Culturele Psychiatrie: aanbevelingen vanuit de VVP werkgroep

Vlaamse Vereniging voor Psychiatrie

Herfstsymposium - 24 oktober 2025

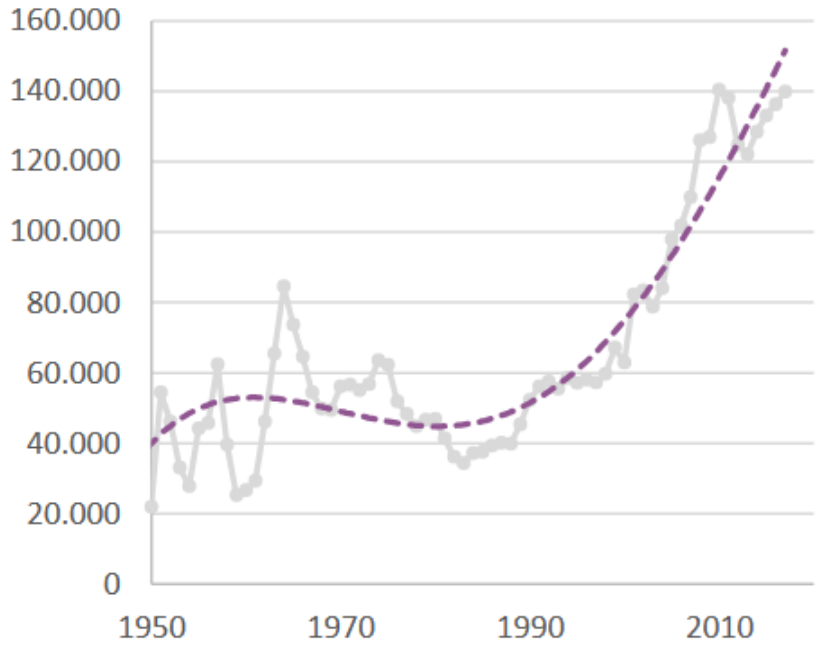
Let’s Meet Gent

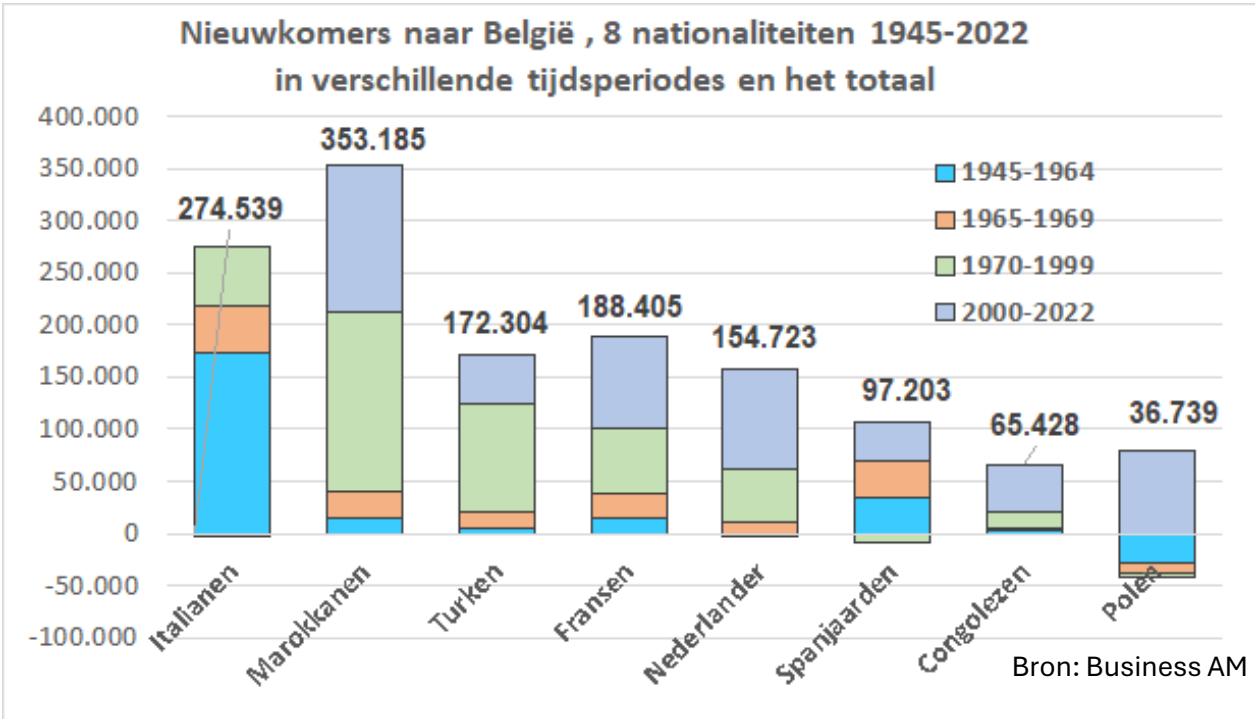
Migratie in België

20% van de Belgen: migratieachtergrond

13,7% inwoners in België: andere nationaliteit

Immigratiestromen van vreemdelingen in België, 1950-2017 (Bron: Statbel, berekeningen Myria)





Bron: Business AM

Niet-EU: 🇲🇦 & 🇹🇷

Tegen 2030: **1/3e** verblijvenden hebben een migratieachtergrond

Migratieachtergrond & GGZ

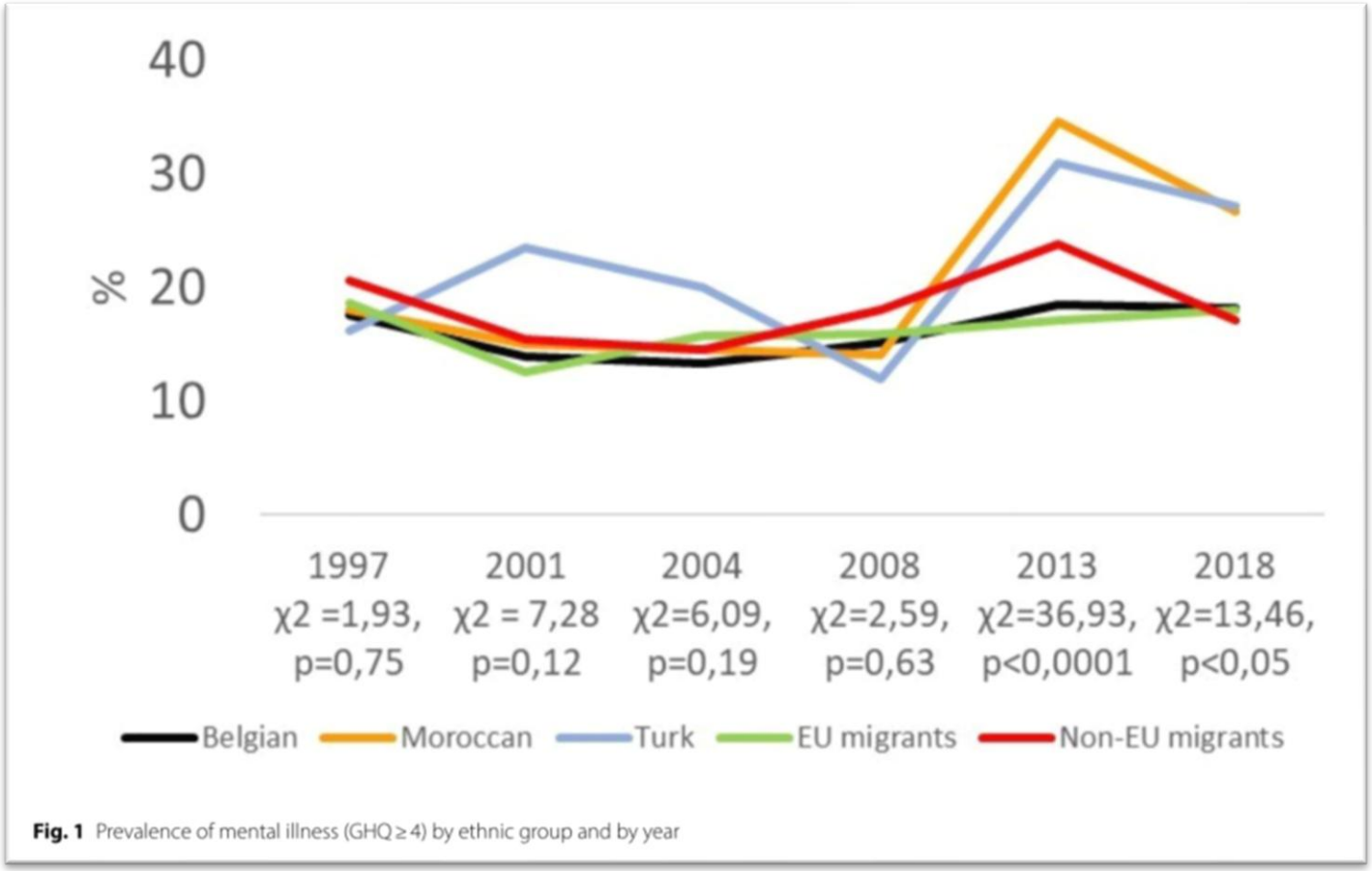
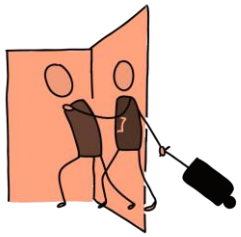


Fig. 1 Prevalence of mental illness (GHQ ≥ 4) by ethnic group and by year

↓Toegankelijkheid



↑ Beschermende opname

↑ Fixatie & afzondering

Duveau (2023), Arch Public Health 81 (1) 176
McGuire (2008). Health aff 27 (2) 393-403
Barnett (2019). Lancet Psychiatry 6 (4) 305-17
Ogbeiwi (2024). J Racial Ethn Health Disp. Sept 5

Meer aandacht voor
in populaire cultuur
KINDEREN VAN DE
MIGRATIE

Cultural psychiatry in Flanders, Belgium: an exploratory focus group study and position statement

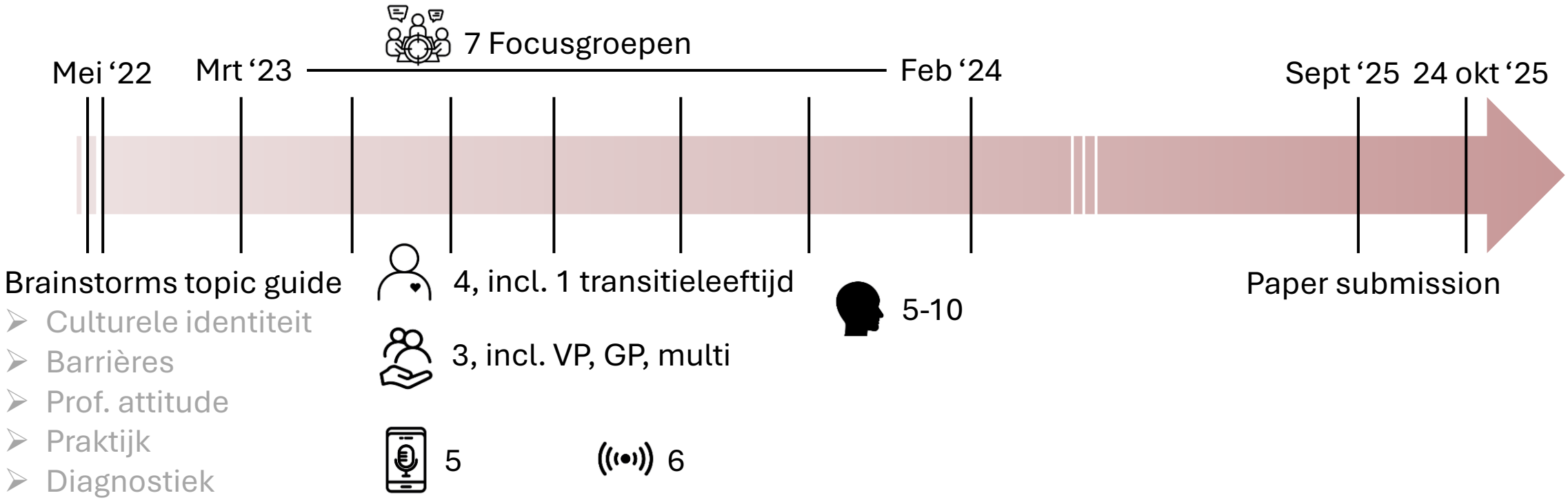
Short title: Enhancing cultural psychiatry in Flanders

Ruben Willems[1 2], Niels Albert[3], Kris Van den Broeck[4 5], Pe
Bossche[2 8 9], Sana Sadat Mohammad Rafiei Nazari[10 11], Lu
Johan Detraux[2 14], Marc De Hert[2 9 15], Meryam Shouler
Kirsten Catthoor[2 6 7*]
geers[2 6 7], Maarten Van den
eele[7 13],

In review @ European Psychiatry

Guidance is lacking on ensuring smooth access to care, appropriate diagnostic and treatment approaches, family involvement, and integration of a person's cultural background. A 2022 narrative review described shortcomings in mental healthcare for asylum seekers in Belgium, noting limited patient knowledge about existing services and rights, as well as a shortage of interpreters(14). The Flemish Association of Psychiatry (FAP) has identified this gap as highly problematic. Based on an exploratory focus group study with clinicians and non-Western migrant patients, this paper aims to formulate policy recommendations to strengthen cultural psychiatry in Flanders, Belgium.

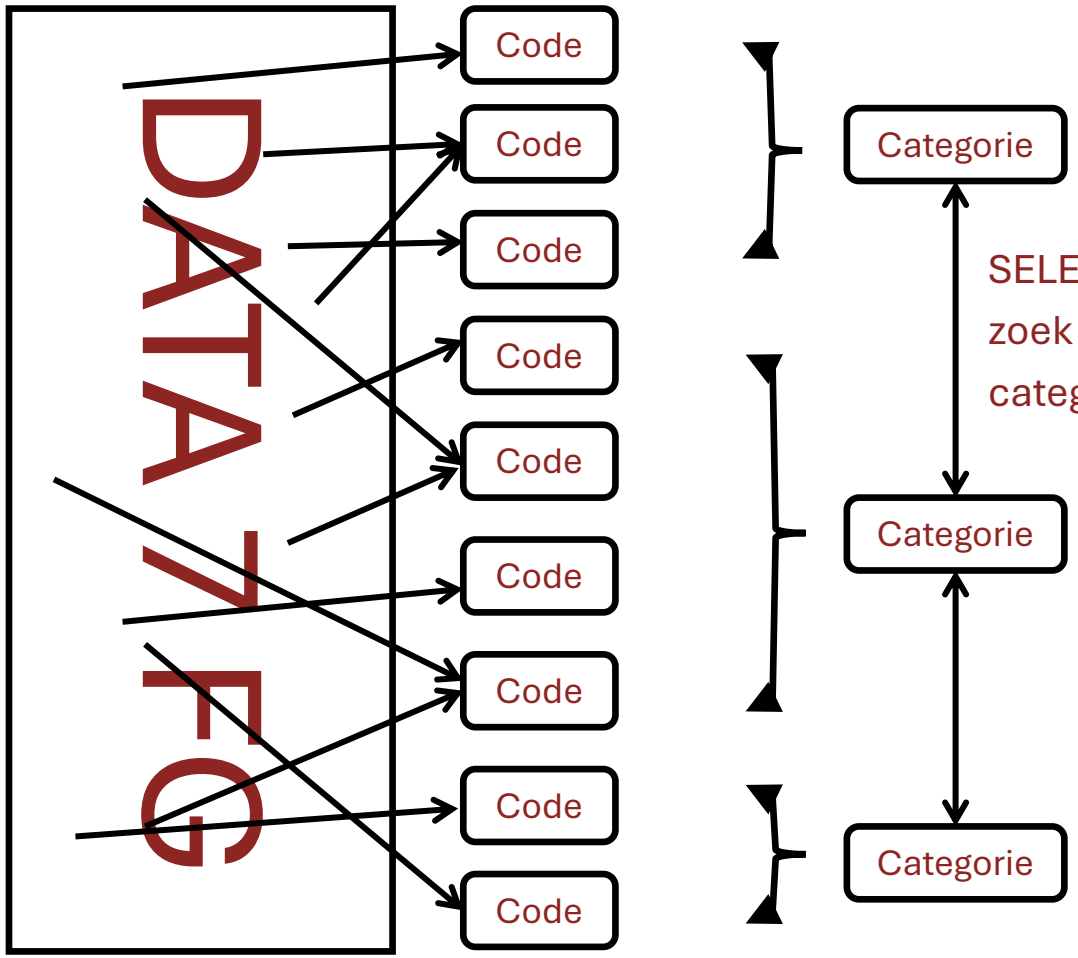
Methodologie: 7 focusgroepen



- Culturele identiteit
- Barrières
- Prof. attitude
- Praktijk
- Diagnostiek
- Behandeling
- Aanbevelingen

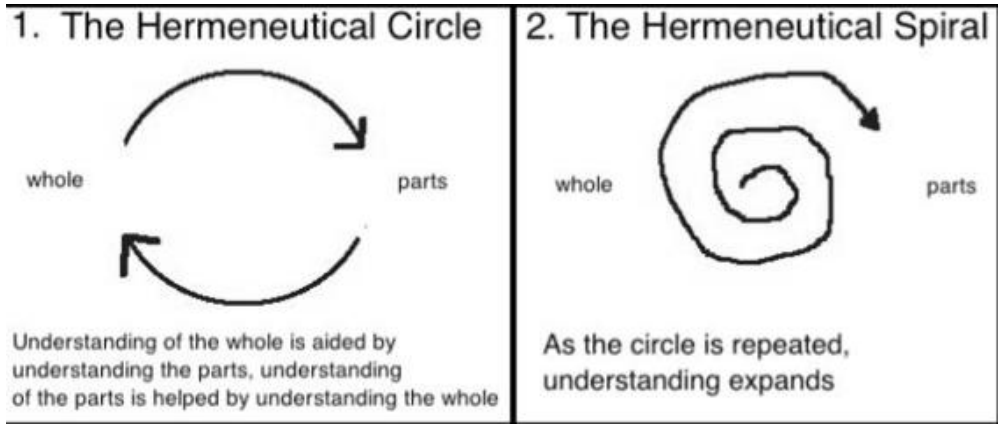
Meths: Data analyse

Thematische analyse (Braun and Clarke framework)
(1) datagewenning,
(2) open coderen,
(3) axiaal coderen,
(4) review van thema's, en
(5) Interpretatie van thema's.

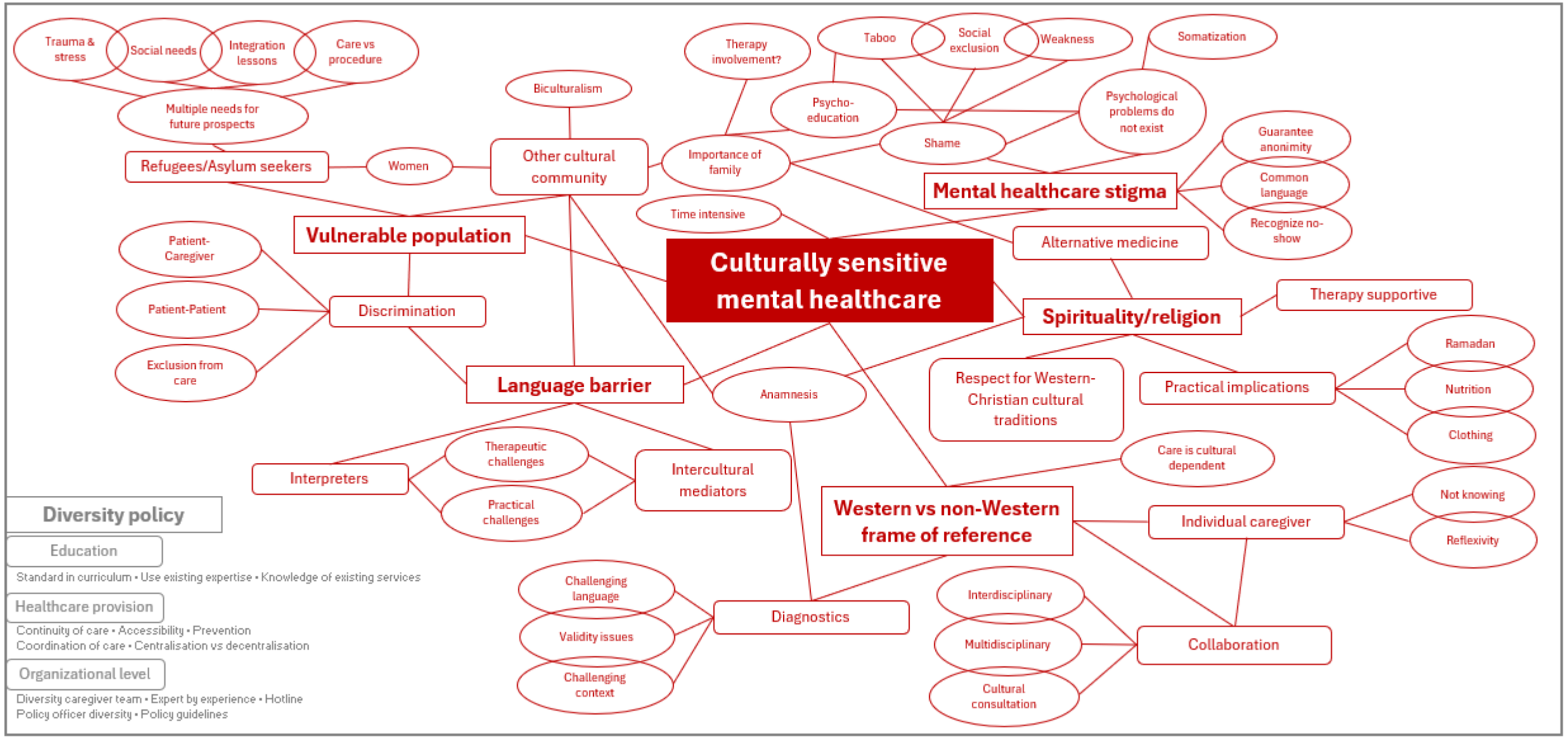


SELECTIEF CODEREN:
zoek naar relaties tussen categorieën

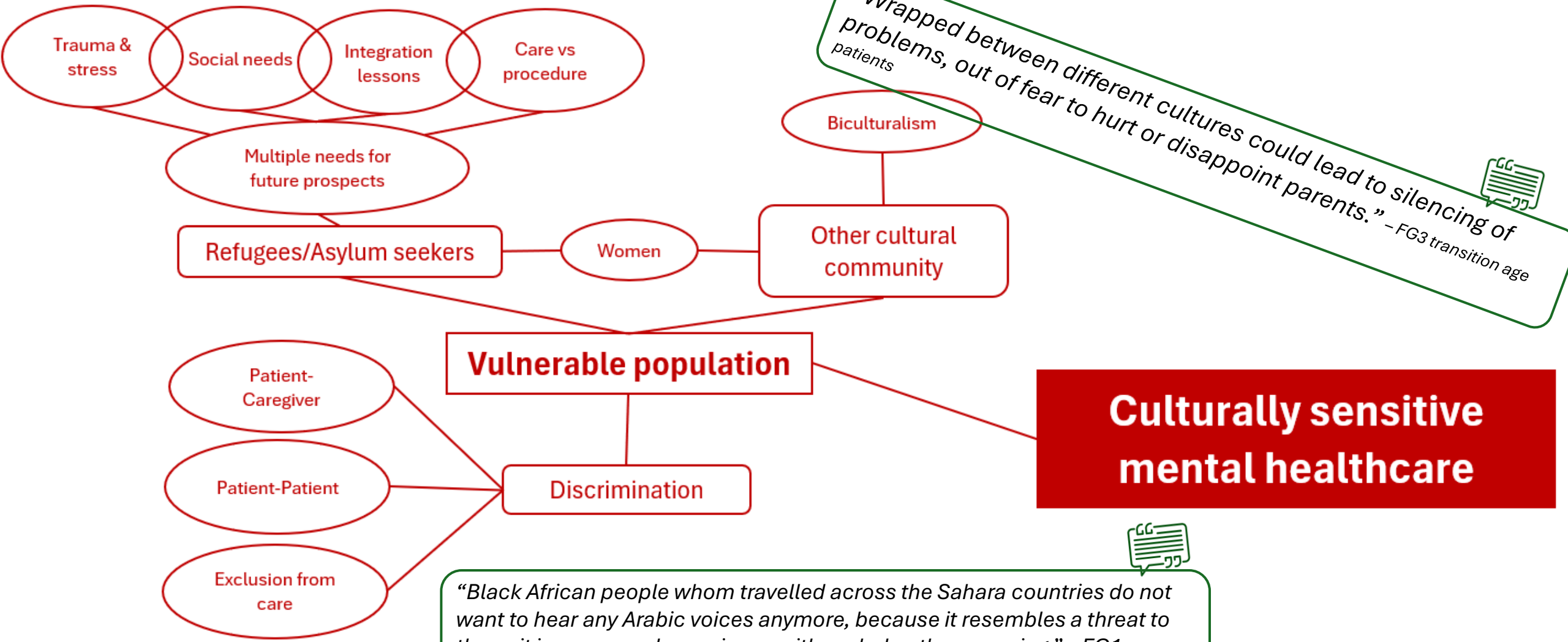
OPEN CODEREN AXIAAL CODEREN



Resultaten: thematische boom



Thema 1: kwetsbare populatie



"Wrapped between different cultures could lead to silencing of problems, out of fear to hurt or disappoint parents." – FG3 transition age patients

"Black African people whom travelled across the Sahara countries do not want to hear any Arabic voices anymore, because it resembles a threat to them; it is a personal experience with a whole other meaning." – FG1 professionals

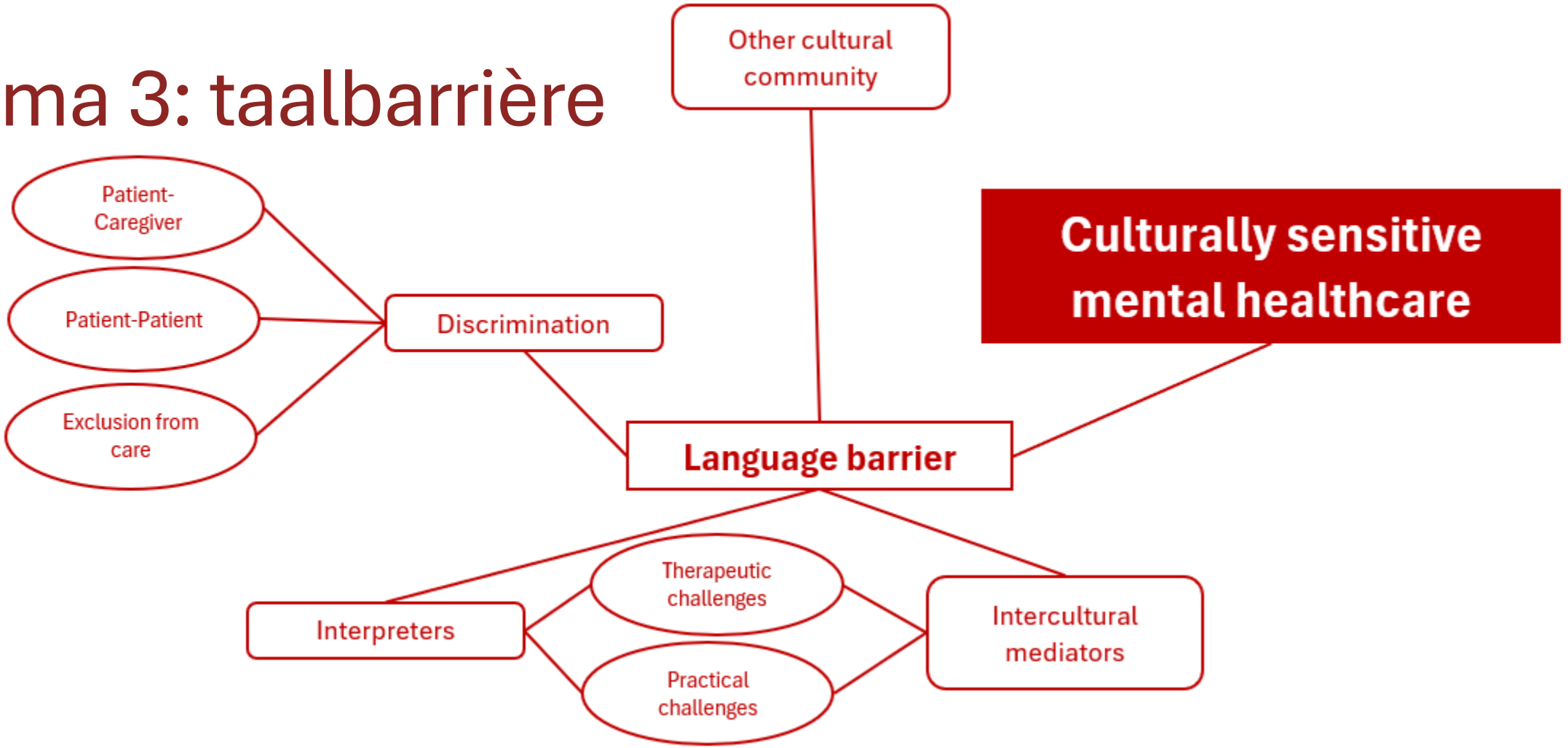
Thema 2: GGZ stigma

Culturally sensitive mental healthcare

"Psychological diseases do not exist, psychological weaknesses do. […] In my country, a psychiatric diagnosis is a life sentence. You cannot go to work anymore. […]. It's a stamp." – FG6 patients

"For instance, stress for an Afghan boy: stress is like everything is destroyed. While we are saying stress to everyday things. Same words but different meaning." – FG1 professionals

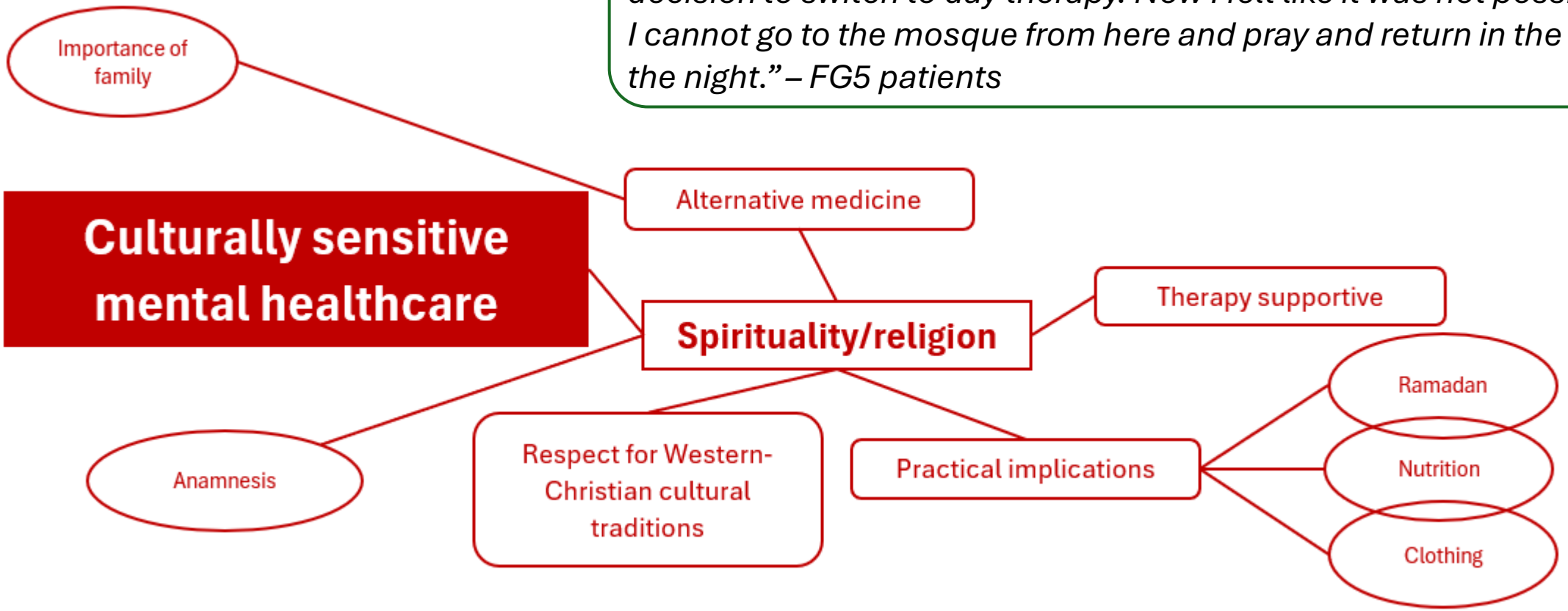
Thema 3: taalbarrière



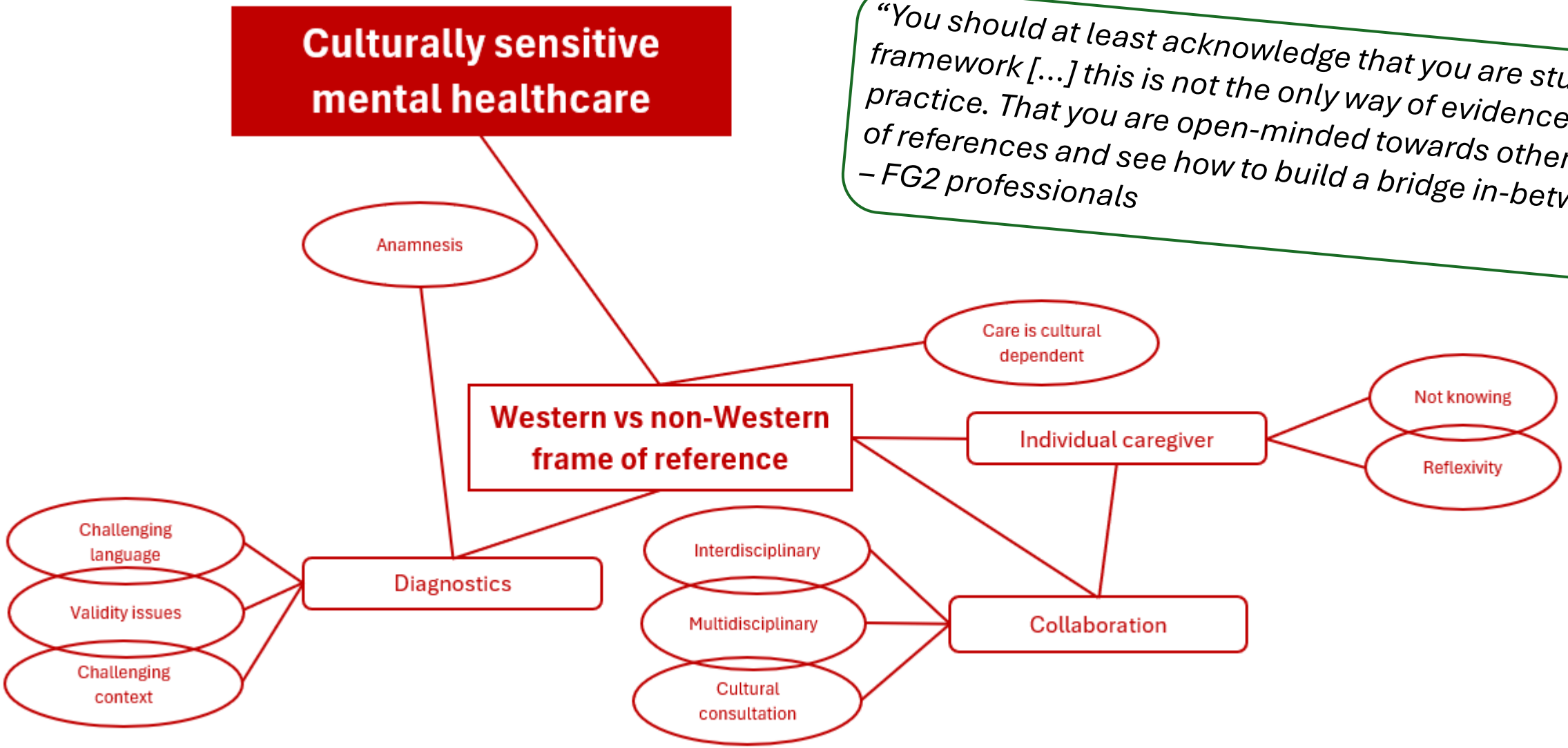
"...The Arabic interpreter would translate all Koran verses, while our Pashtun interpreter would simply say that it is getting religiously spelled out. The translation is being done differently." – FG1 professionals

Thema 4: spiritualiteit/religie

“I understand that the kitchen is not available at 4 am. But these are things that I would like to see changed. Then I wouldn’t had to make the decision to switch to day therapy. Now I felt like it was not possible at all. I cannot go to the mosque from here and pray and return in the middle of the night.” – FG5 patients

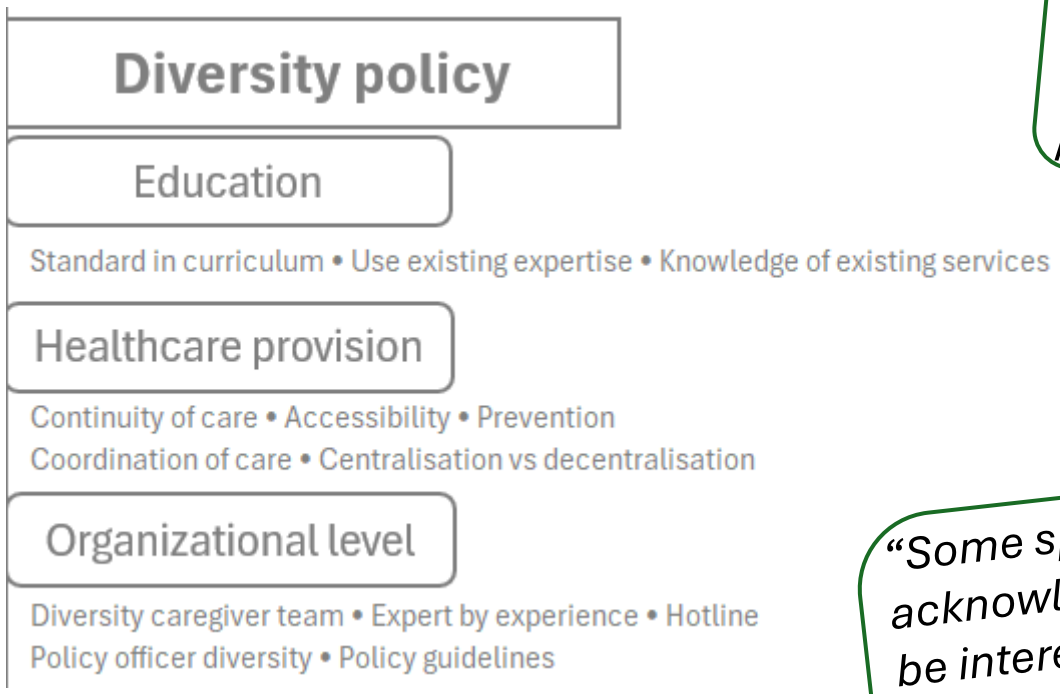


Thema 5: referentiekader



"You should at least acknowledge that you are stuck in a framework [...] this is not the only way of evidence-based practice. That you are open-minded towards other frame of references and see how to build a bridge in-between."
– FG2 professionals

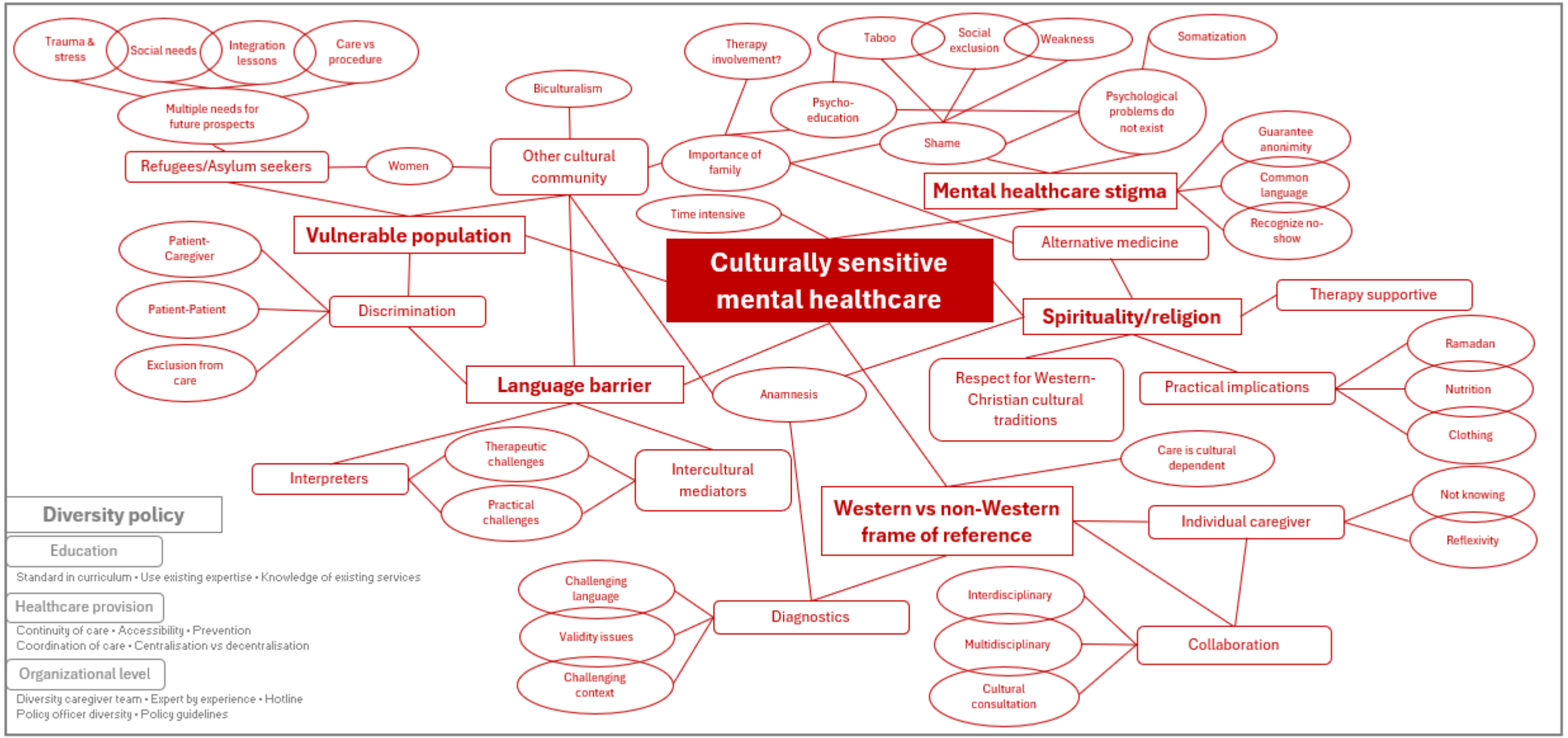
Thema 6: diversiteitsbeleid



"… even target basic medicine training […] these patients receive an enormous amount of somatic care before arriving too late in mental healthcare." – FG2 professionals

"Some specialization might be required, but we should acknowledge that you partly risk segregation. […] I said to be interested in transcultural psychiatry and suddenly all patients were referred to me. Even patients with a simple depression but coming from South-Africa, while it has nothing to do with being from South-Africa." – FG2 professionals

Resultaat: Cultuursensitieve GGZ

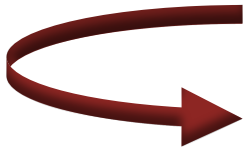


Zes aanbevelingen (1)

Individuals with a migration background belong to the most vulnerable subgroups within mental health care. The reasons for this are multiple: immigration trauma, cultural and linguistic misunderstandings, the absence of a family network or the external pressure they may impose, socio-economic status, racism, discrimination, social exclusion and stigma.

Every mental health professional should be aware of the additional psychological burden these patients face and take it into account in their practice. Female refugees and adolescents may need extra attention and care as they are even more fragile. The development of identity and personality in these patients must be actively supported by the social network and peers, but also by engaged caregivers.

Instruments such as the Cultural Formulation Interview may play a vital role in here.



CFI: semi-gestructureerd interview (16vragen) om te gebruiken tijdens een GGZ intake om de impact van cultuur op klinisch beeld te verduidelijken

Zes aanbevelingen (2)

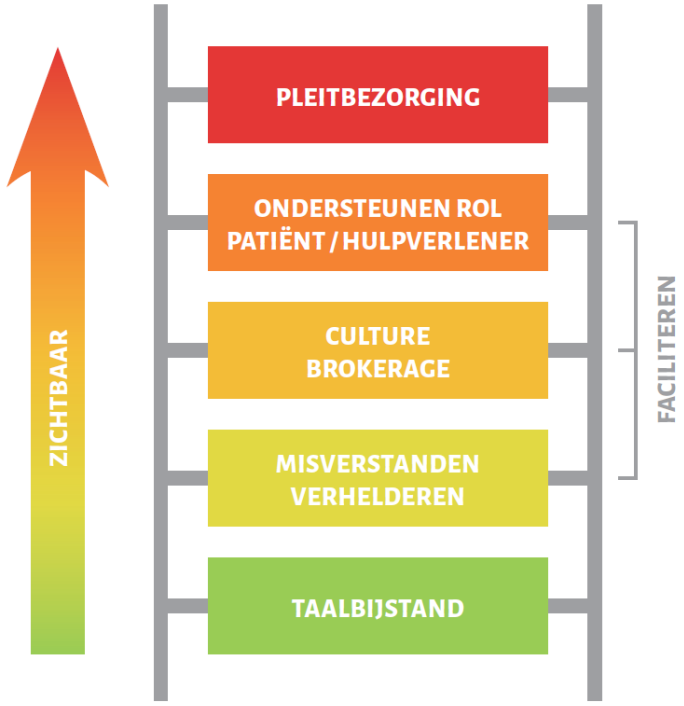
Patients with a migration background often express psychological distress through physical symptoms. Keeping this awareness of different symptom expression in mind can make the difference between stagnation and improvement for most patients.

Cultural psychiatry should occupy a central place in the training of all mental health professionals, both in initial education and in continuing professional development. In fact, all medicine disciplines could benefit from such training. The experiential knowledge within the increasingly diverse student population provides an ideal entry point for this.

Zes aanbevelingen (3)

Training and availability of professional interpreters and intercultural mediators should be a top priority. Many migrants do not speak the language of their new country. Without the proper use of language and accurate interpretation of cultural and religious backgrounds, it is impossible to be able to understand the patient's inner world and behavior.

However, the deployment of interpreters and mediators is not always appropriate and should be approached with due caution (see recommendation five).



Laddermodel; Verrept & Coene 2016

Zes aanbevelingen (4)

Caregivers should investigate whether and how a patient’s psychiatric treatment program could benefit from complementary spiritual and religious support to foster the recovery process.

A basic attitude of respect and curiosity toward the patient's religious and spiritual values strengthens trust and enhances the positive impact of the treatment.

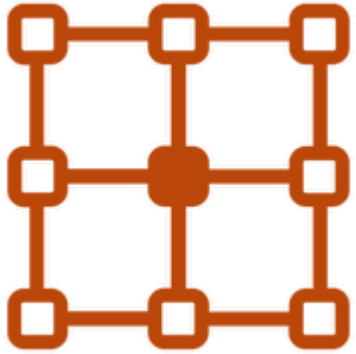
Zes aanbevelingen (5)

Reflexivity – the continuous examination of one's own values, norms, and perspectives in relation to those of the patient **– and reciprocity –** the exchange between patient and caregiver - **are essential,** particularly when working with high-risk age groups.

A **cultural humility stance** is required to avoid potentially stigmatizing and discriminatory interactions within the treatment process. For example, group therapy, as well as the use of interpreters and mediators, may reinforce feelings of shame and taboo in patients with a migration background, and may have counterproductive effects in some cases.

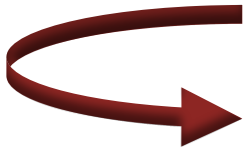
Paying attention to personal boundaries when discussing psychological complaints is the starting point.

Zes aanbevelingen (6)



It is recommended to **establish several reference centers for cultural psychiatry,** where patients with severe and persistent symptoms can be referred to. These reference centers could build interdisciplinary expertise and provide specialized advice to other caregivers to improve efficiency, as well as to support the dissemination of knowledge.

All institutions may evaluate, monitor and improve their health equity standards with existing tools.



MED-TF zelfbeoordelingstool voor ‘equity’ in de gezondheidszorg voor migranten en andere kwetsbare groepen

1. Equity in het beleid
2. Gelijke toegang en gebruik van zorg
3. Gelijke kwaliteit van zorg
4. Gelijke kansen voor alle werknemers in de organisatie
5. Het bevorderen van equity

Samengevat, zes aanbevelingen

- Bewustzijn van en omgaan met de extra psychologische kwetsbaarheden
- Een meer en meer centrale rol in training van (GGZ) professionals
- Train en financier professionele vertalers en bij voorkeur zelfs interculturele bemiddelaars
- Spiritualiteit en religie kent vaak een belangrijke rol in iemands leven
- Culturele nederigheid siert de professional. Wees bewust van je eigen referentiekader
- Referentiecentra voor culturele psychiatrie

Culturele Psychiatrie: aanbevelingen vanuit de VVP werkgroep

Vlaamse Vereniging voor Psychiatrie

Herfstsymposium - 24 oktober 2025

Let's Meet Gent

Ruben Willems
Directeur Vlaamse Vereniging voor Psychiatrie
Postdoc I-CHER Gezondheidseconomie & -management, UGENT

E ruben.willems@ugent.be
T +32 488 30 77 49