

Symposium | Community care : [Symposium 47] Engaging Culture in the Community

📅 2025年9月26日(金) 14:50 ~ 16:20 🏢 Session Room 6 (Conference Room B)

[Symposium 47] Engaging Culture in the Community

Moderator: George Eric Jarvis (McGill University)

[SY-47]

Engaging Culture in the Community

George Eric Jarvis¹, Jaswant Guzder^{1,3}, Janique Johnson-Lafleur², Lucie Nadeau¹ (1. McGill University (Canada), 2. Sherpa University Institute, CIUSSS West-Montreal (Canada), 3. University of British Columbia (Canada))

[SY-47-01]

Engaging Ethnic and Religious Communities through Cultural Consultation

*George Eric Jarvis¹ (1. McGill University (Canada))

[SY-47-02]

Benefits of Global Health Involvement in enhancing cultural competency and advocacy in Child Psychiatry Practice

*Jaswant Guzder¹ (1. University of British Columbia (Canada))

[SY-47-03]

Investigating the strengths and limitations of communities of practice as an intercultural competence training modality

*Janique Johnson-Lafleur¹, Élise Bourgeois-Guérin², Dominique Gaulin³ (1. SHERPA University Institute and McGill University (Canada), 2. TELUQ University (Canada), 3. Université de Montréal (Canada))

[SY-47-04]

Integrating cultural objects in mental health to navigate between Indigenous and non-Indigenous epistemic worlds and the colonial imprint.

*Lucie Nadeau^{1,2,3} (1. McGill University (Canada), 2. McGill University Health Center (Canada), 3. Inuulitsivik Health Center (Canada))

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キーワード : Culture、Community、Assessment、Intervention

Background: It is common to acknowledge the need for cultural assessments and interventions in mental health care, yet many clinicians are unsure about how to proceed.

Objectives: This symposium will address this need by considering examples of how to engage culture in ethnic and religious communities.

Methods: Four clinician-researchers from McGill University will describe how they weave culture into assessment and intervention and how they resolve emergent challenges.

Results: Examples of cultural engagement of communities include: (1) Integrating cultural objects in mental health to navigate moving between Indigenous and non-Indigenous epistemic worlds and the colonial imprint, (2) Reflecting on challenges of child cultural psychiatry and benefits of global health collaborations, (3) Investigating the strengths and limitations of communities of practice as an intercultural competence training modality, and (4) Engaging community leaders through cultural consultation to resolve difficult clinical dilemmas in cross-cultural contexts. Each of these exemplifies the power of communities to improve clinical decision-making.

Conclusions: Culture and community are inextricably intertwined. To address culture in clinical contexts implies an appeal to community and consideration of the nuanced insights it brings to assessment and treatment.

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[SY-47-01] Engaging Ethnic and Religious Communities through Cultural Consultation

*George Eric Jarvis¹ (1. McGill University (Canada))

キーワード : culture、 religion、 clinic、 family、 community

Background: The Cultural Consultation Service (CCS) in Montreal, Canada, has been conducting cultural assessments and interventions in mental health care for more than 25 years.

Objectives: This presentation will demonstrate how cultural consultation engages ethnic and religious communities at three levels: the clinic, the family, and the community.

Methods: The CCS case archives, with approximately 1100 in-depth consultations from 1999, will serve as the database from which illustrative cases will be drawn. The cases will be evaluated to describe how culture is woven into assessment and intervention at clinic, family, and community levels.

Results: Engaging clinics, families, and community leaders through cultural consultation provides a feasible and useful method to (1) improve confidence working with diversity (2) expand the clinical work beyond the clinician-patient dyad, (3) reflect on negotiated compromises between clinic and community cultures, and (4) resolve difficult clinical dilemmas in cross-cultural context. Each of these exemplifies the power of cultural consultation to improve clinical decision-making and patient outcomes.

Conclusions: Clinics, families, and communities are inextricably intertwined. Cultural consultation provides a method to work collaboratively, frame uncertainty, and co-construct culturally nuanced interventions.

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[SY-47-02] Benefits of Global Health Involvement in enhancing cultural competency and advocacy in Child Psychiatry Practice

*Jaswant Guzder¹ (1. University of British Columbia (Canada))

キーワード : child psychiatry cultural competency skills、 knowledge transfer from global south experience、 complexity of settlement challenges for populations with pre migratory trauma

The session will focus on global health knowledge as a factor in expanding clinical competency and advocacy in child psychiatry and cultural consultation skills for service provision to culturally diverse immigrant and refugee children , youth and families. Therapeutic and diagnostic skills are informed not only by individual and systemic narratives but also multiple factors related to culture and ecopsychosocial premigratory lived experience. Clinician global health involvement, knowledge and experience with populations in conflict regions, war zones or other global south setting exposures, may expand knowledge transfer and understanding of diversity issues arising during the post migratory settlement. Issues of institutional support, developmental models, policy changes and lived experience in the premigratory and settlement periods inform diagnostics and resilience promotion interventions particularly of traumatized or distressed of unaccompanied minors. Migration stress can involve ambiguous loss, generational trauma, development difficulties and other realities related to culture of origin and premigration journeys, which compound the challenges of post migration resettlement. Global health knowledge can expand our understanding and awareness of culturally informed care, advocacy and allyship opportunities which inform post migration familial , institutional and community opportunities with implications for policy changes, knowledge transfer, community engagement and teaching cultural competency.

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[SY-47-03] Investigating the strengths and limitations of communities of practice as an intercultural competence training modality

*Janique Johnson-Lafleur¹, Élise Bourgeois-Guérin², Dominique Gaulin³ (1. SHERPA University Institute and McGill University (Canada), 2. TELUQ University (Canada), 3. Université de Montréal (Canada))

キーワード : Cultural psychiatry、 Training、 Communities of practice

Background: Teaching how to integrate “culture” into mental health care and psychosocial intervention is a complex task. It requires not only the transmission of knowledge, but also the questioning of certain assumptions and dominant paradigms, as well as a transformation in learners’ ways of being and doing. Communities of Practice (CoPs) have been proposed as a promising training modality to address these challenges. **Objectives:** This presentation aims to examine the strengths and limitations of CoPs as a modality for intercultural training.

Methods: Findings from two mixed-methods evaluative studies—one in a healthcare setting and one in a community-based organization—are combined to draw meta-inferences. **Results:** Key strengths identified include collaborative and reflective learning, a sense of group support, resource sharing, and the mitigation of professional burnout. However, several limitations were also observed: certain group dynamics, facilitation challenges, systemic barriers, lack of pedagogical structure, and limited engagement with anthropological knowledge. **Conclusions:** While CoPs offer a valuable space for mutual learning and support, they can also become counterproductive if critical elements—such as skilled facilitation, structural support, and theoretical grounding—are not ensured. These findings invite a more nuanced consideration of how to design and sustain intercultural training initiatives in mental health.

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[SY-47-04] Integrating cultural objects in mental health to navigate between Indigenous and non-Indigenous epistemic worlds and the colonial imprint.

*Lucie Nadeau^{1,2,3} (1. McGill University (Canada), 2. McGill University Health Center (Canada), 3. Inuulitsivik Health Center (Canada))

キーワード : Cultural object、 Child psychiatry、 Indigenous communities

Background: Providing child mental health care request an understanding of the politico-socio-cultural worlds in which children/youth and their families navigate. Transcultural encounters, where clinicians and families come from different cultural backgrounds, influence the care. In encounters between a clinician from a settler origin and an Indigenous family, the colonial history is yet a superimposed structure inhabiting the clinical space. Cultural objects, may they be physical ones and imagined/abstract ones (e.g. words, stories), are strong tools to navigate between Indigenous and non-Indigenous epistemic worlds and the colonial imprint. **Objective:** The presentation will first define cultural objects and review the literature on their use in mental health care, and then explore different cultural objects which may be introduced in clinical encounters with Indigenous families, and discuss their role and therapeutic signification, and potential challenges and pitfalls of their use. **Methods:** Insights gained through different working settings in Indigenous communities in Quebec, Canada, will serve as material to reflect on the role of cultural objects. The presentation will rely on clinical experience in Inuit communities of Nunavik, and on research projects in Atikamekw and Inuit communities where traditional story telling, images or words served as mediums of culture. **Findings:** The uses of objects evoking culture act as witnesses of the importance of cultural perspectives, as points of entry to promote therapeutic relationships, as transitional tools to engage in emotional work. They also allow conversations to emerge in clinical and interprofessional settings in which Indigenous and non-Indigenous peoples meet. Yet, a reflection on their use is necessary, interrogating how, when and by whom they should be used, taking into account notions of cultural appropriation and transmission, and the colonial imprint in which encounters happen. **Conclusion:** Cultural objects may be powerful tools in child mental health care, and need to be wisely used.