

## **Transcultural Psychiatry Fellowship (Adult)**

Name of Institution: Jewish General Hospital

Location: 4333 Cote Sainte Catherine Road, Montreal, QC, H3T 1E4

Type of Fellowship: Clinical & Research

Fellowship Program Director: Dr. Laurence Kirmayer

Number of Positions: 1 Length of Fellowship: 1 year

### **Program Information**

The Transcultural Psychiatry Fellowship Program of the Jewish General Hospital (JGH) accepts one fellow per year. The Jewish General is a McGill University hospital. The fellow would be based at the JGH and would spend most of her time there. The fellowship is supported by the Cultural Consultation Service (CCS) and the Culture and Mental Health Research Unit (CMHRU). The CCS is a clinical service that evaluates the cultural aspects of migrant and refugee health. Over the last 17 years, the CCS has assembled a database of over 800 cases for clinical and academic inquiry. The CMHRU is a research group with a focus on multicultural mental health care, including ongoing projects with Indigenous peoples, immigrants and refugees. In addition to the CCS and the CMHRU, Dr. Jarvis offers clinical exposure to cultural issues in first-episode psychosis. The aim of the Transcultural Psychiatry Fellowship Program is to provide the trainee with a wide exposure to clinical and research aspects of the relationship between culture and mental health. The successful applicant will learn how to work with interpreters and culture brokers, how to assess the common problems of migration, and how to prepare a cultural formulation. She will also become familiar with the major themes of research in cultural psychiatry research and the various methods available to study them. All of these aspects will enhance the skills and knowledge acquired during routine residency training. It should also be noted that fellows desiring exposure to Transcultural Child Psychiatry during their adult fellowship may also spend clinical time with Drs. Rousseau, Measham, Nadeau, or Wazana.

### **Names of the Fellowship Supervisors**

Clinical Supervisor – G. E. Jarvis, M.D.

Research Supervisor – L. J. Kirmayer, M.D.

### **Summary of Clinical Practice**

Patients are referred to the Cultural Consultation Service for reasons having to do with social and medical issues in addition to linguistic and cultural barriers. Families of patients often attend consultations, as do referring clinicians. Culture brokers and interpreters are routinely involved in assessment. Diagnostic and treatment dilemmas are usually challenging. Many cases require working with other medical professionals, legal representatives, or institutions..

### **Academic Facilities**

Office space for fellows will be provided. The CCS has a room designated for case conferences. The CMHRU has computers with Internet access. The Institute of Community and Family Psychiatry also has a library with computers and Internet services. Video equipment permits participation in conferences at distant sites and can also be used for clinical cases when cultural experts are not available in Montreal.

### **Fellow Duties and Fellowship Curriculum**

CCS clinical work usually involves 2 days/week, with patient and family interviews, background research on complex cases, and visits to community organizations to provide onsite consultation and training. Weekly clinical case conferences allow CCS cases to be formally presented and recommendations finalized. There is also a weekly research seminar. The fellow will be expected to complete 1 new psychiatric evaluation every other week (30-35 new cases over one year), follow up consultations with families, four outreach consultations during the twelve month period, one hour of clinical supervision per week with Dr. Jarvis, and case presentations (psychiatric evaluation plus cultural formulation) at Friday team meetings. These cases will require independent research and consultation with identified culture brokers. A typical cultural consultation includes: 1 to 2 evaluative sessions (usually 2 hours each); 2) psychiatric reports for each session; 3) preliminary clinical

recommendations; 4) contacting referring clinicians, lawyers, and others involved in the case; 5) reviewing the cultural consultation with the culture broker; 6) presenting the case at a Friday team meeting; 7) drafting final recommendations; and 8) letters for refugee or other immigration matters. Reports must be done in a timely manner so as to maintain communication with the many participants in the consultative process. Core readings will be discussed during supervisory sessions. One publication would be expected of the fellow by the end of the year. It should be noted that there is no call to cover the CCS. Fellows may supervise residents or other trainees assigned to the service. A clinical coordinator is available part time to organize cultural consultations and resolve clinical concerns as they arise. The fellowship may also be combined with work on First Episode Psychosis, Child Transcultural Psychiatry, Consultation-Liaison psychiatry or other clinical services at the hospital for those electing to do less research.

### **Publications**

Kirmayer, L. J., & Minas, H. (2000). The future of cultural psychiatry: an international perspective. *Can J Psychiatry*, 45(5), 438-446.

Kirmayer, L. J. (2001). Failures of imagination: The refugee's narrative in psychiatry. *Anthropology & Medicine*, 10(2), 167-185.

Kirmayer, L. J., Groleau, D., Guzder, J., Blake, C., & Jarvis, E. (2003). Cultural consultation: a model of mental health service for multicultural societies. *Can J Psychiatry*, 48(3), 145- 153.

Kirmayer, L. J. (2004). The cultural diversity of healing; Meaning, metaphor and mechanism. *British Medical Bulletin*, 69(1), 33-48.

Kirmayer, L. J., & Jarvis, G. E. (2005). Depression across cultures. In D. Stein, A. Schatzberg & D. Kupfer (Eds.), *Textbook of Mood Disorders* (pp. 611-629). Washington: American Psychiatric Press.

Kirmayer, L. J. (2006). Beyond the 'new cross-cultural psychiatry': cultural biology, discursive psychology and the ironies of globalization. *Transcult Psychiatry*, 43(1), 126-144.

Kirmayer, L. J. (2007). Cultural psychiatry in historical perspective. In D. Bhugra & K. Bhui (Eds.), *Textbook of Cultural Psychiatry* (pp. 3-19). Cambridge: Cambridge University Press.

Kirmayer, L. J., Lemelson, R., & Barad, M. (Eds.). (2007). *Understanding trauma: Integrating biological, clinical, and cultural perspectives*. New York: Cambridge University Press.

Kirmayer, L. J., Rousseau, C., Corin, E., & Groleau, D. (2008). Training researchers in cultural psychiatry: The McGill-CIHR Strategic Training Program. *Academic Psychiatry*, 32(4), 320-326.

Kirmayer, L. J., Rousseau, C., Guzder, J., & Jarvis, G. E. (2008). Training clinicians in cultural psychiatry: A Canadian perspective. *Academic Psychiatry*, 32(4), 313-319.

Kirmayer, LJ. 2012. Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism. *Social Science & Medicine* 75: 249-256.

Kirmayer, LJ, Rousseau, C & Guzder, J (Eds.) *Cultural Consultation: Encountering the Other in Mental Health Care*. Springer: New York.

2015, Kirmayer, LJ, Rousseau, C., Jarvis, GE, & Guzder, J. *The Cultural Context of Clinical Assessment*. In A. Tasman, J. Kay, J. A. Lieberman, M.B. First, & M. Riba (Eds.) *Psychiatry* (4 ed.). New York: John Wiley & Sons.

Lewis-Fernandez, R., et al. 2017. Feasibility, acceptability and clinical utility of the Cultural Formulation Interview: mixed-methods results from the DSM-5 international field trial. *The British Journal of Psychiatry* 1-8. doi: 10.1192/bjp.bp.116.193862.