Oral

Fri. Sep 26, 2025 2:50 PM - 4:20 PM JST | Fri. Sep 26, 2025 5:50 AM - 7:20 AM UTC Session Room 7 (Conference Room C)

Oral 12

[O-12-01]

Asylum seekers should not participate in intervention studies.

*Douwe van der Heide[1] (1. GGZ Centraal (Netherlands))

[O-12-02]

'I felt like a fish in the water': the feasibility of co-adapting a family intervention for asylum seeking families with parents themselves.

*Aseel Fawaz Alzaghoul[1], Rachel Kronick[1] (1. McGill University (Canada))

[O-12-03]

Breaking Barriers: A Mental Health Conference for Spanish-Speaking Communities in the USA.

*Jose Alberto Canaca[1], *Tomoko Hamma[1], *Caroline Bonham[1], *Mauricio Tohen[1], *Deborah Altschul[1] (1. American Psychiatric Association (United States of America))

[O-12-04]

Healing Our First Attachment: Cultural, Psychological, and Ecological Pathways to Reconnect with Nature

*Matthew Jenkins[1,2], *Sabine Egger[2] (1. University of Auckland (New Zealand), 2. Waikato Health NZ (New Zealand))

[O-12-05]

Irregular Migrants in Administrative Detention: Psychiatric Implications and Systemic Disparities - A Cross-National Overview

*Tommaso Cerisola[1] (1. Università degli Studi di Genova (Italy))

[O-12-06]

Cultural Belonging and Migrant Well-Being: Rethinking Urban Spaces for Mental Health

*Gesa Solveig Duden[1] (1. Concordia University, Montréal (Canada))

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Oral 12

[O-12-01] Asylum seekers should not participate in intervention studies.

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Keywords：Asylum seekers、Symtom validity、Cultural Psychiatry

Introduction
In a refugee mental health center in the Netherlands nine patients with severe therapy-resistant dissociative symptoms participated in a double-blind, placebo-controlled intervention study. The intervention involved caloric vestibular stimulation (causing vertigo) and confrontation with a mirror, provoking specific dissociative symptomatology in these patients. At this time, the results of a project with symptom validity tests in the same center indicated poor validity of symptom reports in fellow patients.

Methods
Assisted by dialogue interpreters eight patients who participated in the intervention study completed the same questionnaire as the patients who participated in the symptom validity project: The Structured Inventory of Malingered Symptomatology (SIMS), a list of implausible symptoms used to index over-reporting. The scores of both groups were compared.

Results
All patients of the intervention study endorsed more items of the SIMS than the cutoff of 16, on average 41.0 items out of a total of 75, 95% CI [29.0, 53.0], with a range of 18 to 58. Of the patients who partipated in the symptom validity project (*n* = 203) 164 (81%) scored above the cutoff, endorsing on average 33.8 items, 95% CI [31.5, 36.1], with a range of 3 to 62.
The intervention study was aborted. Retrospective analysis of the results of the symptom validity project identified current involvement in a procedure for asylum as an important predictor of poor validity.

Conclusion
Symptom reports of asylum seekers may have poor validity. This, and the possibility that these patients may feel that they are not in a position to refrain from participation, means that it may be unethical to include them for intervention studies. Especially so if the study intervention is aversive.

Oral

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Oral 12

[O-12-02] 'I felt like a fish in the water': the feasibility of co-adapting a family intervention for asylum seeking families with parents themselves.

*Aseel Fawaz Alzaghoul[1], Rachel Kronick[1] (1. McGill University (Canada))

Keywords：Psychosocial Support、Cultural Adaptation、Asylum-seeking、Family Intervention

Background: Canada has received thousands of asylum seekers annually over the past decade. Asylum seekers face significant challenges, including pre-migration trauma and ongoing issues such as legal precarity, racism, and discrimination. Prevention programs to support asylum-seeking families are crucial. There is increasing emphasis on participatory frameworks and co-constructing interventions with users, but little research examines the experiences and challenges of those collaborating in the field. This study can provide important insights on opportunities and barriers to authentic adaptation design. **Aims**: This project aims to adapt the Teaching Recovery Techniques intervention (TRT) culturally and contextually, in partnership with refugee claimant parents, to enhance TRT's fit within the context of temporary shelters in Québec. In this presentation, we examine the feasibility, opportunities and challenges of co-adapting TRT intervention with the refugee claimant advisory committee for asylum seeking families residing at temporary lodgings in Québec. **Methods**: This study used a participatory qualitative approach that included a Refugee Claimant Advisory Committee who adapted the TRT module. Thematic analysis of ethnographic notes and meeting minutes from the six adaptation sessions identified key themes. **Preliminary Results**: The adaptation of TRT into a peer-supported intervention for asylum-seeking families demonstrated feasibility, despite notable contextual challenges. These challenges included a limited adaptation period of only six sessions and difficulties in perceiving all emotional cues or facial expressions, frequently intensified by the necessity of managing three languages concurrently. While maintaining the core cognitive-behavioral structure, the intervention was enhanced through substantial contributions from the cultural knowledge of facilitators and participants, alongside creative input from an art therapy intern. This integration bolstered cultural relevance and participant engagement. Furthermore, the adaptation embraced a holistic comprehensive approach, addressing not only psychological well-being but also broader resettlement requirements, including parenting in a new environment, accessing services, and rebuilding community. The adaptation's feasibility was strengthened by grounding it in the Ecological Validity Model, ensuring that linguistic, cultural, and contextual dimensions were meaningfully integrated throughout.

Oral

Fri. Sep 26, 2025 2:50 PM - 4:20 PM JST | Fri. Sep 26, 2025 5:50 AM - 7:20 AM UTC Session Room 7 (Conference Room C)

Oral 12

[O-12-03] Breaking Barriers: A Mental Health Conference for Spanish-Speaking Communities in the USA.

*Jose Alberto Canaca[1], *Tomoko Hamma[1], *Caroline Bonham[1], *Mauricio Tohen[1], *Deborah Altschul[1] (1. American Psychiatric Association (United States of America))

Keywords：Cultural psychiatry、Language、Community

The State of New Mexico in the USA has a distinctive characteristic: it is a state where the minority group is the majority, with approximately 50% of the population identifying as Hispanic. For over 30 years, the Rural Psychiatry Program at the University of New Mexico (UNM) has had the privilege of serving rural communities across the State. The services provided by the Rural Program include developing rural rotations for psychiatry residents and offering mental health conferences for providers in remote areas. These conferences, in English, were well received by those providers, but there was always a question by the Spanish-speaking providers floating in the air, "Why can't we have these conferences in Spanish? Due to requests from multiple providers and the lack of training offered in languages other than English in the USA, UNM decided to address this need. For the last three years, UNM has offered the Rural Psychiatry Conference 100% in Spanish. Since its inception in 2023, this Spanish-language conference has attracted over 200 Spanish-speaking participants yearly from various areas in New Mexico, other states in the United States, and countries in Latin America, including Mexico, Honduras, and Costa Rica, among others. The community's acceptance of this conference in Spanish has been overwhelming, to the point that in 2023, the American Psychiatric Association published an article in Psychiatric News titled "Culture, Language of Latinx Community Honor in Rural Psychiatry Conference," highlighting this innovative conference.This conference has made us more aware of the diverse needs of our communities in the USA and beyond. Through this presentation, we aim to share the learning acquired over the past few years and the impact that a conference, presented in their language, has had on a community eager to develop capacities in mental health to serve others.

Oral

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Oral 12

[O-12-04] Healing Our First Attachment: Cultural, Psychological, and Ecological Pathways to Reconnect with Nature

*Matthew Jenkins[1,2], *Sabine Egger[2] (1. University of Auckland (New Zealand), 2. Waikato Health NZ (New Zealand))

Keywords：indigenous、attachment theory、ecotherapy、human-nature relationship

Humanity's relationship with nature can be understood through the lens of attachment theory, framing the natural world as our original caregiver. Historically, indigenous cultures such as the Māori of Aotearoa New Zealand, First Nations of North America, and Sami of Northern Europe have maintained secure attachments to the land through practices of reciprocity, guardianship, and reverence for nature's cycles. However, urbanisation, industrialisation, and colonisation have disrupted this bond, leading to insecure attachment styles—avoidant, ambivalent, and disorganised—manifested as ecological neglect, exploitation, and fear.

This presentation explores the parallels between attachment theory and human-nature relationships, drawing on cultural psychiatry, indigenous knowledge, and ecological psychology to propose pathways for reconnection. By examining Māori principles of *kaitiakitanga* (guardianship) and *tangata whenua* (people of the land), alongside examples from other indigenous groups, we highlight the importance of restoring balance through cultural and nature-based approaches.

Therapeutic interventions such as ecotherapy, therapeutic gardening, and elemental meditations are presented as practical tools for healing this bond, supported by case studies demonstrating their effectiveness. By reframing nature as a caregiver, we foster pro-environmental behaviours and improve mental well-being.

This cross-disciplinary approach underscores the urgent need to heal humanity's "first attachment" to address both psychological and ecological crises. Integrating cultural psychiatry, indigenous knowledge, and ecological psychology provides a framework for sustainable mental health practices and environmental stewardship, essential for the well-being of current and future generations. *Ko au te whenua, ko te whenua ko au – I am the land, the land is me.*

Oral

Fri. Sep 26, 2025 2:50 PM - 4:20 PM JST | Fri. Sep 26, 2025 5:50 AM - 7:20 AM UTC Session Room 7 (Conference Room C)

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[O-12-05] Irregular Migrants in Administrative Detention: Psychiatric Implications and Systemic Disparities - A Cross-National Overview

*Tommaso Cerisola[1] (1. Università degli Studi di Genova (Italy))

Keywords：Administrative detention、Mental health、Immigration、Human rights、Migrant health

Background: Administrative detention, particularly in the context of migration control, represents a growing global practice with significant implications for public health and human rights. While designed as a non-punitive measure, administrative detention often replicates or exceeds the psychological stressors of criminal incarceration. Mental health consequences in these settings remain underexplored, especially from a comparative international perspective.
Objective: This presentation aims to explore the psychiatric impact of administrative detention across different countries, with a particular focus on disparities in access to mental health care, legal safeguards, and detention conditions. Emphasis is placed on identifying structural and systemic factors that exacerbate or mitigate psychiatric morbidity among detained individuals.
Methods: Relevant peer-reviewed articles, institutional reports, and qualitative studies published between 2015 and 2025 were selected based on predefined inclusion and exclusion criteria. The literature was searched using English and Italian keywords, covering both European and international contexts. A comparative matrix was used to organize findings across countries.
Results: Preliminary findings show high prevalence rates of depression, PTSD, and suicidal ideation among detainees, often compounded by limited access to psychiatric care, indefinite detention periods, and legal uncertainty. Notable differences emerged between countries in terms of maximum detention duration, medical support availability, and procedural safeguards. Australia and the United States exhibit some of the most restrictive environments, whereas countries like Germany and the UK demonstrate relatively better access to mental health services, despite persistent gaps.
Conclusions: Administrative detention poses substantial risks to mental health. Psychiatric vulnerability is intensified by legal ambiguity and inadequate health infrastructure. This review highlights the urgent need for policy reform and harmonization of international standards to ensure the protection of psychological well-being in detention settings.

Oral

Fri. Sep 26, 2025 2:50 PM - 4:20 PM JST | Fri. Sep 26, 2025 5:50 AM - 7:20 AM UTC Session Room 7 (Conference Room C)

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[O-12-06] Cultural Belonging and Migrant Well-Being: Rethinking Urban Spaces for Mental Health

*Gesa Solveig Duden[1] (1. Concordia University, Montréal (Canada))

Keywords：mental health、migration、urban spaces、cities、cultural belonging

With over half of the global population living in urban areas - a figure projected to reach 70% by 2050 – understanding the mental health impacts of city life has become increasingly urgent. Urban environments have been linked to elevated rates of anxiety and depression, particularly among migrants, who face added stressors such as social isolation, cultural displacement, and reduced access to support systems. This study investigated how urban contexts can be leveraged to support mental health and well-being among migrants, shifting the focus from risks to protective environmental and social factors.The research employed a cross-country, mixed-methods design. Qualitative go-along interviews were conducted with Brazilian migrants in Berlin and Montréal to explore how they experience their mental health in urban spaces. These insights were complemented by Experience Sampling Methodology (ESM) data from diverse migrant populations across multiple German cities, capturing moment-to-moment variations in emotional well-being and perceptions of their surroundings.Preliminary findings highlighted the importance of blue-green spaces – such as parks, riversides, and urban forests – not only for mental health but also for fostering a sense of belonging. Urban environments that were culturally inclusive and allowed for diversity in aesthetics, usage, and social interactions were particularly beneficial. Moreover, spaces that enabled low-intensity social contact – such as weak ties, nodding encounters, and casual interactions with strangers – emerged as important for reducing feelings of isolation and enhancing well-being.These findings offer concrete implications for urban design, mental health interventions, and migration policy. By identifying features of urban environments that support migrant mental health, the project contributes to developing more inclusive and psychologically supportive cities. In the context of ongoing global migration, post-pandemic mental health concerns, and evolving urban landscapes, the study provides timely evidence to inform future planning and policy.