

## Symposium

📅 Sat. Sep 27, 2025 10:40 AM - 12:10 PM JST | Sat. Sep 27, 2025 1:40 AM - 3:10 AM UTC 🏛️ Session  
Room 6 (Conference Room B)

## **[Symposium 65] Assessment and care for asylum seekers with severe mental health problems**

Moderator: Seline van den Ameele (Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels  
Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp)

[SY-65]

### Assessment and care for asylum seekers with severe mental health problems

Seline van den Ameele<sup>1,2</sup>, Lukas Claus<sup>2,3</sup>, Laura Van de Vliet<sup>5,3</sup>, Sofie Vindevogel<sup>4</sup> (1.Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels(Belgium), 2.Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp(Belgium), 3.Psychiatric Hospital Sint-Alexius, Brothers of Charity, Grimbergen(Belgium), 4.EQUALITY ResearchCollective, University of Applied Sciences and Arts HOGENT, Ghent(Belgium), 5.POZAH, Psychiatric Care for Asylum Seekers, Sint-Alexius, Grimbergen(Belgium))

[SY-65-01]

### The Voices Not Heard: Asylum seekers' explanatory models of mental illness as elicited by the Cultural Formulation Interview

\*Seline van den Ameele<sup>1,2</sup> (1.Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels(Belgium), 2.Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp(Belgium))

[SY-65-02]

### Value of the CFI in asylum seekers' diagnostic assessment

\*Lukas Claus<sup>1,2</sup> (1.Resident Psychiatrist at Vrije Universiteit Brussel (Brussels, Belgium); (Belgium), 2.PhD researcher CAPRI (Collaborative Antwerp Psychiatric Research Institute), Universiteit Antwerpen (Antwerp, Belgium)(Belgium))

[SY-65-03]

### Barriers to mental health care for asylum seekers and how to overcome them: an introduction

\*Laura Van de Vliet (PZ St. Alexius Grimbergen(Belgium))

[SY-65-04]

### Strengthening the frontline workforce to enhance transcultural mental health support in Belgian asylum reception centres.

\*Sofie Vindevogel Vindevogel, Fayez Alabbas, Yasmine Boumahdi, Jürgen Magerman (University of Applied Sciences and Arts Gent (Belgium))

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Keywords : Cultural psychiatry、 Asylum seekers、 Cultural Formulation、 Explanatory models、 Mental health care

As of mid-2024, 122 million people were forcibly displaced globally, including 8 million asylum seekers. Asylum seekers face numerous risk factors for mental health illness, such as trauma, lack of shelter, uncertainty, and prolonged asylum procedures. Despite the high prevalence of mental health illness, asylum seekers' use of mental health services remains low compared to the need. This may be explained by various barriers, such as limited knowledge of the healthcare system, language barriers, distrust of authority, structural difficulties (financial constraints, precariousness, lack of capacity...), social exclusion, and differing beliefs and expectations about mental health and healthcare. This symposium will explore different interventions to address these barriers. First, we present the results of a research project conducted in Belgium, examining the value of the Cultural Formulation Interview (CFI) in asylum seekers with severe mental health problems. We discuss the explanatory models of asylum seekers' suffering as elicited by the CFI, which provide insights into the very personal narratives of asylum seekers within their difficult current reality and the burden of the past. Secondly, we examine the added value of the CFI in the diagnostic assessment of asylum seekers and explore how it can be integrated in daily care and treatment planning. Based on our findings, we emphasize the need for a more holistic, recovery-oriented approach in order to improve mental health care for asylum seekers. Thirdly, we present a Belgian clinical model that fosters a close collaboration between a psychiatric clinic and the Belgian agency for the reception of asylum seekers. We discuss their mental health care program for asylum seekers as well as their education programs for first-line workers in the asylum reception centres. At last, we demonstrate a recently developed education and intervision program designed together with, and specifically for the staff of the asylum seekers' reception centres.

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### **[SY-65-01] The Voices Not Heard: Asylum seekers' explanatory models of mental illness as elicited by the Cultural Formulation Interview**

\*Seline van den Ameele<sup>1,2</sup> (1.Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels(Belgium), 2.Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp(Belgium))

Keywords : Cultural psychiatry、Asylum seekers、Cultural Formulation、Explanatory models

Despite the high prevalence of mental health problems among asylum seekers, they often face barriers to accessing mental healthcare. Lack of understanding of asylum seekers' explanatory models of mental illness appears to be an important barrier. A better understanding of these explanatory models is crucial for ensuring the inclusion of asylum seekers in healthcare services. The Cultural Formulation Interview (CFI) might help to explore asylum seekers' explanatory models of mental illness. Based on the results of a research project conducted in Belgium (the ASCOMH-study), we discuss the explanatory models of asylum seekers' mental illness as elicited by the CFI. By a thematic analysis, three core themes characterising asylum seekers' explanatory models were identified: a burden of the past, a disabling current reality, and a personal position and individual experience. The interplay among pre-, peri- and post-migration experiences, having a continuous impact on asylum seekers' mental health, was highlighted by the themes 'a burden of the past', and 'a disabling current reality'. The theme 'a personal position and individual experience' involved a very diverse and individual idiom of distress. Participants described a suffering that exceeded their mental capacities, that affected their sense of self, and social relations. Our findings show how the CFI can help asylum seekers and clinical caregivers to improve the understanding of the suffering of asylum seekers in a personal and context-sensitive way. By eliciting the personal idioms of distress, interventions can emerge from asylum seekers' strengths and capacities within their current challenging context.

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Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp)

### **[SY-65-02] Value of the CFI in asylum seekers' diagnostic assessment**

\*Lukas Claus<sup>1,2</sup> (1.Resident Psychiatrist at Vrije Universiteit Brussel (Brussels, Belgium); (Belgium), 2.PhD researcher CAPRI (Collaborative Antwerp Psychiatric Research Institute), Universiteit Antwerpen (Antwerp, Belgium)(Belgium))

Keywords : Cultural Formulation Interview、Asylum Seekers、Diagnostic Assessment

Asylum seekers face significant mental health challenges and are at increased risk of misdiagnosis. The Cultural Formulation Interview (CFI) has been proposed to enhance cultural sensitivity in mental health care, but its application in asylum seekers and its impact on clinical outcomes remain largely unexplored. Therefore, we conducted a study on the use of the CFI in asylum seekers. In this presentation, we will present our results on the value of the CFI in asylum seekers' diagnostic assessment. First, this presentation will demonstrate the CFI's impact on diagnostic outcomes. We observed significant shifts away from diagnoses of psychotic and depressive disorders, with those symptoms being recontextualized as trauma- and stressor-related disorders. We also found an increase in cases classified as having no psychopathology or conditions outside of traditional DSM categories, including grief. The CFI led to diagnoses being confirmed, changed, or narrowed, each in about one-third of cases. Second, qualitative analysis revealed four key themes demonstrating the CFI's value. It allowed a more profound understanding of personal suffering. The CFI also clarified the role of individual context in suffering, including traumatic life events, migration experiences, and current difficulties. Furthermore, it provided insight into the social context of asylum seekers' problems, such as family separation and loneliness. Lastly, the CFI offered a perspective on participants' strengths, coping strategies, and therapeutic needs. This presentation will demonstrate how the CFI facilitates a more holistic, recovery-oriented approach and prompts conceptual reflections on psychopathology in asylum seekers. We will finally discuss the CFI's potential for broader clinical implementation and emphasize the need for comprehensive training that focuses on sensitivity for context-specific suffering, trauma, and migration.

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### **[SY-65-03] Barriers to mental health care for asylum seekers and how to overcome them: an introduction**

\*Laura Van de Vliet (PZ St. Alexius Grimbergen(Belgium))

Keywords : Cultural psychiatry, Asylum seekers, Mental healthcare

The number of forcibly displaced people has been increasing progressively in recent years. In 2024 there were 8.4 million asylum seekers among the 123.2 million forcibly displaced people worldwide. Refugees and asylum seekers often have to cope with traumatic events such as conflict, loss or separation from family, life-threatening migration journeys and lengthy asylum procedures during their migration experience. A sizable proportion are therefore at risk of developing psychological symptoms and major mental illness. A recent meta-analysis reports high prevalence rates of psychiatric problems among asylum seekers, with 25,5% of post-traumatic stress disorder (PTSD) and 30,1% of depression. Despite the high prevalence of mental health illness, asylum seekers' use of mental health services remains low. A notion of possible barriers to mental health care for asylum seekers is therefore necessary. Based on a literature review, we structured the barriers to mental health care for asylum seekers around following 6 central themes: "lack of knowledge of the healthcare system and healthcare rights", "language barriers", "expressions of psychological distress and illness explanations", "expectations about therapeutic relationship and treatment", "lack of trust and stigma", "structural difficulties". In order to overcome those barriers we developed a clinical model that fosters a close collaboration between a psychiatric clinic and the Belgian agency for the reception of asylum seekers. Hence, we provide psychiatric care for asylum seekers with severe mental illness through both in- and outpatient settings. We don't look for a one-size-fits all approach, but we adapt our care to the unique person and his or her needs. In addition we coach teams working in regular psychiatric care settings as well as in asylum centers in how to deal with these severe mental health conditions in a culturally sensitive way.

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### **[SY-65-04] Strengthening the frontline workforce to enhance transcultural mental health support in Belgian asylum reception centres.**

\*Sofie Vindevogel Vindevogel, Fayez Alabbas, Yasmine Boumahdi, Jürgen Magerman (University of Applied Sciences and Arts Gent (Belgium))

Keywords : asylum seekers、 mental health、 frontline workers、 capacity building、 reception network

International frameworks on mental health and psychosocial support (MHPSS) highlight the critical role of basic psychosocial care provided by non-specialised staff as a foundation for mental health promotion. In asylum reception centres, this positions frontline workers as key actors in observing, identifying and responding to residents' mental health needs. Yet in practice, MHPSS is mostly outsourced to specialised professionals, which leaves the potential of frontline staff under-leveraged. This presentation draws on an applied research project on MHPSS in Belgian asylum reception centres. It commences with findings from a large-scale survey and qualitative interviews with staff across the reception network, exploring their existing competences, perceived training needs, and preferred learning modalities related to MHPSS. Building on these insights, the presentation outlines a participatory approach to strengthening MHPSS capacity, showing how the training needs assessment—combined with the experiential knowledge of residents—led to the co-design of an e-learning and intervision programme tailored to the multidisciplinary teams in the sector. It further underscores the importance of organisational scaffolding to support the integration of newly acquired competences into daily practice, emphasising the need to address both individual capacity and the institutional conditions in which staff operate. By integrating insights from research and practice, the presentation offers actionable pathways to foster sustainable ecosystems of mental health care for people navigating displacement and asylum in host countries.