

## Information om Transkulturel Psykiatri, august 2011

### NYHEDER

#### Klinik for Traumatiserede Flygtninge i Region Midtjylland skifter 1. september navn til : Klinik for PTSD og Transkulturel Psykiatri

Dette sker i forbindelse med omstrukturering af Århus Universitetshospital, Risskov. Klinik for Traumatiserede Flygtninge kommer, sammen med en række andre specialklinikker, til at høre under afdeling Q/ Afdeling for Depression og Angst.

Desuden bliver Team for Tværkulturel Psykiatri (TTP), som tidligere hørte under Lokalpsykiatri Århus Vest, et team under klinikken - og ændrer navn til Team for Transkulturel Psykiatri.

Klinik for PTSD og transkulturel Psykiatri, bliver således en samlende enhed for:

- traumatiserede flygtninge
- transkulturelle patienter
- danske veteraner (pr. 1. jan. 2012)

læs mere om Klinikken her: <http://www.rct-midtjylland.dk/>

læs om deres nye behandlingskoncept her: <http://www.kfff.dk/images/stories/pdf/Udrednings-%20og%20behandlingskoncept%202011.pdf>

#### Hvordan håndterer helsepersonell språklige barrierer? En undersøgelse av tolkebruk i helsevesenet

Kale, Emine; Ahlberg, Nora; Duckert; Fanny

Two focus group interviews with health-care workers were conducted from 2004 to 2005 as a part of a study on language barriers and the use of interpreters within the public health sector in Norway. Discussions in the focus groups indicated that when encountering language-based barriers, health-care professionals frequently rely on ad hoc solutions. The use of family members as interpreters is an example of such a solution. A key area for further improvement is the process of raising awareness among health-care workers and health-care institutions regarding the formal responsibility they have in relation to the «Patient Rights Law» and «The Health Personnel Law». Language barriers that are not properly addressed may detrimentally affect equal access to health services. The lack of proper interpreter services has continued to be a challenge for public health care in Norway.

**Tidsskrift for Norsk Psykologforening 47(9), 818-823, 2010**

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#### Tid, empati og helhedssyn

Korsholm, Karen Margrethe

Patienterne på Indvandrermedicinsk Klinik er meget svage borgere med komplekse problemer. Hvis de skal have lige adgang til sundhed og det øvrige velfærdssamfund, skal de have forskelsbehandling. Og det forsøger medarbejderne at give dem hver eneste dag.

I arbejdet på klinikken har det vist sig, at op til 75 procent af patienterne har Post Traumatisk Stress Syndrom (PTSD), og en stor gruppe er ikke diagnosticeret tidligere. Og det på trods af, at de har været i Danmark i mange år og også ofte har haft et langvarigt forløb i sundhedssystemet, hvor de har været undersøgt utallige gange på utallige afdelinger. Mange er aldrig blevet spurgt om, hvad de har oplevet, før de kom til Danmark. Mange af de traumatiserede flygtninge har svært ved at lære det danske sprog eller mister det, som noget af de første, hvis de re-traumatiseres i Danmark. Deres symptomer er mareridt, flashbacks (genoplevelser af traumatiserende hændelser), koncentrations- og hukommelsesbesvær. Alt sammen noget, der vanskeliggør en hverdag.

**Socialrådgiveren nr. 12, 2011**

Læs artiklen her: <http://www.socialrdg.dk/Default.aspx?ID=5275>

## LITTERATUR

### ARTIKLER FRA FAGLIGE TIDSSKRIFTER

#### **A cross-cultural investigation of suicidal behavior and attitudes in Austrian and Turkish medical students**

Eskin, Mehmet; Voracek, Martin; Stieger, Stefan; Altinyazar, Vesile

##### **Purpose**

This cross-cultural study investigated the prevalence of suicidal behavior and attitudes towards suicide and reactions to suicidal individuals in 320 Austrian and 326 Turkish medical students.

##### **Methods**

Data were collected using a self-report questionnaire consisting of sections on demographic information, suicidal behavior, current mood, religiosity, attitudes towards suicide, and reactions to suicidal individuals.

##### **Results**

More Austrian (37.8%) than Turkish (27.3%) students reported life-time, past 12-month, or current suicidal ideation, while more Turkish (6.4%) than Austrian (2.2%) students reported life-time or past 12-month suicide attempts. Austrian students had more permissive and liberal attitudes towards suicide, while those of Turkish students were more rejecting. Conversely, attitudes of Turkish medical students towards an imagined suicidal close friend were more accepting than those of Austrian medical students. Comparisons of suicidal versus nonsuicidal students showed that those reporting suicidal ideation or suicide attempts generally were more accepting of suicide and viewed suicide as a solution to a greater extent than the nonsuicidal group.

##### **Conclusion**

The findings suggest that cultural factors play a role in observed country differences in suicidal ideation and behavior and in attitudes towards suicide and reactions to suicidality among Austrian and Turkish medical students.

**Keywords** Suicidal behavior – Attitudes - Medical students – Austria – Turkey

**Social psychiatry and psychiatric epidemiology 46(9), 813-823, 2011**

#### **The indirect effect of somatic complaints on report of posttraumatic psychological symptomatology among Somali refugees**

Bentley, Jacob A.; Thoburn, John W.; Stewart, David G.; Boynton, Lorin D.

Somali refugees are a growing population of displaced persons at risk for considerable traumatic exposure and its subsequent psychological symptomatology. Two hypotheses were proposed to evaluate the relationships between somatic complaints and posttraumatic psychological symptoms in a community-based sample of 74 adult Somali participants. As hypothesized, traumatic exposure predicted increased symptoms of posttraumatic stress disorder (PTSD;  $r = .64$ ,  $p < .01$ ), depression ( $r = .31$ ,  $p < .01$ ), and anxiety ( $r = .38$ ,  $p < .01$ ) in the basal model. In evaluation of the second hypothesis, somatic complaints were found to have a statistically significant indirect effect on the predictive relationship between traumatic life events and mood disturbance, accounting for 9% of the variance in depression and 14% of the variance in anxiety. However, somatic complaints failed to have an indirect effect on the relationship between traumatic exposure and symptoms of PTSD. Post hoc analyses revealed that, consistent with research conducted with nonrefugee populations, PTSD had a statistically significant indirect effect that accounted for 13% of the variance in the relationship between trauma and somatic complaints. These findings provide preliminary data regarding the influence of somatic complaints on the self-reported psychological symptoms of internationally displaced Somali refugees.

**Journal of traumatic stress 24(4), 479–482, 2011**

#### **The influence of immigrant status and concentration on psychiatric disorder in Canada : a multi-level analysis**

Menezes, N. M.; Georgiades, K.; Boyle, M. H.

##### **Background**

Many studies have reported an increased incidence of psychiatric disorder (particularly psychotic disorders) among first generation adult immigrants, along with an increasing risk for ethnic minorities living in low-

minority concentration neighborhoods. These studies have depended mostly on European case-based databases. In contrast, North American studies have suggested a lower risk for psychiatric disorder in immigrants, although the effect of neighborhood immigrant concentration has not been studied extensively.

#### **Method**

Using multi-level modeling to disaggregate individual from area-level influences, this study examines the influence of first generation immigrant status at the individual level, immigrant concentration at the neighborhood-level and their combined effect on 12-month prevalence of mood, anxiety and substance-dependence disorders and lifetime prevalence of psychotic disorder, among Canadians.

#### **Results**

Individual-level data came from the Canadian Community Health Survey (CCHS) 1.2, a cross-sectional study of psychiatric disorder among Canadians over the age of 15 years; the sample for analysis was n=35 708. The CCHS data were linked with neighborhood-level data from the Canadian Census 2001 for multi-level logistic regression. Immigrant status was associated with a lower prevalence of psychiatric disorder, with an added protective effect for immigrants living in neighborhoods with higher immigrant concentrations. Immigrant concentration was not associated with elevated prevalence of psychiatric disorder among non-immigrants.

#### **Conclusions**

The finding of lower 12-month prevalence of psychiatric disorder in Canadian immigrants, with further lessening as the neighborhood immigrant concentration increases, reflects a model of person–environment fit, highlighting the importance of studying individual risk factors within environmental contexts.

**Key Words:** Epidemiology; immigrants; mental health; multilevel analysis; prevalence

**Psychological medicine 41(10), 2221-2231, 2011**

### **Koro : culture bound or mass hysteria?**

Roy, Debjit; Hazarika, Susmita; Bhattacharya, Arnab; Das, Shyamanta; Kamal, Nath, Silchar, Assam, Soddichha, Sahoo

Fra starten af artiklen

Koro is a culture-bound syndrome found mainly in southeast Asia often occurring in epidemics and known by various names such as *shuk yang*, *shook yong*, and *suo yang* (Chinese); *jinjinia bema* (Assam); or *rok-joo* (Thai). It is chiefly characterized by a belief that the sexual organs (penis in males and breast/nipples in females) will retract leading to disappearance of the organ and ultimately death of the individual [1]. We report two cases of koro which presented to our department during the recent outbreak in northeastern India, perhaps more as an 'epidemic' than a pure culture-bound syndrome.

**Australian and New Zealand journal of psychiatry 45(8), 683, 2011**

### **A look at cultural psychiatry in the 21st century**

Ruiz, Pedro

Cultural psychiatry, as a subspecialty of psychiatry and thus medicine, has grown steadily and extensively in the 20th century, especially during the second part of this century. In this article, we look at the origins of cultural psychiatry; at its history through the centuries; at its role in the clinical, educational, and research domains; at its significance in today's conceptualization of the fields of psychiatry and mental health; and at its future perspectives within the realms of both medicine and psychiatry.

**Journal of nervous and mental disease 199(8), 553-556, 2011**

### **Premigration persecution, postmigration stressors and resources, and postmigration mental health : A Study of severely traumatized U.S. Arab immigrant women**

Norris, Anne E.; Aroian, Karen J.; Nickerson, David M.

#### **Background**

Competing theories exist regarding the importance of premigration trauma as compared with postmigration stressors and resources with respect to the risk to immigrant mental health.

### **Objective**

To examine how type of premigration trauma, postmigration stressors, and postmigration resources differentially predict posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) symptomatology in Arab immigrant women who have been exposed to premigration trauma.

### **Design**

Descriptive, using multinomial logistic regression to explain membership in one of four groups: (a) PTSD only (n = 14), (b) MDD (n = 162), (c) comorbid PTSD–MDD (n = 148), and (d) subclinical symptoms (n = 209).

### **Results**

Parameter estimates for postimmigration-related stressors (as measured by the Demands of Immigration [DI]) indicated that a unit increase in DI scores was associated with a nearly 16-fold increase in the likelihood of being in the comorbid relative to the subclinical group, and a nearly 2.5-fold increase in the likelihood of being in the comorbid relative to the MDD-only group ( $p < .05$ ). Odds ratios for social support, age, and type of premigration trauma ranged between 0.95 and 1.95 and only differentiated between subclinical and comorbid PTSD–MDD groups ( $p < .05$ ).

### **Conclusion**

Postmigration stressors exert substantive effects on immigrant mental health outcomes. Nursing interventions are needed to reduce immigration-related stressors. Screening Arab immigrant women for depression and PTSD is important, given the high levels observed in this community-based sample.

**Keywords** - depression - posttraumatic stress disorder - PTSD - transcultural psychiatry

**Journal of the American Psychiatric Nurses Association 17(4), 283-293**

## **Refugee resettlement to the United States : recommendations for a new approach**

Westermeyer, Joseph J

Hmong acculturation to the United States has involved high prevalence of several psychosocial challenges: acculturation failure, welfare dependency, psychiatric disorder, mistrust, malignant youth gangs, and violence. Conversely, resettlement of the Thai Dam-a tribal group, also from Laos-has gone remarkably well in comparison. Strategies used for resettlement of these two groups differed greatly. Based on these differences, the author recommends a refugee resettlement strategy aimed at improved mental health and optimal acculturation for future refugee groups.

**Journal of nervous and mental disease 199(8), 532-536, 2011**

## **Spanish Revised Memory and Behavior Problems Checklist Scale (SpRMBPC) : trans-cultural adaptation and validation of the RMBPC questionnaire**

Salvia, Mariela Gonzalez; Dawidowski, Adriana; Schapira, Marcelo; Figar, Silvana; Söderlund, María Elvira; Seinhart, Daniel; Cámara, Luis; Teri Linda

### **Background**

The use of standardized scales is critical for monitoring the interventions within and between different populations, but the current Spanish tools are dispersed in several scales. A simple tool for simultaneously and exhaustively evaluating patient's symptoms and caregiver's distress in Spanish-speaking groups is needed.

### **Methods**

RMBPC was translated into Spanish by cross-cultural adaptation. Comprehensibility and easiness of SpRMBPC were evaluated with 92 patient-caregiver dyads. Reliability, stability and scale structure were evaluated by Cronbach's  $\alpha$ , test-retest and factor analysis respectively. Concurrent and discriminant validity were assessed by correlation with validated tools for measuring stage of dementia; memory, disruptive behaviors and depression symptoms of the patients; and anxiety, depression and burden of the caregivers (CDR, MMSE, NPIq, NPI disruption, NPI depression, HADS-A; HADS-D and Zarit Burden Interview respectively).

### **Results**

Almost all caregivers completed the questionnaire (97% completeness; 7.5% missing data). Both the frequency of Patient's Symptoms and Caregiver Reaction scores and subscores displayed high stability and reliability. All of these scores correlated positively with their respective validated tools as predicted, except

with MMSE. The patients' subscores for Disruptive Behaviors and Memory Impairment displayed their highest correlation with the disruptive symptoms and level of dementia validated tools.

#### **Conclusions**

SpRMBPC is a validated tool for assessing the dementia stage and the psychiatric morbidity of patients and caregivers. The Frequency Disruption and Memory subscales assess specifically patient's disruptive symptoms and dementia stages. These tools can be applied to analyze the burden of the patient's disease and the caregiver's distress in Spanish-speaking populations.

**International psychogeriatrics 23(7), 1160-1166, 2011**

## **Trauma, exile and mental health in young refugees**

Montgomery, Edith

#### **Objective**

To review evidence of trauma and exile-related mental health in young refugees from the Middle East.

#### **Method**

A review of four empirical studies: i) a qualitative study of 11 children from torture surviving families, ii) a cohort study of 311 3–15-year-old asylum-seeking children, iii) a qualitative study of 14 members of torture surviving families and iv) a follow-up study of 131 11–23-year-old refugees.

#### **Results**

The reactions of the children were not necessarily post-traumatic stress disorder specific. Seventy-seven per cent suffered from anxiety, sleep disturbance and/or depressed mood at arrival. Sleep disturbance (prevalence 34%) was primarily predicted by a family history of violence. At follow-up, 25.9% suffered from clinically relevant psychological symptoms. Traumatic experiences before arrival and stressful events in exile predicted internalizing behaviour, witnessing violence and frequent school changes in exile predicted externalizing behaviour. School participation, Danish friends, language proficiency and mother's education predicted less long-term psychological problems.

#### **Conclusion**

Psychological problems are frequent in refugee children, but the extents are reduced over time in exile. Traumatic experience before arrival is most important for the short-term reaction of the children while aspects of life in exile are important for the children's ability to recover from early traumatization.

**Acta psychiatrica scandinavica 124 (supplement s440, 1–46, 2011**

## **RAPPORTER**

### **Børn af krig og fred : evaluering**

Priskorn; Sara; Folke, Nana

42. sider

### **Børn af Krig of fred : flygtningebørn i folkeskolen : Metodehæfte**

Jensen, Line Sophia

54 sider

Dansk Flygtningehjælp. Center for Udsatte Flygtninge  
august 2011

Børn med etnisk minoritetsbaggrund bliver ofte sat i samme bås. Der skelnes med andre ord ikke mellem, om de er fra familier, der har bosat sig i Danmark som for eksempel arbejdskraftindvandrere, eller om de er kommet hertil som flygtninge. Den sondring er især fraværende i den offentlige debat men også blandt fagpersoner, der har med børnene og deres familier at gøre. Problemer i familierne bliver derfor ofte til et spørgsmål om kultur og manglende indsigt i det danske samfund, og flygtningefamiliernes særlige problemstillinger bliver ikke tænkt ind i det sociale arbejde. Det er blandt andet belyst i rapporten *De glemte børn i flygtningefamilier*, af Teori og Metodecentret. Opmærksomhed på flygtningebørnenes særlige situation er imidlertid en forudsætning for at kunne lave en tidlig og forebyggende indsats. Familierne har lidt en række svære tab, ofte har de været adskilt fra hinanden igennem længere tid, og både børn og voksne kan have været udsat for voldsomme oplevelser. Det påvirker selvsagt deres forudsætninger for at opbygge en tilværelse i Danmark. Nogle har så svært ved at fungere, at man kan tale om traumatisering. Også børn, der

er født her i landet, kan være meget mærkede af, at deres forældre har det svært. De ved måske ikke, hvad forældrene har været udsat for, men gør sig mange tanker om det, de bekymrer sig om familiens dagligdag og får ikke den støtte til for eksempel deres skolegang, som de har brug for.

På den baggrund søsatte Dansk Flygtningehjælps Center for Udsatte Flygtninge udviklingsprojektet "Børn af krig og fred". Projektet har haft til formål at styrke flygtningebørnenes trivsel ved at give dem, deres klassekammerater og de fagpersoner, der omgiver dem, mere viden om, hvad det vil sige at blive drevet på flugt og bosætte sig i et nyt land. Projektet er forløbet fra oktober 2009 til august 2011 og er foregået i samarbejde med H. C. Andersen Skolen i Vollsmose og Kildevældsskolen på Østerbro. Projektet har været finansieret af Integrationsministeriets pulje "En særlig indsats for traumatiserede flygtningefamilier", Helsefonden og Odense Kommune.

Projektet er evalueret af interne evaluatore fra Dansk Flygtningehjælp. I rapporten her beskriver vi projektets resultater og de erfaringer, skolerne har gjort sig undervejs. Rapportens første kapitel, "Hovedkonklusioner," er en sammenfatning af evalueringen. Her sammenholder vi først og fremmest de resultater, projektet har opnået, med målene der er beskrevet i projektansøgningen, og vi sammenfatter nogle centrale anbefalinger. Læseren, der er interesseret i at få en større indsigt i, hvad der er foregået i projektet, og hvilken læring vi har gjort os undervejs, kan med fordel læse rapportens øvrige kapitler. Her beskriver vi de enkelte interventionsområder: klasseundervisning om flygtninge, eksil og PTSD, gruppeforløb for flygtningebørnene samt forældresamarbejdet. For hvert af interventionsområderne beskriver vi, hvilke aktiviteter der er foregået på de to skoler, hvilke erfaringer vi har gjort os, og hvilket udbytte målgruppen har fået. Endelig evaluerer vi, hvad de involverede fagpersoner har fået ud af at være med i projektet, samt hvordan projektets resultater forankres på de to skoler og formidles til andre fagpersoner.

Lærere og andre fagpersoner kan læse metodehæftet *Børn af krig og fred – flygtningebørn i folkeskolen*. Her er baggrundsviden om flygtninge og traumer, gode råd og konkret materiale, der kan bruges til at lave indsatser for og om flygtningebørn i regi af folkeskolen. Metodehæftet kan rekvireres hos Dansk Flygtningehjælp på [www.flygtning.dk/udsatte](http://www.flygtning.dk/udsatte). I foråret 2013 udkommer desuden et antropologisk studie af, hvordan børn, der har været med i "Børn af krig og fred", forstår og tillægger det at være "børn af flygtninge med traumer" mening.

Du kan downloade begge rapporter herfra: <http://flygtning.dk/danmark/center-for-udsatte-flygtninge/materialer-om-flygtninge-med-traumer/>

Vælg IKKE det øverste Metodehæfte, vælg publikation nr. 2 og 3 fra oven.

## ANMELDELSER

### Migration and Mental Health

Edited by D. Bhugra and S. Gupta.

(Pp. 350; \$95; ISBN 9780521190770 cloth.) - Cambridge University Press: New York. 2011.

There are over 200 million international migrants, people who live in a country other than the one in which they were born, in the world today, the vast majority moving from middle- and low-income countries to high-income countries in North America, Europe and Oceania. Intra-national migrants, people who move large distances within the country in which they were born, may be an even larger population, with massive rural to urban migration continuing in many countries and a recent memory in most others. The chapters of this edited volume attempt a comprehensive overview of the many implications of these massive movements of people for population mental health and mental health treatment.

The volume contains 26 chapters, divided into five major sections covering the epidemiology of migration and mental health, consequences of migration, challenges that migrations pose to mental healthcare systems, needs of special populations and several country-level case studies. The authors are with few exceptions non-researchers and the chapters are for the most part selective literature reviews that explicate concepts and highlight themes of interest. Although the content is not unavailable elsewhere, the book fills a niche by bringing together discussion of a broad range of topics of interest to practitioners and policy makers who work with migrant populations into a single volume.

The epidemiology chapters go into considerable depth in describing mental health concerns corresponding to the several stages of migration, from premigration experiences, the experience of transit, and experiences in the receiving country both in the short and long term. The papers take a broad view of migration, including epidemiological patterns that extend across generations of descendants of migrants born in the receiving countries. The careful delineation of the distinct factors affecting migrant populations at each stage of the migration process is a strength of the collection. The papers also take a broad view of mental health, with some chapters focusing on psychosis, others on common mental disorders and others on distress.

The sections that are most likely to be useful to students are those that cover consequences of migration within the receiving countries and the challenges of taking care of socially disadvantaged culturally 'other' populations. These chapters open doors into the lives of migrants and ethnic minority patients that may otherwise remain shut to clinicians. They provide introductions to a variety of social and health science frameworks for thinking about the distinctive conditions of migrants and ethnic minorities that may affect mental health, including acculturation theory, collective trauma, social stress, and idioms of distress. In addition chapters devoted to circumstances of migrant elderly, child, female and lesbian, gay, bisexual, and transgender (LGBT) populations highlight issues that are likely to be overlooked. There are separate chapters devoted to inter-cultural communication, ethno-psychopharmacology, and culturally sensitive mental health services.

The book has some shortcomings. There is a great deal of repetition of some topics across the chapters, with no cross-referencing. For instance, the literature on migration and psychosis in Europe is reviewed multiple times with no attempt to synthesize the varying accounts or even bring them into contrast. At the same time the large literature on migration and mental health in the USA is hardly mentioned despite the long history of research on this topic in the USA and the large expansion of this work over the past decade with the fielding of large epidemiological surveys focused on immigrants and ethnic minorities.

Readers and instructors interested in a broad introduction to issues concerning mental healthcare for migrant and ethnic minority populations will find this a useful volume.

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**Psychological medicine 41 (10), 2233. 2011**

## **NYHEDSBREVE**

### **International psychiatry 8(3), 2011**

- **Thematic papers – Faith and psychiatry** / John Cox
- **The need for a category of 'religious and spiritual problems' in ICD-11** / Walid Khalid Abdul-Hamid
- **Criteria for compulsory admission in some European countries** / A. Carballedo and M. Doyle
- **Challenges for psychiatry in the 21st century** / Dinesh Bhugra

Læs artiklerne her: <http://www.rcpsych.ac.uk/pdf/IPv8n3.pdf>