

Information om Transkulturel Psykiatri, januar 2009

NYHEDER

Torturofre får det værre i Danmark

Kristeligt Dagblads netavis 10. januar / Ole Hall

Lang ventetid på behandling har forværret flygtninges traumer, erkender sundhedsministeren. Ifølge regionerne kan en ny behandlingsgaranti ikke overholdes.

Trods flere penge og en ny behandlingsgaranti vil traumatiserede flygtninge fortsat skulle vente længe på behandling i Danmark. Regionerne afviser over for Kristeligt Dagblad, at det er muligt at skære drastisk i ventetiden, som i øjeblikket er et til tre år. Det er ellers sundhedsminister Jakob Axel Nielsens (K) klare målsætning at skære ventetiden helt ned til to måneder, da en lang ventetid er direkte skadelig for traumatiserede.

– Ventetiden har jeg det dårligt med, uanset om det gælder traumatiserede flygtninge eller andre psykisk syge. En for lang ventetid gør ondt værre, siger han.

Det er "fagligt uforsvarligt", at traumatiserede må undvære behandling i mere end et år, vurderer en af de ansvarlige for behandlingen

læs artiklen her : <http://www.kristeligt-dagblad.dk/artikel/310044:Danmark--Torturofre-faar-det-vaerre-i-Danmark>

Traume-behandling mister social indsats

Af Lars Friis, journalist

Flygtninge med traumer er hidtil blevet mødt med både en psykologisk, en fysisk og en social indsats på Region Midtjyllands behandlingscentre i Århus og Horsens. Klienterne vil lide under, at tilbuddet i fremtiden må nøjes med to ben, mener psykologer og socialrådgivere.

Socialrådgiveren nr. 1, 8. januar 2009

læs artiklen her : <http://www.socialrdg.dk/index.dsp?page=9295>

LITTERATUR

ARTIKLER FRA FAGLIGE TIDSSKRIFTER

Acculturative family distancing : links with self-reported symptomatology among Asian Americans and Latinos

Hwangand, Wei-Chin; Wood, Jeffrey J.

Abstract

Objective

Our knowledge of how acculturative processes affect families remains quite limited. This article tests whether acculturative family distancing (AFD) [1], a more proximal and problem-oriented measure of the acculturation gap, influences the mental health status of Asian American and Latino college students. AFD occurs along two dimensions: communication difficulties and cultural value incongruence

Methods

Data were collected from 186 Asian American (n=107) and Latino (n=79) undergraduates, who provided self-reports on psychological problems, depressive symptoms, and family conflict. A new self-report measure of AFD evidencing good psychometric properties was used to test hypothesized relations among these variables in structural equation models (SEM).

Results

For both Asian American and Latinos, results indicated that higher levels of AFD were associated with higher psychological distress and greater risk for clinical depression, and that family conflict mediated this relation.

Conclusion

AFD processes were associated with the mental health of students and the functioning of their families. These findings highlight potential foci to address in prevention and intervention programs, such as improving communication and teaching families how to negotiate cultural value differences.

Keywords Family – Culture - Asian-American - Latino-American - Mental health - Acculturation gap

Child psychiatry and human development 40(1), 123-138, 2009

Ataques de nervios : culturally bound and distinct from panic attacks?

Keough, Meghan E.; Timpano, Kiara R.; Schmidt, Norman B.

Abstract

Background

The Diagnostic and Statistical Manual of Mental Disorders [DSM-IV-TR; American Psychiatric Association [APA], 2000] has emphasized the importance of understanding psychopathology within a cultural framework by including culture-bound syndromes within its appendices. These syndromes are proposed to be bound to certain cultures and distinct from other psychological disorders. Included among the syndromes are ataques de nervios (ADN), which are reported to be bound to the Hispanic culture and closely resemble panic attacks. However, the cultural distinctiveness and phenomenology of ADN has not been adequately investigated.

Method

The current study employed an ethnically diverse study sample (N=342) of undergraduates. Participants completed a number of measures that assessed acculturation, syndrome and anxiety risk factors.

Results

In contrast to the DSM-IV's conceptualization of ADN, the rate of ADN did not significantly vary across the three main groups (African American, Caucasian, and Hispanic participants) nor did it vary based on acculturation. More consistent with the DSM-IV, the symptom comparisons indicated some differentiation between ADN and panic attacks.

Conclusions

The present report provides data indicating that ADNs, as described by the DSM-IV, are not unique to the Hispanic culture and are experienced by non-Hispanic individuals at similar rates to Hispanic-endorsement. The findings are consistent with the DSM-IV assertion that ADNs and PAs are distinct syndromes.

Keywords anxiety - culture-bound syndrome - ataques de nervios - panic attacks

Depression and anxiety 26(1), 16-21, 2009

Caught in the psychiatric net : meanings and experiences of ADHD, pediatric bipolar disorder and mental health treatment among a diverse group of families in the United States

Carpenter-Song, Elizabeth

Abstract

Based on a 13-month ethnographic meaning-centered study of the lived experience of behavioral and emotional disorders among children and families living in the United States, this article highlights the range of orientations to mental health problems and treatment among families from diverse backgrounds. Detailed case portraits of three families are presented to illustrate the various meanings that psychiatric diagnoses and mental health treatments take on within families, with medicalized perspectives holding less salience among African-American families relative to Euro-Americans in the study. The diverse orientations to problems among families in the study suggest that, despite the dominance of biochemical and neurological explanations for behavioral and emotional distress in contemporary U.S. culture, and especially U.S. psychiatry, nonpathological interpretations have not been wholly eclipsed by broad trends toward biologization and medicalization. Families' experiences are positioned to reveal the allure, as well as the limitations, of biopsychiatric approaches to behavioral and emotional problems.

Keywords children – families - psychiatric disorders - lived experience - United States

Culture, Medicine and Psychiatry 33(1), 61-85, 2009

Chinese version of the Delirium Rating Scale-Revised-98 : reliability and validity

Huang, Ming-Chyi; Lee, Chun-Hung; Lai, Ying-Ching; Kao, Yu-Fen; Lin, Hong-Yen; Chen, Chun-Hsin

Abstract

Background

Delirium is commonly seen in patients in consultation-liaison psychiatry. Assessing delirium severity is important in clinical practice. The Delirium Rating Scale-Revised-98 (DRS-R-98) has been already established as a valid and reliable tool to achieve this goal. This study was aimed to evaluate the reliability and validity of the Chinese version of the DRS-R-98 (DRS-R-98-C) in Taiwan.

Method

We recruited 4 patient groups with delirium (n = 28), alcohol dependence (n = 9), dementia (n = 11), and schizophrenia and bipolar disorder (n = 11) and evaluated them with DRS-R-98-C and Mini-Mental Status Examination (MMSE) by 2 psychiatrists at a single assessment session.

Results

The results showed that mean DRS-R-98-C total and severity scores in delirious patients were found significantly higher than those in other patient groups. Interrater reliability of the DRS-R-98-C between 2 raters was high, with intraclass correlation coefficient of .98 for severity scale and .99 for total scale. Internal consistency was high with a Cronbach's α coefficient of .85 and .86 for DRS-R-98-C severity and total scales. A significant inverse correlation was found between the DRS-R-98-C and the MMSE score ($r = -0.63, P < .001$)

for either severity or total scale among 28 delirious patients. Area under the curve established by receiver operating characteristic analysis was .93 and .96 for severity and total scales, respectively. Optimal cutoff of total score was 15.5, with sensitivity of 89.3% and specificity of 96.8%.

Conclusion

The DRS-R-98-C is a valid and reliable measure of delirium severity and can be used clinically to monitor the course of illness when administered serially.

Comprehensive psychiatry 50(1), 81-85, 2009

Comparative epidemiology of chronic fatigue syndrome in Brazilian and British primary care : prevalence and recognition

Cho, Hyong Jin; Rossi Menezes, Paulo; Hotopf, Matthew; Bhugra, Dinesh; Wessely, Simon

Abstract

Background

Although fatigue is a ubiquitous symptom across countries, clinical descriptions of chronic fatigue syndrome have arisen from a limited number of high-income countries. This might reflect differences in true prevalence or clinical recognition influenced by sociocultural factors.

Aims

To compare the prevalence, physician recognition and diagnosis of chronic fatigue syndrome in London and São Paulo.

Method

Primary care patients in London ($n=2459$) and São Paulo ($n=3914$) were surveyed for the prevalence of chronic fatigue syndrome. Medical records were reviewed for the physician recognition and diagnosis.

Results

The prevalence of chronic fatigue syndrome according to Centers for Disease Control 1994 criteria was comparable in Britain and Brazil: 2.1% v. 1.6% ($P=0.20$). Medical records review identified 11 diagnosed cases of chronic fatigue syndrome in Britain, but none in Brazil ($P<0.001$).

Conclusions

The primary care prevalence of chronic fatigue syndrome was similar in two culturally and economically distinct nations. However, doctors are unlikely to recognise and label chronic fatigue syndrome as a discrete disorder in Brazil. The recognition of this illness rather than the illness itself may be culturally induced.

British journal of psychiatry 194(2), 117-122, 2009

The construction of “cultural difference” and its therapeutic significance in immigrant mental health services in France

Sargent, Carolyn; Larchanché, Stéphanie

Abstract

Since the early 1970s, the French public health system has been accorded considerable responsibility for immigrants identified by the educational, judicial or social service authorities as psychologically distressed or socially disruptive. In this paper we discuss three models of healing embedded in constructs of “cultural difference” and addressed at specialized mental health-care centers catering to immigrants in Paris: “cultural mediation,” transcultural psychiatry/ethnopsychiatry and clinical medical anthropology. Based on observations and interviews at three specialized mental health centers in Paris, we explore how these clinical approaches address migrant wellbeing and seek to resolve crises in migrant families, especially those of West African origin. We suggest that the prevalent approaches to therapy creatively blend concepts and practices of anthropology, psychiatry and psychology but, at the same time, confront challenges inherent in the use of a generic “African” healing modality. Cases studies demonstrate that in order for such interventions to be perceived as effective by patients, “cultural difference” must be acknowledged but also situated in broader social, political and economic contexts.

Keywords France - mental health - transcultural psychiatry - immigration

Culture, Medicine and Psychiatry 33(1), 2-20, 2009

Cross-national comparison of Middle Eastern university students : help-seeking behaviors, attitudes toward helping professionals, and cultural beliefs about mental health problems

Al-Krenawi, Alean; Graham, John R.; Al-Bedah, Eman A.; Kadri, Hafni Mahmud; Sehwal, Mahmud A.

Abstract

This study is the first to use identical data collection processes and instruments in Egypt, Kuwait, Palestine, and Israeli Arab communities regarding help-seeking behaviors and attitudes towards perceived cultural beliefs

about mental health problems. Data is based on a survey sample of 716, undergraduate students in the 4 countries, 61% female and 39% male. Results indicate that respondents within the various countries, based on nationality, gender and level of education, vary in terms of recognition of personal need, beliefs about mental health problems (i.e. stigmatization), and the use of traditional healing methods versus modern approaches to psychiatric therapy. The conclusion discusses differences between our respondents' expectations and prevailing mental health service provision and delivery.

Keywords Arab communities - mental health beliefs - students

Community mental health journal 45(1), 26-36, 2009

Ethnicity, social disadvantage and psychotic-like experiences in a healthy population based sample

Morgan, Craig; Fisher, H.; Hutchinson, Gerard; Kirkbride, James B.; Craig, Tim K.; Morgan, Kevin; Dazzan, Paola; Boydell, J.; Doody, Gillian A.; Jones, Peter B.; Murray, Robert M.; Leff, Julian; Fearon; Paul

Abstract

Objective

We sought to investigate the prevalence and social correlates of psychotic-like experiences in a general population sample of Black and White British subjects.

Method

Data were collected from randomly selected community control subjects, recruited as part of the ÆSOP study, a three-centre population based study of first-episode psychosis.

Results

The proportion of subjects reporting one or more psychotic-like experience was 19% (n=72/372). These were more common in Black Caribbean (OR 2.08) and Black African subjects (OR 4.59), compared with White British. In addition, a number of indicators of childhood and adult disadvantage were associated with psychotic-like experiences. When these variables were simultaneously entered into a regression model, Black African ethnicity, concentrated adult disadvantage, and separation from parents retained a significant effect.

Conclusion

The higher prevalence of psychotic-like experiences in the Black Caribbean, but not Black African, group was explained by high levels of social disadvantage over the life course.

Keywords psychosis - social isolation - ethnic groups

Acta psychiatrica Scandinavica 119(3), 226-235, 2008

Mexican American caregivers' coping efficacy : associations with caregivers' distress and positivity to their relatives with schizophrenia

García, Jorge I. Ramírez; Hernández, Brenda; Dorian, Marina

Abstract

Background

Coping styles utilized by family caregivers of persons with schizophrenia have been implicated in the mental health of those caregivers and in the course of schizophrenia. We tested the relation between caregivers' coping efficacy, defined as the caregiver's perceptions of how successful they were in modifying their relative's behavior, and caregiver's psychological distress as well as criticisms and positivity toward their relatives diagnosed with schizophrenia.

Method

We sampled 31 dyads of Mexican American caregivers and their relative with schizophrenia or schizoaffective disorder and used multiple methods of measurement including caregiver interviews, interactions between caregivers and their relatives, and clinician interviews with patients.

Results

Coping efficacy accounted for significant variance beyond patient symptoms and caregiver burden to: (a) caregiver psychological distress ($\beta=-0.35$, $P<0.05$), and (b) caregiver positivity, that is, caregivers' expressions of praise, approval or affection toward their ill relatives ($\beta=0.47$ $P<0.01$).

Conclusions

Caregivers' coping efficacy has heuristic value for research on the alleviation of caregiver psychological distress and the promotion of family caregiver behaviors associated with a benign course of illness.

Keywords schizophrenia – caregivers – distress - coping efficacy - Mexican Americans

Social psychiatry and psychiatric epidemiology 44(2), 162-170, 2009

Over- eller underdiagnosticeres indvandreres psykiske problemer ?

Kastrup, Marianne; Helweg-Larsen, Karin

Med baggrund i en stor, konkret registerundersøgelse af kontakter til det psykiatriske behandlesystem diskuterer forfatterne hyppigheden af psykiske lidelser hos adoptivbørn af ikkedansk herkomst og hos indvandrere og deres efterkommere. Der er i artiklen mange praksisrelevante observationer om risikogrupper og de mulige årsager til, at disse personer er i risikogruppe, samt gode overvejelser om diagnostiske kriterier og diagnoseafgrænsninger. (lagt på www 9. januar)

Månedsskrift for praktisk lægegerning 87(1), 59-68, 2009

læs artiklen her : <http://mpl.dk/composite-266.htm?ArticleId=8682>

Artiklen er baseret på : "Etniske forskelle i kontaktmønsteret til det danske psykiatriske behandlingssystem - et registerbaseret studie" fra 2007, som du kan downloade fra Videnscentret her :

http://www.vft.dk/produkter/publikationer/documents/etniske_forskelle_i_kontaktmoenstret_til_psykiatrisk_behandling.pdf

Screening for PTSD and depression in Bosnia and Herzegovina: validating the Harvard Trauma Questionnaire and the Hopkins Symptom Checklist

Oruc, Lilijana; Kapetanovic, Aida; Pojskic, Naris; Miley, Kate; Forstbauer, Sharon; Mollica, Richard F.; Henderson, David C.

Abstract

This study aimed to test the validity of the Harvard Trauma Questionnaire (HTQ) and the Hopkins Symptom Checklist-25 (HSCL-25) in screening for post-traumatic stress disorder (PTSD) and major depressive disorder (MDD), respectively, in primary healthcare centers in Bosnia and Herzegovina. Validating interviews were conducted with 180 randomly selected primary care patients in Middle Bosnia. Statistical analysis performed to assess diagnostic accuracy, sensitivity and specificity of the diagnostic materials revealed an optimal cut-off points of 2.06 on the HTQ for the diagnosis of PTSD and 1.8 on the HSCL-25 for the diagnosis of MDD. The HTQ and HSCL-25 are accurate and useful for identifying PTSD and MDD in primary care centers in Bosnia and Herzegovina.

Keywords: major depressive disorder; post-traumatic stress disorder; primary healthcare; instrument validation; Bosnia and Herzegovina

International journal of culture and mental health 1(2), 105–116, 2008

Sex and ethnic differences among South Tirolean suicides : a psychological autopsy study

Pycha, Roger; Pompili, Maurizio; Innamorati, Marco; Schwitzer, Josef; Lester, David; Sani, Gabriele; Tatarelli, Roberto; Giupponi, Giancarlo

Abstract

Objective

The aim of the research is to study whether any differences exist in the rates and characteristics of suicide by ethnicity and sex in South Tirol, Italy.

Methods

Psychological autopsy interviews were conducted for suicides who died between March 1997 and July 2006.

Results

332 individuals belonging to the three major South Tirolean ethnic groups (Germans, Italians, Ladins [Ladin is a Rhaeto-Romance language related to the Venetian and Swiss Romansh languages]) died by suicide. Around 23% of the victims had experienced suicidal behaviour among family members, and more than 31% of them had experienced trauma during their childhood. Germans were 1.37 times more at risk to commit suicide than Italians (95% CI: 1.04/1.80; $z=2.26$, $p<05$). 69% of the suicides had attended school for less than 8 years: Germans (OR=4.62; 95% CI: 2.52/8.47; $p<001$) and Ladins (OR=11.24; 95% CI: 2.99/42.30; $p<001$) were more likely to have lower education than Italians. There were several differences by ethnicity and sex but no sex-by-ethnicity interactions.

Conclusions

The study indicated that suicide, an alarming health and social problem in South Tirol, may require different preventive interventions for men and women and for those of different ethnicities.

Keywords: Suicide; Psychological autopsy; Ethnicity

European psychiatry 24(1), 47-56, 2009

Suicidal behaviour of young immigrant women in the Netherlands : can we use Durkheim's concept of 'fatalistic suicide' to explain their high incidence of attempted suicide ?

van Bergen, Diana; Smit, Johannes H.; van Balkom, Anton J. L. M.; Saharso, Sawitri

Abstract

Young immigrant women of South Asian, Turkish and Moroccan origin in the Netherlands demonstrate disproportionate rates of non-fatal suicidal behaviour. Suicidal behaviour is usually explained from a psychological or medical tradition. However, we would like to emphasize sociological correlates, by examining the relevance of Durkheim's *fatalistic suicide*, characterized by overregulation. We conducted a retrospective analysis of 115 case files of young women who demonstrated suicidal behaviour, to illuminate their living conditions. The analysis included a comparison of class factors as well as psychiatric and psychological risk factors. In at least half of the cases, South Asian, Turkish and Moroccan women experienced specific stressful life events related to their family honour. Women's lives were often characterized by a lack of self-autonomy. It is concluded that the archetype of *fatalistic suicide* should be re-evaluated when interpreting the suicidal behaviour of young immigrant women in the Netherlands, and incorporated into strategies of prevention.

Keywords: Gender and immigration; mental illness; children of immigrants; the Netherlands; behavioural autonomy; cultural factors

Ethnic and racial studies 32(2), 302-322, 2009

NYE BØGER

Religion, culture and mental health

Kate Loewenthal

Cambridge University Press, 2007. £45.00 (hb), 180pp (hb), ISBN: 0521850231

Interest in religion, culture and mental health has flourished in the past decade. However, this topical area is characterised by psychic retreats, and splitting and projection as psychological defences that emerge when cherished beliefs, values and ways of living are contrasted across religious groups. It is difficult to find guidelines which are comprehensive, constructive or do justice to the complex influences of culture on the expression, recognition and management of mental distress within and across religious groups. All of this is made more challenging as society and public services are becoming increasingly secularised.

Religion, Culture and Mental Health provides a compelling, engaging and accessible account of this controversial and often mystical subject. Kate Loewenthal anticipates the controversies and sets a caring and gentle pace to take readers through different forms of mental distress and disorder, including schizophrenia, manic disorder, depression, anxiety, somatisation and dissociative states. She also addresses positive states of mental well-being. For readers who are not specialists in mental healthcare, she defines each disorder and the relationship with religious beliefs and practices. She then progresses to present case reports and in-depth accounts of religious experiences and expressions of distress with religious content, in order to bring alive for the reader the interaction between religion, spirituality and mental distress. This is not easily achieved in a territory where controversies abound, not only in religious domains but in numerous disciplines that present distinct critiques of mental healthcare in a culturally and religiously diverse society. Anthropology, sociology, transcultural nursing, psychology and psychiatry have all evolved rapidly, each with particular emphases and realms of interest. Yet, subjects such as politics, social policy, education and migration studies are also important commentators.

There are clear research and clinical practice examples on positive and negative effects religion may have on a person's mental health and well-being, although positive examples prevail. The author further develops her analyses by looking at religious-specific issues emphasising religious differences in the practice of faiths and in interpersonal processes that influence coping and resilience. She argues for religiously specific or, at least, religiously informed clinical practice.

For those interested in recovery, well-being and mental health in a culturally and religiously diverse society, *Religion, Culture and Mental Health* will provide many hours of thought, controversy and teaching material, not to mention an enjoyable scholarship.

Kamaldeep Bhui

RAPPORTER

Psykososial tilpasning og psykiske problemer blant barn i innvandrerfamilier

Oppedal, Brit; Azam, Gada E.; Dalsøren, Stine B.; Hirsch, Silje M.; Jensen, Laila; Kiamanesh, Parvin; Moe, Elisabeth A.; Romanova, Evguenia; Seglem, Karoline B.

Nasjonalt folkehelseinstitutt. – Nydalen, 44 s.

Rapporten beskriver hvordan barn opplever å vokse opp i to kulturer. Fokus er på elever i barneskolen fra 3.-7. klasse med hovedvekt på forhold i familien og på skolen. For første gang i Norge gis også en samlet oversikt over forekomsten av de vanligste psykiske plagene blant barn med innvandrerbakgrunn i alderen 8-13 år sammenliknet med etnisk norske barn.

Trives godt på skolen

Resultatene i rapporten viser at barn med innvandrerbakgrunn trives best på skolen. 91 prosent av jentene med etnisk minoritetsbakgrunn oppgir at de trives godt på skolen, sammenlignet med 83 prosent av de etnisk norske. For guttene er andelen henholdsvis 88 og 79 prosent.

- Det er gledelig å se hvor godt innvandrerbarna trives på skolen. Det viser at skolen gjør en god jobb med tanke på integrering av barn med innvandrerbakgrunn. Barna føler seg likeverdige, respektert og akseptert. Undersøkelsen viser også at barna får god støtte fra lærerne sine og opplever at de blir tatt vare på av medelevene sine, sier seniorforsker Brit Oppedal ved Divisjon for psykisk helse, Folkehelseinstituttet. Støtte fra foreldrene spiller også en viktig rolle for barns psykiske helse og hvordan de tilpasser seg i hverdagen. De aller fleste barna i undersøkelsen opplever foreldrene sine som varme og støttende, og her er det ingen forskjeller mellom etnisk norske barn og barn i innvandrerfamilier.

Utsettes for vold og trusler

Til sammen 10 prosent av barn i innvandrerfamilier oppgir at de har opplevd vold og trusler på grunn av sin kulturelle bakgrunn, mens tilsvarende tall for etnisk norske barn er 8 prosent. Barn med innvandrerbakgrunn opplever også mer mobbing i skolen enn etnisk norske barn.

- Vi er overrasket over omfanget. Dette er jo små barn. Det er ekstra alvorlig når etnisitet som er så tett knyttet til egen identitet og tilhørighet blir en del av mobbingen. Her er det ikke bare snakk om diskriminerende ordbruk, men om fysisk vold og trusler, sier Oppedal.

Gutter med minoritetsbakgrunn har mye psykiske plager

Samlet sett er det ingen forskjell i forekomsten av psykiske plager mellom etnisk norske barn og barn i innvandrerfamilier. Gutter med etnisk minoritetsbakgrunn oppgir imidlertid at de har mer plager enn etnisk norske gutter, mens det ikke er tilsvarende forskjeller blant jentene når man ser på alle typer psykiske plager under ett. Derimot oppgir både gutter og jenter med etnisk minoritetsbakgrunn mer emosjonelle problemer enn de etnisk norske.

- Dessverre kan vi ikke på bakgrunn av disse tre undersøkelsene si noe om forskjeller i psykososial tilpasning og psykiske plager mellom forskjellige nasjonalgrupper. Vi har også behov for mer kunnskap om hvordan barna kan lære seg å mestre utfordringene slik at de ikke utvikler psykiske plager og problemer så tidlig i livet. Dette bør være et viktig fokus for fremtidige undersøkelser, sier Oppedal.

Foreslår tiltak

Basert på resultatene i rapporten, foreslår forfatterne blant annet at det gjennomføres kartlegging av psykiske plager blant elever i barneskolen.

- Ved hjelp av disse kan man iverksette kunnskapsbaserte tiltak i skoler hvor det er mange barn med flere symptomer, både for å hjelpe barn som har mye plager, og for å hindre at plager utvikler seg. Det er også viktig å utnytte ressursene som finnes i de frivillige innvandrersorganisasjonene i arbeidet for å spre kunnskap om psykisk helse i innvandrerbefolkningen, avslutter Oppedal.

Om rapporten

Rapporten er skrevet av UngKuls (Ungdom, Kultur og Mestring) forskergruppe ledet av seniorforsker Brit Oppedal ved Divisjon for psykisk helse, Folkehelseinstituttet.

I alt 10 prosent av Norges befolkning har i dag innvandrerbakgrunn, mens 38 prosent av elever i grunnskolen i Oslo har etnisk minoritetsbakgrunn.

Rapporten gir ny og konkret kunnskap om forekomsten av psykiske plager blant barn i Norge og er basert på opplysninger fra totalt 18.800 barn i Oslo, Akershus og Bergen. Den omfatter data fra UngKuls egen undersøkelse, samt undersøkelsene Barn i Bergen og Helseprofil blant barn og unge i Akershus. Rapporten er hovedsakelig basert på barnas egne svar på spørsmålene.

De viktigste resultatene i rapporten:

Den samlede forekomsten av symptomer på psykiske plager er lik for etnisk norske barn og barn i innvandrerfamilier.

Gutter med innvandrerbakgrunn har høyere samlet forekomst av psykiske plager enn norske gutter.

Både jenter og gutter med innvandrerbakgrunn har mer emosjonelle og sosiale problemer enn etnisk norske jevnaldrende.

Barna rapporterer at samspillet mellom foreldre og barn er preget av ulike verdier, men de opplever like mye støtte fra foreldrene sine.

Barn i innvandrerfamilier opplever mer belastninger i sine nettverk enn etnisk norske barn.

Barn i innvandrerfamilier trives best på skolen.

Det store flertallet av barna opplever god støtte fra foreldre, lærere, venner og klassekamerater.

På skoler med høy innvandrerandel har elever med minoritetsbakgrunn få etnisk norske venner

Ti prosent av barn i innvandrerfamilier har opplevd trusler og vold på grunn av sin kulturelle bakgrunn

Rapporten kan downloades her : <http://www.fhi.no/dav/3ef60b2cba.pdf>

Udrednings- og behandlingskonsept for traumatiserede flygtninge i Region Midtjylland

Regionspsykiatrien i Region Midtjylland

Region Midtjylland har fra 1. januar 2009 indført en ny behandlingsmodel for indsatsen over for Traumatiserede Flygtninge. Hensigten har været at skabe et ensartet tilbud i regionen og nedbringe ventetiden på behandling. i Behandlingsmodellen er udarbejdet sammen med de eksisterende behandlingsinstitutioner i Regionen.

Indholdsfortegnelse

Baggrund for udarbejdelse af konceptet;
Beskrivelse af tilbudene for traumatiserede flygtninge i Region Midtjylland;
Succeskriterier;
Evidens på området;
Målgruppeafgrænsning;
Henvisningsprocedure;
Udrednings- og behandlingskoncept;
Visitation;
Udredning;
Behandling;
Fælles dokumentationsredskab;
Personalekompetencer;
Forskning;
Tolke;
Samarbejde mellem de to behandlingstilbud;
Ventelisteløsninger;
Bilag
1: Kommissorium for arbejdsgruppen;
2: Oversigt over de to behandlingstilbud;
3: Udkast til henvisningsskema;
4: ICD-10 klassifikationer;
5: Harvard Trauma Questionnaire (HTQ-R);
6 : GAF – Global Assessment of Function;
7: HoNOS - Health of the Nation Oputcome Scales;
8: ICF – udvalgte koder

Vær opmærksom på, at det kun er de første 12 sider at de 57 som udgør rapporten, resten er bilag. Du kan læse om den nye behandlingsmodel her :

<http://www.rctmidtjylland.dk/images/stories/pdf/BehandlingsmodelRegionMidtjyllandFuldVersion.pdf>