

## Information om Transkulturel Psykiatri, december 2008

### NYHEDER

#### Flygtninge begår oftere kriminalitet end indvandrere, der er kommet til Danmark ved fx familiesammenføring

jp.dk 17. december 2008

Manu Sareen, uddannet socialpædagog og medl. af Københavns Borgerrepræsentation (R), siger, at det ikke er underligt, at flygtninge er mere kriminelle, fordi der er tale om folk, der kommer fra krigshærgede lande, og desuden er selve det at flygte yderst traumatiserende. Han ser en tæt sammenhæng mellem krigstraumer og tilbøjeligheden til kriminalitet.

læs artiklen her : <http://jp.dk/indland/krimi/article1545893.ece>

#### Hjælp til bosniske krigsflygtninge

Flygtninge i fokus, december 2008

Mange traumatiserede flygtninge fra Bosnien og Hercegovina har det svært. Nyt projekt fra Dansk Flygtningehjælp sætter fokus på afklaring af flygtningenes fremtid.

Traumatiserede bosniere i Danmark har tilsyneladende en tilværelse, der er præget af isolation og håbløshed. Mange har været i aktivering talrige gange, uden at det har ført til egentlig beskæftigelse. Nogle har - udover svære ubearbejdede traumer - psykiatriske diagnoser og en ringe almen sundhedstilstand.

Et nyt projekt fra Dansk Flygtningehjælp skal hjælpe flygtningene og deres familier til at afklare, om fremtiden ligger Danmark eller i hjemlandet. Projektet skal også afprøve, om integrationsindsatsen kan kombineres med erfaringer fra arbejdet med flygtninge, der ønsker at vende tilbage til hjemlandet.

Projektet løber fra 1. december 2008 - 31. juli 2009 og støttes af Integrationsministeriet. Det gennemføres i samarbejde med kommuner, aktiverings- og behandlingscentre og flygtningeforeninger.

For yderligere information kontakt Dansk Flygtningehjælp, Asim Perendija, [asim.perendija@drc.dk](mailto:asim.perendija@drc.dk), tlf.: 3373 5233.

#### Nätverk för flyktingbarn i Norden

Nyhetsbrev 081215 / Nordiska högskolan för folkhälsovetenskap

Nätverket Nordic Network on refugee children upprättas vid Nordiska högskolan för folkhälsovetenskap, med stöd från Forskningsrådet för arbetsliv och socialvetenskap, FAS.

Forskning och kompetens om flyktingbarns hälsa och välbefinnande i Norden ska samlas.

De nordiska länderna finns representerade i nätverket och i styrgruppen. Under 2009 anordnas två möten med olika teman. Man kommer bland annat att fokusera på mottagandeprocessen i ett jämförande perspektiv, psykosocial hälsa, traumatiska erfarenheter och positiva/salutogena faktorer.

Initiativtagare till nätverket är professor Anders Hjern (socialstyrelsen/NHV), professor Marita Eastmond (GU/NHV) och docent Henry Ascher (NHV).

Koordinator vid sekretariatet på NHV blir Pernilla Hultberg. Medlemmarna kommer att kommunicera via webbportalen Nordically : <http://www.nordically.org/sv/Natverk/>

#### Politisk opbakning til Center for Udsatte Flygtninge

Flygtninge i fokus, december 2008

Der er fortsat politisk opbakning til Dansk Flygtningehjælps videnscenter Center for Udsatte Flygtninge (CUF). Satspuljeaftalen for de kommende fire år er på plads, og dermed fortsætter CUF arbejdet med at dokumentere og udbrede viden om integration og rehabilitering af udsatte og traumatiserede flygtninge.

CUF tilbyder blandt andet faglig rådgivning og kurser til kommunale medarbejdere. De faciliterer også videns- og inspirationsnetværk, laver udviklingsprojekter og står bag internetportalen Traume.dk.

#### Torturofre venter i årevis på behandling

Kristeligt Dagblads netavis 4. december 2008 / Ole Hall

Risikoen for livsvarige traumer forøges, når der er ventetid på behandling. Alligevel venter torturerede flygtninge op til to et halvt år på hjælp. Også deres børn lider. Torturofre med angstanfald, aggressioner, depressioner og mareridt venter i op til et halvt år på behandling i Danmark. Det sker, selvom forskningen peger på, at lidelserne bliver mere kroniske, jo længere tid der går inden behandling.

Oplysningerne fremgår af en ny rapport fra Center for Kvalitet, Region Syddanmark, der beskriver gruppen af traumatiserede flygtninge i Danmark som stærkt overset og underbehandlet.

Der er "behov for en styrket indsats af behandling, opsporing, forebyggelse og rehabilitering" af de traumatiserede flygtninge, lyder rapportens overordnede anbefaling

## Torturofre venter på hjælp

Kristeligt Dagblads netavis 4. december 2008 / Ole Hall

Zahra er en blandt flere hundrede torturerede flygtninge i Danmark, der har ventet cirka to år på behandling. Børn til torturofre mangler også hjælp, men må ofte helt undvære. Hundredvis af torturofre har ventet lige så lang tid på behandling på landets rehabiliteringscentre, og selvom flere af centerlederne finder den lange ventetid problematisk, er situationen, at der også den kommende tid kan gå mellem to og to et halvt år, før traumatiserede flygtninge vil blive hjulpet på rehabiliteringscentre i blandt andet Vejle, Odense, Haderslev og København.

læs artiklen her : <http://www.kristeligt-dagblad.dk/artikel/306542:Danmark--Torturofre-venter-paa-hjaelp?page=3>

## Traumer sender bosniere på førtidspension

Esben Geist

Bosniere i Danmark er faldet igennem det sociale sikkerhedsnet. Psykiske lidelser efter krigstraumer betyder, at andelen af bosniere, der får førtidspension, er fire gange højere end blandt danskere. Ekspertter efterlyser koordineret indsats.

**Artikel 1a : Flygtningepolitisk nyhedsbrev fra Dansk Flygtningehjælp, nr. 5, 2008**

download artiklen her : [http://www.flygtning.dk/fileadmin/uploads/pdf/Artikel\\_1a/artikel\\_1a\\_2008\\_05.pdf](http://www.flygtning.dk/fileadmin/uploads/pdf/Artikel_1a/artikel_1a_2008_05.pdf)

## Vilkårlig behandling af traumatiserede flygtninge

Esben Geist

Der er bred enighed om, hvad der skal til for at hjælpe traumatiserede flygtninge. Men ingen tager et ansvar. Det koster dyrt, ikke bare for den enkelte, men også for samfundet.

Ansvar for integration af bl.a. traumatiserede flygtninge ligger i dag i kommunerne. Det betyder i praksis, at der er store forskelle på, hvordan de bliver behandlet. Det er de bosniske flygtninge et godt eksempel på.

**Artikel 1a : Flygtningepolitisk nyhedsbrev fra Dansk Flygtningehjælp, nr. 5, 2008**

download artiklen her : [http://www.flygtning.dk/fileadmin/uploads/pdf/Artikel\\_1a/artikel\\_1a\\_2008\\_05.pdf](http://www.flygtning.dk/fileadmin/uploads/pdf/Artikel_1a/artikel_1a_2008_05.pdf)

## Ældre indvandrere ramt på sundheden

/ ritzau/ 8. december 2008

Demens, diabetes og hjertekarsygdomme. Ældre tyrkiske indvandrere er hårdt ramt på deres helbred. De har brug for hjælp til at huske deres medicin.

DANMARK: Det slider på helbredet at blive gammel i Danmark, når man er født og opvokset i Tyrkiet. Indvandrere rammes langt oftere af demens, viser en ny undersøgelse. Samtidig er diabetes og hjertekarsygdomme udbredte, især blandt kvinderne.

Knap 100 mænd og kvinder over 60 år, der bor i Ishøj og har tyrkisk baggrund, er blevet undersøgt og interviewet på Psykiatrisk Center i Glostrup. Her kan lægerne konstatere, at mens syv procent af danskerne lider af demens, gælder det for godt 13 procent af tyrkerne.

Ifølge overlæge Majken Kristensen er demens ikke mere udbredt i Tyrkiet end i Danmark, men når sygdommen rammer indvandrere, skyldes det især deres livsstil. Mange lider af kredsløbssygdomme, hvilket nedsætter blodgennemstrømningen i hjernen, og det kan ødelægge hukommelsen.

Overraskende var kun en enkelt i behandling. De øvrige var uvidende om deres sygdom og troede, at det var naturligt at miste hukommelsen med alderen.

- De har levet med de forestillinger, som også var udbredte i Danmark for nogle årtier siden. Al den nye viden, vi har fået om sygdommen, er gået forbi deres opmærksomhed, siger Majken Kristensen og henviser til, at alle kvinderne i undersøgelsen er analfabeter, og at mændene højst har fem års skolegang.

## LITTERATUR

### ARTIKLER FRA FAGLIGE TIDSSKRIFTER

#### 10-year follow-up study of PTSD diagnosis, symptom severity and psychosocial indices in aging holocaust survivors

Yehuda, Rachel; Schmeidler, James; Labinsky, E.; Bell, Amanda; Morris, A.; Zelman, S.; Grossman, R. A.

## **Abstract**

### **Objective**

We performed a longitudinal study of holocaust survivors with and without post-traumatic stress disorder (PTSD) by assessing symptoms and other measures at two intervals, approximately 10 years apart.

### **Method**

The original cohort consisted of 63 community-dwelling subjects, of whom 40 were available for follow-up.

### **Results**

There was a general diminution in PTSD symptom severity over time. However, in 10% of the subjects (n=4), new instances of delayed onset PTSD developed between time 1 and time 2. Self-report ratings at both assessments revealed a worsening of trauma-related symptoms over time in persons without PTSD at time 1, but an improvement in those with PTSD at time 1.

### **Conclusion**

The findings suggest that a nuanced characterization of PTSD trajectory over time is more reflective of PTSD symptomatology than simple diagnostic status at one time. The possibility of delayed onset trajectory complicates any simplistic overall trajectory summarizing the longitudinal course of PTSD

**keywords** holocaust survivors - longitudinal course - post-traumatic stress disorder - morale - traumatic loss

**Acta psychiatrica Scandinavica 119(1), 25-34, 2009**

## **Adapting the SRQ for Ethiopian populations : A culturally-sensitive psychiatric screening instrument**

Youngmann, Rafael; Nelly, Zilber; Workneh, Fikre; Giel, Robert

### **Abstract**

The objective of the study was to develop a culturally sensitive psychiatric screening instrument valid for Ethiopians in Ethiopia and Israel. The study sample was composed of 356 Amharic-speaking Ethiopians from Ethiopia and Israel, aged 18—55, divided into three groups: i) general population; ii) people in non-psychiatric treatment; iii) people in psychiatric treatment. They were interviewed with the Self-Reporting Questionnaire (SRQ), modified to include 10 culturally specific items, and the Brief Psychiatric Research Scale (BPRS) as a criterion of psychopathology. Physicians also completed an encounter form about the presence of mental health symptoms in participants. To make the questions more culturespecific, the translation of 12 items on the SRQ was changed. The content, construct, and criterion validity of each question were also examined, leading to the deletion of five items. The validity of the revised instrument (SRQ-F) was superior to that of the original instrument (SRQ). This study demonstrates the need for psychiatric screening instruments to be adapted to different cultures by incorporating meaningful translations and adding culturally specific items.

**Key Words:** cultural sensitivity - Ethiopian - psychiatric screening instrument - Self-Reporting Questionnaire (SRQ)

**Transcultural psychiatry 45(4), 556-589, 2008**

## **Arab culture and mental health care**

EI-Islam, M. Fakhr

### **Abstract**

This selective review describes recent literature and the author's experience with mental illness and mental health care, and the impact of cultural transformation on mental health in some Arab Islamic cultures, particularly in Egypt, Qatar and Kuwait. Traditional extended Arab families provide a structure for their members that may sometimes prevent and or compensate for the effects of parental loss and mental disability. The role of traditional families in the care of members and in medical decision-making is discussed. The impact of cultural change on Arab culture is also examined, as is the effect of intergenerational conflict in traditional families.

**Key Words:** Arab Culture - group identity - mental health care - traditional family

**Transcultural psychiatry 45(4), 671-682, 2008**

## **Changes in mental health status amongst children of migrants to Australia : a longitudinal study**

Alati, Rosa; Najman, Jake M., Shuttlewood, Gregory J., Williams, Gail M., Bor, William

This paper examines the mental wellbeing of children of Australian migrants. It investigates the relationship between migrants' region of origin, length of stay in Australia and indicators of impaired mental health. The data were taken from the Mater-University of Queensland Study of Pregnancy (MUSP), a longitudinal study of mothers and children that started in Brisbane, Australia, in 1981. The study comprised of a cohort of over 5,000 women interviewed at their first antenatal clinic visit and followed up at 3–5 days, six months, 5 and 14 years after the baby was born.

**Keywords:** mental health, migrant children, Australia, longitudinal study.

**Sociology of health and illness 25(7), 866–888, 2003**

læs artiklen her : [http://espace.library.uq.edu.au/eserv/UQ:9175/Alati\\_sociology\\_.pdf](http://espace.library.uq.edu.au/eserv/UQ:9175/Alati_sociology_.pdf)

## **Clinicians' self-assessment of cultural and spiritual competency : working with Asians and Asian Americans**

Nagai, Chikako

### **Abstract**

This study examines clinicians' own assessment of their cultural and spiritual competency in working with Asians and Asian Americans. Thirty clinicians, who are Asian Ethnic Minority Mental Health Specialists in the Northwest region of the United States, were surveyed to assess their perceived levels of cultural and spiritual competency. The study found that clinicians perceived themselves as being less spiritually competent than culturally competent and that most clinicians acknowledged the need for more training in spirituality.

**Keywords** Asian - Asian American – Culture – Spirituality - Cultural competency - Spiritual competency

**Community mental health journal 44(4), 303-309, 2008**

## **Cross-sectional study on psychiatric symptoms in immigrant patients in a first aid setting : the situation at Padova Hospital, 2003-2004**

Sessa, F.; Campagnola, N.; Marini, M.; Toniolo, I.; Cremonese, C.

### **Abstract**

Italy has recently become a country of net immigration, posing new challenges for health care, particularly psychiatry. Previous studies on migration and mental health have focused predominantly on individual psychopathologies or individual immigrant populations. The aim of this work is to determine the demand by foreign citizens for intervention at Padova-based psychiatric services and to assess any differences in presentation of psychopathological symptoms in the various immigrant groups, with a view to developing adequate organisational and clinical responses. We reviewed 3,385 psychiatric consultations with Italian and immigrant patients, conducted between 2003 and 2004. Eleven per cent of these consultations were for immigrants, who were younger than their Italian counterparts. The most common geographical area of origin was Eastern Europe. North African immigrants were mainly male, while Eastern Europeans and Americans were chiefly female. Eastern European immigrants had a similar psychopathological pattern to Italians; North and Sub-Saharan African and Asian patients presented more psychotic symptoms. The results of this study may contribute to planning treatment and prevention of psychotic disorders and to improving management of somatoform disorders by strengthening access to psychiatric treatment in the community.

**key words** ethnicity, first aid, immigration, prevalence, psychopathology

**International journal of migration, health and social care 4(2), 29-36, 2008**

## **Cultural factors in the diagnosis and treatment of traumatised migrant patients from Turkey**

Schouler-Ocak, Meryam; Reiske, Sophie-Luise; Rapp, Michael A.; Heinz, Andreas

### **Abstract**

The process of migration may be associated not only with great hope, but also with distressing experiences that can lead to trauma and posttraumatic stress disorders. Although some of the symptoms induced by trauma are common across cultures, the strategies used to deal with them are often culture-specific. In the following paper, we consider the unique aspects of trauma-focused psychotherapy in patients with a history of migration. We discuss a variety of culture-specific factors with the help of two case histories.

**Key Words:** cultural and linguistic mediators - cultural influences - interpreters - migration - post-traumatic stress disorder - trauma-focused psychotherapy

**Transcultural psychiatry 45(4), 652-670, 2008**

## **Does misdiagnosis explain the schizophrenia epidemic among immigrants from developing countries to Western Europe ?**

Selten, Jean-Paul; Hoek, Hans W.;

### **Fra starten af artiklen**

A number of studies have found consistent evidence of an increased incidence of schizophrenia among first- and second-generation immigrants from developing countries to Western Europe. According to a meta-analysis the mean weighted relative risk (RR) for these immigrants, compared to the risk for natives, was 3.3 (95% Confidence Interval [95% CI]: 2.8–3.9). The risks differed greatly, however, among the various ethnic groups,

with the greatest risks relating to the least successful immigrations (e.g., African–Caribbeans in the UK, Moroccan males in the Netherlands, Inuit in Denmark). The meta-analysis found no evidence that these findings were accounted for by misdiagnosis, because the studies that used semi-structured diagnostic interviews and the studies that used other diagnostic methods yielded similarly significant results (RR 3.4; 95% CI: 2.3–4.9; RR 2.8; 95% CI: 2.4–3.4, respectively).

**Social psychiatry and psychiatric epidemiology, 43(12), 937–939, 2008**

## **Estimating the absolute number of cases of dementia and depression in the Black and minority ethnic elderly population in the United Kingdom**

Shah, Ajit

### **Abstract**

The proportion of those over the age of 65 years in black and minority ethnic (BME) groups in England and Wales is increasing. The prevalence of dementia and depression among BME elders from different groups in the United Kingdom is generally similar to or higher than in indigenous white British elders. Two methods were used to provide a conservative estimate of the absolute number of cases of dementia and depression among BME elders. Data on prevalence from published studies of different BME elderly groups and the number of those over the age of 65 years from different BME groups in the general population in the 2001 population census were used for analysis. The most conservative estimates of the absolute number of cases of dementia among BME elders were 7270 and 10,786 for the two methods of analysis; the corresponding figures for depression were 33,559 and 52,980. There is a significant amount of psychiatric morbidity among the elderly from BME groups. A multi-faceted approach is needed to ensure that commissioning, design, development and delivery of culturally capable, appropriate and sensitive old age psychiatry actually occurs and improves the equity of service access by BME elders.

**International journal of migration, health and social care 4(2), 4-15, 2008**

## **Ethical and cultural considerations in delivering psychiatric diagnosis : reconciling the gap using MDD diagnosis delivery in less-acclulturated Chinese patients**

Yeung, Albert; Kam, Raymond

### **Abstract**

Talking to patients from diverse cultural backgrounds about their psychiatric disorders requires knowledge of one's own culture, the patients' cultures, and the ways in which they might interact, both in positive and unexpectedly negative ways. In this paper, we discuss the issues raised by discussing psychiatric diagnoses with Chinese-Americans who hold traditional illness beliefs and are not familiar with Western conceptions of psychiatric disorders. We explore how cultural values influence this aspect of medical practice, and suggest practical approaches to communicating the diagnosis of major depressive disorder in a culturally sensitive manner. Our clinical approach is to develop co-constructed illness narratives with patients, and to aid this process by reframing different elements of the clinical process into more culturally resonant forms. The following steps are suggested: 1) elicit patient's illness beliefs; 2) understand and acknowledge multiple explanatory models; 3) contextualize depressive symptoms into patient's physical health and social system; 4) introduce Western psychiatric theories in ways that reflect assumptions shared by Traditional Chinese Medicine (TCM); 5) involve patients' families whenever possible; and 6) use terminology that avoids unintended stigma.

Key Words: discussing psychiatric diagnoses - depression - illness beliefs - cultural sensitivity - Chinese

**Transcultural psychiatry 45(4), 531-552, 2008**

## **Ethnicity, socio-economic status and self-harm in Swedish youth : a national cohort study**

Jablonska, Beata; Lindberg, L.; Lindblad, Frank; Hjern, Anders

### **Abstract**

#### **Background**

Previous studies have shown an elevated risk for self-harm in adolescents from ethnic minorities. However, potential contributions to this risk from socio-economic factors have rarely been addressed. The main aim of this article was to investigate any such effects.

#### **Method**

A national cohort of 1009 157 children born during 1973–1982 was followed prospectively from 1991 to 2002 in Swedish national registers. Multivariate Cox analyses of proportional hazards were used to estimate the relative risk of hospital admission for self-harm. Parental country/region of birth was used as proxy for ethnicity.

## Results

Youth with two parents born outside Sweden (except those from Southern Europe) had higher age- and gender-adjusted hazard ratios (HRs) of self-harm than the majority population (HR 1.6–2.3). The HRs decreased for all immigrant groups when socio-economic factors were accounted for but remained significantly higher for immigrants from Finland and Western countries and for youth with one Swedish-born and one foreign-born parent.

## Conclusions

Socio-economic factors explain much of the variation by parental country of birth of hospital admissions for self-harm in youth in Sweden.

**Psychological medicine 39(1), 87-94, 2009**

## Gleichbehandlung ohne gleiche Behandlung: Zur Notwendigkeit der Modifikation therapeutischer Strategien für die Arbeit mit Migranten

Calliess, Iris Tatjana; Behrens, Katharina

### Abstract

In Deutschland werden für die besonderen Anforderungen an die psychiatrisch-psychotherapeutische Versorgung von Migranten unterschiedliche Konzepte kontrovers diskutiert: Die Alternativen in der Literatur bewegen sich zwischen Veränderung bestehender Versorgungsstrukturen und Einrichtung spezialisierter Behandlungsangebote. Vorgestellt wird eine Untersuchung der Therapieverläufe von 55 Migranten der 1. Generation sowie einer parallelisierten Stichprobe aus 55 einheimischen Patienten, die in der sozialpsychiatrischen Tagesklinik einer Universitätsklinik behandelt wurden. Neben der Erhebung von Fragebogendaten zu Parametern des Behandlungserfolges erfolgte eine detaillierte qualitative Inhaltsanalyse der Behandlungsdokumentation zur Präferenz unterschiedlicher therapeutischer Angebote, zu migrations- und kulturspezifischen Aspekten sowie zu sprachlicher Verständigung. Der Behandlungserfolg und der Umgang mit den verschiedenen therapeutischen Angeboten sprechen für eine gute Eignung eines hiesigen Behandlungskonzeptes auch für Patienten aus fremden Kulturkreisen. Jedoch wies die qualitative Auswertung auf die Erfordernis einer stärkeren Berücksichtigung des Migrationshintergrundes und kultureller Besonderheiten für diagnostische und therapeutische Überlegungen hin. Sprachprobleme spielen demgegenüber eine deutlich untergeordnete Rolle.

**Fortschritte der Neurologie – Psychiatrie 76(12), 725-733, 2008**

## The Imam's role in mental health promotion: a study at 22 mosques in New York City's Muslim community

Abu-Ras, Wahiba; Gheith, Ali; Cournos, Francine

### Abstract

Following the terrorist attacks of September 11, 2001, New York's Muslim communities turned to their mosques for help, but were noticeably hesitant to avail themselves of services offered by the broader community. Research has shown that few mental health professionals are familiar with the Arabic language and Islamic values. Moreover, little is known about Islamic counseling and psychotherapy, or the techniques applied by providers in the mosques to help the Islamic community cope with stressful events. This study is intended to examine the role of imams in Muslim mental health promotion and the worshippers' attitudes toward mental health services and resources prior to 9/11 and post-9/11. A cross-sectional survey of 22 imams and 102 worshippers from 22 mosques in New York City was conducted. Our results show that, even though the majority of the 22 imams had no formal training in Western psychotherapy intervention, they nonetheless played a major role in the promotion of mental health in the wake of this national disaster. Imams, we have learned, use a multifaceted model of unstructured psychotherapy intervention based on Islamic directives and teachings. Our study finds that guidance for mental health issues among New York City's Muslim community was sought most often from imams before and after 9/11. Results of the study may help to bridge the gap between Islamic intervention and modern, Westernized psychotherapy paradigms.

**Keywords:** Islamic counseling; Muslim mental health; 9/11; role of imams

**Journal of Muslim mental health 3(2), 155-176, 2008**

## Immigrants and borderline personality disorder at a psychiatric emergency service

Pascual, J. C.; Malagón, A.; Córcoles, D.; Ginés, J. M.; Soler, J.; García-Ribera, C.; Pérez, V.; Bulbena, A.

### Abstract

#### Background

Several studies have suggested that immigrants have higher rates of psychiatric emergency service use and a higher risk of mental disorders such as schizophrenia than indigenous populations.

### **Aims**

To compare the likelihood that immigrants (immigrant group) v. indigenous population (indigenous group) will be diagnosed with borderline personality disorder in a psychiatric emergency service and to determine differences according to area of origin.

### **Method**

A total of 11 578 consecutive admissions over a 4-year period at a tertiary psychiatric emergency service were reviewed. The collected data included socio-demographic and clinical variables and the Severity of Psychiatric Illness rating score. Psychiatric diagnosis was limited to information available in the emergency room given that a structured interview is not usually feasible in this setting. The diagnosis of borderline personality disorder was based on DSM-IV criteria. Immigrants were divided into five groups according to region of origin: North Africa, sub-Saharan Africa, South America, Asia and Western countries.

### **Results**

Multivariate statistical logistic regression analysis showed that all subgroups of immigrants had a lower likelihood of being diagnosed with borderline personality disorder than the indigenous population independently of age and gender. Furthermore, the rates of borderline personality disorder diagnosis were considerably lower in Asian and sub-Saharan subgroups than in South American, North African, Western or native subgroups.

### **Conclusions**

Our results showed that in the psychiatric emergency service borderline personality disorder was diagnosed less frequently in the immigrant group v. the indigenous group. Our results do not support the concept of migration as a risk factor for borderline personality disorder.

**British journal of psychiatry 193(6), 471-476, 2008**

## **An investigation of the factor structure and psychometric properties of the COPE scale with a Muslim migrant population in Australia**

Khawaja, Nigar G.

### **Abstract**

The factor structure and the psychometric properties of the COPE Scale were evaluated with a Muslim migrant population in Australia. An exploratory factor analysis on 319 participants indicated a 34-item scale with four factors as the most meaningful solution. The factors were: Avoidance Coping, Active Coping, Emotion and Social Focused Coping, and Turning to Religion. The internal consistency, concurrent validity, and the construct validity of the scale were supported. The findings indicate the coping styles of Muslim migrants in Australia. It is expected that this scale would be a useful measure to assess the coping behaviors and thoughts of Muslim migrants and their association with the well-being and psychosocial problems of these individuals.

**Keywords:** COPE; coping; factor structure; Muslim migrants

**Journal of Muslim mental health 3(2), 177-191, 2008**

## **Obsessive-compulsive disorder among African Americans and blacks of Caribbean descent : results from the national survey of American life**

Himle, Joseph A.; Muroff, Jordana R.; Taylor, Robert Joseph; Baser, Raymond E.; Abelson, Jamie M.; Hanna, Gregory; Abelson, James L.; Jackson, James S.

### **Abstract**

#### **Background**

There is limited research regarding the nature and prevalence of obsessive-compulsive disorder (OCD) among various racial and ethnic subpopulations within the United States, including African Americans and blacks of Caribbean descent. Although heterogeneity within the black population in the United States has largely been ignored, notable differences exist between blacks of Caribbean descent and African Americans with respect to ethnicity, national heritage, and living circumstances. This is the first comprehensive examination of OCD among African Americans and blacks of Caribbean descent.

#### **Methods**

Data from the National Survey of American Life, a national household probability sample of African Americans and Caribbean blacks in the United States, were used to examine rates of OCD among these groups.

#### **Results**

Lifetime and 12-month OCD prevalence estimates were very similar for African Americans and Caribbean blacks. Persistence of OCD and rates of co-occurring psychiatric disorders were very high and also similar between African American and Caribbean black respondents. Both groups had high levels of overall mental illness severity and functional impairment. Use of services was low for both groups, particularly in specialty mental health settings. Use of anti-obsessional medications was also rare, especially among the Caribbean black OCD population.

### Conclusions

OCD among African Americans and Caribbean blacks is very persistent, often accompanied by other psychiatric disorders, and is associated with high overall mental illness severity and functional impairment. It is also likely that very few blacks in the United States with OCD are receiving evidence-based treatment and thus considerable effort is needed to bring treatment to these groups.

### Keywords

OCD - anxiety - race - ethnicity - epidemiology - prevalence

**Depression and anxiety 25(12), 993-1005, 2008**

## **“Only Allah can heal” : A cultural formulation of the psychological, religious, and cultural experiences of a Somali man**

Starkey, Michael T.; Lee, Hyun Kyung; Tu, Chia-Chen; Netland, Jason; Goh, Michael; Schuchman, David McGraw; Yusuf, Ahmed

### Abstract

In this single-participant case study, the clinical experiences of a Somali Muslim man are presented and reviewed with special attention to cross-cultural, religious, or ethnic factors. Paradoxically, this man's religious convictions serve as both a protective and vital part of who he is while contributing to his psychotic experience. We frame our conceptualization of this case using the guidelines suggested by the *DSM-IV-TR* Outline for Cultural Formulation (American Psychiatric Association, 2000) and discuss our summary impressions of the case and the lessons we take from it.

**Journal of Muslim mental health 3(2), 145-153, 2008**

## **Perceived discrimination and the risk of schizophrenia in ethnic minorities : a case-control study**

Veling, Wim; Hoek, Hans W.; Mackenbach, Johan P.

### Abstract

#### Background

Previous studies have reported a very high incidence of schizophrenia for immigrant ethnic groups in Western Europe. The explanation of these findings is unknown, but is likely to involve social stress inherent to the migrant condition. A previous study reported that the incidence of schizophrenia in ethnic groups was higher when these groups perceived more discrimination. We conducted a case-control study of first-episode schizophrenia, and investigated whether perceived discrimination at the individual level is a risk factor for schizophrenia.

#### Methods

Cases included all non-western immigrants who made first contact with a physician for a psychotic disorder in The Hague, the Netherlands, between October 2000 and July 2005, and received a diagnosis of a schizophrenia spectrum disorder (DSM IV: schizophrenia, schizophreniform disorder, schizoaffective disorder) ( $N=100$ ). Two matched control groups were recruited, one among immigrants who made contact with non-psychiatric secondary health care services ( $N=100$ ), and one among siblings of the cases ( $N=63$ ). Perceived discrimination in the year before illness onset was measured with structured interviews, assessing experiences of prejudice, racist insults or attacks, and perception of discrimination against one's ethnic group. Conditional logistic regression analyses were used to predict schizophrenia as a function of perceived discrimination.

#### Results

Cases reported somewhat higher rates of perceived discrimination in the year prior to illness onset than their siblings and the general-hospital controls, but these differences were not statistically significant; 52% of the cases and 42% of both control groups had perceived any discrimination. Perceived discrimination at the individual level was not a risk factor for schizophrenia in these data. Perceived discrimination was positively correlated with cultural distance and cannabis use, and negatively with ethnic identity, self-esteem, and mastery.

#### Conclusions

The relationship between racial discrimination and psychosis may vary with the aspect of discrimination that is studied, and may also depend upon the social context in which discrimination takes place.

Keywords schizophrenia - perceived discrimination - ethnic minorities

**Social psychiatry and psychiatric epidemiology 43(12), 953-959, 2008**

## **Psychological distress and its demographic associations in an immigrant population : findings from the Israeli National Health Survey**

Ponizovsky, Alexander M.; Radomislensky, Ira; Grinshpoon, Alexander

## **Abstract**

### **Objective**

This study compared psychological distress and its sociodemographic correlates in immigrant and veteran Israeli populations using data from the Israel National Mental Health Survey, the first nationwide study designed to estimate the prevalence rates of psychological distress and mental disorders in the Israeli adult population, which was carried out in 2003-2004, in conjunction with the World Mental Health survey initiative.

### **Method**

Personal interviews were held with 3906 veteran Israelis, 845 immigrants from the former Soviet Union (FSU) and 107 immigrants from other countries (all the immigrants immigrated after 1989). Psychological distress was measured on the General Health Questionnaire-12.

### **Results**

Psychological distress among FSU immigrants was significantly higher than among veteran Israelis and immigrants from elsewhere. FSU immigrants were almost twice as likely to report severe psychological distress. Factors associated with psychological distress were female gender, age above 50, being divorced/widowed, being secular, having higher education and being either unemployed or 'not in workforce'.

### **Conclusion**

The results support the acculturation stress hypothesis as an explanation for psychological distress in immigrants only in immigrants from the FSU, indicating that policymakers should plan services and prevention programmes differentially for different immigrant populations.

**Keywords** Immigration; Israel; psychological distress

**Australian and New Zealand journal of psychiatry 43(1), 68-75, 2009**

## **The physical and mental health effects of Iraq war media exposure on Iraqi refugees**

Kira, Ibrahim A.; Templin, Thomas; Lewandowski, Linda; Ramaswamy, Vidya; Ozkan, Bulent; Mohanesh, Jamal

### **Abstract**

The focus of this study was to explore the effects of watching or listening to news about the war in Iraq on the physical and mental health in a sample of 501 Iraqi refugees. We used measures of media exposure, families and friends killed in the war, cumulative trauma, torture, post-traumatic stress disorder (PTSD), cumulative trauma disorders, and health. Data indicates media exposure to war news was highly predictive of PTSD and poor health after controlling for the effects of previous cumulative traumas and demographics. The effect of media exposure was comparable in its physical and mental health effects to the war-related death or injury of family members and friends, and stronger than other previous traumas. We used mass communication, globalization, secondary trauma, identity trauma, taxonomy of trauma, and cognitive and value processing theories to interpret the results. Results suggest that war media exposure is a Type III collective identity secondary trauma for Iraqis, which is the most damaging kind. It is ongoing and also has the potential of retraumatization. Previous cumulative traumas and poverty mediated the effects of media exposure. Media has a powerful impact because it transmits potentially significant information (relevant and important to the individual) quickly and by using striking and clear images of the war that can traumatize or retraumatize the concerned individual.

**Keywords:** collective identity traumas; relevant exposure; retraumatization; secondary trauma; Type III trauma; violence media exposure

**Journal of Muslim mental health 3(2), 193-215, 2008**

## **Social worker's understanding of the immigrant Muslim client's perspective**

Graham, John R.; Bradshaw, Cathryn; Trew, Jennifer L.

### **Abstract**

The evolution of social work knowledge, theory, and methods is necessary to be applicable to the multicultural component of the Canadian population. The effectiveness and importance of social work education and practice is largely tied to the ability to provide culturally sensitive service to clients. In this instance, we sought to identify what issues were specific for Muslim clients. Interviews were conducted with 50 Canadian Muslim and non-Muslim social work practitioners who work closely with Muslim clients. Practitioners identified a number of potential cultural factors and social issues that should be taken into consideration when working with Muslim clients.

**Keywords:** client perspectives; social work methods; social work theory

**Journal of Muslim mental health 3(2), 125-144, 2008**

## **When providers and patients come from different backgrounds : Perceived value of additional training on ethical care practices**

Roberts, Laura Weiss; Johnson; Mark E.; Brems, Christiane; Warner, Teddy D.

### Abstract

Fostering the therapeutic alliance, safeguarding confidentiality, gaining informed consent, and enhancing treatment adherence are critical aspects of patient care. We examined whether multidisciplinary health care providers perceive additional training on these areas as helpful in their work with patients from different ethnic backgrounds than the provider. Data are drawn from a National Institute on Drug Abuse-funded survey of 1555 providers in 8 disciplines in New Mexico and Alaska. Clinicians viewed additional training as moderately helpful for ensuring treatment adherence, establishing the therapeutic alliance, safeguarding confidentiality, and engaging in informed consent processes, in that order. Women were more receptive than men to additional training. Modest differences were detected between behavioral and physical health providers and between minority and majority providers. Implications of providers' only modest interest in such training are discussed.

**Key Words:** ethics - ethnicity - patient care – training

**Transcultural psychiatry 45(4), 553-565, 2008**

## NYE BØGER

### Mental health across cultures : a practical guide for primary care

Benson, Jill; Thistlethwaite, Jill

Radcliffe Publishing, 2008. – 228 sider

ISBN 1846192196,

Every health professional interacts with patients from different cultures to their own, not just those from different countries, ethnic or religious groups, but also those with cultural differences due to sexual orientation, lifestyle, beliefs, age, gender, social status or perceived economic worth. The potential for confusions in communication and consequent problems are even greater in primary care mental health than in other areas. This guide for all health professionals provides a model for working in mental health across cultures, and outlines practical ways of using psychotherapy skills across cultures. It can be used as personal preparation by individuals in any primary care setting at home or abroad, or as a teaching tool for use with health professionals travelling to another culture, including overseas aid workers and those moving to a new country. It is also of great value to everyone interested in transcultural medicine.

Se eksempler fra bogen her :

[http://books.google.com.au/books?id=7VqPA3YiXx4C&printsec=frontcover&hl=da&source=gbs\\_summary\\_r&ad=0](http://books.google.com.au/books?id=7VqPA3YiXx4C&printsec=frontcover&hl=da&source=gbs_summary_r&ad=0)

### Mental health in a multi-ethnic society : a multidisciplinary handbook

Suman Fernando (red); Frank Keating (red)

2. udgave

2008: 320pp.

Hb: 978-0-415-41486-9: £60.00/\$100.00

Pb: 978-0-415-41487-6: £21.99/\$38.00

Published by Routledge

"This second edition of Suman Fernando's book, now co-edited by Frank Keating, is a must read for those interested in cultural influences on the expression and management of mental distress in diverse societies. Although the book is anchored in British experience there are general propositions which should also be taken up for psychiatric practice the world over."

- **Kamaldeep Bhui**, Honorary Consultant Psychiatrist, East London NHS Foundation Trust, UK

This new edition of *Mental Health in a Multi-Ethnic Society* is an authoritative, comprehensive guide on issues around race, culture and mental health service provision. It has been updated to reflect the changes in the UK over the last ten years and features entirely new chapters by over twenty authors, expanding the range of topics by including issues of particular concern for women, family therapy, and mental health of refugees and asylum seekers.

Divided into four sections the book covers:

- issues around mental health service provision for black and minority ethnic (BME) communities including refugees and asylum seekers
- critical accounts of how these issues may be confronted, with examples of projects that attempt to do just that
- programs and innovative services that appear to meet some of the needs of BME communities
- a critical but constructive account of lessons to be drawn from earlier sections and discussion of the way ahead.

With chapters on training, service user involvement, policy development and service provision *Mental Health in a Multi-Ethnic Society* will appeal to academics, professionals, trainers and managers, as well as providing up-to-date information for a general readership.

**CONTENTS:** Introduction.

**Part I**

**Current Scene**

*Fernando*, Meanings and Realities. *Inyama*, Race Relations, Mental Health and Human Rights – The Legal Framework. *Fernando*, Inequalities and the Politics of 'Race' in Mental Health. *Kotecha*, Black and Minority Ethnic Women. *Bennett, Kalathil, Keating*, Race Equality Training in the UK: An Historical Overview.

**Part II**

**Confronting Issues**

*Kapasi*, Management Approaches to Effecting Change. *Ahmed, Jennings, Dhillon*, Innovation in the Voluntary Sector. *Ferns*, The Challenges of Race Equality and Cultural Capability (RECC) Training. *Patel*, Developing Psychological Services for Refugee Survivors of Torture. *Trivedi*, Black Service 'User Involvement' – Rhetoric or Reality? *Griffiths*, A Programme for Changing Attitudes in the Statutory Sector: Dialogue is Critical.

**Part III**

**Making It Happen**

*Alleyne*, Working Therapeutically with Hidden Dimensions of Racism. *Malik, Fateh, Haque*, The Marlborough Cultural Therapy Centre. *Au, Tang*, Mental Health Services for Chinese People. *Choudhry, Bakhsh*, Counselling and Day Care for South Asian People. *Stanley*, African and Caribbean Mental Health Service in Manchester. *Burnett*, The Sanctuary Practice in Hackney. *Jones*, A Movement Led by Black Service Users in South London.

**Part IV**

**Lessons for the Future**

*Fernando, Keating*, The Way Ahead.

## RAPPORTER

### MTV om behandling og rehabilitering af PTSD - – herunder traumatiserede flygtninge

Lund, Marie; Sørensen, Jens Hardy; Christensen, Janne Buck; Ølholm; Anne Mette  
Region Syddanmark. Center for Kvalitet  
2008. – 380 s.

Center for Kvalitet i Region Syddanmark har udarbejdet den første MTV – både nationalt og internationalt – på området for behandling af traumatiserede flygtninge.

"MTV – Behandling og rehabilitering af PTSD, herunder traumatiserede flygtninge" er udarbejdet af Center for Kvalitet i Region Syddanmark og er resultatet af et opdrag fra Psykiatristaben i Region Syddanmark.

Opgaven har været at afdække evidensen for behandling og rehabilitering af patienter med Post Traumatic Stress Disorder (PTSD), med særligt henblik på traumatiserede flygtninge. Det har været en forudsætning, at området skulle belyses i et MTV-perspektiv med litteraturstudie af elementerne teknologi, organisation, patient og økonomi.

Formålet med MTV-rapporten er "at afklare og sammenfatte den foreliggende evidens for behandling og rehabilitering af patienter med PTSD, herunder traumatiserede flygtninge, på baggrund af et systematisk litteraturstudie."

Rapportens målgruppe er både centrale og decentrale beslutningstagere og planlæggere på alle niveauer og klinikere i både primær og sekundær sektor. Rapporten henvender sig samtidigt til alle andre faggrupper, der har berøring med patienter med PTSD og traumatiserede flygtninge i deres arbejde.

På baggrund af nyere danske undersøgelser konkluderes det, at antallet af kontakter til sundhedsvæsenet på grund af PTSD er langt hyppigere blandt indvandrere end andre grupper. Det er positivt, at der er øget fokus på etniske minoriteters sygelighed og forbrug af sundhedsydelse, herunder gruppen af traumatiserede flygtninge, som beskrives som stærkt overset og underbehandlet.

Det konkluderes, at MTV undersøgelsen afdækker et behov for en styrket indsats af behandling, opsporing, forebyggelse og rehabilitering af patienter med PTSD, særligt gruppen af traumatiserede flygtninge.

Den afdækker samtidig et behov for en status på og gennemgang af, hvilken behandling der har vist sig effektiv for patienter med PTSD generelt. Og om der er behandlingstyper eller interventioner, der har vist sig særligt virksomme for undergruppen af multitraumatiserede flygtninge med kronisk PTSD.

MTV-rapporten medvirker til at belyse behandlingseffekten fra perspektiverne teknologi, organisation, patient og økonomi.

Der er udarbejdet både brochure, sammenfatning samt rapport. De kan alle downloades herfra :

<http://www.centerforkvalitet.dk/wm227389>

## **Working with interpreters in health settings : guidelines for psychologists**

Tribe, Rachel; Thompson, Kate

British Psychological Society

Leicester, 2008. – 21 sider.

Working effectively with interpreters should be a skill which every psychologist possesses. This is to ensure that equal opportunities are upheld and that certain groups are not denied access to psychological services. To achieve this aim, all psychologists should receive training in working with interpreters as a core part of their professional training. If this is not available within your trust, it is recommended that this is undertaken as part of your ongoing continuing professional development. Training courses are available in much of the country. These good practice guidelines give an overview of the issues psychologists need to consider when working with interpreters to ensure that they are able to be as effective as possible.

### **Key recommendations for practice**

- Undertake a language needs analysis for the population which your service covers and consider how you will best meet this need.
- If you have not undertaken training in working with interpreters, undertake a training course. If this is really not feasible as you will be working with an interpreter unexpectedly, read the guidelines and allocate time to consider the issues or discuss them with a more experienced colleague in advance of your first session with an interpreter. Psychologists should consider attending deaf awareness training run by their NHS trust in advance of working with a British Sign Language Interpreter (BSLI).
- Check that the interpreter is qualified and appropriate for the consultation/meeting.
- Allocate 10–15 minutes in advance of the session to brief the interpreter about the purpose of the meeting and to enable them to brief you about any cultural issues which may have bearing on the session.
- Be mindful of issues of confidentiality and trust when working with someone from a small language community (including the deaf community) as the client may be anxious about being identifiable and mistrustful of an interpreter's professionalism.
- State clearly that you alone hold clinical responsibility for the meeting.
- Create a good atmosphere where each member of the triad feels able to ask for clarification if anything is unclear and be respectful to your interpreter, they are an important member of the team who makes your work possible
- Match when appropriate for gender and age, do not use a relative and never use a child.
- Be aware of the well-being of your interpreter and the possibility of your interpreter suffering from vicarious traumatisation; consider what support they will be offered.
- At the end of the session allocate 10 minutes to debrief the interpreter about the session and offer support and supervision as appropriate.
- All written translations used should have been back translated to ensure they are fit for purpose.
- Extreme caution should be exercised when considering the use of translated psychometric tests.
- Commissioners need to ensure that there are clear pathways to support for all members of their local community including those who do not speak English.

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## **Levekårsundersøkelsen 2005 : Utsatte grupper og psykisk helse**

Myklestad, Ingrid; Rognerud, Marit; Johansen Rune,

Nasjonalt folkehelseinstitutt

Nydalen, 2008. – 38 sider.

Rapport 2008:8

Formålet med denne rapporten var å beskrive ulike utsatte grupper i samfunnet sin psykiske helse- og psykososiale risikoprofil, og i tillegg vise at psykisk helse henger sammen med

helserelatert risikoatferd hos ulike grupper. Vi ønsker med denne undersøkelsen å bidra med mer kunnskap om psykisk helse og psykososiale risikofaktorer hos enkeltgrupper. Dette kan være et nyttig grunnlag for å målrette mer av folkehelsearbeidet mot de som er mest utsatt og dermed bidra til å redusere sosial ulikhet i helse.

Følgende utsatte grupper ble studert: de lavt utdannede, de fattige, de som står utenfor arbeidslivet eller skole, de som hovedsaklig lever av trygd eller sosialhjelp, de som lever uten en partner, de skilte og innvandrere fra ikke-vestlige land. Dette er grupper som oftere erfarer belastninger av sosial, kulturell eller økonomisk karakter enn befolkningen for øvrig (Sosial- og helsedirektoratet, 2005; WHO, 2006a).

læs og download rapporten her : <http://www.fhi.no/dav/836ae5a58e.pdf>