

## Information om Transkulturel Psykiatri, juli 2009

### NYHEDER

#### Cultural sensitivity hallmark of MH guide for Latinos

Stephanie Whyche

A new APA-endorsed mental health booklet and companion DVD for Latino individuals aims to improve access to care by removing the stigma surrounding mental illness.

The debut screening of a newly released, culturally sensitive DVD and a companion booklet for Latinos about mental health and illness took place in May at APA's 2009 annual meeting in San Francisco.

The 30-minute DVD and 59-page bilingual booklet are both titled "Mental Health: A Guide for Latinos and Their Families," or "Salud Mental: Una Guía para Latinos y sus Familias" in Spanish. Both the booklet and DVD are illustrated with colorful abstract images by the Ecuador-born artist Jose Ortega.

**Psychiatric news 44(13), 8, 2009**

læs artiklen her: <http://pn.psychiatryonline.org/cgi/content/full/44/13/18-a?etoc>

#### PTSD has unreliable diagnostic criteria

Wilson, David, Barglow, Peter

##### Fra starten af artiklen

Currently the Veterans Administration (VA) is the world's largest recipient of per patient funding for PTSD. The VA treats 200,000 veterans with this diagnosis annually at a cost of \$4 billion. But research calls into question the very existence of the "PTSD" syndrome, and its diagnostic formulation remains invalid. We do not minimize the suffering of those who experience trauma or the need for comfort and restitution. We seek only to reexamine research evidence, to clarify the impact of culture on diagnosis, to reevaluate the consequences of trauma, and to ensure optimal allocation of resources.

The 1980 edition of DSM (DSM-III) included PTSD after lobbying by antiwar psychiatrists, Vietnam veterans' organizations, social workers, and psychologists.

**Psychiatric times 26(7), 2009**

læs artiklen her: <http://www.psychiatrictimes.com/display/article/10168/1426942>

#### PTSD is a valid diagnosis : who benefits from challenging its existence?

Yehuda, Rachel; McFarlane, Alexander C.

##### Fra starten af artiklen

PTSD filled a nosological gap by providing a way to characterize the long-lasting effects of trauma exposure. This led to a plethora of previously lacking scientific observations. Now the existence of PTSD is being called into question because some of the original assumptions that helped make the case for it have proved to be incorrect. However, it is possible to update some of the flawed assumptions of PTSD without rescinding the diagnosis. There is no reason to throw the baby out with the bathwater.

**Psychiatric times 26(7), 2009**

læs artiklen her: <http://www.psychiatrictimes.com/display/article/10168/1426957>

#### Stigende udgifter til syge asylansøgere

Kristeligt Dagblads netavis 5. juli 2009 / Ritzau

Asylansøgerne i de danske centre bliver så syge af deres ophold, at samfundets udgifter til området er eksploderet de seneste år

Sundhedsudgifterne til hver asylansøger steget fra 2004 til 2007 med mere end 18.000 kroner eller 64 procent. Det fremgår ifølge Berlingske Tidende af en analyse, som forfatteren Knud Vilby har foretaget på baggrund af tal og statistikker fra Udlændingesservice og Folketingets Finansudvalg. Analysen er offentliggjort i den netop udkomne bog Afvist om asylansøgere i Danmark.

Læs artiklen her: <http://www.kristeligt-dagblad.dk/artikel/330239:Danmark--Stigende-udgifter-til-syge-asylansoegere>

## LITTERATUR

### Antidepressant use in a nationally representative sample of community-dwelling US Latinos with and without depressive and anxiety disorders

González, Hector M.; Tarraf, Wassim; West, Brady T.; Croghan, Thomas W.; Bowen, Mary E.; Cao, Zhun; Alegría, Margarita

#### Abstract

##### Background

Antidepressant drugs are among the most widely prescribed drugs in the United States; however, little is known about their use among major ethnic minority groups.

##### Method

Collaborative Psychiatric Epidemiology Surveys (CPES) data were analyzed to calculate nationally representative estimates of Latino and non-Latino White adults antidepressant use.

##### Setting

The 48 coterminous United States was the setting.

##### Participants

Household residents aged 18 years and older ( $N=9,250$ ).

##### Main outcome

Past year antidepressant use.

##### Results

Compared to non-Latino Whites, few Latinos, primarily Mexican Americans, with 12-month depressive and/or anxiety disorders reported past year antidepressant use. Mexican Americans ( $OR=0.48$ ;  $95\%CI=0.30-0.77$ ) had significantly lower odds of use compared to non-Latino Whites, which were largely unaffected by factors associated with access to care. Over half of antidepressant use was by respondents not meeting 12-month criteria for depressive or anxiety disorders. Lifetime depressive and anxiety disorders explained another 21% of past year antidepressant use, leaving another 31% of drug use unexplained.

##### Discussion

We found a disparity in antidepressant use for Mexican Americans compared to non-Latino Whites that was not accounted for by differences in need and factors associated with access to care. About one third of antidepressant use was by respondents not meeting criteria for depressive or anxiety disorders. Our findings underscore the importance of disaggregating Latino ethnic groups. Additional work is needed to understand the medical and economic value of antidepressant use beyond their primary clinical targets.

##### Keywords

Latinos - Hispanics - Cubans - Mexicans - Puerto Ricans - major depressive disorder - depression - anxiety disorders - antidepressive agents

**Depression and anxiety 26(7), 674.681, 2009**

### Brief Fear of Negative Evaluation Scale (BFNE) : translation and validation study of the Iranian version

Tavoli, Azadeh; Melyani, Mahdiyeh; Bakhtiari, Maryam; Ghaedi, Gholam Hossien; Montazeri, Ali

#### Abstract

##### Background

The Brief Fear of Negative Evaluation Scale (BFNE) is a commonly used instrument to measure social anxiety. This study aimed to translate and to test the reliability and validity of the BFNE in Iran.

##### Methods

The English language version of the BFNE was translated into Persian (Iranian language) and was used in this study. The questionnaire was administered to a consecutive sample of 235 students with ( $n = 33$ , clinical group) and without social phobia ( $n = 202$ , non-clinical group). In addition to the BFNE, two standard instruments were used to measure social phobia severity: the Social Phobia Inventory (SPIN), and the Social Interaction Anxiety Scale (SIAS). All participants completed a brief background information questionnaire,

the SPIN, the SIAS and the BFNE scales. Statistical analysis was performed to test the reliability and validity of the BFNE.

### Results

In all 235 students were studied (111 male and 124 female). The mean age for non-clinical group was 22.2 (SD = 2.1) years and for clinical sample it was 22.4 (SD =1.8) years. Cronbach's alpha coefficient (to test reliability) was acceptable for both nonclinical and clinical samples ( $\alpha = 0.90$  and  $0.82$  respectively). In addition, 3-week test-retest reliability was performed in non-clinical sample and the intraclass correlation coefficient (ICC) was quite high (ICC = 0.71). Validity as performed using convergent and discriminant validity showed satisfactory results. The questionnaire correlated well with established measures of social phobia such as the SPIN ( $r = 0.43$ ,  $p < 0.001$ ) and the SIAS ( $r = 0.54$ ,  $p < 0.001$ ). Also the BFNE discriminated well between men and women with and without social phobia in the expected direction. Factor analysis supported a two-factor solution corresponding to positive and reverse-worded items.

### Conclusion

This validation study of the Iranian version of BFNE proved that it is an acceptable, reliable and valid measure of social phobia. However, since the scale showed a two-factor structure and this does not confirm to the theoretical basis for the BFNE, thus we suggest the use of the BFNE-II when it becomes available in Iran. The validation study of the BFNE-II is in progress.

**BMC psychiatry 2009, 9(42), 19 pp., 2009**

download artiklen herfra: <http://www.biomedcentral.com/1471-244X/9/42>

## Can we fix PTSD in DSM-V?

McNally, Richard J.

### Fra starten af artiklen

The American Psychiatric Association (APA) has launched the process that will culminate in the publication of the fifth edition of the Diagnostic and statistical manual of mental disorders (DSM-V) in 2012. As part of this process, chairs of diagnostic workgroups have been surveying clinical researchers from around the world, soliciting advice about how to solve pressing nosological controversies. In this article, I expand on suggestions that I provided as an advisor to the committee responsible for posttraumatic stress disorder (PTSD).

**Depression and anxiety 26(7), 597-600, 2009**

## Cultural competence : a literature review and conceptual model for mental health services

Hernandez, Mario; Nesman, Teresa; Mowery, Debra; Acevedo-Polakovich, Ignacio D.; Callejas, Linda M.

### Abstract

This article presents a conceptual model of organizational cultural competence for use in mental health services that resulted from a comprehensive review of the research literature. The model identifies four factors associated with cultural competence in mental health services (community context, cultural characteristics of local populations, organizational infrastructure, and direct service support) and redefines cultural competence as the degree of compatibility among these factors. A strength of this model of organizational cultural competence is that it facilitates future research and practice in psychiatric services settings and links culturally competent practices to service parity.

**Psychiatric services 60(8), 1046-1050, 2009**

## Diagnosis of schizophrenia in Latino populations : a comparison of direct interview and consensus based multi-source methods

Contreras, Javier; Dassori, Albana; Medina, Rolando; Raventos, Henriette; Ontiveros, Alfonso; Nicolini, Humberto; Munoz, Rodrigo; Escamilla, Michael

### Abstract

We determined the rates of agreement between diagnoses, using the Diagnostic Interview for Genetic Studies (DIGS) and diagnoses arrived at, using additional sources of information, to establish whether there

are differences in agreement between direct interview diagnoses at US and non-US sites in comparison best estimate consensus process and to identify diagnoses that could increase diagnostic error when only the DIGS is used. DIGS diagnoses were compared with consensus diagnoses that used the same DIGS interview, plus Family Interview for Genetic Studies (FIGS) and review of medical records in 342 psychotic subjects. We found similar numbers of subjects diagnosed with schizophrenia (225 by direct interview, and 232 by consensus process). The majority of those "misdiagnosed" by direct interview had mood disorder by the consensus. Over 10% of the total subjects diagnosed by direct interview as not meeting criteria for schizophrenia had schizophrenia by consensus. There were no statistically significant differences between countries (US vs. non-US sites) in the agreement rate between direct interview diagnosis and consensus diagnosis. In conclusion, a final best-estimate process is essential to make diagnostic distinctions and to reduce diagnostic misclassifications for both research studies and in clinical practice.

**Journal of nervous and mental disease 197(7), 530-535, 2009**

### ***Dua sakit* (double sick): trauma and the settlement experiences of West Papuan refugees living in North Queensland**

Rees, Susan; Silove, Derrick; Kareth, Moses

#### **Abstract**

There is mounting evidence of systematic abuses, including torture, rape and extrajudicial killings directed against independence activists as well as the civilian population in Indonesian occupied West Papua. Refugees from West Papua have sought safety in neighbouring Australia, experiencing hazardous journeys during their flight. We report early observations from a mental health study among West Papuan refugees living in North Queensland, Australia. The project includes qualitative methods aimed at gathering histories of trauma and human rights violations as well as standard mental health assessments and indices of acculturation and resettlement stresses. We consider the emerging data from the vantage point of the Adaptation and Development After Persecution and Trauma model that identifies five psychosocial domains that require repair following exposure to gross human rights violations and refugee trauma. The model emphasizes the inter-relatedness of key challenges, the compounding of adversity, and the bivalent effects of complex experiences, with both positive and negative elements shaping the adaptive trajectory of displaced persons. Refugee groups have their own approaches to conceptualizing the complexity of their problems, with the term *dua sakit* representing the expression used by West Papuans to identify the multiple challenges they face. The study highlights the importance of assessing each refugee group within its unique social and cultural context, taking into account such diverse factors as geographical location, employment, and ongoing conflict in the homeland in designing appropriate interventions.

**Keywords:** refugee; trauma; West Papua

**Australasian psychiatry 17(S1), S128-S132, 2009**

### **Ethnomedical syndromes and treatment-seeking behavior among Mayan refugees in Chiapas, Mexico**

Smith, Bryce D.; Sabin, Miriam; Berlin, Elois Ann; Nackerud, Larry

#### **Abstract**

This survey investigated the prevalence of ethnomedical syndromes and examined treatments and treatment-seeking in Mayan Guatemalans living in United Nations High Commissioner for Refugee (UNHCR) camps in Chiapas, Mexico. Methods included a rapid ethnographic assessment to refine survey methods and inform the cross-sectional survey, which also examined mental health outcomes; 183 households were approached for interview, representing an estimated 1,546 residents in five refugee camps and 93% of all households. One adult per household ( $N=170$ ) was interviewed regarding his or her health; an additional 9 adults in three surveyed households participated and were included in this analysis; of the 179 participants, 95 primary child-care providers also answered a children's health questionnaire for their children. Results indicated that ethnomedical syndromes were common in this sample, with 59% of adults and 48.4% of children having experienced *susto* (fright condition) and 34.1% of adults reporting *ataques de nervios* (nervous attacks); both conditions were significantly associated with symptoms consistent with posttraumatic stress disorder, anxiety and depression and are mental health conditions recognized by the American Psychiatric Association. Combining healthcare provider and indigenous treatments such as physician

prescribed medication (65%), medicinal plants (65.7%), and *limpias* (spiritual cleansings) (40.6%) was reported. Most participants (86%) sought routine medical treatment from UNHCR trained health promoters in their camp. Assessing ethnomedical health is important for informing mental health programs among this population.

Keywords Guatemalan refugees - Ethnomedical syndromes - Treatment-seeking behaviors - *Susto* - *Ataques de nervios*

**Culture, medicine and psychiatry 33(3), 366-381, 2009**

## Ethnopsychopharmacology

Chen, Chia-Hui; Chen, Chun-Yu; Lin, Keh-Ming

### Abstract

The article offers information on the use of ethnopsychopharmacology in dealing with cultural and ethnic factors of psychiatric disorders. Ethnopsychopharmacology focuses on the genetic side of the patient, determining how the drugs are handled to distinct ethnic groups, as well as its efficiency. The method emphasized the importance of understanding the biological and cultural features of the patient.

**International review of psychiatry 20(5), 452-459, 2008**

## Excess use of coercive measures in psychiatry among migrants compared with native Danes

Norredam, Marie; Garcia Lopez, Ana Maria; Keiding, Niels; Krasnik, Allan

### Abstract

#### Objective

To investigate differences in risk of compulsory admission and other coercive measures in psychiatric emergencies among refugees and immigrants compared with that among native Danes.

#### Method

A register-based retrospective cohort design. All refugees ( $n=29174$ ) and immigrants ( $n=33287$ ) who received residence permission in Denmark from 1.1.1993 to 31.12.1999 were included and matched 1:4 on age and sex with native Danes. Civil registration numbers were cross-linked to the Danish Psychiatric Central Register and the Registry of Coercive Measures in Psychiatric Treatment.

#### Results

Refugees (RR=1.82; 95%CI: 1.45; 2.29) and immigrants (RR=1.14; 95%CI: 0.83; 1.56) experienced higher rates of compulsory admissions than did native Danes. This was most striking for refugee men (RR=2.00; 95%CI: 1.53; 2.61) and immigrant women (RR=1.73; 95%CI: 1.45; 2.60). Moreover, refugees and immigrants experienced higher frequencies of other coercive measures during hospitalisation compared with native Danes.

#### Conclusion

Coercive measures in psychiatry are more likely to be experienced by migrants than by native Danes.

#### Keywords

coercion - health service – migration - public mental health

**Acta psychiatrica Scandinavica 9 pp. 2009**

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## Health and mental health needs and experiences of minority clients in Portugal

Moleiro, Carla; Silva, Ana; Rodrigues, Rute; Borges, Vera

### Abstract

The paper addresses diversity, multi-culturalism and mental health. It reports qualitative data from a larger project on multi-cultural counselling competencies in Portugal, which sought to meet the needs identified by specific minority groups by developing integrative, responsive and culturally sensitive treatments. A qualitative study is presented, with the aim of exploring the representations of mental health and illness held by ethnic minority groups in Portugal, as well as their specific needs and obstacles encountered in their interactions with health professionals. Semi-structured interviews were conducted, and the results indicate

that the meanings of health and mental health varied. Meanings of psychological health were related to general well-being. Help-seeking behaviours were associated with providing and receiving family and social support, mainly among participants of African descent. Although the great majority of participants had had no experience of counselling or psychotherapy, they expected psychologists to be multiculturally sensitive, as well as knowledgeable about diversity and multi-culturalism. Implications for development of mental health services for minority clients are discussed.

**Keywords**

diversity, immigrant mental health, multi-cultural competencies, service development, Portugal  
**International journal of migration, health and social care 5(1), 15-24, 2009**

## **The insidious problem inside: mental health problems of Aboriginal and Torres Strait Islander People in custody**

Heffernan, Edward; Andersen, Kimina; Kinner, Stuart

**Abstract**

**Objective**

Despite recognition of the extremely high rates of mental illness among custodial populations and the fact that Indigenous people represent around one-quarter of Australia's custodial population, little is known about the mental health of Aboriginal and Torres Strait Islander people in custody. Mental health is an important component of social and emotional wellbeing for Indigenous people and this paper considers current evidence regarding the mental health status of Indigenous Australians in custody.

**Method**

A systematic review was undertaken of the quantitative literature relating to the mental health problems of Indigenous people in custody in Australia.

**Results**

Despite high incarceration rates for Indigenous people and evidence that both mental health problems and rates of mental illness are extremely high in this group, studies in this area are few and limited in scope.

**Conclusion**

The first step toward addressing the marked social and mental health problems for Indigenous people in custody is to systematically identify the nature and extent of these problems.

**Keywords:** Aboriginal and Torres Strait Islander; custody; Indigenous; mental illness; mental health; prison  
**Australasian psychiatry 17(S1), s41-s46, 2009**

## **Investigation of racial and ethnic disparities in service utilization among homeless adults with severe mental illnesses**

Horvitz-Lennon, Marcela; Frank, Richard G.; Thompson, Wesley; Baik, Seo Hyon; Alegría, Margarita; Rosenheck, Robert A.; Normand, Sharon-Lise T.

**Objective**

This study examined whether there are service disparities among homeless adults with severe mental illnesses, a vulnerable population with a high level of unmet need.

**Methods**

Data were collected at baseline for 6,829 black, Latino, and non-Latino white participants in the Access to Community Care and Effective Services and Support study. Outcome variables were measures of utilization of psychiatric outpatient, housing, and case management services in the previous 60 days. The sample was divided into white-black and white-Latino cohorts. Within each cohort, participants were stratified into comparable groups by propensity scores that estimated log-odds of being black or Latino as a function of several confounding variables. White-black and white-Latino differences in mean number of visits (a measure of intensity) and in the mean probability of at least one visit (a measure of access) were subsequently estimated for each of the three services.

**Results**

The composition of the sample was 50% black, 6% Latino, and 44% white. Service utilization was low for the three services regardless of race-ethnicity. On multivariate analyses of service utilization in the previous 60 days, blacks made fewer psychiatric outpatient visits than whites (mean difference=.46, 95% confidence

interval [CI]=.10 to .81]), yet Latinos had more case management visits than whites (mean difference=-.51, CI=-1.03 to -.05]). Analyses of access did not reveal racial-ethnic disparities.

#### **Conclusions**

Whereas blacks used psychiatric outpatient services less frequently than whites, hence experiencing a service disparity, Latinos used case management services more than whites did. Possible contributors and clinical and methodological implications of these results are discussed.

**Psychiatric services 60(8), 1032-1038, 2009**

### **Measuring cultural identity : validation of a modified Cortes, Rogler and Malgady Bicultural Scale in 3 ethnic groups in New York**

Liu, Jason S.; Mezzich, Juan E.; Zapata-Vega, Maria I.; Ruiperez, Maria A.; Yoon, Gihyun

#### **Abstract**

Cultural identity is central to health. Acculturation may be formulated with a bicultural model, assessing in parallel the degree of identification with both the original and the host culture. The Cortes, Rogler and Malgady Bicultural Scale (CRM-BS) is composed of two subscales: "original" culture and "mainstream-United States" (US) culture. It was modified into three ethnic versions: Latino, Korean and Chinese. Validation of the CRM-BS was conducted using health professionals and psychiatric patients from the above three ethnic groups and a control sample of mainstream-US (main-US) health professionals in New York City ( $n=394$ ). Mean time of completion was 3.7 min and 73% judged it to be easy to use. Strong test-retest reliability correlation coefficients were found (original culture, 0.78; mainstream-US, 0.82). The internal consistency was documented by high Cronbach's alpha values (original culture, 0.88; mainstream-US, 0.80). Factorial analysis revealed two factors, the first one involving all the items of the original culture and the second all of the mainstream-US items. Concerning its discriminant validity, non-main-US subjects scored significantly higher than main-US subjects on the original culture subscale, and vice versa. Construct validity was assessed comparing intergenerational mean scores on both subscales; as generations become older, mean scores for the original culture decreased, while those for the "host" culture increased. Results for each specific ethnic version are also presented. Cutoff scores were calculated to categorize the involvement with the original culture or the host culture, both of them, or neither.

**Keywords** – Biculturalism – Acculturation – Identity – Latinos – Chinese - Korean  
**Culture, medicine and psychiatry 33(3), 451-472, 2009**

### **Non-Western interpreters' experiences of trauma: the protective role of culture following exposure to oppression**

Johnson, Howard; Thompson, Andrew; Downs, Maria

#### **Abstract**

##### **Objectives**

Many people flee their countries of origin after suffering severe trauma and there is a need to explore how socio-cultural factors are implicated in the experience of both trauma and posttraumatic growth. Interpreters who have been through a trauma are in a unique position to be able to reflect on cultural context. This study explored how interpreters working in the UK who had formerly suffered trauma in their country of origin, and who identified themselves as coping well, managed their experience of trauma.

##### **Design**

The qualitative method Interpretative Phenomenological Analysis (IPA) was used. Nine interpreters were interviewed following a semi-structured guide and the resulting transcripts were analysed according to IPA principles.

##### **Results**

Three key themes emerged from the data that were labelled as: *trauma in the context of wider shared oppression; resisting and responding; and cultural protection and growth*. Many participants described their lives prior to arriving in the UK as involving a collective traumatising as a result of being a victim of oppression related to their cultural identity. The participants described the importance of staying connected to their culture. Giving and providing social support, religious practices, and the role of interpreter facilitated remaining connected.

### **Conclusions**

A sense of shared victimisation provided a protective backdrop from which the participants could make sense of the personal traumas they had experienced. The role of interpreting was important as it helped maintain cultural identity. The findings are discussed in relation to theories of both PTSD and Posttraumatic Growth. The results have implications for the work of clinicians supporting non-Western people who have been traumatised.

**Keywords:** UK; non-Western; interpreter; culture; collective traumatisation; posttraumatic stress disorder; posttraumatic growth

**Ethnicity and health 14(4), 407-418, 2009**

### **Perspectives about depression : explanatory models among African-American women**

Waite, Roberta Killian, Priscilla

#### **Abstract**

Depression is a costly illness, with broad social, economic and personal consequences. It affects many black women, yet only 7% of them receive traditional treatment. Given the chronic nature of depression and its broad impact on women's wellness, there is a need for more research examining both the conceptualization and the interpretation of depression within a socio-cultural context. This qualitative descriptive study used Kleinman's explanatory framework to capture focus group data from 14 African-American women recruited from a primary care center. Data was organized and managed with Atlas/ti 5.12, while content analysis was used to disclose the relevant themes presented in the paper.

**Archives of psychiatric nursing 23(4), 323-333, 2009**

### **Promoting mental health and preventing mental disorder among refugees in Western countries**

Blight, Karin Johansson; Ekblad, Solvig; Lindencrona, Fredrik; Shahnavaz, Shervin

#### **Abstract**

This literature review focuses on mental health promotion and mental disorder prevention among adult refugees in EU and other Western countries. Two areas emerge as important for further action: limitation of stressors during and after migration, and identification and treatment of past trauma. Refugee migrants are at high risk of poor mental health (including mental disorder and suicide) and social exclusion; holistic approaches are necessary to improve their situation. There is great need for evaluation of treatment and mental health promotion interventions, as well as for training of mental health professionals, and service user involvement must be increased. Mental health professionals are important advocates in reception and resettlement policy and practice because there is a risk that migration management will govern provision of mental health promotion and care to such an extent that mental health and lives are threatened and underlying medical ethics and the human right to health are compromised.

**International journal of mental health promotion 11(1), 32-44, 2009**

### **Racial and ethnic disparities in caregiver strain and the use of child mental health services : a structural equation model**

Shin, Sunny Hyucksun; Brown, Timothy A.

#### **Objective**

Although racial and ethnic disparities in the use of child mental health services have been well documented, the causes of and solutions to these disparities are not clearly understood. This study examined the role of caregiver strain in the disproportionately low rates of services use among youths from racial or ethnic minority groups who had already had contact with public service systems.

#### **Methods**

This cross-sectional study used secondary analysis of a stratified random sample of 1,370 youths from the Patterns of Youth Mental Health Care in Public Service Systems Study, who were involved with at least one of five public sectors of care. Caregiver strain and use of child mental health services in the past 12 months

were assessed by the Caregiver Strain Questionnaire and the Service Assessment for Children and Adolescents, respectively. A structural equation model that examined the mediating role of caregiver strain for use of child services among three racial and ethnic groups was evaluated for goodness of fit.

#### **Results**

African-American caregivers reported lower levels of caregiver strain than did non-Hispanic white caregivers; Hispanic caregivers did not differ significantly from non-Hispanic white caregivers on reporting caregiver strain. Among African Americans, the effects of race on use of services were indirect, mediated through caregiver strain.

#### **Conclusions**

Findings emphasize the importance of culturally influenced perceptions of caregiving practices and burden among caregivers of a child with emotional or behavioral problems. Intervention efforts to reduce disparities in use of services across racial or ethnic groups need to be informed by a better understanding of the causes of group differences in reporting caregiver strain and the relationship between reported caregiver strain and use of child mental health services.

**Psychiatric services 60(8), 1039-1045, 2009**

## **Recognition of depression in people of different cultures : a qualitative study**

Lehti, Arja; Hammarström, Anne; Mattsson, Bengt

#### **Abstract**

##### **Background**

Many minority group patients who attend primary health care are depressed. To identify a depressive state when GPs see patients from other cultures than their own can be difficult because of cultural and gender differences in expressions and problems of communication. The aim of this study was to explore and analyse how GPs think and deliberate when seeing and treating patients from foreign countries who display potential depressive features.

##### **Methods**

The data were collected in focus groups and through individual interviews with GPs in northern Sweden and analysed by qualitative content analysis.

##### **Results**

In the analysis three themes, based on various categories, emerged; "Realizing the background", "Struggling for clarity" and "Optimizing management". Patients' early life events of importance were often unknown which blurred the accuracy. Reactions to trauma, cultural frictions and conflicts between the new and old gender norms made the diagnostic process difficult. The patient-doctor encounter comprised misconceptions, and social roles in the meetings were sometimes confused. GPs based their judgement mainly on clinical intuition and the established classification of depressive disorders was discussed. Tools for management and adequate action were diffuse.

##### **Conclusions**

Dialogue about patients' illness narratives and social context are crucial. There is a need for tools for multicultural, general practice care in the depressive spectrum. It is also essential to be aware of GPs' own conceptions in order to avoid stereotypes and not to under- or overestimate the occurrence of depressive symptoms.

**BMC family practice 10(53), 21 pp., 2009**

du kan downloade artiklen herfra: <http://www.biomedcentral.com/1471-2296/10/53>

## **Symptoms of Turkish patients with depression in Ankara and Berlin**

Akbiyik, Derya Iren; Sumbuloglu, Vildan; Berksun, Oguz Erkan; Senturk, Vesile; Priebe, Stefan

#### **Abstract**

Numerous studies have investigated the potential impact of migration on psychiatric morbidity levels. Relatively little research has studied how the symptom profiles of patients with similar disorders and similar backgrounds are linked to the culture in which they live. Such research requires comparisons of immigrant patient samples with samples of patient who remain in their country of origin. In this study we compared symptoms in Turkish patients with depression living in Ankara, Turkey, and Berlin, Germany. To understand symptoms of patients with depression, not only the culture of origin but also the cultural context in which

patients have been living needs to be considered as an important factor. The new culture can be associated with distinct, and not necessarily more serious, symptom profiles.

**Keywords** Depression - Immigrant mental health - Turkish mental health – Germany - Symptoms  
**Culture, medicine and psychiatry 33(3), 412-420, 2009**

## Transcultural adaptation and psychometric validation of a French-language version of the QoL-AD

Wolak, Aurore; Novella, Jean-Luc; Drame, Moustapha; Guillemin, Francis; Di Pollina, Laura; Ankri, Joël; Aquino, Jean-Pierre; Morrone, Isabella; Blanchard, Francois; Jolly, Damien

### Abstract

#### Objectives

The aim of this study was to assess the psychometric properties and the transcultural adaptation into French of the quality-of-life in Alzheimer's disease (QoL-AD).

#### Methods

A total of 120 patient-proxy pairs were recruited in six French hospitals and one French-speaking Swiss hospital to take part in the study. The patients presented mild to moderate AD (MMSE  $\geq$  10). The QoL-AD was administered by an interviewer for patients and was self-administered for caregiver proxies. Thus, the psychometric validation enabled the study of feasibility, acceptability, reliability and convergent and discriminant validity of the instrument.

#### Results

The French version of the QoL-AD showed good internal consistency (Cronbach's  $\alpha$  coefficient  $\geq$  0.70) and good reliability (Intra-class correlation  $>$  0.80) at a 2-week interval, for patient and caregiver questionnaires. Convergent validity, as indicated by correlation between the QoL-AD (disease-specific instrument) and the dimensions of the Duke Health Profile (generic instrument), was also good for eight dimensions in the Duke profile ( $p <$  0.05). Discriminant validity showed a significant difference for depression ( $p =$  0.0025) and did not show significant difference for two groups of dementia ( $p =$  0.11).

#### Conclusion

There is now a validated French version of the QoL-AD available, following transcultural adaptation according to international recommendations, which possesses good psychometric qualities.

**Keywords:** quality of life; Alzheimer's disease; QoL-AD; psychometric validation; French version  
**Aging and mental health 13(4), 593-600, 2009**

## LÆREBØGER

### Transkulturel psykiatri (1)

Kastrup, Marianne

I: Nyboe, Lene (red); Hvalsøe, Berit (red) : Lærebog i psykiatri for ergoterapeuter og fysioterapeuter, kapitel 28, pp. 523-526. - København : Munksgaard. - 2009

### Transkulturel psykiatri (2)

Kastrup, Marianne

I: Mors, Ole (red); Kragh-Sørensen, Per (red); Parnas, Josef (red) : Klinisk psykiatri.- 3. udgave, kapitel 13, pp. 595-611. - København : Munksgaard. - 2009

Historisk udvikling

Indvandrerne sociodemografiske baggrund

Definitioner

Sygdomsopfattelser

Diagnostiske overvejelser

Migrationsbelastninger

Kontakt og kommunikation

Psykiske lidelser

Kulturbundne syndromer

Det skizofrene spektrum og

	andre psykotiske ikke-affektive lidelser
	Affektive lidelser
	Somatoforme lidelser
	Misbrug
	Traumatisk betingede lidelser
	Suicidier og parasuicidier
Behandling	
	Psykofarmaka
	Terapi
Perspektiver	

## **NYHEDSBREVE**

### **International psychiatry 6(3)**

Royal College of Psychiatrists

- **Mental health in Armenia**
- **Mental health services in the Republic of Niger**
- **Psychiatry in Switzerland**
- **Training in the management of post-traumatic stress disorder in Uganda**
- **Investigating the quality of psychotropic drug prescriptions at Accra Psychiatric Hospital**

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