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CRS007

The transition from cannabis induced psychosis to primary psychosis: factors that question the validity of the diagnosis "cannabis-induced psychosis"

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Abstract: Background: Substance-induced psychosis is an acute psychotic condition occurring after substance use, where the psychotic symptoms are alleviated with abstinence. Some of those diagnosed with substance-induced psychosis later develop schizophrenia, and this transition occurs most often for psychosis induced by cannabis. This talk will present results from a register-based study investigating transition rates. The results will be discussed together with other factors that together question the validity of the diagnostic entity of "cannabis-induced psychosis" Method: In our study, we used data from National Patient Register in Norway from 2010 to 2015 to estimate the cumulative hazard for transition from any substance-induced psychosis (F1x.5) and cannabis-induced psychosis (F12.5) to schizophrenia spectrum disorder (F20, F22 and F23). Results: The six-year cumulative hazard for transition from substance-induced psychosis to schizophrenia was 27.6% (25.6-29.7) for any SIP, and highest for those with cannabis-induced psychosis, 36% (95% CI 31.4-41.0). Conclusion: Cannabis-induced psychosis constitutes a significant risk for later schizophrenia. This raises a question of whether the initial diagnosis of CIP was correct, or whether these may have been cases of a development of primary psychosis concealed by cannabis use. Further, the term "cannabis-induced psychosis" places a major explanatory emphasis on the substance use, ignoring other potential contributing factors such as vulnerability including genetic disposition for psychosis.

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CRS008

Depression in an intercultural psychotherapeutic context

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Abstract: Depression is widespread globally and is expected to be the leading cause of disability by 2030, according to the Global Burden of Disease study. Psychosocial factors, such as gender, life events, and migration experiences, increase the risk of depression, with migrants and asylum seekers showing particularly high depression rates. However, cultural differences and social background of individuals are often not adequately addressed in medical settings, which lead to misdiagnoses and mismanagement. Language and cultural barriers may complicate communication of subjective experiences, which consitute a critical part of the expression of symptomatology in depression. Depressed patients may have challenges in verbal expression of their symptoms and distress may be communicated through somatic symptoms, or what might be called as "organ language" or "somatic idiom", especially in the context of migration. Indeed, somatization is closely linked to the experience of migration stress and can be a form of cultural adaptation. Moreover, the degree of somatization in migrants is found to be related to their level of integration into the host culture. Therefore, the diagnosis and management of depression in the intercultural context can be challenging, as somatic complaints may obscure the recognition of underlying psychological distress. This can delay the seeking of psychiatric help, as patients are often reluctant to attribute their symptoms to psychological causes. Fear of stigma, or perceiving the patient as overly-dependent or attention-seeking might hinder processes of treatment and care. Existing treatment modalities with highest level of evidence, such as CBT, should be culturally adapted. Cultural adaptations involve modifying language, metaphors, and treatment goals to resonate with the patient's cultural context. While there is some evidence on the positive impact of culturally-adapted interventions including CBT, more research is needed to refine these approaches and address gaps in the literature. Psychotherapy in the intercultural context requires both cultural competence and time for dialogue.

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CRS009

Intercultural Psychotherapy - needs and challenges

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Abstract: Intercultural psychotherapy aims at an understanding of and translating between cultural differences which may be experienced between the psychotherapist and the client. This is especially important when considering that due to crisis, conflict and war, but also due to globalisation and increased mobility, an increased number of clients with a migration background seek to undergo psychotherapy. In this presentation, current literature on needs and challenges of intercultural psychotherapy is discussed with regard to an intersectionality framework and more specifically in the context of power and privileges. These frameworks provide a useful understanding of cultural competency and sensitivity in intercultural psychotherapy.

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