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## Information om Transkulturel Psykiatri, december 2004

### GENERELT

#### Forslag til folketingsbeslutning om bedre sundhedsbehandling for asylansøgere.

Folketinget opfordrer regeringen til snarest at fremsætte de nødvendige lovforslag og foretage de nødvendige ændringer i administrative forskrifter med henblik på at forbedre asylansøgerees sundhedsforhold på følgende områder:

- Alle asylansøgere, der behandles i sundhedsvæsenet, skal registreres på et særligt identifikationsnummer, så der kan gives en samlet beskrivelse af asylansøgerees sygdomsforhold og behandlingsforløb på tilsvarende måde, som gælder for personer, der er omfattet af sygesikringen.
- Sagsbehandlingen i Udlændingestyrelsen vedrørende kautioner om sundhedsbehandling skal forbedres, og ventetiden nedsættes, ved at ansætte mere lægefagligt og tandlægefagligt personale til at vurdere ansøgningerne.
- Udlændingestyrelsen skal ansætte en børnesagkyndig konsulent, der skal rådgive i sager om asylsøgende børns sundhed og trivsel.
- Asylansøgere, der søger om humanitær opholdstilladelse, skal kunne få udarbejdet en helbredserklæring uden selv at skulle betale for det.
- Det skal fremgå direkte af udlændingeloven, at integrationsministeren udarbejder retningslinjer for asylansøgerees adgang til sundhedsydelser.

læs bemærkningerne til forslaget her :

<http://www.folketinget.dk/?/Samling/20041/beslutningsforslag/B102/index.htm>

#### Forslag til folketingsbeslutning om et autorisationssystem for indvandretolke

Folketingets informationssystem, Fremsat den 17. december 2004

Folketinget opfordrer regeringen til at indføre et autorisationssystem, som forpligter offentlige og halvoffentlige institutioner til at anvende tolke med certifikat fra en af de bekendtgørelsesbelagte tolkeuddannelser på Handelshøjskolen i København eller Handelshøjskolen i Århus.

Systemet skal indeholde følgende elementer:

- Staten, amterne, kommunerne, retsvæsenet og sundhedsvæsenet pålægges at anvende certificerede tolke, som har aflagt prøve ved Handelshøjskolen i København eller Handelshøjskolen i Århus.
- Der fastsættes en takst for tolkning inden for det offentlige, som afspejler tolkenes uddannelsesniveau.
- Der åbnes mulighed for at tage uddannelsen til statsprøvet tolk som almindelig SU-berettiget uddannelse.
- Der igangsættes en undersøgelse af flaskehalsproblemer, der eventuelt vil opstå, når kravet om autorisation træder i kraft.
- Der igangsættes en undersøgelse af, om der er behov for at modulopdele uddannelserne til statsautoriseret tolk og kræve forskellige minimumsniveauer i forskellige offentlige og halvoffentlige institutioner.

læs bemærkningerne til forslaget her :

<http://www.folketinget.dk/?/Samling/20041/beslutningsforslag/B99/index.htm>

#### Forslag til folketingsbeslutning om etablering af Center for Etniske Minoriteter og Sundhed (CEMISU)

Folketinget pålægger regeringen at oprette et nationalt center for etniske minoriteter og sundhed.

Centeret skal medvirke til forbedring af indsatsen vedrørende etniske minoriteters sundhed gennem styrkelse af den tværfaglige forskning, undervisning og formidling om sundhed og sygdomsårsager samt sundhedsvæsenets indsats blandt etniske minoriteter.

Centeret skal således:

- initiere og gennemføre selvstændig forskning på internationalt niveau,
- fremme og koordinere dansk forskning på området, herunder udvikle og evaluere særlige tiltag i sundhedsvæsenet,
- medvirke til undervisningsaktiviteter,

- medvirke til videnskabelig og almen formidling af danske og internationale forskningsresultater vedrørende etniske minoriteter og sundhed og
  - medvirke til praktisk forankring af sundhedsfremmende aktiviteter for etniske minoriteter.
- Centeret etableres pr. 1. juli 2005 i foreløbig 4 år med et årligt budget på 2,5 mio. kr. til basisudgifter i 2005-2008. Centeret etableres og finansieres gennem Det Strategiske Forskningsråd. Centeret bør placeres i tilknytning til et universitært forskningsmiljø med lignende funktioner.

læs bemærkningerne til forslaget her :

<http://www.folketinget.dk/?/Samling/20041/beslutningsforslag/B109/index.htm>

## Støtte til forskning i indvandrersygdomme

Berlingske Tidendes netavis 14. december 2004 / af Margit Mønsted Shabanzadeh

### Bred opbakning til forslag fra de Radikale om etableringen af et sundhedscenter, der skal forske i, hvorfor etniske grupper lider af bestemte sygdomme

Hvordan kan det være, at en tredjedel af landets retspsykiatriske patienter er fra lande som Iran, Irak og eks-Jugoslavien? Og hvorfor har pakistanere meget hyppigere diabetes 2 end her fødte danskere?

Det er spørgsmål, som ingen forsker herhjemme kan svare fyldestgørende på. For der er endnu ikke forsket nok i sundhedsproblemer blandt etniske minoriteter i Danmark. Det mener Det Radikale Venstre er for dårligt. Derfor fremlægger de i denne uge i Folketinget et forslag om etableringen af et nyt forsknings- og sundhedscenter. De Radikales sundhedsordfører Naser Khader er en af initiativtagerne bag forslaget.

»Det kan da ikke passe, at et samfund kan opleve et boom af indvandrere, der er psykisk syge kriminelle, uden at der er lavet en handlingsplan for, hvordan man skal forebygge problemerne,« mener han.

En god idé

Khader henviser til, at man i Norge, der har langt færre indvandrere end Danmark, allerede har indrettet et lignende videnscenter. (NAKMI (red) : <http://www.nakmi.no/forside/default.asp>)

Den holding er han ikke ene om. Også de sundhedspolitiske ordførere fra Socialdemokraterne, De Konservative og Venstre er positivt indstillede over for forslaget.

læs artiklen her : <http://www.berlingske.dk/indland/tema:fid=100100472/>

## Udenlandske læger er en succes – bare ikke i psykiatrien

Dagens Medicin, 10. December 2004 / af Peter Aagaard

### Tre ud af fire læger med flygtninge- eller indvandrerbaggrund får faste job på sygehusene

Udenlandske læger har succes med at få arbejde i det danske sundhedsvæsen. En opgørelse fra Amtsrådsforeningen viser, at tre ud af fire læger med indvandrer- og flygtningebaggrund fortsætter i prøveansættelser, praktikforløb eller faste job. I alt har 279 udenlandske læger gennemgået et integrationskursus i amterne, og lægeforeningens formand Jesper Poulsen betegner projekterne som en succes.

»Det er et flot resultat, at så mange kommer videre i et fremadskridende uddannelsesforløb og får faste job. Det er langt bedre end de succesrater, man normalt ser på integrationskurser, og det er specielt godt, når man tænker på, hvor forskellig baggrund lægerne kommer med,« siger Jesper Poulsen.

Amtsrådsforeningens integrationskurser har fundet sted siden 2002 i tre regioner for Nord, Syd- og Østdanmark, mens et enkelt amt som Frederiksborg Amt, Hvidovre Hospital og HS har haft deres egne projekter. Resultaterne fra de tre regioner viser, at 117 læger eller i alt 42 pct. har fået prøveansættelser, mens 11 pct. har fået autorisation til selvstændigt virke som læge. Yderligere 24 pct. er fortsat i praktik- og sprogforløb.

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### Psykiatri er en undtagelse

På Hvidovre Hospital har melder ledende overlæge Annette Nordenbo, at mere end 40 pct. af de 13 udenlandske lægekursister i dag har fået faste stillinger inde for alle specialer lige fra almen medicin til geriatri og kirurgi.

Eneste undtagelse er psykiatri, som har vist sig at stille for store krav til lægernes sproglige og kulturelle forståelse.

læs artiklen her : <http://www.dagensmedicin.dk/art.asp?ID=1928>

## Utlandsfödda kvinnor i Sverige gör flera aborter än infödda svenskor

Lotti Helström, med dr, överläkare, SESAM, Karolinska Universitetssjukhuset Solna

### **Inducerad abort: Kvinnans fria val eller brist på valmöjlighet?**

Kvinnor födda utomlands gör förhållandevis oftare abort än kvinnor födda i Sverige, trots att invandrade kvinnor oftast kommer från länder med restriktiv syn på abort.

Kvinnor väljer abort som utväg vid en oplanerad graviditet av samma skäl världen över.

I denna studie hade kvinnorna som var födda utomlands mindre erfarenhet av att använda preventivmedel.

Med bättre tillgång till anpassad preventivmedelsrådgivning och subventionerade preventivmedel borde antalet aborter kunna minskas.

**Läkartidningen 101(50), 4097-4101, 2002**

läs artiklen her : [http://www.lakartidningen.se/content\\_0450/pdf/4097\\_4101.pdf](http://www.lakartidningen.se/content_0450/pdf/4097_4101.pdf)

## **OM PSYKIATRI**

### **Practice guideline for the treatment of patients with Acute Stress Disorder and Posttraumatic Stress Disorder**

American Psychiatric Association har udgivet en ny guideline.

Den kan downloades herfra : [http://www.psych.org/psych\\_pract/treatg/pg/prac\\_guide.cfm](http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm)

### **Psykiatere vil forebygge selvmord med religion**

Kristeligt Dagblads netavis 7. december 2004 / af Lars Henriksen

#### **Tro virker beskyttende mod selvmord, viser ny amerikansk undersøgelse. Danske psykiatere vil gøre op med traditionel forbeholdenhed over for det religiøse**

Hvis man er religiøs, er risikoen for at man begår selvmord mindre, end hvis man ikke tror på noget. Det slår en amerikansk undersøgelse nu fast i det anerkendte tidsskrift American Journal of Psychiatry ([se abstract her](#)). Religiøsitet medfører nemlig en større moralsk modvilje mod at gøre skade på sig selv, de familiære værdier er stærkere, og troende mennesker har generelt et lavere agressionsniveau, viser undersøgelsen.

Men den viden kommer kun sjældent danske patienter til gode, for psykiatere i Danmark afholder sig stadig fra at tænke Gud ind i deres behandling, mener næstformanden i Dansk Psykiatrisk Selskab. Og det bør psykiatrien gøre op med, mener han.

– Der er for meget blufærdighed omkring religiøsitet hos psykiaterne. Alt for få henviser til hospitalspræsten, og mange vil ikke snakke om religion, og så risikerer man, at en enorm ressource i patienten forbliver uvækket. Det må vi simpelthen have lavet om på, siger Poul Videbech.

Han bakkes op af en af de få psykiatere, der har arbejdet med religion herhjemme.

– Freud betragtede religion som en umoden tvangsneurose og illusion, man bør vokse fra. Og den tankegang præger stadig mange psykiatere. Derfor bliver der sjældent spurgt til religiøsiteten, siger overlæge Jørgen Due Madsen fra angst- og depressionsafdelingen i Ballerup.

Han peger på, at man i Norge i mange år har medtænkt tro og religion i behandlingen og ser det som forebyggende mod depression og selvmord. Blandt andet ved at uddanne sygehuspræsterne bedre og gøre dem langt mere synlige.....

### **En psykiatri uden sammenhæng**

Amtsrådsforeningens hjemmeside 2. december 2004 / af

#### **Regeringens lovpakke på psykiatriområdet er et alvorligt slag mod den vigtige målsætning om en sammenhængende psykiatri. Det mener formændene for Amtsrådsforeningens Sundhedsudvalg og Social- og Psykiatriudvalg**

De sidste 25 år har psykiatrien arbejdet målrettet på at skabe sammenhæng for den enkelte patient, således at tilbuddene – uanset prisen - løbende bliver tilpasset patientens almene tilstand. Men i fremtiden ændres finansiering og ansvar.

Kommunerne skal efter regeringens forslag stå for 100 pct. af finansieringen i socialpsykiatrien og inddrages også i finansieringen af sygehusene. Det ændrer de økonomiske incitamenter for kommunerne, og det vil kunne betyde voldsomme forringelser for den enkelte.

Det koster f.eks. fremover kommunerne 761 kr. om dagen at beholde en 50-årig færdigbehandlet patient med en lidt tungere sindslidelse på et psykiatrisk sygehus. Det koster derimod mellem 1.300 og 2.500 kr. om dagen at tilbyde denne person et egnet botilbud i socialektoren uden for sygehuset. Som det er i dag, skal kommunen dog kun – på grund af grundtakstmodellen – betale de 823 kr. af dette beløb.

læs hele artiklen her : <http://www.arf.dk/Nyhedscenter/Faktuelt/2004/EnPsykiatriUdenSammenhaeng.htm>

## Psykiatrien og strukturaftalen

Amtsrådsforeningens hjemmeside 3. december 2004-12-07

### Uddrag af Amtsrådsforeningens gennemgang af lovforslag om strukturreformen

I følge den indgåede strukturaftale er det fastlagt, at den behandlende psykiatri samt de sociale tilbud, som kommunerne ikke kan/vil varetage, er placeret i regionerne, medens kommunerne har ansvaret for forebyggelse, pleje og genoptræning samt myndighedsansvaret for alle opgaver på det sociale område.

Denne opdeling løser ikke snitfladeproblemstillingen på det psykiatriske område, men flytter den fra at ligge mellem det almindelige og det specielle i det sociale område til at ligge mellem sociale tilbud i almindelighed og sygehustilbud. Patientens/borgerens behov for sammenhæng mellem sygehustilbud og sociale tilbud er stadig lige påtrængende og samtidig er de store muligheder for substitution (kassetækning eller mulighed for at lave billige, ønskede tilbud) mellem sygehustilbud og sociale tilbud lige så eksisterende efter en strukturreform som før. Strukturreformens intention om at give mere entydig og klar ansvarsplacering og modvirke kassetækning løses således ikke på det psykiatriske område - problemstillingen flyttes.

Dette notat omhandler imidlertid finansieringen af det fremtidige psykiatriske behandlingstilbud på det regionale område. Det er her fastlagt i aftalen, at sundhedsvæsenet skal finansieres via bloktilskud, via en statslig aktivitetspulje samt via kommunal medfinansiering (grundbidrag og aktivitetsafhængigt beløb – psykiatrisk behandling er her eksplicit nævnt).

hele dokumentet "Den behandlende psykiatri og den fremtidige finansiering" kan læses her:

<http://www.arf.dk/NR/rdonlyres/e5dreepmj7m7wwa7hhmbcjdjey4sc7v42rlrmyz7hixe4hbdydedtv7recjpv3y6mfargubul7obob/Den%25252bbehandlende%25252bpsykiatri%25252bbog%25252bden%252.doc>

## OM TRANSKULTUREL PSYKIATRI

### Boom i psykisk syge kriminelle indvandrere

Berlingske Tidendes netavis 3. december 2004 / af Margit Mønsted Shabanzadeh

**På landets eneste hospital for sindssyge kriminelle, Sct. Hans Hospital, har næsten halvdelen af patienterne anden etnisk baggrund end dansk. Den stærke overrepræsentation er ikke kun et problem i Danmark**

I løbet af de sidste ti år har landets eneste retspsykiatriske sygehus, Sct. Hans Hospital, oplevet en eksplosion i antallet psykisk syge, der har anden etnisk herkomst end dansk.

For blot ti år siden udgjorde indvandrere kun et lille mindretal af hospitalets indlagte. Men i dag belægger de næsten halvdelen af hospitalets sengepladser. Ingen af dem kommer frivilligt på hospitalet. De er havnet der, fordi de har begået kriminalitet. Men på grund af deres sindssygdom har de fået en behandlings- eller anbringelsesdom på hospitalet. Over en fjerdedel af de psykisk syge har begået drab eller forsøgt at dræbe, og størstedelen er dømt for at have begået anden personfarlig kriminalitet, f.eks vold mod andre. Ledende overlæge på Sct. Hans Hospital, Helle Hougaard, er alvorligt bekymret over de seneste års boom i antallet af patienter, der ikke har dansk baggrund.

»Vi har afsnit, hvor størstedelen af patienterne har anden etnisk baggrund end dansk. Og de er blandt nogle af landets mest alvorligt psykisk syge. Den store overrepræsentation af sindslidende med anden etnisk herkomst er en af vores vigtigste hovedudfordringer,« siger Helle Hougaard.

læs artiklen her : <http://www.berlingske.dk/indland/artikel:aid=512048/>

## Culture and mental health : highlights of the 54th annual meeting of the Canadian Psychiatric Association

October 14-17, 2004, Montreal, Quebec, Canada

The Canadian Psychiatric Association held its 54th Annual Meeting from October 14 to 17, 2004 in Montreal, Quebec, Canada. The theme of the meeting was culture and mental health. Summaries of selected sessions on the mental health of immigrants and cultural considerations for treatment of mental health issues.

### Medscape psychiatry and mental health 9(2), 2204

Referaterne kan læses her, hvor det er gratis at være bruger : [http://www.medscape.com/viewarticle/493073\\_1](http://www.medscape.com/viewarticle/493073_1)

## Forestil dig at du allerede har været død

Dansk Flygtningehjælps hjemmeside 13. december 2004

Traditionel behandling er ikke nok i forhold til traumatiserede flygtninge – sporadiske behandlinger eller en behandlingsform kan ikke stå alene. Derfor kombinerer Dansk Flygtningehjælp forløb med traditionel behandling med pædagogisk og social indsats i Aktivitetscentret for flygtninge med traumer, der startede her i foråret.

"Dag for dag begyndte jeg at betragte mig selv som værende død. Jeg stoppede med at mærke min egen krop, følte hverken sult, tørst eller smerte og til sidst følte jeg ingenting overhovedet. Jeg var forvandlet til en levende død," sådan beskriver et torturoffer, hvordan han overlevede mange års indespærring i iraks værste fængsel.

Selvom torturoverleveren i dag, bor i Danmark, langt væk fra fængslets daglige tortur, ydmygelser og isolation, så sidder oplevelserne fra fængslet fast i hans krop. Den lader sig ikke ryste ud af kroppen, selvom hjernen har fået besked på, at der nu er fred og sikkerhed.

læs mere her :

[http://www.flygtning.dk/Enkel\\_nyhed.1120.0.html?&backPid=1119&cHash=90268e3d6a&tt\\_news=182](http://www.flygtning.dk/Enkel_nyhed.1120.0.html?&backPid=1119&cHash=90268e3d6a&tt_news=182)

## Hjælp til truede børn i etniske minoritetsfamilier

CETT's hjemmeside

Psykiatrisk Informationscenter (Psykinfo ), CETT og Børn- og ungdoms psykiatrisk afdeling, Kolding starter d.3.1.2005 et gruppetilbud særligt henvendt til børn og unge i flygtninge- og indvandrerfamilie under navnet KAPPASS , Navnet er en forkortelse på formuleringen - kunsten at passe på sig selv og andre.

Baggrunden for initiativet er flere. Blandt andet hyppige og ofte alvorlige psykiske problemer hos børn og voksne, der har oplevet flugt og krig før deres ankomst til Danmark.

Beregninger lavet på baggrund af det tidligere Sundhedsministeries egne tal peger på, at der bor ca. 6500 borgere i Vejle Amt, som stammer fra typiske flygtningelande. Heraf skønnes, 20 til 30 procent at have været gennem forskellige tortur- eller krigsoplevelser, der har sat sig varige skadevoldende spor i deres psyke. Disse flygtninge- og indvandrerbørn, i lighed med andre børn af psykiske syge forældre, er i risikozonen for selv at udvikle mere alvorlige psykiske vanskeligheder senere i livet.

Når børn lever sammen med en traumatiseret forælder, kan børnene udsættes for en delvis overførsel af forældrenes psykologiske traumer. En traumatiseret forælder kan have svært ved at varetage rollen som forælder og ofte er problemerne så store, at rollerne i kortere eller længere perioder byttes om og børnene påtager sig rollen som omsorgsgivere.

læs mere om projektet her : <http://www.cett.dk/cett/opencms/cett/samarbejde.html#hjælp>

## Ignoring Asian patients' values jeopardizes treatment success

Eve Bender

**To successfully engage Asian-American patients who need mental health care, one expert advises clinicians to set treatment goals that are closely aligned with values that are vital in those patients' culture.**

Although Asian Americans have some of the highest suicide rates in the United States, many are reluctant to access mental health services due to stigma and shame. Those who do seek treatment must often wait for months before sitting down with a psychiatrist or mental health practitioner

Henry Chung, M.D., illuminated the problems facing Asian Americans with mental illness at a meeting whose theme was "Overcoming Stigma in Asian American Mental Health" in New York City in October. The meeting was sponsored by the New York Coalition for Asian American Mental Health, an organization established in 1988 to improve the quality of mental health care services available to Asian Americans in the New York City area.

"Are we not restigmatizing Asian-American patients again by telling them, 'I know you need help, but you must wait three to six months before you can get care?'" asked Chung, who is a clinical associate professor of psychiatry at New York University School of Medicine and senior director of research and strategic management at the Charles B. Wang Community Health Center in New York.

One mental health problem that must be dealt with immediately is suicide, and Asian-American women commit suicide at higher rates than women from other ethnic groups in the United States, Chung said.

In data compiled from 1990 to 2001 by the National Center for Health Statistics of the Centers for Disease Control and Prevention, the suicide rates among older Asian or Pacific Islander (API) women consistently topped those for elderly women from other ethnic groups.

**Psychiatric news 39(22), 2004**

læs artiklen her : <http://pn.psychiatryonline.org/cgi/content/full/39/22/20>

## Kan man identificere personer med behov for psykiatrisk hjælp blant asylsøkere?

Nasjonalt kunsskappssenter for helsetjenesten, Norge / af Anne Marie Müller

**Er det mulig ved hjelp av en enkel metode å identifisere voksne asylsøkere som har behov for psykiatrisk hjelp? Dette spørsmålet har en prosjektgruppe ledet av dr. med. Pål Gulbrandsen utredet på oppdrag fra Sosial- og helsedirektoratet.**

Det skjer ingen systematisk kartlegging av psykisk helse hos asylsøkere, og det er usikkert hvor stort behovet deres er for psykiatrisk hjelp. Men det som er sikkert, er at det ikke er tilstrekkelig tilbud om hjelp i dag for asylsøkere som har et *erkjent* behov for psykiatrisk hjelp.

### Etiske forutsetninger

Prosjektgruppen påpeker at det ikke er etisk forsvarlig å avdekke lidelse ved en screeningprosedyre dersom man ikke har et behandlingstilbud.

- Det er et kjent fenomen innen psykisk helsevern at det kan skade mer enn det gagnar å avdekke traumer og sårbarhet uten å kunne håndtere de følelser det skaper eller tilby behandling der slik finnes, sier Pål Gulbrandsen. - Vi har derfor lagt til grunn at en eventuell identifisering av personer med alvorlige psykiske problemer blir gjort på en måte som ikke gir risiko for skader.

### Forutsetninger for screening

Gruppen konstaterer at situasjonen ikke tilfredsstillende anerkjente kriterier for å gjennomføre et screeningprogram. Det fins ikke veldefinerte beskrivelser av forløp fra latent fase til manifest sykdom, og dermed heller ikke gode tester. Det mangler også entydige behandlingstilbud som med sikkerhet forbedrer prognosen. Prosjektgruppen har i stedet vurdert om det kan gjennomføres en form for standardisert undersøkelse for identifiseringsoppgaven. Gruppen har gjennomgått tilgjengelig litteratur for å vurdere tre mulige instrumenter for strukturert intervju. Konklusjonen er at det fins et par instrumenter som kan prøves ut for å avdekke tilstedeværende, ikke erkjent psykisk lidelse.

læs artiklen og download rapporten her : <http://www.kunnskapsenteret.no/sistenytt/nyheter.2004-11-12.5788697202>

## Psykisk syge asylbørn svigtes

Kristeligt Dagblad 25. december 2004 / Ritzau

### Børnene i Kolding fik hjælp til at klare traumerne efter fyrværkerikatastrofen, men krigsbørn i de danske asylcentre får ingen tilsvarende professionel hjælp

Børn fra Tjetjenien, Irak og andre brændpunkter får ikke den samme hjælp som eksempelvis børnene i Kolding fik efter fyrværkerikatastrofen. Og forsømmelsen finder sted, selv om det danske samfund er ligeså forpligtet til at sørge for asylbørn som for alle andre børn.

Kritikken fremføres af børnepsykiater Bente Rich, der blandt andet arbejder med asylbørn, der er psykisk syge. Hun vurderer, at den eksisterende screening ved ankomsten til det danske asylsystems indgangsportal, Sandholmlejren, bør skrottes og erstattes af en ny grundig metode, der kan sikre en faglig opsamling af børn med traumer.

Ifølge Dansk Røde Kors' asylafdeling har omkring to procent af børnene traumer. Ifølge andre grundige undersøgelser drejer det sig om 60-70 procent.

– Det kan simpelthen ikke passe, og det er et problem, at Sundhedsstyrelsen har godkendt den måde, Dansk Røde Kors' Asylafdeling varetager sundhedsundersøgelserne på, siger Bente Rich.

Alle asylansøgere tilbydes undersøgelse af læge og sundhedsplejerske ved ankomsten og derefter et årligt helbredstjek. Men ifølge Bente Rich burde alle ved ankomsten til Danmark undersøges af fagpersoner, som har forstand på især psykiske skader.

– Udgangspunktet i dag er en screening, hvor man lægger ud med, at der ikke er problemer. Man sørger ikke for at få påvist, hvor der er behov for hjælp og hvor der opstår behov, siger hun.

Den nuværende screeningsmetode har været i brug siden Dansk Røde Kors' asylafdeling tog imod de første asylansøgere i 1984, men ifølge børnepsykiateren er denne screenings mangler blevet mere tydelig i takt med at presset på asylansøgerne er vokset. I dag venter op mod 80 procent af beboerne på landets asylcentre på at blive udvist, og forældrenes situation påvirker børnene.

I Dansk Røde Kors Asylafdeling erkender man, at der ikke bliver ledt særligt grundigt efter asylsøgernes traumer.

– Vi ville finde mange, hvis vi gav os til at undersøge dem mere grundigt, men det er ikke os, der bestemmer, om der skal laves børnepsykologiske og børnepsykiatriske udredninger. Hvis det skal gøres, skal det i givet fald være på opdrag fra staten, siger cheflæge i asylafdelingen Ebbe Munk-Andersen.

Han vurderer, at hvis der skulle gøres noget for børn på asylcentre, skulle der sættes ind på mange fronter.

– Så skulle man både styrke indkvarteringsforholdene, forældrenes forældreevne og specialundervisningen. Det børnepsykiatriske er sådan set kun toppen af isbjerget, siger Ebbe Munk-Andersen.

Psykolog og forskningschef på Behandlings- og Forskningscenter for Tortur-ofre Edith Montgomery er for tiden ved at undersøge, hvordan det går med unge mennesker, der for 10 år siden var børn i asylsystemet. Ved ankomsten til asylsystemet i 1992-1993 led tre fjerdedel af disse børn af angst på grund af traumatiske oplevelser.

## Sindslidelser - et tabu blandt mange indvandrere

Berlingske Tidendes netavis 3. december 2004 / af Margit Mønsted Shabanzadeh

**For mange indvandrere fra Mellemøsten er det tabu at være psykisk syg. Derfor opsøger de ikke hjælp eller behandling. Men jo længere tid der går, uden at de syge behandles, jo større bliver risikoen for, at de begår kriminalitet**

Ondt i hovedet eller hjertebanken.

Det er ofte det svar, som psykolog Tine Wøbbe får, når hun spørger patienter med anden etnisk baggrund, hvordan de har det.

Patienterne forklarer ofte deres psykiske lidelser ved at henvise til fysiske mén, og derved adskiller patienter, der er født i Mellemøsten, sig fra de danskfødte patienter.

»De siger ikke, at de har psykiske problemer. Det er et for tabubelagt emne for dem. For i Mellemøsten ser man helt anderledes på den slags end herhjemme,« forklarer psykolog Tine Wøbbe.

Hun er ekspert i psykiatri på Sct. Hans Hospital.

Her er de fleste etniske patienter førstegenerationsindvandrere fra Iran, Irak, Tyrkiet, Pakistan og Afghanistan. Mange er fra de lavere sociale lag og har derfor et dårligt uddannelsesniveau. Ifølge Tine Wøbbe og ledende overlæge, Helle Hougaard, er der stor uvidenhed og mystik omkring sindslidelser i visse dele af indvandrer miljøet herhjemme

læs artiklen her : <http://www.berlingske.dk/indland/artikel:aid=512050/>

## Større åbenhed om etniske grupper på Sct. Hans

Berlingske Tidendes netavis 3. december 2004 / af Margit Mønsted Shabanzadeh

**Etniske grupper er stærkt overrepræsenterede på Sct. Hans Hospital. Halvdelen af de psykisk syge er kriminelle indvandrere. Ali fra Ægypten er en af dem.**

»Jeg hører stemmer. Det er Satan, som kommer og vil have fat i mig. Men så siger jeg til Allah, at han skal skræmme ham væk. Og jeg vil også have et Jesus-kors, så Jesus kan hjælpe til. For selv om jeg er muslim og ikke spiser svin, så tror jeg godt, at han vil hjælpe mig.«

Hvornår han kom til Danmark, det kan den 39-årige Ali fra Ægypten ikke huske. Men nu sidder han på Sct. Hans Hospitals retspsykiatriske afdeling. Her har han været i syv år. Først på den lukkede afdeling, nu på en mere åben, der ikke kræver 24 timers bevogtning.

læs artiklen her : <http://www.berlingske.dk/indland/artikel:aid=516372:fid=100100472/>

## Tremendous stigma' keeps some Asians from MH care

Eve Bender

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

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

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

Juthani, who is also a member of the *Psychiatric News* Editorial Advisory Board, appeared at the meeting, "Overcoming Stigma in Asian-American Mental Health" in New York in October to discuss issues impacting South Asians who have immigrated to the United States from countries such as India, Pakistan, and Sri Lanka.

"Identification of mental illness in this population is a slow process because their families tolerate, rationalize, and deny distorted thinking, depression, and anxiety," Juthani explained.

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

People of South-Asian descent "tend to conceal the pathology and suffer quietly," Juthani noted.

"Mental illness carries tremendous stigma, which prevents patients and families from coming forward for treatment," she said.

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

## Trusler er et råb om hjælp

Kristeligt Dagblad 10 december 2004 / af bente Clausen

Når unge mennesker og børn begynder at udstede trusler, så er det et råb om hjælp. Og så bør de sociale myndigheder undersøge, hvorfor der råbes om hjælp.

Det mener psykolog Talli Felding, som har undersøgt 14 meget kriminelle indvandrerdrenge mellem 13 og 16 år. Den psykologiske undersøgelse viste, at 13 af de 14 drenge havde ikke tidligere diagnosticerede psykiske forstyrrelser. En type lidelse, som Talli Felding mener, det sociale system alt for ofte overser. Systemet ser i stedet en fremmed kultur og begrundet den uacceptable opførsel i kulturforskellene.

Selv om hun mener, at alt for få unge indvandrere henvises til at få undersøgt deres problemer til bunds, så ser hun alligevel flere og flere unge kriminelle indvandrere på Psykologisk Center i København, hvor hun har sin arbejdsplads. Derfor tør hun også godt forsigtigt sige, at problemet vokser.

- Men alt for få opdages i systemet som det, de måske er, nemlig psykisk forstyrrede, siger hun, og understreger, at hun ikke er statistiker. Hun udtaler sig om den stigning, hun selv har set.

Der var klare fællestræk blandt de 14 unge kriminelle indvandrere, Talli Felding baserede sin undersøgelse på.

- De havde næsten alle været ude for omsorgssvigt og oplevet tæsk som en regelmæssig del af opdragelsen.

Og når børn udsættes for omsorgssvigt, er det jo ingen overraskelse, hvis de ikke er omsorgsfulde over for andre. Det skal man jo lære hjemmefra. Oven i det har de så også lært at tæv er en argumentationsform.

Andre fællestræk blandt nogle af de unge var sindssygd og misbrugsproblemer i familien.

- Fem af drengene havde sindssyge mødre. I nogle få tilfælde vidste socialforvaltningen det godt, men hos drengene i mit materiale var der intet gjort ved det. Men vi ved, at det ikke er sundt for et barn at vokse op med en psykisk syg mor.

Talli Felding mener, at nogle sagsbehandlere er meget optagede af det etniske.

- Og når de så møder mødre, der opfører sig underligt eller siger underlige ting, så henviser de adfærden som en del af kulturen. Det er selvfølgelig nemmere med en dansk mor, som taler usammenhængende og er underlig.

Med indvandrerkvinder kan det være svært at få øje på, at kvinden er syg, hvis sprogproblemerne samtidig er store. Men selv når det opdages, gøres der ifølge mit materiale intet ved det.

## LITTERATUR

### Nye bøger og rapporter

#### Folkhälsoarbete som stärker integrationsprocessen

Marcela Bravo Landström, Emily Broström

Stockholm : Transkulturellt Centrum, 127 s.

Migration har identifierats som en extremt stressande livshändelse, en risksituation för alla som blir tvungna att på obestämd tid, lämna sitt land. Hur vuxna invandrare och flyktingar löser frågan om motsättningen mellan det förflutna och nutiden, det gamla och det nya, är avgörande för deras och barnens möjligheter till anpassning och integration i det nya landet.

Projektets fokus ligger på samband mellan migration, hälsa och integration. Projektet vänder sig till invandrargrupper och –organisationer och erbjuder ett samarbete i syfte att stödja deras kompetens i arbetet med hälsofrågor, särskilt prevention av psykosocial ohälsa. Även personal som arbetar med invandrare och flyktingar får utbildning och stöd i metodutveckling, så att de professionellt kan stödja integrationsprocessen.

Rapporten kan downloadas herfra : [http://www.sll.se/w\\_tkc/89040.cs?dirid=89050](http://www.sll.se/w_tkc/89040.cs?dirid=89050)

## Anmeldelser

### Psychotherapy with African-American women : innovation in psychodynamic perspectives and practice

Leslie C. Jackson & Beverly Greene (Eds.),.

New York: Guilford Press, 2000. 298 pp. Cloth: \$28.00 (US),

ISBN 1-57230-585-1.

**IRMA J. BLAND**

**Louisiana State University**

African-American women as individuals have had diverse developmental, psychological and life experiences. At the same time, as members of a group there are unique, commonly shared experiences that transcend those

individual differences. Do these unique experiences dictate different perspectives and understanding for the effective application of psychodynamic psychotherapy for African-American women? The authors of this volume clearly think so – and I agree.

The editors are both professors of psychology and clinicians who have made substantial scholarly and professional contributions regarding diversity in clinical practice, ethnic minority psychology and women's issues. They have brought together a distinguished group of academics and practitioners of psychology, psychodynamic psychotherapy and psychoanalysis who are women of color from around the country, to explore these issues and to share their collective knowledge and experience. Their premise is that the experiences of African-American women are usually explained either along an ethnic/racial or a gender identity perspective, each mutually exclusive of the other. There is neither an integrated view of African-American women's bifurcated identity nor a contextual understanding of their historical, cultural and social situations. The authors, therefore, contend that the true psychological complexities of African-American women have not been sufficiently understood. Thus, an accurate perspective about the psychological experiences of African-American women is often absent from traditional theoretical paradigms and therapeutic inquiry. The authors' objectives are to analyze and reformulate traditional psychodynamic theories and to provide an integrated psychological perspective of African-American women that explicates the complexities and dispels stereotypical myths. Based upon this understanding, they hope to contribute to the literature a perspective that will more accurately guide the education and training of future clinicians and offer innovative strategies for more effective application of psychodynamic psychotherapy for African-American women.

How well do the authors achieve their objective? The authors readily acknowledge the usefulness of psychodynamic theories and the accompanying therapeutic techniques in helping patients, including African-American women, to understand the intrapsychic dimensions and continuity of their experiences and to work through problematic issues. Although the authors do not provide an exhaustive analysis or reformulation of traditional psychodynamic theories, they do point out how these theories have fallen far short of being inclusive. As they illustrate, psychodynamic theories are themselves socio-culturally bound constructs that are embedded in the world-view of their time. As such, these theories (in most instances) are ethnocentric and promote a universality based on white, upper middle class, European standards. Inevitably, these theories tend to pathologize difference, perpetuate sex-role stereotypes, and fail to provide an in-depth understanding of the 'experience of the other.'

Why is this so important? The most sensitive and empathic therapist who has the capacity to establish a successful therapeutic alliance across racial/ethnic and cultural boundaries may stumble upon certain issues that are culturally specific. If therapists do not have the knowledge base, in-depth understanding or necessary therapeutic skills they will not be able to accurately attend to these issues as part of the therapeutic inquiry. They will find it difficult to disentangle the social, cultural and intrapsychic or to understand the psychodynamic interplay among these dimensions. Also, they will fail to recognize or effectively manage the patient's associated defensive strategies and resistance, or deal with the patient's transference or their own counter-transference issues across cultures (Bland & Kraft, 1998).

Cultural psychiatrists have utilized and stretched traditional psychodynamic theories to bring in-depth understanding to certain issues across cultural boundaries. The authors, however, point to the relevance of specific issues that have not been fully addressed, e.g. the impact of diverse early childhood experiences (outside the nuclear family model), cultural variations on autonomy and separation, and experiences, e.g. slavery, marginalization, racism and discrimination, on psychological functioning and on personality and racial identity development. Because these issues are not fully integrated into traditional theories they are not taught in traditional training programs and do not enhance the knowledge and skills of therapists in working with African-American patients. As is not uncommon in a book with multiple authors, the focus and clarity vary from chapter to chapter. As a whole, however, the book provides important insights into a number of issues seldom addressed elsewhere in the literature. What I found to be particularly interesting and useful was the authors' elucidation of specific issues including: the internalization of race-based traumatic experiences; black/ white bicultural racial identity formation in adolescent females; the significance of skin color and hair texture on the sense of self; issues intrinsic to psychotherapy with African-American lesbian and bisexual women; and the internalization of 'the strong black woman' as both adaptive and compensatory defense against the sense of vulnerability and powerlessness and the challenge this presents in treatment. The identification, exploration and working through of these issues (as well as other culturally specific issues) can make a significant difference in the process and therapeutic outcome in the treatment of African-American women.

Clinicians, teachers, supervisors and students of psychodynamic psychotherapy, as well as others involved in working with African-American and other women of diverse racial and cultural backgrounds, should read this book. Psychodynamic psychotherapy that does not take into account the historical context and socio-cultural experiences of the patient is limited and ineffective and leads to poor outcomes. The failures that occur as a result of stereotyped assumptions, lack of insight and poor technique challenge us to address the 'experience of the other.' Only by doing so can we improve our skills and enhance our effectiveness in doing psychotherapy and effectively treating all patients, including across cultural boundaries (Foulks, Bland, & Shervington, 1995). It has taken the knowledge and experience of therapists across cultures to understand these issues and the limitations of our current theory and techniques. I congratulate the authors for raising our level of consciousness and for their contribution to the literature.

## References

Bland, I. J., & Kraft, I. (1998). The therapeutic alliance across cultures. In S. Okpaku (Ed.), Clinical methods in transcultural psychiatry (pp. 266–278). Washington, DC: American Psychiatric Press.  
Foulks, E. F., Bland, I. J., & Shervington, D. (1995). Psychotherapy across cultures. In J. M. Oldham & M. Riba (Eds.), Annual review of psychiatry (Vol. 14, pp. 511–528). Washington, DC: American Psychiatric Press.

## ELEKTRONISKE TIDSSKRIFTER

### Australian e-journal for the advancement of mental health 3(3), 2004

Dette nummer omhandler Australiens oprindelige folk : aboriginerne.

Tidsskriftet kan læses her : <http://www.auseinet.com/journal/vol3iss3/index.php>

### Synergy 2004(3) : Recovery

Synergy udgives af Multicultural Mental Health Australia og dette nummer har "recovery som tema.

Hele nummeret kan downloades her :

[http://www.mmha.org.au/MMHAPublications/Synergy/2004No3/Synergy\\_2004No3.pdf](http://www.mmha.org.au/MMHAPublications/Synergy/2004No3/Synergy_2004No3.pdf)

eller artiklerne kan læses enkeltvis :

#### Articles: (in alphabetical order)

##### ['No More Mualagh'](#)

Multicultural Mental Health Australia

Assessing the information needs of rural Afghani communities in relation to antidepressant medication

##### [Chinese Recovery Consumer Group](#)

Ryde Community Mental Health Service

##### [Culturally Diverse Consumers Talk Recovery](#)

Felicity Zadro

Multicultural Mental Health Australia (MMHA) together with the National Ethnic Disability Alliance (NEDA) hosted a symposium, 'The Culturally and Linguistically Diverse (CALD) Consumer Perspective on Recovery'. This symposium formed part of the Perspectives on Recovery conference hosted by the Australian Mental Health Consumer Network in Brisbane, August 2004. The symposium was an opportunity for CALD consumers to talk candidly about their own recovery journeys, their experiences and insights. They shared personal struggles, the effect of stigma on their lives and the experiences of dealing with the health system. The symposium was a unique opportunity for all the participants to hear the rarely discussed CALD consumer perspective on recovery. MMHA and NEDA would like to thank all the participants for their honesty in sharing their stories. Here are some highlights..

##### [inmyopinion](#)

Kaliopé Paxinos

In this article, Kaliopé Paxinos, Carer Consultant, Educator and Lecturer, from Victoria shares her insightful thoughts and extraordinary experiences on the interaction between recovery and culture.

##### [Perspectives on Recovery](#)

By Felicity Zadro

We asked a Consumer, a Carer and a Clinician from culturally diverse backgrounds about their perspectives on recovery. Here is what they had to say...

##### [Recovered Not Cured: A Journey through Schizophrenia](#)

Review by Kaliopé Paxinos, Carer Consultant, Northwest Area Mental Health Service. Carer Advocate for Victorian Transcultural Psychiatry Unit. Educator and Lecturer.

Book review

##### [Recovery in Australia - a journey of recovery for a culturally diverse consumer living in Australia.](#)

Evan Bichara

Evan Bichara is a consumer advocate and educator at Victorian Transcultural Psychiatry Unit. This is an edited version of a presentation Evan gave at the Perspectives on Recovery conference, Brisbane August 2004.

##### [Recovery is about Action PITANE: Consumer Run Recovery Service](#)

Desley Casey and Natalie Andrews

'Recovery Can Be Different for You and Me.' This is a lyric line of a song we wrote specifically for Pitane Singers. To us, this is what Pitane Recovery Centre is all about.

##### [What is Recovery? What are the current debates?](#)

Gwen Scotman

Gwen Scotman, Consumer Advocate and Acting Chair of the Australian Mental Health Consumer Network explains.

## ARTIKLER

### Attitude toward and knowledge about mental illness in Fiji Islands

Henry Stephens Aghanwa, Acute Mental Health Unit, Toowoomba Base Hospital

## **Abstract**

**Backgrounds:** There is a dearth of information on the extent of knowledge about mental illness and attitudes toward the mentally ill in Fiji.

**Aims:** This study aimed to explore these aspects, and also to determine the factors influencing them.

**Method:** Market vendors, peri-urban dwellers, white-collar and health workers from Greater Suva were interviewed. The interview schedule used elicited socio-demographic characteristics, knowledge of, and attitudes toward, mental illness.

**Results:** A majority of the subjects attributed the cause of mental illness to substance abuse, believed in the diversity of mental illness, considered hospital as an important source of help and acknowledged the effectiveness of medication.

Less than one-fifth of the subjects were willing to marry or employ mentally ill persons. About 42% of the sample would be deterred by embarrassment from seeking help.

Educational attainment was correlated with knowledge about mental illness, except with knowledge about early mental symptoms ( $p < 0.01$ ). Prestigious occupation, single marital status, female gender, younger age and urban dwelling were associated with positive disposition toward the mentally ill ( $p < 0.01$ ). Race was not significantly influential on almost all attitudinal variables.

**Conclusion:** Health education is capable of positively influencing knowledge about, and attitudes toward, mental illness in Fiji.

**Key Words:** attitudes – Fiji – knowledge - mental illness - mentally ill

**International journal of social psychiatry 50(4), 361-375, 2004**

## **Baridi : a culture-bound syndrome among the Bena peoples in Tanzania**

Anitta Juntunen, PhD, Kajaani Polytechnic

### **Abstract**

The aim of this ethnographic study is to describe baridi, a culture-bound syndrome of the Bena peoples in the village of Ilebula, Tanzania. The data were collected through open-ended interviews ( $n = 49$ ), observation and personal field diary, and analyzed by qualitative content analysis. The findings showed that baridi, emotional coldness, was a slowly progressing condition. It started with mild symptoms, such as feeling cold, tired and sick. Later, it influenced the sufferer's physical, mental, social, sexual, and economical well being. Treatment of baridi was based on identification of the cause, asking for forgiveness and sharing a ritual confirming family unity. Prevention of baridi required respect of the elderly and familial norms. The findings may advance professional understanding of cultural knowledge by demonstrating how sociocultural conditions produce variations in health.

**Key Words:** transcultural nursing – baridi - culture-bound syndrome - ethnography - Bena - Tanzania

**Journal of transcultural nursing 16(1), 15-22, 2005**

## **CBT for Vietnamese refugees with treatment-resistant PTSD and panic attacks : a pilot study**

Devon E. Hinton, Thang Pham, Minh Tran, Steven A. Safren, Michael W. Otto, Mark H. Pollack

### **Abstract**

We examined the feasibility, acceptability, and therapeutic efficacy of a culturally adapted cognitive-behavior therapy (CBT) for twelve Vietnamese refugees with treatment-resistant posttraumatic stress disorder (PTSD) and panic attacks. These patients were treated in two separate cohorts of six with staggered onset of treatment. Repeated measures Group  $\times$  Time ANOVAs and between-group comparisons indicated significant improvements, with large effect sizes (Cohen's  $d$ ) for all outcome measures: Harvard Trauma Questionnaire (HTQ;  $d=2.5$ ); Anxiety Sensitivity Index (ASI;  $d=4.3$ ); Hopkins Symptom Checklist-25 (HSCL-25), anxiety subscale ( $d=2.2$ ); and Hopkins Symptom Checklist-25, depression subscale ( $d=2.0$ ) scores. Likewise, the severity of (culturally related) headache-and orthostasis-cued panic attacks improved significantly across treatment

### **Keywords**

posttraumatic stress disorder, panic attacks, cognitive-behavior therapy, Vietnamese refugees

**Journal of traumatic stress 17(5), 429-433, 2004**

## **Command hallucinations among Asian patients with schizophrenia**

Theresa MY Lee, MBBS, MMed, Siow Ann Chong, MBBS, MMed Yiong Huat Chan, Gangaharan Sathyadevan, MBBS, MRCPsych

### **Abstract**

**Objectives:** The impact of command hallucinations on patients and the determinants of patients' compliance with them are still poorly understood. The extant literature is also divided on their association with violence. This study aimed to establish the prevalence of command hallucinations and to identify the factors that affect compliance with the commands, together with patients' coping methods.

**Methods:** We recruited 50 consecutive male and 50 consecutive female schizophrenia inpatients who reported hearing voices in the 6 months prior to admission. We interviewed these patients, using a semistructured questionnaire. We collected information on the contents of their auditory hallucinations and their coping methods.  
**Results:** Of the patients, 53 (53%) reported command hallucinations. Of these 53 patients, 58% were women and 48% were men; 62% reported complying with the commands. They were also more likely to comply with nonviolent commands. A history of self-harm predicted compliance. Those patients who did not comply with the commands adopted various methods of coping, of which praying was the most common.  
**Conclusion:** Command hallucinations are common in patients with schizophrenia. Patients with a history of self-harm need closer monitoring because they may be more likely to comply with these hallucinations. Assessment should also include the patient's own coping strategies, which can be incorporated into the treatment.  
**Canadian journal of psychiatry 49(12), 838-842, 2004**

## Community perception of mental disorders : A systematic review of Latin American and Caribbean studies

Érica de Toledo Piza Peluso and Sérgio Luís Blay

### Abstract

**Background** Little is known about the perception of mental disorders and stigma in developing countries. The aim of this study was to review the literature on popular perception of mental disorders in Latin America and the Caribbean.

**Methods** Electronic search was made on Medline and Lilacs for original articles published from January 1980 to December 2001, using "public attitudes" and "mental disorders" as key words on Medline and "attitudes about health" as well as "stigma" as key words on Lilacs. In addition, a manual search was conducted in the references of the articles obtained in the electronic search and in area periodicals.

**Results** The search produced 871 articles, ten of which fulfilled the inclusion criteria. Attitudes in relation to the mentally ill are predominantly positive, especially among individuals with a higher educational or socioeconomic level. Schizophrenia is the condition most often identified as mental illness and considered the most serious affliction. Depression and alcoholism are identified as mental illnesses by a smaller portion of the population. The community mostly recommends treatment with health professionals.

**Conclusion** In Latin America and the Caribbean, there is a tendency to share the beliefs of the western medical model and few signs of the presence of elements from traditional medicine or religion. However, the studies exhibited various methodological gaps and problems. New studies, using more appropriate methodology, should be carried out in this region.

**Key words** public beliefs – attitudes - mental disorders - Latin America and the Caribbean - stigma  
**Social psychiatry and psychiatric epidemiology 39(12), 955-961, 2004**

## Coping with infertility among Kuwaiti women : cultural perspectives

Abdullahi Fido, Department of Psychiatry, Faculty of Medicine, Kuwait University, Muhammad Ajmal Zahid, Department of Psychiatry, Faculty of Medicine, Kuwait University

### Abstract

**Backgrounds:** Although previous studies conducted in western countries have reported that psychological factors are part of the experience of infertility, no study has assessed this relationship in Arab women.

**Aims:** To examine psychological distress among Kuwaiti women with infertility problems and explore the perceived causes of infertility.

**Methods:** An Arabic version of the Hospital Anxiety and Depression Scale (HADS) was used to examine the psychological status of 120 Kuwaiti infertile women and an age-matched sample of 125 healthy pregnant women as a control group.

**Results:** Compared with age-matched pregnant control sample. The infertile women exhibited a significant higher psychopathology in all HADS parameters in the form of tension, hostility, anxiety, depression, self-blame and suicidal ideation. The illiterate group attributed the causes of their infertility to supernatural causes such as evil spirits, witchcraft and God's retribution, while the educated group blamed nutritional, marital and psychosexual factors for their infertility. Faith and traditional healers were considered as the first treatment choice among illiterate women, while the educated women opted for an infertility clinic for treatment. Childlessness results in social stigmatization for infertile women and places them at risk of serious social and emotional consequences.

**Conclusions:** The prevalence and severity of psychological distress in this sample of infertile Kuwaiti women indicates the appropriateness of referring these patients for psychological evaluation. Successful programmes in dealing with infertility in Kuwait need to include the establishment of a community based intervention strategy to educate people about infertility and to give guidelines for treatment options.

**International journal of social psychiatry 50(4), 294-300, 2004**

## Detection of somatization and depression in primary care in Saudi Arabia

Susan M. Becker

## Abstract

**Background** Studies have shown a high worldwide prevalence of mental disorders in primary care. Many patients present with unexplained physical symptoms rather than psychological complaints, resulting in an excess number of costly clinical investigations. This study investigates the ability of primary care physicians to correctly detect and diagnose somatization and depression in Saudi Arabian patients.

**Methods** In all 431 primary care patients in Riyadh Saudi Arabia were screened for somatization and depression using the Patient Health Questionnaire (PHQ). Primary care physicians independently assessed these same patients while blinded to the results of the PHQ. Agreement between physician observations and the screening instrument was examined.

**Results** Using the PHQ as the standard of comparison for measuring the detection rates of Saudi physicians, the agreement between and the PHQ and physician assessments was  $K=0.40$  for depression (0.45 females, 0.31 males) and  $K=0.27$  for somatization (0.36 females, 0.12 males). Physicians assessed higher rates of somatization than indicated by the screening instrument and demonstrated poor diagnostic agreement on somatization and depression, particularly for male patients.

**Conclusions** Saudi primary care physicians have awareness of psychiatric disorders, but their diagnostic skills are poor for somatization and depression. Psychiatric training should be supported in the continuing education of primary care physicians and patients should be encouraged to report psychological complaints to family physicians. A simple screening instrument for identifying mental disorders in developing countries is a valuable tool for assessment in primary care.

**Key words** somatization – depression - mental disorders - primary care - Patient Health Questionnaire - Saudi Arabia

**Social psychiatry and psychiatric epidemiology 39(12), 962-966, 2004**

## Ethnicity, goal striving and schizophrenia : a case-control study of three ethnic groups in the United Kingdom

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## Abstract

**Background:** The need to achieve is common to all societies, and failure to do so may have a highly detrimental psychological impact. For those on the margins of mainstream society, especially migrants or descendants of migrants, the impact of failed or poor achievements may increase their vulnerability to mental illness.

**Aims:** In a prospective study of schizophrenia in three ethnic groups (White, Indian and African-Caribbean) we studied the impact of goal striving and investigated whether the gap between the poor achievement and the high aspirations of members of some minority ethnic groups was potentially a factor contributing to the development of the illness.

**Methods:** The patients and age- and sex-matched controls from their respective communities were asked to rate their perceived current levels of achievement and their past and future expectations in five domains - social standing, housing, education, employment and financial status on a 10-point scale.

**Results:** The control subjects from the three ethnic groups scored similarly in most areas, supporting the validity of inter-ethnic comparisons. The gap between achievement and expectations did not appear to cause high disappointment levels in any group, and in fact only in the domain of housing did the African-Caribbean patients assess their current achievement as being significantly lower than that of their matched controls.

**Conclusions:** Poor housing conditions may be one of the risk factors contributing to the high incidence of schizophrenia in African-Caribbeans.

**International journal of social psychiatry 50(4), 331-344, 2004**

## Expectations, emotions, and medical decision making : a case study on the use of amniocentesis

C. H. Browner, H. Mabel Preloran

## Abstract

The medical decision-making literature has paid scant attention to how prior expectations of patients and clinicians can influence medical encounters and affect patients' choices whether to accept or reject medical testing or treatment. To illuminate the issue, we offer a reflexive analysis of the experiences of a Mexican-American couple offered amniocentesis based on the woman's age and prior pregnancy history. We examine the impact of three principal factors: incongruity between expectations and reality for both patient and clinicians; the actors' ethnic backgrounds; and the history and nature of relationship dynamics between the patient and her male partner. We conclude that unmet expectations on the part of both patient and clinicians evoked powerful emotions that altered the woman's previous intention to agree to amniocentesis.

**Key Words:** amniocentesis - emotions - Latinos - medical decisions - reproductive health

**Transcultural psychiatry 41(4), 427-444, 2004**

## Factors associated with depression in pregnant immigrant women

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Jean François Saucier, Université de Montréal

Marta Valenzuela, Ruta Westreich, Joelle Dayan, McGill University

### Abstract

This study examined psychosocial risk factors for depressive symptomatology in a community sample of pregnant immigrant women in Montreal, Canada. One hundred and nineteen participants were recruited through hospitals and responded to questionnaires assessing depression, somatic symptoms, functional status, social support, stressful life events and marital adjustment. Forty-two percent of participants scored above the cut-off for depression. Depressive symptoms were associated with poorer functional status and more somatic symptoms. Depressed women reported a lack of social support, more stressful life events and poorer marital adjustment. Transitions associated with migration may place pregnant immigrant women at high risk for depression.

**Key Words:** depression - immigration - marital adjustment - pregnancy - social support - stress

**Transcultural psychiatry 41(4), 445-464, 2004**

## Galvanising mental health research in low- and middle-income countries:

A Joint Statement issued by Editors of Scientific Journals Publishing Mental Health Research and Department of Mental Health and Substance Abuse World Health Organization, Geneva, January 2004

### Fra starten af artiklen

#### Role of Scientific Journals

The Department of Mental Health and Substance Abuse, WHO organized a meeting on *Mental Health Research in Developing Countries: Role of Scientific Journals* in Geneva on 20 and 21 November 2003 that was attended by twenty-five editors representing journals publishing mental health research. A number of other editors reviewed and contributed to the background and follow-up material. This statement is issued by all participants jointly (see Appendix 1 for the list of journals/organizations and their representatives). Research is needed to address the enormous unmet mental health needs of low- and middle-income (LAMI) countries. Scientific journals play an important role in production and dissemination of research. However, at present, only a minute proportion of research published in widely accessible mental health and psychiatric journals is from or about these countries. Yet over 85% of the world's population lives in the 153 countries categorized as low- and middle-income, according to World Bank criteria. Even more worrying is the observation that the gap between these and high-income countries may be widening in terms of their number of publications. The meeting was aimed at finding ways of resolving this unsatisfactory situation.

**Transcultural psychiatry 41(4), 567-574, 2004**

## Gender differences in factors associated with psychological distress among immigrants from low- and middle-income countries : Findings from the Oslo Health Study

Sura Bahadur Thapa and Edvard Hauff

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### Abstract

**Objective** Despite the high rate of migration from low- and middle-income countries to high-income countries, there is still a lack of comprehensive studies of gender-specific differences in psychological distress in a diverse group of immigrants. We compared psychological distress between male and female immigrants from low- and middle-income countries living in Oslo, and identified factors associated with distress for men and women, separately.

**Method** A cross-sectional survey with self-administered questionnaires was conducted among 1536 immigrants from low- and middle-income countries living in Oslo. The Hopkins Symptom Checklist (HSCL-10) was used to measure psychological distress. Data on their sociodemographic characteristics, negative and traumatic life events, and social integration and possible discrimination in the Norwegian society were also collected.

**Results** One-fourth of the study population was found to be psychologically distressed, with almost equal levels among men and women. Lack of salaried job and recent negative life events were independently associated with psychological distress for both genders. Furthermore, experience of denial of job and past traumatic experiences were other associated negative factors among men, while visits made by Norwegians appeared as a protective factor against distress among men. Older age, Middle East background, living without a partner, and experiencing denial of housing were other associated negative factors among women.

**Conclusion** Our findings show that, except for adverse living conditions, there are gender differences with regard to factors associated with psychological distress among immigrants living in Oslo. Such gender issues are relevant for assisting immigrants in the integration process as well as for future research in migration and health.  
**Key words** psychological distress – gender - life events – immigration - low- and middle-income countries  
**Social psychiatry and psychiatric epidemiology 40(1), 78-84, 2005**

## Health status and mortality in Holocaust survivors living in Jerusalem 40–50 years later

Chen Collins, Genc Burazeri, Jaime Gofin, Jeremy D. Kark

### Abstract

The long-term health sequelae of the Holocaust were assessed 40–50 years later in the framework of a Jerusalem community health study. Holocaust survivors ( $N=288$ , mean age = 67.6 years) and European-born Jews, not exposed to the Holocaust ( $N=486$ , mean age = 68.9 years), were studied in 1985–87. Our objective was to compare psychobehavioral factors, clinical variables, and mortality outcomes. The comparisons revealed higher emotional distress scores in female Holocaust survivors than in unexposed women and poorer self-appraised health status in male Holocaust survivors than unexposed men. A 10-year mortality follow-up that terminated in April 1996 showed no significant association with Holocaust exposure. Long-term Holocaust survivors may represent a selective resilient group.

### Keywords

holocaust, mortality, health status, emotional health, community study

**Journal of traumatic stress 17(5), 403-411, 2004**

## Impact of culture on depressive symptoms of elderly Chinese immigrants

Daniel WL Lai, PhD'

### Abstract

**Objectives:** The impact of culture on mental health has been inadequately researched. This study examines the effect of cultural factors on the depressive symptoms reported by elderly Chinese immigrants in Canada.

**Method:** Data from 1537 elderly Chinese immigrants who took part in a cross-sectional multisite survey on the health and well-being of older Chinese-Canadians were used. Participants were identified through telephone screening of randomly selected telephone numbers listed with Chinese surnames. A structured questionnaire was used to conduct face-to-face interviews. A Chinese version of the 15-item Geriatric Depression Scale was used to assess depressive symptoms.

**Results:** Close to one-quarter of the elderly Chinese immigrants reported having at least a mild level of depressive symptoms. Having more cultural barriers and a higher level of identification with Chinese cultural values resulted in a higher probability of being depressive.

**Conclusions:** The importance of the sociocultural determinants of mental health is demonstrated. The health delivery system should be more sensitive to the unique ethnic and cultural differences of older immigrants.

**Canadian journal of psychiatry 49(12), 820-827, 2004**

## Interrupted lives - ethnic minority patients in a Norwegian psychiatric ward

Gwyn Overland, Psychosocial team for refugees, Norway

### Abstract

About 10% of all persons who were committed to the emergency psychiatric ward at a local hospital last year were 'ethnic minority patients of non-Western origin'. In Vest-Agder, this usually means 'refugees'. The concept 'refugee' is used here for persons who came to Norway to seek refuge, regardless of whether or not they have refugee status according to the Geneva Convention (SSB). In June 2003 there were according to SSB 4338 of these resident refugees in Vest-Agder. In addition there were about 1000 asylum-seekers [without residence](UDI). Since the population of Vest Agder was at the same time 160.000, it seems that refugees were over-represented at the psychiatric ward by a factor of three. To learn more about this – these people, why they are here and why they are at the psychiatric – was a goal for an ongoing study.

In seeking answers to these questions, we have had biographic interviews with 20 refugee users of the emergency psychiatric ward and their close relations. They came from the Middle East, the Horn of Africa, South America, Eastern Europe, and former Soviet republics.

The overriding objective or thought behind the project is to improve work with refugees in psychiatric wards by providing information about and insight into these groups, through their voices and the stories they tell. Who are these ethnic minority patients? How do they experience the care they receive at a Norwegian psychiatric ward?

**Paper fra 13th Nordic Migration Conference, november 2004**

kan læses her : <http://www.amid.dk/ocs/viewpaper.php?id=55&cf=1>

## Manifestation, attribution, and coping with depression among Asian Indians from the perspectives of health care practitioners

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### Abstract

The study explores cultural influences on depression and care outcomes among Asian Indians with depression. Data were collected from interviews of 23 multidisciplinary mental health professionals and retrospective review of 20 medical records of patients. Findings revealed a major influence of social and cultural context in expression of symptoms, illness attribution, help-seeking behaviors, and communication patterns. Religious beliefs and social stigma attached to mental illness contributed to prolonged denial of condition, difficulty in sharing emotional problems with professional caregivers, and delayed professional intervention. The traditional family hierarchy rooted in age and gender inequality interfered with help-seeking behaviors and adherence to prescribed regimen as well as heightened some family conflicts and hindered family adaptation after migration to the United States.

**Key Words:** depression – coping - Asian Indians - South Asia

**Journal of Transcultural Nursing 16(1), 32-40, 2005**

## Patterns of loneliness in an immigrant population

Alexander M. Ponizovsky and Michael S. Ritsner

### Abstract

Loneliness has been recognized as a public health problem that requires the attention of clinicians and researchers both as a condition in itself and in its relation to other conditions. This study sought to examine the relationship between self-reported loneliness, psychological distress, and social support among immigrants. A community survey of 386 recent immigrants to Israel from the former Soviet Union was conducted using the Revised UCLA Loneliness Scale (R-UCLA-LS), Talbier Brief Distress Inventory (TBDI), and Multidimensional Scale of Perceived Social Support (MSPSS). A cross-sectional design, and correlation and factor analyses were used to study the relationship between the studied variables. The distress-related and distress-free patterns of loneliness were distinguished as independent constructs, each with a specific sphere of influence. Distress-related loneliness accounted for 56.3% and distress-free for 18.2% of the total variance in individual loneliness scores. Distress-related loneliness is a generalized negative experience embedded in an array of distress symptoms, while distress-free loneliness appears to be a normal psychological reaction to dissatisfaction with current friend support. An important implication of this study in mental health practice is the sensitivity to these differences when treating recent immigrants.

**Comprehensive psychiatry 45(5), 408-414**

## The phenomenon of somatization among community Chinese Americans

Winnie W. S. Mak and Nolan W. S. Zane

### Abstract

**Objective** The phenomenon of somatization was explored in relation to the experiences of acculturation, stress, support, and distress.

**Methods** A representative community sample of 1,747 Chinese Americans (aged 18–65 years), selected by a multi-stage household sampling design, in the Los Angeles County was interviewed to tap their psychiatric diagnoses, symptomatology, level of acculturation, stress, and support.

**Results** Across all indices, Chinese Americans' level of somatic symptoms, impairment related to somatization, and percentage of meeting the Somatic Symptom Index 5/5 (SSI 5/5) criterion were comparable to those found in other populations. Length of residence in the U. S. and acculturation were not related to somatization.

Regression analyses showed that anxiety, depression, gender, age, education, stressors, and support were significantly related to somatization,  $ps < 0.05$ . Somatizers tended to perceive themselves with poor health and utilized both Western and indigenous Chinese medicine.

**Conclusion** The importance of demographics, psychological distress, and stress was emphasized in the explanation of somatization tendencies among immigrant Chinese Americans. Somatization might be a stress response with regard to increased distress severity and psychosocial stressors rather than a cultural response to express psychological problems in somatic terms.

**Key words** somatization – anxiety – depression - service use - acculturation-Chinese American

**Social psychiatry and psychiatric epidemiology 39(12), 967-974, 2004**

## A pilot study of interpersonal psychotherapy for Posttraumatic Stress Disorder

Kathryn L. Bleiberg, Ph.D., and John C. Markowitz, M.D.

### Abstract

**OBJECTIVE:** This article describes pilot testing of interpersonal psychotherapy adapted for posttraumatic stress disorder (PTSD). Unlike most psychotherapies for PTSD, interpersonal psychotherapy is not exposure-based, focusing instead on interpersonal sequelae of trauma.

**METHOD:** Fourteen consecutively enrolled subjects with chronic PTSD (DSM-IV) from various traumas received an open, 14-week interpersonal psychotherapy trial.

**RESULTS:** Treatment was well tolerated: 13 subjects (93%) completed therapy. After 14 weeks, 12 of 14 subjects no longer met diagnostic criteria for PTSD, 69% responded (50% Clinician Administered PTSD Scale score decrement), and 36% remitted (score  $\leq 20$ ). Thirteen subjects reported declines in PTSD symptoms across all three symptom clusters. Depressive symptoms, anger reactions, and interpersonal functioning also improved.

**CONCLUSIONS:** Treating interpersonal sequelae of PTSD appears to improve other symptom clusters. Interpersonal psychotherapy may be an efficacious alternative for patients who refuse repeated exposure to past trauma. This represents an exciting extension of interpersonal psychotherapy to an anxiety disorder.

**American journal of psychiatry 162(1), 181-183, 2005**

## A primary care study of the correlates of depressive symptoms among Jordanian women

Hamada Hamid, New York University

Nizam Saleh Abu-Hijleh, Samar Lutfi Sharif, Mohammad Zayed Raqab, Diana Mas'ad, Adnan Abbas, University of Jordan

### Abstract

A standardized Arabic version of the Beck Depression Inventory-II was administered to 493 randomly selected Arab women attending primary care out-patient centers in West Amman, Jordan. Women were asked about demographic data as well as questions from a negative life events questionnaire. The mean Beck score was 13.02 ( $\pm 8.13$ ). Demographic factors and negative life events accounted for 17.1% of the variance in the total Beck score. Self-reported financial problems and health problems as well as marital separation were the strongest contributors. Family problems and work stress made smaller contributions to depressive symptoms.

Key Words: Arabs • cross-cultural differences • depression • Jordan • primary care • women

**Transcultural psychiatry 41(4), 465-486, 2004**

## Psychiatry and Islam

Saxby Pridmore and Mohamed Iqbal Pasha

### Abstract

**Objective:** To explore psychiatry in Islam, with a view to informing Western psychiatrists working with Islamic patients, and Islamic medical students studying in Western countries.

**Methods:** The first necessary step was to acquire some understanding of Islam, Sharia and Sharia law, as the basis on which the available psychiatric literature was considered. Standard textbooks on Islam and English-language papers in the psychiatric literature were examined. Discussions with knowledgeable Muslim people were conducted.

**Results:** Islam shares roots with the other Abrahamic, monotheistic religions: Judaism and Christianity. A central issue is unity: the unity of God, unity with God and unity within the Islamic community. Islam is more than a religion, because it informs all aspects of behaviour and has been described as 'a comprehensive way of life'. Individualism is less important than the welfare of the community. The Sharia is a list of rules and regulations derived from authentic sources. Psychiatric services in Islam, according to Western standards, are somewhat limited. This issue is being addressed through epidemiological studies, provision of new services and policy development. Although mental health legislation is not universal, forensic psychiatry has a role, in many ways similar to that in the West.

**Conclusion:** Islam is based on unity and core values of compassion, justice and benevolence. Islamic psychiatry has a proud early history, and advances are occurring. There is an opportunity for the profession of psychiatry to bridge religious, ethnic and cultural boundaries.

**Australasian psychiatry 12(4), 380-385, 2004**

## Psychopathology and mental health service utilization by immigrants' children and their families

Dimitris C. Anagnostopoulos, Maria Vlassopoulou, Vasiliki Rotsika, Helen Pehlivanidou, Lucia Legaki, Efi Rogakou, Helen Lazaratou, University of Athens

### Abstract

To investigate the psychopathology of immigrants' children and psychiatric service utilization by the immigrant families, data were collected from the files of all 35 immigrant children seen over a 3-year period at the Community Mental Health Centre of the Athens University Psychiatric Department. Immigrant children were matched by age, gender and intake date with 70 Greek children. Data concerned information about the child's

place of birth, current living conditions, parents' country of origin, social and economic situation, occupations and educational status, social insurance, psychiatric history, referral source, diagnostic and therapeutic services rendered, number of sessions and outcome. Utilization of services was assessed 6 months after intake. No significant differences were found regarding family's structure and parents' psychopathology. However, immigrant families had significantly worse economic situations, lower status jobs, worse housing and were usually uninsured. No significant differences were observed regarding service utilization parameters, except concerning 'cooperation with other services'. No differences were found regarding frequency or type of psychiatric diagnosis. However, 91% of the immigrant group received a psychosocial diagnosis as opposed to 49% of the Greek group. Immigrant children did not present more serious or diverse psycho-pathology than did Greek children. Immigrant families had equal levels of service utilization as Greek families. However, it was apparent that immigrant families did not apply for help as readily as their Greek counterparts.

**Key Words:** child - immigrant - psychopathology - service utilization

**Transcultural psychiatry 41(4), 487-496, 2004**

## **Public attitudes to depression in urban Turkey : the influence of perceptions and causal attributions on social distance towards individuals suffering from depression**

Erol Ozmen, Kultegin Ogel, Tamer Aker, Afs in Sagduyu, Defne Tamar and Cumhuri Boratav

### **Abstract**

**Background** The aim of this study was to determine public attitudes towards patients with depression and the influence of perception and causal attributions on social distance towards individuals suffering from depression in urban areas.

**Methods** This study was carried out with a representative sample in Istanbul which is the biggest metropolis in Turkey. Seven hundred and seven subjects completed the public survey form which consisted of ten items screening the demographic features and health status of the participants, and 32 items rating attitudes towards depression.

**Results** The respondents' attitudes towards depression were very negative and nearly half of the subjects perceived people with depression as dangerous. More than half of the subjects stated that they would not marry a person with depression, and nearly half of the subjects stated that they would not rent their house to a person with depression. One-quarter of the subjects stated that depressive patients should not be free in the community. The subjects who considered depression as a disease and who believed that weakness of personality and social problems cause depression had negative attitudes towards depression.

**Conclusions** In Istanbul, people recognise depression well, but their attitudes towards it are fairly negative. The urban public has unfavourable attitudes towards depression and a tendency to isolate patients from the society. Notwithstanding the high prevalence, there is still considerable stigmatisation associated with depression.

**Key words** depression - public attitude - stigmatisation

**Social psychiatry and psychiatric epidemiology 39(12), 1010-1016, 2004**

## **Racism: a mental illness?**

Carl Bell, M.D., Community Mental Health Council, Chicago, and the University of Illinois at Chicago

### **Fra starten af artiklen**

Some psychiatrists have advocated making racism a psychiatric disorder, whereas others have maintained that doing so is inappropriate because it would "medicalize" a social problem. It is amazing that neither side is willing to let scientific inquiry answer the question.

Most would agree that racism—the practice of racial discrimination, segregation, persecution, and domination on the basis of feelings and ideas of racial superiority—is mainly a product of learned behavior. After all, research informs us that a majority of explicitly racist persons do not have any psychopathology. However, isn't it possible for racism to also be a symptom of a psychiatric disorder? For example, we know that patients with a paranoid disorder project their unacceptable feelings and ideas onto other people and groups. So isn't it possible for these patients to project their unacceptable feelings and ideas onto different racial or ethnic groups? Additionally, is it possible that an individual exposed to trauma that was inflicted on him or her by a person from a different racial or ethnic group might harbor racist attitudes toward that group? Furthermore, is it possible that persons with certain personality disorders—for example, paranoid or narcissistic personality disorder—might be more predisposed to racism than those who do not? These are all legitimate scientific questions that we as psychiatrists should be willing to test and answer.

Finally, isn't it possible for a European American who does not have any psychopathology but who was taught negative stereotypes of African Americans to find himself or herself in a dysfunctional employee-employer relationship with an African American who, although not anti-white, is pro-black. Wouldn't this situation be best characterized as two persons who have a relational disorder?

**Psychiatric services 55(12), 1343, 2004**

## **A randomized, double-blind, crossover comparison of Risperidone and Haloperidol in Korean dementia patients with behavioral disturbances**

Guk-Hee Suh, M.D., Ph.D., Hyun Gyun Son, M.D., Ph.D., Young-Su Ju, M.D., M.P.H., Ph.D., Kyeong Hyeong Jcho, M.D., Ph.D., Byeong Kil Yeon, M.D., Ph.D., Young Min Shin, M.D., Ph.D., Baik Seok Kee, M.D., Ph.D., and Sung-Ku Choi, M.D.

### **Abstract**

**Objective:** Behavioral disturbances in dementia are extremely prominent and distressful, and often result in serious physical, social, and economic consequences. The authors compared the efficacy and tolerability of risperidone and haloperidol in the treatment of behavioral and psychological symptoms of dementia (BPSD) in institutionalized elderly Korean patients with Alzheimer disease, vascular dementia, or mixed dementia.

**Methods:** This was an 18-week double-blind, crossover study involving 120 patients who were randomly assigned to receive flexible doses (0.5–1.5 mg/day) of risperidone or haloperidol. BPSD were assessed using the Korean version of the Behavioral Pathology in Alzheimer's Disease Rating Scale (BEHAVE-AD-K), the Korean version of the Cohen-Mansfield Agitation Inventory (CMAI-K), and the Clinical Global Impression of Change scale (CGI-C). Safety and tolerability assessments included the Extrapyramidal Symptom Rating Scale and the incidence of adverse events.

**Results:** Both risperidone and haloperidol were efficacious in alleviating BPSD. However, when receiving risperidone, patients showed significantly greater improvement than when receiving haloperidol in the total and subscale scores of the BEHAVE-AD-K, the total and subscale scores of the CMAI-K, and the scores on the CGI-C scale. Also, risperidone had an additional benefit on aggressiveness and anxieties/phobias. The risk of antipsychotic-induced parkinsonism throughout this study was significantly lower with risperidone than with haloperidol.

**Conclusion:** Risperidone had a favorable efficacy and tolerability profile compared with haloperidol in the treatment of BPSD in this patient population.

**Key Words:** Dementia – Risperidone – Haloperidol - Cross-Cultural Studies

**American journal of geriatric psychiatry 12(5), 509-516, 2004**

## **Religious affiliation and suicide attempt**

Kanita Dervic, M.D., Maria A. Oquendo, M.D., Michael F. Grunebaum, M.D., Steve Ellis, Ph.D., Ainsley K. Burke, Ph.D., and J. John Mann, M.D.

### **Abstract**

**OBJECTIVE:** Few studies have investigated the association between religion and suicide either in terms of Durkheim's social integration hypothesis or the hypothesis of the regulative benefits of religion. The relationship between religion and suicide attempts has received even less attention.

**METHOD:** Depressed inpatients (N=371) who reported belonging to one specific religion or described themselves as having no religious affiliation were compared in terms of their demographic and clinical characteristics.

**RESULTS:** Religiously unaffiliated subjects had significantly more lifetime suicide attempts and more first-degree relatives who committed suicide than subjects who endorsed a religious affiliation. Unaffiliated subjects were younger, less often married, less often had children, and had less contact with family members. Furthermore, subjects with no religious affiliation perceived fewer reasons for living, particularly fewer moral objections to suicide. In terms of clinical characteristics, religiously unaffiliated subjects had more lifetime impulsivity, aggression, and past substance use disorder. No differences in the level of subjective and objective depression, hopelessness, or stressful life events were found.

**CONCLUSIONS:** Religious affiliation is associated with less suicidal behavior in depressed inpatients. After other factors were controlled, it was found that greater moral objections to suicide and lower aggression level in religiously affiliated subjects may function as protective factors against suicide attempts. Further study about the influence of religious affiliation on aggressive behavior and how moral objections can reduce the probability of acting on suicidal thoughts may offer new therapeutic strategies in suicide prevention.

**American journal of psychiatry 161(12), 2303-2308, 2004**

## **Risk factors and the prevalence of neurosis and psychosis in ethnic groups in Great Britain**

Traolach Brugha, Rachel Jenkins, Paul Bebbington, Howard Meltzer, Glyn Lewis and Michael Farrell

### **Abstract**

**Background** Our aim was to examine whether variations in the prevalence of neurosis and psychosis between ethnic minorities throughout Great Britain are explained by social disadvantage.

**Method** A total of 10,108 adult householders throughout Great Britain were assessed in a two-stage survey with the Revised Clinical Interview Schedule (CIS-R) and Psychosis Screening Questionnaire (PSQ). Respondents with a positive PSQ or who received a diagnosis of, or treatment for, psychosis were examined by a psychiatrist

using the Schedules for Clinical Assessment in Neuropsychiatry (SCAN). Data on respondents preferred ethnic group were collapsed into four groups: Whites, African-Caribbean or Africans, south Asians and other.

**Results** Ethnic grouping was strongly associated with: unemployment; lone parent status; lower social class; low perceived social support; poverty (indicated by lack of car ownership) and having a primary social support group of less than three close others. All these associations applied to the group Africans and Afro-Caribbeans, but only some applied to the other groups. No ethnic group had significantly increased rates of neurosis. Only the African-Caribbean group were at significantly increased risk of a psychotic disorder (odds ratio 4.55; 95% CI: 1.13, 18.30). After adjustment for risk factors, the odds of psychosis were lower (odds ratio 2.97; 95% CI: 0.66, 13.36).

**Conclusions** The excess of psychosis in Africans and Afro-Caribbeans in Great Britain appears to be partly explained by socio-economic disadvantage, but larger studies are needed to confirm this.

**Key words** risk factors - ethnic groups - prevalence - Great Britain - mental health

**Social psychiatry and psychiatric epidemiology 39(12), 939-946, 2004**

## Schizophrenia and migration : a meta-analysis and review

Elizabeth Cantor-Graae, Ph.D., and Jean-Paul Selten, Ph.D., M.D.

### Abstract

**OBJECTIVE:** The authors synthesize findings of previous studies implicating migration as a risk factor for the development of schizophrenia and provide a quantitative index of the associated effect size.

**METHOD:** MEDLINE was searched for population-based incidence studies concerning migrants in English-language publications appearing between the years 1977 and 2003. Article bibliographies and an Australian database were cross-referenced. Studies were included if incidence reports provided numerators and denominators and if age correction was performed or could be performed by the authors. Relative risks for migrant groups were extracted or calculated for each study. Significant heterogeneity across studies indicated the need for a mixed-effects meta-analytic model.

**RESULTS:** The mean weighted relative risk for developing schizophrenia among first-generation migrants (40 effect sizes) was 2.7 (95% confidence interval [CI]=2.3–3.2). A separate analysis performed for second-generation migrants (seven effect sizes) yielded a relative risk of 4.5 (95% CI=1.5–13.1). An analysis performed for studies concerning both first- and second-generation migrants and studies that did not distinguish between generations (50 effect sizes) yielded a relative risk of 2.9 (95% CI=2.5–3.4). Subgroup comparisons yielded significantly greater effect sizes for migrants from developing versus developed countries (relative risk=3.3, 95% CI=2.8–3.9) and for migrants from areas where the majority of the population is black (relative risk=4.8, 95% CI=3.7–6.2) versus white and neither black nor white.

**CONCLUSIONS:** A personal or family history of migration is an important risk factor for schizophrenia. The differential risk pattern across subgroups suggests a role for psychosocial adversity in the etiology of schizophrenia.

**American journal of psychiatry 162(1), 12-24, 2005**

## Social exclusion and risk of emergency compulsory admission : a case-control study

Martin Webber and Peter Huxley

### Abstract

**Background** Emergency detentions under section 4 of the Mental Health Act 1983 are more frequent in socially deprived areas of England and Wales. However, it is not clear whether individual socio-economic disadvantage increases likelihood of emergency detention. Therefore, this study tests the hypothesis that a higher proportion of people who are socially excluded will be admitted to hospital under section 4 than those who are not.

**Methods** A total of 300 mental health act assessments in two London boroughs with different rates of section 4 admissions were studied by retrospective case note review in a case-control design. An index of social exclusion was created and piloted for this study.

**Results** The logistic regression analysis discovered four risk factors for section 4 admissions: presenting with a risk to self or others at the mental health act assessment, bi-polar affective disorder, non-White British ethnicity and low social support. There were no significant differences between the two boroughs on these variables. Risk factors for any compulsory admission were: presenting with a risk, psychosis and non-White British ethnicity.

**Conclusion** This study found low social support to be the only social exclusion indicator that increases likelihood of admission under section 4. While individual-level variables explain some of the variation in section 4 rates, it is likely that, as indicated by other studies, different configurations of mental health services affect rates to a greater degree.

**Key words** social exclusion - mental health act - emergency detentions - approved social workers

**Social psychiatry and psychiatric epidemiology 39(12), 1000-1009, 2004**