

Information om Transkulturel Psykiatri, februar 2004

GENERELT

Arbejdsgruppe vedrørende arbejdsmarkedsmæssig integration af flygtninge med traumer

Den psykosociale enhed (DPE) har nedsat en arbejdsgruppe, der gennem en møderække vil diskutere aspekter ved arbejdsmarkedsmæssig integration af flygtninge med traumer. Formålet med møderækken er at belyse forudsætninger, barrierer og de særlige vilkår, der gør sig gældende for denne gruppe. I arbejdsgruppen sidder repræsentanter fra:

- fagbevægelsen: LO og SiD
- erhvervs- og arbejdsgiverorganisationerne ved Dansk Industri (DI) og Handel, transport og serviceerhvervene (HTS)
- det offentlige / praktikersiden: KL, sagsbehandlere
- behandlerinstitutioner
- sprogcentre
- repræsentanter fra de to interesseorganisationer, Foreningen Nydansker og CABI (tidligere Vejledningstjenesten)
- Dansk Flygtningehjælp Integration

Resultatet af dette forløb vil resultere i et idékatalog, der har til formål at inspirere de kommunale aktører og andre i, at få flygtninge med traumer arbejdsmarkedsmæssigt integreret. Har du erfaringer, du mener kan være relevante bidrag, er du velkommen

til at sende en e-mail til:

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Februar-nyt fra Dansk Flygtningehjælp

Flygtninge på starthjælp er fattige

Kristeligt Dagblads netavis, 6. februar 2004 / af Jens Lenler

Nye ydelser ligger langt under gængse fattigdomskriterier

Hvis Danmark valgte at opgøre fattigdom efter en af de internationalt anerkendte standarder, ville mennesker på den lave starthjælp leve langt under en fattigdomsgrænse.

Danmark har ikke et officielt fattigdomsmål. Men Center for Alternativ Samfundsanalyse, CASA, vurderede for nylig starthjælpen ud fra to fremherskende måder at opgøre fattigdom på. Dels EU's fattigdomsgrænse, som er halvdelen af gennemsnitslønnen i et land. Dels med et budget, som danske eksperter regner for at være det absolut mindste, en familie kan leve for.

Starthjælpen ligger langt under begge grænser. Det er især flygtninge, der lever af starthjælp, selv om den retter sig mod alle, der flytter til landet efter at have opholdt sig her i mindre end syv af de sidste otte år.

- Familierne må for eksempel enten vælge dårligere mad, vælge ikke at anskaffe vintertøj eller vælge at bo mere usselt, siger Henning Hansen fra CASA.

I Danmark har Forbrugerinformationen tidligere udregnet de budgetter, man med rimelighed kan klare sig for. Men selv når CASA renser budgetterne for udgifter til fritidsaktiviteter, vinteroverdøj, forsikringer, møbler - og kun medtager mad, personlig hygiejne, transport, lidt tøj, dagligvarer og bolig - rækker starthjælpen ikke. Den ligger på mellem halvdelen og tre fjerdedele af behovet afhængigt af, om modtagerne lever alene, i par og med eller uden børn.

- Vi nedsætter ydelser uden at have en standard for, hvad man kan leve for, eller viden om, hvad det betyder.

Pludselig har vi en gruppe i samfundet, der bliver langt fattigere end noget, vi tidligere har set, siger samfundsforsker Morten Ejrnæs fra Aalborg Universitet.

Kristeligt Dagblad 6. februar 2004

Hjemløse indvandrere svigtes

Informations netavis 17. februar 2004 / af Susanne Thorsen og Marianne Troelsen

Københavns institutioner for hjemløse er ikke gode nok til at hjælpe indvandrere. Kommunen har ikke klædt de ansatte godt nok på til opgaven

Fra artiklen :

Hver tredje beboer på institutioner for hjemløse i København er indvandrer eller flygtning. De hjemløse indvandrere har en anden baggrund og andre problemer end de danske hjemløse. Problemer som det danske hjemløsesystem ikke er rustet til at klare.

...

Nogle hjemløse flygtninge kommer med andre psykiske problemer end de danske hjemløse. Ofte er det krigstraumer, der lurer under overfladen.

»Vi er ikke gearet til den psykiske del. Vi er jo ikke læger, så mange gange opdager vi ikke, at folk er psykisk syge. Ofte finder vi først ud af senere, at en hjemløs for eksempel har svære traumer, og nogle gange opdager vi det slet ikke, fortæller leder af Hørhuset,« Jørgen Jørgensen.

læs hele artiklen her : <http://www.information.dk/Indgang/VisArtikel.dna?pArtNo=155934>

OM PSYKIATRI

Hård kritik af psykiatrien

Inernetavisen Jyllands-Posten, 5. februar 2004 / af Dorthe Hein Løwendahl

Fra starten af artiklen

Flere speciallæger retter en sønderlemmende kritik mod behandlingen af psykiatriske patienter. De fyldes med medicin, fordi der ikke er tid til behandling og omsorg, hedder det.

Psykiatriske patienter risikerer at blive overmedicineret og fejlbehandlet på landets psykiatriske afdelinger, fordi lægerne har for lidt tid til at yde en ordentlig behandling og i stedet giver patienterne forskellige medikamenter, siger flere speciallæger.

Patienterne når heller ikke at blive færdigbehandlet med samtale og opfølgning, fordi lægerne ikke har tid til det. Speciallæge i psykiatri Jens Frydenlund, Psykiatrisk Sygehus i Hillerød, forklarer, at der er risiko for, at patienterne aldrig kommer ud af medicinbehandlingen, fordi lægerne ikke har mulighed for at hjælpe med nedtrapningen.

»Det er sørgeligt. Hvis vi havde de optimale muligheder, kunne vi give patienterne en bedre behandling. Men det har vi ikke mulighed for med de tidsrammer, vi er underlagt,« siger Jens Frydenlund.

Han forklarer, at eftersom næsten ni ud ti sengepladser på de psykiatriske afdelinger er nedlagt i løbet af de seneste 40 år, skal lægerne nå det samme på den halve tid....

Jyllands Posten 5. februar 2004

Medborger i Danmark : Psykiske problemer

Ministeriet for Flygtninge, Indvandrere og Integration har udgivet en bog "Medborger i Danmark". Bogen omfatter nu både tekst og lyd på sprogene dansk, engelsk, arabisk, bosnisk/kroatisk/serbisk, farsi, somali, tyrkisk og urdu.

Bog og hjemmeside giver en introduktion til det danske samfund, dets opbygning og værdier samt rettigheder og pligter i hverdagen. Man kan læse eller lytte til afsnit om bolig, familie, arbejde, kultur, fritid, sygdom, sundhed mm.

"Medborger i Danmark" er tænkt som en velkomst og en praktisk hjælp til den enkelte, men kan også anvendes i sprogundervisningen.

Nedenstående er et uddrag fra bogen :

"I Danmark er det efterhånden almindelig anerkendt, at "ondt i sjælen" kan føre til ondt i kroppen. Har du ondt i ryg, mave eller hoved uden påviselig fysisk årsag – eller sover du dårligt – så vil lægen undersøge, om årsagen er psykisk. Så bliver du spurgt, hvordan du har det i det hele taget. Om du har mange bekymringer. Om du har problemer idit ægteskab. Om du savner dit hjemland og din familie. Eller om du har været udsat for traumatiske oplevelser – har siddet i fængsel, oplevet krig eller er blevet torteret. Lægen har tavshedspligt, så du kan trygt fortælle om dine problemer.

Hvad du fortæller, går hverken videre til myndighederne eller til andre personer. Afhængig af samtalens forløb vil lægen måske vurdere, at dine symptomer ikke kan behandles med medicin alene. I stedet vil lægen måske henvise dig til en psykolog eller anden relevant behandling.

En del mennesker søger hjælp hos en psykolog til at løse deres problemer eller komme over for eksempel en skilsmisse eller en stor sorg."

Læs mere eller download bogen på www.medborger-i-danmark.dk

Psykiatrisk vård till vuxna asylsökande : Rapport till regeringen

Sammanfattning

Regeringen har givit Socialstyrelsen i uppdrag att göra en uppföljning av psykiatrisk vård åt vuxna asylsökande (UD2003/48645/MAP). Uppföljningen är ett led i överenskommelsen om landstingens åtagande och statens ersättning för hälso- och sjukvård åt asylsökande m.fl. Denna studie syftar till att ge ett underlag för kommande överenskommelse mellan staten och Landstingsförbundet. Uppdraget omfattar:

- 45 journalstudier fördelade på tre landsting – Norrbottens Läns Landsting, Landstinget i Jönköping samt Stockholms Läns Landsting
- Telefonintervjuer med verksamhetschefer i de tre landstingen
- Enkät till samtliga huvudmän

Utöver detta har uppgifter inhämtas från Socialstyrelsens nationella planeringsstöd samt även uppgifter från Landstingsförbundet och Migrationsverket.

Socialstyrelsen har därvid funnit att tillgången på psykiatriker varierar över landet och i de här studerade landstingen finns tre gånger fler psykiatriker i Stockholm än i Landstinget i Jönköping. Vad gäller den framtida bemanningen gör Socialstyrelsen den bedömningen att antalet psykiatriker kommer att öka under de närmaste åren.

Journalstudierna ger underlag för följande slutsatser:

- Patienterna vårdats på befogade medicinska indikationer i samtliga fall. Många patienter har blivit föremål för tvångsvård och flertalet har vårdats upprepade gånger inom den slutna psykiatriska vården. Hälften av patienterna hade före det studerade vårdtillfället fått avslag på ansökan om uppehållstillstånd.
- Det förhållandet att endast 37 procent av de asylsökande har genomgått hälsoundersökning/hälsokontroll väcker frågan om de vårdbehov som kan finnas i gruppen verkligen tillgodoses.
- Vård till de asylsökande medför särskilda problem som vårdgivaren måste hantera. Dessa problem kan t.ex. gälla krigsförbrytare, överbeläggningar och intygsproblematik.
- En väl utbyggd öppenvård minskar behovet av slutenvård.
- Informationsvärdet av landstingens uppföljningar av vården till asylsökande kan utvecklas. Detta gäller t.ex. möjligheten att värdera de kostnader som landstingen redovisar.

Ur enkätdelen i studien framkommer att flera möjligheter till utveckling och förändring kan vara angelägna att överväga vad gäller att ge psykiatrisk vård till vuxna asylsökande. Bland dessa möjligheter märks behovet av att utveckla en förbättrad samverkan mellan psykiatri och primärvård. Ett förhållande som bör uppmärksammas i den fortsatta planeringen är vidare bristen på landstingsövergripande mål och vårdprogram. Punkter som därvid kan vara av intresse är utbildningsprogram och budget. Socialstyrelsen noterar vidare att man kan behöva tydliggöra ansvaret för samordning mellan olika aktörer inom landstingsområdet. En utveckling av uppföljningen i riktning mot att ge ett högre informationsvärde skulle ge ett värdefullt tillskott till diskussionen om resursfördelning. Vad gäller uppföljning bör man också tydliggöra ansvaret för denna. Slutligen vill Socialstyrelsen också peka på behovet av att satsa mer på utbildning av personalen. Flera landsting saknar idag landstingsövergripande program för utbildning och rapporterar att inga insatser alls görs.

Sammanfattningsvis vill Socialstyrelsen peka på betydelsen av att utveckla målstyrningen vad gäller hälso- och sjukvård åt asylsökande.

hele rapporten kan læses her : <http://www.sos.se/FULLTEXT/107/2003-107-19/2003-107-19.pdf>

Psykisk syge falder gennem hullerne

Informations netavis 9. februar 2004 / af Marie Louise Kjølbye

Ambulant behandling af psykisk syge er 'ideologisk'. Svage grupper skades af et mere stormasket behandlingssystem, mener sundhedspersonale

Psykisk syge kommer i klemme, fordi der aktuelt nedlægges psykiatriske sengepladser. I stedet henvises psykisk syge og misbrugere til opsøgende psykoseteams, distriktspsykiatri og skadestuer. Blot er det ikke altid tilstrækkeligt, og kan være direkte farligt, hvis patienterne skader sig selv eller andre.

»Systemet er blevet mere stormasket. Det er en smuk tanke at undgå hospitalisering, men svage grupper kan komme frygteligt i klemme på det her,« mener Kim Jæger, der er ledende sygeplejerske på Psykiatrisk Skadestue på Amager Hospital.

Her har personalet mærket et øget pres, siden Hovedstadens Sygehusfællesskab, HS, ved nytår lukkede 60 'åbne' sengepladser på Sankt Hans Hospital, der rummer 375 sengepladser. Heril henvises mange af Københavns psykiatriske langtidspatienter.

læs artiklen her : <http://www.information.dk/Indgang/VisArtikel.dna?pArtNo=155581>

Øget fokus på distriktspsykiatrien

Amtsrådsforeningens hjemmeside / af Torben K. Andersen

Amterne ruster sig nu til kamp for at forbedre forholdene for sindslidende. Der skal sættes ind på en lang række områder. Et af de områder, som amterne vil fokusere på de kommende år, er distriktspsykiatrien. Det fastslår formanden for Amtsrådsforeningen, Kristian Ebbensgaard (V), forud for en konference onsdag i København om fremtidens psykiatri.

"Distriktspsykiatrien skal være psykiatriens omdrejningspunkt. Den har i nogle år været fuldt udbygget geografisk. Men den skal stadig videreudvikles indholdsmæssigt. Det er en stor opgave, som vi må prioritere højt," siger Kristian Ebbensgaard.

En af de store udfordringer er, at amterne skal være bedre til at opsøge og fastholde de allertungeste grupper som for eksempel indvandrere, misbrugere og hjemløse. Derfor skal distriktspsykiatrien fremover være mere opsøgende, koordinerende og vedholdende i tilbuddene til sindslidende.

læs hele artiklen her : <http://www.arf.dk/Nyhedscenter/MandatNet/2004/OegetFokusPaaDistriktspsykiatrien.htm>

TRANSKULTUREL PSYKIATRI

Fra behandling til integration : udfordringer i behandling og støtte af traumatiserede flygtninge og indvandrere med svære psykiske og sociale problemer

Høring i Folketinget d. 20. januar 2004

I forbindelse med høringen har vi fået udarbejdet 3 små referater, som I kan rekvirere ved at skrive til : transkulturel-psykiatri@rh.dk

A fragile China doll

Caroline Fei-Yeng Kwok, B.A., M.Ed.

Fra starten af artiklen

Personal Accounts

I am a 51-year-old Chinese woman, born in Hong Kong, who was given a formal diagnosis of bipolar disorder at the age of 27. My manic episodes have been triggered mainly by emotional ruptures in relationships, both personal and familial—in particular, my relationship with my mother. My first episode occurred in Hong Kong when I was 21 years old; a psychiatrist gave me a diagnosis of having an "acute hysterical reaction" to the situation I was in. Research shows that developmental, societal, cultural, and genetic factors can lead to bipolar disorders. My parents and my paternal grandparents do not seem to have had a mental illness. Because my mother was adopted, I have no knowledge of the psychiatric history of her biological parents. It is my contention that in my case, developmental, societal, and cultural factors play an important role in my illness.

Psychiatric services 55(2), 121-122, 2004

Læge starter mobilt rehabiliteringscenter for torturofre

Af Peter Linderøth Sørensen

RCT-Mobil vil sende færdigbehandlede torturofre ud på arbejdsmarkedet.

»Posttraumatisk Stress Disorder (PTSD) er behandlbar, men jeg oplever, at folk kun får deres tilstand beskrevet. Der bliver ikke taget stilling til deres sproglige formåen eller muligheder på arbejdsmarkedet. I stedet bliver de sendt på pension«.

Læge Rick Steele, Silkeborg, er lægekonsulent i blandt andet Esbjerg Kommune. Her har han set mange beskrivelser af flygtninge med PTSD.

»Flygtninge bliver beskrevet som paranoide og skizofrene, fordi behandlerne ikke kender til den mellemøstlige sprogtone. Der bliver også ordineret medicin, som ikke vil hjælpe. I RCT-Mobil mener vi, at vi kan gøre det bedre«, siger Rick Steele.

Han er direktør i RCT-Mobil, et nystartet rehabiliteringscenter for torturofre, der vil tage konkurrencen op med de etablerede offentlige rehabiliteringscentre.

Ugeskrift for læger nr. 8, 16. februar 2004

læs artiklen her : <http://www.dadlnet.dk/ufi/2004/0804/LS-html/LS44283.htm>

LITTERATUR

AFHANDLINGER

Doktorsavhandling vid Karolinska Institutet

Clinical encounters with different illness realities: Qualitative studies of illness and restructuring of illness meaning among two cultural groups of female patients in a multicultural area of Stockholm

Sofie Bäärnhielm,

Abstract:

Background: Mental health care in Sweden encounters a multicultural population. Meaning given to illness may differ between patient, family and caregiver and this affects the clinical encounter and outcome of treatment.

The general aim of this thesis is to explore, understand, and describe how a group of Swedish and a group of Turkish-born women, assessed as somatizing by their caregivers, and in contact with local health care in Western Stockholm, gave meaning to their illness. Additional aims are to explore participants' restructuring of illness meaning, caregivers' experiences and meanings of encountering patients using a bodily idiom for emotional distress, in a multicultural milieu, and how caregivers imparted their professional agenda of illness meaning.

Methods and results: The thesis consists of five explorative qualitative studies and one paper discussing methodology. Data were collected 1997-2001. *Study I* explores structures of illness meaning among 8 Swedish-born women. Data were collected via 25 interviews. Some data were collected to reflect the caregivers' professional opinions. *Study II* explores structures of illness meaning among 10 Turkish-born women. Data were collected via 29 interviews. Some data were collected to reflect the caregivers' professional opinions. *Results of Studies I and II* describe illness expressions, healing strategies, meanings, and initial differences in illness meaning between participants and caregivers, caregivers' introduction of a "psychological language" of distress, and participants' efforts to grasp their caregivers' meaning. *Study III* explores restructuring of illness meaning among the 10 Turkish-born women from Study II. Data were collected by a secondary analysis of data from Study II and 8 new interviews. *Results* describe restructuring to include loss of meanings, shifts in expressions and healing strategies, and a push towards restructuring illness into a psychological or psychiatric framework. Restructuring was in many ways a disruptive experience and participants tried to bridge gaps between perspectives. In this, they perceived poor support from their social context. *Study IV* explores restructuring of illness meaning among the 8 Swedish-born women from Study I. Data were collected by a secondary analysis of data from Study I and 7 new interviews. *Results* describe restructuring to include two trends, firstly an acceptance of a psychological language of distress and secondly paying attention to stress and demanding work conditions. Restructuring was not uncomplicated and participants tried to bridge gaps between perspectives. In this, the social context was important. *Study V* explores caregivers' experiences and meanings of encountering patients using a bodily idiom for emotional distress in a multicultural milieu and how caregivers; imparted their professional agenda of illness meaning. Data were collected via 7 focus group interviews. *Results* describe caregivers' experiences and meanings and that, in imparting their professional agenda, caregivers lacked support from organisational structures and clinical models for adapting work to the multicultural population and for treating mental ill health in primary care. *Paper VI* highlights the experiences, and reviews the literature, of using focus groups as a qualitative method in transcultural psychiatric research.

Discussion and conclusion: From the results of Studies III & IV, I suggest that Antonovsky's Sense of Coherence Concept may be relevant when considering the restructuring of illness meaning, and that constructing coherence between experience, expression, and past and new illness meanings, may be significant for patients' recovery. From the results of Studies I-IV, from a patients perspective, I wish to formulate the following hypotheses for the clinical encounter of emotional distress and mental illness in multicultural milieus: 1) Constructing a sense of coherence between experience, expression, past and new meanings given to illness, may be significant for patients' recovery. 2) Regarding clinical transaction of meanings, for the disruptive experience of illness, restructuring patients' illness meaning needs to be carried out in such a way as to facilitate for the patient to construct a sense of coherence between her/his illness meaning and the caregivers' medical framework. 3) The individual illness reality of the patient needs to be given an integral and important role as a collaborative resource alongside the medical framework.

Implications: For the clinical encounter, results stress the significance of becoming acquainted with patients' meanings associated with illness experiences. For caregivers, in multicultural milieus, results argue for the importance of support from organisational structures and shared formulated models for adapting their work to the diversity of the population and for treating mental ill health in primary health care. For research, results point to the significance of further studies on interaction between health care and individuals and different social/cultural groups as well as on how people make sense of, use, and cope with the clinical encounter for recovery. This is of special

importance for patients in an immigration situation as immigration involves being uprooted, dislocated and relocated.

Keywords: Transcultural psychiatry, somatization, illness meaning, immigration, sense of coherence

Doktorafhandlingen kan læses her : <http://diss.kib.ki.se/2003/91-7349-641-3/thesis.pdf>

Innvandrer gutter mer deprimerte

Dagens Medisin, 11. februar 2004 / af Lisbeth Nilsen

Innvandrer gutter, især andre generasjons innvandrere, har mer depressive plager enn etnisk norske gutter, fastslår en ny doktorgrad

- Dette bekrefter annen forskning som viser at andre generasjons innvandrer gutter har større problemer enn første generasjon, og blant annet utøver mer alvorlig kriminalitet enn etnisk norske gutter, sier psykolog Leila Torgersen ved NOVA.

Forsker Leila Torgersen ved Norsk institutt for forskning om oppvekst, velferd og aldring (NOVA) kommenter resultatene til doktorand og cand.paed. Brit Oppedal, som disputerer fredag. Oppedal har funnet at mens innvandrer gutter har mer depressive plager enn etnisk norske gutter, er det ikke tilsvarende forskjeller mellom innvandrer jenter og etnisk norske jenter.

Interessante mønstre

Leila Torgersen har i flere år arbeidet med et prosjekt om psykisk helse og kriminalitet hos innvandrer ungdom, fortrinnsvis unge med pakistansk opprinnelse.

- Alle studier på depresjon blant ungdom viser at jenter er mer deprimert enn gutter. I min studie, som er gjort blant pakistanske andre generasjons unge, fant jeg ingen kjønnsforskjeller - noe som er overraskende i seg selv. Enten betyr dette at guttene har større problemer enn vanlig, eller at jentene har mindre problemer.

Økt kriminalitet

Mye av Torgersens forskning omhandler kriminalitet hos unge innvandrere. Hennes data bekrefter at innvandrer gutter har mer problemer enn etnisk norske også når det gjelder kriminalitet.

- I 1996 var det ingen forskjell i kriminalitet mellom innvandrere og etnisk norske unge. I dag viser imidlertid statistikken at unge innvandrer gutter står for mer alvorlig kriminalitet enn norske unge gutter, bemerker Torgersen.

læs artiklen her : <http://www.dagensmedisin.no/nyheter/VisArtikkel.asp?ArtId=4608>

læs sammendrag af afhandlingen her : <http://www.psykologi.uio.no/studier/drpsych/disputaser/oppedal.html>

ANMELDELSER

Ethnicity, class and health

James Y. Nazroo

Policy Studies Institute, London, 2001, 196 pp., price d14.95 paperback

Af Neil Small

School of Health Studies, Bradford University Unity
Building, 25 Trinity Road Bradford BD5 0BB, UK

This welcome and well-presented book draws on data gathered in the Fourth National Survey of Ethnic Minorities, published in 1997. Substantial data relating to health were assembled and published in two volumes. The specific contribution of this volume lies in its updating the 1997 data and moving from the descriptive approach of the earlier volumes to a focus on explanation. That explanation involves theorising ethnicity as structure and identity and examining the relationship between 'race', ethnicity and class.

The book contains a sustained critique of the shortcomings in existing knowledge of the health of ethnic minority populations. Samples are often not representative, or have limited coverage of issues relevant to ethnic difference in health. There has been a reliance on immigrant mortality data or one-dimensional indicators of health. Coverage of ethnic minority populations has been limited, as have possible explanatory factors. The significance of the shortcomings in previous understandings is illustrated in relation to key areas of health experience. Perhaps most impressive is Nazroo's engagement with issues around mental health. For example, work based on treatment statistics ignore differences in pathways into care for difference ethnic groups. Similar shortcomings in data and in the interpretations brought to it are presented in relation to hypertensive disease, diabetes, respiratory disease, heart disease and neurotic depression.

Nazroo argues that it is a mistake to assume that the process of identifying 'ethnic' groups is theoretically neutral—what is the underlying construct we are using? He examines issues around socio-economic position pointing to the

consistent findings of a strong relationship between it and health across outcomes and for each ethnic group. Further, he highlights how ethnic groups within the same socio-economic bands are disadvantaged in relation to whites.

This book sets the standard for the debates on ethnicity, class and health in the UK. His original data, sustained critique of existing work and theoretical challenge mean all subsequent work has to engage with Nazroo's contribution.

Håndbog i kulturpsykologi : et fag på tværs

Peter Elsass

København: Gyldendal 2003. - 688 sider, 399 kr. ISBN 87-02-02369-5

Af Grete Mygind, sygeplejelærer

En stjernevimmel af inspirationskilder til det fremmedkulturelle

Kulturpsykologi er studiet af, hvordan kulturelle traditioner og social praksis regulerer, udtrykker og transformerer den menneskelige psyke.

Her præsenteres teorier, begreber, analyser, metoder, diagnosticering, behandling, forebyggelse, evaluering og forskning i samklang med praksisbeskrivelser og re- fleksion. Metodeudvikling er et gennemgående tema.

Kvalitative interview og antropologi- metoder er ofte brugte. Sporadiske glimt fra et omfattende værk er f.eks.: I udredningen af fænomenet vold, terror og terrorbekæmpelse vises, hvor stærkt retorik sætter sit præg. "Demog-os"-dikotomien gør etniske forskelle til kasteskyts.

I sygeplejerskers møde med torturoverleveren og den fremmede stiger behovet for trygge rammer, når grupper hetzes. Det, der foregår udenom den egentlige behandling, opleves væsentligere i den fremmedes terapi....

Sygeplejersken nr. 8, 18. februar 2004

læs hele anmeldelsen :

<http://www.sygeplejersken.dk/sygeplejersken/default.asp?intArticleID=11068&menu=195009>

Mental health professionals, minorities, and the poor

By Michael E. Illovsy, Ph.D. New York, Brunner-Routledge, 2003, 265 pp., \$54.95.

By NANCY A. DURANT, M.D.,

"There is nothing new under the sun"; however, new audiences are always developing. Dr. Michael Illovsy, a psychologist whose students and associates include many "counselors," exhorts his readers to view minorities and their mental health with careful consideration of a number of factors.

Dr. Illovsy is acutely aware of the problems mental health professionals face in their dealings with minorities. He is also sensitive to and concerned about the social, cultural, and political realities that affect non-"Euro-Americans" in the United States. He sees research, technology, and evolutionary psychology as holding the keys to provision of more effective mental health treatment, especially to minorities and the poor.

Having traveled throughout the world, Dr. Illovsy has observed and experienced non-European cultures; he appreciates the real and potential contributions of these cultures. He is especially impressed with the differences in values between European and non-European cultures. The importance of traditions, different learning styles, learning through groups, and living in a noncompetitive, cooperative manner have great impact on people whose orientation is predominantly non-European.

Dr. Illovsy offers 41 pages of references providing sources of much of his material; these include books, articles, reports, and items retrieved from web sites. They are wide-ranging, including titles from many fields not usually studied by those engaged in counseling. The references include publications from the 1950s onward, giving readers an opportunity to gain insights from a historical perspective.

Dr. Illovsy's concept of "new-ethnic mental health professionals," who "learn the traditional approaches and techniques—and then explore new ones" is very interesting. He even proposes a "national academy to train minority mental health workers...[in the hope that they] can add the advocacy empowerment component to their services."

Psychiatrists, through APA, have been engaged in such training for more than 30 years. Our history of encouraging the membership to evaluate patients sensitively with attention to their cultural and social backgrounds extends to the present. To help APA members maintain awareness of the diversity of our patients, the Council on National Affairs was established. Under the long-term leadership of Jeanne Spurlock, M.D., the different ethnically oriented committees (Hispanic, Black, Asian-American, and American Indian, Alaska Native, and Native Hawaiian) have functioned very effectively and have helped develop programs to encourage minority psychiatrists.

Psychiatrists may find Dr. Illovsy's book valuable for use in teaching their nonmedical associates about cultural competency. Dr. Illovsy reaches out to new audiences, as we all adapt to the increasing diversity in our society.

American journal of psychiatry 161(2), 382-383, 2004

Multiculturalism and the therapeutic process,

by Judith Mishne, D.S.W. New York, Guilford Publications, 2002, 268 pp., \$35.00.

By ALBERT C. GAW, M.D.

Is classical Freudian psychoanalytic theory applicable in the treatment of people of color? How does one conceptualise the therapeutic process in the context of cross-cultural psychotherapy? These are the key questions Judith Mishne seeks to address in her book.

Citing reviews of cross-cultural treatment considerations, the literature on race and culture in clinical practice, and the impact of migration and the changing U.S. demography from the 1950s to 1990s, Dr. Mishne deplors how psychotherapy failed to keep pace with cultural change. She argues for the relevance of applying broadened psychoanalytically oriented therapy for people of color. She illustrates the utility of such newer psychoanalytic concepts by applying and explicating them in the ethnic patients she has treated. Dr. Mishne reviews key therapeutic issues, summarizes new analytic concepts, and attempts to incorporate these concepts into the phases (beginning, middle, and end) of the therapeutic process. She provides detailed and rich case material to buttress her points and highlights cross-cultural issues. She quickly debunks the bias that minority patients lack the capacity for introspection and insight.

I found the presentation and discussion of the cases most interesting and valuable. The review of key analytic concepts in each phase of the therapy is useful. The selected middle and upper-class African American and Hispanic patients are verbal, intelligent, and introspective. Individuals of other ethnic backgrounds, such as Asian Americans and Native Americans, are not described. This omission limits the book's wider appeal.

Although Dr. Mishne discusses many cultural issues and clinical vignettes from the analytic perspective, the volume lacks the incorporation of key anthropological and sociological concepts. The addition of these concepts could have enriched the analytic theories. For example, Asian, Hispanic, and Native Americans all share the value of harmony with the family and the ecological world as a concept of health, which can influence the establishment of a therapeutic relationship, affect how and when a patient may want to disclose intimate information and handle interpretation and confrontation by the therapist, and even dictate the goal and endpoint in psychotherapy. As an example: should Asian Americans who have conflictual relationships with their family members be encouraged to leave the family or should they be encouraged to realign their object relations and remain within the family? Culture determines what is therapeutically salient and appropriate. The author shows that in the hands of competent therapists, dynamically oriented therapy can be useful in freeing potential conflicts and in achieving lasting benefits. This book is useful for clinicians interested in applying psychoanalytically oriented psychotherapy across cultures.

ARTIKLER

Cross-cultural experiences of maternal depression : associations and contributing factors for Vietnamese, Turkish and Filipino immigrant women in Victoria, Australia

Rhonda Small, Judith Lumley and Jane Yelland
Centre for the Study of Mothers' and Children's Health, School of Public Health,
La Trobe University, 251 Faraday Street, Carlton, VIC 3053, Australia

ABSTRACT

Objectives. To investigate in an Australian study of immigrant women conducted 6–9 months following childbirth (a) the associations of a range of demographic, obstetric, health and social context variables with maternal depression, and (b) women's views of contributing factors in their experiences of depression.

Design. Three hundred and eighteen Vietnamese, Turkish and Filipino women participated in personal interviews conducted by three bicultural interviewers in the language of the women's choice. Utilising three approaches to the assessment of maternal depression, the consistency of associations on the different measures is examined. Women's views of contributing factors are compared with previous research with largely English-speaking Australian-born women.

Results. Analysis of the associations of maternal depression revealed considerable consistency in associations among the three approaches to assessing depression. Significant associations with depression on at least two of the measures were seen for: mothers under 25 years, shorter residence in Australia, speaking little or no English, migrating for marriage, having no relatives in Melbourne, or no friends to confide in, physical health problems, or a baby with feeding problems. There were no consistent associations found with family income or maternal education, method of delivery and a range of other birth events, or women's views about maternity care. The issues most commonly identified by women in this study as contributing to depression are similar to those found previously for Australian-born women: isolation (in this study, including being homesick)—29%; lack of support and marital issues—25%; physical ill-health and exhaustion—23%; family problems—19%, and baby-related issues—17%.

There were some differences in the importance of these among the three country-of-birth groups, but all except family issues were in the top four contributing factors mentioned by women in all groups.

Conclusions. These findings support the evidence for quite marked cross-cultural similarity in the associations of maternal depression and in women's views about their experiences.

Keywords: maternal depression, ethnicity, migration, childbirth, risk factors

Ethnicity & health,; 8(3), 189–206, 2003

Editorial

Culture and insight revisited

B. Saravanan, K. S. Jacob, M. Prince, D. Bhugra and A. S. David

fra starten af artiklen

Concepts and controversies

Transcultural studies of schizophrenia carried out under the auspices of the World Health Organization found that 'lack of insight' was an almost invariable feature of acute and chronic schizophrenia, regardless of setting (Wilson et al, 1986). The , categorical or unidimensional view of insight has given way to more nuanced and multi-dimensional perspectives (Amador & David, 1998). In the past decade, instruments have been devised to assess and quantify insight and important associations with psychopathology, social functioning and prognosis. These studies are largely from Western countries and problems regarding the cross-cultural validity have not been adequately discussed. Some authors (e.g. Perkins & Moodley, 1993; Johnson & Orrell, 1995; Beck-Sander, 1998) question this Western conceptualisation of insight and argue that it is relative and involves a comparative judgement (but see David, 1998). Our starting point is the biopsychosocial perspective from which we view insight as a culturally mediated human property that has survival value. However, there are several facets to this, each of which will be discussed below.

British journal of psychiatry 184(2), 107-109, 2004

Ethnic differences in substance abuse treatment retention, compliance, and outcome from two clinical trials

Celeste O. Milligan, Ph.D., Charla Nich, M.S. and Kathleen M. Carroll, Ph.D.

OBJECTIVE: This study examined the results of two previous studies that evaluated African Americans and whites who were undergoing treatment for cocaine dependence to determine whether the groups differed in pretreatment characteristics, treatment retention, compliance, and cocaine use outcome.

METHODS: Data were taken from two trials (N=111 in each), in which patients were randomly assigned to groups that used different behavioral treatments (cognitive-behavioral treatment and 12-step facilitation) and pharmacotherapies (desipramine and disulfiram).

RESULTS: Few differences between African Americans and whites were found in terms of demographic characteristics, reasons for seeking treatment, or expectations of treatment. In both studies African Americans and whites did not differ significantly with respect to cocaine use outcomes, but African-American participants completed significantly fewer days of treatment than white participants. In study 2, which was not placebo controlled, African Americans who received disulfiram remained in treatment significantly longer than African Americans who did not receive disulfiram. However, in study 1, in which patients took either desipramine or a placebo, no interactions of ethnicity by medication were found. Among patients who expected improvement to take a month or longer in study 1, African Americans remained in treatment for fewer days than whites.

CONCLUSIONS: The behavioral therapies evaluated did not significantly differ in effectiveness for African Americans and whites, suggesting that they are broadly applicable across these ethnic groups. Findings also suggest possible strategies for improving retention of African Americans in treatment. Such strategies might include offering treatment with a medication component and better addressing participants' treatment expectations.

Psychiatric services 55(2), 167-173, 2004

Ethnicity and prescription patterns for haloperidol, risperidone, and olanzapine

Jayne L. Opolka, M.S., Karen L. Rascati, Ph.D., Carolyn M. Brown, Ph.D. and P. J. Gibson, Ph.D.

OBJECTIVE: Patients with schizophrenia may respond better to second-generation antipsychotics than to older antipsychotics because of their superior efficacy and safety profiles. However, the reduced likelihood among ethnic minority groups of receiving newer antipsychotics may be associated with reduced medication adherence and health service use, potentially contributing to poor response rates. This study examined whether ethnicity helped predict whether patients with schizophrenia were given a first- or a second-generation antipsychotic, haloperidol versus risperidone or olanzapine, and what type of second-generation antipsychotic was prescribed, risperidone or olanzapine, when other factors were controlled for.

METHODS: Texas Medicaid claims were analyzed for persons aged 21 to 65 years with a diagnosis of schizophrenia or schizoaffective disorder who started treatment with olanzapine (N=1,875), risperidone (N=982), or

haloperidol (N= 726) between January 1, 1997 and August 31, 1998. The association between antipsychotic prescribing patterns among African Americans, Mexican Americans, and whites was assessed by using logistic regression analysis. Covariates included other patient demographic characteristics, region, comorbid mental health conditions, and medication and health care resource use in the 12 months before antipsychotic initiation.

RESULTS: The results of the first- versus second-generation antipsychotic analysis indicated that African Americans were significantly less likely than whites to receive risperidone or olanzapine. Although not statistically significant, the odds ratio indicated that Mexican Americans were also less likely to receive risperidone or olanzapine. Ethnicity was not associated with significant differences in the prescribing patterns of risperidone versus olanzapine.

CONCLUSIONS: When other factors were controlled for, African Americans were significantly less likely to receive the newer antipsychotics. Among those who received the newer antipsychotics, ethnicity did not affect medication choice.

Psychiatric services 55(2), 151-156, 2004

The experiences of postnatal depression in women from black and minority ethnic communities in Wiltshire, UK

Lorna Templeton,¹ Richard Velleman,² Albert Persaud³ and Philip Milner⁴

¹Avon & Wiltshire Mental Health Care Partnership NHS Trust and the University of Bath, UK, ²Avon & Wiltshire Mental Health Care Partnership NHS Trust and the University of Bath, UK, ³Wiltshire Health Authority (now at the DOH and NIMHE), UK and ⁴Wiltshire Health Authority (now at the Avon, Gloucestershire and Wiltshire Strategic Health Authority), UK

ABSTRACT

Objectives. To describe the experiences of women suffering from postnatal depression in black and minority ethnic communities in Wiltshire, UK.

Design. Semi-structured interviews and focus groups with women across Wiltshire with current and past experience of postnatal depression. EPDS data are also reported. Qualitative data (via telephone and face-to-face interviews) were also collected from GPs and health visitors who worked with these women.

Results. Qualitative analysis identified four main themes that were part of the experience of postnatal depression for the women and the primary health care professionals in contact with them—issues specific to pregnancy and birth (including postnatal depression), issues specific to primary health care, issues relating to culture, and 'other' issues. This latter theme describes the multitude of problems that many of the women endured, e.g. family/marital problems, violence, drinking alcohol, bereavement, financial difficulties, unemployment, accommodation and (racial) harassment.

Conclusions. All the women had problematic lives, affected by a multitude of factors, and raised a number of serious concerns that related to health and social care. This has implications for practice and service provision, as demonstrated by the data from GPs and health visitors, in, for example, the provision of advice and information (and in different languages), training, improved communication and inter-agency working, in this area (where the research was conducted) and elsewhere in England. More research is needed to further explore the needs of women from minority ethnic groups, taking issues of, for example, cultural specificity and urbanity/rurality into account. Further research also needs to investigate ways of offering help and support to this patient group.

Keywords: postnatal depression, ethnicity, qualitative analysis, primary care

Ethnicity & health,; 8(3), 207–221, 2003

From the biomedical model to the Islamic alternative: a brief overview of medical practices in the contemporary Arab world

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Abstract

Following its climax in the 8th century under the Abbasids of Baghdad, the Arab world entered a prolonged period of division and decadence. "Western" medicine was introduced in the 19th century with the support of the general population. The historical participation of Arabs in the elaboration of that "Western" biomedical model and its apparently consensual re-introduction into the Arab world diffused any sense of cognitive alienation vis-à-vis practices promoted initially by non-Arab doctors. In the late 1960s, Islamist thinkers started proposing "Islamic medicine" as an alternative to the encroachment of the "Western" biomedical model within Arab and Muslim nations. In Islamic medicine, disease is attributed to lack of attention to the spiritual dimension of human beings, yet intermediate causal pathways are not provided. Alongside "orthodox" concepts, Islamic medicine promotes some herbal remedies, in addition to faith-healing through prayer and the recitation of holy verses. While most of those practices may be beneficial, they may cause some harm to patients if they entail delaying or denying timely recourse to "orthodox" medical care. There are currently no Islamic medicine training programs in any Arab country, and Islamic medicine has not emerged as a comprehensive health alternative comparable to other non-Western health models.

Author Keywords: Alternative medicine; Coran; Islamic medicine

Language barriers between nurses and asylum seekers: their impact on symptom reporting and referral

Alexander Bischoffa, Patrick A. Boviera,, Rustemi Isaha, Gariazzo Fran,coisea, Eytan Arielb, Loutan Louisa

Abstract

The objective of this study was to determine whether language barriers during the screening interview affected the reporting of asylum seekers' health problems and their referral to further health care. Seven hundred and twenty-three standard screening questionnaires, administered by nurses to asylum-seekers at the time of entry into Geneva/Switzerland between June and December 1998, were reviewed, as well as information pertaining to language use during the interview. Language concordance between nurses and asylum seekers was assessed by considering the presence/absence of an interpreter, the type of interpreter present (trained, untrained), and the nurse's self-assessed proficiency in the language used during the medical interview. Nurses also recorded their own subjective assessment of the overall quality of communication during the interview. More than half of the asylum seekers came from Europe, mainly the Balkan regions, and a third of them from Africa. Most asylum seekers were men (72%). The median age was 26.5 years, and 50% were younger than 25 years. Severe physical and psychological symptoms were reported by 19% and traumatic events prior to migration were reported by 63%. The nurses referred 36% of all refugees to further medical care and 6% to psychological care. Professional interpreters were used in 8% of the interviews and ad hoc interpreters in 16%. Adequate, partial and inadequate language concordance was reported for 54%, 27% and 18% of the consultations respectively. Adequate language concordance was significantly associated with higher reporting of past experience of traumatic events and of severe psychological symptoms, contrasting with much fewer referrals to psychological care when language concordance was inadequate. These results suggest the importance of addressing language barriers in primary care centres in order to adequately detect and refer traumatised refugees. To address this problem, the use of professional interpreters is recommended.

Keywords: Language barriers; Asylum seekers; Migrant health; Interpreters; Switzerland

Social science and medicine 57(3), 503-512, 2003

Mental health status among ethnic Albanians seeking medical care in an emergency department two years after the war in Kosovo: A pilot project

William G. Fernandez, MD, MPH, Sandro Galea, MD, DrPH, Jennifer Ahern, MPH, Sarah Sisco, MPH, MSSW, Ronald J. Waldman, MD, MPH, Bajram Koci, MD, MS, David Vlahov, PhD

Study objective The long-term psychological effects of war are underappreciated in clinical settings. Describing the postwar psychosocial burden on medical care can help direct public health interventions. We performed an emergency department (ED)-based assessment of the mental health status of ethnic Albanian patients 2 years after the North Atlantic Treaty Organization-led bombing of Serbia and Kosovo in 1999.

Methods This study was conducted July 30, 2001, to August 30, 2001, in the ED of a hospital in Pristina, Kosovo. Investigators collected data through systematic sampling of every sixth nonacute ED patient presenting for care; 87.7% of patients agreed to participate. Respondents completed a structured questionnaire, including demographic characteristics, the Short Form-36, and the Harvard Trauma Questionnaire.

Results All 306 respondents were ethnic Albanians; mean age was 39 years (SD 17.9 years). Of respondents, 58% had become refugees during the war. Two hundred ninety-six (97%) reported experiencing at least one traumatic event during the war; the average number of traumatic events encountered by participants was 6.6. Forty-three (14%) reported symptoms that met *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* criteria for posttraumatic stress disorder; mean Short Form-36 Mental Component Summary score was 42.1 (SD 12.5). Separate multivariable linear regression models confirmed our belief that older age, female sex, less than a high school education, and having experienced a greater number of traumatic events would be associated with more posttraumatic stress disorder symptoms and lower Mental Component Summary scores.

Conclusion Mental health problems among ED patients in Kosovo, particularly among specific vulnerable populations, are a significant public health concern 2 years after the conflict.

Annals of emergency medicine 43(2), E1-E8, 2004

Negative pathways to psychiatric care and ethnicity : the bridge between social science and psychiatry

Craig Morgan, Rosemarie Mallett Gerard Hutchinson and Julian Leff

Abstract

It has been consistently reported that the African-Caribbean population in the UK are more likely than their White counterparts to access psychiatric services via the police and under compulsion. The reasons for these differences are poorly understood. This paper comprises two main parts. The first provides a comprehensive review of research in this area, arguing the current lack of understanding stems from a number of methodological limitations that

characterise the research to date. The issue of ethnic variations in pathways to psychiatric care has been studied almost exclusively within a medical epidemiological framework, and the potential insights offered by sociological and anthropological research in the fields of illness behaviour and health service use have been ignored. This has important implications as the failure of research to move beyond enumerating differences in sources of referral to psychiatric services and rates of compulsory admission means no recommendations for policy or service reform have been developed from the research. The second part of the paper sets out the foundations for future research, arguing that the pathway to care has to be studied as a social process subject to a wide range of influences, including the cultural context within which illness is experienced. It is further argued that Kleinman's (Patients and healers in the context of culture: an exploration of the borderland between anthropology, medicine and psychiatry, University of California Press, Los Angeles, 1980) Health Care System model offers a particularly valuable preliminary framework for organising and interpreting future research. It is only through gaining a more qualitative understanding of the processes at work in shaping different responses to mental illness and interactions with mental health services that the patterns observed in quantitative studies can be fully understood. This further reflects the need for a bridge between the social sciences and psychiatry if services are to be developed to respond to the increasing diversity of modern societies.

Author Keywords: African-Caribbean; Help-seeking; Psychiatric services; Ethnicity research; United Kingdom
Social science and medicine 58(4), 739-752, 2004

Personality disorders in veterans with posttraumatic stress disorder and depression

Nancy Jo Dunn, Elisia Yanasak, Jeanne Schillaci, Sofia Simotas, Lynn P. Rehm, Julianne Soucek, Terri Menke, Carol Ashton, Joseph D. Hamilton,

Abstract

Little is known about the frequency of the full-range of personality disorders in outpatients with concurrent posttraumatic stress disorder (PTSD) and depression, a common and oftentimes treatment-resistant combination in clinical practice. In a group therapy outcome study, Axis I and II diagnoses were assessed with the Structured Clinical Interview for DSM-IV and the Clinician-Administered PTSD Scale to select 115 male combat veterans with PTSD and depressive disorder. Within this sample, 52 (45.2%) had one or more personality disorders—most commonly paranoid (17.4%), obsessive-compulsive (16.5%), avoidant (12.2%), and borderline (8.7%)—and 19 (16.5%) had two or more. Documenting a substantial frequency of personality disorders is a first step in devising appropriate interventions for this treatment-resistant combination of disorders.

Keywords

trauma, PTSD, personality disorders, depression, assessment

Journal of traumatic stress 17(1), 75-82, 2004

Psychiatric disorders in homeless men and women in inner Sydney

Maree Teesson, Tracey Hodder, Neil Buhrich

Objective: To determine the 12-month prevalence of mental disorders among homeless people in inner Sydney and compare this data with data collected on homeless populations in other Western cities.

Method: Representative sample of 210 homeless men and women in Sydney were interviewed using the Composite International Diagnostic Interview (2.0).

Results: Seventy-three percent of men and 81% of women met criteria for at least one mental disorder in the past year and 40% of the men and 50% of the women had at least two mental disorders. The prevalence rate of schizophrenia among men and women was 23% and 46%, respectively. There was considerable comorbidity between mental disorders with one in five men (20%) and 29% of women meeting criteria for two mental disorders. The prevalence of *any mental disorder* is four times higher among homeless men and women in inner Sydney than within the Australian general population. International comparisons demonstrated significant cross-cultural differences in the prevalence of mental disorders among the homeless.

Conclusions: This paper highlights the need for comparable epidemiological data when examining an international problem such as homelessness.

Australian and new Zealand journal of psychiatry 38(3), 162-168, 2004

Psykologisk kartlegging og utredning av barn og unge med etnisk minoritetsbakgrunn

Prosjektrapport / ved klinisk pedagog Wenche Winsnes
Psykososialt senter for flyktninger
Universitetet i Oslo, 2003. – 33 s.

Fra forordet

Dette er en sluttrapport for prosjektet "Psykologisk kartlegging og utredning av barn med etnisk minoritetsbakgrunn". Prosjektet er utført ved Psykososialt senter for flyktninger (PSSF) i perioden mai til desember 2003.

Prosjektet er ment å være et forprosjekt til en større utredning, og kan også danne grunnlag for utarbeidelse av en veileder i arbeid med barn med flyktningbakgrunn, tilsvarende den veilederen PSSF har utarbeidet for arbeidet med voksne: "Psykiatrisk og psykososialt arbeid med flyktninger", 2003.

En av målsettingene for prosjektet har vært å samle noen erfaringer når det gjelder metoder og tilnæringsmåter i utredningsarbeidet av barn med minoritetsbakgrunn, dvs. barn og unge med innvandrerbakgrunn, flyktninger og asylsøkere. Jeg har videre ønsket å beskrive og synliggjøre problemstillinger og sentrale spørsmål, uten å trekke konklusjoner. Jeg har ikke tatt mål av oss å lage en fullstendig oversikt, men prøvd å vise til metoder som erfaringsmessig har vist seg å være nyttige å bruke. Selv i jungelen med kartleggingsverktøy, tester og metoder som eksisterer, finnes det foreløpig ikke noe fullgodt standardisert kartleggingsmaterieill til anvendelse for barn fra etniske minoriteter.

Det finnes en hel rekke ulike metoder, fra de som kartlegger trivsel, sosio-emosjonell fungering på den ene siden, til de som kartlegger spesifikke lærevansker og nevrologiske dysfunksjoner på den andre siden. Det er altså snakk om kartlegging på mange områder og nivåer. Hensikten i denne omgang har vært å ha et vidt perspektiv for å få en bredest mulig oversikt. Det har også vært nyttig ikke å skille de forskjellige metodene for å kunne se barn og unge i en helhet.

I neste omgang vil det være nødvendig å gjøre en avgrensning m.h.t. hvem som skal utredes, hvem som skal foreta utredningen, dvs. på hvilket nivå utredningen skal foregå, hvordan, når og med hvilken målsetting. Det er altså nødvendig å tydeliggjøre problemstillingene ytterligere. Noen aktuelle spørsmål som må drøftes i forbindelse med utarbeidning av en veileder, er tatt med i avslutningsdelen i denne rapporten.

Det er viktig å få samlet kunnskap om utredningsmetoder og rutiner, og å videreutvikle kunnskap om hvilke forbehold en bør ta. Målet med å utrede barn og unge er ikke utredningen i seg selv, men at utredningen skal bidra til å skaffe et grunnlag for igangsetting av best mulig tilpassede tiltak, som skal styrke deres trivsel og utvikling.

Det som særlig er aktuelt i debatten om utredninger av barn og unge med minoritetsbakgrunn, er at kartlegging ofte er komplisert bl.a. på grunn av språkproblemer, samt som følge av en viss kulturell relativitet i tester og spørreskjemaer. Spørsmålet om å lage såkalte "kulturfrrie" tester diskuteres fortsatt, selv om slike tester ikke finnes. Flere hevder at det er mulig å bruke eksisterende tester med "sunn fornuft".

Hovedspørsmålene innenfor dette prosjektet er:

Hvem skal utredes?

Hva skal være fokus i utredningen?

Hvilke(n) utredningsmetode(r) er aktuell(e)?

Når skal utredningen skje?

Hvor skal utredningen foregå?

Rapporten er ikke beregnet for en bestemt målgruppe. Den er tilrettelagt slik at den kan leses av alle som er interessert i diskusjonen omkring kartlegging av barn med minoritetsbakgrunn.

Fagområdet er i stadig utvikling, så erfaringer som andre har gjort vil det være nyttig å få kjennskap til for å kunne revidere og utvikle denne oversikten.

rapporten kan hentes her : <http://www.flyktninghelse.info/Dokumenter/SluttrapportBarnUnge.doc>

Some recommendations to assess depression in Chinese people in Australasia

Bibiana Chan, Gordon Parker

Objective:To provide some general recommendations for psychiatric assessment of depression among Chinese patients within a predominately Western society.

Method:A literature review is provided with interpretive comments.

Results:The prevalence of depression reported in community studies undertaken in Chinese communities is very low. To what extent Chinese people experience and seek help for depression, and how they report depressive symptoms have long been topics of some importance. The impact of acculturation as well as concepts and interpretations of illness in traditional Chinese medicine are discussed. Awareness of sensitive issues and practices within the Chinese culture will facilitate communication between medical professionals and patients, resulting in more accurate identification and diagnosis of depressive disorders.

Conclusion:Direct but culturally sensitive and empathic questioning of psychological symptoms is needed to unveil patients' explanatory models, as most Chinese initially nominate only somatic symptoms to health practitioners.

Successfully treated patients can promote earlier and wider utilization of mental health services to other Chinese people.

Trauma history screening in a community mental health center

Karen J. Cusack, Ph.D., B. Christopher Frueh, Ph.D. and Kathleen T. Brady, M.D., Ph.D.

OBJECTIVE: This study assessed the lifetime prevalence of traumatic events among consumers of a community mental health center by using a brief trauma screening instrument. This study also examined the relationship between trauma exposure and physical and mental health sequelae and determined whether the routine administration of a trauma screening measure at intake would result in increased diagnoses of posttraumatic stress disorder (PTSD) and in changes in treatment planning in a practice setting.

METHODS: A 13-item self-report trauma screening instrument, a shortened version of the Trauma Assessment of Adults instrument, was incorporated into the intake assessment process at a community mental health center (CMHC). A total of 505 out of 515 consumers who presented to the CMHC consecutively were surveyed from May 1, 2001, to January 31, 2002. Data from the initial assessment on trauma exposure and on rate of PTSD diagnosis were examined, and a chart review was conducted on 97 cases (19 percent) to determine the extent to which CMHC services addressed trauma-related problems.

RESULTS: Data indicated that 460 consumers (91 percent) had been exposed to one or more traumatic life experiences. The number of traumatic events was negatively correlated with physical and mental health functioning on the 12-item Short-Form Health Survey (SF-12). Subjects with a history of sexual abuse scored significantly higher on the SF-12, reflecting poorer physical and mental health. Although the rate of PTSD diagnosis increased after implementation of the trauma screening instrument, the rates of actual PTSD treatment services provided did not change. **CONCLUSIONS:** This study strongly suggests that screening for trauma history should be a routine part of mental health assessment and may significantly improve the recognition rate of PTSD. However, much work remains to be done in implementing appropriate treatment.

Psychiatric services 55(2), 157-162, 2004

KALENDER

Marts

4. - 5. marts 2004, Odense

Interkulturel kompetence og kommunikation

Dansk Sygeplejeråd, FS 31 holder Landskursus

Af indholdet :

Torsdag d. 4. marts

09.30 - 12.00

Ligebehandling, integration og medborgerskab – etiske dilemmaer, lektor ved Den Sociale Højskole, København og Ålborg Universitet Morten Ejrnæs.

13.00 - 15.00

Interkulturel kommunikation – (mis)forståelser og kropssprog, sygeplejerske og tolk Sami Zitawi.

20.00

Rut grut med flute” ved Farshed Kholgi

Fredag d. 5. marts

09.30 - 12.00

Interkulturel kompetence i et udviklingsmæssigt perspektiv, seminarlærer Mette Greve

13.00 - 15.00

Teatergruppen "Absolut Forum", som vil arbejde med spontanforum og konflikthåndtering ud fra deltagerens oplevelser i praksis.

Det fulde program kan læses her:

http://www.sygeplejersken.dk/sygeplejersken/kmm_view.asp?id=1626&AnnonceType=4&Bladnr=1

Sted : Odense Vandrehjem, Kragtsbjergvej 121, 5230 Odense M

Tilmelding inden den 5. februar 2004 til:

Lise Rosendahl

Skibbrovej 12 B, 1.t.v.

6100 Haderslev

Tlf. 7453 3709

eller via e-mail til Hanne Marup Jensen: hanneje@roskildekom.dk

Herefter udsendes endeligt program og girokort.

Pris: Medlemmer 1.700 kr. Ikke-medlemmer 2.000 kr. Uden overnatning gives reduktion på 200 kr.

9. – 10. marts, København

Interkulturel kommunikation

Københavns Kommunes Kursuscenter

Om at kommunikere med borgere fra andre kulturer

I mødet med mennesker fra andre kulturer opstår der let situationer, hvor forskellige normer, forskellige værdisæt og forskellige sociale spilleregler van-skeliggør kommunikationen.

På dette kursus tager vi udgangspunkt i oplevelser fra din og de øvrige deltageres hverdag. Vi arbejder med redskaber, som du kan bruge til at styrke din kommunikation med borgere fra andre kulturer.

Kurset henvender sig til

Frontmedarbejdere inden for bl.a. social- og sundhedsområdet og andre medarbejdergrupper, der i deres daglige arbejde ofte har personlig kontakt med borgere fra andre kulturer.

Kurset tilbyder :

- Forståelse for, hvordan det kulturelle udgangspunkt påvirker vores kommunikation
- Viden om og træning i at nedbryde kulturelt betingede barrierer i kommunikationen
- Redskaber til at afklare, om problemer i kommunikationen skyldes kultur-forskelle eller er personbestemte
- Formen vil veksle mellem oplæg, træning og refleksion. Øvelserne vil tage udgangspunkt i oplevelser fra din og de øvrige deltageres hverdag.

for tilmelding, pris og praktiske oplysninger : <http://www.kursuskbh.dk/kursus.asp?id=151>

11. marts 2004

Årsmøde

Dansk Psykiatrisk Selskab

10.30 - 12.00

The psychobiology and psychopharmacology of PTSD, Professor Arieh Y. Shalev

13.00 - 15.00

Storulykker og andre psykotraumatiske hændelser – intervention i den akutte fase og beredskabet hertil

Birgit Kijne, Psykotraumotologisk Interessegruppe

16. marts 2003, Odense

Etniske minoritetsbørn med psykisk syge eller traumatiserede forældre

Socialt Udviklingscenter (SUS)

Takket være de seneste års skærpede opmærksomhed på børn med psykisk syge forældre, er der nu i en del kommuner og amter igangsat forskellige former for støttetilbud til børnene, de unge og deres forældre. Desværre er der tilsyneladende kun få etniske minoritetsbørn som inddrages i eller ønsker at tage mod tilbuddene om støtte.

Forklaringen herpå er ikke entydig, men der er en tendens til, at sindslidende fra visse etniske minoritetsgrupper er endnu mere tilbageholdende med at søge hjælp hos de psykiatriske og sociale tilbud end danskere generelt.

Dermed bliver det også vanskeligere at "opdage" børnene.

Samtidig er mange ansatte i det psykiatriske og det sociale system usikre på, hvad der kan og bør gøres for sindslidende eller traumatiserede mennesker med anden etnisk baggrund end dansk

På konferencen kan du hente viden og erfaringer fra undersøgelser og fra et udsnit af de institutioner og andre hjælpeforanstaltninger som tilbyder konkret støtte til børnene og deres forældre.

Foredrag af bl. a. :

Marianne Kastrup, overlæge, leder af Videnscenter for Transkulturel Psykiatri

Edith Montgomery, cand. psych, ph.d, forskningschef

Lene Lier, seniorforsker, speciallæge I børne- og ungdomspsykiatri

Mette Høyer, psykolog, ph.d.-studerende

Tirsdag den 16. marts 2004 kl. 9.30 - 16.15, Hotel HC Andersen, Odense

Pris: 500- kr.

Tilmeldingsfrist : 23. februar

se hele programmet her : http://www.sus.dk/data/konf_16marts04.pdf

SUS : tlf.nr. : 33 93 44 50

mail : sus@sus.dk

22. – 26. marts 2004 , Oslo

Transcultural research on trauma : setting new standards

Forskerkursus i transkulturel psykologi / psykiatri

Universitetet i Oslo, Medicinsk Fakultet, Psykososialt senter for flyktninger

This seminar will address methodological issues in the study of the mental health of multicultural populations, with special emphasis on trauma. Presenters will discuss (1) cultural perspectives on illness and the response to trauma, (2) important issues in the adaptation of existing instrument, including trauma measures, to new cultural groups, and the new standards for cross-cultural instrument adaptation, (3) integration of qualitative and quantitative methodologies in cultural research, (4) new methodologies, most notably participatory and participatory action research methods, that hold promise to move researchers closer to more emic understandings of syndromes and better inform studies of resilience and protective factors in cross-cultural settings, and (5) examples from current research practice that utilize these methodological advances.

mere information her : http://www.med.uio.no/ism/inthel/m_phil/courses/elective.html

29. marts 2004, Glasgow

Practice, Culture and Care Conference

The Transcultural Nursing & Healthcare Association's 6th Annual Conference 2

The Transcultural Nursing & Healthcare Association and the Foundation of Nursing Studies are pleased to announce their joint conference where practitioners, educators and researchers will share their experiences of implementing culturally competent care, in a manner that demonstrates respect for the race, religion, ethnicity or culture of all patients.

This conference aims to:

- Promote culturally competent, evidence-based practice in health care
- Provide research-based knowledge and understanding of the needs of specific groups
- Promote understanding and debate about culturally competent health service provision

læs mere om indhold og tilmelding her : <http://www.tcnha.org.uk/conference.asp>

30. – 31. marts 2004, Stockholm

Psykisk ohälsa hos flyktingar

Socialpsykiatriskt Forum

Årskonferensen 2004 kommer också att äga rum i Stockholm, den 30-31 mars. Den kommer att handla om psykisk ohälsa hos personer med flyktningbakgrund ett stort och viktigt område, som berör professionella inom flera sektorer av samhället och i så motto verkligen är ett prioriterat område för föreningens verksamhet. Ett detaljerat program kommer så småningom, men boka dagarna redan nu!

Den aktuella psykiatridebatten har naturligtvis varit föremål för diskussioner inom styrelsen, inte minst hur vi på bästa sätt skall kunna få genomslag för de uppfattningar och värderingar som föreningen står för. En del försök att nå ut i media har gjorts och i planeringen ligger nu bl a ett sammanträffande med den av regeringen utsedde psykiatrisamordnaren, Anders Milton.

2004-03-30

08.30 Samling. Registrering. Kaffe 09.30 Konferensens öppnande

09.35 Flyktningproblematiken i ett globalt perspektiv Wolfgang Rutz 10.00 Att vara asylsökande i Sverige - Migrationsverkets

ansvar i förhållande till andra huvudman Eva Lidstrom 10.45 P AUS

11.00 Den psykiska hälsan hos flyktingar Marianne Kastrop

12.00 LUNCH

13.00 Hälsofrämjande introduktion - hinder och Solvig Ekblad möjligheter

13.45 Hålsa- och hälsovård under asylfasen Bo Jordin

14.30 KAFFE

15.00 Landstingens ansvar Stig Wintzer

15.40 Hur är barnens situation? Torgny Gustavsson

16.15 A vslutning for dagen

16.30 Socialpsykiatriskt Forums årsmöte

2004-03-31

08.30 Kommunens invandarmottagning . Karin Enge

09.15 Integration och rehabilitering? Parvin Pooremamali
10.00 KAFFE
10.30 Behandling och rehabilitering av PTSD H-P Sondergaard
11.10 Inledning till grupparbeten - motet med personer Bengt Erik Ginsburg med psykisk ohälsa
11.30 Grupparbeten
12.30 L U N C H (under grupparbetena)
14.00 Avrapportering från grupperna
14.45 KAFFE
15.15 Panel: Hur kan vi minska psykisk ohälsa bland flyktingar?
Deltagare: Marianne Kastrup (moderator), Eva Lidstrom, Stig Wintzer, Solvig Ekblad, Parvin Pooremamali, Bengt Erik Ginsburg, Anders Milton
16.30 Konferensens avslutande

hjemmeside : <http://www.socialpsykiatriskforum.nu/>

indbydelse og program : http://www.socialpsykiatriskforum.nu/pdf/spf_arskonf_041.doc

April

19. – 23. april 2004, Stockholm

En fördjupningsvecka i hälso- och sjukvård för asylsökande och flyktingar **Transkulturellt Centrum**

Veckan syftar till att ge fördjupade kunskaper kring möten mellan vårdpersonal och patienter som är asylsökande och nyanlända flyktingar. Kunskaper från olika perspektiv förmedlas på såväl en övergripande som på en mer praktisk, klinisk nivå. Veckans första del ägnas åt asyltiden och den senare delen åt tiden efter uppehållstillstånd. Den röda tråden under veckan är tre nyckelbegrepp: humanitet (H), effektivitet (E) och meningsfullhet (M).

Teman Flyktingar och asylsökande i världen och i Europa. Tillbakablick på svenskt flyktingmottagande och hälso- och sjukvården. Mänskliga rättigheter. Asylprocessen och hälso- och sjukvårdens roll. Flyktingar med särskilda vårdbehov. Flyktingen och behandlaren. Hälso- och sjukvården och det kommunala flyktingmottagandet. Ohälsa som hinder i introduktion och integration.

Föreläsare

Charles Watters, University of Kent, England

Tomas Hammar, CEIFO

Zinat Pirzadeh, SYO, krönikör och stand-up-komiker

Unni Å Lindström, Åbo Akademi

Från Transkulturellt Centrum :

Bengt-Erik Ginsburg, Sofie Bäärnhielm, Carina Bäckström och Inger-Johanne Larsson m fl.

Platsantalet är maximerat till 20. Plats ges i turordning.

Kostnad : 4200:-/ej SLL-anställda 4900:- exkl moms

Ansvarig : Bengt-Erik Ginsburg tel 08-672 29 07, bengt-erik.ginsburg@spo.sll.se

Måndag 19 april

Bengt-Erik Ginsburg

Introduktion: Syfte med fördjupningsveckan

Charles Watters : Asylum Seekers and Refugees in Europe - Avenues of Access and the Parameters of Treatment

Charles Watters : Aspects in Relation to Mental Health Care

Gruppdiskussion

Tisdag 20 april

Charles Watters : Towards the Next Horizon - New Paradigms in the Mental Health and Social Care of Refugees in Europe

Thomas Hammar : Svenskt flyktingmottagande under 30 år –

Bengt Erik Ginsburg : Nyheter kring hälso- och sjukvård för asylsökande i Sverige idag

Gruppdiskussion

Onsdag 21 april

Sofie Bäärnhielm : Psykisk ohälsa hos asylsökande - aspekter på bemötande, bedömning och behandling

Unni Å Lindström : Den vårdande etiken och den vårdande akten i mötet med asylsökande patienter

Gruppdiskussion

Torsdag 22 april

Samverkan i flyktingmottagandet : Från asyltillvaro till uppehållstillstånd, från särbehandling till integration. Föreläsare med såväl vetenskaplig som praktisk kunskap kommer att delta.

Hälsa och integration
Gruppdiskussion

Fredag 23 april

Paneldiskussion (migrationsminister Barbro Holmberg samt repr för myndigheter, MR-organisationer m fl)
Zinat Pirzadeh : Personligt

Gruppdiskussion
Avslutning

tilmeldingsblanket : http://www.sll.se/docs/w_tkc/utbildning/Anm_blankett_04.doc

29. april 2004, Stockholm

Livsberättelser i arbete med flyktingar och invandrare

Transkulturellt Centrum

Livsberättelser som en förebyggande, utrednings- och behandlingsmetod att användas av olika professioner, inom hälso- och sjukvården och socialtjänsten.

Medverkande: Ing-Marie Neve, spec allmänmedicin, Eva-Britt Lönnback, socionom, Marcela Bravo, psykolog, Nina Bergman och Ia Staaf, distriktsläkare.

Marcela Bravo : Berättarcirklar med fokus på migration och hälsa, i det hälsofrämjande och förebyggande arbetet med

invandrarföreningar och -grupper.

Eva-Britt Lönnback : Livsberättelser inom socialtjänsten och psykiatri är ett verktyg som kan skapa förståelse i mötet mellan patienten/klienten och behandlaren och ge bättre underlag för åtgärder. Inte sällan finns det hos behandlare en osäkerhet kring vad som orsakat en svår livssituation hos flyktingar och invandrare. Beror personens svårigheter på mötet med det nya landet, har problemen funnits redan i hemlandet eller är det traumatiska händelser? Är det kulturskillnader?

Ing-Marie Neve, Nina Bergman och Ia Staaf : Livsberättelser inom primärvården. Inom primärvården söker i dag många med multipla och diffusa symtom. Vårt vanliga förhållningssätt som personal, vare sig vi är läkare eller övrig personal, är ofta inte tillräckligt i mötet med dessa personer. En strukturerad livshistoriecentrerad metodik har växt fram i arbetet som socialläkare och nu även använts inom primärvården.

Plats

Stadshagsgården, St. Göransgatan 126, föreläsningssalen, plan 1

Kontaktperson

Marcela Bravo, e-post marcela.bravo@spo.sll.se

Kostnad

500:-/heldag, 300:-/halvdag exkl moms

Anmälan

E-post vicki.maamari@spo.sll.se eller fax 08-672 19 14 med namn/adress/tel/fax/e-post samt faktureringsadress.

Anmälan senast 22/4 2004. Anmälan är bindande.

tilmeldingsblanket : http://www.sll.se/docs/w_tkc/utbildning/Anm_blankett_04.doc

Maj

1. – 6 maj 2004, New York

Annual meeting, APA

American Psychiatric Association

Sessions on Cultural Diversity Issues

These are among the many sessions planned for APA's 2004 annual meeting in which patients' cultural, ethnic, and sexual backgrounds will be discussed in terms of their implications for treatment. More information about these and

other events of interest to minority psychiatrists is available by contacting Alison Bondurant at by phone (703) 907-8639 or by e-mail at abondurant@psych.org.

Monday, May 3

9 a.m.-10:30 a.m. **Component workshop: "Facilitating Research on Minority Populations by Minority Researchers"** Assembly Committee of Representatives of Minority and Underrepresented Groups

9 a.m.-10:30 a.m. **Component workshop: "Bridging Across Culture and Generations: An Asian-American Perspective"** Committee of Asian-American Psychiatrists

Tuesday, May 4

11 a.m.-12:30 p.m. **Component workshop: "Looking Back, Looking Forward: Pathways for Blacks in Psychiatry"** Committee of Black Psychiatrists

Wednesday, May 5

9 a.m.-10:30 a.m. **Component workshop: "Reducing Disparities in Access to Psychiatric Care: APA Perspectives"** Steering Committee to Reduce Disparities in Access to Psychiatric Care

Component workshop: "Terrorism in America: Distant Victims and the Role of the IMG Psychiatrist" Committee on International Medical Graduates

11 a.m.-12:30 p.m. **Component workshop: "Response to Bolivar Award Lecture on Latino Youth in the U.S.: Developmental and Mental Health Challenges"** Committee of Hispanic Psychiatrists

In other related sessions during the week of the annual meeting, the 2004 Solomon Carter Fuller Award will be given to *Phyllis Harrison-Ross, M.D.*, for her pioneering role in significantly benefiting the quality of life for black people (Monday, May 3, 2 p.m.). *Elizabeth Bowman, M.D.*, will be honored for her outstanding contributions to the field of psychiatry and religion as the recipient of the 2004 Oskar Pfister Award (Tuesday, May 4, 11 a.m.). *Andres Pumariega, M.D.*, will be awarded the 2004 Simon Bolivar Award for his contributions in sensitizing the APA membership to the problems and goals of Hispanics (Wednesday, May 5, 9 a.m.).

see hele programmet her : http://www.psych.org/edu/ann_mtgs/am/04/index.cfm

2.- 6. maj 2004, København

Conceptual aspects on cross-cultural psychology

Ph.d. course in social- and cultural psychology

The Danish Graduate School of Psychology (dfp)

Open for:

16 Ph.d. students, primarily those related to DFP, but also from other Ph.d. programs and from other Nordic countries.

Applications:

Application for participation (free of charge) should have reached the Secretariat of DFP (see below) not later than April 2nd, 2004. Copies of the application should also be sent to each of the two organizers (see below).

Applications in English should include a brief CV, an abstract of one's Ph.d. project and a list of some of the questions one wishes to have discussed during the course. The application should in all not exceed 5 written pages.

Place:

Institute of Psychology, University of Copenhagen, Njalsgade 88, Copenhagen S, Denmark.

Teachers:

Prof. John Berry, Queens University, Canada

Prof. Lars Dencik, Roskilde University, Denmark

Prof. Rolf Kuschel, University of Copenhagen, Denmark

ECTS-points:

Participation in the course gives 6 ECTS-points.

Contact:

Secretary Annette Andersen,

DANSK FORSKERSKOLE I PSYKOLOGI

Institute of Psychology, Njalsgade 88, office 3.2.17,

DK-2300 Copenhagen S, Denmark.

Phone +45 353 28780

Fax: +45 353 28745

E-mail: dfp@psy.ku.dk

<http://www.psyforskenskole.dk>

Organizers:

Prof. Lars Dencik,

Roskilde University, Dept. of Psychology, Pb 260,
 DK-4000 Roskilde.
 Phone +45 4674 2644
 E-mail: lade@ruc.dk

Prof. Rolf Kuschel,
 University of Copenhagen, Inst. of Psychology,
 Njalsgade 88, DK-2300 Copenhagen S.
 Phone +45 3532 8762
 E-mail: Rolf.Kuschel@psy.ku.dk

Programme for the Ph.d. course

Date	Time	Topic	Relevant texts
Sunday May 2. 2004	17 – 18 18 – 20	John Berry: Introduction: What is cross-cultural psychology? Reception	Berry et al. 2002: Ch.1
Monday May 3. 2004	9 – 12	John Berry: The Role of Culture in Human Development and Behavior. How does culture become incorporated into our behavioural repertoire?	Berry et al. 2002: Ch. 2, 3, 5 Berry et al. 1997: Vol. 2, Ch.1 (Super & Harkness)
	13 – 16	Discussion of the Ph.d. students' papers	
Tuesday May 4. 2004	9 – 12	John Berry: Methodological and Theoretical Issues. How can we assess and interpret behaviour in differing cultural contexts; How can we make comparisons?	Berry et al. 2002: Ch.11 and 12 Berry et al. 1997: Vol. 1, Ch. 7 (Vijver & Leung)
	13 – 16	Discussion of the Ph.d. students' papers	
Wednesday May 5. 2004	9 – 12	John Berry: Intercultural Psychology How do groups and individuals change following culture contact. What happens during the process of acculturation?	Berry et al. 2002: Ch.13 Berry et al. 1997: Vol. 3, Ch. 8 (Berry & Sam)
	13 – 16	Discussion of the Ph.d. students' papers	
Thursday, May 6. 2004	9 – 12	John Berry: Applications How can cross-cultural psychology contribute to better human relations and well-being?	Berry 2002: Ch.16, 17 Berry et al. 1997: Vol. 1, Ch. 4 (Sinha)
	13 – 16	Discussion of the Ph.d. students' papers	
	16-17	Farewell	

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. Buddhisme eller religion indgår som en vigtig del af al handling.

Det spændende er, at der i Ladakh eksistere 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/>

Juni

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>

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

September

27. September – 1. oktober 2004, Stockholm **Fördjupningsvecka i transkulturell psykiatri** **Transkulturellt Centrum**

Inbjuden föreläsare är bl.a. Laurence Kirmayer, professor i psykiatri på McGill University, Montreal, Canada.

29. september – 9. oktober 2004, Tyrkiet **Islam og lægekunst** **Dansk Etnomedicinsk Selskab**

Flere oplysninger ved at maile til : mail@etnomed.dk
hjemmeside : <http://www.etnomed.dk/>