

Information om Transkulturel Psykiatri, august 2010

NYHEDER OG DEBAT

Betaling for tolkebistand

OASISs hjemmeside 25. august 2010

Fra næste år skal regionerne opkræve et gebyr af borgeren, hvis der ydes tolkebistand ifm. behandling i sundhedsvæsenet til en person, der har boet i Danmark i mere end 7 år. OASIS er i øjeblikket i gang med at undersøge konsekvenserne af denne bestemmelse for vores målgrupper.

Sagen er yderst relevant, da 95% af de patienter vi får henvist har opholdt sig i landet i 7 år eller mere. Som udlænding har man brug for tolk for at kunne udtrykke sig tilstrækkelig nuanceret i en terapeutisk sammenhæng, og en stor del af vore patienter taler meget lidt dansk.

Biologiske årsager

Traumatisering i sig selv går ud over koncentrations- og indlærings-evnen, så mange er ikke i stand til at lære dansk. Også store smerter fra langvarige skader i kroppen efter tortur eller dramatisk flugt, kan gøre det umuligt at koncentrere sig om at lære sprog.

Fra forskning i udlandet ved vi, at langvarige stresspåvirkninger beskadiger hjernecellerne, og at den kognitivedel af hjernen, der bl.a. styrer sproglige færdigheder og koncentrationsevnen, rammes først. Nogle flygtninge er altså af biologiske årsager ude af stand til at lære sig fremmedsprog, selv om de ønsker det.

Læs meddelelsen her: <http://www.oasis-rehab.dk/Nyheder/egenbetaling.htm>

Børn med traumer: Projekt lærer børn at græde

Halvdelen af børnene i Børnehuset i Gellerupparken i Århus er vokset op med traumer i hjemmet. De kopierer deres forældre, der ikke græder, men pludselig bliver vrede. Det har et nyt projekt lavet om på.

Pædagogerne har i samarbejde med psykologer indført nye metoder, der lærer børnene, at det er okay at tale om følelser.

Han er bange," kommer det fra børnene i kor. Et klingende jysk blander sig med toner af kurdisk, arabisk og somalisk.

"Hans mor og far er døde, og nu regner det, og han ved ikke, hvad han skal gøre, når han er alene i regnen," konstaterer Omar.

Racha hvisker: "Han er bange. Der er nogle tyve, der kommer og putter børnene ned i poser og tager dem væk fra deres forældre."

På Tigerstuen i Børnehuset i en af de otte-etagers betonboligblokke i Gellerupparken i Århus sidder syv børn i en rundkreds på små måtter på det grå laminatgulv.

En pædagog holder et billede af en dreng bag et regnvåd vindue op foran børnene: "Hvordan føler man, når man er bange?"

Ny i Danmark nr. 2, 2010

Læs artiklen her: http://www.nyidanmark.dk/da-dk/Integration/magasin/nr_02_2010/boern_med_traumer_projekt_laerer_boern_at_graede.htm

Evaluering af Mind-Spring

Als Researchs hjemmeside 21. august 2010

Als Research gennemfører procesevaluering af projektet Mind-Spring.

Formålet med projektet Mind-Spring er gennem psykoedukation at styrke trivslen og det psykiske helbred, samt livskvaliteten for flygtninge- og asylansøgerfamilier i Danmark - og derigennem fremme familiernes integration i det danske samfund.

Der er i projektet særligt fokus på præasylfasen og på peer-tilgangen. Projektet skal tilbyde forældre i målgruppen at deltage i gruppeforløb, hvor de får viden om og sammen kan diskutere, hvordan de under de givne omstændigheder kan passe på sig selv og deres børn. Det unikke ved Mind-Spring er, at projektet gør brug af frivillige, der selv har en flygtningebaggrund, til at facilitere gruppeforløbene. En sådan peer-tilgang fremmer identifikationen mellem deltagere og gruppeleder, hvilket giver mulighed for større udbytte hos deltagerne, samtidigt med at det øger gruppelederens kompetencer.

Mind-Spring konceptet er oprindeligt hollandsk, og det er derfor evalueringens mål at kvalificere Mind-Spring konceptet i en dansk kontekst, synliggøre muligheder og barrierer og komme med anbefalinger til justeringer af indsatsen med henblik på forankring og videre udbredelse. Dette skal bl.a. ske gennem at prioritere en

deltagende og helhedsorienteret rolle fra evaluators side, samt at gøre brug af en udviklingsorienteret evaluering med særligt fokus på processen.

Projektperiode: 1. november 2010 – 31. juli 2012.

Opdragsgiver: Ministeriet for Flygtninge, Indvandrere og Integration samt Egmontfonden

Projektmedarbejdere: Helle Rahbæk Asserhøj, Bjørn Haugaard Bach

Få asylbørn får tilbudt psykologhjælp

Politikens netvajs 28. august / Mette Østergaard

Trods traumer og angst får mindre end hvert tiende barn i de danske asylcentre tilbudt en psykolog. Det oplyser integrationsminister Birthe Rønn Hornbech (V) i et svar til Folketinget.

Af de 977 børn, der midt i august havde været på centrene i mere end en måned, havde kun 96 af dem fået tilbud om psykologbehandling. Men tidligere undersøgelser fra både Røde Kors og Københavns Universitet viser, at omkring 35 pct. har psykiske lidelser, og at op til 56 pct. af børnene har brug for en såkaldt psykosocial indsats. (lagt på www 29. august)

læs artiklen her: <http://politiken.dk/indland/1046891/faa-asylboern-faar-tilbudt-psykologhjaelp/>

Musik kan hjælpe traumatiserede flygtninge

Dansk Flygtningehjælps hjemmeside 26. august 2010

Ny undersøgelse fra Dansk Flygtningehjælps Integrationsnet i Århus viser, at musik kan forbedre søvnen hos traumatiserede flygtninge. Nu skal tilbuddet gives til endnu flere traumatiserende flygtninge.

Tidligere undersøgelser har vist, at musik kan forbedre søvnkvaliteten hos mennesker med depression, voldsramte kvinder og bl.a. mennesker med rygsmerter. Traomatiserede flygtninge lider af dårlig søvnkvalitet, men metodens effekt har aldrig været undersøgt på traumatiserede flygtninge.

”Dårlig søvn er et udbredt problem, som vi ser hos traumatiserede flygtninge, derfor var det oplagt, at afprøve denne undersøgelse. Vi ville derfor undersøge, hvorvidt musiklytning ved sengetid kan forbedre søvnkvaliteten hos traumatiserede flygtninge,” siger musikterapeut Kira Vibe Jespersen fra Dansk Flygtningehjælps Integrationsnet.

læs pressemeddelelsen her: <http://flygtning.dk/nyheder-og-presse/nyhed/artikel/musik-kan-hjaelpe-traumatiserede-flygtninge/>

Pædagoger kan udrette mirakler

Børn af traumatiserede forældre opfører sig tit aggressivt eller indadvendt og har svært ved at lege med andre børn. Denne kaotiske tilstand tilskrives ofte børnenes etniske baggrund. Derfor får børnene ikke den rette hjælp. Det vurderer psykolog Eva Malte.

Psykolog Eva Malte har arbejdet med børn i traumatiserede familier med indvandrerbaggrund i 15 år. Hun underviser pædagoger i at give børn af traumatiserede forældre den bedst mulige støtte. Og hun har samtaler med pædagogerne om de svære situationer, der opstår i arbejdet med børnene.

Ny i Danmark nr. 2, 2010

læs artiklen her: http://www.nyidanmark.dk/da-dk/Integration/magasinet/nr_02_2010/paedagoger-kan-udrette-mirakler.htm

Telefonrådgivning for nydanskere

Landsforeningen mod spiseforstyrrelser og selvskades hjemmeside 10. august

Hver onsdag vil vores nydanske rådgivere anonymt kunne træffes mellem kl. 17-18. De sidder klar til at tale med dig og har kyndige råd og vejledning klar. Telefon : 70 10 18 18

På telefonrådgivningen kan du:

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- få rådgivning om forskellige behandlingsmuligheder for spiseforstyrrede og selvskade
- få vejledning til at søge yderligere hjælp
- få rådgivning omkring hvor/hvordan hjælpen findes

læs hele beskrivelsen her: http://www.spiseforstyrelser.dk/script/site/page.asp?artid=256&cat_id=160

LITTERATUR

ARTIKLER FRA FAGLIGE TIDSSKRIFTER

An Islamic approach to psychology and mental health

Skinner, Rasjid

Abstract

It is unclear whether the development of "Western" psychology and psychiatry, in the last century or so, has overall actually been good for our mental health. The article argues that a deficiency has been the lack of attention paid by these disciplines, to the spiritual component of the Self. There are, however, psychologies" developed within religious traditions, which integrate the spiritual into a more holistic understanding of mental health. The psychology that has developed within the Islamic tradition is exemplified.

Keywords: Al-Ghazali; Aql; culture; Ibn Sina; Islam; Jung, mental health; Nafs; Nafsiyat; psychiatry; psychology; Qalb; religion, Ruh; spirituality; Tibb

Mental health, religion and culture 13(6), 547-551, 2010

Bi-dimensional acculturation and cultural response set in CES-D among Korean immigrants

Kim, Eunjung; Seo, Kumin; Cain, Kevin C.

This study examined a cultural response set to positive affect items and depressive symptom items in CES-D among 172 Korean immigrants. Bi-dimensional acculturation approach, which considers maintenance of Korean Orientation and adoption of American Orientation, was utilized. As Korean immigrants increased their American Orientation, they tended to score higher on positive affect items, with no changes occurring in depressive symptom items. Korean Orientation was not related to either positive affect items or depressive symptom items. Korean immigrants have a response bias toward positive affect items in CES-D, which decreases as they adopt more American Orientation. CES-D lacks cultural equivalence for Korean immigrants.

Issues in mental health nursing 31(9), 576-583, 2010

A cognitive behavioral therapy for co-occurring substance use and posttraumatic stress disorders

McGovern, Mark P.; Lambert-Harris, Chantal; Aquilano, Stephanie; Xie, Haiyi; Alterman, Arthur I.; Weiss, Roger D.

Co-occurring posttraumatic stress disorder (PTSD) is prevalent in addiction treatment programs and a risk factor for negative outcomes. Although interventions have been developed to address substance use and PTSD, treatment options are needed that are effective, well tolerated by patients, and potentially integrated with existing program services. This paper describes a cognitive behavioral therapy (CBT) for PTSD that was adapted from a treatment for persons with severe mental illnesses and PTSD in community mental health settings. The new adaptation is for patients in community addiction treatment with co-occurring PTSD and substance use disorders. In this study, 5 community therapists delivered the CBT for PTSD. Outcome data are available on 11 patients who were assessed at baseline, post-CBT treatment, and at a 3-month follow-up post-treatment. Primary outcomes were substance use, PTSD severity, and retention, of which all were favorable for patients receiving the CBT for PTSD.

Addictive behaviors, 34(10), 892-897, 2009

Community tailored responses to depression care

Dixon, Elizabeth L.; Flaskerud, Jacquelyn H.

Fra starten af artiklen

Last month this column addressed general guidelines for providing culturally and linguistically competent mental health care to the diverse ethnic and racial groups living in US communities. We discussed guidelines for providing culturally competent mental health care at individual, organizational, and societal levels. The column ended by noting a promising avenue for providing culturally competent care that makes use of a community-based participatory research (CBPR) approach (Stacciarini, 2009).

Issues in mental health nursing 31(9), 611-613, 2010

A comparison of quality of life and depression between female married immigrants and native married women in Taiwan

Chou, Frank Huang-Chih; Chen, Pei-Chun; Liu, Renyi; Ho, Chi-Kung; Tsai, Kuan-Yi; Ho, Wen-Wei; Chao, Shin-Shin; Lin, Kung-Shih; Shen, Shih-Pei; Chen, Cheng-Chu

Backgrounds

Immigration to Taiwan is often connected with marriage, resulting in the presence of so-called married immigrants or foreign brides.

Aims

To compare the quality of life (QOL) and prevalence of depression between female married immigrants and native married women.

Methods

Trained assistants used the Medical Outcomes Study Short Form-36 (MOS SF-36) and the disaster-related psychological screening test (DRPST) to interview 1,602 married women who were 16–50 years of age. Half (801) of the participants were female immigrants, whilst the remainder comprised the age-matched control group that consisted of 801 native married women. Participants who scored ≥ 2 (probable major depressive episode) on the DRPST were assessed according to DSM-IV criteria by a senior psychiatrist. The MOS SF-36 measures QOL and has two dimensions: the physical component summary (PCS) and the mental component summary (MCS).

Results

Married immigrants had a lower prevalence (3.5%) of major depressive episodes than native women (8.9%) in Taiwan. Variables such as an increased severity of psychosocial impact were the best predictors of a lower PCS and MCS.

Conclusion

Compared to Taiwanese native married women, fewer married immigrants had stressful life events or depression, and they reported higher QOL. After controlling for putative confounding factors, the married immigrants still had better mental QOL and a lower prevalence rate of depression.

Keywords Quality of life (QOL) - Female married immigrants - Major depressive episode - Short Form-36 (Sf-36) - Disaster-related psychological screening test (DRPST) - Decision tree analysis

Social psychiatry and and psychiatric epidemiology 45(9), 921-930, 2010

Correlates of quality of life in an Arab schizophrenia sample

Zahid, Muhammad Ajmal; Ohaeri, J. U; Elshazly, A. S.; Basiouny, M. A.; Hamoda, H. M.; Varghese, R.

Objectives

We focused on the subjective quality of life (QOL) indicators of the Lancashire quality of life profile, European version (LQoLP-EU) in a Kuwaiti schizophrenia sample. The objectives were: First, to assess the reliability and validity of the questionnaire. Second, to highlight the patients' QOL profile, in comparison with the results of the European five-nation study. Third, to examine the association of perceived needs for care, caregiver burden, service satisfaction, self-esteem and psychopathology, with three indices of global QOL: total life satisfaction or perceived QOL (PQOL) score; general wellbeing (GW) and Cantril's ladder (CL).

Method

Consecutive outpatients in stable condition and their family caregivers were interviewed with the LQoLP, and measures of needs for care, service satisfaction, caregiver burden and psychopathology.

Results

There were 130 patients (66.1% m, mean age 36.8). Majority of the patients (56%) felt satisfied with the nine domains of life investigated, and 44.6% felt "averagely" happy. Their clinical severity was moderate (BPRS-18 = 44.4). In exploratory factor analysis (FA), the original domains were mostly replicated. Reliability indices were significant (>0.7). In stepwise regression analyses, the associations of PQOL were more in number and mostly different from those of GW and CL. The correlates of PQOL included, social unmet need (8.1% of variance), staff perception of unmet need (10.3%), general satisfaction with services (11.3%), burden of caregiver supervision (3.7%), self-esteem (2.9%) and positive symptoms (2.6%). Of the nine life domains, health was the most important correlate of GW and CL, indicating the centrality of health status in judgments of subjective QOL. In secondary FA, GW and CL loaded together, but separately from life domains, implying that these are separable parts of the subjective wellbeing construct.

Conclusion

The profile of QOL scores was mostly similar to European data. The significant multivariate association with patients/staff perceptions of unmet need for care and service satisfaction indicate the usefulness of staff professional development and service improvement in outcome; and imply that promotion of QOL should be an institutional objective. Our finding about the relationship between the three global measures of QOL has added support to the emerging QOL theory.

Keywords Schizophrenia - Arab - Quality of life - Lancashire quality of life profile

Social psychiatry and psychiatric epidemiology 45(9), 875-887, 2010

A cross-ethnic comparison of lifetime prevalence rates of anxiety disorders

Asnaani, Anu; Richey, J. Anthony; Dimaite, Ruta; Hinton, Devon E.; Hofmann, Stefan G.

To examine race-ethnic differences in the lifetime prevalence rates of common anxiety disorders, we examined data from the Collaborative Psychiatric Epidemiology Studies. The samples included 6870 White Americans, 4598 African Americans, 3615 Hispanic Americans, and 1628 Asian Americans. White Americans were more likely to be diagnosed with social anxiety disorder, generalized anxiety disorder, and panic disorder than African Americans, Hispanic Americans, and Asian Americans. African Americans more frequently met criteria for post-traumatic stress disorder (PTSD) than White Americans, Hispanic Americans, and Asian Americans. Asian Americans were also less likely to meet the diagnoses for generalized anxiety disorder and PTSD than Hispanic Americans, and were less likely to receive social anxiety disorder, generalized anxiety disorder, panic disorder, and PTSD diagnoses than White Americans. The results suggest that race and ethnicity need to be considered when assigning an anxiety disorder diagnosis. Possible reasons for the observed differences in prevalence rates between racial groups are discussed.

Keywords Anxiety disorders, cultural differences, epidemiology, national comorbidity survey-replication (NCS-R), collaborative psychiatric epidemiology surveys (CPES)

Journal of nervous and mental disease 198(8), 551-555, 2010

Cultural activities, identities, and mental health among urban American Indians with mixed racial/ethnic ancestries

Iwasaki, Yoshitaka; Byrd, Namorah Gayle

Focus groups were conducted to appreciate the voices of Urban American Indians (UAI) who have mixed ancestries residing in Philadelphia, Pennsylvania. Participants (15 women and 10 men, 19–83 years of age) with a variety of Native ancestries coming from different nations (i.e., blackfeet, blackminkwa, Cherokee, Creek, Delaware, Lakota, Powhatan, Seminole, and Shawnee) reported to also have a Non-Native racial/ethnic ancestry such as African/black, Hispanic, and/or Caucasian/white. Specifically, this study provided evidence about (a) the complexity and challenge of being "mixed" UAI (e.g., "living a culture" as opposed to blood quantum in determining a personal identity) (b) the linkage of cultural identities to mental health (c) contributions of cultural activities to identities and mental health (e.g., therapeutic and healing functions of cultural activities), and (d) very limited urban Native-oriented mental health service (e.g., visions for Native American-centered mental health clinic in an urban setting). Building on those UAI's voices, this paper provides a context for the need of a culturally respectful transformation of urban mental health system by highlighting the clinical significance of cultural identity and mental health promotion for UAI.

Keywords Indigenous – Identity - Mental health - Cultural activity - Mixed race/ethnicity - Urbanization

Race and social problems 2(2), 101-114, 2010

Ethnicity as a moderator of treatment effects on parent - child interaction for children with ADHD

Jones, Heather A.; Epstein, Jeffery N.; Hinshaw, Stephen P.; Owens, Elizabeth B.; Chi, Terry C.; Arnold, L. Eugene; Hoza, Betsy; Wells, Karen C.

Objective

To examine ethnic differences in observed parenting and child behavior and the moderating effects of ethnicity on the relationship between treatment and parent and child behavior.

Method

Observations of 508 children with ADHD (ages 7—9) and their caregivers, collected during the Multimodal Treatment Study of ADHD, were analyzed using univariate and mixed-model ANOVAs.

Results

Although baseline parenting practices differed by ethnic group, ethnicity did not moderate the relationship between treatment and either parenting or child behavior.

Conclusion

Consistent with data from normative samples, parents of children with ADHD differed by ethnicity in their utilization of certain parenting strategies. However, different ethnic groups did not differ on benefit received from treatments for ADHD, measured by parent and child behavior. Although ethnicity did not emerge as a moderator, ethnic minority family engagement in treatment may be increased by recognizing different parenting strategies and modifying interventions accordingly.

keywords ethnicity – parenting – ADHD - treatment moderator

Journal of attention disorders 13(6), 592-600, 2010

Factor structure and measurement invariance of the Yale-Brown Obsessive Compulsive Scale across 4 racial/ethnic groups

Garnaat, Sarah L.; Norton, Peter J.

Results indicated that a two-factor (Obsessions and Compulsions) model fit the undergraduate and outpatient samples and was structurally invariant across racial/ethnic groups. Minimal evidence of non-invariance was observed across racial/ethnic groups, with the exception that items on the Obsessions subscale may, at lower levels, underestimate obsessive concerns among Black individuals. Overall, the Y-BOCS appears to show invariance across people of different racial and ethnic backgrounds, although caution should be taken in comparing scores obtained from Black patients to current norms given evidence of substantial non-invariance on the Obsessions scale.

Journal of anxiety disorders 24(7), 723-728, 2010

Hinduism and mental health : engaging British Hindus

Kang, Chetna

Understanding service users' symptoms in the context of their cultural background can be of great assistance in diagnosing and managing their illness and possibly even more so when trying to engage them in services. It only stands to reason then that with many service users using spirituality or religion as way of making sense of who they are, some understanding of the spiritual principles on which many cultures are based, would be useful. In this paper we will be looking at the teachings of Hinduism and how they may influence Hindus suffering mental health problems, in particular, British Hindus.

Keywords: spirituality; Hinduism; mental health

Mental health, religion and culture 13(6), 587-593, 2010

Hypomania: a transcultural perspective

Angst, Jules; Meyer, Thomas D.; Adolfsson, Rolf; Skeppar, Peter; Carta, Mauro; Benazzi, Franco; Lu, Ru-Band; Wu, Yi-Hsuan; Yang, Hai-Chen; Yuan, Cheng-Mei; Morselli, Paolo; Brieger, Peter; Katzmann, Judith;

Leão, Ines Alice Teixeira; del Porto, José Alberto; Moreno, Doris Hupfeld; Moreno, Ricardo A.; Soares, Odeilton T.; Vieta, Eduard; Gamma, Alex

This study examined the transcultural robustness of a screening instrument for hypomania, the Hypomania Checklist-32, first revised version (HCL-32 R1). It was carried out in 2606 patients from twelve countries in five geographic regions (Northern, Southern and Eastern Europe, South America and East Asia). In addition, GAMIAN Europe contributed data from its members. Exploratory and confirmatory factor analyses were used to examine the transregional stability of the measurement properties of the HCL-32 R1, including the influence of sex and age as covariates. Across cultures, a two-factor structure was confirmed: the first factor (F1) reflected the more positive aspects of hypomania (being more active, elated, self-confident, and cognitively enhanced); the second factor (F2) reflected the more negative aspects (being irritable, impulsive, careless, more substance use). The measurement properties of the HCL-32 R1 were largely invariant across cultures. Only few items showed transcultural differences in their relation to hypomania as measured by the test. F2 was higher among men and in more severe manic syndromes; F1 was highest in North and East Europe and lowest in South America. The scores decreased slightly with age. The frequency of the 32 items showed remarkable similarities across geographic areas, with two exceptions: South Europeans had lower symptom frequencies in general and East Europeans higher rates of substance use. These findings support the international applicability of the HCL-32 R1 as a screening instrument for hypomania.

Key words: Hypomania, HCL-32 R1, transcultural robustness

World Psychiatry 9(1), 41-49, 2010

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http://www.wpanet.org/uploads/Publications/WPA_Journals/World_Psychiatry/Past_Issues/English/wpa-02-2010.pdf

Knowledge and preferences regarding schizophrenia among Chinese-speaking Austrians in Melbourne, Australia

Wong, Fu Keung Daniel; Lam, Yuk Kit Angus; Ada, Poon

Objective

The aim of this study was to better understand the knowledge of schizophrenia, preferences regarding professional help, medication and treatment methods among Australians of a Chinese-speaking background.

Methods

A cluster convenience sampling method was adopted in which subjects were taken from the four main areas in cosmopolitan Melbourne where most Chinese people live. A total of 200 Chinese-speaking Australians participated in the study. They were presented with a vignette describing an individual with schizophrenia and were then asked questions to assess their understanding of schizophrenia and their preferences regarding professional help, medication and treatment methods. A comparative approach was used to compare our findings with those of a previous study on the mental health literacy of Australian and Japanese adults.

Results

Compared with the Australian and Japanese samples, a much lower percentage of Chinese-speaking Australians (15.5%) was able to identify the vignette as a case of schizophrenia/psychosis. A higher percentage of the Chinese-speaking Australians believed that professionals, and particularly counselling professionals, could be helpful for the person in the vignette. A higher percentage of the Chinese-speaking Australian and Japanese samples believed that close family members could be helpful, and expressed more uncertainty about the usefulness or harmfulness of certain medications than the Australian sample. A higher percentage of the Chinese-speaking Australians than the Australian and Japanese samples endorsed inpatient treatment for the person in the vignette. About 22, 17, 19 and 28% of the Chinese-speaking Australian participants, respectively, rated 'traditional Chinese medical doctors', 'Chinese herbal medications', 'taking Chinese nutritional foods/supplements' and 'qiqong' as helpful. Many perceived 'changing fengshui' and 'traditional Chinese prayer' to be harmful.

Conclusions

Campaigns to increase the schizophrenia literacy of Chinese-speaking Australians are needed and must take into consideration the aforementioned socially and culturally driven beliefs so that culturally relevant education programmes can be developed.

Keywords Mental health literacy - Chinese-speaking Australians - Schizophrenia - Cultural beliefs

Social psychiatry and psychiatric epidemiology 45(9), 865-873, 2010

Malaysian Moslem mothers' experience of depression and service use

Kadir, Nor Ba'yah Abdul; Bifulco, Antonia

Standard psychiatric criteria for depression developed in the United States and United Kingdom are increasingly used worldwide to establish the prevalence of clinical disorders and to help develop services. However, these approaches are rarely sensitive to local and cultural expressions of symptoms or beliefs about treatment. Mismatch between diagnostic criteria and local understanding may result in underreporting of depression and underutilization of services. Little such research has been conducted in Malaysia, despite the acknowledged high rate of depression and low access to services. This study examines depression in Moslem Malay women living in Johor Bahru, Southern Peninsular Malaysia, to explore depression symptoms using the Structured Clinical Interview for DSM-IV. The 61 women interviewed were selected on the basis of high General Health Questionnaire scores from a large questionnaire survey of 1,002 mothers. The illustrative analysis looks at descriptions of depressed mood, self-depreciation and suicidal ideation, as well as attitudes toward service use. The women gave full and open descriptions of their emotional symptoms, easily recognizable by standard symptom categories, although somatic symptoms were commonly included, and the spiritual context to understanding depression was also prevalent. However, few women had knowledge about treatment or sought medical services, although some sought help from local spiritual healers. Attending to such views of depression can help develop services in Malaysia.

Keywords Depression – Malaysia - Moslem women -Services
Culture, medicine and psychiatry 34(3), 443-467, 2010

The mental health and psychosocial adjustment of Cuban immigrants in south Florida

Cislo, Andrew M.; Spence, Naomi J.; Gayman, Mathew D.

Given documented variation in pre-migration and migration-related experiences, Cuban immigrants in the U.S. who arrived during or subsequent to 1980 may be disadvantaged in mental health and psychosocial adjustment relative to earlier arrivals. Using wave 1 of the Physical Challenge and Health study, we compare earlier and later arriving immigrants in levels of depression, anxiety, and self-esteem and test whether adversity and social support, acculturation-related factors, or pre-migration conditions account for any differences observed among a sample of adults living in South Florida (N = 191). Bivariate analyses reveal that later arrivals are relatively disadvantaged in anxiety and self-esteem and marginally so in depression. While later arrivals do not report more adversity in the U.S., they have lower levels of family support to cope with any adversity experienced. Later arrivals are also less likely to interview in English or to have a strong American identity, and they were more likely to have arrived as adults. Relative disadvantages in anxiety and self-esteem are best explained by indicators of acculturation and family support. Policies and programs that address acculturation difficulties and increase family support could improve the health and adjustment of these and similar immigrants.

Keywords: USA – Depression – Anxiety - Self-Esteem - Social support - Social identities- Acculturation - Immigration

Social science and medicine 71(6), 1173-1181, 2010

Mental health research with Latino farmworkers : a systematic evaluation of the short CES-D

Grzywacz, Joseph G.; Alterman, T.; Muntaner, C.; Shen, R.; LI, J.; Gabbard, S.; Nakamoto, J.; Carroll, D. J.

Mental health research among Latino farmworkers is hampered by the absence of measurement evaluation that ensures farmworkers understand and can consistently and appropriately respond to questions about mental health. Cross-sectional data were obtained from 409 farmworkers via interviewer-administered survey questionnaires. Mental health was operationalized with the short-form Center for Epidemiologic Studies, Depression (CES-D) scale. The structured interviewer-administered survey questionnaires included measures to capture personal and work-related factors that could affect farmworkers' ability to understand

and respond to mental health questions probed by the CES-D. Good variability in item response was observed across the 10 short-form CES-D items. There was no evidence of differential response across sub-groups of farmworkers for six of the 10 items. Responses to four of the 10 items differed by educational attainment, country of origin, and language preference. Overall, the internal consistency of the 10 items exceeded standard conventions, and observed differences in depressive symptoms were as expected. Researchers in farmworker mental health must remain attentive to the strength and validity of available measures for migrants, different ethnic groups and different socioeconomic backgrounds. Nevertheless, the overall pattern suggests that the CES-D is a viable tool for advancing farmworker mental health research.

Keywords Latino farmworkers – Immigrant - Mental health - Measurement evaluation - CES-D - Depressive symptoms

Journal of immigrant and minority health 12(5), 652-658, 2010

Multi-family psycho-education group for assertive community treatment clients and families of culturally diverse background : a pilot study

Chow, Wendy; Law, Samuel; Andermann, Lisa; Yang, Jian; Leszcz, Melyn; Wong, Jiahui; Sadavoy, Joel

This study evaluates the incorporation of Multi-Family Psycho-education Group (MFPG) to an Assertive Community Treatment Team developed to serve culturally diverse clients who suffers from severe mental illness. Participants included Chinese and Tamil clients and their family members. Family members' well-being, perceived burden, and acceptance of clients were assessed before and after the intervention. Focus group interviews with clinicians were conducted to qualitatively examine MFPG. Family members' acceptance increased after MFPG. Regular attendance was associated with reduction in perceived family burden. Culturally competent delivery of MFPG enhanced family members' understanding of mental illness and reduced stress levels and negative feelings towards clients.

Keywords Cultural diversity - Assertive community treatment team - Multi-family psycho-education - Severe and persistent mental illness

Community mental health journal 46(4), 364-371, 2010

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Performance-based measurement of functional disability in schizophrenia : a cross-national study in the United States and Sweden

Harvey, Philip D.; Helldin, Lars; Bowie, Christopher R.; Heaton, Robert K.; Olsson, Anna-Karin; Hjärthag, Fredrik; Norlander, Torsten; Patterson, Thomas L.

Recent advances in the assessment of disability in schizophrenia have separated the measurement of functional capacity from real-world functional outcomes. The authors examined the similarity of performance-based assessments of everyday functioning, real-world disability, and achievement of milestones in people with schizophrenia in the United States and Sweden. The UCSD Performance-Based Skills Assessment-Brief Version (UPSA-B) and a neuropsychological assessment were administered to schizophrenia patients living in rural areas in Sweden (N=146) and in the New York City area (N=244), and patients' functioning was rated by their case managers. Information from records and case managers was used to determine the frequency of living independently, working, and having ever experienced a stable romantic relationship. Performance on the UPSA-B was essentially identical in the two samples (New York, mean score=13.84; Sweden, mean score=13.30), as were scores on the case manager ratings of everyday activities (New York, mean=49.0; Sweden, mean=48.8). The correlations between UPSA-B score, neuropsychological test performance, and case manager ratings did not differ across the two samples. The proportion of patients who had never had a close relationship and the rate of vocational disability were also nearly identical. However, while 80% of the Swedish patients were living independently, only 46% of the New York patients were. While scores on performance-based measures of everyday living skills were similar in people with schizophrenia across cultures, real-world residential outcomes were very different. These data suggest that cultural and social support systems can lead to divergent real-world outcomes among individuals who show evidence of the same levels of ability and potential.

American journal of psychiatry 166(7), 821-827, 2009

Perinatal mental health care for black and minority ethnic (BME) women : a scoping review of provision in England

Edge, Awn

The purpose of this study was to explore providers' and commissioners' perceptions of the extent to which services currently meet the perinatal mental health needs of black and minority ethnic (BME) women. A mixed method study involving a national survey and in-depth interviews was undertaken in response to reports of patchy service provision and particular concerns about potentially unmet needs among BME women. Findings indicate that the surprising number of professional groups ($n=27$) involved in delivering perinatal mental health care were predominantly located in secondary care. Perceptions of the validity of 'BME-specific' services were equivocal. Service delivery for minority women tended to focus on language and translation; which might facilitate assessment and physical (though not psychological) care but would do little to address women's cultural needs.

Keywords Black and minority ethnic (BME) women, perinatal mental illness, service provision

Race and ethnic self-identification influences on physical and mental health statuses among Blacks

Broman, Clifford L.; Torres, Myriam; Canady, Renee B.; Neighbors, Harold W.; Jackson, James S.

We examine if commonly used distress measures, rates of psychiatric disorders, and chronic health conditions are affected by alternate measures of race-ethnicity for African Americans and Caribbean blacks. We examined two alternative self-identification measures to investigate if their influence might differ. A study on national household probability sample of non-institutionalized African Americans ($n = 3,570$) and blacks from Caribbean countries, who now live in the United States ($n = 1,621$), was conducted between February 2001 and June 2003, using a slightly modified version of the Composite International Diagnostic Interview. The method used to measure black race and ethnicity has influence on physical and mental health outcomes. The distributions of depressive symptoms are not affected, while the distributions of DSM IV disorders and chronic health conditions vary by race and ethnic self-identifications among the African American and Caribbean black populations. There are serious implications of using alternate measures of race-ethnicity on the distribution of physical and mental health morbidity among African Americans and Caribbean blacks. The conceptualization and assessment of race-ethnicity should be carefully considered when studying mental and physical health statuses and service needs in the American black population.

Keywords Race and mental health - Race identification - Race and physical health - Race and ethnicity
Race and social problems 2(2), 81-91, 2010

Religious coping and depression in multicultural Amsterdam : a comparison between native Dutch citizens and Turkish, Moroccan and Surinamese/Antillean migrants

Braam, Arjan W.; Schrier, Agnes C.; Tuinebreijer, Wilco C., Beekman, Aart-Jan T.F.; Dekker Jack J.M. and Matty A.S. de Wit

Background

Depressive patients may derive consolation as well as struggle from their religion. Outside the Western-Christian cultures these phenomena did not receive much empirical exploration. The current study aims to describe how positive and negative religious coping strategies relate to depressive symptoms in different ethnic groups in The Netherlands.

Methods

Interview data were derived from the second phase of the Amsterdam Health Monitor, a population based survey, with stratification for ethnicity (native Dutch $N = 309$, Moroccan 180, Turkish 202, Surinamese/Antillean 85). Religious coping was assessed using a 10-item version of Pargament's Brief RCOPE; depression assessment included the SCL-90-R and the Composite International Diagnostic Interview.

Results

The five positive religious coping items constituted one sub-scale, but the five negative religious coping items had to be examined as representing separate coping strategies. Across the ethnic groups, negative religious

coping strategies had several positive associations with depressive symptoms, subthreshold depression, and major depressive disorder: the most robust association was found for the item 'wondered whether God has abandoned me'. Other significant associations were found for interpreting situations as punishment by God, questioning whether God exists, and expressing anger to God.

Limitations

Due to the two-phase design and low participation in this urban sample, the non-response was substantial. Therefore, the study focused on associations, not on prevalences.

Conclusion

The more or less universal finding about 'feeling abandoned by God' may suggest how depression represents an existential void, irrespective of the religious background.

Keywords: Religious coping; Depression; Immigrant; Muslim; Population; Ethnic

Journal of affective disorders 125(1-3), 269-278, 2010

Self-esteem, depression and eating disordered attitudes : a cross-cultural comparison between Cypriot and British young women

Katsounari, Ioanna

The evidence suggests that eating disorders in countries that fall outside the Western template are not immune to eating disturbance as previously thought. This cross-cultural study investigated self-esteem, depression in relation to eating disordered attitudes across similarly constituted samples from two different cultures, Cyprus and Great Britain. Results revealed higher rates of eating disordered attitudes and depressive tendencies in Cypriot women. For both samples, a positive relationship was found between depression and eating disordered attitudes and this relationship was found to be significant. This study explores the native influences and possible vulnerability factors which may contribute in the development of eating disturbances in a non-Western country, Cyprus. Implications for future research are discussed.

Keywords: culture; eating disorders; Great Britain; Cyprus; Westernisation

European eating disorders review 17(6), 455-461, 2009

Social anxiety across ethnicity : a confirmatory factor analysis of the FNE and SAD

Melka, Stephen E.; Lancaster, Steven L.; Adams, Lynette J.; Howarth, Elizabeth A.; Rodriguez, Benjamin F.

Previous research has established that social anxiety occurs at different rates in African American and European American populations (Grant et al., 2005), while psychometric investigations of widely used measures of psychopathology show differences in factor structure based on ethnic background (Carter, Miller, Sbrocco, Suchday, & Lewis, 1999; Chapman, Williams, Mast, & Woodruff-Borden, 2009). The current study examined response characteristics of 1276 African American and European American undergraduates completing the Fear of Negative Evaluation and Social Avoidance and Distress Scales (Watson & Friend, 1969). Confirmatory factor analyses failed to demonstrate factorial invariance in the two ethnic samples, and Wald tests suggested several items on both measures be dropped for African Americans. Results suggest the FNE and SAD operate differently across ethnic groups. Implications for the cross-cultural measurement of social anxiety and the importance of continued rigorous psychometric inquiry of commonly used measures are discussed.

Journal of anxiety disorders 24(7), 680-685, 2010

Training the workforce in spiritual healthcare

Raffay, Julian

A systems approach to training staff in spiritual healthcare is advocated and six essential principles are suggested. Their underpinning theology is described and a relational approach to service users is advocated. Thirteen practical suggestions are subsequently offered and an outline of the training package is presented. This article is largely practical in its content and offers an approach that will hopefully be of benefit to anyone undertaking a similar project.

Keywords: assessment; audit; champions; evidence; recovery; spiritual healthcare; spirituality; systems approach; training; user involvement

Mental health, religion and culture 13(6), 605-614, 2010

Treatment of depression in patients from ethnic minority groups in the Netherlands

Blom, Marc B.J.; Hoek, Hans W.; Spinhoven, Philip; Hoencamp, Erik; Haffmans, P.M. Judith; van Dyc, Richard

This article presents the results of a large efficacy study comparing different forms of therapy for major depressive disorder (MDD), including interpersonal psychotherapy (IPT) and pharmacotherapy. Patients were randomized to either IPT, IPT in combination with anti-depressant medication, IPT in combination with pill-placebo or medication only. The primary outcome measure was the Hamilton Rating Scale for Depression (HAM-D). Patients were treated for 12 to 16 weeks. Ratings were performed at baseline, after 6 weeks of treatment and at the end of treatment. Ethnic minority patients (EMP) had higher scores on the HAM-D than non-EMP for every rating period. However, the rate of improvement was the same for EMP and non-EMP. The higher mean scores of EMP on the HAM-D could not be explained as solely due to higher scores on somatic items of the rating scales. The attrition rate in EMP (45.9%) was significantly higher than in non-EMP (24.4%), even in the structured treatment format studied. The results suggest that standard antidepressant therapy, be it medication, psychotherapy or both, may be effective for depressed minority patients but therapists should focus on enhancing adherence to treatment.

key words attrition - depressive disorder - ethnic minority patients – pharmacotherapy - psychotherapy
Transcultural psychiatry 47(3), 473-490, 2010

What do Korean American immigrants know about Alzheimer's disease (AD)? The impact of acculturation and exposure to the disease on AD knowledge

Lee, Sang E.; Lee, Hee Yun; Diwan, Sadhna

Objective

The present study examined knowledge of Alzheimer's disease (AD) and factors related to the disease knowledge among Korean American immigrants.

Methods

Two-hundred and nine middle-aged and older Korean American immigrants completed a self-administered questionnaire.

Results

Korean American immigrants had strong stigma about AD and interpreted the disease as a form of insanity. They considered memory loss and AD as a part of the aging process. They seriously lacked knowledge about the treatment, diagnosis and cause of AD. Those who were less acculturated and less exposed to AD were likely to have poorer AD knowledge.

Conclusions

There is a need to expand AD education efforts among Korean American immigrants because the views of stigmatization and normalization of AD combined with certain Asian cultural norms can be barriers to early recognition and intervention. Our study suggests knowledge areas of concentration in AD education and a segment of the population that AD education should target. Further research on symptom knowledge by the disease stages and causal beliefs is needed to better understand the existing views about AD in Korean American immigrants.

Keywords: Alzheimer's disease; knowledge; Korean Americans; acculturation; exposure; immigrants; ethnic minority; dementia

International journal of geriatric psychiatry 25(1), 66–73, 2010

RAPPORTER

Børn i risikozonen : Psykologisk screening i Dansk Røde Kors Asylafdeling

Shapiro, Ditte Krogh; Christiansen, Karen Louise; Nielsen, Morten Velsing

København : Dansk Røde Kors, 2010. – 46 sider

Denne rapport omhandler psykologisk screening af nyankomne børn, der søger om asyl i Danmark sammen med deres forældre. I rapporten beskrives udviklingen af en psykologisk screeningsmetode og de foreløbige resultater, efter at screeningen har forløbet i et halvt år.

Efter en dialog mellem Dansk Røde Kors Asylafdeling og Ministeriet for Integration blev der i august 2008 indgået en aftale om at iværksætte psykologisk screening af alle nyankomne børn. Det betyder at alle nyankomne asylsøgende forældre, siden den 1. januar 2009, er blevet tilbudt psykologisk screening af deres børn mellem 0-16 år indenfor de første tre måneder efter deres ankomst i Danmark¹. Baggrunden for denne styrkelse af det opsøgende og forebyggende arbejde med børn var en stigende politisk opmærksomhed og videnskabelig dokumentation af, at asylsøgende børn har høj risiko for at have psykiske vanskeligheder

Indledning;
Formål med psykologisk screening;
Formål med statusrapporten;

Baggrund;
Danske undersøgelser;
Internationale undersøgelser;
Udvikling af en psykologisk screeningsmetode;
Anvendelse af et standardiseret spørgeskema;

Metode i den psykologiske screening;
Psykologsamtale med forældre;
Pædagogisk observation af børn fra 2-3 år;
SDQ-besvarelser vedr. børn og unge fra 4-16 år;
Psykologfaglig vurdering;
Indstilling til de tværfaglige psykosociale teams;
Etik;

Resultater;
Karakteristika for de screenede børn;
Antal psykologisk screenede børn, alder og nationalitet;
Forældrenes erhvervs erfaring og uddannelsesniveau;
Børnenes erfaringer med sult og skolegang;
Børnenes erfaringer med krig og forfølgelse;
Børnenes erfaringer med organiseret vold;
Børnenes erfaringer med flugt og livet som flygtning;
Forældres erfaringer med vold og tortur;
Risiko for psykiske vanskeligheder hos børn mellem 4-16 år;
Konsekvenser af den psykologiske screening;

Konklusion;

Anbefalinger

download rapporten her:

<http://www.drk.dk/files/Asyl/Dokumenter/Rapporter%20og%20hoeringssvar/Screeningsundersogelse%20-%20Børn%20i%20risikozonen.pdf>