

Information om Transkulturel Psykiatri, juni 2009

NYHEDER

Børnepsykiater stærkt bekymret for asylbørn i kirke

Kristeligt Dagblads netavis 12. juni 2009 / Kim Schou

Bente Rich fik et nødopkald fra præsten i Brorsons Kirke i sidste uge. Bente Rich skulle skynde sig at komme for at tilse to familier, hvor børnene var så medtagede, at kirken og de frivillige ikke turde lade dem være uden professionel hjælp.

- Mens jeg var der, forsøgte det ene af børnene hele tiden at gemme sig. Det er et barn, som har svære udviklingsforstyrrelser og går i specialbørnehave. Han hallucinerer og ser mærkelige ting, der er ved at overfalde ham. Han har allerede en børnepsykiatrisk lægeerklæring, der uden tvivl burde give familien humanitær opholdstilladelse, hvis den var blevet taget med i vurderingen af deres ansøgning, fortæller Bente Rich.

læs artiklen her: <http://www.kristeligt-dagblad.dk/artikel/327572:Danmark--Boernepsykiater-stærkt-bekymret-for-asylboern-i-kirke>

Danmark svigter torturofre

Arbejderens netavis 10. juni

Mange afviste irakiske flygtninge har traumer efter krig, flugt og tortur. Men deres tilstand er aldrig blevet undersøgt, og der er ingen garanti for behandling i Irak.

Hazhar Jaaf har ikke tid til at tænke over det år, han tilbragte som 15-årig i et irakisk fængsel, eller den massakre han blev tvunget til at overvære. Hans kone er nemlig dybt traumatiseret og har det meget værre end ham.

- Hun får angstanfald, hvor hun tror, de kommer og tager hende flere gange om dagen, fortæller Hazhar Jaaf til Arbejderen.

De to irakiske flygtninge er blandt de 282 afviste irakiske asylansøgere, der lige nu risikerer at blive tvangsudvist til Irak, fordi den irakiske regering har underskrevet en hjemsendesaftale med Danmark.

Mange af flygtningene har, som Hazhar Jaaf og hans kone, traumer og andre psykiske skader. Men deres tilstand og behov for behandling er aldrig blevet undersøgt, og den danske regering vil ikke garantere for, at de kan behandles, når de ankommer til Irak.

læs artiklen her: http://www.arbejderen.dk/index.aspx?F_ID=56675&TS_ID=1&S_ID=36&C_ID=60

Fra offer til overlever

Susan Paulsen

Traumatiserede flygtninge står i kø for at få hjælp til et bedre liv. Rehabiliteringscenteret på Fyn har 80 på venteliste – og 30 i behandling. Arbejdet med flygtningene kræver både vedholdenhed og **optimisme**, fortæller socialrådgiverne på centret.

- Den største udfordring er at tænde håb og livsgnist hos de mennesker, som kommer her. At de får troen på livet tilbage og tilliden til andre mennesker – en tillid, som er hårdt medtaget, siger Vibeke Hallas, socialrådgiver og leder af RehabiliteringsCenter for Torturoverlever og Traumatiserede Flygtninge på Fyn (RCT Fyn).

Socialrådgiveren nr. 11, 4.juni 2009

læs artiklen her: <http://www.socialrdg.dk/Default.aspx?ID=2299>

Ingen velkomst til det danske sundhedsvæsen

Marie Nørredam

Indtil videre er det kun asylansøgere, som modtager systematisk tilbud om helbredsundersøgelse ved deres ankomst. Det skyldes, at alle asylansøgere initialt anbringes i Sandholmlejren, og at Dansk Røde Kors, som står for asylansøgernes indkvartering og sundhed, tilbyder den enkelte asylansøger en frivillig screening ved

en sygeplejerske. Den omfatter en udspørgen om somatisk og psykisk sundhed. I tilfælde af sygdom er der herefter mulighed for at viderehenvise til lægelig vurdering hos de alment praktiserende læger, som er ansat i asylcentrene.

Kvoteflygtninge flyves direkte fra flygtningelejre til en kommune i Danmark. Imidlertid får kvoteflygtninge ikke nogen systematisk helbredsundersøgelse ved ankomsten. Det er helt og aldeles op til den enkelte kommune. Hvis man lokalt skulle beslutte sig herfor, foreligger der imidlertid heller ikke fra Sundhedsstyrelsen nogen retningslinjer, som praktiserende læger kan forholde sig til med hensyn til, hvad en helbredsundersøgelse af personer fra forskellige oprindelseslande bør indeholde.

Til familiesammenførte eksisterer der heller intet systematisk tilbud om en helbredsundersøgelse ved ankomsten. Der findes ej heller retningslinjer for praktiserende læger med hensyn til den sundhedsmæssige modtagelse af denne gruppe, herunder hvilke problemstillinger man særligt skal være opmærksom på. Det gælder desuden både for kvoteflygtninge og familiesammenførte, at de ikke får nogen systematisk introduktion til, hvordan det danske sundhedsvæsen fungerer.

Ugeskrift for læger 171(25), 2136pp, 2009

udkriv artiklen herfra:

http://www.ugeskriftet.dk/portal/page/portal/LAEGERDK/UGESKRIFT_FOR_LAEGER/TIDLIGERE_NUMRE/2009/UFL_2009_25/UFL_2009_171_25_2136

Når terapien møder Allah - Giver det mening at tilbyde vestlig psykoterapi til ikke-vestlige personer? Og hvem skal i så fald tilpasse sig hvem?

Ida Andersen

Traumatiserede flygtninge, som får tildelt asyl i vestlige lande, får som regel tilbudt en eller anden form for psykologisk behandling. Men indholdet og hensigtsmæssigheden af denne behandling kan i høj grad variere. Når vi diagnosticerer ikke-vestlige flygtninge med posttraumatisk stressyndrom, depression eller andre psykiatriske lidelser og iværksætter terapeutiske interventionsformer som kognitiv adfærdsterapi udviklet i den vestlige verden, tvinger vi så i virkeligheden denne i forvejen skrøbelige gruppe til at tilpasse sig vores syn på problemer og løsninger? Ville det, i det ekstreme tilfælde, være passende at fastholde en problemforståelse bestående udelukkende af dysfunktionelle tanker, følelser og handlinger over for en klient, der ser sin situation som et direkte udtryk for Allahs vilje? Med andre ord, giver det mening at tilbyde vestlig psykoterapi til ikke-vestlige personer, og hvem skal i så fald tilpasse sig hvem?

Psykolog Nyt 11, 3-7, 2009

læs artiklen her: <http://infolink2003.elbo.dk/PsyNyt/Dokumenter/doc/15986.pdf>

LITTERATUR

ARTIKLER FRA FAGLIGE TIDSSKRIFTER

Analysis of the Multicultural Assessment Intervention Process model

Gamst, Glenn; Dana, Richard H.; Meyers, Lawrence S.; Der-Karabetian, Aghop; Guarino, A. J.

Abstract

Multiple regression models linking client counselor preferences, client-provider ethnic/racial match and provider self-perceived cultural competence to clinical outcome was developed with samples of African American, Latino American and White American adult outpatient community mental health clients ($n=1153$). The models tested hypothesized relationships of cultural factors predicted by the Multicultural Assessment Intervention Process model. Measured variables included clients' preferences for the language in which mental health services were to be provided and the culture (race/ethnicity) of the provider, client-provider ethnic/racial match, self-perceived provider cultural competence and clinical outcome as measured by Global Assessment of Functioning scores at Time 2 statistically controlling for client scores at Time 1. Results indicated that lack of a client-provider ethnic/racial match and higher levels of provider self-perceived sensitivity predicted African American clinical outcome. These same results plus higher levels of provider self-perceived awareness of cultural barriers predicted Latino American clinical outcome. None of the cultural variables were found to predict White American clinical outcome. Multicultural Assessment Intervention Process model implications are discussed.

Keywords mental health; acculturation; ethnic/racial identity; ethnic/racial match; California Brief Multicultural Competence Scale; Multicultural Assessment Intervention Process model

International journal of culture and mental health 2(1), 51-64, 2009

Beliefs and practices regarding Alzheimer's disease and related dementias among Filipino home care workers in Israel

Ayalon, Liat

Abstract

Background

In the past few decades, foreign home care to frail older adults has become a common alternative to family care in many developed countries. Whereas Alzheimer's disease and related dementias (ADRD) are common conditions in this population of frail older adults, little is known about the beliefs of foreign home care workers about ADRD or about their practices.

Methods

A mixed-methods design was conducted in 2006-2007 in Israel. The study included a survey of beliefs about ADRD completed by 184 Filipino home care workers and qualitative interviews with 29 Filipino home care workers.

Results

On seven of the 14 belief items, more than 30% of the workers were in discordance with scientific view about ADRD. Those workers who were not informed about the care recipient's medical conditions were more likely to report beliefs that were inconsistent with current scientific knowledge. In qualitative interviews, Filipino home care workers reported using intuitively behavioral techniques when caring for older adults with ADRD.

Conclusions

Despite the fact that some of the workers' beliefs are inconsistent with current scientific view, their actual intuitive practices are consistent with the scientific paradigm. Specific emphasis has to be placed on encouraging workers' intuitive approach to ADRD and providing workers with ample information about the medical conditions and needs of the care recipient.

Keywords knowledge; attitudes; migrant workers; dementia; cross-cultural; formal caregiving; domestic care
Ageing and mental health 13(3), 456-462, 2009

Biracial population study of mortality in mild cognitive impairment and Alzheimer disease

Wilson, Robert S.; Aggarwal, Neelum T.; Barnes, Lisa L.; Bienias, Julia L.; Mendes de Leon, Carlos F.; Evans, Denis A.

Objective

To assess mortality associated with mild cognitive impairment (MCI) and Alzheimer disease (AD) among older African Americans and whites from an urban community.

Design

Longitudinal population based observational study.

Setting

4 adjacent neighborhoods in Chicago, Illinois.

Participants

Persons deemed free of dementia in a previous wave of data collection (n=1715) underwent detailed clinical evaluation: 802 had no cognitive impairment (46.8%), 597 had MCI (34.8%), 296 had AD (17.3%), and 20 had other forms of dementia (1.2%).

Main Outcome Measure

All-cause mortality.

Results

During as many as 10 years of observation (mean [SD], 4.7 [3.0] years), 634 individuals died (37.0%). Compared with people without cognitive impairment, risk of death was increased by about 50% among those with MCI (hazard ratio [95% confidence interval], 1.48 [1.22- 1.80]) and was nearly 3-fold greater among those with AD (2.84 [2.29-3.52]). These effects were seen among African Americans and whites and did not differ by race. Among participants with MCI, risk of death increased with more severe cognitive impairment, and this effect did not vary by race. A similar effect was seen among participants with AD, but it was slightly

stronger for African Americans vs whites. In the MCI and AD groups, the association of cognitive impairment with survival was stronger for perceptual speed than for other cognitive functions.

Conclusion

The presence and severity of MCI and AD are associated with reduced survival among African Americans, and these effects are comparable to those seen among whites.

Archives of neurology 66(6), 767-772, 2009

Bridging the gaps : refugee community organisations and the provision of mental health services in the London Borough of Camden, UK

Palmer, David; Alemu, Ermias; Hopwood, Julian

Abstract

This research project explored how refugee community organisations (RCOs) could become more involved in the government's health agenda to improve the level of consultation and responsiveness in the design and provision of mental health services for ethnic minorities. The method involved a review of relevant literature, interviews with refugee community organisation leaders and community workers, and a survey of refugee service users' involvement with RCOs. The research found that the causes and effects of mental ill health in refugees as understood by interviewees were consistent with much of the literature in this area. The mental health needs of refugees are very similar across nationalities and ethnicities, and distinct from those of the general population and of other migrant groups. Appropriate responses, as understood by community leaders and professional community workers, are currently only partly and insufficiently provided by statutory health services, and there is extensive unmet need.

Keywords

refugees, refugee community organisations, mental health, London Borough of Camden

International journal of migration, health and social care 4(4), 4-20, 2008

Clinical features and pathway to care of migrants referring to the Bologna Transcultural Psychiatric Team

Tarricone, Ilaria; Atti, Anna Rita; Braca, Mauro; Berardi, Domenico; Pedrini, Elena; Morri, Michela; Poggi, Francesca; Melega, Saverio; Nolet, Maria; Tonti, Lorenza

Abstract

A total of 182 migrants were followed-up from 1999 until 2007 by the Bologna-west Transcultural Psychiatric Team (BoTPT). Most of these patients came from North and sub-Saharan Africa (54%), were suffering from adjustment disorders and were referred by social or voluntary services, while only 16% came through general practitioners. Clinical diagnoses, psychopathology and pathways to care were closely related to socio-demographic features and ethnic groups. More efforts should be made to ameliorate pathways to care among migrants. In particular we should provide ethnic minorities with information about mental illness and services and we should teach primary and secondary levels of care to acquire greater cultural awareness.

Keywords: migration; psychiatric services; pathways to care; first-generation migrants

International journal of culture and mental health 2(1), 1-15, 2009

Comparison of self-reported health and healthcare utilisation between asylum seekers and refugees: an observational study

Toar, Magzoub; O'Brien, Kirstey; Fahey, Tom

Abstract

Background

Adult refugees and asylum seekers living in Western countries experience a high prevalence of mental health problems, especially post traumatic stress disorder (PTSD), depression and anxiety. This study compares and contrasts the prevalence of health problems, and potential risk factors as well as the utilisation of health services by asylum seekers and refugees in the Irish context.

Methods

Cross sectional study using validated self reported health status questionnaires of adult asylum seekers (n=60) and refugees (n=28) from 30 countries, living in Ireland. Outcome measures included: general health status (SF-36), presence of PTSD symptoms and anxiety/depression symptoms. Data on chronic conditions and pre or post migration stressors are also reported. The two groups are compared for utilisation of the health care system and the use of over the counter medications.

Results

Asylum seekers were significantly more likely than refugees to report symptoms of PTSD (OR 6.3, 95% CI: 2.2-17.9) and depression/anxiety (OR 5.8, 95% CI: 2.2-15.4), while no significant difference was found in self-reported general health. When adjusted by multivariable regression, the presence of more than one chronic disease (OR 4.0, 95%CI: 1.3-12.7; OR 3.4, 95% CI: 1.2-10.1), high levels of pre migration stressors (OR 3.6, 95% CI: 1.1-11.9; OR 3.3, 95% CI: 1.0-10.4) or post migration stressors (OR 17.3, 95% CI: 4.9-60.8; OR 3.9, 95% CI: 1.2-12.3) were independent predictors of self reported PTSD or depression/anxiety symptoms respectively, however, residence status was no longer significantly associated with PTSD or depression/anxiety. Residence status may act as a marker for other explanatory variables; our results show it has a strong relationship with post migration stressors ($\chi^2 = 19.74$, $df=1$, $P < 0.001$). In terms of health care utilisation, asylum seekers use GP services more often than refugees, while no significant difference was found between these groups for use of dentists, medication, hospitalisation or mental health services.

Conclusions

Asylum seekers have a higher level of self reported PTSD and depression/anxiety symptoms compared to refugees. However, residence status appears to act as a marker for post migration stressors. Compared to refugees, asylum seekers utilise GP services more often, but not mental health services.

BMC public health 9(214), 27 pp, 2009

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Contrasting concepts of depression in Uganda : implications for service delivery in a multicultural context

Johnson, Laura R.; Mayanja, Med Kajumba; Bangirana, Paul; Kizito, Simon

Abstract

Depression is a rising public health concern worldwide. Understanding how people conceptualize depression within and across cultures is crucial to effective treatment in a global environment. In this article, we highlight the importance of considering both lay and professional perspectives when developing a culturally competent and contextually relevant model for service delivery. We conducted interviews with 246 Ugandan adults to elicit their explanatory belief models (EMs) about the nature of depression, its causes, social meanings, effects, help seeking, and treatment. Interviews were transcribed, content analyzed, and coded. We compared EMs of community members ($n = 135$) to those of professional practitioners ($n = 111$), whom we further categorized into traditional healers, primary care providers, and mental health professionals. We found significant differences between lay and professional EMs and between 3 types of professionals. Contrary to our expectations, lay concepts did not overlap more with traditional healers than with other professional EMs. We discuss the diverse concepts of depression in Uganda, the nature of group differences, and implications for service delivery and treatment.

Author Keywords: depression; Uganda; explanatory model; traditional healing; service delivery

American journal of orthopsychiatry 79(2), 275-289, 2009

Differentials and income-related inequalities in maternal depression during the first two years after childbirth: birth cohort studies from Brazil and the UK

Matijasevich, Alicia; Golding, Jean; Smith, George Davey; Santos, Iná S.; Barros, Aluísio J. D.; Victora, Cesar G

Abstract

Background

Depression is a prevalent health problem among women during the childbearing years. To obtain a more accurate global picture of maternal postnatal depression, studies that explore maternal depression with comparable measurements are needed. The aims of the study are: (1) to compare the prevalence of

maternal depression in the first and second year postpartum between a UK and Brazilian birth cohort study; (2) to explore the extent to which variations in the rates were explained by maternal and infant characteristics, and (3) to investigate income-related inequalities in maternal depression after childbirth in both settings.

Methods

Population-based birth cohort studies were carried out in Avon, UK in 1991 (ALSPAC) and in the city of Pelotas, Brazil in 2004, where 13 798 and 4109 women were analysed, respectively. Self-completion questionnaires were used in the ALSPAC study while questionnaires completed by interviewers were used in the Pelotas cohort study. Three repeated measures of maternal depression were obtained using the Edinburgh Postnatal Depression Scale in the first and second year after delivery in each cohort. Unadjusted and adjusted analyses were carried out. The Relative index of Inequality was used for the analysis of income-related inequalities so that results were comparable between cohorts.

Results

At both the second and third time assessments, the likelihood of being depressed was higher among women from the Pelotas cohort study. These differences were not completely explained by differences in maternal and infant characteristics. Income-related inequalities in maternal depression after childbirth were high and of similar magnitude in both cohort studies at the three time assessments.

Conclusion

The burden of maternal depression after childbirth varies between and within populations. Strategies to reduce income-related inequalities in maternal depression should be targeted to low-income women in both developed and developing countries.

Clinical practice and epidemiology in mental health 5(12), 11 pp., 2009

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Discrimination, ethnicity and psychosis — a qualitative study

Chakraborty, Apu T.; McKenzie, Kwame J.; King, Michael B.

Abstract

Background

The increased incidence of psychosis in African-Caribbeans in the UK compared to the white British population has been frequently reported. The cause for this is unclear; social factors are said to account for this increase and one factor that is often cited is discrimination.

Aims and method

We have looked at two groups of psychotic patients, blacks of Caribbean origin and white British, and present a qualitative comparison of the individual's experience of unfair treatment and its perceived cause.

Results

The African-Caribbean patients did not describe more perceived discrimination than their white counterparts but were more likely to claim that their distress was due to racial discrimination perpetrated by the psychiatric services and society in general. The white patients were more likely to attribute perceived discrimination to their mental illness.

Conclusion

This mismatch of explanatory models between black patients and their doctors may account for some inequalities in their treatment, their relative non-engagement and adverse outcome.

Keywords

Discrimination, ethnicity, psychosis, racism, African-Caribbean

Ethnicity and inequalities in health and social care 2(1), 18-29, 2009

Does cognitive-behavioral therapy for PTSD improve perceived health and sleep impairment?

Galovski, Tara E.; Monson, Candice; Bruce, Steven E.; Resick, Patricia A.

Abstract

There is a paucity of empirical study about the effects of evidence-based psychotherapy for posttraumatic stress disorder (PTSD) on concurrent health concerns including sleep impairment. This study compares the differential effects of cognitive processing therapy (CPT) and prolonged exposure (PE) on health-related

concerns and sleep impairment within a PTSD sample of female, adult rape survivors ($N = 108$). Results showed that participants in both treatments reported lower health-related concerns over treatment and follow-up, but there were relatively more improvements in the CPT condition. Examination of sleep quality indicated significant improvement in both CPT and PE across treatment and follow-up and no significant differences between treatments. These results are discussed with regard to the different mechanisms thought to underlie the treatments and future innovations in PTSD treatment.

Journal of traumatic stress 22(3), 197-204, 2009

Effects of cultural themes in psychotic symptoms on the diagnosis of schizophrenia in African Americans

Whaley, Arthur L.; Hall, Brittany N.

Abstract

Cultural themes focusing on race-related issues and religiosity were identified via content analysis in the delusions and hallucinations of a sample of 118 African American psychiatric patients. The purpose of the study was to determine whether cultural themes in psychotic symptoms influence the diagnosis from different sources (i.e., chart, SCID, and best estimate) of schizophrenia for Black patients. It was hypothesized that the best estimate diagnoses of cultural experts would diagnose schizophrenia in African Americans more frequently when they exhibit race-related themes in their psychotic symptoms. It was also hypothesized that diagnosis of the paranoid subtype would yield a stronger difference among the sources than the broader category of schizophrenia. The results did not support the hypotheses. Implications for understanding the relationship between culture and psychosis among African Americans are discussed.

Keywords: African Americans; content analysis; culture; diagnosis; psychotic symptoms; schizophrenia
Mental health, religion and culture 12(5), 457-471, 2009

The epidemiology of posttraumatic stress disorder

Johnson, Jennifer; Maxwell, Andrea; Galea, Sandro

Abstract

Posttraumatic stress disorder (PTSD) is highly prevalent and has substantial economic and social consequences. In this article, we review the epidemiology of PTSD. We begin by summarizing the evidence about the prevalence and correlates of traumatic event exposure. Next, we discuss the prevalence of PTSD, the conditional probability of PTSD given specific traumatic event exposure, the correlates, and demographic distribution of PTSD, and the trajectory of PTSD over the life course. Lastly, we discuss the consequences of PTSD and the challenges facing this field of research today.

Psychiatric annals 39(6), 2009

Ethnic heterogeneity in gluoregulatory function during treatment with atypical antipsychotics in patients with schizophrenia

Ader, Marilyn; Garvey, W. Timothy; Phillips, Lawrence S.; Nemeroff, Charles B.; Gharabawi, Georges; Mahmoud, Ramy; Greenspan, Andrew; Berry, Sally A.; Musselman, Dominique L.; Morein, Jacqueline; Zhu, Young; Mao, Lian; M.; Bergman, Richard N.

Abstract

Objective

Atypical antipsychotics induce weight gain and are linked to increased diabetes risk, but their relative impact on factors that elevate disease risk are unknown.

Methods

We performed a 6-month, randomized, double-blind study to evaluate the effects of risperidone and olanzapine in patients with schizophrenia. At baseline and weeks 6 and 24, we quantified: (1) total adiposity by DEXA, (2) visceral adiposity by abdominal CT, and (3) insulin sensitivity (S_i) and (4) pancreatic function ("disposition index", DI) by intravenous glucose tolerance test.

Results

At baseline, groups (risperidone: $n=28$; olanzapine: $n=31$) were overweight or obese by body mass index (risperidone: 28.4 ± 5.4 , olanzapine: $30.6\pm 7.0\text{kg/m}^2$). Both drugs induced weight gain ($p<0.004$). Total adiposity was increased by olanzapine at 6 weeks ($p=0.0006$) and by both treatments at 24 weeks ($p<0.003$). Visceral adiposity was increased by olanzapine and risperidone by 24 weeks ($p<0.003$). S_i did not deteriorate appreciably, although a downward trend was observed with risperidone. Given known ethnic differences in adiposity and S_i , we performed secondary analysis in African American and Hispanic subjects. In this subset, olanzapine expanded both total and visceral adiposity ($p<0.02$); no increase was observed with risperidone. There were modest downward trends for S_i with both treatments. By week 24, olanzapine-treated subjects exhibited diminished DI ($p=0.033$), indicating inadequate pancreatic compensation for insulin resistance.

Conclusions

This is the first prospective study in psychiatric patients that quantified antipsychotic effects on the multiple metabolic processes that increase diabetes risk. Results indicate that ethnic minorities may have greater susceptibility to antipsychotic-induced gluoregulatory complications.

Keywords: Risperidone; Olanzapine; Schizophrenia; Diabetes; Minorities

Journal of Psychiatric Research 42(13), 1076-1085, 2008

Genetics of PTSD: fear conditioning as a model for future research

Amstadter, Ananda B.; Nugent, Nicole R.; Koenen, Karestan C.

Abstract

Although epidemiological studies reveal that the majority of individuals have been exposed to at least one potentially traumatic event (PTE) during their lifetime, a minority of trauma-exposed individuals develop posttraumatic stress disorder (PTSD). Genetic research has the potential to inform our understanding of why some individuals are vulnerable and others resilient to the effect of PTEs. This article provides an overview of genetic factors in the etiology of PTSD, with a focus on how our understanding of underlying neurobiologic alterations in patients with PTSD should inform future research in this area

Psychiatric annals 39(6), 358-367, 2009

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Guide to the literature on psychotherapy for PTSD

Hamblen, Jessica L.; Schnurr, Paula P.; Rosenberg, Anna; Eftekhari, Afsoon

Abstract

The field of posttraumatic stress disorder (PTSD) treatment has evolved to the point where there are good treatments available to reduce symptoms and associated problems. In this article, we provide information on psychotherapeutic approaches that have the best evidence and some that are still unproven, or at least insufficiently proven, in terms of the benefits they offer. We begin by describing the unique design aspects of psychotherapy trials that are crucial to understanding the evidence and then review the major practice guidelines and key treatment studies in the field. Next, we report on treatments for which there is growing support and briefly discuss advances in treatment delivery systems. We conclude with a section on clinical implications intended to help the practitioner answer questions of particular relevance. Our scope is limited to randomized controlled trials (except where noted) and to studies of outcome rather than process.

Psychiatric annals 39(6), 2009

Immigration to the USA and risk for mood and anxiety disorders : variation by origin and age at immigration

Breslau, Joshua; Borge, Guilherme; Hagar, Y.; Tancredi, D.; Gilman, S.

Abstract

Background

Risk for mood and anxiety disorders associated with US-nativity may vary across immigrant groups.

Method

Using data from the National Epidemiological Study of Alcohol and Related Conditions (NESARC), we examined the association of lifetime risk for mood and anxiety disorders with US-nativity and age at immigration across seven subgroups of the US population defined by country or region of ancestral origin: Mexico, Puerto-Rico, Cuba, Central and South America, Western Europe, Eastern Europe, and Africa and the Caribbean. Discrete time survival models were used to compare lifetime risk between the US-born, immigrants who arrived in the USA prior to the age of 13 years and immigrants who arrived in the USA at the age of 13 years or older.

Results

The association of risk for mood and anxiety disorders with US-nativity varies significantly across ancestral origin groups ($p < 0.001$). Among people from Mexico, Eastern Europe, and Africa or the Caribbean, risk for disorders is lower relative to the US-born among immigrants who arrived at the age of 13 years or higher (odds ratios in the range 0.34–0.49) but not among immigrants who arrived prior to the age of 13 years. There is no association between US-nativity and risk for disorder among people from Western Europe and Puerto Rico.

Conclusions

Low risk among immigrants relative to the US-born is limited to groups among whom risk for mood and anxiety disorder is low in immigrants who spent their pre-adolescent years outside of the USA.

Key Words Anxiety disorders; epidemiology; immigration; mood disorders; United States

Psychological medicine 39(7), 1117-1127, 2009

Implications of modifying the duration requirement of generalized anxiety disorder in developed and developing countries

Lee, S.; Tsang, A.; Ruscio, A. M.; Haro, Josep Maria; Stein, Dan J.; Alonso, Jordi; Angermeyer, Matthias C.; Bromet, Evelyn J.; Demyttenaere, Koen; de Girolamo, G.; de Graaf, Ron; Gureje, Oye; Iwata, Noboru; Karam, E. G.; Lepine, Jean-Pierre; Levinson, D.; Medina-Mora, M. E.; Browne, Mark A. Oakley; Villa, José Posada; Kessler, Ron C.

Abstract

Background

A number of western studies have suggested that the 6-month duration requirement of generalized anxiety disorder (GAD) does not represent a critical threshold in terms of onset, course, or risk factors of the disorder. No study has examined the consequences of modifying the duration requirement across a wide range of correlates in both developed and developing countries.

Method

Population surveys were carried out in seven developing and 10 developed countries using the WHO Composite International Diagnostic Interview (total sample=85 052). Prevalence and correlates of GAD were compared across mutually exclusive GAD subgroups defined by different minimum duration criteria.

Results

Lifetime prevalence estimates for GAD lasting 1 month, 3 months, 6 months and 12 months were 7.5%, 5.2%, 4.1% and 3.0% for developed countries and 2.7%, 1.8%, 1.5% and 1.2% for developing countries, respectively. There was little difference between GAD of 6 months' duration and GAD of shorter durations (1–2 months, 3–5 months) in age of onset, symptom severity or persistence, co-morbidity or impairment. GAD lasting ≥ 12 months was the most severe, persistently symptomatic and impaired subgroup.

Conclusions

In both developed and developing countries, the clinical profile of GAD is similar regardless of duration. The DSM-IV 6-month duration criterion excludes a large number of individuals who present with shorter generalized anxiety episodes which may be recurrent, impairing and contributory to treatment-seeking. Future iterations of the DSM and ICD should consider modifying the 6-month duration criterion so as to better capture the diversity of clinically salient anxiety presentations.

Key Words Cross-national; diagnosis; duration; epidemiology; generalized anxiety disorder

Psychological medicine 39(7), 1163-1176, 2009

Mood and anxiety disorders and the use of services and psychotropic medication in an immigrant population : findings from the Israel National Health Survey

Ponizovsky, Alexander M.; Grinshpoon, Alexander

Abstract

Objective

Using the Israel National Health Survey (INHS), we compared immigrants' 12-month prevalence of mental disorders and the use of services and psychotropic drugs with that of the general population.

Methods

A representative sample of noninstitutionalized residents, aged 21 years and older, was drawn from the National Population Register. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) disorders were assessed using a revised version of the Composite International Diagnostic Interview. Respondents were asked to report any health service and psychotropic drug use in the past 12 months.

Results

During the 12 months preceding the INHS, immigrants and Israelis (that is, those born in Israel or those who emigrated to Israel before 1989) were equally likely to have a common mental disorder (OR 0.9; 95% CI 0.7 to 1.1) and to use health services (OR 0.9; 95% CI 0.7 to 1.2). However, among respondents who did not meet the DSM-IV criteria for a specific mental disorder, the immigrants reported markedly more use of psychotropic drugs than the Israelis, in particular more anxiolytics, mood stabilizers, and hypnotics.

Conclusion

The results suggest that the common mental disorders and mental health service use among the immigrants are no higher than that among their Israeli counterparts. The higher use of psychotropic drugs by immigrants may be an indirect indicator of a higher level of psychological distress symptoms, such as anxiety, depression, and sleep disorders.

Canadian journal of psychiatry 54(6), 409–419, 2009

download artiklen her: <http://publications.cpa-apc.org/media.php?mid=805&xwm=true>

Key Words: common mental disorders, health services, psychotropic drugs, immigrants, national survey, Israel

Overrepresentation of Black Americans in psychiatric inpatient care

Snowden, Lonnie R.; Hastings, Julia F.; Alvidre, Jennifer

Abstract

Objective

Numerous studies have documented overrepresentation of the black population in psychiatric inpatient settings, but none have included certain important covariates or examined heterogeneity within the black population. After controlling for key social, demographic, and clinical factors, the investigators sought to determine whether blacks are overrepresented in inpatient psychiatric settings; they examined differences within the black population by separately examining the prevalence of inpatient treatment of African Americans and U.S.- and foreign-born Caribbean blacks.

Methods

Secondary analysis was performed on data from two population-based household surveys, the National Survey of American Life (NSAL) and the National Comorbidity Survey Replication (NCS-R), which provided a population-based sample of 9,371 community-dwelling adults, including 3,570 African Americans, 1,621 blacks of Caribbean descent, and 4,180 non-Hispanic whites. Using logistic regression, the investigators estimated self-reported lifetime psychiatric hospitalization as a function of racial-ethnic background after controlling for sociodemographic differences and differences in lifetime counseling or therapy and psychiatric diagnosis.

Results

With controls for demographic and clinical factors, both African Americans (odds ratio [OR]=2.52, 95% confidence interval [CI]=1.91–3.33) and Caribbean blacks (OR=2.74, CI=1.98–3.82) had higher odds than whites of having a psychiatric hospitalization in their lifetime. U.S.-born Caribbean blacks had much higher odds of hospitalization (OR=5.47, CI=3.60–8.32) than whites, whereas the likelihood of hospitalization of foreign-born Caribbean blacks did not differ from that of whites (OR=.96, CI=.51–1.82).

Conclusions

Disparities between blacks and whites in the prevalence of psychiatric inpatient treatment appear to be persistent, but global comparisons mask important heterogeneity within the black population.

Psychiatric services 60(6), 779-785, 2009

Pharmacotherapy of PTSD : current status and controversies

Sullivan, Gregory; Neria, Yuval

Abstract

Posttraumatic stress disorder (PTSD) is a common psychiatric disorder in populations exposed to trauma, and it is among the most functionally-impairing, similar in scope to that observed in mood disorders. Recent years have seen many treatment studies assessing efficacy of diverse pharmacotherapies for PTSD. This article reviews the established, evidence-based pharmacotherapeutic treatments for PTSD and highlights current recommendations and controversial areas. The article primarily focuses on published randomized clinical trials that tested overall symptom reduction in PTSD compared to placebo. We also briefly review efforts to target particular symptoms commonly associated with PTSD (eg, sleep disturbance; psychotic symptoms) and at preventing PTSD among populations recently exposed to trauma. Where appropriate, recommendations are made for use of particular agents as first-line pharmacotherapies.

Psychiatric annals 39(6), 2009

Prevention of suicide in ethnic minorities in the UK

Husain, Nusrat; Chaudhry, Nasim; Husain, Mohammed Ishrat; Waheed, Waquas

Abstract

Background

Suicide prevention is a priority for health services in England. A high rate of suicide in South Asian women and a dramatic rise in young Afro-Caribbean's has been reported in the UK.

Aims

The aim of this selected review is to present the cultural context of suicidal behavior and possible preventive strategies for the South Asian and Afro-Caribbean's living in the UK.

Methods

Relevant data about the cultural context of suicidal behavior in the two ethnic groups is reviewed.

Findings

Our findings suggest that socio-cultural factors in women of South Asian origin and social risk factors and situational stress in Afro Caribbean's appears to be related to acts of self-harm.

Conclusions

We could not identify any published studies of effective suicide prevention strategies or on any treatment programmes for the two ethnic minority groups. Addressing the cultural, linguistic and religious need of these groups should be of paramount importance.

Keywords

Ethnicity, culture, self-harm, suicide prevention, South Asian, Afro-Caribbean

Ethnicity and inequalities in health and social care 2(1), 10-17, 2009

Problemas de Nervos : a multivocal symbol of distress for Portuguese immigrants

James, Susan; Fernandes, Mark; Navara, Geoffrey S.; Harris, Sara; Foster, Durwin

Abstract

This article outlines research on a previous unstudied form of suffering specific to the Portuguese immigrant community: *problemas de nervos*. Thirty-two Portuguese immigrant women (in Waterloo, ON and Boston, MA) were interviewed and each completed a questionnaire. Cluster analysis demonstrated that *problemas de nervos* has many meanings. The study profiled symptoms, causes and therapies associated with four variations of this culture-specific form of distress: "*mal da cabeça*" meaning problems with/in the head (e.g., lack of control, visions); "*aflição*" meaning affliction (e.g., nervous attacks, heart problems); immigration stress (causing sleep disturbances); and, conflicts with others (resulting in pressure within the body). None of the symptom clusters reported matched criteria for a DSM-IV-TR diagnosis, suggesting that *problemas de nervos* represents an idiomatic rather than universal expression of distress.

Key Words: immigrant mental health - Portuguese immigrants - problemas de nervos

Transcultural psychiatry 46(2), 285-299, 2009

Racial differences between African and White Americans in the presentation of borderline personality disorder

Newhill, Christina E.; Eack, Shaun M.; Conner, Kyaien O.

Abstract

Borderline personality disorder (BPD) is commonly thought of as a disorder of White females. Despite evidence indicating similar prevalence rates across races and genders, no study has examined the experience of BPD among ethnic minorities and how this differs from Whites. The affective and behavioral symptoms of BPD were studied in 17 African Americans and 27 White Americans with the disorder. Results indicated that African Americans experience greater affective intensity and emotional dysregulation, fewer self-harming behaviors, and more thoughts of interpersonal aggression than Whites. Differences in affective symptoms were accounted for by group differences in substance use and receipt of inpatient services, whereas differences in behavioral symptomatology persisted after adjusting for potential confounders. These findings suggest that not only is BPD not a disorder exclusive to White females, but that the experience of the disorder may differ substantially across races. Implications for future research and directions for developing culturally relevant treatments are discussed.

Keywords

Borderline personality disorder - African Americans - Racial differences - Emotion dysregulation - Violence

Race and social problems 1(2), 87-96, 2009

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<http://www.springerlink.com/content/6x7345wnv2274616/?p=b364549fa4434d219b4e5ddce800a3d8&pi=3>

Relationship among latitude, climate, season and self-reported mood in bipolar disorder

Bauer, Michael; Glenn, Tasha; Grof, Paul; Rasgon, Natalie L.; Marsh, Wendy; Sagduyu, Kemal; Alda, Martin; Murray, Greg; Quiroz, Danilo; Malliaris, Yanni; Sasse, Johanna; Pilhatsch, Maximilian; Whybrow, Peter C.

Abstract

Objective

Many researchers have analyzed seasonal variation in hospital admissions for bipolar disorder with inconsistent results. We investigated if a seasonal pattern was present in daily self-reported daily mood ratings from patients living in five climate zones in the northern and southern hemispheres. We also investigated the influence of latitude and seasonal climate variables on mood.

Method

360 patients who were receiving treatment as usual recorded mood daily (59,422 total days of data). Both the percentage of days depressed and hypomanic/manic, and the episodes of depression and mania were determined. The observations were provided by patients from different geographic locations in North and South America, Europe and Australia. These data were analyzed for seasonality by climate zone using both a sinusoidal regression and the Gini index. Additionally, the influence of latitude and climate variables on mood was estimated using generalized linear models for each season and month.

Results

No seasonality was found in any climate zone by either method. In spite of vastly different weather, neither latitude nor climate variables were associated with mood by season or month.

Conclusion

Daily self-reported mood ratings of most patients with bipolar disorder did not show a seasonal pattern. Neither climate nor latitude has a primary influence on the daily mood changes of most patients receiving medication for bipolar disorder.

Keywords: Bipolar disorder; Seasonality; Climate; Latitude

Journal of affective disorders 116(1-2), 152-157, 2009

Relationships between stigma, depression, and treatment in White and African American primary care patients

Menke, Rena; Flynn, Heather

Abstract

Although many depressed patients are treated in primary care, depression in these settings has been underdetected and undertreated, which may be influenced by mental health beliefs such as stigma. This study examined the relationships among depression, mental health stigma, and treatment in African American and white primary care patients. Data were collected at 3 primary care settings from 1103 patients who completed surveys measuring depression, stigma, and treatment use. Overall, African American patients reported greater mental health stigma than whites. African American women reported greater stigma than white women. White patients were found to be more likely to use depression treatment than African American patients. Multivariate analyses showed that greater depression severity fully mediated the relationship between stigma and treatment use, and that patients with the highest depression scores had significantly higher stigma scores as well. These results suggest that greater severity of depressive symptoms may override stigma and other beliefs about mental health in determining treatment use, but may be important to address for patients with more moderate levels of symptomatology.

Journal of nervous and mental disease 197(6), 407-411, 2009

Sleep disturbances in posttraumatic stress disorder

Germain, Anne

Abstract

Sleep disturbances are a prominent feature of trauma reactions and posttraumatic stress disorder (PTSD) across the lifespan. However, the literature on the prevalence, specific nature, time course, clinical and psychophysiological correlates, and effects of sleep-focused treatment in children and adolescents exposed to traumatic events is limited. Therefore, this article focuses on the nature, evaluation, and treatment of sleep disturbances in adults with PTSD.

Psychiatric annals 39(6), 2009

Social connections, immigration-related factors, and self-rated physical and mental health among Asian Americans

Zhang, Wei; Ta, Van M.

Abstract

Focusing on Asian Americans, this study examines how self-rated physical and mental health depends on the layered social connections (including 4 types: family cohesion, relative support, friend support, and neighborhood cohesion), socioeconomic status, and immigration-related factors (including nativity, length of residence in the U.S., and proficiency of the English language). It draws on the 2002–2003 National Latino and Asian American Study, a nationally representative household survey of Latino and Asian Americans. Findings of this study include: (1) there are significant differences in self-rated physical health among Asian Americans of different national origin, but their self-rated physical health differences diminish after indicators of socioeconomic status and immigration-related factors are considered; (2) four types of social connections are all related to the self-rated physical and mental health of Asian Americans, but the patterns of the associations as well as the mechanisms linking the associations vary; and (3) family cohesion has independent and direct effects on both self-rated physical and mental health over and above controls and mediators, whereas the effects of other social connection measures are partially mediated by socioeconomic status and immigration-related factors. In sum, this study indicates the significant effects of social connections, socioeconomic status, and immigration-related factors on the self-rated physical and mental health of Asian Americans.

Keywords Social connections; Asian Americans; Self-rated physical health; Self-rated mental health; USA; Self-rated health

Social science and medicine 68(12), 2104-2112, 2009

Struggling to meditate : contextualising integrated treatment of traumatised Tibetan refugee monks

Benedict, Adriana Lee; Mancini, Linda; Grodin, Michael A.

Abstract

As a result of the recent resurgence of violence in the Tibetan Autonomous Region, the Boston Center for Refugee Health and Human Rights has an increased patient demographic: Tibetan refugee monks. Diagnosed by their *amchis* (traditional healers) as having a *srog-rLung* (life-wind) imbalance and presenting with posttraumatic stress disorder (PTSD), they struggle with their contemplative meditation, which—as a central focus of their daily lives—normally comes with ease. In this article, we consider the treatment implications of the highly relevant Buddhist context for this dual diagnosis. Specifically, we contextualise the classification of “religious impairment” as well as the significance of ongoing persecution of the devoutly religious for trauma therapy. We then draw upon spiritually oriented Eastern therapies as well as the confluence of specific paradigmatic practices to properly address these pathological intricacies in devising an effective holistic healing approach to the dual PTSD/*srog-rLung* diagnosis.

Keywords

meditation; refugee trauma; PTSD; Buddhist refugees; CSRI; Tibetan monks; complementary therapy
Mental health, religion and culture 12(5), 485-499, 2009

The utility of 'country of birth' for the classification of ethnic groups in health research : the Dutch experience

Stronks, Karien; Kulu-Glasgow, Isik; Agyemang, Charles

Abstract

The relationship between ethnicity and health is attracting increasing attention in international health research. Different measures are used to operationalise the concept of ethnicity. Presently, self-definition of ethnicity seems to gain favour. In contrast, in the Netherlands, the use of country of birth criteria have been widely accepted as a basis for the identification of ethnic groups. In this paper, we will discuss its advantages as well as its limitations and the solutions to these limitations from the Dutch perspective with a special focus on survey studies.

The country of birth indicator has the advantage of being objective and stable, allowing for comparisons over time and between studies. Inclusion of parental country of birth provides an additional advantage for identifying the second-generation ethnic groups. The main criticisms of this indicator seem to refer to its validity. The basis for this criticism is, firstly, the argument that people who are born in the same country might have a different ethnic background. In the Dutch context, this limitation can be addressed by the employment of additional indicators such as geographical origin, language, and self-identified ethnic group. Secondly, the country of birth classification has been criticised for not covering all dimensions of ethnicity, such as culture and ethnic identity. We demonstrate in this paper how this criticism can be addressed by the use of additional indicators.

In conclusion, in the Dutch context, country of birth can be considered a useful indicator for ethnicity if complemented with additional indicators to, first, compensate for the drawbacks in certain conditions, and second, shed light on the mechanisms underlying the association between ethnicity and health.

Keywords: ethnic inequalities in health; country of birth; classification

Ethnicity and health 14(3), 1-14, 2009

(OBS - fejl i reference. Artiklen er en "iFirst", hvilket betyder, at den er tilgængelig elektronisk, men den findes endnu ikke i trykt form i tidsskriftets almindelige nummerering.)

Validation of a German version of the Confusion Assessment Method for delirium detection in a sample of acute geriatric patients with a high prevalence of dementia

Hestermann, Ute; Backenstrass, Matthias; Gekle, Irene; Hack, Markus; Mundt, Christoph; Oster, Peter; Thomas, Christine

Abstract

Objectives

To assess validity and interrater reliability of an operationalized German version of the Confusion Assessment Method (CAM) in geriatric patients with comorbid dementia and high delirium risk.

Design

Prospective cross-sectional cohort study with double CAM assessment by a medical and nonmedical rater.

Setting

Random sample of frail, cognitively impaired elderly with acute disease requiring hospital care.

Participants

A total of 39 frail elderly, mean age 83 ± 7 years, 72% (n = 28) female, with cognitive impairments, a high prevalence of dementia (86%, n = 33) and a significant risk of delirium. Of these, 13 revealed delirium, which was superimposed on dementia in 11.

Measurements

A translated and operationalized version of the CAM was validated against a neuropsychiatric and geriatric consensus reference standard based on DSM-IV. Additional measures included the Short Portable Mental Status Questionnaire, the Mini-Mental State Examination and the Delirium Index for cognitive impairment severity, the Informant Questionnaire on Cognitive Decline for dementia diagnosis and the Barthel Index, illness severity (Cumulative Illness Rating Scale) and medication.

Results

Delirium was correctly detected by CAM algorithm in 10 out of 13 delirious patients resulting in a high sensitivity of 0.77 and a specificity of 0.96-1.00 for both raters. Likelihood ratio revealed an almost 20-fold risk of delirium with positive CAM testing. Interrater reliability was excellent with a Cohen's κ of 0.95 (CI 0.74-1.0) for the algorithm, single items' κ values varied between 0.5 and 1.

Conclusions

The German CAM is a reliable and valid measure of delirium, even in frail, acutely diseased elderly with concomitant dementia.

Psychopathology 42(4), 270-276, 2009

Key Words Aging – Delirium - Dementia - Confusion Assessment Method - Validity - Reliability - German language

What do we need to know about the culture-bound syndromes?

Flaskerud, Jacquelyn H.

Abstract

The article discusses various aspects that the author feels that mental health nurses need to understand about culture-bound syndromes. The article describes culture-bound syndromes as mental illnesses that impact people from specific cultures. Symptoms that can be experienced by patients suffering from culture-bound syndromes are mentioned, such as seizures, trances and fainting. Steps that the author recommends that mental health nurses take in assessing patients to determine if they suffer from culture-bound syndromes are mentioned, such as to talk to patients and to observe their lifestyles.

Subject terms: psychiatry, transcultural; patients; mental health; nurse & patient; psychology, pathological; mental illness; medical personnel & patient

Issues in mental health nursing 30(6), 406-407, 2009

What research tells us about the mental health and psychosocial wellbeing of Sudanese refugees : a literature review

Tempany, Madeleine

Abstract

Sudan has long been one of the world's chief refugee-producing nations. Many researchers and practitioners have developed considerable interest in culturally-specific information on the mental health and wellbeing of Sudanese refugees. In this selective review of studies with Sudanese refugees, on mental health and psychosocial wellbeing, coping strategies and interventions, most quantitative studies found high rates of psychopathology, particularly PTSD and depression. However, some studies using mixed methods cautioned that while many Sudanese refugees have symptoms of traumatic stress, their functioning was not necessarily reduced, and they themselves often reported more concern with current stressors such as family problems than with past trauma. Some qualitative studies suggest that many Sudanese refugees use coping strategies such as silence, stoicism, and suppression. Few studies were available regarding appropriate interventions for Sudanese refugees and it remains unclear which aspects of standard treatments used by western-trained mental health practitioners may be beneficial for members of this population.

Key Words: coping - mental disorder - mental health – refugees – Sudan - wellbeing

Transcultural psychiatry 46(2), 300-315, 2009

RAPPORTER

Afviste asylansøgere og andre udlændinge i udsendelsesposition i Danmark

Andersen, Lisbeth Garly (red); Jacobsen, Anette Faye (red); Olsen, Birgitte Kofod
Institut for Menneskerettigheder, 2009. 176 s.
Udredning nr. 6

Rapporten er baseret på flere datakilder blandt andet:

- Kvalitative interviews med ca. en femtedel af alle afviste asylansøgere og andre udlændinge i udsendelsesposition i Danmark.
- Interviews med Dansk Røde Kors personale, Rigspolitiet, frivillige organisationer og myndigheder
- Gennemgang af udvalgte sagsakter, vagtbøger på asylcentre, statistisk materiale samt relevante undersøgelser.

Udredningen er den første af sin slags, der kombinerer en antropologisk tilgang med et menneskeretligt perspektiv og indeholder en samlet gennemgang af den danske asyllovgivning og praksis

Der fokuseres specifikt på psykiske forhold hos de afviste asylansøgere på side 105-124:

Psykiske sundhedsforhold

- Typer af psykiske og psykosomatiske lidelser
- Vurderinger fra Røde Kors
- Forværret sundhedstilstand
- At miste mening med livet
- Pres fra myndighederne – en stressfremkaldende faktor
- Betydning af oplevelser i hjemlandet

Danske og udenlandske undersøgelser

- Rapport fra Udlændingetjenesten om udvikling af sundhedsudgifter
- Undersøgelse af opholdslængde og mental sundhed
- Undersøgelse af livsvilkår
- Undersøgelse fra Holland af irakiske asylansøgere
- Opsummering

Selvopretholdelsesstrategier

Positive faktorer

Menneskeretlige betragtninger

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Brug af khat blandt personer med somalisk baggrund i Danmark – en undersøgelse af omfang og holdning

ALS Research; Sundhedsstyrelsen (spons)
marts 2009. – 49 s.

Forord

Khat er en plante som kan tygges, hvorved et stimulerende stof frigives. Stoffet er forbudt i Danmark, men khat er et populært rusmiddel blandt mennesker med somalisk baggrund, både i Danmark og i andre vestlige lande. Brug og misbrug af khat har i en årrække været til diskussion i Danmark, både blandt dansk-somalier og myndigheder, men der har ikke tidligere foreligget dokumentation for problemets omfang. Sundhedsstyrelsen har derfor iværksat denne undersøgelse, der kortlægger udbredelsen af khat blandt dansk-somalier i alderen 15-50 år, og desuden belyser viden og holdninger til brugen af khat blandt disse. Undersøgelsen har søgt at inddrage de mange grupperinger i det somaliske miljø, og er blevet mødt med

stor interesse og tilslutning. 848 personer, svarende til 15 % af alle 15-50-årige dansk-somalierne, har deltaget i undersøgelsen.

Undersøgelsen bekræfter, at der er brug for en indsats mod khatmisbrug i det somaliske miljø, idet den viser, at en stor del af somalierne er aktive brugere af khat, det gælder især de somaliske mænd. Men khatforbrug findes også blandt kvinderne, og selv om det kun er et lille mindretal af kvinder med somalisk baggrund, der er aktive brugere af khat, er dette en uheldig udvikling, der bl.a. kan give problemer i relation til graviditet, fødsel og spædbørn.

Undersøgelsen viser, at der er gode udgangspunkter for at forebygge khatmisbrug fremover. Halvdelen af dansk-somalierne har aldrig brugt khat, og et flertal giver klart udtryk for, at khatbrug giver problemer – problemer med helbredet, med familien, med økonomien og med integration i det danske samfund. I tråd hermed er et flertal enige i, at khat er forbudt. Særlig positivt er det, at der blandt de unge er et stort flertal, der *ikke* bruger khat - det gælder især de unge, der er under uddannelse. Det tyder på, at der er en ny indstilling til khat på vej i den unge generation, en indstilling, det er værd at støtte op om.

Undersøgelsen giver et solidt grundlag for tilrettelæggelse af en forebyggende indsats mod khatmisbrug. Det er Sundhedsstyrelsens håb, at undersøgelsen kan stimulere til målrettede indsatser mod khatmisbrug fremover, både i det somaliske miljø og i de relevante kommuner.

Rapporten kan downloades her: http://www.alsresearch.dk/rapporter/Khatus_rap_maj09.pdf

Sundhedsstyrelsen har udgivet en pjece i forbindelse med rapporten: "Brug af khat blandt dansk-somalierne : en undersøgelse af omfang og holdninger, opsummering". Den kan downloades herfra :

<http://www.sst.dk/Udgivelser/2009/Brug%20af%20khat%20blandt%20dansk-somalierne.aspx>

Levekårsundersøkelsen 2005 : Psykisk helse i Norge : Tilstandsrapport med internasjonale sammenligninger

Clench-Aas, Jocelyne; Rognerud, Marit; Dalgard, Odd Steffen

Nasjonalt folkehelseinstitutt

Rapport 2009:6

77 sider.

Levekårsundersøkelsen 2005

Tilfredsheten med livet er høy og andelen med betydelige psykiske plager er lav i Norge sammenlignet med de fleste andre europeiske landene. Inntekt og utdanning har dessuten stor betydning for vår psykiske helse. Dette viser en fersk rapport Folkehelseinstituttet har utarbeidet på oppdrag for Helsedirektoratet.

Levekårsundersøkelsen "Psykisk helse i Norge" er den mest omfattende sammenligningen mellom nordmenns og andre europeeres omfang av psykiske plager og lidelser, risiko- og beskyttelsesfaktorer og bruk av helsetjenester. Å stille Norge opp mot andre land bidrar til å gi oss et bedre perspektiv på omfanget av disse helseproblemene.

Resultatene tyder på at nordmenn er svært tilfreds med livet og at andelen innbyggere som lider av psykiske plager er lavest i Europa.

- Selv om enkelte kan ha det tungt til tider, er det alminnelige nivået av belastninger i den norske befolkningen relativt sett lavt sammenlignet med andre land. Dette har mye å gjøre med at risikofaktorene hos oss er lavere; Vi har i snitt gode levekår , lav arbeidsledighet, høy materiell levestandard og stor grad av trygghet og sosial støtte. Det er relativt sett mindre sosiale forskjeller enn i de fleste andre europeiske land, sier avdelingsdirektør Marit Rognerud ved Folkehelseinstituttet.

Kun de andre nordiske innbyggerne er like tilfredse med livet som nordmenn. Når det gjelder opplevelse av mestring og kontroll med livet, kommer Norge gjennomsnittlig godt ut.

En tidligere rapport fra Folkehelseinstituttet viser at omlag 9 prosent av nordmenn over 15 år har betydelige psykiske plager.

Sosial ulikhet

Denne levekårsundersøkelsen tar også for seg sosiale ulikheter i psykisk helse etter inntekts- og utdanningsnivå. Det er systematiske sosiale forskjeller i omfanget av psykiske helseproblemer. Deltakerne

med lav inntekt og lav utdanning rapporterer om både mindre mestring, mer psykiske plager i form av angst og depresjon og et høyere forbruk av medisiner og helsetjenester. I tillegg er det langt oftere sykemeldt eller uføretrygdet på grunn av psykiske helseproblemer. Samtidig stiger tilfredsheten med livet og opplevelsen av mestring med økende inntekts- og utdanningsnivå. Psykiske plager og tilfredshet med livet har sterkere sammenheng med inntekts- enn med utdanningsnivå. Samtidig har inntekt og utdanning omtrent lik betydning for opplevelse av mestring og kontroll.

Alkoholkonsumet ser også ut til å øke i takt inntekts- og utdanningsnivå. Det er generelt en nær sammenhenger mellom alkoholkonsum og alkoholavhengighet.

- Litt overraskende var det imidlertid at vi ikke finner økt alkoholavhengighet hos dem med høy inntekt til tross for at disse har et høyere alkoholkonsum, sier Rognerud.

Du kan læse en lengere omtale her:

http://www.fhi.no/eway/default.aspx?pid=233&trg=MainLeft_5565&MainArea_5661=5565:0:15,2336:1:0:0:::0:0&MainLeft_5565=5544:77412:::1:5569:1:::0:0

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http://www.fhi.no/eway/default.aspx?pid=233&trg=MainLeft_5565&MainArea_5661=5565:0:15,2336:1:0:0:::0:0&MainLeft_5565=5603:77439:::1:5793:1:::0:0

AFHANDLINGER

Migration, stress and mental ill health : Post-migration factors and experiences in the Swedish context

Tinghög, Petter

Linköpings Universitet. Institutionen för Medicin och Hälsa. – 81 s. - 2009

Linköping studies in arts and science ; 480

Linköping dissertations on health and society ; 16

ISBN 978-91-7393-627-9

Abstract

Denna huvudsakligen empiriska avhandling behandlar hur socioekonomiska levnadsvillkor och invandarspecifika faktorer kan kopplas till invandrares mentala hälsa. I avhandlingen undersöks även hur kulturella representationer kan påverka stressfulla opplevelser och huruvida mental ohälsa uttrycks annorlunda bland invandrare från Irak och Iran än bland nordbor. Vidare genomförs en begreppsanalys av stress skisserad utifrån ett fenomenologiskt perspektiv. Fokus ligger här på hur ett sådant perspektiv på stress kan relateras till kultur och migration.

Det empiriska materialet består av elva djupintervjuer med invandrarkvinnor från Irak och Iran, samt två populationsbaserade enkätundersökningar.

De huvudsakliga fynden i denna avhandling är följande: 1) Mental ohälsa bland utrikesfödda är vanligare än bland svenskfödda och detta kan till stor del "förklaras" av ogynnsammare socioekonomiska levnadsvillkor. 2) Invandrares mentala ohälsa har ett direkt samband med olika typer av faktorer som traumatiska episoder, sociokulturell anpassningsnivå och socioekonomiska levnadsvillkor. 3) Självskattningsinstrumenten för mental hälsa, HSCL-25 och WHO (ten) Wellbeing Index, producerar värden som är jämförbara mellan nordbor och invandrare från Mellanöstern. 4) Icke-universella representationer som kan påvisas i Irak och Iran kan förstärka, eller till och med vara nödvändiga komponenter för vissa typer av stressfulla opplevelser bland invandrarkvinnor från dessa länder. 5) Distinktionerna mellan universell och icke-universell stress, och mellan invandrar/minoritets och icke-invandrar/icke-minoritets stress, tycks vara centrala för en adekvat förståelse av invandrares stressfulla opplevelser.

Afhandlingen baserer sig på 4 papers:

Tinghög, Petter; Hemmingsson, Tomas; Lundberg, Ingvar (2007)

To what extent may the association between immigrant status and mental illness be explained by socioeconomic factors?

Social Psychiatry and Psychiatric Epidemiology, 42, 990–996.(docn=771)

Tinghög, Petter, Al-Saffar, Surad; Carstensen, John; Nordenfelt, Lennart (in press).
Immigrant and non-immigrant-specific factors' association with mental ill health among immigrants in Sweden
International Journal of Social Psychiatry.

Tinghög, Petter & Carstensen, John (Submitted)
Cross-cultural equivalence of HSCL-25 and WHO (ten) Wellbeing Index: findings from a population-based survey of immigrants and non-immigrants in Sweden

Tinghög, Petter; Richt, Bengt; Eriksson, Mimmi; Nordenfelt, Lennart (Manuscript)
A phenomenological approach to the study of stress among immigrants – the case of Iraqi and Iranian women in Sweden.

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Studies on mental health in Kurdistan - Iran

Mofidi, Naser
Umeå universitet. Institutionen för Klinisk vetenskap, enheten för Psykiatri. – 42 sider. – 2009
Umeå University medical dissertations, 1272
ISBN 978-91-7264-807-4
ISSN 0346-6612

Abstract

The aim of this thesis was to carry out an epidemiological study on mental health related issues in the Kurdish population of Iran. This part of Iran suffered directly during the Iran-Iraq war 1980-1988. Iran is an Islamic republic with strict adherence to Islamic traditions, which has implications for the way of life and gender issues. Suicide is prohibited according to Islamic teaching, but still there is a rather high suicide incidence especially among young women, who burn themselves to death. This thesis deals with mental health in general, the prevalence of post traumatic stress disorder and issues related to suicide. In a cross-sectional study in Sanandaj, the capital of the province of Iranian Kurdistan, 1000 households were approached. One member of each household was asked to respond to the following internationally well-known questionnaires; General Health Questionnaire (GHQ12), Posttraumatic Stress Disorder Checklist (PCL), Life Events Check List (LEC), Beck Depression Inventory (BDI-II) and Attitude Toward Suicide (ATTS). PCL and LEC were translated to Farsi and their psychometric properties were studied. The other instruments have already been translated and used by other researchers in Iran. About 27% of the subjects were found to suffer from mental distress according to GHQ-12. No gender differences were found. Unmarried and unemployed belong to the most afflicted. The participants in the investigation reported, not surprisingly, a low level of personal experiences of suicidal behaviour in their family. Females were more prone to believe that suicide is preventable compared to males. A low number reported suicide attempts during the last year. Being married seemed to have a protective effect against suicide attempts for males but not for females. Suicide behaviour was not substantially related to PTSD, but to severe depression. The idea that there is a continuity of suicidal behaviour from suicidal thoughts to suicide attempts was supported. Younger individuals more often reported thoughts of life weariness and those who reported suicide attempts were younger than individuals with no suicidal attempts. Females reported more death wishes than males during the last year and married women more often reported suicide attempts than men. The prevalence of posttraumatic stress disorder was 10, 9% which is higher than reported in other countries, but still lower than expected. Women suffered significantly more often from PTSD than men. Women reported also more often re-experiencing and more arousal symptoms than men. The finding supported a good construct validity of PCL.

One major limitation of these studies is the fact that the sample was drawn from the population of the capital city of the province. So the finding cannot probably be generalized to Iranian Kurds from rural areas. The sample also had a rather high educational level compared to the population of Sanandaj. To this should be added the fact that the instruments used are developed in the western culture, which might influence the way questions are perceived. So, the result should be interpreted with some caution. The results, however, give indications that there are mental health problems of a magnitude that should be taken seriously.

Nyckelord: Kurdistan, Psychiatric epidemiology, General mental health, PTSD, Suicide

Afhandlingen baserer sig på 5 papers:

Mofidi, Naser; Ghazinour, M., Araste, M., Jacobsson, L., Richter, J.
General Mental Health, Quality of Life and Suicide Relate Attitudes among Kurdish People in Iran
International journal of social psychiatry 54(5):457-468, 2008.

Mofidi, Naser, Ghazinour, M., Esmail-Nasab, N., Richter, J.
Post Traumatic Stress Disorder in Kurdish Iranians
Manuscript.

Mofidi, Naser, Ghazinour, M., Salander-Renberg, E., Richter, J.
Attitudes towards Suicide among Kurdish people in Iran
Social Psychiatry & Psychiatry Epidemiology 43(4):291-298, 2008.

Ghazinour, M., Richter, J., Mofidi, Naser
Continuity from suicidal ideations to suicide attempts in Iranian Kurds
Manuscript submitted.

Mofidi, Naser, Ghazinour, M., Richter, J.
How about the relationships between PTSD, depressivity and suicide related thoughts in Iranian Kurds?
Manuscript.

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