TRANSCULTURAL PSYCHIATRY

A REFLECTION ON CLINICAL PRACTICE

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OBJECTIVES With the increasing globalization and migration flows worldwide, it's necessary to attempt to the rising probability of contact with foreign patients in Psychiatry services and raise awareness to the need of transcultural psychiatry knowledge in the contemporary scene, namely in multicultural Portugal.

BACKGROUND AND AIMS Transcultural psychiatry deals with the cultural context of mental disorders and the challenges of addressing diversity in Psychiatry. Nowadays, Portugal becomes more and more a multicultural country, posing important difficulties to mental health workers that have to overcome linguistic and customs barriers, be familiar with different cultural contexts and diverse morbid expressions, and deal with frail family and social support.

MATERIALS AND METHODS Reflection upon three patients with different cultural backgrounds accompanied in our services and literature review through a bibliographic research in *Pubmed* database.

A WORLD INSIDE TINY PORTUGAL

As a resident in my second year of psychiatry internship, dealing with patients with diverse cultural background from my own poses a challenge to my capability of understanding their struggles and morbid processes, namely what I should consider ordinary vs. pathological in their setting, and interiorize and help them overcome their own life experiences. To this reflection I recall three patients:

A Venezuelan-born young woman (28), living in Portugal since she was 6-years old.

Born of a sexual violation, she lived a life of poverty and neglect in Venezuela, until she and her family returned to Portugal. Shortly after, her mother died of AIDS and she was adopted by her godparents. She completed her formation at Nursing School and, when she was 27-years old, she began her psychiatric follow-up after a parasuicidal behaviour, and a dual diagnosis of bipolar disease type 2 + personality disorder was made. When she decompensates, a regression to her childhood memories, especially to her mother's *death* "I want to go back to Venezuela, I want to be with my mom", is her typical presentation and an important factor of emotional instability.

A Bolivian-born young woman (34), with Portuguese family origins, living in Portugal since 2011.

She has a schizophrenia diagnosis since she was 18-years old. Her first psychotic episode occurred while she was in Miami (USA), where she was missing for several months. After, a particularly difficult and prolonged first inpatient treatment in Bolivia followed. Posteriorly, she had multiple inpatient treatments in her country, until she moved to Portugal, where she stabilized and continued her treatment on a outpatient basis. Since then, she has been well, and manifests a desire of preserving her relation to her Bolivian roots, travelling frequently and having full support of her family to maintain her treatment and follow-up.

An Angolan young woman (35), living in Portugal since 2016.

She had her first psychotic episode after a leisure travel to Portugal at the age of 18. After that, she had an erratic follow-up in multiple African countries, with various ingresses in psychiatric clinics and multiple diagnoses. In 2016, she moved with her Portuguese husband to Portugal and, after labour, developed a psychotic decompensation. With her native family in South Africa, she returned home but never truly recovered. Then, she moved again to Portugal with her husband and son. She was stable with clozapine and a private follow-up until 2018, when she decompensated after a stressful life event. After a difficult recovery process, her husband asked for the divorce, and she saw herself deprived of family support. A new decompensation followed, and she is now living alone with community social support.

CONCLUSIONS

Mental health professionals face an increasingly challenge with multicultural populations, being required an adaptation from psychiatry care to these vulnerable individuals. Besides their specific, and possibly traumatic, life and psychiatric experiences, and cultural differences, they offer other barriers, such as linguistic obstacles, and a bigger difficulty to provide social support and integration.

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