

Information om Transkulturel Psykiatri, februar 2010

NYHEDER

DSM-5 draft criteria available online

American Psychiatric Associations hjemmeside

The draft criteria for the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders are available online at www.dsm5.org. The site provides a forum to accept comment on proposed changes. Comments will be accepted through April 20. Update to the draft criteria will be made based on comments and field trials before DSM-5 is published in 2013.

Nyt forskningscenter vil styrke sundhed for indvandrere og flygtninge

Dagens medicin 10. februa 2010 / Helle Torpegaard

Københavns Universitet får et forskningscenter for Migration, Etnicitet og Sundhed (MESU). Centret vil forbedre indsatsen vedrørende indvandreres og flygtnings sundhed.

læs artiklen her: <http://www.dagensmedicin.dk/nyheder/2010/02/10/nyt-forskningscenter-vil-s/index.xml>

Satellitter i Randers og Rønde

Klinik for Traumatiserede Flygtninge, Region Midtjylland – hjemmeside

Fra januar 2010 er vi startet op i nye lokaler på Gml. Stationsvej 3, Randers. Satellitten vil være bemanded med 2 psykologer og 1 fysioterapeut hver mandag og tirsdag.

Torsdag er en psykolog og en fysioterapeut i Rønde i Distriktpsykiatriens lokaler.

Formålet med dette er dels at mindske transporten for patienterne - dels at komme nærmere på vores mange samarbejdspartnere.

Derudover har medarbejderne base på Psykiatrisk Hospital i Risskov, som er bemanded med en sekretær.

Forsamtaler vil fortsat foregå der - ligesom al kontakt vedr. patienterne som udgangspunkt skal ske dertil (tlf. 77 89 26 21). Der er desuden tilknyttet en psykiatrisk overlæge og socialrådgivere, som fungerer som konsulenter i sagerne.

Torturofre isolerer sig med traumer

Rasmussen, Lars Igum

Torturofre lider af fysiske og psykiske problemer flere år efter, at de har fået asyl i Danmark. For lidt behandling, isolation og manglende tilknytning til det danske samfund er de væsentligste årsager, fastslår kvalitativ undersøgelse fra Amnesty International.

De sidder apatisk og kigger ind i væggen. Eller fjernsynet, mens oplevelserne af tortur fra hjemlandet fylder sindet.

Torturofre plages i høj grad både fysisk og psykisk af deres traumer flere år efter ankomsten til Danmark. De lever isoleret og mangler i stor grad tilknytning til det danske samfund. Det fastslår en kvalitativ undersøgelse af 13 torturofre, som lægegruppen i Amnesty International har foretaget.

Interview med Morten Ekstrøm

Ugeskrift for læger 172(7), 496, 2010

FRA FOLKETINGET

I forlængelse af spørgsmål 105 bedes ministeren redegøre for, i hvilket omfang der forelægger dokumentation for den mentale sundhedstilstand hos de børn af afviste irakiske asylansøgere, der aktuelt er i udsendelsesposition

Svar fra ministeren for flygtninge, indvandrere og integration:

"Jeg har til brug for besvarelsen af spørgsmålet indhentet bidrag fra Dansk Røde Kors.

Dansk Røde Kors har oplyst, at der for alle børn, som tilses af organisationens sundhedspersonale (læger, sygeplejersker og sundhedsplejersker) føres journal. Ud over dette, føres der journal over alle modtagne svar fra specialister og undersøgelser, som Dansk Røde Kors asylafdeling sender børn til. Såfremt der modtages oplysninger fra andre læger eller specialister, som har været i kontakt med børnene, journalføres dette ligeledes.

Dansk Røde Kors har endvidere oplyst, at der i pressen har været fremført andre specialisters udsagn om et antal irakiske børn. Mod sædvanlig praksis har disse specialister kun – så vidt Dansk Røde Kors kan se – i et enkelt tilfælde fremsendt oplysninger til børnenes egen læge. Oplysningerne fremgår følgelig ikke af børnenes journal og er ikke en viden Dansk Røde Kors er blevet gjort bekendt med.

Derudover ses og opleves børnene i en række andre sammenhænge. Dette sker i skole, børnehave, klub, af forældre mm. I alle disse sammenhænge kan børnenes mentale sundhedstilstand vurderes, og der kan reageres, såfremt der opstår mistanke om, at børnenes trivsel er i fare.

Besvarelse af spørgsmål nr. 106 stillet af Folketingets Udvalg for Udlændinge- og Integrationspolitik den 22. januar 2010 (UUI alm. del – spørgsmål nr. 106).

I forlængelse af spørgsmål 105-106 bedes ministeren redegøre for, om der blandt de børn af afviste irakiske asylansøgere, der aktuelt er i udsendelsesposition, findes eksempler på børn, som har psykiske eller andre udviklingsforstyrrende problemer, og hvor personalet på børnenes asylcentre derfor i henhold til serviceloven har underrettet de relevante opholdskommuner om børnenes tilstand / behov) – med henblik på at kommunerne kan vurdere, om der er behov for en særlig indsats i forhold til de pågældende børn

Svar fra ministeren for flygtninge, indvandrere og integration:

"Jeg har til brug for besvarelsen af spørgsmålet indhentet bidrag fra Dansk Røde Kors.

Dansk Røde Kors kan generelt oplyse, at udgangspunktet for behandling af børn er en erkendelse af, at psykiske problemer hos børn i de fleste tilfælde er multifaktoriel betinget af biologiske, psykologiske og sociale faktorer. Dansk Røde Kors har tilrettelagt tilsynet med asylsøgende børn i erkendelse af denne multifaktorielle årsagskæde til sygdom.

Dansk Røde Kors har oplyst, at der ifølge organisationens oplysninger pr. 18. januar 2010 var 22 irakiske børn i udsendelsesposition. Over for disse har der været foretaget følgende sundhedsmæssige skridt:

Psykolog/psykiater

- 14 har været henvist til psykolog/psykiater
- 3 har afvist psykolog/psykiaterkonsultation
- 5 har ikke været henvist

Underretning af sociale myndigheder

- 15 er rapporteret til de sociale myndigheder

Undervisningstilbud

- 2 modtager specialundervisning
- 14 går i almindelig folkeskole
- 6 er under den skolepligtige alder

Støtte i hjem/skole

- 5 modtager støtte i hjem eller skole
- 8 er blevet tilbudt støtte

Boligtilbud

- 15 bor uden for centrene
- 4 har boet uden for centrene
- 3 har afvist at bo uden for centrene

Besvarelse af spørgsmål nr. 107 stillet af Folketingets Udvalg for Udlændinge- og Integrationspolitik 2010 (UUI alm. del – spørgsmål nr. 107).

Kvartalsvis redegørelse vedr. selvmord og selvmordsforsøg blandt asylansøgere + en halvårlig redegørelse for opholdstider i indkvarteringsystemet

Selv mord og selvmordsforsøg 2009 4. kvartal kan ses her:
<http://www.ft.dk/samling/20091/alm del/uu i/bilag/80/799305.pdf>

Ministeren bedes oplyse, hvad forbruget af sundhedsudgifter har været for de afviste asylansøgere, der har boet uden for asylcentre sammenlignet med de afviste asylansøgere, der har boet i centrene

Svar fra ministeren for flygtninge, indvandrere og integration:

Til besvarelse af Integrationsudvalgets spørgsmål har Integrationsministeriet anmodet Udlændingesservice om bidrag.

Udlændingesservice har oplyst, at det ikke er muligt via udlændingessystemerne at opgøre, hvad forbruget af sundhedsudgifter har været for de afviste asylansøgere, der har boet uden for asylcentre sammenlignet med de afviste asylansøgere, der har boet i centrene. Det vil bl.a. kræve en manuel gennemgang af alle de relevante sager, hvilket af ressourcemæssige årsager ikke er muligt.

Besvarelse af spørgsmål nr. 114, stillet af Folketingets Udvalg for Udlændinge- og Integrationspolitik den 25. januar 2010 (Alm. del).

Ministeren bedes oplyse, hvordan de godkendelseskrævende sundhedsudgifter pr. asylansøger har udviklet sig siden 1. halvår 2006.

Besvarelse af spørgsmål nr. 110, stillet af Folketingets Udvalg for Udlændinge- og Integrationspolitik til ministeren for flygtninge, indvandrere og integration den 25. januar 2010 (Alm. del).

Spørgsmål nr. 110:

læs svaret her: <http://www.ft.dk/samling/20091/alm del/uu i/spm/110/svar/687556/800560.pdf>

LITTERATUR

ARTIKLER FRA FAGLIGE TIDSSKRIFTER

Adolescent alcohol use in the Netherlands: the role of ethnicity, ethnic intermarriage, and ethnic school composition

van Tubergen, Frank; Poortman, Anne-Rigt

Abstract

Objective

To examine the association between ethnicity, ethnic intermarriage, ethnic composition of schools and adolescent alcohol use.

Design

Data were derived from the National Survey of Students in the Netherlands, a repeated, nationally representative, cross-sectional study of students aged 11-20 in secondary school. Surveys conducted in 1994, 1996, 1999, and 2001 were pooled, leading to a total of 30,346 native Dutch students and 6227 ethnic minority students. Alcohol use was based on whether the student consumed alcohol at all, drinking frequency, and drunkenness. Multilevel methods were applied.

Results

Ethnic minority students showed lower levels of alcohol use than Dutch students in each measure. Among ethnic minorities, the level of alcohol use was particularly low among students from a Muslim background. Students with ethnically mixed parents had higher levels of alcohol use than students with mono-ethnic parents. The larger the presence of Muslims in school, the lower the alcohol consumption of students from a Dutch and ethnic minority background.

Conclusions

Ethnic differences in alcohol consumption among students seem to reflect differential alcohol use norms prevalent in their parents' country of birth. Alcohol use norms are presumably stricter in families with mono-ethnic parents and in predominantly Muslim schools than in families with ethnically mixed parents and in schools with fewer Muslim students.

Keywords: adolescents; alcohol use; ethnicity; immigrants; Muslim

Ethnicity and health 15(1), 1-13, 2010

Culture and the anxiety disorders: recommendations for DSM-V

Lewis-Fernández, Roberto; Hinton, Devon E.; Laria, Amaro J.; Patterson, Elissa H.; Hofmann, Stefan G.; Craske, Michelle G.; Stein, Dan J.; Asnaani, Anu; Liao, Betty

Abstract

Background

The anxiety disorders specified in the fourth edition, text revision, of *The Diagnostic and Statistical Manual* (DSM-IV-TR) are identified universally in human societies, and also show substantial cultural particularities in prevalence and symptomatology. Possible explanations for the observed epidemiological variability include lack of measurement equivalence, true differences in prevalence, and limited validity or precision of diagnostic criteria. One central question is whether, through inadvertent “over-specification” of disorders, the post-DSM-III nosology has missed related but somewhat different presentations of the same disorder because they do not exactly fit specified criteria sets. This review canvases the mental health literature for evidence of cross-cultural limitations in DSM-IV-TR anxiety disorder criteria.

Methods

Searches were conducted of the mental health literature, particularly since 1994, regarding cultural or race/ethnicity-related factors that might limit the universal applicability of the diagnostic criteria for six anxiety disorders.

Results

Possible mismatches between the DSM criteria and the local phenomenology of the disorder in specific cultural contexts were found for three anxiety disorders in particular. These involve the unexpectedness and 10-minute crescendo criteria in Panic Disorder; the definition of social anxiety and social reference group in Social Anxiety Disorder; and the priority given to psychological symptoms of worry in Generalized Anxiety Disorder. Limited evidence was found throughout, particularly in terms of neurobiological markers, genetic risk factors, treatment response, and other DSM-V validators that could help clarify the cross-cultural applicability of criteria.

Conclusions

On the basis of the available data, options and preliminary recommendations for DSM-V are put forth that should be further evaluated and tested.

Keywords DSM-V - culture - classification - anxiety disorders - diagnostic - criteria

Depression and anxiety 27(2), 212-229, 2010

Ethnicity and mental health encounters in primary care: Help-seeking and help-giving for perinatal depression among Black Caribbean women in the UK

Edge, Dawn; MacKian, Sara C.

Abstract

Background

Perinatal depression among Black Caribbean women in the UK remains an intriguingly under-researched topic. Despite high levels of known psychosocial risks, Black Caribbeans remain relatively invisible among those seeking/receiving help for depression during and after pregnancy.

Methods

In-depth interviews were undertaken with a purposive sample of twelve Black Caribbean women selected from a larger sample (n=101) to examine prevalence and psychosocial risks for perinatal depression among this ethnic group. The study also sought to explore women's models of help-seeking. During analysis, the context in which help-seeking/giving is mediated emerged as a key issue. We explore the nature of these encounters thereby opening up the possibility of finding common ground between service users and providers for enabling women to receive the care and support they need.

Findings

Whether or not women configure depressive feelings as 'symptoms' requiring external validation and intervention is a reflection both of the social embeddedness of those individuals and of how 'help-givers' perceive them and their particular needs. We suggest that the ways in which help-seeking/giving are commonly conceptualised might offer at least a partial explanation for apparently low levels of diagnosed perinatal depression among Black Caribbean women.

Conclusions

Popular approaches to health seeking behaviours within health promotion and practice focus on individuals as the fulcrum for change, tending to overlook their embeddedness within 'reflexive communities'. This might serve to reinforce the invisibility of Black Caribbean women both in mainstream mental health services and associated research. Alternative approaches may be required to achieve government targets to reduce inequalities in access, care, and treatment and to deliver more responsive and culturally-appropriate mental health services.

Keywords: Black Caribbean women; perinatal depression; help-seeking; primary care; reflexive communities

Ethnicity and health 15(1), 93-111, 2010

Growing old in Canada: Physical and psychological well-being among elderly Chinese immigrants

Chow, Henry P. H.

Abstract

Objective

Immigrants are a vital component of the current and future ethnic aging population in Canada. This study was undertaken to explore the health status of elderly Chinese immigrants in a western Canadian city and to identify the major determinants of their physical and psychological well-being.

Method

Using a 50% random sample of elderly Chinese residing in three residential complexes occupied exclusively by individuals of ethnic Chinese origin located in downtown Calgary, a total of 147 Chinese seniors were interviewed in their homes by trained, bilingual interviewers using a structured questionnaire that covered a wide range of topics including health status, social network, living arrangements, use of health-related services, and socio-demographic information.

Data analysis

Descriptive and inferential analyses were conducted using the Statistical Package for the Social Sciences. A principal component factor analysis using varimax rotation was performed to explore the underlying factorial structure of the seven items measuring well-being. The internal consistency of all scales used was assessed by Cronbach's alpha reliability test. Two multiple ordinary least-squares (OLS) regression models were constructed to identify the major determinants of respondents' physical and psychological well-being.

Results

The findings revealed that a majority of the participants described their physical health as good or very good. Results of multiple OLS regression analysis demonstrated that education, country of origin, use of medications, physical mobility, and perceived financial needs were significantly associated with physical well-being, whereas sex, marital status, length of residence, education, and physical mobility were significantly related to psychological well-being.

Conclusion

Healthcare professionals, service providers, and policy-makers need to understand the significant impact of the various socio-demographic and background variables that contribute to the well-being of community-dwelling Chinese elderly immigrants. The provision of culturally sensitive and linguistically appropriate healthcare, social, and medical services is needed for the growing older Chinese population. Future studies should compare the health status of foreign-born Chinese seniors with those who were native-born, as well those co-residing with adult children.

Keywords: elderly immigrants; Chinese-Canadians; physical and psychological well-being

Ethnicity and health 15(1), 61-72, 2010

Hypomania : a transcultural perspective

Angst, Jules; Meyer, Thomas D.; Adolfsson, Rolf; Skeppar, Peter; Carta, Mauro; Benazzi, Franco; Lu, Ru-Band; Wu, Yi-Hsuan; Yang, Hai-Chen; Yuan, Cheng-Mei; Morselli, Paolo; Brieger, Peter; Katzmann, Judith; Leão, Ines Alice Teixeira; del Porto, José Alberto; Moreno, Doris Hupfeld; Moreno, Ricardo A.; Soares, Odeilton T.; Vieta, Eduard; Gamma, Alex

Abstract

This study examined the transcultural robustness of a screening instrument for hypomania, the Hypomania Checklist-32, first revised version (HCL-32 R1). It was carried out in 2606 patients from twelve countries in five geographic regions (Northern, Southern and Eastern Europe, South America and East Asia). In addition, GAMIAN Europe contributed data from its members. Exploratory and confirmatory factor analyses were used to examine the transregional stability of the measurement properties of the HCL-32 R1, including the influence of sex and age as covariates. Across cultures, a two-factor structure was confirmed: the first factor (F1) reflected the more positive aspects of hypomania (being more active, elated, self-confident, and cognitively enhanced); the second factor (F2) reflected the more negative aspects (being irritable, impulsive, careless, more substance use). The measurement properties of the HCL-32 R1 were largely invariant across cultures. Only few items showed transcultural differences in their relation to hypomania as measured by the test. F2 was higher among men and in more severe manic syndromes; F1 was highest in North and East Europe and lowest in South America. The scores decreased slightly with age. The frequency of the 32 items showed remarkable similarities across geographic areas, with two exceptions: South Europeans had lower symptom frequencies in general and East Europeans higher rates of substance use. These findings support the international applicability of the HCL-32 R1 as a screening instrument for hypomania.

Key words: Hypomania, HCL-32 R1, transcultural robustness

World psychiatry 9(1), 41-49, 2010

download hele hæftet her: <http://www.wpanet.org/publications/wpa-journal/recent-journal.pdf>

The long-term costs of traumatic stress: intertwined physical and psychological consequences

McFarlane, Alexander C.

Abstract

The gradual emergence of symptoms following exposure to traumatic events has presented a major conceptual challenge to psychiatry. The mechanism that causes the progressive escalation of symptoms with the passage of time leading to delayed onset post-traumatic stress disorder (PTSD) involves the process of sensitization and kindling. The development of traumatic memories at the time of stress exposure represents a major vulnerability through repeated environmental triggering of the increasing dysregulation of an individual's neurobiology. An increasing body of evidence demonstrates how the increased allostatic load associated with PTSD is associated with a significant body of physical morbidity in the form of chronic musculoskeletal pain, hypertension, hyperlipidaemia, obesity and cardiovascular disease. This increasing body of literature suggests that the effects of traumatic stress need to be considered as a major environmental challenge that places individual's physical and psychological health equally at risk. This broader perspective has important implications for developing treatments that address the underlying dysregulation of cortical arousal and neurohormonal abnormalities following exposure to traumatic stress.

Key words: Post-traumatic stress disorder, allostasis, kindling, hypertension, heart disease

World Psychiatry 9(1), 3-10, 2010

download hele hæftet her: <http://www.wpanet.org/publications/wpa-journal/recent-journal.pdf>

Long-term mental health of Vietnamese refugees in the aftermath of trauma

Vaage, Aina Basilier; Thomsen, Per Hove; Silove, Derrick; Wentzel-Larsen, Tore; Van Ta, Thong; Hauff, Edvard

Abstract

Background

There is no long-term prospective study (>20 years) of the mental health of any refugee group.

Aims

To investigate the long-term course and predictors of psychological distress among Vietnamese refugees in Norway.

Method

Eighty Vietnamese refugees, 57% of the original cohort previously interviewed in 1982 (T₁) and 1985 (T₂), completed a self-report questionnaire prior to a semi-structured interview. Mental health was measured using the Symptom Checklist-90-Revised (SCL-90-R).

Results

The SCL-90-R mean Global Severity Index (GSI) decreased significantly from T₁ to T₃ (2005-6), but there was no significant change in the percentage reaching threshold scores (GSI =1.00). Trauma-related mental disorder on arrival and the trajectory of symptoms over the first 3 years of resettlement predicted mental health after 23 years.

Conclusions

Although the self-reported psychological distress decreased significantly over time, a substantial higher proportion of the refugee group still remained reaching threshold scores after 23 years of resettlement compared with the Norwegian population. The data suggest that refugees reaching threshold scores on measures such as the SCL-90-R soon after arrival warrant comprehensive clinical assessment.

British journal of psychiatry 196(2), 122-125, 2010

Psychiatrists' attitudes toward and awareness about racial disparities in mental health care

Mallinger, Julie B.; Lamberti, J. Steven

Abstract

Objective

Psychiatrists may perpetuate racial-ethnic disparities in health care through racially biased, albeit unconscious, behaviors. Changing these behaviors requires that physicians accept that racial-ethnic disparities exist and accept their own contributions to disparities. The purposes of this study were to assess psychiatrists' awareness of racial disparities in mental health care, to evaluate the extent to which psychiatrists believe they contribute to disparities, and to determine psychiatrists' interest in participating in disparities-reduction programs.

Methods

A random sample of psychiatrists, identified through the American Psychiatric Association's member directory, was invited to complete the online survey. The survey was also distributed to psychiatrists at a national professional conference.

Results

Of the 374 respondents, most said they were not familiar or only a little familiar with the literature on racial disparities. Respondents tended to believe that race has a moderate influence on quality of psychiatric care but that race is more influential in others' practices than in their own practices. One-fourth had participated in any type of disparities-reduction program within the past year, and approximately one-half were interested in participating in such a program.

Conclusions

Psychiatrists may not recognize the pervasiveness of racial inequality in psychiatric care, and they may attribute racially biased thinking to others but not to themselves. Interventions to eliminate racial-ethnic disparities should focus on revealing and modifying unconscious biases. Lack of physician interest may be one barrier to such interventions.

Psychiatric services 61(2), 173-179, 2010

Social support and quality of life among Latinos with mental illness

Ribas, Ana C.; Lam, Chow S.

Abstract

We examine the degree of social support and quality of life (QOL) among 60 Latinos with mental illness from a Community Mental Health Center of a large metropolitan Midwestern city. Additionally, we assess the relationship of both the quality and quantity of social support, and control for demographic factors as they all relate to QOL. Latinos had an average network of 3 contacts. Despite their small network, participants were satisfied with the quality of support they received. Their QOL was mixed, comparable to reports from non-Latinos with mental illness, and from the general population. Having better quality of social support being male and younger were associated with a higher QOL. Community treatment programs for Latinos with mental illness could benefit from focusing on nurturing existing networks, fostering social skills, and providing additional forms of support for those Latinos in need.

Journal of nervous and mental disease 198(2), 137-143, 2010

Suicide in different cultures: A thematic comparison of suicide notes from Turkey and the United States

Leenaars, Antoon A.; Sayin, Aslihan; Candansayar, Selçuk; Leenaars, Lindsey; Akar, Taner; Demirel, Birol

Abstract

Suicide is a global concern, hence, cross-cultural research ought to be central; yet, there is a paucity of cross-cultural study in suicidology. A thematic or theoretical-conceptual analysis of 60 suicide notes drawn from Turkey and the United States, matched for age and sex, was undertaken, based on Leenaars's empirical-based multidimensional model of suicide. The results suggested that there were more culturally common factors than specific differences; yet, not consistent with previous cross-cultural studies of suicide notes, differences emerged in Turkey notes expressing more indirect and veiled communications (indirect expressions). Specifically, Turkish notes expressed that there may be more reasons to the act than the person writes. It was concluded that the model may be applicable to suicide in both countries, but also much greater cross-cultural study is warranted on specific cultural risk factors. A question raised is whether the findings are related to collectivism versus individualism.

Key Words: suicide - culture - common versus specific factors - individualism versus collectivism

Journal of cross-cultural psychology 41(2), 253-263, 2010

RAPPORTER

Torturoverlever i Danmark : En opfølgende undersøgelse af 13 torturerede asylansøgere

Oxholm, Annemette; Ehrenreich, Benny; Kjær, Claes; Buhmann, Cæcilie; Meyer, Dorthe; Møller, Eva; Jensen, Jean Hald; Worm, Lise; Theilade, Lotte; Jørgensen, Louise Møller; Ashkanian, Mahmoud; Eckhardt, Morten Rune; Ekstrøm, Morten; Berg, Ronan M. G.; Masmas, Tania Nicole; Hansen, Trine Nørregård; Bunch, Vibeke; Steen, Marie-Louise; Westh, Ingrid
Amnesty International. – København, 2009. – 87 sider.

Asylansøgere, der er kommet til Danmark med svære fysiske og psykiske eftervirkninger af tortur, har meget vanskeligt ved at få en hverdag til at fungere, og der mangler mekanismer til at sikre torturoverleverne den nødvendige lægebehandling.

Det fastslår Amnestys danske lægegruppe i rapporten "Torturoverlever i Danmark".

Rapporten sætter fokus på 13 asylansøgere, som har været udsat for tortur.

Deres typiske fysiske symptomer er hovedpine, smerter i ryg, nakke og ben samt svimmelhed, mens de psykiske følger blandt andet er depression, angst, søvnproblemer, isolationsfølelse og hukommelsesproblemer.

Rapporten konkluderer, at der er tale om en yderst sårbar gruppe, som efter halvandet år i Danmark fortsat er mærket af torturen. Det påvirker i høj grad deres hverdag og sociale relationer - både indadtil i familien og udadtil i forhold til det omgivende samfund. De negative effekter forstærkes af sprogvanskeligheder, manglende tilknytning til arbejdsmarkedet og isolation. Samtidig er der en tendens til, at de mister kontakten til sundhedssystemet.

- Det er påfaldende, at størstedelen af de 13 torturoverlevere frembyder en uændret eller ligefrem forværret helbredstilstand efter halvandet års ophold i Danmark, fastslår lægegruppen.

Denne rapport er en opfølgning på rapporten fra 2008: "Asylansøgere i Danmark : En undersøgelse af nyankomne asylansøgere helbredstilstand og traumatiseringsgrad"

Materiale og metoder

- Omstændigheder for undersøgelserne
- De 13 torturoverlevere
- Lægeundersøgelse
- Interview

- Etiske aspekter

Resultater

- Det somatiske helbreds betydning for torturoverlevenes hverdag
- Det psykiske helbreds betydning for torturoverlevenes hverdag
- Torturoverlevenes kontakt til behandlingssystemet

Diskussion og perspektivering

Konklusjon og anbefalinger

Bilag 1. Spørgeguide

Bilag 2. Casehistorier

Du kan downloade rapporten herfra: <http://www.amnesty.dk/nyhed/ny-amnesty-rapport-dokumenterer-torturoverlevende-far-det-darligere-i-danmark>

VEJLEDNINGER

Kultur, kontekst og psykopatologi - Manual for diagnostisk intervju

NAKMI utgir nå i samarbeid med Norsk psykiatrisk forening, Norsk psykologforening og med støtte fra Helsedirektoratet en manual som er ment å være et redskap til klinikere i flerkulturelle behandlingsmiljøer.

Denne manualen er utarbeidet av Sofie Bäärnhielm, Marco Scarpinati Rosso and Laszlo Patti ved Transkulturelt Centrum i Stockholm og er oversatt og bearbeidet til norsk av Emine Kale og Kirsti Jareg ved NAKMI.

Med denne manualen ønsker vi å tilby et redskap til klinikere som skal gjøre en psykiatrisk eller psykologisk utredning i flerkulturelle behandlingsmiljøer. Manualen baserer seg på rammeverket til kulturformuleringen i diagnosesystemet DSM-IV og skal støtte klinikere i å utforske den enkelte pasients sykdomsoppfatning utifra hans/hennes sosiale og kulturelle kontekst.

Kulturformuleringen er opprinnelig tenkt å anvendes som et supplement til DSM-IV's øvrige akser, men vi mener den også kan brukes som supplement til ICD-10. Vårt håp er at manualen bidrar til en bedre forståelse og god arbeidsallianse i det kliniske arbeidet.

Som professor Edvard Hauff sier i forordet til den norske utgaven så må ikke nødvendigvis manualen følges systematisk i alle kliniske møter hvor pasient og behandler opplever å ha ulik kulturell bakgrunn, men må sees på som et hjelpemiddel som kan brukes fleksibelt.

Kapitelloverskrifter

Kultur, kontekst og psykopatologi i;

Kulturformuleringen i DSM-IV;

Rammeverk for kulturformulering : Personens kulturelle identitet : Kulturelle forklaringer på sykdom :

Kulturelle faktorer relatert til psykososialt miljø og funksjonsnivå : Kulturelle faktorer i relasjonen mellom

pasient og kliniker : Overordnet kulturell vurdering med hensyn til diagnostikk og behandling : Migrasjon og

akkulturasjon – et ekstra avsnitt i kulturformuleringen;

Kulturelle perspektiver i DSM-IV;

Når kan kulturformuleringen brukes?;

Det etnografisk inspirerte intervjuet;

Kulturformulering – forslag til spørsmål;

Kulturell identitet : Forslag til spørsmål for å utforske pasientens kulturelle identitet;

Kulturelle forklaringer på sykdom – uttrykk og meningsskaping : Forslag til spørsmål for å utforske uttrykk og meningsskaping;

Betydningen av kulturelle faktorer for psykososiale omgivelser og funksjonsnivå : Forslag til spørsmål for å utforske kulturelle faktorer relatert til psykososialt miljø og funksjonsnivå;

Migrasjon og akkulturasjon : Forslag til spørsmål for å utforske pasientens migrasjonshistorie og akkulturasjonssituasjon;

Kulturelle faktorer i relasjonen mellom individ og kliniker : Forslag til spørsmål for å utforske betydningen av

kulturelle faktorer i relasjonen mellom pasient og kliniker : Til slutt vurderer klinikerens hvordan han/hun selv

synes at intervjuet har vært : Forslag til spørsmål en kan reflektere over;

Overordnet vurdering av diagnostikk og behandling .

Praktiske råd til klinikerer;

Praktiske forhold rundt intervjuet : Arbeidsallianse : Intervju med tolk : For hvem? : Når og av hvem? :
Intervjuteknikk : Planlegging av intervjuet;

Ulike faser i intervjuet : Innledningsfase : Intervjufasen : Avslutningsfase

Den norske udgave er på 75 sider og du kan downloade den her:

<http://www.nakmi.no/nyheter/artikkel.asp?NyhetID=1242&SprakID=1&SeksjonID=2>

Der er også en dansk udgave af manualen på trapperne. Marianne Østerskov på Videnscentret har ansvar for denne udgave. Hvis du vil vide mere, kan du skrive til Marianne her moesterskov@rh.regionh.dk eller du kan ringe på 38 64 46 90.