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World Association of Cultural Psychiatry (WACP)

Newsletter

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Editorial

Happy New Year to friends and colleagues around the world.

You will now be enjoying memories of the conference in Norcia. A number of papers from Norcia will be published in the WCPRR. No doubt you are all looking forward to the future meetings. This issue sets out a growing list of excellent forthcoming conferences.

A detailed message from Prof Bartocci sets out the future work of WACP. We are looking to identify leaders within the Operational Group and Special Interest Group topics. WACP is at a critical period as its membership grows and its network of organisations, friends, and colleagues becomes more established. We should endeavour to ensure WACP is representative of all parts of the world, so do encourage friends and colleagues in your localities to look us up, and read the WCPRR.

In this issue, a special feature is a brief report from the African Mental Health Foundation. This is followed by a heart warming tribute to health workers in conflict zones and a further introduction to Cultural Psychiatry Scholars. Enjoy, and do keep sending me your news, conferences, and proposals to strengthen WACP and to excel in our research and clinical practice.

Kamaldeep Bhui

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Forthcoming Conferences

Rethinking Cultural Competence from International Perspectives.

Call for Papers

The Society for the Study of Psychiatry and Culture (SSPC) & The Advanced Study Institute (ASI) of McGill University's Division of Social and Transcultural Psychiatry

Montreal from April 29-May 1, 2010.

We are seeking papers on the following topics:

- Unpacking the Metaphor of Cultural Competence
- Responding to Cultural Diversity in Primary Health Care
- Cultural Adaptation of Clinical Methods and Programs
- Innovations in Education and Training
- Internet- Based Resources for Multicultural Mental Health
- International Perspectives on Cultural Consultation
- Rethinking Cultural Competence
- Trauma and Global Health
- New Developments/Research

To be considered please submit your abstract to SSPC2010abstracts@gmail.com no later than December 31, 2009 (Deadline already passed?).

All other communications should be sent to SSPC2010@gmail.com .

Please note that all papers will be peer reviewed. We also are planning a poster session, which will be held during the reception on Thursday, April 29, so please label your abstract as to whether it is a paper submission or a poster.

<http://www.psychiatryandculture.org/cms/>

Think Ahead Conference

**Monday, 29th March 2010: 9:15am to 3:45pm
GMCVO, St Thomas Centre,**

Ardwick Green North, Manchester, M12 6FZ

Thinking Ahead is about working to raise awareness of mental health issues within the Black community and providing support to those who have a mental health issue. The Attend Thinking Ahead conference aims to bring together members of the Black community, psychiatrists, ministers of religion, social workers, volunteers, support workers and other mental health professionals and service users to share their attitudes, skills and knowledge with each other. The expert speakers will explore cultural, medical, religious and psychological perspectives on mental health. Together you will explore the impact of

culture and beliefs on the choices that people make in dealing with mental health needs. The knowledge and information gathered at this conference will help develop an integrated approach for caring for people from the Black community with mental health needs more effectively.

Dr Mathe, a Community Psychiatrist, will speak on the importance of traditional, religious and spiritual approaches to the treatment of mental health issues being used in conjunction with prescribed medication and modern medical approaches.

Father Pat Deegan, a Parish Priest from Moss Side is exploring Demonic vs. Diamonic perspectives on mental health: is it the work of demons, a stroke of genius or an illness that should be treated?

Jeanette Stanley and Colette Bradshaw from the African and Caribbean Mental Health Service, explain the importance of delivering a specialist service: what factors should we take into account when treating a patient with mental health issues from the African or Caribbean community?

Maureen Ndlovu will detail the effect that Alcohol can have on the well-being of those with mental health issues.

There will also be the opportunity to sample the new training being provided by the Thinking Ahead project. Volunteers from the local community, and Black majority churches in particular, are learning how to recognize someone who might benefit from being directed to local mental health services and how to support them finding and accessing the right treatment.

The conference costs £30, which includes lunch. To book your place contact Liberty Rowley on 0044 207 307 2874, email: liberty.rowley@attend.org.uk or visit: www.attend.org.uk

Advance Notification

3rd World Congress of Cultural Psychiatry 9-11th March 2012

Mental Capital & Mental Disorders in a Culturally Diverse Global Village: resilience and wellbeing through the life-course

Venue: Barbican Centre, Silk Street, London & Queen Mary University of London

Key Conference Themes

The programme will feature a bio-psycho-social, and a spiritual-cultural synthesis of cultural psychiatry, with a special focus on young people and life course approaches to cultural psychiatry. Acculturation and globalisation place unique challenges on protecting human capital, and impact on cultural practices that may promote resilience or may undermine mental health, culminating in mental disorders. There are also threats to safety and well being because international conflict, war and terrorism. A scientific programme will have *core themes* (listed below) and an interconnecting theme of resilience and well being across diverse cultural groups:

- *The neuro-scientific basis of violence and psychiatric symptoms*

- *The neurobiology of violence and psychiatric symptoms*
- *Terrorism and Conflict: global solutions*
- *Violence, self harm and suicide*
- *Diagnostic precision*
- *Culture and Psychotherapy*
- *Ethnopharmacology*
- *Complementary and traditional healing systems from around the world*
- *Migration, refugees and asylum seekers: risk factors and service provision*
- *The future of cultural psychiatry*
- *Spirituality, religion and mental health*
- *'State of the art' research symposia*
- *The use of arts and humanities in psychiatric and psychological theory and practice.*
- *Performance, ritual, theatre and mental health*
- *Training and education*
- *Service organisation and health systems*
- *Mental Health & Public Health Policy*
- *Multidisciplinary critiques of cultural psychiatry theory and practice*
- *Trainee Workshops before and after the main programme*
- *Media and Mental Health*
- *Young people, emotional wellbeing and recovery*
- *Young people, physical health and wellbeing*
- *The role of arts, laws and humanities in wider society in promoting the wellbeing of young people in a diverse and global village*
- *Cultural adaptation in the face of diverse values and religious systems that help wellness and resilience and healing*
- *Research, clinical practice, policy and service development to optimise wellbeing and recovery for diverse cultures, and immigrants in a host society*
- *Social and human capital*
- *Regeneration, modernisation and mental health*

This event will be locally organised by Queen Mary University of London (<http://www.qmul.ac.uk>), in association with Careif (www.careif.org), an international mental health charity, Visit london (<http://www.visitlondon.com/>) and the Barbican Centre (<http://www.barbican.org.uk/>).

There will be an exciting social programme that will include London venues such as the Tate Modern and Tate Art Galleries, walks of historic London, the Tower of London and London Bridge, the Wheel on the South Bank and cultural events at the Barbican and University venues. Non-London venues include Stratford upon Avon (Shakespeare's birthplace), Down House (where Darwin wrote his scientific thesis on the origin of species), Stonehenge (an ancient pagan site of worship) and the neighbouring beautiful English countryside. There are short flights and frequent trains to Edinburgh and Paris, and other European venues. Accompanying persons in the 2nd World Congress have formed a shopping committee to ensure all opportunities are optimised.

4th World Congress of Cultural Psychiatry
Puerto Vallarta, Jalisco, Mexico
Congress President: Prof. Sergio Javier Villaseñor Bayardo.



**2nd international congress of GLADET
Psychiatry, Science and Culture.**
Cusco, Perú. August 28 to 30, 2010. <http://www.app.org.pe/>

Other International Conferences on Cultural Psychiatry

- Shanghai, China; April 18 – 21, 2010
- "Rethinking Cultural Competence from International Perspectives" SSPC and ASI McGill, Montreal, Canada: 29 April - 01 May, 2010
- International Conference on Cultural Psychiatry Amsterdam, The Netherlands; June 13 – 16, 2010. <http://www.tp2010.org/>
- Psychotherapy: Science and Culture. The 20th IFP World Congress of Psychotherapy and FMPP Annual Congress which will be held from June 16–19, 2010, in Lucerne, Switzerland.
- 2nd international congress of GLADET is: Psychiatry, Science and Culture. Cusco, Perú. August 28 to 30, 2010. <http://www.app.org.pe/>
- 1st International Conference on Cultural Psychiatry in Southern Africa, Durban, South Africa; September 26 – 29, 2010
- 1st International Conference on Cultural Psychiatry in the Spanish-speaking World; Barcelona, Spain; Oct 30 – Nov 1, 2010
- 4th International Conference on Cultural Psychiatry in the German-speaking World; Dusseldorf, Germany; December 9 - 11, 2010
- 1st International Conference on Cultural Psychiatry in the French-speaking World; Paris, France; April 16 - 19, 2011.

Message from the President



Prof Goffredo Bartocci, President, World Association of Cultural Psychiatry

I assume with great enthusiasm the responsibility to serve as President of WACP for the 2009-2012 years. Being one of WACP's founders, I had the pleasure to collaborate with President Wen-Shing Tseng in circumstances of great respect and brotherly friendship. My participation to the growth of WACP has been a deep

personal and scholarly experience. I would like to thank the colleagues who have been co-operating with us since the fantastic I World Congress Cultural Psychiatry in Beijing in 2006.

These memories have been enriched by your participation in the II World Congress Cultural Psychiatry (Norcia 27-30 September 2009), an experience that provided me with even more energy to do my best in such a position of great responsibilities. The pleasure to see WACP members gathering within the small walls of Norcia absolutely paid back my expectations and reassured the worries of the Italian Institute for Transcultural Mental Health (Istituto Italiano di Igiene Mentale Transculturale) team, which agreed, with some hesitation, to my choice to host the participants in a medieval town rather than in a modern convention centre.

Thanks to the collaboration of numerous international and local scientific societies as well as that of single participants, I can proudly state that WACP's World Congresses have now turned into a three-yearly milestone for scholars who take these meetings as the occasion to review their work and develop their future research strategies.

A great feature, that makes our meetings even more enjoyable, is the presence of scientific rigour, imagination, and creativity, alongside real friendship and humour.

In Norcia, scientific competency and internationality have been both demonstrated by the affluence of participants from 35 nations presenting 200 lectures.

I am thankful to you all for making this an excellent foundation, from where we can all work together to develop a discussion on the most relevant scientific topics, especially considering that WACP now has 500 members, that WCPRR has 1300 visitors per month, and that the constant publication of a Newsletter serves to connect WACP members, and that the organization of the officers for the next term has already been planned with the election of Kam Bhui as President Elect, Sergio Villasenor as Secretary and Vittorio Infante continues in his role of Treasurer.

I know I can count on the Board of Directors whose work has been particularly harmonious and on the newly established Operational Group chaired by Vittorio De Luca.

While the first big names researching and developing studies on Transcultural Psychiatry were working in a pioneering environment, we currently practice in a period in which culture has been internationally recognized as a relevant factor in the shaping of psychological expressions, behaviors and also of the morphological configurations of cerebral networks.

Even if we enjoy such positive circumstances for Cultural Psychiatry, I feel like it is still neither considered as an officially acknowledged part of mainstream Psychiatry, nor is it found in the teachings or the everyday practice of mainstream Psychiatry.

The reasons behind this gap between theory and practice are various and deserve to be explored in depth in our future congresses, where we will need to focus even on the complicated power shifts on both ideological and economical level, deriving from the innovations and the dynamic multicultural position and vision on psychopathology and mental health therapies, in the context of a Psychiatry that is reluctant to change.

WACP as an international association independent from monetary support from pharmaceutical companies, from religious affiliations, and from relations with business agencies, is granted a total freedom from restrictions on its scientific work aiming for Psychiatry to be coherent with the multi-culturality of our societies and

of our patients.

The main aim of the WACP founders was to create an epistemologically safe space for the increasing number of researchers with an interest in Transculturality (see Note 5 page 113 WCPRR vol 1 issue 3-4 July October 2006) and I commit myself to reach this goal.

Future Congresses

As you already know, at the meeting of the Board of Directors in Norcia, London has been approved as location for the III Congress (2012) chaired by Kam Bhui as Congress President and myself as WACP President. Also the IV WCCP has been located and it will be chaired by Sergio Villasenor in Mexico (2015).

It is possible to access the details of the organization and of the scientific themes of such unmissable events on the WACP website and in the Newsletter.

Being well aware of both the efforts and the gratifications related to the organization of these congresses, I send my best wishes to Kam Bhui and Sergio Villasenor.

World Cultural Psychiatry Research Review

The January issue of WCPRR contains all the abstracts from the II WCCP in Norcia. Sincere thanks to Vittorio De Luca and his co-editors.

Some great editorial news will be published on the June issue, which will be a collection of full papers from the Plenary Session on Neuroscience and Culture.

I encourage you to check the website of our journal.

Special Interest Groups

Dr Simon Dein suggested creating a SIG on “Faith, Science and Mental Health”. His proposal is well structured both on its contents and on the group of members adhering to the initiative. While waiting to plan with the BoDs the modalities to develop other SIGs, and to implement WACP laws on the subject, currently we lack specific guidelines, I have decided to give my permission for this scientific initiative, hoping it will encourage and stimulate also other colleagues to propose other SIGs in areas of their interest.

Operational Group

I am confident the style and the passion typical of WACP officers will be evident also in the work by the Operational Group. Some young members nominated by Wen-Shing Tseng questioned me about the benefits of being part of this group, showing that business skills are very much necessary for an association developing as fast as ours. Regarding the financial remuneration, all these roles are unpaid, both in the operational and directive groups of the association. In any new association, the spend usually exceeds this income. Anyway, acknowledging the increasing number of members, I believe that in the future we will be able to provide scholarships in order to help at least the youngest members and scholars in Cultural Psychiatry attend meetings from low income countries. As conclusion to my message I would like to emphasize once more what I believe is the main feature of WACP, to be both maintained and developed: the great coherence and compliance between officers, Board of Directors, Operational Group, and all members.

I am pleased that the environment of friendship and cooperation, present throughout the first three years of the association, has been maintained even after the arrival of the new WACP officers who will continue to have the benefit of President Wen-Shing Tseng’s constant presence and guidance. In remembering you all, I invite you to feel free to contact me for any necessity I might be helpful for, I send to all our members many sincere thanks for your collaboration.



Research News: African Mental Health Foundation and the University of Nairobi, Kenya

Kamaldeep Bhui

I visited Professor Ndetei's African Mental Health Foundation in Nairobi, and whilst there examined final year medical students from the University of Nairobi, and discussed a PhD project by Victorio Mutiso. This brief report is about the PhD research project on orphans and young people.

Phd research among orphans and vulnerable children in Kenya

PhD student, Victoria Mutiso (3rd from the left) is undertaking a study of complex interventions among orphans and vulnerable children in Kenya. She is piloting physical activity, psycho-education, team building and stress management interventions as means to improve attachment and hence mental health among vulnerable children.

Supervisors include Professor David Ndetei (below, left) & Dr Muthoni Mathai (second from left) from the university of Nairobi and African Mental Health Foundation, and Professor Bhui, from University of London. Data collection on over 1000 young people in a naturalistic non-randomised trial is complete, and data analysis is about to begin.





Professor Ndetei (top left), at Mathari Hospital in the outskirts of Kenya, outside the very offices occupied by JC Carothers when writing about the African mind. These offices were the ones occupied by David Ndetei when undertaking research among patients at Mathari Hospital. Top right, psychiatrists at Mathari prepare to examine medical students (bottom centre) who are preparing their clinical notes for the oral MBBS examination.

Nasir
Warfa

**A tribute to health professionals
working in conflict countries: an
extraordinary act of humanity**

About ten years ago, I met a group of Somali doctors and other public health officials at the London School of Hygiene and Tropical Medicine (LSHTM), University of London. These included Dr Abdulkadir Wehliye, Dr Ibrahim Yalahow, Dr Abdi Abdulle and Mr Abdi Gurey (a Senior Health Policy Specialist). They were amongst an estimated 200 other Somali doctors with many years of experiences in patient care and health service management who have come to live in the UK as refugees. However, while many exiled health professionals resigned to the reality that their new refugee identity in the host nations devalued their medical profession, a handful of extraordinary doctors had other ideas: risking their lives for others living in conflict zones such as Somalia.

When at the LSHTM in London, I knew straight away I was hanging around with some of the finest people in terms of their commitment to human rights and patient care; they were the kind of people whose integrity, courage and caring nature shone through the worlds of destructive politics and mistrust.



For a long time, I have been worried about the long term impact of the war on Somalia and the lack of mental health services for people experiencing trauma, and with substance issue and mental illness. I have spent several years promoting social and psychological wellbeing of refugee populations, migrant and ethnic minority communities in Europe. So when I recently received a gentle reminder that I was needed to contribute to the current mental health work of WHO in Somalia, my response was naturally positive.

I left London for Hargeisa (Capital of break away Somaliland) on 26th 2009 November. I had to stop in Nairobi for two days for a “security country briefing” and a meeting with WHO Somalia. On my arrival in Nairobi, the next morning, I had to attend the briefing sessions, where we received information about “security incidents”, locations of incidents, the means of attacks, and the time of the day any attack is most like to occur. On the following day, I met my old LSHTM friends and two other colleagues for lunch in the Nairobi City Centre. We started with a light humour based conversation: we are having a dry croissant and a bit of yogurt milk for lunch, asked Dr Mohamed Fuje. The response from Dr Abdulle was as humorous: do you have any idea what is it like being *ill* on a four hour local flight with no toilets, and with only sick bags? Please, I said, too much information. We are having lunch. The discussions then moved on swiftly and we begun to talk about the severe conditions within which the Somali doctors and their expat colleagues have been working over the past years.

There was the story of a young female with learning disability who was raped in a lawless small town in Southern Somalia. She was brought to Hospital managed by Dr Abdi Abdulle to give birth. After her treatment at the hospital, and birth of her baby son, Dr Abdulle realised that she had no where to go and therefore couldn't be discharged from the hospital. She had no relatives to look after her, and there are no social services in Somalia. With no other options to explore, he rented a house for her and her new born baby and continued to look after her for the following few months, all from his modest salary. In other words, these doctors are also social workers and step parents to their patients. The kind of stories you hear from doctors working in conflict zones touches the heart.

On 3rd December 2009, the University of Banadir in Mogadishu (Somalia) was holding its annual graduation ceremony at a local hotel named Shamow when a suicide bomber struck, killing scores of people including doctors, healthcare professionals, and other young graduates with so much to look for life.

The suicide bomb in Mogadishu highlights the risks faced by extra ordinary

group of health professionals who are risking their lives to improve the quality of life in war torn areas. Returnee doctors and expats are aware of the dreadful burden of diseases, both physical and mental health problems, in such neglected countries like Somalia.

On my return to London, I learned the tragic news of the suicide bombing at the graduation ceremony. The massacre of the graduation is a blow to the highly spirited doctors who struggle to prevent illness and promote health in one of the most dangerous countries in the World. The Somali doctors feel very sad at the misfortune that happened to their colleagues, but they do not feel defeated. Their reactions to the suicide bombing are as admiring as the work they have been doing in the country over the years. In addition to the colleagues who died in the attack, 13 Somali doctors were seriously injured. However, they still refuse to give in to the worlds of destructive politics and intimidation. Some of my old friends from LSHTM, together with their fellow Somalis and health professionals in different parts of the world, are now busy with a fund raising campaign so the injured doctors and other victims can get basic medical treatment and care. They have immediately mobilised their energy to look after the injured doctors and other victims of Shamow suicide bombing. The injured doctors were brought to Nairobi and were treated at the Aga Khan hospital before they were transferred to Saudi Arabia for more trauma-related specialised treatments.

Looking back at the humanitarian work they have been doing in dangerous regions of Somalia, when many of them could easily have comfortable lives in the safe and secure districts of the West, you come to think: how often do you see people like them in everyday life? Not often. Not very often. What they need now is the moral and practical support of their colleagues around the world.

For support towards the injured Somali doctors, please contact Dr Abdukadir Wehliye Afrah: aabdulkadir555@hotmail.com

**Dr. Ahmed
Refaat El-
Dosoky (Cairo –
Egypt)**

Meet Scholars in Cultural Psychiatry



I was born in Benha, Egypt in May 1959. I went to Benha Faculty of Medicine, Zagazig University, where I obtained my medical degree in 1983, followed by training as a Resident in Psychiatry & Neurology at Benha University Hospital. At the end of my training I gained a Master Degree in Psychological Medicine & Neurology in November 1989. The specific subject of the thesis was “Abreaction in Conversion Disorders”.

In May 1989, I was assigned to work as a Registrar and then as a Senior Registrar (from January 1990) at the Behman Hospital in Helwan, Cairo. This is the largest and oldest private psychiatric hospital in the Middle East. It provides standard psychiatric care covering the different psychiatric sub-specialties. Based on my clinical work, I published my first paper: “The psychological impact of AIDS on the family relations” (in 1990). This was presented in the First Arab International Conference on AIDS that was held in Cairo, Egypt.

From May 1991 until September 1996, I traveled to London, England, to secure the MRCPsych, the Royal College of Psychiatrists’ post-graduate qualification. I worked as a Senior House Officer and then as a Registrar in Charing Cross General Psychiatric Training Scheme. After I completed the Membership of the Royal College of Psychiatrists in 1995, I worked as a Consultant Psychiatrist for six months in Hounslow South CMHT and West Middlesex University Hospital, which were located within Hounslow & Spelthorne Community & Mental Health N.H.S. Trust. I was elected to the Fellowship of the College in 2008. I have since worked in many different cultures and countries, for example, Egypt, Saudi Arabia, Libya and the UK. This has all enriched my experience in psychiatry.

In September 1996 I returned to my home country to work as a Consultant Psychiatrist at the Behman Hospital – Helwan, where I still work; in 2001 I became the Managing Director.

I joined WACP in 2009, and was elected as Member of the Board of Directors for the Middle East. I look forward to more cooperation with WACP in the coming years and look forward to perhaps organizing one of the forthcoming Annual Congress of WACP in land of Pharaohs, Pyramids and the Nile in the future.

Selected publications between 2001 and 2005:

EL-Dosoky, A.; Loza, N. & et al (2001): Illicit Drug Markets in Greater Cairo. Technical Reports on Drugs and Crime in North Africa and the Middle East. United Nations Office for Drug Control & Crime Prevention, Regional Office for the Middle East & North Africa.

Atalla, S; El-Dosoky, A; Coker, E; Nabil, K & El-Islam, M (2002): The Changing Pattern of religious symptoms in a sample of psychotic Egyptian Patients. Journal Social Psychiatry & Psychiatric Epidemiology.

Loza, N. & El-Dosoky, A. (2004): Introduction “Topics in Addiction Research” in cooperation with UNODC ROMENA

Loza, N.; El-Dosoky, A.; Hasan N; Nabil, S.; Kamal, S.; & El Islam, M (2005): Some Psychosocial Characteristics of Egyptian Drug Dependent Inpatients in Private Practice.