

Information om Transkulturel Psykiatri, april 2010

NYHEDER OG DEBAT

Nyt projekt sætter fokus på etniske minoriteters sundhed

Center for Folkesundheds hjemmeside (Region Midtjylland) 14. april 2010

Fem kommuner har sammen med Center for Folkesundhed i Region Midtjylland fået 4,3 mio. kr. fra Forebyggelsesfonden til bedre sundhed og trivsel for etniske minoritetsborgere.

Århus, Randers, Horsens, Holstebro og Herning kommuner afholder i dag det første møde sammen med Center for Folkesundhed. På dagsordenen står et nyt projekt, der skal fremme etniske minoriteters sundhed og trivsel. Borgere med tyrkisk, arabisk eller somalisk baggrund har nemlig et dårligere selv vurderet helbred og har eksempelvis oftere diabetes og psykiske sygdomme end den øvrige del af befolkning. Det er et problem for såvel den enkeltes livskvalitet som kommunens og regionens sundhedsudgifter.

Læs mere her: <http://www.centerforfolkesundhed.dk/aktuelt/visnyhed>

Overlægen skulle holde kæft og skrive sin erklæring

Informations netavis 14. april 2010 / Anton Geist

Integrationsministeriet havde ikke noget lægefagligt at udsætte på Søren Juul-Nielsens psykiatriske undersøgelse af en asylansøger med torturtraumer. Men overlægen udtalte sig kritisk til pressen om ministeriet. Og så blev hans erklæring kasseret. Sådan har praksis længe været, og med de nye stramninger af udlændingeloven bliver det nu endnu lettere at tilsidesætte lægeerklæringer.

Ingen havde nogensinde før sået tvivl om en lægeerklæring udfærdiget af Søren Juul-Nielsen, overlæge ved Psykiatrisk Hospital Risskov og en autoritet inden for sit felt. Men den 15. oktober 2008 kasserede ministeriet en erklæring, som den erfarne speciallæge havde skrevet efter at have undersøgt en serbisk asylansøger, der anmodede om humanitær opholdstilladelse. Ikke fordi ministeriet havde noget lægefagligt at udsætte på selve erklæringen. Men fordi Søren Juul-Nielsen havde udtalt sig kritisk om sagen til pressen.

læs hele artiklen her:

http://www.information.dk/229921?utm_source=newsletter&utm_medium=email&utm_campaign=Dagens%20vigtigste%20nyheder%20fra%20Information.dk

FRA FOLKETINGET

Om torturofre

Spørgsmål:

"I TV-udsendelsen »Debatten« på DR2 torsdag den 18. marts 2010 udtalte Naser Khader (K), at »Jeg mener, at det er vigtigt, at vi undtager dem, der har været udsat for meget hård tortur. Dem der slet ikke kan noget, selvfølgelig skal de undtages« og Karsten Lauritzen (V) udtalte, at »Der er tale om torturofre, de er beskyttet af internationale konventioner«, er disse løfter om undtagelser for torturofre efter ministerens mening udmøntet i aftalen, og i bekræftende fald hvor?"

Svar:

I bilag 1 til aftalen af 15. marts 2010 mellem regeringen og Dansk Folkeparti om nye regler for at få permanent opholdstilladelse og serviceeftersyn af udlændinge- og integrationspolitikken er det anført, at hensynet til Danmarks internationale forpligtelser, særligt handicapkonventionen, kan medføre undtagelser fra et eller flere krav.

Besvarelse af spørgsmål nr. S 1840 stillet af folketingsmedlem Johanne Schmidt-Nielsen (EL) til ministeren for flygtninge, indvandrere og integration den 12. april 2010.

LITTERATUR

ARTIKLER FRA FAGLIGE TIDSSKRIFTER

Autism, ethnicity and maternal immigration

Keen, Daphne V.; Reid, F. D.; Arnone, D.

Background

A growing number of European studies, particularly from Nordic countries, suggest an increased frequency of autism in children of immigrant parents. In contrast, North American studies tend to conclude that neither maternal ethnicity nor immigrant status are related to the rate of autism-spectrum disorders.

Aims

To examine the hypotheses that maternal ethnicity and/or immigration are linked to the rate of childhood autism-spectrum disorders.

Method

Retrospective case-note analysis of all 428 children diagnosed with autism-spectrum disorders presenting to the child development services in two centres during a 6-year period.

Results

Mothers born outside Europe had a significantly higher risk of having a child with an autism-spectrum disorder compared with those born in the UK, with the highest risk observed for the Caribbean group (relative risks (RRs) in the two centres: RR = 10.01, 95% CI 5.53–18.1 and RR = 8.89, 95% CI 5.08–15.5). Mothers of Black ethnicity had a significantly higher risk compared with White mothers (RR = 8.28, 95% CI 5.41–12.7 and RR = 3.84, 95% CI 2.93–5.02). Analysis of ethnicity and immigration factors together suggests the increased risk is predominately related to immigration.

Conclusions

Maternal immigration is associated with substantial increased risk of autism-spectrum disorders with differential risk according to different region of birth and possibly ethnicity.

British journal of psychiatry 196(4), 274.291, 2010

Beck Cognitive Insight Scale (BCIS) : translation and validation of the Taiwanese version

Kao, Yu-Chen; Liu, Yia-Ping

Background

Over the last few decades, research concerning the insight of patients with schizophrenia and its relationships with other clinical variables has been given much attention in the clinical setting. Since that time, a series of instruments assessing insight have been developed. The purpose of this study was to examine the reliability and validity of the Taiwanese version of the Beck Cognitive Insight Scale (BCIS). The BCIS is a self-administered instrument designed to evaluate cognitive processes that involves reevaluating patients' anomalous experiences and specific misinterpretations.

Methods

The English language version of the BCIS was translated into Taiwanese for use in this study. A total of 180 subjects with and without psychosis completed the Taiwanese version of the BCIS and additional evaluations to assess researcher-rated insight scales and psychopathology. Psychometric properties (factor structures and various types of reliability and validity) were assessed for this translated questionnaire.

Results

Overall, the Taiwanese version of the BCIS showed good reliability and stability over time. This translated scale comprised a two-factor solution corresponding to reflective attitude and certain attitude subscales. Following the validation of the internal structure of the scale, we obtained an R-C (reflective attitude minus certain attitude) index of the translated BCIS, representing the measurement of cognitive insight by subtracting the score of the certain attitude subscale from that of the reflective attitude subscale. As predicted, the differences in mean reflective attitude, certain attitude and R-C index between subjects with and without psychosis were significant. Our data also demonstrated that psychotic patients were significantly less reflective, more confident in their beliefs, and had less cognitive insight compared with nonpsychotic control groups.

Conclusion

In light of these findings, we believe that the Taiwanese version of BCIS is a valid and reliable instrument for the assessment of cognitive insight in psychotic patients.

BMC psychiatry 10(27), 40 pp, 2010

download artiklen herfra: <http://www.biomedcentral.com/1471-244X/10/27>

Body dissatisfaction across cultures : findings and research problems

Holmqvist, Kristina; Frisé, Ann

This review had two aims. The first aim was to describe the existing literature regarding body dissatisfaction across cultures. Previous studies were organized and presented according to three general patterns found in the existing literature, patterns that were to some extent based on the differing degrees of affluence and type of lifestyles in the cultures examined. The review's second aim was to illuminate some of the specific problems that studies of body dissatisfaction across cultures deal with and to provide suggestions for improvement. The suggestions concern how future research may achieve a more inclusive and detailed picture of body dissatisfaction across cultures, for instance by using diversified measurements, providing detailed information about the cultural groups that are examined, investigating how different risk factors may influence the level of body dissatisfaction in different cultures and widening the research geographically. Subject terms: body image - cross-cultural studies - sociocultural factors - literature reviews - cultural values - social aspects

European eating disorders review 18(2), 133-146, 2010

The burden of spousal caregiving: a preliminary psychometric evaluation of the German version of the Zarit Burden Interview

Braun, Melanie; Scholz, Urte; Hornung, Rainer; Martin, Mike

Objectives

Despite a rapid increase in studies dealing with dementia caregivers in Europe, a valid German version of the most widely used measurement of caregiver burden (Zarit Burden Interview) has not yet been published. The purpose of this study is to evaluate the psychometric properties of the German Zarit Burden Interview (G-ZBI).

Method

Twenty-eight community-dwelling older couples with the husband suffering from dementia and the wife being the primary caregiver participated in this study. The G-ZBI and related constructs were assessed in order to test for reliability and construct validity.

Results

The G-ZBI revealed psychometric properties comparable with those of the original instrument and empirically validated translations. Results demonstrated high internal consistency (Cronbach's 0.92) and good validity due to strong correlations with caregiver life satisfaction and depression, as well as patients' dependency, neuropsychiatric symptoms, and dementia severity.

Conclusion

The psychometric qualities of the G-ZBI indicate that it is both a reliable and valid instrument to assess caregiver burden and to detect highly stressed individuals.

Keywords: burden; dementia caregiving; psychometric evaluation; Zarit Burden Interview; validity

Aging and mental health 14(2), 159-167, 2010

Coercive therapy in East and West : a brief review

Firoozabadi, Ali; Bahredar, Mohammad Jafar

The physician-patient relationship has undergone significant changes in recent decades in Western countries. Taking a client-centered approach, society has given more autonomy and freedom to patients. The patient is regarded as a consumer who is looking for the best and most scientific approach and is free to choose among different methods of treatment. The role of the physician is only a guiding role. On the other hand, in Eastern countries, we still experience a parent-child relationship in therapeutic settings. Eastern patients expect direct advice from their physicians, and the family has an important role in decision-making. An approach which is considered coercive in Western countries could still be a useful and acceptable one in Eastern cultures. The main goal of the authors in this paper is to compare different attitudes towards this issue in Eastern and Western cultures..

Keywords: Cross-cultural comparison, Physician-patient Relation, Paternalism

Iranian journal of psychiatry 4(2), 44-45, 2009

Download artiklen her: http://journals.tums.ac.ir/upload_files/pdf/14227.pdf

Comparison of psychiatrists' views on classification of mental disorders in 4 East Asian countries / area

Yuriko Suzuki, Tomohisa Takahashi, Masanori Nagamine, Yizhuang Zou, Jiefeng Cui, Biao Han, Jong-Ik Park, Hai-Gwo Hwu, Chiao-Chicy Chen, Chao-Cheng Lin, Naotaka Shinfuku

Objective

Authors of this study collaborated with psychiatrists in East Asia to undertake the international survey with the following objectives: (1) to identify the psychiatric classification systems currently used in East Asia, (2) to describe the views of psychiatrists on the classificatory systems of mental disorders in Japan, Korea, China and Taiwan, (3) to analyze their similarities and differences among the four countries/area, and (4) to discuss factors which influence the usages of the classificatory systems in East Asia.

Method

Views of psychiatrists in four East Asian countries/area were collected by a minimum of 100 psychiatrists in each country/area using the same questionnaire. Psychiatrists from East Asian countries/area completed the questionnaire developed originally by a New Zealand psychiatrist and translated into Japanese, Korean and Chinese. The questionnaire was designed to determine the views of psychiatrists in the utilization, preference, and opinion about the current classificatory systems represented by the DSM and ICD.

Results

The study revealed variations in the utilization, preference and opinion for further revision of the DSM and the ICD classificatory systems in East Asia. Psychiatrists in China and Japan routinely use the ICD, while psychiatrists in Korea and Taiwan favor using the DSM. The majority of Asian psychiatrists expressed the view that it was sometimes difficult to apply the system transculturally.

Conclusions

Views on psychiatric classification in a country/area are strongly influenced by several factors including mental health service systems, psychiatric resources and historical background.

Keywords: Diagnosis; Classification; Cross-cultural psychiatry

Asian journal of psychiatry 3(1), 20-25, 2010

Compassionate listening - Managing psychological trauma in refugees

Gardiner Joanne; Walker, Kate

Background

The physical and psychosocial effects of trauma in refugees are wide ranging and long lasting. They can affect symptom presentation, the patient-doctor relationship and management of refugee victims of trauma.

Objective

This article discusses how refugees survivors of trauma may present to the general practitioner and gives an approach to psychological assessment and management.

Discussion

A strong therapeutic relationship built by patient led, sensitive assessment over time is the foundation to care. A management framework based on trauma recovery stages and adapted for general practice, is presented.

Australian family physician 39(4), 198-203, 2010

download artiklen her: <http://www.racgp.org.au/afp/201004/201004gardiner.pdf>

Cross-cultural evaluation of the autism detection in early childhood (ADEC) in Mexico

Hedley; Darren; Young, Robyn; Angelica, María; Gallegos, Juarez; Salazar, Carlos Marcin

A Spanish translation of the Autism Detection in Early Childhood (ADEC-SP) was administered to 115 children aged 15—73 months in Mexico. In Phase 1, children with Autistic Disorder (AD), a non-Pervasive Developmental Disorder (PDD) diagnosis or typical development were assessed with the ADEC-SP by a clinician blind to the child's diagnostic status. In Phase 2, a referred sample of children was assessed with the ADEC-SP, Childhood Autism Rating Scale (CARS), Autism Diagnostic Interview — Revised (ADI-R) and Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), and typically developing children were assessed with the ADEC-SP and CARS. Psychometric properties relating to validity and

reliability were addressed. Sensitivity and specificity levels for the ADEC-SP ranged from .79—.94 and .88—1.00 respectively. In a subgroup of toddlers aged 19 to 36 months the ADEC-SP correctly identified 17 of the 18 children with a diagnosis of a PDD, and no child without a PDD diagnosis was misdiagnosed. The ADEC-SP shows promise as a Level 2 screening instrument for use in Mexico.

Key Words: ADEC - Autism - Early Detection - Mexico - Screening
Autism, 14(2), 93-112, 2010

Dimensions of Delusional Experience Scale: a psychometric evaluation of a German version

Büche, Liesa; Gentner, Nana Christina; Kaiser, Stefan; von Bock, Anique; Grupe, Stefanie; Joest, Katharina; Barthel, Andreas; Vedder, Helmut; Mundt, Christoph; Kronmüller, Klaus-Thomas

Background

Delusional experience is a fundamental symptom of psychotic illness. Over recent years, a multidimensional perspective has become increasingly important regarding this phenomenon. Several instruments to measure different dimensions of delusions have been constructed. The aims of this study were to examine the reliability and validity of a German version of the Dimensions of Delusional Experience Scale (DDE).

Methods

Two hundred inpatients with a schizophrenic spectrum disorder or an affective disorder with delusions were examined with the DDE, the Positive and Negative Syndrome Scale (PANSS) and other rating scales for delusional experiences.

Results

The scale was found to have good reliability and excellent inter-rater reliability. The 2 factors, delusional involvement and delusional construct, found by Kendler et al. [Am J Psychiatry 1983;140:466–469] could be replicated. The convergent and differential validity of the scale was supported. Besides the content-related aspect 'bizarreness', the DDE mainly assesses cognitive aspects, emotional and behavioral aspects are not incorporated.

Conclusions

The results support the value of a multidimensional perspective of delusional experiences. The German version of the DDE is a reliable and valid assessment tool for different dimensions of delusions, and an economical instrument for research and clinical practice. Further research is needed to reveal the dimensional structure underlying delusional experience.

Key Words – Assessment – Interview – Multidimensional – Measurement - Delusions
Psychopathology 43(3), 189-196, 2010

Editorial

DSM, ICD, and psychiatric nosology : How do cultural and national differences factor in?

Tandon, Rajiv

Fra starten af lederen

The purpose of classifying medical disorders is to meaningfully differentiate between different medical conditions that cause human suffering. A useful nosological system enables clinicians to provide specific treatments for medical causes of human disease whose effects are precise and predictable, provides guidance to patients and families about the likely course and outcome of such suffering, enables researchers to better define the nature of the illness and elucidate its etiology and pathophysiology, and allows society to more rationally apportion its resources. The World Health Organization's International Classification of Diseases (ICD) and the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) are the two major nosological systems utilized around the world for the purpose of classifying psychiatric disorders. In this issue of the journal, Suzuki and co-workers describe a study in which they compared psychiatrists' views about these nosologic systems across four Asian countries. Their findings of differences in the relative use of ICD versus DSM across the four countries warrants scrutiny and their observation that a majority of Asian psychiatrists viewed both systems as posing difficulties in transcultural application demands attention.

Asian journal of psychiatry 3(1), 1-2, 2010

Globalization, economic factors and prevalence of psychiatric disorders

Gupta, Susham; Bhugra, Dinesh

With the process of globalization in full flow, the movement of people and products across the globe has brought a series of difficulties. With migration, the socioeconomic status of the individuals may change, with the likelihood that this status will be lower rather than higher—although, depending on the reasons for migration, this may change too. The literature shows that low socioeconomic status is associated with a higher level of psychiatric morbidity. Whether migration acts as a mediator needs further investigation. Various studies have shown that rates of psychosis are elevated in migrants although these rates are differentially increased in different groups, indicating that factors other than migration may be at play. We review the literature and link the acculturation and cultural identity with postmigration experiences.

International journal of mental health 38(3), 53-65, 2009

How to treat PTSD in patients with comorbid mood disorders

Dilsaver, Steven C.

Major depressive disorder (MDD) and bipolar spectrum disorders are associated with some symptoms of—and fully defined—posttraumatic stress disorder (PTSD). Many traumatic experiences can lead to this comorbidity, the most common being exposure to or witnessing combat for men and rape and sexual molestation for women.¹

Trauma has major prognostic and treatment implications for affectively ill patients, including those whose symptoms do not meet PTSD's full diagnostic criteria. This article aims to help clinicians by:

- presenting evidence characterizing the overlap between affective disorders and PTSD
- reviewing evidence that the bipolar spectrum may be broader than generally thought, an insight that affects PTSD treatment
- making a case for routine PTSD screening for all patients with affective illnesses
- recommending PTSD treatments tailored to the patient's comorbid affective disorder.

Current psychiatry 9(4), 2010

download artiklen her: http://www.currentpsychiatry.com/pdf/0904/0904CP_Article2.pdf

Leadership, decision-making and errors : cultural factors

Bhugra, Dinesh; Gupta, Susham

Fra starten af artiklen

As clinicians, we are used to making often fast and life-altering decisions. As professionals, the clinical decisions we make depend upon our training, knowledge base, supervision, expertise and experience. Sociodemographic factors such as age, gender, ethnicity and cultural background can also influence our views. However, rarely do we step back to think about the mental processes behind our decision-making. In cognitive-behavioural therapy and in our general dealings with patients, we aim to help them identify their cognitive schema and attribution errors as a way forward; but we rarely reflect on our own cognitive schema and possible misattribution in making decisions. Both patients and healthcare professionals are affected by cultural norms, mores and expectations.

International psychiatry 7(2), 27-29, 2010

download hele hæftet her: <http://www.rcpsych.ac.uk/pdf/IPv7n2.pdf>

Mental health among persons awaiting an asylum outcome in western countries

Ryan, Dermot A.; Kelly, Fiona E.; Kelly, Brendan D.

Asylum seekers are among the most marginalized and powerless groups in Western societies. Unlike persons with refugee status, asylum seekers live with the constant fear of deportation. They are generally denied access to work, private accommodation, education, and regular social welfare benefits. These harsh

postmigration living conditions place asylum seekers at risk for poor mental health. This article reviews the empirical literature on asylum seeker mental health from the last 20 years. It focuses on nondetained adults awaiting an asylum outcome in Western countries. Twenty-three studies reported data for 7,294 asylum seekers. Overall, reports of psychological distress levels and prevalence rates of mental disorder were very high. This risk for poor mental health can be reduced by appropriate changes to the asylum procedure and social policy.

International journal of mental health 38(3), 88-111, 2009

Mental health - cultural competence

Furler, John; Kokanovic, Renata

Background

Depression, and its associated anxiety, is very common in the community and frequently managed in general practice. Yet it remains a problematic concept. Differing views of depression influence both clinical practice and research.

Objective

This article discusses the way each patient's culture interacts with other important contexts of clinical practice to shape how depression is understood and managed.

Discussion

Cultural and linguistic diversity interacts with socioeconomic factors in determining the known prevalence of depression and anxiety. Detection of depression may be shaped by expectations and assumptions of both the general practitioner and patient. Language and communication barriers mean interpreters are critical to mental health care. Culturally sensitive care for depression requires a reflective approach based on a negotiated understanding of the patient's experiences and symptoms.

Australian family physician 39(4), 206-208, 2010

download artiklen her: <http://www.racgp.org.au/afp/201004/201004furler.pdf>

Mental health of migrant children

Chan, Emily Y. Y.; Mercer, Stewart W.; Yue, Cai; Wong, Samuel; Griffiths, Sian M.

Migration is a complex social process that subjects children to physical and social stressors and may result in mental health problems. This paper explores the current understanding on how migration, in terms of the premigration experience, migration process, and postmigration, impacts on children's mental health. A literature search was conducted for articles published in the English language within Medline, PUBMED, Eldis, and Google since 1990. Results indicate that previous studies have (a) highlighted the challenges of defining mental health in children and in different cultural groups, (b) reported the barriers toward access to health care for adults and children with mental health problems, and (c) reported the risk of mental health problems for certain migrant subgroups (e.g., war/conflict victims). Limited information is available on how premigration experience and the migration process affects children's mental health. Most studies on children migration experiences have been conducted in Western countries despite migration being very common elsewhere (e.g., China). More research is required in this area and, in particular, into effective interventions that may influence mental health outcomes in migrant children.

International journal of mental health 38(3), 53-65, 2009

Psychometric properties of the WHOQOL-BREF in an Iranian adult sample

Yousefy, A. R.; Ghassemi, Gh. R.; Sarrafzadegan, N.; Mallik, S.; Baghaei, A. M.; Rabiei, K.

To evaluate discriminant validity, reliability, internal consistency, and dimensional structure of the World Health Organization Quality of Life-BREF (WHOQOL-BREF) in a heterogeneous Iranian population. A clustered randomized sample of 2,956 healthy with 2,936 unhealthy rural and urban inhabitants aged 30 and above from two dissimilar Iranian provinces during 2006 completed the Persian version of the WHOQOL-BREF. We performed descriptive and analytical analysis including *t*-student, correlation matrix, Cronbach's Alpha, and factor analysis with principal components method and Varimax rotation with SPSS.15. The mean age of the participants was 42.2 ± 12.1 years and the mean years of education was 9.3 ± 3.8. The Iranian

version of the WHOQOL-BREF domain scores demonstrated good internal consistency, criterion validity, and discriminant validity. The physical health domain contributed most in overall quality of life, while the environment domain made the least contribution. Factor analysis provided evidence for construct validity for four-factor model of the instrument. The scores of all domains discriminated between healthy persons and the patients. The WHOQOL-BREF has adequate psychometric properties and is, therefore, an adequate measure for assessing quality of life at the domain level in an adult Iranian population.

Keywords Reliability - Construct validity - Internal consistency - Discriminant validity - WHOQOL-BREF
Community mental health journal 46(2), 139-147, 2010

Racial and ethnic disparities in use of psychotherapy : evidence from U.S. National Survey Data

Chen, Jie; Riz, John

Objective

This study investigated racial and ethnic disparities in psychotherapy use and expenditures in the United States and identified important factors associated with these disparities.

Methods

Using the Medical Expenditure Panel Survey from 1996 to 2006, the investigators performed bivariate and multivariable analyses to estimate racial and ethnic disparities in the probability of receiving any psychotherapy, total psychotherapy expenditures, and out-of-pocket-payment share for 7,376 patients with depressive or anxiety disorders. Blinder-Oaxaca decomposition techniques were used to identify the most important factors associated with these disparities.

Results

Caucasians were more likely to use psychotherapy than Latinos (57% versus 52%, $p < .001$), but there was no significant difference between Caucasians and African Americans in the probability of receiving any psychotherapy. Caucasians self-paid 29% of the total cost for each visit, significantly higher than the shares paid by Latinos (19%) and African Americans (14%). Racial-ethnic differences in the propensity to utilize psychotherapy vanished in multivariable regression, but Caucasians still paid a significantly higher out-of-pocket share than others. English proficiency was the most important factor associated with racial-ethnic disparities in psychotherapy use. The extensive Medicaid coverage among Latinos and African Americans was the main reason for their lower out-of-pocket payment for psychotherapy compared with Caucasians.

Conclusions

This study found little evidence of racial and ethnic disparities in access to psychotherapy services. Health care reforms affecting mental health coverage under Medicaid would significantly affect psychotherapy expenditure and use among Latinos and African Americans.

Psychiatric services 61(4), 364-372, 2010

Retention in depression treatment among ethnic and racial minority groups in the United States

Fortuna, Lisa R.; Margarita Alegria; Gao, Shan

Background

Premature discontinuation of psychiatric treatment among ethnic-racial minorities is a persistent concern. Previous research on identifying factors associated with ethnic-racial disparities in depression treatment has been limited by the scarcity of national samples with adequate representation of minority groups and especially non-English speakers. In this article, we aim to identify variations in the likelihood of retention in depression treatment among ethnic-racial minority groups in the United States as compared to non-Latino whites. Second, we aim to identify the factors that are related to treatment retention.

Methods

We use data from the Collaborative Psychiatric Epidemiology Surveys to examine differences and correlates of depression treatment retention among a representative sample ($n=564$) of non-Latino whites, Latinos, African-American, and Asian respondents with last 12-month depressive disorder and who report receiving formal mental health treatment in the last year. We define retention as attending at least four visits or remaining in treatment during a 12-month period.

Results

Being seen by a mental health specialist as opposed to being seen by a generalist and having received medication are correlates of treatment retention for the entire sample. However, after adjusting for demographics, clinical factors including number of co-occurring psychiatric disorders and level of disability, African-Americans are significantly less likely to be retained in depression treatment as compared to non-Latino whites.

Conclusions

Availability of specialized mental health services or comparable treatment within primary care could improve treatment retention. Low retention suggests persistent problems in the delivery of depression treatment for African-Americans

Depression and anxiety 27(5), 485-494, 2010

Stigma and depression treatment utilization among Latinos : utility of 4 stigma measures

Interian, Alejandro; Ang, Alfonso; Gara, Michael A.; Link, Bruce G.; Rodriguez, Michael A.; Vega, William A.

Objectives

Stigma associated with mental illness is an important yet understudied issue among Latinos. This study examined the psychometric properties of four stigma measures with a sample of Spanish-speaking Latino primary care patients. The study evaluated the scale for Perceived Discrimination Devaluation (PDD), the Stigma Concerns About Mental Health Care (SCMHC) scale, the Latino Scale for Antidepressant Stigma (LSAS), and the Social Distance (SD) scale.

Methods

Participants (N=200) were low-income Latinos who were screened for depression with the Patient Health Questionnaire (PHQ-2) and asked about their depression treatment history, and they completed the four stigma measures at two time points (25 and 30 months from baseline). The four stigma measures were examined for internal consistency, convergent validity, construct validity, and criterion-related validity.

Results

The factor-analytic results generally provided support for the construct validity of the measures. The four stigma measures also demonstrated internal consistency between two time points. Patients who reported greater social distance from individuals with depression were more likely to have been receiving treatment for emotional care in the past three months (odds ratio [OR]=.70, $p<.05$). Also, Latinos who scored high on the SCMHC (OR=.64, $p<.05$) and LSAS (OR=.77, $p<.05$) were less likely to have been taking antidepressant medications.

Conclusions

The SCMHC, LSAS, and SD scales received support for their reliability and construct validity. Results also showed some support for their criterion-related validity. A more mixed picture emerged for the PDD. Stigma ratings were associated with depression treatment utilization. Stigma ratings changed over time and were associated with treatment experiences.

Psychiatric services 61(4), 373-379 + appendix (5 pp), 2010

Systematic review of treatments for post-traumatic stress disorder among refugees and asylum-seekers

Crumlish, Niall; O'Rourke, Killian

Recent years have seen a consensus emerge on the treatment of post-traumatic stress disorder (PTSD) in the general population. No such consensus exists for refugees, although the rate of PTSD among refugees is 10 times that of the general population. We conducted a systematic review of randomized controlled trial of treatment of PTSD among refugees and asylum-seekers. We rated trials with a risk of bias table and drew conclusions about the evidence for individual therapies. Ten randomized, controlled trials ($n = 528$) met our search criteria. Trials were small, and allocation concealment and blinding were inadequate. No treatment was firmly supported, but there was evidence for narrative exposure therapy and cognitive-behavioral therapy. Future trials should evaluate interventions that are developed within refugees' cultures, based on a local understanding of trauma and psychological distress.

Journal of nervous and mental disease 198(4), 237-251, 2010

Treatment of post traumatic stress disorders: part 2: non-pharmacological treatments

Roman, Marian W.

Fra starten af artiklen

A rich compendium of evidence supports the use of nonpharmacologic treatments for anxiety disorders in general, and posttraumatic stress disorder (PTSD), specifically. The Cochrane Database Reviews_R and other review articles vary in their criteria for inclusion, and individual studies vary in their selected populations, and implementation of interventions (i.e., time since traumatic event, duration of interventions, outcome measures and fidelity). Nevertheless, when taken as a whole, some common findings emerge.

Issues in mental health nursing 31(5), 370–372, 2010

Use of translated versions of the MMSE with South Asian elderly patients in the UK

Tabassum, Rashda; Jawed, Syed Hasan

Fra starten af artiklen

The elderly population is increasing all over the world, a trend expected to continue well into the next century, particularly in low-income countries (Levkoff et al, 1995). There is an established association between increasing age and cognitive decline (Fillenbaum, 1984) and dementias are common in this age group.

Many South Asian people migrated to the UK in the 1950s and 1960s, mainly as young adults, to meet the demands of a growing labour market. Initially, therefore, older people constituted a relatively small proportion of the UK's South Asian population. However, this proportion is now expected to grow (Rait et al, 1996).

International psychiatry 7(2), 45-47, 2010

download hele hæftet her: <http://www.rcpsych.ac.uk/pdf/IPv7n2.pdf>

Using interpreters - a guide for GPs

Phillips, Christine

Background

Australia is one of the most multilingual countries in the world. In their working lives, all doctors will need to communicate with patients whose languages they do not speak.

Objective

To outline Australia's system for providing interpreters for medical consultations, and to discuss optimal ways of working with these interpreters.

Discussion

Australia has the world's largest free telephone interpreter service for doctors. All general practitioners claiming Medicare consultations can contact this service, quote a doctor code or Medicare provider number, and generally receive an interpreter within 3 minutes. Onsite interpreters can be booked if required. State and territory health services can also provide onsite and telephone interpreters. Despite this, interpreters are underused in Australia. Practices can improve their uptake of interpreters by establishing routine systems to contact interpreters when needed; however nation wide measures are also needed, including education and providing incentives through the Medicare fee structure. Decisions about when to contact an interpreter will be determined by patient or doctor request, the nature of the illness, and/or the subject of the consultation. The quality of interpreted consultations can be improved if the GP speaks slowly and speaks to the patient, not the interpreter; allows time for the interpreter to interpret the elements of the consultation to the patient; and remains in charge of the consultation. Information in many languages is now widely available on the internet, and can be a useful supplement to the interpreted consultation.

Australian family physician 39(4), 188-195, 2010

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