

Information om Transkulturel Psykiatri, april 2004

GENERELT

Dybbøl Mølle skaber integrationsproblemer

Kristeligt Dagblads netavis 22. april 2004 / af Jens Lenler og Morten Mikkelsen

Integrationsdebatten i Danmark handler ofte om kultur, og det har rødder i vores historie

Danskerne har 140 års tradition for at rode kultur og politik sammen. Den begrebsforvirring skaber konflikter, når vi i dag skal integrere udlændinge i samfundet. Det mener lektor Ove Korsgaard fra Danmarks Pædagogiske Universitet. Han har netop udgivet afhandlingen »Kampen om folket. Et dannelsesperspektiv på dansk historie gennem 500 år«.

- Jeg synes, det er helt rimeligt at kræve af udlændinge, at de skal være danskere. Men de skal vel at mærke være danskere i politisk forstand og acceptere forfatning, retssystem og demokratiske værdier. Meget af debatten går på, om udlændinge følger dansk kultur, og det skaber en masse unødvendige konflikter om tørklæder og badeforhæng, siger Ove Korsgaard.

Hans arbejde tegner et signalement af en befolkning, der ikke skelner klart mellem politik og kultur. Da Danmark efter nederlaget ved Dybbøl Mølle i 1864 mistede en tredjedel af sit areal, opstod danskheden som en fælles kulturel ide, der skulle holde sammen på et klemt rige.

Men i en verden, hvor mennesker, varer og værdier flyder langt friere over grænserne, er det gamle tankegods forældet og farligt, mener Ove Korsgaard.

- Dengang havde det en funktion at sætte lighedstegn mellem kulturel baggrund og det at være dansk borger. I dag er det farligt at lade kultur eller for den sags skyld religion være det, der binder os sammen.

Gruppeterapi for unge med flygtningebaggrund

OASIS tilbyder som noget nyt et gruppeterapeutisk forløb for unge flygtninge i alderen 16-22 år

Målgruppe

Gruppen henvender sig især til unge, der er vokset op i flygtningefamilier, hvor en eller flere af familiens medlemmer har været udsat for voldsomme traumer i deres hjemland. Gruppeforløbet er rettet mod en gruppe af unge, som ofte har båret på et meget stort ansvar for familiens overlevelse og velbefindende og som reagerer med angst, usikkerhed og isolation. Gruppeforløbet vil derimod ikke være egnet til at støtte stærkt udagerende unge.

Formål

Behandlingen har til formål at skabe et rum, hvor de unge har mulighed for at få hjælp til at forholde sig til den meget komplicerede livssituation, de befinder sig i og hjælpe den unge til at finde en balance mellem de meget modstridende følelser, de ofte har i forhold til familiens og deres egne behov og ønsker. Gruppen giver samtidig den unge en mulighed for at identificere sig med og støtte sig til andre unge i samme situation. Gennem det terapeutiske arbejde i gruppen vil den unge få den støtte, de har brug for til at påbegynde og fastholde uddannelsesforløb og arbejde, og få mere mod på at forholde sig til deres fremtid i det hele taget.

læs mere her : <http://www.oasis-rehab.dk/Nyheder/ungegruppe.htm>

Psykosociale udredninger af voksne flygtninge

Som noget nyt kan OASIS nu tilbyde en grundig psykosocial udredning af flygtnings problemer

Hvor formålet med en visitation afgrænset retter sig mod en vurdering af klientens motivation for behandling samt en vurdering af hvorvidt OASIS kan tilbyde et relevant behandlingstilbud til klienten, så har en psykosocial udredning et bredere sigte.

En psykosocial udredning vil primært være rettet mod at få et billede af, hvorvidt klienten skønnes at kunne have glæde af målrettet behandling eller om der er andre former for støtte af mere social, uddannelsesmæssig eller arbejdsmæssig art, som vil være mere hjælpsom i det lange løb, og hvad en realistisk målsætning for en sådan indsats vil være. Hvis klienten skønnes at have behov for behandling vurderes det, hvilket regi det kunne være mest hensigtsmæssigt, at denne behandling foregår i, og hvorvidt der er behov for psykoterapeutisk, socialpædagogisk eller psykiatrisk behandling.

læs mere her : <http://www.oasis-rehab.dk/>

OM PSYKIATRI

Første psykiske lidelse på arbejdsskadeliste

Internetavisen Jyllands-Posten 22. april 2004 / af Dorte Ipsen Boddum

Man kan blive psykisk syg af at gå på arbejde. Det fastslår Arbejdsskadestyrelsen.

Posttraumatisk Belastningsreaktion (PTS) bliver som den første psykiske lidelse nogensinde optaget på listen over erhvervssygdomme. Det betyder, at diagnosen i sig selv vil være nok til at få anerkendt en erhvervssygdom. Hidtil har de ramte i hvert enkelt tilfælde skullet godtgøre, at det overhovedet kunne lade sig gøre at få lidelsen af jobbet

Historisk begivenhed

PTS kan ramme, hvis man bliver udsat for traumatiske begivenheder af særlig truende eller katastrofeagtig karakter - f.eks. væbnet bankrøveri, trusler på livet som fængselsbetjent eller ophold i krigszoner.

»Det er en historisk begivenhed, at psykiske sygdomme kommer på fortegnelsen over erhvervssygdomme. Vore nabolande tøver med at tage dette skridt, men med arbejdsskadereformen er det blevet muligt i Danmark. Det betyder måske ikke, at der bliver anerkendt så mange flere psykiske arbejdsskader, men det er et vigtigt signal, at også psykiske sygdomme kan skyldes arbejdet,« siger direktør i Arbejdsskadestyrelsen Anne Lind Madsen....

OM TRANSKULTUREL PSYKIATRI

Highlights of the American Psychiatric Association 55th Institute on psychiatric services

October 29-November 2, 2003; Boston, Massachusetts, Robert Kennedy

Introduction

The American Psychiatric Association 55th Institute on Psychiatric Services meeting, held in Boston, Massachusetts, yielded diverse and interesting presentations and discussion. Some of the most outstanding aspects of the meeting included a discussion of the Presidential Commission on Mental Health, novel treatment programs, and discussions around cultural diversity.

Cultural Diversity and Symptomatology

Census data from the last 20 years have shown an increasing cultural diversity in the United States. The Healthy People 2010 initiative identifies the important aspects to consider for improving health for all Americans during the first decade of the 21st century. Cultural sensitivity is an important component of this publication, as are mental health concerns. William Vega, PhD, from the Robert Wood Johnson Medical Center in New Brunswick, New Jersey, discussed the leading health indicators from the Healthy People report and focused on the need for improved cultural awareness in Hispanic/Latino populations in the United States. Clinicians need to understand cultural differences and how they affect diagnosis and treatment. Important considerations include diagnostic bias, access to services, quality of services, cultural competency, and cultural advantages.

According to the Provider's Guide to Quality & Culture,¹ important strengths and protective factors that benefit Hispanic groups include:

- **La familia (family).** Traditionally, Hispanic individuals include in their extended families not only parents and siblings but also grandparents, aunts, uncles, cousins, *compadres*, close friends, and godparents (*padrinos*) of the family's children. When they are ill or injured, Hispanic patients frequently consult with other family members and may ask them to come along on medical visits. Hispanic extended families play an important support role for patients.
- **Personalismo.** Hispanic individuals tend to stress the importance of personal relationships. They expect healthcare providers to be warm and friendly and to take an active interest in their patients' lives. *Personalismo* conveys to the patient that the provider is interested in him or her as a person and helps put the patient at ease before an exam or medical procedure.
- **Community.** A network of hundreds of local organizations has emerged in almost every Hispanic community in America. For the past 30 years, these organizations have acted as frontline advocates for and providers of Hispanic healthcare and social services. Community-based organizations within Hispanic neighborhoods, *barrios*, *colonias*, and other ethnic enclaves provide a significant point of entry and an opportunity to expand outreach efforts. Hispanic/Latino patients continue to rely on community-based organizations and clinics for their primary care.

In understanding the impact of culture on mental illness, the profession needs to carefully evaluate the diagnostic differences and cultural issues that can be intertwined in an individual's psychopathology. According to Dr. Vega, the cornerstone of medical care is an accurate diagnosis. This is needed for a successful treatment plan, and it needs to be based on objective data.

In a recent study, Minsky and colleagues examined whether Latino patients who presented for psychiatric treatment showed any major differences in symptom presentation, clinical severity, and psychiatric diagnosis compared with European American and African American patients. They found that African American patients were diagnosed as having a disorder in the schizophrenic disorders spectrum more frequently than were Latino and European

American patients, and Latino patients were disproportionately diagnosed as having major depression, despite the fact that significantly higher levels of psychotic symptoms were self-reported by Latino individuals. Latino patients in this study were more likely to be clinically diagnosed as having major depression than were other ethnic groups. Minsky suggested that further research is needed to determine the reasons for these systematic differences but offered some possible explanations, such as (1) self-selection, (2) culturally determined expression of symptoms, (3) difficulties in the accurate application of DSM-IV diagnostic criteria to Latino patients, (4) bias related to clinicians' lack of cultural competence, and (5) imprecision inherent in the use of unstructured interviews, possibly combined with clinician bias. Additional research is recommended to determine the generalizability, accuracy, and applicability of these findings and their possible mechanisms.

In a 2002 study by Vega and colleagues, the co-occurrence of (comorbid) alcohol, drug, and nonsubstance-use psychiatric disorders was examined in a population sample of Mexican-origin adults from rural and urban areas of central California. Co-occurring lifetime rates of alcohol or other drug disorders with nonsubstance-use psychiatric disorders, or both, were 8.3% for men and 5.5% for women, and were 12.3% for the US born and 3.5% for immigrants. Alcohol abuse or dependence with co-occurring psychiatric disorders is a primary disorder among Mexican-origin adult males (7.5% lifetime prevalence). US-born men and women are almost equally likely to have co-occurring disorders involving substances. Dr. Vega found that comorbidity is expected to increase in the Mexican-origin population, owing to acculturation effects of both sexes.

A study by Strakowski and colleagues looked at ethnicity in the diagnosis of patients with affective disorders. They found that African American men with an expert-consensus affective disorder were significantly ($P < .03$) more likely than other patients to be diagnosed with a schizophrenia spectrum disorder by clinical assessment and structured interview. Although first-rank symptoms were more commonly identified in African American men, this finding did not explain the difference in diagnoses. In the post hoc analyses, Strakowski suggested that African American men diagnosed with a schizophrenia spectrum disorder were more likely than other patients to have been identified during a structured interview as having psychotic symptoms in the absence of affective symptoms. He concluded that: "The apparent misdiagnosis of schizophrenia in African-Americans with mood disorders cannot be ascribed to differences in first-rank symptoms. However, it may be due to a perception that psychotic symptoms are more chronic or persistent than affective symptoms in these patients." Dr. Vega commented that the prevalence of symptoms, particularly psychotic symptoms, differs with nativity and, as Strakowski noted, needs to be carefully evaluated in a different context.

Depression in a Latino Population

Roberto Lewis-Fernandez, MD, of the New York Psychiatric Institute, New York City, NY, addressed some of the differences in the Latino population in expression of depression¹ He pointed out that depression is more likely to be missed in a Latino population; a patients' race, gender, and coexisting medical conditions affected physician awareness of mental health problems;¹ and the Latino population is more likely to seek help from a primary care physician than a mental health professional.

According to Dr. Lewis-Fernandez, Latino patients are less likely to get a prescription for antidepressants and, even when diagnosed, less likely to get proper treatment. Some of the barriers include:

- Societal stigma;
- Language;
- Immigration status;
- Insurance factors;
- Poor adherence; and
- Lack of recognition of symptoms.

In a Latino/Hispanic population, there is often a different emphasis placed on presenting problems. For example, there may be an emphasis placed on somatic complaints rather than psychological distress. This is especially true in presentations to the primary care physician. The presentation of depressive symptoms also takes on a different quality, and patients often present with a somatic-affective mixture of symptoms, or they sometimes present distress in social rather than medical terms.

Summary

The publication of DSM-IV has added new emphasis to the influence of culture on diagnosis by including an outline for cultural formulation and a glossary of culture-bound syndromes. Culturally diverse individuals have special needs and require special skills and knowledge to receive appropriate and effective treatment. In 2001, the US Surgeon General released a supplement of his report on mental health entitled "Culture, Race, and Ethnicity," which states that "culture counts" in the diagnosis and treatment of ethnic groups. More work needs to be done toward understanding and reaching individuals with cultural differences in our society.

http://www.medscape.com/viewarticle/471433_1

LITTERATUR

ANMELDELSER

Cultural psychiatry : euro-international perspectives

edited by Yilmaz, A. T., Weiss, M. G., Riecher-Rössler, A.

Basel, Karger, 2001. 189 pp

Reviewer : Shiny Gunasekera, MD, Hamilton, Canada

In this world of increasingly porous boundaries, countries are becoming rapidly ethnically diverse. In order to provide effective medical care in multicultural societies, it is imperative that the theoretical, diagnostic and treatment principles in psychiatry be culturally valid. *Cultural Psychiatry: Euro-International Perspectives* is mainly a compilation of papers (with a few additional invited contributions) presented at a conference held in Basel, Switzerland in 1998 entitled "Transcultural Psychiatry: Challenges for Diagnosis and Treatment". The book is divided into three sections: (1) Interdisciplinary concepts informing clinical practice and research, (2) Migration, trauma and the context of migrant health problems, and (3) Cultural lessons for intervention and treatment. ... **Archives of women's mental health, 7(2), 149-150, 2004**

PTSD in children and adolescents

edited by Spencer Eth, M.D.;

American Psychiatric Publishing, Inc., 2001, 216 pages, \$34.95 softcover

Treating trauma survivors with PTSD

edited by Rachel Yehuda, Ph.D.; Washington, D.C., American Psychiatric Publishing, Inc., 2002, 216 pages, \$39.95 softcover •

Gender and PTSD

edited by Rachel Kimerling, Paige Ouimette, and Jessica Wolfe; New York, Guilford Press, 2002, 460 pages, \$60

Reviewer : Rabbi Dr. Mark is a clinician in private practice in Ranana, Israel.

Since the events of September 11, 2001, few areas of clinical practice have received more attention than posttraumatic stress disorder (PTSD). Scientific, academic, and lay fascination with the psychiatric, behavioral, social, and public health dimensions of PTSD has, understandably, been robust. Although PTSD was certainly a hot topic before September 11, the terrorist attacks have had a galvanizing effect.

One dimension of this intense demand for information about PTSD has been a burst of recent book releases. For serious clinicians, a dizzying number of books and other media are available to aid us in enhancing our knowledge base. Although some of these may be of dubious utility, thankfully there is excellent reliable material to be found. Two such works come through American Psychiatric Publishing, Inc. (APPI). *PTSD in Children and Adolescents* is a recent addition to APPI's Review of Psychiatry series. This volume, edited by Spencer Eth, professor of psychiatry at New York Medical College, features chapters by a number of well-known authorities in the field. Making use of up-to-date sources and avoiding much of the ideological "preachiness" of earlier materials, the contributors cover the important areas of assessment, biological treatment, and forensic dimensions of PTSD among children and adolescents. Regrettably, chapters on psychosocial treatments—for example, cognitive therapy and family therapy—are absent.

A section on the treatment of PTSD among incarcerated youths deserves special mention. Written by William Arroyo, M.D., of the University of Southern California, this chapter is essential reading for those of us who have professional contact with such patients.

Unfortunately, the ranks of incarcerated youths are growing, partially because of a lack of less restrictive settings in the community. Many of these kids have significant psychiatric symptoms, especially symptoms of PTSD. Dr. Arroyo articulates a clear and coherent clinical approach to addressing the needs of these children.

Offering a wonderful collection of timely essays is *Treating Trauma Survivors With PTSD*, edited by Rachel Yehuda, a well-known researcher and clinician in the area of PTSD and director of the division of traumatic stress at Mount Sinai School of Medicine in New York City. Contributors include Edna B. Foa, Ph.D., Alexander C. McFarlane, M.D., and Bessel A. van der Kolk, M.D. One of the most refreshing dimensions of this volume is the two chapters on matching patients to treatment modality. In an age when even clinicians—let alone laypersons who have been led to expect one-session "cures" from untested treatments—may take a one-size-fits-all approach to treatment, research indicates that such an approach is bound to fail.

Concluding the volume is an important chapter by Arie Y. Shalev, M.D., on the immediate aftermath of a disaster. As chairman of psychiatry at Hadassa Hospital in Jerusalem, Shalev is unquestionably an expert in this burgeoning area of practice. Although much of the PTSD knowledge base is related to the posttrauma phase, Shalev examines the psychological experience during the first hours after the traumatic event. His clear prose spells out both the unique features of the peritraumatic phase as well as interventions that can "head off" significant disturbances later on.

Undertaking an important and novel examination of the subject of trauma is a third book, *Gender and PTSD*, edited by Rachel Kimerling, a psychologist at the National Center for PTSD; Paige Ouimette, professor of psychology at Washington State University; and Jessica Wolfe, professor of psychiatry at Harvard Medical School. These individuals have assembled a fascinating collection of essays about gender-related factors in the epidemiology,

neuropsychology, assessment, treatment, prevention, and politics of research and health care funding. Each of the contributors to the volume is a well-known expert in his or her area of research and practice.

Especially fascinating is a section by David F. Tolin, Ph.D., and Edna B. Foa, Ph.D., on the cognitive dimension of gender and PTSD. Cognitive therapy-based interventions have emerged as the unquestioned state-of-the-art treatment for trauma. Tolin and Foa examine the unique psychological vulnerabilities of men and women in the development of PTSD as well as the implications for effective treatment.

Trauma-related literature continues to expand. Unfortunately, much of it reflects a rejectionist attitude of the authors toward evidence-based treatment of PTSD. The three volumes reviewed here are wonderful exceptions that belong in the library of every conscientious clinician.

Psychiatric services 55(4), p. 456, 2004

ARTIKLER

Adaptation of the Structured Clinical Interview for DSM–IV Disorders for assessing depression in women during pregnancy and post-partum across countries and cultures

Laura L. Gorman, PhD, Iowa Depression and Clinical Research Center, University of Iowa; et a.

Background To date, no study has used standardised diagnostic assessment procedures to determine whether rates of perinatal depression vary across cultures.

Aims To adapt the Structured Clinical Interview for DSM–IV Disorders (SCID) for assessing depression and other non-psychotic psychiatric illness perinatally and to pilot the instrument in different centres and cultures.

Method Assessments using the adapted SCID and the Edinburgh Postnatal Depression Scale were conducted during the third trimester of pregnancy and at 6 months postpartum with 296 women from ten sites in eight countries. Point prevalence rates during pregnancy and the postnatal period and adjusted 6-month period prevalence rates were computed for caseness, depression and major depression.

Results The third trimester and 6-month point prevalence rates for perinatal depression were 6.9% and 8.0%, respectively. Postnatal 6-month period prevalence rates for perinatal depression ranged from 2.1% to 31.6% across centres and there were significant differences in these rates between centres.

Conclusions Study findings suggest that the SCID was successfully adapted for this context. Further research on determinants of differences in prevalence of depression across cultures is needed.

British journal of psychiatry 184 (46), s17-s23, 2004

Aims, measures, study sites and participant samples of the Transcultural Study of Postnatal Depression

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Margaret R. Oates, MB, FRCPsych, Division of Psychiatry, University of Nottingham, UK

Background Although postnatal depression is a common condition, with adverse effects on the child, mother and partner, there has been no research to date linking analyses of its origins and consequences with studies of service provision in different national health and social systems.

Aims The Transcultural Study of Postnatal Depression (TCS-PND) was set up to develop a set of instruments to facilitate such research.

Method Seven research instruments were piloted in studies carried out in ten centres in eight countries. A qualitative study looked at the cross-cultural equivalence of the concept of postnatal depression.

Results The results are reported in the individual papers in this supplement.

Conclusions Reliable and culturally valid measures are now available for future comparative research into postnatal depression within different health systems and countries.

British journal of psychiatry 184 (46), s3-s9, 2004

Are there racial differences in the way patients with psychotic disorders are treated at their first hospitalization?

Nancy L. Sohler, Evelyn J. Bromet, Janet Lavelle, Thomas J. Craig, Ramin Mojtabai

Abstract

Background It is now well documented that both black and white patients with severe mental illness are likely to use different types of treatment facilities, have different lengths of hospital stays, and receive different types and dosages of psychotropic medications. It is still uncertain, however, whether these differences exist at the early stages of treatment.

Method We examined treatment patterns for a countywide sample of patients with psychotic disorders recruited at their initial psychiatric hospitalization. Illness characteristics, prior treatment histories, admission conditions, and psychotropic medication use during this hospitalization were compared for both black and white patients.

Results Black patients were less likely to have had out-patient treatment prior to their first hospitalization and were more likely to be hospitalized in public than in community psychiatric units than were white patients. Black patients were also more likely to be hospitalized primarily for a behavioral disturbance and escorted to the hospital by the emergency medical services or police, while white patients were more often hospitalized primarily for subjective suffering. These patterns were particularly significant for those with a non-schizophrenia diagnosis. However, there were few statistically significant differences between black and white patients on psychotropic medication use during the first hospitalization.

Conclusions Differences during the early stages of treatment between black and white patients with psychotic disorders appear to arise most prominently before, rather than during, their first hospitalization.

Psychological medicine 34(4), 705-718, 2004

Barriers to access to mental health services for ethnic seniors : the Toronto study

Joel Sadavoy, MD, FRCPC., Rosemary Meier, MB, ChB, MSc, FRCPsych, FRCPC, Amoy Yuk Mui Ong, MSW

Objective: To identify and describe barriers to access to mental health services encountered by ethnoracial seniors.

Method: A multiracial, multicultural, and multidisciplinary team including a community workgroup worked in partnership with seniors, families, and service providers in urban Toronto.... Chinese and Tamil communities to develop a broad, stratified sample of participants and to guide the study. This participatory, action-research project used qualitative methodology based on grounded theory to generate areas of inquiry. Each of 17 focus groups applied the same semistructured format and sequence of inquiry.

Results: Key barriers to adequate care included inadequate numbers of trained and acceptable mental health workers, especially psychiatrists; limited awareness of mental disorders among all participants; limited understanding and capacity to negotiate the current system because of systemic barriers and lack of information; disturbance of family support structures; decline in individual self-worth; reliance on ethnospecific social agencies that are not designed or funded for formal mental health care; lack of services that combine ethnoracial, geriatric, and psychiatric care; inadequacy and unacceptability of interpreter services; reluctance of seniors and families to acknowledge mental health problems for fear of rejection and stigma; lack of appropriate professional responses; and inappropriate referral patterns.

Conclusions: There is a clear need for more mental health workers from ethnic backgrounds, especially appropriately trained psychiatrists, and for upgrading the mental health service capacity of frontline agencies through training and core funding. , Active community education programs are necessary to counter stigma and improve knowledge of mental disorders and available services. Mainstream services require acceptable and appropriate entry points. Mental health services need to be flexible enough to serve changing populations and to include services specific to ethnic groups, such as providing comprehensive care for seniors.

Canadian journal of psychiatry 40(3), 192-199, 2004

Bringing order out of chaos : a culturally competent approach to managing the problems of refugees and victims of organized violence

Maurice Eisenbruch, Joop T. V. M. de Jong, Willem van de Put

The collaborative program of the Transcultural Psychosocial Organization (TPO) provides a community-oriented and culturally sensitive public health response to the psychosocial problems of refugees and victims of organized violence. This paper describes the 9-step model that TPO has developed as a blueprint for each new intervention. Beneficiaries participate in determining priorities and there is an orientation toward culturally competent training, capacity-building, and sustainability. Two cases, one related to Sudanese refugees in Uganda and the other to internally displaced persons and returnees in postwar Cambodia, show how the TPO intervention protocol is adapted to local settings. The paper provides preliminary evaluative comments on the model's performance.

Keywords

community-oriented, public mental health, posttraumatic stress, traditional healing, culture, cultural competence

Journal of traumatic stress 17(2), 123-131, 2004

Care pathways for south Asian and white people with depressive and anxiety disorders in the community

J. Commander, S. M. Odell, P.G.Surtees and S.P.Sashidharan

Abstract

Background : South Asian people with common mental disorders are less likely to have their problems recognised by their general practitioner and have lower rates of uptake of psychiatric services compared to native born white people. Less consideration has been given to their understanding of their mental health problems, their use of alternative supports and the treatment they receive in primary care.

Methods : A general population sample identified, using a semi-structured diagnostic interview, as having DSM-III-R depressive or anxiety disorders was obtained. South Asian and white participants' appraisal of their mental health problems and their use of informal and formal assistance during the period they were unwell in the previous 6 months were compared.

Results : There was no difference between south Asian and white people, either in what they understood to be the matter with them or in what they perceived to be the cause of their problems. No south Asian participants reported seeking help from lay or traditional healers, while white people more often discussed their problems with a relative or friend. Most south Asian people consulted their GP and this was significantly higher than for whites. However, only around half the people in both groups reported disclosing their problem to a GP and only one in ten received psychiatric medication or was referred to specialist psychiatric services.

Conclusions : Along with public education and GP training, the availability of appropriate and acceptable interventions for south Asian, and indeed white people, with common mental disorders consulting in primary care is key to ensuring that they gain access to necessary mental health care.

Key words : common mental disorder – ethnicity - help seeking - explanatory models - primary care

Social psychiatry and psychiatric epidemiology 39(4), 259-264, 2004

Comorbidity : the African perspective

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Comorbidity in the developing world is a poorly researched harsh daily reality that compounds diagnostic problems at many levels. Allan German (1) described a group of people in Uganda as being in a state of subclinical malnutrition. In this group any insult, either physical or psychological, led to very severe forms of affliction. It is upon subjects of this level of weakness that a variety of mental disorders are superimposed. In rural Africa, over and above the AIDS pandemic, the people have to struggle with traditional infections, including typhoid fever and tuberculosis. Indeed, in many parts of Africa, psychosis is called 'the big malaria', a term that recognises the link between fever and psychosis. Epilepsy due to trauma at birth and head injury in later life is common in Africa. Childhood infections, including measles, are other common causes of epilepsy, a condition that is comorbid with mental illness in some cases....

World psychiatry 3(1), 30-31, 2004

Contextual assessment of the maternity experience : development of an instrument for cross-cultural research

Odette Bernazzani, MD, PhD, Department of Psychiatry, Montreal, Canada; et al.

Background There is evidence that stressors may trigger the onset of a depressive episode in vulnerable women. A new UK interview measure, the Contextual Assessment of the Maternity Experience (CAME), was designed to assess major risk factors for emotional disturbances, especially depression, during pregnancy and post-partum.

Aims With in the context of a cross-cultural study, to establish the usefulness of the CAME, and to test expected associations of the measure with characteristics of the social context and with major or minor depression.

Method The CAME was administered antenatally and postnatally in ten study sites, respectively to 296 and 249 women. Affective disorder throughout pregnancy and up to 6 months postnatally was assessed by means of the Structured Clinical Interview for DSM-IV Axis I Disorders.

Results Adversity, poor relationship with either a partner or a confidant, and negative feelings about the pregnancy all predicted onset of depression during the perinatal period.

Conclusions The CAME was able to assess major domains relevant to the psychosocial context of the maternity experience in different cultures. Overall, the instrument showed acceptable psychometric properties in its first use in different cultural settings.

British journal of psychiatry 184 (46), s24-s30, 2004

A cross-cultural study of eating attitudes in adolescent South African females

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Abstract

Eating disorders were first described in black females in South Africa in 1995. A subsequent community based study of eating attitudes amongst adolescent females in an urban setting suggested that there would be increasing numbers of sufferers from within the black community. The current study sought to extend these findings using a larger, more representative urban sample. The results support those of the preliminary study. The underlying basis for the emerging phenomenon is discussed.

Key words: Eating disorders, eating attitudes, South Africa

World psychiatry 3(1), 41-44, 2004

Deculturation : its lack of validity

Del Pilar, Jose A.; Udasco, Jocelynda O

Abstract

Deculturation's history as well as its use in the social science literature is reviewed and its construct validity questioned. According to J. W. Berry (1980), deculturation results when members of nondominant cultures become alienated from the dominant culture and from their own minority society. A reported consequence of deculturation is increased stress and psychopathology for the individuals involved. Deculturation's basic assumption that there can be culture loss without replacement is critically assessed. In particular, the idea that members of nondominant groups can become deculturated, devoid of any culture, is challenged.

Cultural diversity and ethnic minority psychology 12(2), 169-176, 2004

Deliberate self-harm as seen in Kampala, Uganda : a case-control study

Eugenem Kinyanda, Heidi Hjelmeland and Seggane Musisi

Abstract

Objectives : A study to investigate deliberate self-harm (DSH) in an African context was undertaken in Uganda.

Methods: A case-control study in which 100 cases of DSH and 300 controls matched on age and sex were recruited from three general hospitals in Kampala and subjected to a structured interview using a modified version of the European Parasuicide Study Interview Schedule I.

Results : Among the cases, 63% were males, with a male to female ratio of 1.7:1 and a peak age range of 20–24 years. Higher educational attainment, higher socio-economic class and poor housing were significantly associated with DSH. District of current residence, district of birth, religion, ethnicity, marital status, number of children, current living arrangement, area of usual residence, employment status of respondent and partner were not significantly associated with DSH. Pesticides and medications, mainly antimalarials and diazepam, were the main methods of DSH used. The most commonly reported psychiatric disorders were adjustment disorder, acute stress reactions and depression.

Conclusion : DSH in Uganda appears to predominantly afflict the young. Disturbed interpersonal relationships, poverty and loneliness were important factors in the immediate precipitation of this behaviour. The fact that pesticide poisoning is still the predominantly used method in DSH in this area calls for a review of the legislation that controls the sale and availability of these agricultural chemicals.

Key words : deliberate self-harm – methods – characteristics - mental disorders - Uganda

Social psychiatry and psychiatric epidemiology 39(4), 318-325, 2004

The development of eating pathology in Chinese-Australian women : acculturation versus culture clash

Tamara A. Humphry, Lina A. Ricciardelli School of Psychology, Deakin University, Melbourne, Australia

Abstract

Objective

Recent research suggests there has been an increase in the incidence of eating pathology among Asian women residing in the West. Two alternate explanations for the development of this eating pathology have been proposed; acculturation versus culture clash. The current study was designed to further examine the influence of acculturation versus culture clash on the development of eating pathology in Chinese-Australian women.

Method

Eighty-one Chinese-Australian women completed a questionnaire investigating their level of eating pathology, perceived sociocultural influences to lose weight, parental overprotection and care, self-perceptions of physical appearance, sociability and global self-worth, and the strength of their ethnic identity.

Results

It was found that, overall, low levels of satisfaction with physical appearance, high levels of parental overprotection, and high levels of perceived pressure from best female friends to lose weight predicted greater eating pathology in both acculturated and traditional women. However, acculturated women who perceived higher levels of pressure from their fathers and best male friends to lose weight and traditional women who experienced higher levels of parental care reported the greatest eating pathology.

Discussion

The findings suggest that there are both similarities and differences between the risk factors that correlate with eating pathology between acculturated and traditional women.

Keywords

eating pathology - Chinese-Australian women - acculturation - culture clash

International journal of eating disorders 35(4), 579-588, 2004

Do risk factors for problem behaviour act in a cumulative manner? An examination of ethnic minority and majority children through an ecological perspective

Naama Atzaba-Poria, Alison Pike, Kirby Deater-Deckard

Abstract

Background: Extensive research has identified risk factors for problem behaviour in childhood. However, most of this research has focused on isolated variables, ignoring possible additive influences. The purpose of this study was to examine whether risk factors for problem behaviour act in a cumulative manner, and to investigate whether cumulative risk stemming from distinct ecological levels differentially influences the manifestation of problem behaviours in middle childhood. In addition, ethnic differences between minority (i.e., Indian) and majority (i.e., English) families were examined.

Methods: The sample consisted of 125 children (59 English and 66 of Indian origin) between the ages of 7 and 9.6 ($M=8.51$, $SD=.62$) and their parents. Both mothers and fathers completed questionnaires regarding the children's problem behaviour and provided reports of the children's characteristics and environment. Children were also assessed and provided reports about themselves and their relationships. Finally, parent-child mutuality and parenting behaviour were coded from a videotaped parent-child interaction task.

Results: Risk factors acted in a cumulative manner – the more risk children experienced, the more problem behaviour they exhibited. Total problem behaviour was predicted by all three levels: individual, microsystem and exosystem. However, externalising problems were mainly predicted by microsystem-level cumulative risk, whereas internalising problems were predicted by both individual-level cumulative risk and exosystem-level cumulative risk. These results were similar for both ethnic groups.

Conclusions: The support for the cumulative hypothesis highlights the importance of having a broad picture of children's characteristics and environmental components when analysing children's adjustment. The distinct influence of risk stemming from the different ecological levels suggests that the trajectories of internalising, externalising and total problem behaviour may be different.

Journal of child psychology and psychiatry 45(4), 707-718, 2004

Effect of discrimination on mental health service utilization Among Chinese Americans

Michael S. Spencer, PhD, MSSW and Juan Chen, MSW

Abstract

Objectives. We examined the association between discrimination and mental health service use among a representative sample of Chinese Americans.

Methods. Our data were derived from the 2-wave Chinese American Psychiatric Epidemiological Survey, a strata-cluster survey conducted in 1993 and 1994 in a western American city.

Results. Language-based discrimination was associated with higher levels of use of informal services and seeking help from friends and relatives for emotional problems. Negative attitudes toward professional mental health services were associated with greater use of informal services.

Conclusions. The findings suggest that language-based discrimination influences patterns of mental health service use among Chinese Americans. Implications for service providers and policymakers are discussed

American journal of public health 94(5), 809-814, 2004

Effects of labelling on public attitudes towards people with schizophrenia : are there cultural differences ?

M. C. Angermeyer, L. Buyantugs, D. V. KENZINE, H. Matschinger

Abstract

Objective : A representative survey which was recently conducted in Germany came to the conclusion that labelling as mental illness has an impact on public attitudes towards people with schizophrenia, with negative effects clearly outweighing positive effects. In this study, we will examine whether this result can be replicated in other countries.

Method : In the summer of 2002, representative surveys were carried out in Novosibirsk (Russia) and in Ulaanbaatar (Mongolia), using the same sampling procedure and interview as in Germany.

Results : As in Germany, in Novosibirsk and Ulaanbaatar labelling as mental illness was positively correlated with the endorsement of the belief that the individual depicted in the vignette is in need for help. However, unlike in Germany, labelling had no significant effect on the endorsement of the stereotype of dangerousness.

Conclusion : Our findings support the notion that labelling effects are culture-related. Therefore, anti-stigma efforts need to be tailored to the specific conditions in a particular country.

Acta psychiatrica Scandinavica 109(6), 420-425, 2004

Emotions across cultures and methods

Abstract

Participants included 46 European American, 33 Asian American, 91 Japanese, 160 Indian, and 80 Hispanic students ($N = 416$). Discrete emotions, as well as pleasant and unpleasant emotions, were assessed: (a) with global self-report measures, (b) using an experience-sampling method for 1 week, and (c) by asking participants to recall their emotions from the experience sampling week. Cultural differences emerged for nearly all measures. The inclusion of indigenous emotions in India and Japan did not alter the conclusions substantially, although pride showed a pattern across cultures that differed from the other positive emotions. In all five cultural groups and for both pleasant and unpleasant emotions, global reports of emotion predicted retrospective recall even after controlling for reports made during the experience sampling period, suggesting that individuals' general conceptions of their emotional lives influenced their memories of emotions. Cultural differences emerged in the degree to which recall of frequency of emotion was related to experience sampling reports of intensity of emotions. Despite the memory bias, the three methods led to similar conclusions about the relative position of the groups.

Keywords: culture; emotion; experience sampling methodology; memory for emotions

Journal of cross-cultural psychology 35(3), 304-326, 2004

Ethnic and cultural variations in anger regulation and attachment patterns among Korean American and European American male batterers.

Kim, Irene J.; Zane, Nolan W. S.

Abstract

This study examined relationships among ethnicity, self-construals, and 2 risk factors for marital violence (anger, insecure attachment) in Korean American and European American male batterers. Korean (vs. European) American batterers experienced more anger and controlled their anger less. Independent self-construal was positively associated with anger experience and anger control and mediated the influence of ethnicity on anger control. Korean batterers were less independent, and less independent batterers controlled their anger less. Korean batterers' attachment styles were more avoidant and less anxious. Independent and interdependent self-construals were negatively associated with anxious and avoidant attachment, respectively. Independent self-construal mediated the influence of ethnicity on avoidant attachment. Clinical severity and adherence to traditional gender roles may help explain these ethnic and cultural variations.

Cultural diversity and ethnic minority psychology 10(2) 151-168, 2004

Ethnic differences in dieting, binge eating, and purging behaviors among American females : a review

Marjorie Crago, Catherine M. Shisslak ,

Abstract

The research literature related to ethnic differences in dieting, binge eating, and purging behaviors among American females was reviewed. Relevant publications were located by means of computer searches utilizing MedLine and PsycInfo databases. The majority of the dieting studies that have been published thus far indicate that this behavior is more prevalent among White females while most studies of binge eating and purging behaviors indicate that these behaviors are as common among minority females as among White females. Factors that may influence the results of studies focusing on ethnic differences in eating-related behaviors are discussed. Recommendations for improving future research in this area are proposed.

Eating disorders 11(4), 289-304, 2003

Ethnic differences in the link between physical discipline and later adolescent externalizing behaviors

Jennifer E. Lansford, Kirby Deater-Deckard, Kenneth A. Dodge, John E. Bates, Gregory S. Pettit

Abstract

Background: Parents' use of physical discipline has generated controversy related to concerns that its use is associated with adjustment problems such as aggression and delinquency in children. However, recent evidence suggests that there are ethnic differences in associations between physical discipline and children's adjustment. This study examined race as a moderator of the link between physical discipline and adolescent externalizing behavior problems, extending previous research beyond childhood into adolescence and considering physical discipline at multiple points in time

Methods: A representative community sample of 585 children was followed from pre-kindergarten (age 5) through grade 11 (age 16). Mothers reported on their use of physical discipline in the child's first five years of life and again during grades 6 (age 11) and 8 (age 13). Mothers and adolescents reported on a variety of externalizing behaviors in grade 11 including aggression, violence, and trouble at school and with the police.

Results: series of hierarchical linear regressions controlling for parents' marital status, socioeconomic status, and child temperament revealed significant interactions between physical discipline during the child's first five years of life and race in the prediction of 3 of the 7 adolescent externalizing outcomes assessed and significant interactions between physical discipline during grades 6 and 8 and race in the prediction of all 7 adolescent externalizing outcomes. Regression slopes showed that the experience of physical discipline at each time point was related to higher levels of subsequent externalizing behaviors for European American adolescents but lower levels of externalizing behaviors for African American adolescents.

Conclusions: There are race differences in long-term effects of physical discipline on externalizing behavior problems. Different ecological niches may affect the manner in which parents use physical discipline, the meaning that children attach to the experience of physical discipline, and its effects on the adjustment of children and adolescents.

Journal of child psychology and psychiatry 45(4), 801-812, 2004

Ethnic differences using behavior rating scales to assess the mental health of children : a conceptual and psychometric critique

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Abstract

This article reviews the literature on using behavior-rating scales to assess the mental health of children from different ethnic groups in the United States. Particular emphasis is placed on children referred to child welfare and juvenile justice systems. Differences between categorical and dimensional classification, as well as broadband versus narrowband classification approaches are discussed. Sources of potential bias and the best available methods used to assess ethnic group differences in ratings scales are presented. Finally, the extent to which behavior rating scales have been examined for measurement equivalence is critiqued and directions for future research are forward.

Keywords behavior-rating scales, child mental health, measurement equivalence, cross-ethnic validity

Child psychiatry and human development 34(3), 167-201, 2004

Finding a fit : psychiatric pluralism in South India and its implications for WHO studies of mental disorder

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Abstract

This article examines reports of improvement and decline in short-term follow-up interviews and long-term recollections among patients in three forms of therapy for mental illness in south India: ayurvedic (indigenous) psychiatry, allopathic (western) psychiatry, and religious healing. Interviews indicate that patients of all three therapeutic systems showed improvement after follow-up assessments and that several patients had radically divergent experiences with each of the three therapies; each therapy was found by some to be helpful and by others to be ineffective. These findings suggest that a greater availability of distinct forms of therapy makes it more likely that an individual will find a therapy to which he or she responds well, an insight that helps interpret World Health Organization-sponsored studies which examined mental disorders in developed and developing country sites and found a better outcome for these disorders in developing country centers. Although several studies have attempted to account for this difference in outcome, none have done so by considering that the 'developing' country sites in the World Health Organization studies are all places that have a greater availability of diverse forms of therapy when compared with the 'developed' sites.

Transcultural psychiatry 41(1), 80-98, 2004

Health services research into postnatal depression: results from a preliminary cross-cultural study

Daniel Chisholm, PhD, Health Services Research Department, Institute of Psychiatry, London; et al.

Background Little is known about the availability and uptake of health and welfare services by women with postnatal depression in different countries.

Aims Within the context of a cross-cultural research study, to develop and test methods for undertaking quantitative health services research in postnatal depression.

Method Interviews with service planners and the collation of key health indicators were used to obtain a profile of service availability and provision. A service use questionnaire was developed and administered to a pilot sample in a number of European study centres.

Results Marked differences in service access and use were observed between the centres, including postnatal nursing care and contacts with primary care services. Rates of use of specialist services were generally low. Common barriers to access to care included perceived service quality and responsiveness. On the basis of the pilot work, a postnatal depression version of the Service Receipt Inventory was revised and finalised.

Conclusions This preliminary study demonstrated the methodological feasibility of describing and quantifying service use, highlighted the varied and often limited use of care in this population, and indicated the need for an improved understanding of the resource needs and implications of postnatal depression.

British journal of psychiatry 184 (46), s45-s52, 2004

Isumagijaksaq : mindful of the state: social constructions of Inuit suicide

Frank James Tester and Paule McNicoll

Abstract

Inuit suicide is the most significant mental health issue in the newly created Nunavut Territory of Canada's eastern Arctic. Suicide rates in Nunavut are 6 times those of Canada's southern provinces. Consistent with other Canadian populations, males aged 15–29 years of age are most at risk.

Various social constructions have been used to make sense of Inuit suicide, a phenomenon of historical interest to anthropologists, who popularized the idea of elderly Inuit voluntarily abandoning their lives to the elements so as not to burden their surviving relatives. An examination of the literature and research dealing with Inuit suicide suggests that three typologies have typically been used to explain the problem: organic or quasi-organic explanations, social explanations involving concepts of social change and social disruption, and socio-psychological models of two types; a risk assessment approach focusing on the circumstances surrounding the deceased or the person with suicidal thoughts and another dealing with norms, values, thought processes and relationships within Inuit culture. We argue that these approaches offer incomplete explanations of the current problem. Attempts to complete the picture by identifying risk factors have produced contradictory and unsatisfactory results. We conclude that the impact of colonial relations of ruling has much to do with the current problem and advocate an approach that combines narrative research and intergenerational communication with community action to address the problem. Low *Inuit inuusittiaqarniq* (self-esteem) is an important factor in Inuit suicide, but rather than a psychological problem, has its roots in a history of colonialism, paternalism and historical events.

Author Keywords: Author Keywords: Canada; Inuit suicide; Social construction; Narrative research; Self-esteem; Colonialism

Social science and medicine 58(12), 2625-2636, 2004

Karenni refugees living in Thai–Burmese border camps: traumatic experiences, mental health outcomes, and social functioning

Barbara Lopes Cardozo, Leisel Talley , Ann Burton and Carol Crawford

Abstract

In June 2001, we assessed mental health problems among Karenni refugees residing in camps in Mae Hong Son, Thailand, to determine the prevalence of mental illness, identify risk factors, and develop a culturally appropriate intervention program. A systematic random sample was used with stratification for the three camps; 495 people aged 15 years or older from 317 households participated. We constructed a questionnaire that included demographic characteristics, culture-specific symptoms of mental illness, the Hopkins Symptoms Checklist-25, the Harvard Trauma Questionnaire, and selected questions from the SF-36 Health Survey. Mental health outcome scores indicated elevated levels of depression and anxiety symptoms; post-traumatic stress disorder (PTSD) scores were comparable to scores in other communities affected by war and persecution. Psychosocial risk factors for poorer mental health and social functioning outcomes were insufficient food, higher number of trauma events, previous mental illness, and landmine injuries. Modifications in refugee policy may improve social functioning, and innovative mental health and psychosocial programs need to be implemented, monitored, and evaluated for efficacy.

Author Keywords: Author Keywords: Karenni refugees; Psychosocial factors; Cross-cultural; Mental health; Social functioning; Thailand

Social science and medicine 58(12), 2637-2644, 2004

Knowledge structures in illness narratives : development and reliability of a coding scheme

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Abstract

Illness narratives reflect patients' underlying illness schemas or models of illness as well as efforts to position themselves vis-à-vis a specific interlocutor and social context. Although the literature on illness narratives in medical anthropology has been dominated by the explanatory model perspective, people may use other types of knowledge structures to frame and construct their conceptions of symptoms. For this study, we developed operational definitions and a coding manual for three types of putative knowledge schemas: prototypes, chain complexes, and explanatory accounts. The operationalized definitions were then applied to coding a sample of illness narratives collected in a study of help-seeking in an urban community population. It was found that all three knowledge

structures could be reliably identified in these narratives. This method of analysis provides a way to test hypotheses regarding the role of knowledge structures in illness narratives.

Transcultural psychiatry 41(1), 130-142, 2004

Maternal attachment style and depression associated with childbirth : preliminary results from a European and US cross-cultural study

Antonia Bifulco, PhD, Lifespan Research Group, Royal Holloway, University of London, UK; et al.

Background Insecure attachment style relates to major depression in women, but its relationship to depression associated with childbirth is largely unknown. A new UK-designed measure, the Attachment Style Interview (ASI), has potential for cross-cultural use as a risk marker for maternal disorder.

Aims To establish the reliability of the ASI across centres, its stability over a 9-month period, and its associations with social context and major or minor depression.

Method The ASI was used by nine centres antenatally on 204 women, with 174 followed up 6 months postnatally. Interrater reliability was tested and the ASI was repeated on a subset of 96 women. Affective disorder was assessed by means of the Structured Clinical Interview for DSM-IV.

Results Satisfactory interrater reliability was achieved with relatively high stability rates at follow-up. Insecure attachment related to lower social class position and more negative social context. Specific associations of avoidant attachment style (angry-dismissive or withdrawn) with antenatal disorder, and anxious style (enmeshed or fearful) with postnatal disorder were found.

Conclusions The ASI can be used reliably in European and US centres as a measure for risk associated with childbirth. Its use will contribute to theoretically underpinned preventive action for disorders associated with childbirth.

British journal of psychiatry 184 (46), s31-s37, 2004

Maternal cognitions about distress and anxiety in young latino children with disruptive behaviors

Emily Arcia, Hector Castillo and María C. Fernández, Mount Sinai Medical Center, USA; Miami Behavioral Health Center, USA; University of Miami Mailman Center, USA

Abstract

This study was undertaken to describe how Caribbean Latina mothers understand distress in children, the behaviors that they attribute to it, and the labels that they use to express their cognitions. Findings from 62 mothers of young children with disruptive behaviors indicated that mothers made attributions about anxiety in 40% of the children with a high likelihood of clinical anxiety. Hyperactive and restless behavior, but not children's fears, was understood by mothers to reflect anxiety. References to 'nervios' could be categorized into: an illness condition, a crisis condition, and a temperament type. Only temperament usage was applied to children.

Transcultural psychiatry 41(1), 99-119, 2004

Measurement of mother–infant interactions and the home environment in a European setting : preliminary results from a cross-cultural study

Melanie Gunning, BSc, Department of Psychology, University of Reading; et al.

Background Infant development is adversely affected in the context of postnatal depression. This relationship may be mediated by both the nature of early mother–infant interactions and the quality of the home environment.

Aim To establish the usefulness of the Global Ratings Scales of Mother–Infant Interaction and the Infant–Toddler version of the Home Observation for the Measurement of the Environment (IT–HOME), and to test expected associations of the measures with characteristics of the social context and with major or minor depression.

Method Both assessments were administered postnatally in four European centres; 144 mothers were assessed with the Global Ratings Scales and 114 with the IT–HOME. Affective disorder was assessed by means of the Structured Clinical Interview for DSM-IV Disorders.

Results Analyses of mother–infant interaction indicated no main effect for depression but maternal sensitivity to infant behaviour was associated with better infant communication, especially for women who were not depressed. Poor overall emotional support also reduced sensitivity scores. Poor support was also related to poorer IT–HOME scores, but there was no effect of depression.

Conclusions The Global Ratings Scales were effectively applied but there was less evidence of the usefulness of the IT–HOME.

British journal of psychiatry 184 (46), s38-s44, 2004

Postnatal depression across countries and cultures : a qualitative study

Margaret R. Oates, MB, FRCPsych, Division of Psychiatry, University of Nottingham; et al.

Background Postnatal depression seems to be a universal condition with similar rates in different countries. However, anthropologists question the cross-cultural equivalence of depression, particularly at a life stage so influenced by cultural factors.

Aims To develop a qualitative method to explore whether postnatal depression is universally recognised, attributed and described and to enquire into people's perceptions of remedies and services for morbid states of unhappiness within the context of local services.

Method The study took place in 15 centres in 11 countries and drew on three groups of informants: focus groups with new mothers, interviews with fathers and grandmothers, and interviews with health professionals. Textual analysis of these three groups was conducted separately in each centre and emergent themes compared across centres.

Results All centres described morbid unhappiness after childbirth comparable to postnatal depression but not all saw this as an illness remediable by health interventions.

Conclusions Although the findings of this study support the universality of a morbid state of unhappiness following childbirth, they also support concerns about the cross-cultural equivalence of postnatal depression as an illness requiring the intervention of health professionals; this has implications for future research.

British journal of psychiatry 184 (46), s10-s16, 2004

Reconceptualizing the sequelae of political torture : limitations of a psychiatric paradigm

Ashraf Kagee and Anthony V. Naidoo , Stellenbosch University, South Africa; Stellenbosch University, South Africa

Abstract

A psychiatric model of traumatization has informed most research in psychology on the effects of human rights violations, including political torture, in South Africa. This article highlights some of the limitations of a hegemonic psychiatric approach to conceptualizing current sequelae of abuse experienced by political detainees during the apartheid era. It calls attention to the relevance of the South African social and political context in which survivors are located, methodological problems that characterize psychological research on trauma in South Africa and other developing countries, and the relevance of the meaning that survivors may attribute to their experience of detention and torture.

Transcultural psychiatry 41(1), 46-61, 2004

Response styles in rating scales : evidence of method bias in data from 6 EU countries

van Herk H.; Poortinga Y.H.; Verhallen T.M.M.

Abstract:

In cross-cultural studies with social variables such as values or attitudes, it is often assumed that differences in scores can be compared at face value. However, response styles like acquiescence and extreme response style may affect answers, particularly on rating scales. In three sets of data from marketing studies, each with representative samples from at least three out of six countries (Greece, Italy, Spain, France, Germany, and the United Kingdom), these two response styles were found to be more present in the Mediterranean than in Northwestern Europe. Evidence for response style effects was not only found in response distributions on rating scales, but also in discrepancies of these distributions with national consumer statistics and self-reported actual behavior.

Keywords: method bias; response styles; acquiescence; extreme response style; countries in the European Union
Journal of cross-cultural psychology 35(3), 346-360, 2004

Risk factors for the development versus maintenance of posttraumatic stress Disorder

Paula P. Schnurr, Carole A. Lunney, Anjana Sengupta

Abstract

This study examined risk factors for posttraumatic stress disorder (PTSD) in Vietnam veterans: 68 women and 414 men of whom 88 were White, 63 Black, 80 Hispanic, 90 Native Hawaiian, and 93 Japanese American. Continuation ratio logistic regression was used to compare the predictive power of risk factors for the development versus maintenance of full or partial PTSD. The development of PTSD was related to premilitary, military, and postmilitary factors. The maintenance of PTSD was related primarily to military and postmilitary factors. Multivariate analyses identified different models for development and maintenance. We conclude that development of PTSD is related to factors that occur before, during, and after a traumatic event, whereas failure to recover is related primarily to factors that occur during and after the event.

Keywords

posttraumatic stress disorder, military veterans, longitudinal course, risk factors

Journal of traumatic stress 17(2), 85-95, 2004

Self systems, cultural idioms of distress, and the psycho-bodily consequences of childhood suffering

Douglas Hollan , University of California, Los Angeles, USA

Abstract

In this article, I examine the effects of childhood suffering in two cases - one from my anthropological fieldwork in the central highlands of Sulawesi in Indonesia and one from my psychotherapeutic practice in Los Angeles. I argue that although people will always carry with them the psycho-bodily signature of their past social experience, these signatures are affected by the cultural idioms of distress into which they are woven and from which psycho-bodily attention is channeled and given meaning (or not). However, I also suggest that past social experiences are related to life trajectories in very complicated ways. For example, while the enactment of a cultural idiom of distress *may* help to resolve or give meaning to a form of illness or distress, it also may cause or exacerbate other forms of suffering - depending on how it is used and articulated by any given individual.

Transcultural psychiatry 41(1), 62-79, 2004

Serial migration and its Implications for the parent-child relationship : a retrospective analysis of the experiences of the children of Caribbean immigrants

by Smith, Andrea; Lalonde, Richard N.; Johnson, Simone

Abstract

This study addressed the potential impact of serial migration for parent-children relationships and for children's psychological well-being. The experience of being separated from their parents during childhood and reunited with them at a later time was retrospectively examined for 48 individuals. A series of measures (e.g., self-esteem, parental identification) associated with appraisals at critical time periods during serial migration (separation, reunion, current) revealed that serial migration can potentially disrupt parent-child bonding and unfavorably affect children's self-esteem and behavior. Time did not appear to be wholly effective in repairing rifts in the parent-child relationship. Risk factors for less successful reunions included lengthy separations and the addition of new members to the family unit in the child's absence.

Cultural diversity and ethnic minority psychology 10(2) 107-122, 2004

Somali and Oromo refugees : correlates of torture and trauma history

James M. Jaranson, MD, MPH, James Butcher, PhD, Linda Halcon, PhD, MPH, RN, David Robert Johnson, MD, MPH, Cheryl Robertson, PhD, MPH, RN, Kay Savik, MS, Marline Spring, PhD and Joseph Westermeyer, MD, PhD, MPH

Objectives. This cross-sectional, community-based, epidemiological study characterized Somali and Ethiopian (Oromo) refugees in Minnesota to determine torture prevalence and associated problems.

Methods. A comprehensive questionnaire was developed, then administered by trained ethnic interviewers to a nonprobability sample of 1134. Measures assessed torture techniques; traumatic events; and social, physical, and psychological problems, including posttraumatic stress symptoms.

Results. Torture prevalence ranged from 25% to 69% by ethnicity and gender, higher than usually reported. Unexpectedly, women were tortured as often as men. Torture survivors had more health problems, including posttraumatic stress.

Conclusions. This study highlights the need to recognize torture in African refugees, especially women, identify indicators of posttraumatic stress in torture survivors, and provide additional resources to care for tortured refugees.

American journal of public health 94f(4) 591-598, 2004

Suicide risk in patients with somatization disorder

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Summary: The aim of the study was to assess suicide risk in psychiatric outpatients with and without somatization disorder. A total sample of 120 psychiatric outpatients was used in the study, 29 of whom met diagnostic criteria for somatization disorder. The results indicated that somatization disorder was significantly associated with suicide attempts even when the effects of both a comorbid major depressive disorder and a comorbid personality disorder were statistically controlled for. The results suggest that, although a patient meets the criteria for a principal diagnosis of major depressive disorder and/or a personality disorder, it is still of significant importance to decide whether or not the patient also meets the criteria for a somatization disorder in order to more optimally assess suicide risk. The findings highlight the fact that the potential for suicide in patients with somatization disorder should not be overlooked when a diagnosable depressive disorder or personality disorder is not present.

Keywords: Somatization disorder, depressive disorder, personality disorders, suicide risk, suicide attempt

Toward a geography of personality traits : patterns of profiles across 36 cultures

Allik J, McCrae R.R.

Abstract

It has long been believed that personality traits vary by geographical location, but few studies have examined the worldwide distribution of personality profiles. Using the five-factor model of personality—a comprehensive and apparently universal trait structure—we conducted secondary analyses of data from 36 cultures. Distance from the equator and mean temperature were not meaningfully related to personality factors. However, cluster analysis showed that geographically proximate cultures often have similar profiles, and multidimensional scaling showed a clear contrast of European and American cultures with Asian and African cultures. The former were higher in extraversion and openness to experience and lower in agreeableness. A second dimension reflected differences in psychological adjustment. Observed differences between cultures may be the result of differences in gene pools or in features of culture; acculturation studies and the analyses of other natural experiments are needed to understand the origins of geographical differences in personality traits.

Keywords: five-factor model; cluster analysis; multidimensional scaling

Journal of cross-cultural psychology 35(1), 13-28, 2004

Testimonial psychotherapy for adolescent refugees : a case series

Stuart L. Lustig, Stevan M. Weine, Glenn N. Saxe and William R. Beardslee

Abstract

Adolescent refugees are a traumatized, vulnerable group of arrivals to America who lack experience with or interest in psychiatric care. Testimonial psychotherapy's unique focus on transcribing personal, traumatic events for the altruistic purpose of education and advocacy make it an acceptable interaction by which to bridge the cultural gap that prevents young refugees from seeking psychiatric care. The theoretical basis for testimony is discussed. Testimonial psychotherapy has been used with adult refugees, but not with adolescents. This article describes the testimonial process with three Sudanese adolescents (the so-called 'Lost Boys'), which appeared feasible and safe. An efficacy study is underway.

Transcultural psychiatry 41(1), 31-45, 2004

A transdisciplinary, transcultural model for health care

Glittenberg J.

Abstract

For the past 28 years, members of the Transcultural Nursing Society have been pioneers in generating knowledge about transcultural health issues, and this important body of knowledge will continue to increase and influence nursing research and practice worldwide. Yet at the same time, worldwide changes, demographic disparities, and new discoveries necessitate transitioning what has been a nursing discipline approach to that of a more inclusive transdisciplinary alliance. This alliance will build on pioneering strengths but also link with other disciplines such as anthropology, genetics, epidemiology, law, economics, and health policy to build cutting-edge research and theory for transcultural health care. A transdisciplinary, transcultural model for health care is presented for discussion, debate, and input. Suggestions are made for how such a model might be implemented through a changed curriculum using on-line education including consultation, teaching, and research.

Keywords: foundation of transcultural nursing; blended ethnicities; global disparities; marginalization; poverty; transdisciplinary model

Journal of transcultural nursing 15(1), 6-10, 2004

Trauma exposure and retention in adolescent substance abuse treatment

Lisa H. Jaycox, Patricia Ebener, Leslie Damesek, Kirsten Becker

Abstract

Trauma exposure and related symptoms interfere with adult adherence to drug treatment. Whether these findings hold true for adolescents is unknown. We examined trauma exposure, PTSD symptoms, and psychosocial functioning among 212 adolescents upon admission to long-term residential drug treatment and examined retention in treatment at 6 months. Seventy-one percent reported lifetime trauma exposure, and 29% of the trauma-exposed met criteria for current PTSD. Trauma-exposed adolescents reported more behavioral problems, with gender differences apparent. We divided the sample into three groups: no trauma exposure (21%), trauma-exposed without PTSD (59%), and trauma-exposed with PTSD (20%). Survival analysis showed that trauma-exposed adolescents without PTSD left treatment sooner than the nonexposed. Need for attention to trauma in substance abuse treatment programs is discussed.

Keywords

trauma, PTSD, substance abuse, adolescent, treatment

Journal of traumatic stress 17(2), 113-121, 2004

Treatment of posttraumatic stress disorder in postwar Kosovo high school students using mind–body skills groups : a pilot study

James S. Gordon, Julie K. Staples, Afrim Blyta, Murat Bytyqi

Abstract

This preliminary study examined whether the practice of mind–body techniques decreases symptoms of posttraumatic stress in adolescents. Posttraumatic Stress Reaction Index questionnaires were collected from 139 high school students in Kosovo who participated in a 6-week program that included meditation, biofeedback, drawings, autogenic training, guided imagery, genograms, movement, and breathing techniques. Three separate programs were held approximately 2 months apart. There was no control group. Posttraumatic stress scores significantly decreased after participation in the programs. These scores remained decreased in the 2 groups that participated in the follow-up study when compared to pretest measures. These data indicate that mind–body skills groups were effective in reducing posttraumatic stress symptoms in war-traumatized high school students.

Keywords

posttraumatic stress, war, mind–body techniques, adolescents

Journal of traumatic stress 17(2), 143-147, 2004

Use of international videoconferencing as a strategy for teaching medical students about transcultural psychiatry

Solvig Ekblad, Vijaya Manicavasagar, Derrick Silove, Sofie Bäärnhjelm, Marguerita Reczycki, Richard Mollica and Mariano Coello, Karolinska Institutet, Sweden;University of New South Wales, Australia;University of New South Wales, Australia;Karolinska Institutet, Sweden;Harvard Medical School, USA;Harvard Medical School, USA;Service for the Treatment and Rehabilitation of Torture and Trauma Survivors, Australia

Abstract

Videoconferencing is an innovative method that potentially allows medical students exposure to international teachers in refugee mental health who would otherwise be inaccessible. This article reports a pilot study using videoconferencing with international teachers from Australia, Sweden and the USA participating in the training of ten senior Swedish medical students. Interviews with an actual and a simulated patient were conducted at the U.S. and Australian sites respectively, followed by discussions involving those two sites with students and their supervisors in Sweden. Students evaluated the method favourably, as did the teachers, although the brevity of the program was seen as a limitation. Teachers noted the importance of preparing students and patients and ensuring that the technology operates smoothly to ensure success. Although cost-effective in teaching medical students in developed countries, videoconferencing may still be out of the reach of training programs in many developing countries where it is most needed.

Transcultural psychiatry 41(1), 120-129, 2004

KALENDER

Maj

18. maj 2004, Stockholm

Att möta människor i kris i en mångkulturell vårdmiljö

Transkulturellt Centrum

Seminarier syftar till att belysa erfarenheter från att möta människor med olika kulturell bakgrund i kris. Hur kan vi ge ett gott bemötande och skapa förståelse när språk, livsvillkor och uppfattningar skiljer oss åt? Hur kan vi samarbeta med patienters egna läkande resurser? Hur kan vi utveckla ett gott mottagande för människor i kris oavsett kulturell, etnisk och social bakgrund?

Föreläsningar av psykolog/antropolog Antoine Gailly, Bryssel, Deanne Mannelid, en representant från SOS Alarm och Bengt-Erik Ginsburg och Sofie Bäärnhjelm, TC.

900:-/ej SLL-anställda 1150:- exkl moms

Ansvarig : Sofie Bäärnhjelm tel 08-672 29 05 & Bengt-Erik Ginsburg tel 08-672 29 07

program : http://www.sll.se/docs/w_tkc/utbildning/Kal_var_04.pdf

22. maj – 5 juni 2004, Ladakh

Tibetansk medicin

Dansk Etnomedicinsk Selskab

Kurset retter sig mod alle tre søjler og har til sigte at udbygge praktiserende lægers viden om ikke naturvidenskabeligt baserede helbredelsessystemer. Samtidig har der været et stort ønske om at arbejde med den antropologiske vinkel på etniske grupper og deres selvforståelse, således at lægerne bliver bedre rustet til at arbejde med mennesker med en anden etnisk baggrund end dansk.

Kurset foregår delvis i New Delhi og delvis i Ladakh. Når disse to steder er valgt skyldes det, at man her finder en levende tradition for brug af ikke naturvidenskabeligt baserede helbredelsessystemer. Den tibetanske medicin, der med pulsmålinger og brug af naturmedicin vinder større og større indpas både herhjemme og i Østen, er et levende eksempel på hvordan vestlig medicin udfordres af traditionelle systemer. Samtidig er der en fantastisk orakeltradition, hvor veje til helbredelse vises gennem trance og tungetalere. Få steder som i Ladakh lever buddhisme så godt og spiller så stor en rolle i folks verdensopfattelse. Buddhismen eller religion indgår som en vigtig del af al handling.

Det spændende er, at der i Ladakh eksisterer et jævnbyrdigt samspil mellem vestlig og traditionel medicin. Man vælger, så at sige, sin helbreder ud fra sygdommens karakter. Om det skal være en vestligt uddannet læge, en tibetansk læge, en amchi, en lokal uddannet traditionel læge, en lamo, som er et orakel, eller et besøg i klosteret for at gennemføre eller få gennemført rituelle handlinger.

Vi vil i Ladakh benytte lejligheden til at søge ud i bjergene for at prøve højde på egen krop og samtidig komme helt tæt på en række små landsbysamfund, der lever ganske isoleret. Her vil der blive rig lejlighed til at diskutere sygdom og helbredelse.

Kursusafgift: ca. kr. 22.000

Flere oplysninger ved at maile til : mail@etnomed.dk

hjemmeside : <http://www.etnomed.dk/>

31. maj, 1. juni, Montreal

Summer Program in Social and Cultural Psychiatry : 10th annual summer program in social and cultural psychiatry

McGill University, Division of Social and Transcultural Psychiatry

Introduction to Identity Structure Analysis

P. Weinreich & S. Black

This workshop provides training in the use of Identity Structure Analysis (ISA) facilitated by the Identity Exploration (IDEX) computer software for professionals and researchers interested in the analysis of identity processes. Identity Structure Analysis (ISA) draws upon psychological, sociological and social anthropological theory and evidence to formulate a system of concepts that help explain the notion of identity. ISA can be applied to the practical investigations of identity structure and identity development at individual level and/or group level in a number of clinical, societal and cross-cultural settings. Examples of applications include studies of national and ethnic identification in multi-cultural contexts and gender identity relating to social context and the urban environment. Clinical applications describe identity processes associated with psychological distress including anorexia nervosa and vicarious traumatization of counsellors in the aftermath of atrocity.

[Text: Weinreich, P. & Saunderson, W. (Eds) (2003) *Analysing Identity: Cross-Cultural, Societal and Clinical Contexts*. London: Routledge.] May 31 and June 1, 2004 (14 hours) M & T, 9h00-17h00.

flere oplysninger og flere emner fra sommerskolen her : <http://www.mcgill.ca/tcpsych/training/summer/#CULTURAL>

Juni

3. juni 2004, København

Traumatiserede flygtninge og indvandrere – Sprog & Integration

UC2 - Videncenter for tosprogethed og interkulturalitet

Program

9.00

Velkomst og introduktion til traumeprojektet, processen, temaerne m.m.

Projektleder Jette Skadhauge, UC2

9.30

Hvilke udfordringer står sprogcentre overfor, når de gerne vil i gang med undervisning af traumatiserede?
Forstander Carsten Aner, Ishøj Sprog- og Integrationscenter
10.15

Flygtninge og traumer i Danmark – rehabilitering og integration

Centerleder Marianne Lauritzen, Center for Traume og Torturoverlevende, Vejle

11.30

Spots og casestories fra integrationsministeriets udviklingsprojekt i ord, lyd og billeder

13.00

Workshops

14.45

Paneldebat med repræsentanter fra traumeprojektets styregruppe m.fl.

Ordstyrer: Projektkonsulent Charlotte Bie

fuldt program : <http://www.uc2.dk/horisontal%20menu/Aktuelt/traumekonference.pdf>

3. – 4. juni 2004, Quebec

Social and cultural psychiatry, 10th annual summer program

Mcgill University, Division of Social and Transcultural Psychiatry

Courses and workshops :

Cultural Psychiatry

Psychiatric Epidemiology

Working with Culture

Qualitative Research Methods

Quantitative Research Methods in Cultural Psychiatry

Economic Evaluation in Social Psychiatry

Identity Structure Analysis

Community-Based Participatory Research

mere information : <http://www.medicine.mcgill.ca/psychiatry/transcultural/summer.html#culturalpsychiatry>

14. – 16. juni 2004, Alicante

Impact of gender, politics and economics on transcultural nursing and healthcare of immigrant and other vulnerable populations

Transcultural Nursing Society, annual conference

Special Features:

- Presentations by international experts in transcultural nursing and healthcare.
- Opportunity to dialogue with colleagues from other countries.
- Accommodations at a 4-star hotel at the Costa Blanca on the Mediterranean

Tilmelding : <http://tcns.org/6/ubb.x?a=tpc&s=9896011111&f=7986034211&m=6646007675>

Program : http://tcns.org/eve/ubb.x/s.9896011111_a.ga.ul.2286002585.ic.Y/Schedule.pdf

23.- 25. juni 2004, Rotterdam

Migrant health in Europe : international conference on differences in health and in health provision

Dutch Expertise Network on Culture and Health, under auspices of the Netherlands Council for Health Research and Development (ZonMw)

Over the past decades, international migration has grown in an unprecedented way and in the post-war period most European countries became Immigrant societies. Immigrants and their offspring often end up in a situation of disadvantage also with respect to health and health care provision. The conference aims to promote the exchange of existing knowledge in the field of health and health care for migrants and their descendants in the European region. The specific methodological problems involved in this research, also receive attention.

The main themes of interest

- Differences in mortality and morbidity, both regarding physical and mental health.
- Differences in health care access and use of services, regarding both prevention and treatment.
- Differences in quality of care

- Explanations for these differences
- Methodological problems.

Further information : Elita Zoel. Tel.: +31 183-354057; fax: +31 183-354047
E-mail: e.zoer@planet.nl

August

29. august – 11. september 2004, Tyrkiet

Sygdom og helbredelse i Tyrkiet

Dansk Etnomedicinsk Selskab

Sygdom og helbredelse i Tyrkiet.

Tyrkiet, et brydningsfelt mellem tradition og modernisme. Dansk EtnoMedicinsk Selskab (DEMS) udbyder et kursus, der går tæt på sygdom og helbredelse i et muslimsk land. Tyrkiet spejler en muslimsk verden, hvor et traditionelt livssyn møder et moderne.

Dette kursus søger at komme tæt på den hverdag og virkelighed mange af de patienter har som referenceramme for selvopfattelse. DEMS mener, at et kursus lagt netop i Tyrkiet kan bane vej for en større forståelse for den del af vore patienter, som vi så ofte har svært ved at nå.

Kurset sigter altså mod at give en større forståelse for den sociale og kulturelle baggrund for sygdomsopfattelse som Tyrkiske indvandrere i Danmark har. Samtidig er det væsentligt for kursus at give en større forståelse for de sundhedsstrategier, der i dag er i Tyrkiet. En sådan viden er vigtig, idet den er med til at sætte den almindelige tyrkers referenceramme for sygdom og helbredelse i perspektiv og dermed også den tyrkiske indvandrers.

program : <http://www.etnomed.dk/>

September

8. – 10. september, Wien

Ethnicity and addiction : 16th International congress on addiction

Cultural context

Michael Krausz (D) - European Cocaine Study

Michael Gossop (UK) - Social & Cultural Aspects: Sociocultural Diversity in Patterns of Drug Addiction in the UK

Pedro Ruiz (WPA) - Ethnicity & Addiction: US Perspectives

Robert Ali (AUS) - Metamphetamine: Cultural and Social Impact in Southeast Asia and Australia

Access, Strategy & Treatment Setting

Tran Van Sung (Vietnam) - Pharmacotherapy of Addiction- Background of traditional Vietnamese Medicine

Walter Ling (USA) – Treatment with Opioid Agonists - are there Differences in Cultural and Ethnic Aspects?

Mokri Azarakhsh (Iran) - Modern Treatment Supply on the Background of Violence/Restriction

Aimé Charles Nicolas (F) - Crack and the Caribbean People

Paul G Spicer (USA) – American Indians and Alcohol: Epidemiological, Ethnographic and Clinical Perspectives

Adil Qureshi (E) – Cultural Competency Training in Addiction Psychiatry

Paul Griffiths (EMCCDA) - Cultural Response, Treatment Response, Strategies and Setting: Minorities & Drugs in Europe

Dirk Korf (NL) - Whose Side are you on? Drug Use among Ethnic Minority Youth in Amsterdam

Mike Agar (USA) - What's Culture got to do with it? Heroin, Person and History

Violence and trauma

Alexander Friedmann (A) - Drug Abuse among former Soviet Jews in Austria: A Minority in a Minority

Rick Rawson (USA) - Drug Use Monitoring Systems in Israel, Palestine and Egypt

Holly Catania (USA) - Handling of Addiction during Imprisonment (Violence, Executions in Thailand)

Max Friedrich (A) - The Use of Psychotropic Substances on the Background of Violence and Traumatization

Nicky Metrebian (UK) - The Background of Drug Addiction & Sex Work

Marianne Kastrop (DK) - Special Situation of Migrant Women

Anne-Marie Pezous (F) - Substance misuse patterns and cultural features in the North of Paris: Epidemiological Trends and Treatment Implication

Christian Haasen (D) - Psychosocial aspects of addictive behaviour among Turkish and Russian migrants

Giora Rahav (IL) - Ethnic and Cultural Background and the Consumption of Psychoactive Substances in Israel

Nida Satellite Symposium: The Epidemiology of Drug Abuse: Linking Environment, Culture and Genes

Claire Sterk (USA) – Disaggregating Environment from Culture in Drug Abuse Research

Sandro Galea (USA) – Social Context, Complexity and Drug Abuse

Lawrence Scheier (USA) - Ethnic Identity and Adolescent Drug Use

Yonette Thomas (USA) – Overview of Trends: DESPR's Social and Genetic Epidemiology

Comorbidity

Emilis Subata (LIT) - Treatment Response in the Dramatic Increase of Infectious Disease among Drug Addicts in Eastern Europe

Alfred Uhl (A) - Authoritarian vs. Democratic Approaches in Prevention and Therapy

Michael Youle (UK) - Addiction and AIDS Treatment; Development Central-/Southeast-Asia; Comparison Drug/HIV-patients with other patients

Martin Brunner (A) - Pharmacogenomics: Basic Signs and Treatment Impact; Prevention & Treatment Strategies Comorbidity

Ruslan Malyuta (UKR) - HIV and Hepatitis C Coinfection among IDUs in Central Asia: Situation with Access to Treatment

Jens Reimer(D) -Treatment conditions for HCV/HIV in IDUs in Europe

flere informationer : <http://www.ethnicity-addiction.com/pages/invitation.php>

27. september – 1. oktober 2004, Stockholm

Fördjupningsvecka i transkulturell psykiatri

Transkulturellt Centrum

I vårt allt mer mångkulturella samhälle är kunskaper i transkulturell psykiatri av betydelse för såväl första linjens psykiatri i primärvården som för den specialiserade psykiatrien.

Transkulturellt Centrum (TC) anordnar för sjätte gången en fördjupningskurs i transkulturell psykiatri.

Ämnesområdet transkulturell psykiatri handlar om att förstå betydelsen av sociala och kulturella skillnader för psykisk sjukdom och behandling och handlar om såväl klinisk vård som forskning.

Kursen syftar till att ge deltagarna en ökad kunskap om kulturella faktorer av betydelse för kommunikation av psykisk ohälsa, diagnostik och behandling. Under kursen introduceras ämnet trans-kulturell psykologi och dess kliniska relevans. Migrationens betydelse för den psykiska hälsan och kulturella aspekter på det terapeutiska mötet kommer att belysas. Aktuell forskning och klinisk metodutveckling kommer att presenteras. Kursen förmedlar arbetsmetoder för att underlätta tolkning av symptom och hur DSM-IV kan användas för att beakta kulturella faktorer. Stor vikt läggs vid att förankra kursens teoretiska innehåll med deltagarnas kliniska erfarenheter.

Kursen innehåller föreläsningar, grupparbeten, utrymme för gemensam diskussion och reflektion.

Föreläsare

- Laurence Kirmayer, professor i psykiatri, McGill University, Montreal, Kanada/chefredaktör för tidskriften Transcultural Psychiatry
- Gretty Mirdal, professor i transkulturell psykologi vid Köpenhamns Universitet, Danmark
- Solvig Ekblad, docent, enhetschef IPM, adjungerad universitetslektor i transkulturell psykologi vid Karolinska Institutet, sektionen för psykiatri, Neurotec-institutionen
- Sofie Bäärnhjelm, överläkare, med dr, enhetschef TC
- Victoria Corbo, leg psykolog TC
- Batja Håkansson, överläkare TC

Föreläsningsteman

- Introduktion av transkulturell psykiatri och diagnostik
- The Cultural Context of Clinical Assessment
- Working with Culture Brokers
- Understanding Cultural Idioms of Distress
- On the interpretation of djinns. "The meaning of meaning" in transcultural psychotherapy
- Transkulturell psykologi och klinisk tillämpning
- Behandling i en mångkulturell miljö
- Interkulturell kommunikation
- Etnofarmakologi

Program og yderlige informationer : http://www.sll.se/docs/w_tkc/utbildning/Kursar_04.pdf

Oktober

28. – 30 oktober 2004, Helsingør

Nye perspektiver i behandling, 16. nordiske konference om psykoterapi for traumatiserede flygtninge

Program

Programmet omhandler psykoterapi for traumatiserede flygtninge, med vægt på nye perspektiver i behandlingen.

3 hovedtalere vil give plenum foredrag inden for hver deres område:

Metin Basoglu – Brief behavioural treatment of torture survivors.

Diane Heller – Treatment strategies and the transformative process resulting from the renegotiation of extreme life events.

Christian Horst – Integration og marginalisering.

Desuden afholdes en workshop med Diane Heller – Demonstrations of biofeedback equipment to show the reregulation of the autonomic nervous system and brain function as well as breath rate and temperature changes.

Herudover vil 3 parallelle spor gennemløbe konferencen indenfor problemstillingerne:

- Somatisk
- Social
- Psykologisk

Inden for hvert spor etableres et antal grupper med et givent interesseområde. Tværgående sessioner vil samle trådene mellem de enkelte problemstillinger.

Program og talere vil løbende blive opdateret på konferencens website: <http://www.congress-consult.com/ptf/>

CALL FOR ABSTRACTS

Der inviteres hermed til at indsendelse af abstracts inden for problem-stillingerne somatisk, social, psykologisk og tværfagligt. Der kan vælges mellem en workshop eller en paper præsentation og vægtningen kan enten være på forskning eller praksis.