

Information om Transkulturel Psykiatri, juli 2010

NYHEDER OG DEBAT

Tolkebistand spares bort

Holsøe, Mette

Adgangen til psykologsamtaler for flygtninge og indvandrere bliver forringet, når tolkebistanden indskrænkes. Det vil ske fra 2012 som følge af "Genopretningsplanen".

Som et led i regeringen og Dansk Folkepartis såkaldte "Genopretningsplan" skal der fra 2012 spares 15 mio. kr. årligt på tolkebistanden til flygtninge og indvandrere ved psykologsamtaler, lægebesøg, retssager osv. Tolkebistanden har hidtil været frit tilgængelig for disse grupper, og besparelsen vil derfor få konsekvenser for mange områder. - Hvis man tager stetoskopet fra lægen, så bliver lungebetændelsen ikke opdaget. Og hvis tolken forsvinder, bliver forudsætningen for den grundlæggende kontakt læderet og relationen nærmest en umulighed. Og det er et stort problem, for relationen og den dybere kontakt er en afgørende, når vi skal hjælpe en klient, siger Dansk Psykolog Forenings formand Roal Ulrichsen.

Psykolog Nyt 12, 3, 2010

læs artiklen her: <http://infolink2003.elbo.dk/PsyNyt/Dokumenter/doc/16585.pdf>

Videopsykiatere skal behandle minoriteter

Kristeligt Dagblads netavis 19. juli

Flygtninge og indvandrere i yderområderne får mulighed for psykiatrisk hjælp på modersmålet via video. Indenrigs- og sundhedsministeriet støtter med en million

En psykiater, der sidder i København, kan sagtens hjælpe en patient, der befinder sig i den anden ende af landet. Det er idéen i et projekt, der giver etniske minoriteter i yderområderne mulighed for behandling på modersmål.

Fænomenet hedder telepsykiatri. Gennem en videokonference kan psykiateren behandle de psykisk syge indvandrere og flygtninge, der så slipper for at sidde på en venteliste i lokalområdet og savne hjælp på deres eget modersmål.

Indenrigs- og sundhedsminister Bertel Haarder (V) roser idéen og projektet, der støttes med en million kroner af hans ministerium.

læs artiklen her: <http://www.kristeligt-dagblad.dk/artikel/374291:Danmark--Videopsykiatere-skal-behandle-minoriteter>

LITTERATUR

ARTIKLER FRA FAGLIGE TIDSSKRIFTER

African and Caribbean men and mental health

Keating, Frank

The article focuses on the complexities involved in determining the relationship of race, culture, and ethnicity in mental health of African and Caribbean men. It discusses the definition of mental health and the meaning racism and its significance to mental health. It asserts that over-representation of black men in mental health services implies the need for the development of a scheme that focuses on prevention and early intervention.

Ethnicity and inequalities in health and social care 2(2), 41-53, 2009

Changes in the sociocultural reality of Chinese immigrants : challenges and opportunities in help-seeking behaviour

Chung, Irene

Introduction

This paper uses findings from a larger study to present a nuanced depiction of the interplay of informal and formal help-seeking processes of a sample of Chinese immigrants in their mental healthcare in New York City.

Method

31 participants who were receiving mental health treatment were interviewed with regard to their experiences preceding their suicide attempt. Their narratives were coded for thematic analysis.

Findings

Acculturation difficulties, inaccessibility to services and stigma associated with mental illness were major obstacles in the participants' help-seeking process, which was consistent with other studies of immigrants of ethnic minority groups in the USA. In addition, the findings showed how changes in this sample of Chinese immigrants' socio-cultural reality disrupted familiar help-seeking pathways, and perpetuated and amplified the aforementioned stressors. Issues of human connection, immigrants' resiliency and missed opportunities were also identified as potential resources to modify cultural stigmas and help-seeking behaviour.

Conclusion

There are varied socio-cultural factors that need to be considered in mental health outreach services in immigrant communities.

Key Words: Chinese immigrants - socio-cultural reality - help-seeking behaviour

International journal of social psychiatry 56(4), 436-447, 2010

Changing conceptions of mental distress among Somalis in Finland

Mölsä, Mulki Elmi; Hjelde, Karin Harsløf; Tiilikainen, Marja

This article examines how the conceptions, expressions and treatment of mental distress are changing among Somalis living in Finland. The data derive from two focus group interviews with Somali seniors and two individual interviews with Islamic healers. Conditions conceptualized by the Finnish biomedical system as mental disorders, are seen by most Somalis as spiritual and/or social problems. Somali migrants face new sources of suffering and new ways of interpreting them. Consequently, traditional conceptions of mental distress both persist and change. Islamic understandings of healing, including notions of *jinn* spirits and treatment, continue to be important in exile.

Key Words: change - conceptions - exile - Finland - mental distress - seniors - Somalis

Transcultural Psychiatry 47(2), 276-300, 2010

Combined pharmacotherapy and psychological therapies for post traumatic stress disorder (PTSD)

Hetrick, S. E.; Purcell, R.; Garner, B.; Parslow, R.

Background

PTSD is an anxiety disorder related to exposure to a severe psychological trauma. Symptoms include re-experiencing the event, avoidance and arousal as well as distress and impairment resulting from these symptoms.

Guidelines suggest a combination of both psychological therapy and pharmacotherapy may enhance treatment response, especially in those with more severe PTSD or in those who have not responded to either intervention alone.

Objectives

To assess whether the combination of psychological therapy and pharmacotherapy provides a more efficacious treatment for PTSD than either of these interventions delivered separately.

Search strategy

Searches were conducted on the trial registers kept by the CCDAN group (CCDANCTR-Studies and CCDANCTR-References) to June 2010. The reference sections of included studies and several conference abstracts were also scanned.

Selection criteria

Patients of any age or gender, with chronic or recent onset PTSD arising from any type of event relevant to the diagnostic criteria were included. A combination of any psychological therapy and pharmacotherapy was included and compared to wait list, placebo, standard treatment or either intervention alone. The primary outcome was change in total PTSD symptom severity. Other outcomes included changes in functioning, depression and anxiety symptoms, suicide attempts, substance use, withdrawal and cost.

Data collection and analysis

Two or three review authors independently selected trials, assessed their 'risk of bias' and extracted trial and outcome data. We used a fixed-effect model for meta-analysis. The relative risk was used to summarise

dichotomous outcomes and the mean difference and standardised mean difference were used to summarise continuous measures.

Main results

Four trials were eligible for inclusion, one of these trials (n =24) was on children and adolescents. All used an SSRI and prolonged exposure or a cognitive behavioural intervention. Two trials compared combination treatment with pharmacological treatment and two compared combination treatment with psychological treatment. Only two trials reported a total PTSD symptom score and these data could not be combined. There was no strong evidence to show if there were differences between the group receiving combined interventions compared to the group receiving psychological therapy (mean difference 2.44, 95% CI -2.87, 7.35 one study, n=65) or pharmacotherapy (mean difference -4.70, 95% CI -10.84 to 1.44; one study, n = 25). Trialists reported no significant differences between combination and single intervention groups in the other two studies. There were very little data reported for other outcomes, and in no case were significant differences reported.

Authors' conclusions

There is not enough evidence available to support or refute the effectiveness of combined psychological therapy and pharmacotherapy compared to either of these interventions alone. Further large randomised controlled trials are urgently required.

PTSD is a potentially debilitating anxiety disorder triggered by exposure to a traumatic experience such as an interpersonal event like physical or sexual assault, exposure to disaster or accidents, combat or witnessing a traumatic event. There are three main clusters of symptoms: firstly, those related to re-experiencing the event; secondly, those related to avoidance and arousal; and thirdly, the distress and impairment caused by the first two symptom clusters.

Both psychological therapy and pharmacotherapy have been used to treat PTSD and guidelines suggest that a combination of both may mean people recover from PTSD more effectively. Four trials including 124 participants were included in this review. One of these trials (n =24) was on children and adolescents. The trials all used SSRIs and prolonged exposure or a cognitive behavioural intervention. Only two trials reported on total PTSD symptoms but the data could not be combined.

In this review, there are too few studies to be able to draw conclusions about whether a combination of psychological therapy and pharmacotherapy result in better outcomes for patients than either of these treatments alone.

Cochrane database of systematic reviews 2010(7), 37 sider

download artiklen her: <http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD007316/frame.html>

Critical incidents and assistance-seeking behaviors of white mental health practitioners : a transtheoretical framework for understanding multicultural counseling competency

Delsignore, Ann Marie; Petrova, Elena; Harper, Amney; Stowe, Angela M.; Mu'min, Ameena S.; Middleton, Renée A.

An exploratory qualitative analysis of the critical incidents and assistance-seeking behaviors of White mental health psychologists and professional counselors was performed in an effort to examine a theoretical supposition presented within a Person(al)-as-Profession(al) transtheoretical framework (P-A-P). A concurrent nested strategy was used in which both quantitative and qualitative data were collected simultaneously (Creswell, 2003). In this nested strategy, qualitative data was embedded in a predominant (quantitative) method of analysis from an earlier study (see Middleton et al., 2005). Critical incidents categorized as informal (i.e., personal) experiences were cited more often than those characterized as formal (i.e., professional) experiences as influencing the professional perspectives of White mental health practitioners regarding multicultural diversity. Implications for the counseling and psychology professions are discussed.

Keywords: multicultural counseling competency, racial identity development, mental health practitioners, assistance-seeking behaviors, critical incidents

Cultural diversity and ethnic minority psychology 16(3), 352-361, 2010

Dementia, ethnicity, and culture

Flaskerud, Jacquelyn H. Fra starten af artiklen

Are there consistent relationships among dementia, ethnicity, and culture that will help us understand the occurrence, treatment, and care giving responses? For answers to these questions, we can look to epidemiologic studies, family studies, gene studies, clinical observations of assessment procedures, cultural

beliefs about dementia and care giving, and studies of caregiver burden. There are various types of dementia with Alzheimer's Disease (AD) being, by far, the most common, accounting for about 70% of cases of late-onset dementia (American Psychiatric Association [APA], 2000; Askin-Edgar, White, & Cummings, 2002). Prevalence of different causes of dementia (infections, nutritional deficiencies, traumatic brain injury, endocrine conditions, cerebrovascular diseases, seizure disorders, brain tumors, substance abuse) varies substantially across cultural groups and geographic regions (APA, 2000).

Issues in mental health nursing 30(8), 522–523, 2009

Depression and anxiety among first-generation immigrant Latino youth : key correlates and implications for future research

Potochnick, Stephanie R.; Perreira, Krista M.

We examined how the migration and acculturation experiences of first-generation Latino youth contributed to their psychological well-being. Data came from the LAMHA (Latino Adolescent Migration, Health, and Adaptation) study, which surveyed 281 first-generation Latino immigrant youth, ages 12 to 19. Using logistic regression, we evaluated how migration stressors (i.e., traumatic events, choice of migration, discrimination, and documentation status) and migration supports (i.e. family and teacher support, acculturation, and personal-motivation) were associated with depressive symptoms and anxiety. We found that migration stressors increased the risk of both depressive symptoms and anxiety. Time in the United States and support from family and teachers reduced the risk of depressive symptoms and anxiety. Compared with documented adolescents, undocumented adolescents were at greater risk of anxiety, and children in mixed-status families were at greater risk of anxiety and marginally greater risk of depressive symptoms.

Journal of nervous and mental disease 198(7), 470-477, 2010

Differences in psychotropic drug prescriptions among ethnic groups in the Netherlands

Wittkamp, Laura Christina; Smeets, Hugo M.; Knol, Mirjam J.; Geerlings, Mirjam I.; Braam, Arjan W.; De Wit, Niek J.

Background

Psychotropic drug use in Europe and the USA has increased in the past 20 years. The rise in mental health-care use instigated a debate about possible differences in prevalence rates between different ethnic groups in the Netherlands, although the exact differences were unknown. The aim of this study was to determine whether these minority groups were more or less likely than the native population to receive psychotropic drugs.

Methods

A descriptive population study was conducted using the Agis Health Database, containing demographic and health-care consumption data of approximately 1.5 million inhabitants of the Netherlands. Rates of prescriptions of psychotropic drugs from 2001 to 2006 and adjusted odds ratios for psychotropic drug prescriptions among native Dutch, Turkish and Moroccan ethnic groups were calculated. These data were analysed using logistic regression, after being adjusted for age, gender and socioeconomic status.

Results

The mean year prevalence of psychotropic drug prescriptions from 2001 to 2006 was 14.0%. Except for a decrease in anxiolytic drugs, the prescriptions of psychotropic drugs increased from 2001 to 2006. These trends were the same for all of the ethnic groups considered. Among both the Moroccan and Turkish populations, there was a higher risk of antidepressant and antipsychotic drug prescriptions, and a pronounced lower risk of ADHD medication and lithium prescriptions compared to the native population. Among the Turkish population, the risk of anxiolytic drug prescriptions was greater than in the native population.

Conclusions

Compared to the native population in the Netherlands, first- and second-generation Turkish and Moroccan immigrants had an increased risk of antidepressant and antipsychotic drug prescriptions and a decreased risk of ADHD medication and Lithium prescriptions. Further research is needed to clarify whether patients of different ethnic backgrounds with the same symptoms receive similar diagnosis and adequate treatment.

Keywords Turkish – Moroccan – Prevalence - Psychotropic drugs - Netherlands

Social psychiatry and psychiatric epidemiology 45(8), 819-826, 2010

Ethnic and clinical characteristics of a Portuguese psychiatric inpatient population

Alexandre, Joana; Ribeiro, Raquel; Cardoso, Graça

The present study examined the association between ethnicity and clinical characteristics of patients admitted to a psychiatric inpatient unit in Portugal. The only ethnicity-related terms routinely recorded in the medical records were "Black" (mainly from the African Portuguese-speaking countries of Cape Verde, Angola, Guinea, Sao Tome and Mozambique) and "White." Black immigrants appeared to be over-represented, comprising 19.6% of inpatients; and were younger and more frequently male when compared with White inpatients. They were more frequently diagnosed with schizophrenia and acute or transient psychosis, and less frequently diagnosed with delusional and personality disorders than White inpatients. These results are consistent with previous studies in the US and UK, and highlight the need for more culturally sensitive care in mental health services.

Key Words: diagnosis - ethnic differences - Portugal - psychiatric inpatients
Transcultural psychiatry 47(2), 314-321,2010

Ethnic differences and similarities in outpatient treatment for depression in the Netherlands

Fassaert, Thijs; Peen, Jaap; van Straten, Annemieke; de Wit, Matty; Schrier, Agnes; Heijnen, Henk; Cuijpers, Pim; Verhoeff, Arnoud; Beekman, Aartjan; Dekker, Jack

Objective

There are widespread concerns about disparities in mental health treatment for ethnic minority groups. However, previous research in this area has been limited mainly to the United States and Great Britain, raising doubts about the external validity with respect to other European countries. This study addressed ethnic differences in characteristics of outpatient treatment for depression in the Netherlands.

Methods

Longitudinal data (2001–2005) were extracted from a nationwide psychiatric case register. The sample consisted of 17,270 episodes of outpatient depression care. Information was available about timeliness of the initial treatment contact, treatment intensity, dropout, and early reregistration for mental health care. Data were analyzed with linear, logistic, and Cox regression analyses.

Results

When analyses were controlled for illness and demographic characteristics, timeliness and treatment intensity were somewhat less favorable for Moroccan, Turkish, and other non-Western clients compared with ethnic Dutch. No significant differences were found between minority and ethnic Dutch groups in dropout and early reregistration. Some treatment characteristics were in fact more favorable for Surinamese and Antillean clients compared with ethnic Dutch.

Conclusions

The data provided insufficient support for the idea that treatment characteristics are generally less favorable for clients from ethnic minority groups. This finding may be related to the promotion of culturally sensitive approaches to care in mainstream mental health services but may also indicate that the role of traditional barriers, like stigma and taboo, is smaller than is usually suggested. However, the influence of language proficiency, which is notably better among Surinamese and Dutch Antillean compared with Turkish and Moroccan clients, should not be disregarded.

Psychiatric services 61(7), 690-697, 2010

Ethno-cultural variations in the experience and meaning of mental illness and treatment : implications for access and utilization

Carpenter-Song, Elizabeth; Chu, Edward; Drake, Robert E.; Ritsema, Mieka; Smith, Beverly; Alvenson; Hoyt

We conducted a study to investigate how understandings of mental illness and responses to mental health services vary along ethno-racial lines. Participants were 25 African American, Latino, and Euro-American inner-city residents in Hartford Connecticut diagnosed with severe mental illness and currently enrolled in a larger study of a community mental health center. Data were collected through 18 months of ethnographic work in the community. Overall, Euro-Americans participants were most aligned with professional disease-oriented perspectives on severe mental illness and sought the advice and counsel of mental health professionals. African-American and Latino participants emphasized non-biomedical interpretations of behavioral, emotional, and cognitive problems and were critical of mental health services. Participants across the sample expressed expectations and experiences of psychiatric stigma. Although Euro-Americans were aware of the risk of social rejection because of mental illness, psychiatric stigma did not form a core focus of their narrative accounts. By contrast, stigma was a prominent theme in the narrative accounts of African Americans, for whom severe mental illness was considered to constitute private "family business." For Latino participants, the cultural category of *nervios* appeared to hold little stigma, whereas psychiatric clinical labels

were potentially very socially damaging. Our findings provide further empirical support for differences in symptom interpretation and definitions of illness among persons from diverse ethno-racial backgrounds. First-person perspectives on contemporary mental health discourses and practices hold implications for differential acceptability of mental health care that may inform variations in access and utilization of services in diverse populations.

Key Words: ethnicity - explanatory models - illness stories - race - severe mental illness - US

Transcultural psychiatry 47(2), 224-251, 2010

Explaining racial and ethnic differences in antidepressant use among adolescents

Kirby, James B.; Hudson, Julie; Miller, G. Edward

We investigate the extent to which antidepressant use among adolescents varies across racial and ethnic subgroups. Using a representative sample of U.S. adolescents, we find that non-Hispanic White adolescents are over twice as likely as Hispanic adolescents, and over five times as likely as non-Hispanic Black adolescents to use antidepressants. Results from a decomposition analysis indicate that racial/ethnic differences in characteristics, including household income, parental education, health insurance, and having a usual source of care explain between one half and two thirds of the gap in antidepressant use between Hispanics and non-Hispanic Whites. In contrast, none of the gap between Whites and Blacks in antidepressant use is explained by differences in observed characteristics. Further analysis suggests that there are large racial/ethnic differences in the extent to which behavioral and mental health problems prompt antidepressant use and that this may, in part, account for the large differences across race/ethnicity observed in our study.

Medical care research and review 67(3), 342-363, 2010

Is neighborhood racial/ethnic composition associated with depressive symptoms? The multi-ethnic study of atherosclerosis

Mair, Christina; Roux, Ana V. Diez; Osypuk, Theresa L.; Rapp, Stephen R.; Seeman, Teresa; Watson, Karol E.

The racial/ethnic composition of a neighborhood may be related to residents' depressive symptoms through differential levels of neighborhood social support and/or stressors. We used the Multi-Ethnic Study of Atherosclerosis to investigate cross-sectional associations of neighborhood racial/ethnic composition with the Center for Epidemiologic Studies-Depression (CES-D) scale in adults aged 45–84. The key exposure was a census-derived measure of the percentage of residents of the same racial/ethnic background in each participant's census tract. Two-level multilevel models were used to estimate associations of neighborhood racial/ethnic composition with CES-D scores after controlling for age, income, marital status, education and nativity. We found that living in a neighborhood with a higher percentage of residents of the same race/ethnicity was associated with increased CES-D scores in African American men ($p < 0.05$), and decreased CES-D scores in Hispanic men and women and Chinese women, although these differences were not statistically significant. Models were further adjusted for neighborhood-level covariates (social cohesion, safety, problems, aesthetic quality and socioeconomic factors) derived from survey responses and census data. Adjusting for other neighborhood characteristics strengthened protective associations amongst Hispanics, but did not change the significant associations in African American men. These results demonstrate heterogeneity in the associations of race/ethnic composition with mental health and the need for further exploration of which aspects of neighborhood environments may contribute to these associations.

Keywords: Neighborhoods; Depressive symptoms; Mental health; Race/ethnicity; Ethnic density effect; USA
Social science and medicine 71(3), 541-550, 2010

Mental health care guidelines for culturally diverse communities

Tyson, Sheryl Y.; Flaskerud, Jacquelyn H.

Fra starten af artiklen

Cultural competence improves nursing care to all patients regardless of whether they are members of an identified minority group (Andrews & Boyle, 2003). Providing culturally competent care can be a daunting

task for the mental health nurse when considering the wide-ranging cultural diversity of US communities. Rather than focus on group specific care, principles and strategies that apply across groups are recommended. The guidelines included here are taken, in part, from the American Institutes for Research's (2004) report on cultural competence and nursing. Broadly, guidelines for culturally and linguistically appropriate services should focus on five areas: (1) self-awareness; (2) assessment for mental disorder and mental status; (3) language access strategies; (4) client/family intervention; and (5) community action.

Issues in mental health nursing 31(8), 545–547, 2010

Mental health in immigrants from nontraditional receiving sites

Kiang, Lisa; Grzywacz, Joseph G.; Marin, Antonio J.; Arcury, Thomas A.; Quandt, Sara A.

The mental health of Latinos immigrating to nontraditional settlements may be compromised by limited contextual resources. Stressors and strengths related to anxiety and depression were examined among 150 Mexican adults (45.3% women) in nontraditional areas. Normative stress was associated with anxiety ($[\beta] = .24$) after controlling for depression. Normative and acculturative stressors were associated with depression after controlling for anxiety ($[\beta]s = .36$ and $.17$, respectively). Links between normative stress and depression were particularly strong for women. Social support provided resilience, being linked with lower depression ($[\beta] = -.20$, $p < .01$). Acculturative stress and meeting economic expectations were associated with greater depression, but only for recent immigrants. Acculturative and normative stress increased the odds of clinical caseness for comorbidity by 4% and 62%, respectively, whereas social support decreased risk. Contextual implications and the need for resources to aid cultural adaptation are discussed.

Keywords: immigrants, acculturative stress, depression, anxiety, social support

Cultural diversity and ethnic minority psychology 16(3), 386–394, 2010

Perinatal mental disorders in native Danes and immigrant women

Munk-Olsen, Trine; Laursen, Thomas Munk; Mendelson, Tamar; Pedersen, Carsten B.

We aimed to explore if first- and second-generation immigrants have similar risks of mental disorder in pregnancy and postpartum as native Danes have. A population-based cohort study merging data from two Danish population registers was conducted, and survival analyses were performed. A total of 736,988 women were classified as native Danes, first- or second-generation immigrants. The main outcome measure was incident psychiatric in- or outpatient contacts during pregnancy or 0–12 months postpartum. First- and second-generation immigrant mothers had a higher overall risk of psychiatric contacts during both pregnancy and postpartum compared to native Danish mothers. Additionally, in native Danes as well as first- and second-generation immigrant new mothers, the highest risk of psychiatric in- or outpatient contact with a mental disorder was 0–29 days postpartum (RR, 3.09 (95% CI, 2.75–3.48); 2.91 (95% CI, 2.20–3.86); 4.55 (95% CI, 3.33–6.24), respectively), after which the risk decreased with time since childbirth. The increased risk of mental disorders shortly after childbirth applied to native Danish mothers as well as first- and second-generation immigrant mothers. Moreover, overall immigrants conferred a higher risk of psychiatric contact throughout the entire perinatal period.

Keywords Epidemiology - Perinatal psychiatry - Immigrants

Archives of women's mental health 13(4), 319-326, 2010

A postcolonial feminist perspective inquiry into immigrant women's mental health care experiences

O'Mahony, Joyce Maureen; Donnelly, Tam Truong

The number of immigrants coming to Canada has increased in the last three decades. As a result, there is greater emphasis on health care providers and the health care system to provide culturally appropriate and equitable care. It is well documented that many immigrant women suffer from serious mental health problems and experience difficulties in accessing and using mental health services. In this paper we advocate for new ways of research inquiry in exploring immigrant women's mental health care experiences, ones that move beyond the individual experiences of health and illness toward recognition that the health of

immigrant women must be addressed within the social, cultural, economic, historical, and political context of their lives. Drawing on past research we demonstrate how the postcolonial feminist perspective can be used to illuminate the ways in which race, gender, and class relations influence social, cultural, political, and economic factors, which, in turn, shape the lives of immigrant women. We suggest that postcolonial feminism provides an analytic lens to (a) generate transformative knowledge about immigrant women's mental health care experiences; (b) improve equitable health care; and (c) increase understanding of what would be helpful in meeting the immigrant women's health care needs.

Issues in mental health nursing 31(7), 440-449, 2010

Psychiatric and psychological predictors of self-reported health of African Americans with severe mental illness

Whaley, Arthur L.

Objective

Persons with severe mental illness do not receive adequate general medical health care, and African Americans are at greater risk of poor-quality care than their European-American counterparts. Services for patients with mental illness should include an assessment of health status. Self-report is the most efficient means of obtaining health information but may be susceptible to bias. The purpose of the study was to determine the effects of psychiatric symptoms, psychological factors, and demographic variables on the global self-reported health of African-American psychiatric patients.

Methods

Study participants were a sample of 151 African-American psychiatric patients who received an orally administered screening interview of self-report scales, including measures of paranoia, lack of trust, need for approval, and self-esteem. Structural equation modeling (SEM) was used to estimate the effects of demographic characteristics (gender, age, and education), psychological factors (distrust, need for approval, cultural mistrust, and self-esteem), and psychiatric symptoms (subjective and objective measures of psychosis) on global self-reported health.

Results

The best-fitting SEM model excluded demographic variables and indicated that the latent construct for psychological factors ($\beta=.63$) had a much stronger influence than psychiatric symptoms ($\beta=.37$) on the self-reported health status of these patients.

Conclusions

Physicians' assessments of medical complaints by patients with severe mental illness should consider the effects of nonclinical psychological factors on patients' reporting. Psychological factors associated with attitudes in the larger African-American community toward health care providers are also present in the segment with severe mental illness.

Psychiatric services 61(7), 669-674, 2010

Racial preferences for participation in a depression prevention trial involving problem-solving therapy

Kasckow, John; Brown, Charlotte; Morse, Jennifer Q.; Karpov, Irina; Bensasi, Salem; Thomas, Stephen B.; Ford, Angela; Reynolds, Charles

Objectives

This study compared African Americans' and Caucasians' willingness to participate in an indicated intervention to prevent depression with problem-solving therapy. It also examined participants' problem-solving skills. Hypotheses stated that there would be no racial differences in consent rates and that social problem-solving coping skills would be lower among African Americans than Caucasians.

Methods

Proportions of African Americans and Caucasians who consented were compared, as were Social Problem Solving Inventory scores between the groups.

Results

Of 2,788 individuals approached, 82 (4%) of 1,970 Caucasians and 46 (6%) of 818 African Americans signed consent, and the difference was not significant ($p=.09$). Racial differences were observed in neither Social

Problem Solving Inventory scores nor in the relationship between problem-solving skills and depressive symptoms.

Conclusions

African Americans with depression demonstrated a willingness to participate in an indicated trial of depression prevention. Furthermore, both groups would appear to benefit from the problem-solving process.

Psychiatric services 61(7), 722-724, 2010

Responses to discrimination and psychiatric disorders among Black, Hispanic, female, and lesbian, gay, and bisexual individuals

McLaughlin, Katie A.; Hatzenbuehler, Mark L.; Keyes, Katherine M.

Objectives

We examined associations between perceived discrimination due to race/ethnicity, sexual orientation, or gender; responses to discrimination experiences; and psychiatric disorders.

Methods

The sample included respondents in the 2004–2005 National Epidemiologic Survey on Alcohol and Related Conditions (n = 34 653). We analyzed the associations between self-reported past-year discrimination and past-year psychiatric disorders as assessed with structured diagnostic interviews among Black (n = 6587); Hispanic (n = 6359); lesbian, gay, and bisexual (LGB; n = 577); and female (n = 20 089) respondents.

Results

Black respondents reported the highest levels of past-year discrimination, followed by LGB, Hispanic, and female respondents. Across groups, discrimination was associated with 12-month mood (odds ratio [ORs] = 2.1–3.1), anxiety (ORs = 1.8–3.3), and substance use (ORs = 1.6–3.5) disorders. Respondents who reported not accepting discrimination and not discussing it with others had higher odds of psychiatric disorders (ORs = 2.9–3.9) than did those who did not accept discrimination but did discuss it with others. Black respondents and women who accepted discrimination and did not talk about it with others had elevated rates of mood and anxiety disorders, respectively.

Conclusions

Psychiatric disorders are more prevalent among individuals reporting past-year discrimination experiences. Certain responses to discrimination, particularly not disclosing it, are associated with psychiatric morbidity.

American journal of public health 100(8), 1477-1484, 2010

The role of stigma and state in the mental health of Somalis

Boynton, Lorin; Bentley, Jacob; Jackson, J. Carey; Gibbs, Tresha A.

As the population of the United States becomes more ethnically diverse, clinicians are faced with treating patients from a variety of different cultures with various customs, beliefs, and practices. This case report describes the presentation of a 55-year-old Somali refugee suffering from depression and posttraumatic stress disorder, in the context of his culture. The discussion suggests ways in which clinicians may respond to and work with Somali patients, in order to promote their well-being in a culturally competent manner.

Journal of psychiatric practice 16(4), 265–268, 2010

Transcultural psychiatry : from practice to theory

Kortmann, Frank

Psychiatric patients of non-western origin leave treatment against the advice of their clinicians far more often than do their western counterparts. This article presents a theoretical framework for better understanding such clinical cases, developed from examples of psychiatric practice in different cultures. The theory is based on two meanings of the concept of culture, an elaboration of the universality-relativity dichotomy, and a view of the work of mental health care providers as involving three components: (1) building a trusting relationship with the patient; (2) making a diagnosis and treatment plan; and (3) carrying out treatment that is acceptable and meaningful to the patient. The article argues that all psychiatry is transcultural psychiatry, because a cultural gap always exists between the psychiatrist and the patient.

Key Words: doctor—patient relationship - explanatory models - ethnography - illness narratives - treatment adherence

Transcultural psychiatry 47(2), 203-223, 2010

Using multiple-cause-of-death data as a complement of underlying-cause-of-death data in examining mortality differences in psychiatric disorders between countries

Lu, Tsung-Hsueh; Lin, Jin-Jia

Background

Little is known about the mortality differences in psychiatric disorders (PD) between countries according to multiple-cause-of-death (MCOd) data.

Objective

To compare mortality differences in PD between Taiwan and the US according to MCOd and underlying-cause-of-death (UCOD) data and factors associated with the reporting of PD and assigning PD as the UCOD.

Method

MCOd data of Taiwan and the US for years 2003 through 2005 were used for analysis. Deaths per 100,000 population for various PD by age and sex were calculated for each country. Mortality rate ratios between Taiwan and the US were computed to examine the extent of mortality differences between the countries. Odds ratios in reporting PD and assigning PD as the UCOD by age and sex for each country were estimated according logistic regression model.

Results

According to UCOD data, the PD mortality was 3.6 per 100,000 population in Taiwan and 21.9 per 100,000 population in the US, a sixfold difference. The mortality differences increased according to MCOd, which was 10.3 per 100,000 population in Taiwan and 115.4 per 100,000 population in the US, an 11-fold difference. Exception dementia/Alzheimer's disease, the mortality differences between the countries increased in schizophrenia, mood disorder/depression, use of alcohol and use of drug according to MCOd data compared with those according to UCOD data. The percentage in reporting PD among all deaths in the US (13.9%) was higher than those in Taiwan (1.4%); however, the percentage in assigning PD as the UCOD in Taiwan (35%) was higher than those in the US (19%).

Conclusion

MCOd data could be used as a complement to UCOD data to provide more information (such as percentage of reporting PD and assigning PD as the UCOD) in interpreting mortality differences in PD between the countries.

Keywords Death certificates - Cause of death - Psychiatric disorders - Mortality

Social psychiatry and psychiatric epidemiology 45(8), 837-842, 2010

Validation of a Korean MMPI-2 hwa-byung scale using a Korean normative sample

Ketterer, Holly; Han, Kyunghee; Weed, Nathan C.

The psychometric properties of a recently developed measure of Hwa-Byung (HB), a Korean culture bound syndrome, using an updated version of the Korean Minnesota Multiphasic Personality Inventory-2, were examined in Korean normative sample. Confirmatory factor analyses indicated that both the first-order four-factor model and the single second-order factor model fit the data well, but the latter may be superior because of its parsimony. The HB scale correlated modestly with age, sex, SES, and problems with family and finance. However, it showed substantial correlations with spouse ratings items that were identified a priori as prospective HB correlates, indicating excellent concurrent validity. The limitations of the study and the need for future studies employing HB patients were discussed.

Keywords: Hwa-Byung, culture bound syndrome, Korean MMPI-2, scale development

Cultural diversity and ethnic minority psychology 16(3), 379-385, 2010

"You don't go tell white people nothing" : African American women's perspectives on the influence of violence and race on depression and depression care

Nicolaidis, Christina; Timmons, Vanessa; Thomas, Mary Jo, Waters, A. Star; Wahab, Stephanie; Mejia, Angie; Mitchell, S. Renee

Objectives

We sought to understand how African American women's beliefs regarding depression and depression care are influenced by racism, violence, and social context.

Methods

We conducted a focus group study using a community-based participatory research approach. Participants were low-income African American women with major depressive disorder and histories of violence victimization.

Results

Thirty women participated in 4 focus groups. Although women described a vicious cycle of violence, depression, and substance abuse that affected their health, discussions about health care revolved around their perception of racism, with a deep mistrust of the health care system as a "White" system. The image of the "strong Black woman" was seen as a barrier to both recognizing depression and seeking care. Women wanted a community-based depression program staffed by African Americans that addressed violence and drug use.

Conclusions

Although violence and drug use were central to our participants' understanding of depression, racism was the predominant issue influencing their views on depression care. Providers should develop a greater appreciation of the effects of racism on depression care. Depression care programs should address issues of violence, substance use, and racism.

American journal of public health 100(8), 1470-1476, 2010

ANMELDELSER

Mental Health in a multi-ethnic society : a multidisciplinary handbook (2. ed.)

Routledge. 2009. £21.99 (pb). 320pp

ISBN: 9780415414876

Edited by Allan Beveridge, Femi Oyeboade and Rosalind Ramsay

Edited by Suman Fernando & Frank Keating..

Mental Health in a Multi-Ethnic Society: A Multidisciplinary Handbook addresses basic issues in mental healthcare for Black and minority ethnic communities in a sociopolitical context. Areas where those communities are at a disadvantage are critically analysed and ways of rectifying that are considered. Contributions from over 20 authors, with backgrounds in sociology, psychology, psychiatry, psychotherapy, law and education, have succeeded in providing a wide perspective.

Suman Fernando sets the scene by classifying terms such as race, racism, culture and ethnicity, and provides a cultural perspective of mental health. He asserts his strong views on what he considers to be institutional racism. (I recommend readers to the opinion and debate articles in the October 2007 issue of the Psychiatric Bulletin (pp. 363–70) to gain a balanced view of this highly controversial topic.)

There is a good critical commentary on the main legislation that affects mental healthcare. In analysing the impact of the Race Relations (Amendment) Act 2000 and Human Rights Act 1998 disappointment is expressed that the new Mental Health Act 2007 does nothing at all to help redress racial inequalities.

Almost half of the book is devoted to training issues and description of the various UK statutory and voluntary services. It provides the stimulus to organise programmes and innovations targeting the needs of different ethnic groups. Issues specific to Black and minority ethnic women are discussed and concern is expressed that they access services only at crisis points, experience them as inappropriate, lack confidence and trust in services and have an inadequate knowledge of what is available. Case studies of the Black Mental Health Project, the Muslim Women's Helpline and the Newham Asian Women's Project are good examples of innovative services. The Mellow Project, which started with the aim of helping to reduce the over-representation of young African–Caribbeans in mental health services in east London, describes the development of alternative and sustainable responses to mental distress. The Marlborough Cultural Therapy Centre has developed a specialist, culturally appropriate service for the South Asian and Arab communities in north-west London. Mental health services for Chinese people, counselling and day care for South Asian

people in Waltham Forest and services for African–Caribbean people in Manchester are worthwhile examples. Guidance is given on developing psychological services for refugee survivors of torture.

On the whole, this book stimulates critical analysis of areas of discontent while also providing a direction towards future training and service development. I would recommend it as a valuable resource for multidisciplinary training as well as for planners involved in mental health service provision.

Handbook of mental health and acculturation in asian american families

Edited by N-H. Trinh, Y.C. Rho, F.G. Lu and K.M. Sanders
Humana Press, 2009. 210pp. Hb £53.99.
ISBN 978–1–60327–436–4

With the ever increasing mobility of populations across the globe, and with increased contact between cultures, the process of acculturation and changing cultural identity, as a result, have become significant. The contact between two cultures, even if it is at a distance through methods such as global media, means that it is inevitable that to some degree both cultures will change. In the last quarter of a century, clinicians have become very sensitive to the impact of acculturation. This slim volume, which resulted from a seminar conducted five years ago, is a welcome attempt to bring together the existing paradigms of acculturation as applicable to Asian American families in the USA.

The book has 11 chapters (including one on conclusions) and is divided into two broad sections: Part I deals with research and Part II provides clinical insight into acculturation and the mental health of Asian Americans. Each chapter has an abstract and a set of key words to guide the reader. The book begins by describing the development of acculturation and the scales used to measure acculturation. There is little doubt that acculturation status has been found to be associated with physical health, mental health, school performance and family/marital adjustment.

Acculturation status affects substance use, career orientation and goals, among other factors. The concepts of enculturation (which refers to the process of socialization into and maintenance of norms of one's indigenous culture, including its salient ideas, concepts and values) and acculturation need to be understood. The within-group variability of acculturation needs to be remembered by clinicians. Quite often clinicians may not be aware that not all family members will be acculturated at the same level and at the same speed. Thus, any couple/marital or family work must take that into account. Psychological distress related to migration will itself bring a set of problems related to acculturation. One chapter is devoted to guidelines and recommendations for mental health professionals and turns the attention of clinicians to family dynamics, family structure, developmental considerations and matters related to culture conflict. This book will be useful to clinicians working with this group and also provides a model for clinicians who are working with other acculturated groups.

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