

## Information om Transkulturel Psykiatri, maj 2004

### GENERELT

### OM PSYKIATRI

#### Ny detaljeret dokumentation af kvaliteten i behandlingen af skizofrene

Amtsrådsforeningens hjemmeside 17. maj 2004-05-18

**En detaljeret undersøgelse af kvaliteten i behandlingen af danske skizofreni-patienter er netop offentliggjort. Undersøgelsen er et pionerarbejde - også i international målestok. Den viser, at amterne på flere områder gør det godt**

Undersøgelsen - som er foretaget i regi af Det Nationale Indikatorprojekt (NIP) - er internationalt set at regne som et stykke pionerarbejde. Aldrig før har man så præcist som nu kunnet sammenligne behandlingen af skizofreni-patienter fra amt til amt.

Undersøgelsen måler bl.a. på graden af løbende kontakt til behandlere, undervisningen af patienterne i forhold til sygdommen, inddragelse af pårørende, omfanget af den medicinske behandling samt hvor mange patienter, der undersøges for bivirkninger af medicinen. Alle tallene bliver holdt op mod en standard sat af fagfolk.

Hvert år får 500 danskere stillet diagnosen skizofreni - og det skønnes, at ca. 16.000 mennesker er i behandling for sygdommens baggrund. Undersøgelsen bygger på målinger, foretaget fra februar til december 2003.

læs mere her :

<http://www.arf.dk/Nyhedscenter/Faktuelt/2004/NyDetaljeretDokumentationAfBehandlingenAfSkizofrene.htm>

### OM TRANSKULTUREL PSYKIATRI

#### Nyt aktivitetscenter for traumatiserede flygtninge

Pressemeddelelse fra Dansk Flygtningehjælp. 3. maj 2004

Dansk Flygtningehjælp åbner i samarbejde med RCT (Rehabiliterings- og Forskningscentret for Torturofre) 9. juni et aktivitetscenter for traumatiserede flygtninge, der bor på Sjælland.

Traumatiserede flygtninge har særlig svært ved at blive integrerede i det danske samfund. De har ofte problemer med at følge et almindeligt integrationsforløb og magter ikke at følge en uddannelse eller komme ind på arbejdsmarkedet.

"Aktivitetscenterets vigtigste funktioner er at bryde den onde cirkel, som mange traumatiserede flygtninge lever i," siger socionom Birgitte Andreasen, lederen af det nye aktivitetscenter.

Krig, politisk forfølgelse, tortur og tab af deres nærmeste giver flygtninge psykiske og fysiske problemer, som søvnbesvær, dårlig hukommelse, koncentrationsbesvær, angst og fysisk sygdom. Derfor har en del af de traumatiserede flygtninge svært ved at få udbytte af de almindelige integrationsprogrammer.

Der er i dag mangel på steder, hvor integrationsindsatsen er målrettet de traumatiserede flygtninge. Dansk Flygtningehjælp og RCT er derfor gået sammen om at starte Aktivitetscenteret for traumatiserede flygtninge i Herlev....

læs pressemeddelelsen her : <http://www.flygtning.dk/nyhedsarkiv/presse/03052004/>

### LITTERATUR

### ANMELDELSER

#### Flukt og eksil : traume, identitet og mestring

Boganmeldelse af Varvin S.

Oslo: Universitetsforlaget, 2003.  
256 sider. Pris: 299 NOK.

Bogen omhandler de flygtninge, som kommer til Norge. Hvad er det for traumer, de har været udsat for, hvordan modtages de i Norge, hvordan klarer de sig i deres eksil, og hvordan kan man hjælpe dem? Sociologien i dette er nogenlunde sammenlignelig med danske forhold, om end nordmændene er en smule mere restriktive, end vi er. Bogen har imidlertid større interesse end blot det sociologiske beskrivende aspekt. Dens fokus er det subjektive område, dvs. hvad er det flygtningen oplever undervejs – fra de svære traumer og tab i hjemlandet over eksilerings belastninger og til det svære møde med den nye kultur. Desuden fortæller den om de muligheder, der kan være for at hjælpe flygtningene med at lægge traumerne bag sig og komme i gang med at leve deres liv igen. Sverre Varvin har sit ståsted i psykoanalysen og er endda med i en teoretisk avantgarde, hvor psykoanalysens teorier hastigt udvikler sig. I sin banebrydende disputats fra 2003 (Mental survival strategies after extreme traumatization) har han beskrevet forløbet af en række langtids psykoterapier af flygtninge. De traumatiske erindringer kan for en stor del være nedfældet som pinagtige fornemmelser i kroppen (psykosomatiske symptomer) eller vage, uformede følelser....

læs hele anmeldelsen i Ugeskrift for læger her : <http://www.dadlnet.dk/ufl/2004/2004/LS-html/Orange/Bog2.htm>

## **Mødet mellem 1. generationsindvandrerkvinder & det danske sundhedsvæsen. Rapport fra et pilotprojekt**

Eva Thune Jacobsen, Sussi Karise & Lise Dyhr  
København : Dansk Institut for Sygehusvæsen. – 2004. – 128 s.

Rapporten kan downloades via denne side : [http://www.dsi.dk/frz\\_publicationer.htm](http://www.dsi.dk/frz_publicationer.htm)

### Resumé

Der er kun foretaget få undersøgelser af mødet mellem sundhedsvæsenet og 1. generationsindvandrerkvinder og den eksisterende viden er typisk baseret på enten beskrivelse af enkeltstående tilfælde ellers statistiske opgørelser. Denne rapport giver et dyberegående kvalitativt indblik i mødet mellem sundhedsvæsenet og tre 1. generationsindvandrerkvinder. De tre kvinder møder sundhedsvæsenet med sygdomsforløb og symptomer, som er velkendte i det danske sundhedsvæsen; Esme med tyrkisk baggrund lider af søvnløshed og hovedpine, Mahin med pakistansk baggrund lider af depression og rygsmerter og Lubna med pakistansk baggrund lider af diabetes type 2. Mødet analyseres ved hjælp af interviews med nøglepersoner blandt forskere og sundhedsprofessionelle, ved observationer af møderne mellem kvinderne og deres respektive behandlere: Praktiserende læge, sundhedsplejerske, fysioterapeut og sygehuspersonale efterfulgt af interviews med kvinderne gennemført ved tolk. Desuden er der observeret og interviewet i kvindernes hjem, og endelig er de enkelte forløb blevet forelagt eksperter, som giver deres bud på, hvad sundhedsvæsenet kan lære af de tre cases. De undersøgte 1. generationsindvandrerkvinder repræsenterer en svag gruppe i vores samfund, og deres møde med sundhedsvæsenet eksponerer derved problemfelter i vores system som fx manglende tid og kontinuitet samt manglende kommunikative kompetencer. Kvinderne har ingen eller lav uddannelse, er ikke på arbejdsmarkedet og har et svagt socialt netværk. Dette kan også gælde danskfødte. Forskellen er, at de tre kvinder taler så dårligt dansk, at der er tale om særlige kommunikationsvanskeligheder, at kvinderne ikke er vant til at stille krav til behandlerne og indgå i dialog, at de formulerer sig anderledes omkring deres symptomer og problemer og endelig, at de har en social praksis som mødre, husmødre og hustruer, der er eklatant anderledes end danske kvinders praksis. 1. generationsindvandrerkvinders sociale praksis kan medføre høj grad af social isolation og besvær med at blive integreret i det danske samfund. Dette kan være med til at påføre dem sygdomme og symptomer, foranledige, at de i en vis udstrækning bruger social- og sundhedsvæsenet som deres sociale netværk og at de rent faktisk ikke, trods gode viljer og omsorg - får løst deres grundlæggende problemer. I rapporten findes tre kvinders møde fremstillet som cases, der kan bruges som udgangspunkt for debat og undervisning. Desuden findes anbefalinger fra eksperter, ligesom forfatterens konklusioner og diskussion lægger op til refleksion blandt såvel sundhedspolitikere som sundhedsprofessionelle, som er rapportens målgrupper. Målet er, at der fremover iværksættes tiltag for at forbedre indsatsen overfor 1. generationsindvandrerkvinder, og at det igangsættes forskning inden for området.

En omtale af publikationen kan også læses i *Sygeplejersken*, nr. 20, 2004 :  
<http://www.sygeplejersken.dk/sygeplejersken/default.asp?intArticleID=11421&menu=195009>

## **ELEKTRONISKE TIDDSKRIFTER**

### **International psychiatry : bulletin of the Board of International Affairs of the Royal College of Psychiatrists**

Aprilnummeret for 2004 er udkommet. Hæftet har følgende tema : **Cultural variations in the perception of psychopathology**  
Af indholdet :

- Discursive practice and the negotiation of psychiatric pathology in Egypt
- International psychiatry – an agenda for the way forward
- How 'culture bound' is 'cultural psychiatry'?

Der er desuden landeprofiler for psykiatrien i :

- Etiopien
- Israel
- Albanien

hæftet kan læses her : <http://www.rcpsych.ac.uk/college/spcomm/IP4.pdf>

## ARTIKLER

### Cross-cultural issues in forensic psychiatry training

Joseph B. Layde, M.D., J.D.

**Objective:** Forensic psychiatry was officially recognized as a subspecialty by the American Board of Medical Specialties in the 1990's. In 1994, the American Board of Psychiatry and Neurology (ABPN) gave its first written examination to certify forensic psychiatrists. In 1996, the Accreditation Council for Graduate Medical Education (ACGME) began to officially accredit one-year residency experiences in forensic psychiatry, which follow a 4-year residency in general psychiatry. The extra year of training, colloquially known as a fellowship, is required for candidates who wish to receive certification in the subspecialty of forensic psychiatry; since 2001, completion of a year of training in a program accredited by ACGME has been required for candidates wishing to take the ABPN forensic psychiatry subspecialty examination. With the formal recognition of the subspecialty of forensic psychiatry comes the need to examine special issues of cultural importance which apply specifically to forensic psychiatry training.

**Methods:** This paper examines the current literature on cross-cultural issues in forensic psychiatry, sets out several of the societal reasons for the importance of emphasizing those issues in forensic psychiatric training, and discusses how those issues are addressed in the curriculum of one forensic psychiatry fellowship at the Medical College of Wisconsin (MCW).

**Conclusion:** While much has been written about cross-cultural issues in general psychiatry, very little has appeared in the literature on the topic of cross-cultural issues in forensic psychiatry.

**Academic psychiatry 28(1), 34-39-2004**

### Current concepts in pharmacotherapy for posttraumatic stress disorder

Frank B. Schoenfeld, M.D., Charles R. Marmar, M.D. and Thomas C. Neylan, M.D.

**Objective:** This article describes current approaches to the pharmacologic treatment of posttraumatic stress disorder (PTSD) and reviews the classes of pharmacologic agents used in the treatment of PTSD. Pharmacotherapy for PTSD that is comorbid with other psychiatric disorders is highlighted.

**Methods:** The primary-source literature was reviewed by using a MEDLINE search. Secondary-source review articles and chapters were also used. Results from studies of the psychophysiology of PTSD are outlined in the review to help inform treatment choices. The review gives more consideration to controlled studies than to open clinical trials. Recommendations for treatment are evidence based.

**Results and discussion:** A growing body of evidence demonstrates the efficacy of pharmacologic treatment for PTSD. The effectiveness of the selective serotonin reuptake inhibitors sertraline and paroxetine in large-scale, well-designed, placebo-controlled trials resulted in their being the first medications to receive approval from the U.S. Food and Drug Administration for the treatment of PTSD. Observation of psychophysiological alterations associated with PTSD has led to the study of adrenergic-inhibiting agents and mood stabilizers as therapeutic agents. Controlled clinical trials with these classes of medication are needed to determine their efficacy for treating PTSD. Finally, the choice of medication for treating PTSD is often determined by the prominence of specific PTSD symptoms and the pattern of comorbid psychiatric conditions.

**Psychiatric services 55(5), 519-531, 2004**

### A culture-bound syndrome 'Amafufunyana' and a culture-specific event 'Ukuthwasa': differentiated by a family history of schizophrenia and other psychiatric disorders

D.J.H. Niehaus, P. Oosthuizen, C. Lochner, R.A. Emsley, E. Jordaan, N.I. Mbanga, N. Keyter, C. Laurent, J.-F. Deleuze, D.J. Stein

#### Abstract

**Background:** 'Amafufunyana' and 'ukuthwasa' are two culture-specific descriptive terms used by Xhosa traditional healers to explain aberrant behavioral and psychological phenomena. Some overlap between these conditions and

schizophrenia (DSM-IV) is apparent. The aim of this study was to determine the extent to which amafufunyana and ukuthwasa were used as cultural explanatory models by traditional healers for DSM-IV-defined schizophrenia and whether there were significant phenomenological differences in schizophrenia symptoms in patients with the diagnosis of amafufunyana rather than ukuthwasa.

**Sampling and Methods:** Xhosa patients with schizophrenia underwent a structured clinical diagnostic interview (Diagnostic Interview for Genetic Studies). The use of traditional diagnostic and treatment methods was assessed by structured open-ended interviewer-rated questions. The sample was then stratified for the presence/absence of a past/current diagnosis of amafufunyana and/or ukuthwasa. The clinical parameters were compared across groups by means of the  $\chi^2$  or Student t tests.

**Results:** 247 adult subjects participated in the study. 106 (53%) patients reported a previous diagnosis of amafufunyana, and 9 (4.5%) reported a diagnosis of ukuthwasa. A family history of schizophrenia ( $p = 0.004$ ) or any psychiatric disorder ( $p = 0.008$ ) was more common in the ukuthwasa group. Subjects with a primary diagnosis other than amafufunyana or ukuthwasa were more likely to be married ( $p = 0.004$ ), to have a history of stressor(s) prior to illness onset ( $p = 0.026$ ), to be from a rural environment ( $p = 0.007$ ) or to have a history of cannabis abuse/dependency ( $p = 0.015$ ).

**Conclusion:** The culture-bound syndrome amafufunyana and the culture-specific phenomenon of ukuthwasa are both used to explain symptoms in patients with schizophrenia (DSM-IV). Identification of cases as amafufunyana and ukuthwasa may correlate with a distinction between familial and sporadic cases of schizophrenia. Whether the positive connotations associated with ukuthwasa, as opposed to the more negative connotations associated with amafufunyana, hold any implications for the treatment or prognosis of schizophrenia remains to be clarified.

**Key Words :** Culture-bound syndrome - Schizophrenia - Family history

**Psychopathology 37(2), 59-63, 2004**

## Depression in first generation labour migrants in Western Europe : the utility of the Center for Epidemiologic Studies Depression Scale (CES-D)

J. Spijker , F. B. van der Wurff , E. C. Poort , C. H. M. Smits , A. P. Verhoeff , A. T. F. Beekman

### Abstract

#### Objective

The number of elderly migrants from Turkish and Moroccan descent in Western Europe will increase sharply in the coming decades. Identifying depressed elderly migrants necessitates a screening instrument that is both acceptable and has good psychometric properties. This study examines the utility of Turkish and Arabic translations of the Center for Epidemiologic Studies Depression Scale (CES-D) among elderly labour migrants from Turkish and Moroccan descent in the Netherlands.

#### Method

The data were derived from a community based health survey among 304 native Dutch, 330 Turkish and 299 Moroccan migrants, aged 55-74 years, living in Amsterdam, the Netherlands. Acceptability, reliability, convergent and construct validity were studied.

#### Results

Acceptability of the CES-D was satisfactory, although Moroccan migrants and Turkish females had difficulty answering one or more of the (interpersonal) items from the CES-D. Translated versions of the CES-D proved to be highly internal consistent and have good convergent validity in both Turkish and Moroccan elderly. Depressed and somatic items were much more intermingled in Turkish and Moroccan elderly compared to earlier studies and native Dutch elderly. This fits to the hypothesis that Turkish and Moroccan elderly migrants tend to somatize their depressive symptoms much more than native Western elderly.

#### Conclusion

The utility of the CES-D for elderly migrants of Turkish and Moroccan descent was found to be satisfactory.

#### Keywords

psychometric properties • CES-D • ethnic differences • elderly

**International journal of geriatric psychiatry 19(6), 538-544, 2004**

## Does migration affect pathways to care? A crosscultural comparison of pathways to care and compulsory admission among patients with a first episode of psychosis

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### Abstract fra konference. Der er ikke yderligere tekst i tidsskriftet

**Objective:** Many studies in the UK have found that African– Caribbean patients are more likely to be compulsorily admitted to hospital than White patients. The reasons for this have remained unclear. We sought to investigate pathways to care and compulsory admissions among a cohort of White and African–Caribbean patients with a psychotic mental illness in the UK, and a cohort of patients in Trinidad.

**Method:** For the UK sample, data were collected as part of the London-arm of the AESOP project. All White (n = 84) and African–Caribbean (n = 126) patients with a first episode of psychosis who made contact with psychiatric services over a 2-year period were included. For the Trinidadian sample, data were collected according to the same protocol as for the AESOP study. In both centres, data relating to pathways to care, sociodemographic characteristics, and clinical presentation were collected from patients, relatives and case notes.

**Results:** During the study period, 207 (84 White, 123 African–Caribbean) patients were identified in London and 126 in Trinidad. Rates of compulsory admission were significantly higher among UK African–Caribbean patients than among both White (50.4% vs. 23.8%,  $P < 0.01$ ) and Trinidadian patients (50.4% vs. 25.3%,  $P < 0.01$ ). Rates were similar for White and Trinidadian patients. In Trinidad, family were involved in the pathway to care in 95.0% of cases, compared with 39.5% among White patients ( $P < 0.01$ ) and only 28.7% among UK African–Caribbeans ( $P < 0.01$ ).

**Conclusion:** The differences observed between Trinidadian and UK African–Caribbean patients are particularly noteworthy. Tentatively, these findings may reflect more negative perceptions of mental health services among African–Caribbeans in the UK, arising from the experience of migration.

**Acta psychiatrica Scandinavica 110(s421), 22, 2004**

## Ethnic variation among adolescent psychiatric in-patients with psychotic disorders

Jovanka Tolmac, MD and Matthew Hodes, PhD

**Background** There is strong evidence that the rates of psychiatric admission for psychosis in the UK are elevated for the Black adult population compared with the White population. Black adults also have a higher rate of involuntary psychiatric admissions. There have been no studies in this country investigating links between ethnic background and psychiatric admission in the adolescent population.

**Aims** To investigate whether Black compared with White adolescents from London are overrepresented in psychiatric in-patient settings and whether they are more likely to be detained under the Mental Health Act 1983.

**Method** Cross-sectional survey of London adolescents aged 13–17 years, who were in-patients in psychiatric units.

**Results** Adolescents from the Black group (Black African, Black Caribbean, Black British) were overrepresented among those admitted with a diagnosis of a psychotic disorder when compared with adolescents from the White group (White British, White Irish, White Other): odds ratio=3.7, 95% CI 2.0–6.7. They were also more likely to be detained on admission and more likely to be born outside the UK and more likely to be born outside the UK and have refugee background.

**Conclusions** The possible impact of various background factors influencing admission is discussed.

**British journal of psychiatry 184(5), 428-431, 2004**

## Ethnicity, sleep, mood, and illumination in postmenopausal women

Daniel F Kripke, Girardin Jean-Louis, Jeffrey A Elliott, Melville R Klauber, Katharine M Rex, Arja Tuunainen and Robert D Langer

### Abstract

**Background:** This study examined how ethnic differences in sleep and depression were related to environmental illumination and circadian rhythms.

**Methods:** In an ancillary study to the Women's Health Initiative, 459 postmenopausal women were recorded for one week in their homes, using wrist monitors. Sleep and illumination experience were estimated. Depression was self-rated with a brief adjective check list. Affective diagnoses were made using the SCID interview. Sleep disordered breathing was monitored with home pulse oximetry.

**Results:** Hispanic and African-American women slept less than European-American women, according to both objective recordings and their own sleep logs. Non-European-American women had more blood oxygen desaturations during sleep, which accounted for 26% of sleep duration variance associated with ethnicity. Hispanic women were much more depressed. Hispanic, African-American and Native-American women experienced less daily illumination. Less daily illumination experience was associated with poorer global functioning, longer but more disturbed sleep, and more depression.

**Conclusions:** Curtailed sleep and poor mood were related to ethnicity. Sleep disordered breathing was a factor in the curtailed sleep of minority women. Less illumination was experienced by non-European-American women, but illumination accounted for little of the contrasts between ethnic groups in sleep and mood. Social factors may be involved.

**BMC psychiatry 4(8) 2004**

læs artiklen her : <http://www.biomedcentral.com/content/pdf/1471-244X-4-8.pdf>

## Ethnocultural determinants of suicide rate

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### **Abstract fra konference. Der er ikke yderligere tekst i tidsskriftet**

**Objective:** Analysed is the suicide rate in European countries, as well as in the Finno-Ugric and Slav ethnic groups of the population of Russia.

**Method:** Epidemiological methods, method of psychological autopsy and official records as well as scientific literature were used.

**Results:** The analysis of several years\_ standing WHO data on suicide rates in different countries of the world allowed to determine that their steady high level is noted in the countries whose population belongs to the three ethnic groups: Finno-Ugric (Hungary, Finland, Estonia, a number of Russian Federation republics), Baltic (Lithuania, Latvia) and German (Germany, Austria, Denmark, Sweden, Switzerland). In order to clarify this consistent pattern, a transcultural study of suicides in the Finno-Ugric and Slav ethnic groups of the population of Russia was carried out. The suicide rate in the Finno-Ugric subpopulation exceeds that in the Slav group both in males (correspondingly 177 and 70.8 per 100 000, i.e. 2.5 times) and in females (28.3 and 10.4 per 100 000, i.e. 2.7 times). This particular finding underscores the important role of ethnocultural factors in the formation and rate of committed suicides in the given ethnic groups.

**Conclusion:** Ethnocultural factors play an important role in the development and rate of suicidal behaviour. Suicide prevention measures, especially in the countries where Finno-Ugric, Baltic and German ethnic groups live, should certainly be ethnoculturally based and differentiated.

**Acta psychiatrica Scandinavica 110(s421), 44, 2004**

## **Fallbeskrivning av depressiv devitalisering : asylsökande flyktingbarn utvecklar livshotande funktionsbortfall**

Göran Bodegård

### **Summary:**

Five children were admitted and treated at the department of child psychiatry in Stockholm due to severe generalised losses of functions without underlying physical illness. They were all from asylum seeking refugee families with severe traumatic experience in their homelands and a prevailing state of hopelessness, helplessness and unimpressionable time perspective in Sweden. Result of treatment was very good when the life circumstances could be recuperated and particularly the obviously disease maintaining symbiotic despair of the mother could be abolished. The specific expression of psychic ill health in refugee children described here has not been systematically reported and this study indicates some practical aspects of treating the state as well as preventing its development.

**Läkartidningen 101(19), 1696-1699**

## **International variations in the outcome of schizophrenia and the prevalence of depression in relation to national dietary practices: an ecological analysis**

Malcolm Peet, FRCPsych, Swallownest Court Hospital, Aughton Road, Sheffield S26 4TH, UK.

### **Abstract**

**Background** Dietary variations are known to predict the prevalence of physical illnesses such as diabetes and heart disease but the possible influence of diet on mental health has been neglected.

**Aims** To explore dietary predictors of the outcome of schizophrenia and the prevalence of depression.

**Method** Ecological analysis of national dietary patterns in relation to international variations in outcome of schizophrenia and prevalence of depression.

**Results** A higher national dietary intake of refined sugar and dairy products predicted a worse 2-year outcome of schizophrenia. A high national prevalence of depression was predicted by a low dietary intake of fish and seafood.

**Conclusions** The dietary predictors of outcome of schizophrenia and prevalence of depression are similar to those that predict illnesses such as coronary heart disease and diabetes, which are more common in people with mental health problems and in which nutritional approaches are widely recommended. Dietary intervention studies are indicated in schizophrenia and depression.

**British journal of psychiatry 184(5), 404-408, 2004**

## **Migration and schizophrenia : the challenges for European psychiatry and implications for the future**

Gerard Hutchinson and Christian Haasen

### **Abstract**

**Background:** The last decade of the twentieth century has seen an unprecedented increase in the number of reports in the psychiatric literature documenting increased rates of psychotic illness among migrants in a range of European countries. In countries where high rates of immigration have been long-standing such as Britain and the Netherlands, these increased rates have also been seen in the second generation of migrants. This has impacted on psychiatry significantly with regard to the aetiology, diagnosis, and treatment of schizophrenia.

**Method** We reviewed the literature to summarise the available evidence about the phenomenon across the European countries where these findings have been reported. Comparisons of the findings between countries were highlighted to establish their impact on psychiatry and to identify areas and implications for future research.

**Results:**The history of this kind of research is longest in Britain and has established increased risk for non-white migrants, with Caribbean and African patients being especially vulnerable. Caribbean migrants to the Netherlands have also been found to be at increased risk, but they are predominantly of Indo-Caribbean ethnicity. In the other European countries, East and West African migrants have been implicated in some countries, while European migrants have been implicated in other countries. Social inequalities, family fragmentation and urbanicity seem to be the main hypotheses proposed for these increased rates, though, in some countries where asylum seekers and refugees form the largest group of migrants, the stress of the migratory process itself may be implicated. These may all interact with genetic vulnerability and substance abuse.

**Discussion:** Ethnicity and differences in dominant language emerge as major structural references in this new epistemology of psychosis and both the causes and the effects on psychopathology may be filtered through an experience of social disadvantage in an urban environment.

**Key words** ethnicity – psychosis - migration - schizophrenia

**Social psychiatry and psychiatric epidemiology 39(5), 350-357, 2004**

## Racial differences in paranoid ideation and psychoses in an older urban population

Carl I. Cohen, M.D., Carol Magai, Ph.D., Robert Yaffee, Ph.D., and Lorna Walcott-Brown, M.S.

### Abstract

**OBJECTIVE:** This study examined whether there are racial differences in the prevalence of paranoid ideation and psychotic symptoms in persons age  $\geq 55$  in an urban community.

**METHOD:** Using 1990 census data for Brooklyn, N.Y., the authors attempted to interview all cognitively intact persons age  $\geq 55$  in randomly selected blocks. The final group consisted of 206 whites and 821 blacks. The authors used George's Social Antecedent Model for analyzing 21 independent and three dependent variables: paranoid ideation, psychotic symptoms, and psychotic symptoms/paranoid ideation. The group was weighted by race and gender. To control for intrablock clustering effects without replacement sampling, the authors used SUDAAN for data analysis.

**RESULTS:** A significant difference in psychotic symptoms or paranoid ideation was found between blacks and whites (24% versus 10%) that was attenuated but not eliminated with logistic regression analyses. Blacks with psychotic symptoms or paranoid ideation, especially Caribbeans, had significantly lower receipt of mental health services and lower perceived service needs. With logistic regression, psychotic symptoms and paranoid ideation were associated with four variables among blacks and whites, although only one was significant in both groups.

**CONCLUSIONS:** Racial differences in psychotic symptoms and paranoid ideation persist even after control for various clinical, social, and attitudinal effects. Among blacks, response to stressors may be expressed through increased paranoid ideation and psychotic symptoms. Stronger beliefs in spiritualism increase this expression in both races. The high prevalence of psychotic symptoms or paranoid ideation among this aging urban population, especially blacks, highlights a potential public health issue.

**American journal of psychiatry 161(5), 864-871, 2004**

## Sleep in lifetime posttraumatic stress disorder : a community-base polysomnographic study

Naomi Breslau, PhD; Thomas Roth, PhD; Eleni Burduvali, MA; Alissa Kapke, MS; Lonni Schultz, PhD; Timothy Roehrs, PhD

### Abstract

**Background** - Sleep complaints are common in posttraumatic stress disorder (PTSD) and are included in the *DSM* criteria. Polysomnographic studies conducted on small samples of subjects with specific traumas have yielded conflicting results. We therefore evaluated polysomnographic sleep disturbances in PTSD.

**Methods** - A representative cohort of young-adult community residents followed-up for 10 years for exposure to trauma and PTSD was used to select a subset for sleep studies for 2 consecutive nights and the intermediate day. Subjects were selected from a large health maintenance organization and are representative of the geographic area except for the extremes of the socioeconomic status range. The subset for the sleep study was selected from the 10-year follow-up of the cohort ( $n = 913$  [91% of the initial sample]). Eligibility criteria included (1) subjects exposed to trauma during the preceding 5 years; (2) others who met PTSD criteria; and (3) a randomly preselected subsample. Of 439 eligible subjects, 292 (66.5%) participated, including 71 with lifetime PTSD. Main outcomes included standard polysomnographic measures of sleep induction, maintenance, staging, and fragmentation; standard measures of apnea/hypopnea and periodic leg movement; and results of the multiple sleep latency test.

**Results**- On standard measures of sleep disturbance, no differences were detected between subjects with PTSD and control subjects, regardless of history of trauma or major depression in the controls. Persons with PTSD had

higher rates of brief arousals from rapid eye movement (REM) sleep. Shifts to lighter sleep and wake were specific to REM and were significantly different between REM and non-REM sleep ( $F_{1,278} = 5.92$ ;  $P = .02$ ).

**Conclusions** We found no objective evidence for clinically relevant sleep disturbances in PTSD. An increased number of brief arousals from REM sleep was detected in subjects with PTSD. Sleep complaints in PTSD might represent amplified perceptions of brief arousals from REM sleep

**Archives of general psychiatry 61(5), 508-516, 2004**

## The social cognition of immigrants' acculturation : effects of the need for closure and the reference group at entry

Ankica Kobic, European University Institute in Florence , Arie W. Kruglanski, University of Maryland, Antonio Piorro and Lucia Mannetti, Università di Roma, "La Sapienza"

### Abstract

Three studies found support for the notion that immigrants' acculturation to the host culture is interactively determined by their need for cognitive closure (A. W. Kruglanski & D. M. Webster, 1996) and the reference group they forge on their arrival. If such reference group is fashioned by close social relations with coethnics, the higher the immigrants' need for closure, the weaker their tendency to assimilate to the new culture and the stronger their tendency to adhere to the culture of origin. By contrast, if the reference entry group is fashioned by close relations with members of the host country, the higher their need for closure, the stronger their tendency to adapt to the new culture and the weaker their tendency to maintain the culture of origin. These findings obtained consistently across 3 immigrant samples in Italy, 1 Croatian and 2 Polish, and across multiple different measures of acculturation.

**Journal of personality and social psychology, 86(6), 796-813, 2004**

## Social disability among the mentally ill in different European countries

J. Rymaszewska, A. Kiejna, J. Jarosz-Nowak, T. W. Kallert, P. Nawka, S. Priebe, J. Raboch

Department of Psychiatry, Faculty of Postgraduate Medical Training, Wrocław Medical University, Wrocław, Poland

### Abstract fra konference. Der er ikke yderligere tekst i tidsskriftet

**Objective:** The main objective was to examine the impact of serious mental disorders on social functioning and to determine the level of disability associated with mental disorders within cross-national comparison.

**Method:** Data from the EDEN study (<http://www.edenstudy.com>) were used. Working-aged adults ( $n = 969$ ) with acute mental disorders admitted to psychiatric hospitals in the Czech Republic, England, Germany, Poland and Slovakia were assessed at admission and 3 months after discharge (77.7% response rate). Of all patients, 26.6% suffered from schizophrenic disorders, 39.9% from affective disorders, 21.3% from anxiety disorders and 12.2% from personality and eating disorders. Variables corresponding to sociodemographics, psychopathology and social functioning were collected using the Brief Psychiatric Rating Scale and the Groningen Social Disabilities Schedule.

**Results:** Psychopathology was consistently associated with increased disability. After controlling for age and psychopathology, the marital status, work activity and the onset of the illness were strong contributors to social disability at both time points: duration of illness and during follow-up. There were significant differences among the centres with regard to the level of disability. Gender, level of education, number of previous episodes and psychiatric hospitalizations were not associated with disability. There were no significant differences in social disability among acute mentally ill patients concerning diagnostic groups after admission or at follow-up 3 months after discharge.

**Conclusion:** As stable family and occupational situation was related to better social functioning, the level of social disability among acute mentally ill patients was independent of the diagnosis, gender and education, and is directly connected with symptom severity. Cross-national (cultural and economical) differences need further research.

**Acta psychiatrica Scandinavica 110(s421), 25, 2004**

## Somatic symptoms in depression : evaluation of their diagnostic weight in an African setting

G. T. Okulate, MBChB FMCPsych(Nig) FWACP, M. O. Olayinka, MBBS FWACP and O. B. E. Jones, BSc(Psych) MSc(Psych)

### Abstract

**Background** Somatic symptoms are extremely common features of depression and other mental disorders in African countries such as Nigeria, but their weight in the diagnosis of depression is not certain.

**Aim** To determine what weight should be assigned to these symptoms in comparison with other well-known symptoms in the diagnosis of depression.

**Method** A sample of 829 persons completed the Patient Health Questionnaire which was earlier modified by the inclusion of the somatic symptoms being studied. Using principal component analysis and a logistic regression model, the contributions of these symptoms in comparison with others were determined.

**Results** Core depressive symptoms accounted for most of the total variance for depression. The somatic symptoms studied loaded separately from the core depressive symptoms and were not as good predictors of depression. A cognitive factor emerged as well as some somatic factors.

**Conclusions** Although somatic symptoms may be florid among patients with depression, they have considerably less weight than core depressive symptoms in the diagnosis of depression. The emerging cognitive factor could be similar to that described by previous authors.

**British journal of psychiatry 184(5), 422-427, 2004**

## **Stress-related and culture-bound psychiatric consequences in Iranian veterans 15 years after the end of the Iran–Iraq war**

S. Momtazi, Department of Psychiatry, Beheshti Hospital, Zanjan Medical University, Zanjan, Iran

### **Abstract fra konference. Der er ikke yderligere tekst i tidsskriftet**

**Objective:** Tens of thousands of Iranians were killed and more were physically and/or mentally injured in the Iran–Iraq war (1980–1988). This study aimed to find the prevalence of posttraumatic stress disorder (PTSD) and the Janbaz syndrome as a culture-bound psychiatric disorder in Iranian ex-veterans 15 years after the end of the Iran–Iraq war.

**Method:** Assessed were 283 ex-veterans registered as a physically and/or mentally injured veteran. The sample group included male patients ranging in age from 32 to 49 years. Clinical measures included the clinician-administered PTSD scale (CAPS) and the DSM-IV criteria for PTSD. We also carried out a clinical interview with the patients in order to find out a specific culture-bound syndrome previously described in Iranian veterans as the Janbaz syndrome. This syndrome encompasses three groups of symptoms and signs: (1) emotional: outbursts of anger, hopelessness, emotional numbness, aggression and frequent crying, (2) behavioural: poor intrafamilial and occupational functioning, decreased tolerance to auditory stimuli, demanding and attention-seeking behaviour, and drug abuse, and (3) physical: headache, sleep problems, low sexual desire and potency, muscle pain, and eating problems. This group of patients showed very mild or no reexperience and avoidance.

**Results:** Sixty-nine out of 283 ex-veterans (24.38%) had PTSD according to DSM-IV. One hundred and thirty-three out of 283 (46.99%) showed the Janbaz syndrome. The remaining 81 (28.62%) had neither diagnosis.

**Conclusion:** PTSD is a frequent problem in ex-veterans even after 15 years. Culture-bound psychiatric problems such as the Janbaz syndrome must be kept in mind.

**Acta psychiatrica Scandinavica 110(s421), 56, 2004**

## **Teachers knowledge, beliefs and attitudes concerning schizophrenia : a cross-cultural approach in Japan and Taiwan**

Takahiro Kurumatani, Ko Ukawa, Yoshichika Kawaguchi, Saori Miyata, Manami Suzuki, Hiroshi Ide<sup>3</sup>, Wataru Seki, Eiko Chikamori, Hai-Gwo Hwu, Shih-Cheng Liao, Glen D. Edwards, Naotaka Shinfuku and Masaharu Uemoto

### **Abstract**

**Background:** Mental health literacy of the general public is essential for the effective promotion of society's mental health. However, there has been no investigation of the general public's mental health literacy with Japanese and Taiwanese socio-cultural backgrounds.

**Methods:** A total of 129 Japanese and 150 Taiwanese elementary school teachers were surveyed about knowledge, beliefs and attitudes concerning schizophrenia by means of a questionnaire with a vignette describing a case of the disease. Identification of the case, cause of the disease, coping behavior for the case, and perception of stigmatizing and supporting attitudes by parents and neighbors of the case were investigated.

**Results:** As a common finding with the studies in Western countries, only small percentages of the Japanese and Taiwanese respondents were able to make a correct identification. A further common finding was the emphasis on psychosocial factors as a cause of schizophrenia, as was the rejection of psychotropic medication, although future study is required to determine to what extent the respondents know about therapeutic procedures utilized by psychiatrists. Significantly stronger stigma perception was shown in the Japanese respondents than in the Taiwanese, which may be attributable to the high institutionalization rate in Japan.

**Conclusions:** Japanese and Taiwanese teachers' knowledge, beliefs and attitudes regarding schizophrenia were similar to those found in the general public in Western societies. Although the present study is limited in sampling and the components of the mental health literacy investigated, several working hypotheses have been extracted from it to be tested in future investigations on the Japanese and Taiwanese and other Asian general public's mental health literacy.

**Key words** mental health literacy – stigma – schizophrenia – Japan – Taiwan - cross-cultural study

**Social psychiatry and psychiatric epidemiology 39(5), 402-409, 2004**

## **KALENDER**

## **Juni**

### **3. juni 2004, København**

#### **Traumatiserede flygtninge og indvandrere – Sprog & Integration UC2 - Videncenter for tosprogethed og interkulturalitet**

##### **Program**

9.00

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

Projektleder Jette Skadhauge, UC2

9.30

Hvilke udfordringer står sprogcentrene overfor, når de gerne vil i gang med undervisning af traumatiserede?

Forstander Carsten Aner, Ishøj Sprog- og Integrationscenter

10.15

**Flygtninge og traumer i Danmark – rehabilitering og integration**

Centerleder Marianne Lauritzen, Center for Traume og Torturoverlevende, Vejle

11.30

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

13.00

**Workshops**

14.45

**Paneldebat med repræsentanter fra traumeprojektets styregruppe m.fl.**

Ordstyrer: Projektkonsulent Charlotte Bie

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

### **3. – 4. juni 2004, Quebec**

#### **Social and cultural psychiatry, 10th annual summer program McGill University, Division of Social and Transcultural Psychiatry**

##### **Courses and workshops :**

Cultural Psychiatry

Psychiatric Epidemiology

Working with Culture

Qualitative Research Methods

Quantitative Research Methods in Cultural Psychiatry

Economic Evaluation in Social Psychiatry

Identity Structure Analysis

Community-Based Participatory Research

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

### **14. – 16. juni 2004, Alicante**

#### **Impact of gender, politics and economics on transcultural nursing and healthcare of immigrant and other vulnerable populations Transcultural Nursing Society, annual conference**

##### **Special Features:**

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

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

Program : <http://tcns.org/eve/ubb.x/s,9896011111,a,ga,ul,2286002585,ic,Y/Schedule.pdf>

### **18. – 21. juni, Stockholm**

#### **9<sup>th</sup> European conference on traumatic stress**

Svenska Föreningen för Psykisk Hälsa, European Society for Traumatic Stress Studies,

- Main themes of Conference
- Effects of Disasters and Terrorism
- Neurobiology and Trauma
- Memory and Trauma
- Children and Effects of Early Traumatization
- Sexual Exploitation and Trauma
- PTSD and Complex Traumatization
- Exile Trauma
- The Impact of Prevention and Acute Interventions
- Methods of Treatment of Today
- Helping the Helpers
- Media and Disaster

mere information : <http://www1.stocon.se/WMS/9/12734.asp>

### **23.- 25. juni 2004, Rotterdam**

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

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

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

#### **The main themes of interest**

- Differences in mortality and morbidity, both regarding physical and mental health.
- Differences in health care access and use of services, regarding both prevention and treatment.
- Differences in quality of care
- Explanations for these differences
- Methodological problems.

Further information : Elita Zoel. Tel.: +31 183-354057; fax: +31 183-354047

E-mail: [e.zoer@planet.nl](mailto:e.zoer@planet.nl)

### **24. – 26. juni 2004, Buenos Aires**

#### **4th international congress of psychic trauma and traumatic stress**

**Argentine Society for Psychotrauma**

information : <http://www.psicotrauma.org.ar/marcosi.htm>

## **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

bekanntere 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 Fernsehprogrammen 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 parteiliche Anteilnahme anhand von Fallnetzen dargestellt und gemeinsam reflektiert werden.

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

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

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

## **27. september – 1. oktober 2004, Stockholm**

### **Fördjupningsvecka i transkulturell psykiatri**

#### **Transkulturellt Centrum**

I vårt allt mer mångkulturella samhälle är kunskaper i transkulturell psykiatri av betydelse för såväl första linjens psykiatri i primärvården som för den specialiserade 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 faktorer och betydelse för kommunikation av psykisk ohälsa, diagnostik och behandling. Under kursen introduceras ämnet trans-kulturell psykologi och dess kliniska relevans. Migrationens betydelse för den psykiska hälsan och kulturella aspekter på det terapeutiska mötet kommer att belysas. Aktuell forskning och klinisk metodutveckling kommer att presenteras. Kursen förmedlar arbetsmetoder för att underlätta tolkning av symptom och hur DSM-IV kan användas för att beakta kulturella faktorer. Stor vikt läggs vid att förankra kursens teoretiska innehåll med deltagarnas kliniska erfarenheter.

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

#### **Föreläsare**

- Laurence Kirmayer, professor i psykiatri, McGill University, Montreal, Kanada/chefredaktör för tidskriften Transcultural Psychiatry
- Gretty Mirdal, professor i transkulturell psykologi vid Köpenhamns Universitet, Danmark
- Solvig Ekblad, docent, enhetschef IPM, adjungerad universitetslektor i transkulturell psykologi vid Karolinska Institutet, sektionen för psykiatri, Neurotec-institutionen
- Sofie 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](http://www.sll.se/docs/w_tkc/utbildning/Kursar_04.pdf)

## Oktober

### 28. – 30 oktober 2004, Helsingør

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

#### Program

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

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

Metin Basoglu – Brief behavioural treatment of torture survivors.

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

Christian Horst – Integration og marginalisering.

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

Herudover vil 3 parallelle spor gennemløbe konferencen indenfor problemstillingerne:

- Somatisk
- Social
- Psykologisk

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

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

#### CALL FOR ABSTRACTS

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

## November

### 14. – 18. november 2004, New Orleans

### **20<sup>th</sup> 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>