

Symposium | Imigrant, Refugee : [Symposium 63] Rethinking Mental Health Support for Refugees

📅 2025年9月27日(土) 10:40 ~ 12:10 🏢 Session Room 3 (Large Hall A)

## [Symposium 63] Rethinking Mental Health Support for Refugees

Moderator: Simon Groen (De Evenaar Center for Transcultural Psychiatry), Hans Rohlof (Mental Care Center)

[SY-63]

### Rethinking Mental Health Support for Refugees

UKAWA Ko<sup>1</sup>, Hans J.G.B.M. Rohlof<sup>2</sup>, Mario Braakman<sup>3</sup>, Simon Groen<sup>4</sup>, Valerie DeMarinis<sup>5</sup>, Claudia Blankenstijn<sup>6</sup> (1. Taisho University (Japan), 2. Mental Care Center (Netherlands), 3. Tilburg University (Netherlands), 4. De Evenaar Center for Transcultural Psychiatry (Netherlands), 5. Umeå University (Medical School) (Sweden), 6. linguist (Netherlands))

[SY-63-01]

### Narrative Language Therapy<sup>®</sup> for refugee children

\*Claudia Blankenstijn<sup>1</sup> (1. linguist (Netherlands))

[SY-63-02]

### Psychodiagnostic assessment and treatment of refugees

\*Hans Rohlof<sup>1</sup> (1. Private Practice Rohlof (Netherlands))

[SY-63-03]

### Victimmigration, a longitudinal study of refugees suffering from stress and trauma in Greece and the Netherlands

\*Mario Hubertus Braakman<sup>1</sup> (1. Tilburg University (Netherlands))

[SY-63-04]

### The recognition of grief in traumatized refugees in Dutch mental health care

\*Simon Groen<sup>1</sup> (1. De Evenaar, Center for Transcultural Psychiatry, GGZ Drenthe (Netherlands))

[SY-63-05]

### Examining the situation on mental health support for refugees in Sweden

\*Valerie DeMarinis<sup>1</sup>, Sofie Bäärnhielm<sup>2</sup>, Mattias Strand<sup>2</sup> (1. Innlandet Hospital Trust, Norway; Umeå University, Sweden (Sweden), 2. Department of Clinical Neuroscience, Karolinska Institutet, Sweden (Sweden))

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キーワード : Refugees、Trauma、Mental Health Care

Refugees experience things they never imagined during their exodus from their home country and their life in the host country. They experience traumatic events in their home country, experience various losses in the process of becoming refugees, and are forced to resettle in a country with a completely different society, language, and culture. These events are stressful and significantly impact their physical and mental health. Although refugee psychosis does not exist, refugees are prone to mental illnesses such as PTSD due to two factors: (1) the process of becoming a refugee and (2) migration and adaptation. Also, as with immigrants, this illness behavior is strongly influenced by the cultural factors and norms of each ethnic group. This symposium will focus on the trauma that is often experienced during the process of becoming a refugee and will provide an opportunity to learn from the forerunners in the psychiatric treatment of refugees, including the following: (1) Treatment planning from a process-oriented perspective in the refugee experience, (2) Tensions between cultural and personal situations of grief, and (3) New treatments in refugee mental health, such as support for improving self-engagement and the use of games to treat trauma. The number of refugees will continue to grow worldwide. The latest findings in Europe will lead to a review of mental health care for refugees.

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**[SY-63-01] Narrative Language Therapy® for refugee children**\*Claudia Blankenstijn<sup>1</sup> (1. linguist (Netherlands))

In the Netherlands, in a small university town Leiden (130.000 inhabitants) not far from the sea, 650 refugees from the Ukraine are making a living, of which 180 are children.

All of these refugee children from the Ukraine, are multi-lingual, as most of them speak Ukrainian, Russian, a few words of English and in the mean while also a little bit of Dutch, because they all are receiving extra Dutch language lessons in school since 2022. Grief and trauma about a lost peaceful family life, about a lost or far away father, about a lost culture and land slumber within all these children.

Some of these refugee children from the Ukraine, approximately 3 to 5%, have not only a severe psychiatric impairment, like Anxiety Disorder and PTSS (APA, DSM5), but also have a Communication Disorder (APA, DSM5).

This special group of children with comorbid communication and psychiatric disorders out of the group of refugee children from the Ukraine, suffer, for example, from Selective Mutism or have otherwise difficulties in the pronunciation and explication of the form, the content and the communicative function of words and sentences in both Ukraine and Dutch. This could be detected by taking clinical linguistic observation tests of the Ukrainian and Dutch language used, executed by a highly educated and specialized Clinical Linguist and a Ukrainian interpreter.

Narrative Language Therapy® (NL-T®) is then deployed to support these children in telling their personal story, while drawing it. And here the healing art comes in, both in words and in pictures.

NL-T® was invented by the author in 2003 in a Centre of Mental Health Transparant and a Clinic of Child- and Youth Psychiatry LUMC CURIUM, both in Leiden, the Netherlands, and is used ever since in a population of children with comorbid communication and psychiatric impairment (Blankenstijn & Scheper, 2003).

In this lecture, one case of a refugee from the Ukraine of 9 years old will be described in detail Her personal story and the picture she draw by telling her personal story will be shown. Both the theoretical background and practical application of the Narrative Language Therapy® will be made accessible.

Claudia Blankenstijn (PhD) is language and communication expert in the Netherlands, with special interest in comorbid communication and psychiatric impairment in children in all sorts of populations, like in refugee children. The book on Narrative Language Therapy® is in the making and will be finished this summer. Lectures, workshops and other forms of education on Narrative Language Therapy® are within her expertise. Narrative Language Therapy® is given to the children with severe communicative needs for over twenty years in the Netherlands and Europe.

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## [Symposium 63] Rethinking Mental Health Support for Refugees

Moderator: Simon Groen (De Evenaar Center for Transcultural Psychiatry), Hans Rohlof (Mental Care Center)

### [SY-63-02] Psychodiagnostic assessment and treatment of refugees

\*Hans Rohlof<sup>1</sup> (1. Private Practice Rohlof (Netherlands))

キーワード : cultural psychiatry、 psychodiagnostics、 psychiatric treatment、 refugees

The arrival of refugees from high conflict zones in Western countries has resulted in major challenges in health care, especially in psychiatry. Initial superficial assessment gave the impression that only traumatic experiences could result in psychiatric disorders. The diagnosis of posttraumatic stress disorder was generally the main starting point of therapy. Consecutive more accurate assessments showed quite diverse viewpoints. Nowadays, psychiatric disorders in refugees are viewed as consequences of four groups of experiences: migration and loss, acculturation, traumatization, and social marginalization. Psychiatric treatment should be focused on each of these experiences, and include all these in one treatment plan. Reference: Hans Rohlof, Psychodiagnostic assessment with refugees, 2018, Arq Psychotrauma Expert Group, Diemen, The Netherlands.

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**[SY-63-03] Victimmigration, a longitudinal study of refugees suffering from stress and trauma in Greece and the Netherlands**\*Mario Hubertus Braakman<sup>1</sup> (1. Tilburg University (Netherlands))

キーワード : Refugees、Asylumseekers、Trauma、prospective longitudinal study

The research focuses on the psychological impact of victimization among migrants and refugees, a process termed "victimmigration," which encompasses traumatic experiences before, during, and after migration. This study investigates how such victimization affects psychological well-being and how migration policies and asylum procedures might influence these outcomes. The research consists of two complementary studies: Victimmigration I and II. **Victimmigration I** examines victimization in the post-migration phase in the Netherlands. It follows 200 migrants and refugees from Syria and Iraq over one year using a mixed-methods design. The study includes qualitative interviews and digital open-ended questions, as well as quantitative digital questionnaires. Additionally, it tests the effectiveness of a simple smartphone-based intervention — playing Tetris — aimed at improving psychological well-being and preventing psychological complaints. A randomized controlled trial will compare outcomes between an intervention group and a control group. **Victimmigration II** mirrors the design of the first study but focuses on the peri-migration phase, tracking the same number and profile of migrants during and after their journey from Greece. The same mixed-method approach and Tetris intervention are applied to assess victimization experiences and psychological resilience during migration. The expected outcome of both studies is to determine whether low-threshold digital interventions can enhance the psychological well-being of migrants and refugees. The research aims to generate empirical data on the effects of victimization throughout different migration phases, informing evidence-based migration and asylum policies. These insights can help policymakers better understand how pre-, peri-, and post-migration experiences affect mental health and potentially reduce further victimization through more humane and psychologically informed procedures and reception conditions.

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### [SY-63-04] The recognition of grief in traumatized refugees in Dutch mental health care

\*Simon Groen<sup>1</sup> (1. De Evenaar, Center for Transcultural Psychiatry, GGZ Drenthe (Netherlands))

キーワード : grief、refugees、PTSD

Metareviews have shown that common mental disorders (CMD) such as posttraumatic stress disorder, depression and anxiety disorders are most prevalent in refugees worldwide. Clinicians may therefore focus on these disorders in the diagnostic process. The clinical case of a Syrian patient who received four types of trauma treatment without success until a clinician found out about the loss of his child. Treatment focused on prolonged grief disorder (PGD) resulted in reduction of symptoms. Research among refugees and Dutch CMD patients revealed that one third met criteria for PGD. Refugees run four to five times higher risk of developing PGD after the loss of a loved one. Qualitative research among clinicians showed that they are more focused on CMD than on PGD, discover grief-related mental health symptoms only during treatment and are unaware of differences between CMD and PGD. Thematic analysis of bereavement and grief interviews among patients who met criteria for PGD symptoms clarified tensions between cultural and individual circumstances of grief.

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**[SY-63-05] Examining the situation on mental health support for refugees in Sweden**

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キーワード : Migration changes and challenges for mental healthcare、 Sweden、 public mental health and health-promotion model

A brief overview is provided of the situation for mental health support of refugees in Sweden in light of the Swedish cultural context and recent migration changes. A public mental health framework is used for presenting this overview. Sweden has changed from being one of the most generous host countries to one of the most restrictive. Formally, all with residency permits and almost all children have the right to free healthcare. Different rights exist for different migrant classifications. Despite relatively good access to mental healthcare, refugees and other migrant groups face barriers to and challenges within mental healthcare: underuse of psychiatric services during the first decade in Sweden; adults and children are more likely, than the Swedish born population, to be admitted compulsorily for psychiatric disorder; at risk of not receiving adequate treatment following BD diagnosis due to lack of cultural competence in healthcare, economic restraints, as well as community factors, migrant children risk underdiagnosis of various mental health conditions and not receiving optimal care; migrant youth use less mental health services compared to Swedish-born peers. In addition to these consequences for refugees, there are also important consequences for mental health professionals, and for the wider Swedish society. These barriers and challenges identify areas of need for constructing a model that has an emphasis on health-promotion, competency and engagement for those providing and receiving mental healthcare. This is a model for improving access to and quality of mental health care for people on the move at a structural level of a local health care system, a model for improving access to and quality of mental healthcare. One such working model in the Stockholm Region, Transcultural Center, will be presented, focusing on cultural training for mental health and primary care professionals, and health communication in native languages for newcomers.