

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

Information om Transkulturel Psykiatri, januar 2006

GENERELT

Indvandrerpatienten skal mødes fordomsfrit og professionelt

Anna Fasting

Irritation. Frem for at blive irriteret over indvandrerpatienters opførsel og ønsker kan plejepersonalet lære at se på sig selv som en gruppe, der reagerer ens i mange situationer. Ved at gøre irritationen til et fælles anliggende kan den bearbejdes i fællesskab, og indvandrerpatienten kan mødes professionelt

Sygeplejersken, nr. 2, 2006

læs artiklen her: <http://www.sygeplejersken.dk/sygeplejersken/default.asp?intArticleID=13528&menu=195009>

Sundhedsforhold blandt etniske minoriteter- en litteraturgennemgang

Statens Institut for Folkesundheds hjemmeside 13. januar 2006

Arbejdsnotatet er resultatet af et litteraturstudie om indvandreres og flygtninges sundhedsforhold i Danmark. Studiets overordnede formål har været at danne basis for arbejdet med at udvikle en særlig Sundheds- og sygelighedsundersøgelse for disse grupper.

Arbejdsnotatet indeholder dels en oversigt over sundhedsforholdene blandt etniske minoriteter i Danmark og andre nordiske lande og dels en gennemgang af metodeproblemer, der er forbundet med undersøgelse ved hjælp af spørge- og interviewmetodikker, og som kan være særlig udtalte i undersøgelser af disse befolkningsgrupper.

Notatet er opdelt fire hovedafsnit: Determinanter for sundhed og sygelighed, sygdomsmønstre, brug af sundhedsvæsenet, og metodiske problemer forbundet med undersøgelser af etniske minoriteter. Hertil kommer diverse bilag med litteraturoversigter m.m.

Du kan downloade notatet herfra : [http://www.si-](http://www.si-folkesundhed.dk/Udgivelser/Notater/2005/Sundhedsforhold%20blandt%20etniske%20minoriteter.aspx)

[folkesundhed.dk/Udgivelser/Notater/2005/Sundhedsforhold%20blandt%20etniske%20minoriteter.aspx](http://www.si-folkesundhed.dk/Udgivelser/Notater/2005/Sundhedsforhold%20blandt%20etniske%20minoriteter.aspx)

Sygeplejersker: Indvandrere skaber problemer

En undersøgelse for fagbladet Sygeplejersken, foretaget af analysebureauet Catinét, viser, at langt de fleste sygeplejersker ser indvandrerpatienter som et problem. Det skyldes især sprogproblemer og forskellige opfattelser af sygdom og sundhed.

Sygeplejersken, nr. 2, 2006

læs artiklerne her :

<http://www.sygeplejersken.dk/sygeplejersken/default.asp?intArticleID=13503&menu=195009>

OM TRANSKULTUREL PSYKIATRI

Afsporet : tone og metode følges ad

Politikens netavis 19. januar / avisens leder

SOM BEKENDT er der på det seneste blevet talt meget om tonen i den danske indvandrerdebat.

...

Det drejer sig om flygtninge og den psykiske lidelse posttraumatisk stress, PTSD. Hidtil har flygtninge, som fik stillet diagnosen PTSD, i deres ansøgning om statsborgerskab kunnet få dispensation fra kravene om dansk kundskaber, fordi sygdom og traumer i alvorlig grad kunne besværliggøre indlæringen. Sådan er det ikke længere. Ikke blot er selve kravene til færdigheder i dansk blevet strammet, dispensationsmuligheden er også forsvundet. Det er de forstemmende kendsgeninger - dansk indvandrerpolitik har fået endnu et vrid i den ubarmhjertige retning.

læs lederen her: <http://politiken.dk/VisArtikel.sasp?PageID=431069>

De apatiska barnen – politik och etik

Schöldström, Ulf

Läkarförbundets etik- och ansvarsråd välkomnar Socialstyrelsens meddelandeblad »Uppgivenhetssymtom hos asylsökande barn« och stöder från läkarettisk synpunkt riktlinjerna för utredning och behandling.

Läkartidningen 103(4), 191, 2006

læs artiklen her : <http://www.lakartidningen.se/engine.php?articleId=2925>

Flygtninge dulmer traumer med stoffer

Politikens netavis 17. januar 2006 / Lene Winther, Lene Vaaben Vennekilde

Indvandrere med misbrugsproblemer er et stigende problem, og mange kender ikke til mulighederne for behandling. Systemet skal blive bedre til at nå gruppen - ikke mindst flygtninge, der dulmer traumer med stoffer.

Som 10-årig var han børnesoldat i Palæstina, blev tortureret og fængslet. Som 17-årig flygtede han fra Libanon til Vejle. Som 24-årig blev han heroinmisbruger, siden hjemløs og mistede kontakten til sin familie. Først ti år senere kom han i behandling for sit misbrug. »Jeg vidste ingenting om misbrug, hvilken sygdom det er, og hvordan det påvirker min person«, fortæller Mike el-Hajj. Han er en af de stadig flere misbrugere med udenlandsk baggrund.

Mangler behandling

De mangler kendskab til behandlingsmuligheder, og systemet har ofte svært ved at tackle dem, lyder det fra behandlere og eksperter i misbrug.

Det samme slås fast i en rapport om stofmisbrug blandt etniske minoriteter, lavet af Analysegruppen Als Research og finansieret af Socialministeriet.

Læs artiklen her : <http://politikken.dk/VisArtikel.i.asp?PageID=430899>

Download rapporten "**Stofmisbrug blandt etniske minoriteter i Danmark**" fra august 2005 her : <http://misbrug.alsresearch.dk/resultater.php> , hvor du også kan læses hovedkonklusionerne fra projektet :

Oplysningsprojekt om stofmisbrug og behandlingsmuligheder målrettet etniske minoriteter i København

Projektperiode: November 2005 – marts 2006

Opdragsgiver: Socialministeriet

Projektmedarbejdere: Jacob Als Thomsen, Mads Koch Johansen og Ali Hayat

Projektet er et opsøgende oplysningsinitiativ, som udføres i samarbejde med Familie- og Arbejdsmarkedsforvaltningen i Københavns Kommune, Kontoret for voksne med særlige behov. Oplysningen er målrettet pårørende til stofmisbrugere og forældre til unge med etnisk minoritetsbaggrund i København og har to formål: For det første at oplyse familier og pårørende om stofmisbrug og behandlingsmuligheder gennem en række foredrag i moskeer, etniske netværk og foreninger; og for det andet gennem et samarbejde med imamer, foreninger og misbrugsbehandlere med etnisk minoritetsbaggrund at afprøve nye veje til nedbrydning af tabuisering af stofmisbrug blandt etniske minoriteter og andre barrierer i forhold til behandlingssystemet. Der er tale om et pilotprojekt og den afsluttende evalueringsrapport vil vurdere initiativets mulige fremtidige forankring.

Et frirum på bunden

Kristeligt Dagblad 5. januar 2006 / Morten Rasmussen

Ingen står så meget uden for samfundet som psykisk syge, flygtninge og indvandrere. Men med en gigantisk indsats har et ægtepar for deres egne penge og i deres fritid skabt Danmarks første og eneste værested for etniske minoriteter. Stedet er blevet en succes, men fremtiden er usikker

Danmarks første og eneste værested for etniske minoriteter, 'Muhabet' på Vesterbrogade i København, er skabt af to ildsjæle, der har brugt deres egne penge og megen tid. Ægteparret Najib Haddar og Emine Ayyildizoglu er pædagoger og havde gennem arbejdet som familiekonsulenter og tolke mødt mange sindslidende flygtninge og indvandrere, som ikke havde noget sted at gå hen. Ifølge Najib Haddar er selv det psykisk syge Danmark delt op i etniske grupper, og efter at have oplevet tilstrækkeligt mange psykisk syge indvandrere og flygtninge, som var faldet igennem systemet, besluttede Najib Haddar og Emine Ayyildizoglu sig for selv at gøre noget og kunne for 2 år siden slå dørene op til værestedet 'Muhabet', som betyder 'kærligt samvær'. De arbejder bl.a. ud fra en idé om, at et menneske altid har sine sanser, også selvom man er psykisk syg, og også selvom man måske mister forstanden og sproget. Derfor er der musik og ting fra forskellige lande, marokkaneren får sin egen te og tyrkeren sin tyrkiske te eller kaffe. Muhabet ligner i det hele taget mere en café end et værested. Stedet får i år økonomisk støtte for første gang via midler fra Københavns Kommune, Frederiksberg Kommune, Integrationsministeriet og Socialministeriet og har derfor kunnet ansætte Najib Haddar, men klarer sig ellers med frivillig arbejdskraft, hvilket gør stedet meget skrøbeligt.

Kritik af humanitære opholdstilladelser

Internetavisen Jyllands-Posten 8. januar 2006 / Henrik Vinther Olesen

Syge flygtninge, der har fået midlertidigt, humanitært ophold i Danmark, fastholdes i deres sygdom, fordi en raskmelding betyder, at opholdstilladelsen ikke bliver forlænget.

Syge og traumatiserede flygtninge bliver fastholdt i deres sygdom, fordi de kun kan få forlænget deres midlertidige humanitære opholdstilladelse, hvis de fortsat er syge.

Dermed hverken kan eller vil mange flygtninge blive raske, og det rejser kritik fra flere aktører, der arbejder med syge og traumatiserede flygtninge.

Lederen af Videnscenter for Transkulturel Psykiatri overlæge cand.psych. Marianne Kastrup siger, at de korte opholdstilladelser påvirker flygtninge med psykiske mén.

»Det påvirker klart og gør det vanskeligere at koncentrere sig, og det kan fastholde mennesker med posttraumatisk stress i deres situation,« siger Marianne Kastrup, der anbefaler, at opholdsperioden forlænges.

»Det giver mulighed for en længere og bedre planlagt behandlingsforløb, men giver også den enkelte bedre mulighed for at planlægge sit liv,« siger Marianne Kastrup.

Humanitære årsager

Efter de nuværende regler kan flygtninge, som har fået afslag på asyl, søge Integrationsministeriet om en opholdstilladelse af humanitære årsager. Tilladelsen, der i 2004 blev givet til 152 flygtninge eller otte pct. af ansøgerne, gælder i første omgang for ét år, hvorefter flygtningen kan søge om forlængelse i først ét og siden to og tre år.

Respekten for lægeerklæringer

Ugeskrift for læger 168(3), 247 / Hans Buhl

Leder

I april 1999 blev en ung iraner udvist af Danmark. Han blev af politifolk sat på et fly fra Kastrup, efter han i lufthavnen havde forsøgt selvmord. Politiet ignorerede ved den lejlighed, at den læge, som havde syet ham sammen efter selvmordforsøget, ønskede at få den unge iraner til en psykiatrisk undersøgelse.

Lægeforeningen protesterede mod denne fremgangsmåde, og der blev efterfølgende opnået en forståelse mellem myndighederne og Lægeforeningen om, at man ikke sad lægelige erklæringer i udvisningssager overhørigt.

Denne borgfred synes at være brudt efter, at flygtninge for det første ikke kan være sikre på at få en udredning af, om de har været udsat for tortur, fordi der ikke er tilstrækkelig kapacitet i systemet. For det andet ikke kan blive danske statsborgere på grund af sprogproblemer, selv om de har fået konstateret posttraumatisk stressyndrom, PTSD, der ofte fremkaldes af tortur. Den seneste aftale om indfødsret fra december 2005 fastslår, at sagsbehandlere udtrykkeligt skal se bort fra dette, selv om der foreligger en lægeerklæring.

læs lederen her:

http://www.ugeskriftet.dk/portal/page?_pageid=33,15529562&_dad=portal&_schema=PORTAL

Torturofre slipper ikke for danskprøven

Politikens netavis 19. januar 2006 / Ritzau

Regeringen og Dansk Folkeparti fastholder, at stressdiagnose efter tortur ikke kan lempe kravene til dansk statsborgerskab.

Torturofre skal fortsat bestå en danskprøve på niveau med andre ansøgere om statsborgerskab, også hvis de er blevet traumatiserede af torturen.

Der er dermed ingen forståelse fra flertallet i Folketinget til de læger, der har bedt om at tage diagnosen post traumatisk stress (PTSD) syndrom meget alvorligt.

læs artiklen her: <http://politiken.dk/VisArtikel.iasp?PageID=431179>

Torturofre udelukkes fra dansk demokrati

Socialrådgiveren nr. 1, 11. januar 2006 / af Birgitte Rørdam

Traumatiserede torturofre kan ikke længere blive danske statsborgere, hvis de ikke kan lære sig dansk.

Næppe mange vil påstå, at der ikke findes torturofre med alvorlige ar på sjælen blandt de flygtninge, der bor i Danmark. Alligevel har regeringen med Dansk Folkeparti i spidsen nu valgt ikke at anerkende torturofrenes traumer. En flygtning, der er så medtaget af tortur, at han ikke er i stand til lære sig godt nok dansk, kan ikke længere blive dansk statsborger. Regeringen og Dansk Folkeparti blev kort før jul enige om at stramme loven om indfødsret. Stramningen indebærer, at det ikke længere skal være muligt at opnå dispensation fra sprogkravene, selvom man lider af posttraumatisk stressyndrom (PTSD), sådan som det tidligere var muligt i forhold til at opnå statsborgerskab.

læs artiklen her: <http://www.socialrdg.dk/index.dsp?page=5570>

Traumatiserede flygtninge har behov for hjælp

Marianne Kastrup har bidraget til serien "Spørg Riget" i Politiken d. 8. januar 2006, 5. sektion, side 20
læs artiklen her :

<http://www.riget.dk/rh.nsf/Content/nyhederfrarighospitalet1~sprgrigetlssvarenefrarigetseksperter~traumatisere deflygtningeharbehovforhjlp>

LITTERATUR

BØGER / RAPPORTER

Pharmacotherapy for post traumatic stress disorder (PTSD)

Stein, D. J.; Ipser, J. C.; Seedat, S

Abstract

Background Post traumatic stress disorder (PTSD) is a prevalent and disabling disorder. Evidence that PTSD is characterised by specific psychobiological dysfunctions has contributed to a growing interest in the use of medication in its treatment.

Objectives To assess the effects of medication for post traumatic stress disorder.

Search strategy We searched the Cochrane Depression, Anxiety and Neurosis Group specialised register (CCDANCTR-Studies) on 18 August 2005, the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library issue 4, 2004), MEDLINE (January 1966 to December 2004), PsycINFO (1966 to 2004), and the National PTSD Center Pilots database. Reference lists of retrieved articles were searched for additional studies.

Selection criteria All randomised controlled trials (RCTs) of pharmacotherapy for PTSD.

Data collection and analysis Two raters independently assessed RCTs for inclusion in the review, collated trial data, and assessed trial quality. Investigators were contacted to obtain missing data. Summary statistics were stratified by medication class, and by medication agent for the selective serotonin reuptake inhibitors (SSRIs). Dichotomous and continuous measures were calculated using a random effects model, heterogeneity was assessed, and subgroup/sensitivity analyses were undertaken.

Main results 35 short-term (14 weeks or less) RCTs were included in the analysis (4597 participants).

Symptom severity for 17 trials was significantly reduced in the medication groups, relative to placebo (weighted mean difference -5.76, 95% confidence intervals (CI) -8.16 to -3.36, number of participants (N) = 2507).

Similarly, summary statistics for responder status from 13 trials demonstrated overall superiority of a variety of medication agents to placebo (relative risk 1.49, 95% CI 1.28 to 1.73, number needed to treat = 4.85, 95% CI 3.85 to 6.25, N = 1272). Medication and placebo response occurred in 59.1% (N = 644) and 38.5% (628) of patients, respectively. Of the medication classes, evidence of treatment efficacy was most convincing for the SSRIs.

Medication was superior to placebo in reducing the severity of PTSD symptom clusters, comorbid depression and disability. Medication was also less well tolerated than placebo. A narrative review of 3 maintenance trials suggested that long term medication may be required in treating PTSD.

Authors' conclusions Medication treatments can be effective in treating PTSD, acting to reduce its core symptoms, as well as associated depression and disability. The findings of this review support the status of SSRIs as first line agents in the pharmacotherapy of PTSD, as well as their value in long-term treatment. However, there remain important gaps in the evidence base, and a continued need for more effective agents in the management of PTSD.

Plain language summary A systematic review and meta-analysis of randomised controlled medication trials for post traumatic stress disorder

Post traumatic stress disorder (PTSD) occurs after exposure to significant trauma and results in enormous personal and societal costs. Although traditionally treated with psychotherapy, there is increasing recognition of a theoretical basis for medication treatments. This was a systematic review of 35 short-term randomised controlled trials of pharmacotherapy for PTSD (4597 participants). A significantly larger proportion of patients responded to medication (59.1%) than to placebo (38.5%) (13 trials, 1272 participants). Symptom severity was significantly reduced in 17 trials (2507 participants). The largest trials showing efficacy were of the selective serotonin reuptake inhibitors, with long-term efficacy also observed for these medications.

Cochrane database of systematic reviews 2006 (1)

download rapporten herfra:

<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD002795/frame.html>

Etniske forskelle i selvmordsrisikoen i Danmark

I et samarbejde med Center for Registerforskning og Center for Selvmordsforskning har Statens Institut for Folkesundhed gennemført en registerbaseret undersøgelse af etniske forskelle i selvmordshyppighed i Danmark. Undersøgelsen omfattede alle nationalitetsgrupper blandt indvandrere i Danmark, inklusive personer af svensk, norsk og tysk afstamning, og omfatter alle personer med udenlandsk (anden 'etnisk') baggrund,

defineret som personer født i udlandet og/eller hvis ene eller begge forældre er født i udlandet, dvs. fra både ikke-vestlige og vestlige lande.

Selvmoedsrisikoen er signifikant højere blandt personer med udenlandsk baggrund end blandt etniske danskere, men der er forskelle undergrupperne imellem. Helt overordnet var selvmordsrisikoen højst blandt personer født i et af de nordiske lande, mens personer født i Asien havde en betydelig lavere selvmordsrisiko end etniske danskere. Der er ikke signifikant forskel i selvmordsrisikoen for de øvrige udenlandskfødte grupper. Afrapporteringen er skrevet af Vanita Sundaram og indgår i rapporten:

"Selvmord" / Karin Helweg- Larsen (red) og er udgivet af Statens Institut for Folkesundhed

rapporten kan downloades her: <http://www.si-folkesundhed.dk/upload/selvmoed.pdf>

NYHEDSBREVE

Transcultural Special Interest Group (Royal College of Psychiatrists UK)

Af indholdet

- **The origins of critical psychiatry:** Invited lecture Royal College of Psychiatrists AGM, Edinburgh, June 22nd 2005 / Professor David Ingleby
- **Delivering Race Equality (DRE):** A programme of policy and service reform to meet the needs of Black and minority ethnic groups. / Professor Kamaldeep Bhui
- **The NHS International Fellowship Scheme in Psychiatry: a personal view from Pakistan** / Murad M. Khan
- **IRAQ: Turmoil in the Country and in Psychiatry** / Dr Dina Munim
- **Contribution of British Psychiatry to the Mental Health Services in Iraq** / Dr Mohamed Al-Uzri
- **Alcohol and Drug misuse amongst ethnic groups** / Seilish Kadambari

Bulletin, winter 2005

Download artiklerne fra toppen af denne side : <http://www.rcpsych.ac.uk/college/sig/trans.asp>

World Association of Cultural Psychiatry, newsletter 2

Ud over beskrivelser af bestyrelsesmedlemmerne er der 2 artikler :

- **The Runajambi Institute for the Study of Quichua Culture and Health**
- **The Insitute of Mental Health of Peking University**

artiklerne kan downloades herfra : <http://www.waculturalpsychiatry.org/pages/newsletter/newsletter02.html>

ARTIKLER

Letters

Better outcomes for schizophrenia in non-Western countries

Mathews, Maju; Basil, Biju; Mathews, Manu

Fra starten af indlægget

To the Editor: We read with interest the article in the November issue by Srinivasan and Tirupati reporting on their study of cognition and work functioning among patients with schizophrenia in India. We were fascinated by their finding that 67 percent of the 88 patients in the study were employed and that most of them were in full-time employment in mainstream jobs with minimal or no disability or support in the workplace.

These findings will seem alien to most psychiatrists in the Western world, particularly in the United States. Schizophrenia in Western societies is conceptualized as a "chronic debilitating illness" with a poor prognosis and a poor functional outcome. However, this conventional wisdom is not entirely true.

Psychiatric services 57(1), 143-144, 2006

Bipolar disorder in children and adolescents: international perspective on epidemiology and phenomenology

Soutullo, César A.; Chang, Kiki D.; Díez-Suárez, Azucena, Figueroa-Quintana, Ana; Escamilla-Canales, Inmaculada; Rapado-Castro, Marta; Ortuño, Felipe

Abstract

Objective

There is considerable skepticism outside the US over the prevalence of pediatric bipolar disorder (BD). We wished to evaluate the epidemiology of BD in children and adolescents in non-US samples.

Method

We reviewed studies on the prevalence of BD in children and adolescents in international samples. We also describe our sample of 27 children with BD at the University of Navarra.

Results

There are important and frequently overlooked differences in the definition of BD between the International Classification of Diseases 10th edition (ICD-10) and DSM-IV and methodological differences in epidemiological studies that may partially explain international differences in prevalence of pediatric BD. The prevalence of bipolar spectrum disorder in young adults in Switzerland is 11%. In Holland the 6-month prevalence of mania in adolescents was 1.9% and of hypomania 0.9%. Only 1.2% of hospitalized youth (<15years) in Denmark and 1.7% of adolescents in Finland had BD. In our clinic, the prevalence of DSM-IV BD in children 5–18 years old is 4%, and of any mood disorders 27%. There are also data from Brazil, India and Turkey with varying results.

Conclusion

Relative lack of data, ICD-10 and DSM-IV differences in diagnostic criteria, different levels of recognition of Child and Adolescent Psychiatry as a true specialty in Europe, clinician bias against BD, an overdiagnosis of the disorder in USA and/or a true higher prevalence of pediatric BD in USA may explain these results. US–International differences may be a methodological artifact and research is needed in this field.

Bipolar disorders 7(6), 497–506, 2005

Commentary

Deconstructing critiques on the internationalization of PTSD

De Jong, Joop T. V. M.

Abstract

When PTSD entered the DSM, advocacy for the diagnosis was a critical part of advocacy for Vietnam veterans. Over the next two decades, the range of contexts in which this clinical concept was applied increased dramatically. In a recent article in *Culture, Medicine and Psychiatry*, Breslau (2004) describes PTSD as a “prominent cultural model” to account for suffering as well as the synergy between human rights or political advocacy and traumatic stress advocacy. In this article I question the sequence of steps that Breslau took to critique the internationalization of the PTSD construct. I also question Breslau’s critique on our work in Nepal. Finally, I will formulate some future challenges for psychiatry and anthropology to bridge their universalistic and relativistic points of view.

Keywords posttraumatic stress disorder - culture and psychiatry – suffering - advocacy - universalism

Culture, medicine and psychiatry 29(3), 361-370, 2005

Commentary

Response to “Commentary : Deconstructing critiques on the internationalization of PTSD”

Breslau, Joshua

Fra starten af artiklen

I am very pleased to have Dr. de Jong’s response to the Special Section on “Cultures of Trauma” that appeared in the June 2004 issue of *Culture, Medicine and Psychiatry*. In my Introduction to the Special Section (Breslau 2004), I examined some of the research by de Jong and colleagues as exemplary of the epidemiological work that has been done internationally on posttraumatic stress disorder (PTSD). This exchange should lead interested readers directly to those original research reports (de Jong et al. 2001; North 2001; Shrestha et al. 1998; Van Ommeren et al. 2001). I chose to discuss this work because it illustrates how PTSD activism has advanced through epidemiological studies that highlight traumatic experiences among special populations often involved in ongoing complex international conflicts.

Culture, medicine and psychiatry 29(3), 371-376, 2005

Ethnic differences in pain reports and the moderating role of depression in a community sample of Hispanic and Caucasian participants with serious health problems

Hernandez, Annya; Sachs-Ericsson, Natalie

Abstract

Objective

The present study examined ethnic differences in pain reports between Hispanics ($n = 147$) and Caucasians ($n = 1308$) with serious health problems. It was predicted that Hispanics would report more pain in relation to their health problems than would Caucasians, depression would be associated with increased pain reports in both groups, and depression’s influence on pain reports would be greater for Hispanics compared with Caucasians.

Methods

Data from Hispanic and Caucasian participants with a current health problem were utilized from the National Comorbidity Survey, a nationally representative epidemiological sample. Participants' pain reports, relative to their health problems, were obtained. Hierarchical regression analyses were conducted to examine the relationship between ethnicity and reported pain and the potentially moderating role of depression.

Results

Findings indicated that Hispanics reported more pain compared with Caucasians and that depression was associated with higher pain reports in both groups. Depression moderated the relationship between ethnicity and pain such that ethnic differences in pain reports were even greater among depressed participants than among nondepressed participants. That is, pain reports for Hispanics were higher in the presence of depression than was found for the Caucasian participants.

Conclusions

Cultural differences in the acceptability and the expression of distress may be related to higher pain reports among Hispanics as compared with Caucasians, particularly in the presence of depression. The interplay of biological, psychological and sociocultural processes involved in both pain and depression were considered.

Key Words: pain – depression - ethnic differences - Hispanics

Psychosomatic medicine 68(1), 121-128, 2006

Ethnic differences in symptom presentation of youths with bipolar disorder

Patel, Nick C.; DelBello, Melissa P.; Strakowski, Stephen M.

Abstract

Objective

To compare symptom profiles of African-American and white adolescents with a diagnosis of bipolar disorder.

Method

Adolescents, aged 12–18 years at their first psychiatric hospitalization, with a DSM-IV diagnosis of bipolar disorder, manic or mixed, were evaluated on measures of manic, depressive, and positive symptoms of psychosis. Ethnic differences in symptom profiles were examined using multivariate analysis of covariance, and specific symptoms contributing to the difference were analyzed.

Results

Ethnic differences existed in manic and positive symptom profiles, but not depressive symptoms. Compared with the white cohort, African-American youths were diagnosed more frequently as having psychotic features, and had higher ratings for auditory hallucinations.

Conclusions

Similar to adults, symptom expression in adolescent bipolar disorder may differ between ethnic groups. Future studies are needed to replicate these findings and explore possible explanations.

Bipolar disorders 8(1), 95-99, 2006

Ethno-psychometric evaluation of the General Health Questionnaire in rural China

Lee, Dominic T. S.; Yip, Winnie C. M.; Chen, Yenfong; Meng, Qingyue; Kleinman, Arthur

Abstract

Background. Most mental health research tools are developed in Western, urban contexts. Few studies have evaluated the applicability of these research tools in rural populations of non-Western countries. We examined the cultural acceptance and psychometric performance of the 12-item General Health Questionnaire (GHQ) in China's rural villages.

Method. Ethnographic investigations were conducted to assess the cultural applicability of self-report rating scales among villagers. This was followed by a survey of 1401 rural residents, randomly selected from 48 villages of Shandong province using stratified multistage cluster sampling. The respondents were administered the GHQ and the Composite International Diagnostic Interview (CIDI).

Results. The GHQ, when administered by trained interviewers, was culturally acceptable to rural residents. The scale had good psychometric properties in the study population. The area under the curve was 0.86. At a cut-off of 1/2, the sensitivity and specificity were 80.6% and 79.3% respectively.

Conclusions. The ethno-psychometric evaluation showed that the GHQ was both culturally valid and psychometrically sound in the Chinese rural context.

Psychological medicine 36(2), 249-255, 2006

Etiske aspekter af transkulturel forskning

Kastrup, Marianne; Jerlang, Clea

Fra starten af artiklen

I dag er både den kliniske og den forskningsmæssige dagligdag for danske læger præget af stadig større diversitet og kulturel mangfoldighed. Væksten af et pluralistisk samfund har øget nødvendigheden af at inddrage kulturelle aspekter i lægevidenskabelig forskning. Alligevel har spørgsmålet om, hvorledes etiske

problemstillinger specifikt er relateret til kulturelle forhold været genstand for begrænset bevågenhed, og få undersøgelser har handlet om, hvorledes og i hvilket omfang kulturelle forhold påvirker etniske minoriteters deltagelse i forskningsprojekter.

Ugeskrift for læger 168(5), 466-468, 2006

læs artiklen her:

http://www.ugeskriftet.dk/portal/page?_pageid=33,15549590&_dad=portal&_schema=PORTAL

Generalised anxiety disorder in Singapore: prevalence, co-morbidity and risk factors in a multi-ethnic population

Lim, Leslie; Ng, Tze Pin; Chua, Hong Choon; Chiam, Peak Chiang; Won, Vivien; Lee, Theresa; Fones, Calvin; Kua, Ee Heok

Abstract

Background

There has been a relative lack of epidemiological data on generalised anxiety disorder (GAD) in Southeast Asia. A previous study reported a lifetime prevalence of 1.5% and highlighted low preference for seeking professional help and consultation by persons suspected to be suffering from mental health problems. The present study is part of a National Mental Health survey of adults conducted from February 2003–March 2004 specifically assessing anxiety and depression in Singapore. In this paper we report on prevalence, co-morbidity and risk factors associated with GAD.

Methods

We interviewed 2,847 households from an ethnically stratified random sample of adults aged 20–59 years who were Singapore citizens or permanent residents. The General Health Questionnaire and Schedule for Clinical Assessment of Neuropsychiatry were administered, which generated *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) diagnoses of GAD. We assessed socio-demographic correlates, life events, medical and other psychiatric co-morbidities related to GAD.

Results

Lifetime prevalence of GAD was 3.3%, current prevalence is 3.0%. Female to male ratio is 3.6:1. GAD was significantly associated ($p < 0.001$) with the presence of other psychiatric co-morbidities, including major depressive disorder, dysthymia, panic disorder, agoraphobia and social phobia. Prevalence increased in older individuals, with the odds of association greatest in subjects with three or more co-morbid medical conditions [adjusted odds ratio (OR) 3.66]. Those who had experienced one or more threatening life events showed increased odds of association with GAD. Chinese ethnicity, the divorced and persons from both the upper and the lowest socio-economic status had highest odds of association with GAD.

Conclusions

We challenge established notions that GAD tends to be a disorder of the socially disadvantaged. Life events are important as precipitating factors in GAD, and uniquely different types of events appear to affect both extremes of social classes. High co-morbidity associations with current GAD are grounds for concern. This may suggest failure to seek treatment, hence giving rise to an increase in severity of the primary condition.

Key words generalised anxiety disorder - co-morbidity - life events - socio-economic status

Social psychiatry and psychiatric epidemiology 40(12), 972-979, 2005

Homeless admissions and immigration in a state mental hospital

Appleby, Lawrence; Luchins, Daniel J.; Freels, Sally

OBS dette er hele artiklen

A previous report on admissions to a state mental hospital (Chicago-Read Mental Health Center) in Chicago between 1970 and 1980 suggested an increasing rate of homelessness (1). To determine whether this increase was continuing, we gathered data from facility reports for 1996 and the last available year, 2003. We found that the proportion of homeless mentally ill persons who were hospitalized significantly increased over the three study years, from 20.2 percent in 1996 to 29.2 percent in 2003, compared with 15.3 percent in 1980 ($\chi^2 = 178.9$; $df = 2$, $p < .001$).

In addition to finding the increase, we also found that the homeless population might be changing. Using 1996 data we compared 102 homeless patients who had no previous state hospitalizations with 158 homeless patients who were previously hospitalized. The most striking relationship, based on logistic regression, was that the odds of being a first admission were more than five times higher among foreign-born patients than among those who were native born (odds ratio = 5.42, $p < .001$). This trend continued in 2003—the ratio of foreign-born persons was significantly greater among homeless patients admitted for the first time than among homeless patients who had previous state hospitalizations (21.6 percent compared with 10.8 percent; $\chi^2 = 4.04$, $df = 1$, $p < .05$).

The increasing proportion of homeless foreign-born patients among new admissions to a state mental hospital probably reflects both the rising number of immigrants to certain areas of the United States and their economic status. U.S. census data for 1998 indicate that nearly 30 percent of recent arrivals to the United States lived in

families below the poverty line, compared with 13 percent of the native born. Unemployment rates were higher, household incomes were lower, and twice as many U.S. households with foreign-born residents as native-born residents received some federal benefit. These findings underscore why foreign-born residents may be predisposed toward homelessness (2), a relationship that is receiving considerably more attention in Europe (3).

Although our findings are limited because they are based on a single state mental hospital, they are consistent with demographic changes in the country and possibly with patterns of hospitalization. For example, substantial increases in psychiatric hospitalization rates were recently reported for both Asians and Hispanics in Massachusetts between 1994 and 2000 (4). Although birthplace was not identified, the increase was more than likely the result of an increase in immigrants to that state.

The general psychiatric issues facing minority and foreign-born populations have been outlined by the U.S. Surgeon General (5), although the report only briefly discussed homelessness among immigrants. Our findings would suggest that state mental health planners must be cognizant of these changing populations and the potential for homelessness among the foreign born.

References

- Appleby L, Desai PN: Documenting the relationship between homelessness and psychiatric hospitalization. *Hospital and Community Psychiatry* 36:732–737, 1985
- Davis LA, Winkleby MA: Sociodemographic and health-related risk factors among African-American, Caucasian, and Hispanic homeless men: a comparative study. *Journal of Social Distress and the Homeless* 2:83–101, 1993
- Immigration and Homelessness in the European Union. Brussels, FEANTSA [European Federation of National Organisations Working With the Homeless], Oct 2002. Available at www.feantsa.org
- Hudson C: Trends in acute psychiatric inpatient care in Massachusetts. *Psychiatric Services* 55:1302–1304, 2004
- Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General. Rockville, Md, US Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001
- Psychiatric services 57(1), 144, 2006**

Nativity and DS M-IV psychiatric disorders among Puerto Ricans, Cuban Americans, and non-Latino whites in the United States : results from the national epidemiologic survey on alcohol and related conditions

Alegria, Margarita; Canino, Glorisa; Stinson, Frederick S.; Grant, Bridget F.

Objective

This study examined the risk of lifetime substance use disorders and mood and anxiety disorders between Island-born Puerto Ricans, foreign born Cuban Americans, and foreign-born non-Latino whites and their U.S.-born counterparts.

Method

Data from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC; N = 43,093) were used to derive lifetime prevalence rates of specific DSM-IV psychiatric disorders by subethnicity and nativity group. Logistic regression models were constructed to detect variation in the odds of each psychiatric disorder across groups.

Results

A protective effect of foreign-born nativity in risk for psychiatric disorders was present for all groups but varied according to the assessed disorder. For non-Latino whites, the effect was observed for most specific psychiatric disorders, whereas, for Puerto Ricans and Cuban Americans, the effect was only evident for specific substance use disorders.

Conclusion

The protective effect of nativity against psychiatric morbidity found in other studies among Mexican Americans and non-Latino whites does not entirely generalize to Puerto Ricans and Cuban Americans and may not generalize to individuals of other origins. The results of this study are discussed in terms of potential mechanisms involved in variations in the risk of specific psychiatric disorders among groups defined by nativity and race-ethnicity and the importance of identifying specific cultural components that may serve as risk and protective factors of psychiatric morbidity.

Journal of clinical psychiatry 66(1), 56-65, 2006

download artiklen herfra : <http://www.psychiatrist.com/privatepdf/index.asp>

Patterns of psychotropic medication use by race among veterans with bipolar disorder

Kilbourne, Amy M.; Pincus, Harold Alan

Abstract

Objective

This study investigated whether race was associated with patterns of psychotropic medication use among veterans with bipolar disorder.

Methods

Data were examined for veterans from the mid-Atlantic region with a diagnosis of bipolar disorder in fiscal year 2001. Prescription data determined whether differences existed between black and nonblack patients in the receipt of lithium, other mood stabilizers, all mood stabilizers, first-generation antipsychotics, second-generation antipsychotics, all antipsychotics, selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants, all antidepressants, and benzodiazepines.

Result

Data for 2,958 patients were sampled: 347 blacks and 2,611 nonblacks. Multivariable analyses that adjusted for patient and clinical factors revealed that compared with nonblacks, blacks were significantly less likely to receive lithium and SSRIs and significantly more likely to receive first-generation antipsychotics and any antipsychotic.

Conclusions

These findings suggest that efforts should be made to reduce disparities in access to pharmacotherapy among patients with bipolar disorder

Psychiatric services 57(1), 123-126, 2006

Predicting internalizing problems in Moroccan immigrant adolescents in the Netherlands

Stevens, Gonneke W. J. M.; Vollebergh, Wilma A. M.; Pels, Trees V. M.; Crijnen, Alfons A. M.

Abstract

Background

With the increasing number of immigrants worldwide, it is essential to have insight into the factors associated with internalizing problems in immigrant youth. However, little research on this subject has been conducted. The aim of the current study is to contribute to the knowledge in this field.

Methods

Data were obtained from the general population of 11- to 18-year-old Moroccan immigrant adolescents in the Netherlands. Using the Child Behavior Checklist (CBCL), Youth Self-Report (YSR), and Teacher's Report Form (TRF), 415 parent, 376 self-, and 238 teacher reports were available for analysis.

Results

The data showed relations between internalizing problems and several child (externalizing and chronic health problems), proximal family (paternal and maternal support and parent-child conflict), contextual family (conflicts between parents about parenting and total number of life-events), school/peer (being bored), and migration variables (adolescent's perceived discrimination). Moreover, a modest relation was found between internalizing problems and parental psychopathology. Few associations occurred with the global family factor (e.g., family educational level). Several relations between the predictors and YSR internalizing proved to be gender-specific.

Conclusions

Our results suggested that the child, school/peer, and proximal family factors are the most important in predicting the development of internalizing problems in Moroccan immigrant adolescents. The impact of the migration factor was small.

Key words adolescents - Child Behavior Checklist - internalizing problems – immigrants – Moroccans - predictors

Social psychiatry and psychiatric epidemiology 40(12), 1003-1011, 2005

Prediction of depression in European general practice attendees : the PREDICT study

King, Michael; Weich, Scott; Torres, Francisco; Svab, Igor; Maaroos, Heidi; Neeleman, Jan; Xavier, Miguel; Morris, Richard; Walker, Carl; Bellon, Juan A.; Moreno, Berta; Rotar, Danica; Rifel, Janez; Aluoja, Anu; Kalda, Ruth; Geerlings, Mirjam I.; Carraca, Idalmiro; Caldas de Almeida, Manuel; Vincente, Benjamin; Saldivio, Sandra; Rioseco, Pedro; Nazareth, Irwin

Abstract

Background

Prevention of depression must address multiple risk factors. Estimating overall risk across a range of putative risk factors is fundamental to prevention of depression. However, we lack reliable and valid methods of risk estimation. This protocol paper introduces PREDICT, an international research study to address this risk estimation.

Methods

This is a prospective study in which consecutive general practice attendees in six European countries are recruited and followed up after six and 12 months. Prevalence of depression is assessed at baseline and each follow-up point. Consecutive attendees between April 2003 and September 2004 who were aged 18 to 75 were asked to take part. The possibility of a depressive episode was assessed using the Depression Section of the Composite International Diagnostic Interview. A selection of presumed risk factors was based on our previous work and a systematic review of the literature. It was necessary to evaluate the test-retest reliability of a number of risk factor questions that were developed specifically, or adapted, for the PREDICT study. In a separate reliability study conducted between January and November 2003, consecutive general practice attendees in the six participating European countries completed the risk factor items on two occasions, two weeks apart. The overall response rate at entry to the study was 69%. We exceeded our expected recruitment rate, achieving a total of 10,048 people in all. Reliability coefficients were generally good to excellent.

Discussion

Response rate to follow-up in all countries was uniformly high, which suggests that prediction will be based on almost a full cohort. The results of our reliability analysis are encouraging and suggest that data collected during the course of PREDICT will have a satisfactory level of stability. The development of a multi-factor risk score for depression will lay the foundation for future research on risk reduction in primary care. Our data will also provide the necessary evidence base on which to develop and evaluate interventions to reduce the prevalence of depression

BMC public health 2006, 6(6)

download artiklen herfra <http://www.biomedcentral.com/1471-2458/6/6/abstract>

Professional team's choices of intervention towards problems and needs of patients suffering from schizophrenia across 6 European countries

Kovess, Vivianne; Caldas de Almeida José, Miguel; Carta, Mauro; Dubuis, Jacques; Lacalmontie, Elisabeth; Pellet, Jacques; Roelandt, Jean-Luc; Kustner, Berta Moreno; Walsh, Dermot; Wiersma, Durk

Abstract

Objectives

This article compares in a systematic way the team's intervention choices of professionals across seven European countries: France, Ireland, Italy, the Netherlands, Portugal and Spain towards problems and needs of patients with schizophrenia and relates this to the diversity of psychiatric systems.

Methods

The clinical and social status of 433 patients was assessed by means of the Schedules for Clinical Assessment in Neuropsychiatry (SCAN) and the Needs for Care Assessment instrument (NFCAS) which was used to determine teams' intervention choices toward the NFCAS problems.

Results

There is no, or little, consensus across Europe on teams' intervention choices towards either the clinical or the social problems and needs of patients suffering from schizophrenic disorders. These comparisons outlined the cultural differences concerning the interventions that were proposed and should be taken into account when interpreting the number of needs and the need status since the need status relies heavily on the interventions proposed. The differences were not connected with the availability of resources; most of the comparisons show differences between centers as well as differences between groups of relatively similar resource countries.

Keywords: Schizophrenia; Professional intervention choices; Health services; Europe

European psychiatry 20(8), 521-528, 2005

Psychological traits of mixed-ethnic Arab-European adolescents In Israel

Abu-Rayya, Hisham Motkal

Abstract

This study compared the psychological characteristics of 127 mixed-ethnic Arab-European adolescents and 196 mono-ethnic Arabs aged between 12 and 18 years who resided in Israel. Findings revealed significant differences in favor of the mono-ethnic participants in areas of self-esteem, quality of life, environmental mastery, and positive relations with others. In a similar pattern where higher scores are indicative of worse adjustment, mixed-ethnic adolescents, had significantly higher scores than their mono-ethnic counterparts on psycho-physiological symptoms, anxiety, and depression. In terms of Arab ethnic identification, differences between mixed- and mono-ethnic participants were found to be non-significant. At the ego identity level, the study's mixed-ethnic adolescents were significantly more often identified as 'diffused' subjects, and significantly less often identified as having attained an 'achieved' ego identity in comparison to their mono-ethnic Arab peers.

Internet journal of mental health 2(2), 2005

læs artiklen her :

<http://www.ispub.com/ostia/index.php?xmlPrinter=true&xmlFilePath=journals/ijmh/vol2n2/israel.xml>

Racial differences in the progression of cognitive decline in Alzheimer disease

Barnes, Lisa L.; Wilson, Robert S.; Li, Yan; Aggarwal, Neelum T.; Gilley, David W.; McCann, Judith J.; Evans, Denis A.

Abstract

Objective:

Alzheimer disease (AD) is the leading cause of dementia in older persons, but little is known about racial differences in its clinical manifestations. The purpose of the current study was to examine the association of race with rate of cognitive decline in AD.

Methods:

Older persons with clinically diagnosed AD were recruited from healthcare settings. At 6-month intervals for up to 4 years, they completed a battery of nine cognitive tests from which a previously established measure of global cognition was derived. Follow-up data were available on 452 participants (27.6% African American, 68.8% women), 88.1% of those eligible.

Results:

A growth curve approach was used to estimate individual paths of change in global cognition. In a model that controlled for age and education, African Americans had a lower level of global cognition at baseline than non-African Americans, but declined at a 25% slower rate on average. In additional models, there was no indication that the association of race with cognitive decline varied by age, gender, or education.

Conclusion:

The rate of cognitive decline in AD appears to be slower in African Americans than non-African Americans.

Key Words: Alzheimer Disease - Outcome Studies - Racial Differences - Cognition

American journal of geriatric psychiatry 13(11), 959-967, 2005

Racial disparities in the use of second-generation antipsychotics for the treatment of schizophrenia

Mallinger, Julie B.; Fisher, Susan G.; Brown, Theodore; Lambert, J. Steven

Abstract

Objective

Despite recommendations that second-generation antipsychotics be used as first-line treatment for schizophrenia, previous studies have shown that blacks are less likely than whites to receive these newer drugs. This study determined the rate at which second-generation antipsychotics were prescribed to whites and blacks with schizophrenia who were treated as outpatients.

Methods

Data were collected from a community mental health clinic affiliated with an academic center in Rochester, New York. Multivariate logistic regression was used to examine the association between race and the receipt of a second-generation antipsychotic.

Results

Data were available for 456 patients: 276 whites and 180 blacks. Ninety-five percent received a second-generation antipsychotic. Whites were approximately six times more likely than blacks to receive a second-generation medication, after the analysis controlled for clinical and sociodemographic factors ($p < .001$). Most of this difference appeared to be driven by a disparity in the use of clozapine.

Conclusions

In this sample, blacks were less likely than whites to receive second-generation antipsychotics, demonstrating a persistent gap in the quality of care for patients with schizophrenia.

Psychiatric services 57(1), 133-136, 2006

<http://ps.psychiatryonline.org/cgi/content/abstract/57/1/133?etoc>

Research on mental disorders and their care in immigrant populations: a review of publications from Germany, Italy and the UK

Claassen, Dirk; Ascoli, Micol; Berhe, Tzeggai; Priebe, Stefan

Abstract

Objective

The review aims to identify the extent and nature of research on mental disorders and their care in immigrant populations in three major European countries with high levels of immigration, i.e. Germany, Italy, United Kingdom (UK).

Method

Peer-reviewed publications on the subject from the three countries between 1996 and 2004 were analyzed. The research questions addressed, the methods used, and the results obtained were assessed.

Results

Thirteen papers reporting empirical studies were found from Germany, four from Italy and 95 from the UK. Studies addressed a range of research questions and most frequently assessed rates of service utilization in different immigrant groups. The most consistent finding is a higher rate of hospital admissions for Afro-Caribbean patients in the UK. Many studies had serious methodological shortcomings with low sample sizes and unspecified inclusion criteria.

Discussion

Despite large scale immigration in each of the three studied countries, the numbers of relevant research publications vary greatly with a relatively high level of empirical research in the UK. Possible reasons for this are a generally stronger culture of mental health service research and a higher number of researchers who are themselves from immigrant backgrounds in the UK.

Conclusion

Overall the evidence base to guide the development of mental health services for immigrant populations appears limited. Future research requires appropriate funding, should be of sufficient methodological quality and may benefit from collaboration across Europe.

Keywords: Migration; Immigrant groups; Mental disorders; Mental health care; Health service research
European psychiatry 20(8), 540-549, 2005

“Simple dissociative disorder” in Central Europe: a case report

Bach, Dominik R.; Seifritz, Erich

Fra starten af artiklen

“Simple dissociative disorder” has been proposed as subcategory of dissociative disorder. However, because it has exclusively been described in India so far, it is unclear whether the diagnosis is bound to this sociocultural background. Here we describe for the first time a European patient presenting with simple dissociative disorder, who gave permission for publishing his case.

Mr. A, a 36-year-old construction worker of Spanish origin, resident in Switzerland for years, with no previous psychiatric history, was found by the police without ticket in a train. He was unable to speak and was thus referred to hospital. The patient was mutistic and showed intermittent episodes of stupor lasting up to a few hours, during which he did not respond to moderate pain and showed an upward eye deviation. Between stuporous episodes he was somnolent, but reacted slowly to commands and intermittently carried out complex movements and non-verbal communication. At one time, he tried to suicide himself by means of a plastic bag put over his head....

European psychiatry 20(8), 572-573, 2005

Treating minority patients with depression and anxiety: what does the evidence tell us?

Schraufnagel, Trevor J.; Wagner, Amy W.; Miranda, Jeanne; Roy-Byrne, Peter P.

Abstract

Objective

The purpose of this study is to examine the current state of knowledge regarding treating ethnic/racial minority patients with mood and anxiety disorders, emphasizing data-based studies whenever possible.

Method

This article reviews the evidence on poorer access and quality of care for minorities, the biological and cultural differences between minority and majority populations that may impact care and outcomes, and recent studies that address minority treatment response and outcomes both alone and in comparison to majority groups.

Results

Numerous impediments to appropriately treating anxious and depressed minority patients remain. Underutilization and poor quality of mental health care in minorities is due to less-than-favorable illness and treatment beliefs that affect adherence and outcome, stigma, clinician failure to engage the patient, poor patient activation and biological differences that may impact pharmacotherapy choice. However, though limited in number, some studies do indicate that when appropriate treatment is well-delivered to minorities, results are comparable to those seen among Caucasian patients.

Conclusions

The clinician treating members of minority groups must consider differential personal elements, from the biological to the cultural, to achieve treatment success. The limited available data do suggest that minority patients can be successfully treated with available interventions. Of primary importance is for researchers to increase the number of carefully designed intervention studies that allow for ethnic/racial minority-specific analyses.

Keywords: Minority; Treatment; Depression; Anxiety

General hospital psychiatry 28(1), 27-36, 2006

Twelve-month prevalence, severity, and unmet need for treatment of mental disorders in metropolitan China

Shen, Yu-Cun; Zhang, Ming-Yuan; Huang, Yue-Qin; He, Yan-Ling; Liu, Zhao-Rui; Cheng, Hui; Tsang, Adley; Lee, Sing; Kessler, Ronald C.

Abstract

Background

Psychiatric epidemiological surveys in China have repeatedly found much lower prevalence estimates than in most other parts of the world.

Method

Face-to-face household interviews of 5201 subjects (2633 in Beijing and 2568 in Shanghai respectively) were conducted from November 2001 to February 2002 using a multistage household probability sampling method. A Chinese version of the World Health Organization Composite International Diagnostic Interview (CIDI) was used for assessment.

Results

Twelve-month prevalence of any DSM-IV mental disorder in metropolitan China is estimated to be 7.0%, with major depressive disorder (2.0%), specific phobia (1.9%), and intermittent explosive disorder (1.7%) the most common disorders. Of these, 13.9% are classified as serious, 32.6% moderate, and 53.5% mild. Only 3.4% of respondents with any disorder sought treatment within the previous 12 months.

Conclusions

Although the general pattern of disorders, risk factors, and unmet need for treatment are similar to those in other countries, a low prevalence of mental disorders is found in metropolitan China. Resolving methodological problems that cause downward bias in estimates, such as stigma-related under-reporting and diagnostic incongruity with a somatopsychic mode of symptom presentation may lead to more accurate and probably higher prevalence estimates in future epidemiological studies. As a low prevalence still translates into an enormous number of people in China, measures are urgently needed to address the huge unmet need for treatment of mental disorders.

Psychological medicine 36(2), 257-267, 2006