

Information om Transkulturel Psykiatri, juni 2004

GENERELT

Center for etnisk spild af penge

Belingske Tidendes leder 18. juni 2004

Vi behøver ikke et særligt forskningscenter for etniske sygdomme

Den misforståede velvilje i udlændingede-batten når nye absurde højder med det forslag, de Radikales Naser Khader og Elsebeth Gerner Nielsen stiller om et særligt center for etniske minoriteter og sundhed.

Centret skulle ifølge forslagsstillerne forske i sammenhængen mellem kulturel baggrund og sygdom, fordi etniske grupper ofte lider af bestemte sygdomme. En idé der bakked op af Institut for Folkesundhedsvidenskab ved Københavns Universitet. Til det må man hovedrystende spørge: ...

læs hele lederen her : <http://www.berlingske.dk/leder:aid=452760/>

Forskning i indvandrersygdomme efterlyses

Berlingske Tidendes netavis 18. juni 2004 / af Jesper Termansen

Indvandrere vender ofte det danske sundhedssystem ryggen. Samtidig lider de af sygdomme, som kan skyldes kulturel levevis. Øget forskning inden for området er derfor stærkt påkrævet, mener læger

En bombe under sundhedssystemet. Sådan karakteriserer den palæstinensiskfødte sexolog og gynækolog Amneh Hawwa de sygdomme, som indvandrere bærer på. Og hun tager med kyshånd imod et forslag fra såvel de Radikale på Christiansborg som professor Allan Krasnik fra Institut for Folkesundhedsvidenskab om at øge forskningen i sammenhængen mellem fremmede kulturer og sygdomme. Også flere andre læger med erfaringer inden for området er meget positive over for en styrket forskning.

»Vi har brug for at få fundet facts frem i stedet for myter. I takt med at indvandrerbefolkningen vokser, stiger problemerne med for eksempel pakistanske og tyrkiske mænd med diabetes 2 - gammelmandssukkersyge - også. Vi kender ikke årsagerne til disse mænds overvægt, men det er højst påkrævet, at vi finder ud af det,« siger Amneh Hawwa.

Både praktiserende læger og forskellige undersøgelser har peget på, at mange indvandrere ikke bryder sig om det danske sundhedsvæsen og derfor opsøger læger i deres oprindelige hjemlande. Blandt andet derfor ser embedslæge for Frederiksberg og København, Henrik Sælan, gerne mere forskning i området:

»Vi ved, at mange indvandrere har svært ved at finde ud af at bruge egen læge-systemet. Mange kommer fra lande, hvor man ikke har den samme tradition; men i stedet benytter de sig af polyklinikker - en slags skadestuer. Vi savner konkret viden om, hvorfor de har det på den måde,« siger han.

læs hele artiklen her : <http://www.berlingske.dk/indland/artikel:aid=452680/#>

Indvandrerkvinder og læger forstår ikke hinanden

Kristeligt Dagblads netavis, 9. juni 2004 / Af

Sundhedsvæsenet er ikke gearret til at hjælpe indvandrerkvinder af med almindelige lidelser, viser rapport

»Gud har givet mig sukkersygen, og Gud vil tage den væk igen«

Lubna, en pakistansk kvinde i midten af 30'erne, mener, at det er skæbnen, der gør en syg, og det er Allah, der kan gøre hende rask. Derfor er en stor opgave for Lubnas læge at forklare hende, at man også som menneske kan afhjælpe sygdommen.

Men det lykkes ikke for lægen.

Lubnas tilfælde er ikke enestående, viser en ny rapport fra DSI Institut for Sundhedsvæsen. Konklusionen er, at trods gode viljer og forsøg på omsorg fra behandlernes side får kvinderne ikke løst deres grundlæggende problemer i sundhedsvæsenet.

Hvis siden stadig er tilgængelig, kan artiklen læses her : <http://www.kristeligt-dagblad.dk/artikel:aid=218037>

Vi omtalte rapporten i sidste nummer af "Information om Transkulturel Psykiatri". Rapporten kan læses her : http://www.dsi.dk/frz_publicationer.htm

Kultur og sygdom hænger sammen

Berlingske Tidendes netavis 17. juni / af Jesper Thobo-Carlsen

Etniske grupper har forskellige helbredsproblemer, og der er behov for forskning i sammenhængen mellem kultur og sygdom, mener professor. Forskellene bør ikke fejes ind under gulvtæppet

Med øget indvandring oplever det danske sundhedsvæsen både stigende kommunikationsproblemer i forhold til etniske minoriteter og flere og flere helbredsproblemer, der kan føres tilbage til forskellige gruppers baggrund.

Det siger professor Allan Krasnik fra Institut for Folkesundhedsvidenskab ved Københavns Universitet, der støtter et forslag fra Det Radikale Venstre om at styrke den danske forskning i etniske gruppers sundhedsproblemer i et nyt institut.

»Danmark har jo indtil for få år siden været et homogent samfund på mange måder, men de sidste års indvandring har jo ført til, at vi begynder at få forskelle i helbred og behov i befolkningen, som ligner, hvad man ser i mange andre lande,« siger han.

»Vi oplever ofte kommunikationsproblemer, og det er det danske sundhedspersonale ikke særligt rustet til at håndtere, og så kan de etniske minoritetsgrupper i en vis udstrækning komme med helbredsproblemer, som også er præget af deres baggrund,« siger Allan Krasnik, der understreger, at der er behov for at betragte de forskellige kulturer som netop forskellige.

læs hele artiklen her : <http://www.berlingske.dk/indland/artikel:aid=452326/>

Modstand mod gebyr på tolke hos lægen

Kristeligt Dagblads netavis, 10. juni 2004 / af Marianne With Bindslev

Gebyr for tolke i sundhedsvæsenet får negative konsekvenser for indvandreres levevilkår, mener eksperter

Hvis indvandrere og flygtninge efter syv år i Danmark ikke har lært dansk nok til at forklare om deres sygdom og forstå lægen, så kommer det til at koste i form af et gebyr til en tolk.

Det besluttede et stort flertal i Folketinget i sidste uge, hvor regeringen, Socialdemokraterne, Kristendemokraterne, Dansk Folkeparti og en enkelt fra Det Radikale Venstre stemte for loven, der træder i kraft den 1. juni 2011. Men loven har ikke lige så bred opbakning uden for Christiansborg som indenfor.

...

Tolken Imran Hussain, der ejer det professionelle tolkebureau TolkDanmark, mener, at det er vanskeligt at lære dansk på syv år for de flygtninge, der får asyl i Danmark.

- At lære et nyt sprog kræver, at man er psykisk i orden, når man kommer hertil. De fleste flygtninge, der kommer i dag, er traumatiserede, og det lægger et ekstra pres på dem at skulle lære dansk, siger han.

Hvis siden stadig er tilgængelig, kan den læses her : <http://www.kristeligt-dagblad.dk/artikel:aid=218164>

Politisk fokus på etnisk sygdom

Berlingske Tidendes netavis 17. juni 2004 / Af Jesper Thobo-Carlsen

Et særligt sundhedscenter skal undersøge, hvorfor etniske grupper tilsyneladende oftere lider af bestemte sygdomme, foreslår de Radikale. Både SF og K er positive

Er ægteskaber mellem fætre og kusiner skyld i genetiske misdannelser? Lider kvinder, der altid bærer tørklæde udenfor af D-vitaminmangel? Får pakistanere oftere diabetes end andre, fordi de spiser for fed mad?

Det er der ifølge Det Radikale Venstres sundhedsordfører Naser Khader grund til at formode, og derfor foreslår han og integrationsordfører Elsebeth Gerner Nielsen, at der oprettes et Center for etniske minoriteter og sundhed, der skal forske i sammenhængen mellem kulturel baggrund og sygdom.

læs artiklen her : <http://www.berlingske.dk/indland/artikel:aid=452360>

Svage flygtninge svigtes

Dansk Flygtningehjælps hjemmeside 15. juni 2004

Dansk Flygtningehjælps formand kritiserer regeringen for at fokusere ensidigt på integration på arbejdsmarkedet og dermed lade de svage flygtninge i stikken

Regeringen svigter de svage flygtninge ved at fokusere for ensidigt på integrationen på arbejdsmarkedet. Det mener Dansk Flygtningehjælp, som på sit repræsentantskabsmøde tirsdag rettede en skarp kritik mod regeringens integrationspolitik.

"Vi skal blive bedre til at integrere flygtninge på arbejdsmarkedet. Men vi skal også passe på, at vi ikke fokuserer for ensidigt på arbejdsmarkedet i første omgang. Mange sårbare flygtninge falder igennem i et almindeligt dansk integrationsforløb, fordi regering og Folketing prioriterer erhvervsrettede tilbud," sagde formand Knud Larsen i sin beretning.

Starthjælpen er ifølge Knud Larsen et eksempel på det politiske fokus på arbejdsmarkedets integration. Med en lav ydelse kan flygtningene supplere med egne indtægter.

"Det er bare ikke alle, der kan eller er parate til at få et arbejde," sagde Knud Larsen.

Omkring halvdelen af alle flygtninge i Danmark lider af angst eller depressioner som følge af tortur eller stress. Det giver dårlig hukommelse og hæmmer indlæringen, og for de flygtninge gælder, at de ikke umiddelbart kan træde ind på det danske arbejdsmarked, men risikerer at hænge fast i velfærdssystemet på ubestemt tid.

Turbo på danskkurser til udlændinge

Berlingske Tidende 1. juni 2004 / Af Henrik Munksgaard

Kun hver anden familiesammenført følger de frivillige danskkurser. Nu er regeringen parat til tvang, ligesom man vil have flygtninge tidligere i gang med sprogundervisning

Hurtigere og obligatorisk. Sådan lyder overskriften på de initiativer, som integrationsminister Bertel Haarder (V) nu er parat med for at styrke danskkundskaberne hos både flygtninge og familiesammenførte udlændinge

»Vi ved, at det kun er hver tiende flygtning, som er i arbejde, et par år efter de har fået asyl, og det hænger nøje sammen med dårlige sprogkundskaber. Derfor er det afgørende for integrationen,« siger ministeren.

Når en flygtning har fået asyl, skal vedkommende straks i gang med intensiv danskundervisning senest den førstkommande mandag, lyder et af ministerens tiltag. I dag er sprogundervisningen overladt til kommunerne. Her går der ofte to-tre måneder, før sprogundervisningen kommer i gang.

læs artiklen her : <http://www.berlingske.dk/indland/artikel:aid=446240/>

OM PSYKIATRI

Verden glemmer psykisk syke

Tidsskrift for Den norske Lægeforening, 3. juni 2004 / af Eline Feiring

Nærmere halvparten av alle pasienter med alvorlige psykiske lidelser i USA og mange europeiske land får ikke behandling. Situasjonen er enda verre i utviklingsland

Det viser en stor studie Verdens helseorganisasjon (WHO), har utført. Det er den første av flere studier rundt psykiske lidelser i verden. Funnene, som er publisert i siste nummer av JAMA, viser hvor utbredt psykiske lidelser er i verden og at de som er syke, til tross for mange tilgjengelige behandlingsmuligheter, ikke får behandling.

læs artiklen her : http://www.tidsskriftet.no/pls/lts/pa_lt.visnyhet?vp_id=5202

OM TRANSKULTUREL PSYKIATRI

Center for flygtninge med traumer

Aktivitetssenteret for flygtninge med traumer slog i går [9. juni] officielt dørene op ved en velbesøgt åbningsreception. Det er Dansk Flygtningehjælp og RCT (Rehabiliterings- og Forskningscentret for Torturofre), der er gået sammen om centret, der skal hjælpe flygtningene til at bryde den onde cirkel, mange flygtninge med traumer lever i.

"Vi ved at krig, politisk forfølgelse og tortur kan medføre koncentrationsbesvær, angst, fysiske smerter og natlige mareridt. Konsekvensen er ofte at flygtninge med traumer isolerer sig, ikke magter det danske sprog, bliver arbejdsløse og ender på kontanthjælp. Selvværdet risikerer at blive helt nedbrudt og så får det konsekvenser for hele familien – ikke mindst børnene," forklarede Dansk Flygtningehjælp formand, Knud Larsen, om baggrunden for det nye aktivitetssenter.

"Målet med et forløb på vores nye center er mere end at bryde den onde cirkel. Målet er at flygtningene efterfølgende kan påbegynde eller fortsætte en egentlig integration i det danske samfund, kan udnytte og bygge videre på egne ressourcer igen og forhåbentligt komme i arbejde," sagde Knud Larsen.

Integrationsminister Bertel Haarder mødte også op for at se de nye lokaler:

"Et godt skøn er at 20 – 30 procent af de flygtninge, der er kommet til Danmark, er traumatiserede og har særlige problemer, ud over at de er blevet omplanted til et andet land. De problemer kan løses her i disse lokaler," sagde Bertel Haarder i sin tale ved receptionen.

Aktivitetssenteret har plads til ca. 30 flygtninge ad gangen, der vil blive tilbudt et individuelt forløb, med blandt andet værkstedsaktiviteter, fysisk udfoldelse og fysisk behandling samt undervisning i dansk. Senere vil centret give kursisterne tilbud om praktikophold eller andre erhvervsrettede aktiviteter.

Bertel Haarder udtrykte håb om, at mange kommuner ville henvise flygtninge til centret i Herlev "til gavn for dem, der har valgt en fremtid i Danmark. For vi har brug for at så mange som muligt bliver selv bærende."

For yderligere information se: <http://www.flygtning.dk/integration/aktivitetssenter/>

Culture, history can keep blacks from getting depression treatment

Mark Moran

Fervently held religious beliefs in the African-American community that prayer—and prayer alone—can heal distress and disease may serve as a barrier to recognition and effective treatment of depression.

Stigma about mental illness and depression is compounded for black Americans by social and cultural factors unique to the African-American experience, said Annelle Primm, M.D., M.P.H., at a meeting of the Black Psychiatrists of America in Kansas City, Mo.

Primm joined the APA staff in late April as director of its Department of Minority and National Affairs. Formerly she was an associate professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine.

In her presentation, "Major Depression: Stigma and Myth," Primm said these factors include the pre-existing stigma associated with being a person of color, certain fervently held religious beliefs, distrust of the medical profession, and language and literacy barriers to appropriate care. ...

Psychiatric news 3(11), 12, 2004

læs artiklen her : <http://pn.psychiatryonline.org/cgi/content/full/39/11/12>

FN: Danmark skader Kosova

Politikens netavis 12. juni 2004 / af Rasmus Emborg

Danmark har i en række sager sendt syge flygtninge retur til Kosova. FN kritiserer den danske regering for at skade genopbygningen af landet. Integrationsminister Bertel Haarder (V) siger, at Danmark overholder alle regler

FN i Kosova retter en hård kritik imod den danske regering. Danmark skader opbygningen af den borgerkrigshærgede provins.

»Som det eneste land i Europa vil Danmark ikke anerkende UNMIK's politik, som er fastlagt i en resolution fra FN's sikkerhedsråd. Det giver for mig ingen mening«, siger den amerikanske FN-diplomat James Rodehaver.

Han har i knap tre år været chef for det kontor i UNMIK - FN's administration i Kosova - som har ansvaret for hjemsendelser af flygtninge.

Danmark sender syge retur

Ifølge UNMIK's politik må de europæiske lande ikke sende etniske minoriteter og syge tilbage.

Men det har de danske myndigheder i en række sager set stort på, og kontorchefen beskylder nu de danske myndigheder for at tilbageholde oplysninger om alvorlige sygdomme.

læs artiklen her <http://politiken.dk/VisArtikel.iasp?PageID=323231>

Læge: Mange syge flygtninge sendes hjem

Politikens netavis 13. juni 2004 / af Rasmus Emborg

Læge og psykiater bakker op om FN-kritik af Danmark: Myndighederne udviser syge, der ikke kan få behandling i hjemlandet

Danmark udviser ikke kun alvorligt syge flygtninge til Kosova, men til en række lande. Det vurderer læge og psykiater Bente Rich, der i årevis har behandlet syge asylansøgere på de danske centre.

»Flygtninge fra hele verden bliver sendt hjem, selv om de er syge og ikke kan få behandling i hjemlandet. Jeg er rystet over, hvordan beslutningerne træffes. Desværre ser det ud til, at det ikke kun handler om, at embedsmændene ikke er grundige nok, men at de gør det mod bedre vidende«, siger Bente Rich.

Den skarpe kritik kommer i kølvandet på udtalelser fra den amerikanske FN-diplomat i Kosova, kontorchef James Rodehaver. I Politiken søndag fortalte han, hvordan Danmark sender alvorligt syge flygtninge tilbage til den krigshærgede provins - i lodret strid med FN's politik for området.

Brug for uvildigt tilsyn

Diplomaten beskyldte direkte de danske myndigheder for at tilbageholde afgørende sundhedsoplysninger for UNMIK - FN's administration i Kosova.

Bente Rich mener, at der er brug for et uvildigt tilsyn med det danske udlændingesystem.

læs artiklen her : <http://politiken.dk/VisArtikel.iasp?PageID=323313>

Psychiatrists urge more direct focus on patients' spirituality

Eve Bender

Fra artiklen

... Ignorance Can Yield Misdiagnosis

Another danger is that if the treating psychiatrist is ignorant of or insensitive to the nuances of a person's cultural background or religious beliefs, he or she may incorrectly diagnose the patient's behavior as psychopathological, Lu stated.

What would normally be considered a visual or auditory hallucination may actually be part of a religious experience for some people—a vision of the Virgin Mary, for example—and not a symptom of a psychotic disorder, he pointed out.

"The other error a psychiatrist can make is to incorrectly judge certain behaviors or symptoms as related to a patient's cultural background instead of to psychopathology," he added.

To minimize the occurrence of such mistakes, psychiatrists can use a category in the *DSM-IV-TR*, "religious or spiritual problem," which is coded on Axis I. Religious or spiritual problems are not classified as mental disorders, Lu emphasized, but as other conditions that may be a focus of clinical attention.

Examples given in the *DSM* include "distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution."

Lu encouraged psychiatrists to be aware of "limitations in our knowledge and skills, as well as any biases rooted in our cultural backgrounds and experiences... instead of assuming that we know what is happening."

Psychiatric news 3(12), 30, 2004

læs artiklen her : <http://pn.psychiatryonline.org/cgi/content/full/39/12/30-a>

Syge flygtninge presses til at rejse

Politikens netavis 20. juni 2004 / af Rasmus Emborg

En gruppe flygtninge fra Kosova, der opholder sig i Danmark, er havnet i en situation, hvor FN mener, at de er for syge til at blive sendt tilbage til hjemlandet, mens de danske myndigheder ikke mener, de er syge nok til at få opholdstilladelse

De danske myndigheder forsøger at presse flygtninge til at rejse tilbage til Kosova, selv om en uvildig helbredsundersøgelse har fastslået, at de er så syge, at de umuligt kan få behandling i hjemlandet.

»Det kan ikke være rigtigt. Har man en undersøgelse, må man tage konsekvensen af den. Og hvis vedkommende ikke kan sendes hjem, skal han have fornuftige vilkår i Danmark«, siger generalsekretær Andreas Kamm fra Dansk Flygtningehjælp....

læs hele artiklen her : <http://politiken.dk/VisArtikel.iasp?PageID=324392>

Telepsychiatry brings care to underserved populations

Teleconferencing can aid in consultation with colleagues and help psychiatrists reach the burgeoning numbers of mentally ill people in jails and prisons

Telepsychiatry has the power to bridge distances between psychiatrists and patients everywhere, and especially between the relatively few black psychiatrists and the many African-American patients who need their help.

So said Phyllis Harrison-Ross, M.D., in a lecture at APA's annual meeting in New York City last month. Harrison-Ross received the 2004 Solomon Carter Fuller Award for lifetime achievement. The award honors an individual who has "pioneered in an area which has benefited significantly the quality of life for black people.

"Drawing on personal anecdotes and case histories, Harrison-Ross issued a compelling call for psychiatrists—especially black psychiatrists—to use the new technology of modem and digital videoconferencing to expand the reach of public and community psychiatry to underserved patients. "With a computer and a camera, patients and their psychiatrists can see and talk to one another through telepsychiatry," she said.

Noting that only 2 percent of the nation's psychiatrists are African American, she added that "telepsychiatry can make psychiatrists available to people in prisons, people who are housebound, armed services personnel on ships, seniors in nursing homes, teenagers who are uncomfortable in a psychiatrist's office, and black people who need an African-American psychiatrist in places where there are none".

Harrison-Ross is the founder and managing partner of the Black Psychiatrists of Greater New York and Associates and the Emerita Professor of Psychiatry and Behavioral Health Sciences at New York Medical College....

Psyciatric news 39(12), 2004

læs artiklen her : <http://pn.psychiatryonline.org/cgi/content/full/39/12/4?etoc>

LITTERATUR

RAPPORTER

Børn på tværs af grænser : om born og unge med traumer I forbindelse med krig og flugt : evaluering af uddannelsesprojekt I Vejle kommune

CETT – Center for Traume- og Torturoverlevende I Vejle har udgivet en rapport om det kursus, de har afholdt for ansatte i Vejle kommune.

Evalueringsrapporten kan læses her : http://www.cett.dk/files/Børn%20på%20tværs_til%20net.pdf

Retspsykiatri : status og udfordringer

1. Psykisk syges kriminalitet er nu kortlagt

Amtsrådsforeningens hjemmeside 24. juni 2004 / af

Væksten i kriminalitet begået af psykisk syge skal stoppes. Det slår en arbejdsgruppe fra Amtsrådsforeningen fast i ny rapport - og den anbefaler, at man nu klart prioriterer tilbud, der er mere opsøgende og holder bedre fast i den enkelte

Arbejdsgruppen har netop offentliggjort rapporten "Retspsykiatri - status og udfordringer". Af rapporten fremgår det også, at to ud af tre psykisk syge, som begår kriminalitet, har sindslidelsen skizofreni - og at knap hver fjerde har en anden etnisk baggrund end dansk.

Arbejdsgruppen anbefaler i rapporten, at man politisk og fagligt tager initiativer til yderligere at reducere sindslidendes kriminalitet. Bl.a. bør indsatsen for tidlig opsporing af psykisk syge udbygges i amterne og H:S - ligesom man også bør inddrage systematiske vurderinger af farlighed ind i den psykiatriske behandling.

- Psykisk syges kriminalitet er et stort problem, både for den enkelte, samfundet og for hele holdningen til sindslidende. Vi mangler i høj grad viden om, hvorfor sindslidende begår lovovertrædelser, siger formanden for Amtsrådsforeningens Social- og Psykiatriudvalg, amtsborgmester Orla Hav, Nordjyllands Amt.

læs hele artiklen her :

<http://www.arf.dk/Nyhedscenter/Pressemeddelelser/2004/PsykiskSygesKriminalitetErNuKortlagt.htm>

2. Oprustning af psykiatrien

Amtstrådsforeningens hjemmeside 25. juni 2004 / af Antje Gerd Poulsen

Antallet af psykisk syge, som dømmes for vold, er voksende. Det er et faktum, men ingen ved, hvorfor det er sådan. Derfor foreslår amterne i en ny rapport, at der forskes mere i området, og at psykiatrien oprustes

Antallet af sindslidende, der er dømt for især voldskriminalitet, er mere end firedoblet fra ca. 300 i 1980 til ca. 1500 i 2003. Det er den dystre baggrund for, at amterne foreslår en generel oprustning på det psykiatriske område og en nærmere undersøgelse af, hvad der ligger bag tallene. Ingen ved nemlig, hvorfor så mange psykisk syge bliver dømt.

Rapporten "Retspsykiatri - status og udfordringer", som netop er blevet offentliggjort, beskriver den eksisterende viden på området og kommer med 13 anbefalinger til, hvad der kan gøres for at bremse udviklingen. Grundtanken i anbefalingerne er, at distriktspsykiatrien skal styrkes. Der skal lægges mere vægt på opsøgende arbejde, så psykisk syge forhindres i at droppe ud af behandlingen.

Formand for Dansk Psykiatrisk Selskab Dorte Sestoft er enig i, at det er en god idé at styrke retspsykiatrien generelt, men understreger, at der også skal flere sengepladser til...

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

3. læs rapporten "Retspsykiatri : status og udfordringer" her :

<http://www.arf.dk/NR/rdonlyres/ezssjqiaz4ybeyww43yxu5f5g3l2rexocwv2wygg6v7lymly5k4wko6r5rt5dzhriprwwid3bl34tlcy73io5cdxgad/RetspsykiatriStatusOgUdfordringer.pdf>

ANMELDELSER

Counseling the culturally diverse : theory and practice, 4th ed.

By Derald Wing Sue and David Sue. New York, John Wiley & Sons, 2003, 507 pp., \$80.95.

ARMANDO R. FAVAZZA, M.D., M.P.H., Columbia, Mo.

This hefty tome looks, feels, and reads like a textbook for graduate students in counseling psychology. Obviously, since this is its fourth incarnation, it has been very successful, and it is generally accepted as the best book in the field. The keys to its success are simple: it is comprehensive, clearly written, neatly divided into 20 chapters ending with sections on implications for clinical practice, and contains many clinical vignettes that balance the theoretical material.

The book starts slowly, with a discussion of the "superordinate nature" of multicultural counseling, the politics of counseling and therapy, and sociopolitical considerations of trust and mistrust. Much of this section can be summed up by the authors' contention that

the power of racism, sexism, and homophobia is related to the invisibility of the powerful forces that control and dictate our lives. In a strange sort of way, we are all victims. Minority groups are victims of oppression. Majority group members are victims who are unwittingly socialized into the role of oppressor. (p. 72)

Despite this ominous start, the book moves on to clinical material that really is quite practical. The authors argue correctly that a counselor/therapist dealing with culturally diverse clients needs to be adaptive and not tied down to traditional approaches, although I couldn't help but chuckle at the suggestion that change-agent outreach programs may involve shooting basketball and playing billiards with clients. Thank God we psychiatrists have patients who, unlike clients, would most likely swoon or run away at the suggestion that we shoot a few hoops together. Just imagine the possibilities of such a scenario in the hands of the comedian Larry David in a episode of *Curb Your Enthusiasm!* But I digress.

The section of the book that most fascinated me was on white racial identity development. Here the authors explore the responses of different people to the question, "What does it mean to be white?" In fact, I plan to spend an entire session of my cultural psychiatry seminar asking the residents to answer this question. The authors note that

whiteness is transparent precisely because of its everyday occurrence and because Whites are taught to think of their lives as morally neutral, average, and ideal....Persons of color find White culture quite visible because even though it is nurturing to White Euro-Americans, it may invalidate the lifestyles of multicultural populations. (p. 239)

As a resource book for teaching about clinical competence, the book is terrific. Ideally, all psychiatrists should be familiar with the book's contents, but I seriously doubt that, after a mind-numbing day of 15-minute medication management visits, there are many psychiatrists who have the will and strength to read this lengthy tome. More's the pity, because through years of personal experiences I have learned that our pills tend to be more efficacious and our patients more compliant when we pay attention to cultural facts. If you go about things the right way, it's amazing sometimes what can be accomplished in 15 minutes.

American journal of psychiatry

ELEKTRONISKE TIDDSKRIFTER

ARTIKLER

Age of traumatisation as a predictor of post-traumatic stress disorder or major depression in young women

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Tanja Michael, PhD, University of Basel, Switzerland
Lydia Fehm, PhD, University of Technology, Dresden, Germany
Eni S. Becker, PhD, University Nijmegen, The Netherlands
Jürgen Margraf, PhD, University of Basel, Switzerland

Background Findings in developmental psychopathology suggest that traumatisation in childhood may increase the risk of both post-traumatic stress disorder (PTSD) and major depressive disorder, whereas traumatisation in adolescence is more likely to lead to elevated PTSD risk.

Aims To estimate the impact of traumatisation in childhood or adolescence in a community sample.

Method A representative sample of 1966 young women from Dresden aged 18–45 years were interviewed for occurrence of traumatic events and the onset of PTSD and major depression. The sample was subdivided into a childhood trauma group (trauma up to age 12 years) and an adolescent trauma group (trauma from age 13 years).

Results A quarter of all participants reported traumatic events meeting the DSM AI criterion. In the childhood group conditional risks for PTSD and major depressive disorder were 17.0% and 23.3%, respectively, compared with risks of 13.3% and 6.5%, respectively, in the adolescent group. In 29% of those with PTSD, major depression was also present.

Conclusions The risk of developing major depressive disorder after traumatisation in childhood is approximately equal to the risk of developing PTSD. After age 13 years, the risk of PTSD is greater than the risk of major depression after traumatisation

British journal of psychiatry 184, 482-487, 2004

Alexithymia, emotions and PTSD; findings from a longitudinal study of refugees

Söndergaard H.P.; Theorell T.

Abstract:

The objective of the present study was to assess alexithymia by means of the Toronto Alexithymia Scale (TAS-20) and The Emotion Protocol (EP) in a group of refugees. Eighty-six subjects were willing to participate. At last follow-up, 33 non-PTSD and 22 PTSD subjects had complete data. Subjects with PTSD had higher scores on the TAS-20 ($F=4.314$, $df=77$, $p=0.041$), but on the subscale level, this was significant only with regard to Factor I, difficulties identifying feelings ($F=5.316$, $df=77$, $p=0.024$). TAS Factor I and to a lower extent TAS Factor II (difficulties naming feelings) were significantly associated with the self-rated presence of dysphoric affects. At follow-up, an increase in TAS Factor I score was associated with increased prevalence of self-rated symptoms of PTSD, but not depression. Decrease in prolactin was associated with significant increase of TAS Factor I ($\rho=-0.396$, $n=54$, $p=0.003$). The present study indicates that alexithymia as measured by TAS-20 is indeed associated with symptoms of PTSD. This association is almost exclusively explained by the TAS Factor I subscale and is in turn associated with a high level of self-reported dysphoric affect. The longitudinal inverse correlation with prolactin points to the possibility of an underlying disturbance in serotonergic and/or dopaminergic systems. The results thus indicate that secondary, or post-traumatic, alexithymia is a measure of suppressed or warded-off negative affects.

Keywords: Affective symptoms, Alexithymia, Post-traumatic stress

Nordic journal of psychiatry 58(3), 185-191, 2004

Attacked by the gods or by mental illness? Hybridizing mental and spiritual health in Okinawa

Matthew Allen, Koichi Naka, Hiroshi Ishizu

Abstract:

In 1972, the reversion to Japanese rule brought with it many changes for Okinawans, among them the widespread introduction of psychiatry. Psychiatry was not well received at first due to the extensive presence of shamans, who had traditionally dealt with Okinawans' spiritual and psychological afflictions. Both psychiatrists and shamans claimed to be able to heal those who were labelled 'mentally ill' or 'mentally disordered' by psychiatrists. This conflict between systems over the body of the patient/client is relevant to debates today about both the perceived value of generic mental health diagnosis and treatment regimes compared with indigenous healing,¹ and the question of isolating how markers or symbols of identity are employed in patients' help-seeking choices. We examine three cases from the 1970s of patients who were diagnosed as suffering from both schizophrenia and an indigenous condition known as *kami daarii*.

Mental health, religion and culture 7(2), 83-107, 2004

Cognitive-behavioral treatment of tortured asylum seekers: a case study

Metin Basoglu Solvig Ekblad, Sofie Bäärnhjelm and Maria Livanou

Abstract

The present study examined results of cognitive-behavioral treatment (CBT) in a 22-year-old, male, tortured asylum-seeker living in Sweden. The patient received 16 sessions of CBT involving mainly self-exposure to trauma-related cues. Clinical measures (assessor- and self-rated) were completed at pre-treatment, weeks 6, 8, 12, and 16, post-treatment and at follow-up (1-, 3-, and 6-month). Treatment led to significant improvement across all measures of post-traumatic stress disorder, anxiety, and depression. The improvement was maintained at 6-month follow-up. The results suggest that CBT could be useful in treating tortured asylum-seekers and refugees despite the additional stressors experienced by asylum-seekers and refugees.

Author Keywords: Asylum seekers; Torture; Post-traumatic stress

Journal of anxiety disorders 18(3), 357-369, 2004

Commissioning and delivering culturally diverse child and adolescent mental health services

Dogra, Nisha

Abstract:

Purpose of review: The purpose of this review is to consider the recent literature with respect to the provision of child mental health services to culturally diverse populations.

Recent findings: Much of the research has focused on disparities in health-care delivery in relation to race or ethnicity and has reinforced the notion that such disparities do exist. There is little to explain why this continues to be the case. There has also been some work on diversity of settings for service provision, with school-based services being presented as a viable alternative. The research has not yet focused on the ways in which health-care professionals deliver services to culturally diverse populations.

Summary: It may be necessary to review how policy is translated into practice. Those involved in health-care planning may need to consider a much more individual approach than previously, to ensure that culturally appropriate care is provided to all users. Providers may need to consider how staff in their services are trained to meet this aim.

Current opinion in psychiatry 17(4), 243-247, 2004

The detection of psychological problems by General Practitioners : Influence of ethnicity and other demographic variables

S.Maginn, A.P.Boardman, T.K.J. Craig, M.Haddad, G.Heath and J.Stott

Abstract.

Background: Common mental illness in Black Africans and Black Caribbeans has been relatively little studied in the UK. Previous studies of the detection of psychological problems by General Practitioners (GPs) in these groups have been inconclusive.

Aims: The aim of this study was to investigate the prevalence, detection and management of psychological problems in General Practice among Black Caribbeans and Black Africans compared to White English attenders and to examine the relative contribution of other sociodemographic factors to these main outcome variables.

Method: Consecutive attenders aged 16–65 years at 18 General Practitioners in South-East London completed the General Health Questionnaire (GHQ-12) before seeing the GP. The GPs rated the current emotional state of the patients at the end of each consultation. Comparison of the GHQ and GP ratings was used to compute the detection indices.

Results: A total of 1211 patients aged 16–65 years were approached to take part in the study. Of the patients, 75 (6%) declined or were not able to complete the GHQ. In all, 994 individuals had both GP and GHQ ratings. There was an overall probable prevalence of 37%, of which 73% were identified as cases by the GPs. Black African patients had lower rates of common mental disorders, were less likely to be detected as psychiatric cases by the GP and less likely to receive active management for their psychological problems than Black Caribbean and White English patients. Rates of prevalence, detection and management were similar between Black Caribbean and White English patients. In the multivariate analysis, ethnicity, employment and age all played a significant independent role in predicting probable prevalence. The patients reported decision to talk to their GP about psychological problems was the main predictor of detection. Ethnicity did not independently predict detection, but Black African cases were less likely to say that they would talk to their GP about psychological problems. GPs identification indices mirrored probable prevalence, suggesting that GPs were more sensitive to detecting psychiatric illness in individuals belonging to groups which commonly presented as symptomatic.

Conclusions: The findings suggest that in General Practice the prevalence of common mental disorders, their detection and management in Black Caribbeans are similar to those in White English, but that Black Africans have lower prevalence, are less likely to be detected and are less likely to receive active management. The study of GP consultants presents problems for the interpretation of these results and it may be that Black Africans with

psychological problems are less likely than their Caribbean and English counterparts to attend their GP, and less willing to speak to them about these problems when they do. Future similar studies should distinguish Black African and Black Caribbean subjects in their analyses, as categories such as Afro-Caribbean may mask important differences in attitudes and illness behaviour.

Key words psychiatric disorder – detection – prevalence - general practice - ethnic groups

Social psychiatry and psychiatric epidemiology 39(6), 464-471, 2004

Disparities in cognitive functioning by race/ethnicity in the Baltimore Memory Study

Brian S. Schwartz, Thomas A. Glass, Karen I. Bolla, Walter F. Stewart, Gregory Glass, Meghan Rasmussen, Joseph Bressler, Weiping Shi,¹ and Karen Bandeen-Roche

Abstract

The Baltimore Memory Study is a cohort study of the multilevel determinants of cognitive decline in 50-70-year-old randomly selected residents of specific city neighborhoods. Prior studies have demonstrated that cognitive function differs by race/ethnicity, with lower scores in minorities than in whites, but the underlying basis for these differences is not understood. Studies have differed in the rigor with which they evaluated and controlled for such important confounding variables as socioeconomic status (SES), health-related behaviors, comorbid illnesses, and factors in the physical environment. The goal of this study was to describe differences in neurobehavioral test scores by race/ethnicity, before and after control for a four-dimensional measure of SES and health-related behaviors and health conditions, in a cross-sectional analysis of first visit data. Random samples of households in the study area were selected until enrollment goals were reached. Among the 2,351 persons on whom eligibility was determined, 60.8% were scheduled for an enrollment visit; of these, 1,140 (81.3%) were enrolled and tested. These study participants were 34.3% male and 65.7% female and were from 65 Baltimore, Maryland, neighborhoods. After adjustment for age, sex, and testing technician, there were large and statistically significant differences in neurobehavioral test scores by race/ethnicity, with African-American scores lower than those for whites, for both men and women. After adjustment for individual SES (educational status, household income, household assets, and occupational status), the average difference declined by 25.8%. After additional adjustment for SES, health-related behaviors and health conditions, and blood lead, the average difference declined another 10%, but large differences persisted; African Americans had test scores that averaged 0.43 standard deviation lower than those for whites across all neurobehavioral tests. These differences were present in all cognitive domains, including tests that would not be characterized as susceptible to differential item functioning by race/ethnicity, suggesting that the results are not due to race/ethnicity-associated measurement error.

Key words: cognitive function, health disparities, race/ethnicity, socioeconomic status

Environmental Health Perspectives, 112(3), 314-320, 2004

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East meets West : integrating psychotherapy approaches for muslim women

Carter, David J. PhD; Rashidi, Anahita MSN, RN

Abstract

Psychotherapists' knowledge and understanding of Muslim women's culture is essential for them to effectively treat patients. Muslim women's culture is based on Islam, which permeates their thinking patterns, their interaction with themselves and others, and all activities of their daily lives. Western psychotherapy ineffectively treats Muslim women because its individualistic and fragmented method is contrary to the Muslim population's holistic spiritual approach to life. This article provides a theoretical integration of Eastern and Western therapeutic concepts for Muslim women, to promote a more effective therapeutic approach for this population residing in the United States.

KEY WORDS: holistic care, Ibn Sina, mental health, Muslim women,

Holistic nursing practice. 18(3), 152-159, 2004

Ethical aspects when treating traumatized refugee children and their families

Gunilla Jarkman Björn ; Åke Björn

Abstract

Basic ethical principles are worth analysing step by step when dealing with refugee children and their families. Three issues where potential ethical conflicts might arise for healthcare professionals in treating refugees with different cultural background are pointed out-traumatic life events, hierarchy and repatriation. An ethical analysis of the decision to admit a traumatized teenage refugee to a psychiatric ward is discussed with respect for the ethical principles autonomy, non-maleficence, beneficence and justice. There are both gains and losses, which are valued differently depending on the actors involved.

Nordic journal of psychiatry 58(3), 193-198, 2004

Excess of psychoses among the French West Indian population

Nicolas Ballon, MD, Gilbert Ursulet, MD, Sylvie Merle, MD, Michel Eynaud, MD, Aimé Charles-Nicolas, MD, Max Michalon, MD

Abstract

Objective: To investigate and compare the prevalence of psychoses in the French West Indies (FWI) and in continental France.

Method: As part of an international epidemiologic multicentre study under the authority of the World Health Organization French Collaborating Center (WHO-CC), we questioned 7257 individuals selected from the general population in France and in the FWI, using the Mini International Neuropsychiatric Interview. We compared data using the chi-square test.

Results: We found a significant discrepancy between the rate of psychoses at the continental French sites (1.8%) and the FWI sites (4.4%) ($P < 0.0001$). After homogenizing the rate of missing interviews, our results remained significant.

Conclusions: Such a drastic increase in the rate of psychoses in the FWI population cannot be explained solely on the basis of either the classical migration hypothesis or other currently accepted hypotheses. More attention should be given to new parameters such as 1) the recent and significant abuse of crack cocaine and cannabis in the FWI, 2) the continued existence of magic practices in a significant portion of the French Afro-Caribbean population, and 3) the expression of mood disorders with overvalued ideation or psychotic symptomatology.

Canada journal of psychiatry 49(5), 335–339, 2004

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Gunilla Jarkman Björn ; Åke Björn

Abstract

Basic ethical principles are worth analysing step by step when dealing with refugee children and their families.

Three issues where potential ethical conflicts might arise for healthcare professionals in treating refugees with different cultural background are pointed out-traumatic life events, hierarchy and repatriation. An ethical analysis of the decision to admit a traumatized teenage refugee to a psychiatric ward is discussed with respect for the ethical principles autonomy, non-maleficence, beneficence and justice. There are both gains and losses, which are valued differently depending on the actors involved.

Nordic journal of psychiatry 58(3), 193-198, 2004-06-15

Ethiopian refugees in the UK : migration, adaptation and settlement experiences and their relevance to health

Papadopoulos, S. Lees, M. Lay, A. Gebrehiwot

Abstract

Objective. The study explores Ethiopian refugees' and asylum seekers' experiences of migration, adaptation and settlement in the UK and their health beliefs and practices.

Design. Data was collected using semi-structured depth interviews and a semi-structured questionnaire. The sample consisted of 106 Ethiopians resident in the UK.

Results. The majority of the participants fled Ethiopia due to political reasons. Whilst 65% of them had lived in the UK for over five years only 7% had full refugee status. Many of the participants faced difficulties with the immigration system, housing and social services and felt socially isolated. Many also had problems with gaining employment or employment appropriate to their qualifications, and 29% were unemployed. The majority of the participants believe that happiness is a prerequisite to healthiness and also an indication of healthiness. On the other hand the majority believed that sickness is caused by disease and mental illness is caused by both supernatural and psychosocial causes. Most of the participants sought the help of their GP in the first instance of illness although some had experienced difficulties accessing health services due to language problems and poor understanding of the primary healthcare system. The participants also believed that the stress of adaptation and settlement affected their mental health and led to depression.

Conclusion. Migration, adaptation and settlement experiences impact on the health of refugees and are dependent on a number of barriers and enablers, both at a personal and societal level. These should be taken into account in the provision of health and social care services, in particular services should be provided in a culturally competent manner.

Keywords:

Ethiopian, Migrants, Refugees, Asylum Seekers, Migration, Adaptation, Settlement, Cultural Competence, Beliefs, Help Seeking

Ethnicity and health 9(1), 55-73, 2004

Ethnic differences in coping with interpersonal stressors : a test of self-construals as cultural mediators

Abstract:

This study examines ethnic differences in how Asian and White American students cope with interpersonal stressors and tests whether differences in self-construals mediate the relationship between ethnicity and coping. Asian Americans were found to be more oriented toward secondary control and less oriented toward primary control than White Americans. Independent self-construal fully mediated the ethnic difference in primary control. Greater orientation toward an independent self-construal accounted for the greater use of primary control among Whites, in relation to Asians. Interdependent self-construal partially mediated the ethnic difference in secondary control. Greater orientation toward an interdependent self-construal accounted for the greater use of secondary control among Asians, in relation to Whites. Other factors, such as structural variables, may account for further ethnic variations in secondary control coping.

Keywords: primary control; secondary control; Asian Americans; self-construal
Journal of cross-cultural psychology 35(4), 446-459, 2004

A focus group exploration of the impact of izzat, shame, subordination and entrapment on mental health and service use in South Asian women living in Derby

Paul Gilbert, Jean Gilbert, Jasvinder Sanghera

Abstract:

There is increasing evidence suggesting that shame, subordination and entrapment can play a powerful role in psychopathology. However, we know little about how these processes are experienced in different communities. This study therefore sets out to examine South Asian women's views of these processes and how they impact on their lives. It was found that reflected shame and honour (the shame and honour that can be brought to others by one's own behaviour) is called izzat. The importance of maintaining family honour and identifying with it (izzat) was linked to personal shame. It was also given as a reason people can be trapped in difficult relationships. Moreover, fear of reflected shame and loss of izzat were regarded as key reasons South Asian women might not use mental health services. A central fear was a failure by professionals to keep confidentiality—a fear found in other research.

Mental health, religion and culture 7(2), 109-130, 2004

Immigrant suicide rates as a function of ethnophaulisms : hate speech predicts death

Mullen, Brian PhD; Smyth, Joshua M. PhD

Abstract

Objective: The purpose of this study was to determine whether suicide rates among ethnic immigrant groups were predicted by the ethnophaulisms, or the hate speech, used to refer to those ethnic immigrant groups.

Methods: Data were obtained for 10 European ethnic immigrant groups during the 1950s. These 10 European ethnic immigrant groups accounted for approximately 40% of all immigration into the United States during this time period. Both the suicide rates for these ethnic immigrant groups in the United States and suicide rates for those ethnic immigrant groups in their countries of origin were derived. The complexity and valence of ethnophaulisms used to refer to these ethnic immigrant groups were derived from the historical record of hate speech in the United States.

Results: Consistent with previous research, immigrant suicide rates were strongly correlated with origin suicide rates. As expected, the suicide rates for ethnic immigrant groups in the United States were significantly predicted by the negativity of the ethnophaulisms used to refer to those ethnic immigrant groups. This pattern was obtained even after taking into account the suicide rates for those ethnic immigrant groups in their countries of origin, and even after taking into account the size of those ethnic immigrant groups.

Conclusions: This study found support for the expectation that suicide rates among ethnic immigrant groups would be predicted by the hate speech directed toward those ethnic immigrant groups.

Psychosomatic medicine 66(3), 343-348, 2004

Medicine in a multi-cultural society: the effect of cultural background on beliefs about medications

Robert Horne, Lída Graupner, Susie Frost, John Weinman, Siobhan Melanie Wright and Matthew Hankins

Abstract

This exploratory, cross-sectional study examined the effect of self-reported cultural background on beliefs about medicines (modern pharmaceuticals) and perceptions of personal sensitivity to the adverse effects of taking medication. Using a validated questionnaire, beliefs about pharmaceutical medication were compared between 500

UK undergraduate students who identified themselves as having an Asian or European cultural background. There was a significant association between cultural background and beliefs about the benefits and dangers of medicines. Students who self-reported to have an Asian cultural background expressed more negative views about medication than those who reported a European cultural background. Students with an Asian cultural background were significantly more likely to perceive medicines as being intrinsically harmful, addictive substances that should be avoided. They were significantly less likely to endorse the benefits of modern medication. There was no significant relationship between cultural background and perceptions of personal sensitivity to medication effects or belief about how doctors use medication. In the total sample, past and present experience of taking medication was associated with a more positive orientation to medicines in general. Students who considered themselves to have a European cultural background had significantly more experience with prescribed medication than those who selected an Asian cultural background. The relationship between cultural background and beliefs about medicines in general was maintained after controlling for potential confounding variables, including chosen degree course, experience of taking prescribed medication, age, and gender. The identification of differences in beliefs about medication, between two specific cultural groups, suggests the need for a greater understanding of the effects of cultural background on medicine-usage with potential implications for the conduct of prescribing-related consultations and for the provision of patient information on medication.

Author Keywords: Beliefs; Culture; Ethnicity; Medicines; Perceptions; UK

Social science and medicine 59(6), 1307-1313, 2004

Methodological problems related to alcohol research among Turks and Moroccans living in the Netherlands: findings from semi-structured interviews

Aafje Dotinga, Regina J. J. M. van den eijnden, Willem Bosveld, Henk F. L. Garretsen

Abstract:

Objectives. To identify factors related to alcohol use among Turks and Moroccans living in the Netherlands.

Furthermore, to reveal methodological problems related to research among Turks and Moroccans in general and to *alcohol research* among these groups in particular.

Design. Individual face-to-face interviews were carried out with Dutch researchers (n=9), Turkish and Moroccan (health) practitioners working in the field with Turks (n=4) or Moroccans (n=2), and members of the target population with a Turkish (n=3) or a Moroccan background (n=2). Furthermore, focus-group interviews were held with Turkish women (n=4), Turkish men (n=3), Moroccan women (n=4) and Moroccan men (n=3) working as health professionals.

Results. Alcohol use seems prevalent particularly among second-generation Turks and Moroccans and is related to: upbringing, influence of peer groups, integration and the degree in which Islamic rules are practised. Written questionnaires seem more appropriate for second-generation Turks and Moroccans, because they have fewer language problems and are more familiar with Western bureaucratic society. However, both generations may prefer face-to-face interviews since both groups fear that 'written' answers about the sensitive subject 'alcohol use' may somehow become known among community members. Similarly, an interviewer with a Dutch background may elicit more reliable answers about alcohol use than an interviewer with a Turkish or Moroccan background.

Conclusion. In alcohol research special attention should be paid to second-generation Turks and Moroccans. Although it is probably easier to conduct alcohol studies in this group than in first-generation Turks and Moroccans, quantitative research is needed to test the hypothesis that written questionnaires elicit more reliable answers about alcohol use than face-to-face interviews. Furthermore, the influence of ethnic matching on response and data quality should be tested further.

Keywords:

Alcohol, Turks, Moroccans, Methodological Problems

Ethnicity and health 9(1), 139-151, 2004

Not being mentally ill

Nick Crossley

Abstract

Much of the social scientific work on psychiatry and mental health, from a variety of competing perspectives, has focused upon power and the social construction of 'mental illness'. Very little attention has been paid to resistance or to the various ways in which 'patients' or 'survivors' (as some now prefer to refer to themselves) have sought to socially deconstruct 'mental illness'. This paper seeks to redress that balance by way of a detailed examination of some of the key practices of resistance which have developed within the context of the UK mental health survivors movement. Using key concepts from Bourdieu's theory of practice, it examines the challenge which survivors have mounted to the symbolic power of psychiatry, and the resistance habitus which their opposition has given rise to

Anthropology and medicine 11(2), 161-180, 2004

Pattern and risk factors for intentional drug overdose in Saudi Arabia

Hamdan Al-Jahdali, MD, FRCPC, Abdulaziz Al-Johani, MBBS, ABIM, Ahmad Al-Hakawi, MBBS, Yassen Arabi, MD, FCCP, Qanta A Ahmed, MD, Jamal Altowirky, FRCP, Mohamed AL Moamary, MRCP (UK), Salih Binsalih, MD

Abstract

Background: Attempted suicide by intentional drug overdose is an understudied subject in Saudi Arabia. Saudi Arabia is an Islamic country where suicide or attempted suicide is strictly prohibited. Despite the strong religious and constitutional sanctions against suicide, cases of intentional drug overdose occasionally occur. Our study represents the first attempt to better understand and characterize this sensitive topic.

Methods: Using a retrospective chart review of patients aged 12 years and over with a diagnosis of intentional drug overdose between 1997 and 1999, we studied the demographic characteristics, the risk factors, the most commonly used drugs, and the resulting morbidities and mortalities of study subjects.

Results: Most of the patients were young (mean age 22 years, SD 4.6, range 15 to 40 years), and most were Saudi nationals ($n = 76$; 96%). Eighty percent of the patients were women. The occurrence of intentional drug overdose peaked during the month of September (that is, 20% of total cases). Previous suicide attempts, family conflicts, and psychiatric disorders represented significant risk factors. Single-agent overdose occurred in 30% of the patients, and most of the drugs used were prescribed medications (53%). Acetaminophen represented the most common drug (30%). While some patients required prolonged hospital stay or admission to the intensive care unit, no mortalities occurred.

Conclusions: Intentional drug overdose is a relatively uncommon reason for hospital admission in Saudi Arabia. This study identifies certain risk factors relevant to the Saudi community and raises awareness about intentional drug overdose.

Canadian journal of psychiatry 49(5),331–334 2004

The psychological and social situation of repatriated and exiled refugees: a longitudinal, comparative study

Lie B

Abstract

Aims: The aim of this study was to explore possible differences in the longitudinal course of psychological symptoms and somatic symptoms between one group of Bosnian refugees returning to their home country (B) and one group remaining in the host country (N). The aim was also to look for possible differences in pre-flight traumatic experiences and psychological symptom load within the groups. In addition the experiences of returning home after a period in exile were studied, based on quantitative and qualitative data.

Methods: The study is a follow-up study of 21 Bosnian refugees returning to Bosnia compared with 175 refugees remaining in exile in Norway. Quantitative results are supplemented with qualitative information.

Results: Both groups demonstrated persistence of psychological symptoms, indicating severity and chronicity of the problems. The main findings were that refugees with a former history of traumatic experiences of a physical character were less willing to return. A decrease over time in all symptom parameters was found in the repatriated group with a statistically significant decline for the PTSS-16 and HTQ scores ($p < 0.05$).

Conclusions: Chronicity of psychological symptom load was found in both groups. The decision to return home seems to be closely connected to pre-flight traumatic experiences. An early decision to return home seems to be persistent over time.

Keywords: Bosnia; healthcare; longitudinal; psychosocial; PTSD; refugee; repatriation; stress; trauma; torture

Scandinavian journal of public health 32(3), 179-187, 2004

Psychology and culture

Darrin R. Lehman, Chi-yue Chiu, and Mark Schaller

Abstract

Psychological processes influence culture. Culture influences psychological processes. Individual thoughts and actions influence cultural norms and practices as they evolve over time, and these cultural norms and practices influence the thoughts and actions of individuals. Large bodies of literature support these conclusions within the context of research on evolutionary processes, epistemic needs, interpersonal communication, attention, perception, attributional thinking, self-regulation, human agency, self-worth, and contextual activation of cultural paradigms. Cross-cultural research has greatly enriched psychology, and key issues for continued growth and maturation of the field of cultural psychology are articulated.

Key Words cross-cultural differences in social cognition, cultural emergence

Annual review of psychology 55, 689-714, 2004

Relationships between hostility, anger expression, and blood pressure dipping in an ethnically diverse sample

Thomas, KaMala S. MA; Nelesen, Richard A. PhD; Dimsdale, Joel E. MD

Abstract

Objective: The purpose of this study was to examine relationships between hostility, anger expression, and blood pressure (BP) dipping.

Methods: A 24-hour ambulatory BP was obtained from 34 African Americans and 52 white Americans who were enrolled in a study of sleep, stress, and BP. Self-report measures were used to assess anger expression and hostility.

Results: After controlling for body mass index and BP status, African Americans were more likely to be classified as nondippers than white Americans. However, when hostility and anger expression were included in the model, there was no longer a significant relationship between ethnicity and BP dipping. Irrespective of race, high levels of hostility and anger were associated with less nocturnal dipping.

Conclusions: These findings suggest that psychological factors may be important in understanding ethnic differences in nocturnal BP decline.

Psychosomatic medicine 66(3), 298-304, 2004

Religion and mental health : the case of American Muslims

Amber Haque, Department of Psychology, International Islamic University, Kuala Lumpur, Malaysia

Abstract

Muslims have lived in America for centuries and their numbers are increasing like those of any other ethnic or religious group living in America. There is a growing awareness among mental health professionals of how to deal with mental health issues of the American minorities but little, if any, research is available on American Muslims. American living presents unique challenges to the Muslims who stick to their Islamic faith. The nature of Islamic faith and the concept of mental health in Islam are presented in this paper as well as the stressors that lead to mental health problems among the Muslims. The article also covers the response of Muslim communities to such challenges and the prescriptions given in Islam for positive mental health. Recommendations are outlined in the hope of initiating relevant research that would address the psychological needs of this largely neglected minority.

Keywords Muslims, mental health, American Muslims

Journal of religion and health 43(1), 45-58, 2004

Seeking help for psychological distress: The interface of Zulu traditional healing and Western biomedicine

Tanya A. Crawford and Maurice Lipsedge

Abstract:

This study explores how psychological distress is identified and explained among Zulu people, examines how traditional healers understand their role and treatment methods and investigates the interaction between traditional and Western approaches to health care. Zulu people consult traditional healers namely diviners, faith healers or herbalists, as well as Western doctors to treat mental illness and distress. Whilst Western biomedicine is seen as useful in providing treatment, diviners and faith healers are particularly valued for their skills in identifying the cause of illness. Patients and their families tend to shop around for a practitioner who gives advice in keeping with their own beliefs. Psychological distress is usually explained in terms of sorcery, displeasure from the ancestors or social causes. Traditional healers use treatments aimed at harmonizing the patient with their environment through neutralizing sorcery, appeasing ancestors or directly manipulating the environment

Mental health, religion and culture 7(2), 131-148, 2004

Sociosomatic theory in Vietnamese immigrants' narratives of distress

Danielle Groleau and Laurence J. Kirmayer

Abstract:

We examined the symptom experience and illness explanations of Vietnamese immigrants to Canada through narratives collected during a study of pathways and barriers to mental health care. The narratives presented two culture-related explanatory models: *phong thâp* and *uâ't u'c*. Common elements in the narratives of those who suffered from *uâ't u'c* were experiences of injustice and indignation, along with the persistent inability to denounce these injustices because of the sufferer's social status. In contrast, *phong thâp* - an explanation analogous to rheumatism - was a socially acceptable way to describe distress that was attributed to depletion of energy, cold and environmental effects. Talk about *phong thâp* also served as an idiom of distress that permitted older people to express negative feelings about their life situation in Canada in a socially acceptable way. The contrast between these models throws into relief the complex interaction of explanatory models and idioms of distress in the co-construction of narratives of distress.

Anthropology and medicine 11(2), 117-133, 2004

Spirituality and trauma : the role of clergy in the treatment of Posttraumatic Stress Disorder

An increased awareness of the spiritual aspects of health and illness has recently led to changes in psychiatry residency training as well as hospital accreditation requirements. The spiritual impact of trauma has been an area of particular interest, as trauma evokes certain existential questions and crises. It is estimated that from 5–11% of trauma survivors will go on to develop posttraumatic stress disorder (PTSD). Given the spiritual challenges of the experience of trauma, patients with PTSD could benefit from spiritual assessment and intervention as part of their overall treatment plan, and clergy can be utilized to perform this. The literature exploring the spiritual impact of trauma and the use of clergy in the treatment of trauma survivors is reviewed. The methods used by three chaplains in a residential treatment program for PTSD at one facility are described and discussed. Both the literature and the experiences of the clergy suggest that exploration of trauma-related existential conflicts in patients with PTSD is beneficial. However, there is a notable dearth of controlled scientific studies evaluating the effectiveness of spiritual interventions with this treatment population. The need for controlled studies to verify the usefulness of spiritual assessment and intervention in patients with PTSD is noted, and a more rigorous analysis of how clergy can best serve this treatment population is encouraged.

Keywords

trauma, posttraumatic stress disorder, spirituality, religion, clergy, psychotherapy

Journal of religion and health 42(3), 221-229, 2003

Stress burden and the lifetime incidence of psychiatric disorder in young adults : racial and ethnic contrasts

R. Jay Turner, PhD; Donald A. Lloyd, PhD

Abstract

Background With the exception of studies of individual traumatic events, the significance of stress exposure in psychiatric disorder previously has not been effectively examined.

Objective To address the hypothesis that accumulated adversity represents an important risk factor for the subsequent onset of depressive and anxiety disorders.

Design A community-based study of psychiatric and substance use disorders among a large, ethnically diverse cohort representative of young adults in South Florida. Adversity was estimated with a count of major and potentially traumatic events experienced during one's lifetime and prior to the onset of disorder.

Setting Most interviews took place in the homes of participants, with 30% conducted by telephone.

Participants We obtained a random sample of individuals aged 18 to 23 years from a previously studied representative sample of young adolescents. Because participants in the prior study were predominantly boys, a supplementary sample of girls was randomly obtained from the early-adolescence school class rosters. A total of 1803 interviews were completed, representing a success rate of 70.1%.

Main Outcome Measures Depressive and anxiety disorders were assessed through computer-assisted personal interviews using the *DSM-IV* version of the Michigan Composite International Diagnostic Interview.

Results Level of lifetime exposure to adversity was found to be associated with an increased risk of subsequent onset of depressive and/or anxiety disorder. This association remained clearly observable when childhood conduct disorder, attention-deficit/hyperactivity disorder, prior substance dependence, and posttraumatic stress disorder were held constant and when the possibility of state dependence effects was considered.

Conclusion Evidence suggests that high levels of lifetime exposure to adversity are causally implicated in the onset of depressive and anxiety disorders

Archives of general psychiatry 61(5), 481-288, 2004

A systematic review of the incidence of schizophrenia: the distribution of rates and the influence of sex, urbanicity, migrant status and methodology

John McGrath, Sukanta Saha, Joy Welham, Ossama El Saadi, Clare MacCauley and David Chant

Abstract

Background

Understanding variations in the incidence of schizophrenia is a crucial step in unravelling the aetiology of this group of disorders. The aims of this review are to systematically identify studies related to the incidence of schizophrenia, to describe the key features of these studies, and to explore the distribution of rates derived from these studies.

Methods

Studies with original data related to the incidence of schizophrenia (published 1965–2001) were identified via searching electronic databases, reviewing citations and writing to authors. These studies were divided into core studies, migrant studies, cohort studies and studies based on Other Special Groups. Between- and within-study filters were applied in order to identify discrete rates. Cumulative plots of these rates were made and these distributions were compared when the underlying rates were sorted according to sex, urbanicity, migrant status and various methodological features.

Results

We identified 100 core studies, 24 migrant studies, 23 cohort studies and 14 studies based on Other Special Groups. These studies, which were drawn from 33 countries, generated a total of 1,458 rates. Based on discrete core data for persons (55 studies and 170 rates), the distribution of rates was asymmetric and had a median value (10%–90% quantile) of 15.2 (7.7–43.0) per 100,000. The distribution of rates was significantly higher in males compared to females; the male/female rate ratio median (10%–90% quantile) was 1.40 (0.9–2.4). Those studies conducted in urban versus mixed urban-rural catchment areas generated significantly higher rate distributions. The distribution of rates in migrants was significantly higher compared to native-born; the migrant/native-born rate ratio median (10%–90% quantile) was 4.6 (1.0–12.8). Apart from the finding that older studies reported higher rates, other study features were not associated with significantly different rate distributions (e.g. overall quality, methods related to case finding, diagnostic confirmation and criteria, the use of age-standardization and age range).

Conclusions

There is a wealth of data available on the incidence of schizophrenia. The width and skew of the rate distribution, and the significant impact of sex, urbanicity and migrant status on these distributions, indicate substantial variations in the incidence of schizophrenia.

BMC Medicine 2004, 2:13

læs artiklen her : <http://www.biomedcentral.com/1741-7015/2/13>

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Transcendence techniques and psychobiological mechanisms underlying religious experience

Goffredo Bartocci, Chair, Transcultural Psychiatry Section of the World Psychiatric Association

Abstract:

In this paper the author explores the process by which the combined influence of specific cultural factors and individual transcendence techniques activates psychobiological mechanisms that, in turn, trigger the appearance of special states of consciousness, namely religious trance. Most of these religious and spiritual experiences rationalize a threat common to all cultures, namely the risk of losing one's Ego.

The activation of individual transcendence techniques paraphrases denial defence mechanisms insofar as it involves avoidance of the external reality to preserve homeostasis. The mentioning in psychoanalytic terms of a 'death instinct' (i.e. a drive opposite to the attachment/life instinct) as a possible source of detachment/transcendence phenomena is still worth considering.

The Freudian example of 'the cotton-reel mother', whom the child could make disappear and then reappear again, is a powerful one of the phenomenon of detachment dynamics.

Cross-cultural research on the varieties of trance shows that Altered States of Consciousness can be induced by both collective and personal rituals that allow the subject to reach the altered states of consciousness by making the whole world appear or disappear in fantasy. While some of the highest forms of supernatural experience, such as ecstasy, mysticism and the communion with the Absolute, engender enough social approval to allow to believe that such experiences mitigate or prevent mental disorders, when the supernatural experiences occur in bizarre features they are indicators of a clear psychopathology.

The perspective of transcultural psychiatry offers the best method of outlining the great ethnographic variety of these experiences and, subsequently, making a comparative analysis of the links that exists among culture, psychopathology and the supernatural in a given situation.

From a clinical point of view, it becomes increasingly clear that psychiatrists need expertise to draw clinical inferences based on the specific patient's culture and his psychopathological presentation, especially when the patient's life history is characterized by the multi-faceted activity of transcendence techniques.

Mental health, religion and culture 7(2), 171-181, 2004

Treatment of traumatized refugee children with Eye Movement Desensitization and Reprocessing in a psychodynamic context

Reet Oras ; Susana Cancela de Ezpeleta ; Abdulbaghi Ahmad

Abstract: This study examines the effects of a psychodynamic approach of Eye Movement Desensitization and Reprocessing (EMDR) in treatment of traumatized refugee children. Among a child psychiatric outpatient refugee team, 13 children with post-traumatic stress disorder (PTSD), were treated by EMDR incorporated in a traditional psychodynamic therapeutic approach. The Posttraumatic Stress Symptom Scale for Children (PTSS-C) and the Global Assessment of Functioning (GAF) were administered before and after the treatment, to measure the effects. After treatment, a significant improvement was noticed in the functioning level and all PTSS-C scales, mostly in re-experiencing and least in the avoidance symptoms. The improvement in the functioning level was significantly correlated with the reduction of the PTSD-non-related and the depression, but not with that of the PTSD-related symptoms. Used in a psychodynamic context, EMDR is suggested to be effective treatment for traumatized refugee children. Our findings support the hypothesis of child-specific criteria for PTSD.

Nordic journal of psychiatry 58(3), 199-203, 2004-06-15

Variations in use of second-generation antipsychotic medication by race among adult psychiatric patients

Diane M. Herbeck, M.A., Joyce C. West, Ph.D., M.P.P., Ilze Ruditis, L.C.S.W., Farifteh F. Duffy, Ph.D., Diana J. Fitek, B.A., Carl C. Bell, M.D. and Lonnie R. Snowden, Ph.D

Abstract

OBJECTIVE: This study examined variations in the use of second-generation antipsychotic medication among African-American and non-Hispanic white patients in a national sample of adults who were treated by psychiatrists.

METHODS: This study used data from studies of psychiatric patients and treatments that were conducted by the American Psychiatric Institute for Research and Education's (APIRE's) Practice Research Network (PRN). Psychiatrists provided detailed clinical data for 126 African-American patients and 574 white patients who were randomly selected and for whom antipsychotic medications were prescribed. The study assessed differences by race in the use of second-generation antipsychotic medication, adjusting for clinical, sociodemographic, and health-system characteristics, including patients' source of payment for treatment.

RESULTS: African-American patients were less likely than white patients to receive second-generation antipsychotic medications (49 percent compared with 66 percent). After the analysis statistically adjusted for clinical, sociodemographic, and health-system characteristics, African-American patients remained less likely than white patients to receive second-generation antipsychotics.

CONCLUSIONS: Because African Americans tended to receive medications that are not first-line recommended treatments and that have a greater risk of producing tardive dyskinesia and extrapyramidal side effects, African Americans could be expected to suffer diminished clinical status. This disparity may also contribute to lower rates of adherence and to more frequent emergency department visits and psychiatric hospitalizations among African Americans

Psychiatric services 55, 677-684, 2004

KALENDER

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

3. – 5. september 2004, Wien

6th annual conference of the German Speaking Society of Traumatic Stress Studies (DeGPT)

Workshops

Rita Rosner, Universität München, Institut für Psychologie - Traumatisierung nach Flucht und Vertreibung

Flucht und Vertreibung gehörten schon immer zur menschlichen Geschichte. Allerdings ist uns heute in den sicheren Staaten Nordeuropas das Ausmaß der Problematik nicht mehr bewusst. Allein im Jahr 2002 wurde die

Zahl der Flüchtlinge auf 13 Millionen und die Zahl der landesintern Vertriebenen auf etwa 22 Millionen geschätzt. Meist sind die Menschen auf der Flucht vor Krieg und Naturkatastrophen. Die überwiegende Zahl der Flüchtlinge und Vertriebenen bleiben in ihrer Region und nur ein geringer Teil flüchtet in die Staaten der EU, Nordamerikas und Australiens.

Im ersten Teil des Workshops soll eine Übersicht zu den psychischen Folgen von Flucht und Vertreibung und zwar insbesondere unter der Berücksichtigung von Trauma und PTB gegeben werden. Ergebnisse einer eigenen Studie zu Flucht und Vertreibungsfolgen sollen ebenso dargestellt werden, wie Arbeiten zur Interaktion von rechtlichen Rahmenbedingungen und psychischer Gesundheit.

Der zweite Teil des Workshops beschäftigt sich mit der Darstellung möglicher Interventionen und ihrer Anpassung an die speziellen Bedingungen von Flüchtlingen. Grundprinzipien kultursensitiver Psychotherapie werden vorgestellt und sollen im Einzelnen diskutiert werden. Als ein mögliches Beispiel kann die Anwendung von Konfrontationsmethoden gelten.

Ursula Gast, Medizinische Hochschule Hannover - Das Strukturierte Klinische Interview für Dissoziative Störungen (SKID-D)

Das SKID-D ist ein halbstrukturiertes Interview, das dissoziative Symptome (Amnesie, Depersonalisation, Derealisation, sowie das Vorhandensein dissoziierter Selbstzustände) erfasst und eine diagnostische Zuordnung auf der Basis der DSM-IV Kriterien ermöglicht. Es wurde von M. Steinberg entwickelt und gilt inzwischen als Standard für die Diagnostik Dissoziativer Störungen. Im Seminar wird das Interview vorgestellt und seine Durchführung anhand von Fallbeispielen (Video-Demonstrationen) veranschaulicht. Die Veranstaltung richtet sich an Psychiater und Psychotherapeuten, die mehr Sicherheit im Erkennen und Einschätzen Dissoziativer Störungen erlangen wollen.

Literatur: Steinberg, M., Hall, P., Lareau, C., & Cicchitti, D. (2003). Diagnostik valider und vorgetäuschter Dissoziation mit dem strukturierten klinischen Interviews für dissoziative Störungen (SCID-D): Richtlinien für klinische und forensische Untersuchungen. In: L. Reddemann, A. Hofmann & U. Gast (Hrsg.). Diagnostik und Behandlung Dissoziativer Störungen. Lindauer Psychotherapie-Module. Stuttgart: Thieme, 151-167. Gast, U., Rodewald, F. (2004): Das Strukturierte Klinische Interview für Dissoziative Störungen. In: Eckhardt- Henn, A., Hoffmann, S.O. (Hrsg.). Dissoziative Störungen des Bewußtseins. Schattauer- Verlag, 321-327.

Alexander Friedmann, Medizinische Universität Wien - Die Posttraumatische Belastungsstörung im psychiatrischen Gutachten

Die posttraumatische Belastungsstörung (PTSD) ist im Zuge der letzten Jahrzehnte in den Mittelpunkt behördlicher und gerichtlicher Auseinandersetzungen geraten und zum Gegenstand psychiatrisch-gutachterlichen Interesses geworden. Auch, weil traumatisierte Menschen im Zuge solcher Verfahren oft unerträglichen Belastungen und Retraumatisierungen ausgesetzt sind, sollen Methoden, Vorgangsweise, Milieugestaltung, Gesprächsführung und Gutachtenserstellung theoretisch erläutert und anhand von Fallbeispielen diskutiert werden.

Peter Liebermann, Hermann-Oppenheim-Institut für Psychotraumatologie & Dietrich Leder, Kunsthochschule für Medien Köln - Trauma und Medien

Die audiovisuellen Massenmedien haben in den letzten zwanzig Jahren ihre Präsenz stark ausgebaut. Es ist nicht nur die Anzahl der Fernsehsender in Westeuropa stark angestiegen, gleichzeitig ist mit dem Internet ein neuer Distributionsweg für audiovisuelle Inhalte hinzugekommen. Parallel hat die Live-Berichterstattung auf Grund neuer technischer Möglichkeiten wie der angewachsenen Sendeflächen, Sender und Serversysteme stark zugenommen. Die Folge: Von realen Katastrophen, Kriegen, Verbrechen und Unglücken werden in immer rascherer Zeit immer mehr Bilder und Töne verbreitet und auf längerer Zeit (durch Wiederholung und Abrufbarkeit) präsent gehalten. Um bekannte Beispiele zu nennen: Stellenweise sind die Zuschauer live und in Echtzeit Augenzeuge, wie am 11. September 2001 die Türme des World Trade Center einstürzen oder wie Soldaten oder Zivilisten während des 2. Golfkriegs beschossen, verletzt und getötet werden. Anschließend waren diese Bilder in Endlosschleifen im Fernsehprogramm zu sehen und im Internet archiviert.

Diese mediale Vervielfachung, Beschleunigung und Präsenz wirft Probleme für Psychotherapeuten und Journalisten gleichermaßen auf: Welche Folgewirkungen hat die Präsenz der Bilder von schrecklichen Ereignissen auf die Opfer, die sich ihnen nur begrenzt entziehen können? Gibt es eine stellvertretende Traumatisierung bei Zuschauern, die Augenzeuge eines schrecklichen Ereignisses in scheinbar sicherer Distanz werden? Wie wirkt die permanente Wiederholung von Bildern solcher Ereignisse auf die Zuschauer? (Videoclip des 11.9.2001) Wie prägen sich in das kollektive Gedächtnis von Gesellschaften und Gruppen solche Bilder ein? Können sie durch andere Bilder, durch beigefügte Worte, Erklärungen, Kommentare die in ihrer Wirkung relativiert werden? Wie wirkt sich das Fehlen von Bildern (beispielsweise durch Bilderverbote) für die Opfer aus? (Auschwitz, Bombenangriffe) Wie können, sollen Journalisten mit Opfern umgehen - im Interview und bei der Verwendung des Bildmaterials. Traumatisieren sie die Opfer erneut? Maßen sich psychotherapeutische Haltungen an, wenn sie Verdrängungen im Interview aufzubrechen versuchen?

Wolfgang Till, Kriseninterventionszentrum Wien - Krisenintervention nach Traumatisierung – Abgrenzung zu notfallpsychologischen Interventionen und zu Psychotherapie

Für Menschen nach Akuttraumatisierungen gibt es unterschiedliche Hilfsangebote, die – oft aufgrund der Zugehörigkeit zu einer bestimmten Berufsgruppe oder aufgrund der zur Verfügung stehenden institutionellen Rahmenbedingungen – dem Bereich Krisenintervention oder Notfallpsychologie oder Psychotherapie zugeordnet werden. In diesem Workshop möchte ich gemeinsam mit den TeilnehmerInnen eine inhaltlich sinnvolle Abgrenzung dieser Interventionsbereiche erarbeiten. Dies soll auch anhand der Reflexion von Fallbeispielen sowohl der TeilnehmerInnen als auch von mir selber veranschaulicht werden.

Claudius Stein, Kriseninterventionszentrum Wien - Imaginative Techniken in der Krisenintervention akut traumatisierter KlientInnen

Die Arbeit mit Menschen nach akuten Traumatisierungen (z.B. nach Gewalttaten oder Unfällen) stellt für den/die TherapeutIn eine große Herausforderung dar und kann sehr belastend sein. Interventionen sollen rasch erfolgen und erfordern Flexibilität. Besonders zur Stabilisierung dieser KlientInnen sind imaginative Verfahren oft hilfreich. Der richtige Umgang mit akut traumatisierten Personen und die Frage in welchen Situationen Imaginationen sinnvoll angewendet werden können soll an Hand von Fallbeispielen der TeilnehmerInnen erarbeitet werden. Darüber hinaus werden Imaginative Techniken praktisch und theoretisch vorgestellt.

Margret Aull, Österreichischer Bundesverband für Psychotherapie - Psychotherapie mit komplex-traumatisierten Menschen

Aspekte der therapeutischen Beziehung in der Arbeit mit Menschen, die Traumatisierungen im familialen Umfeld erlebt haben. Auf dem Hintergrund psychoanalytischer Verstehensweise sollen in diesem Workshop spezifische Beziehungsdynamiken und Anforderungen an das Spannungsverhältnis Abstinenz und parteiiche Anteilnahme anhand von Fallvignetten dargestellt und gemeinsam reflektiert werden.

more information : <http://www.trauma2004.at>

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 Kastrup (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>

16. september og 7. oktober 2004, Bornholm

Traumatiserede flygtninge og socialt arbejde - ud fra egen praksis

Dansk Flygtningehjælp

Målgruppe

Sagsbehandlere i integrationsafdelinger, børne- og ungeafdelinger samt arbejdsmarkedsafdelinger

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Underviser på kurserne er socialrådgiver og psykoterapeut Grete Svendsen, Dansk Flygtningehjælps Psykosociale Enhed.

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Jernbanegade 23 B, 4000 Roskilde, Anne-Dorte Larsen, tlf. 4632 0200

Messingvej 52 A, 8900 Randers, Birte Bøgh, tlf. 8644 8033

Yderligere oplysninger fås også hos Grete Svendsen og Annelise Murakami: Tlf. 3373 5135 og 3373 5113, e-mail: grete.svendsen@drc.dk.

23. september og 21. oktober 2004, Ålborg

Traumatiserede flygtninge og socialt arbejde - ud fra egen praksis

Dansk Flygtningehjælp

Målgruppe

Sagsbehandlere i integrationsafdelinger, børne- og ungeafdelinger samt arbejdsmarkedsafdelinger

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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 psykiatrin.

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 faktorerens betydelse för kommunikation av psykisk ohälsa, diagnostik och behandling. Under kursen introduceras ämnet transkulturell 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 Bäärnhielm, 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

29. - 30. september 2004, Kolding **Traumatiserede flygtninge og den professionelle hjælperolle - et grundkursus** **Dansk Flygtningehjælp**

Målgruppe

Sagsbehandlere i integrationsafdelinger, børne- og familieafdelinger samt i arbejdsmarkedsafdelinger, jobkonsulenter, sundhedsplejersker, pædagoger i daginstitutioner, folkeskolelærere og medarbejdere i PPR-ordninger

Undervisningen er gratis, da Dansk Flygtningehjælp modtager en bevilling fra Integrationsministeriet, men der opkræves et beløb på kr. 1.000 pr. kursus til lokaler, forplejning, materialer med videre.

Underviser på kurserne er socialrådgiver og psykoterapeut Grete Svendsen, Dansk Flygtningehjælps Psykosociale Enhed.

Kursusprogram med tilmeldingsblanket kan rekvireres hos Dansk Flygtningehjælp:

Nørrebrogade 32, 3., 2200 København N, Lisbeth Iversen, tlf. 3536 4747

Jernbanegade 23 B, 4000 Roskilde, Anne-Dorte Larsen, tlf. 4632 0200

Messingvej 52 A, 8900 Randers, Birte Bøgh, tlf. 8644 8033

Yderligere oplysninger fås også hos Grete Svendsen og Annelise Murakami: Tlf. 3373 5135 og 3373 5113, e-mail: grete.svendsen@drc.dk.

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.

November

4. november og 2. december 2004, Næstved

Traumatiserede flygtninge og socialt arbejde - ud fra egen praksis

Dansk Flygtningehjælp

Målgruppe

Sagsbehandlere i integrationsafdelinger, børne- og ungeafdelinger samt arbejdsmarkedsafdelinger

Undervisningen er gratis, da Dansk Flygtningehjælp modtager en bevilling fra Integrationsministeriet, men der opkræves et beløb på kr. 1.000 pr. kursus til lokaler, forplejning, materialer med videre.

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14. – 18. november 2004, New Orleans

20th annual meeting, International Society for Traumatic Stress Studies

In November 2004, the International Society for Traumatic Stress Studies (ISTSS) will hold its 20th Annual Meeting in New Orleans, Louisiana, USA. In recognition of this important anniversary, the meeting will explore a theme of great international relevance: war as a universal trauma. To many trauma professionals, the topic of war trauma conjures up images of soldiers or veterans. In fact, war affects not only combatants but also the men, women and children in whose country the fighting takes place, exposing them to danger and dislocation, and sometimes destroying the institutions and infrastructure of their societies.

Relatively few armed conflicts are as visible as the recent wars in Iraq or Afghanistan, or the historic wars of this century, including World Wars I and II or the Vietnam War. It is easy to forget that wars can have a cumulative and devastating impact on the lives of individuals who have experienced them. The effects are disproportionately severe in the developing world, where poverty and lack of even basic resources can exacerbate the problems of living in an active war zone or in trying to recover after the fighting has stopped.

The scope of the 20th annual meeting is broad in recognition of the diverse types of populations affected by war: active duty personnel, veterans, civilian adults and children exposed to war trauma, aid workers, refugees and internally displaced persons. Trauma types experienced by these populations include combat, peacekeeping, terrorism and bioterrorism, as well as torture, sexual trauma, and other types of violence that may occur during an armed conflict. Topics will range from basic science and epidemiology to treatment and prevention, as well as policy and other issues of social relevance.

information : <http://www.istss.org/meetings/cfp2004.htm>

24. – 25. november 2004, Kolding

Om gruppearbejde med flygtningebørn - to inspirationsdage

Dansk Flygtningehjælp

Målgruppe

Medarbejdere i socialforvaltningen, i PPR-ordninger, sundhedsplejersker, pædagoger i daginstitutioner, folkeskolelærere og SFO-medarbejdere.

Undervisningen er gratis, da Dansk Flygtningehjælp modtager en bevilling fra Integrationsministeriet, men der opkræves et beløb på kr. 1.000 pr. kursus til lokaler, forplejning, materialer med videre.

Underviser på kurserne er socialrådgiver og psykoterapeut Grete Svendsen, Dansk Flygtningehjælps Psykosociale Enhed.

Kursusprogram med tilmeldingsblanket kan rekvireres hos Dansk Flygtningehjælp:

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