

Symposium | CFI : [Symposium 25] Cultural Dimensions of Mental Health and Support Method: Refugees, Migrants and Psychotherapy

📅 Fri. Sep 26, 2025 9:00 AM - 10:30 AM JST | Fri. Sep 26, 2025 12:00 AM - 1:30 AM UTC 🏢 Session Room 3 (Large Hall A)

## **[Symposium 25] Cultural Dimensions of Mental Health and Support Method: Refugees, Migrants and Psychotherapy**

Moderator: Meryam Schouler-Ocak (Charité University), Farooq Naeem (University of Toronto)

[SY-25]

### **Cultural Dimensions of Mental Health and Support Method: Refugees, Migrants and Psychotherapy**

Meryam Schouler-Ocak<sup>1</sup>, Constantine D. Della<sup>2</sup>, Farooq Naeem<sup>3</sup>, Alma Jimenez<sup>4</sup>, Yuto Kano<sup>5</sup> (1. Charité University (Germany), 2. University of the Philippines (Philippines), 3. University of Toronto (Canada), 4. World Federation for Psychotherapy (Philippines), 5. Keio University (Japan))

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[SY-25-01]

### **Overview of data and facts as well as understanding and explanation of mental health of migrants and refugees**

\*Meryam Schouler-Ocak<sup>1</sup> (1. Psychiatric University Clinic of Charité at St. Hedwig Hospital (Germany))

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[SY-25-02]

### **Cultural Dimensions of Mental Health and Support Method: Refugees, Migrants and Psychotherapy**

\*Constantine David Della<sup>1</sup> (1. University of the Philippines Manila (Philippines))

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Human beings are immersed in culture, and we need to recognize the cultural dimensions of mental health and support methods. Refugees and migrants exhibit the most critical influence of culture on mental health. People with a migration or refugee background are often confronted with numerous stress and risk factors before, during, and after migration. The accumulation of these factors exerts a significant impact on their mental health. Also, there are numerous barriers to accessing the healthcare system, such as language and cultural communication problems, discrimination, social exclusion, bureaucratic hurdles, and the Asylum Seekers Benefits Act. As a support method for people, psychotherapy is an indispensable modality, but cultural dimensions exist in psychotherapy, too. Modern psychotherapy and psychiatry were developed in the West and based on the Western cultural model. A lack of understanding of the client's cultural norms can lead to misdiagnosis and possibly cause a severe limitation to the support. This may be particularly true for refugees and migrants who are not from Western culture. This symposium provides a brief overview of statistical data, definitions of health and illness, explanatory models, treatment expectations, and specific disorders in the population with a history of migration or flight. We also discuss cultural competence in psychotherapy, cultural consideration in psychotherapy, cultural aspects of countertransference, and consideration of values and ethics in diagnosis. The first speaker will give an overview of data and facts about the mental health of migrants and refugees. The second speaker will focus on cultural competence in psychotherapy for patients in consultation and liaison psychiatry. The third speaker will discuss cognitive behavioral therapy and Culture. The fourth speaker will analyze the collectivist cultural aspects of countertransference to suicidal patients. The last speaker will discuss how psychiatrists in Japan consider values and ethics in diagnosing Autism.

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## **[Symposium 25] Cultural Dimensions of Mental Health and Support Method: Refugees, Migrants and Psychotherapy**

Moderator: Meryam Schouler-Ocak (Charité University), Farooq Naeem (University of Toronto)

### **[SY-25-01] Overview of data and facts as well as understanding and explanation of mental health of migrants and refugees**

\*Meryam Schouler-Ocak<sup>1</sup> (1. Psychiatric University Clinic of Charité at St. Hedwig Hospital (Germany))

The global population of refugees and asylum seekers is at its highest recorded level. By the end of 2024, the most recent reporting period, 123.2 million people worldwide had been forced to flee their homes due to persecution, conflict, violence, human rights violations, or events seriously disturbing public order. Research on the mental health of displaced populations has yielded highly variable prevalence estimates of mental disorders, a discrepancy often attributed to methodological constraints. Comprehensive reviews indicate that current prevalence estimates encompass not only PTSD but also depression, anxiety, and psychosis. Refugees and asylum seekers show high and persistent rates of PTSD and depression. This underscores the need for continuous, long-term psychological support beyond the initial resettlement phase. This presentation provides an overview of the latest data and findings on the mental health of migrants and refugees and discusses them in light of the ethical principles guiding professionals in the field of mental health care.

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Moderator: Meryam Schouler-Ocak (Charité University), Farooq Naeem (University of Toronto)

### **[SY-25-02] Cultural Dimensions of Mental Health and Support Method: Refugees, Migrants and Psychotherapy**

\*Constantine David Della<sup>1</sup> (1. University of the Philippines Manila (Philippines))

Keywords : Culture and psychiatry, Culture and psychotherapy, Culture and mental health

Human beings are immersed in culture, and we need to recognize the cultural dimensions of mental health and support methods. Refugees and migrants exhibit the most critical influence of culture on mental health. People with a migration or refugee background are often confronted with numerous stress and risk factors before, during, and after migration. The accumulation of these factors exerts a significant impact on their mental health. Also, there are numerous barriers to accessing the healthcare system, such as language and cultural communication problems, discrimination, social exclusion, bureaucratic hurdles, and the Asylum Seekers Benefits Act. As a support method for people, psychotherapy is an indispensable modality, but cultural dimensions exist in psychotherapy, too. Modern psychotherapy and psychiatry were developed in the West and based on the Western cultural model. A lack of understanding of the client's cultural norms can lead to misdiagnosis and possibly cause a severe limitation to the support. This may be particularly true for refugees and migrants who are not from Western culture. This symposium provides a brief overview of statistical data, definitions of health and illness, explanatory models, treatment expectations, and specific disorders in the population with a history of migration or flight. We also discuss cultural competence in psychotherapy, cultural consideration in psychotherapy, cultural aspects of countertransference, and consideration of values and ethics in diagnosis. The first speaker will give an overview of data and facts about the mental health of migrants and refugees. The second speaker will focus on cultural competence in psychotherapy for patients in consultation and liaison psychiatry. The third speaker will discuss cognitive behavioral therapy and Culture. The fourth speaker will analyze the collectivist cultural aspects of countertransference to suicidal patients. The last speaker will discuss how psychiatrists in Japan consider values and ethics in diagnosing Autism.