late-life depression is a common disorder which can cause devastating personal outcomes, and is a major health hazard that exerts a significant burden on individuals, families, and society. Older Latinos have high rates of depression-related disability, longer duration of periods of depression, and a lower likelihood of receiving guideline-concordant depression care. Program Esperanza is a comparative effectiveness trial intended to mitigate depression, Spanish-speaking, Latino patients 55 years of age and older with high medical and psychiatric comorbidity.

Aims
We will 1) describe Programa Esperanza, its treatment and training components, and research design; 2) examine baseline sociodemographic, clinical health, depression, and social support characteristics; and 3) discuss implementation factors to optimize the equity of mental health care access, in particular the delivery of Problem Solving Treatment, as an evidenced-based, bilingual intervention for older Latinos.

Methods
Based on a mixed methods approach, we draw from baseline data on 261 respondents as well as provider training and engagement processes, and in-depth qualitative interviews to describe sample characteristics and implementation factors that facilitated the implementation of screening and treatment procedures.

Results
Our sample is predominantly female (88%), 70 years old, long time US resident, Spanish-speaking (93%), with significant PHQ-9 depression levels (mean score=13), poor self-rated health (80%), and high frailty/pre-frailty rates (88%). 54% experienced the death of a close other, and about one-fourth did not have anyone in which to confide. Implementation factors included strong collaboration efforts, pre-study efficacy work, intensive training and fidelity checks, designated research liaison, and ongoing stakeholder meetings. In-depth interviews highlight the need to hire and designate staff to provide said treatment.

Discussion
Our findings indicate the need to address cultural, literacy, and environmental factors to reduce physical and mental health disparities in older US Latinos. Our intervention has high uptake in both older respondents and healthcare providers.

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

1) Describe Programa Esperanza—a comparative effectiveness trial intended to mitigate geriatric depression in U.S. Latinos with high medical and psychiatric comorbidity
2) Discuss participant, provider, and organizational implementation factors to optimize the equity of mental healthcare access for this underserved population

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The Development of a Decision Aid to Facilitate Shared Decision Making for Depressed Minorities in Primary Care: A Sequential Mixed-Method Exploratory Study

Sapana Patel

Background
The Institute of Medicine recommends shared decision making (SDM) as a strategy to reduce health care disparities. Latinos and African Americans have documented disparities in depression care; however, little is known about their preferences and experiences in depression care decision making.

Objectives
To better understand depression care decision making preferences and experiences of medically underserved Latino and African American depressed primary care patients and providers and to develop a decision aid (DA) to facilitate SDM during depression care planning.

Methods
Using the Ottawa Decision Support Framework (ODSF) and Intervention Mapping (IM), we assessed the preferences and experiences of key stakeholders using surveys (N=94 patients), focus groups (N=15 patients and their relatives) and in-depth interviews with providers (N=15). Using IM, we describe how these data informed the development of a depression care DA.

Results
Surveys revealed that half (N=49, 53%) of the sample preferred a shared role in decision making, with Latinos reporting preference for greater provider involvement, X2 (4, N = 92) = 12.62, p =0.013. This sample reported greater preference for information about depression care (API-Information Seeking mean= 89.7, SD=10) and less involvement in decision-making (API-Decision Making mean=42.5, SD=10.8). Focus group themes included the importance of quality and communication with providers, providers as trusted friend and medical expert, and the need for flexibility selecting care options. Providers reported spending time understanding patients' views about depression and providing education to dispel fears and stigma of engaging in depression care. These data support the need for the development of a DA to facilitate SDM.

Discussion
The patient DA for depression care was built as a tool to elicit varying preferences for depression care, address stigma though patient vignettes and provide education about depression and care options. Future research will examine acceptability and feasibility of the DA in clinical care.

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

1) Describe measures and methods used to assess preferences for participation in decision making for healthcare
2) Report on frameworks and tools used to develop and support shared decision making in health care
3) Understand the preferences, experiences and barriers to shared decision making for depression care in primary care

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Exploring the Unique Contributions of Peer Specialists Delivering Health Interventions for People with Serious Mental Illness

Ana Stefancic

Background
People with serious mental illness (SMI) experience premature mortality compared to the general population, largely due to cardiovascular disease. Peer-delivered services are effective for this population, but a lack of understanding of how they work has resulted in the underutilization of peer specialists within health interventions.

Aims
This study aims to identify the unique contributions of peer specialists facilitating a healthy lifestyle intervention for people with SMI.

Methods
Qualitative interviews were conducted with stakeholders (peer specialists [n=4], clients [n=25], supervisors [n=6]) involved in the delivery of a peer-led healthy lifestyle intervention at three supportive housing agencies. Interviews explored stakeholders' perspectives regarding the unique contributions of peer specialists and included a card-sorting exercise. Interviews were audio recorded, transcribed, and analyzed using grounded theory.

Results
Three unique features attributed to peer specialists included use of shared experiences, a collaborative approach, and commitment to physical health. Stakeholders emphasized that peer specialists' self-disclosure of personal experiences living a healthy lifestyle was essential. This type of sharing helped normalize clients' own struggles with adopting a healthy lifestyle and raised hope for change. It also boosted peers' credibility, reassuring clients that peers were knowledgeable of the intervention. Peers were perceived as less directive than non-peer staff, giving clients greater discretion over their health behavior changes and fostering empowerment. Peers' focus on health and the time they devoted to clients were identified as key to building trust and clients' motivation. Card sort results demonstrated that the most important aspects of the peer specialist-client relationship were that peer specialists helped participants feel hopeful about change, were knowledgeable about physical health and made participants feel comfortable.

Discussion/Implications
These findings have implications for training and practice standards that can facilitate the use of peer-based health interventions to improve the health of people with SMI and reduce health disparities.

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

1) Explain how peer specialists can be utilized in interventions aimed at addressing physical health disparities for persons with serious mental illness
2) Identify the mechanisms that may contribute to the effectiveness of peer-delivered services

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Peer-Based Health Interventions for People with Serious Mental Illness: A Systematic Literature Review

Leopoldo Cabassa

Background
Health interventions delivered by peer specialists or co-facilitated by peer specialists and health professionals can help improve the physical health of people with serious mental illness (SMI). Yet, the quality of the studies examining these health interventions and their impact on health outcomes remains unclear.

Aims
To address this gap, we conducted a systematic literature review of peer-based health interventions for people with SMI.

Methods
We rated the methodological quality of studies, summarized intervention strategies and health outcomes, and evaluated the inclusion of racial and ethnic minorities in these studies. We used the Preferred Reporting Items for Systematic Review and Meta-Analysis guidelines to conduct our systematic literature review. Electronic bibliographic databases and manual searches were used to locate articles that were published in English in peer-reviewed journals between 1990 and 2015, described peer-based health interventions for people with SMI, and evaluated the impact of the interventions on physical health outcomes. Two independent reviewers used a standardized instrument to rate studies' methodological quality, abstracted study characteristics, and evaluated the effects of the interventions on different health outcomes. Eighteen articles were reviewed.

Results
Findings indicated that the strength of the evidence generated from these studies is limited due to several methodological limitations. Mixed and limited intervention effects were reported for most health outcomes.

Discussion/Implications
The most promising interventions were self-management and peer-navigator interventions. Efforts to strengthen the evidence of peer-based interventions require a research agenda that focuses on establishing the efficacy and effectiveness of these interventions across different populations and settings.

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

1) Identify the gaps in the current literature to set a future research agenda for the effectiveness of peer-based health interventions
2) Appraise the literature that has examined how peer specialists have been involved in health interventions aimed at improving the physical health and wellness of people with psychiatric disabilities

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Evaluating a Supportive Through-the-Gate Programme for a culturally diverse group of Ex-Prisoners with Mental Health Needs in South East London and Kent, UK

Al Aditya Khan

Background
Prisoners have higher prevalence of psychiatric morbidity compared to the general population and the foreign national prisoners have even a higher rate. After release, prisoners often disengage with services resulting in poor outcome. Few studies have examined supported release programmes for ex-prisoners with mental health needs. None has specifically aimed at the challenges faced by ethnic minority groups.

Aims
The programme is a short-term support service, starting before the participant's release date, and continues for a period of up to three months post-release. The main objective of this study is to evaluate the impact of this intervention on the participants' housing situation. Other objectives include to evaluate re-offending and engagement with services. The author also aims to examine differences in outcomes and challenges specific to the ethnic minority group.

Methods
The proposed study follows a two-year mixed-methods design in which prisoners with mental health needs will be recruited from five prisons within South East London and Kent. Those who receive "Supportive Service" (intervention group) plus participants who receive early transfer out of prison will form the comparison group. Information will be collected from local health and probation records and through interview with participants. Outcomes will be compared.

Results/Potential Outcomes
Such a service would potentially make a significant difference in outcome for released prisoners. To what extent the service has made a difference will be evaluated around the agreed parameters. Comparison between the ethnic minority group and the local population will also be conducted.

Discussion/Implications
Our findings will help develop a dialogue to advise services regarding future release planning for individuals with mental health needs, and review learning outcomes developing value of preventative measures.

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

1) Understand the current challenges faced by released prisoners in a diverse multicultural area of South East London and Kent, UK
2) Describe a simple and cost-effective service to address some of these challenges and evaluate such a service in order to influence service development at a national level

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Acculturative Stress, Mental Health, and Willingness to Use Services among Young Adults Living in Public Housing

Andrea Cole, Michelle Munson

Background
Prisoners have higher prevalence of psychiatric morbidity compared to the general population and the foreign national prisoners have even a higher rate. After release, prisoners often disengage with services resulting in poor outcome. Few studies have examined supported release programmes for ex-prisoners with mental health needs. None has specifically aimed at the challenges faced by ethnic minority groups.

Aims
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Such a service would potentially make a significant difference in outcome for released prisoners. To what extent the service has made a difference will be evaluated around the agreed parameters. Comparison between the ethnic minority group and the local population will also be conducted.

Discussion/Implications
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Learning Objectives
At the conclusion of this presentation, participants will be able to:

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2) Describe a simple and cost-effective service to address some of these challenges and evaluate such a service in order to influence service development at a national level

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Treating Confined and Physically Restrained Schizophrenics: A Model of a Culturally Sensitive Psychiatric Intervention in Bali, Indonesia

Cokorda Lesmana

Background
Treatment approaches to chronic mental disorders in Bali, and generally in Indonesia, tend to rely on the use of typically hospital-based mental health institutions. Outreach services have not been nationally promoted as a means of improving access and mental health outcomes. As a consequence, outpatients are left untreated and abandoned as "living zombies" or "wild beasts" and do they receive any further course of medication or counseling.

Aims
To apply an integrated, multimodal and synergistic approach to intervention that involves a culturally sensitive psychiatric intervention working in collaboration with traditional health practices and religious beliefs of the focal human geography.

Methods
The study included households visited by the team's psychiatrists. An in-depth clinical interview based on ICD-10 diagnostic criteria was conducted with the family and the mentally ill individuals. Subsequently, and with the families' agreement, an appropriate treatment based in the patient's home was applied or recommended that in most cases involved a combination of medication and counseling, with each patient being followed up.

Results
N=91 patients were found confined or physically restrained. Of the identified cases in restraints, 57 were males (62.3%); age range was 20–69 years (mean=40.1 years, SD=11.6). After three years of holistic treatment, 86 patients were no longer restrained or confined. Five patients were still in restraints with severe symptomatology due to family reluctance and refusal to participate in further treatment.

Discussion
It is our conviction that through the prudent and systematic implementation of holistic, culturally sensitive and community-based strategies, the development of a mental health model can be achieved that offers a fair and effective service and prevents the adoption of desperate measures by the affected population that lead to an abuse of human rights.

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

1) Describe an integrated, multimodal and synergistic approach to an intervention for schizophrenia
2) Discuss the importance of culturally sensitive psychiatric interventions

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Evaluation of a Culturally-adapted Family Intervention (CaFI) for African-Caribbean's Diagnosed with Schizophrenia: Mixed Methods Feasibility Study

Dawn Edge

Background
In the UK, Black people of Caribbean origin (African-Caribbeans) have a 9-fold increased incidence of diagnosis with schizophrenia and related psychoses (ICD F20-29) compared with White British peers. Alongside higher rates of diagnosis, African-Caribbeans have poorer access to mental healthcare, more negative service experiences, and worse outcomes. They are also less likely to receive psychological therapies like Family Intervention (FI), which has a strong evidence base for supporting recovery. This is partly because African-Caribbeans often lose contact with their families due to family conflict arising from long duration of untreated illness.

Aims
To improve access to evidence-based psychological care, we assessed the feasibility and acceptability of implementing and evaluating culturally-adapted FI (CaFI) with African-Caribbeans patients and their families.

Methods
Using a feasibility cohort design, incorporating qualitative components, we recruited a convenience sample of African-Caribbean family units to test the intervention, comprising 10 one-hour therapy sessions. Patients without biological families participated via Family Support Members (FSMs) or 'proxy families'. Primary outcomes were recruitment, retention and acceptability. The feasibility of collecting outcome data (e.g. symptom and relapse rating) for a full trial was also evaluated

Results
Thirty-one of 74 eligible patients (42%) consented into the trial. Of 26 family units that commenced therapy, 24 (92%) completed all ten sessions (77% IIT retention). We were able to collect post-intervention and 3-months follow-up data. Acceptability was rated above 80% by patients, families, FSMs, and healthcare professionals.

Discussion
It proved feasible to culturally-adapt, implement and evaluate an extant model of Family Intervention with African-Caribbean patients and their families for the first time 4. However, the study raised important questions about mental health services' capacity to provide culturally-appropriate care. Delivery via FSMs has potentially important implications for service delivery beyond this group, particularly in groups without access to biological families (e.g. refugees).

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

1) Explore issues related to delivering evidence-based mental healthcare in multi-cultural/ethnic populations
2) Determine whether family work delivered without biological families can still be considered 'Family Intervention'

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Pathways to Mental Health Care: A Cross-Sectional Study at a Tertiary Care Psychiatric Teaching Hospital, Goa, India

Neha Bhave

Background
Psychiatric services are largely inadequate in developing countries. A significant proportion of patients find psychiatric services as the last resort after receiving consultation from many different types of non-psychiatric care providers, including faith healers. Crucial time is lost in this process, which could have relevance to better prognosis. This has increased the importance of not only the available mental health services in the community but also the various social and cultural factors which determine help-seeking behaviour and pathway of psychiatric care.

Aims
To assess: (a) sociocultural issues that determine treatment-seeking behavior; (b) symptoms and signs that led to seeking treatment; and (c) pathways of care utilized by patients.

Methods
A cross-sectional design with a sample of N=100 patients meeting ICD-10 criteria for non-affective psychosis. A semi-structured proforma and the WHO Encounter Form were used.

Result
The mean number of stops taken by cases to reach the hospital was 2.25 and the most common first step was the faith or religious healers in 55% of the cases. 27.8% of caregivers of female patients cited financial constraints as the chief reason for delayed treatment as opposed to 2.2% of males. Stigma was a deterrent in 19.6% of males as compared to 5.6% of females. A significant association was found between educational status of the caregiver and reason for delay in help seeking.

Discussion
There is a significant relationship between the domicile of the patient and the number of health care portals approached before seeing a psychiatrist, the steps taken by their family members, and the reason for delay. In addition, there is a significant association between the patient's marital status and the steps taken by the family as well as between patient gender, caregiver educational status, and the reason for delay.

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

1) Identify locally prevalent myths and beliefs about the causation of mental illness
2) Identify various pathways of care and explore the relationship between sociodemographic characteristics (e.g., gender, marital status) and the healing facility approached

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Representations of The Self in Patients With Schizophrenia After Social Interaction: Cultural & Clinical Implications

Daina Crafa

Background
Social interactions require the rapid, real-time integration of dynamic social information. It can be especially difficult for patients with schizophrenia and may partially account for the limited impact talk therapy can have for some patients. Our previous studies found that healthy individuals suppress their own social values during interactions with friendly strangers.

Aims
To investigate whether patients with schizophrenia respond to social interactions differently than controls and whether different brain regions are also affected.

Methods
N=17 matched healthy controls and N=17 patients with schizophrenia participated in a semi-scripted social interaction procedure and subsequent fMRI. They answered questions about their social values two days before the experiment and again during the fMRI scan.

Results
Confirming our previous findings, controls suppressed social values when interacting with a friendly stranger. Patients with schizophrenia, on the other hand, augmented the opposite social values, simultaneously holding two sets of social values. Compared to controls, patients also displayed hyperactivity in dorsomedial prefrontal cortex (dmPFC) and atypical activity in caudate, posterior cingulate and precuneus.

Conclusions
These findings demonstrate that patients with schizophrenia may correctly extract social information but apply the information atypically, resulting in confusion between self and other. Talk therapy does not always have lasting effects for patients with schizophrenia, and we propose that the persistence of self-values during social interaction may inhibit the efficacy of interaction-based therapies. Possible cultural-clinical solutions will be discussed.

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

1) Define the effect of social interaction on patients with schizophrenia
2) Define the relevance and possible applications of this effect for cultural-clinical interventions

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Images That Speak: A Photo-Voice Study On The Psychosocial Experience Of Psychosis In A Migrant Population From Cape Verde

Salomé Magalhaes-Xavier, Ana Filipa Correia, Ana Sofia Barbosa, Márcia Sequeira, Vera Dindo, Teresa Maia, Ana Rita Goes

Background
Recent studies across the world have shown that migrant populations are at higher risk of severe mental illness, for reasons that are not yet completely understood.

Aims
Recognizing the importance of first person experience and simultaneously the relevance of context, we designed a qualitative study, aiming to improve our insights on how a group of migrants from Cape Verde experienced psychotic illness and concurrently promoting local awareness about the importance of cultural competence and person based approaches in psychiatry services.

Methods
We used a participatory research method (Photovoice) that gives the participants the opportunity to answer research questions regarding their personal experience through photographic images. Six young individuals (ages between 16-36 y/o) were recruited, sharing both their cultural background and a recent admission in the inpatient unit of Hospital Professor Fernando Fonseca. All of them presented with severe psychotic symptoms in admission and they were all currently clinically stabilized. The meaning of photographs was discussed during 5 group sessions and narrative data was analyzed using a deductive analytic technique.

Results
Culture, stigma, interpersonal relationships and occupational activities (naming some of the most salient themes) play an important role on how these individuals cope with psychiatric illness. References to coping mechanisms towards adversity showed an important overlap between ways of coping with illness and ways of coping with social exclusion/ feelings of alterity; in the same way, experiences like stigma from mental illness and racial discrimination would be referred as having similar qualities and both associated to suffering by conveyed feelings of loneliness and humiliation;

Discussion
Participatory research methods are a valuable tool to explore the subjective experience of illness, and that this may be of even greater value when studying vulnerable populations, by empowering them and giving voice to narratives that otherwise could have been missed.

Learning Objectives

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

1) Acquire knowledge about the Photovoice methods and the means by which they could be applied in Transcultural Psychiatry
2) Interpret the given data regarding possible links between illness experience, adversity, discrimination and alterity

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The "Social Course" of the Early Phase of Psychotic Illness: A Preliminary Descriptive Study from Yogyakarta, Indonesia

Nida Hasanat

Background
The concept of "course of illness" for schizophrenia has primarily focused on the clinical course. Social experience and cultural interpretations are also critical to understanding the course of schizophrenia. This presentation will provide data concerning social course of illness from a preliminary study conducted in Yogyakarta, Indonesia.

Aims
This paper introduces the concept of "social course of illness," as distinct from clinical course, to focus attention on what factors influence the development over time of the experience of illness, social of functioning and social impairment, and family experiences of illness based, on an intensive, qualitative study of the longitudinal course of psychotic illness in Yogyakarta, a center of Javanese culture in Indonesia.

Methods
N=8 patients with first-episode psychosis were interviewed approximately eight times over three years, recording narrative data about illness experiences and care-seeking, cultural understandings of the illness, clinical ratings, data on social functioning, and qualitative data on stigma and social response.

Results
Data from this study suggested that clinical symptoms and social processes influence each other, and that "clinical course" and "social course" may follow different patterns. It also suggested that both clinical course and social course vary widely from one individual to another, and that clinical impairment and social impairment are not always directly related.

Discussion
This research suggests both the importance of reconceptualizing the early course of schizophrenic illnesses, and that social interventions should accompany clinical interventions to limit social impairment associated with psychotic illness. And it suggests that in-depth knowledge of local culture is needed to understand the early course of psychotic illness and develop effective interventions to limit impairment and support recovery.

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

1) Compare between clinical and social course of illness for schizophrenia
2) Recognize there is a social course beside the clinical course of illness for schizophrenia

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PAIR.ME - Notes From An Ecological Mental Health Intervention To Address Resettled Refugees Needs In Sintra, Portugal

Dora Conceição

Background
The present European refugee crisis has presented member states with the challenge of providing adequate mental health care to an heterogeneous and potential vulnerable group. Countries such as Portugal, with a previously low refugee influx, may find it additionally demanding, as no previous work has been systematically developed in public health institutions.

Issues of Focus
We propose to describe the structuring process and main outcomes of an ecological mental health intervention developed by a community team of a Psychiatric Hospital, in partnership with the Municipality of Sintra, and with the participation of local primary care professionals and non-governmental organizations (ONGs), to address resettled refugees needs in Sintra and with a strong focus on mental health promotion.

Proposition
This approach will be presented in the context of major literature and practice evidence about ecological interventions; transcultural services structure and functioning; and refugees mental health needs.

Potential Outcomes
It may allow identification of ongoing stressors in their social ecology and ways to minimise them, concerning stressors related to displacement, as well as to identify creative strategies that allow for community integration and mental health promotion, concerning homing and sense of belonging.

Implications
Our results may contribute to better comprehension of refugees' particular resettlement needs, and how to minimise relocation stressors' impact. Ultimately, as a local praxis, it may add knowledge on how to work intersectorially to promote mental health.

Learning Objectives
At the conclusion of this presentation, participants will be able to:
1) Identify main constraints and opportunities of a local ecological intervention to promote refugees' mental heath during resettlement
2) Analyze the importance of local/ecological interventions as a way to address inequality in health care access and needs of vulnerable groups

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PTSD and Other Psychiatric Disorders in Asylum Seekers in Israel

Rafael Youngmann

Background
Over 38,000 asylum seekers live in Israel. Thousands were victims of kidnapping, torture, and sexual abuse during their passage through the Sinai desert.

Aims
To compare the mental state and health seeking behaviors of asylum seekers who experienced traumatic events with those who did not.

Methods
In a retrospective study, we reviewed the medical records of 246 asylum seekers (76 of them women) in treatment at the "Gesher" psychiatric clinic for asylum seekers and victims of trafficking in Tel Aviv – Yafo, Israel.

Results
123 were identified as victims of torture or sexual abuse, 33 of human trafficking, and 18 of smuggling. Eighty-seven asylum-seekers did not report any traumatic events, and data were unavailable for 23 patients. Asylum seekers who had experienced traumatic events in their country of origin and victims of human trafficking were diagnosed more frequently with PTSD and other disorders as opposed to asylum seekers who did not undergo these experiences, but they were not seen more frequently in the clinic. Christians reported having suffered more torture, kidnapping and sexual abuse than Muslims.

Discussion
Results support previous studies showing that PTSD is very common among victims of human trafficking, torture and sexual abuse. The magnitude of human trafficking and torture in the Sinai Desert and the high prevalence of psychiatric diagnoses among victims underscore the need to identify the victims and improve the mental health and rehabilitation services available to this population. Barriers to psychiatric treatment for asylum seekers in Israel need to be addressed.

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

1) Understand how human trafficking, torture and sexual abuse affect risk for PTSD in asylum seekers
2) Discuss the prevalence and severity of PTSD and other disorders among different sub-groups of asylum seekers

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Nightmares of Traumatized Central American Refugees

James Boehnlein

Background
Across cultures, dreams are imbued with important meaning in the understanding and interpretation of life experiences. Dreams help with the processing of complex emotions, and they can assist with the reconstruction of identity and a fractured sense of self. Understanding the structure and meaning of trauma nightmares can assist with the process of trauma recovery.

Aims
Longitudinal case studies will aim to address specific questions concerning trauma-related nightmares: the relationship of the nightmare to the original trauma; what triggers worsening of nightmares; how nightmares change during treatment; how the discussion and treatment of nightmares can become a part of the therapeutic process; how nightmares can lead to a more comprehensive understanding of the person's experience; and how nightmares can be reduced in intensity and frequency.

Methods
Case studies of traumatized asylum seekers from El Salvador and Guatemala referred to a university intercultural psychiatric program will be presented to contextualize both universal and cultural aspects of the nightmare experience.

Results
These cases reveal that the form and time course of posttraumatic nightmares can follow similar patterns across cultures, but the variability in frequency and content depend on the history of the individual person. Trauma nightmares can consist of an exact reliving of the trauma; they can be a hybrid, combining the traumatic event and symbolic elements; or, they can be purely symbolic, containing few obvious elements of the trauma.

Discussion/Implications
For clinicians, nightmares serve as a window to the psychological and emotional challenges faced by trauma survivors. They are strongly influenced by recurrent losses or threats, personal and cultural anniversaries, immigration challenges, and environmental stimuli. As treatment progresses, connections between nightmare content and the survivor's emotional response can be attenuated, thus decreasing anxiety, hyperarousal, and depression. They are a key indicator of the extent of treatment success.

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

1) Describe how the content and temporal course of nightmares can be important for understanding the psychological and emotional challenges of traumatized refugees
2) Discuss ways that the structure and content of nightmares can evolve during treatment and how these may be a guide for assessing clinical improvement

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Diabetes and Co-Morbid Mental Health Problems in Returned Migrants in Low- and Middle-Income Countries: Example of Tajikistan

Huvaydo Mirzoshoev, Stevan M. Weine, Jonbek Jonbekov

Background
Globally, increasing numbers of persons in low- and middle-income countries (LMICs) are suffering from non-communicable diseases (NCDs), including co-morbid health and mental health disorders. 80% of diabetic patients reside in LMICs; 1/3 of those are depressed, compared to 25% in high-income countries. Presently, many LMICs are not well positioned to address these co-morbidities. Tajikistan, a lower-middle income country of 8 million, had 93,000 diabetes cases in early 2000, with an anticipated increase to 246,000 by 2030. 1/4 of adults are labor migrants. However, little is known about the possible additional burden of migration upon diabetes.

Objectives
The purpose of this study was to better address the consequences of migration on mental and physical health of individuals with type 2 diabetes residing in Tajikistan, and showed us whether worse physical and mental outcomes are associated with migration or not, at what stage and what can be the solution for solving those issues in future.

Methods
This study used a cross-sectional, descriptive, correlational design, quantitative and qualitative methods to investigate common mental disorders among 200 diabetic returned migrants and non-migrants.

Results
Migrants showed more depression ($p<.027$), more PTSD symptoms ($p<.03$) and lower self-management of diabetes ($p<.006$). Rates of anxiety ($p<.097$) and direct trauma ($P<.099$) were comparable between migrants and non-migrants. Meanwhile, migrants sought less care ($p<.023$) and were hospitalized less ($p<.023$). Migrants were diagnosed at an older age and more recently ($p<.047$), usually within 6-12 months, while non-migrants were diagnosed within 3-5 years. Non-migrants reported worse health condition ($p<.067$).

Conclusions
Since diabetic patients are more likely affected by depression, PTSD and lower self-management, periodic assessment and monitoring is required, as well as assessment of migration consequences (less care- seeking, doctors visits, hospitalization). Further research is needed to characterize mental health needs, supports, resources, and barriers to care of diabetics with depression and other mental health disorders.

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

1) Compare the outcomes and conditions which migration places upon mental health and physical health of diabetic patients
2) Distinguish the differences between migrants' and non-migrants' mental and physical health status

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Receiving the Transgender Refugee: Competent, Intersectional Care and Improved Access

Kristen Beiers-Jones, Isabel Jones, Sana Goldberg, Margot Presley

Background
Transgender refugees face numerous barriers to health due to the persecution they faced in their country of origin (as a member of a refugee population or as a transgender person or both) coupled with the stressors of resettling in a new country which may or may not be accommodating to transgender persons. This population has high rates of suicidality, depression, and anxiety. Peer support, a significant protective factor in safeguarding the mental health of transgender people, may be unavailable to transgender refugees. Peer support for refugees is often found in cultural community groups. Transgender refugees may not find safety in such groups based on the persecution in their homelands. As a result, transgender refugees may struggle with dual and triple marginalization, as refugee spaces are not necessarily responsive to trans issues, and LGBTQIA spaces are not necessarily equipped to address the unique needs of refugees. Race, religion and socioeconomic status intersect to further marginalize this population. Transgender youth refugees face additional complexities, navigating conflicts between parental/traditional cultural expectations and gender-affirming aspects of U.S. cultures.

Aims
Leverage integration between peer support of LGBTQIA advocacy groups and clinics that serve refugees.

Methods
Review of best practices in care of the transgender population. Interviews with transgender healthcare experts, mental health providers, refugee case managers, community activists, service agencies, and transgender refugees.

Results
Recommend culturally inclusive practices at clinics, changes in medical records, the adoption of translated safe-space signage in clinics, education for medical clinic and social service agency staff regarding social and medical transition, improved practice in collaborating with interpreters, developing toolkits in multiple languages to inform transgender refugees of their rights and resources.

Conclusion
Continued collaboration between the LGBTQIA, healthcare, and refugee resettlement communities is essential to address these intersecting areas of marginalization as the definition of best practice evolves.

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

1) Identify multiple barriers to achieving health and well being for transgender immigrants and refugees
2) Identify multiple opportunities to improve the health care and health care experience of transgender immigrants and refugees

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Cultural Psychiatry in the Context of the S.P.R.A.R. (Protection Service for Refugees and Asylum Seekers) in Italy: The Experience of the Ethnopsychiatric and Cultural Consultation Service in Bologna, Italy

Vincenzo Spigonardo

Background
The upsurge in the number of refugees over recent years is unprecedented in the modern world (Silove, 2017). From 2015 the number of refugees arriving in the Italian coasts became alarming. The public debate between policy makers tends to be focused on the impact of refugees migration on local safety and wellbeing. At the same time a new category of services as S.P.R.A.R. (Protection Service for Refugees and Asylum Seekers) are implemented in the context of social and health services as potential process of inclusion and legitimation.

Objectives
Facing forced migrations means coping with potentially severe mental disorders due to war trauma and migratory distress (Sonne, 2016): the Ethnopsychiatric and Cultural Consultation Service (ECCS) in Bologna (Italy) aims to address psychological distress in refugees and to promote best practices.

Methods
Government data regarding immigrant and refugee populations are reviewed, included the data from the (ECCS) in Bologna.

Results
The rapid rise in total numbers of immigrants arriving on Europe's Mediterranean coasts has been alarming: 216,184 in 2014, 1,015,078 in 2015, 361,709 in 2016 and 171,332 in 2017 (UNHCR). The percentage of resident immigrants in Italy has climbed to 12-13% in 2017 – a significant and progressive increase from former decades. As part of a national program, the Municipality of Bologna opened several services for refugees as part of the SPRAR project. The ECCS in Bologna provides them with psychopathological evaluation and support.

Discussion/Implications
The mental health system in Italy is struggling to care for the recent influx of refugees. Innovative programs in Bologna provide a helpful model on which services in other parts of the country can build. This paper will enhance the debate on cultural competence in health care and on clinical strategies of care in an intercultural milieu.

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

1) Discuss the challenges facing European mental health services due to the rapid influx of migrants and refugees in recent years
2) Describe three components of the culturally competence-focused approach used by a mental health service providing services to migrants and refugees

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Resilience as Resistance: The Politics of Identity and Self-Definition at an African-Caribbean Mental Health Centre

Kwame Phillips

Background
Mirza (1997) states, being 'Black' in Britain is about a state of 'becoming'; a process of consciousness, where Blackness as a physical difference, "living submerged in whiteness... becomes a defining issue, a signifier, a mark of whether or not you belong." In the British context, this perpetual othering of Blackness and foreignness, and the questions of community and identity that arise, result in "a specific and distinct doubling of identity and community" (Murdoch, 2012).

Issues of Focus
Fernando (2003) argues, "racial injustices and cultural oppression are felt most acutely" by Black and ethnic minority service users in the field of psychiatry. For African Caribbean mental health service users, this doubling is a constant dance between performances of illness behavior and Caribbean communal identity in and out of medical contexts. This performance of collective Caribbean identity formation, in opposition to prescribed medicalized identities, operates as a form of political resistance against perceived social suffering at the hands of mental health services.

Methods
To investigate these issues, I conducted qualitiative, ethnographic research at London-based African-Caribbean mental health centres, gathering data - through official interviews, conversations, participant observation and visual material - from more than 40 adult service users and 26 health professionals.

Results
This presentation addresses how physical and virtual spaces of engendered resilience act as a means of empowerment. Resilience for these service users is established through access to shared memory and connection to a created community, such that, despite the threat of lowered quality of life because of their mental health experiences, they are able to provide their own protective factor, as a community.

Discussion
In this presentation, I argue that this process of resilient identity formation is an active form of self-preservation and protest that can more broadly inform movements of racialized minorities as a whole.

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

1) Analyze the unique situation of African Caribbean service users in mental health services in London and determine the reasons for their social suffering
2) Assess the effectiveness of the resilient response of African Caribbean service users and appraise the culturally focused non-statutory services they use

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For one's own good: Positionality and Clinical Care

Yann Zoldan

Studies have shown the importance of cultural awareness, safety, and competence in clinical work. They have proven the relevance of the social context conditioning clinical interaction (Kirmayer, 2005). Essential recommendations have been made, but few of them directly question the inherent social responsibility of the clinician.

For Moro (2009), all relations are cultural; therefore, we should argue that all relations are political and linked to power dynamics. The notion of "psychiatric power" (Foucault, 2003) has been written about, but beyond a philosophical analysis, how can our clinical settings provide a sense of security from a cultural and political perspective?

In order to answer this question, through the help of a critical psychodynamic approach, we reviewed several clinical cases focusing on both cultural and political dilemmas such as gender, race, religion, sexual preferences and legal status.

Our analysis confirms that positionality matters in clinical settings. Consequently, it is important to be aware of cultural diversity, power dynamics, and social stigmas but furthermore to question our role in the clinical and thus political apparatus. Our positionality as professionals within a specific society brings untold conflicts. The main clinical outcome is to promote self-reflection on our roles as persons in society before addressing specific protocols to others.

Being aware of culture should include a reflection on the positionality of the clinician even before the first encounter with a patient. This requires an intersubjective move where patients and clinicians should investigate their mutual responsibility in the world.

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

1) Identity the importance of positionality in clinical work
2) Recognize the influence of political context in psychology

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Performing Culture in Mental Health Education

Briege Casey

Background
In contemporary mental health education, students invariably look to socially sanctioned knowledge as a means of configuring what is important and useful to know for academic/vocational success. A substantial body of literature highlights the domination of white, Eurocentric, biomedical interpretations regarding causation and treatment of mental illness (Joseph 2015). These 'regimes of truth' (Foucault, 1977 p133) can silence alternative cultural perspectives. This presentation argues that in education contexts where there is a mismatch between dominant ideology and students' lived experiences and cultural beliefs, uncertainty and suppression of valid knowledge can result.

Aims
This research study explored how unquestioned discourses served to dominate the production of knowledge within a mental health education context. The use of innovative teaching and learning methods enabled students to encounter alternative cultural constructions.

Methods
An ethnographic research study was conducted among 20 mental health undergraduate nursing students from Irish and African cultures. Students' beliefs and experiences concerning mental distress and treatment were explored through the pedagogical use of personal narrative and drama.

Results/Potential Outcomes
The African students had adopted Western constructions of mental distress based on biomedical paradigms, classifications and language, although their previous lived experiences and interpretations were something other. Through the medium of drama, previously unvoiced experiences and beliefs concerning mental illness were articulated and shared. These evocations stimulated inquiry, challenged assumptions and helped Irish students to voice and explore some of their own perceptions and experiences which had hitherto been assigned to a marginal status.

Discussion/Implications
Educators need to examine how curricula and teaching methods may support and indeed foster homogeneity regarding interpretations of psychiatric issues and treatment. It is proposed that narrative and arts based approaches in mental health education enable productive exploration of culturally diverse experiences and beliefs.

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

1) Analyse factors that constrain the development of culturally sensitive learning in mental health education
2) Evaluate the benefits of narrative and arts-based approaches in fostering understanding and inclusion of culturally diverse interpretations of mental health issues and treatment

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Mental Health Care in Dark Times: Racism, Trump, Coal and the Opiate Epidemic

Richard Merkel

Background
Central Appalachia has a reputation based in extremes – a bucolic image of nature and the simple life versus violence, xenophobia, and racism. It is an area of cultural conservatism, mistrust of outsiders, chronic poverty, and the center of the US opiate crisis. The delivery of mental health care, which from the outside is desperately needed due to high rates of depression, violence, and suicide, faces barriers of stigma and religious beliefs that emphasize spiritual healing. The situation has been made worse by the present divisive political climate in the US.

Objectives
The purpose of this paper is to describe a cultural psychiatry approach based on an empathic appreciation of social suffering in Appalachia, which has allowed the successful delivery of mental health care for 15 years in this region. The approach entails an empathic acknowledgement of social suffering, emphasizing autonomy and self-determination, while setting limits around the use of controlled substances. It is important to work within a framework that is locally acceptable, without falling into situations that could compromise acceptable mental health care.

Methods
Through the description of 15 years of clinical experience in delivering mental health care to this population, lessons learned, errors made, and insights obtained will be delineated as leading to the present method of mental health care delivery. Clinical vignettes will be used to illustrate clinical situations and solutions.

Results
The present clinical approach, which has allowed an increasingly expanding mental health care service via telepsychiatric and culturally informed psychiatric care into Central Appalachia, will be described. Data will demonstrate the success of the program.

Discussion
How the present system of delivery fits with local cultural expectations, allowing the delivery of mental health care, may serve as a model for delivery of such care in other rural, conservative settings will be discussed.

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

1) Identify issues causing barriers to mental health acceptance and utilization in Central Appalachia
2) Apply the model used in Central Appalachia to improve mental health utilization in other conservative rural settings

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Addressing Mental Illness for Successful Treatment of Opioid Dependence

Elina Yushuvayev, Robert Crupi,
Brigit Palathra, Daniel Chen, Anthony Maffia

Background
Opioid abuse has caused a severe drug crisis in the US. It is estimated that half of opioid prescriptions are issued to people with anxiety and depression.

Aims
To highlight the relationship between opioid dependence and mental health disorders and to make the case for a holistic approach to substance abuse treatment.

Methods
Case presentation

Results
The case is a 67-year-old female with a history of chronic back pain from multi-level prolapsed intervertebral discs, fibromyalgia, insomnia, depression, and a dysfunctional family, with tragedy in her life. She has taken fentanyl patch 200 mcg Q72 hrs and clonazepam for her back pain for 12 years. The patient was sent for a rheumatology referral for suspected spondyloarthropathy of her low back and neck pain in association with peripheral arthritis and enthesitis. She had a trial of methotrexate and prednisone, which were stopped when all of the rheumatologic workup was negative. Upon re-evaluation, the patient stated that she always had mind-racing, crying, agitation, irritability, insomnia, and depression. She had an alcoholic brother who abused her. She married early, and lost both her husband and her son at a young age. She denied suicidal ideation. The patient took antidepressants in the past, which made her worse. Her psychiatric interview was consistent with a mixed bipolar affective disorder. The patient was found to be hyper-focusing on her physical health and thus treated with high-dose opioids and clonazepam. After treating the patient's mixed bipolar affective disorder with olanzapine 10mg at bedtime, and generalized anxiety disorder with klonopin 1mg orally three times a day as needed, the patient was successfully liberated off of opioids over a one month period.

Discussion
Chronic pain can mask or be a manifestation of underlying, undiagnosed mental illness. It is important for physicians to recognize and treat mental illness as this can potentially reduce inappropriate opioid use.

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

1) Explore the relationship between mental health disorders and self-medication for mood disorders and anxiety
2) Recognize that treatment of opioid dependence requires a holistic approach that also addresses underlying mental health disorders

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Cultural Issues in Medicine and the American Opioid Crisis

Jon Streltzer

Background
In previous World Congresses of Cultural Psychiatry, I presented the proposition that culture could develop within large medical communities, leading to practices that were not evidence-based, and thus medical cultures could have profound influences on sophisticated medical practice. Focusing on pain management, I proposed that attitudes and beliefs developed in the United States and Canada led medical practice to enable the mushrooming morbidity and mortality in the United States and Canada due to the overprescription of opioid pain medication.

Objectives
Pain management beliefs in the United States and Canada will be compared to those in other countries. The lessons learned will provide guidelines to keep medical practice evidence-based without distortion from values leading to misguided beliefs.

Methods
Data will be presented reflecting the development and current state of the opioid crisis in the United States, and this will be compared with data from recent studies in other countries. Basic science, experimental, epidemiological, and clinical studies will be reviewed and contrasted with medical beliefs that contributed to the opioid crisis.

Results
The United States consumes over 80% of the world's prescribed opioids, yet has less than 5% of the world population. Several countries with advanced medical care have reported very little use of opioids for chronic pain, and that opioids do not improve such pain or function. Psychological factors associated with chronic opioid intake serve to maintain the patient's desire for these medications, despite the fact that pain does not improve and their functionality often diminishes. Recent studies confirm that eliminating opioids from the pain management regimen does not increase but rather diminishes chronic pain.

Implications
It is becoming clear that values and beliefs developed in pain management communities contributed to the current opioid crisis. Awareness of such factors may help avoid similar problems in European and Asian countries.

Learning Objectives
At the conclusion of this presentation, participants will be able to:
1) Describe how pain management beliefs contributed to the current opioid crisis in the United States and Canada
2) List 3 lines of evidence that contrast with those beliefs

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A Social Cognitive Model of the Relationship of Discrimination to Depression: Empirical Evidence and Clinical Implications

Elizabeth Brondolo

Background
Interpersonal discrimination is depressogenic. The pathways explaining the relationship of discrimination to depression remain unclear. We have proposed a social-cognitive model of the effects of discrimination on depressive symptoms. Our model focuses on two dimensions of social cognition: negative relational schemas and cognitive control processes. Both schemas and cognitive control processes have been associated with the onset and maintenance of depressive symptoms in response to stress in the general population. We have applied and extended the social cognitive model of depression to the effects of discrimination, a psychosocial stressor which disproportionately affects racial and ethnic minority group members.

Aims
To present the social-cognitive model of the effects of discrimination on depression and provide evidence in support of this model.

Methods
Two cross-sectional studies and one longitudinal study using community and university samples. The studies examine racial and ethnic discrimination, social cognition and depression, using ecological momentary assessment, implicit association tasks and self-report surveys.

Results
The findings indicate positive cross-sectional relationships of discrimination to negative schemas, daily and trait negative mood, and negative interpersonal interactions, all of which contribute to the development of depression. In longitudinal pilot data, we have demonstrated that month-to-month variations in exposure to discrimination are associated with variations in negative schemas and depressive symptoms. Together, race-related schemas, impairments in cognitive flexibility, and increased interpersonal stress may create a recursive cycle triggering and maintaining depression.

Discussion/Implications
Understanding the effects of discrimination on social-cognitive processes can guide the development of both population-based and individual-level interventions.

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

1) Understand the nature and effects of racial and ethnic discrimination
2) Identify the social-cognitive factors affected by discrimination and other stressors

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Community-Based, Culturally-Sensitive Mental Health Care in the Congo: Results, Outcome and Challenges

Jaak Le Roy

Background
For three decades, the population of the Democratic Republic of Congo has suffered war, poverty, and socio-cultural change that disrupts their well-being and mental health. Integration of mental health care in the public primary health services was planned but not implemented due to a lack of capacity at all levels of the health system. In response to this situation, with the support of the Dutch Government and the National Mental Health Program (Ministry of Health) of the DRC, a community-based and culturally sensitive mental health provision has been implemented as a pilot program in the health district of Lubero, Northern Kivu (250,000 inhabitants) in 2012-2015.

Aim
The main technical and cultural challenges will be presented and how these have been dealt with through an active participatory methodology and process of change with the community and all relevant stakeholders.

Methods
The presenter will show how tools and operational strategies have been adapted to the local sociocultural context. These include needs assessment using focus groups eliciting idioms of distress; community participation; training programs based on mhGAP; supervision for health professionals and for volunteer community workers and leaders; identification and stepped-care of persons with psychosocial and mental health problems; and follow-up and evaluation.

Results/Outcomes
The yet-unpublished research data will be presented on a random sample (N=655) of participants on their satisfaction and impact of the program on mental health status (MHI-5) and social functioning (SF-12). These studies were designed to improve the care package and the organisation of care.

Discussion
Based on these empirical data, the main lessons will be discussed focusing on the cultural dimensions of adherence and community engagement.

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

1) Understand the culturally-sensitive strategy and methods used to achieve adherence and engagement of the service-providers and community membership in integrating mental healthcare at primary health level in a low income and highly socially distressed context
2) Identify and recall the culturally and contextually valid methods/results used in this context for assessing the outcome (mental distress, social functioning) and for monitoring the mental health package implementation based on the mhGAP guide

The author participated as a consultant to the international NGO HealthNet TPO on the design, supervision, and evaluation of this project.

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Leveraging Local Help-Seeking Norms in Rural Kenya to Expand Community-Based Mental Health Care

Tahilia Rebello, Victoria N. Mutiso, Christine W. Musyimi, Isaiah Gitonga, Albert Tele, Pike K. M., Ndetei D. M.

Background
In rural Kenya, the capacity to effectively detect, refer and treat mental health conditions is limited or non-existent. Local cultural norms related to help-seeking may widen the treatment gap, as they impact whether and when patients seek help and to whom they go for treatment. In rural communities, Traditional Healers (THs) and Faith Healers (FHs) represent the first-line of community care for mental health conditions. Thus, THs and FHs represent an important resource for expanding and improving detection, referral and treatment of mental health conditions in low-resource settings.

Objectives
To determine whether THs and FHs in rural Kenya could be effectively trained to accurately screen community members with priority mental health conditions and to refer them to classical care pathways.

Methods
THs and FHs in Makueni County, Kenya were trained to screen for priority mental health conditions using the mental health Gap Action Programme Intervention Guide (mhGAP-IG). Referred patients were assessed using the Mini International Neuropsychiatric Instrument (M.I.N.I.), and the concordance between the screening and M.I.N.I. data was analyzed to assess screening accuracy. Screening/diagnostic accuracy data from THs and FHs was compared to other mhGAP-IG trained professionals, including clinical officers and nurses.

Results
59 THs and 51 FHs were successfully engaged and trained to screen and refer patients. 1,202 referred were assessed using the M.I.N.I. for the following conditions: depression, suicidality, alcohol abuse, substance abuse and psychosis. Across these conditions, the accuracy of TH and FH screens varied from 72.8 to 95.1% and were comparable to those of trained clinicians.

Discussion
THs and FHs were able to effectively and accurately screen and refer patients with mental health conditions to a comparable degree as formal health care professionals, suggesting they may play a key role in decreasing the mental health treatment gap in low-resource, traditional communities.

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

1) Identify the ways in which cultural norms impact help-seeking behavior, and the treatment gap, for mental health conditions in rural Kenya
2) Identify and evaluate the mechanisms to engage and train traditional and faith healers to accurately screen for and refer patients with mental health conditions to classical care pathways

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The Case for Music Therapy as a Primary Mental Health Treatment

Dean Olsher

Background
Music therapy is a clinical, evidence-based, culturally adaptable, and cost-effective modality uniquely suited to fill gaps in the global delivery of mental health services. Peer-reviewed research shows music therapy's effectiveness in treating trauma, depression, substance abuse, and schizophrenia. The National Institutes of Health launched an initiative to increase the evidence base for music therapy, prioritizing research into mechanisms by which music intersects with brain circuity and may form the foundation for health interventions.

Issues
Despite the strong and growing evidence base, music therapy is an under-utilized treatment in the developing world.

Proposition
This paper will present a case for music therapy as an ideal solution to the treatment gap in global mental health, addressing the World Health Organization goal of establishing treatment models that are community-based, low-cost, and scalable in non-affluent societies. The paper will focus on Community Music Therapy (CoMT), a music therapy model developed in the U.K. and Scandinavia during the last two decades that makes use of culturally-specific resources and emphasizes a non-hierarchical relationship between care givers and recipients. A case example will demonstrate how CoMT is practiced at Flushing Hospital's inpatient psychiatric and chemical dependency units. Flushing is in the borough of Queens, one of the most ethnically diverse counties in the U.S. The population served by Flushing Hospital is a microcosm of the world, with large numbers of people from China, Korea, Bangladesh, Guyana, Puerto Rico, and Mexico.

Potential Outcomes
Because music is a universal phenomenon, music therapy is endlessly adaptable to local cultural norms. CoMT as it is practiced at Flushing Hospital can be applied in low-resource settings globally.

Implications
Music therapy should graduate from adjunctive status to primary treatment in global mental health care. More research should be conducted to better understand the psychophysiological mechanisms that make music therapy effective.

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

1) Identify two reasons why music therapy is uniquely suited to meet global mental health needs
2) Recognize the evidence base for music therapy's effectiveness in treating psychiatric conditions

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Development of a Mobile App for Depression in the Dominican Republic: Are we There Yet?

Susan Caplan

Background
Although depression is a treatable illness, 80% of the world's population do not have access to care. The ubiquity of mobile phones in low-and-middle income countries (LMICs) makes it possible to deliver depression treatment using mental health apps (MHapps), which can be more private and less stigmatizing than face-to-face treatment.

Objectives
Discuss results of a proof of concept study to develop and implement an MHapp in the Dominican Republic.

Methods
The application was developed and piloted in two government public primary care clinics. Qualitative semi-structured individual interviews were used to elicit feedback on audio samples of the app's content among a convenience sample of N=14 patients and N=9 clinic staff members. The app was subsequently piloted among N=11 participants from the clinics.

Results
Nearly all urban participants had phones. Internet access was limited by cost and many potential participants shared phones with family members or did not frequently carry their phones. Participants were unfamiliar with mobile apps. Some participants were ineligible because they only spoke Kreole, rather than Spanish, the app's language. Physicians and patients differed in rationale for gender preferences for the recorded voice. Doctors felt that the use of humor would be ineffective for patients with depression, whereas participants were responsive to the humor message. Many participants were lost during the multi-step process of consenting, accessing the app store, downloading and demonstrating the app and purchasing internet access. Most participants failed to use the app for the entire four-week duration.

Discussion/Implications
Barriers to MHapp research in LMICs include the failure to recognize host country context and customs and to adapt research procedures to these circumstances. Moreover, cultural differences include educational level and socioeconomic level. Providers differed from patients in perceptions of appropriate depression psychoeducational content. In LMICs adoption of MHApps is challenged by technological and sociocultural factors.

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

1) Identify cultural consideration for content of a mobile app for depression, and compare differences between providers and patients in terms of treatment preferences
2) Explain potential barriers to implementation of a mental health app in low and middle-income countries

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'Pictures Make It Easy' – Co-Development of a Visual Tool for Mental Health Recovery in North India using Participatory Action Research

Sumeet Jain

Background
Within global mental health, there are calls for social and community approaches to balance bio-medical priorities and for recovery tools that reflect local context and priorities.

Aims
To strengthen knowledge and skills in mental health recovery among people with psycho-social disability (PPSD), caregivers, community leaders, mental health practitioners and policy makers in Uttarakhand state, India through co-production of a visual tool for recovery. This paper describes processes of co-production, key outputs and critically reflects on processes and outputs.

Methods
Set in Burans, a community mental health project in Uttarakhand, the project employed a participatory action research framework to develop the tool, in partnership with experts by experience (EBE). Participatory methods, focus groups and ethnographic methods were deployed to generate domains of recovery.

Results
Iterative steps for developing the tool with EBE included: development of an initial domain framework including actions to enable recovery, revision of domains, and producing and modifying illustrations to reflect cultural nuances. The preliminary tool comprising eight domains of recovery linked to four activities/actions is now being piloted. Domains of recovery developed included: taking care of one self, being spiritually engaged, being addiction free, having fun, being an active family member, contributing to the household, being a friend, and being an active community member.

Discussion/Implications
This study illustrates challenges and enablers of involving EBE in knowledge production. It raises questions around conceptualizations of 'EBE' in a non-western context with particular social hierarchies and histories of engagement with psychiatry. Tool domains partially map onto tools from high-income settings. Differences included being an active family or community member and spiritual engagement and reflect relational understandings of mental well-being. Findings suggest that a contextually relevant global mental health must situate lived experiences at the forefront of knowledge production.

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

1) Explore local understandings of 'recovery' in their own cultural and professional contexts
2) Translate and apply principles of co-production in relation to 'recovery' to their own cultural and professional contexts

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Identifying Reproducible Brain Signatures of Obsessive-Compulsive Profiles: Rationale and Methods for an International Study in Adults with Obsessive-Compulsive Disorder

Helen Blair Simpson

Background
Anxiety disorders, including obsessive-compulsive disorder (OCD), are leading causes of global disability. While OCD clinical presentations are stereotyped, they also show cross-cultural variation. It remains unclear how identified brain circuit abnormalities are linked to discrete OCD symptom profiles and what role socio-cultural factors play in the disease trajectory.

Aims/Objectives
To address these questions, researchers in five countries are collaborating to identify brain signatures that distinguish OCD subjects from healthy controls, with the aim of linking these brain signatures to cognitive and clinical profiles common in OCD. This paper will present the rationale for this study and some of the challenges integrating the perspectives of global mental health, cultural psychiatry, and translational neuroscience.

Methods
Using harmonized clinical, neurocognitive, and MRI imaging methods, 250 OCD and 250 healthy control subjects will be studied in Brazil, India, the Netherlands, South Africa, and the US. Environmental factors known or hypothesized to affect the brain (childhood trauma, socioeconomic status, and religiosity) will be measured. The Cultural Formulation Interview will be used to assess cross-cultural perspectives of OCD.

Results/Anticipated Outcomes
We will derive imaging signatures that distinguish healthy individuals from those with OCD and link these signatures to clinical and neurocognitive profiles. How socio-cultural factors moderate this relationship will be examined (e.g., how differences between patients vs healthy controls in orbitocortical volume are altered by childhood trauma). Cross-cultural perspectives on disease impact, treatment, and cause will be explored.

Discussion
This will be the largest multimodal imaging and neurocognitive study in unmedicated subjects with OCD to date and one of the only studies to assess both biological and socio-cultural factors. Success will lead to objective methods for early diagnosis, new treatment targets, and insights about the interplay between socio-cultural and biological factors in OCD, with relevance to diverse populations across the globe.

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

1) Describe existing gaps in knowledge regarding brain-related and culture-related aspects of OCD
2) Identify approaches to examine the brain imaging and neurocognitive signatures of OCD and how these might be affected by socio-cultural factors

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Mental Health and Indigenous Issues

María Beldí de Alcántara

This study analyzes the dialogue between the physician, with a purely biomedical background, and indigenous patients, in particular indigenous youth at the Dourados Indigenous Reservation (DIR). My role as a medical anthropologist is to facilitate dialogue among physicians and nurses with biomedical training and the indigenous youth population who go to the health posts for care. The opacity of the discourse between biomedicine and illness (Kleinman, 1988) is the basis for misinterpretation on both sides.

This dialogue is overwhelmingly confrontational and tense for several reasons: youth find it difficult to trust the physicians because they do not understand what they are asking about; in turn, for the physicians the indigenous youth never know why they are complaining.

When indigenous youth arrive at the health post it is because other cure treatments are taking place; that is, they have already explored other treatment options, such as traditional shamans, umbanda, and the Pentecostal churches. Doctors are seen, most of the time, as a last resort. This does not mean that indigenous youth disregard these other forms of care and participate only in clinical care. They continue to seek help from all of these sources. A hybrid understanding, somewhere within this mix of medical and religious knowledge, is where the path to a cure can be found for indigenous youth. My work as a medical anthropologist is to "translate" the narratives created to explain these journeys in two directions: from doctors to indigenous youth and vice-versa. Is it possible to build this bridge? How does one reconstruct these two different narratives, while the main objective of both is to cure?

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

1) Understand the difficulties associated with building an intercultural dialogue among indigenous youth and physicians
2) Discuss how Western psychiatry understands and works with healers who are concerned with indigenous suicide

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Developing Church-Based Low Intensity Family Support for Immigrant Families

Stevan Weine

Background
Mexican immigrants in the U.S. face serious challenges related to poverty, gangs, violence, discrimination, cultural adjustment, and immigration, including mixed documentation status. Despite the many strengths among these families, these circumstances can lead to both family problems and individual distress, including common mental disorders.

Aims
To begin addressing this major problem in Chicago and nationally, the Center for Global Health (CGH) and the Immaculate Conception Church decided to develop and deliver a culturally appropriate and scalable way of providing psychosocial support to immigrant families from Mexico. We focused on Mexican families in the church because clergy and church staff are highly trusted and often closely involved in Mexican communities, and churches can play an integral role in providing psychosocial support to Mexican immigrants.

Methods
We assembled a community council of church staff, volunteers, and parishioners, most of whom are Mexican, and academic professionals from the CGH. We met weekly for 6 months and together: 1) reviewed existing evidence; 2) listened to first person accounts from family members; 3) developed a conceptual framework; 4) drafted the intervention model, called Fortaleciendo mi Familia; 5) identified a team of group facilitators; 6) provided 25 hours of training to the group facilitators; and 7) modified the manual based on feedback from group run-through.

Results & Potential Outcomes
The Low Intensity Family Support Model is based on a task sharing approach with lay staff and volunteers in the church. The model is informed by cognitive-behavioral theory and family resilience theory. It uses a 4-session multiple family group format.

Discussion/Implications
The public mental health significance of this project is crucial. It addresses the unmet mental health needs of Mexican Americans exposed to high adversity by building a new model of church-based service delivery for immigrant families.

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

1) Identify the common adversity and mental health consequences among Mexican immigrants
2) Identify the underlying theory and component activities of a low intensity family support intervention

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School Based Interventions for Depression in Indian Youth: Efficacy of Culturally Informed Brief Interventions

Manjula Munivenkatappa

Background
The prevalence of depression increases significantly during adolescence, and this is understood in the context of developmental changes and challenges (Pillai et al., 2008; Joseph, 2011). There is a significant gap between the prevalence of depression and help-seeking among youth in India (Dev, Gupta, Sharma & Chadda, 2017). However, most adolescents report willingness to participate in an intervention program if carried out in the school setting and in a group format (Singhal, Manjula, & Vijaysagar, 2014).

Objectives
To assess the mental health needs of school-going youth and examine the effectiveness of a culturally adapted intervention for depression.

Method
Two exploratory studies involving 800 and 1,428 youth (13-18 years), who were asked to list out the reasons for their distress. Based on their responses, existing intervention programs (General Suicide education- CDC, 1994; Coping with stress- Clarke et al., 1995; Depression prevention course- Munoz, 1998) were modified. Brief interventions with 8 sessions and 2 sessions were carried out in the samples of 120 and 424. While the first study was an indicated intervention with two-group comparisons design, the second study was a universal intervention with single-group pre-post assessment design.

Results
The findings from the exploratory study revealed that the most frequently endorsed problems were academic difficulties and interpersonal issues. Based on the findings, a module to address academic stress and interpersonal relationship skills was included in both the programs. Findings showed that the intervention was effective in reducing depressive symptoms, suicidal ideation and attempts, academic stress, and increase in social problem solving and coping skills.

Conclusion
Brief classroom based interventions incorporating the components to address the needs of the youth are found to be efficacious in Indian school youth.

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

1) Understand the needs of school going youth with depressive symptoms
2) Prepare a culturally informed brief intervention module

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Intersecting Identities and Mental Health Service Use Among Sexual and Gender Minority Young Adults

Kiara Moore

Background
Research on mental health outcomes among racial, ethnic, sexual, and gender minority young people in the U.S. indicates increased risks for treatment disparities when these identity statuses intersect. Behavioral health conditions cause the greatest burden of disability in young adults, yet only an estimated 32% experiencing serious mental health conditions utilize treatment. Risk is elevated among Black and Hispanic young adults, and sexual and gender minorities have been designated as a health disparity population in need of more research. Identity development is a key developmental task of transitioning to adulthood. However, evidence of how having intersecting minority identities is related to using psychiatric services is lacking.

Aims
More than a demographic classification, minority identity refers to one's sense of self in relation to minority groups. This study 1) examined the association of identity and psychiatric service use and 2) described the experience and expression of intersecting minority identities in the context of service use among a sample young adults.

Methods
A mixed-methods, convergent parallel design was used to examine aspects of identity, salience, patterns of treatment, and cultural experiences of 31 Black and Hispanic, sexual and gender minority young adults with psychiatric conditions. Data from validated survey measures and in-depth interviews were triangulated to strengthen findings.

Results
Connectedness to minority communities was associated with on-going psychiatric service use ($\chi 2(1)=5.16$; $p<.05$). Intersectional identities were more strongly associated with service use than any single minority identity ($\chi 2(1)=2.58$; $p<.10$), and participants described personal experiences in which intersectional minority identities facilitated their involvement in treatment.

Implications
Identity formation in minority young adults happens at a time when they bear greater responsibility for their own psychiatric treatment. Strategies and interventions to increase treatment utlilization should capitalize on this by assessing and reinforcing intersecting minority identity strengths around culture, community belonging, and self-efficacy.

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

1) Recognize how ethnic identities can interact with sexual and gender minority young adults' use of psychiatric services and list three examples of why this is relevant to mental health disparities
2) Explore young adults' personal experiences of intersectional minority identities in the context of mental health service use and be able to list at least one barrier and one facilitator to service use

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Imagining the Mind: Using Photographs to Explore Children's Worlds

Mónica Ruiz-Casares

Background
In order to inform child-focused interventions, researchers and clinicians must find ways to gain access to children's experiences and perspectives. Photo-elicited interviews are gaining recognition in this context as a way to balance power differentials, facilitate sharing complex information, and surface non-normative perspectives across cultures.

Aims
This session will discuss challenges and opportunities in using photo-elicited interviews cross-culturally to inform service provision, advocacy, and policy work. It will illustrate how to use photography to incite children and young people to express their insights directly, rather than through adults.

Methods
Children were given digital cameras and asked to take photographs of things, places, and people important to them as well as something that represented the past, the present, and the future. Semi-structured interviews documented children's background information and personal trajectory into institutional care. Children led the discussion of their own photographs.

Results/Potential Outcomes
Individual interviews were conducted with 20 children aged 9-17 years living in ethnic boarding schools, orphanages, and Buddhist monasteries in Northern Lao People's Democratic Republic. Each child took photographs of their own environment. Interviews explored children's understandings of time, place, and relationships. Children gave us privileged access to their physical, psychological, and emotional environments and challenged our assumptions of care. Managing visual information raised ethical concerns and dilemmas.

Discussion/Implications
Culturally competent researchers and clinicians work to avoid reinforcing exclusion, adopt culturally appropriate methods, and continually assess their own assumptions. The use of photographs taken by participants to guide interviews holds potential as a culturally sensitive way to engage young people and gain a privileged window into their worlds.

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

1) Plan different types of photo-taking and interviewing processes
2) Identify strengths and weaknesses of using participatory and visual methods to elicit children's experiences and perspectives cross-culturally

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The Trajectory of a Public Mental Health Service with a Bolivian Family in Brazil

Juliana Silva

This study was conducted as part of a doctorate entitled "Encounter Policies in infant-juvenile clinical treatment", carried out in UNESP, with financial support from CAPES, a Brazilian federal agency. The research is a cartography of clinical experiences, which, through the construction of narratives, problematizes questions regarding infant-juvenile care.

The presentation describes the trajectory of a public mental health service with a Bolivian family, arising from the demand for treatment for a child on the autistic spectrum, in São Paulo. Brazil receives a considerable number of Bolivian immigrants, who often, like this family, have precarious work contracts, and suffer social disadvantages. The family comprised parents and two daughters. Both parents worked in a sewing factory, splitting shifts between them. The children stayed at home or went to the work place and remain seated at the feet of the sewing parent.

The narrative on the accompaniment of the child will focus on some points of a six-year care process. We understand that accompaniment can only occur through an exercise of trust between the family and the care team, who sought to create strategies to deal with the anguish presented, mainly by the mother, regarding her daughter's development. Hours and frequency of service were decided jointly, without jeopardizing the parents' work schedule, along with other steps like: school inclusion, basic health network support, house organization, among others. The family's situation, with isolation due to work and language, aggravated that of the two children. The older daughter, although not on the autistic spectrum, presented problems in social relations and learning processes, and received the support of public services. The parents had no contact with other families and, with help of service groups, managed to meet people, beginning a support network for themselves. Thus, the autistic perspective can be widened to the socio-cultural family context.

Learning Objectives

1) At the conclusion of this presentation, participants will be able to:
2) Widen their psycho-pathological perspective to the global context of the person in question for better analysis
3) Create more inventive tools for the accompaniment and evaluation of socially disadvantaged families

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Vincent Van Gogh, Creativity and Mental Illness: A 21st Century Psychiatric Perspective

José Menéndez

Vincent Van Gogh's alleged mental illness has been the subject of much discussion and speculation. If he actually had a mental illness or if he was just a bohemian artist, misunderstood by society, is a question that appears still far from settled. A case for the positive will be made on this presentation, focusing specifically on mood disorders. A discussion about the interrelationship between creativity and mental illness, in light of new research highlighting artists like Munch and Beethoven, among others, will give context to the case of Van Gogh and help understand his plea and his art. The discussion will then focus on the effect the current psychiatric treatments have on creativity and artists. What could have happened if today's treatments for mental illness had been available at the time of Van Gogh will be hypothesised, together with what happens to the current "Van Goghs" when they are diagnosed with a mental illness and treated for it. If Van Gogh's art, like Beethoven's or Munch's, are considered patrimony of the world, then the question of what right we Psychiatrists have to treat potential artists and deprive the world of their art becomes a major ethical conundrum. The presentation will be based on Van Gogh's paintings and correspondence, as well as other documentation from his time and evidence from current research.

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

1) Analyze the unique situation presented by Van Gogh and describe the procedure to follow to clarify the problem
2) Evaluate the unique situation of Van Gogh, the nature of the problem, and find ways to critique and justify the solution

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Mental Health, Recovery and Resilience in Burundi: What Happens in Under-served Communities?

Nestor Nkengurutse

Background and Purpose
The resilience approach is in keeping with the World Health Organization's conceptualization of mental health as a positive state of psychological well-being going beyond the absence of disease (World Health Organization, 2005). Accumulating evidence indicates the beneficial effects of psychosocial support on general well-being in patients with mental health impairments. Less evidence is available on benefits of social-economic reinsertion in mental health resilience. This study examined the association between social rehabilitation and recovery status for one year in persons with mental illness.

Methods
A longitudinal study using information from the mental health database within Psychiatric clinic included 120 inpatients aged between 15-55. We collected data during their stay and approximately 1 year after they were discharged. The WHODAS tool was used to gather information.

Results
The mean age of the sample was 22.4. Patients were women (61.5%) and men (48.5%); married (43%); rural (89.4%), under-educated (75%); refugees (93%); from large families (74%); without land (83%), job (87%) or access to the health system (47%).They used traditional (92%) or faith care (35%). Screening was made by family (50%), neighbors (35%), community workers (10%) or care providers (5%). A GP diagnosed 100% of people: with Depression (57%), Psychotic features (20%), Bipolar disorders (13%), or Schizophrenia (8 %). 65 % were trauma patients. Average length of stay was 20.1 days. After one year: Home visits (12%), psychological support (25%), and medical treatment (14%) were provided. Stigmatization (60%) and poor economic reinsertion (90%) undermined improvement. Full recovery (30%) and relapse (42%) of patients were noted 12 months later.

Conclusion and Implications
This study shows how people struggle to recover from a mental illness despite challenges of access to medical services and poor social reinsertion, which jeopardizes resilience.

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

1) Understand how to extrapolate best practices in mental health to set up a rural mental health program
2) Understand how to plan and carry out required mental health policies in remote areas

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Artistic and Cultural Practices in Psychosocial Care: Processes of Creation and Production of Subjectivity in Mental Health in Brazil

Elizabeth Lima

Background
Psychosocial Attention is configured as a set of practices and knowledge that guide the invention of care devices in public mental health services in Brazil. In this context, artistic and cultural practices have gained relevance, expanding the possibilities of attention in cultural projects, favoring the participation of the people assisted in environments of affective and creative experimentation.

Issues of Focus
This paper will present and discuss some artistic and cultural devices developed in the field of mental health in Brazil, related to Psychosocial Attention, in its ethical, political and clinical dimensions.

Proposition
Cultural actions, artistic activities and creative experimentation invigorate mental health practices in proposals aimed at the invention of other forms of production of health and subjectivity, associated with social participation, strengthening forms of encounter and coexistence.

Potential Outcomes
The production of ruptures in relation to the hegemonic ways of thinking and dealing with different modes of existence, expanding the spaces of social circulation of subjects and groups in situations of psychosocial vulnerability.

Discussion
Art, culture and the clinic must be brought together through critical procedures to potentialize its vectors of invention and connect the processes of creation to the production of health and subjectivity in facing situations of illness, solitude and isolation. This makes it possible to overcome the Idea of culture as restricted to institutionalized art, and the notion of art and culture as therapeutic resources, so that they can access their clinical potential, as aesthetic experiences that give new meaning to life. Beyond instituted culture, there can be found a common world in living cultural experiences, connected to the expression of cultural diversity and of difference.

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

1) Understand the relevance and effects of artistic and cultural practices for the production of health and subjectivity
2) Discuss critically art, creation and aesthetic experience as cultural manifestations, comparing and discriminating them from therapeutic resources

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Building Strengths and Inspiring Hope among Youth and their Communities

Deborah Goebert, Malia Agustin, Blane Garcia

Background
Rates of completed suicide for indigenous Hawaiians are amongst the highest in the world for youth, taking a tremendous toll on local communities. Comprehension of community perspectives of suicide and well-being can enhance suicide prevention interventions.

Aims
To culturally adapt the components of an evidence-based youth suicide prevention intervention, and refine the intervention methodology to align with these adaptations.

Methods
Formative qualitative work was conducted with community members. Focus groups (N=29) were held to obtain information on community strengths. Narrative analyses were emergent and emphasized components for suicide prevention using grounded theory. Themes were identified and verified among the researcher-community project team, incorporating cultural auditing to ensure that only information about which there was consensus was included in the dataset.

Results
Participants highlighted local innovations in suicide prevention and culturally grounded advancements that give back to their community. For example, the community was the first to provide crisis phone services in the state. The community is also recognized for their approaches to farming education and lifeguarding.

Discussion/Implications
Effective suicide prevention for rural and indigenous youth requires broad-based community commitment and connection. Our long-range goal is to integrate community wisdom with scientific methods to conduct youth suicide prevention research that mitigates health disparities and improves the well being of indigenous Hawaiian youth and their communities.

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

1) Identify key structural components for cultural adaptation in suicide prevention strategies
2) Apply adaptation techniques based on cultural and community knowledge to a behavioral intervention

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Everyone has to Step In: Gender, Cultural and Family based Solutions to Parenting for Parents with Mental Health Challenges

Helle Thorning

Background
The dominant narrative across cultures presents people with severe mental illness (SMI) as unfit to be parents. Yet among people with SMI in the US, an estimated 65% are mothers and 52% are fathers. Compared to parents without SMI, those with SMI are more likely to be people of color, poor, unemployed and experiencing stigma and are three times more likely to be involved with child protective services, the justice system or other supervising entities. Food and housing insecurities, discrimination and accumulated trauma often interfere with parenting adequately, and 80% lose custody of at least one child.

Aims
To compare the dominant narrative regarding parenting among mental health providers with parenting solutions described by people with SMI, we conducted a mixed method study with Assertive Community Treatment (ACT) teams in New York State.

Methods
Using a cross sectional design, we surveyed 81 NYS ACT Providers (AP) (46% response rate) for their perspectives of ACT Participant Parents' (APP) ability to parent. Twenty-five APs participated in focus groups, and six men and seven women APPs of diverse background participated in interviews. We used descriptive and bivariate statistics and content analysis to consolidate quantitative and qualitative findings from the survey followed by a content analysis of focus groups and interviews.

Results
Our findings showed that APs endorsed the dominant narrative of APPs as unfit to parent. In contrast and despite the complex challenges encountered by APPs, these individuals described viable supports for parenting within the structure of the family when everyone stepped in.

Discussion
This study suggests expanding the current narrative to consider resiliency of parenting in the context of familial supports. Shifting models of care from individual recovery to family oriented recovery would allow APs to identify and support solutions provided by each family and could strengthen the APP's ability to parent and stay involved with his or her children.

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

1) Recognize the dominate narrative across cultures that presents people with severe mental illness as unfit to parent
2) Identify ways in which solutions for parenting for people with severe mental illness can be supported by mental health providers

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Culturally Informed Policy and Practice Approaches to Grave Public Health Problems

Albert Persaud, Lloyd Sederer, Robert C. Like

To be effective, policy and practice solutions must engage the moral, social, political, and structural aspects of public health problems, all components of a thorough cultural competence approach. This symposium features three distinguished policy-makers and thought leaders from the US and the UK, who will focus on grave problems facing the organization and implementation of health and mental health services: human rights abuses toward the mentally ill, the opioid and other drug epidemics, and disparities across social groups in access to and quality of health care, including psychiatric treatment. Each will discuss how a cultural perspective that addresses socio-structural aspects of illness and care can shed light on how to tackle these difficult problems in the delivery of health services.

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

1) Describe the moral, social, political, and structural aspects of three grave public health and mental health problems
2) Discuss at least two potential solutions to tackle these problems

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Improving Behavioral Health among Latino Immigrants in Two Different Countries: U.S. and Spain. Results from the International Latino Research Partnership (ILRP)

Margarita Alegría, Irene Falgas Bague, Lisa Fortuna

Background
Mental health and substance use disorders have a complex, multidimensional relationship. Their combined presentation results in more severe impairment and worse treatment outcomes than each individual disorder. Having mental health problems increases the likelihood of drug use, and drug users have an increased risk for developing depression and anxiety. Integrated treatments that simultaneously address mental illness and reduce substance misuse are needed. Co-occurring disorders (COD) in Latinos interacts with social and cultural issues linked to migration. Self-reliant attitudes about behavioral health, structural barriers, and institutional barriers are reasons Latinos may be less likely to access evidence-based practices or have worse clinical outcomes than non-Latinos. Moreover, most evidence-based treatments have not been tested with non-English speakers or adapted for minorities, leaving a research void for tackling Latinos' unique barriers to care. The ILRP was created to improve knowledge in evidence-based treatments for Latinos with COD.

Objectives
In this symposium, we will present the main results of the ILRP: 1) the development of the "Integrated Intervention for Dual Problems and Early Action" (IIDEA), a specially developed intervention, 2) the identified barriers to care among participants and their influence on the retention to the IIDEA intervention and 3) the results of a multi-site randomized clinical trial that tested the effectiveness of and integrative treatment for Latinos with COD. 341 eligible individuals were enrolled in primary care clinics, community-based organizations, through health care professionals and participant referrals.

Results
We describe IIDEA intervention development and the relationship of sociocultural, demographic and clinical factors to adherence to the IIDEA intervention. We finally describe results of this multi-site clinical trial designed to enhance generalizability and expand participation of Latinos from different countries.

Implications
Our study results suggest that the IIDEA intervention is an acceptable and effective behavioral health treatment for Latino migrants with COD.

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

1) Recognize a trans-diagnostic intervention specifically developed for a Latino immigrant population with co-occurring disorders
2) Identify the main barriers to care that Latino immigrants are facing in two different countries

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Interventions to Reduce Stigma in Low-Income Countries varied by Context and Culture

Dristy Gurung, Eshetu Girma, Byamah Mutamba

Background
Stigma against persons with mental illness is a global barrier to assuring engagement with adequate clinical and community services. Therefore, in addition to providing treatment for persons with mental illness, initiatives are needed to reduce stigma in health care settings, communities, and families. Unfortunately, there is a lack of research to guide stigma reduction programs in most low-income countries across diverse cultures and context.

Aims
The goal of this symposium is to describe innovative programs to reduce stigma in low-income countries.

Methods
We examine stigma reduction efforts and the role of culture at three ecological levels. First, we explore models for changing stigma among primary care workers. Second, we examine structural stigma at the health institutional. Third, we address communities and stakeholders outside the health system.

Results/Potential Outcomes
At the primary care worker level, we present the Reducing stigma among healthcare providers to improve mental health services (RESHAPE) intervention. RESHAPE is being evaluated in a pilot cluster randomized trial in Nepal. At the health institution level, we present the Optimizing provider attitudes and competence in learning health systems (OPAL) in Ethiopia. Finally, mental health Beyond Facilities (mhBeF) uses a cascading approach to implement anti-stigma programs for primary care workers, community health workers, and other community stakeholders in rural Uganda.

Discussion/Implications
The interventions presented here demonstrate how stigma against mental illness can be reduced at the primary care worker level, the health institutional level, and the community level. These interventions can compliment and reinforce efforts to expand services to low-income countries and other low-resource settings. Ultimately, stigma reduction is a vital component of a comprehensive approach to improving the lives of people with mental illness.

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

1) Analyze the factors that contribute to stigma across settings varied by context and culture
2) Evaluate the impact of different types of interventions to increase access to and use of care

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The Occurrence of Psychotic Disorders in Low- and Middle-Income Countries and the Role of Traditional Health Practitioners

Zhiying Ma

Background
Global understandings of the epidemiology and clinical course of psychosis have mainly originated from high-income countries (HICs), with very little data available from low- and middle-income countries (LMICs). A major barrier is the 'mental health treatment gap' that characterizes most LMICs, where the lack of mental health resources results in poor access to care for people with severe mental illnesses.

Aims
Firstly, to develop novel strategies for identifying people with psychosis in resource-limited settings. One such strategy might be to incorporate traditional health practitioners (THPs) in efforts to improve detection of psychosis. Secondly, to study the role of cultural and social factors on phenotype, pathways to care and outcome of psychosis.

Methods
In a rural community in KwaZulu-Natal (KZN; South Africa) we engaged with THPs, who referred help-seeking clients with recent onset psychosis to the study team. In another study in KZN the 'calling of the ancestors' among apprentice THPs has been analyzed with ethnographic and quantitative methods. In a third study in East Azerbaijan, a province of Iran, a longitudinal observational cohort of patients with a first episode of schizophrenia spectrum disorders has been started.

Results
In the two studies in rural South Africa, we succeeded in establishing collaboration with regional THPs and found that they were able to identify patients with recent onset psychosis. Also, in Iran, patients with schizophrenia spectrum disorders have been enrolled in the study.

Conclusions
Key to the successful collaboration between psychiatry and the local community was the building of trust by recognizing and acknowledging local authorities, mutual respect for health constructs, taking time to find common ground, and adaptation of the procedures to sociocultural norms. The findings of the three presentations will be discussed from a psychiatric and anthropological perspective.

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

1) Formulate strategies and qualitative and quantitative methods to detect severe mental disorders in poorly resourced low- and middle-income countries (LMICs)
2) Evaluate the role of cultural and social factors on the occurrence, pathways to care and outcome of psychotic disorders

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Coming Of Age: Bringing Cultural Psychiatry Training into Focus in Montreal

George Eric Jarvis

Background
Transcultural psychiatry began as an academic discipline at McGill in the 1960s, but as immigration to Canada from non-European countries intensified in the following decades, clinical priorities assumed greater importance.

Objectives
To outline how the culture of psychiatry at McGill University has influenced the implementation of transcultural psychiatry training over the last five decades.

Methods
This paper will review the development of transcultural psychiatry at McGill University and how the discipline has brought priority attention to issues of culture in hospital and university training sites. The paper will also examine cultural predicaments that have limited the expansion of transcultural psychiatry training in recent years.

Results
Transcultural psychiatry at McGill has benefited from an academic foundation that includes the journal Transcultural Psychiatry, the Division of Social and Transcultural Psychiatry, and the Culture and Mental Health Research Unit. From this base, students may gain skills in research and writing that complement clinical training. The Cultural Consultation Service, in addition to culturally-oriented seminars and rounds, a Diploma Course for residents, and the annual Summer School and Advanced Study Institute in Social and Transcultural Psychiatry provide training in various aspects of transcultural clinical evaluation and treatment planning. Despite these successes, transcultural psychiatry remains somewhat marginal in the Department of Psychiatry, with many trainees coming from international sites or from non-medical disciplines. Furthermore, access to reliable protected teaching time remains problematic for students and residents, and routine clinical training in the use of linguistic interpreters is practically nonexistent.

Implications
Transcultural psychiatry training has made substantial gains at McGill University, but conventional attitudes and practices, and professional cultures that emphasize a biomedical understanding of mental disorders, limit the application of transcultural knowledge to mainstream psychiatry and medicine.

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

1) Recognize how changing institutional cultures have influenced transcultural psychiatry training
2) Apply strategies to adapt transcultural psychiatry training to changing institutional priorities in order to maintain the field's relevance and resources

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Coming Of Age: Bringing Cultural Psychiatry Training into Focus in Toronto

Kenneth Fung, Lisa Andermann

Background
Transcultural psychiatry training at the University of Toronto has made tremendous strides in recent years with a series of academic, clinical and community initiatives.

Objectives
To trace the development and current status of the transcultural psychiatry curriculum at the University of Toronto.

Methods
This paper will review the development of transcultural psychiatry training at the University of Toronto and will highlight aspects of institutional practice that have encouraged and hindered attention to culture in hospital and university training settings.

Results
The University or Toronto has developed transcultural psychiatry training programs with partners in hospital and community centers, which also serve as training sites for psychiatry residents. Links with curriculum initiatives in Advocacy, Global Mental Health and Underserved and Marginalized Populations ("Pillar 4" curriculum) have also been developed. On the eve of Competency Based Medical Education in our department, sweeping curriculum changes are inevitable, and the future of the present cultural psychiatry curriculum is unknown. However, we are preparing materials in preparation for these upcoming changes.

Implications
The progress made by the University of Toronto with respect to transcultural psychiatry training may be in jeopardy due to the changing culture of medical education in the Canadian context.

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

1) Identify components of a cultural psychiatry curriculum focused on attitudes, knowledge and skills
2) Describe challenges to implementation and continuation of a cultural psychiatry curriculum

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Coming of Age: Bringing Cultural Psychiatry Training into Focus in Ottawa

Azaad Kassam

Background
Ottawa, the capital city of Canada, hosts a diverse population from many countries as well as a number of indigenous communities originating in the region. Transcultural psychiatry training at the University of Ottawa has begun in recent years to address the needs of patients from these communities.

Objectives
To outline the development of transcultural psychiatry training in Ottawa.

Methods
This paper will trace the origins of efforts to bring transcultural psychiatry training to resident and medical student education at the University of Ottawa and will describe why this has been difficult to implement.

Results
So far, the department of psychiatry has recognized the need for more training in this area, and new teaching initiatives are in the planning stages. However, despite the need for culturally informed mental health services, there has been little development of transcultural psychiatry in Ottawa. The reasons for this void are political and derive from a state of institutional inertia in which status quo policies undermine progress, and mundane crises sap energy from the implementation of innovative practices.

Implications
The University of Ottawa's Transcultural Psychiatry initiative is in its infancy, but with persistent nurturing, there is hope for growth and development.

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

1) Appreciate the effect of national politics and local and institutional culture that can lead to stagnation in the development of culturally attuned psychiatric services
2) Explore possible approaches to foster the growth of transcultural psychiatry training in their centres

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From Policy to Practice across the Spectrum in Trans-cultural Mental Health – An Australian Example

Rita Prasad-Ildes, Dragos Ileana, Sara Burton

The attendees of this symposium will gain an understanding about an Australian example of work undertaken in the field of transcultural mental health across the spectrum of diagnoses and lifespan, from policy to practice, within a public mental health context. Specifically, they will learn about the Queensland Transcultural Mental Health Centre, a specialist academic clinical unit and state-wide specialist service located within the Queensland Health Department, which has led some of the developments in public policy and funding strategies in transcultural mental health nationally.

The attendees of this symposium will gain an understanding about an Australian example of work undertaken in the field of transcultural mental health across the spectrum of diagnoses and lifespan, from policy to practice, and across public and primary mental health sectors. Specifically, they will learn about the Queensland Transcultural Mental Health Centre, a specialist academic clinical unit and state-wide specialist service located within the Queensland Health Department and cutting-edge work in primary mental health care via an innovative multicultural health social enterprise clinic, World Wellness Group.

With one in five Queenslanders born overseas representing over 220 countries and being the second largest and geographically the most decentralised state in Australia covering an area two and a half times the size of Texas, Queensland faces challenges in responding to the mental health needs of its culturally diverse population.

With a key focus on tackling disparities in mental health care for people from immigrant and refugee backgrounds, this symposium will deliver three key presentations from practitioners who have a long-standing track record of innovation in transcultural mental health in the public and primary mental health care sectors.

They will present: A public policy approach to building health systems capability to deliver culturally responsive mental health care across the mental health system as well as identify system failures which have led to innovation in the social enterprise and primary health sectors; a model of specialist clinical consultation services focused on eliciting cultural explanatory models to facilitate culturally tailored assessment and treatment with better outcomes in engagement and therapeutic alliance in public mental health services.

This presentation will include recent developments in primary mental health care which incorporate culture based approaches in psychological therapies as well as holistic approaches to mental health and wellbeing; learnings and insights from a specialist transcultural mental health psychiatrist from both the public and primary mental health care sectors about system enablers and barriers which impact on clinical care and workforce capability. This presentation will also discuss the context of clinical practice with immigrants, refugees and asylum seekers within a constantly changing socio- political environment.

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

1) Understand policy and practice approaches in transcultural mental health in Australia
2) Compare policy and practice approaches in transcultural mental health in Australia with approaches in other countries

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Spirituality, Culture and Mental Health

Anna Yusim, Judith Orloff, Richard Brown

Mental health training programs around the world have been increasingly offering courses on the multi-cultural dimensions of religion and spirituality. This workshop will explore the interface of mental health, spirituality and culture in psychiatric practice in the United States and abroad.

In much of psychiatry, there is a long-standing, unfortunate split between science and spirituality. Sigmund Freud described belief in God as delusional and religion as a universal obsessional neurosis. Although Freud wrote about "the oceanic feeling," the unspeakable wholeness, limitlessness, and awesome feeling when aware of a connection to something greater than themselves, he admitted to having never experienced this feeling personally. Many studies across various cultures have shown that spirituality and mind-body-spirit practices improve physical health, mental health, and subjective well-being, while reducing addictions, psychological distress, and suicidal behaviors.

In the United States, more than 90 percent of adults express a belief in God, and slightly more than 70 percent of them identify religion or spirituality as one of the most important influences in their lives. While spirituality has many definitions, it does not imply religion, belief in God or promotion of a particular dogma. Generally, but not always, spirituality entails an individual's internal sense of connection to something "more," something beyond oneself, which could be perceived as a Higher Power or God or the Universe, but could also be a more general sense of the sacred, consciousness, a shared global purpose, or interconnectedness to all life. For some, spirituality entails a belief in positive human values like hope, trust, love, persistence, and faith. While a spiritual approach is not for everybody, it can be a valuable addition to more conventional approaches of psychiatric healing.

Although psychotropics and psychotherapies are the mainstays of psychiatric practice around the world, spiritual interventions and specific mind-body-spirit practices can enhance the effectiveness of prescription drugs, reduce the necessary dosage, and prevent or counteract various acute and long-term side effects of medication. This is all the more imperative in cultures where patients lack access to therapy and/or medication, and where the psychiatrist-per-population ratio is particularly low. Integrative treatments like those that will be described in this workshop provide the clinician and non-clinician alike with additional therapeutic tools and empower the patient to participate actively in recovery. Identifying safe, effective and easy-to-implement spiritual interventions and mind-body-spirit practices is therefore vital to better mental health care. Since most mental health practitioners have never been trained in these methods of healing, it is important to provide practical tools to integrate such treatments in their clinical work.

In this workshop, three psychiatrists – Dr. Richard Brown, Dr. Judith Orloff, and Dr. Anna Yusim will discuss the theory and practice behind several mind-body-spirit treatments that have proven efficacious in clinical care and are associated with few and modest side effects. The therapeutic methods presented in this symposium are practical, easy-to-learn and implement and offer a novel formula for working with patients across various cultures who are constantly searching for alternatives to traditional medicine, self-awareness, and a sense of meaning in their lives.

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

1) Understand the relationship between spirituality, culture and common psychiatric conditions, like depression, anxiety and addictions; and describe multiple theoretical framework through which to understand the role of spirituality as a cultural construct
2) Increase awareness of simple but powerful Breath-Body-Mind-Spirit techniques that psychiatrists can use with patients of all cultural backgrounds to improve physical and mental health; and identify how to best tailor these treatments to individuals

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When the Color of My Face Matters: Race, Discrimination and Wellness

Angel Caraballo, Annie Li, Khadijah Booth Watkins, Jennifer O'Keefe

Today, physicians are expected to hold a high degree of professionalism, to reduce health disparities across racial groups, to practice in a culturally competent manner and to uphold standards of care for all patients. At times, patients may request for a physician to be of a certain racial or ethnic background. When the request creates a concordant relationship that will optimize patient care, physicians should honor such requests. Yet, what happens when those requests are driven by bigotry, ignorance or racial prejudice? According to a recently published article in the Wall Street Journal, the mother of a patient at a hospital in NYC asked a 3rd year African American resident to get a doctor even after he introduced himself as a physician. They asked to see his supervisor, and once they saw that his supervisor was also African American, they left the ED and refused medical care. In this same article, another physician who grew up in NYC with parents of Iranian descent was told that he was not a physician because he looked like someone who was going to blow up the place. Many physicians experience racism from their patients, but this is something not candidly talked about. With more physicians going public with their experiences recently, more focus and attention on this issue is warranted. Many of the physicians experiencing this type of discrimination are already working long hours, and this can be a contributing factor to burnout. We will discuss strategies and solutions and engage the audience in wellness exercises to prevent burnout in the context of racial discrimination.

For psychiatrists, specific issues arise on this topic, including how one reconciles honoring a patient's preference when referral to another psychiatrist may not be feasible. The literature and data on how race impacts the professional identity and everyday practice of psychiatrists are limited. We continue to need to have dialogue and find ways to address this phenomenon in our current political and social climate.

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

1) Identify patient-to-physician racial discrimination and the impact that it has on their professional identity in everyday practice and its potential to cause burnout
2) Apply wellness to avoid burnout in the context of patient-to-physician discrimination

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Empathy Across Difference: Discussing Our Identities as Psychiatrists

Xinlin Chen, Rita Ouseph, Nadia Oryema, José Vito

Background
When psychiatrists and patients meet in a cross-cultural encounter, each brings aspects of their multicultural identities to the treatment dyad. Research shows that patients' self-esteem and emotional stability are related to their attitudes about their own ethnic background. However there is little research examining clinicians' awareness of our identities as it impacts the therapeutic process. We hypothesize that clinicians' cultural identities significantly impact the therapeutic relationship, necessitating greater awareness of our own attitudes regarding our identities as clinicians.

Aims
Our project is a novel peer-led workshop with the goal of developing sensitivity to our identities as psychiatrists. The aim is to add to the existing literature, which mostly focuses on cultural competency curricula centering the patient's cultural identity rather than that of the clinician. In addition, this workshop utilizes a multidimensional model of identity and emphasizes structural power imbalances, elements missing from similar trainings in the literature.

Methods
This workshop was developed following a literature review of similar trainings and has been modified based on past iterations with psychiatry residents. The workshop is an experiential group process promoting reflection and cultural awareness. The workshop starts with participants agreeing to a group frame that allows for confidentiality and mutual respect. The discussion proceeds through a series of questions inviting personal reflection on identity, power imbalances, and role plays of clinical scenarios.

Outcomes
Participants may feel greater comfort exploring issues related to cultural difference in clinical settings.

Discussion
Diversity is increasingly recognized as an asset within psychiatry. How do we best utilize our differing perspectives beyond simply the demographic statistics of diversity? This workshop is a start towards potentially challenging cross-cultural conversations. Future directions will involve qualitative analysis of themes arising during discussion, which will refine subsequent workshops and provide direction for psychiatry departments developing similar programs.

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

1) Explore ways in which our cultural upbringing as clinicians influences the treatment dyad
2) Identify power relations within psychiatric settings which affect both clinicians' provision of services and patients' utilization of mental health treatment

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Disparity Deputies in the Big Apple: A Model for Fostering Cultural and Systemic Change Towards Addressing Mental Health Disparities at a Child and Adolescent Community Clinic

Samantha Schindelheim, Ana Irazabal, Pooja Vekaria, Maciel Campos

Nestled in New York City's Washington Heights community, otherwise known as "Little Dominican Republic," the Pediatric Psychiatry Outpatient Clinic of New York Presbyterian Hospital (NYP) serves a majority Hispanic population that is 48% foreign born and 39% with limited English proficiency (Community Health Profiles, 2015). This community disproportionately faces higher levels of poverty, unemployment and rent burden when compared to other communities in New York City (US Census, 2011-2013), as well as higher levels of psychological stress and higher utilization of acute psychiatric services. These circumstances prompted further evaluation of our systems of care and mental health disparities, thus generating the "Mental Health Disparities Workshop Series."

This proposed presentation describes and models experiential activities and discussions used to illustrate the relationship between social determinants and disparities, and increase access to care within a community based child and adolescent psychiatry clinic. Workshop aims included 1) identifying systemic disparities throughout different points of mental health care within our clinics; 2) engaging in cultural humility and critically thinking about our clinical procedures and practices; and 3) empathizing with our patient population's experiences.

Prior to the workshop, a survey based on a literature review of mental health disparities was developed and administered to clinicians and trainees, yielding generally positive views on current efforts to address disparities and generally high levels of cultural competence. An added component of the proposed model focuses on sustaining efforts towards examining and addressing mental health disparities through clinic specific action plans developed to implement interventions to diminish mental health disparities. Accountability for action plans is maintained by assigned "Disparities Deputies," tasked with attending monthly meetings that track progress on clinic action plans and formulate concrete and measurable goals to evaluate outcomes, as well as discuss current sociopolitical events impacting the mental health of the community and the delivery of services.

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

1) Identify social determinants of mental health disparities and manifestations of disparities across various clinical settings
2) Determine points of possible change and create action plans to address systemic mental health disparities within their own clinics

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Global-Local Tension In Global Mental Health

Laurence Kirmayer, Vikram Patel

The calls to action on Global Mental Health (GMH) pose an important challenge to cultural psychiatry. In response, cultural psychiatry has identified important tensions and dilemmas in the program of GMH. These include (1) the uncertain translatability and transportability of existing psychiatric knowledge and practice; (2) the limitations of research in low- and middle-income countries (LMICs) and the consequent reliance on evidence produced in high-income countries; (3) the need to understand how to mobilize or modify local systems of care and interventions; (4) the framing of inequalities in terms of access to mental health services; and (5) the problem of devising systems and interventions that are feasible and effective in low resource settings. This conversation will attempt to move beyond the sometimes-heated polemic and dichotomous positions that have complicated recent debate to discuss the ways in which cultural psychiatry can contribute to the goal of reducing inequities and improving mental health and well-being in LMICs.

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

1) Describe how the principles of global mental health are equally applicable to designing mental health care delivery in culturally diverse populations in both high and low income countries
2) Discuss the tensions that arise when implementing mental health programs across diverse cultures and societies at various levels of economic development

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The Future of Cultural Psychiatry

Neil Krishan Aggarwal, Christine Musyimi, Rahul Shidhaye, Ingrid Vargas Huicochea, Jianzhong Yang

A persistent dilemma among trainees and early-career investigators in cultural psychiatry has been how to construct independent and fulfilling careers in an era of limited support, including decreasing institutional support in some high-income countries. This panel discusses the future of cultural psychiatry in four main areas: (1) clinical practice, (2) public policy, (3) medical education, and (4) scientific research. Mid-career investigators, clinicians, and educators from high-, middle-, and low-income countries will respond to a series of common questions and share their experiences with building careers in cultural psychiatry. The goal is to provide participants across a range of professional trajectories – trainees, junior faculty, and senior faculty – with concrete steps to facilitate independent careers for trainees and junior practitioners. The rapid increase in funding for global mental health also raises several pertinent questions such as the relationship of global mental health to cultural psychiatry and whether mechanisms of financial support in global mental health could advance work that traditionally falls within cultural psychiatry.

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

1) Describe the opportunities and challenges facing mid-career practitioners of cultural psychiatry
2) Discuss novel ways in which the work of cultural psychiatry can develop in diverse regions around the world

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