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Information om Transkulturel Psykiatri, november 2004

GENERELT

Etniske minoriteter mangler donorer

Kristelig Dagblads netavis 26. november 2004 / af Lars Henriksen

Stor mangel på knoglemarvsdonorer blandt danskere med ikke-europæisk baggrund betyder, at de kun har halvt så store chancer for at finde en donor som etniske danskere

Når en dansker behøver en knoglemarvs transplantation for at overleve alvorlig sygdom som leukæmi, lykkes det i ni ud af 10 tilfælde at finde en donor. Men er der tale om en grønlænder eller en dansker med ikke-europæisk baggrund, er chancen for at finde det rigtige match halveret. For mens antallet af danske donorer er fordoblet over de seneste to år, er der stadig kun ganske få donorer med anden etnisk baggrund. Det bekymrer lægerne.

– Det er et stort problem, for der er relativt flere i denne befolkningsgruppe, der har brug for hjælp. Forekomsten af arvelige sygdomme er højere i denne gruppe, blandt andet på grund af fætter-kusine ægteskaber. Situationen bliver ekstra alvorlig af, at langt de fleste, der ikke finder en donor, ender med at dø, siger professor Arne Svejgaard fra Rigshospitalet.

Omkring 18.000 danskere er registrerede som donorer, og på verdensplan er tæt ved ni millioner mennesker med i det internationale donorsamarbejde. Heraf er langt de fleste vesteuropæere. Det betød i fjor, at der blev udført cirka 50 knoglemarvs transplantationer i Danmark. Alligevel bliver listen af ikke-europæiske danskere, der venter på den rette donor, stadig længere.

– Vi tror, det er kulturelt betinget, at ikke-europæere både i og uden for Danmark unnlader at lade sig registrere som donorer. Det betyder, at vi alt for ofte må se hjælpeløst til. I fjor fandt cirka 20 patienter ikke et match, og der var en del med anden etnisk herkomst iblandt, siger Arne Svejgaard.

Folkesundheden i Grønland har det skidt

Politikens netavis 16. november 2004 / Ritzau

Folkesundheden i Grønland er på niveau med lande som Vietnam, Thailand og Pakistan. Mange selvmord, høj børnedødelighed og udbredt overvægt præger befolkningen

En grønlænder ventes i gennemsnit at leve i 65 år, og det er ti år kortere end en borger i Danmark, fremgår det af en netop udgivet folkesundhedsrapport fra Grønlands hjemmestyre.

Høj dødelighed blandt børn, mange selvmord blandt unge samt ulykker blandt yngre og midaldrende gør, at folk i Grønland i gennemsnit lever kortere tid end folk i den industrialiserede verden. Grønland ligger i stedet på niveau med lande som Vietnam, Thailand og Pakistan.

Diabetes og overvægt

Desuden er der en stærk stigning i blandt andet antallet af borgere med diabetes og overvægt, påpeger rapporten. Type 2-diabetes er blevet udbredt i både byerne og bygderne, og forekomsten er større i Grønland end i Danmark.

Antallet af overvægtige er steget i perioden fra 1993 til 2001, og der er især kommet flere overvægtige kvinder.

Professor Peter Bjerregaard fra Statens Institut for Folkesundhed står bag den ny rapport, der er første skridt på vejen mod et folkesundhedsprogram i Grønland.

Forslag til uddannelse/opkvalificering af indvandrerterolke

Folketingets informationssystem, Udvalget for udlændinge- og integrationspolitik, 11. november 2004

Forbundet Kommunikation og sprog har på vegne af Handelshøjskolerne i København og Århus, Syddansk Universitet i Odense, Forbundet Kommunikation og Sprog, Dansk Translatørforbund, Translatørforeningen og Brancheforeningen for Tolkebureauer i Danmark udarbejdet et forslag, der skal sikre en professionel tolkning med baggrund i uddannelse og certificering.

Ud over forslag til opkvalificering og uddannelse af tolke foreslås det, at alle offentlige instanser forpligter sig til at bruge kvalificerede tolke.

Forslaget og begrundelser for forslaget kan læses her :

<http://www.folketinget.dk/?/Samling/20041/almdeUUI/bilag/35/index.htm>

Rapport om opkvalificering af tolke og kvalitetssikring af tolkeydelser i staten

Folketingets informationssystem

En arbejdsgruppe har undersøgt mulighederne for at forbedre tolkenes kvalifikationer og skærpe kvalitetssikringen af tolkeydelserne. Arbejdsgruppen blev nedsat med repræsentanter fra Integrationsministeriet, Justitsministeriet, Domstolsstyrelsen og Undervisningsministeriet samt tilhørende institutioner. Følgende institutioner har været repræsenteret i arbejdsgruppen: Udlændingestyrelsen, Flygtningenævnet, Rigspolitiet og Rigsadvokaten.

Arbejdsgruppen mener, at de eksisterende uddannelser, eventuelt suppleret med kurser, er tilstrækkelige i deres nuværende form til, at de tolke, som tager uddannelserne, vil have de fornødne kompetencer til at kunne varetage tolkeopgaver inden for det statslige område på en tilfredsstillende måde.

Der er dog stadig et stort behov for, at flere tager uddannelserne. Mange af tolkene i de sprog, der i vidt omfang efterspørges inden for det udlændingeretlige område, har hverken en translatøruddannelse e. lign. eller en uddannelse som Statsprøvet Tolk. Det er derfor i vidt omfang nødvendigt for alle institutionerne at anvende tolke, som ikke har en egentlig tolkeuddannelse.

Arbejdsgruppen foreslår derfor, at udbuddet af velkvalificerede tolke søges øget ved at skabe øgede incitamenter for ikke-uddannede tolke til at tage uddannelsen som Statsprøvet Tolk.

Rapporten er på 33 sider og kan downloades her : <http://www.jm.dk/image.asp?page=image&objno=72676>

Regeringen utser Marie Hessle till samordnare - en kraftsamling för apatiska asylsökande barn

Regeringskansliets hjemmeside 2. september 2004

Regeringen har under senare tid fått flera larmrapporter om barn i asylprocessen som vänder sig bort från världen - som slutar tala, röra sig och till sist blir liggande helt stilla med sondmatning. Därför görs nu en kraftsamlingen för apatiska asylsökande barn. Regeringen har i dag utsett Marie Hessle till samordnare. Samordnarens uppgift är att kartlägga och analysera omfattningen av problemet, liksom att samla och sprida kunskap. Samordnaren ska fortlöpande lämna förslag på åtgärder som kan vidtas inom asylprocessen - Det är oerhört viktigt att vi tidigt kan identifiera de barn och familjer som är i riskzonen, så att de kan få rätt hjälp och stöd. Deras asylärenden ska ges högsta prioritet, så att väntan på besked blir så kort som möjligt, säger migrationsminister Barbro Holmberg.

- Kunskapen om dessa allvarliga stressreaktioner och generella uppgivenhetssyndrom är i dag begränsad. Det finns endast ett fåtal studier gjorda och på ett relativt litet urval av asylsökande barn. Vi behöver mer kunskap för att kunna hjälpa dessa barn på rätt sätt, säger Barbro Holmberg.

Marie Hessle är psykolog och enhetschef på Flyktingenheten inom barnpsykiatri inom Stockholms läns landsting. Hon har i 15 års tid arbetat med flyktingfrågor, bland annat på flyktinghälsan vid Carlslunds flyktingmottagning. Hon har haft internationella uppdrag i bland annat Bosnien och Kosovo där hon arbetat med att bidra till uppbyggnaden av socialtjänst och psykiatri.

läs baggrundsartikel af Integrationsminister Barbro Holmberg her :

<http://www.regeringen.se/sb/d/1380/a/28920;jsessionid=a5Vul5AlzOsc>

OM PSYKIATRI

Dansk Psykolog Forening : foretræde for Folketingets Sundhedsudvalg

Folketingets Informationssystem

Da der er mangel på psykiatere i sygehusvæsenet, har Dansk Psykolog Forening gentagne gange bragt spørgsmål om behovet for flere psykologer i psykiatrien op. Både Dansk Psykiatrisk Selskab og Børne- og Ungdomspsykiatrisk Selskab støtter forslaget om at knytte flere psykologer til psykiatrien.

Henvendelsen til Sundhedsudvalget og baggrunden for den, kan læses her :

http://www.folketinget.dk/?/Samling/20041/udvda/SUU_moede3.htm

Medicin mod psykoser kan være farlig

Politikens netavis 7. november 2004 / af Nina Vinther Andersen

To psykisk syge unge mænd er døde uden forvarsel. Myndighederne vil have skærpet overvågningen af patienter på antipsykotisk medicin

Medicin mod psykoser kan være livsvigtig for, at en psykisk syg kan holde livet ud. Men den stærke medicin kan påvirke hjerterytmen og i sjældne tilfælde slå patienten ihjel.

Ifølge Politikens oplysninger er to fysisk sunde, psykisk syge unge mænd døde inden for halvandet år, uden at retsmedicinerne kunne finde dødsårsagen.

Risiko for dødsfald

Derfor indskærper myndighederne læger, patienter og pårørende til alvorligt psykisk syge, at de skal være opmærksomme på den sjældne risiko og forsøge at minimere den ved holde øje med hjertet og tage symptomer som hjertebanken, svimmelhed og pludseligt tab af bevidsthed alvorligt.

»Desværre nytter det ikke at gå tilbage til de gamle antipsykotika - de er formentlig endnu farligere«, siger overlæge Jens Ersbøll fra Lægemiddelstyrelsen.

For nogle mediciner er forstyrrelserne af hjerterytmen kraftigere, for andre mindre. En undersøgelse af en halv million hollændere viser, at mennesker, der får antipsykotisk medicin, har tre gange så høj risiko for 'pludselig død'.

læs artiklen her : <http://politiken.dk/VisArtikel.iasp?PageID=343942>

Læge på Hillerød Sygehus giver patienter ret i, at de er besat af dæmoner Sygehuslæge fra Hillerød: Patienter kan være besatte

Politikens netavis 21. november 2004 / Ritzau

Psykiatere er arrogante, når de møder en patient, der siger, han er besat. De skal være åbne over for det åndelige, siger sygehuslæge Thomas Teglgård

Danske psykiatere bør være mere åbne over for det åndelige og religiøse, når de behandler psykisk syge patienter.

Det siger læge Thomas Teglgård, der er ansat på psykiatrisk afdeling på Hillerød Sygehus.

Behandling ved uddrivelse

Selv tror han, at nogle patienter på psykiatriske afdelinger slet ikke er sindssyge, men kan kureres med djævleuddrivelse hos præster.

»Psykiatere optræder generelt arrogante, når en patient kommer og siger, at han er besat af en dæmon. Hvis patienten ikke kan bringes til at forstå, at de stemmer, han hører, eller at de personer, han ser, ikke eksisterer i virkeligheden, så vil psykiateren konkludere, at patienten er psykotisk eller paranoid skizofren. Men det kunne jo være, at han i stedet var besat af en dæmon«, siger Thomas Teglgård.

Psykiatere forfærdet

Næstformand i Dansk Psykiatrisk Selskab, overlæge Poul Videbech er forfærdet over Thomas Teglgårds holdninger og mener, at embedslægen og lægens overordnede bør gribe ind.

»Tænk, hvis en kirurg mente, at en blindtarmsbetændelse skulle kureres med håndspålæggelse. Der ville lyde et ramaskrig. Sådan noget her troede man på i 1600-tallet, hvor man også troede, at epilepsi var en psykisk lidelse«, siger Poul Videbech.

Dæmon-læge til snak med sygehusledelse

Berlingskes netavis 22. november 2004 / Ritzau

læs her : <http://www.berlingske.dk/indland/artikel:aid=508006/>

Præst foreslår korps af djævleekspertes

BTs netavis 24. november 2004 / af Poul Bøgh

læs her : <http://www.bt.dk/nyheder/artikel:aid=323596/>

Fergo : Få fat på en læge

BTs netavis 24. november 2004

læs her : <http://www.bt.dk/nyheder/artikel:aid=323594/>

Psykiaternes formand: Psykiatrien har ikke plads til dæmoner

Dagens medicin 26. november 2004 / af Ole Felsby

læs her : <http://www.dagensmedicin.dk/art.asp?ID=1824>

Psykisk syge hører musik og skærer ned på medicin

Jyllands-Postens netavis 28. november 2004 / af Dorte Kuula

Musikterapi anvendes mere og mere på landets sygehuse. Også psykiatriske patienter har gavnlig effekt af behandlingen, viser ny forskning

Musik kan overflødiggøre medicin i behandlingen af psykisk syge. Det viser et netop afsluttet forskningsprojekt gennemført på Horsens Sygehus' psykiatriske afdeling.

Undersøgelsen viser, at 87 pct. af alle angstplagede patienter efter eget udsagn havde gavn af musikken. Det viste sig ved, at de fik nemmere ved at slappe af og falde til ro eller i søvn.

Samtidig viser undersøgelsen, at musikterapien i flere tilfælde helt kunne erstatte den medicinske behandling. I andre tilfælde har patienterne klaret sig med en mindre dosis

Det er især patienter med diagnoserne skizofreni, depression og psykose, der har haft gavn af behandlingerne.

OM TRANSKULTUREL PSYKIATRI

Analyst heals divide between Eastern, Western mind sets

Mark Moran

Psychoanalysis is today more willing to challenge some of its own notions, once considered sacrosanct, making the field far better prepared to develop an international language and perspective.

Is a dialogue possible between psychoanalysis, with its explicitly Western language and assumptions, and the Eastern cultures of the world? The chances are good for at least a start if the psychoanalyst doing the talking is Salman Akhtar, M.D.

In his lecture last month at APA's Institute on Psychiatric Services (IPS) in Atlanta titled "Psychoanalysis and Eastern Cultures: Adversaries or Allies?" Akhtar held out the promise of something like a rapprochement between the ancient cultures of the East and the depth psychology of the West.

Akhtar received APA's Kun-Po Soo Award, which recognizes an individual who has made significant contributions toward understanding the impact and import of Asian cultural heritage in areas relevant to psychiatry.

In an address salted with trademark good humor, wit, and poetry, Akhtar offered a critique of tendencies within psychoanalysis, and within the cultures of the East, that have stymied communication between the two. In particular he cited an early, antiquated emphasis within psychoanalysis on the body and anatomy as masters of the mind, an emphasis that has caused it to speak in a language that falls on Eastern ears as lewd and obscene. Moreover, he said the effort to impose developmental theories derived from empirical observations in narrowly Western contexts on non-Western subjects can have only disastrous results

Psychiatric news 39(22), 19. november 2004

læs artiklen her : <http://pn.psychiatryonline.org/cgi/content/full/39/22/24-a>

Canadian psychiatrists confront cultural-competency challenges

Joan Arehart-Treichel

How does one provide culturally competent psychiatry in one of the world's most immigrant-friendly countries?

Canadian psychiatrists who have had experience in this domain proffer some answers.

And there they were, the Moroccan daughter and her mother, in a Toronto hospital emergency room. The daughter was suicidal. Could it be because she was possessed by a malevolent spirit—a "djinn"? The mother thought so. Then the daughter admitted that she had done something terribly wrong. "Have you disgraced our family?" the mother asked.

The scene is also an example of the cross-cultural challenges facing Canadian psychiatrists for several reasons—Canada is composed of peoples from numerous backgrounds, immigrants are settling in more areas of the country, psychiatrists are seeing more patients who have been tortured in their home country, and Canada is one of the world's largest immigrant-receiving countries. Some 150 languages are spoken in Toronto alone.

"I call it hyperdiversity," Laurence Kirmayer, M.D., director of transcultural psychiatry at McGill University, declared at the CPA meeting, whose theme was culture and mental health. "It is extraordinary."
Psychiatric news 39(22), 19. november 2004

læs artiklen her : <http://pn.psychiatryonline.org/cgi/content/full/39/22/1?etoc>

Complex factors keep many blacks from MH system

Eve Bender

Stigma surrounding mental illness in African-American communities is preventing many from receiving quality mental health services.

Underrecognition of a range of mental health problems by clinicians, a lack of trust in the medical community, and poor access to mental health services are keeping many African Americans with mental illness from recovery.

William Lawson, M.D., Ph.D., who is chair of the psychiatry department at Howard University in Washington, D.C., illustrated these points at a seminar titled "African Americans: Facing Mental Illness, Experiencing Recovery," which was held in conjunction with the 2004 annual conference of the National Alliance for the Mentally Ill.

Lawson appeared with a number of experts on African-American mental health issues, including Michelle Clark, M.D., who is chair of APA's Committee of Black Psychiatrists and an associate clinical professor of psychiatry at the University of California, San Francisco School of Medicine.

About 40 percent of African-American children are raised in poverty, and the median income of African Americans is just 60 percent of the median national income, Lawson pointed out. Mental health care is expensive enough that its cost is often seen as being prohibitive when people at the lower end of the income scale make spending choices, he said.

Psychiatric news 39(21), 5. november 2004

læs hele artiklen her : <http://pn.psychiatryonline.org/cgi/content/full/39/21/14>

Cultural sensitivity called key element of quality care

Mark Moran

Michelle Riba, M.D., draws special attention to a project designed to raise the national profile of APA in efforts to reduce or eliminate health care disparities.

Culture counts in the diagnosis and treatment of mental illness. And culture is a critical factor in widely documented disparities in access to, and quality of, medical care for racial and ethnic minorities in the United States, said APA President Michelle Riba, M.D., in her opening address at APA's 56th Institute on Psychiatric Services last month in Atlanta.

"The culture that patients come from shapes their mental health and the type of services they use," Riba said.

"Likewise, the culture of the clinician and the service system affects diagnosis and treatment and the organization and financing of those services. Cultural differences must be accounted for to ensure that minorities, like all Americans, receive mental health care tailored to their needs."

This year's institute, whose theme was "Mental Health Disparities in the Community," included lectures and symposia on Hispanic-American perspectives on mental health care; race, substance abuse, and bipolar disorder; psychoanalysis and Eastern cultures; and disparities in children's mental health.

Psychiatric news 39(21), 5. november 2004

læs hele artiklen her : <http://pn.psychiatryonline.org/cgi/content/full/39/21/8>

Culture may be reflected in symptoms

While treating Asian patients with mental illness, psychiatrists may encounter some of the following culture-bound syndromes, according to Ramaswamy Viswanathan, M.D.:

- AINU occurs in Japanese women and includes startle responses, automatic response to commands, and utterances of obscenities.
- Hsieh-Ping is a trance-like state in which Chinese men believe they are possessed by dead relatives.
- Koro is a panic state experienced by Southeast-Asian men who believe their penis is shrinking.
- Hwa-Bung affects people from Korea and includes symptoms that overlap with the *DSM-IV* criteria for major depression, including dysphoric mood, irritability, anxiety, and difficulty concentrating.
- Dhat syndrome occurs in Indian men and is characterized by the belief that semen is lost in the urine, resulting in a depletion of physical and mental energy.

Psychiatric news 39(22), 19. november 2004

Dansk Røde Kors's Traumecenter : ordningen om frit sygehusvalg

Folketingets Informationssystem alm. del bilag 77

Dansk Røde Kors har rettet henvendelse til Folketingets Sundhedsudvalg, da OASIS og RCT Jylland er blevet omfattet af ordningen. Dansk Røde Kors (Traumecentret) ikke er blevet kontaktet, men vil gerne være en del af det frie sygehusvalg.

læs henvendelsen her : <http://www.folketinget.dk/?/Samling/20041/almDel/SUU/bilag/77/index.htm>

Ethnicity shouldn't determine dosage decisions

Eve Bender

When treating Asian patients with psychotropic medications, it is always best to determine dose based on individual response and avoid generalizations based on ethnicity, an expert advises.

In practice settings around the world, it is not uncommon for psychiatrists to prescribe Asian patients low doses of psychotropic medication with the understanding that Asians metabolize these medications at slower rates than patients of other ethnicities.

As a result of this practice, however, these patients may not be receiving adequate treatment, said James Chou, M.D., an associate professor of psychiatry at New York University School of Medicine.

Chou appeared at the meeting "Overcoming Stigma in Asian American Mental Health," with Ramaswamy Viswanathan, M.D., to discuss issues related to the psychiatric treatment of Asians. The meeting was held last month in New York.

While it is true that some people of Asian descent, as well as those from other ethnic groups, may not metabolize psychotropic medications at the same rate as Caucasians, there is no basis for automatically prescribing half the recommended dosage to a patient because he or she is Asian, Chou said. "You have to base the drug dosage on individual response and avoid generalizations based on ethnicity."

Psychiatric news 39(22), 19. november 2004

læs artiklen her : <http://pn.psychiatryonline.org/cgi/content/full/39/22/22>

Few racial disparities evident in frail, depressed elderly

Psychiatric news / af Mark Moran

Elderly homebound individuals with major depression may be a uniquely frail cohort that shares more in common across racial groups than the general population.

Major depression is undertreated among homebound elderly, but especially so among black homebound elderly, according to a report in the October *American Journal of Geriatric Psychiatry*.

But the same study found, surprisingly, that the prevalence of major depression did not differ significantly among black and white homebound elderly.

Previous studies of depression and racial disparities among seniors have provided conflicting evidence. Some studies have found higher rates of depression among older white adults, others have found lower rates in that group, while still others have reported no difference by racial group.

læs omtalen her : <http://pn.psychiatryonline.org/cgi/content/full/39/21/38>

Folder om demens på tyrkisk, arabisk og urdu

Styrelsen for Social Service har i samarbejde med Sundhedsstyrelsen og Alzheimerforeningen udviklet en kampagne, som har til formål at styrke befolkningens forståelse for demens. Der er i den forbindelse udgivet en informationsfolder om demens, som er blevet oversat til tyrkisk, arabisk og urdu. Folderen fortæller om 10 advarselstegn ved demens og om, hvor man kan få hjælp, både som dement og som pårørende. Informationsfolderen er udsendt på dansk til alle landets læger, apoteker, plejehjem, social- og sundhedsforvaltninger, ældreråd og demenskoordinatorer.

læs om kampagnen her : http://www.demens2004.dk/om_kampagnen_dk.htm

download folder på dansk her : http://www.demens2004.dk/download_materiale_dk.htm

download folder på tyrkisk, arabisk og urdu her : http://www.demens2004.dk/andre_sprog_dk.htm

Kartlegger beboeres mentalhelse

NAKMIs hjemmeside 10. november 2004 / af Eirik Dahl Viggen

Staten trekker inn forskere for å få mer kunnskap om hva som påvirker psykisk helse blant beboere i asylmottak.

Kommunal- og regional-departementet har bestilt en kartlegging av mulige tiltak for å bedre mentalhelsen for

beboere i asylmottak. SINTEF IFIM skal utføre prosjektet i samarbeid med Nasjonalt kunnskapssenter om vold og traumatisk stress (NKVTS).

For å kunne si noe om hvilke forhold som påvirker beboere i asylmottak, skal det sendes ut spørreskjemaer til alle mottakene. I tillegg bli seks mottak valgt ut for å bli studert mer inngående. Kartleggingen skal skje innen forebyggende arbeid, forhold som øker beboernes mestringsevne og oppfølging av personer med psykiske problemer. Undersøkelsen tar sikte på å finne ut hvor godt samarbeidet er mellom mottakene, helsetjenestene og andre instanser.

Prosjektet vil munne ut i en rapport og en kort veileder basert på lokale suksesshistorier.

Medisin virker ikke på afrikanere

BTs netavis 5. november 2004 / Af: TORBEN BAGGE

Medisin, der normalt er effektiv mod sygdommen skizofreni, virker ikke på indvandrere fra Afrika. Det skyldes formentlig genetiske forskelle og forskelle i blodet.

Den erfaring har overlæge Benedicte Volfing på Psykiatrihospitalet i Nykøbing Sjælland gjort sig efter at have behandlet en række afrikanere med midlet Leponex, der er den foretrukne behandling i kampen mod skizofreni.

»Vi får flere og flere med anden etnisk baggrund indlagt til psykiatrisk behandling, og i den forbindelse er det overraskende at være vidne til, at behandlingen ingen virkning har. Patienterne med afrikansk baggrund får dog stadig alle bivirkningerne ved medicinen, nemlig træthed, vægtforøgelse og tendens til at savle,« siger overlægen, der nu efterlyser øget forskning i, hvordan patienter med anden etnisk baggrund end dansk reagerer på medicinsk behandling.

Nedbrydes langsomt

»Mine afrikanske patienter tåler tilsyneladende ikke medicinen, fordi de har nogle andre lever-enzymmer end almindelige danske patienter. Medicinen nedbrydes langsommere - dårligere - i leveren hos dem. Undersøger man blodprøver fra dem, viser det sig også, at de har færre hvide blodlegemer. Det kan også have betydning for optagelsen af stofferne.«

Den manglende virkning af medicinen kan blive et problem, i takt med at flere indvandrere kommer i behandling på de psykiatriske hospitaler, mener lægen. På hospitalet i Nykøbing Sjælland behandles de patienter, som generelt er sværest at »pacificere« med psykofarmaka. Og stadig flere afrikanere får behandlingsdomme.

Overcoming stigma in Asian American mental health : conference report

Medscape 1, November 2004 / af Lan liang

The New York Coalition for Asian American Mental Health held its first national conference in New York at the New York Academy of Medicine from October 1-2, 2004. The conference featured top experts from around the country in the behavioral healthcare of Asian Americans, including primary care providers, mental health professionals, researchers, and advocates. The program aimed to bring together, for the first time on a national level, diverse voices and ideas to help address the complex issue of psychiatric stigma in the Chinese, Filipino, South Asian, Southeast Asian, Japanese, and Korean communities; to develop best practice models; and to offer opportunities for the 300 attendees to network with their peers.

Indhold :

Mental Healthcare for Asian Americans: How Accessible Is It Today?

The Cross-Cultural Context of Stigma: A Panel

Practical Strategies

referaterne kan læses her, hvor det er gratis at tilmelde sig : http://www.medscape.com/viewarticle/491353_1

Social utsatthet tar livet av unga

Dagens medicin, Sverige 26. november 2004 / af Annika Lund

Ungdomar med flyktingbakgrund vårdas oftare på sjukhus för psykisk ohälsa och har en ökad självmordsrisk. Men orsaken är inte i första hand trauman i barndomen utan den diskriminering de utsätts för i Sverige.

- Flertalet flyktingbarn behöver inte i första hand psykoterapi eller stöd från barn- och ungdomspsykiatri, även om några gör det. Det som hjälper flyktingbarn är att vi motverkar diskrimineringen i samhället, så att de får rimliga chanser att få ett jobb och en bra bostad, säger Anders Hjern, docent i barn- och ungdomsmedicin vid epidemiologiskt centrum på Socialstyrelsen.

Anders Hjern grundar detta påstående bland annat på resultat från en ny studie han har varit ansvarig för.

Studien visar att den psykiska ohälsan visserligen är större hos flyktingbarnen - men först många år efter flykten.

I studien ingår alla barn som flydde till Sverige från Iran och Chile under 1980-talet. Barnen var födda mellan 1963 och 1983 och de studerades genom data från patientregistret för åren 1998 till 2003, då de hade hunnit bli mellan 15 och 35 år.

Sociala faktorer bär skulden

Jämfört med svenskfödda personer i samma ålder var det nästan dubbelt så vanligt att chilenerna hade vårdats på sjukhus för självmordsförsök, missbruk och psykisk sjukdom. För iranierna var risken ännu högre.

Men siffrorna ser annorlunda ut när forskarna har tagit hänsyn till andra faktorer som ger en förhöjd risk för självmord. När faktorer som rör socialbidragstagande, familjesituation, inkomst och boende har räknats bort är risken för att den som i barndomen flytt från Chile eller Iran skulle försöka ta sitt liv lika stor eller något lägre än för en svenskfödd.

- Det här är en teoretisk konstruktion, men det är troligt att den stämmer, säger Anders Hjern.

Tremendous stigma' keeps some Asians from MH care

Eve Bender

By allying themselves with spiritual leaders and family members of patients of South-Asian descent, psychiatrists have a better chance to help these patients to recover from mental illness.

When people of South-Asian descent begin to experience mental health problems, a psychiatrist or mental health professional is usually among the last ones to whom they will turn for help.

The majority first consult a family member or a religious elder, explained Nalini Juthani, M.D., a professor of clinical psychiatry at the Albert Einstein College of Medicine in New York and an examiner for the American Board of Psychiatry and Neurology.

Juthani, who is also a member of the *Psychiatric News* Editorial Advisory Board, appeared at the meeting, "Overcoming Stigma in Asian-American Mental Health" in New York in October to discuss issues impacting South Asians who have immigrated to the United States from countries such as India, Pakistan, and Sri Lanka. "Identification of mental illness in this population is a slow process because their families tolerate, rationalize, and deny distorted thinking, depression, and anxiety," Juthani explained.

Only when mental health problems significantly interfere with a person's functioning at school or work do they come to the attention of a family member, a trusted elder in the community, or a mental health clinician.

Psychiatric news 39(22), 19. november 2004

läs artiklen her : <http://pn.psychiatryonline.org/cgi/content/full/39/22/21>

Vil opprette specialmottak for farlige asylsøkere

NAKMIs hjemmeside 6. oktober 2004 / af Eirik Dahl Viggen

I Norge er asylansøgere overrepræsenterede i psykiatrien og bla. på baggrund af 3 overfald i den seneste tid, vil Utlændingsdirektoratet oprette specielle centre for psykisk syge asylansøgere.

läs artiklen her : <http://www.nakmi.no/nyheter/artikkel.asp?SeksjonID=2&NyhetID=241&SprakID=1>

LITTERATUR

Nye bøger og rapporter

Barn som gett opp

Enkät angående asylsökande barn som vårdats på barnpsykiatrisk klinik under år 2003

Andreas Tunström, leg psykolog

Stockholms läns sjukvårdsområde, Barn- och ungdomspsykiatri, Flyktingenheten BUP

april 2004

Bakgrund

Enkäten har sin upprinnelse i diskussioner inom BUP i Stockholm, dels utifrån egna ärenden och utifrån konsultationer och diskussioner på olika avdelningar inom BUP:s klinikdel och även utifrån kontakter med kollegor ute i landet. Det började under 2002 stå klart att barnpsykiatri sedan något år ställts inför en ny typ av ärenden. Det handlade om barn i asylsökande familjer som uppvisade mycket starka symptom på depression, kontaktlöshet och tynande livsvilja av ett slag som vi inte tyckt oss ha sett hos svenska barn inom BUP. Det har använts olika termer eller beskrivningar av dessa barn; deprimerade, "barn som lagt sig", devitaliserade m.m. Man kan säga att det handlar om ett *generellt opppgivenhetssyndrom*. En del barn har hamnat i en process av

accelererande passivitet, kontaktlöshet, funktionsbortfall och olika uttryck för "vägran". För flera barn har man tvingats sätta in sondmatning.

Kriterier för målgruppen

- 1) Patienterna skall vara asylsökande (höra till familj eller del därav som är asylsökande) vid inskrivningstillfället.
- 2) Patienterna skall vara föremål för inläggning, dagvård eller andra intensifierade mellanvårdsåtgärder. Dessa åtgärder skall omfatta minst en vecka. Öppenvårds-patienter eller patienter som varit föremål för kortvariga akutåtgärder faller utanför denna enkät.
- 3) Symptombild:
 - a) kontaktlöshet eller kontaktvägran
 - b) omfattande inaktivitet eller immobilitet, initiativlöshet
 - c) depression eller depressionsliknande tillstånd
- 4) Symptomutvecklingen är uppenbart relaterad till
 - a) traumatisering i hemlandet eller
 - b) reaktioner på avslag eller väntan i asylprocessen eller
 - c) en kombination av både a och b

rapporten kan läses her : <http://www.lakarforbundet.se/upload/Barn%20som%20gett%20upp.doc>

Minority elderly care

PRIAE Policy Research Institute on Ageing & Ethnicity concept and programme

Take 10 countries, 30 or more researchers, 3277 minority ethnic elders, 901 health and social care professionals and 312 voluntary organisations; add to that 3 years, many questions and a lot of analysis and you have the final

results of the **MINORITY ELDERLY CARE (MEC)** project. MEC is the largest research undertaken in the area in Europe.

PRIAE are pleased to announce the launch of the MEC international report on the health and social care of minority ethnic elders in UK, Finland, France, Netherlands, Spain, Germany, Hungary, Bosnia-Herzegovina, Croatia and Switzerland.

From the start of the project in 2001, the concern of the MEC team was that some of the most vulnerable groups within our countries face many difficulties from social exclusion due to race, poverty, language, socioeconomic status and residence over and above those which result naturally from growing older. At a time in life when many people feel they can relax from the pressures of working life and enjoy a certain amount of freedom and comfort, for others this can be a time of loneliness, worry and confusion and practical difficulties in gaining access to appropriate health and social care. The purpose of the MEC research is to inform the debate about the nature of provision of health and social care services now and in the years to come. The project has the explicit intention of seeking to draw attention to the needs of minority ethnic elders and improving the provision of services for them throughout the European Union.

mere information : <http://www.priae.org/Flyer%20MEC%20Dec%2004%20Eng.pdf>

Migrationsverkets utredningssamtal med barn : intervju guide

Migrationsverket i Sverige har utarbetat en intervjuguide på 12 sider. Den är utarbetad på baggrund af et projekt, der har været støttet af den Europæiske Flygtningefond,. Projektet og baggrunden er også beskrevet i en rapport.

Fra forordet

Migrationsverket har som hovedregel att erbjuda asylsökande barn möjligheten att samtala om sin situation och

även att inkludera deras syn i förhållande till andras i den utredning som genomförs (Migrationsverket, 2001).

Handläggarna ska ha en flexibilitet i bedömningen av eventuellt samtal med barnen. De ska beakta lämpligheten

att höra dem. Barns åsikter ska tillmätas betydelse i förhållande till dess ålder och mognad och hänsyn ska tas till

eventuell press som barnet kan utsättas för vid en utredning. Här finns en medvetenhet om att barn kan vara starkt

influerade av de förhållanden och de förväntningar som finns i hans eller hennes omgivning. Verket uttrycker att

samtal med barn ska ske i närvaro av föräldrar. Ensamkommande barn ska ha med sig sitt förordnade biträde.

Migrationsverket har tolkat regeringens uppdrag som att olämplighet att höra barn gäller små barn eller när barns

psykiska hälsa talar emot att de hörs (Migrationsverket, 2001).

Hur direktiven uppfylls kan variera beroende på vem som ska definiera och hantera instruktionen. Dessutom är

begreppet barnperspektiv mångtydigt. Barnombudsmannen menar att Migrationsverket, precis som andra myndigheter, ska sätta barnet i fokus i sitt arbete. Den enda gång Migrationsverket kan avstå från att inkludera barnen i asylutredningar är när det är uppenbart att föräldrarna har sådana skäl att familjen kommer att få stanna i Sverige. Barn i asylärenden ska behandlas som individer och inte som bihang till sina föräldrar (Barnombudsmannen, 2000).

begge rapporter kan læses her : <http://www.farr.se/guides/>

ARTIKLER

Common mental disorders and ethnicity in England: the EMPIRIC Study

Scott Weich, James Nazroo, Kerry Sproston, Sally Mcmanus, Martin Blanchard, Bob Erens, Saffro Karlsen, Michael King, Keith Lloyd, Stephen Stansfeld, Petertyrer

Abstract

Background. There is little population-based evidence on ethnic variation in the most common mental disorders (CMD), anxiety and depression. We compared the prevalence of CMD among representative samples of White, Irish, Black Caribbean, Bangladeshi, Indian and Pakistani individuals living in England using a standardized clinical interview.

Method. Cross-sectional survey of 4281 adults aged 16–74 years living in private households in England. CMD were assessed using the Revised Clinical Interview Schedule (CIS-R), a standardized clinical interview.

Results. Ethnic differences in the prevalence of CMD were modest, and some variation with age and sex was noted. Compared to White counterparts, the prevalence of CMD was higher to a statistically significant degree among Irish [adjusted rate ratios (RR) 2.09, 95% CI 1.16–2.95, $p=0.02$] and Pakistani (adjusted RR 2.38, 95% CI 1.25–3.53, $p=0.02$) men aged 35–54 years, even after adjusting for differences in socio-economic status. Higher rates of CMD were also observed among Indian and Pakistani women aged 55–74 years, compared to White women of similar age. The prevalence of CMD among Bangladeshi women was lower than among White women, although this was restricted to those not interviewed in English. There were no differences in rates between Black Caribbean and White samples.

Conclusions. Middle-aged Irish and Pakistani men, and older Indian and Pakistani women, had significantly higher rates of CMD than their White counterparts. The very low prevalence of CMD among Bangladeshi women contrasted with high levels of socio-economic deprivation among this group. Further study is needed to explore reasons for this variation.

Psychological medicine 34(8), 1543-1551, 2004

The construction of religious and cultural meaning in Egyptian psychiatric patient charts

Elizabeth M. Coker, The American University in Cairo Egypt

Abstract:

This paper explores the use of religious symbols and metaphors in Egyptian psychiatric inpatient charts to portray psychiatric pathology and, by extension, the role that religious symbols play in constructing psychiatric illnesses. This represents a deconstruction of patient charts, assuming that the psychiatrist chooses aspects of family and patient discourse which best represent unexamined cultural ideas of person and illness, normality and abnormality. All of the psychiatrists writing the charts were Egyptian and shared much of the same cultural background with their patients, excluding their medical training. Therefore, while chart discourse is used to justify a psychiatric diagnosis, it is also the product of a shared cultural history; a tacit agreement about what constitutes a meaningful story. This paper focuses mainly upon discourse that has religious connotations, for the reason that these seemed to be more invested with cultural meaning than other delusional themes. These religious symbols and metaphors are interpreted in light of their symbolic associations with certain existential states, the family unit and with society as a whole.

"The language of madness is not a pathology, a description of an isolated sickness, but commentary on patterns of relatedness and their interruptions, on the fantasies and defences that define the human project as an interpenetration of what Jacques Lacan (1968) calls "the Imaginary with the Real". (Glass, 1989, p. 6).

Mental health, religion & culture, 7(4), 323-347, 2004

Culture, risk factors and suicide in rural China: a psychological autopsy case control study

J. Zhang, Y. Conwell, L. Zhou, C. Jiang

Abstract

Objective: Previous research on sociocultural factors for Chinese suicide have been basically limited to single case studies or qualitative research with ethnographic methodology. The current study examines the major risk factors and some cultural uniqueness related to Chinese rural suicide using a quantitative design.

Method: This is a case control study with 66 completed suicides and 66 living controls obtained from psychological autopsy interviews in rural China.

Results: Both bivariate analyses and the multiple regression model have found that the Chinese rural suicide patterns are basically similar to those in most other cultures in the world: strong predictors of rural Chinese suicide are the psychopathological, psychological, and physical health variables, followed by social support and negative and stressful life events. Other significant correlates include lower education, poverty, religion, and family disputes.

Conclusion: Culture has an important impact on suicide patterns in a society.

Acta psychiatrica Scandinavica 110(6), 430-437, 2004

Effects of education and culture on the validity of the Geriatric Mental State and its AGE CAT algorithm

Martin Prince, Daisy Acosta, Helen Chiu, John Copeland, Michael Dewey, Marcia Scazufca, Mathew Varghese

Abstract

Background The Geriatric Mental State (GMS) is the most widely used psychiatric research assessment for older persons. Evidence for validity comes from the developed world.

Aims To assess the validity of GMS/AGECAT organicity and depression diagnoses in 26 centres in India, China, Latin America and Africa.

Method We studied 2941 persons aged 60 years and over: 742 people with dementia and three groups free of dementia (697 with depression, 719 with high and 783 with low levels of education). Local clinicians diagnosed dementia (DSM-IV) and depression (Montgomery-Åsberg Depression Rating Scale score ≥ 18).

Results For dementia diagnosis GMS/AGECAT performed well in many centres but educational bias was evident. Specificity was poor in India and sensitivity sub-optimal in Latin America. A predictive algorithm excluding certain orientation items but including interviewer judgements improved upon the AGE CAT algorithm. For depression, sensitivity was high. The EURO-D depression scale, derived from GMS items using European data, has a similar factor structure in Latin America, India and, to a lesser extent, China.

Conclusions Valid, comprehensive mental status assessment across cultures seems achievable in principle.

British journal of psychiatry 185(5), 429-436, 2004

In the shadows of medicine and modernity: medical integration and secular histories of religious healing in Turkey

Christopher Dole, Department of Anthropology, Amherst College, Amherst, MA, USA;

Abstract

Building upon the World Health Organization's recent publication *WHO Strategy for Traditional Medicine* (WHO 2002), this paper examines the historical position of "traditional medicines" at their intersection with the development and modernization of a biomedically based health care system in Turkey. This paper considers how the historical development of Turkey's health care system, as a prominent site for the articulation of the state's broader modernization project, sustained particular formulations of subjectivity and citizenship that were defined in opposition to a set of cultural practices and modes of religious-political authority represented by "traditional medicines." Consequently, projects and policies seeking to formally integrate "complementary" or "alternative" therapies directly confront this past and the various ways in which it is reenacted in constituting the present.

Keywords

CAM/TM, health care policy, history of medicine, religious/ritual healing, Turkey

Culture, medicine and psychiatry 28(3), 255-280, 2004

A Jewish spiritual perspective on psychopathology and psychotherapy: A clinician's view

Israela Meyerstein, Marital and family therapist in private practice, Baltimore, Maryland

Abstract

This paper will present a Jewish Spiritual Perspective on clinical work by examining key underlying values and attitudes in Judaism that relate to human behavior, mental health and illness. Common symptom presentations and family issues that have roots in culture will be explored. Contemporary and ancient "spiritual coping tools" will be suggested for use in clinical work and personal growth.

Keywords

spirituality, Jewish spiritual perspective, psychotherapy, spiritual coping tools

Late-life depression among black and white elderly homecare patients

Denise C. Fyffe, Ph.D., Jo Anne Sirey, Ph.D., Moonseong Heo, Ph.D., and Martha L. Bruce, Ph.D., M.P.H.

Abstract

Objective: The authors compared the prevalence of major depressive disorder (MDD) and the prescription rates of antidepressant medication, by race, among frail, older homecare patients. **Methods:** A random sample of 56 black and 458 white newly admitted homecare patients age 65 and over was assessed for MDD with structured interviews and medical records, and antidepressant prescription rates were tallied. **Results:** The prevalence of MDD did not differ significantly across racial groups. Only 16.7% of black patients and 32.0% of white patients were prescribed antidepressant medication. **Conclusions:** Prevalence of MDD was similar among black and white elderly homecare patients. In both groups, depression is undertreated and contributes to the burden of this frail, older patient group.

Key Words: Home Care - Depression - Ethnicity

American journal of geriatric psychiatry 12(5), 1231-1235, 2004

Multicultural competency in research: examining the relationships among multicultural competencies, research training and self-efficacy, and the multicultural environment.

Liu, William Ming; Sheu, Hung-Bin; Williams, Katie

Abstract

Research on multicultural competencies has mainly focused on the practice dimension of psychology training and practice. Little theoretical or empirical research has examined multicultural research training and self-efficacy. In this study, 119 psychology graduate students filled out a Web survey focusing on the research training environment, research self-efficacy, multicultural competency, the multicultural environment, and social desirability. Results showed that multicultural competency, research training, and the multicultural environment were related to multicultural research self-efficacy. Hierarchical regressions showed that multicultural competency predicted students' research anxiety; social desirability predicted multicultural research utility, multicultural competency, and the research training environment; and multicultural competency predicted students' confidence in research and perceptions that their graduate training programs were multicultural. Implications are discussed

Cultural diversity and ethnic minority psychology 10(4), 324-339, 2004

Nyankomne indvandrere fra 3. verdens-lande. Hvad med deres helbred?

Lise Dyhr & Merete Laursen

Denne artikel belyser nogle af de diagnostiske udfordringer, der møder den praktiserende læge i forbindelse med nyankomne indvandrere. Artiklen giver også forslag til udredning og behandling.

Fra artiklen

Personer fra tredje-verdens-lande får overvejende meddelt opholdstilladelse i Danmark i henhold til reglerne om asyl eller reglerne om familiesammenføring (www.imn.dk). Personer, som ansøger om asyl, tilbydes helbredsundersøgelse og behandling på det asylcenter, de opholder sig på. Asylcentrene drives overvejende af Røde Kors, som efter aftale med Udlændingestyrelsen tilbyder helbredsscreening og behandling under særligt definerede betingelser (se www.drk.dk).

Asylcentrene har ansat sygeplejersker og deltidsansatte læger. I nogle tilfælde indgås der særlige aftaler med omkringboende praktiserende læger. Tilbuddet om helbredsscreening er frivilligt, men modtages af langt de fleste asylansøgere. Resultaterne herfra noteres i en såkaldt Medical Record, som opbevares af Dansk Røde Kors og udleveres til asylansøgeren, hvis denne får meddelt asyl.

Nyankomne familiesammenførte til flygtninge eller herboende indvandrere med gæstearbejderbaggrund tilbydes hverken screening eller formaliseret introduktion til det danske sundhedsvæsen. Vi møder oftest familiesammenførte indvandrere, når de er akut syge, og vurderer at lægehjælp er nødvendig, ved graviditet eller når de har behov for en lægeerklæring.

Den familiesammenførte pårørende har ofte kendskab til det danske sundhedssystem. Men hvis de pårørende kun har opholdt sig kort tid i Danmark, kan familiens samlede kendskab til sundhedssystemet være sparsomt. Nyankomne – bortset fra adoptivbørn – har under de første 6 ugers ophold i Danmark ikke ret almindelige sygesikringsydelse, men kun behandling ved akut livstruende sygdom. Efter min. 6 ugers ophold i Danmark opnås ret til almindelige sygesikringsydelse.

Månedsskrift for praktisk lægegerning 2004(11)

A pilot study of behavioural and psychological signs and symptoms of dementia in patients of Indian sub-continent origin admitted to a dementia day hospital in the United Kingdom

Imran Haider · Ajit Shah

Abstract

Background

There is a paucity of cross-cultural studies of behavioural and psychological symptoms of dementia (BPSD).

Method

BPSD were examined in a consecutive series of Indian sub-continent origin and white indigenous elders admitted to a dementia day hospital using the BEHAVE-AD. The correlates of individual BPSD in each of the two ethnic groups and the differences between the two ethnic groups were examined.

Results

There were no differences between the two groups on most of the demographic and clinical variables examined, except that Indian sub-continent elders had a greater number of children. There were no differences between the two groups on the MMSE scores, BEHAVE-AD total scores and BEHAVE-AD subscale scores (with one exception). Indian sub-continent origin patients had lower scores on the anxiety and phobias subscale. Within the Indian sub-continent origin group, Alzheimer's disease (AD) was associated with activity disturbance and vascular dementia with affective disturbance. Within the indigenous group, aggressivity was associated with males and prescription of neuroleptics, and affective disturbance with prescription of antidepressants.

Conclusion

There is a need to develop and evaluate translated versions of instruments that measure BPSD. After development of these instruments there is a need for cross-cultural population-based epidemiological studies of BPSD

Keywords

Behavioural disturbance - dementia - BPSD - cross-culture

International journal of geriatric psychiatry 19(12), 1195-1204, 2004

Possible reduction in Posttraumatic Stress Disorder symptoms with oxcarbazepine in a patient with bipolar disorder

Parviz Malek-Ahmadi, MD, Allan T Hanretta, MD PhD

Abstract

OBJECTIVE: To report the effect of oxcarbazepine in a patient with bipolar illness and posttraumatic stress disorder (PTSD).

CASE SUMMARY: A 38-year-old white woman with PTSD and bipolar disorder who had partially responded to carbamazepine was treated with oxcarbazepine. Within a month of initiation of treatment with oxcarbazepine, she reported progressive improvement in her PTSD symptoms. As oxcarbazepine monotherapy with 750 mg twice daily continued, she reported significant reduction of her PTSD symptoms and stabilization of her mood. She tolerated oxcarbazepine without adverse effects.

DISCUSSION: PTSD symptoms tend to wax and wane. Spontaneous remission also occurs in some patients with PTSD. There are a few reports indicating that carbamazepine alleviates PTSD symptoms. Since oxcarbazepine is an analog of carbamazepine, it is theorized that oxcarbazepine also has efficacy in significantly reducing PTSD symptoms.

CONCLUSIONS: There are case reports and uncontrolled studies suggesting that antiepileptic drugs (AEDs) alleviate PTSD symptoms. Oxcarbazepine may also benefit patients with PTSD. However, controlled studies are needed to investigate the use of AEDs in patients with PTSD and bipolar disorder.

Key Words: bipolar disorder, oxcarbazepine, posttraumatic stress disorder

Annals of pharmacotherapy 38(11), 1852-1854, 2004

Psychology from Islamic perspective: contributions of early muslim scholars and challenges to contemporary Muslim psychologists

Amber Haque, Department of Psychology, UAE University, AL Ain, United Arab Emirates, Malaysia

Abstract

Early Muslims wrote extensively about human nature and called it *Ilm-al Nafsiat* or self-knowledge. In many cases, their works seem to be the original ideas for many modern day psychological theories and practices. What is interesting however is that a lot of what the early scholars wrote was blended with Islamic philosophy and religious ideas. This paper covers major contributions of prominent early Muslim scholars to psychology and outlines the challenges faced by today's Muslims in adapting to the Western theories. It also offers a few recommendations on the indigenization of psychology for Muslim societies interested in seeking the Islamic perspective on human behaviors.

Keywords

Islamic psychology, early Muslim scholars, history of psychology, Muslim psychologists, indigenous psychology
Journal of religion and health 43(4), 357-377, 2004

Rates of lifetime suicide attempt and rates of lifetime major depression in different ethnic groups in the United States

M. A. Oquendo, D. Lizardi, S. Greenwald, M. M. Weissman, J. J. Mann

Abstract

Objective: Rates of major depression and suicide vary across ethnic groups within the US. This also may be true of suicide attempts.

Method: Data on lifetime suicidal behavior and major depression among Mexican American, Cuban American, and Puerto Rican adults who participated in the Hispanic Health and Nutrition Epidemiologic Survey were pooled with Epidemiological Catchment Area Study data for Blacks, Whites and Hispanics.

Results: Rates of major depression ranged from 9.3 (Puerto Ricans) to 3.24% (Cuban Americans). Puerto Ricans and whites had the highest rates of depression. Similarly, suicide attempt rates ranged from 9.1% for Puerto Ricans to 1.9% for Cuban Americans. Puerto Ricans had higher suicide attempt rates compared with other groups.

Conclusion: This study underscores that there are differences between Hispanic ethnic groups. The impact of the migration process, socioeconomic status, and acculturation may underlie differences in major depression and suicide attempt rates across ethnic groups

Acta psychiatrica Scandinavica 110(6), 446-451, 2004

Religion, health, and the psychology of religion : how the research on religion and health helps us understand religion

James W. Jones, Rutgers University; Drew University; University of Uppsala, Sweden

Abstract

An increasing replication of studies find a correlation between religious belief and practice and mental and physical health and longevity. This paper discusses some of the implications of this research for the ways in which religion might be understood psychologically. Most interpretations of this data focus on the presence of one or more mediating variables. This paper argues that the presence of these mediating factors helps us understand more precisely some of the ways in which religion actually does impact on human life and in what the psychological uniqueness of religion actually consists.

Keywords

religion and health, psychology of religion

Journal of religion and health 43(4), 317-328, 2004

Social phobia in ultra-orthodox Jewish males: culture-bound syndrome or virtue?

David Greenberg, Ariel Stravynski, Yoram Bilu

Abstract:

Social difficulties of the performing variety are reported by ultra-orthodox male referrals to a psychiatrist in Jerusalem and confirmed by key communal informants. Three cases of social phobia are presented, and the content concerns performing, either speaking on religious matters publicly, a role associated with status and authority, or leading prayers and ceremonies, a role of sanctity and duty. The absence of women sufferers may be understood as a consequence of the value placed on modesty in women and there being no expectation of women to participate in study and public prayer, while the absence of complaints of interactional social phobia may be a consequence of the general discouragement of social intercourse not related to religious study.

Aymat zibur, literally meaning fear of the community, is a term used by ultra-orthodox Jews to describe these fears of performance, although in its original meaning the term expresses the respect that the leader of prayers is expected to have for his awesome role. The cases described, however, were motivated by personal shame, similar to social phobia of the performance variety found in other cultures, rather than fear and respect. The values of ultra-orthodox religious life are presented that invest a person who avoids interactional social behaviors with the status of zaddik (a righteous person) while one who avoids the performance behaviors of speaking publicly on religious matters or leading prayers suffers from an idiom of distress in this particular society. Religious law and societal mores appear to be critical factors in deciding whether symptoms of social phobia are perceived and experienced as idioms of distress

Mental health, religion & culture, 7(4), 289-305, 2004

Spirituality, culture and mental health : prospects and risks for contemporary psychology of religion

Abstract

This paper asks whether: (1) psychology of religion is doing what it is supposed to do, (2) the contemporary psychological attention to religion and spirituality is perhaps of a transgressive nature, and (3) conceptualizations of spirituality in psychological publications are biased. It makes a plea for phenomenologically well-informed research on real forms of religion and spirituality, from a perspective that is as broad as psychology at present has become, with due regard for both the cultural make-up of the phenomena and the unavoidable limits of psychologists' professional competence.

Keywords

psychology of religion, spirituality, culture

Journal of religion and health 43(3), 2891-316, 2004

KALENDER

2004

December

9. – 11. december, Amsterdam

Hospitals in a culturally diverse Europe

Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Vienna, Austria in collaboration with the Academic Medical Centre, Amsterdam, the Netherlands. The conference is financially supported by the European Commission, DG Health and Consumer Protection and the Austrian Ministry for Education, Science and Culture (bm:bwk).

konferencen markerer afslutning på projektet "Migrant friendly hospital", som har involveret 12 europæiske hospitaler bl.a. Kolding Hospital.

se programmet her : <http://www.mfh-eu.net/conf/programme/>

læs om projektet her : <http://www.mfh-eu.net/public/home.htm>

2005

Januar

13. - 14. januar 2005, Herning

Seminar om traume, identitet og mestring

Psykiatrien i Ringkøbing Amt, Psykiatrisk Afdeling Herning

Seminar om Traume, Identitet og Mestring med Sverre Varvin, psykiater, psykoanalytiker, dr.phil. og Carl Ivar Dahl, psykiater, psykoanalytiker.

Begge har tilknytning til Center for Flygtninge ved Oslo Universitet. Sverre Varvin har i 2003 udgivet bogen Flugt og Eksil - traume, identitet og mestring og har i 2002 forsvaret sin disputats om Mental Survival Strategies after Extreme Traumatization. Begge har stor psykoterapeutisk erfaring og er kendte supervisorer i psykoterapeutiske miljøer i Norge og Danmark.

Indhold:

- om ekstreme oplevelser med tortur, umenneskelig behandling under fængselsophold og ekstreme oplevelser under krigshandlinger
- om seksuel og voldelig traumatisering i barndom
- om traumet og om posttraumatisk stress
- om tab og sorg
- om mestring af ekstrem traumatisering
- om mødet med det traumatiserede menneske?
- om psykiske lidelser hos mennesker der er på flugt og i eksil fra traumatisering
- om psykiatrisk og psykoterapeutisk indsats og behandling - både under indlæggelse og ambulant
- om retraumatisering i den terapeutiske proces
- eksilets psykologi

Form

Forelæsninger og plenudrøftelser om formiddagene.
Tilvalg til emne-orienterede work-shop's - herunder supervisionsmulighed – om eftermiddagen og med afsluttende plenudrøftelser.

Målgruppe

Tværfaglige personalegrupper i psykiatrisk arbejde. Det er således et seminar der henvender sig bredt til den psykiatriske relationsbehandler uanset grunduddannelse.

Kursusledelse og medundervisere:

Jens Bolvig Hansen og Lars Thorgaard, psykiatere og erfarne psykoterapeuter og supervisorer

Pris: Ca. pris er 2000 kroner. Dækker seminar, med måltider, eksklusiv aftensmåltid og evt. overnatning.

Overnatning kan arrangeres.

Oplysninger/

Tilmelding: Overlæge Lars Thorgaard, Psykiatrisk afdeling i Herning. Telefon 9927 2443 eller e-mail:

heclt@ringamt.dk. Ved tilmelding pr. e-mail oplys venligst titel, navn, arbejds-adresse, telefon og e-mail.
Ligeledes om der ønskes hotelreservation på Østergaards Hotel.

Tilmelding er bindende. Tilmelding inden d. 01.12.04.

Sted: Østergaards Hotel, Silkeborgvej, 7400 Herning

20. januar, Århus

Kultur og psykiatri: Sygdomsopfattelse, kommunikation og behandling Psyk-info Århus

Tema-aften

Auditoriet, Psykiatrisk Hospital, Skovagervej 2, 8240 Risskov

Marianne Kastrup, overlæge, leder af Videnscenter for Transkulturel Psykiatri, København

mere information : <http://www.aaa.dk/aaa/index/serviceomraader/psykiatri/psyk-viden/psyk-temaaftener-2.htm>

27. januar 2005, Odense

Kvinder, etnicitet og socialpsykiatrisk indsats : inspirationskonference Videnscenter for Socialpsykiatri

Isolation, manglende netværk og dårlige sprogkunderskaber kan være årsag til at mange kvinder med psykisk sygdom og indvandrer- og flygtningebaggrund ikke har adgang til psykiatrisk behandling i tide eller socialpsykiatrisk støtte i hverdagen. Hvorfor er det sådan, og hvordan kan den socialpsykiatriske indsats tilrettelægges til glæde for de kvinder vi ofte ikke når? Videnscenter for Socialpsykiatri sætter fokus på kvinder, etnicitet og socialpsykiatri på tre inspirationskonferencer

Karin Faaborg, tlf. 3393 4452, e-mail : kf@socialpsykiatri.dk

Mere information : <http://www.socialpsykiatri.dk/>

2. – 14. februar, Burkina Faso

Tradition og modernitet - Sygdom og helbredelse i det indre Vestafrika Dansk Etnomedicinsk Selskab

At løse konflikten mellem tradition og modernitet er i stigende grad et globalt tema, ikke mindst inden for sundhedssektoren. I Burkina Faso er livet på utallige felter stærkt forankret i de traditionelle værdier og metoder. Det gælder sundhed og sygdom, fredsbevarelse og konfliktløsning, landbrugsudvikling og spiritualitet. Men samtidigt er landet også på disse områder en del af den moderne verden.

De traditionelle helbredere arbejder med planter og anden medicin, parapsykologiske metoder, magiske og spirituelle indfaldsvinkler.

Den moderne sundhedssektor præges af landets status som et af verdens fattigste, men også af et personale, der yder en imponerende indsats med små midler.

Begge disse sektorer er studier værd, men ikke mindst er det lærerigt at undersøge, hvordan burkinerne forsøger at kombinere dem.

Det samme kan siges om fredstraditioner, tilværelsens åndelige dimension og kampen mod ørkendannelse. Den burkinske bondebevægelse Naam-grupperne har i denne sammenhæng skabt sloganet: At udvikle uden at ødelægge.

Der vil blive afholdt en workshop inden afrejse.

WORKSHOP FØR REJSE

1. Indledende oplæg om turen og dens indfaldsvinkler.
Samtale om vore umiddelbare mål med turen.
2. Læge Niels Mosbech: Om sit arbejde, om sygdom og sundhed mere generelt og om sundhedssektoren i BF.
3. Thyge om kulturen og livssynet i Burkina: Mangfoldigheden og dilemmaet.
4. Thyge om Om Sahel og udvikling.
5. Gennemgang af materiale – bøger, artikler, film, websites, musik...

Kortfilm: Dril mig igen (om fredstraditionen familiedrillerier). Smukke Kadi (om helbreder/svindler).

Pris: Kr. 15.500

I rejsens pris er indeholdt: Fly København – Ouagadougou på turistklasse

Alle kendte danske og udenlandske skatter og afgifter

Dansk rejseleder

se nærmere beskrivelse her : <http://www.etnomed.dk/>

17. – 18. marts, Paris

Psycho social and transcultural clinical aspects of children and adolescents in Europe : 2nd European conference

Centre Minkowska

The generalisation of the movement and spreading of individuals and families in Europe generates various problematics due to the multiplicity of cultural codes that are increasing.

The question of the children's future in the multicultural European context is an essential issue for tomorrow's society.

An interchange with the concerned institutions is required today (educational system, healthcare and judicial instances and solidarity networks) to establish an inventory and better evaluate different experiences.

In the frame of common rights that guarantees access to qualified health care for all, under the (light) of public health, the staff of the centre Minkowska sign in under a pluri-disciplinarian mode of intervention. They are, among others confronted to the articulation of language and culture in the identitarian construction of the individual.

As a continuation of the Centre Minkowska history, we would like to make of this second congress a place of exchanges at a time when the European construction is taking place with at stake the integration of otherness and differences.

The title of the congress rolls out this problematic:

- "Clinique" means in the grecq etymology "to be at the bed of" refers to the medical tradition and deontology declining all of the range from prevention to health care.
- "Psycho-social" the individual inscribed in a social context, interactions and exchanges is taken in consideration as well as the collectivity on witch he depends. Different movements acknowledge this conjunction between the clinical, psychological, anthropological fields with methods and technical approaches specific to different theories and to the views of the therapists (psychoanalysts, systemic and cognitive approaches), as well as the intervention from the social fields (social service and educational service)
- "Transculturality" meaning that the individual is concerned by more than just one culture, as he comes and goes between different positions and different choices. The problems attached to the frontiers between two languages, the variability of the meaning and the use of a language for another is what are at stake in multi linguism.
- All children develop in his way, his approach to language and culture. This car concern the infant in his attachment to his mother. Communication disorder may also concern the mother. The disfonctionning of family dynamics have consequences on the adolescent who can get trapped in organizing his own identity obliating his social and cultural environment. These concerns have been brought up in many European institutions. The symbolic meaning of childhood, adolescent status varies across societies and cultures.

The lightening by psychoanalytic and anthropology has been proven necessary. The centre Minkowska is proposing and inter-disciplinary exchange to confront different experiences at an anthropological, clinical, sociological and legal level. We bring together for that purpose, psychoanalysts psychologists, sociologists anthropologist's, philosophers, social workers, teachers, doctors, paediatricians, childpsychiatrists, and psychiatrists.

Themes

- Current trajectory of children and adolescents in the European zone
- Ethical and legal aspects.
- Cultural and social identity
- Youth in Europe : protection and prevention
- Family et transmission

- Clinical and psycho-anthropological aspects
- Stakes and scholastic succes
- Socialization and schooling
- New figures in psychopathology
- Ethical aspects of citizenship

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Traduction simultanée anglais/français

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mere information : http://www.minkowska.com/eng/article.php3?id_article=37

2. april – 17. april, Kerala i Sydindien

Ayurvedisk medicin

Dansk Etnomedicinsk Selskab

Formål og indhold

Hvorfor Ayurveda - en gammel bevægelse i en ny tid? Dansk EtnoMedicinsk Selskab (DEMS) afholder for anden gang kursus om Ayurveda. Kurset deler sig i en teoretisk del og en rejsedel. Formålet er at øge kendskabet til Ayurvedisk medicin og se egen og andres lægegerning i en kulturel sammenhæng.

Undervisningsdel 1: Gennem forelæsninger vil det tanke-system, der ligger bag Ayurveda, blive præsenteret. Der vil både blive tale om en gennemgang af det filosofiske tanke-system, der danner grundlag for helbredsforståelsen og en gennemgang af Ayurvedas grundlæggende principper. Det vil blive diskuteret, hvordan helbreds- og sundhedsopfattelse forandrer sig, og Ayurveda vil blive perspektiveret i forhold til Vesten.

Undervisningsdel 2: Denne undervisning foregår i Sydindien, Ayurvedaens stærkeste bastion. Her er sigtet med kursus at give en grundlæggende forståelse for de principper, der ligger bag Ayurveda, samt at deltage i patientbehandling. Dette gøres i nært samarbejde med læger fra lokale klinikker i form af gruppearbejde og forelæsninger.

Målgruppe. 15 læger fra alle søjler.

Form. Kursusindhold deler sig i en teoretisk del og en rejsedel.

Kursusledelse. Grete Frost.

Undervisere. Dr C.A. Raman, Chief Physician; Dr R. Sreelatha; Dr R. Hareendran Nair; Dr B. Sreedevi; Dr Anil Kumar og mag. scient Caspar Sutton.

Kursusafgift. 21.850 kr.

Kursussekretær. Caspar Sutton.

Tilmelding. Senest fredag den 31. januar 2005. E-post. mail@etnomed.dk

2. - 6. april 2005, München

European psychiatry : the interface between biological and social factors, 13th AEP congress

Association of European Psychiatrists

Der er planlagt en workshop om transkulturel psykiatri.

Mere information her : http://www.aep-munich.de/pages/scientific_program.htm

18. – 21. juni 2005, Stockholm

European conference on traumatic stress, 9th

Swedish National Association for Mental Health

mere information her : <http://www1.stocon.se/ecots2005/9/12734.asp>