

Symposium | Immigrant, Refugee : [Symposium 97] Support to refugees. From clinical support to systematic consideration.

📅 Sun. Sep 28, 2025 1:10 PM - 2:40 PM JST | Sun. Sep 28, 2025 4:10 AM - 5:40 AM UTC 🏢 Session Room 6 (Conference Room B)

[Symposium 97] Support to refugees. From clinical support to systematic consideration.

Moderator: Harry De Minas (The University of Melbourne), Akihito Uezato (International University of Health and Welfare)

[SY-97]

Support to refugees. From clinical support to systematic consideration

Natalia Burtseva², Shimpei Hanaoka³, Jin Yong Jun⁴, Kohei Kishi⁵, Tsuyoshi Akiyama¹ (1. Rokubancho Mental Clinic (Japan), 2. Psychiatrist (Ukraine), 3. Chiba Emergency and Psychiatric Medical Center (Japan), 4. Department of Psychiatry, Ulsan University Hospital (Korea), 5. Yotsuya Yui Clinic, Higashi-Nihon Immigration Center (Japan))

[SY-97-01]

Ukrainian Refugees: Realities, Challenges, and Adaptation in the Cultural Context of Japan.

*Natalia Burtseva¹ (1. Paruyon organisation (Japan))

[SY-97-02]

Emergency Psychiatric Support for Foreign Nationals, including Refugees, in Japan: Confronting Systemic Gaps and Frontline Realities

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[SY-97-03]

Support of North Korean Refugees in Korea : Cultural and Psychiatric Aspect

*Jin Yong Jun¹ (1. Ulsan University Hospital (Korea))

[SY-97-04]

Institutional Distrust among Refugee Patients: Practical Lessons for Building Rapport

*Kohei Kishi¹ (1. Yotsuya Yui Clinic & Ushiku Immigration Detention Facility, Japan (Japan))

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Keywords : Refugees、Mental status、Treatment

The number of refugees and other forcibly displaced people worldwide is at a record high, with over 120 million people displaced as of April 2024. The World Health Organization published "Mental health of refugees and migrants: risk and protective factors and access to care" in 2023. In this symposium, Natalia Burtseva reports critical points regarding the mental status of evacuated Ukrainians in Japan, the assessment of predictors of deterioration in mental health, the cultural features of Ukrainian identity, an analysis of the realities and prospects of adaptation in Japanese society, and the provision of professional clinical assistance. Shimpei Hanaoka points out that Japan accepts extremely few immigrants and refugees, and public interest and support systems for addressing refugee issues remain inadequate. Refugee support entails "twofold challenges": insufficient societal recognition and support systems, practical difficulties in managing patients burdened with trauma, cultural and linguistic barriers, and distrust of medical institutions. This gap significantly strains healthcare providers and underscores the pressing need to reassess Japan's approach. According to Dr. Jose Ramos, the phenomenological clinical presentation is modulated by cultural dress. Especially for refugees, it is essential to consider this as the stress of acculturation will be stronger than in the case of voluntary migration, and their culture of origin will more intensely modulate the symptoms. The differences in the clinical presentation of psychopathological symptoms are analyzed and compared between the native Spanish and the refugees. Kouhei Kishi discusses "Institutional distrust of refugee patients with persecution experiences and the barriers to building therapeutic relationships." Refugees who have experienced persecution in their home countries often develop a deep distrust toward systems and authority. After relocating to Japan, this distrust can lead to suspicion of public institutions, including medical facilities, making it challenging to build therapeutic relationships. He will explore strategies for effective treatment approaches.

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[SY-97-01] Ukrainian Refugees: Realities, Challenges, and Adaptation in the Cultural Context of Japan.

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Keywords : Ukrainian evacuees., NPO、 cultural factors of Ukrainian identity、 Mental health、 Social integration

This observation explores the current situation of Ukrainian evacuees in Japan amid the ongoing war in Ukraine. As of April 30, 2025, 2,777 Ukrainian nationals reside in Japan under temporary protection status. Although Japan's refugee recognition system remains restrictive, the Japanese government, along with NPO and charitable organizations, provides support through language programs, housing assistance, employment services, and psychological support.

Observations and survey data from the JSCCP and other open sources indicate significant mental health challenges among Ukrainian evacuees. Key predictors of mental health deterioration include social isolation, uncertainty about the future, cultural differences, and limited access to professional mental health care. Cultural identity plays a dual role: while it supports emotional resilience, it can also hinder integration due to differing expectations and norms.

A tendency toward self-medication and reluctance to seek help has been observed, often stemming from contrasting understandings of medical care standards between Ukraine and Japan. Group and individual interviews conducted by NPO highlight diverse adaptation experiences, particularly in education, employment, and community inclusion. The observation emphasizes the importance of distinguishing between situational distress, cultural shock, and diagnosable mental disorders to ensure appropriate clinical responses. It also underscores the need for culturally sensitive support systems and therapeutic interventions. The active involvement of local communities and municipal authorities is essential for fostering effective communication between evacuees and support organizations. These efforts aim to enhance quality of life and support long-term social integration for Ukrainian refugees in Japan.

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[SY-97-02] Emergency Psychiatric Support for Foreign Nationals, including Refugees, in Japan: Confronting Systemic Gaps and Frontline Realities

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Keywords : Emergency Psychiatry、 Foreign Nationals、 including Refugees、 Japan

Background:

As of late 2024, Japan's foreign resident population exceeded 3.76 million—a 10.5% increase from the previous year and a record high. This demographic shift occurs amid rapid population decline and aging, making the country increasingly reliant on foreign nationals. However, Japan's refugee recognition remains extremely limited¹, reflecting its restrictive asylum policy. This disparity reveals systemic shortcomings in institutional preparedness and support mechanisms for non-Japanese residents.

Aim:

To examine both systemic and clinical challenges faced by psychiatric emergency services in responding to foreign nationals, including refugees.

Methods:

We integrated (1) official government statistics, (2) a nationwide questionnaire survey across 170 psychiatric emergency facilities, and (3) clinical reflections from our hospital, which regularly treats foreign patients, including Ukrainian evacuees. Systemic issues (Challenge 1) were assessed through institutional and policy lenses; clinical barriers (Challenge 2) through frontline case-based insights.

Results:

Two major challenges emerged:

- (1) **Systemic gaps**—including insufficient institutional and legal preparedness (e.g., lack of clear protocols for non-Japanese emergency admissions), limited availability of multilingual and intercultural services, and low public awareness of mental health needs among foreign populations; and
- (2) **Frontline care barriers**—such as language obstacles, delayed access to care, and trauma-related presentations. Patients often expressed not mistrust but a sense of sorrow over Japan's inadequate crisis support.

Conclusion:

Foreign residents—including refugees—face layered vulnerabilities in psychiatric emergencies. Addressing these requires systemic reforms and enhanced, culturally competent frontline care. Continued nationwide research is vital to inform equitable, inclusive mental health policy.

Footnote:

¹ Immigration Services Agency of Japan. *Press release on refugee recognition in 2024*. March 14, 2025. (https://www.moj.go.jp/isa/publications/press/07_00054.html)

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[SY-97-03] Support of North Korean Refugees in Korea : Cultural and Psychiatric Aspect

*Jin Yong Jun¹ (1. Ulsan University Hospital (Korea))

Keywords : Refugee、 North Korean Refugee、 Culture

After the Korean War, Korea was divided into North Korea and South Korea. In the 1990s, North Korea experienced a severe famine, prompting some people to flee the country. While North Korean refugees have resettled in various countries, many have settled in South Korea. These refugees often suffer from psychiatric conditions such as depression and post-traumatic stress disorder (PTSD), and they also face challenges adapting to life in South Korea.

North Korean refugees experience similar mental health and adaptation difficulties as other refugee populations. However, despite sharing a common language and cultural background with South Koreans, these similarities can sometimes act as unexpected barriers to successful integration. The mental health of North Korean refugees is also influenced by the political relationship between North and South Korea. Although the South Korean government and various non-governmental organizations (NGOs) provide support to North Korean refugees, many still require ongoing psychological care. A systemic approach that considers both psychiatric and cultural aspects is necessary to effectively support North Korean refugees in South Korea.

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[SY-97-04] Institutional Distrust among Refugee Patients: Practical Lessons for Building Rapport

*Kohei Kishi¹ (1. Yotsuya Yui Clinic & Ushiku Immigration Detention Facility, Japan (Japan))

Keywords : refugee patient、 rapport、 PTSD

Refugees who have endured state-sponsored persecution frequently transfer their distrust of authority onto Japanese public systems, including medical services. In routine psychiatric practice at a clinic, two anonymised cases illustrate how this stance complicates rapport and treatment adherence. In the first case, a patient projected harmful authority onto the psychiatrist, responded with anger, and refused to disclose the information. In the second, clear explanation of Japan's health-care system combined with rapid symptom relief through medication fostered a therapeutic bond and successfully led to psychologist-delivered counselling. Across both cases, three structural barriers consistently obstructed engagement: (1) complex PTSD from past persecution and current disrespect, (2) deep-rooted distrust of authority figures including clinicians, and (3) limited access to culturally and linguistically appropriate care. Keys to building rapport included: (1) creating a sense of safety (2) conducting patient-led consultations that focus on subjective distress, and (3) providing rapid symptom relief while visualising progress through simple, objective metrics.