

## Information om Transkulturel Psykiatri, december 2010

### NYHEDER OG DEBAT

#### How cultural views filter doctor-patient encounter

Aaron Levin

Clinicians can avoid unconscious racial or ethnic bias when collecting patient data by understanding the sources of possible misinterpretation.

How could well-meaning, highly educated mental health clinicians create a pattern of care that appears to be discriminatory?

For the last five years, Margarita Alegria, Ph.D., and colleagues have recorded and deconstructed doctor-patient encounters seeking answers to that question.

"Treatment depends on patients' description of their own symptoms and on nonverbal cues they present, and both are socially constructed," said Alegria at the APA Institute on Psychiatric Services in Boston in October.

**Psychiatric news 45(23), 10, 2010**

læs artiklen her: <http://pn.psychiatryonline.org/content/45/23/10.1.full?etoc>

#### Uledsagede flygtningebørn: Behov for særlige tilbud

Rørbæk, Maria

Det kan være problematisk at anbringe uledsagede flygtningebørn sammen med danske børn med psykiske eller sociale problemer, konkluderer ny rapport

Jeg er i et fremmed land, så derfor betyder det meget for mig, at jeg har nogen at snakke med i det daglige. Sådan siger Almir, der er et af de otte børn, der i en ny rapport fra Ankestyrelsen fortæller, hvordan det har været at komme til Danmark som mindreårig, uledsaget flygtning – en gruppe, der bliver flere og flere af. I 2009 fik 114 uledsagede mindreårige asylansøgere opholdstilladelse i Danmark mod 21 i 2005.

**Social pædagogen nr. 26, 2010**

læs artiklen her: <http://www.socialpaedagogen.dk/Arkiv/2010/26-2010/Uledsagede-flygtningeboern-Behov-for-saerlige-tilbud.aspx>

se link til publikationen [her](#)

## LITTERATUR

### ARTIKLER FRA FAGLIGE TIDSSKRIFTER

#### Antidepressant treatment and cultural differences - a survey of the attitudes of physicians and patients in Sweden and Turkey

Wade, Alan G.; Johnson, Paul C. D.; McConnachie, Alex

##### Background

The presenting symptoms of depression can be influenced by cultural differences. This study was conducted to compare the presenting symptoms and response to antidepressant medication of patients in Sweden and Turkey, two culturally different European countries.

##### Methods

Recruitment was triggered when adult patients were diagnosed with a depressive or anxiety disorder by a primary care physician and prescribed an antidepressant. Physicians and patients recorded presenting symptoms and completed relevant questionnaires just before and 8 weeks after starting treatment with an antidepressant. These included the Hospital Anxiety and Depression Scale (HADS), the Clinical Global Impressions (CGI) scale, the Sheehan Disability Scale (SDS), and Likert scales gauging the importance of physical and psychological symptoms. Patients also rated severity of prominent symptoms (depression, anxiety, stress, sleep and pain) from zero to ten. The outcomes were compared between patients from Sweden and Turkey using Fisher's Exact test and two-sample t-tests.

##### Results

The study was conducted in 460 patients (107, 23.3% in Sweden; 353, 76.7% in Turkey). Presenting symptoms differed between Sweden and Turkey, with Turkish patients more likely to present with physical symptoms, and report a higher number of physical symptoms (mean 2.4 vs. 1.4,  $p < 0.001$ ). In both

countries, the diagnosis made by the physician differed from that derived from the HADS score at the start of the study. The HADS diagnosis varied between the countries with significantly different proportions of patients in each country being diagnosed with depression alone, anxiety alone or depression with anxiety. While all symptoms improved after antidepressant treatment in both countries, Turkish patients showed a greater degree of response than Swedish patients in depression ( $p = 0.048$ ), stress ( $p = 0.014$ ) and pain ( $p < 0.001$ ) as measured by the prominent symptoms assessment (PSA).

### Conclusions

The presenting symptoms of patients diagnosed with a depressive or anxiety disorder by a primary care physician and prescribed an antidepressant differ between Turkey and Sweden. Patients in Turkey were more likely to present with physical symptoms than patients in Sweden and present with more physical symptoms. After 8 weeks of antidepressant treatment, the improvement from baseline was greater in Turkish patients, and this was reflected in their improved functioning.

**BMC family practice 11(93), 9 pp, 2010**

download artiklen her: <http://www.biomedcentral.com/content/pdf/1471-2296-11-93.pdf>

## Cultural aspects in social anxiety and social anxiety disorder

Hofmann, Stefan G.; Asnaani, Anu; Hinton, Devon E.

To examine cultural aspects in social anxiety and social anxiety disorder (SAD), we reviewed the literature on the prevalence rates, expressions, and treatments of social anxiety/SAD as they relate to culture, race, and ethnicity. We further reviewed factors that contribute to the differences in social anxiety/SAD between different cultures, including individualism/collectivism, perception of social norms, self-construal, gender roles, and gender role identification. Our review suggests that the prevalence and expression of social anxiety/SAD depends on the particular culture. Asian cultures typically show the lowest rates, whereas Russian and US samples show the highest rates, of SAD. Taijin kyofusho is discussed as a possible culture-specific expression of social anxiety, although the empirical evidence concerning the validity of this syndrome has been mixed. It is concluded that the individual's social concerns need to be examined in the context of the person's cultural, racial, and ethnic background in order to adequately assess the degree and expression of social anxiety and SAD. This has direct relevance for the upcoming DSM-V.

**Keywords:** social anxiety; social phobia; culture; nosology

**Depression and anxiety 27(12), 1117-1127, 2010**

## Depression in middle-aged and older first generation migrants in Europe : Results from the Survey of Health, Ageing and Retirement in Europe (SHARE)

Aichberger, M. C.; Schouler-Ocak, M.; Mundt, A.; Busch, M. A.; Nickels, E.; Heimann, H.; Ströhle, M. A.; Reischies, F. M.; Heinz, A.; Rapp, M. A.

### Objective

To determine the prevalence of depression in migrants aged 50 years or older in comparison to residents without a history of migration in 11 European countries.

### Methods and subjects

The Survey of Health, Ageing and Retirement in Europe (SHARE), a cross-national, multidisciplinary, household-based panel survey using nationally representative probability samples ( $n=28,517$ ) of 11 European countries of the non-institutionalized population aged 50 years and older. Depression was measured using the EURO-D scale, and odds ratios (OR) were estimated for migration status. Effects of sociodemographic variables, somatic comorbidities, functional impairment, cognitive function, geographic region, and time lived in current country of residence were assessed in multivariate logistic regression analysis.

### Results

Adjusting for confounds, the OR for depression in migrants was 1.42 (95% CI, 1.28–1.59). The influence of migration status on the prevalence of depression was significantly greater in Northern (OR, 1.85; 95% CI, 1.39–2.46) and Western Europe (OR, 1.38; 95% CI, 1.22–1.57), compared to Southern Europe (OR, 1.16; 95% CI, 0.79–1.70) ( $p < 0.05$  for the interaction).

### **Conclusion**

We found a higher prevalence of depression in first-generation migrants aged 50 years or older, together with relevant geographical variation. This difference was not due to other known predictors of depression in older age.

Keywords: Old age depression; Prevalence; Migration; Cross-national survey; Europe  
**European psychiatry 25(8), 468-475, 2010**

### **How Iranian lay people in 3 ethnic groups conceptualize a case of a depressed woman: an explanatory model**

Dejman, Masoumeh; Forouzan, Ameneh Setareh; Assari, Shervin; Rasouljan, Maryam; Jazayeri, Alireza; Malekafzali, Hossein; Eftekhari, Monir Baradaran; Falahat, Katayon; Ekblad, Solvig

#### **Objective(s)**

Although depression is a major public health problem, little is known about lay people's views of this subject in Iran. The aim of this study was to explore how depression in women is viewed among lay people in three major ethnic groups - Kurd, Turk, and Fars.

#### **Design**

Participants were selected from public urban healthcare centers. Four focus group discussions were conducted for each of the three ethnic groups and classified by level of education from three locations, in the capital city (Tehran), west (Ilam), and the northwest (Tabriz) of Iran. Twelve focus groups; 38 men and 38 women have been conducted by using a case vignette describing a woman with major depression.

#### **Results**

Depression symptoms were perceived as a temporary phenomenon. It was regarded as a colloquial term for feeling blue, mostly related to external stressors (social model). The common terms used in all ethnic groups were depression, and nerve/soul distress. Environmental cause and war were considered as external causes of the symptoms, and emotional factors, cognition distortion, and biological reasons, as internal factors. The participants believed it was necessary to seek help from religion, family and friends, positive thinking, and distraction from social problems, besides consultations with psychologists as counselors. Medication was often seen as the last resort. Stigma was mentioned as an important factor that makes people avoid visiting psychiatrists.

#### **Conclusion**

These data may have implications for mental healthcare practice, especially for the approach to diagnosis of depression. Moreover, there is a need for developing and integrating gender-relevant and cultural indicators in the existing national mental health systems in Iran.

Keywords: depression; lay people; explanatory model; ethnic groups; women; case vignette  
**Ethnicity and health 15(5), 475-493, 2010**

### **Missed diagnosis of autism in an Australian indigenous psychiatric population**

Roy, Meera, Balaratnasingam, Sivasankaran

#### **Objective**

The aim of this paper is to review the diagnosis among adult Indigenous patients from the Kimberley region of Western Australia who had an existing diagnosis of schizophrenia. A visit from a psychiatrist specializing in intellectual disability provided the opportunity for conducting psychiatric assessments from a developmental perspective.

#### **Method**

Selected patients with schizophrenia were assessed from an intellectual disability perspective from an active case load of 215 patients.

#### **Result**

Thirteen out of 14 selected patients were considered to have a diagnosis of autism when a developmental history was undertaken. Case studies are presented to illustrate the overlap in symptoms and potential for the diagnosis of autism to be missed.

#### **Conclusions**

Autism spectrum disorders may be missed in Indigenous population groups. This has implications for treatment and service provision. Clinicians need to be mindful of the diagnostic possibility that an autism

spectrum disorder might be masquerading as schizophrenia in the context of intellectual disability and atypical presentation.

**Keywords**

autism spectrum disorders, developmental disability, Indigenous population, intellectual disability, schizophrenia

**Australasian psychiatry 18(6), 534-537, 2010**

**Psychosocial adjustment and substance use of Cambodian and Vietnamese immigrant youth**

Lim, May; Stormshak, Elizabeth A.; Falkenstein, Corrina A.

Southeast Asians living in the United States are a unique Asian immigrant population. They are considered one of the “newer” Asian immigrant groups, tend to be less affluent compared with their East and South Asian counterparts, and are steadily growing in number. Unfortunately, few studies have been conducted specifically about Southeast Asian immigrants. The lack of studies, coupled with the community’s growing mental health issues, suggests the need for increased research on this population. This study contributes to the literature by examining the extent to which identification with Vietnamese or Cambodian culture, peer relationships, and coping behaviors affect substance use among Cambodian and Vietnamese immigrant youth. A sample of 102 participants, age 12 to 18 years, completed self-report measures regarding these variables. Results indicate that identification with one’s culture of origin and coping behaviors moderate the relationship between deviant peer association and substance use. Results are discussed within a contextual model of problem behavior among Southeast Asian youth.

**Keywords** acculturation - Southeast Asians - immigrant youth - substance use - deviant peer relationships

**Journal of cross-cultural psychology 42(1), 104-119, 2011**

**Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States**

Roberts, A. L.; Gilman, S. E.; Breslau Joshua, Breslau, N.; Koenen, Karestan C.

**Background**

To identify sources of race/ethnic differences related to post-traumatic stress disorder (PTSD), we compared trauma exposure, risk for PTSD among those exposed to trauma, and treatment-seeking among Whites, Blacks, Hispanics and Asians in the US general population.

**Method**

Data from structured diagnostic interviews with 34 653 adult respondents to the 2004–2005 wave of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) were analysed.

**Results**

The lifetime prevalence of PTSD was highest among Blacks (8.7%), intermediate among Hispanics and Whites (7.0% and 7.4%) and lowest among Asians (4.0%). Differences in risk for trauma varied by type of event. Whites were more likely than the other groups to have any trauma, to learn of a trauma to someone close, and to learn of an unexpected death, but Blacks and Hispanics had higher risk of child maltreatment, chiefly witnessing domestic violence, and Asians, Black men, and Hispanic women had higher risk of war-related events than Whites. Among those exposed to trauma, PTSD risk was slightly higher among Blacks [adjusted odds ratio (aOR) 1.22] and lower among Asians (aOR 0.67) compared with Whites, after adjustment for characteristics of trauma exposure. All minority groups were less likely to seek treatment for PTSD than Whites (aOR range: 0.39–0.61), and fewer than half of minorities with PTSD sought treatment (range: 32.7–42.0%).

**Conclusions**

When PTSD affects US race/ethnic minorities, it is usually untreated. Large disparities in treatment indicate a need for investment in accessible and culturally sensitive treatment options.

**Key Words:**

Ethnic groups; post-traumatic stress disorder; race; traumatic events; treatment-seeking

**Psychological medicine 41(1), 71-83, 2011**

## **Stress and depression in Latin American immigrants : the mediating role of religiosity**

Kirchner, Teresa; Patiño, Camila

### **Objective**

Migrating implies a high level of stress that may destabilise immigrants' mental health. The sense of spiritual fulfilment (feelings of faith, religiosity, and transcendence beyond ordinary material life) can mitigate the stress and benefit mental health. The objective of the present study was to analyze the relationship between migratory stress, religiosity and depression symptoms, as well as the mediating role of religiosity between migratory stress and depression symptoms.

### **Method**

Participants were 295 Latin American immigrants living in Barcelona (Spain), 186 of whom (63.1%) were women and 109 (36.9%) were men. They were recruited from a Spanish NGO by means of a consecutive-case method.

### **Results**

The results showed an inverse relationship between religiosity and depression symptoms, but only in women. Likewise, in women, the sense of spiritual fulfilment had mediating value in buffering the relationship between stress and depression symptoms. This mediating value of spiritual fulfilment was not observed in men. For both genders religiosity was inversely related with stress. In addition, it was observed that the sense of religiosity decreases as the time since immigration passes.

### **Conclusions**

These results may be of importance in clinical practice for prevention and therapeutic intervention with Latin American immigrants. As sense of transcendence and social support from the religious community are intertwined, it is difficult to specifically attribute the observed benefit of religiosity to the former versus the later.

Keywords: Immigrant; Latin American; Stress; Depression symptoms; Religiosity; Mediation analyses  
**European psychiatry 25(8), 479-484, 2010**

## **Suicidal behavior and ethnicity of young females in Rotterdam, the Netherlands : rates and risk factors**

van Bergen, Diana D.; Eikelenboom, Merijn; Smit, Johannes H.; van de Looij-Jansen, Petra M.; Saharso, Sawitri

### **Abstract**

#### **Objective**

Although Western Europe is becoming increasingly multicultural, ethnic minorities are scarcely included in studies of suicidology. We investigated the prevalence of non-fatal suicidal behavior and examined risk factors in non-western female immigrant adolescents compared to majority female adolescents in the city of Rotterdam, the Netherlands.

#### **Design**

We conducted logistic regression on a dataset that consisted of self-reported health and well-being questionnaires filled out by 4527 adolescents of Dutch, South Asian-Surinamese, Moroccan, and Turkish origin. We examined whether young females of specific ethnic groups had elevated risk for attempted suicide. Well-known risk factors in suicidology of social economic class, level of education, life events, abuse, and family context were investigated to verify whether these factors are beneficial to explaining ethnic differences in suicidal behavior.

#### **Results**

We found that rates of attempted suicide among Turkish and South Asian-Surinamese young women were higher than of Dutch females, while Moroccan females had lower rates than Dutch female adolescents. Physical and sexual abuse, and an impaired family environment, as well as parental psychopathology or parental substance abuse contributed to non-fatal suicidal behavior of females across ethnicities. However, these risk factors, as well as low social economic class and of level of education, did not fully explain the vulnerability of Turkish and South Asian-Surinamese females.

#### **Conclusion**

Our findings underscored the need for developing suicide prevention for specific minority females in multicultural cities in Western Europe. Screening programs, which aim at preventing suicide attempts by

young immigrant women should include risk factors in the family environment and relationship with the parents as well as physical and sexual abuse. However, the study also showed that the disproportionate risk of Turkish and South Asian-Surinamese females could not be understood by risk factors alone and transpired that the origins of ethnic disparities in suicidal behavior deserve further examination.

**Keywords:** suicidal behavior; risk factors; adolescents; young females; immigrant families

**Ethnicity and health 15(5), 515-530, 2010**

## **Understanding the effect of ethnic density on mental health: multi-level investigation of survey data from England**

Das-Munshi, Jayati; Becares, Laia; Dewey, Michael E.; Stansfeld, Stephen Alfred; Prince, Martin J.

### **Objectives**

To determine if living in areas where higher proportions of people of the same ethnicity reside is protective for common mental disorders, and associated with a reduced exposure to discrimination and improved social support. Finally, to determine if any protective ethnic density effects are mediated by reduced exposure to racism and improved social support.

### **Design**

Multi-level logistic regression analysis of national survey data, with area-level, own-group ethnic density modelled as the main exposure.

### **Participants and setting**

4281 participants of Irish, black Caribbean, Indian, Pakistani, Bangladeshi, and white British ethnicity, aged 16–74 years, randomly sampled from 892 “middle layer super output areas” in England.

### **Main outcome measures**

Common mental disorders (assessed via structured interviews); discrimination (assessed via structured questionnaire); and social support and social networks (assessed via structured questionnaire).

### **Results**

Although the most ethnically dense areas were also the poorest, for each 10 percentage point increase in own-group ethnic density, there was evidence of a decreased risk of common mental disorders, for the full ethnic minority sample (odds ratio 0.94 (95% confidence interval 0.89 to 0.99);  $P=0.02$ , trend), for the Irish group (odds ratio 0.21 (0.06 to 0.74);  $P=0.01$ , trend), and for the Bangladeshi group (odds ratio 0.75 (0.62 to 0.91);  $P=0.005$ , trend), after adjusting for a priori confounders. For some groups, living in areas of higher own-group density was associated with a reduction in the reporting of discrimination and with improved social support and improved social networks. However, none of these factors mediated ethnic density effects.

### **Conclusions**

A protective effect of living in areas of higher own-group ethnic density was present for common mental disorders for some minority groups. People living in areas of higher own-group density may report improved social support and less discrimination, but these associations did not fully account for density effects.

**British medical journal 341, c5367, 2010**

læs artiklen her: <http://www.bmj.com/content/341/bmj.c5367.full>

## **Validation of the Arabic version of the Cohen Perceived Stress Scale (PSS-10) among pregnant and postpartum women**

Chaaya, Monique; Osman, Hibah; Naassan, Georges; Mahfoud, Ziyad

### **Background**

This study was conducted to evaluate the validity of the Arabic translation of the Cohen Perceived Stress Scale (PSS-10) in pregnant and postpartum women.

### **Methods**

A sample of 268 women participated. These included 113 women in their third trimester of pregnancy, 97 in the postpartum period and 58 healthy female college students. GHQ-12 and EPDS were also administered to the participants. Internal consistency reliability, assessed using Cronbach's alpha, was 0.74.

## Results

PSS-10 significantly correlated with both EPDS and GHQ12 ( $\rho=0.58$  and  $\rho=0.48$  respectively), and significantly increased with higher scores on stressful life events. PSS-10 scores were higher among college students who also recorded higher stressful life events scores.

## Conclusion

The Arabic translated version of the PSS-10 showed reasonably adequate psychometric properties.

**BMC Psychiatry 10(111), 20,2 pp., 2010**

download artiklen her: <http://www.biomedcentral.com/content/pdf/1471-244x-10-111.pdf>

## RAPPORTER

### Ankestyrelsens undersøgelse af uledsagede mindreårige flygtninge - modtagelse og indsats i kommunerne

København: Ankestyrelsen, 123 sider

#### Kapitel 7

#### Psykiske problemer – afdækning og behandling

Fra starten af kapitlet

De har alle sammen svært ved at sove om natten, har flashbacks, de savner familien, og de har skyldfølelse over for søskende, som de har efterladt. De fleste har posttraumatisk belastningsreaktion (PTSD) og som en følge deraf søvnproblemer, koncentrationsproblemer og nogle bliver aggressive. Rigtig mange har også somatiske symptomer, hvor de har ondt forskellige steder, uden at lægerne kan finde noget objektivt. Det er vigtigt, at fortælle dem at deres symptomer er normale, når man har oplevet det, som de har oplevet. (Rudersdal Kommune)

De største udfordringer har været at finde ud af hvor meget af sandheden, man har fået at vide og derefter kortlægge deres reaktionsmønstre. (Hedensted Kommune)

De behandlingstilbud, kommunen tilbyder de uledsagede mindreårige med psykiske problemer, er nødløsninger. (Herning Kommune)

I dette kapitel er fokus rettet mod interviewkommunernes udfordringer med fra starten at afdække uledsagede mindreåriges psykiske problemer, og hvilke behandlingsforløb kommunerne kan tilbyde i forbindelse med de unges psykiske problemer.

download rapporten her:

[http://www.ast.dk/page\\_pic/pdf/rapport\\_om\\_uledsagede\\_mindre%C3%A5rige\\_flygtninge\\_14\\_12\\_2010\\_10\\_5\\_6.pdf](http://www.ast.dk/page_pic/pdf/rapport_om_uledsagede_mindre%C3%A5rige_flygtninge_14_12_2010_10_5_6.pdf)

### Det sværeste var at være ensom : Udfordringer for uledsagede flygtningebørn i Danmark”

Uledsagede flygtningebørn får tilfældig behandling i danske kommuner. Flygtningebørn, der kommer alene til Danmark, får en meget ujævn behandling i de danske kommuner. En af konsekvenserne er, at børnene risikerer at stå alene med de traumer og problemer, de kan få længe efter deres flugt. Det fremgår af en ny undersøgelse og en række anbefalinger, som Red Barnet offentliggør.

Hvem skal sikre, at uledsagede flygtningebørn får den rette hjælp – bl.a. til at bearbejde de traumer, som viser sig hos mange af børnene længe efter deres flugt fra krig og konflikt?

Det er et af de spørgsmål, der hersker stor uklarhed om i de danske kommuner. Konsekvensen er, at uledsagede flygtningebørn – som i forvejen er en af de aller mest udsatte børnegrupper - ikke er sikre på at få den rette behandling, når de bliver modtaget i Danmark.

Det viser Red Barnets undersøgelse ”Det sværeste var at være ensom : Udfordringer for uledsagede flygtningebørn i Danmark”.

Uledsagede flygtningebørn kommer ofte med en meget barsk historie i rygsækken. De er flygtet fra krig og konflikt alene eller har mistet deres familie undervejs. Børnene savner deres familier og har ofte et ekstremt lille socialt netværk. Men desværre er det alt for tilfældigt, hvilken hjælp børnene får i de danske kommuner,

siger Inger Neufeld, børnepolitisk konsulent i Red Barnet.

### **God vilje, men tilfældig praksis**

Inger Neufeld peger på, at mange fagfolk og værgere rundt omkring i landet faktisk gør en kæmpe indsats for de uledsagede flygtningebørn, men at kommunernes praksis og muligheder bl.a. ikke er gearret til at håndtere de traumer, som ofte opstår lang tid efter, at børnene er kommet til Danmark.

- Nogle kommuner aner simpelthen ikke, hvad de skal gøre, når de modtager et uledsaget flygtningebarn.

Desuden venter børnene ofte alt for længe på at få tildelt en væрге eller forældrerepræsentant, der kan sikre deres tarv. Nogle uledsagede flygtningebørn får slet ikke den væрге, de har ret til, og samtidig findes der ingen klare retningslinjer for værgens funktion. Al denne tilfældighed byder vi en af de mest skrøbelige grupper af børn, og det er dybt bekymrende, siger Inger Neufeld.

- Det bydende nødvendigt, at uledsagede flygtningebørn bliver set som de børn, de er, med alle de rettigheder og behov for omsorg og beskyttelse, vi normalt byder børn i Danmark, siger Inger Neufeld.

### **Red Barnet anbefaler:**

På baggrund af undersøgelsen anbefaler Red Barnet bl.a. at.:

- Uledsagede børn skal først og fremmest ses som børn, når de modtages i kommunerne. De skal have de samme rettigheder som børn, der er født i Danmark. Respekten for børnenes erfaringer og modenhed må aldrig betyde, at børnene fratages deres rettigheder. Sagsbehandlere skal tage hensyn til, at børnene er uden forældre og derfor har behov for en særlig omsorg. Der skal arbejdes mod, at de sikres et familielignende miljø i en atmosfære af glæde, kærlighed og forståelse.
- Der bliver udarbejdet en klar vejledning til kommunerne om behandlingen af uledsagede børn.
- Ethvert uledsaget barn skal have en væрге, der er parat til at modtage barnet, når han/hun ankommer i kommunen. Der bør udarbejdes klare retningslinjer for værgens funktion, og kendskabet til funktionen skal udbredes blandt professionelle.
- Uledsagede børn skal efter visitationen til kommunen modtages af børnefagligt personale i Børne- og Familieenhederne, der skal undersøge børnenes behov. Børne- og Familieenhederne skal - evt. sammen med professionelle fra andre relevante sektorer - udarbejde en handlingsplan til hvert uledsaget barn. Nødvendige foranstaltninger for barnets trivsel og udvikling skal sikres, og barnet samt barnets væрге skal inddrages i beslutningen.
- Ingen børn må overlades til sig selv på starthjælp evt. med en kontakt person tilknyttet i få timer om ugen.
- Botilbud og anbringelsesmuligheder bør nøje overvejes sammen med den uledsagede selv og barnets væрге. Yngre uledsagede børn skal som udgangspunkt tilbydes plejefamilie, og børn over 16 år skal tilbydes at bo i en mindre døgninstitution/opholdssted. Som udgangspunkt skal uledsagede børn ikke anbringes sammen med børn med adfærdsproblemer.
- Uledsagede børn skal tilbydes hjælp til at bearbejde traumatiske oplevelser, og de skal med mellemrum gøres opmærksom på muligheden for at få hjælp. Sagsbehandlere skal uddannes til at støtte og vejlede traumatiserede børn.
- Uledsagede børn skal tilbydes efterværn, hvis de opfylder kriterierne - på ligefod med anbragte danske børn.
- Uledsagede børn skal screenes bedre i forhold til deres kompetencer og potentialer ved ankomsten til kommunerne, og der skal skabes flere specialiserede tilbud, der tager højde for, at nogle uledsagede ikke vil kunne opnå en boglig uddannelse. Der bør også tilbydes intensive støtteforanstaltninger til de unge, der på sigt har en mulighed for at indgå i et mere typisk uddannelsesforløb. Kendskab til god praksis skal udbredes. Det skal sikres, at uledsagede børn placeres i andre sammenhænge, hvor sproglæring også stimuleres, end blot i selve undervisningen.
- Uledsagede børn bør visiteres til færre kommuner, så der bedre kan opbygges flygtningefaglige børnekompetencer i kommunen og specialiserede tilbud i forhold til bosteder, undervisningstilbud, traumebehandling, modersmålsundervisning, fritidstilbud mm.
- Det bør sikres, at uledsagede støttes til at indgå i sociale relationer (kontaktfamilier, fritidsaktiviteter, kulturelle eller religiøse netværk, kontakt til ungdomsorganisationer etc.). Udvikling af et netværk af mentorer af tidligere uledsagede børn, der kan vejlede nyankomne i kommunerne, bør overvejes.
- Uledsagede børn, der har familier, bør støttes til at finde deres familier og holde kontakt med dem. De bør være en mulighed, at de kan familiesammenføres med deres familier i Danmark.
- Efter uledsagede børn har modtaget opholdstilladelse, bør den eneste overvejelse ift. tilbagesendelse være, hvis det er i barnets tarv.

- Opkvalificering af professionelle og vidensdeling bør sikres gennem uddannelsesstilbud og netværk for professionelle, så god praksis kan diskuteres og udbredes.

Download rapporten her:

[http://www.redbarnet.dk/Admin/Public/DWSDownload.aspx?File=%2fFiles%2fFiler%2fNyheder%2f2010%2f10.12.14\\_Uledsagede+b%26oslash%3brn.pdf](http://www.redbarnet.dk/Admin/Public/DWSDownload.aspx?File=%2fFiles%2fFiler%2fNyheder%2f2010%2f10.12.14_Uledsagede+b%26oslash%3brn.pdf)

## Etniske minoriteter i det danske sundhedsvæsen – en antologi

Vinther-Jensen, Kirsten (red); Primdahl, Rikke (red)

København: Sundhedsstyrelsen, 2010. – 86 sider

### Forord

Selvom etniske minoriteter talmæssigt kun udgør en mindre del af det samlede antal patienter i det danske sundhedsvæsen, oplever ansatte inden for sundhedsvæsenet ofte etniske minoriteter som en særlig udfordrende patientgruppe. Dette skyldes en bred vifte af faktorer såsom kulturbestemte sygdomsmønstre, forskellige sygdomsopfattelser samt de sproglige og kulturelle barrierer, der opstår i mødet mellem sundhedspersonalet og patienten med anden etnisk baggrund.

Mødet mellem personale og patienter med anden etnisk baggrund kan være præget af forestillinger og usikkerhed fra begge parter, som blandt andet bunder i forskellige forventninger til mødet mellem patienten og sundhedsvæsenet. For patienten kan det føre til en uhensigtsmæssig brug af sundhedsvæsenet og – ydelser samt håndtering af egen sygdom. For personalet kan det skabe frustrationer og magtesløshed.

Sundhedsloven fastsætter, at alle skal sikres let og lige adgang til sundhedsvæsenet. For at leve op til dette i forhold til etniske minoriteter er det vigtigt at identificere de særlige udfordringer, der er forbundet med denne gruppe patienters møde med sundhedsvæsenet og finde relevante løsningsmodeller for indsatsen i fremtiden.

Denne publikation tager afsæt i fem regionale seminarer, som Sundhedsstyrelsen holdt i 2009 i samarbejde med de fem regioner med henblik på at styrke kommuners og regioners indsats rettet mod etniske minoriteter. Publikationen er udarbejdet som en antologi med artikler fra nogle af de oplægsholdere, der deltog ved seminarerne samt enkelte øvrige forskere.

Publikationen præsenterer forskellige oplevelser og erfaringer med etniske minoriteter i sundhedsvæsenet ud fra både personalets og patientens perspektiv. Der sættes fokus på udfordringerne i forbindelse med kulturmødet og på, hvor arbejdet med etniske minoriteters sundhed befinder sig og bevæger sig hen. Alle artiklerne er udtryk for forfatternes egne erfaringer og vurderinger. Målgruppen for antologien er alle, der beskæftiger sig med etniske minoriteter enten som praktikere, forskere, planlæggere eller beslutningstagere, og som vil opdatere deres viden eller lade sig inspirere af udvalgte aktiviteter – primært med udgangspunkt i det regionale sundhedsvæsen.

### 1 Indledning

#### 2 Etniske minoriteter i sundhedsvæsenet

##### 2.1 Etniske minoriteters sundhed

##### 2.2 Indvandreres brug af sundhedsvæsenet

##### 2.3 Sundhedsprofessionelles udfordringer i mødet med etniske minoritetspatienter

### 3 Kulturmødet

#### 3.1 **Mødet med etniske minoriteter i psykiatrien - Hvad handler det egentligt om? / Christian Nørregaard**

##### 3.2 Etniske minoritetsbørn i tandplejen - erfaringer fra Århus

##### 3.3 Tolkning i sundhedsvæsenet – mere end bare ord

### 4 Indsatser

#### 4.1 **Behov for en tidlig indsats - behandling og rehabilitering af traumatiserede flygtninge / Annemarie Gottlieb**

4.2 Indvandrermedicinsk klinik på Odense Universitets-hospital - en tværfaglig indsats

4.3 Kulturelle mediatorer i sundhedsvæsenet

4.4 Etnisk Ressourceteam

4.5 Teletolkning – samme udfordringer, ny løsning

5 Patientens perspektiv

5.1 Etniske minoriteters oplevelser i mødet med det danske sygehus

6 Perspektiver og fremtidige initiativer

6.1 Hvilken vej skal vi gå – input fra nøglepersoner på området

6.2 Perspektiver fra regionerne - nye initiativer og projekter

6.3 Forskning indenfor sundhed, migration og etnicitet

6.4 Forskningsnetværket Etniske Minoriteters Sundhed

download publikationen her:

[http://www.sst.dk/publ/Publ2010/CFF/Etnisk/Etnminoriteter\\_sundhedsv\\_antologi.pdf](http://www.sst.dk/publ/Publ2010/CFF/Etnisk/Etnminoriteter_sundhedsv_antologi.pdf)

## Etniske pårørende i psykiatrien – nye veje til samarbejde

Dansk Flygtningehjælp. Integrationsnet

København, 2010. – 14 sider.

Projektet er finansieret af midler fra Sygekassernes Helsefond.

I dag er op mod hver tiende patient i det psykiatriske system flygtning eller indvandrer, og alt tyder på, at der kommer flere og flere med etnisk minoritetsbaggrund i psykiatrien. Det stiller krav til medarbejderne om at kunne bygge bro mellem forskellige kulturers sygdomsforståelse.

I Dansk Flygtningehjælp har vi igennem et par år haft særligt fokus på de etniske pårørende i udviklingsprojektet "Etniske pårørende i psykiatrien". Formålet med projektet har været at udvikle metoder, som kan lette kommunikationen mellem de pårørende med anden etnisk baggrund og det offentlige psykiatriske behandlingssystem, samt tilbyde pårørende den hjælp og støtte, de har behov for.

I dette hæfte har vi samlet vores erfaringer fra projektet og udviklet en række metoder til at støtte og samarbejde med etniske pårørende i psykiatrien. Vi håber, at metoderne vil inspirere både ansatte i psykiatrien og socialpsykiatrien samt patient- og pårørendeorganisationer i det daglige.

I projektet har vi opstillet følgende målsætninger:

- At blive klogere på de pårørendes forståelse af sindslidelser og traumatisering, og at forstå deres behov for viden og støtte
- At udvikle metoder og tilgange, som kan skabe et fælles sprog – et fælles udgangspunkt for at kunne tale om emnet
- At formidle opfattelser bag vestlig psykiatri for at lette kommunikationen mellem de pårørende og behandlerne med fokus på følgende emner:

1. Viden om sindslidelser som skizofreni, angsttilstande og depressive lidelser

2. Viden om traumatisering

3. Symptomer, prognose og behandlingsmuligheder

4. Baggrund og udløsende faktorer

5. Viden om medicin, virkning og bivirkning

6. Psykosomatik

7. Sekundær traumatisering og at leve med et sindslidende familiemedlem

8. At yde støtte og hjælp som pårørende, og at passe på sig selv i relationen

9. Børnenes tarv – at skærme børnene, og at inddrage dem på deres præmisser

læs rapporten her:

[http://www.integrationsnet.dk/fileadmin/user\\_upload/integrationsnet/pdf\\_og\\_word/Born\\_og\\_familie/Paarorende\\_i\\_psykiatrien-metodehaefte.pdf](http://www.integrationsnet.dk/fileadmin/user_upload/integrationsnet/pdf_og_word/Born_og_familie/Paarorende_i_psykiatrien-metodehaefte.pdf)

## Kun en tåbe frygter ikke sproget : Tolkning fra de professionelle tolkes synsvinkel : Erfaringer fra Indvandrermedicinsk Klinik : Tolkeanvendelse og arbejdsvilkår

Nielsen, Dorthe; Svabo, Arndis; Korsholm, Karen Margrethe; Sodemann, Morten

Odense Universitetshospital. Invandrerrmedicinsk Klinik, u. å., 14 sider  
download rapporten her: <http://www.ouh.dk/dwn129137>

## **NYHEDSBREVE**

### **Mennesker og psykiatri : Bladet for alle i og omkring Psykiatrien Region Sjælland – nr. 22, 2010**

- **Med krigstraumer som hverdag**
- **Tolk i Psykiatrien**
- **Etniske pårørende mangler ord**
- **Transkulturel psykiatri – i praksis**

læs bladet her: [http://www.regionsjælland.dk/regionens-opgaver/Psykiatrien2/publikationer/medarbejdere/Documents/MenneskerogPsykiatri22\\_2010.pdf](http://www.regionsjælland.dk/regionens-opgaver/Psykiatrien2/publikationer/medarbejdere/Documents/MenneskerogPsykiatri22_2010.pdf)

### **World healer : Newsletter of the WPA – Transcultural psychiatry section**

- **Conference Report : Amsterdam June 13-16, 2010** / By Ronald Wintrob

læs bladet her: <http://www.wpa-tps.org/PDF/WH-Vol5-Issue2.pdf>