

Information om Transkulturel Psykiatri, august 2004

GENERELT

Indvandrere vil opereres til dansk udseende

Kristeligt Dagblads netavis 28. august 2004 / Af Morten Rasmussen

Plastikkirurger oplever, at indvandrere vil have et mere dansk udseende. Pinligt for dansk integration, mener antropolog

Kan en stor næse stå i vejen for en vellykket integration i det danske samfund?

Det mener åbenbart nogle personer med indvandrerbaggrund, som derfor får opereret sig til et mere »dansk« udseende ved hjælp af plastikkirurgi.

Da patienter på plastikkirurgiske klinikker ikke registreres efter etnisk baggrund, findes der ingen samlet opgørelse over andelen af patienter med indvandrerbaggrund. Men flere plastikkirurger bekræfter over for Kristeligt Dagblad, at patienter med indvandrerbaggrund jævnligt henvender sig for at få opereret især næsen.

Integrationsloven : flygtninges vilkår

Morten Ejrnæs & Mette Blauenfeldt

Forfatterne gennemgår integrationsloven af 1999 og finder, at man har erstattet humanitære socialpolitiske principper med en beskæftigelsespolitik baseret på liberalistisk markedsløgik. De finder, at medarbejdere i social- og sundhedssektoren bør tage højde for de trivselsmæssige og sundhedsmæssige konsekvenser af denne udvikling. Lægehjælp til nyankomne flygtninge repræsenterer nu en stor humanitær udfordring i Danmark.

Månedsskrift for praktisk lægegerning, nr. 8, 2004

læs artiklen her : <http://www.mpl.dk/show.asp?Id=218&nr=7297&show=article&from=nr>

OM PSYKIATRI

Europarådet kritiserer behandlingen af psykisk syge i Danmark

DRs hjemmeside 3. august 2004

Europarådet kritiserer omfanget af tvangsfiksering af psykisk syge danskere. I en særlig rapport om Danmark forlanger Europarådets kommissær for menneskerettigheder, Alvaro Gil-Robles, øjeblikkelige alternativer, som kan mindske brugen af tvangsfiksering. Det skriver gratisavisen MetroXpress.

- Jeg tilslutter mig det danske Institut For Menneskerettigheders krav om straks at finde alternativer til langvarig tvangsfiksering, skriver kommissæren i sin rapport, som er sendt til den danske regering.

Rapporten er udarbejdet på baggrund af et besøg i Danmark, som Alvaro Gil-Robles aflagde tidligere i år.

Så sent som i 2003 beskyldte netop Europarådet Danmark for overdreven brug af tvangsfiksering. Dengang afviste regeringen, at der var grund til at ændre praksis

på denne side findes rapporten lidt nede "Report on the visit to Denmark, 13-16 April 2004" :

http://www.coe.int/T/E/Commissioner_H.R/Communication_Unit/Documents/By_year/2004/index.asp#TopOfPage

Focus on psychiatry in Egypt

A. Okasha, Director

World Health Organization Coordinating Center for Research and Training, Institute of Psychiatry, Ain Shams University, Cairo, Egypt

Fra artiklen

...PROFILE OF PSYCHIATRIC DISORDERS IN EGYPT

Hysteria (conversion or dissociative disorder)

Hysteria occupies a position at the top of the list of psychiatric diagnoses. There has been much controversy as to the relevance of its nosological status. In 1990, the first 1000 people presenting to the out-patient clinic of the Institute of Psychiatry of Ain Shams University in Cairo were screened to determine whether they fulfilled DSM-III-R criteria for either conversion or dissociation disorder (Okasha *et al*, 1993a), replicating a study undertaken at an Egyptian university hospital 23 years earlier, where hysteria constituted 11.2% of the sample (Okasha, 1967). The newer study aimed to test the relevance of the diagnosis of 'hysteria' (conversion and dissociative

disorder). According to its results, many disorders that would formerly have been diagnosed as hysteria would now receive another diagnosis, mostly somatoform disorder. However, some disorders still require the diagnostic label of hysteria to reflect the symptoms and the underlying mechanisms (stress, primary gain, secondary gain, and motor or sensory symptoms that are culturally and symbolically specific for the stress). The prevalence of 5% in that study is comparable with that of organic mental disorders (5.1%), personality disorders (4.9%) and anxiety disorders (7.9%), indicating that hysteria cannot be ignored as a diagnostic category. Factors that might contribute to a real decline in the incidence of hysteria could be related to the industrialisation of Egyptian society and its increasing complexity, for which the primitive mechanism of defence against frustration is no longer strong enough to ward off anxieties. However, the decrease in the diagnosis of hysteria could also be attributed to the diagnostic system used. The ICD-10 and DSM-III-R, which do not favour the diagnosis of hysteria because of its dynamic character, contain a number of categories for which the earlier diagnosis would have been hysteria. These categories include other somatoform disorders such as somatisation, psychogenic pain disorder, hypochondriasis, body dysmorphic disorder and undifferentiated somatoform disorder not otherwise specified.

Anxiety disorders

Earlier studies of psychiatric morbidity among university students in Egypt showed that anxiety states were diagnosed in 36% of the study sample (Okasha *et al*, 1977). In 1981 Okasha & Ashour undertook the first attempt to study the socio-demographic aspects of anxiety disorders in Egypt and to apply the Arabic version of the Present State Examination in evaluating the profiles of clusters and symptoms of anxiety in a sample of 120 patients with anxiety (Okasha & Ashour, 1981). The findings revealed that the most common symptoms were worrying (82%), irritability (73%), free-floating anxiety (70%), depressed mood (65%), tiredness (64%), restlessness (63%), and anergia and retardation (61%). Panic attacks were present in 30%, situational anxiety in 35%, specific phobias in 37% and avoidance in 53% of the sample. Male patients showed significantly more hypochondriasis and anxiety on meeting people than females. This can be explained by the fact that men in our culture tend to somatise their psychological symptoms, as the latter may lower their prestige and degrade their pride, because of the belief that 'real' men do not have psychological symptoms. Female patients showed significantly more increased free-floating anxiety, loss of weight and conversion symptoms (Okasha & Ashour, 1981). In 1993 anxiety states represented about 22.6% of diagnoses made in a psychiatric out-patient clinic in a selective Egyptian sample (Okasha *et al*, 1993a)...

British journal of psychiatry 185 (3), 266-272, 2004

Mer pengar till psykiatrin ska minska regionala skillnader

Milton hoppas på 525 miljoner från statsbudgeten

Anders Milton, regeringens nationella psykiatrisamordnare, lämnade tidigare i sommar över en översikt av dagsläget inom psykiatrin till Socialdepartementet. I denna översikt finns flera förslag till åtgärder för att förbättra situationen inom den psykiatriska vården.

Det handlar inte oväntat om krav på mer pengar från staten till psykiatrin, närmare bestämt 525 miljoner kronor redan 2005 under förutsättning att kommuner och landsting satsar lika mycket. Pengarna ska enligt förslaget vara öronmärkta till psykiatrin. Tillskottet bör sedan successivt öka under tre år, för att år tre uppgå till 1 miljard kronor.

13 istället för 10,7 procent

Tillsammans med ett motsvarande tillskott från landsting och kommuner kommer den psykiatriska vården då att svara för 13 procent av de totala sjukvårdskostnaderna, mot dagens (2003) 10,7 procent. Fördelningen av de extra resurserna ska ske länsvis, och en mindre del bör dessutom avsättas till storstadsregioner med särskilda problem.

– I det här, vårt första förslag, är resurstilldelningen det viktiga. Och utifrån den information jag har fått så kommer de föreslagna 525 miljoner kronorna för 2005 att på något sätt finnas med i den budgetproposition som regeringen snart ska presentera, säger Anders Milton.

Från Socialdepartementet vill man i dagsläget inte bekräfta att dessa pengar ingår i det budgetförslag som läggs den 20 september.

läs mere i Läkartidningen 101(36) : <http://www.lakartidningen.se/>

Psykiatrien skal ud til patienterne. Det er tanken bag en gennemgribende omlægning af psykiatrien i Sønderjyllands Amt.

Amtsrådsforeningens hjemmeside 27. august 2004 / af Antje Gerd Poulsen

Om få år vil psykiatrien i Sønderjylland se helt anderledes ud end i dag – og anderledes end i resten af landet. I hvert tilfælde, hvis det lykkes Psykiatriudvalget at komme igennem med en større omlægning af psykiatrien.

Tanken er, at psykiatrisk behandling skal ud, hvor borgerne bor. Det betyder, at de fire distriktspsykiatriske centre i amtet skal være indgangen til alle psykiatriske behandlingstilbud

i stedet for som i dag, hvor indgangen er de psykiatriske afdelinger på sygehusene.

For patienterne skulle omlægningen gerne resultere i mere fleksible tilbud, tidligere indsats og en behandling, der griber så lidt ind i dagligdagen som muligt.

læs hele artiklen her :

<http://www.arf.dk/Nyhedscenter/MandatNet/2004/SoenderjyderGoerOpMedSygehuspsykiatrien.htm>

Psykiatriens kerneopgaver 2004-2010

Dansk Psykiatrisk Selskab

Hvidbogen kan læses her : <http://www.dpsnet.dk/dpsfiler/pdf/04-06-22-Hvidbog.pdf>

OM TRANSKULTUREL PSYKIATRI

Arbejdsgruppe vedr. psykoedukation i rehabiliteringsarbejdet af flygtninge med traumer

Den Psykosociale Enhed (DPE) har nedsat en arbejdsgruppe, der skal fordybe sig i metoden psykoedukation. I arbejdsgruppen er der repræsentanter fra behandlingsinstitutioner, det kommunale system, sprogcentre, forskere, Videnscenter for Socialpsykiatri og Videnscenter for Transkulturel Psykiatri.

Arbejdsgruppen vil i sin møderække diskutere aspekter ved brug af psykoedukation som metode i arbejdet med flygtninge med traumer for at belyse metodens muligheder, forudsætninger såvel som begrænsninger. Resultatet af gruppens arbejde vil være i et metodehæfte, der har til formål at inspirere de kommunale aktører og andre i at benytte psykoedukation såvel som andre metoder i arbejdet med traumatiserede flygtninge i kommunalt såvel som behandlingsmæssigt regi for dermed at videreudvikle integrationsarbejdet for flygtninge med traumer. Metodehæftet vil blive udgivet ultimo 2005.

Har du erfaringer, du mener vil være relevante at bidrage med, er du velkommen til at kontakte:

Annelise Murakami på e-mail: Annelise.Murakami@drc.dk eller

Dorte Mee-Ra Magnussen på e-mail: Dorte.Magnussen@drc.dk

Behandling af traumatiserede flygtninge

Pressemeddelelse d. 18. august 2004

OASIS - Behandling og rådgivning for flygtninge indledte fredag den 13. august forhandlinger med Hovedstadens Sygehusfællesskab (H:S) om indgåelse af en driftsoverenskomst omkring behandling af traumatiserede flygtninge inden for sygehuslovens rammer.

Baggrunden for forhandlingerne er, at Folketinget den 4. juni 2004 besluttede at ændre sygehusloven, således at OASIS og RCT-Jylland bliver en del af det frie sygehusvalg fra den 1. januar 2005. Det vil sige, at flygtninge med traumer, som er opstået på baggrund af hændelser i hjemlandet, kan henvises til behandling i OASIS under sygehusloven på lige fod med anden sygehusbehandling inden for en nærmere fastsat økonomisk ramme. I 2005 vil rammen for henvisning til OASIS være på 12,5 mio. kr.

H:S vil som ansvarlig for sygehusvæsenet i København og Frederiksberg kommuner, inden for hvilket område OASIS har hjemsted, have tilsynspligten med den aftale der indgås med centret.

Loven er først og fremmest en anerkendelse af, at traumatiserede flygtninge har et behov for behandling og rehabilitering, og at varetagelsen af dette behov er en opgave for det danske sundhedsvæsen. Hidtil har behandlingen hovedsagelig været overladt til private initiativer, hvor det har været op til den enkelte kommune at afgøre, hvorvidt traumatiserede flygtninge skulle tilbydes behandling. Fremover vil også læger kunne henvise direkte til behandling i OASIS.

Foruden behandling lægges der op til, at centrene skal varetage undervisningsopgaver, supervision, konsulentvirksomhed for social- og sundhedspersonale primært i den offentlige sektor samt metodeudvikling.

Loven er blevet til på baggrund af en rapport fra en arbejdsgruppe nedsat af Sundhedsministeriet, som udkom i april 2001.

Nærmere oplysninger kan fås ved henvendelse til OASIS' direktør, Ulrik Jørgensen.

Strandboulevarden 92, 3. sal

2100 København Ø

Tlf. 35 26 57 26

E-mail: ulrik@oasis-rehab.dk

Fortvilende for fastlegene

Dagens medicin, Norge, 13. august 2004 / Mari Rian Hanger / Lisbeth Nielsen

- Fastlegene blir ofte sittende med ansvaret for alvorlig psykisk syke asylsøkere uten nødvendig støtte fra spesialisthelsetjenesten. Det sier Kjell Maartmann-Moe, leder for Aplf.

Leder Kjell Maartmann-Moe i Alment praktiserende lægers forening (Aplf) mener de distriktpsykiatriske sentrene og psykiatriske avdelingene må kunne ta imot flere henviste asylsøkere med alvorlige psykiatriske problemer.

Må synliggjøre problemene

Maartmann-Moe har selv jobbet som allmennlege i Oslo indre øst i over 20 år, og opplever ganske ofte at henvisningene ikke blir tatt til følge selv om det legges mye arbeid i dem.

- Det er blitt bedre, men fremdeles er det for vanskelig å få den psykiatriske spesialisthelsetjenesten til å ta imot henviste asylsøkere, selv de med alvorlige psykiske problemer. Fastlegene må kunne henvise disse pasientene og få hjelp med diagnostikk og behandling, eventuelt innleggelse når det er behov for det, sier han.

Rart at det går så bra

- Det er krevende å være fastlege for alvorlig psykisk syke asylsøkere og spesielt belastende å oppleve at man ikke får hjelp og støtte av spesialisthelsetjenesten. Det er egentlig rart det går så bra som det gjør, sier Maartmann-Moe.

Han mener det trengs betydelig flere institusjonsplasser og flere psykiatere og kliniske psykologer - også for å hjelpe denne spesielle gruppen pasienter. - I et system med altfor begrensede ressurser, vil asylsøkerne lett kunne komme tapende ut i den knallharde prioriteringen som må foretas ved de distriktpsykiatriske sentrene og psykiatriske sengeavdelingene.

læs artiklen her : <http://www.dagensmedisin.no/nyheter/VisArtikkel.asp?ArtId=4893>

Helbredes i parallelle verdener

NAKMIs hjemmeside 23. august 2004 / Erik Dahl Viggen

Det psykiske helsevernet i Finnmark har innsett at helse både er kulturbetinget og noe høyst subjektivt. Mange pasienter stoler minst like mye på tradisjonelle helbredere som på lokale leger.

Når pasienter med afrikansk bakgrunn skal til psykiatrisk behandling, oppstår ofte problemstillinger som kan ligne det som skjer i samers møte med psykisk helsevern: En del pasienter stoler gjerne mer på tradisjonell helbredelse enn på skolemedisinen. Mange av de gamle samiske tradisjonene har overlevd både kristenmisjon og fornorskningpolitikk. For behandlere i det psykiske helsevernet i Finnmark er healing, håndspåleggelse og åndebesettelse dagligdagse begreper.

læs artiklen her : <http://www.nakmi.no/nyheter/artikkel.asp?NyhetID=199&SprakID=1&SeksjonID=2>

Kan vi være det bekendt?

Politikens kronik 16. august 2004 / af Christian Nørregaard

Kronikøren er overlæge i psykiatri og mangeårig behandler af flygtninge og indvandrere. Han er ikke i tvivl: Danmark er i gang med at ødelægge livet for en række asylansøgere og deres børn.

Der har i den senere tid i mediernes været debat omkring behandlingen af asylansøgere i Røde Kors-lejre i Danmark. Jeg selv har været psykiatrisk konsulent i Røde Kors-lejre i over 10 år og har derudover arbejdet med traumatiserede flygtninge i flere forskellige sammenhænge.

Jeg føler derfor trang til at forsøge at kommentere denne debat ud fra flygtningenes eget perspektiv, der, så vidt jeg kan se, ikke har været berørt.

Men først en kort omtale af temaet og de debatindlæg, der har været. En kollega til mig skrev et læserbrev i Politiken, hvor hun forundredes over Røde Kors' behandling af asylansøgere i Danmark, specielt i Sandholmlejren. Specifikt blev madpakkeordningen kritiseret.

...

Det må konstateres, at der ikke er nogen nemme løsninger her. Jeg tror ikke bedre boligforhold i lejrene, mere psykiatrisk eller psykologisk behandling vil ændre noget væsentligt for disse mennesker. De er så gennemgribende bange og forpinte, at resten af deres liv vil være præget af denne angst. Det bedste, vi kan gøre, er at genskabe en oplevelse af sikkerhed og tro på menneskene og livet. I øjeblikket er vi i gang med at ødelægge livet for en række asylansøgere og deres børn. Hvem der skal blive her i landet, er i sidste ende en politisk beslutning, politikere synes ikke klar over konsekvenserne af de nuværende tilstande.

Personlig synes jeg ikke, vi kan være bekendt at behandle disse flygtninge så umenneskeligt, som vi gør.

læs hele kroniken her : <http://politiken.dk/VisArtikel.i.asp?PageID=331195>

” Mellem Broerne ” - et tilbud til traumatiserede flygtninge og deres familier

Fra august 2004 tilbyder Dansk Flygtningehjælp – Integration i Ringsted et særlig tilrettelagt forløb for flygtninge og indvandrere, som på grund af psykiske vanskeligheder ikke er i stand til at udnytte de tilbud som gives, hverken på sprogcentrene eller de kommunale aktiveringssteder.

Projektets mål:

- styrke deltageres personlige og sociale ressourcer og selvværd
- afhjælpe konsekvenserne af fysiske og psykiske mæn – traumer
- afklare personlige og faglige kompetencer, som kan understøtte erhvervs- og uddannelsesmulighederne
- forbedre deltageres danskundskaber og kulturelle forståelse
- styrke familierelationerne, parforholdet og forælderrollen
- forebygge sekundær traumatisering.

Tilrettelæggelse og indhold

Der arbejdes helhedsorienteret og indsatsen tilrettelægges fleksibelt bygger på en fast struktur med vekslende indhold af teoretisk og praktisk karakter med vægt på to indsatsområder:

særlig tilrettelagt danskundervisning, samfunds- og kulturforståelse, erhvervs- og uddannelsesmuligheder, kompetenceafklaring og praktik

psykosocialt arbejde, samtaleforløb individuelt og i grupper,

Tidshorisont

Varigheden vil være individuel afhængig af deltagerens behov. Efter den første afklarende fase på 2 måneder fastlægges i samarbejde med deltageren en individuel handleplan med indhold og mål for de efterfølgende 6 måneder. Der vil under hele forløbet være tæt samarbejde og koordinering med sagsbehandlere. Skriftlig rapportering/evaluering med fremtidsplan udarbejdes hver 6. måned.

Yderligere oplysninger fås hos: Anne-Dorte Larsen, Dansk Flygtningehjælp - Integration, Sjælland, Tlf.: 4632 0200 / 2178 4761, E-mail: ad.larsen@drc.dk

Psyk av arbeidsløshet

Dagens medisin, Norge, 26. august 2004 / Lisbeth Nilsen

Det er en klar sammenheng mellom dårlig psykisk helse og arbeidsledighet blant flyktninger og andre innvandrere

Undersøkelsen av over 1500 flyktninger og andre innvandrere fra lavinntektsland i Oslo levner liten tvil om at det er en sammenheng mellom psykisk helse og mangel på arbeid, ifølge professor Edvard Hauff.

- Hver fjerde innvandrere i denne gruppen rapporterte psykisk stress i form av symptomer på angst eller depresjon, og dette var signifikant høyere enn hos nordmenn generelt. Det å være uten arbeid, viste seg å være en uavhengig risikofaktor for dårlig psykisk helse, forteller Edvard Hauff, som er professor i transkulturell psykiatri og leder av Institutt for psykiatri ved Universitetet i Oslo.

Kjønnsforskjeller

En annen uavhengig risikofaktor for psykiske plager er opplevde negative hendelser i Norge. Både dette og arbeidsledighet slår høyt ut hos både menn og kvinner. Andre risikofaktorer for menn er opplevelse av diskriminering som jobbsøker samt traumatiske opplevelser i hjemlandet.

Kvinner psykiske helse har også sammenheng med opplevelsen av å bli diskriminert på boligmarkedet samt høy alder - og ikke leve sammen med en partner er korrelert med dårligere psykisk helse.

- Er det ikke merkelig at kvinner er like opptatt av jobb som menn, så lenge vi vet at en del kvinner ikke er vant til å være i lønnet arbeid i hjemlandet?

- Innvanderne ønsker vanligvis å leve et selvstendig liv i Norge og innser nok raskt at et godt liv er avhengig av to inntekter.

læs hele artiklen her : <http://www.dagensmedisin.no/nyheter/VisArtikkel.asp?ArtId=4897>

LITTERATUR

RAPPORTER

Kognitiv terapi og traumatiserede flygtninge : en meningsfuld mulighed i den psykoterapeutiske behandling af den traumatiserede flygtning

Peter Lykke Sørensen

Århus Universitet, Psykologisk Institut.. – 156 s., 2004

60 kr.

kan bestilles via mail : ingrid@psy.au.dk

Torturens psykologiske dimensioner : følgerikninger for torturoverleveren

Susanne Kruse

Århus Universitet, Psykologisk Institut.. – 144 s., 2004

50 kr.

kan bestilles via mail : ingrid@psy.au.dk

PTSD treatment focus of newest APA practice guideline

Psychiatrists treating patients with acute stress disorder or posttraumatic stress disorder gain a valuable new tool now that APA has released its latest practice guideline.

A 13th APA practice guideline, Practice Guideline for the Treatment of Patients With Acute Stress Disorder and Posttraumatic Stress Disorder, is ready to make its debut. It was approved by APA's Board of Trustees in June. The guideline is built from the "best evidence-based and clinical-practice knowledge that one could ever imagine assembling," Robert Ursano, M.D., chair of the Work Group on ASD and PTSD, told *Psychiatric News*.

"With the present concerns of the nation for terrorism and the need for all clinicians to be able to help those who experience the ravages of a motor vehicle accident, a rape, or a war, the guideline can assure practitioners that they are using the best possible treatments for their patients."

The practice guideline is divided into three parts: practical guidance and recommendations regarding the assessment and treatment of acute stress disorder and posttraumatic stress disorder; review and synthesis of the research literature from which the recommendations are derived; and future research needs.

Since the document is meant to be taken as a whole, digesting the entire guideline is the recommended course of action, David Benedek, M.D., consultant to the Work Group on ASD and PTSD, said in an interview. But undoubtedly the first part of the guideline—treatment recommendations—will be of greatest interest to most psychiatrists, he added.

...

Part A of the ASD and PTSD practice guideline, that is, the treatment recommendations, will be published as a supplement to the November American Journal of Psychiatry. The entire practice guideline will also become available at that time on APA's Web site at www.psych.org/psych_pract/treatg/pg/prac_guide.cfm.

Psychiatric news 39(15), 24, 2004

læs artiklen her : <http://pn.psychiatryonline.org/cgi/content/full/39/15/24-a>

ARTIKLER

Associations between early-adolescent substance use and subsequent young-adult substance use disorders and psychiatric disorders among a multiethnic male sample in South Florida

Andres G. Gil, PhD, Eric F. Wagner, PhD and Jonathan G. Tubman, PhD

Abstract

Objectives. We examined the associations among early-adolescent substance use, subsequent young-adult substance use disorders, and psychiatric disorders among a community sample of males.

Methods. Early-adolescent data were collected in classroom surveys (1990–1993), and young-adult data were collected in face-to-face interviews (1998–2000).

Results. We found strong associations between early-adolescent substance use and young-adult substance use disorders and psychiatric disorders. The magnitudes of these associations varied by racial/ethnic group and were strongest among African Americans and foreign-born Hispanics, who reported the lowest early-adolescent substance use.

Conclusions. Early-adolescent substance use is most strongly associated with a later pattern of dysfunction among the racial/ethnic groups that reported the lowest levels of early use. The implications of our findings in the context of primary and secondary prevention are discussed.

American journal of public health 94(9), 1603-1609, 2004

Concurrent psychiatric diagnoses by age and race Among persons with bipolar disorder

Amy M. Kilbourne, Ph.D., M.P.H., Gretchen L. Haas, Ph.D., Benoit H. Mulsant, M.D., Mark S. Bauer, M.D. and Harold A. Pincus, M.D.

Abstract

The authors characterized concurrent psychiatric diagnoses among patients with a diagnosis of bipolar disorder who were in routine care by using administrative data from a Department of Veterans Affairs facility. Of 813 patients who had a diagnosis of bipolar disorder in 2000, 21 percent were older (≥60 years) whites, and 2 percent were older African Americans. Older African Americans were the most likely to have a diagnosis of schizophrenia documented in the medical record compared with younger African Americans, older whites, and younger whites (67 percent, 34 percent, 38 percent, and 27 percent, respectively). The results suggest that older African-American patients with bipolar disorder are more likely to receive diagnoses of mutually exclusive conditions, such as schizophrenia, and thus appear to have an elevated risk of their illness being underrecognized or misdiagnosed and receiving inappropriate treatment.

Psychiatric services 55(8), 931-933, 2004

Converting cultural capital among teen refugees and their families from Bosnia-Herzegovina

Stevan M. Weine, M.D., Norma Ware, Ph.D. and Alma Klebic, B.A.

Abstract

OBJECTIVES: The objective of this study was to identify the processes by which teen refugees adapt and apply cultural capital in conditions of refuge in order to develop preventive interventions for refugee youths.

METHODS: The study was a multisite ethnographic study in Chicago that involved observation of Bosnian participants in schools, community sites, service organizations, and households as well as in-depth interviews with a subsample of 30 Bosnian adolescents and their families. Field notes and interview data were subjected to thematic analysis.

RESULTS: The concept of converting cultural capital emerged as a useful construct for representing the cultural resources that Bosnian teen refugees and their families bring to the refugee trauma experience. Conversion of cultural capital refers to processes of adapting and applying the meanings, knowledge, customs, achievements, and outlooks that teen refugees and their families bring to new environments in order to enhance teens' cultural vitality and social incorporation. Nine mechanisms of converting cultural capital were identified, labeled, and defined in emic terms: using our language, obliging family, sticking together, returning to religion, going ghetto, building a future, taking pride in tradition, critiquing America, and seeking freedom. These mechanisms represent cultural strategies by which teen refugees attempt to manage enormous historical, social, cultural, economic, familial, and psychological changes associated with refugee trauma.

CONCLUSIONS: Ethnography is an important methodologic tool in mental health services research, and the concept of converting cultural capital is useful in designing preventive interventions for teen refugees and their families.

Psychiatric services 55(8), 923-927, 2004

Culture and Depression

Arthur Kleinman, M.D.

Fra starten af artiklen :

In many parts of Chinese society, the experience of depression is physical rather than psychological. Many depressed Chinese people do not report feeling sad, but rather express boredom, discomfort, feelings of inner pressure, and symptoms of pain, dizziness, and fatigue. These culturally coded symptoms may confound diagnosis among Chinese immigrants in the United States, many of whom find the diagnosis of depression morally unacceptable and experientially meaningless; this cultural pattern changes over time but continues to diverge significantly from the experiences of other groups. The pattern of somatization may be unfamiliar to U.S. clinicians and may further complicate the concept . . .

New England journal of medicine 351(10), 951-953, 2004

The continuing story of dhat syndrome

4 korte indlæg

British journal of psychiatry 185(3), 260-262, 2004

Depression and anxiety: a comparison of older-aged Greek-born immigrants and Anglo-Australians

Litza A. Kiropoulos, Steven Klimidis, Harry Minas

Abstract

Objectives: To compare depressive and anxiety illness in an older-aged sample of Greek-born (GB) immigrants who were likely to have been excluded from the National Survey of Mental Health and Wellbeing due to their lack of fluency in the English language and for whom rates of mental disorder are unknown, with a comparably recruited sample of Anglo-Australians (AA).

Method: One hundred and forty-six GB and 146 AA respondents with a mean age of 68 years living in Melbourne and recruited through social clubs, completed the Beck Depression Inventory-II (BDI-2) and the State-Trait Anxiety Inventory (STAI) in addition to socio-demographic and other background questions.

Results: Greek-born respondents exhibited higher depression and anxiety scores and reported more depressive and anxiety symptomatology than the AA respondents. More GB respondents (17.1%) were likely to be included in the moderate to severe BDI-2 depression categories than AA (4.1%). Greek-born respondents (43.1%) were more likely to be included in the higher anxiety categories (i.e. score 41-80) of the STAI than the AA (15.8%). However, when controlling for health, economic and social factors there was no difference in the BDI-2 measures between the two groups. Despite controlling for these factors the GB still scored more highly on STAI measures than AA respondents.

Conclusions: No differences were found between groups on measures of depression once controlling for age, education and occupational level, current financial status, marital status, household composition, current work

status, physical health and stress. Such factors were also shown to influence group-differences anxiety but they not entirely explain group differences. Higher anxiety in GB respondents were likely to have been determined through the effects of additional but unmeasured cultural and immigrant status factors. Psychological morbidity in immigrants is best accounted for by considering the influence of social, health and other living conditions in addition to the effects of culture or immigrant status.

Australian and New Zealand journal of psychiatry 38(9), 714-725, 2004

Eating attitudes of native American and white female adolescents : a comparison of BMI- and age-matched groups

Wesley C. Lynch, Kristy D. Eppers, Jinell R. Sherrodd

Abstract:

Objective. To explore the differences in eating attitudes between groups of Native American and white female adolescents based on data derived from the Eating Attitudes Test (EAT-26).

Design. Selected data presented here were derived from a larger convenience sample of (2,000 students in grades 5-12 using a self-report questionnaire, which included the EAT-26 and various demographic questions, administered by teachers at 17 schools across Montana (USA).

Results. Comparing the eating attitudes of age- and body-mass-index (BMI)-matched Native American and White girls (mean age=14.2 years) revealed that Native ethnicity was associated with significantly higher dieting and restricting/purging scores. BMI was strongly positively associated with greater food preoccupation, independently of ethnicity. Both Native ethnicity and low BMI scores contributed to higher restricting/purging and social pressure/oral control scores.

Conclusion. In general, Native American girls reported significantly higher scores on the EAT-26 due mainly to more dieting, more perceived social pressure to eat, and more restricting and purging. By contrast, higher BMI was associated with greater food preoccupation, less restricting/purging, and less social pressure to eat. Thus, while Native American ethnicity and BMI both influence the risk of eating problems, these results are the first to suggest how ethnicity and BMI may differentially influence specific eating attitudes and behaviors among these groups of adolescent girls. Nevertheless, many questions about the causes and consequences of eating-related problems among Native American adolescents remain to be answered.

Keywords: Native American, Ethnicity, Eating Attitudes, EAT-26; ChEAT, BMI, Adolescent Female
Ethnicity and health 9(3), 253-266, 2004

Effects of primary care depression treatment on minority patients' clinical status and employment

Jeanne Miranda, PhD; Michael Schoenbaum, PhD; Cathy Sherbourne, PhD; Naihua Duan, PhD; Kenneth Wells, MD, MPH

Abstract

Background The response of ethnic minorities to mental health care is largely unstudied.

Objective To determine the effect of appropriate care for depression on ethnic minorities.

Design Observational analysis of the effects of evidence-based depression care over 6 months on clinical outcomes and employment status is examined for ethnic minorities and nonminorities. Selection into treatment is accounted for using instrumental variables techniques, with randomized assignment to the quality improvement intervention as the identifying instrument.

Setting Six managed care organizations across the United States.

Patients One thousand three hundred fifty-six depressed adults, including 601 white, 258 Latino, 56 African American, and 24 Asian or Native American patients.

Intervention Quality improvement interventions aimed at increasing guideline-concordant depression care.

Results At 6 months, minority patients who received appropriate care, compared with those who did not receive it, had lower rates of probable depressive disorder (20.5% vs 70.5%); the findings were similar for nonminority patients (24.3% vs 71.2%). Nonminority patients who received appropriate care were found to have higher rates of employment than were those who did not receive appropriate care (71.4% vs 52.4%). This was not true of minority patients (68.2% vs 56.5%).

Conclusions Evidence-based care for depression is equally effective in reducing depressive disorders for minority and nonminority patients. However, functional outcomes of care, such as continued employment, may be more limited for minority than nonminority patients. Because minority members are less likely to get appropriate care, efforts should be made to engage minority members in effective care for depression.

Archives of general psychiatry 61(8), 827-834, 2004

Ethics of research on survivors of trauma

Soraya P Seedat MBChB FCPsych MMed (Psych), Willem P Pienaar MD MPhil, David J Williams PhD MPH and Daniel J Stein MD PhD

Abstract

Essential elements of all research include balance of risks and benefits, unbiased selection of research samples, and -assurance of the rights of individual participants. This paper highlights some key ethical issues and summarizes recent evidence -relating to participation in, and conduct of, trauma-focused studies with special reference to vulnerable populations (eg, women and children, refugees, survivors of human rights violations, and survivors of trauma in the developing world). A concise ethical framework, rather than rigid guidelines (that may not be applicable to all trauma studies), may be a more useful point of reference for investigators and ethics committees or institutional review boards. Despite the increased empiric data available to inform ethical dilemmas regarding trauma research, more cost-burden analysis research in varying trauma populations and careful investigation of factors that contribute to risk and benefit is required

Current psychiatry reports 6(4), 262-267, 2004

Ethnic/racial differences in the coming-out process of lesbian, gay, and bisexual youths : a comparison of sexual identity development over time

Rosario, Margaret; Schrimshaw, Eric W.; Hunter, Joyce

Abstract

This longitudinal report of 145 lesbian, gay, and bisexual (LGB) youths examined ethnic/racial differences in the coming-out process. No significant differences emerged in sexual developmental milestones, sexual orientation, sexual behavior, or sexual identity. However, Black youths reported involvement in fewer gay-related social activities, reported less comfort with others knowing their sexual identity, and disclosed that identity to fewer people than did White youths. Latino youths disclosed to fewer people than did White youths. Analyses of change indicated Black youths had greater increases in positive attitudes toward homosexuality and in certainty in their sexual identity over time than did White youths. These findings support the authors' hypothesis that cultural factors do not impede the formation of identity but may delay identity integration.

Cultural diversity and ethnic minority psychology 10(3), 215-228, 2004

Ethnicity, social deprivation and psychological distress in adolescents : School-based epidemiological study in east London

Stephen A. Stansfeld, Mary M. Haines, Jenny A. Head, Kamaldeep Bhui, Russell Viner, Stephanie J. C. Taylor, Sheila Hillier, Emily Klineberg And Robert Booy

Abstract

Background In adults the prevalence of psychological distress varies in different ethnic groups, and this has been explained by differences in socio-economic status. Is this also the case in adolescents?

Aims To examine whether ethnic differences in prevalence of psychological distress in adolescents are associated with social deprivation.

Method A cross-sectional questionnaire survey was used to assess 2790 male and female pupils, aged 11–14 years, from a representative sample of 28 east London secondary schools.

Results Rates of psychological distress were similar to rates in UK national samples in boys and girls. Bangladeshi pupils, although highly socially disadvantaged, had a lower risk of psychological distress (OR=0.63, 95% CI 0.4–0.9). Non-UK White girls had higher rates of depressive symptoms (OR=1.54, 95% CI 1.1–2.2).

Conclusions High rates of depressive symptoms in non-UK White girls may be related to recent migration. Low rates of psychological distress in Bangladeshi pupils in this sample relative to White pupils, despite socio-economic disadvantage, could be associated with cultural protective factors that require further investigation.

British journal of psychiatry 185(3), 233-238, 2004

Language acquisition in relation to cumulative Posttraumatic Stress Disorder symptom load over time in a sample of resettled refugees

Hans Peter Söndergaard Töres Theorell, National Swedish Institute for Psychosocial Factors and Health, IPM, Stockholm, Sweden

Abstract

Objective: To study the effects of symptoms of posttraumatic stress disorder (PTSD), depression and dissociation as well as cumulative symptom load on language learning during the introduction phase in resettled refugees.

Method: Participants were resettled refugees of Iraqi origin. They were assessed by means of a structured interview for PTSD at baseline as well as self-rating questionnaires. Language acquisition was studied by means of register data from the school system. Five levels of language proficiency were recorded. Self-reported symptom scores for PTSD, depression and dissociation (Impact of Events Scale-22, Hopkins Symptom Checklist- 25, Dissociative Experiences Scale) were measured at four time points during 9 months immediately after resettlement. In 49 participants in a longitudinal study, data regarding progress in language studies were accessible.

Results: The results of the study indicate that the speed of language acquisition – the number of levels taken during the study, adjusted to hours of school presence – is related to the cumulative PTSD symptom load over time (Events Scale-22), but is not related neither to the symptom load of depression and dissociation, nor to the number of previous school years.

Conclusion: The study shows that the symptom load of PTSD during the follow-up period is significantly inversely related to the speed of language acquisition in refugees. This implies that treatment as well as preventive measures against worsening of PTSD symptoms are important in order to minimise harmful post-migration stress for the facilitation of integration.

Key Words

Refugees - Posttraumatic stress disorder – Cognitive function – Acculturation - Language acquisition - Dehydroepiandrosterone sulphate

Psychotherapy and psychosomatics 73(5), 320-323, 2004

Low-dose cortisol for symptoms of Posttraumatic Stress Disorder

Amanda Aerni, B.S., Rafael Traber, M.S., Christoph Hock, M.D., Benno Roozendaal, Ph.D., Gustav Schelling, M.D., Andreas Papassotiropoulos, M.D., Roger M. Nitsch, M.D., Ulrich Schnyder, M.D., and Dominique J.-F. de Quervain, M.D

Abstract

OBJECTIVE: Because elevated cortisol levels inhibit memory retrieval in healthy human subjects, the present study investigated whether cortisol administration might also reduce excessive retrieval of traumatic memories and related symptoms in patients with chronic posttraumatic stress disorder (PTSD).

METHOD: During a 3-month observation period, low-dose cortisol (10 mg/day) was administered orally for 1 month to three patients with chronic PTSD in a double-blind, placebo-controlled, crossover design.

RESULTS: In each patient investigated, there was a significant treatment effect, with cortisol-related reductions of at least 38% in one of the daily rated symptoms of traumatic memories, as assessed by self-administered rating scales. In accordance, Clinician-Administered PTSD Scale ratings assessed after each month showed cortisol-related improvements for reexperiencing symptoms and, additionally, in one patient for avoidance symptoms.

CONCLUSIONS: The results of this pilot study indicate that low-dose cortisol treatment reduces the cardinal symptoms of PTSD.

American journal of psychiatry 161(8), 1488-1490, 2004

Post-traumatic stress disorder : differential diagnosis and management

Mark B Hamner MD and Sophie Robert PharmD

Abstract

Post-traumatic stress disorder (PTSD) is an anxiety disorder that may develop after an individual experiences severe psychologic trauma such as combat or rape. Characteristic symptoms of PTSD include re-experiencing symptoms, such as intrusive memories or dreams of the event, avoidance of reminders of the event, and persistent symptoms of increased arousal such as insomnia or hypervigilance. Chronic PTSD can result in considerable suffering and functional impairment for the individual. The heterogeneity of symptoms that may be present in PTSD represent a challenge in the differential diagnosis and treatment of the disorder. Moreover, chronic PTSD is frequently complicated by comorbid psychiatric dis-orders including depression and other mood disorders, substance abuse, dissociative disorders, other anxiety disorders, and psychotic symptoms or disorders. These comorbidities offer a further challenge in the diagnosis and management of PTSD. This paper discusses the diagnosis and differential diagnosis of PTSD, and addresses mainstay as well as emerging novel therapeutic approaches to the illness.

Current psychosis and therapeutics reports 2(3), 109-115, 2004

Posttraumatic stress disorder symptoms and parenting satisfaction among a national sample of male Vietnam veterans

Rita E. Samper, Women's Health Sciences Division, National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, **Casey T. Taft**, Behavioral Science Division, National Center for PTSD, VA Boston Healthcare System, and Boston University, Boston, Massachusetts; **Daniel W. King**, Behavioral Science Division, National Center for PTSD, VA Boston Healthcare System, and Boston University, Boston, Massachusetts, **Lynda A. King**, Women's Health Sciences Division, National Center for PTSD, VA Boston Healthcare System, and Boston University, Boston, Massachusetts

Abstract

This study examined relationships between posttraumatic stress disorder (PTSD) symptoms and parenting satisfaction. Total PTSD severity scores and avoidance and emotional numbing symptoms were significantly associated with parenting satisfaction. These associations remained significant even after controlling for partner violence, major depression, and alcohol abuse/dependence. Results suggest that higher levels of PTSD

symptoms and avoidance and emotional numbing symptoms in particular may have a deleterious effect on parent–child relationship satisfaction.

Keywords

posttraumatic stress disorder, parenting satisfaction, avoidance and emotional numbing

Journal of traumatic stress 17(4), 311-315, 2004

Prospective open-label study of add-on and monotherapy topiramate in civilians with chronic nonhallucinatory posttraumatic stress disorder

Jeffrey L Berlant

Abstract (provisional)

Background

In order to confirm therapeutic effects of topiramate on posttraumatic stress disorder (PTSD) observed in a prior study, a new prospective, open-label study was conducted to examine acute responses in chronic, nonhallucinatory PTSD.

Methods

Thirty-three consecutive newly recruited civilian adult outpatients (mean age 46 years, 85% female) with DSM-IV-diagnosed chronic PTSD, excluding those with concurrent auditory or visual hallucinations, received topiramate either as monotherapy (n=5) or augmentation (n=28). The primary measure was a change in the PTSD Checklist-Civilian Version (PCL-C) score from baseline to 4 weeks, with response defined as a $\geq 30\%$ reduction of PTSD symptoms.

Results

For those taking the PCL-C at both baseline and week 4 (n=30), total symptoms declined by 49% at week 4 (paired t-test, $P < 0.001$) with similar subscale reductions for reexperiencing, avoidance/numbing, and hyperarousal symptoms. The response rate at week 4 was 77%. Age, sex, bipolar comorbidity, age at onset of PTSD, duration of symptoms, severity of baseline PCL-C score, and monotherapy versus add-on medication administration did not predict reduction in PTSD symptoms. Median time to full response was 9 days and median dosage was 50 mg/day.

Conclusions

Promising open-label findings in a new sample converge with findings of a previous study. The use of topiramate for treatment of chronic PTSD, at least in civilians, warrants controlled clinical trials.

BMC psychiatry 4(24), 2004

Rapporten kan læses her : <http://www.biomedcentral.com/content/pdf/1471-244x-4-24.pdf>

Racial / ethnic differences in the prevalence of depressive symptoms among middle-aged women : the study of women’s health across the nation (SWAN)

Joyce T. Bromberger, PhD, Sioban Harlow, PhD, Nancy Avis, PhD, Howard M. Kravitz, DO, MPH and Adriana Cordal, MD

Abstract

Objectives. We examined racial/ethnic differences in significant depressive symptoms among middle-aged women before and after adjustment for socioeconomic, health-related, and psychosocial characteristics.

Methods. Racial/ethnic differences in unadjusted and adjusted prevalence of significant depressive symptoms (score ≥ 16 on the Center for Epidemiologic Studies Depression [CES-D] Scale) were assessed with univariate and multiple logistic regressions.

Results. Twenty-four percent of the sample had a CES-D score of 16 or higher. Unadjusted prevalence varied by race/ethnicity ($P < .0001$). After adjustment for covariates, racial/ethnic differences overall were no longer significant.

Conclusions. Hispanic and African American women had the highest odds, and Chinese and Japanese women had the lowest odds, for a CES-D score of 16 or higher. This variation is in part because of health-related and psychosocial factors that are linked to socioeconomic status.

American journal of public health 94(8), 1378-1385, 2004

Rehab rounds : cultural adaptation of the Basic Conversational Skills Module for a Chinese population

Davis C. C. Lak, P.Dip.O.T. and Hector W. H. Tsang, Ph.D

Introduction by the column editors:

Persons with schizophrenia experience numerous deficits in their daily lives, particularly in the area of social competence. Social skills training is an evidence-based element of a comprehensive approach to the rehabilitation of persons with serious mental illness (1). The basic conversational skills module, or curriculum, is one in a series of social and independent living skills modules developed to overcome the social deficits of individuals with schizophrenia (2). It has been translated into a dozen languages and used in numerous countries

with demonstrated efficacy for improving knowledge and performance of conversation skills and enhancing social functioning of persons with schizophrenia (3). Chinese individuals with schizophrenia have limited access to empirically validated methods for improving their social skills (4). Although the process of developing interpersonal relationships in Western and Asian societies is probably more similar than different, the adaptation of programs developed in the United States to the needs of Chinese persons requires careful consideration of cultural and linguistic issues. The authors of this month's column describe the process of translating and culturally adapting the basic conversational skills module for use in a Chinese population and provide preliminary evidence of the module's beneficial effects on the social competence, self-esteem, and personal well-being of persons with schizophrenia in Hong Kong.

Psychiatric services 55(9), 988-990, 2004

Relationship between race and ethnicity and forensic clinical triage dispositions

Debra A. Pinals, M.D., Ira K. Packer, Ph.D., William Fisher, Ph.D. and Kristen Roy-Bujnowski, M.A

Abstract

OBJECTIVE: Racial and ethnic disparities in the criminal justice system have been widely reported, as have racial and ethnic disparities in diagnoses and certain aspects of clinical management. This study examined the association between race and ethnicity and dispositions for pretrial defendants who were referred for forensic mental health evaluations.

METHODS: Available data were reviewed for all defendants in Massachusetts who were referred to a Massachusetts court clinic from 1994 to 2001 for a screening evaluation of their competence to stand trial, their criminal responsibility, or both. Logistic regression models were developed to assess the relationship between defendants' race and ethnicity and the likelihood that they would be referred for inpatient evaluation and the likelihood that they would be evaluated within a strict-security facility. Race or ethnicity of the pretrial defendants was identified by clinicians.

RESULTS: Blacks, but not Hispanics, were significantly more likely than whites to be referred for an inpatient evaluation after an outpatient forensic screening evaluation. Among male defendants, both Hispanics and blacks were more likely than whites to be referred for an inpatient evaluation in a strict-security facility, regardless of diagnoses and the level of severity of the criminal charges.

CONCLUSIONS: Racial and ethnic disparities in disposition decisions exist within the forensic mental health system. These disparities, however, likely reflect numerous clinician and nonclinician variables.

Psychiatric services 55(8), 873-878, 2004

Sex, race/ethnicity, and romantic attractions: multiple minority status adolescents and mental health

by Consolacion, Theodora B.; Russell, Stephen T.; Sue, Stanley

Abstract

This study examined the association between multiple minority statuses and reports of suicidal thoughts, depression, and self-esteem among adolescents. Data from the National Longitudinal Study of Adolescent Health were used to examine mental health outcomes across racial/ethnic groups for same-sex-attracted youths and female youths. Hispanic/Latino, African American, and White female adolescents reported more suicidal thoughts, higher depression, and lower self-esteem compared with male adolescents in their racial/ethnic group. Same-sex-attracted youths did not consistently demonstrate compromised mental health across racial/ethnic groups. Follow-up analyses show that White same-sex-attracted female adolescents reported the most compromised mental health compared with other White adolescents. However, similar trends were not found for racial/ethnic minority female youths with same-sex attractions.

Cultural diversity and ethnic minority psychology 10(3), 200-214, 2004

The significance of addressing trauma in outpatient psychiatry

Suad Al-saffar ; Per Borgå ; Stephen Lawoko ; Gunnar Edman ; Tore Hällström

Abstract

Establishing post-traumatic stress disorder as a psychiatric diagnosis has only marginally increased awareness of traumatic experiences. Traumas are inconsistently recorded in initial psychiatric histories and, when observed, rarely reflected in the primary diagnosis and treatment. The present study aimed to investigate if there is an association between sufficiently addressing trauma and long-term outcome and what factors affect whether trauma, according to the patient's view, is sufficiently addressed or not. Socio-demographic data, experiences of trauma and treatment, and outcome, were collected retrospectively from Arabic, Iranian, Turkish and Swedish patients, who had visited a psychiatric clinic 3-4 years earlier. Fifty-one patients whose traumatic experiences had been sufficiently addressed were compared with 39 patients who perceived that their traumas had not been addressed. Logistic regression analyses were performed to examine relationships between clinical variables and

whether or not traumas had been addressed. Patients with trauma sufficiently addressed reported high confidence in staff (odds ratio, OR=7.2, $p<0.001$), high self-rated health (OR=8.0, $p<0.01$) and low scores on the Self-rating Inventory for PTSD (OR=7.7, $p<0.05$) and Depression Scale (OR=3.0, $p<0.15$). Reporting less than five different traumas (OR=4.6, $p<0.01$) and being an ethnic Swede (OR=2.4, $p<0.10$) were the background variables independently related to having trauma sufficiently addressed. Addressing trauma may improve patients' confidence in staff, self-rated health and trauma-related symptoms. Multiplicity of traumas and belonging to an ethnic minority implied that trauma was less addressed.

Scandinavian journal of psychiatry 58(4), 305-312, 2004

Social adversity contributes to high morbidity in psychoses in immigrants – a national cohort study in two generations of Swedish residents

HJERN, S. WICKS and C. DALMAN

Abstract

Background. Recent reports have indicated that immigrants have an elevated risk of schizophrenia as well as an increasing tendency for social exclusion. The aim of this study was to compare rates of schizophrenia and other psychoses in immigrants and their children of different ethnic groups with the majority population in Sweden in relation to social adversity.

Method. The study population consists of a national cohort of 1.47 million adults (born 1929–1965) and 1.16 million children and youth (born 1968–1979) in family households from the national census of 1985. Multivariate Cox regression analyses was used to study hospital discharge data during 1991–2000 in relation to socio-economic household indicators from 1985 and 1990 (single adult household, adults having received social welfare, parental unemployment, urban residency, housing and socio-economic status).

Results. First as well as second generation immigrants had higher age and sex adjusted risk ratios for schizophrenia as well as for other psychoses (RRs 1.4–3.1 and 1.0–2.0 respectively) compared with the Swedish majority population. These risk ratios decreased considerably after adjusting for socio-economic indicators, for all groups, but particularly for the non-European immigrants. However, an elevated risk still remained in the Finnish and Eastern and Southern European study groups.

Conclusions. A higher risk of schizophrenia and psychoses was found in two generations of immigrants of diverse ethnicity. The results indicate that social adversity contributes to the higher risk.

Psychological medicine, 34(6), 1025-1033, 2004

KALENDER 2004

September

16. september og 7. oktober 2004, Bornholm

Traumatiserede flygtninge og socialt arbejde - udfra 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.

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.

20. – 21. September, Mnchester

Sustainable recovery, rehabilitation and prevention

Black and Minority Ethnic Mental Health Network, 2nd national conference

The Network

In the autumn of 2003 the foundation of a National BME Mental Health Network (the Network) was set up through a consortium of interested organisations. It will also be open to community groups and individual members. Its aim is to create cohesion and coherence in a fragmented sector, and to amplify the voice of progressive action around BME mental health.

In particular the Network aims to:

- Develop experts forums around specific priorities
- Build links between the mental health system and the criminal justice system
- Develop accessible training for the lay BME population enabling them to become accredited participants in therapy
- Develop community education to promote awareness of mental health well being

Founder members of the Network: The Afiya Trust, Sainsbury Centre for Mental Health, Diverse Minds at MIND, The Mellow Campaign, Rethink, Royal College of Psychiatrists, Songhai, and the Vietnamese Health Association.

Conference 2004

The Network will be officially launched at the 2004 conference, which will focus on the theme of **Sustainable Recovery, Rehabilitation and Prevention**.

The event will include live entertainment and an informal **conference dinner** in the evening, and a **marketplace** and **networking areas** during the day. Conference **plenary sessions** will be accompanied by plenty of opportunities for **delegate interaction**, and will be complemented by workshops and **demonstrations of alternative therapies**.

A national conference is an important opportunity for the Network to sustain its contact with the diverse audiences it reached in the first year, and to broaden these. There are few other ways in which mental health professionals can debate and network naturally on an equal footing with lay experts from BME communities.

läs mere om netværket her : <http://www.afiya-trust.org/BMEMHN/bmemhn.asp>

23. september og 21. oktober 2004, Ålborg

Traumatiserede flygtninge og socialt arbejde - udfra 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 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

kulturelle 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 och ytterligare 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.

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Kursusprogram med tilmeldingsblanket kan rekvireres hos Dansk Flygtningehjælp:

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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.

29. september – 27. oktober, København, onsdage fra 19.00 - 21.30

Kursus om islam i sundhedsvæsenet

Islamisk Kristent Studiecenter

Formålet med dette kursus er at give en indføring i islam med særligt henblik på muslimers forhold til sygdom, lidelse, sorg og medicinsk behandling. Kurset henvender sig til alle, der arbejder på sundhedsområdet eller som på anden måde er interesseret i emnet.

29.sept.: Introduktion til islam, med særligt henblik på sundhedsområdet.

6.okt.: Islams syn på sygdom, lidelse og død. Almindelige procedurer i forbindelse hermed.

20.okt.: Muslimer på hospitalet: Kulturelle traditioner, familieforhold, madforskrifter etc.

27.okt. Hvordan kommunikerer vi med hinanden? Omsorgsarbejde blandt muslimer.

Undervisere: Bilal Marashdeh, farmaceut, Maria Kristiansen, stud.scient.san.publ., Zubair Hussain, cand.oecon. og miljøforsker

Tilmelding senest den 20.september!
Kursusgebyr kr.100,-

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

30. September, London

Psychotherapy & culture : challenging basic assumptions Royal College of Psychiatrists, Transcultural Special Interest Group

Psychotherapy & culture: challenging basic assumptions
Challenges with applying psychological therapies across cultures : A clinicians.s perspective
Debate: Psychotherapy is unhelpful in meeting the mental health needs of refugees and asylum seekers

mere information her : <http://www.rcpsych.ac.uk/conferences/diary/TSIG30Sept04.pdf>

Oktober

11. oktober, Stockholm

Samtalet som verktøj : om kunsten at samtale med mennesker Transkulturelt Centrum, Stockholm

Seminarieret syftar till att belysa hur vi kan samtala med människor i annorlunda livssituationer. Binnie Kristal-Andersson, fil dr i psykologi, leg psykoterapeut föreläser utifrån sin bok om .Att förstå flyktingar, invandrare och deras barn - en psykologisk modell.

flere informationer her : http://www.sll.se/docs/w_tkc/utbildning/Samtalet_041011.doc

13. – 17. oktober, Providence USA

Toward multiculturalism : cultural exclusion and cultural integration in an age of global insecurity : 2004 annual meeting World Psychiatric Association. Transcultural Psychiatry Section og Society for the Study of Psychiatry and Culture

Tilmelding og yderligere information kan findes her :
http://www.psychiatryandculture.org/SSPC_WPATPC_meeting_2004.pdf

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 re-regulation 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/>

November

17. november – 15. december, København, onsdage fra 18.00 – 21.00

Kursus i omsorgsarbejde på hospitaler

Islamisk Kristent Studiecenter og Muslimer i Dialog

Baggrunden for kurset er at gøre muslimer kvalificerede til at indgå i en besøgstjeneste blandt personer med muslimsk baggrund på hospitaler i Københavnsområdet. IKS vil koordinere arbejdet og etablere netværk bestående af muslimer, der vil stå til rådighed for hospitalspersonale, patienter og pårørende, der ønsker kontakt med en muslim.

Islamisk-Kristent Studiecenter ønsker i samarbejde med Muslimer i Dialog og Kontoret for Sygehusberedskab at etablere en besøgs- og rådgivningstjeneste for muslimske patienter, pårørende og personale på hospitaler i Københavnsområdet

Der opleves et stigende behov på de danske hospitaler for bistand fra muslimer og dialogerfarne både som rådgivere og samtalepartnere i forhold til patienter og pårørende med muslimsk baggrund. Tidligere har der ikke eksisteret et organiseret samarbejde på dette område i Danmark.

Sygehusenes personale har derfor ikke haft nogen at tilkalde eller henvise til i situationer, hvor muslimske patienter ikke har et familienetværk, der kan træde til. Ligeledes har der ikke været muslimske omsorgsarbejdere inddraget i de kriseterapeutiske ordninger, hvor sygehuspræsterne spiller en naturlig rolle. Etablering af hospitalsnetværk

IKS har gennem et par år haft en vis kontakt til Amtssygehuset i Herlev og Glostrup Sygehus, formidlet af sygehuspræsterne. En navneliste, bestående af muslimer med forskellig sproglig baggrund, har således været tilgængelig for personalet på de to sygehuse på personalekontorer og på hospitalernes intranet. På grund af stigende efterspørgsel søges denne ordning nu udvidet og sat i mere faste rammer

Kursets formål at gøre muslimer kvalificerede som samtalepartnere til mennesker i en krisesituation, herunder patienter og pårørende med muslimsk baggrund på hospitaler. Det er ingen betingelse for deltagelse i kurset, at man indgår i hospitalsnetværket. Alle med interesse i kursets indhold kan deltage. Der fokuseres primært på muslimske deltagere, men også kristne med etnisk minoritetsbaggrund kan få gavn af kurset.

Kurset består af undervisning og træning i samtale. Underviserne har både teoretisk og praktisk erfaring på området. Der udstedes et diplom for fuldførelse af kurset. Desuden er der mulighed for at gå videre med et tillægskursus i foråret 2005.

17. november:

Introduktion til kurset

24. november:

Islam på hospitalet

Hvorfor har muslimer ansvar for mennesker i krisesituationer?

Islams opfattelse af lidelse, sygdom og død

Konkrete foranstaltninger og procedurer i forbindelse med fødsel, død og sygdom.

1. december:

Samtale med kriseramte, syge og døende

Tab, sorg og krise.

Menneskekundskab og selvindsigt. Opmærksomhed og indlevelse.

Mødet med mennesker i konkrete livssituationer.

Underviser: Elmo Due, lektor ved Pastoralseminariet

8. december:

Erfaringer fra omsorgsarbejdet

Personale og patienter - problemer i kulturmødet.

Besøg på Amtssygehuset i Herlev.

Underviser: sygehuspræst Tom Andersen Kjær, Herlev Amtssygehus

15. december:

Transkulturel psykiatri

Tværkulturel forståelse.

Underviser: overlæge Marianne Kastrup, Videnscenter for Transkulturel Psykiatri

Deltagelse er gratis. Der serveres et let måltid.

Yderligere oplysninger ved henvendelse til IK : <http://www.ikstudiecenter.dk/>

4. november og 2. december 2004, Næstved

Traumatiserede flygtninge og socialt arbejde - udfra egen praksis

Dansk Flygtningehjælp

Målgruppe

Sagsbehandlere i integrationsafdelinger, børne- og ungeafdelinger samt arbejdsmarkedsafdelinger

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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.

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