40th ANNIVERSARY
SOCIETY FOR THE STUDY OF
PSYCHIATRY
CULTURE

program book

ENGAGEMENT, EMPOWERMENT, EQUITY

From Theory to Practice

April 25–27, 2019

toronto, ontario

contents

mission
society for the study of psychiatry & culture

The Society for the Study of Psychiatry and Culture (SSPC) is an interdisciplinary organization devoted to furthering research, clinical care, and education in cultural aspects of mental health and illness.

SSPC promotes integration of culture in psychiatric theory and practice. Areas of interest include: (1) research on social and cultural dimensions of mental illness, comparative studies of psychopathology, and the cultural context of psychiatric practice; (2) innovative approaches to culture in clinical practice; and (3) training of psychiatrists, other health care professionals, and social scientists.

The SSPC aims to promote cultural psychiatry in North American professional groups and to collaborate with national and international organizations in the development of policy and practice. The SSPC also aims to foster exchange among clinicians and researchers engaged in cultural psychiatry, other medical and allied health professionals, and social scientists.

The society has a diverse international membership and encourages participation of professionals and students from psychiatry, psychology, nursing, social sciences, and public health. SSPC is a nonprofit organization.

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visit us at **psychiatryandculture.org**

welcome
from the president

Kenneth Fung, MD,
President of SSPC

Each year, our Annual Meeting is the signature event of our society. It brings us all together to foster dialogue, exchange, and debate on all aspects related to culture and the role it plays in mental health and illness, with the ultimate goal of improving the mental health and wellbeing of diverse communities. Indeed, last year's theme explored various ways of defining, conceptualizing, and operationalizing culture. Building on it, this year's theme is on *Engagement, Empowerment, Equity: From Theory to Practice*. With this year's rich program, we will continue our interrogation of culture and turn our attention toward the practical applications of it, especially on how engagement and empowerment can be enacted to promote equity for diverse populations.

This year's conference is especially important for us as it marks the momentous occasion of our society's 40th Anniversary! On the opening morning, we are delighted to have a special plenary session "A Forty-Year History of SSPC and the Evolution of Cultural Psychiatry" with Jim Boehnlein, Ronald Wintrob, Joseph Westermeyer, and Francis Lu. This is followed by our Hughes Fellowship Lecture delivered by this year's winner Katherine Pizarro. In the spirit of collaboration, we are excited to offer joint programming on the second day with the biennial Diversity and Equity in Mental Health/ Addictions Conference, which is organized by Hong Fook Mental Health Association in collaboration with academic and community partners from Toronto. Our keynote speaker in the morning, Martin La Roche, will help us explore the intersection of psychotherapy and advocacy, and the afternoon keynote Josephine Wong will share her personal and professional experiences to help us promote family-centered care and individual and collective empowerment.

The theme of engagement and empowerment is very fitting and reflective of the newer directions our society has been taking. While conceptual and theoretical dialogue and development continue, the society is also poised to embark on action. From outreaching through webinars on current topics such as the plight of refugees to the development of an advocacy committee, these are important milestones for our society toward greater engagement, responsiveness, and action to emerging needs. We invite you to not only participate in the great conference sessions, but also take the opportunity to learn

more about the work of our society and our various committees. Join us, take action, and become part of the movement!

We are excited to have a special banquet on Thursday night to celebrate our 40th anniversary. Come enjoy an evening of great food, music, entertainment, and reminiscence. Special congratulations to this year's award recipients, and the award ceremony will take place at the banquet to recognize:

Ted Lo—recipient of the Lifetime Achievement Award for outstanding and enduring contributions to the field of cultural psychiatry; Clare Pain—recipient of the Creative Scholarship Award for significant creative contribution to the field of cultural psychiatry; and Elizabeth Kramer—the inaugural recipient— and namesake—of The Elizabeth Kramer Award for outstanding service to the SSPC.

This year's spectacular program can be attributed to your excellent submissions and the hard work of the Program Committee, co-led by Bonnie Kaiser and Vincenzo Di Nicola; special thanks goes out to them, the entire program committee, and the logistics committee, stewarded and led by our Executive Director, Liz Kramer. We are also grateful for our collaboration with the local hosts from Toronto Canada, my home, including Hong Fook Mental Health Association and the Diversity and Equity Biennial Conference Planning Committee.

As we know, culture is not static but dynamic, and change is ever present and on-going. Our 40th birthday presents a valuable opportunity for us to take stock and reflect on the past; engage with and celebrate the present; map out and embrace new directions in cultural psychiatry. One thing that will remain the same is that SSPC's annual meeting will always be warm, friendly, and welcoming. It is truly the one family gathering that you do not want to miss. Catch up with your friends and colleagues, forge new connections, and get inspired! Enjoy the conference and looking forward to dialoguing and celebrating with you!

Kenneth Fung
President, Society for the Study of Psychiatry and Culture

historical note
the founding of SSPC

This year we are celebrating the creation and growth of our Society that was founded four decades ago, in 1979. In the 1960s there was no national organization in psychiatry in North America that focused on cultural psychiatry, an emerging field that studied the relationships between culture and psychiatric illness, treatment and prevention.

On a gray, rainy afternoon in March, 1979, Ed Foulks and I drove together to Boston to meet with John Spiegel at his home in Cambridge. We had arranged this meeting to discuss the feasibility of starting an organization that would focus on cultural psychiatry. The impetus for doing so had emerged over several years among a group of psychiatrists who had been organizing symposia on cultural psychiatry themes at the annual APA meetings. Among those who supported and contributed to these efforts to establish a more visible place for assessing the impact of culture on psychiatry and mental health were Joe Westermeyer and Armando Favazza, with encouragement from our senior colleagues John Spiegel, Gene Brody and Judd Marmor.

There was ongoing research at that time in both the USA and Canada. Prime examples include the Division of Social and Transcultural Psychiatry at McGill University in Montreal, established in the 1950s by Eric Wittkower and H.B.M. Murphy, and the research group led by Alexander and Dorothea Leighton at Cornell University Medical Center in New York that included Charles Hughes and Jane Murphy. Active contributors to the field in those days were John Spiegel at Harvard University, Eugene Brody at University of Maryland, Wen-Shing Tseng at University of Hawaii, Arthur Kleinman at Harvard University, Edward Foulks at University of Pennsylvania, Armando Favazza at University of Missouri, Robert Kraus at University of Kentucky, Joe Westermeyer at University of Minnesota , Ari Kiev in New York, and Fuller Torrey in Washington.

Several years before our discussion at John Spiegel's home, Gene Brody had led the initiative to formulate a position statement jointly developed by the American, Canadian and Mexican national psychiatry associations, on the definition, scope of the field, and research dimensions of cultural psychiatry that was published in the American Journal of Psychiatry in 1969 as an officially sanctioned position statement. Then, in the early 1970s, the Transcultural Psychiatry Section of the World Psychiatric

Association was inaugurated and has remained a very active component of WPA ever since, bringing together academics and clinicians in the expanding field of cultural psychiatry from countries around the world.

Spurred on by these developments, in the 1970s a number of APA members, including Armando Favazza, Joe Westermeyer, Ed Foulks, Joe Yamamoto at UCLA, Larry Wilson at University of Washington and Sam Okpaku at Vanderbilt University, with the encouragement of APA presidents Judd Marmor and John Spiegel, organized symposia on cultural psychiatry themes at the annual APA meetings.

The intention of establishing a group of psychiatrists to promote research and inform clinical work that could integrate knowledge about the influence of cultural factors in mental health, mental illness and psychiatric treatment ultimately led to the founding of SSPC in 1979. The original discussion with John Spiegel in Cambridge emphasized the interdisciplinary nature of cultural psychiatry, so that membership of anthropologists and psychologists would be welcomed and encouraged.

The inaugural annual meeting of SSPC was held in Philadelphia in the autumn of 1979, with Ed Foulks hosting, and was attended by about 35 colleagues. It was an auspicious start to a process that has continued to gain strength and support among colleagues, with annual meetings now extending over forty years.

With this history of SSPC as background, the organizers of this year's 40th anniversary meeting welcome you to Toronto and hope you will enjoy the ambience of the city and the interactions with the many colleagues participating in this landmark occasion.

Ronald Wintrob, MD
Founding President

acknowledgments

Many thanks to our Program Committee, chaired by Bonnie Kaiser and co-chaired by Vincenzo Di Nicola with the participation of Roberto Lewis-Fernández, Larry Merkel, Diana Robinson, Sylvanna Vargas, and Steve Wolin, for developing this first-rate conference and to Liz for locating a site for the meeting and for keeping us on schedule, or at least trying to. We especially want to thank the peer reviewers who evaluated and scored all the abstracts.

The Education Committee, under the leadership of Kenneth Fung and Anna Fiskin, has done an outstanding job with our webinar series, which continues to grow in attendance and popularity. This year's productions include 2 cultural psychiatry 101 webinars—one on gender and sexual identity and one on explanatory models—and 2 regular webinars, one on migration and resilience and one on mental health of refugees and immigrants: Addressing the Impact of Child and Family Separation. We have received a great deal of very positive feedback on these programs. The committee is continuing to develop an online curriculum in cultural psychiatry that can be used for specific topics or as an entire course by those institutions that lack curricula and/or teaching capacity in our field. Many thanks to all the participants and to the member s of the committee who are enthusiastically pursuing a number of new learning opportunities.

Kudos to Connie Cummings, who continues to do an outstanding job as our web manager, in-house designer, and program book editor, and to Shannon Suo, editor of the SSPC newsletter. We are deeply indebted to both of them. Many thanks also to Loren Brewster, our database manager and Liz's computer mentor and technical assistant. Thanks also to anyone else whom we may have inadvertently omitted.

Special thanks are due to Professional Risk Management Associates (PRMS), our gold corporate sponsor, for their continued generosity, and to the SSPC Board for their continued support and hard work. We remain grateful for their contributions.

The Warren Alpert Medical School of Brown University accredited our program for continuing medical education and provided invaluable assistance in collecting faculty disclosure forms, no easy task, and keeping records. They will be conducting the evaluation of our program and will distribute certificates within 5 weeks after the meeting. The patience and tolerance of Maria Sullivan and her staff, as well as their ability to keep us in line, have been invaluable.

Finally, grateful thanks and very best wishes to our retiring Board member, Jim Jaranson, who has faithfully, effectively, and efficiently chaired the By-Laws, Elections and Awards Committee. We will miss him greatly. And to all the Board members, your service to SSPC is greatly appreciated.

# charles hughes memorial fellowship award
katherine pizarro

Katherine Pizarro,
Doctoral Candidate,
McGill University

Katherine Pizarro is a doctoral candidate in the Division of Social & Transcultural Psychiatry at McGill University, working under the supervision of Dr. Danielle Groleau. Before coming to McGill, Katherine completed her Master's Degree in International Health at Johns Hopkins Bloomberg School of Public Health and her Bachelor's Degree in Cognitive Science at Carleton College. Her research uses both qualitative and quantitative methods to understand the social and cultural aspects of health behaviors, with a focus on substance use and mental health. She has conducted research to inform the design and evaluation of public health policies and programs in a variety of international settings. Her master's research involved a mixed-methods exploration of family dynamics related to adolescent monitoring and substance use in urban Peru. Her doctoral research takes a participatory research approach to developing and evaluating a program to address the social determinants of mental health and wellbeing among indigenous populations in Guatemala. She is particularly interested in understanding local constructions of mental health and wellbeing, and how those understandings can guide the development and adaptation of mental health promotion interventions internationally. She is a recipient of the Vanier Canada Graduate Scholarship.

elizabeth kramer award
for outstanding service
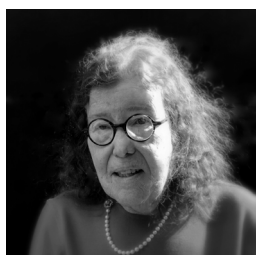
*Elizabeth ("Liz") Kramer,
SSPC Executive Director*

Elizabeth Jane Kramer (Liz) is a cultural epidemiologist, health services researcher and medical writer and editor with more than forty-five years of professional experience. Her specialty areas are immigrant health, racial and ethnic disparities in health, barriers and access to care, provider education, patient education, and community education. Her very special interest is in the integration of primary care and mental health services in immigrant communities and improving access for new Chinese immigrants. She has worked in both academic and community settings, most recently New York University School of Medicine, where she retired as Research Assistant Professor of Psychiatry, and the Charles B. Wang Community Health Center in New York City.

Liz is an alumna of NYU's College of Arts and Sciences and the Johns Hopkins University Bloomberg School of Public Health, where she was teaching fellow in a program to prepare teachers of community medicine, and her research focused on the education of healthcare professionals.   She is the author or editor of several books and monographs, as well as numerous papers, reports and grant proposals.

For the past twelve years on a part time basis Liz's project management and curriculum development skills have been applied to developing SSPC from an "ivy league dining club" to a full fledged professional society that is recognized both nationally and internationally.

lifetime achievement award
ted lo

Ted Lo, MD,
University of Tornto

Dr. Ted Lo is a teacher, mentor, colleague, clinician, and friend of many practicing in the field of cultural psychiatry, and longstanding SSPC supporter. He is the founder of the Hong Fook Mental Health Association, supporting initiatives for the large and diverse Asian community of Toronto. He is also consultant at the Across Boundaries Ethnoracial Mental Health Centrewhich was founded on an antiracism framework based on the work of Dr. Suman Fernando.

Dr. Lo has held academic positions as Assistant Professor of Psychiatry at University of Toronto, consulting to the former Culture, Community and Health Studies (CCHS) program; Cultural Consultation Team of Mount Sinai Hospital; and CATS program at Centre for Addiction and Mental Health.

Dr. Lo has provided cultural competence training to mental health professionals and physicians for the past forty years. He was a leader in development of the cultural psychiatry postgraduate curriculum at the University of Toronto Department of Psychiatry.

On a national level, Dr. Lo was appointed to Mental Health Commission of Canada to lead their diversity initiatives.

He is former President of FACT (Friends of Alternative & Complementary Therapies) and was awarded Prix Clarite by Canadian Complementary Medicine Association in 2002.

Given that this is the 40th Anniversary of SSPC, and the annual conference is being held jointly with the Hong Fook Mental Health Association in Toronto founded by Dr. Lo, this is an especially meaningful time to award Dr. Lo with the Lifetime Achievement Award.

creative scholarship award
claire pain

Claire Pain, MD,
University of Toronto

Dr. Clare Pain is the founder of the Toronto Addis Ababa Psychiatry Project (TAAPP) which is a partnership between the Departments of Psychiatry at University of Toronto and Addis Ababa University. Founded in 2003, when there were 11 psychiatrists in the entire country of Ethiopia for a population of over 70 million people (and only 3 faculty in the Department of Psychiatry) this training program has been able to graduate over 60 psychiatrists who are helping to build up the Ethiopia's mental health system. This initiative has been so successful that it has inspired TAAAC – the Toronto Addis Ababa Academic Initiative – which since 2008 has been a model for accelerating the creation of medical specialists in Ethiopia, and including many departments within the Faculty of Medicine, Engineering, Library Sciences, History and Pharmacy.

Notable achievements include training the first 60+ Ethiopian psychiatrists boosting the number of Ethiopian psychiatrists to 61; and over 90% of the new graduates stay and work in the country.

The Ethiopian psychiatrists, now a critical mass, have lobbied successfully to change mental health services from an asylum model of custodial care toward the integration of mental health services into all levels of health care; requiring the training of all health care workers in mental health and illness.

Over 50 faculty psychiatrists at UofT and 30 residents have travelled to Ethiopia to teach for a month as volunteers, several of the faculty have been more than once. The transcultural curriculum in psychiatry at UofT has been revised and more than doubled as a result, and now includes global mental health topics.

TAAPP has won six awards – the most prestigious is the American College of Psychiatrists' Award for Creativity in Psychiatric Education.

cme accreditation

Continuing Medical Education (CME) Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Warren Alpert Medical School of Brown University and the Society for the Study of Psychiatry and Culture. The Warren Alpert Medical School is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

Physicians: The Warren Alpert Medical School of Brown University designates this live activity for a maximum of 17.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Day 1 – 6.0; Day 2 – 6.25; Day 3 – 5.25).

40th Annual Meeting of the Society for the Study of Psychiatry and Culture

CME and CE Information

The Warren Alpert Medical School of Brown University is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education to physicians. Since 2015, the SSPC has partnered with the Warren Alpert Medical School Office of Continuing Medical Education (Brown CME) to joint provide the annual SSPC Meeting.

Brown CME:

- Provides CME accreditation (*AMA PRA Category 1 Credit™)* for the annual meeting
- Manages the CME disclosure and meeting evaluation process
- Awards CME credit to those who have met the requirements
- Maintains SSPC annual meeting attendance records and CME credits awarded

Each SSPC annual meeting participant is responsible for: Daily: Signing in each day you attend the meeting

- Following the meeting, you will receive an email from Julia Issa with instructions on how to complete the online evaluation and how to claim CME credit or a certificate of attendance.
- A certificate of attendance will state that the meeting is approved for *AMA PRA Category 1 Credit™* but it will be your responsibility to submit to your specific CE board for consideration.
- Note that completion of the meeting evaluation is required to receive certificates.

*SSPC is not and cannot be responsible for keeping track of your CME credits.
Any questions regarding your credits should be directed to the Brown CME office, Julia_Issa@Brown.edu

If you have any questions look for me (Liz) at the meeting and I will be happy to answer them

Thank you for your attention. As they say at the movies, "Enjoy the show."

Liz Kramer   Maria Sullivan
Executive Director   CME Director
Society for the Study of Psychiatry and Culture   Warren Alpert Medical School

40th Annual Meeting of the Society for the Study of Psychiatry and Culture:
Engagement, Empowerment, Equity: From Theory to Practice
April 25-27, 2019 | Ontario, Canada

BROWN
Alpert Medical School

Jointly Provided by:
Warren Alpert Medical School of Brown University *and* the Society for the Study of Psychiatry and Culture

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As a provider accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Alpert Medical School of Brown University must ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. Any individual being considered to participate in a sponsored activity who is in a position to control the content is required to disclose all relevant financial relationships with commercial interests. The intent of this disclosure is to aid planners of the activity and the Continuing Medical Education Office in determining: 1) if a conflict of interest exists; and, if so, 2) if that conflict can be resolved. All such information disclosed by everyone appointed to participate in the CME activity will be conveyed to the CME activity participants. Refusal to disclose prohibits participation. A Commercial Interest is any proprietary entity producing, marketing, reselling, or distributing health care goods or services, consumed by, or used on, patients, with the exemption of government organizations and providers of clinical service or an entity that advocates for use of products or services of commercial interest organizations.

This activity's disclosures have been reviewed and all identified conflicts of interest, if applicable, have been resolved.
All speakers have been informed that presentations must be free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. Presentations must give a balanced view of therapeutic options and speakers must inform the learners if their presentation will include discussion of unlabeled/investigational use of commercial products.

The following planning committee members have indicated that they have relevant financial relationship(s) to disclose:

Steven Moffic MD	Gabriela Nagy PhD
Book Publisher: Springer Nature	*Grant/Research Support:* Duke University Medical Center

The following speakers and/or planning committee members* have disclosed that they have no relevant financial relationships to disclose:

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Kenneth Fung MD, FRCPC, MSc*
Sigalit Gal MSW, PhD(c)
Samrad Ghane PhD
Ana Gómez-Carrillo Castro MD, PhD
Emilia Gonzalez BA&S, MSc (Thesis) Psychiatry Student
Alecia Greenlee MD, MPH

James Griffith MD
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Annie Jaimes MA, PhD(c)
George Eric Jarvis MD
Janique Johnson-Lafleur MSc, PhD(c)
Bonnie Kaiser PhD, MPH*
Laurence Kirmayer MD, FRCPC, FCAHS, FRSC
Christina L. Klassen BA, MSc student
Martin La Roche PhD
Bonnie Lee PhD
Christina Lee MD, MPH
Roberto Lewis-Fernandez MD
Alan Li
Russell Lim MD, MEd
Hung-Tat Lo MBBS, MRCPsych, FRCPC
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Marisol Norris, MA, MT-BC
Samual Okpaku MD, PhD
Annabella Osei-Tutu PhD
Sol Park BA, MSc Psychiatry(c)
Jenna Pastorini BA
Nikhil Patel MD, MPH

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Katherine Pizarro MSPH, PhD(c)
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Sophie Soklaridis PhD
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Jennifer Traxler DO
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Ronald Wintrob MD
Steven Wolin MD*
Josephine P. Wong RN, MScN, PhD
Bonnie Wong MSW, RSW
Tina Wu MD
Sakiko Yamaguchi PhD(c)
Zoldan Yann PhD

program at a glance

THURSDAY, APRIL 25, 2019

7:30 – 8:30	Registration and Breakfast
8:30 – 9:00	Welcome Remarks
9:00 – 10:45	**Plenary:** A Forty Year History of SSPC and the Evolution of Cultural Psychiatry
10:45 –11:15	Break
11:15 – 12:00	Charles Hughes Fellowship Lecture
12:00 – 1:30	Lunch & Business Meeting
1:30 – 3:00	● Paper Sessions 1–2
	✳ Workshops 1–2
3:00 – 3:30	Break
3:30 – 5:00	§ Symposium 1
	● Paper Session 3
	✳ Workshops 3–4
	✳ Case Consultation (Trainees)
6:00 – 8:00	Chinese Banquet & 40th Anniversary Dinner

FRIDAY, APRIL 26, 2019

8:00 – 8:30	Registration
8:30 – 8:45	Welcome Remarks
8:45 – 10:30	Plenary: Towards a Cultural Psychotherapy of Empowerment
10:30 – 10:45	Break
10:45 – 12:15	§ Symposium 2
	● Paper Session 4
	✳ Workshop 5
12:15 – 1:15	Lunch
1:15 – 2:45	● Paper Session 5
	✳ Workshop 6–7
2:45 – 3:00	Break
3:00–4:30	Plenary: Empowerment – A Family Perspective
4:30 – 5:30	Poster Session
6:30 – 8:30	40th Anniversary Event: Old Timers' Dinner (Pantheon Restaurant)

SATURDAY, APRIL 27, 2019

8:30 – 10:00	● Paper Sessions 6–7
	✳ Workshops 8–9
10:00 – 10:30	Break
10:30 – 12:00	§ Symposium 3
	● Paper Session 8
	✳ Workshops 10–11
12:00 – 1:00	Lunch
	Senior Advisory Groupe Effort (SAGE) Meeting
1:00 – 2:30	● Paper Session 9
	✳ Workshops 12–13
2:30 – 3:00	Closing Ceremony
4:00–5:30	Special Event: Psychiatric Patients 19th Century Wall Tour: Walking Tour with Historian Geoffrey Reaume from York University
5:30–9:00	Family Interest Group Meeting

day one
thursday, april 25

7:30–8:30	YORKVILLE **registration and breakfast**
8:30–9:00	FOREST HILL **welcome remarks**
9:00–10:45	FOREST HILL **Plenary: A Forty Year History of SSPC and the Evolution of Cultural Psychiatry** *Jim Boehnlein, Ronald Wintrob, Joseph Westermeyer, Francis Lu*
10:45–11:15	**break**
11:15–12:00	FOREST HILL **Charles Hughes Memorial Fellowship Lecture: Engaging Indigenous Communities in Addressing Men's Mental Health Wellbeing in Guatemala: Application of Fuzzy Cognitive Mappping** *Katherine Pizarro*
12:00–1:30	YORKVILLE **lunch and business meeting**

1:30–3:00

ROSEDALE

✳ **Workshop 1: The Future of Psychiatry: A Cultural Transformation**
Ted Lo, Raymond Chung, Syeda Qasim, Sim Kyuyoung

SUMMERHILL

✳ **Workshop 2: Grant-Writing in Cultural Psychiatry**
Roberto Lewis- Fernández, Alan Teo, Laurence Kirmayer, Sophie Soklaridis

FOREST HILL

● **Paper Session 1: Diversity in Care Delivery: How Can We Promote it and What Are the Benefits?**

Cultural competences, ethnic matching, and psychotherapy process among ethnic minorities
Samrad Ghane

Supporting professional development and advancement of women
Lidija Petrovic-Dovat

Supporting first-line workers to support youth: Implementing a culturally safe community of practice in youth mental health and wellness in Nunavik
Lucie Nadeau, Janique Johnson-Lafleur, Jason Annahatak

MCBRIDE

● **Paper Session 2: Parenting and Family Perspectives**

Resettlement challenges faced by refugee families in Québec, Canada: Construction of a sustainable daily routine
Caroline Clavel

Parenting in war, flight, and resettlement: The experience of Syrian refugee mothers in Quebec
Christina L. Klassen

The influence of migration on child supervision: Perspectives of South Korean parents and children in Canada
Sol Park

	YORKVILLE
3:00–3:30	**break**

3:30–5:00

Workshop 3: Cultural Change: Diversity Advisory Committee 1999-2018 and Society for Women in Academic Psychiatry, Twenty Years of a Diversity Initiative, Successes and Future Directions
Russell Lim, Francis Lu

SUMMERHILL

❋ **Workshop 4: Cultural Appropriation and its Discontents: Delving into the Social Unconscious of Therapeutic Encounters**
Seran Schug, Marisol Norris

FOREST HILL

§ **Symposium 1: The Pathfinders of Cultural Psychiatry**
Moderator: *John de Figueiredo*
Discussant: *Ronald Wintrob*

Beginnings of Cultural Psychiatry In Africa
Samuel Okpaku

The Pathfinders of Cultural Psychiatry In Central And South America
Renato Alarcón

The Pathfinders of Cultural Psychiatry In Asia
Daniel Chen

MCBRIDE

● **Paper Session 3: Grappling with Social Change: New Questions for Cultural Psychiatry**
What Does Socializing on Facebook Mean for Your Mental Health? An Examination of Whether Online and Offline Social Contact Are Associated with Psychiatric Symptoms
Alan Teo

Lessons Learned and Learning From Editing a Book on Islamophobia and Psychiatry
Steven Moffic

Cultures of Atheism: Implications for Mental Health
George Eric Jarvis

HANLAN

❋ **Case Consultation Workshop for Trainees**
Kenneth Fung, Seeba Anam, James Griffith, Anna Fiskin

6:00–8:00	**Chinese Banquet & 40th Anniversary Dinner**

Dim Sum King, 421 Dundas St West, 3rd Floor (elevator)

The restaurant is a 15-minute by taxi/Uber from the conference venue. Public transportation directions (ticket is $3.25 Can): Take subway 3 stops west from Yonge (station at corner Yonge and Bloor) to Spadina station, then with same transfer, switch to southbound streetcar and get off at Spadina and Dundas. Walk 1.5 blocks east, passing Huron St., to the restaurant.

day two
friday, april 26

8:00–8:30

YORKVILLE
registration

8:30–8:45

FOREST HILL
welcome remarks

8:45–10:30

FOREST HILL
Plenary: Towards a Cultural Psychotherapy of Empowerment
Martin La Roche, Vincenzo Di Nicola, Bonnie Wong, Franklynn Bartol
Moderator: Steven Wolin

10:30–10:45

YORKVILLE
break

10:45–12:15

FOREST HILL
§ Symposium 2: Empowerment and Inclusion as Alternatives to Violent Radicalization

Discrimination, Injustice and Support for Violent Extremism
Rochelle Frounfelker

Empowering Youths By Fostering Their Future Orientation: A Way of Countering Violent Radicalization?
Diana Miconi

Reclaiming Power Through Social Justice and Not Radicalization
Yann Zoldan

HANLAN/MCBRIDE
● Paper Session 4: Critical Perspectives on Engagement in Global Mental Health

Does Community Psychiatry Really Engage the Community? Critical questions on "Engagement'"and "Empowerment' from Local Healing Shrines in India
Shubha Ranganathan

"They came as if it was a jungle over here": Local clinicians' perception of humanitarian aid's (dis)empowerment potential in post-earthquake Haiti
Annie Jaimes

Eliciting recovery narratives in global mental health: What are the benefits and potential harms?
Bonnie Kaiser

HIGH PARK 1
❈ Workshop 5: Advancing Ethical Know-How in Mental Health Research and Practice: From Theory to Practice
Ana Gómez-Carrillo, Nicole D'Souza, Mónica Ruiz-Casares

12:15–1:15

YORKVILLE
lunch

1:15–2:45	FOREST HILL ● **Paper Session 5: Reflexivity and Intersectionality in Research and Clinical Care**

Whose Culture Matters? Locating Culture in the Clinic
Ana Gómez-Carrillo, George Eric Jarvis

Race in Supervision: Let's talk about it
Alecia Greenlee, Cathy Schen

Intersectional Approaches to Policy and Praxis
Joan Simalchik

❋ **Workshop 6: Racism Injuries and Mental Health**
Bonnie Lee, Kamal Sehgal

❋ **Workshop 7: : Cultural Psychotherapy Workshop**
Martin La Roche

2:45–3:00	**break**

3:00–4:30	**PLENARY: Empowerment: A Family Perspective**

Josephine Wong, Martin La Roche

4:30–5:30	**POSTER SESSION**

Culturally Safe Space and Empowerment: Reflections in Adapting and Implementing the Listening to One Another to Grow Strong Program in Nlaka'Pamux First Nation
Erin Aleck

Power and Recognition in Community Arts
Élise Bourgeouis-Guérin, Claire Lyke

Engaging Indigenous Organizations in the Training and Implementation of a Mental Health Promotion Program with Frontline Workers
Michaela Field

The Role of Institutional Minority Trainee Development Events in Psychiatry Department Diversity Initiatives
Ian Hsu, Nikhil Patel, Tina Wu, Christina Lee, Lily Chan, Jennifer Hu

A Path Toward Mental Health Care with Northern and Indigenous Peoples of Canada
Azaad Kassam

Developing a Mental Health Classroom Curriculum for High School Students in Indigenous Communities in Northern Quebec
Eleanor McGroarty

Complexity of Orthopedic Management in Patients with Psychological Stress Symptoms: Case Review
Zaid Mustafa

Representations of Domestic Violence Among Immigrant Men in the South Asian Community of the Greater Toronto Area
Omaira Naweed

Working in Partnership with Indigenous Communities to Adapt a Mental Health Wellness Program (LTOA) to School-Settings: Preliminary Findings from a Pilot Study with Anishinaabe of Treaty #3
Tristan Supino

Mobile Skin Conductance Response and Its Associations with HIV and Posttraumatic Stress Disorder Symptoms
Kathy Trang

Using a Community-Partnered Model to Culturally Adapt a Biomarker Study Protocol
Sylvanna Vargas

6:30–8:30	**40th Anniversary Event:** Old Timer's Dinner at Pantheon Restaurant

day three
saturday, april 27

8:30–10:00

❋ **Workshop 8: Self-Documentaries through Film-Making and Photovoice: New Tools for the Humanistic Mission of Cultural Psychiatry**

James Griffith, Sauharda Rai

❋ **Workshop 9: Latino Undocumented Children and Families: Beyond a Border Crisis**

Divya Chhabra, Will Martinez, Anna Fiskin

● **Paper Session 6: Understanding and Caring for Youth**

Enabling a Safe Space for Informed Decision Making in Youth Mental Health Services for a Socio-Culturally Diverse Population: Considering Agency, Engagement and Webs of Positionalities

Janique Johnson-Lafleur, Lucie Nadeau

Using History to Empower Community-Based Knowledge Translation

Gerald McKinley

"Culture Has to Matter When You're Going to be Calling Them Neglectful": Families and Professionals' Views of Child Supervision

Mónica Ruiz-Casares, Emilia Gonzalez

● **Paper Session 7: Global Mental Health: Adaptation, Engagement, Trust**

Engagement in Global Mental Health Research: Building Trust as a Complex Relational Practice among the Researcher, Research Assistant, and Study Participants

Sakiko Yamaguchi

Lessons from adapting Motivational Interviewing, an individual-focused intervention, in a cross-cultural, cross-linguistic, "collectivist" setting in rural Nepal

Pragya Rimal

Engaging children in mental health research: Exploring the use of a participatory approach to understand children's experience of violence

Nicole D'Souza

10:00–10:30

break

10:30–12:00

§ **Symposium 3: Mental Health Sector Engagement and Empowerment in Africa: Examining Pathways and Personnel in Select Countries**

Counseling Across Urban Religious Spaces In Ghana: Opportunities And Obstacles

Annabella Osei-Tutu

Engaging And Empowering Lay Counselors In Ghana: Evaluation Of A Workshop

Vivian Dzokoto

Where Did The Patient Go? Pathways To Care And Mental Health Care Pluralism In Tanzania

Neely Myers

● **Paper Session 8: Promoting Culturally Competent Programs and Clinicians**

The NL "Eastern Health Diversity Project": What does 'culture' have to do with it?

Mohammad Syaket Ahmed Shakil, Fern Brunger

Training and Education to Advance Multicultural Mental Healthcare Delivery (the "TEAM Healthcare Delivery Model"): Pilot Evaluation of Outcomes, Acceptability, and Feasibility

Gabriela Nagy

Empathetic Engagement: A Model for Transforming Cultural Psychiatry to be more Equitable and Diverse Within it's Day-to-Day Practice for Discussion and Teaching

Bobby Chaudhuri

| 10:30–12:00 | |
| *(morning session cont'd)* | ❋ **Workshop 10: Blood, Sweat and Fears: Lessons Learned from Engaging Diverse Populations on the Streets of New York** |

ROSEDALE

10:30–12:00
(morning session cont'd)

❋ **Workshop 10: Blood, Sweat and Fears: Lessons Learned from Engaging Diverse Populations on the Streets of New York**
Jennifer Traxler, Mark Nathanson, Dhruv Gupta

SUMMERHILL

❋ **Workshop 11: Designing Cultural Psychiatry Curricula**
Matthew Edwards, Belinda Bandstra, Laurence Kirmayer, Anna Fiskin, Larry Merkel, Kenneth Fung

YORKVILLE

12:00–1:00 **lunch**

FOREST HILL

1:00–2:30

● **Paper Session 9: Mental Health Experiences: Phenomenology, Diagnosis, Advocacy**

Using the Cultural Formulation Interview to Clarify Diagnosis between Psychotic and Trauma-related Etiology in the Case of an El Salvadorian Immigrant
Crystal Han, Anique Forrester

The First-Episode Psychosis Experience of Filipino-Canadians in Montreal
Jenna Pastorini

Collective action: How can organizing psychiatrists change patient care?
Eden Almasude

ROSEDALE

❋ **Workshop 12: Building Bridges: An Experiential Training in Cultural Sensitivity**
Winny Ang, Liesbeth Verpooten

SUMMERHILL

❋ **Workshop 13: Reducing Mental Health Disparities through Meaningful Engagement of Diverse Marginalized Communities**
Kenneth Fung, Josephine Wong, Alan Li

FOREST HILL

2:30–3:00 **closing ceremony**

4:00–5:30 **Special Event: Psychiatric Patients 19th Century Wall Tour**
Walking Tour with Historian Geoffrey Reaume from York University

5:30–9:00 **Family Interest Group Meeting**

abstracts
thursday, april 25, 2019

Opening Plenary

A Forty-Year History of SSPC and the Evolution of Cultural Psychiatry

Jim Boehnlein, MD, Oregon Health & Science University; **Ronald Wintrob,** MD, Brown University, Providence, RI; *Joseph Westermeyer*, MD, PhD, University of Minnesota, Minneapolis, MN; **Francis Lu,** MD, UC Davis, Davis, CA

The Society for the Study of Psychiatry and Culture (SSPC) was founded forty years ago by a small group of clinician-researchers, some of whom had training in both psychiatry and anthropology. Its primary mission was to advance research and education in cultural aspects of mental health in response to greater recognition of cultural diversity in the health professions and society resulting from migration and other social forces. The evolving mission of the Society over the years has paralleled constant change and growth in the social sciences, medicine, and psychiatry in the areas of theory, practice and the cultural diversity of its practitioners.

This plenary will review the most important milestones in the Society's evolution, and highlight parallel developments in the social sciences and society centering on culture and mental health. Some of the issues highlighted in this plenary that have been a focus of the Society include the evolution of theories of culture and their relevance to research and clinical care; generational changes and increasing diversity in the health professions and social sciences, including impacts on training and education; migration from areas of conflict to developed countries and its effect on theory, research, and clinical practice, including cultural formulations in assessment and treatment. Controversies, opportunities and dilemmas for the future of the Society and of Cultural Psychiatry also will be highlighted.

Learning Objectives

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

1. Describe the evolution of the mission of SSPC in parallel with the growth of cultural psychiatry over the past forty years.
2. Discuss how SSPC has evolved its mission in enhancing research, education, and clinical care in cultural psychiatry in a constantly changing professional and sociocultural environment.

Charles Hughes Memorical Fellowship Lecture: Engaging Indigenous Communities in Addressing Men's Mental Wellbeing in Guatemala: Application of Fuzzy Cognitive Mapping

Katherine Pizarro, McGill University, Montréal, Québec *

Background

Psychological distress among indigenous men in post-conflict Guatemala is thought to stem from direct exposure to violence, as well as destruction of social support systems within families and communities, and ongoing exposure to structural violence. However, little is known about how to engage indigenous communities in addressing the social conditions that contribute to mental health.

Objectives

This paper explores the use of fuzzy cognitive mapping as a technique for generating community engagement in identifying, prioritizing and developing strategies to address the social conditions that underlie men's mental wellbeing.

Methods

A total of 15 workshops were held with homogenous groups of male and female elders, adult men and women, male and female youth, traditional midwives and health professionals in two indigenous communities in Santiago Atitlán, Guatemala. Workshop

participants defined men's wellbeing in local terms, mapped the social conditions understood to impact men's wellbeing and weighted the relative importance of identified social conditions.

Results

Common themes listed as detrimental to wellbeing across maps of distinct stakeholder groups included poverty, unemployment, violence, social isolation and distrust, vagrancy, family separation and neglect, lack of family planning, alcohol and drug use, misuse of technology, infidelity, illness and local idioms of distress. Education, religion, and obeying advice were identified across most maps as promoting wellbeing. Adult and elder men's groups additionally identified connection to ancestral wisdom and use of Mayan traditions as contributing positively to men's wellbeing. Women's groups additionally identified men's hesitate to talk about problems and gender inequalities as negatively impacting men's wellbeing.

Implications

Findings highlight the potential of fuzzy cognitive mapping as a method for a) engaging diverse stakeholder groups in identifying the social conditions related to mental wellbeing, b) comparing diverse stakeholder perspectives and c) generating community-ty-led action to promote mental wellbeing.

* Ms. Pizzaro acknowledges her co-authors Chomat AM, Paiz L, Petzey D, López B, Andersson N, Cockcroft A.

Learning Objectives

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

1. Apply the fuzzy cognitive mapping method to compare the perspectives of diverse stakeholders about the root causes of an issue.

2. Explain how the fuzzy cognitive mapping method can be used to engage diverse stakeholder groups in identifying community needs and planning programs to address community needs.

● Paper Session 1: Diversity in Care Delivery: How Can We Promote It and What Are the Benefits?

Cultural Competences, Ethnic Matching and Psychotherapy Process Among Ethnic Minorities

Samrad Ghane, PhD, Parnassia Psychiatric Institute/Arq Psychotrauma Expert Group, The Hague, The Netherlands

Background

Ethnic and cultural minorities tend to receive lower doses of psychotherapy and to have higher drop-out rates than the majority populations. So far, a number of strategies have been proposed and implemented to improve the quality of services for ethnic minority patients, such as ethnic matching and enhancing staff cultural competences.

Aims

The present study aimed to examine the differential contribution of ethnic matching and clinicians' cultural competences to the process of psychotherapy among ethnic minorities.

Method

In a historical cohort study, demographic and clinical data of 484 outpatients were collected through analysis of their medical records. Clinicians' demographic characteristics, cultural competences, as well as their professional and transcultural experience were measured post-treatment. Data were analyzed, using multi-level analyses and generalized structural equation modeling.

Results

Higher cultural competences were associated with better patient psychotherapy attendance and fewer drop-outs. Adding ethnic matching to the model did reduce the contribution of cultural competences to the psychotherapy process. However, when controlled for all confounding clinician variables, cultural competences had a stronger association with treatment attendance and drop-out than ethnic matching.

Discussion

In conclusion, both clinicians' cultural competences and ethnic matching seemed to be related to psychotherapy process, with the former slightly outweighing the effect of ethic matching. The study has important implications for the operationalization of cultural competences and the organization of culturally competent health care for ethnic minorities.

Learning Objectives

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

1. Recognize the contribution of staff cultural competences to the quality of services.

2. Critically reflect on the concept of cultural competence, and how it can be operationalized in research and practice.

Supporting Professional Development and Advancement of Women

Lidija Petrovic-Dovat, MD, Pennsylvania State University, Hershey, PA

Background

Female representation and diversity have been a priority on campuses and in academic medicine only in recent history. Women are historically more represented at the administrative staff level. The challenges women face, and support they need to succeed in career need to be identified and addressed. The Penn State Hershey Commission for Women CFW (previously known as Organization for the advancement of Women OAW) was established with a goal of promoting women's initiatives in a number of areas including professional development, recognition and mentoring.

Aims/Objectives/Issues of Focus

Data collected by the Penn State (1) and OAW (2) will be presented and analyzed in order to establish facts related to the representation of women and underrepresented minorities, and in particular in more senior positions.

Methods/Proposition

The OAW has conducted a survey focused on concerns of women at our campus The three mission areas were analyzed: Work-life balance, Leadership/Unit Climate and Career Advancement Opportunities.

Results/Potential Outcomes

Although gender representation is somewhat balanced when full-time faculty and administrative staff are analyzed as a whole, significant gender imbalance is recognized when these two groups are analyzed separately, with the largest gender gap among faculty members at the college of medicine (60.9% male and 39.1% female). The gap between willingness to take on leadership tasks and the actual opportunities to assume leadership position has been identified.

Discussion/Implications

The results of the survey were used as a starting point by CFW to make a number of recommendations and changes related to a career mentorship, under-representation of women and minorities in more senior positions, and the time it takes (including obstacles) women and minorities face when advancing in career.

Learning Objectives

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

1. Identify areas of concern related to female faculty and staff career advancement at the university campus.

2. Consider ideas for promoting women's initiatives in the number of areas including professional development and recognition.

Supporting First Line Workers to Support Youth: Implementing a Culturally Safe Community of Practice in Youth Mental Health and Wellness In Nunavik

Lucie Nadeau, MD, MSc, FRCP(C), McGill University, **Janique Johnson-Lafleur**

Background

In Nunavik, Inuit and non-Inuit service providers in youth mental health (YMH) and wellness show a strong will and interest in interprofessional collaboration and continuing education to support them in the specificity of their work. However, the literature indicates there are several factors that make it difficult to achieve such goals. Additionally, ongoing social support for workers is lacking, despite recognized highly stressful work environments. Communities of Practice (CoP) have shown to have positive impact on professional development and support, and on quality of services. A CoP brings together people sharing a common professional practice to exchange and learn from one another, to support and inspire one another. A CoP in YMH and wellness is being implemented in the 14 Inuit communities of Nunavik to provide face-to-face and on-line activities to workers involved in

this field. This implementation research project uses a critical participatory mixed-methods convergent design and involves key stakeholders in the identification, design and conducting phases of the research.

Aims

This presentation aims at describing and discussing the implementation of this CoP, with a focus on sociocultural and power dynamic considerations that need to inform this initiative, including building on Inuit knowledge, values and practices, and recognizing the effects of colonization.

Methods

The presentation will include a description of the project and its participatory community-based research methodology, to then discuss the first phases of implementation, the dialogue taking place among researchers and collaborators, and avenues to ensure this implementation is done in a culturally safe manner, inspired by cultural humility.

Potential Outcomes

This presentation will inform the audience on barriers and facilitators, and on culturally sensitive ways of implementing a CoP in YMH and wellness in Indigenous remote contexts.

Implications

This project hopes to inspire and inform other such initiatives in Indigenous contexts in Canada or internationally.

Learning Objectives

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

1. Describe common principles of Communities of practice (CoP), as well as the specific objectives, modalities, potential impacts, and implementation process of a CoP in youth mental health and wellness in Nunavik, Québec.

2. Discuss social, cultural and contextual barriers and facilitators that may influence the implementation process of CoPs in youth mental health and wellness in remote Indigenous communities.

Paper Session 2: Parenting And Family Perspectives

Resettlement Challenges Faced By Refugee Families in Québec, Canada: Construction of a Sustainable Daily Routine

Caroline Clavel, MSc, University of Québec in Montréal, Montréal, Québec

Background

In the aftermath of the recent refugee crisis, adult refugees face significant and well-documented postmigratory challenges once in the host country. However, little is known about the resettlement process and the psychosocial needs of refugee parents, and how it impacts the family unit, especially with young children. To address this gap in the literature, our research uses ecocultural theory's concept of daily routines (DR). Studies suggest that a fundamental task ensuring family well-being is to construct a sustainable DR. However, no research has specifically looked at refugee families' DR, which are often undermined during forced migration.

Objectives

The present research aims to understand the resettlement experience of refugee parents in Québec. More specifically, 1) describe the daily activities that refugee parents strive to enact and through these activities, explore their values, parental objectives, social support 2) explore the challenges they face in their everyday life and resources they use, and 3) identify psychosocial needs that could be better addressed by Québec parenting support services.

Methods

This study reports on 20 in-depth interviews with mothers of children aged between 0 and 5 who immigrated to Canada under refugee status from Middle Eastern countries. Their DR were examined through open-ended interview questions about their activities, parenting values and objectives, resources, challenges, life in their neighborhood and general mental well-being. Data were analyzed using Braun and Clark's (2006) method of thematic analysis.

Results

Preliminary results suggest that refugee parents manage to organize a DR but encounter several difficulties to sustain it, such as cultural differences to raise their children and lack of services in their neighborhood.

Discussion

Based on the results, the discussion will enable understanding of how the environments refugee parents live in influence their lives, how they respond to them and influence them in return.

Learning Objectives

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

1. Identify (and better understand) the needs of refugee parents in Canada, the challenges they face in their everyday lives, their strength and the resources they use and need.

2. Participants will be able to extrapolate the results to their field of practice, by better understanding refugees life and struggles in Québec, to improve the services refugee parents need, or better target future research with refugees in Canada.

Parenting in War, Flight, and Resettlement: The Experience of Syrian Refugee Mothers in Québec

Christina L. Klassen, BA, McGill University, Montréal, Québec

Background

Canada has welcomed over 57,000 Syrian refugees since 2015, with more than 20% resettling in Québec. Families often face stressors at each stage of migration, such as unstable environments during war, in transit, and even when resettling. Adaptation to a new culture and separation from traditional sources of social support can prove challenging to refugee families and have lasting effects on parents' and children's mental wellbeing.

Objectives

(1) To explore the influence of refugee migration on Syrian refugee mothers' perceived roles as parents and ability to maintain family relations across the four stages of refugee migration; (2) to describe the subjective association between the stages of migration, perceived ability to parent and to maintain family relations, and parental psychological distress; and, ultimately, contribute (3) to better support Syrian refugee families in the ongoing process of resettlement and integration into Québec and Canadian society.

Methods

Individual, semi-structured interviews were conducted with Syrian refugee mothers (n=20) who resettled in Québec since 2015. Mothers had at least one child born between 1999 and 2011 and experienced motherhood in Syria prior to war. Half were government-assisted and half were privately sponsored refugees under Québec's immigration programs. Interviews were conducted in Arabic, audio recorded, transcribed verbatim, and translated into English for thematic analysis using NVivo.

Results

Results illustrate the diverse ways in which mothers experience caregiving-related changes in relationships (familial and extra-familial), maternal role, and migration-related changes over time. Both personal and environmental qualities influence how mothers navigate changes across migration. Upholding cultural values can act as both a stressor and a support in caregiving.

Implications

Clinicians working with refugee parents should consider how their cultural backgrounds and their migration trajectories may influence their perceived parenting roles.

Learning Objectives

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

1. Recognize a range of refugee parenting experiences across the four stages of migration, namely country of origin (Syria before war), preflight (Syria during war), flight (life in a transition country such as Lebanon), and resettlement.

2. Analyze how these parenting experiences are shaped by personal, environmental, and cultural factors in the Syrian refugee context.

The Influence of Migration on Child Supervision: Perspectives of South Korean Parents and Children in Canada

Sol Park, *BA, McGill University, Division of Social and Transcultural Psychiatry; SHERPA-University Institute, Montréal, Québec*

Background

Culture shapes parenting and child supervision norms and practices, and the assessment of what constitutes "good" parenting behaviours. For immigrant families, such as South Koreans living in Canada, the coexistence of country of origin and host society cultures can create challenges to support healthy child development.

Objectives

To explore how South Korean immigrants in Canada perceive (a) adequate child supervision in the context of migration, (b) resources that could help them provide adequate supervision, and (c) physical and mental health consequences of different supervision practices on children.

Methods

Interviews were conducted with South Korean youths aged 14-17 years and caregivers who had been living in Canada for at least 3 (youths) or 5 (caregivers) years (n≈20) across the Greater Toronto Area. Verbatim transcriptions and researcher notes were analyzed thematically using NVivo12 and findings compared across groups (adults/children) and time periods (pre-/post-migration).

Results

The experiences of child supervision of South Korean parents and youths both in South Korea and in Toronto, were contrasted. This includes mothers' and fathers' roles as parents, the appropriate methods and levels of supervision expected of parents, and who take care of children if parents were not at home in both countries. Their views on "good" supervision practices to promote healthy child growth were also explored, as well as the kinds of childcare support services that would be helpful to migrant families.

Discussion/Implications

The study adds to the literature by qualitatively engaging with South Korean immigrant families with lived experiences, including children – whose views are often ignored. A better understanding of diverse parenting norms and practices is needed to tailor child- and family-centered services for immigrant families.

Learning Objectives

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

1. Recognize how parenting and child supervision norms and practices change with migration.

2. Compare migrant parents' and children's views and experiences of child supervision and their consequences on the mental and physical health of children.

❊ Workshop 1: The Future of Psychiatry – A Cultural Transformation

Hung-Tat Lo, *MBBS, MRCPysch*, **Raymond Chung**, *MSA*, **Syeda Qasim**, *MBBS-BSc*, **Sim Kyuyoung**, *B.A. Hons. Psychology, Hong Fook Mental Health Association, Toronto, Ontario*

The wider concept of "culture" was explored in the last Annual Meeting of SSPC. It is clear that Psychiatry can be considered as a culture. As we consider the culture of Psychiatry, we could call it the culture of the Mental Health enterprise, as it would include the other professionals disciplines, e.g. psychology, social work, etc. and also the institutions and social sectors involved, e.g. hospital, wellness.

The shortcomings have significantly impaired engagement, empowerment and equity.

In this participatory workshop, we will first critique the current mental health system with its underlying cultural characteristics, e.g. the focus on illness rather than health, the centrality of the hospital, etc. Then, we will examine the two major cultural shifts in our society today: the massive advance in information technology, and the increasing rate of globalization.

We will review the innovations in these two areas that are impacting the mental health enterprise at large. We will also attempt to identify the cultural characteristics of these developments, e.g. the changing relationship between machine and human, the innovative programs in developing countries, etc.

By comparing the cultural characteristic identified, we hope to appreciate the cultural transformations needed to take us to a brighter future for this mental health enterprise, including psychiatry.

Learning Objectives

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

1. Use a cultural approach in analyzing the current mental health system, and the innovations brought on by the major cultural shifts.

2. Integrate such understanding to formulate the cultural transformation required to bring about desirable changes in the system.

❋ Workshop 2: Grant-Writing in Cultural Psychiatry

Roberto Lewis-Fernández, MD, *Columbia University, New York, New York,* **Alan Teo**, *MD, MS, VA Portland Health Care System, Oregon Health & Science University, Portland State University, Portland, OR,* **Laurence Kirmayer,** *MD, McGill University, Montréal, Québec;* **Sophie Soklaridis,** *PhD, Centre for Addiction and Mental Health, Toronto, Ontario*

This workshop is part of the professionalization workshop series offered by SSPC. Workshop facilitators include both senior and junior scholars with experience writing successful grants in cultural psychiatry, global mental health, and related fields. Facilitators will provide an introduction to grant-writing for cultural psychiatry, with a focus on funders such as the US National Institutes of Health, Canadian Institutes of Health Research, Grand Challenges Canada, American Psychiatric Association, and Substance Abuse and Mental Health Services Administration. Discussion will cover both research grants and education grants (e.g., for curriculum development), as well as fellowships. There will be substantial time devoted to interaction and Q&A.

Learning Objectives

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

1. Describe 3 important elements of a successful grant application.

2. Identify appropriate funding sources for cultural psychiatry and global mental health grants.

§ Symposium 1: The Pathfinders of Cultural Psychiatry

This symposium is sponsored by the International College of Cultural Psychiatry

Background

An appropriate way to celebrate the 40th anniversary of the first, and perhaps only organization exclusively devoted to Cultural Psychiatry is to remember the intellectual climate that led to its growth and development around the globe.

Aims/Objectives/Issues of Focus

The aims of this Symposium are to describe the intellectual climates that led to the growth and development of Cultural Psychiatry and the key roles played by the forerunners of our current ideas about the cultural formulation of psychiatric diagnoses.

Methods/Proposition

The method used by the speakers will be historical reviews of the beginnings of Cultural Psychiatry. Detailed reviews of the pioneering accomplishments in Africa by Dr. Okpaku, Latin America by Dr. Alarcon, and Asia by Dr. Chen will be presented.

Results/Potential Outcomes

The diversity of concerns and challenges faced by clinicians and researchers around the world led to a recognition of common themes and consensus on methods and approaches to achieve the best outcomes in clinical interventions and research strategies.

Discussion/Implications

This symposium will show how Cultural Psychiatry evolved from collaboration in science across nations leading to significant advances in clinical practice, teaching, and research.

Learning Objectives

At the conclusion of this symposium participants will be able to:

1. Identify the intellectual climates that led to the growth and development of Cultural Psychiatry.

2. Explain the key roles played by the forerunners of our current ideas about the cultural formulation of psychiatric diagnoses.

The Pathfinders of Cultural Psychiatry in Asia
Daniel Chen, MD

Background

An appropriate way to celebrate the 40th anniversary of the first, and perhaps the only organization exclusively devoted to Cultural Psychiatry is to remember the intellectual climates that led to its growth and development in Asia.

Aims/Objectives/Issues of Focus

The aims of this presentation are to describe the intellectual climates that led to the growth and development of Cultural Psychiatry and the key roles played by the forerunners in Asia of our current ideas about the cultural formulation of psychiatric diagnoses.

Methods/Proposition

The method used will be historical reviews of the beginnings of Cultural Psychiatry in Asia. Detailed reviews of the pioneering accomplishments in Asia will be presented,

Results/Potential Outcomes

The development of cultural psychiatry in Asia is relatively new. Different societies in Asia have different degrees of development in cultural psychiatry. Its development in the Chinese society is even more recent. Dr. Wen-Shing Tseng and his team started to work on Chinese culture and mental health in the late 1960s and early 1970s in Taiwan. Dr. Tseng continued his work of Chinese culture and mental health in Mainland China in the 1980s through the beginning of the 21st century. After the birth of the World Association of Cultural Psychiatry in 2005, founded by Dr. Tseng and Dr. Goffredo Bartocci, Dr. Tseng organized the 1st World Congress of Cultural Psychiatry in Beijing, China in 2006. The congress helped the growth of cultural psychiatry significantly in China. The writer of this section will review the history of the development in Asia and China, and share his writer's personal experience by witnessing and presenting some of its work in the process.

Discussion/Implications

This presentation will show how Cultural Psychiatry in Asia evolved from collaboration in science across nations leading to significant advances in clinical practice, teaching, and research.

Learning Objectives

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

1. Recognize the intellectual climate in Asia that led to the growth and development of Cultural Psychiatry.

2. Explain the key roles played by the forerunners in Asia of our current ideas about the cultural formulation of psychiatric diagnoses.

Beginnings of Cultural Psychiatry in Africa
Samuel Okpaku, MD, *Center for Health, Culture, and Society, Nashville, TN*

Background

In 1965 an influential Ciba Foundation symposium was held in London, England. The symposium participants were eminent social scientists and psychiatrists,including Margaret Mead, E.D. Wittkower, A. Hollowell, T. A. Lambo, G. M. Carstairs, M. Murphy, G. A. Devos, and M. Fortes-all English speaking. The symposium discussed various aspects of transcultural psychiatry, the boundaries of the field, its subject area, issues of research methodology, and treatment modalities. This was at a time of aspiration for independence of African nations from the burden of colonization.

Aims/Objectives/Issues of Focus

The aim of the presentation is to describe the political and intellectual context which served as a background to the development of transcultural [cultural] psychiatry as well as the development and various perspectives of the field.

Methods

The method to be used will be historical review of transcultural [cultural] psychiatry in Africa. This will consider some consequences of the scramble for Africa and the subdivision of the continent by the various colonial nations including the handicap of multiple languages in the same continent.

Results/Potential Outcomes

The attempts to provide relief to the challenge of mental health and limited resources will be highlighted. The particular achievement of individuals like T. A. Lambo and his colleagues in providing innovations such as the Abeokuta village hospital will be highlighted.

Discussion/Implications

The presentation will demonstrate the evolution and development of transcultural [cultural] psychiatry in Africa and the contribution to global mental health.

Learning Objectives

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

1. Describe some of the background information of the political and intellectual climate that lead to the growth of transcultural psychiatry in Africa.

2. Discuss some information on the current contribution of Africans to knowledge and information in global mental health.

Pathfinders and Accomplishments of Cultural Psychiatry in Central And South America
Renato D. Alarcón, MD, MPH, Mayo Clinic, Rochester, MN, USA ; Universidad Peruana Cayetano Heredia, Lima, Perú

Background

A rich cultural history in a geographic territory that allowed the development of several pre-Columbian civilizations was (and is) the scenario of significant accomplishments on the conceptualization and management of mental illnesses in the population. The periodic sequences, movements, ideas and main figures of cultural psychiatry in Latin America, and its current status is the focus of this presentation.

Aims/Objectives/Issues of Focus

In addition to the description of the intellectual climate in the subcontinent across history, the main objectives of this presentation include: a) Cultural characteristics of Latin America and its relevant components (Mexico, Central and South America); b) Pioneer institutions and figures, descriptions and brief analyses of their work; c) Theoretical and clinical accomplishments; d) Reflections on the present and future of Cultural Psychiatry in the American subcontinent..

Methods/Proposition

Detailed historical reviews of different facets of Cultural Psychiatry in Central and South America, critical examination of leading works, topics of research and innovations, including specific issues such as the role of culture in psychiatric diagnosis and treatment, comparative approaches with the development of the discipline in other world regions.

Results/Potential Outcomes

Cultural Psychiatry in Central and South America has a rich and varied history. The role of folk healers has marked a tradition of religious and spiritual concepts playing a role in the attention to emotional needs from the original populations. The issue of socio-centrism as a definite characteristic of the collective psyche in the continent, is also an important consideration both in doctor-patient relationships and consideration and acceptance of the therapist's authority. An examination of specific organizations, activities and distinguished figures in this area will be presented. A conceptual examination of the DSM-5 Cultural Formulation Interview, as well as Latin American applications of cultural idioms of distress and integrated medical care will be described.

Discussion/Implications

The description of the evolution of Cultural Psychiatry in Mexico, Central and South America constitutes the basis of collaborative efforts between cultivators of the discipline in the subcontinent, with emphasis on scientific approaches, and advances in clinical practice, teaching and research, and discussion of its presence in the world scene.

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

1. Describe the intellectual climate in Central and South America that led to the growth and development of Cultural Psychiatry.

2. Explain the key roles played by the forerunners of Cultural Psychiatry in Central and South America about the current status of the discipline around the world, and positions of specific clinical, diagnostic, research and teaching issues.

Moderator: **John M. de Figueiredo**, *MD, ScD, Yale University School of Medicine, New Haven, CT*

Discussant: **Ronald Wintrob**, *MD, Brown University, Providence, RI,*

● Paper Session 3: Grappling with Social Change: New Questions for Cultural Psychiatry

What Does Socializing on Facebook Mean for Your Mental Health? An Examination of Whether Online and Offline Social Contact Are Associated with Psychiatric Symptoms
Alan Teo, MD, MS, VA Portland Health Care System, Oregon Health & Science University, Portland State University, Portland, OR

Background

Social isolation is closely associated with negative mental health outcomes. Social media platforms may expand opportunities for social contact, but whether online interactions are as effective as face-to-face, or in-person, interactions at protecting against the negative effects of social isolation is unclear.

Objectives

The study explored whether there is a difference in the potential for offline vs. online social contact to influence mental health impacts.

Methods

Participants consisted of U.S. military veterans who served since September 2001 and used Facebook (n=587). Our independent variables were frequency of social contact occurring in-person and on Facebook. Dependent variables were probable psychiatric disorders and suicidality, measured using several validated screening tools. The independent effect of each form of social contact was assessed using multivariate logistic regression, which included adjustment for several potential confounders.

Results

We found that those veterans who frequently interacted on Facebook engaged in more in-person social contact than infrequent Facebook users (p < 0.001). More frequent in-person social interaction was associated with significantly decreased risk of symptoms of major depression and PTSD, compared with contact every few weeks or less. In contrast, increased frequency of social interaction on Facebook had no associations with mental health outcomes.

Discussion/Implications

Offline social interaction, rather than social contact on Facebook, is associated with reduced psychiatric problems symptoms. Increasing social interaction in the real world, rather than on social media, may hold more promise for promoting mental health.

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

1. Distinguish between features of social contact that occurs on Facebook vs. face-to-face.

2. Compare the influence of online and offline social contact on risk for psychiatric symptoms.

Lessons Learned and Learning from Editing a Book on Islamophobia and Psychiatry
Steven Moffic, MD, Medical College of Wisconsin, Milwaukee, WI

Islamophobia in the United States and elsewhere is an escalating psychological and social problem. Whereas there have been numerous books on the political aspects of this challenge, there is no known comprehensive text that address the psychiatric

aspects of its recognition, prevention, and treatment, including the mental healthcare of Muslim patients by both Muslim and non-Muslim clinicians. Moreover, research on Islamophobia and Muslim mental healthcare has also been quite sparse.

In order to address these connected deficiencies, the presenter was asked by Springer International to try to edit a book on the subject. The book has just been accepted for publication, with a target publication date of February, 2019. However, many questions and challenges emerged, including:

- Was a Jewish psychiatrist, even one who developed the first model curricula on cultural psychiatry, the proper choice to be the senior editor of this volume, and why?

- What should be the qualifications for the co-editors in terms of background, knowledge, experience, age, and gender, and what interrelationship problems and successes emerged?

- What should be the qualifications for the engagement of chapter writers and what problems arose in their drafts?

- What chapter content should be included and why, including the forgotten history of Islamic psychiatry, homosexuality, extremism, African-American Muslims, Jungian applications, and psychoanalytic considerations?

- Does mental health in the Islamic religion have different connotations than in the other major religions?

- How will this book help those in cultural psychiatry to engage in advocacy to reduce Islamophobia and enhance Muslim mental health?

After discussing how such questions were addressed, the audience will be engaged in a discussion about how well they were answered, how this book may promote equity for Muslims in psychiatry and society, and what research needs to be done. The very mental well-being of Muslim citizens and patients may be at stake.

Learning Objectives

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

1. Describe relevant cultural psychiatry knowledge about Islamophobia and what can be done to reduce it.

2. Apply the information presented to the research and treatment of Muslim psychiatric patients.

Cultures of Atheism: Implications for Mental Health

George Eric Jarvis, MD, MSc, McGill University, Montréal, Québec

Background

Recent polls show that the numbers of atheists and the non-religious are growing in Western European and North American societies. In other parts of the world, such as in China and Japan, atheism is an established tradition. Some religions, like Jainism and specific forms of Buddhism, are arguably atheist by some definitions. Despite these trends, atheists remain misunderstood and unpopular and their mental health issues, such as substance abuse and suicide, have been neglected.

Objectives

This paper aims to (1) define atheism and distinguish it from other nonreligious categories; (2) assess the intersection of history, ethnicity, culture, gender and sexuality in the context of atheism and mental health; and (2) determine strategies for effective mental health care and treatment.

Methods

This critical review identifies the most significant writings in the field and evaluates them according to their contributions with respect to the interplay between culture, atheism and mental health.

Results

Three types of atheism emerge: religious, intellectual, and political, all with unique cultural origins and dilemmas. While atheism, on the whole, is linked to better mental health than weak to moderate levels of theism; the path to a stable, guiding atheist world view may be fraught with difficulties: loneliness, isolation, suicide, substance abuse, conflict with family, cognitive dissonance, and loss of comforting religious world views (i.e. faith crises).

Discussion

Cultures of atheism warrant specialized clinical and research attention to understand how and when to intervene. Religious atheists typically remain within a traditional religious framework and may never need mental health support. Intellectual atheists may suffer isolation, family conflict and depression as they move away from traditional beliefs and practices. Political atheists may experience unexpected religious feelings after regime change. Cultural psychiatrists are uniquely placed to broach these issues in a sensitive and meaningful manner.

Learning Objectives

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

1. Define atheism and discuss how it compares and contrasts to other nonreligious categories.

2. State that some mental health problems, such as substance abuse and suicide, may be more common in atheists than in their religiously inclined counterparts.

❈ Workshop 3: Cultural Change: Diversity Advisory Committee 1999–2018 and Society for Women in Academic Psychiatry, Twenty Years of a Diversity Initiative, Successes and Future Directions

Russell Lim, MEd, MD, University of California Davis, Department of Psychiatry and Behavioral Sciences, Sacramento, California; Francis Lu, MD, UC Davis Department of Psychiatry and Behavioral Sciences, Sacramento, California

The United States is a multi-cultural country, requiring clinicians to understand the effect of culture on Engagement, Evaluation, Case formulation, Diagnosis, and Treatment Planning. Any of these could be disrupted by a cultural misunderstanding. Health and Mental Disparities based on cultural and racial differences have been identified. Training in Culturally Appropriate Assessment is now required for ACGME accreditation.

The UC Davis Department of Psychiatry and Behavioral Sciences implemented training in culturally appropriate assessment and treatment in 2000, and celebrated its 20th anniversary in 2018. The workshop will outline the changes that were made in Resident Education, Grand Rounds, Resident recruitment and mentorship, and scholarly activity, including an endowed professorship in Cultural Psychiatry and the Society for Women in Academic Psychiatry, that served to create a national reputation for the Department for excellence in Cultural Psychiatry training. In 1999, a Diversity Advisory Committee was created that lead a change in the resident curriculum to the creation of a four-year developmentally oriented curriculum in Cultural Psychiatry and religion and spirituality for the resident education that was awarded the American College of Psychiatrists (ACP) Creativity in Psychiatric Education Award in 2007. The Curriculum was recognized as a Model Curriculum Award on Cultural Psychiatry in 2010 by the American Association of Directors of Psychiatric Residency Training (AADPRT). Future plans for improving the curriculum 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 identifying key contacts for support of training in Cultural Psychiatry in their institution, and faculty and/or community leaders to provide content. The group members are also to highlight barriers and resources.

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 faculty, residents, and the community with infrastructure changes, and the identification of subject matter, talented residents, and talented faculty with connections to communities served by the health system

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 for implementing a diversity initiative, as well as identify barriers and assets.

❀ Workshop 4: Cultural Appropriation and Its Discontents – Delving into the Social Unconscious of Therapeutic Encounter

*Seran Schug, PhD, MCAT, LPC, Rowan University, Glassboro, NJ; **Marisol Norris,** MA, Lesley University, Cambridge, MA*

Cultural appropriation is the taking of cultural objects and practices by members of a dominant social group (1) without the acknowledgment of the privilege and power that is brought to bear in recontextualizing the meaning of these cultural objects and (2) without permission from the originating culture. The history of psychotherapeutic practices, primarily designed for upper and middle class white society, has been intricately intertwined with what anthropologist Renato Rosaldo calls an "imperialist nostalgia"-- romanticization and appropriation of non-Westernized philosophies, ceremonial practices, ritual artifacts, music, dances, and "sacred" spaces for purposes of self-actualization, without recognition, payment and due respect given to the originating cultures. Using critical histories of "borrowed power" in the Creative Arts Therapies as prototypes for a critical analysis of cultural appropriation in psychotherapy, this workshop will train participants to identify misunderstandings and misuses of material culture and other cultural practices in the clinical setting. The facilitators will provide concrete examples of cultural appropriation, lead participants in discussions and experiential exercises in which they learn to differentiate cultural appropriation from cultural appreciation, and develop and practice strategies for restoring balances of power in ways that respect processes of reclamation and foster patients' creative use of symbols of the self. As therapists are trained to be self-aware of personal countertransference, we will provide strategies, through role plays and other experiential exercises, for becoming more aware of our own cultural countertransference or misuse of cultural icons and symbols (e.g., therapeutic techniques, music, displayed artwork, clothing, or meditative practice) so that we may understand how cultural appropriation affects our patients. As micro-level performances ultimately construct macro-level power differentials, this workshop hopes to facilitate movement toward larger scale social change.

Learning Objectives

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

1. Discuss cultural appropriation, extrapolating from case studies of cultural appropriation, the ways in which this phenomenon affects the therapeutic process.

2. Apply principles of cultural self-awareness in developing and implementing strategies for dealing with cultural appropriation in the therapeutic context in order to create more authentic patient-centered care.

Plenary: Towards a Cultural Psychotherapy of Empowerment

Martin La Roche, PhD, Boston Children's Hospital at the Martha Eliot/Harvard Medical School, Boston, MA; *Vincenzo Di Nicola,* MPhil, MD, PhD, FRCPC, DFAPA, Hôpital Maisonneuve-Rosemont, Montréal, Québec; *Bonnie Wong,* MD, Hong Fook Mental Health Association, Toronto, Ontario; *Franklynn Bartol,* Stella's Place, Toronto, Ontario; *Josephine Wong,* RN, PhD, Daphne Cockwell School of Nursing, Ryerson University, Toronto, Ontario

Moderator: Steven Wolin, MD, George Washington University, Washington, DC

These are difficult times for many in the United States and around the world. As socioeconomic inequities escalate, impending environmental crises surge and racial/ethnic conflicts rage, many mental health providers are increasingly asking themselves whether they can do anything to ameliorate these crises. Cultural Psychotherapy (CP) answers this question affirmatively. Nevertheless, CP argues that a more practical question is to specifically ask what can mental health providers do to help. CP argues that a first step to address this question is to broaden and re-conceptualize our understanding of what is the psychotherapeutic process. It is argued that the two prevalent psychotherapeutic models, individualistic psychotherapies (IPs) and relational psychotherapies (RP) are insufficient to effectively address these cultural and political-economic issues. CP argues that a broader and more inclusive psychotherapy that systematically benefits from the strengths of both IPs and RPs is required to address these issues within the psychotherapeutic process.

IPs are currently the dominant type of psychotherapy within the United States and across the world. In IPs patients are treated in isolation from clinicians' characteristics and cultural contexts. IPs often seek to ameliorate patients' symptoms and address their chief complaints; they may aim to increase one of the following treatment goals ego strengths, self-esteem, self-actualization, promote individuation, self-esteem or self-efficacy all of which reside within individuals. Therapeutic change is often sought through evidenced-based approaches. However, treating patients in isolation from their cultural and relational contexts is often ineffective.

RPs emerged partly as a response to the limitations of IPs. RPs reformulated psychotherapy as a process occurring between patients and clinicians; the psychotherapeutic process becomes central. This model has allowed us to explore the influence of gender, race and ethnicity and other important power dynamics within the psychotherapeutic process allowing clinicians and researchers to investigate racial/ethnic minority health disparities, develop culturally adapted treatments and emphasize the need to train more racial/ethnic minority clinicians. Nevertheless, it has also been found that racial/ethnic matches are not essential for psychotherapy to succeed. Instead, clinicians can effectively treat patients of different backgrounds if they are culturally competent.

The emergence of CPs has mainly been influenced by the conceptualizations of medical anthropology and cultural psychology. The inclusion of the cultural formulation interview within the DSM-5 was an important recognition of the importance of cultural processes within the diagnostic process. Nevertheless, this cultural emphasis is disproportionately small in comparison to the rest of the DSM-5 in which biologic influences are emphasized. In addition, significant refinements and advances are still required to make psychotherapy more inclusive and accurate. Consistent with these needs and views, CP develops a more inclusive model to address sociopolitical injustices within the psychotherapeutic process. Symptoms and psychotherapeutic processes are only accurately and thoroughly understood within cultural contexts. A broader socio-cultural and economic understanding allows patients to examine and address diverse injustices within the psychotherapeutic relationship. Psychotherapy can only change what is known and as it is known more clearly it can be addressed more effectively. In CP patients are empowered to note how unjust socio-political processes (e.g., discrimination, poverty) exacerbate their symptoms (e.g., anxiety, depression). Empowerment is the process through which patients not only ameliorate their symptoms as underscored by individualistic psychotherapies and improve their relationships as noted by relational psychotherapies but also the process of transforming unjust sociocultural contexts that are oppressing them. In the empowerment process patients learn to construct their own meanings rather than following the oppressive narratives of their dominant groups.

Nevertheless, to reach this empowerment phase it is necessary to have addressed two previous phases. CP develops a systematic and specific three-phased psychotherapeutic model in which, in the first phase a decrease of symptoms and an increase of affect regulation skills is sought. During the second phase relational processes are explored and enhanced and during the third phase CP aims to foster empowerment within patients. CP argues that if empowerment is not pursued psychotherapy can sup-

port and perpetuate sociopolitical injustices that sooner or later can retrigger patients' symptoms again.

As a broader cultural model is developed CP becomes more sensitive to the voices of different international groups and culturally diverse groups (racial/ethnic minorities, different gender orientations, religious groups, disables individuals, political affiliations and socioeconomic groups, etc.). Data from different groups is necessary if we are to develop a more inclusive and effective psychotherapeutic model that is responsive to the needs of different cultural groups within the United States and across the world.

Learning Objectives

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

1. Describe the differences between individualistic psychotherapies and relational psychotherapies.

2. Apply the tenets of Cultural Psychotherapy in their work.

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§ Symposium 2: Empowerment and Inclusion as Alternatives to Violent Radicalization

Background

Violent radicalization acts are the result of political, economic, social and psychological processes which are often associated with increasing sympathy for violence seen as a legitimate mean to reach a specific (political) goal. The number of ordinary people who get involved in a process of violent radicalization has been increasing worldwide and represents a global public health concern. As a matter of fact, most governments in recent years have invested on individuating measures to address and deal with violent radicalization. Nonetheless, few efforts have been done from a prevention perspective. The investigation of risk and protective factors leading to violent radicalization is important to inform prevention and intervention efforts.

Aims

Drawing on samples from three different continents, this symposium brings together three presentations aimed to investigate potential protective and risk factors leading to support for violent radicalization,

Method

Study 1 presents a quantitative cross-sectional study which examines the relation between different forms of discrimination and support for violent radicalization in Belgium. Study 2 investigates positive future orientation as a potential asset to counter violent radicalization in college students living in Québec. Study 3 adopts a qualitative approach to explore radical engagements and resistances in Europe and the Middle-East.

Results. Findings will shed light on commonalities and differences in protective processes linked to violent radicalization across different contexts and samples, highlighting potential ways to empower individuals as a way to counter one's involvement in violent radicalization processes.

Discussion. Results from both qualitative and quantitative studies point to the importance of considering violent radicalization as a public health issue, which needs to be addressed in terms of prevention efforts both at the individual and societal/school level, as to foster one's individual, social and collective resources.

Learning Objectives

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

1. Describe violent radicalization as a public health issue.

2. Explore how identifying potential risk and protective factors for violent radicalization can inform prevention and intervention efforts across different contexts.

Discrimination, Injustice And Support For Violent Extremism

Rochelle Frounfelker, ScD, MPH, MSSW, McGill University, Montréal, Québec

Background

The experience of perceived injustice is a core component in the radicalization trajectory. Models of radicalization posit that feelings of injustice lead individuals to sympathize with and support those who engage in violent acts. Researchers have hypoth-

esized a causal relationship between experiencing discrimination, feelings of injustice and support for radicalization

Aims/Objectives/Issues of Focus

This study examines the relationship between perceived discrimination and support for violent extremism, as measured by the Radical Intention Scale. The aim of this study was to address the following research questions: 1) is there an association between specific reasons for discrimination and violent radicalization?; and 2) is there an association between the setting where discrimination is experienced and violent radicalization?

Methods

We used linear regression to analyze the relationship between perceived discrimination and scores on the Radical Intention Scale in a survey sample of 2,037 Belgian youth and young adults engaged in secondary education in Flanders and the Brussels Capital Region.

Results

Over a third of study participants experienced discrimination at some point in their lifetime. We found associations between perceived discrimination and the outcome, with those experiencing discrimination due to language, religion/faith, non-specified reasons, and political views having significantly higher scores on the Radical Intention Scale than those who did not. There was a relationship between experiencing discrimination when interacting with the justice system and support for radical action.

Discussion/Implications

 Prevention efforts need to address discrimination that marginalizes and disenfranchises youth, putting them at risk for embracing extremist ideologies. There is potential for using school settings as a forum to empower youth, promote positive civic engagement, and develop youth resilience to violent extremism. There is a need to consider multi-level interventions that not only work to diminish discrimination, but also promote non-violent social and political mobilization among individuals who feel discriminated against.

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Learning Objectives

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

1. Recall theoretical explanations for the relationship between discrimination and support for violent extremism and empirical evidence for this relationship.

2. Identify social determinants of support for violent extremism.

Empowering Youths by Fostering Their Future Orientation: A Way of Countering Violent Radicalization?

Diana Miconi, PhD, McGill University, Montréal, Québec

Background

The uncertainty and fear that dominate our global world interfere with the capacity of new generations to envision a positive future, and may expose youths to a greater risk of violent radicalization. Evidence shows that youths with a negative future orientation report higher levels of depression and delinquency. In contrast, a positive future orientation was found protective for youths' mental health by providing a general feeling of empowerment and control over one's life. However, the potential protective role of a positive future orientation has yet to be investigated in links with sympathy for violent radicalization.

Aims

The present study aims to examine the association of future orientation with sympathy for violent radicalization in a diverse sample of college students in Québec. More specifically, we investigate whether a positive future orientation is linked to lower sympathy for violent radicalization beyond the contributions of depression, and whether these associations vary according to gender and levels of depression.

Methods

A total of 1680 college students (71% women: 74% aged between 16-21 years) completed an online survey. We use a linear mixed-effects model approach to test the contributions of future orientation and depression to sympathy for violent radicalization, controlling for the relevant socio-demographic variables (i.e., gender, age, immigrant status, religion belief).

Results

Findings showed that a positive future orientation was linked to lower sympathy for violent radicalization beyond depressive

levels. In addition, men with high levels of depression and a negative future orientation reported higher levels of sympathy for violent radicalization.

Discussion

Lack of future perspectives in youth may favor violence as a desperate solution. Fostering a meaningful vision of the future in youth may be a way to counter the attraction of violent radicalization. Schools and colleges are in a privileged position to implement preventive interventions to support a positive future orientation.

Learning Objectives

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

1. Interpret violent radicalization processes in youths in light of the crisis of our present society.

2. Explore potential risk and protective factors in links with sympathy for violent radicalization.

Reclaiming Power Through Social Justice and Not Radicalization

Yann Zoldan, *PhD, McGill University, Montréal, Québec*

Background

Social symptoms of fear, such as state of emergency, security politics, or hate including anti-immigration policies are more and more present in worldwide political agendas. In the meantime, inequalities and social antagonisms continue to shape societies and produce different forms of violence. Researchers and clinicians can help heal a wounded social dialogue in a polarized social environment.

Objectives

The aim of this study is to explore cultural and psychological dynamics of the phenomenon of radical engagement.

Methodology

Ethnopsychoanalytic research was conducted with 20 current and former political and social activists in Ireland, Israel, and Russia. In addition, we include a case study of psychotherapy with a client who grew up in a family of violent extremists. We used a critical analytic approach to identify the phenomenology of political and social violence from individual to macro-level perspectives.

Results

The clinical material suggests that the roots of radical engagement lie in a wish to reverse humiliation experienced on individual and political levels. The analysis of clinical interactions emphasizes that the motivation for violent action on the individual level must be understood within the context of larger cultural and historical dynamics, such as colonialism, war, and genocide. Additionally, study participants articulated non-violent alternatives to resisting the status quo and empowering themselves and their communities, including political activism and social engagement.

Discussion

It is important to recognize and acknowledge the impact of structural violence on psychosocial wellbeing in order to minimize risk of radicalization. Implications include identifying alternative, non-violent forms of resistance to historical violence and structural humiliation. More broadly, study findings emphasize the importance of clinicians engaging in more widespread, systemic advocacy on a societal level to promote open dialogue, as opposed to fear-based reactions, to violent extremism.

Learning Objectives

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

1. Identify the dynamics between systemic, objective and subjective violence.

2. Deconstruct social representation about spectacular subjective enactments.

● Paper Session 4: Critical Perspectives On Engagement In Global Mental Health

Does Community Psychiatry Really Engage the Community? Critical Questions on 'Engagement' and 'Empowerment' from Local Healing Shrines in India

Shubha Ranganathan, PhD, Indian Institution of Technology Hyderabad, Hyderabad, Telangana State, India

Background

This paper raises key questions about how to understand terms like 'engagement', 'inclusion', and 'empowerment' in community psychiatry programs in India. In recent times, global mental health discourses have advocated the use of community-based practices and resources to address the mental health gap in low and middle income countries. In this context, religious shrines are seen as important low-cost alternatives that can be used to scale up mental health services. At the same time, such collaborations between religion and psychiatry are fraught with challenges.

Issues of Focus

The study presents local narratives about healing from individuals receiving psychiatric medication from a community psychiatric clinic located within a healing shrine. Its unique location within a religious shrine makes this site an interesting opportunity to analyze how negotiations between culture and psychiatry are translated in everyday contexts and practices.

Methods

An ethnographic study was conducted of an innovative community psychiatry project that provides free psychiatric treatment to pilgrims visiting a religious shrine that is reputed for healing illnesses. Methods included extended observations in the clinic and in-depth interviews with pilgrims and psychiatrists.

Results

Findings illustrate that psychiatric consultations and treatments are influenced by globalized discourses of mental health and disorder. Community psychiatry in India retains a strongly medicalized approach, where availability of psychotropic medicines and their disbursement remain the focus.

Implications

Results will be discussed in terms of issues regarding the practice of biomedical psychiatry in communities and the role of healing shrines in public mental health. Discussions will focus on how to understand 'community participation', which is a buzz word in the discourse on community psychiatry and mental health rights and what 'empowerment' means in a context where sufferers are not mobilized as 'user-survivors' and free medicines are in fact sought by them in an endeavor towards pharmaceutical citizenship.

Learning Objectives

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

1. Critically analyze how knowledge paradigms in cultural psychiatry are informed by asymmetrical and changing relationships between the 'global' and the 'local'.

2. Appraise the specific local challenges that need to be addressed when clinical and community interventions are introduced in religious contexts in LMIC.

"They Came as if It Was a Jungle Over Here": Local Clinicians' Perception of Humanitarian Aid's (Dis)Empowerment Potential in Post-Earthquake Haiti

Annie Jaimes, MA, Sherpa Research Center/University of Québec in Montréal, Montréal, Canada; Cécile Rousseau, PhD, McGill University, Montréal, Canada

Background

Most often led by Western organisations in the "Global South", humanitarian aid increasingly includes mental health and psychosocial support (MHPSS). Contextual adaptation of such interventions have been identified as a challenge, steering the WHO and UNHCR to produce guidelines addressing participation and cultural adaptation. Local MHPSS staff, as survivors and carers, constitute key, yet often neglected actors in service elaboration and provision.

Aims

Based on findings from a qualitative study in post-earthquake Haiti, this presentation explores clinicians' perceptions of ecological and structural factors that affect their professional experience. The objective is to better understand processes that might support or hinder the perspectives of local staff at the organizational level.

Methods

Semi-structured interviews were conducted with 22 MHPSS professionals (psychologists, social workers, medical doctors, psychiatrist) working with various organizations (public, private, NGOs, INGOs), in post-earthquake Port-au-Prince. Transcripts were coded and thematically analysed.

Results

Findings suggests that local professionals perceived organizational stance toward collaboration, continuity, inclusion, and staff care are structured by power relationships. Local staff experienced structural inequalities as hindering their participation and wellbeing in the reconstruction effort as well as hampering the adaptation of MHPSS interventions to the context. Asymmetrical relationships between local and international actors were described as operating at the political level, between and within NGOs.

Discussion/Implications

Findings will be examined in the light of a socioecological and structural perspective, looking at the ways in which local MHPSS staff' care and participation can be affected by political, financial and epistemological power dynamics between local and international actors. We discuss how favoring dialogue and local empowerment could improve local professionals' participation, well-being, as well as cultural relevance of interventions. We conclude by examining the interplay and tensions between cultural and structural competencies in humanitarian context.

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Learning Objectives

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

1. Identify at least two ways in which structural inequalities within humanitarian organisations in post-disaster settings can affect the empowerment of local MHPSS staff, from their perspective.

2. Discuss the potential relationship between structural competencies and cultural adaptation of MHPSS interventions in post-disaster settings.

Eliciting Recovery Narratives in Global Mental Health: What Are the Benefits and Potential Harms?

Bonnie Kaiser, PhD, MPH, UCSD, San Diego, CA

Background

The engagement of peers or service users is increasingly emphasized in mental health clinical, education, and research activities. This movement is pushed forward by a message of "Nothing about us without us." One of the core means of engagement is via the sharing of recovery narratives, through which service users present their personal history of moving from psychiatric disability to recovery.

Aims

In this presentation, we critically examine the range of contexts and purposes for which recovery narratives are elicited in the context of global mental health, as well as considering their potential benefits and harms.

Methods

We present four case studies that represent the variability in recovery narrative elicitation, purpose, and geography: in Nepal as part of a clinician training program, in the rural US for use in undergraduate education, in urban Australia as part of recovery-oriented care, and in Indian-controlled Kashmir as a requirement for discharge from inpatient clinical care. In each case study, we explore the context, purpose, process of elicitation, content, and implications of the use of recovery narratives.

Results

We reveal how recovery narrative elicitation often assumes - and enforces - a specific definition of recovery, actively excluding alternative framings of recovery. We consider the ways that recovery narratives can be used productively across multiple purposes and contexts, but we also critically examine the risks and challenges inherent in these approaches.

Discussion

Recovery narratives can productively support training and clinical care when elicited with a clear, explicit purpose and supportive guidance. Their use becomes particularly problematic when tied to service users' own clinical care received.

Learning Objectives

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

1. Evaluate recovery narrative elicitation processes in global mental health programs.

2. Prepare a program for eliciting service user recovery narratives in a fair way.

❋ Workshop 5: Advancing Ethical Know-How in Mental Health Research and Practice: From Theory to Practice

Ana Gómez-Carrillo, *MD, McGill University, Montréal, Québec;* **Nicole D'souza,** *PhD, McGill University, Montréal, Québec;* **Mónica Ruiz-Casares**, *PhD, McGill University, Montréal, Québec*

Background

The implementation of mental health interventions in culturally diverse settings, now a global phenomenon, continues to be challenged by cultural adaptation and ethical engagement issues. Global mental health (GMH) research and program implementation are embedded in power dynamics built upon certain ontological and epistemic assumptions on how knowledge about mental health is constructed, but also in the operationalization of ethical practices in the implementation of research and programs in the field. These issues carry ethical implications that need to be unpacked and addressed in theory and practice.

Issues of Focus

This workshop focuses on how ethical know-how approaches can be fostered in the context of research and implementation science. Drawing from experience in the field, relevant concepts and perspectives are first introduced to map out the ethical tensions and disconnections between international ethical frameworks and the realities of research practice. We then critically examine a recently developed approach which aims to foster reflexive deliberation in practice. Taking mhGAP implementation as a reference case study, this approach proposes a series of questions that invite and support policymakers, researchers, health professionals, and program implementers to consider the importance of culture, context, and power in the implementation of mental health programs as part of process research. Participants then proceed to analyze and discuss a real-life case study which illustrates critical ethical challenges and opportunities in designing, implementing and evaluating interventions.

Implications

This workshop will explore ways of encouraging ethical know-how in mental health research and practice by considering: (1) moving from theoretical critiques towards frameworks for practice; (2) the development of methods and tools that help operationalize systematic attention to cultural context and ethical engagement; and (3) the need to establish time and funding allotment within research and implementation projects to critically reflect on issues of ethics.

Learning Objectives

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

1. Apply a more systematic approach to cultural context and ethical engagement issues in global mental health.

2. Identify specific local challenges and opportunities in implementation and practice, and promote solutions through reflective and reflexive lenses.

● Paper Session 5: Reflexivity and Intersectionality in Research and Clinical Care

Whose Culture Matters? Locating Culture in the Clinic

Ana Gómez-Carrillo, MD, McGill University, Montréal, Québec; George Eric Jarvis, MD, MSc, McGill University, Montréal, Québec

Background

The leap from theoretical discussions on culture to working with culture is fraught with challenges. Moving from culture as 'the taken for granted' to applying a cultural lens to clinical assessment requires abandoning the idea of culture as a set of discrete factors that influence illness and disease. "Culture" gets noticed when knowledge systems clash. Noticing can take many forms but often leads to 'othering', exoticizing, reifying stereotypes and even rejecting differences.

Objectives

This paper will examine the social representations of cultural difference in the framing of cultural consultation requests and will evaluate why "culture" is often situated in the patient or clinical case rather than in the intersubjective space of the clinical encounter, where, in fact, it always resides.

Potential Outcomes

This paper will analyze examples of the challenges encountered in practical applications of the concept of culture in cultural consultations. Examples of how culture is often initially located in the patient or her family but, through culturally informed assessment, can be relocated or may even have more to do with the culture of the caregiver and referring clinical team. We will illustrate how this process permits the clinical work to advance where it had previously been at an impasse. The paper will also describe the role of the cultural consultation team in this process.

Discussion

It is important to unpack what is subsumed under 'cultural issues' in clinical consultations. Asking the question, "Whose culture are we discussing?" can expedite this process by (1) Promoting self-reflection and awareness of taken-for-granted biases; (2) Uncovering issues that are structural rather than cultural; (3) Refocusing on individuals and families rather than on their culture; and 4) Turning the cultural lens toward the often unexamined role of the referring clinical team in creating and maintaining the intersubjective clinical space

Learning Objectives

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

1. Locate culture in the intersubjective space and identify the practical implications of such a shift for clinical practice.

2. Apply a critical lens to the assessment of culture in the clinical setting.

Race in Supervision: Let's Talk About It

Alecia Greenlee, MD, MPH, University of Chicago, Chicago, IL; Cathy Schen, MD, Harvard Medical School, Cambridge, MA

Background

Addressing race and racial trauma within psychotherapy supervision is increasingly important in psychiatry training. A therapist's ability to discuss race and racial trauma in psychotherapy supervision increases the likelihood that these topics will be explored as they arise in the therapeutic setting.

Aims/Objectives

The authors discuss the contextual and sociocultural dynamics that contributed to their own avoidance of race and racial trauma within the supervisory relationship.

Methods/Proposition

This paper reviews the key literature in the field of psychiatry and psychology that has shaped how we understand race and racial trauma.

Results/Potential Outcomes

The authors examine the features that eventually led to a robust discussion of race and culture within the supervisory setting and identify salient themes that occurred during three phases of the conversation about race: pre-dialogue, the conversation,

and after the conversation. These themes include building an alliance, supercompetence, avoidance, shared vulnerability, "if I speak on this, I own it," closeness versus distance, and speaking up.

Discussion/Implications

We conclude this paper with guide-lines for supervisors on how to facilitate talking about race in supervision; including working with ethnic minority and majority residents/supervisors.

Learning Objectives

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

1. Recognize ways that they avoid discussions of race, culture, and ways to begin to discuss these matters with trainees and patients.
2. Identify how the power dynamic between supervisor and supervisee impact discussions of race.

Intersectional Approaches to Policy and Praxis

Joan Simalchik, *PhD, University of Toronto Mississagua, Mississauga, Ontario*

Background:

In attempts to create equitable opportunities for provision of treatment and appropriate policy development, efforts to locate individual identity may be collapsed into generic social and cultural groupings. An intersectional approach provides deeper insight into how individual identity is forged and how circumstances shift the multidimensional factors involved.

Aims/Objectives/Issues of Focus:

This paper will discuss how an intersectional analysis will allow for more precise understandings of identity and life experience in determining more applicable policy and service delivery. Intersectional theory allows for a nuanced approach to identity formation and the corresponding measures devised for addressing particular health issues.

Methods/Proposition:

The paper will speak to an understanding of intersectionality as a dynamic, not additive, theory and examples of how it can be incorporated into policy and practice. It will discuss how particular historical and cultural contexts influence health care perspectives in theory and practice.

Results/Potential Outcomes:

Integration of the learning about intersectional theory into policy and praxis will assist the equitable determination of policy and practice and avoid essentialist understanding of culture.

Discussion/Implications.

With an intersectional analysis, health care provision can be understood in the larger cultural and social context in which it operates.

Learning Objectives

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

1. Determine the multiple dimensions of identity and situational contextual factors that affect health care.
2. Discuss intersectionality and how the complexities related to identity of individuals and social groups are related to policy development and treatment planning.

Workshop 6: Racism Injuries and Mental Health

Bonnie Lee, *MSW, PhD, University of Lethbridge, Faculty of Health Sciences, Lethbridge, Alberta; **Kamal Sehgal,** AB, Executive Director, Alberta Network of Immigrant Women*

The incentive for this workshop came out of three studies conducted between 2006-2012 by an immigrant organization for women in Alberta, revealing that many immigrant and visible minority women experienced social, cultural and economic inequalities, racism and discrimination, with significant impact on their self-worth, identity and mental health. What was especially

concerning was the glaring lack of community and clinical services to help those injured by racism. Racism is a taboo and complex topic that creates discomfort for both the oppressors and the oppressed, although its relationship to negative physical and mental health outcomes is well documented in the literature. This workshop raises questions on the prevalence of racism among clients served by mental health professionals, how racism contributes to mental health symptoms, and how we can deconstruct internalized racism for those affected. Since racism is a socially constructed phenomenon, using a combination of didactic, discursive and expressive arts activities, we will explore communal ways to deconstruct racism, strengthen ethnic and cultural identities, and mitigate racism divisive intra-group and intergenerational effects, thus breaking the silence that perpetuates it.

Learning Objectives

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

1. Identify the effects of racism injuries.

2. Suggest ways to deconstruct racism.

❊ Workshop 7: Cultural Psychotherapy Workshop

Martin La Roche, *PhD, Boston Children's Hospital at the Martha Eliot/Harvard Medical School, Boston, MA*

In this workshop a Three-Phased, Cultural Psychotherapy (CP) model, with specific therapeutic goals, requirements and interventions will be described in detail. CP not only prioritizes culture in the psychotherapeutic process, it also explains how to translate it into specific interventions for patients who endorse different cultural meanings. For example, how to engage patients benefiting from their cultural characteristics. Culture is more than race and ethnicity; it is set of meanings embedded within contexts which, are more frequent in certain groups. The three phases of CP are: 1) Addressing Basic Needs and Symptom Reduction; 2) Understanding Clients' Experiences and 3) Fostering Empowerment. The workshop has four main goals;

1. Attendees will learn CP's basic assumptions and characteristics and how to translate these characteristics into specific psychotherapeutic interventions that match patients' cultural characteristics. Attendees will learn what differentiates CP from other psychotherapeutic approaches. It is estimated that this part of the workshop will take 20 minutes.

2. Attendees will learn the basic goals, characteristics and requirements of each of the three-phases of CP as illustrated through a clinical example. It is estimated that this part of the workshop will take 25 minutes

3. Attendees will rehearse specific CP skills through a clinical vignette provided by the presenter. Attendees will be divided into three tables/groups (one for each phase) and asked to design specific CP interventions for the assigned phase (e.g., how to foster empowerment), which they will summarize to the whole group. This information and additions from the presenter will then be used to illustrate how CP is applicable to different patients. It is estimated that this will take 35 minutes.

4. Attendees will be encouraged to discuss the advantages and limitations of using CP with their patients. It is estimated that this will take about 10 minutes.

Learning Objectives

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

1. Describe Cultural Psychotherapy's basic assumptions and characteristics and how to translate these characteristics into specific psychotherapeutic interventions that match patients' cultural characteristics.

2. Describe the basic goals, characteristics and requirements of each of the three-phases of CP as illustrated through a clinical example.

Plenary: Empowerment: A Family Perspective

Cultural And Structural Determinants Of Recovery And Resilience: Insights From Family Caregiving Over Four Decades

Josephine P. Wong, *PhD, Ryerson University, University of Toronto*

Discussant: *Martin La Roche,* *PhD, Boston Children's Hospital at the Martha Eliot/Harvard Medical School, Boston, MA*; **Moderator:** *Kenneth Fung,* *MD, FRCPC, MSc, FAPA, FCPA, University of Toronto, Toronto, Ontario*

Over 70% of people living with mental illness receive care and support from their biological and/or chosen families. Until recent

years, family caregiving has received relatively little attention in the field of mental health. Existing research and programs mostly focus on caregiver stress and related burnout. As most family caregivers attend to the everyday health, psychosocial, financial and spiritual needs of their loved ones living with mental illness, they witness and encounter the complex challenges faced by racialized people living with mental illness. In this presentation, Dr. Wong will share her experience and insights from her 40-year journey as the primary caregiver and support of her sister living with chronic schizophrenia. She will draw on the 4P framework of predisposing, precipitating, perpetuating and protective factors to illustrate the individual, cultural and structural determinants of recovery and resilience experienced by her sister and her family, and highlight strategies for change in research, policy and practice.

Learning Objectives

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

1. Identify structural conditions that support recovery and resilience among people living with mental illness.

2. Identify strategies that support family-centered mental health care.

3. Articulate personal and collective commitment to address stigma and social inequities affecting people living with mental illness.

POSTER SESSION

Culturally Safe Space And Empowerment: Reflections In Adapting And Implementing The Listening To One Another To Grow Strong Program In Nlaka'pamux First Nation

Erin Aleck, Lytton First Nation Band, Nlaka'pamux First Nations , Lytton, BC ; **Mia-Kate Messer***, McGill University, Montréal, Québec*

Background

Attention to cultural safety is central to efforts to develop appropriate and effective health care services for Indigenous populations. In research contexts, cultural safety aims to address power disparities to ensure engagement, culturally appropriate knowledge sharing and negotiation between researchers and participants. There is a need to demonstrate and document ways of establishing cultural safety in program implementation.

Aims

The present study examines the dynamics of creating a safe cultural space in the process of implementing a mental health promotion program. Listening to One Another (LTOA) to Grow Strong is a resilience-based program that aims to strengthen families. LTOA is currently being culturally adapted by Nlaka'pamux communities in BC. In this study, community partners engaged in the adaptation process and reflect on the role of cultural safety in facilitating the adaptation process. Indigenous community partners are actively engaged in research, and methods undertaken by Indigenous health workers throughout the adaptation and implementation processes are highlighted. The project aims to identify key elements that establish and maintain cultural safety, and examines how they influence program implementation and community engagement.

Methods

This poster presents results from a focus group interview conducted during a community visit in Siska, BC, and follow-up phone interviews. Culturally adapted program materials were received to be incorporated and triangulated into the data analysis.

Results

Preliminary data analysis reveals that characteristics of a culturally-safe space include authenticity and the capacity to express vulnerability, which must be established prior to introducing program content. Supporting the establishment of a culturally-safe space is essential for community partners to introduce core cultural issues including language, relationship-building, and healing during adaptation and delivery.

Discussion

Documenting the challenges and strategies for achieving cultural safety in the adaptation and delivery of this program can assist other First Nation communities undertaking cultural adaptation and implementation.

Learning Objectives

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

1. Explore the topic of cultural safety within the cultural adaption process in program implementation
2. Identify the importance of establishing culturally safe space in adaption and implementation processes in Indigenous settings

Power and Recognition in Community Arts

Élise Bourgeouis-Guérin, PhD, Centre de recherche Sherpa, Montréal, Québec; *Claire Lyke,* Sherpa Research Center/University of Québec in Montréal, Montréal, Québec

Background

This presentation will address the findings from a three year participatory art-based research project.

Aims/Objectives/Issues of Focus

This community art project aims at the concerted mobilization of local families and communities through artistic activities around a project of valorization of identities and otherness and the consolidation of multiple belongings. It is an action research project based on a participative approach that focuses on singular and collective creative expression to create bridges between communities and foster the emergence of a diversity of voices in the public space.

Methods/Proposition

Multiple artistic projects (eg visual art, theater, dance) were conducted with neighborhood groups marked by various forms of exclusion in Montréal: Parc-Extension, Hochelaga-Maisonneuve and Saint-Laurent in Montréal. Artistic processes were documented using an innovative methodology weaving ethnographic, narrative and arts based approaches.

Results/Potential Outcomes

The works produced will be exhibited at the Montréal Museum of Fine Arts in the fall of 2018. The data collected during the artistic projects will be analyzed and the exhibition at the museum will be evaluated.

Discussion/Implications

Although further data analysis is needed, the current data provide some insights. This presentation will focus on the question of the link between power and legitimacy when, as in the case of this project, it is a matter of promoting community resilience. More specifically, how can we understand the posture of artists and researchers in their connection to participants and community partners in a context of asymmetrical power? How, for example, can we give visibility to the works of communities without dispossessing their creators? The question of power and legitimacy also applies to the place and function of art as a vehicle for change and inclusion. To what extent can art be used as a means of resistance in an increasingly fragmented social climate?

Learning Objectives

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

1. Identify the potential role of institutions (like museums and universities) in community arts in a context of power imbalance
2. Develop a more nuanced understanding of the interrelationship between culture in the ethnographic sense and culture in the arts and how this relationship can impact community based interventions

Engaging Indigenous Organizations in the Training and Implementation of a Mental Health Promotion Program with Frontline Workers

Michaela Field, Jewish General Hospital/Lady Davis Institute/McGill University, Montréal, Québec

Background

Listening to One Another (LTOA) program is a culturally-adapted, mental health program that promotes mental wellness for Indigenous youth and their families. However, issues such as the high rate of turnover among skilled facilitators affect the sustainability and scalability of the program in First Nation communities. Efforts have been made to integrate the program within established regional health and social service organizations. Our LTOA research team has engaged in collaboration with Anishinaabe Abinoojii Family Services (AAFS) and Kenora Chiefs Advisory (KCA), to develop an innovative training model to implement LTOA through AAFS's frontline workers.

Objectives

To engage and collaborate with local Indigenous organizations to create a culturally appropriate training model for the integration of the LTOA program into frontline services.

Methods

The documentation and evaluation of the training process will be conducted through focus groups, interviews, sharing circles and direct observations with AAFS staff and community facilitators.

Results

The ongoing collaboration with AAFS to develop a training model for frontline workers, and to document how the process of adaptation, training and implementation has contributed to understanding the challenges and needs of frontline workers. These needs include the requirement for more support during training due to the sensitive nature of some topics, and the division of the training sessions into smaller modules in order to train workers on a few LTOA sessions at time. The bidirectional feedback loop on the evaluation of the training process allows for beneficial changes to be incorporated into upcoming sessions.

Implications

This collaborative effort to engage in continuous feedback between the LTOA team and AAFS will help to identify ways to better support community workers and program facilitators in Indigenous communities. Moreover, this "train-the-trainer" process may provide useful insights for other First Nations communities and organizations seeking to implement family wellness programs through frontline workers.

Learning Objectives

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

1. Recognize the necessity of engaging regional Indigenous health and social services, as a way to promote the sustainability of mental health promotion programs and integrate it into established systems within communities

2. Investigate both the successes and challenges Indigenous regional organizations may encounter throughout the development, training and implementation of a family-based program with frontline workers

The Role of Institutional Minority Trainee Development Events in Psychiatry Department Diversity Initiatives

Ian Hsu, MD, MPhil; *Christina Lee*, MD; *Tina Wu*, MD; *Lily Chan*, MD; *Nikhil Patel*, MD; *Jennifer Hu*, MD, *Cambridge Health Alliance / Harvard Medical School, Cambridge, MA*

Background

In the last two decades, psychiatry training programs have increasingly incorporated diversity initiatives, training in health care disparities, and concepts of "cultural competence", with more recent emphases on structural competence, racial justice and power/privilege. Although many programs have developed curricula and initiatives to address these training needs, there are few studies evaluating the impact of such initiatives, and whether and how concepts from cultural psychiatry, social justice, and diversity have been integrated. Minority trainees at the Cambridge Health Alliance Department of Psychiatry have recently designed interdisciplinary minority trainee development initiatives to help meet some of the above training needs. During the events, we aim to explore awareness of our selves and institutions as cultural entities through discussion-based learning, with an overarching goal of promoting personal well-being, supporting institutional diversity efforts, and more effectively caring for culturally diverse populations.

Aims

To assess the impact of minority trainee development initiatives (retreats, dinners, workshops with semi-structured agendas) on trainees' well-being, sense of community, ability to engage in dialogue about issues related to diversity and equity, and ability to care for underserved populations.

Methods

This study will utilize quantitative and narrative-based surveys, as well as focus groups, to assess participants' experiences in the development initiatives, with questions organized around the aims above. A qualitative thematic analysis approach will be used to identify key themes.

Potential Outcomes

The study is in the implementation phase. We hypothesize that trainees will report an improved sense of community and well-being. We are particularly interested in how cultivating reflexive practices might enhance trainees' capacity for dialogue with patients and colleagues of different backgrounds.

Implications

Given the limited research on diversity effort outcomes and current emphasis on formal didactic curricula, this study may offer a novel and experiential approach to enhancing diversity initiatives in mental health training programs.

Learning Objectives

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

1. Evaluate how minority trainee development initiatives might be helpful in supporting trainees' self-understanding, well-being, and ability to care for diverse populations

2. Propose diversity initiatives at their own institutions that incorporate experiential activities designed for minority trainees

A Path Toward Mental Health Care With Northern And Indigenous Peoples Of Canada

Azaad Kassam, MD, FRCP, University of Ottawa, Ottawa, Ontario

Background

Northern and Indigenous communities of Canada have been deeply affected by colonization, which created the historical traumatic conditions leading to mental health issues in Northern populations. Recovery for Northern peoples involves efforts that include, but go beyond, the provision of equitable, adequate mental health care.

Objective

To determine the most useful and sustainable approach to improving mental health in Northern and Indigenous populations.

Methodology

A thorough review of the literature was conducted as part of the effort to generate a book chapter for a larger collaborative piece.

Results

Cultural safety, idioms of distress, conceptions of the ecocentric self, and social conditions must be considered. Mental health practices must be rethought and adapted to the local social and cultural realities of the North. Northern institutions play a pivotal role in empowering and facilitating long term change, which is equitable, responsive and innovative.

Discussion

Pluralism in mental health care offers greater choice and opportunity to draw upon the best of different traditions for health and healing. Engaging with Indigenous knowledge with genuine curiosity and openness will facilitate progression from mere tolerance of other forms of knowing to the integration of health systems. Listening to communities and facilitating them to direct their own services will help them to be most responsive to their own needs. Successful initiatives tend to be those that are sustainably funded, community driven, creative, infused with Northern and Indigenous skills, and value culture as the foundation of healing. Ultimately, all mental health practice is cultural, all healing is spiritual.

Learning Objectives

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

1. Describe the historical factors responsible for mental health disparity in Northern and Indigenous communities of Canada

2. Discuss the significance of pluralism, cultural safety, Indigenous knowledge, culture as treatment, and Northern development as key factors in supporting wellness in Northern and Indigenous communities

Developing a Mental Health Classroom Curriculum for High School Students in Indigenous Communities in Northern Québec

Eleanor McGroarty, McGill University, Montréal, Canada

This poster will outline the research process involved in developing a series of lesson plans on topics relating to mental health for high school students in various regions of Northern Québec. Initial literature reviews will be conducted to gain familiarity and specific knowledge relating to A) research and development models for existing projects that also have the intersection of mental health of Indigenous youth in North America and education, B) social/occupational activity and mental health information of youth in these particular regions and C) culturally appropriate and sensitive content delivery models for mental health topics. In light of the content that arises from the literature reviews, a qualitative participatory research model that will hone in on the expert knowledge and lived experiences of youth and local educators in addition to a framework for ongoing consultation with the local youth will be outlined.

Learning Objectives

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

1. Understand the mental health experiences and needs of Indigenous youth in various communities in Northern Québec

2. Outline a participatory research model that will empathize the lived experiences and expertise of local youth and give them agency in the various steps of developing a mental health classroom curriculum

Complexity of Orthopedic Management in Patients with Psychological Stress Symptoms: Case Review

Zaid Mustafa, MD , Bronx Care Hospital, Bronx, NY

Background

Trauma is the result of a deeply distressing and disturbing incident in which the traumatic event overwhelms the individual's ability to cope with the experience This can result in possible post-traumatic symptoms. Recovery from trauma is a critical process that requires physical and psychological wound healing. Literature review suggests there is increased risk of poor wound healing and surgical complication associated with untreated psychological stress.

Issues of Focus

Exposure to trauma may be associated with psychosocial characteristics which complicate physical management and increase the risk of developing complication after trauma surgery. Studies suggest that psychological stress may increase the risk of recurrent infections and poor wound healing in orthopedic management.

Method

Here we present a case of a 43-year-old Iraqi male with a history of failed surgical procedures and untreated psychological distress symptoms due to severe physical abuse and torture. He was referred to the psychosocial team services after he refused to seek further medical treatment and attempted to overdose on medication. He presented mainly with abnormal motor symptoms, sleep disturbance, anger, nightmares, mistrust, avoidance, flashbacks, and hopelessness.

Results/Potential Outcomes

A course of psychiatric management including CBT (cognitive behavioral therapy) was effective in empowering the patient and restoring his ability to seek further medical and psychological treatment.

Discussion/Implications:

We use this case to illustrate the great need to identify the risk factors for psychiatric morbidity before trauma surgery and encourage clinicians to be mindful of this potential development after trauma and ensure psychiatric follow up for these at risk patients

Learning Objectives

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

1. Discuss the clinical significance of identifying and treating psychological stress before surgical procedures

2. Describe the physiology of wound healing, symptoms of post traumatic distress, and possible ways to engage patients to seek psychiatric help

Representations of Domestic Violence Among Immigrant Men in the South Asian Community of the Greater Toronto Area

Omaira Naweed, MA, *Université du Québec à Montréal, Montréal, Québec*

Domestic violence (DV) is an example of a phenomenon whose social representation structures the explanatory, preventive and intervention approach advocated. This leads us to explore the relevance of a practice that would support men's participation in understanding the phenomenon under study. Indeed, the lack of literature on men's participation in understanding the phenomenon of domestic violence is particularly acute with regard to South Asian immigrant men. These findings support the importance of re-conceptualizing DV to better meet the needs of this population. The needs and specificities of this population require a framework that recognizes these different issues that currently dominate the understanding of the phenomenon of interest. Considering the above, we have seen the relevance of further exploring representations of DV in the male immigrant population of South Asia. To this end, this research sees the importance of documenting DV in the perspective of men in the South Asian community. At the same time, we seek to explore the link between representations and pre- and post-migration experiences. To this end, ten semi-structured individual interviews will be conducted with men from the South Asian community, with five research questions. The methodology of analysis that is prioritized is content analysis by conceptualisantes categories. Moreover, by approaching domestic violence from a male perspective, we hope to shed new light on the issues of domestic violence among the immigrant population and the more culturally sensitive avenues of prevention and intervention.

Learning Objectives

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

1. Recognize issues of domestic violence and its different representations among the South Asian immigrant men in the GTA

2. Evaluate culturally sensitive avenues of prevention and intervention of domestic violence in the South Asian community of the GTA

Working in Partnership with Indigenous Communities to Adapt a Mental Health Wellness Program (LTOA) to School-Settings: Preliminary Findings from a Pilot Study with Anishinaabe Of Treaty #3

Tristan Supino, BA, McGill University, Lady Davis Institute, Jewish General Hospital, Montréal, Québec

Background

Listening to One Another (LTOA) is a culturally-based, family centered mental health promotion program that involves 14 weekly sessions for Indigenous youth and their caregivers. Each specific First Nation community adapts the original version of the program to their local culture and community context.

Aims

To increase accessibility and the reach of the program, the LTOA team, in collaboration with Indigenous communities, developed a shortened version of the program that is flexible and adaptable for various school settings. This poster aims to explore the feasibility and the partnership required to implement an initial pilot study with Anishinaabe students of Treaty #3.

Methods

In partnership with the Kenora Chiefs Advisory (KCA), which provides culturally appropriate health and social services to affiliated First Nations, we gathered information about their experiences adapting and implementing the program in school settings. This project focused on results from focus group discussions and follow-up phone interviews with individuals involved in the implementation process.

Results

For facilitators of the school program to engage in the implementation of a wellness program for students, preliminary findings show the importance of the program's flexibility and the school's involvement. Our research engages workers in the school setting by providing a flexible program that can adapt the Elder's role and the number and duration of sessions. Context varies in Indigenous communities and a standard uniform program would not work as expected. Findings stemming from this study can guide other Indigenous communities planning to implement culturally-relevant mental wellness programming in school settings.

Discussion

This poster adds to the current research by examining the need to engage and collaborate with Indigenous community partners in the adaptation and implementation process. It qualitatively engages with Indigenous community partners, including Elders, facilitators, and cultural supports, by promoting their perspectives of adapting and implementing the program.

Learning Objectives

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

1. Recognize the needed resources to adapt and implement a school-based program in Indigenous communities

2. Evaluate the need of having a culturally relevant program for Indigenous youth in a school setting

Mobile Skin Conductance Response and Its Associations with HIV and Post-Traumatic Stress Disorder Symptoms

Kathy Trang, MA, *Emory University, Atlanta, GA*

The aim of this study was to assess the relationship between HIV infection, physiological reactivity (skin conductance), and posttraumatic stress disorder (PTSD) cluster symptoms among Vietnamese young men who have sex with men (YMSM). Skin conductance response (SCR) was measured using a mobile device (eSense) connected to a smartphone or tablet computer during a standard trauma interview (STI) at a sexual health clinic. SCR was calculated by subtracting the average skin conductance level at the end of the baseline measurement from the peak during the STI. In total, 100 HIV-negative, high-risk YMSM and 62 HIV-positive YMSM completed the task. Lifetime and childhood trauma exposure did not differ between the two groups. Controlling for age and rural-urban migrant status, childhood trauma exposure (p<.001) and SCR (p < .01) predicted the frequency of re-experiencing symptoms over the past two weeks. There was a marginally significant interaction between SCR and HIV status (p = 0.097). Similarly, childhood trauma predicted the frequency of numbing-avoiding symptoms (p < .01), and a marginally significant interaction between childhood trauma and SCR was observed (p = 0.055). History of parental war trauma also significantly associated with numbing-avoiding symptoms (p < .05), but not with either re-experiencing or hyperarousal symptoms. Lastly, only childhood trauma exposure was significantly associated with frequency of hyperarousal symptoms (p < .001). Results are congruent with previous research and support that the integration of low-cost, mobile assessments of physiological markers into psychiatric research may yield important data for understanding and intervening in posttraumatic stress.

Learning Objectives

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

1. Characterize the relationship between skin conductance response and PTSD

2. Evaluate the feasibility of integrating mobile skin conductance assessments into their research

Using a Community-Partnered Model to Culturally Adapt a Biomarker Study Protocol

Sylvanna Vargas, MA, *University of Southern California, Los Angeles, CA*

Background

Several scholars have construed the impact of discrimination on health using a stress pathway, although little is known about the role of stress among people who experience discrimination for multiple reasons (e.g., because of their race and sexual orientation). Hair cortisol is a measure of cumulative stress, with numerous advantages over saliva cortisol. However, minorities are less likely to participate in biospecimen research.

Aims

To develop a culturally-adapted study protocol that will facilitate participant engagement in biomarker research.

Method

The current study used a community-partnered participatory research (CPPR) model to culturally-adapt our study protocol and measures for use among lesbian, gay, bisexual, transgender and queer (LGBTQ) ethnic minorities. The adaptation process involved ongoing discussions with community stakeholders, piloting the protocol with study participants, and integrating feedback based on semi-structured interviews.

Results

We will present a description of the adaptation process and changes to the study protocol and measures. We will also present guidelines to engaging LGBTQ ethnic minorities in biomarker research, as well as a summary of participant-reported barriers.

Discussion

We will propose recommendations for overcoming participant barriers to research. Given the dearth of research on LGBTQ ethnic minorities, more work is needed to understand the health outcomes of this group. Future studies may benefit from utilizing a CPPR model to effectively engage participants from this underserved group.

Learning Objectives

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

1. Describe how a community partnered model was applied to adapting a research protocol for use among understudied groups

2. Identify barriers to participating in biomarker research described by LGBTQ ethnic minority participants

abstracts
saturday, april 27

● Paper Session 6: Understanding and Caring for Youth

Enabling A Safe Space for Informed Decision Making in Youth Mental Health Services for a Socio-Culturally Diverse Population: Considering Agency, Engagement and Webs of Positionalities

Janique Johnson-Lafleur, McGill University, Montréal, Québec; Lucie Nadeau, McGill University, Montréal, Québec

Background

Patients' partaking in decision about their treatment is at the core of patient-centred initiatives and is known to improve quality of services. Decision-making has been described as a complex process with many contributing factors. In youth mental health (YMH), the plurality of actors, their shifting positionalities, as well as structural and contextual issues frame this complexity. The consideration of socio-cultural factors is key when trying to understand how to promote agency and engagement of youth and their parents in the decision-making process.

Aims/Objectives

The aim of this presentation is to discuss the implication of socio-cultural factors within decision-making processes regarding treatment in first-line YMH in socio-culturally diversified neighbourhoods.

Proposition/Methods

Results from a mixed-methods study on collaborative care in first-line YMH services that took place in socio-culturally diversified neighbourhoods of Montréal, Québec, will be discussed. This presentation builds on the qualitative analysis of verbatim from individual interviews with 44 triads of youth-parent-main clinician, exploring the process of the intervention in first-line YMH. Interviews were done at 2 different points in time: 6 months (T1) and one year (T2) after the start of the intervention.

Potential Outcomes

This presentation will discuss the web of shifting positionalities adopted by actors to reach informed decision making. Results suggest that the therapeutic alliance is influenced by interpersonal (within the triad) and systemic mechanisms. Decision-making needs to be understood as involving issues of agency and engagement, as well as socio-cultural (values, communication practices, knowledge and explanatory models) and organisational factors.

Discussion/implications

This presentation will provide new insights for clinicians on how to promote agency and engagement of youth and families receiving services in YMH in highly socio-cultural diversified contexts, in order to improve comfort within the process of informed decision-making.

Learning Objectives

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

1. Discuss the importance of taking into account agency, engagement, organizational elements and socio-cultural factors when addressing decision-making processes in youth mental health services.

2. Describe the web of positionalities in decision-making processes that can be adopted by various actors in first-line youth mental health services in socio-culturally diversified neighbourhoods.

Using History to Empower Community-Based Knowledge Translation

Gerald McKinley, PhD, Western University, London, Ontario

Background

Between 1969 and 1996 the University of Toronto Department of Medicine, Toronto General Hospital, and The Hospital for Sick Children administered health services in the Sioux Lookout Zone Hospital. The Zone Hospital was an "Indian hospital" servicing remote First Nations communities in Northwestern Ontario. During their tenure the current suicide epidemic facing many of these communities broke out in the mid 1980s and was documented within the hospital's archives.

Aim

Using the available materials, and supported by data from the Office of the Chief Coroner, this paper will focus on how archived materials can be utilized to support community-based knowledge translation projects. The context in which the ongoing suicide epidemic is taking place is in many ways unique. Those who die by suicide in the region are predominantly under the age of 27, with deaths starting as young as ten years old and peaking in the teens. Adolescent suicide impacts young girls at rates similar to, or higher than, young boys and sexes are using the same method. In addition, many of those who have died by suicide were not accessing mental health services.

Method

The paper will utilize archival research methodology, in partnership with community-based qualitative research, in helping to provide greater context to the emergence of the suicide epidemic.

Discussion/Results

We will track the epidemic from beginning to present to show how social determinants contribute to the rise of suicides and how a focus on enhancing selected determinants may allow communities to develop sustainable plans to respond to the problem.

Learning Objectives

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

1. Describe the social aetiology of the development of the ongoing suicide epidemic facing First Nations communities in Northwestern Ontario.

2. Discuss the concepts of archival research methods and how they can be applied to cultural psychiatry.

"Culture Has to Matter When You're Going to Be Calling Them Neglectful": Families and Professionals' Views of Child Supervision

Mónica Ruiz-Casares, PhD, MSc, LLB, McGill University/Sherpa University Institute, Montréal, Québec; Emilia Gonzalez, McGill University, Montréal, Québec

Background

In Canada and other industrialized countries, lack of supervision is the most frequent type of neglect and may have serious consequences for children's physical and mental health. The overrepresentation of ethnic minority families in the child welfare system raises questions about the extent to which the ethno-cultural background of families is taken into consideration in professional assessments of supervisory neglect.

Aims

To identify criteria used by caregivers, children, and professionals to assess adequate child supervision across diverse cultural and socioeconomic groups in Québec.

Methods

Four vignettes illustrating different child supervision scenarios were presented to and analyzed by groups of ethno-culturally diverse parents/adult caregivers (n = 39) and adolescents (n=59) as well as to service providers in health, education, youth protection, and the police working with ethno-culturally diverse families (n = 65) across Québec. Discussions were audio-recorded, transcribed, analyzed thematically, and then compared across all groups to identify individual, family, and environmental criteria used to evaluate risk in child care and supervision.

Results

Large variation was documented in (a) how caregiving adults, children, and professionals assess (in)adequate child care and supervision, particularly child and caregiver levels of ability; and (b) the criteria they use to assess risk in cases of lack of adult supervision. Families' concerns over undermined parental authority contrast with professionals' claims of the need to "teach parents", and question how to best engage and empower families. Diverse operationalizations of culture co-existed within and across groups and scenarios analyzed.

Implications

Advancing our understanding of the forms of dialogue and negotiation around the needs of children that emerge from different representations of child care is needed. The perspectives of ethno-culturally diverse children and adults, families and professionals must be sought to achieve equity in the context of migration and different socio-cultural norms.

Learning Objectives

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

1. Compare criteria used by families and professionals in the context of child supervision

2. Explore implications of different conceptualizations of adequate child care for professional practice with migrant and culturally diverse families

● Paper Session 7: Global Mental Health: Adaptation, Engagement, Trust

Engagement in Global Mental Health Research: Building Trust as a Complex Relational Practice Among the Researcher, Research Assistant, and Study Participants

Sakiko Yamaguchi, MSc, McGill University, Montréal, Québec

The importance of trust in global mental health research is widely acknowledged. Nevertheless, little attention has been paid to the way trust is practiced in order to facilitate engagement of diverse populations with research activities and how to address potential tensions in practice.

This paper explores the way study participants' trust-building and their engagement in knowledge production was facilitated by interactions between them, the researcher, and the research assistant during an eight-month period of fieldwork. This qualitative research focused on alcohol use and misuse among the Andean highland population took place in the Ayacucho region in Peru where mistrusting had become a survival strategy during the civil conflict.

In researcher-participant relations, the fact that the researcher is Japanese turned into an icebreaker that eased feelings of mistrust in the rural community where a favorable memory of the former President Fujimori remained. However, as concern over droughts mounted and spread across the community, a community leader was not positively disposed to the visit of a foreign researcher based on an Andean myth of pishtaco (ghoul). In participant-assistant relations, the assistant's educational background was a symbolic indicator that established his trustworthiness, but also marked a line between "us" and "them." Furthermore, perception of the local research assistant as a research partner influenced a sense of ownership of local knowledge by both participants and the assistant, determining their engagement in the research activity according to their own agendas.

A range of positioning factors associated with the researcher and assistant--which took on specific meanings in the particular socio-cultural and historical context of the study--influenced the process of trust-building with participants. Study participants' engagement in research is not only based on an immediate risk-benefit analysis but also on the perceived impact of their participation in the context of their everyday life experience.

Learning Objectives

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

1. Recognize that engaging research participants in global mental health research is a complex relational process where trust is established through interactions among the researcher, research assistant, and participants.

2. Assess their experience of building trust with the research assistant and participants and explore the potential tensions and how to address them in their own research.

Lessons from Adapting Motivational Interviewing: An Individual-Focused Intervention in a Cross-Cultural, Cross-Linguistic, "Collectivist" Setting in Rural Nepal

Pragya Rimal, MS, Possible Health, Nepal

Background

Globally, Community Health Workers (CHWs) play an important role in engaging with non-adherent patients. (1) Motivational Interviewing (MI) can help enhance behaviour change and has been used in various settings. However, given that MI focuses only on the individual, assumes patient freedom, and asserts patient autonomy, cross-cultural adaptation can face several challenges in settings where individualism and autonomy may not be prominent. Here we share our experience of translating and adapting MI concepts to the local language and culture in rural Nepal.

Objectives

To describe translation and adaptation of MI concepts and therapeutic skills in a non-Western culture.

Methods

We developed and field-tested a Nepali MI training module with nurses (n=4) who supervise CHWs, and used observation notes to describe challenges and experiences in cross-cultural adaptation.

Results

All participants regarded MI as an effective intervention with the potential to assist non-adherent patients. Regarding patient autonomy, learners shared examples of family members imposing behavior change, but discussion led to consensus that every time the patient's autonomy is restricted (e.g., hiding cigarettes), the patient only complies temporarily and is likely to go even further along the problem behaviour pathway (finding yet another hiding spot and continuing to smoke). Regarding individual motivation, participants highlighted that even when a patient is motivated to change (e.g., return for follow-up), her family members may not "allow" it. Discussion led to suggestions that CHWs may need to conduct MI separately with family members to understand their motivations and align them with the patient's needs.

Discussion

MI carries several cultural assumptions on individual freedom and autonomy. Although MI adaptation faces challenges in cultures where such assumptions may not be prevalent, cross-cultural adaptation with key informant feedback can lead to creative strategies that recognize the patient's freedom and her role as a member of a complex social fabric.

Learning Objectives

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

1. Formulate cultural assumptions inherent in concepts and skills in MI.
2. Apply and discuss a process of adapting MI in a cross-cultural setting, with particular attention to patient autonomy, freedom, and individual motivation.

Engaging Children in Mental Health Research: Exploring the Use of a Participatory Approach to Understand Children's Experience of Violence

Nicole D'souza, PhD, McGill University, Montréal, Québec

Background

Children and youth, living in marginal and disadvantaged communities with high rates of violence, have generated widely publicized social concerns as they have come to be understood as being either 'risky' or 'at risk'. In an attempt to address the problem of interpersonal and community violence exposure to children, national and international governmental and non-governmental organizations have initiated strategies for intervention. Yet, many of these interventions have been designed by experts in the field with children themselves rarely consulted or collaboratively worked with. Consequently, the realities of children's experiences and their constructions of meaning remain largely invisible and poorly understood. The lack of information on children's viewpoints and experiences of everyday violence makes it more difficult to develop services and interventions that are responsive to their lived realities.

Aims

To work collaboratively with children using a participatory approach to gain a holistic understanding of the ways in which everyday violence affects the development and potential sources of resilience of children by paying attention to their own lived experiences and perspectives.

Methods

Framed within a child-focused participatory ethnography, we use the method of body mapping with a group of 27 school-aged children (11-12 years old) to explore issues of embodiment and identity, as the children make sense of their social worlds.

Results

In using their embodied experience as a reference point, the children challenged and resisted normative socio-developmental schemes of how they should "be in the world", using the body maps to create, re-envision, and re-contextualize their bodies via methods that engaged with affective modes of knowledge.

Implications: The process of engaging in an embodied methodology such as body mapping reveals how current modes of categorizing and labelling children in an effort to provide effective interventions and services can result in dismissing children's perspectives and voice.

Learning Objectives

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

1. Apply participatory approaches to engaging with children in mental health research.

2. Articulate how embodied methodologies of engagement can be applied in the global mental health context.

3. Identify the importance of engaging in research methods that enable research participants' voice and perspective.

✳ Workshop 8: Self-Documentaries Through Film-Making and Photovoice: New Tools for the Humanistic Mission of Cultural Psychiatry

James Griffith, MD, George Washington University, Washington, DC; *Sauharda Rai*, MS, University of Washington, Seattle, WA

Cultural psychiatry historically has relied upon ethnographers and clinicians to interpret how individuals are impacted by harsh social circumstances. However, technological advances in photography, video, and film-making can now place the camera in the hands of impacted persons, opening new avenues for inclusion of their own voices as they cope with social suffering. These innovations expand the scope of expression beyond text to visual images of daily life.   Their use strengthens personhood by expanding voice, mobilizing personal agency, and creating community. In this workshop, we will illustrate these advances by showing: (1) Brief films produce by Syrian refugee teenagers from the "Another Kind of Girl Collective" (ANGC) in the Za'atari refugee camp in Jordan.   These self-documentaries by teenage girls from rural Syrian villages utilize visual storytelling that adds complexity, nuance, and normality to the stark trauma narratives told by mainstream media about life in a refugee camp. The girls describe in their own words how being positioned behind the camera, creating their personal narratives, has transformed their identities, aspirations, and creation of community with other girls. Their ANGC self-documentaries have been screened at international film festivals including Sundance, Cannes, and South by Southwest; (2) Use of photovoice in NIMH-funded research studies to reduce mental health stigma in Nepal and to advocate mental health policies; (3) Use of photovoice in a Central Appalachian Project seeking to expand access to mental health services in rural Virginia, Tennessee, Kentucky, and West Virginia in the U.S. Inclusion of individuals' first-person experiences using these technological advances strengthens reliability and validity of research findings. These methods hold particular value for populations who are remote or historically have suffered marginalization or discrimination that silenced self-expression. However, they also constitute potent humanistic interventions for strengthening mental health through empowerment that expands voice, mobilizes agency, and creates community.

Learning Objectives

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

1. Distinguish between mental health interventions that promote mental health by strengthening personhood, and interventions that target symptom reduction of psychiatric illnesses.

2. Plan self-documentaries that can expand voice, mobilize agency, and create community among individuals coping with adverse social circumstances.

❀ Workshop 9: Latino Undocumented Children and Families: Beyond A Border Crisis

Divya Chhabra, MD, UCSF, San Francisco, CA; **Will Martinez,** PhD, UCSF, San Francisco General Hospital, San Francisco, CA; *Anna Fiskin*, MD, UCSF, San Francisco, CA

The USA is home to 11.4 million undocumented immigrants (UIs), half of whom are of Latino origin. There is an increasing focus on deterring undocumented immigrants with strategies such as increases in ICE raids, stringent refugee determination procedures, and increased confinement in detention centers. The Zero Tolerance policy, which called for the prosecution of all individuals illegally entering the USA, resulted in the detainment and separation of thousands of families.

UIs undergo trauma across various stages of the migration process. As a result, undocumented immigrants have a higher risk of depression, PTSD, and substance use. Detention itself results in adverse mental health outcomes that worsen as length of detention increases. Forced removal and fear of deportation is linked to externalizing and internalizing problems among youth, low levels of family cohesion, and behavioral changes. We must utilize research on resilience in this population to find ways to prevent the current detrimental consequences.

We will introduce participants to research that has been conducted on UIs in terms of risk/protective factors, mental health prevalence, and treatments and we will discuss detainment and family separations. Second, we will hear about policies regarding UIs and the migration process. Lastly, we will present multiple clinical cases in a group fashion to simulate the many scenarios that UI children have gone through the migration process that ultimately co-occur when in a school-based setting. We will discuss a group-intervention program, known as FUERTE groups, being implemented in partnership with the San Francisco Unified School District, which focuses on increasing social connectedness, adolescent self-regulatory capacity, and developmental competency through building resilience to promote wellness in immigrant newcomer children, specifically the LatinX population.

We will break out into groups to discuss this case as it relates to clinical care and will also discuss ways to become involved with the mission.

Learning Objectives

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

1. Explain specific stressors faced during the immigration process: (pre-migration, in-transit, and post-migration), the consequences of detainment and family separation, the policies surrounding this process, as well as ways to get involved as mental health providers.

2. Discuss a clinical case study of a secondary prevention program targeting newcomer immigrant Latinx youth (FUERTE) to demonstrate a culturally-sensitive and trauma-informed approach to decreasing health disparities in mental health treatment access in the San Francisco Unified School District, and be able to utilize this knowledge as well as principles of resiliency in their own clinical care.

§ Symposium 3: Mental Health Sector Engagement and Empowerment in Africa: Examining Pathways and Personnel in Select Countries

Many African countries face a significant shortage of mental health professionals. The WHO estimates a 90% treatment gap in this part of the world. Efforts to scale up global mental health interventions that address the "treatment gap" may be ineffective if we do not adequately understand help-seeking patterns in the broader community and the nature and limits of accessible resources outside of the formal mental health sector. This panel draws from work in select African countries to examine current work in the provision of formal and informal mental health services.

Learning Objectives

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

1. List various types of mental health resources in select countries in Sub Saharan Africa

2. Describe ways in which mental health service delivery is being hindered and empowered.

Counselling Across Urban Religious Spaces in Ghana: Opportunities and Obstacles

Annabella Osei-Tutu, *PhD Counseling Psychology, University of Ghana, Legon, Ghana*

Background

Lay Counselling occupies a prominent place in various religious institutions. Little research has been conducted on counselling practices in religious settings in Ghana.

Issue of Focus

This presentation explores the nature and scope of counselling in urban religious spaces in Ghana. Specifically, we aimed to find out who are providing counselling services in Christian religious spaces; what types of counselling are being offered; and what professional competencies form the basis of practice.

Method

We used a qualitative exploratory method. Participants were purposly and conveniently selected from pastors, elders, and lay-persons who offer counselling services across various Christian religious denominations in the four regions of Ghana.

Results

Thematic analysis revealed a wide variation in counselling services (including premarital counselling and career guidance). Participants had varied professional backgrounds: professional training in psychology, pastoral counselling; and no formal professional training. Some pulled from years of professional practice; knowledge from short courses (e.g., 6-week courses); and others relied on their life experiences.

Discussion

These findings have the potential to inform training of lay and professional counselors in Ghana.

Learning Objectives

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

1. Describe various backgrounds of lay counsellors in African countries with a strong emphasis on religion

2. Describe the typical caseload of Ghanaian lay counsellors

Engaging and Empowering Lay Counsellors in Ghana: Evaluation of a Workshop

Vivian Dzokoto, *PhD, Virginia Comonwealth University, Richmond, VA*

Background

Lay Counselling occupies a prominent place in Ghanaian religious institutions. Little research has been conducted on counselling practices in religious settings in Ghana.

Issue of Focus

This presentation evaluates a series of one-day workshops held in Ghana in August 2018 aimed at engaging and empowering lay counsellors in Ghana. The series of workshops, sponsored by the Volkswagen Foundation, sought to (1) stimulate discussions around common counselling practices and presenting problems; (2) provide psycho-education on effective counselling strategies and selected mental health topics; and (3) equip counsellors with tools to address ethical issues they encounter in their practice.

Evaluation Method

Workshop attendees completed pre-and post assessments at the event. Process notes of the conference proceedings were recorded by facilitators.

Results

Participants identified several strengths as well as knowledge and training gaps.

Discussion

These findings have the potential to inform future capacity building of lay counselors in Ghana.

Learning Objectives

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

1. Describe and discuss the importance of lay counselling in

2. Describe identified strengths and weaknesses of Ghanaian lay counsellors

Where Did The Patient Go? Pathways to Care and Mental Health Care Pluralism in Tanzania

Neely Myers, PhD, Southern Methodist University, Houston, Texas

Background

Efforts to scale up global mental health interventions that address the "treatment gap" in Tanzania may be ineffective if we do not simultaneously understand help-seeking behavior in the broader community. The literature on help-seeking in sub-Saharan Africa is sparse and often not grounded in long-term ethnographic work.

Issues of Focus

This presentation presents themes that emerged surrounding help-seeking efforts by people who hear distressing voices during three summers of ethnographic fieldwork with patients and families in Northern Tanzania

Methods

The paper builds on a qualitative analysis of fieldnotes and ~ 50 interviews with patients using a clinic in Northern Tanzania to retroactively ask them about their pathways to care, how they ultimately ended up receiving treatment at a mental health clinic, and their future mental health treatment plans.

Results

These data suggest that the pathway to care in this region is long and circuitous and complicated by family stigma against mental illness, the stigmatizing attitudes between religious and traditional healers and biomedical care providers, and a lack of hope that mental illness can be treated or cured.

Discussion/Implications

Even if mental health services became more widely available in Tanzania, it is not clear that people would use services that did not involve traditional healers, faith healers, and family members as partners in mental health care. These findings have the potential to inform future efforts to strengthen mental health care offerings in Tanzania.

Learning Objectives

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

1. List various kinds of healers and healing practices related to mental health in Tanzania

2. Describe the typical help-seeking behavior of people hearing voices that they find to be distressing in Northern Tanzania.

● Paper Session 8: Promoting Culturally Competent Programs and Clinicians

The NL "Eastern Health Diversity Project": What Does 'Culture' Have to Do with It?

*Mohammad Syaket Ahmed Shakil, MSS, MPH, Memorial University of Newfoundland, St. John's, Newfoundland and Labrador; **Fern Brunger**, MA, PhD, Memorial University of Newfoundland, St. John's, Newfoundland and Labrador*

Background

Newfoundland has witnessed an unprecedented transformation in the cultural makeup of its population over the past 5 years. In a region that had been relatively homogeneous, understanding how well the health care system is facilitating access to health (or not) demands scrutiny. We examined patient and provider perspectives on the provision of effective and culturally competent care.

Objectives

The primary objective was to identify needs and gaps for the provision of effective and culturally competent health care, to make recommendations for programming. A secondary objective, which we report on here, was to examine how the "culture"

concept is understood and used by patients and providers in their accounts of access to health care.

Methods

Patients and their advocates were our research partners. We conducted surveys and interviews with patients, advocates, and providers to elicit perspectives on challenges and successes with providing culturally competent and safe care. Methodologically, our approach is both critical (influenced by Foucault) and interpretive. That is, we take culture in its relation to power as our focus. We consider not only how medicine constructs its objects of inquiry, but also how patients and providers understand and apply the 'culture' concept (and its associated concepts of religion and ethnicity) to considerations of culturally competent and safe health care.

Results

We report our preliminary results. We highlight our finding that cultural 'othering' is used by both patients and providers to meet particular community and institutional health care goals.

Implications

Results point to the need for re-imagining training in cross-cultural clinical care, not only away from 'cultural competency' approaches (that emphasize cultures of 'others') but also away from the more refined and complex 'cultural humility' approaches which, our results show, may have unexpected detrimental effects on the provision of effective and safe care.

Learning Objectives

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

1. Describe how the "culture" concept is itself culturally constructed and ideologically motivated, and why this knowledge is important for effective cross-cultural clinical skills training.

2. Define, distinguish between, and critique the "cultural competency" and "cultural humility" approaches to cross-cultural clinical care.

Training and Education to Advance Multicultural Mental Healthcare Delivery (the "Team Healthcare Delivery Model"): Pilot Evaluation of Outcomes, Acceptability, and Feasibility

Gabriela Nagy, PhD, *Duke University Medical Center, Durham, NC*

Increasing the cultural competence of mental health care professionals may represent a significant route to improving health outcomes and decreasing health disparities for vulnerable and underserved populations. This manuscript reports on data from two pilot studies delineating the development and evaluation of an innovative multicultural curriculum, which utilized experiential learning methods centered on intersectionality and de-emphasized racial and ethnic group-level knowledge. In the first pilot, clinical psychology Ph.D. trainees (n=7) received instruction over 14 hour-long sessions. In the second pilot, the core components of the curriculum were distilled to 8 hour-long sessions and was delivered to psychiatry residents (n=15) and clinical psychology post-doctoral fellows (n=2). The first pilot relied on evaluating efficacy via subjective ratings of cultural competence at pre, mid, and post. The second pilot utilized an objective cultural competence coding system (developed by the author) utilizing a standardized patient simulation at pre and post. Impressions regarding acceptability and feasibility were also collected for both pilots. Results for the first pilot evidenced high efficacy via the California Brief Multicultural Competence Scale (pre: M=59.26, SD=5.08; mid: M=63.83, SD=4.00; post: M=68.26, SD=3.86). Acceptability was high per satisfaction ratings for training components ranging M=5.00 (SD=1.67) to M=6.86 (SD=0.38). Feasibility was high as evidenced by ratings for time effectiveness (M=4.57, SD=1.72), organization of course (M=5.17, SD=1.47), and workload expectations (M=6.14, SD=0.38). The second pilot is ongoing and thus data collection is not complete at this time. However, final results will be presented at the conference. The process of developing a coding system will be outlined. Lastly, the manuscript will report on limitations of this approach, lessons learned, recommendations for implementation in other settings, and future directions. In sum, these findings indicate this approach is an effective method for increasing the cultural competence of psychiatry and clinical psychology trainees.

Learning Objectives

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

1. Describe the process of developing and testing learning methods in delivery of culturally sensitive and responsive mental health treatment.

2. Obtain information about developing an objective cultural competence coding system.

Empathetic Engagement: A Model for Transforming Cultural Psychiatry to Be More Equitable and Diverse Within Its Day-To-Day Practice for Discussion and Teaching

Bobby Chaudhuri, MD, NOSM, Thunder Bay, Ontario

Background

There is evidence for the importance of empathetic, interpersonal aspects of culturally-sensitive psychiatric treatment, yet there has been little recent discourse in the psychiatric literature on how empathy can be optimally used in the day-to-day practice of clinical psychiatry. Academics within and outside of psychiatry describe the specialty losing its way by neglecting a deeper, interpersonally rich paradigm for understanding and treating mental illness, purportedly in favour of simple DSM diagnoses and medication management.

Aim

Without a clear paradigm in which to discuss the use of empathetic skills in routine interactions with patients in cultural psychiatry, outside of formal psychotherapy practice and teaching, there is little basis on which to discuss and teach these skills.

Proposal

Through qualitative research, this paper describes a model of the empathy skills applied in day-to-day general psychiatric practice called "empathetic engagement." This model identifies three principal areas of empathy skills used by many practitioners in general practice: relational empathy, transactional empathy, and instrumental empathy. As opposed to other, more theoretical discussions of empathy, the empathetic engagement model considers these skills in situ as an embedded part of cultural psychiatric practices.

Potential Outcomes

There will be discussion of recent literature questioning the interpersonal practices of cultural psychiatry, dialogue of the issues that make discussing and teaching empathy in cultural psychiatry difficult, a presentation of the empirically derived model of empathetic engagement, and discussion of ways that empathy can be optimally embraced by cultural psychiatry regarding equity and diversity considering its heterogenous patient population.

Implications

Empathy is at the heart of the transformative process of the psychiatric dialogue, especially so in Cultural psychiatry. This paper discusses a model of empathic engagement which, by using active listening will aid us in seeing our patients in this field with a better focus on equity and diversity.

Learning Objectives

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

1. Describe and Apply how the absence of a discourse on empathy in clinical practice compromises cultural psychiatry's discussion and teaching of empathetic skills;

2. Explore the empathetic engagement model of practice as a product of qualitative research in psychiatry and as a model for reaching cultural equity and diversity

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❋ Workshop 10: Blood, Sweat, and Fears: Lessons Learned from Engaging Diverse Populations on the Streets of New York

Jennifer Traxler, DO, Mount Sinai Icahn School of Medicine, Elmhurst Hospital Center, Queens, NY; **Mark Nathanson**, MD, Mount Sinai Icahn School of Medicine, Elmhurst Hospital Center and Columbia University, New York State Psychiatric Institute, Queens, NY; **Dhruv Gupta**, MD, Mount Sinai Icahn School of Medicine, Elmhurst Hospital Center, Queens, NY

According to the US Census bureau, a new immigrant moves to the U.S. every 33 seconds. As individuals emigrate, care providers face the challenges of engaging others with views vastly different from their own. Despite the desire to be helpful, clinicians often find themselves lacking the language to respectfully engage others, or struggling to translate theories into practice. While embracing a recovery orientation, they may want to encourage spiritually driven solutions, but fear the response of the medical establishment. The Mobile Crisis Unit (MCU) and the Assertive Community Treatment (ACT) Team of Elmhurst Hospital Cen-

ter (EHC) are two community-based teams providing mental health services in a culturally diverse segment of the borough of Queens, NY. Our hospital serves an area of approximately one million people, the surrounding neighborhoods are considered to be the most ethnically, culturally, and linguistically diverse communities in the world, with 42% of the population foreign-born. Each day we visit individuals of many different ethnicities inside their homes, while struggling to assist in complex situations. In sharing our experiences, we hope to focus this workshop on helping participants gain basic tools for engaging individuals from diverse backgrounds and to practice applying those tools in a supportive learning environment. After an overview of the Cultural Formulation Interview (DSM5) and providing case studies from our own practice, participants will divide into groups. In part two, participants will apply the principles of the CF Interview to simulated interviews of the cases discussed. Part three will conclude by reconvening participants for an active discussion about which approaches worked better than others. We plan to elicits stories and examples from workshop participants who are struggling with engagement and empowerment issues in their own practice and aim to learn from each other within this dialogue.

Learning Objectives

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

1. Apply culturally palatable language which minimizes medical and psychiatric jargon to better engage individuals in services.

2. Integrate spiritually driven solutions and/or empowering people of other cultures with choices for treatment that they may prefer.

❋ Workshop 11: Designing Cultural Psychiatry Curricula

Matthew Louis Edwards, MD, *Stanford University School of Medicine, Stanford, CA; **Belinda Bandstra,** MD, MA, Stanford University School of Medicine, Stanford, CA; R. L. Merkel, Jr. MD, PhD, University of Virginia, Charlottesville, VA; **Anna Fiskin,** MD, University of California San Francisco, San Francisco, CA; **Laurence Kirmayer**, MD, McGill University, Montréal, Québec; **Kenneth Fung,** MD, University of Toronto, Toronto, Ontario*

Background

While model curricula exist for teaching cultural psychiatry in classroom settings, applying concepts in real time in clinical settings creates different pedagogical challenges. In conversations with educators across the country, we find that many physicians feel they lack training and resources to address this critical area of medical education. There are several models for clinical teaching of cultural psychiatry.

Aims

To expose clinicians and trainees to multiple options for clinical training of cultural psychiatry:

1. With institutional grant funding, we are developing the Cultural Psychiatry Curriculum Initiative (CPCI), a web-based collection of brief educational resources that psychiatrists can access in real-time clinical settings to help them integrate a sociocultural perspective into their work. Borrowing from the model of the National Neuroscience Curriculum Initiative (NNCI), which creates and disseminates resources in clinical neuroscience education, we are developing a comprehensive set of interactive online resources for self-study and clinical supervision in cultural psychiatry. For our pilot, we anticipate creating a web-based collection of twelve brief educational resources utilizing multiple learning modalities (e.g., animations, discussions, case conferences, and problem-based learning) covering topics generated by an interdisciplinary group of scholars and practitioners.

2. Clinical Seminars in which the Cultural Formulation is used to present individual cases by residents for discussion. The Cultural Formulation interview has been shown in clinical studies to be effective and practical in providing a framework for understanding cultural differences and how these impact upon diagnosis, and treatment.

3. Specialty clinical services – Cultural consultation team; Refugee clinics; Other specialty clinics. Specialized clinical settings in which cultural differences are of prime consideration allow a more longitudinal and process-oriented means of learning about cultural differences and their impact on diagnosis and treatment. Such skills as the use of interpreters, family-oriented interviews, environmental interventions, and working with community agencies and multidisciplinary teams are important parts of this experience.

Methods

Workshop techniques will be used to demonstrate the benefits and drawbacks of each of these models, how to apply them in clinical settings, goals for each, means to measure achievement, teaching and discussion techniques for each to allow facilitation of these models.

Results

At the end of the workshop attendees will have a better understanding of these three models and will be able to possibly apply them in their own academic and clinical institutions.

Discussion

We will invite participants to discuss each of these models while suggesting areas for further development.

Learning Objectives

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

1. Discuss barriers to and opportunities for teaching cultural psychiatry in real-time clinical settings

2. Discuss the advantages and disadvantages of each model for teaching clinical cultural psychiatry.

3. Describe the role of technology and brief interactive modules in teaching cultural psychiatry

● Paper Session 9: Mental Health Experiences: Phenomenology, Diagnosis, Advocacy

Using The Cultural Formulation Interview to Clarify Diagnosis Between Psychotic and Trauma-Related Etiology in the Case of an El Salvadorian Immigrant

Crystal Han, MD, University of Maryland/Sheppard Pratt, Baltimore, MD

Background

Immigrants are at a higher risk of receiving misdiagnoses than native populations. Psychotic disorders are especially over-diagnosed. Psychotic symptomology can develop as a reaction to trauma, mediated through dissociation. Immigrant populations are especially vulnerable to trauma, and culture/communication barriers contribute to the misdiagnosis of primary psychotic disorder versus trauma-related etiology.

Aims

The following case explores the diagnostic uncertainty behind psychosis. A culturally sensitive approach can improve diagnostic validity.

Case/Methods

Mr. M is a 26 year old male who emigrated from El Salvador to the United States 5 years ago. He has been hospitalized 12 times, and diagnosed primarily with schizophrenia. He was raised by his grandmother who was physically and emotionally abusive. He has heard command auditory hallucinations telling him to kill himself since age 15. He has been described as paranoid, guarded, with persecutory delusions of other people wanting to beat him. These symptoms were attributed to presumed schizophrenia. He had been treated with various antipsychotics including long-acting injectable formulations. However, he invariably required frequent hospitalizations.

Results

During our evaluation, the DSM-V Cultural Formulation Interview was used as well as a trauma informed interview. Based on these tools, his symptoms appeared more indicative of Major Depressive Disorder, recurrent with psychotic features as well as PTSD with dissociative features.

Discussion

Immigrants with mental illness are often misdiagnosed, and diagnosis is further complicated by the presence of psychotic symptoms with dissociative experiences in the context of past trauma. Hearing voices may be understood as dissociated components of the self, resulting from trauma. There are studies on ethnic variations in dissociation mediating trauma and psychosis, but little research is available on this phenomenon in immigrant populations. In this poster, we discuss the challenges and importance of differentiating psychotic symptom etiology using a culturally sensitive approach to guide diagnosis and treatment.

Learning Objectives

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

1. Apply a cultural formulation process in evaluating future patients with psychotic symptoms

2. Recognize that psychotic symptoms may stem as a reaction to past trauma mediated through dissociation, rather than a primary psychotic disorder

The First-Episode Psychosis Experience of Filipino-Canadians in Montréal

Jenna Pastorini, BA, McGill University, Montréal, Québec

Despite being the fourth largest immigrant group in the United States and 16.1% of the immigrant population in Canada from the 2016 census, the Filipino-North American community has been referred to as the "forgotten Asian Americans". In a time where patient-centered psychiatric care is revealing greater importance for beneficial outcomes, the dearth of literature regarding the mental health of this marginalized population can be extremely damaging. This disproportionate representation was mirrored in the number of Filipino patients being seen by the first-episode psychosis program (FEPP) of the Jewish General Hospital in Montréal, despite Filipinos making up approximately 40% of the immigrant population in the catchment area. Within recent years an influx of Filipino patients, though almost entirely male, have begun treatment through FEPP. First episode psychosis refers to an individual's first experience of impaired reality testing, with serious symptoms such as hallucinations, delusions, paranoia, disorganized behavior and thought disorder. The pervasive stigma surrounding severe mental illness (SMI), arises in part from historical depictions that have linked psychosis to deviance and dangerousness. The social construct surrounding the idea of the "crazy person" holds significant consequences on how those with diagnosed psychotic disorders experience how others react to them and how these individuals may internally regard themselves. There is an ongoing concern that reflections on the experience of psychosis do not grant enough agency to the sociocultural circumstance of the individual. Through use of qualitative interviewing, I look to explore the first-episode psychosis experience of Filipino-Canadians in Montréal and analyze the unique intersect between culture and psychosis within these first-person accounts. I hope to create a space in academia for how these individuals understand their experience and how we can better support them.

Learning Objectives

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

1. Identify the salient sociocultural implications of having first episode psychosis (FEP) and how this may shape the FEP experience for minority populations

2. Recognize the importance of first-person accounts of psychotic disorders

Collective Action: How Can Organizing Psychiatrists Change Patient Care?

Eden Almasude, *MD, MA, Yale University Department of Psychiatry, New Haven, CT*

Physician organizing through professional associations has shaped many aspects of American medical practice and institutions, often in directions that exacerbate health disparities. However, increasing numbers of residency programs are choosing to unionize, providing a different opportunity for collective action towards not only different working conditions, but also health equity. This scoping review aims to synthesize existing literature on how physician unions, including residency programs, mobilize for health equity. Finally, I propose ways in which collective action can specifically benefit psychiatric practice and institutions of mental health care.

Learning Objectives

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

1. Discover ways in which collective action can promote equity in mental health care.

2. Integrate history, ethics, and structural inequality in understanding unionization and other forms of collective action.

❋ Workshop 12: Building Bridges: An Experiential Training in Cultural Sensitivity

Winny Ang, *MD, University of Antwerp, Antwerp, Belgium;* ***Liesbeth Verpooten***, *MD, University of Antwerp, Antwerp, Belgium;* ***Katrien Bombeke***, *MD, University of Antwerp, Antwerp, Belgium*

One of the most common definitions of "cultural competence" is "the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs" . The combina-

tion of knowledge, skills, and attitude comprise the foundation of cultural competence. Clinicians' awareness of their own (cultural) identity and the implicit assumptions is fundamental . It is essential to investigate one's own cultural heritage, based on the assumption that we all have the risk to think in a stereotypical way. The effort to respond to cultural diversity in the psychiatric clinic, forces psychiatrists and other mental health workers to confront their own value systems. Correspondingly, trainings must be comprehensive and multimodal in order to be able to respond to the different competence domains.

Throughout the University of Antwerp Medical School's curriculum, an integrative diversity training program is set up. Among other initiatives, the training that is part of the communication skills curriculum is attitude-based and experiential, and focuses on (cultural) sensitivity using three (visual) metaphors to raise awareness of one's own cultural and sociopolitical premises and assumptions.

Over the years, a broad and diverse audience was reached: the educational sector, (mental) health organizations, the maritime academy, law school, and performing arts organizations.

We set up a pilot qualitative study to explore the impact of this single diversity sensitivity experiential training on the cultural awareness/attitudes perceived by medical students, according to their experiences. The results clearly show the importance of the use of the metaphors and the power of the experiential approach.

In this interactive workshop, we will demonstrate both the content (the WHAT) of the training, as the process (HOW), the specific educational methods we use.

Learning Objectives

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

1. Identify the three metaphors and significance of training in cultural competence, raising self-awareness of cultural diversity, and extrapolate these to their unique caretaker-patient interactions.

2. Apply the metaphors/educational tools to their own practice as (mental) health professionalz or to their teaching practice.

❈ Workshop 13: Reducing Mental Health Disparities Through Meaningful Engagement of Diverse Marginalized Communities

Kenneth Fung, MD, University of Toronto, Toronto, Ontario; Josephine Wong, RN, PhD, Daphne Cockwell School of Nursing, Ryerson University, Toronto, Ontario; Alan Li, MD, Committee for Accessible AIDS Treatment, Regent Park Community Health Centre, Toronto, Ontario

Evidence indicates that there are social inequities and health disparities within and across nations. Effective programs and services to address mental health challenges must consider power relations and structural determinants of health. Many marginalized individuals and communities experience stigmatization, discrimination, and disempowerment based on socially defined characteristics such as race, gender, sexual orientation, class, religion, ethnic culture, and health status. Practitioners in cultural psychiatry need to move beyond individual interventions to proactively address these issues at a broader community level. While advocacy may take many forms, this workshop will focus specifically on the processes of engagement and empowerment and how to "advocate with" versus "advocate for" vulnerable communities. Drawing from interdisciplinary perspectives (from psychiatry, family medicine, social work and nursing) and our experience in partnering with various marginalized groups (racialized people living with or affected by HIV and/or mental illness) to bring social change through community-based action research, we will engage the participants to identify vulnerable communities that they may be interested in working with and develop effective engagement and empowerment strategies.

Learning Objectives

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

1. Identify factors that perpetuate marginalization of vulnerable communities and processes that may promote or hinder effective engagement.

2. Formulate potential strategies and interventions to facilitate empowerment of individuals and communities.

gold sponsor
prms

floor plan of venue
90 bloor street east

1st Floor

High Park III

Rosedale

High Park II

Summerhill

High Park I

High Park Foyer

Service Area

Service Area

Service Area

Elevator

Elevator

Yorkville

Forest Hill Ballroom

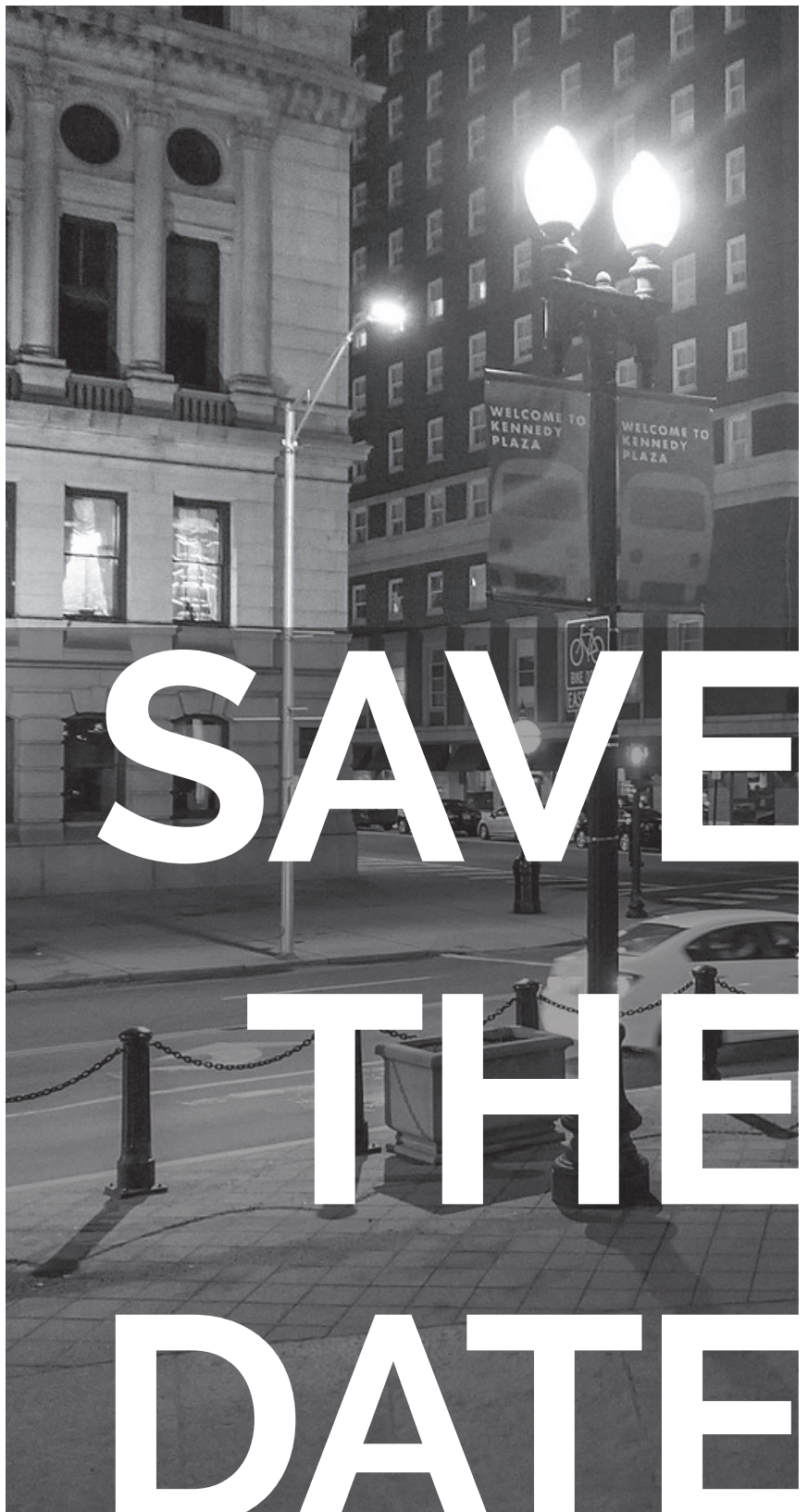Outdoor Courtyard

2nd Floor

Executive Boardoom

4th Floor

McBride

Hanlan
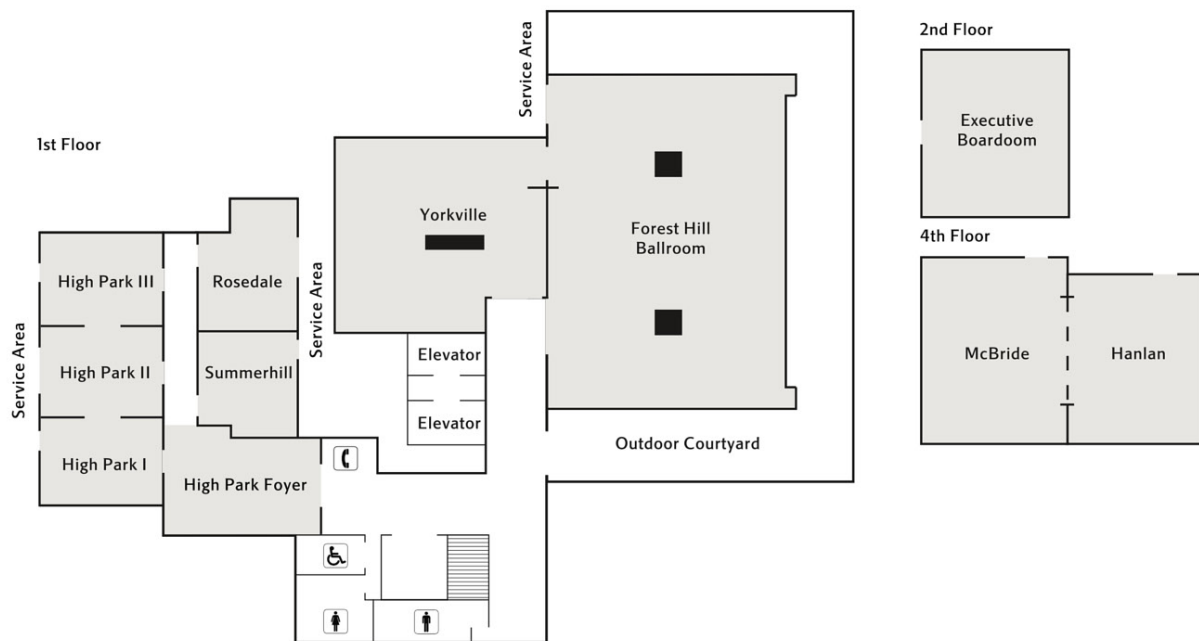
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SSPC 2020

annual meeting

marriott

providence, ri

april 16-18

SAVE
THE
DATE

Schedule of Events

PSYCHOTHERAPY FROM CROSS CULTURAL PERSPECTIVES

Society for the Study of Psychiatry
and Culture
Spring Hill Conference Center
Wayzata, Minnesota
September 8-10, 1980

TIME	EVENT	LOCATION

September 8, Monday

Arrival of participants (early arrivals invited to Joe Westermeyer's home in St. Paul).

5:00 - 6:30 PM	Dinner	Dining Room
7:30 - 10:00 PM	Open bar	Main Lounge

September 9, Tuesday

7:30 - 8:30 AM	Breakfast	Dining Room
8:30 - 8:45 AM	Registration	Conf. Room C
8:45 AM	Welcome - Joseph Westermeyer	Conf. Room C
9:00 AM	First Paper - Lindbergh Sata: chair Robert Bergman: "Psychiatrists and Other Helpers" Dale Walker: discussant	Conf. Room C
10:00 AM	Discussion from the floor	Conf. Room C
10:30 AM	Coffee break	Outside Conf. Room C
10:45 AM	Discussion from the floor	Conf. Room C
11:00 AM	Second Paper - H.B.M. Murphy: chair Wen-Shing Tseng: "Culture and Psychotherapy: Overview and Suggestions for Training" Joe Hartog: discussant	Conf. Room C
12:00 - 2:00 PM	Lunch	Dining Room
2:00 - 3:00 PM	Discussion from the floor J. David Kinzie: discussant	Conf. Room C
3:00 - 3:15 PM	Coffee break	Outside Conf. Room C

SSPC 1980 Annual Meeting program

TIME	EVENT	LOCATION
3:15 - 5:00 PM	Open Panel - John Spiegel: chair (10 minute presentations followed by discussion) Theodora Abel - therapy with families in Iran, Mexico City and Navaho/Pueblo L. Bryce Boyer - cross cultural therapy with a Mescalero Apache patient J. David Kinzie - interpreters in psychotherapy	Conf. Room C
5:00 - 6:30 PM	Open time (open bar)	Main Lounge
6:30 - 7:30 PM	Dinner	Dining Room
7:30 - 9:00 PM	Garagazoulou Hushang and Edward Foulks: "Symptoms of Zar - Symbols of Power"	Conf. Room C
9:00 - 10:00 PM	Open bar	Main Lounge

September 10, Wednesday

7:30 - 8:30 AM	Breakfast	Dining Room
9:00 AM	Third paper - Ronald Wintrob: chair Jean Carlin: "Psychiatric Interventions Among Southeast Asian Refugees" Armando Favazza: discussant	Conf. Room C
10:00 AM	Discussion from the floor	Conf. Room C
10:30 AM	Coffee break	Outside Conf. Room C
10:45 AM	Discussion from the floor	Conf. Room C
11:00 AM	Discussion of plans for the coming year Edward Foulks: chair Agenda items: whether to meet, where to meet, sources of funding, question of dues	Conf. Room C
12:00 - 2:00 PM	Lunch	Dining Room
2:00 - 3:00 PM	Open Panel - Cecilia Gregory: chair (10 minute presentations followed by discussion) Sam Okpaku - the relevance of Freud in contemporary African societies Ray Prince - psychotherapy across cultures	Conf. Room C
3:00 - 3:15 PM	Coffee break	Outside Conf. Room C
3:15 - 4:00 PM	Report by steering committee Close	Conf. Room C