

## Information om Transkulturel Psykiatri, januar 2012

### NYHEDER

#### Do some cultures have their own ways of going mad?

Boston Globes hjemmeside 8. Januar 2012 / Latif Nasser

Anyone who follows psychiatry has noticed that the field is now in the midst of a debate that galvanizes its members every 10 to 20 years. At the center of the hubbub is psychiatry's most sacred text: the Diagnostic and Statistical Manual of Mental Disorders.

The DSM, for short, is a compendium of over 350 ways our minds can fail us, from autism to kleptomania to voyeurism. What makes it onto the list matters: The DSM's definition of "mental illness" can dictate whether an insurance company covers a treatment, or even whether a murderer is fit to stand trial. With the American Psychiatric Association gearing up to revamp the manual for the first time since 1994, mental health specialists have begun jostling over some of the most divisive issues in the field: whether someone mourning the death of a loved one can be justifiably treated for depression, for instance, or whether overdiagnosis and a black market demand for Adderall have trumped up a false ADHD epidemic.

Læs artiklen her: [http://articles.boston.com/2012-01-08/ideas/30596717\\_1\\_mental-illness-cultural-sensitivity-appendix](http://articles.boston.com/2012-01-08/ideas/30596717_1_mental-illness-cultural-sensitivity-appendix)

#### Føler tilhørighet i Norge til tross for belastninger og ensomhet

Folkehelseinstituttets hjemmeside 19. januar 2012

Mange ungdommer som har kommet til Norge som mindreårige asylsøkere uten følge av foreldrene sine, har mye psykiske plager. De opplever mye stress i hverdagen og er ofte ensomme. Likevel utvikler de etter hvert tilhørighet til landet og en følelse av å være norsk. Men norskheten kan ha ulike uttrykksformer for den enkelte. Dette går fram av en ny rapport fra Folkehelseinstituttets Divisjon for psykisk helse.

At mange unge flyktninger sliter med høy forekomst av psykiske helseplager er godt dokumentert. Det har vært mindre oppmerksomhet omkring deres sosiale og kulturelle integrasjon og tilpasning etter de har bosatt seg i mottakerlandet.

Læs mere her, hvor du også kan downloade rapporten "Rapport 2011:8 Etter bosettingen: psykisk helse, mestring og sosial integrasjon blant ungdom som kom til Norge som enslige mindreårige asylsøkere": <http://www.fhi.no/artikler/?id=95182>

#### Rehabilitering af traumatiserede flygtninge : Debat

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Flere personer med tilknytning til Center for Traume og Torturoverlevende (CETT) har repliceret på vores kritik [1] af MTV-rapporten vedrørende rehabilitering af traumatiserede flygtninge [2].

Vi konstaterer, at replikken undgår direkte at forholde sig til de fremførte synspunkter på manglende kvalitet. Der henvises til, at man har fulgt gældende regler, hvilket vi ikke betvivler. Derfor opretholder vi vores synspunkt, at det danske MTV-regelsystem bør optimeres for at sikre et acceptabel kvalitetsniveau. Replikken på vores indlæg består væsentligst i en beskrivelse af CETT's rehabiliteringsprogram, som anføres at være baseret på MTV-rapporten.

Vi konstaterer dog med glæde, at CETT's program ikke følger MTV-rapporten, men efter vores mening på en positiv måde afviger fra rapporten på centrale områder. Det fremgår, at programmet indeholder et tværfagligt tilbud og ikke et monopsykologisk mentaliseringsbaseret forløb. Endvidere fremgår det, at rehabiliteringsprogrammet i CETT er tidsmæssigt relativt omfattende, hvilket stemmer overens med vores erfaring: At et længerevarende forløb er nødvendigt for at kunne opnå en tilfredsstillende effekt på målgruppen.

Vedrørende et antal punkter, hvor CETT-programmet er tydeligt baseret på MTV-rapporten, rejser der sig en del spørgsmål. Her kan nævnes: Hvad menes med »mentaliseringsbaseret eksponering«, og hvad er

metodens evidensgrundlag? Hvad er logikken i at tilbyde den mest resurssvage klientgruppe (klienter med »lav mentaliseringssevne« i MTV-rapporten) det mest sparsomme rehabiliteringsprogram?

Disse spørgsmål kan dog godt afhandles inden for arbejdsfeltets interne kontakt- og kooperationsfora, hvorfor vi foreslår at afslutte diskussionen i dette forum.

Litteratur

1. Jensen BS, Nordin L, Harlacher U et al. Hvordan er kvaliteten i de danske MTV-rapporter? Ugeskr Læger 2011;173:1676-7.
2. Lund M, Sørensen JH, Christensen JB et al. MTV om behandling og rehabilitering af PTSD - herunder traumatiserede flygtninge. Medicinsk Teknologi Vurdering for Region Syddanmark, 2008.

**Ugeskrift for læger 174(1), 75, 2012**

## LITTERATUR

### **Attempted suicide among immigrants in European countries : an international perspective**

Lipsicas, Cendrine Bursztein; Mäkinen, Ilkka Henrik; Apter, Alan; De Leo, Diego; Kerkhof, Ad; Lönnqvist, Jouko; Michel, Konrad; Renberg, Ellinor Salander; Sayil, Isik; Schmidtke, Armin; van Heeringen, Cornelis; Värnik, Airi; Wasserman, Danuta

#### **Purpose**

This study compares the frequencies of attempted suicide among immigrants and their hosts, between different immigrant groups, and between immigrants and their countries of origin.

#### **Methods**

The material, 27,048 persons, including 4,160 immigrants, was obtained from the WHO/EURO Multicentre Study on Suicidal Behaviour, the largest available European database, and was collected in a standardised manner from 11 European centres in 1989–2003. Person-based suicide-attempt rates (SARs) were calculated for each group. The larger immigrant groups were studied at each centre and compared across centres. Completed-suicide rates of their countries of origin were compared to the SARs of the immigrant groups using rank correlations.

#### **Results**

27 of 56 immigrant groups studied showed significantly higher, and only four groups significantly lower SARs than their hosts. Immigrant groups tended to have similar rates across different centres. Moreover, positive correlation between the immigrant SAR and the country-of-origin suicide rate was found. However, Chileans, Iranians, Moroccans, and Turks displayed high SARs as immigrants despite low suicide rates in the home countries.

#### **Conclusions**

The similarity of most immigrant groups' SARs across centres, and the correlation with suicidality in the countries of origin suggest a strong continuity that can be interpreted in either cultural or genetic terms. However, the generally higher rates among immigrants compared to host populations and the similarity of the rates of foreign-born and those immigrants who retained the citizenship of their country of origin point to difficulties in the acculturation and integration process. The positive correlation found between attempted and completed suicide rates suggests that the two are related, a fact with strong implications for suicide prevention.

**Keywords** Suicide - Suicide attempt – Culture – Migration - Europe

**Social psychiatry and psychiatric epidemiology 47(2), 241-251, 2012**

### **Characteristics of first and second generation Asian mental health patients in Bolton, UK**

Hashmi, Aqeel; Halder, Neel; Aslam, Yaseen

#### **Objective**

To determine whether significant and clinically relevant differences exist between 1st and 2nd generation Asian ethnic groups who use mental health services in Bolton, UK. The primary aim of this study was to elucidate disparities in socio-demographic characteristics and patterns in mental health care utilization in a secondary care setting.

#### **Method**

All Asian patients over 18 years were selected from the open referral list in the Bolton Mental Health Unit. We obtained all relevant data from retrospective case note analysis, over a 2-year period.

### **Results**

Data was obtained from 216 patients. Statistically significant inter-generational differences were noted on a diverse range of demographic variables, and there were significant and fundamental differences pertaining to the utilization of mental health care services in a variety of clinical settings. More 2nd generation compared to the 1st generation Asians had psychological contacts (12.7% vs. 4.3%;  $p=0.026$ ) and primary care contacts (10.9% vs. 2.5%;  $p=0.01$ ). The 1st generation group was more likely to be married ( $p=0.02$ ) and unemployed ( $p=0.036$ ) at the time of the study.

### **Conclusions**

Inter-generational differences within ethnic minority patient populations, and associated utilization and engagement with mental health services should be fundamental considerations, in the operational planning and delivery of psychiatric services in the UK. Such pivotal considerations may lead to increased patient autonomy, empowerment and a more favorable service user experience. This could have a profound impact on treatment response and prognosis by reducing barriers to access of appropriate care and support from mental health services in the UK.

**Keywords:** Asian, ethnic, mental, health, service, clinical, demographic.

**World cultural psychiatry research review 6(2), 95-101, 2011**

Download artiklen her: <http://www.wcpr.org/pdf/06-02/2011.02.95-101.pdf>

## **Common mental health problems in immigrants and refugees: general approach in primary care**

Kirmayer, Laurence J.; Narasiah, Lavanya; Munoz, Marie; Rashid, Meb; Ryder, Andrew G.; Guzder, Jaswant; Hassan, Ghayda; Rousseau, Cécile; Pottie, Kevin

### **Background**

Recognizing and appropriately treating mental health problems among new immigrants and refugees in primary care poses a challenge because of differences in language and culture and because of specific stressors associated with migration and resettlement. We aimed to identify risk factors and strategies in the approach to mental health assessment and to prevention and treatment of common mental health problems for immigrants in primary care.

### **Methods**

We searched and compiled literature on prevalence and risk factors for common mental health problems related to migration, the effect of cultural influences on health and illness, and clinical strategies to improve mental health care for immigrants and refugees. Publications were selected on the basis of relevance, use of recent data and quality in consultation with experts in immigrant and refugee mental health.

### **Results**

The migration trajectory can be divided into three components: premigration, migration and postmigration resettlement. Each phase is associated with specific risks and exposures. The prevalence of specific types of mental health problems is influenced by the nature of the migration experience, in terms of adversity experienced before, during and after resettlement. Specific challenges in migrant mental health include communication difficulties because of language and cultural differences; the effect of cultural shaping of symptoms and illness behaviour on diagnosis, coping and treatment; differences in family structure and process affecting adaptation, acculturation and intergenerational conflict; and aspects of acceptance by the receiving society that affect employment, social status and integration. These issues can be addressed through specific inquiry, the use of trained interpreters and culture brokers, meetings with families, and consultation with community organizations.

### **Interpretation**

Systematic inquiry into patients' migration trajectory and subsequent follow-up on culturally appropriate indicators of social, vocational and family functioning over time will allow clinicians to recognize problems in adaptation and undertake mental health promotion, disease prevention or treatment interventions in a timely way.

**CMAJ : Canadian medical association journal 183(12), e959-e967, 2011**

Download artiklen her: <http://www.cmaj.ca/content/183/12/E959.full.pdf+html>

## Cross-ethnic differences in severity of symptomatology of individuals with first-episode schizophrenia spectrum disorder

Lim, Caroline S.; Subramaniam, Mythily; Poon, Lye Yin; Ann Chong, Siow; Verma, Swapna

### Aims

The aims of this study were to describe the relationship between ethnicity and severity of baseline symptomatology in a sample of Asian individuals with first-episode schizophrenia spectrum disorder, and to determine if ethnicity predicts severity of symptomatology independent of gender, duration of untreated illness, premorbid functioning, and age of illness onset.

### Methods

This descriptive study included all Chinese, Malay and Indian individuals consecutively admitted into an early intervention programme for treatment of first-episode schizophrenia spectrum disorder. Comparisons of mean scores among the three ethnic groups were performed using analysis of variance, while chi-squared tests were used to compare proportions. Subsequent pair-wise comparisons were performed with Bonferroni corrected statistic to examine specific ethnic group differences. Multivariate regression analyses were conducted to identify factors significantly associated with the severity of different clinical dimensions of schizophrenia measured using the Positive and Negative Syndrome Scale (PANSS).

### Results

The analyses involved 503 individuals. The mean PANSS scores were significantly different between the ethnic groups across the PANSS subscales. A post-hoc analysis showed that Malays scored significantly higher than Chinese did across the PANSS subscales. Malays also scored significantly higher than Indians did on the negative scale and the general psychopathology scale. Being Malay compared with Chinese consistently predicted more severe positive, negative and general psychopathology symptoms.

### Discussion

The results indicated that the severity of baseline symptomatology of individuals with first-episode schizophrenia spectrum disorders differed by ethnicity. Premorbid functioning appears to act as a potential mediator of the effects of ethnicity on the severity of psychotic symptoms.

**Keywords:** ethnicity; first-episode schizophrenia; symptomatology

**Early intervention in psychiatry 5(3), 242–248, 2011**

## Culturally adapted psychotherapy and the legitimacy of myth : a direct-comparison meta-analysis

Benish, Steven G.; Quintana, Stephen; Wampold, Bruce E.

Psychotherapy is a culturally encapsulated healing practice that is created from and dedicated to specific cultural contexts (Frank & Frank, 1993; Wampold, 2007; Wrenn, 1962). Consequently, conventional psychotherapy is a practice most suitable for dominant cultural groups within North America and Western Europe but may be culturally incongruent with the values and worldviews of ethnic and racial minority groups (e.g., D. W. Sue, Arredondo, & McDavis, 1992). Culturally adapted psychotherapy has been reported in a previous meta-analysis as more effective for ethnic and racial minorities than a set of heterogeneous control conditions (Griner & Smith, 2006), but the relative efficacy of culturally adapted psychotherapy versus unadapted, bona fide psychotherapy remains unestablished. Furthermore, one particular form of adaptation involving the explanation of illness—known in an anthropological context as the illness myth of universal healing practices (Frank & Frank, 1993)—may be responsible for the differences in outcomes between adapted and unadapted treatments for ethnic and racial minority clients. The present multilevel-model, direct-comparison meta-analysis of published and unpublished studies confirms that culturally adapted psychotherapy is more effective than unadapted, bona fide psychotherapy by  $d = 0.32$  for primary measures of psychological functioning. Adaptation of the illness myth was the sole moderator of superior outcomes via culturally adapted psychotherapy ( $d = 0.21$ ). Implications of myth adaptation in culturally adapted psychotherapy for future research, training, and practice are discussed.

**Keywords:** culturally adapted psychotherapy, meta-analysis, explanatory model, explanatory myth, racial and ethnic minorities

**Journal of counseling psychology 58(3), 279–289, 2011**

## Culturally competent nursing care of the Muslim patient

Charles, Carise; Daroszewski, Ellen Beth

Fra starten af artiklen

There are more than 1.5 billion Muslims of different ages and races living throughout the world (The Pew Forum, 2009). Muslims represent approximately 23% of the world's population of 6.8 billion people (The Pew Forum, 2009). The largest percentage of Muslims (60%) lives in Asia (The Pew Forum, 2009). Two million reside within the United States. Muslims believe in one God, Allah. They bring a distinctive set of cultural practices to the health treatment environment because their religion dictates a unique set of behaviors that can present a cultural challenge to health care providers around the world. It is important to address their specific cultural and religious needs when Muslims seek health care.

Muslims congregate within their own separate communities and form their own cultural subsets. It is important to recognize the Muslim patient as a part of a cultural subset within our society. It is necessary to understand their cultural perspectives in order to provide culturally competent care. The word "Muslim" refers to the person and not the religion. Islam is the religion of Muslims. The person who is Muslim and practicing Islam must follow the dictates of the Pillars of Islam.

**Issues in mental health nursing 33(1), 61-63, 2012**

## **Depressive symptoms among immigrants and ethnic minorities: a population based study in 23 European countries**

Missinne, Sarah; Bracke, Piet

### **Purpose**

European studies about ethnic inequalities in depressive symptoms are scarce, show inconclusive results and are complicated by the discussion of what constitute (im)migrant and ethnic minority groups. Moreover, comparisons across countries are hampered by a lack of comparable measures of depressive symptoms. This study aims to assess the prevalence and determinants of depressive symptoms among immigrants, ethnic minorities and natives in 23 European countries.

### **Methods**

Multilevel analyses are performed using data from the third wave of the European Social Survey (ESS-3). This dataset comprises information about 36,970 respondents, aged 21 years or older, of whom 13.3% immigrants and 6.2% ethnic minorities. Depressive symptoms were assessed with an 8-item version of the Center for Epidemiologic Studies-Depression scale. Main determinants are immigrant status, socio-economic conditions and the experience of ethnic discrimination in the host country.

### **Results**

The results show that immigrants and ethnic minorities do experience more depressive symptoms than natives in an essential part of the countries. Moreover, socio-economic conditions and the experience of ethnic discrimination are important risk factors. Immigrant status seems irrelevant, once the other risk factors are accounted for. Finally, immigrant and ethnic minority groups do not consist of the same individuals and therefore have different prevalence rates of depressive symptoms.

### **Conclusions**

The prevalence rates of depressive symptoms are higher for immigrant and ethnic minority groups in a substantial part of the European countries. A clear definition is indispensable for developing policies that address the right-targeted population.

**Keywords** Depressive symptoms – Immigrants - Ethnic minorities – Europe - Ethnic discrimination  
**Social psychiatry and psychiatric epidemiology 47(1), 1, 97-109, 2012**

## **Discrimination, acculturation, acculturative stress, and Latino psychological distress : a moderated mediational model**

Torres, Lucas; Driscoll, Mark W.; Voell, Maria

Prior research has found that perceived discrimination is associated with adverse mental health outcomes among Latinos. However, the process by which this relationship occurs remains an understudied area. The present study investigated the role of acculturative stress in underlying the relationship between perceived discrimination and Latino psychological distress. Also examined was the ability of acculturation to serve as a moderator between perceived discrimination and acculturative stress. Among a sample of Latino

adults ( $N=669$ ), moderated mediational analyses revealed that acculturative stress mediated the perceived discrimination-psychological distress relationship, and that the link between perceived discrimination and acculturative stress was moderated by Anglo behavioral orientation but not Latino behavioral orientation. The findings are discussed within a stress and coping perspective that identifies the psychological consequences associated with perceived discrimination and acculturative stress.

**Keywords:** Latino mental health, perceived discrimination, acculturation, acculturative stress, psychological distress

**Cultural diversity and ethnic minority psychology 18(1), 17-25, 2012**

## **Elaboration on the association between immigration and schizophrenia: a population-based national study disaggregating annual trends, country of origin and sex over 15 years**

Werbeloff, Nomi; Levine; Stephen Z.; Rabinowitz, Jonathan

### **Purpose**

Generally, immigrant status and male sex are separately documented to increase the risk of schizophrenia; although population-based risk trends by sex and immigration over time have not been examined. This study aims to examine the extent to which immigration acts as a risk factor for schizophrenia, delineated by origin, sex and year, using national population-based data over 15 years.

### **Method**

Data on all first psychiatric admissions from 1978 to 1992 ( $n=10,892$ ) from the National Psychiatric Hospitalization Case Registry of the State of Israel were merged with aggregate national data from the Israeli Central Bureau of Statistics.

### **Results**

Compared to native-born Israelis, people who migrated prior to the age of 15 ( $n=2,335$ ) were at a greater risk of schizophrenia ( $n=8,557$ ;  $RR=1.6$ , 95%  $CI=1.53$ ;  $1.68$ ), particularly those from Far Eastern ( $RR=2.43$ , 95%  $CI=1.91$ ;  $3.1$ ) and Caribbean and South American ( $RR=1.94$ , 95%  $CI=1.51$ ;  $2.51$ ) countries. Aggregate risk was higher among female than male immigrants and over the 15-year study immigration-related risk declined across the sexes.

### **Conclusion**

The current findings replicate past research showing that immigrants, particularly from a social minority, as suggested by the social defeat-hypothesis, are at an increased risk of schizophrenia, and extend past findings to show that risk at least in Israel has decreased with time irrespective of sex.

**Keywords** Migration – Schizophrenia – Risk – Population - Epidemiology

**Social psychiatry and psychiatric epidemiology 47(1), 1, 303-311, 2012**

## **Ethnic differences in risk of acute compulsory admission in Amsterdam, 1996–2005**

de Wit, Matty A. S.; Tuinebreijer, Wilco C.; van Brussel, Giel H. A.; Selten, Jean-Paul

### **Purpose**

Several European studies have shown that migrants from non-western countries are at increased risk of psychotic disorders. This study examines how this is reflected in the risk of acute compulsory admission (ACA).

### **Methods**

Information on all patients with an ACA in Amsterdam from 1996 to 2005 was linked to the Amsterdam municipal register.

### **Results**

The incidence of first ACA in Amsterdam was 4.5 per 10,000 person years. The incidence risk of ACA for any psychiatric disorders and for psychotic disorders in particular showed a 2- to 3-fold increase in almost all migrant groups from non-western countries, and especially for second-generation migrants. In addition, all non-western migrant groups were at increased risk of being assessed as posing a danger to others.

### **Conclusions**

The relative risk of ACA for psychotic disorders was similar to that for the incidence of psychotic disorders in most ethnic groups from other studies, suggesting that the increased risk of ACA in non-western migrants can mainly be explained by the increased incidence of psychotic disorders in these groups. However, the

relative risk of ACA for psychotic disorders among Moroccan migrants was lower than expected on the basis of incidence studies, which suggests that additional factors are relevant, such as illness-related expression and access to and quality of care.

**Keywords** Compulsory admission – Psychoses – Migration – Ethnicity - Public mental health

**Social psychiatry and psychiatric epidemiology 47(1), 1, 111-118, 2012**

## **Ethnicity and baseline symptomatology in patients with an At Risk Mental State for psychosis**

Velthorst, E.; Nieman, D. H.; Veling, W.; Klaassen, R. M.; Dragt, S.; Rietdijk, J.; Ising, H.; Wunderink, L.; Linszen, D. H.; de Haan, L.; van der Gaag, M.

### **Background**

Ethnicity has been associated with different incidence rates and different symptom profiles in young patients with psychotic-like disorders. No studies so far have examined the effect of ethnicity on symptoms in people with an At Risk Mental State (ARMS).

### **Method**

In this cross-sectional study, we analysed the relationship between ethnicity and baseline data on the severity of psychopathology scores in 201 help-seeking patients who met the ARMS criteria and agreed to participate in the Dutch Early Detection and Intervention (EDIE-NL) trial. Eighty-seven of these patients had a non-Dutch ethnicity. We explored the possible mediating role of ethnic identity.

### **Results**

Higher rates of negative symptoms, and of anhedonia in particular, were found in the ethnic minority group. This result could be attributed mainly to the Moroccan-Dutch and Turkish-Dutch subgroups, who also presented with more depression symptoms when the groups were examined separately. The ethnic minority group displayed a lower level of ethnic group identity compared to the immigrants of the International Comparative Study of Ethnocultural Youth (ICSEY). Ethnic identity was inversely related to symptoms in the Moroccan-Dutch patient group.

### **Conclusions**

The prevalence of more severe negative symptoms and depression symptoms in ethnic minority groups deserves more attention, as the experience of attenuated positive symptoms when accompanied by negative symptoms or distress has proven to be predictive for transition to a first psychotic episode.

**Key words:** At Risk Mental State, ethnic identity, ethnicity, psychosis.

**Psychological medicine 42(2), 247-257, 2012**

## **Experiences of acute mental health care in an ethnically diverse inner city: qualitative interview study**

Weich, Scott; Griffith, Laura; Commander, Martin; Bradby, Hannah; Sashidharan, S. P.; Pemberton, Sarah; Rubina, Jasani; Bhui, Kamaldeep Singh

### **Purpose**

Ethnic inequalities in experiences of mental health care persist in the UK, although most evidence derives from in-patient settings. We aimed to explore service users' and carers' accounts of recent episodes of severe mental illness and of the care received in a multi-cultural inner city. We sought to examine factors impacting on these experiences, including whether and how users and carers felt that their experiences were mediated by ethnicity.

### **Methods**

Forty service users and thirteen carers were recruited following an acute psychotic episode using typical case sampling. In-depth interviews explored illness and treatment experiences. Ethnicity was allowed to emerge in participants' narratives and was prompted if necessary.

### **Results**

Ethnicity was not perceived to impact significantly on therapeutic relationships, and nor were there ethnic differences in care pathways, or in the roles of families and friends. Ethnic diversity was commonplace among both service users and mental health professionals. This was tolerated in community settings if efforts were made to ensure high-quality care. Home Treatment was rated highly, irrespective of service users' ethnicity. In-patient care was equally unpopular and was the one setting where ethnicity appeared to

mediate unsatisfactory care experiences. These findings highlight the risks of generalising from reports of (dis)satisfaction with care based predominantly on in-patient experiences.

#### **Conclusions**

Home treatment was popular but hard to deliver in deprived surroundings and placed a strain on carers. Interventions to enhance community treatments in deprived areas are needed, along with remedial interventions to improve therapeutic relationships in hospital settings.

**Keywords** Ethnicity – Inequalities – Psychosis - Qualitative

**Social psychiatry and psychiatric epidemiology 47(1), 1, 119-128, 2012**

## **Factors affecting intention to access psychological services amongst British Muslims of South Asian origin**

Pilkington, Aneela; Msetfi, Rachel Maria; Watson, Ruth

The aim of this study was to examine factors that affect intention to access psychological services in a sample of British Muslims of South Asian origin. It was hypothesised that the level of shame/izzat associated with mental health would predict intention to access services when controlling for other, more established, predictors. Ninety-four participants were recruited from community UK centres and online sources. Results indicated that shame/izzat and biological beliefs predicted lesser intent to access psychological services, whereas higher levels of acculturation and education predicted greater intention. Further analyses suggested differences between people that had migrated to Britain and those born in the United Kingdom. Higher education levels predicted greater intention for all participants. However, shame/izzat and duration of habitation in Britain were significant predictors for migrant participants, whereas acculturation predicted intent for those that were born in the country. Clinical implications and suggestions for future research are discussed.

**Keywords** - psychological services, intention, acculturation, shame, izzat

**Mental health, religion and culture 15(1), 2012**

## **First-generation immigrants and hospital admission rates for psychosis and affective disorders : an ecological study in Ontario**

Durbin, Anna; Lin, Elizabeth; Taylor, Lawren; Callaghan, Russell C

#### **Objective**

The immigrant population in Canada, and particularly in Ontario, is increasing. Our ecological study first assessed if there was an association between areas with proportions of first-generation immigrations and admissions rates for psychotic and affective disorders. Second, this study examined if area-level risks would persist after controlling for area socioeconomic factors in census-derived geographical areas—Forward Sortation Areas (FSAs)—in Ontario.

#### **Methods**

Ontario's inpatient admission records from 1996 to 2005 and census data from 2001 were analyzed to derive FSA rates of first admissions for psychotic disorders and affective disorders per 100 000 person-years. Negative binomial regression models were adjusted, first, for FSA age and sex and, second, also for FSA population density and average income.

#### **Results**

Using age- and sex-adjusted models, admission rates for psychotic disorders were higher in areas with greater proportions of immigrants. These areas were associated with lower admission rates for affective disorders. When FSA average income and population density were added to the models, the influence of immigrants was attenuated to nonsignificant levels in models predicting psychotic disorders admission rates. However, greater proportions of immigrants remained significantly protective when predicting rates of affective disorders.

#### **Discussion**

Our study provides insight about the influence of area-level variables on risk of admission for psychotic and affective disorders in high immigrant areas. There is a dearth of current Canadian research on immigrant admission for psychotic disorders at the individual or area level. Future area- and individual-level studies may better identify groups at risk and possible explanations.

#### **Clinical Implications**

- Health care administrators may want to consider factors related to the immigrant experience, such as economic deprivation and high population density, when planning culturally sensitive services for affective and psychotic disorders.
- There is a need to further investigate immigrant risk for psychotic and affective disorders in Canada, both in clinical and in research settings.

#### **Limitations**

- It is unknown if the observed area-level effects persist at the individual level.
- Our study could not disentangle the impact of social and immigration factors on admission risk at the individual level.
- Our study does not address pathways to care

**Key Words:** affective disorder, ecological study, hospital admission, immigrant, Ontario, psychotic disorder  
**Canadian journal of psychiatry 56(7), 418-426, 2012**

Download artiklen her: <http://publications.cpa-apc.org/media.php?mid=1189>

## **Kultur og biologi ved psykofarmakologisk behandling af etniske minoriteter**

Nørregaard, Christian

Fra starten af artiklen

Psykofarmakologisk behandling er traditionelt blevet beskrevet ud fra et biologisk perspektiv. I de senere år har globaliseringen medført så store bevægelser af mennesker, herunder psykiatriske patienter og psykiatere, at man nu ofte oplever, at disse har forskellig kulturel baggrund. I dette møde vil både den behandlende læges og patientens opfattelse af sygdommens natur og den rette behandling bringes i spil. Dette har samtidig med den biologiske forskning ført til en stigende interesse for og forskning i relationen mellem kultur og psykisk lidelse. Det angives, at interessen for at opnå interaktion og integration af det biologiske og det kulturelle perspektiv udgør begyndelsen på et paradigmeskift i forståelsen af såvel normal psykologi som psykopatologi [1]. Psykofarmaka bliver oftest udviklet i den vestlige verden og typisk afprøvet på unge hvide mænd. Etnisk minoritetsstatus er ofte eksklusionskriterium ved kliniske afprøvninger [2]. De rekommendationer, der udvikles fra kliniske afprøvninger, er derfor ikke nødvendigvis universelle. Dette understøttes af klinisk erfaring og i stigende grad af forskning. Risikoen er på den ene side, at behandlingen bliver »farveblind«, idet den ikke tager højde for patienternes etniske baggrund og genetiske forskelle, eller på den anden side arbejder efter stereotyper, såsom at alle asiater er alkoholintolerante [2].

**Ugeskrift for læger 174(6), 337-340**

## **Lycanthropy as a culture-bound syndrome : a case report and review of the literature**

Bou Khalil, Rami; Dahdah, Pierre; Richa, Sami; Kahn, David A.

Lycanthropy is an unusual belief or delusion that one has been transformed into an animal, or behaviors or feelings suggestive of such a belief. We report a case of lycanthropic delusions of becoming a snake in a 47-year-old woman who suffered from a major depressive disorder with psychotic features. We also present a literature review of articles published on the subject in English or French since 1975 identified via a MedLine search using the terms "lycanthropy" or "werewolf." Many case reports have described lycanthropy as a delusional disorder occurring acutely in patients who think they suffer from a demonic possession as a punishment for their acts. In these cases, symptoms are generally rapidly reversible. Lycanthropy seems to be a nonspecific manifestation of many psychiatric diseases, most commonly major depressive disorder with psychotic features. It is largely influenced by the cultural environment of the patient so that the animal species frequently represents the patient's delusional representation of evil. Lycanthropy could be considered a culture-bound syndrome that occurs in association with Axis I, DSM-IV psychiatric pathology.

**Journal of psychiatric practice 18(1), 51-54, 2012**

## **Multicultural challenges in the delivery of anxiety treatment**

Hinton, Devon E.

Fra starten af artiklen

Developing culturally sensitive treatment of the anxiety disorders will become an increasingly important issue, given the increasingly multicultural nature of the United States. It is estimated that by the year 2050, 50% of the population in the United States will be minorities. The following are some key dimensions that need to be addressed to provide culturally sensitive care of anxiety disorders and that also represent key research areas.

**Depression and anxiety 29(1), 1-3, 2012**

### **Perception of racial discrimination and psychopathology across three U.S. ethnic minority groups**

Chou, Tina; Asnaani, Anu; Hofmann, Stefan G.

To examine the association between the perception of racial discrimination and the lifetime prevalence rates of psychological disorders in the three most common ethnic minorities in the United States, we analyzed data from a sample consisting of 793 Asian Americans, 951 Hispanic Americans, and 2,795 African Americans who received the Composite International Diagnostic Interview through the Collaborative Psychiatric Epidemiology Studies. The perception of racial discrimination was associated with the endorsement of major depressive disorder, panic disorder with agoraphobia, agoraphobia without history of panic disorder, posttraumatic stress disorder, and substance use disorders in varying degrees among the three minority groups, independent of the socioeconomic status, level of education, age, and gender of participants. The results suggest that the perception of racial discrimination is associated with psychopathology in the three most common U.S. minority groups.

**Keywords:** epidemiology, discrimination, racism, ethnic/minority issues, mental disorders

**Cultural diversity and ethnic minority psychology 18(1), 74-81, 2012**

### **Race-specific associations between trauma cognitions and symptoms of alcohol dependence in individuals with comorbid PTSD and alcohol dependence Williams, Monnica; Jayawickreme, Nuwan; Sposato, Rosanna; Foa, Edna B.**

Posttraumatic Stress Disorder (PTSD) changes the way people think about themselves, others, and the safety of the world. These cognitions may play a role in alcohol dependence, where alcohol dependence is maintained as an attempt to manage posttraumatic anxiety. The current study examined black–white differences in various PTSD cognitions and their relationship to symptoms of alcohol dependence in a dually diagnosed sample (N=167). Analyses revealed racial differences in trauma cognitions and their impact on symptoms of alcohol dependence, suggesting that trauma cognitions are more strongly associated with adverse consequences of drinking and alcohol craving severity among African Americans than European Americans. Additional relationships between ethnic identification and trauma-related cognitions are described and theoretical and clinical implications of these findings are discussed.

#### **Highlights**

- We assessed two racial groups with both PTSD and alcohol dependence.
- African Americans were more likely to feel the world is dangerous.
- European Americans were more likely to have social difficulties.
- Trauma cognitions correlate to adverse drinking consequences in African Americans.
- Trauma cognitions correlate to greater alcohol cravings in African Americans.

**Keywords** Posttraumatic stress disorder; Dual diagnosis; Alcohol dependence; Ethnic differences cognitions; African Americans

**Addictive behaviors 37(1), 47–52, 2012**

### **Racial/ethnic disparities in therapist effectiveness : a conceptualization and initial study of cultural competence**

Imel, Zac E.; Baldwin, Scott; Atkins, David C.; Owen, Jesse; Baardseth, Tim; Wampold, Bruce E.

As a result of mental health disparities between White and racial/ethnic minority clients, researchers have argued that some therapists may be generally competent to provide effective services but lack cultural

competence. This distinction assumes that client racial/ethnic background is a source of variability in therapist effectiveness. However, there have been no direct tests of the therapist as a source of health disparities. We provided an initial test of the distinction between general and cultural competence by examining client racial/ethnic background as a source of variability in therapist effectiveness. We analyzed cannabis use outcomes from a psychotherapy trial (N = 582) for adolescent cannabis abuse and dependence using Bayesian multilevel models for count outcomes. We first tested whether therapists differed in their effectiveness and then tested whether disparities in treatment outcomes varied across therapist caseloads. Results suggested that therapists differed in their effectiveness in general and that effectiveness varied according to client racial/ethnic background. Therapist effectiveness may depend partially on client racial/ethnic minority background, providing evidence that it is valid to distinguish between general and cultural competence.

**Keywords:** cultural competence, health disparities, multilevel modeling, therapist effects  
**Journal of counseling psychology 58(3), 290-298, 2011**

## **Reliability and validity of the Korean version of the Childhood Trauma Questionnaire-Short Form for psychiatric outpatients**

Kim, Daeho; Park, Seon-Cheol; Yang, Hyunjoo; Oh, Dong Hoon

### **Objective**

The Childhood Trauma Questionnaire (CTQ) is perhaps the most widely used and well-studied retrospective measure of childhood abuse or neglect. This study tested the initial reliability and validity of a Korean translation of the Childhood Trauma Questionnaire (CTQ-K) among non-psychotic psychiatric outpatients.

### **Methods**

The CTQ-K was administered to a total of 163 non-psychotic psychiatric outpatients at a university-affiliated training hospital. Internal consistency, four-week test-retest reliability, and validity were calculated. A portion of the participants (n=65) also completed the Trauma Assessment Questionnaire (TAQ), the Impact of Events Scale-Revised, and the Dissociative Experiences Scale-Taxon.

### **Results**

Four-week test-retest reliability was high ( $r=0.87$ ) and internal consistency was good (Cronbach's  $\alpha=0.88$ ). Each type of childhood trauma was significantly correlated with the corresponding subscale of the TAQ, thus confirming its concurrent validity. In addition, the CTQ-K total score was positively related to post-traumatic symptoms and pathological dissociation, demonstrating the convergent validity of the scale. The CTQ-K was also negatively correlated with the competence and safety subscale of the TAQ, confirming discriminant validity. Additionally, we confirmed the factorial validity by identifying a five-factor structure that explained 64% of the total variance.

### **Conclusion**

Our study indicates that the CTQ-K is a measure of psychometric soundness that can be used to assess childhood abuse or neglect in Korean patients. It also supports the cross-cultural equivalence of the scale.

**Keywords:** Childhood trauma questionnaire, Reliability and validity, Trauma, Child abuse, Culture  
**Psychiatry investigation 8(4), 305–311, 2011**

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## **Risk of psychiatric treatment for mood disorders and psychotic disorders among migrants and Dutch nationals in Utrecht, The Netherlands**

Selten, Jean Paul; Laan, Vinfried; Kupka, Ralph W.; Smeets, Hugo M.; van Os, Jim

### **Purpose**

While there are consistent reports of a high psychosis rate among certain groups of migrants in Europe, there is little information on their risk for mood disorders. The aim of this study was to investigate the risk of receiving psychiatric treatment for mood disorders or psychotic disorders, comparing migrants and Dutch nationals in an ethnically mixed catchment area. A second aim was to calculate the 1-year prevalence rates of psychotic disorders in first-generation migrants.

### **Method**

A psychiatric registry provided information on treatments at all in- and outpatient facilities. Statistics Netherlands provided annual population figures.

## Results

The risk of receiving treatment for *unipolar depressive disorder* was increased for the Turkish-Dutch (first and second generation combined; age- and sex-adjusted relative risk 4.9; 95% CI: 4.4–5.5), Moroccan-Dutch (RR=3.6; 3.3–4.0) and Surinamese-Dutch (RR=1.8; 1.5–2.2). The risk of being treated for *bipolar disorder* was not significantly increased for any group, except for the Turkish-Dutch of the second generation. The risk of treatment for *non-affective psychotic disorder* was very high for the Turkish-Dutch, Moroccan-Dutch and Surinamese-Dutch of the second generation. There was a large difference in the relative risk of this disorder between the Turkish-Dutch of the first (RR=1.3; 1.0–1.8) and the second generation (RR=8.7; 5.5–13.9). The 1-year prevalence rates of treated psychotic disorders were highest for Surinamese-Dutch (2.1%) and Moroccan-Dutch males (1.2%) of the first generation. Migrants from western-European countries were not at increased risk for any of these disorders.

## Conclusions

The stressful position of non-Western migrants in Dutch society has negative consequences on their mental health.

**Keywords** Epidemiology – Migration – Schizophrenia – Depression – Bipolar disorder

**Social psychiatry and psychiatric epidemiology** 47(1), 271–278, 2012

## Strengths and Difficulties Questionnaire (SDQ) – self-Report : an analysis of its structure in a multiethnic urban adolescent sample

Richter, Jörg; Sagatun, Åse; Heyerdahl, Sonja; Oppedal, Brit; Røysamb, Espen

### Background

The SDQ is currently one of the internationally most frequently used screening instruments for child and adolescent mental health purposes. However, its structure, cross-cultural equivalence, and its applicability in ethnic minority groups is still a matter of discussion.

### Methods

SDQ self-report data of 5,379 ethnic Norwegian and 865 ethnic minority adolescents with a variety of national origins was analysed by means of confirmatory factor analysis (CFA). Multi-group comparisons considering equal thresholds combined with more in-depth analyses on factor loadings, residuals, composite reliability, and average amount of variance explained by indicators of respective constructs were performed.

### Results

CFA suggested a good fit of the five-factor model of the SDQ self-report in the subsample of ethnic Norwegian adolescents and an acceptable fit in ethnic minority subsamples without substantial differences between ethnic Norwegian SDQ data and data of Pakistani or those of 'other ethnic minority' adolescents. When assuming equal thresholds between response categories of the items as well as equal factor loadings the structure in the data significantly differed between ethnic Norwegian and both ethnic minority samples. Some factor loadings and some correlations between constructs significantly differed between ethnic Norwegian and both ethnic minority samples. The correlation coefficients between the hyperactivity factor and the conduct problems factor were too high in all three subsamples in order to establish distinct constructs. Composite reliability and average explained variance of the emotional symptoms factor were good in all samples, whereas they were low for some of the other factors.

### Conclusions

To some extent the theoretically proposed five-factor structure of the Norwegian version of the SDQ self-report was supported in 15- to 16-year-old adolescents. However, the results of more detailed analyses raise questions about the interpretation of some subscales. When applying this screening method to Norwegian adolescents, our results suggest that the use of the total difficulty score of the SDQ in screening youth should be preferred over the subscale scores.

**Keywords:** Self-report SDQ; factor structure; CFA; adolescents; ethnic minorities

**Journal of child psychology and psychiatry** 52(9), 1002–1011, 2011

## Stressors related to depression among elderly Korean immigrants

Lee, Young-Me; Holm, Karyn

While depression in the elderly is well documented, little is known about depression in specific groups of immigrant elderly. In this study, 160 elderly Korean immigrants completed measures of depression, stressful

life events, acculturative stress, family relationships, social support, and demographic variables. Findings revealed that income, acculturative stress, and living place were significant predictors of depression. As income declined, depression increased; living with one's adult children was associated with less depression; depression increased in concert with acculturative stress. These findings suggest that maintaining family relationships may be a key factor in preventing and/or lessening depression in elderly Korean immigrants.

**Issues in mental health nursing 33(1), 52-58, 2012**

## **Suicidal behavior among Muslim Arabs in Israel**

Gal, Gilad; Goldberger, Nehama; Kabaha, Ahmed; Haklai, Ziona; Nabil Geraisy, Raz Gross and Itzhak Levav

### **Purpose**

Countries with Muslim populations report relatively lower rates of suicide. However, authors have noted methodological flaws in the data. This study examined reliable rates of completed suicide, suicide ideation, planning and attempts among Muslims as compared to Jews in Israel.

### **Methods**

For completed suicide, information was extracted from death certificates (2003–2007); the National Emergency Room Admissions Database (NERAD) provided data on suicide attempts (2003–2007); and the Israel National Health Survey (INHS) (2003–2004) was used for self reports on lifetime suicide ideation, planning and attempts.

### **Results**

Completed suicide rates among Muslim-Israelis (3.0 per 100,000) were lower compared to Jewish-Israelis (8.2 per 100,000). Based on NERAD, attempted suicide rates among men were lower for Muslims compared to Jews, while among women aged 15–44 no differences were found. In the INHS, the rate of self-reported lifetime suicide attempts was significantly higher among Muslims (2.8%) compared to Jews (1.2%), while lifetime prevalence rates of suicide ideation (6.6%) and planning (2.1%) in Muslims did not differ from Jews (5.2 and 1.9%, respectively).

### **Conclusions**

Conceivably, the lower rate of completed suicide among Muslim-Israelis might be explained by the strenuous proscription of suicide by the Koran. However, its extension to suicide attempts is equivocal: attempts were higher among Muslims than among Jews according to self-reports but lower in the NERAD records. Social pressures exerted on the reporting agents may bias the diagnosis of self-harm in both the latter data source and in the death certificates.

**Keywords** Islam - Completed suicide - Suicidal behavior - Psychiatric epidemiology - Israel

**Social psychiatry and psychiatric epidemiology 47(1), 11–17, 2012**

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

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

This study provides a summary of the results of an expert opinion survey initiated by the International Society for Traumatic Stress Studies Complex Trauma Task Force regarding best practices for the treatment of complex posttraumatic stress disorder (PTSD). Ratings from a mail-in survey from 25 complex PTSD experts and 25 classic PTSD experts regarding the most appropriate treatment approaches and interventions for complex PTSD were examined for areas of consensus and disagreement. Experts agreed on several aspects of treatment, with 84% endorsing a phase-based or sequenced therapy as the most appropriate treatment approach with interventions tailored to specific symptom sets. First-line interventions matched to specific symptoms included emotion regulation strategies, narration of trauma memory, cognitive restructuring, anxiety and stress management, and interpersonal skills. Meditation and mindfulness interventions were frequently identified as an effective second-line approach for emotional, attentional, and behavioral (e.g., aggression) disturbances. Agreement was not obtained on either the expected course of improvement or on duration of treatment. The survey results provide a strong rationale for conducting research focusing on the relative merits of traditional trauma-focused therapies and sequenced multicomponent approaches applied to different patient populations with a range of symptom profiles.

Sustained symptom monitoring during the course of treatment and during extended follow-up would advance knowledge about both the speed and durability of treatment effects.

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

## **Undiagnosed depression and its correlates in a predominantly immigrant Hispanic neurology clinic**

Sahai-Srivastav, Soma; Zheng, Ling

### **Objective**

Previous studies have reported a high incidence of depression in neurology clinics, however areas where there are predominantly underserved immigrants have not been studied.

### **Methods**

Retrospective cohort study in an academic outpatient neurology clinic in Los Angeles, California. Newly referred patients ( $N=318$ ) were assessed consecutively for depression using a PHQ-9 questionnaire, accompanied by review of the assessment of the depressive disorder.

### **Results**

The patient cohort consisted of 190 females (59%) and 130 males (41%), primarily of Hispanic descent (72%), with 8% Asian 11% white, and 5% African-American. Sixty-eight percent (68%) had depression, with 40% exhibiting moderate to severe depression. Patients who had moderate to severe depression (based on PHQ-9) were more likely to be unemployed (75.2% vs. 60.7%,  $p=0.008$ ), dependent on government income (29.5% vs. 20.4%,  $p=0.06$ ), and have headache or pain as the reason for referral (42.4% vs. 28.5%,  $p=0.03$ ). Severity of depression also significantly correlated with current treatment by psychiatrist, current antidepressant use, and less independent living. Patients with moderate to severe depression were more likely to have made ER visits in the last 12 months (0.9 vs. 0.7,  $p=0.01$ ) and were taking more medications (3.3 vs. 2.5,  $p=0.03$ ), compared to patient with mild or no depression.

### **Conclusion**

The presence of moderate to severe depression significantly correlated with socioeconomic status, use of emergency room, and presence of headache/pain. Neurology clinics with predominantly underserved immigrant patients have a disproportionate amount of depression, which may be related to socioeconomic factors resulting in overutilization of scarce healthcare resources.

**Keywords** Depression; Neurology; Hispanic

**Clinical neurology and neurosurgery 113(8), 623-625, 2011**

## **Working with culture: culturally appropriate mental health care for Asian Americans**

Park, Mijung; Chesla, Catherine A.M.; Rehm, Roberta S.; M. Chun, Kevin

### **Aim**

The aim of this study is to describe how mental healthcare providers adapted their practice to meet the unique needs of Asian Americans.

### **Background**

As the number of ethnic minorities and multicultural patients and families rapidly increases, cultural competency becomes an essential skill for all healthcare providers. The lack of knowledge about how healthcare providers grapple with diverse cultures and cultural competency limits the ability of others to deliver patient-centred care across cultural lines.

### **Methods**

Interpretive phenomenology guided the design and conduct of this study. Twenty mental healthcare providers who treated Asian Americans were recruited. Narrative data were collected through face-to-face, in-depth interviews between 2006 and 2007.

### **Results/findings**

Three characteristics of culturally appropriate care for Asian Americans were identified. *Cultural brokering*: providers addressed issues stemming from cultural differences via bicultural skills education. *Asian American patients generally received broader education than current literature recommended*. *Supporting families in transition*: providers assisted Asian American families during transition from and to professional care. *Using cultural knowledge to enhance competent care*: providers' knowledge of Asian culture and flexible attitudes affected the care that they provided. Culturally competent providers were able to identify cultural issues that were relevant to the specific situation, and incorporated cultural solutions into the care provided.

## Conclusion

Culturally appropriate care is nuanced and context specific. Thus, more sophisticated and broader conceptualizations are necessary to prepare nurses for such complex practice.

**Keywords:** Asian American families; cultural competence; mental health care; practice-based knowledge

**Journal of advanced nursing 67(11), 2373–2382, 2012**

## RAPPORTER

### Etter bosettingen: psykisk helse, mestring og sosial integrasjon blant ungdom som kom til Norge som enslige mindreårige asylsøkere

Oppedal, Brit; Jensen, Laila; Seglem, Karoline Brobakke; Haukeland, Yngvild

Nasjonalt folkehelseinstitutt, Oslo. – 43 sider, 2011.

Rapport 2011:8

Målsettingen med rapporten "Psykisk helse, mestring og sosial integrasjon" er å få mer kunnskap om stabilitet og endring i psykiske plager, og om enslige flyktnings mestring og psykososiale integrasjon. Rapporten beskriver noen av de viktige utviklingsoppgavene enslige flyktninger står overfor når de skal innrette seg i sin nye tilværelse i Norge.

Rapporten baserer seg på informasjon fra 660 ungdommer som har deltatt i prosjektet Ungdom, Kultur og Mestring, UngKul, på minst ett tidspunkt. Vi benytter også longitudinell informasjon fra 273 ungdommer som har deltatt på minst to tidspunkter. Informasjonen er samlet inn ved spørreskjemaer, og i rapporten inkluderes mål på depresjon, posttraumatiske stressplager, kulturkompetanse og kulturell identitet. I tillegg anvendes informasjon fra to intervjuer gjennomført med to mindre utvalg av deltakerne; ett intervju fokuserer på mestringsstrategier, og ett dreier seg om identitet og tilhørighet.

Resultatene viser at vi over tid finner ubetydelige forskjeller på gruppenivå i forekomst og nivå av depressive plager og PTSS, men at det er store individuelle forskjeller. To grupper synes å representere høy risiko i forhold til depresjon; én gruppe bestående av 18 % av deltakerne som rapporterte depressive plager over den kliniske grenseverdien både på T1 og T2, og én gruppe, 22 % av deltakerne, som hadde økt symptomnivå fra T1 til T2. Nesten 80 % av deltakerne har opplevd krig på nært hold, og halvparten av dem lider av symptomer på posttraumatisk stress. Det ser imidlertid ikke ut som om disse symptomene forsterker nivået av depressive plager blant dem.

Når det gjelder positiv psykososial tilpasning og sosiokulturell integrasjon finner vi at ungdommene møter problemene de står overfor i hverdagen i Norge med mange og varierte mestringsstrategier. De fleste ungdommene synes også å være integrert i ulike sosiale nettverk hvor de kan søke praktisk og emosjonell støtte.

Ungdommenes tilhørighet og tilknytning til sin opprinnelseskultur og til det norske storsamfunnet varierer, og det er store forskjeller i hvordan "tokulturalitet" kommer til uttrykk. Flertallet av ungdommene opplyser om sterk norsk og etnisk identitet, men hvilken av disse som er mest fremtredende varierer.

Resultatene gir et bilde av kompleksiteten i enslige flyktnings psykososiale utvikling og tilpasning. På den ene siden har de mye psykiske plager, på den andre siden går utviklingen deres i positiv retning når det gjelder tilknytning til sosiale nettverk, til det norske samfunnet som helhet, og utvikling av kulturkompetanse, alle viktige forutsetninger for sosial integrasjon.

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