

Symposium | Asylum and Mental Disorders : [Symposium 65] Assessment and care for asylum seekers with severe mental health problems

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[Symposium 65] Assessment and care for asylum seekers with severe mental health problems

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[SY-65-02] Value of the CFI in asylum seekers' diagnostic assessment

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Asylum seekers face significant mental health challenges and are at increased risk of misdiagnosis. The Cultural Formulation Interview (CFI) has been proposed to enhance cultural sensitivity in mental health care, but its application in asylum seekers and its impact on clinical outcomes remain largely unexplored. Therefore, we conducted a study on the use of the CFI in asylum seekers. In this presentation, we will present our results on the value of the CFI in asylum seekers' diagnostic assessment. First, this presentation will demonstrate the CFI's impact on diagnostic outcomes. We observed significant shifts away from diagnoses of psychotic and depressive disorders, with those symptoms being recontextualized as trauma- and stressor-related disorders. We also found an increase in cases classified as having no psychopathology or conditions outside of traditional DSM categories, including grief. The CFI led to diagnoses being confirmed, changed, or narrowed, each in about one-third of cases. Second, qualitative analysis revealed four key themes demonstrating the CFI's value. It allowed a more profound understanding of personal suffering. The CFI also clarified the role of individual context in suffering, including traumatic life events, migration experiences, and current difficulties. Furthermore, it provided insight into the social context of asylum seekers' problems, such as family separation and loneliness. Lastly, the CFI offered a perspective on participants' strengths, coping strategies, and therapeutic needs. This presentation will demonstrate how the CFI facilitates a more holistic, recovery-oriented approach and prompts conceptual reflections on psychopathology in asylum seekers. We will finally discuss the CFI's potential for broader clinical implementation and emphasize the need for comprehensive training that focuses on sensitivity for context-specific suffering, trauma, and migration.