

## Information om Transkulturel Psykiatri, august 2008

### NYHEDER

#### Asylbarna sliter psykisk

Halden Dagblads hjemmeside 12. august / Iselin Stalheim Møller og Kristina T. Storeng

Mange barn på asylmottak har psykiske problemer, viser ny undersøkelse.

Ved utgangen av juni bodde det 2.445 barn i norske asylmottak. Sosialantropolog Hilde Lidén ved Institutt for samfunnsforskning har studert asylbarnas hverdag.

– Så å si alle mottakene jeg har vært i kontakt med har barn med psykiske lidelser, sier Lidén til Dagsavisen. Usikkerhet, frykt, trangbodhet og frustrerte foreldre preger barnas liv i mottakene. Halvparten av de 52 mottakene Lidén har studert har henvist barn til barne- og ungdomspsykiatrien. Fem mottak hadde barn som var innlagt på psykiatrisk sykehus.

læs artiklen her : <http://www.haldendagblad.no/article3714248.ece>

#### Asylbørn bliver syge af mange flytninger

Berlingske Tidendes netavis 21. august 2008 / Af Søs Lykke Sloth og Elisabeth Arnsdorf Haslund,

Det er ikke kun den lange opholdstid i de danske asylcentre, der gør asylbørn psykisk syge. De mange flytninger mellem centrene forværrer børnenes i forvejen skrøbelige helbred.

Asylbørn i Danmark har oplevet at få et markant dårligere psykisk helbred som følge af de mange flytninger mellem forskellige asylcentre.

Det viser den største rapport af børnene på de danske asylcentre nogensinde fra Institut for

Folkesundhedsvidenskab på Københavns Universitet, der har undersøgt 246 børn mellem 4 og 16 år.

læs artiklen her <http://www.berlingske.dk/article/20080821/danmark/708210035/>

#### Asylsøkere fikk ikke behandling

smaalenene.no 7. august 2008 / av Kristin W. Hansen

En lege sendte ifølge Helsetilsynet i Østfold beboere tilbake til Hobøl mottak uten grundig undersøkelse, selv om det var blitt fremsatt drapstrusler.

En asylsøker som har truet mange på livet, skal ikke ha blitt grundig undersøkt av en psykiatri-overlege. Nå er overlegen klaget inn for Statens Helsetilsyn, skriver NRK Østfold på sine nettsider.

Den ene pasienten overlegen sendte tilbake, hadde forsøkt å kvele en annen beboer ved mottaket og kommet med drapstrusler både mot voksne og barn.

læs den lille artikel her : <http://www.smaalenene.no/nyheter/article3705852.ece>

#### Australian story : the waiting room

ABC TV's award winning program, Australia Story, recently highlighted the ongoing failure of Australia's mental health system through the story of the tragic murder of Dr Khulod Maarouf-Hassan. Originally from Syria, Dr Maarouf-Hassan, was killed in her Melbourne surgery by Sudanese refugee, Samuel Benjamin. Mr Benjamin was later found not guilty by reason of mental illness, more specifically a psychotic delusion that the whole medical profession was trying to harm him. The program explains how Mr Benjamin had apparently sought help on several occasions leading up to the fatal death of his doctor. However, his cries for help were repeatedly ignored and his mental health worsened. Medical colleagues speak out about the warning signs they say were ignored. And members of the Sudanese community, and relatives of Samuel Benjamin, trace his tragic path to the surgery.

Se programmet her : <http://www.abc.net.au/austory/specials/waitingroom/default.htm>

**Multicultural Mental Health Australia : E-bulletin august 2008**

#### Evaluering af Dansk Flygtningehjælps arbejde med traumatiserede flygtninge

Als Researchs hjemmeside

Projektperiode: september 2008 - januar 2008

Opdragsgiver: Dansk Flygtningehjælp - Frivilligafdelingen

Als Research ApS evaluerer for Dansk Flygtningehjælp det frivillige arbejde med traumatiserede flygtninge der udføres for en række behandlingsinstitutioner rundt om i landet.

#### Helsehjælp til papirløse innvandrere

L. Johannessen

Papirløse innvandreres rett til helsehjelp må klargjøres.

Mange papirløse innvandrere lever under uverdige forhold og sliter med sykdom, psykiske problemer, ensomhet og angst. Men det er uklart hva slags ytelser helsetjenesten kan og skal gi til personer som oppholder seg ulovlig i landet.

Det må etableres praktiske ordninger slik at man kan sørge for at denne gruppen kan få relevant helsehjelp og medisiner, skriver Legeforeningen i et policynotat som har utgangspunkt i foreningens statusrapport om helsetjenester til ikke-vestlige innvandrere. I dag har personer uten papirer ikke rett på helsetjenester utover akutt behandling. I praksis betyr dette for eksempel at gravide ikke har rett til undersøkelser, og at barn ikke har rett til å oppsøke helsesøster. En rekke tiltak bør settes i verk for å sikre at også papirløse innvandrere får helsehjelp.

**Tidsskrift for Den norske legeforening 128(15), 1698, 2008**

læs mere her : [http://www.tidsskriftet.no/index.php?seks\\_id=1717595#note1](http://www.tidsskriftet.no/index.php?seks_id=1717595#note1)

## I Australia skal asylansøgere ikke lenger bo i centre

### New directions in detention

Refugee support groups have welcomed the Rudd Government's new reforms to Australia's immigration detention system. Minister for Immigration and Citizenship, Senator Chris Evans, said that under Labor's reforms, detention in immigration detention centres will only be used as a last resort and for the shortest practicable time. While those who do not pose a danger to the community will be able to remain in the community while their visa status is resolved, Senator Evans said that mandatory detention will remain for three groups of people such as unauthorised arrivals, unlawful non-citizens who present unacceptable risks to the community and people who have repeatedly refused to comply with their visa conditions. Under the reforms, children and where possible their families, will not be detained in detention centres. "Once in detention, a detainee's case will be reviewed every three months to ensure that the further detention of the individual is justified," Senator Evans said. Since September 1992, anyone who had arrived in Australia without proper travel documents - including those seeking asylum - were immediately detained until they were granted either a visa or deported.

**Multicultural Mental Health Australia : E-bulletin august 2008**

## Pilotprosjekt om psykisk helseproblematikk blant innvandrere

Mental helse 27. august 2008 / Kirsten Paasche

Mental Helse Sør-Trøndelag (MHST) har i samarbeid med KIM-senteret startet et pilotprosjekt om innvandreres psykiske helse. Medarbeider på Kim-senteret og student ved NTNU, Ota Ogie fra Nigeria er prosjektleder i tett samarbeid med Dagfinn Bjørgen, nestleder i MHST.

læs artiklen her : <http://www.mentalhelse.no/?module=Articles;action=Article.publicShow;ID=10922>

## Psykisk syke asylsøkere glipper

NRKs hjemmeside 20. august 2008 / Anders Engen Sanden

Asylsøkere som sliter psykisk risikerer å ikke få den hjelpen de har behov for.

Det frykter lege Reidun Brunvatne, som har jobbet med asylsøkere som lider av angst, utrygghet og ensomhet i nærmere 15 år.

I dag er det slik at asylsøkerne selv som kontakter helsetjenesten dersom de føler at de ikke har det bra. Dette er et system som Brunvatne mener ikke fungerer.

- For de som tørr går det nok greit. Men for de som ikke er så frempå og som ikke er så vant til å snakke om følelser fungerer det ikke så bra. Det som trengs er samtaler, en hånd å holde i og en venn, og det er det lite av i dag, forklarer Brunvatne.

læs artiklen her : <http://www.nrk.no/nyheter/distrikt/ostfold/1.6184145>

## Sjekk asylsøkernes mentale helse

adessa.no 5. august 2008

Åtte leger - som alle har erfaring med å være asylsøker - ber helsemyndighetene kartlegge sammenhengen mellom asylsøkernes tilværelse i Norge og deres mentale helse.

Lege Rabia Khan har gjennomført en forundersøkelse om sammenhengen mellom menneskerettigheter og psykisk helse blant 16 asylsøkere. 13 av dem mener mottakssituasjonen har bidratt til deres psykiske problemer.

Halvparten har fått oppholdstillatelse. Resten har fått endelig avslag fra utlendingsmyndighetene, eller de venter på svar. Felles for dem alle er at de er leger som alle føler eller har følt asyltilværelsen på kroppen. En tilværelse de mener fører til unødvendig lidelse og belastninger, og som de ber Statens helsetilsyn og helseminister Bjarne Håkon Hanssen ta tak i.

læs artiklen her : <http://www.adressa.no/forbruker/helse/article1127797.ece>

## LITTERATUR

### ARTIKLER FRA FAGLIGE TIDSSKRIFTER

#### Cross-cultural psychiatric residency training : the Oregon experience

Boehnlein, James K.; Leung, Paul K.; Kinzie, John David

##### Abstract

##### Objective

The purpose of this article is to describe the goals and structure of cross-cultural psychiatric training at Oregon Health and Science University (OHSU). This training in core knowledge, skills, and attitudes of cultural psychiatry over the past three decades has included medical students, residents, and fellows, along with allied mental health personnel. The curriculum includes both didactic sessions devoted to core topics in the field and varied clinical experiences in community settings and the Intercultural Psychiatric Program under the supervision of experienced academic faculty.

##### Methods

The authors review the central elements of the training experiences and include a detailed description of the core clinical settings and experiences.

##### Results

At the conclusion of their clinical experiences, trainees have specialized cross-cultural psychiatric knowledge and skills, including treatment of refugees and immigrants, sociocultural variables that influence the assessment and treatment of a wide range of psychiatric conditions, and comfort with cultural dynamics that influence both the doctor/patient relationship and collaboration with a wide range of mental health professionals.

##### Conclusion

Because of rapid demographic changes in the U.S. population, providing cross-cultural training for students, residents, and fellows is an essential foundation for the education of the next generation of clinicians and health care leaders. OHSU has provided a long-term model for this training in a busy clinical and academic setting that places an emphasis on multidisciplinary and multicultural collaboration.

**Academic psychiatry 32(4), 299-305, 2008**

#### Diversity initiatives in academic psychiatry : applying cultural competence

Lim, Russell F.; Luo, John S., Suo, Shannon; Hales, Robert E.

##### Abstract

##### Objective

This article describes the process of change in an academic department of psychiatry that has led to the development of a diversity initiative in teaching, research, recruitment, and services.

##### Methods

The authors performed a literature review of diversity initiatives using PubMed. The authors then wrote a case study of the development of a diversity initiative at UC Davis.

##### Results

Some articles on diversity initiatives were found, but none that detailed the administrative process, funding, or sustainability of such initiatives. In 1999, the UC Davis Department of Psychiatry and Behavioral Sciences recognized the importance of issues of diversity and established the Diversity Advisory Committee, a group of department faculty and residents that explores and addresses the diversity needs of the department. In our observations, there are at least three requirements for a successful diversity initiative: a diverse patient population, a "critical mass" of interested faculty, and support of the administration. With these three factors in place, the Diversity Advisory Committee produced four Continuing Medical Education symposia focused on diversity topics, developed a 4-year cultural psychiatry curriculum and a 4-year religion and spirituality curriculum within the residency, and supported nine residents who received awards from the APA's Minority Fellowships in 8 years. Future plans include department-wide and medical school faculty-wide diversity training, educational research, and a postgraduate fellowship in cultural psychiatry.

##### Conclusion

This article shows that a diversity initiative can be undertaken with interested minority and nonminority faculty, administrative support, and a diverse patient population. The authors hope this article will provide assistance to other academic departments in developing diversity initiatives.

**Academic psychiatry 32(4), 283-290, 2008**

#### Ethnicity and quality of antipsychotic prescribing among in-patients in south London

Connolly, Anne; Taylor, David

### Summary

Ethnicity may influence treatment decisions in mental disorders. We undertook a survey of the prescribing of antipsychotics for in-patients in three south London mental health trusts. A total of 255 patients (152 White, 103 Black) were included. Median dose of antipsychotic (% of licensed dose) was 58.3% for White and 50.0% for Black patients (adjusted effect size=0.14, 95% CI -0.34 to 0.63). High-dose antipsychotics were prescribed to 15.1% of White and 11.7% of Black patients (adjusted odds ratio (OR)=0.5, 95% CI 0.19–1.33), and antipsychotic polypharmacy was recorded for 25.7% and 31.1% respectively (adjusted OR=3.05, 95% CI 1.44–6.46). Prescribing quality was similar for Black and White patients.

**British journal of psychiatry 193(2), 161.162, 2008**

## Heritability of borderline personality disorder features is similar across three countries

Distel, M. A.; Trull, T. J.; Derom, C. A.; Thiery E. W.; Grimmer, M. A.; Martin, N. G.; Willemsen, G.; Boomsma, D. I.

### Summary

#### Background

Most of our knowledge about borderline personality disorder features has been obtained through the study of clinical samples. Although these studies are important in their own right, they are limited in their ability to address certain important epidemiological and aetiological questions such as the degree to which there is a genetic influence on the manifestation of borderline personality disorder features. Though family history studies of borderline personality disorder indicate genetic influences, there have been very few twin studies and the degree of genetic influence on borderline personality disorder remains unclear.

#### Method

Data were drawn from twin samples from The Netherlands (n=3918), Belgium (n=904) and Australia (n=674). In total, data were available on 5496 twins between the ages of 18 and 86 years from 3644 families who participated in the study by completion of a mailed self-report questionnaire on borderline personality disorder features.

#### Results

In all countries, females scored higher than males and there was a general tendency for younger adults to endorse more borderline personality disorder features than older adults. Model-fitting results showed that additive genetic influences explain 42% of the variation in borderline personality disorder features in both men and women and that this heritability estimate is similar across The Netherlands, Belgium and Australia. Unique environmental influences explain the remaining 58% of the variance.

#### Conclusion

Genetic factors play a role in individual differences in borderline personality disorder features in Western society.

**Key Words:** Borderline personality disorder; genetics; heritability; twin study

**Psychological medicine 38(9), 1219-1229, 2008**

## Human rights and access to psychiatric care for adult asylum seekers : guidelines to improve care

Ginsburg, Bengt Erik; Bäärnhielm, Sofie

### Abstract

Psychiatric care for adult asylum seekers has been an area of conflict and turbulence in Sweden over the last 20 years. Sweden has been criticised for being one of the most restrictive EU countries in providing health care for asylum seekers. Mental health care for asylum seekers is characterised by short-term emergency measures and inequality. The complex regulatory framework tends to be interpreted in a rather arbitrary fashion, which in many cases may lead to unnecessary restrictions. In this paper we present guidelines for caregivers and decision makers aiming to improve psychiatric care for adult asylum seekers in Stockholm, Sweden. In this context it is necessary to highlight and discuss the importance of understanding and implementing human rights among health professionals. The overall goal for these guidelines is mental health care for asylum seekers on the same terms, as far as possible, as for Swedish citizens.

**Key words** human rights; mental health care; asylum seekers

**International journal of migration, health and social care 4(1), 3-11, 2008**

## The importance of the concepts of disaster, catastrophe, violence, trauma and barbarism in defining posttraumatic stress disorder in clinical practice

Braga, Luciana L.; Fiks, Jose P.; Mari, Jair J.; Mello, Marcelo F.

### Abstract

## Background

Several terms in the scientific literature about posttraumatic stress disorder are used with different meanings in studies conducted by different authors. Words such as trauma, violence, catastrophe, disaster and barbarism are often used vaguely or confusingly, and their meanings change in different articles. The lack of conceptual references for these expressions complicates the organization of literature. Furthermore, the absence of clear concepts may be an obstacle to clinical treatment because the use of these words by the patients does not necessarily point to a diagnosis of posttraumatic stress disorder.

## Discussion

A critical review of scientific literature showed that stress can be divided in stages to facilitate specific terminological adjustments to the event itself, to the subject-event interaction and to psychological responses. Moreover, it demonstrated that the varying concept of trauma expands into fundamental psychotherapeutic definitions and that the meanings of violence associated with barbarism are an obstacle to resilience. Therefore, this study updates the etymological origins and applications of these words, connects them to the expansions of meanings that can be operated in the clinical care of patients with posttraumatic stress disorder, and analyzes them critically according to the criterion A of DSM-IV and ICD-10.

## Summary

The terminology in the literature about posttraumatic stress disorder includes a plethora of terms whose meanings are not fully understood, and that, therefore, limit this terminology. The analysis of these terms suggested that the transformation of the concept of trauma led to a broader understanding of this phenomenon in its psychic dimensions, that a barbarian type of violence constitutes an obstacle to resilience, and that the criterion A of the DSM-IV and ICD-10 shows imprecision and conceptual fragilities.

**BMC Psychiatry 8(68), 26 pp, 2008**

artiklen kan downloades herfra : <http://www.biomedcentral.com/1471-244X/8/68/abstract>

## An integrative approach to cultural competence in the psychiatric curriculum

Fung, Kenneth; Andermann, Lisa; Zaretsky, Ari; Lo, Hung-Tat

### Abstract

#### Objective

As it is increasingly recognized that cultural competence is an essential quality for any practicing psychiatrist, postgraduate psychiatry training programs need to incorporate cultural competence training into their curricula. This article documents the unique approach to resident cultural competence training being developed in the Department of Psychiatry at the University of Toronto, which has the largest residency training program in North America and is situated in an ethnically diverse city and country.

#### Methods

The authors conducted a systematic review of cultural competence by searching databases including PubMed, PsycINFO, PsycArticles, CINAHL, Social Science Abstracts, and Sociological Abstracts; by searching government and professional association publications; and through on-site visits to local cross-cultural training programs. Based on the results of the review, a resident survey, and a staff retreat, the authors developed a deliberate "integrative" approach with a mindful, balanced emphasis on both generic and specific cultural competencies.

#### Results

Learning objectives were derived from integrating the seven core competencies of a physician as defined by the Canadian Medical Education Directions for Specialists (CanMEDS) roles framework with the tripartite model of attitudes, knowledge, and skills. The learning objectives and teaching program were further integrated across different psychiatric subspecialties and across the successive years of residency. Another unique strategy used to foster curricular and institutional change was the program's emphasis on evaluation, making use of insights from modern educational theories such as formative feedback and blueprinting. Course evaluations of the core curriculum from the first group of residents were positive.

#### Conclusion

The authors propose that these changes to the curriculum may lead to enhanced cultural competence and clinical effectiveness in health care.

**Academic psychiatry 32(4), 272-282, 2008**

## Mental health among children seeking asylum in Denmark - the effect of length of stay and number of relocations : a cross-sectional study

Nielsen, Signe Smith; Nørredam, Marie; Christiansen, Karen Louise; Obel, Carsten; Hilden, Jørgen; Krasnik, Allan

### Abstract

#### Background

The process of seeking asylum and the related organisational conditions in the host country may adversely affect the children's mental health. The objective of this study was to examine the mental health of children

seeking asylum in relation to organisational factors of the asylum system including length of stay and number of relocations.

#### **Methods**

The population included all 260 parent-accompanied asylum-seeking children aged 4-16 years living in the asylum centres managed by the Danish Red Cross in October-December 2006. Mental health was evaluated using the Strengths and Difficulties Questionnaire. School teachers evaluated children aged 4-16; and the 11-16-year-olds completed the self-report version. To assess the association between organisational factors and mental health, binary logistic regression analyses were done using backwards elimination. We received responses for 246 children equivalent to 95% of the study population.

#### **Results**

Using teachers' reports, we found that children who had been asylum-seeking for more than one year in Denmark had an increased risk of having mental difficulties (odds ratio 5.5, 95% CI 1.8-16.3); four or more relocations in the asylum system were also associated with a higher risk (3.0, 1.4-6.7). When the self-report data were included, the associations were even stronger.

#### **Conclusions**

Protracted stays at asylum centres and multiple relocations within the asylum system appear to have an adverse effect on asylum-seeking children's mental health. A limit to the duration of the children's stay in the asylum system should be ensured. Follow-up studies with inclusion of other conditions, such as parental mental health and the children's previous trauma, are needed to clarify the influence of the different factors and their interactions.

**BMC public health 8(293), 29 pp, 2008**

artiklen kan downloades herfra : <http://www.biomedcentral.com/1471-2458/8/293/abstract>

## **Multicultural psychiatric education : using the DSM-IV-TR outline for cultural formulation to improve resident cultural competence**

Harris, reniece Lewis; McQuery, Joy; Raab, Barbara; Elmore, Shekinah

#### **Abstract**

##### **Objective**

The authors present a 9-week multicultural competence course organized around the DSM-IV-TR Outline for Cultural Formulation.

##### **Method**

The course alternated large group lectures with experiential small group discussions to acquire knowledge, develop skills, and explore attitudes. The authors evaluated the effectiveness of the course on residents' training and application of multicultural knowledge, skills, and attitudes. Second-, third- and fourth-year residents completed anonymous self-report questionnaires immediately before and after the course and 9 months following the course.

##### **Results**

Residents' pre- and postcourse scores indicated statistically significant increases in multicultural knowledge, attitudes, and clinical application. Residents did not report additional gains in multicultural knowledge, skills, and attitudes at the 9-month follow-up.

##### **Conclusion**

This multicultural training course resulted in modest gains in resident training in multicultural knowledge, skills, and attitudes. Further study is needed to determine ways to sustain immediate multicultural knowledge and ways to support long-term application of multicultural education.

**Academic psychiatry 32(4), 306-312, 2008**

## **Personality disorders and the 5-factor model among French speakers in Africa and Europe**

Rossier, Jérôme; Rigozzi, Christine

#### **Abstract**

##### **Objective**

To describe the relation between personality disorders (PDs) and the Five-Factor Model (FFM)—a dimensional model describing normal personality traits known for its invariance across cultures—in 2 different cultural settings. Several authors have suggested that PDs may be more accurately described using a dimensional model instead of a categorical one.

##### **Method**

Subjects from 9 French-speaking African countries ( $n = 2014$ ) and from Switzerland ( $n = 697$ ) completed both the French version of the International Personality Disorder Examination screening questionnaire, assessing the 10 DSM-IV PDs, and the French version of the Revised NEO Personality Inventory, assessing the 5 domains and 30 facets of the FFM.

## Results

Correlations between PDs and the 5 domains of the FFM were similar in both samples. For example, neuroticism was highly correlated with borderline, avoidant, and dependent PDs in both Africa and Switzerland. The total rank-order correlation ( $\rho$ ) between the 2 correlation matrices was very high ( $\rho = 0.93$ ) and significant ( $P < 0.001$ ), as were the  $\rho$ s for all domains of the FFM and all PDs, except paranoid and dependent PDs. However, the  $\rho$ s for PDs across facet scales were all highly significant ( $P < 0.001$ ). Moreover, 80% of Widiger and colleagues' predictions and 70% of Lynam and Widiger's prototypes, concerning the relation between PDs and the FFM, were confirmed in both samples.

## Conclusions

The relation between PDs and the FFM was stable in 2 samples separated by a great cultural distance. These results suggest that a dimensional approach and in particular the FFM may be useful for describing PDs in various cultural settings.

**Key Words:** personality disorders, personality, Five-Factor Model, cultural psychiatry, cross-cultural psychology

Canadian journal of psychiatry 53(8), 534-544, 2008

download artiklen her : <http://publications.cpa-apc.org/media.php?mid=661&xwm=true>

## Pilot study and evaluation of postgraduate course on "The Interface Between Spirituality, Religion and Psychiatry"

Grabovac, Andrea; Clark, Nancy; McKenna, Mario

### Abstract

#### Objectives

Understanding the role of religion and spirituality is significant for psychiatric practice. Implementation of formal education and training on religious and spiritual issues, however, is lacking. Few psychiatric residencies offer mandatory courses or evaluation of course utility. The authors present findings from a pilot study of a course on the interface between spirituality, religion, and psychiatry. Course objectives were to increase both residents' understanding of clinically relevant spiritual/religious issues and their comfort in addressing these issues in their clinical work.

#### Method

A 6-hour mandatory course was implemented for third- and fourth-year psychiatry residents at the University of British Columbia. Teaching sessions consisted of didactic and case-based modules delivered by multidisciplinary faculty. The Course Impact Questionnaire, a 20-item Likert scale, was used to assess six areas: personal spiritual attitudes, professional practice attitudes, transpersonal psychiatry, competency, attitude change toward religion and spirituality, and change in practice patterns. A pre/post study design was used with the questionnaire being administered at week 0, week 6, and 6 months follow-up to two groups of residents (N=30). Qualitative feedback was elicited through written comments.

#### Results

The results from this pilot study showed that there was increased knowledge and skill base for residents who participated in the sessions. Paired t test analysis indicated a statistically significant difference between the pre- and postsession scale for competency. No other statistically significant differences were found for the other components.

#### Conclusion

The findings suggest improvement in the competency scores for residents and overall usefulness of this course; however, limited conclusions can be made due to a small sample size and lack of adequate comparison groups. Establishing educational significance will require gathering larger usable control data as well as validation of the Course Impact Questionnaire tool to distinguish between different skill levels.

Academic psychiatry 32(4), 332-337, 2008

## Post-traumatic stress disorder : development of effective psychological treatments

Ehlers, Anke; Clark, David M.

### Abstract

Post-traumatic stress disorder (PTSD) has only relatively recently been introduced into the diagnostic classification of mental disorders. Building on advances in the treatment of other anxiety disorders, a range of effective psychological treatments for PTSD has been developed. The most effective of these treatments focus on the patient's memory for the traumatic event and its meaning. This paper briefly reviews the currently available evidence for these treatments. It then illustrates the process of developing effective psychological treatments by discussing how a combination of phenomenological, experimental and treatment development studies, and theoretical considerations was used to develop a trauma-focused cognitive-behavioral treatment, cognitive therapy (CT) for PTSD. This treatment program builds on Ehlers & Clark's (2000) model of PTSD,

which specifies two core cognitive abnormalities in PTSD. First, people with chronic PTSD show idiosyncratic personal meanings (appraisals) of the trauma and/or its sequelae that lead to a sense of serious current threat. Second, the nature of the trauma memory explains the occurrence of re-experiencing symptoms. It is further proposed that the idiosyncratic appraisals motivate a series of dysfunctional behaviors (such as safety-seeking behaviors) and cognitive strategies (such as thought suppression and rumination) that are intended to reduce the sense of current threat, but maintain the problem by preventing change in the appraisals and trauma memory, and/or lead to increases in symptoms. CT addresses the cognitive abnormalities and maintaining behaviors in an individualized, but focused, way. Four randomized controlled trials and two dissemination studies showed that CT for PTSD is acceptable and effective.

**Keywords:** Clinical trial; Cognitive-behavior therapy; Cognitive therapy; Post-traumatic stress disorder; Randomized controlled trial; Trauma

**Nordic journal of psychiatry 62(supplement 47), 11-18, 2008**

## **Prevalence of dementia in Latin America, India, and China: a population-based cross-sectional survey**

Rodriguez, Juan J. Llibre; Ferri, Cleusa P.; Acosta, Daisy; Guerra, Mariella; Huang, Yueqin; Jacob, K. S.; Krishnamoorthy, E. S.; Salas, Aquiles; Sosa, Ana Luisa; Acosta, Isaac; Dewey, Michael E.; Gaona, Ciro; Jotheeswaran, A. T.; Li, Shuran; Rodriguez, Diana; Rodriguez, Guillermina; Kumar, P. Senthil; Valhuerdi, Adolfo; Prince, Martin

### **Abstract**

#### **Background**

Studies have suggested that the prevalence of dementia is lower in developing than in developed regions. We investigated the prevalence and severity of dementia in sites in low-income and middle-income countries according to two definitions of dementia diagnosis.

#### **Methods**

We undertook one-phase cross-sectional surveys of all residents aged 65 years and older (n=14 960) in 11 sites in seven low-income and middle-income countries (China, India, Cuba, Dominican Republic, Venezuela, Mexico, and Peru). Dementia diagnosis was made according to the culturally and educationally sensitive 10/66 dementia diagnostic algorithm, which had been prevalidated in 25 Latin American, Asian, and African centres; and by computerised application of the dementia criterion from the Diagnostic and Statistical Manual of Mental Disorders (DSM IV). We also compared prevalence of DSM-IV dementia in each of the study sites with that from estimates in European studies.

#### **Findings**

The prevalence of DSM-IV dementia varied widely, from 0.3% (95% CI 0.1–0.5) in rural India to 6.3% (5.0–7.7) in Cuba. After standardisation for age and sex, DSM-IV prevalence in urban Latin American sites was four-fifths of that in Europe (standardised morbidity ratio 80 [95% CI 70–91]), but in China the prevalence was only half (56 [32–91] in rural China), and in India and rural Latin America a quarter or less of the European prevalence (18 [5–34] in rural India). 10/66 dementia prevalence was higher than that of DSM-IV dementia, and more consistent across sites, varying between 5.6% (95% CI 4.2–7.0) in rural China and 11.7% (10.3–13.1) in the Dominican Republic. The validity of the 847 of 1345 cases of 10/66 dementia not confirmed by DSM-IV was supported by high levels of associated disability (mean WHO Disability Assessment Schedule II score 33.7 [SD 28.6]).

#### **Interpretation**

As compared with the 10/66 dementia algorithm, the DSM-IV dementia criterion might underestimate dementia prevalence, especially in regions with low awareness of this emerging public-health problem.

**Lancet 372(9637), 464.474, 2008**

## **Service utilization differences for Axis 1 psychiatric and substance use disorders between white and black adults**

Keyes, Katherine M.; Hatzenbuehler, Mark L.; Alberti, Philip; Narrow, William E.; Grant, Bridget F.; Hasin, Deborah S.

### **Abstract**

#### **Objective**

Although studies have shown disparities between black and white populations in service utilization for mental disorders, little information exists on whether such disparities apply equally across disorders. The objective of this study was to examine racial differences in lifetime prevalence of service utilization for mood and anxiety disorders and for alcohol and drug use disorders, with controls for predisposing, enabling, and need-for-service variables unequally distributed between racial-ethnic groups.

### Method

Data were from a face-to-face epidemiologic survey of 32,752 non-Hispanic white or black adults ages 18 and older residing in households and group quarters in the United States. Main outcome measures were treatment for mood, anxiety, and alcohol and drug use disorders.

### Results

White adults were consistently more likely than black adults to have had treatment for mood disorders (odds ratio [OR]=2.16, 95% confidence interval [CI]=1.80–2.59) and anxiety disorders (OR=1.77, 95% CI=1.43–2.19) after adjustment for predisposing and enabling factors and need for service (severity of disorder). In contrast no evidence of lower service utilization for treatment of alcohol use disorders emerged among black respondents (OR=87, 95% CI=.69–1.10). Moreover, white respondents with drug use disorders were significantly less likely than black respondents to receive treatment for a drug problem (OR=64, 95% CI=47–88).

### Conclusions

Differences in treatment between black and white adults depended on the specific disorder and type of treatment considered. Prevention and intervention strategies should address disorder-specific disparities in services received.

**Psychiatric services 59(8), 893-901, 2008**

## Structured Clinical Interview for DSM-IV (SCID) : Persian translation and cultural adaptation

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### Abstract

#### Objective

To translate the Structured Clinical Interview for DSM-IV axis I disorders (SCID-I) into Persian (Farsi) and to adapt this instrument for the Iranian culture.

#### Method

The SCID was translated into Persian using an elaborate procedure to achieve a satisfactory cross-cultural equivalent. This included forward translation by bilingual (English/Persian) translators, discussion and revision of the translation in an expert panel of bilingual mental health professionals, pilot assessment on a small sample of Persian-speaking patients, back-translation into English and comparison with the original SCID. In addition, understandability and acceptability of the translated items were assessed in 299 patients in three psychiatric hospitals in Tehran, Iran.

#### Results

Some adaptations were made to bring about cross-cultural comparability, especially with regard to conceptual differences which led to difficulties in transferring some psychiatric concepts from English to Persian. The SCID questions were generally understandable and acceptable for the Iranian patients.

#### Conclusion

The SCID was translated into Persian in a multi-stage process to ensure a satisfactory cross-cultural equivalent.

Key words:

Culture, Diagnostic and Statistical Manuals of Mental Disorders, Interview, Iran, Translations

**Iranian journal of psychiatry 2(1), 46-48, 2008**

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## Training clinicians in cultural psychiatry : a Canadian perspective

Kirmayer, Laurence J.; Rousseau, Cécile; Guzder, Jaswant; Jarvis, G. Eric

### Abstract

#### Objectives

The authors summarize the pedagogical approaches and curriculum used in the training of clinicians in cultural psychiatry at the Division of Social and Transcultural Psychiatry, McGill University.

#### Method

We reviewed available published and unpublished reports on the history and development of training in cultural psychiatry at McGill to identify the main orientations, teaching methods, curriculum, and course content. Student evaluations of teaching were reviewed. The training strategies and curriculum are related to the larger social context of Canadian society including the history of migration, current demography, and policies of multiculturalism.

#### Results

The McGill program includes core teaching, clinical rotations, an intensive summer program, and annual Advanced Study Institutes. The interdisciplinary training setting emphasizes general knowledge rather than specific ethnocultural groups, including: understanding the cultural assumptions implicit in psychiatric theory

and practice; exploring the clinician's personal and professional identity and social position; evidence-based conceptual frameworks for understanding the interaction of culture and psychopathology; learning to use an expanded version of the cultural formulation in DSM-IV for diagnostic assessment and treatment planning; and developing skills for working with interpreters and culture-brokers, who mediate and interpret the cultural meaning and assumptions of patient and clinician.

#### **Conclusion**

An approach to cultural psychiatry grounded in basic social science perspectives and in trainees' appreciation of their own background can prepare clinicians to respond effectively to the changing configurations of culture, ethnicity, and identity in contemporary health care settings.

**Academic psychiatry 32(4), 313-319, 2008**

## **Training researchers in cultural psychiatry : the McGill-CIHR strategic training program**

Kirmayer, Laurence J.; Rousseau, Cécile; Corin, Ellen; Groleau, Danielle

#### **Abstract**

##### **Objectives**

The authors aim to summarize the pedagogical approaches and curriculum used in the training of researchers in cultural psychiatry at the Division of Social and Transcultural Psychiatry at McGill University.

##### **Method**

We reviewed available published and unpublished reports on the history and development of the McGill cultural psychiatry programs to identify the main orientations (conceptual and methodological), teaching methods, curriculum and course content. Student evaluations of teaching were reviewed. Follow-up data on research and other academic activities and employment of trainees who graduated from the program was obtained by e-mail questionnaire.

##### **Results**

The McGill program includes a Master of Science program, an intensive summer school, annual Advanced Study Institutes, and the McGill-CIHR Strategic Training Program in Culture and Mental Health Services Research. The interdisciplinary training setting emphasizes the cultural history and embedding of psychiatric knowledge and practice; the social construction of ethnicity, race, and cultural identity; the impact of globalization, migration, and ideologies of citizenship on individual identity and the configuration of cultural communities; and the integration of quantitative and qualitative ethnographic methods in basic and evaluative research.

##### **Conclusion**

This critical transdisciplinary approach provides researchers with conceptual tools to address the impact of the changing meanings of culture and ethnicity difference in the contemporary world on mental health services.

**Academic psychiatry 32(4), 320-326, 2008**

## **Using non-feature films to teach diversity, cultural competence, and the DSM-IV-TR outline for cultural formulation**

Lim, Russell F.; Diamond, Ronald J.; Chang, Jacquelyn B.; Primm, Annelise B.; Lu, Francis G.

#### **Abstract**

##### **Objective**

Feature films have been used for teaching in psychiatry for many years to demonstrate diagnoses, but the use of documentary and instructional films in resident and staff cultural competence training have not been extensively written about in the medical and psychological literature. This article will describe the films that have been used by the authors and suggest methods for their use in cultural competence and diversity training.

##### **Methods**

A literature search was done using MEDLINE and PsychINFO and the authors were asked to describe their teaching methods.

##### **Results**

One article was found detailing the use of videotapes as a stimulus but not for cultural competence education, and two articles were found documenting the use of *The Color of Fear* as a stimulus for the discussion of racism. However, many educators use these films all across the country for the purpose of opening discussion about racism.

##### **Conclusion**

Documentary, instructional, and public service announcements can be useful in teaching culturally competent assessment and treatment.

**Academic psychiatry 32(4), 291-298, 2008**

## **ANMELDELSER**

## Handbook of Cultural Psychology

Shinobu Kitayama, and Dov Cohen (Eds) (2007)

New York: The Guilford Press. ISBN-13: 978-1-59385-444-7. xviii, 894 pp.

This massive volume of 60 chapters by 36 authors is destined to be a major reference source for investigators of individual (and group) behavior in cultural context. Its multichaptered sections cover history, theory and methods, identity and social relations, the acquisition and change of culture, cognition, emotion and motivation. Its value is enhanced by extensive bibliographies and indexing, as well as final commentaries from 2 perspectives, that of anthropology by Richard Shweder and that of psychology by Richard Nesbett. Psychiatrists and other mental health clinicians whose mantra has become "cultural competency" (or some variant thereof), and who work within a framework labeled as "transcultural" (or some variant thereof) will discover that they are not familiar with much of what is here discussed. The theoretical positions and research data presented are largely from nonclinical situations and will require thought to be integrated into clinically useful conceptions. Clinicians may find references to the most familiar literature in the chapters based on cultural anthropological studies: Chapter 2 on "Anthropological foundations of cultural psychology" by Robert A. LeVine; Chapter 4 on "Evolutionary foundations of cultural psychology" by Melvin Konner; Chapter 15 on "Culture and social structure: the relevance of social structure to cultural psychology" by Carmi Schooler; and, particularly, Chapter 33 on "Culture and psychopathology. Foundations, issues and directions," by Anthony J. Marsella and Ann Marie Yamada. Although Freud is listed in the references there is no mention of the extensive clinical literature on psychoanalysis and culture.

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