

Information om Transkulturel Psykiatri, december 2011

NYHEDER

Koncept for udredning og behandling af personer med PTSD

CETT's hjemmeside 14. december

Sammenhængende patientforløb, kortere ventetider og målrettet behandling. Det er resultatet af et nyt udrednings- og behandlingskoncept for personer med PTSD – herunder flygtninge og torturoverlevende. Udrednings- og behandlingskonceptet for personer med PTSD er allerede integreret i den daglige praksis på Center for Traume- og Torturoverlevende (CETT) i Vejle og Rehabiliteringscenter for Torturoverlevende og Traumatiserede flygtning (RCT Fyn) i Odense.

Regionens tre behandlingscentre for traume- og torturoverlevende har samarbejdet om at udvikle konceptet. Det drejer sig om regionens egne behandlingscentre, RCT Fyn i Odense og CETT i Vejle, samt den selvejende institution Rehabiliteringscenter for Torturofre (RCT-Jylland) i Haderslev, som Region Syddanmark har en driftsoverenskomst med.

- Med dette koncept systematiserer og videreudvikler vi behandlingen af mennesker med PTSD baseret på forskning og erfaring. Det er ikke alle, der er enige i vores tilgang. Men vi tror på, at patienterne får det bedste mulige tilbud med en grundig udredning og målrettet behandling, siger Ole Rytto, sygeplejefaglig direktør i Psykiatrien i Region Syddanmark.

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LITTERATUR

Contextualizing the trauma experience of women immigrants from Central America, South America, and Mexico

Kaltman, Stacey; Hurtado de Mendoza, Alejandra; Gonzales, Felisa A.; Serrano, Adriana; Guarnaccia, Peter J.

Trauma has been understudied among Latina immigrants from Central and South America. This study examined the types and context of trauma exposure experienced by immigrant women from Central America, South America, and Mexico living in the United States. Twenty-eight women seeking care in primary care or social service settings completed life history interviews. The majority of the women reported some type of trauma exposure in their countries of origin, during immigration, and/or in the United States. In the interviews, we identified types of trauma important to the experience of these immigrants that are not queried by trauma assessments typically used in the United States. We also identified factors that are likely to amplify the impact of trauma exposure. The study highlights the importance of utilizing a contextualized approach when assessing trauma exposure among immigrant women.

Journal of traumatic stress 24(6), 635-642, 2011

Disparities in diagnosis of bipolar disorder in individuals of African and European descent : a review

Haeri, Sophia; Williams, Jenny; Kopeykina, Irina; Johnson, Jamie; Newmark, Alexis; Cohen, Lisa; Galynker, Igor

Background

Over the past 3 decades, a wide range of studies in the United States and the United Kingdom has reported that white individuals are more likely to be diagnosed with bipolar and affective disorders, whereas black individuals appear to be at higher risk for schizophrenia spectrum diagnoses. Despite the pressing need for strategies aimed at eliminating racial and cultural disparities in diagnosis and treatment of bipolar disorder, no systematic review of the existing literature in this area has been done. This study draws together the disparate strands of information in a comprehensive overview of the research base in this area.

Methods

An electronic literature search of the Medline and PsychINFO databases was conducted in October 2009, supplemented by a review of references in the identified articles, for a total of 51 articles included in this qualitative review.

Results

Black patients have consistently been found to be more likely than white patients to be diagnosed with schizophrenia rather than bipolar disorder. Four factors were identified as potential contributors to racial disparities in diagnostic rates: clinical presentation and expression of symptoms, access to care, help-seeking behaviors, and clinician judgment.

Conclusion

Despite efforts to curtail the phenomenon, racial disparities in diagnosis of bipolar disorder persist. Racial and cultural elements may affect how patients manifest behaviors and symptoms and how these are interpreted and attributed by clinicians in the diagnostic process. As an appropriate diagnosis determines treatment options and is central to quality of care, incorrect diagnosis can potentially have a negative impact on treatment effectiveness and accuracy of prognosis.

Key words: race, culture, diagnosis, bipolar disorder, schizophrenia

Journal of psychiatric practice 17(6), 394–403, 2011

Ethnic variations in pathways to acute care and compulsory detention for women experiencing a mental health crisis

Lawlor, Caroline; Johnson, Sonia; Cole, Laura; Howard, Louise M.

Background

Much recent debate on excess rates of compulsory detention and coercive routes to care has focused on young black men; evidence is less clear regarding ethnic variations among women and factors that may mediate these.

Aim

To explore ethnic variations in compulsory detentions of women, and to explore the potential role of immediate pathways to admission and clinician-rated reasons for admission as mediators of these differences.

Method

All women admitted to an acute psychiatric inpatient ward or a women's crisis house in four London boroughs during a 12-week period were included. Data were collected regarding their pathways to care, clinician-rated reasons for admission, hospital stays, and social and clinical characteristics.

Results

Two hundred and eighty seven (287) women from white British, white other, black Caribbean, black African and black other groups were included. Adjusting for social and clinical characteristics, all groups of black patients and white other patients were significantly more likely to have been compulsorily admitted than white British patients; white British patients were more likely than other groups to be admitted to a crisis house and more likely than all the black groups to be admitted because of perceived suicide risk. Immediate pathways to care differed: white other, black African and black other groups were less likely to have referred themselves in a crisis and more likely to have been in contact with the police. When adjustment was made for differences in pathways to care, the ethnic differences in compulsory admission were considerably reduced.

Discussion

There are marked ethnic inequities not only between white British and black women, but also between white British and white other women in experiences of acute admission. Differences between groups in help-seeking behaviours in a crisis may contribute to explaining differences in rates of compulsory admission.

Keywords ethnicity, pathway to care, compulsory admission, women's mental health

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Lost in interpretation: The use of interpreters in research on mental ill health

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Background

The literature concerning interpretation in research primarily concentrates on rigorous techniques to eliminate bias. This article analyses other significant issues that arise when interpreters participate in research.

Material

Empirical examples are drawn from a research project concerning mental ill health in a multicultural neighbourhood.

Discussion

Interpreters influence interview data in ways commonly unnoticed by researchers. One often-overlooked factor is that languages are dynamic and interpreters are not instruments.

Conclusion

Research conducted with an interpreter is a complex undertaking. Solely relying on checklists to improve methodological rigour can result in a false sense of the material's validity.

Keywords interpreter, cross-cultural research, Sweden, mental ill-health, methodological rigour

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Migration from Mexico to the United States and conduct disorder : a cross-national study

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Context

Twin studies suggest that conduct disorder (CD) is under substantial genetic influence, which is stronger for aggressive than for nonaggressive symptoms. Studies of migrating populations offer an alternative strategy for separating environmental and genetic influences on psychiatric disorders.

Objectives

To examine variation in the prevalence of CD associated with migration from Mexico to the United States and to determine whether this variation is similar for aggressive and nonaggressive CD symptoms and symptom profiles.

Design

The prevalences of CD, different types of CD symptoms, and CD symptom profiles were compared across 3 generations of people of Mexican origin with increasing levels of exposure to American culture: families of origin of migrants (residing in Mexico), children of Mexican migrants raised in the United States, and Mexican-American children of US-born parents.

Setting

General population surveys conducted in Mexico and the United States using the same diagnostic interview.

Participants

Adults aged 18 to 44 years in the household population of Mexico and the household population of people of Mexican descent in the United States.

Main outcome Measures

Conduct disorder criteria, assessed using the World Mental Health version of the Composite International Diagnostic Interview.

Results

Compared with the risk in families of origin of migrants, risk of CD was lower in the general population of Mexico (odds ratio [OR], 0.54; 95% CI, 0.19-1.51), higher in children of Mexican-born immigrants who were raised in the United States (OR, 4.12; 95% CI, 1.47-11.52), and higher still in Mexican-American children of US-born parents (OR, 7.64; 95% CI, 3.20-18.27). The association with migration was markedly weaker for aggressive than for nonaggressive symptoms.

Conclusions

The prevalence of CD increases dramatically across generations of the Mexican-origin population after migration to the United States. This increase is of larger magnitude for nonaggressive than for aggressive symptoms, consistent with the suggestion that nonaggressive symptoms are more strongly influenced by environmental factors than are aggressive symptoms.

Archives of general psychiatry 68(12), 1284-1293, 2011

Predictive validity of a culturally informed diagnosis of schizophrenia: A 30 month follow-up study with first episode psychosis

Zandi, Tekleh; Havenaar, Johan M.; Laan, Wijnand; Kahn, Rene S.; van den Brink, Wim

Abstract

Previous research has shown discrepancies between a standard diagnostic interview for schizophrenia (CASH) and a culture sensitive version of this instrument (CASH-CS) in Moroccan patients. More specifically we showed that among Moroccan immigrants the CASH-CS resulted in fewer patients with a diagnosis of schizophrenia compared with diagnoses based on the CASH, whereas for Native Dutch patients there was no difference between the CASH and the CASH-CS. The aim of the current study was to compare the predictive validity of a diagnosis of schizophrenia according to the CASH and CASH-CS.

Method

Thirty months after referral, 26 Moroccan and 26 native Dutch patients with a suspected first psychotic episode were compared with regard to 30-month diagnostic stability, symptom development, psychosocial functioning, medication use and hospitalization using baseline diagnoses based on the two versions of the CASH.

Results

Moroccan patients who were diagnosed with schizophrenia using the standard CASH at baseline had a significantly better 30-month prognosis than native Dutch patients with the same CASH diagnosis. Prognosis of schizophrenia according to the CASH-CS was similar for Moroccans and native Dutch patients. Diagnostic stability according to the CASH was high for native Dutch (92%), but low for Moroccan patients (27%), whereas diagnostic stability according to the CASH-CS was high for both groups (85% and 81%, respectively).

Conclusion

These data raise questions regarding the validity of the standard CASH in Moroccan immigrants in The Netherlands and support the validity of the CASH-CS. As a consequence, there are serious doubts about the validity of previous studies showing an increased incidence of schizophrenia in immigrants using standard diagnostic procedures.

Keywords: Immigrant; Psychosis; Standardized diagnosis; Schizophrenia; Cultural formulation

Schizophrenia research 133(1-3), 29-35, 2011

Psychometric properties of the Spanish version of the Geriatric Anxiety Inventory

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Background

The Geriatric Anxiety Inventory (GAI) was developed for assessing anxiety in older adults. The objectives of this work were: (a) to analyze the psychometric properties of the Spanish version of the GAI, and (b) to explore the associations between anxiety and other variables related to emotional distress (depression) and emotion regulation (rumination, experiential avoidance, and emotion suppression).

Methods

Three-hundred-and-two people (75.5% female) aged 60 years and over living in the community participated in this study. Anxiety, depression, rumination, suppression and experiential avoidance were measured.

Results

Three factors explaining 50.11% of the variance were obtained. The obtained internal consistency for the total scale was 0.91, with alphas ranging between 0.71 and 0.89 for the factors. Significant associations between all the GAI factors, the GAI total score, and depression, rumination, and experiential avoidance were found (all $p < 0.01$). Women reported higher scores than men for both the GAI total score and for all of the subscales. However, no significant gender differences were found between people with scores higher than the cut-off score for the GAI.

Conclusions

The results of this study suggest that the Spanish version of the GAI displays good psychometric properties. Further, our data suggest that the scale can be recommended for measuring anxiety in non-clinical older Spanish persons, and may be a useful instrument to be used in research studies aimed at analyzing anxiety and its correlates among older adults.

Key words: anxiety, assessment, elderly, factor analysis, emotion regulation

International Psychogeriatrics 24(1), 137-144, 2012

Refugee and asylum seeker self harm with Implications for transition to employment participation : a review

Procter, Nicholas; Williamson, Penny; Gordon, Andrea; McDonough, Deborah

This article is a review of the literature investigating self-harm in refugees and asylum seekers and the influence that this may have on employment. High rates of physical and mental health issues among refugees and asylum seekers can lead to self-harm and suicide attempts. This can have a lasting impact on refugee or asylum seekers in terms of employability and how they can cope within a working environment. Employers are encouraged to seek a better understanding of the underlying mental health issues of current and future employees from a refugee background. This can be achieved by mental health and human service workers sharing their understanding of refugees and asylum seekers. A broader vision of treatment and care for previous and current mental health distress can improve the social inclusion framework. Further research is justified and necessary on self-harm such as lip-stitching and employment opportunities for asylum seekers and refugees.

Suicidologi 16(3), 30-38, 2011

Download artiklen her: <http://www.med.uio.no/klinmed/forskning/sentre/nssf/tidsskrift/2011/nr3/Procter.pdf>

Satisfaction with inpatient treatment for first-episode psychosis among different ethnic groups : a report from the UK AESOP study

Boydell, Jane; Morgan, Craig; Dutta, Rina; Jones, Barry; Alemseged, Fana; Dazzan, Paola; Morgan, Kevin; Doody, Gillian; Harrison, Glynn; Leff, Julian; Jones, Peter; Murray, Robin; Fearon, Paul

Background

There is concern about the level of satisfaction with mental healthcare among minority ethnic patients in the UK, particularly as black patients have more compulsory admissions to hospital.

Aims

To determine and compare levels of satisfaction with mental healthcare between patients from different ethnic groups in a three-centre study of first-onset psychosis.

Method

Data were collected from 216 patients with first-episode psychosis and 101 caregivers from South London, Nottingham and Bristol, using the Acute Services Study Questionnaire (Patient and Relative Version) and measures of sociodemographic variables and insight.

Results

No differences were found between ethnic groups in most domains of satisfaction tested individually, including items relating to treatment by ward staff and number of domains rated as satisfactory. However, logistic regression modelling (adjusting for age, gender, social class, diagnostic category and compulsion) showed that black Caribbean patients did not believe that they were receiving the right treatment and were less satisfied with medication than white patients. Black African patients were less satisfied with non-pharmacological treatments than white patients. These findings were not explained by lack of insight or compulsory treatment.

Conclusions

The study found that black patients were less satisfied with specific aspects of treatment, particularly medication, but were equally satisfied with nursing and social care. Understanding the reasons behind this may improve the acceptability of psychiatric care to black minority ethnic groups.

Keywords

satisfaction, mental healthcare, inpatient treatment, first-episode psychosis, ethnic groups, compulsory treatment

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Treatment of complex PTSD : Results of the ISTSS expert clinician survey on best practices

Cloitre, Marylene; Courtois, Christine A.; Charuvastra, Anthony; Carapezza, Richard; Stolbach, Bradley C.; Green, Bonnie L.

This study provides a summary of the results of an expert opinion survey initiated by the International Society for Traumatic Stress Studies Complex Trauma Task Force regarding best practices for the treatment of complex posttraumatic stress disorder (PTSD). Ratings from a mail-in survey from 25 complex PTSD experts and 25 classic PTSD experts regarding the most appropriate treatment approaches and

interventions for complex PTSD were examined for areas of consensus and disagreement. Experts agreed on several aspects of treatment, with 84% endorsing a phase-based or sequenced therapy as the most appropriate treatment approach with interventions tailored to specific symptom sets. First-line interventions matched to specific symptoms included emotion regulation strategies, narration of trauma memory, cognitive restructuring, anxiety and stress management, and interpersonal skills. Meditation and mindfulness interventions were frequently identified as an effective second-line approach for emotional, attentional, and behavioral (e.g., aggression) disturbances. Agreement was not obtained on either the expected course of improvement or on duration of treatment. The survey results provide a strong rationale for conducting research focusing on the relative merits of traditional trauma-focused therapies and sequenced multicomponent approaches applied to different patient populations with a range of symptom profiles. Sustained symptom monitoring during the course of treatment and during extended follow-up would advance knowledge about both the speed and durability of treatment effects.

Journal of traumatic stress 24(6), 615-627, 2011