

Skriv til os : transkulturel-psykiatri@rh.hosp.dk

Information om Transkulturel Psykiatri, februar 2005

OM TRANSKULTUREL PSYKIATRI

DIDA - en bedre fremtid for dig og din familie i Danmark

CETT's hjemmeside

Som et forsøg tilbyder CETT fra midten af februar et vejledningstilbud til indvandrede borgere med flygtningebaggrund i Vejle Amt. Vejledning, der vil foregå i grupper, omhandler de psykiske vanskeligheder, man kan opleve, når tortur, krig og flugt er en del af den personlige bagage.

Grupperne bærer navnet DIDA - der er en sammentrækning af sætningen - en bedre fremtid for dig og din familie i Danmark. En formulering der peger hen mod formålet med arbejdet for deltagerne.

CETT's mere konkrete mål med DIDA-forløbene er, at bibringe deltagerne en større forståelse af deres muligheder for at integrere sig i det danske samfund på baggrund af deres egen konstitution.

Denne forståelse forudsætter viden om, hvilken betydning meget voldsomme personlige oplevelser ofte har på psyken.

Samtidig fokuserer vejledningen på, hvordan man kan håndtere de massive symptomer, der følger med. Hver gruppe bliver ledet af to psykologer og foregår på CETT.

læs mere her : <http://www.cett.dk/cett/opencms/behandling/DIDA.html>

Flygtninge med traumer afskæres fra behandling

Dagens Medicin 11. februar 2005 / Af Jonas Gamrath Rasmussen

Lange afstande til landets to behandlingscentre for traumatiserede flygtninge gør det reelt umuligt for mange af dem at udnytte nyt tilbud

En ny lov giver læger mulighed for gratis at henvise traumatiserede flygtninge til to behandlingscentre i landet, men alene transporten kan få mange af patienterne til at opgive behandlingen. Patienter i f.eks. Nordjyllands, Ringkjøbing og Vestsjællands amter og på Bornholm har så langt til et behandlingscenter, at det reelt er uden betydning for dem, at behandling på centrene RCT-Jylland i Haderslev og OASIS i København fra 1. januar i år er blevet en del af det frie sygehusvalg.

læs artiklen her : <http://www.dagensmedicin.dk/art.asp?ID=2136>

Hjælp til truede børn i etniske minoritetsfamilier

CETT's hjemmeside

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

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

Beregninger lavet på baggrund af det tidligere Sundhedsministeries egne tal peger på, at der bor ca. 6500 borgere i Vejle Amt, som stammer fra typiske flygtningelande. Heraf skønnes, 20 til 30 procent at have været gennem forskellige tortur- eller krigsoplevelser, der har sat sig varige skadevoldende spor i deres psyke.

Disse flygtninge- og indvandrerbørn, i lighed med andre børn af psykiske syge forældre, er i risikozonen for selv at udvikle mere alvorlige psykiske vanskeligheder senere i live

læs mere her : <http://www.cett.dk/cett/opencms/cett/samarbejder/hjaelp.html>

Psykiske problemer hos flygtningekvinder

NAKMIs hjemmeside, februar 2005 / af Marianne Kastrup, Videnscenter for Transkulturel Psykiatri

Mænd og kvinder har forskellige livsbetingelser. De udsættes for forskellige traumer og mestrer på forskellig vis livet i eksil. Der er derfor god grund til at fokusere på kønsspecifikke aspekter af flygtninges helbred

Ifølge UNHCR er der cirka 19,8 millioner flygtninge. Gruppen er heterogen og afspejler konstant den politiske situation, men køn forbliver en væsentlig faktor. UNHCR opfordrer derfor til, at der sættes fokus på flygtningekvindes situation. Dette bl.a. i lyset af, at mange flygtningekvinder, udover at have været udsat for

samme overgreb som mænd, har været seksuelt misbrugt. Ofte har de været tvunget til at levere seksuelle ydelser som modtræk til livsfornødenheder. Kvinder står hyppigt i bageste række, hvad angår mulighed for at forlade flygtningelejrene og søge asyl. Det samme gælder adgang til sundhedsydelser. Mange kvinder bliver enlige forsørgere med nye forpligtigelser lagt på deres skuldre. Livet i eksil byder måske ikke på husly eller personlig sikkerhed, og kvinden kan stå uden tilstrækkelig beskyttelse.

læs artiklen her : <http://www.nakmi.no/nyheter/artikkel.asp?NyhetID=329&SprakID=1&SeksjonID=2>

Racism and mental disorders

Daniel Chinedu Okoro, M.D.

To the Editor: I am obliged to write about the Taking Issue piece in the December 2004 issue in which Carl Bell raises the question of whether racism should be considered a symptom of a psychiatric disorder or a disorder in itself.

Certainly it is high time that racism is mentioned in the *DSM* classification scheme. However, the consequences of racism need looking into, not the perpetrators. I am really worried by Dr. Bell's insinuation throughout the article that perpetrators of racism have a mental disorder without mention of the millions of lives that have been ruined by racism. The insinuation is akin to making excuses for Nazism while denying that the crimes of the Nazis ever existed. Racism does not deserve to be beatified by a *DSM* classification. Instead, the appropriate *DSM* code should be given to the mental anguish that victims of racism suffer.

May I suggest "post-racist attack syndrome" or "post-racism syndrome"? *DSM* criteria might include: A. The person should have suffered from racial discrimination—institutionalized or otherwise, direct or indirect, conscious or unconscious—for a substantial portion of his/her lifespan. B. As a result of (A), the person will have demonstrated loss of faith in the society leading to one or more of the following: 1. Lack of motivation; 2. Withdrawal from the majority race or the perpetrator's group; 3. Distress or impairment in social, occupational, or other important areas of functioning; 4. Clinical depression; 5. Conscious selection of occupations or leisure activities that will not expose him/her to reminders of the perpetrators or where he/she expects no discrimination. C. The above is not due to the direct consequence of another mental disorder, substance abuse, or medication or to a general medical condition.

Footnotes

Dr. Okoro is a staff psychiatrist in the department of psychiatry at Memorial University of Newfoundland in St. John's, Canada.

Reference

1. Bell C: Racism: a mental illness? *Psychiatric Services* 55:1343, 2004

In Reply: I thank Dr. Okoro for raising the other half of the question about racism in *DSM-V*. Submissions for Taking Issue have a word limit, and I was able to raise the question only from the side of the perpetrator and not the victim. However, before I discuss racism and victimization, I want to further address the possibility that racism can have psychological underpinnings, with which Dr. Okoro clearly disagrees.

First, when Dr. Okoro disagrees that racism should be looked at as a mental illness, he makes an error that many psychiatrists commit. Dr. Okoro's argument is reductionist and lumps a multidetermined, complex behavior into a single category of behavior. Thus he presumes that I am trying to make psychiatric excuses for the single behavior. As I stated in the editorial, racism "is mainly a product of learned behavior," and "a majority of explicitly racist persons do not have any psychopathology." Accordingly, I am not suggesting that racist behavior stemming from learned behavior be excused.

I find it interesting that even though I always take pains to express these qualifications when I am discussing this issue, many psychiatrists believe that I am seeking to excuse racism. Maybe we have so emotionally charged this issue that reason and science are left out of the discussion. If legitimate paranoid delusions fuel an individual's racist behavior, then I believe that a psychiatrist has a legitimate role in evaluating that person's dynamics for his or her racist behavior and classifying it by using psychiatric diagnoses. I have not come across any carefully done studies that have explored the propensity for paranoid patients to hold racist attitudes or engage in racist behaviors. However, I hypothesize that the proportion of racists who have psychopathologic dynamics is very small. Here I draw a parallel to perpetrators of violence—psychopathologic dynamics underlie the behaviors of only a very small proportion of such individuals. For a thorough discussion of this issue, I refer the reader to the *DSM-V* research agenda (1).

The second part of Dr. Okoro's letter proposes that *DSM* address the issue of victimization by racism. I could not agree more. I have suggested that the consequences of racial discrimination for African-American men be "grist for the mill" in psychotherapy (2). However, the psychiatric sequelae of being victimized by racism (3) are easily placed within the current *DSM* classification scheme. I know of clinical and forensic cases that list racism on axis IV under the category "Other psychosocial and environmental problems." Thus I disagree that we need a new *DSM* code for the mental anguish that victims of racism have suffered. However, considering the ubiquitous nature of racism in society, I would like to see racism specifically listed among the psychosocial and environmental problems under axis IV.

Carl Bell, M.D.

References

1. DJ Kupfer, MB First, DA Regier (eds): American Psychiatric Association Research Agenda for DSM-V. Washington, DC, American Psychiatric Publishing, 2002
2. Bell CC: The Sanity of Survival: Reflections on Community Mental Health and Wellness. Chicago, Third World Press, 2004
3. Klonoff EA, Landrine H, Ullman HB: Racial discrimination and psychiatric symptoms among blacks. *Cultural Diversity and Ethnic Minority Psychology* 5:329–339, 1999

Psychiatric services 56(2), 220-221, 2005 - OBS – dette er den fulde tekst

Særlig faglig viden : - Premiere

CETT's hjemmeside

Så er de første to tekstsamlinger til henholdsvis skolelærere og læger om traumatologi blandt borgere med flygtningebaggrund klar til brug.

Formålet med teksterne er at skabe øget opmærksomhed blandt en række udvalgte faggrupper omkring de særlige forhold, der kan gøre sig gældende for denne gruppe borgere. De nyskrevne tekster er orienterende og handlingsrettede, med fokus rettet mod de problemstillinger, der gør sig gældende indenfor de respektive fag.

1.april præsenteres endnu en samling dugfriske tekster henvendt til kommunale sagsbehandlere. Frem til årsskiftet 2005-6 er det intentionen at præsentere i alt otte tekstsamlinger.

Teksterne vil være under løbende udvikling efter præsentationen i samarbejde med brugerne indenfor de forskellige faggrupper.

læs mere her : <http://www.cett.dk/cett/opencms/viden/>

LITTERATUR

ARTIKLER

Age of first onset major depression in Chinese Americans.

by Hwang, Wei-Chin; Chun, Chi-Ah; Takeuchi, David T.; Myers, Hector F.; Siddarth, Prabha

Abstract

Using data from the Chinese American Epidemiological Study, risk for experiencing an initial episode of major depression across the life course was examined. Data were collected on 1,747 U.S.-born and foreign-born Chinese Americans (ages 18-65 years). Results suggest that Chinese American women did not evidence higher risk than Chinese American men for experiencing a 1st major depressive episode. Risk for experiencing a 1st depressive episode decreased as length of residence in the United States increased. Although those who immigrated at younger ages evidenced greater overall risk, those who came at later ages were more likely to become depressed at or soon after arrival. Competing theories of acculturation-related risk are discussed and directions for future research are proposed.

Cultural Diversity & Ethnic Minority Psychology 11(1) 16-27, 2005

Differences in acute psychiatric admissions between asylum seekers and refugees

Valentina C. Iversen and Gunnar Morken

Abstract:

The objective of the study was to examine differences between asylum seekers, living in asylum seekers' centres, and refugees, who officially have been granted asylum, when they were acutely admitted to a psychiatric hospital. All 53 asylum seekers and 45 refugees, acutely admitted to a Norwegian psychiatric hospital from 1995 to 2001 were included. The number of admissions by coercion, diagnosis, length of hospital stay and years residing in Norway at the time of the admissions were compared between the two groups. Post-traumatic stress disorder (PTSD) was more frequent among asylum seekers (43.4%) than among refugees (11%), while schizophrenia was more frequent among refugees (62.2%) than among asylum seekers (15%). The refugees (24.4%) were more often admitted by coercion than asylum seekers (11%). The high proportion of PTSD among asylum seekers compared to refugees may be explained by experiences in Norway after arrival into the country. The stresses of life in reception centres and the risk of being expelled from the country may contribute more to these admittances than experiences in the asylum seekers countries of origin.

Keywords:

Asylum seekers, Exile, Refugees, PTSD, Schizophrenia

Nordic journal of psychiatry, 58(6), 465-470, 2004

Experiences of racism among African American parents and the mental health of their preschool-aged children.

Caughy, Margaret O'Brien, O'Campo, Patricia J., Muntaner, Carles

Abstract

Objectives. We examined the relationship between parents' experiences of racism and children's well-being and the influence of the residential neighborhood characteristics on this relationship. **Methods.** African American families were recruited from Baltimore neighborhoods. Parental measures included racism experiences and coping. Neighborhood measures included demographic characteristics, social cohesion, and social climate. Children's mental health was assessed with the Child Behavior Checklist. Analysis was performed with multilevel modeling. **Results.** Parents who denied experiences of racism also reported higher rates of behavior problems among their preschool-aged children. For families living in neighborhoods characterized by fear of victimization, parents who actively coped with racism experiences by confronting the person involved or taking some sort of action in response to racism reported lower rates of anxiety and depression for their preschool-aged children. **Conclusions.** Experiences of and responses to racism among African American parents have important effects on the well-being of their young children.

American journal of public health 94(12), 2118-2124, 2005

The imam's role in meeting the counseling needs of muslim communities in the United States

Osman M. Ali, M.D., Glen Milstein, Ph.D. and Peter M. Marzuk, M.D.

Abstract

OBJECTIVE: Muslims are one of the most rapidly growing minority groups in the United States and have experienced increased stress since September 11, 2001. The purpose of this study was to elucidate the roles of imams, Islamic clergy, in meeting the counseling needs of their communities.

METHODS: An anonymous self-report questionnaire was mailed to 730 mosques across the United States.

RESULTS: Sixty-two responses were received from a diverse group of imams, few of whom had received formal counseling training. Imams reported that their congregants came to them most often for religious or spiritual guidance and relationship or marital concerns. Imams reported that since September 11, 2001, there has been an increased need to counsel persons for discrimination. An increased need to counsel persons who were discriminated against was reported by all imams with congregations in which a majority are Arab American, 60 percent of imams with congregations in which a majority are South Asian American, and 50 percent of imams with congregations in which a majority are African American.

CONCLUSIONS: Although imams have little formal training in counseling, they are asked to help congregants who come to them with mental health and social service issues. Imams need more support from mental health professionals to fulfill a potentially vital role in improving access to services for minority Muslim communities in which there currently appear to be unmet

Psychiatric services 5(2), 202-205, 2005

The influence of the patients' ethnicity, socio-demographic conditions and strain on psychiatric diagnoses given at an outpatient clinic

Suad Al-Saffar , Per Borgå , Susanne Wicks , Tore Hällström

Abstract:

Although psychiatric diagnoses are influenced by cultural and social conditions, with large global variations, the ICD and DSM systems are applied worldwide. The aims of this study were to describe the distribution of different ethnic patient groups in psychiatric outpatient services and the influence of ethnicity, demographic conditions and social strain on psychiatric diagnoses. An entire year's cohort of psychiatric outpatients ($n=839$) in an outpatient register was divided into nine groups, according to country of birth. The proportion of each group in the outpatient population was compared with its corresponding proportion in the catchment area. In order to examine the relationship between socio-demographic variables and strain on the one hand, and DSM-III-R diagnoses on the other, stepwise logistic regression analyses were carried out. Swedes were the only group under-represented as outpatients ($P<0.001$). Africans ran a higher risk (OR=5.55, 95% CI=2.56-12.04) than other ethnic groups of receiving a diagnosis of psychotic disorder - except schizophrenia - and Greek patients were more likely to receive a diagnosis of somatoform disorder (OR=8.81, 95% CI=4.41-17.59). Swedes were twice as likely to receive a diagnosis of personality disorder (OR=2.16, 95% CI=1.55-3.15). Schizophrenia was related to male gender (OR=1.75, 95% CI=1.04-2.94) and affective disorders to age >40 years (OR=1.71, 95% CI=1.22-2.40). Ethnicity has a strong impact on how diagnoses are given in cross-cultural settings. We could not confirm earlier findings of under-representation of ethnic minorities in outpatient services.

Keywords:

Cross-cultural psychiatry, Ethnic minorities, Migration, Outpatient psychiatry, Psychiatric diagnoses

Nordic journal of psychiatry 58(6), 421-427, 2004

International dosage differences in fluoxetine clinical trials

Scott Patten, Andrea Cipriani, Paolo Brambilla, Michela Nose, Corrado Barbui

Abstract

Objective: International differences are thought to exist in dosages used by clinicians treating mood disorders. This study examined international dosage differences in antidepressant clinical trials, using a database formed and maintained as a component of a Cochrane review of comparative clinical trials of fluoxetine.

Methods: This systematic review included 132 studies. A detailed set of methodological features and results were abstracted from the original publications and entered into an electronic database. Mean and maximum fluoxetine dosages were compared across countries. To evaluate the dosages of comparison medications, a defined daily dosage (DDD) ratio was calculated as the trial mean dosage divided by the DDD for that drug.

Results: Both the maximum and mean dosages for fluoxetine and comparison medications were higher in trials conducted in the US (fluoxetine weighted mean dosage 49.18 mg; 95%CI, 41.30 to 57.05), compared with trials conducted in Europe (fluoxetine weighted mean dosage 29.98 mg; 95%CI, 25.28 to 34.68). Since most clinical trials were conducted in Europe or the US, we could not determine whether different dosages tended to be used in other regions.

Conclusions: International differences in prescriber behaviour may influence, and in turn be influenced by, the conduct of clinical trials. It is difficult to reconcile such differences with the principles of evidence-based medicine.

Canadian journal of psychiatry 50(1), 31-38, 2005

Khat use as risk factor for psychotic disorders: A cross-sectional and case-control study in Somalia

Michael Odenwald, Frank Neuner, Margarete Schauer, Thomas R Elbert, Claudia Catani, Birke Lingenfelder, Harald Hinkel, Heinz Hafner and Brigitte Rockstroh

Abstract (provisional)

Background

Little is known about the prevalence of khat-induced psychotic disorders in East African countries, where the chewing of khat leaves is common. Its main psycho-active component cathinone produces effects similar to those of amphetamine. We aimed to explore the prevalence of functioning impairment due to mental disorders among the general population and the association between khat use and psychotic symptoms.

Methods

In an epidemiological household assessment in the city of Hargeisa, North-West Somalia, trained local interviewers screened 4,854 randomly selected persons from among the general population for disability due to severe mental problems. The identified cases were interviewed based on a structured interview and compared to healthy matched controls. Psychotic symptoms were assessed using the items of the WHO Composite International Diagnostic Interview and quantified with the Positive and Negative Symptoms Scale. Statistical testing included student's t-test and ANOVA.

Results

Local interviewers found that rates of severe disability due to mental disorders were 8.4% among males (above the age of 12) and differed according to war experiences (no war experience: 3.2%, civilian war survivors: 8.0%, ex-combatants: 15.9%). The clinical interview verified that in 83% of positive screening cases psychotic symptoms were the most prominent manifestations of psychiatric illness. On average, cases with psychotic symptoms had started to use khat earlier in life than matched controls and had been using khat 8.6 years before positive symptoms emerged. In most cases with psychotic symptoms, a pattern of binge use (> two 'bundles' per day) preceded the onset of psychotic symptoms, in contrast to controls of the same age. We found significant correlations between variables of khat consumption and clinical scales (.35 to .50; $p < .05$), and between the age of onset of khat chewing and symptom onset (.70; $p < .001$).

Conclusion

Evidence indicates a relationship between the consumption of khat and the onset of psychotic symptoms among the male population, whereby not the khat intake 'per se' but rather the early onset and excessive khat chewing seemed to be related to psychotic symptoms. The khat problem must be addressed beyond prohibition, given the widespread use and its role in Somali culture.

BMC Medicine 2005, 3:5

artiklen kan læses her : <http://www.biomedcentral.com/content/pdf/1741-7015-3-5.pdf>

Lifetime risk and persistence of psychiatric disorders across ethnic groups in the United States

Joshua Breslau, Kenneth S.Kendler, Maxwell Su, Sergio Gaxiola-Aguilar and Ronald C.Kessler

Abstract

Background. Recent research in the United States has demonstrated striking health disparities across ethnic groups. Despite a longstanding interest in ethnic disadvantage in psychiatric epidemiology, patterns of psychiatric morbidity across ethnic groups have never been examined in a nationally representative sample.

Method. Ethnic differences in psychiatric morbidity are analyzed using data from the National Comorbidity Survey (NCS). The three largest ethnic groups in the United States – Hispanics, Non-Hispanic Blacks and Non-Hispanic Whites – were compared with respect to lifetime risk and persistence of three categories of psychiatric disorder: mood disorder, anxiety disorder, and substance use disorder.

Results. Where differences across ethnic groups were found in lifetime risk, socially disadvantaged groups had lower risk. Relative to Non-Hispanic Whites, Hispanics had lower lifetime risk of substance use disorder and Non-Hispanic Blacks had lower lifetime risk of mood, anxiety and substance use disorders. Where differences were found in persistence of disorders, disadvantaged groups had higher risk. Hispanics with mood disorders were more likely to be persistently ill as were Non-Hispanic Blacks with respect to both mood disorders and anxiety disorders. Closer examination found these differences to be generally consistent across population subgroups.

Conclusions. Members of disadvantaged ethnic groups in the United States do not have an increased risk for psychiatric disorders. Members of these groups, however, do tend to have more persistent disorders. Future research should focus on explanations for these findings, including the possibility that these comparisons are biased, and on potential means of reducing the disparity in persistence of disorders across ethnic groups.

Psychological medicine 35(3), 317-327, 2005

New fields of research in posttraumatic stress disorder: brain imaging

Damsa, Cristian a; Maris, Susanne b; Pull, Charles B c

Abstract:

Purpose of review: This paper reviews the most recent literature on brain imaging research in posttraumatic stress disorder. Neuroimaging identifies several cerebral modifications occurring after a significant psychological trauma, and it contributes to a better understanding of the pathophysiology of posttraumatic stress disorder. A systematic search of the literature in English, French, German and Dutch from January 2003 to August 2004 was performed on MEDLINE. References cited in all trials were searched iteratively to identify missing studies.

Recent findings: There appears to be a consensus in brain imaging findings concerning posttraumatic stress disorder: a diminished volume of the hippocampus uni- or bilateral (on the structural level) and a hyper-reactivity in the amygdala, with a lowered activation in the anterior cingulate cortex (at the functional level). These findings are in agreement with several neurological and psychological studies suggesting that hyper-reactivity in the amygdala corresponds to a constellation of symptoms of anxiety in posttraumatic stress disorder, while the lowered activation of the prefrontal and the anterior cingulate cortex could reflect slower extinction of a conditioned emotional response.

Summary: These neuroimaging findings could contribute to a better understanding of posttraumatic stress disorder. The integration of neurobiological, social and psychological findings may lead to an improved approach to the pathophysiology of posttraumatic stress disorder and perhaps to the development of new pharmacological treatment. Future studies could integrate the disparate findings among numerous biological systems and propose an integrative structural, functional and endocrinological model.

Current opinion in psychiatry 18(1), 55-64, 2005

Posttraumatic stress disorder among African Americans in an Inner city mental health clinic

Ann C. Schwartz, M.D., Rebekah L. Bradley, Ph.D., Melissa Sexton, M.Div., Alissa Sherry, Ph.D. and Kerry J. Ressler, M.D., Ph.D.

Abstract

This study examined 184 African-American outpatients in a mental health clinic in the inner city to define the rate of occurrence of traumatic experience and posttraumatic stress disorder (PTSD). This population experienced a high rate of severe trauma. Forty-three percent were found to have PTSD, as measured by the PTSD Symptom Scale. Finally, a chart review of 72 participants found that only 11 percent of participants who met *DSM-IV* criteria for PTSD also had a chart diagnosis of PTSD. PTSD is a common yet underrecognized and undertreated source of psychiatric morbidity in this urban community of African Americans with low socioeconomic status

Psychiatric services 5(2), 212-215, 2005

Psychiatric morbidity of overseas patients in inner London: A hospital based study

Fredy J Carranza and Alice M Parshall

Abstract (provisional)

Background

Evaluation of the referral, admission, treatment, and outcome of overseas patients admitted to a psychiatric hospital in central London. Ethical, legal and economic implications, and the involvement of consulates in the admission process, are discussed.

Method

Assessment and review of overseas patients admitted between 1 January 1999-31 December 1999. Non-parametric statistical tests were used, and relevant outcomes described.

Results

19% of admissions were overseas patients. Mean age was 38 years. 90% were unattached; 84% were white, 71% from European countries. 45% spoke fluent English. Differences in socio-economic status between home country and England were found. 74% were unwell on arrival; 65% travelled to England as tourists. 65% of admissions came via the police. 32% had been ill for more than one year before admission; 68% had psychiatric history. 77% were admitted and 48% discharged under section of the Mental Health Act. 74% had psychotic disorders, all of them with positive symptoms. 55% showed little to moderate improvement in mental state; 10% were on Enhanced Care Programme Approach. Relatives of 48% of patients were contacted. The Hospital repatriated 52% of patients; the Mental Health Team followed up 13% of those discharged. The average length of admission was 43.4 days (range 1-365). Total cost of admissions was GBP350,600 (\$577,490); average individual cost was GBP11,116 (range GBP200-81,000).

Conclusions

Mentally ill overseas individuals are a vulnerable group that need recognition by health organisations to adapt current practice to better serve their needs. The involvement of consulates needs further evaluation.

Annals of general psychiatry 2005, 4:4

artiklen kan læses her : <http://www.annals-general-psychiatry.com/content/pdf/1744-859X-4-4.pdf>

Racial/ethnic discrimination and common mental disorders among workers: findings from the EMPIRIC study of ethnic minority groups in the United Kingdom

Kamaldeep Bhui, MD, Stephen Stansfeld, PhD, Kwame McKenzie, MRCPsych, Saffron Karlsen, MSc, James Nazroo, PhD and Scott Weich, MD

Objectives. We measured perceived discrimination and its association with common mental disorders among workers in the United Kingdom.

Methods. We conducted a secondary analysis of a national sample of 6 ethnic groups (n=2054). Discrimination was measured as reports of insults; unfair treatment at work; or job denial stemming from race, religion, or language. The outcome assessed was presence of common mental disorders.

Results. The risk of mental disorders was highest among ethnic minority individuals reporting unfair treatment (odds ratio [OR]=2.0; 95% confidence interval [CI]=1.2, 3.2) and racial insults (OR=2.3; 95% CI=1.4, 3.6). The overall greatest risks were observed among Black Caribbeans exposed to unfair treatment at work (OR=2.9; 95% CI=1.2, 7.3) and Indian (OR=3.1; 95% CI=1.4, 7.2), Bangladeshi (OR=32.9; 95% CI=2.5, 436.0), and Irish (OR=2.9; 95% CI=1.1, 7.6) individuals reporting insults.

Conclusions. Racial/ethnic discrimination shows strong associations with common mental disorders.

American journal of public health 95(3), 496-501, 2005

Rethinking somatoform disorders

Janca, Aleksandar

Abstract:

Purpose of review: From the very moment of their inclusion in contemporary classification systems in psychiatry, the concept of somatization and diagnostic categories of somatoform disorders became a matter of controversy that created an ongoing debate about their validity, reliability and applicability in clinical and research settings. The aim of this review is to provide an insight into the current theoretical, research and clinical dilemmas in the area of somatoform disorders and to illustrate them with brief summaries of scientific papers recently published in this field.

Recent findings: In the period covered by this review, the most valuable scientific contributions to the current state of knowledge on somatoform disorders were (surprisingly numerous) review papers produced by the leading experts in this field. These comprehensive and critical metaanalyses covered historical, conceptual, epidemiological and cross-cultural aspects of somatoform disorders. Another and a relatively smaller group of recently published papers reported on some novel treatment strategies for patients with specific somatoform disorders, their service utilization and health care-related costs.

Summary: If one were to find a common denominator of the papers covered by this review, it is a general agreement amongst their authors that the current concepts of somatization and somatoform disorders have serious theoretical and practical limitations in both research and clinical settings. They suggest that the time has come to seriously rethink these concepts so as to find better nosological solutions for the forthcoming revisions of classification systems in psychiatry and medicine.

Current opinion in psychiatry 18(1), 65-71, 2005

Somatiseringsbegrebet : en antropologisk tilgang (1)

Helene Carstensen

Artiklen tager udgangspunkt i en påstand om, at kroppen i flere henseender er fraværende i vestlig kontekst eller at kroppen opfattes som et passivt redskab for sindet og at der kun er en retning i symptomernes opståen,

nemlig fra psykisk til fysisk. Fysiske og psykiske symptomer kan opstå i samspil med hinanden, og forløbet kan være omvendt. Artiklen er den første af 2 artikler, den anden bringes i næste nummer af Månedsskriftet.

Månedsskrift for praktisk lægegerning 83(2), p. 167ff, 2005

Toward a meaningful spirituality for people of color: lessons for the counseling practitioner

by Cervantes, Joseph M.; Parham, Thomas A.

Abstract

This article attempts to capture a significant aspect of the counseling process for people of color: the spiritual dimension. It is argued that spirit and spirituality are relevant dimensions that should be integrated in counseling because spirituality is a key ingredient in the cultural upbringing and socialization of many people of color. Further, religious and spiritual beliefs are affected by experiences of racism and oppression, which then affects psychological coping. Reflective guidelines are offered to understand the essence of spirituality and cultural diversity, and lessons for the practitioner are recommended.

Cultural Diversity & Ethnic Minority Psychology 11(1), 69-81, 2005

Transcultural nursing: the relationship between individualist ideology and individualized mental health care

K. Leighton MA M.Phil (Cantab) RMN PhD, Mental Health Nurse

Abstract

This article attempts to clarify and underpin the view that individualized mental health nursing is culture biased and politically instrumental, adding weight to the transcultural argument that mental health care should be more culture sensitive than is often the case within conventional UK settings. It examines the political history of individualist ideology, and then uses social conflict theory to explore the potentially counter-therapeutic relationship of individualism and individualized nursing care in the UK mental health sector. The article challenges the widespread idea that individualized mental health nursing is 'liberal', 'democratic', 'holistic' and 'scientific', and in so doing extends the transcultural agenda to large scale infracultural differences within the UK population. It also explores the potential for policy change towards a more pluralistic service, and outlines some of the practical steps which may be taken to access alternative care approaches. It is a power analysis, which may be of transferable value to nurses in mental health care inpatient units where conventional individualized approaches are failing to reintegrate service users into the community. A glossary of terms is presented at the end of this article.

Journal of psychiatric & mental health nursing 12(1), 85-94, 2005