

## Information om Transkulturel Psykiatri, juni 2011

### NYHEDER

#### Børn uden ledsager

I de seneste år er uledsagede flygtningebørn i stort antal kommet til Danmark fra især Afghanistan. Men hvilke problemer har de, og hvordan hjælper vi dem bedst?

Psykolog nyt 10, 2011

Læs notitsen her: <http://infolink2003.elbo.dk/PsyNyt/Dokumenter/doc/17013.pdf>

### CETT år 2010

Læs om forskningsprojekter, behandlingsarbejdet i tal, chefer på overarbejde, nye ansigter, nye kontorer, syngende behandlere og meget mere.

Download rapporten her: [www.cett.dk/dwn165385](http://www.cett.dk/dwn165385)

### Temadag om uledsagede flygtningebørn

Den 5. maj afholdte Videnscenter for Psykotraumatologi en temadag.

Omkring 40 interessede mødte op til temadagen, som blev afholdt på den Sociale Højskole i Odense. Her blev der dagen igennem diskuteret, lyttet og delt viden. Temaet er yderst vigtigt, da der hvert år kommer mange uledsagede flygtningebørn til Danmark - størstedelen er drenge fra Afghanistan. Det blev derfor diskuteret, hvordan man bedst tager imod de uledsagede flygtningebørn. En af oplægsholderne, integrationskonsulent Lars Bo Wille fra Gribskov kommune understreger vigtigheden af, at flygtningebørne ikke bliver behandlet som voksne. "De unge har en række særlige belastninger. De har været igennem en farefuld flugt. De er helt alene, og ofte er savnet af familien meget stort. Nogle af dem er traumatiserede, fordi de har oplevet frygtelige krigshandlinger", fortæller Lars.

På temadagen blev det endvidere belyst, at vidensdelingen mellem forskellige aktører inden for dette felt er for sparsom. Derfor opfordrer Videnscenter for Psykotraumatologi til, at der indledes et netværk, i første omgang blandt deltagerne på temadagen, hvorigennem der kan deles viden, erfaringer og forskning.

Alle oplæg fra temadagen kan downloades herfra:

[http://www.sdu.dk/Om\\_SDU/Institutter\\_centre/Institut\\_psykologi/Forskning/Forskningsenheder/Videnscenter\\_for\\_Psykotraumatologi/Nyheder/Temadag\\_oplaeg](http://www.sdu.dk/Om_SDU/Institutter_centre/Institut_psykologi/Forskning/Forskningsenheder/Videnscenter_for_Psykotraumatologi/Nyheder/Temadag_oplaeg)

### Trenger noen som lytter

Sykepleien.no 31. maj 2011 / Lars Lien

Innvandrerungdom har ikke behov for egen psykiatritjeneste, men trenger trolig at skolehelsetjenesten opprettholdes, særlig på videregående skole.

Man hører ofte at innvandrerungdom kan ha behov for andre psykiske helsetjenester på grunn av økt sykkelighet eller mindre forbruk av tilgjengelige helsetjenester. Stemmer det?

Når det gjelder det første punktet kan ungdomsdelen av helseundersøkelsen i Oslo (HUBRO) gi noen svar. I den undersøkelsen målte vi den psykiske helsen hos ungdom i 10. klasse da de var 15-16 år gamle, på alle ungdomsskoler. Det var 7 300 deltakere hvorav en firedel var innvandrere. Det var små forskjeller mellom norske og ungdom med innvandrerbakgrunn, mens kjønnsforskjellene er betydelige. Dette er i tråd med en rekke andre nasjonale og internasjonale studier.

Læs artiklen her:

[http://www.sykepleien.no/ikbViewer/page/sykepleien/standpunkt/kronikker/vis?p\\_document\\_id=665857](http://www.sykepleien.no/ikbViewer/page/sykepleien/standpunkt/kronikker/vis?p_document_id=665857)

### Økte symptomer hos innvandrere

Dagens medisin 10. juni 2011 / Petter Morten Pettersen

Innvandrere med schizofreni og psykoselidelser har flere alvorlige symptomer enn etniske nordmenn. Miljøfaktorer kan være årsaken til denne sammenheng, ifølge et nytt doktorgradsarbeid.

Psykolog og stipendiat Akiha Ottesen Berg ved Institutt for klinisk medisin ved Universitetet i Oslo fant i tillegg at innvandrere har mer positive symptomer, det vil si vrangforestillinger og hallusinasjoner, i tillegg til mer depresjon enn etniske nordmenn.

Læs artiklen her: <http://www.dagensmedisin.no/nyheter/2011/06/07/okte-symptomer-hos-innvand/index.xml>

## FOLKETINGET

### Om retspsykiatriske patienter

**Ministeren for flygtninge, indvandrere og integrations besvarelse af spørgsmål nr. 69 ad L 210. Spørgsmålet er stillet efter ønske fra Line Barfoed (EL)**

**Spørgsmål nr. 69:**

"I forlængelse af L 210 - svar på spørgsmål 6 bedes ministeren oplyse, om det er rigtig forstået, at fremover vil alle retspsykiatriske patienter, der ikke er danske statsborgere, og som normalt ville stå til en frihedsstraf, der ville udløse udvisning, enten have en udvisningsdom eller en betinget udvisning hængende over hovedet, samtidig med at de skal forsøge at følge en behandling, der skal få dem til at få det bedre, med risiko for, at hvis de får det bedre, så vil de blive udvist?"

**Svar:**

Det fremgår af den foreslåede bestemmelse til udlændingelovens § 24 b, stk. 3, at en udlænding, der er idømt betinget udvisning, skal udvises, medmindre dette med sikkerhed vil være i strid med Danmarks internationale forpligtelser, hvis den pågældende i prøvetiden for den betingede udvisning begår nyt strafbart forhold, som kan give anledning til udvisning efter §§ 22-24, og der inden prøvetidens udløb foretages rettergangsskridt.

Bestemmelsen indebærer, at det er en betingelse for, at en betinget udvisning kan udløses, at den pågældende i prøvetiden begår nyt strafbart forhold. Det forhold, at en udlænding, der efter reglerne i straffelovens §§ 68-70 er idømt anden strafferetlig retsfølge, der indebærer eller giver mulighed for frihedsberøvelse, udskrives fra foranstaltningen, indebærer derimod ikke, at den betingede udvisning udløses.

Med venlig hilsen  
Søren Pind

## LITTERATUR

### ARTIKLER FRA FAGLIGE TIDSSKRIFTER

#### Addressing the paucity of psychological scholarship conducted with Iranian populations : A preliminary review of Iranian mental health research in the United States

Saedi, Goal Auzeen

Iranians are one of the least studied immigrant groups in the United States, despite possessing significant amounts of psychological distress. This article provides an overview of 46 studies pertaining to the mental health of Iranians, both in Iran and abroad (including in the United States), to elucidate areas that need further exploration. To the best of the author's knowledge, this is the first article to integrate Iranian mental health literature on a global scale. Merging international findings will enable researchers and clinicians to better address the needs of Iranians in the community and clinic. Issues for consideration in future research include recruitment and retention, dissemination of findings, and the selection and translation of measures. Clinical implications are also discussed throughout the article.

**Journal of Muslim mental health 5(2), 137-159, 2010**

#### Body dissatisfaction across cultures : findings and research problems

Holmqvist, Kristina; Frisén, Ann

This review had two aims. The first aim was to describe the existing literature regarding body dissatisfaction across cultures. Previous studies were organized and presented according to three general patterns found in the existing literature, patterns that were to some extent based on the differing degrees of affluence and type of lifestyles in the cultures examined. The review's second aim was to illuminate some of the specific problems that studies of body dissatisfaction across cultures deal with and to provide suggestions for improvement. The suggestions concern how future research may achieve a more inclusive and detailed

picture of body dissatisfaction across cultures, for instance by using diversified measurements, providing detailed information about the cultural groups that are examined, investigating how different risk factors may influence the level of body dissatisfaction in different cultures and widening the research geographically.

**Keywords:** body image; body dissatisfaction; culture; cross-cultural differences

**European eating disorders review 18(2), 133-146, 2011**

## **Components of cultural competence in three mental health programs**

Siegel, Carole; Haugland, Gary; Reid-Rose, Lenora; Hopper, Kim

### **Objective**

The aim of this study was to identify components of cultural competence in mental health programs developed for cultural groups by community and mental health professionals from these groups.

### **Methods**

Three programs were studied: a prevention program primarily serving African-American and Afro-Caribbean youth, a Latino adult acute inpatient unit, and a Chinese day treatment program in a community-based agency. Nine study-trained field researchers used a semistructured instrument that captures program genealogy, structure, processes, and cultural infusion. Program cultural elements were identified from field notes and from individual and group interviews of consumers and staff (N=104). A research-group consensus process with feedback from program staff was used to group elements by shared characteristics into the program components of cultural competence.

### **Results**

Components included communication competencies (with use of colloquialisms and accepted forms of address); staff in culturally acceptable roles; culturally framed trust building (such as pairing youths with mentors), stigma reduction, friendly milieus (such as serving culturally familiar foods and playing music popular with the culture), and services; and peer, family, and community involvement (including use of peer counselors and mentors, hosting parent weekends, and linking clients with senior center and community services).

### **Conclusions**

Incorporating these components into any program in which underserved cultural populations are seen is recommended for improving cultural competence.

**Psychiatric Services 62(6), 626-631, 2011**

## **A controlled comparison of the effectiveness and efficiency of two psychological therapies for posttraumatic stress disorder: eye movement desensitization and reprocessing vs. emotional freedom techniques**

Karatzias, Thanos; Power, Kevin; Brown, Keith; McGoldrick, Theresa; Begum, Millia; Young, Jenny; Loughran, Paul; Chouliara, Zoë; Adams, Sally

The present study reports on the first ever controlled comparison between eye movement desensitization and reprocessing (EMDR) and emotional freedom techniques (EFT) for posttraumatic stress disorder. A total of 46 participants were randomized to either EMDR (n = 23) or EFT (n = 23). The participants were assessed at baseline and then reassessed after an 8-week waiting period. Two further blind assessments were conducted at posttreatment and 3-months follow-up. Overall, the results indicated that both interventions produced significant therapeutic gains at posttreatment and follow-up in an equal number of sessions. Similar treatment effect sizes were observed in both treatment groups. Regarding clinical significant changes, a slightly higher proportion of patients in the EMDR group produced substantial clinical changes compared with the EFT group. Given the speculative nature of the theoretical basis of EFT, a dismantling study on the active ingredients of EFT should be subject to future research.

**Journal of nervous and mental disease 199(6), 372-378, 2011**

## **A cross-national study on Mexico-US migration, substance use and substance use disorders**

Borges, Guilherme; Breslau, Joshua; Orozco, Ricardo; Tancredi, Daniel J.; Anderson, Heather; Aguilar-Gaxiola, Sergio; Mora, Maria-Elena Medina

### **Background**

Epidemiologic research has consistently found lower prevalence of alcohol and drug use disorders among Hispanic immigrants to the US than among US-born Hispanics. Recent research has begun to examine how this change occurs in the process of assimilation in the US. We aimed to study immigration, US nativity, and return migration as risk factors for alcohol and drug use among people of Mexican origin in both the US and Mexico.

### **Methods**

Data come from nationally representative surveys in the United States (2001–2003;  $n = 1208$ ) and Mexico (2001–2002;  $n = 5782$ ). We used discrete time event history models to account for time-varying and time-invariant characteristics.

### **Results**

We found no evidence that current Mexican immigrants in the US have higher risk for alcohol or alcohol use disorders than Mexicans living in Mexico, but current immigrants were at higher risk for drug use and drug use disorders. Current Mexican immigrants were at lower risk for drug use and drug disorders than US-born Mexican-Americans. US nativity, regardless of parent nativity, is the main factor associated with increasing use of alcohol and drugs. Among families of migrants and among return migrants we found increased risk for alcohol use, drug use and alcohol and drug use disorders. Evidence of selective migration and return of immigrants with disorders was found regarding alcohol use disorders only.

### **Conclusions**

Research efforts that combine populations from sending and receiving countries are needed. This effort will require much more complex research designs that will call for true international collaboration.

**Keywords:** Alcohol use disorders, Drug use disorders, Substance use disorders, Immigration, Mexico, Mexican-American

**Drug and alcohol dependence 117(1), 16-23, 2011**

## **Culture and the prevalence of hallucinations in schizophrenia**

Bauer, Susanne M.; Schanda, Hans; Karakula, Hanna; Olajossy-Hilkesberger, Luiza; Rudaleviciene, Palmira; Okribelashvili, Nino; Chaudhry, Haroon R.; Idemudia, Sunday E.; Gscheider, Sharon; Ritter, Kristina; Stompe, Thomas

### **Objective**

Besides demographic, clinical, familial, and biographical factors, culture and ethnicity may plausibly influence the manifestation of hallucinations. The purpose of this study was to investigate the influence of culture on the frequency of different kinds of hallucinations in schizophrenia.

### **Method**

Patients with a clinical diagnosis of schizophrenia were diagnosed by means of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* criteria. Seven independent samples were consecutively recruited in Austria, Lithuania, Poland, Georgia, Ghana, Nigeria, and Pakistan using identical inclusion/exclusion criteria and assessment procedures ( $N = 1080$  patients total). The association of key demographic factors (sex and age), clinical factors (age at onset and duration of illness), and country of origin with hallucinations of different kinds was examined.

### **Results**

The prevalence of various kinds of hallucinations was substantially different in the samples; however, the rank order of their occurrence was similar. Auditory hallucinations were relatively infrequent in Austria and Georgia and more prevalent in patients with an early age at onset of disease. Visual hallucinations were more frequently reported by the West African patients compared with subjects from the other 5 countries. Cenesthetic hallucinations were most prevalent in Ghana and in patients with a long duration of illness.

### **Conclusion**

We hypothesize that the prevalence of the different kinds of hallucinations in schizophrenia is the result of the interaction of a variety of factors like cultural patterns as well as clinical parameters. According to our study, culture seems to play a decisive role and should be taken into account to a greater extent in considerations concerning the pathogenesis of psychotic symptoms.

**Comprehensive Psychiatry 52(3), 319-325, 2011**

## **Hvordan er kvaliteten i de danske MTV-rapporter?**

Jensen, Bo Søndergaard; Nordin, Linda; Harlacher, Uwe; Sjölund, Bengt H.;

De aktuelle retningslinjer for behandling af traumatiserede flygtninge hviler på en MTV-rapport med tvivlsomt evidensgrundlag.

### **Fra starten af kronikken**

I december 2008 udkom der en medicinsk teknologivurdering (MTV)-rapport om behandling og rehabilitering af personer, der led af posttraumatisk belastningsreaktion (PTSD) herunder traumatiserede flygtninge (i det følgende TF) - på foranledning af Region Syddanmarks psykiatristab med en tovholder uden erfaring på området. Rapporten bruges i stigende grad som grundlag for retningslinjer for behandling/rehabilitering af TF i Syddanmark og andre regioner. I en politisk kontekst med aftagende økonomiske resurser er faren stor for, at beslutningstagerne hellere end gerne falder for illusionen, at komplekse problemer kan løses på en enkel og frem for alt billig måde - det er billigere at betale en »mentaliseringsterapeut« (se nedenfor) end multiprofessionelle tværfaglige behandlerteam. Vedrørende behandlingstid er illusionen allerede en realitet flere steder: I Midtjylland og i Region Syddanmark begrænses behandlingstiden for TF til gennemsnitligt fire måneder, og i Vordingborg er behandlingstiden blevet reduceret fra ni til fire måneder. Undertegnede er kritiske over for MTV-rapporten på følgende tre punkter:

1. MTV'ens konklusioner afviger væsentligt fra den tilgængelige evidens.
2. MTV'ens udformning er mangelfuld og fremstår som tendentiøs ved at promovere en i forvejen favoriseret behandlingsmodel.
3. Anbefalingerne for behandling i MTV'en medfører risiko for, at TF's multidimensionale problemer bliver reduceret til en ensidig psykologiserende model, som udgår fra grundlæggende uegnede præmisser.

**Ugeskrift for læger 173(23), 1676-1677, 2011**

## **How black African and white British women perceive depression and help-seeking : a pilot vignette study**

Brown, June S. L.; Casey, Sarah J.; Bishop, Amanda J.; Prytys, Marta; Whittinger, Naureen; Weinman, John

### **Background**

The detection of psychological problems of black African people has been found to be substantially lower, compared with white British and black Caribbean people. This may be due to differences in patients' perceptions of illness. Little research has been carried out on factors that may influence the help-seeking behaviour of black Africans.

### **Aims**

To assess differences in the perceptions of depression of black African and white British women that may influence lower detection and to investigate whether there are ethnic group differences in reasons for not seeking formal help.

### **Methods**

A short quantitative illness perception measure, the Brief Illness Perception Questionnaire (BIPQ), was used in a community survey, using a standard text vignette methodology to control for variations in previous experiences of depression. Responses from women who indicated that they would not seek formal help for depressive symptoms were qualitatively analyzed.

### **Results**

Differences in perceptions of depression were found between black African ( $n = 73$ ) and white British groups ( $n = 72$ ) on five of the nine BIPQ dimensions. Black women were more likely to perceive depression to have less serious consequences; to be associated with fewer symptoms; to be less chronic; to be less amenable to treatment; and more frequently attributed depression to social factors. Over half the participants ( $n = 74$ ) said they would not seek formal help for depressive symptoms. Six qualitative response categories emerged to explain non-consultation. The most common factor for both groups related to GP consultation difficulties. Significantly more white women cited preferring alternative help sources as a reason for non-consultation. The greater number of black women citing anti-medication beliefs was marginally significant. There were no differences between the ethnic groups in their use of the remaining three categories: illness characteristics; service constraints; and stigma/shame.

### **Conclusion**

Differing perceptions of depression among black and white women could help explain GPs' lower detection rates of depressive problems of black women. Differences in views about the formal help available may explain ethnic differences in help-seeking.

**Keywords** ethnic – depression - perception of illness – detection - primary care - help-seeking  
**International journal of social psychiatry 57(4), 362-374**

### **Intergroup relations and Muslims' mental health in Western societies : Australia as a case study**

Kalek, Sally; Mak, Anita S.; Khawaja, Nigar G.

This review article proposes that theories and research of intergroup contact, prejudice, and acculturation enhance understanding of the current intercultural relations between Muslims and non-Muslims in Western societies such as in Australia. The actual and perceived prejudice that many Muslims who study, work, and live in the West have experienced following the September 11, 2001, terrorist attacks adds an additional layer of stress to the psychosocial adjustment of Muslim immigrants and sojourners, affecting their cross-cultural adaptation and mental health. Stephan and colleagues' integrated threat theory argued that the perceived threat experienced by all parties explains the acts of prejudice. Berry's acculturation framework highlighted that adaptive acculturation is determined by congruent host nation policies and practices and immigrant acculturation strategies. Implications for multicultural policy, intercultural training, and mental health practice as well as suggestions for future research are discussed.

**Journal of Muslim mental health 5(2), 160-193, 2010**

### **Missed diagnosis of autism in an Australian indigenous psychiatric population**

Roy, Meera, Balaratnasingam, Sivasankaran

#### **Objective**

The aim of this paper is to review the diagnosis among adult Indigenous patients from the Kimberley region of Western Australia who had an existing diagnosis of schizophrenia. A visit from a psychiatrist specializing in intellectual disability provided the opportunity for conducting psychiatric assessments from a developmental perspective.

#### **Method**

Selected patients with schizophrenia were assessed from an intellectual disability perspective from an active case load of 215 patients.

#### **Result**

Thirteen out of 14 selected patients were considered to have a diagnosis of autism when a developmental history was undertaken. Case studies are presented to illustrate the overlap in symptoms and potential for the diagnosis of autism to be missed.

#### **Conclusions**

Autism spectrum disorders may be missed in Indigenous population groups. This has implications for treatment and service provision. Clinicians need to be mindful of the diagnostic possibility that an autism spectrum disorder might be masquerading as schizophrenia in the context of intellectual disability and atypical presentation.

#### **Keywords**

autism spectrum disorders, developmental disability, Indigenous population, intellectual disability, schizophrenia

**Australasian psychiatry 18(6), 534-537, 2010**

### **Motivation for reducing substance use among minority adolescents : targets for intervention**

Austin, Ashley; Hospital, Michelle; Wagner, Eric F.; Leon Morris, Staci

Motivation to change substance use is considered to be one of the most important predictors of client readiness for alcohol and other drug treatment and ability to benefit from treatment. Enhancing motivation to change substance use is an important emphasis of many substance use intervention programs. The specific factors predicting motivation to change substance use remain largely unidentified and poorly understood, particularly among racial/ethnic minority youth. This study examines the influence of adolescent and parental factors on motivation to change substance use among 310 alcohol-using and/or drug-using racial/ethnic

minority adolescent males. The analytic plan involved the use of structural equation modeling. Adolescents' motivation to change substance use was influenced directly and indirectly by parental factors, as well as by adolescent substance use severity and externalizing disorders. Findings have implications for treatment with racial/ethnic minority youth, as parental factors may be exceptionally useful targets for interventions aimed at enhancing motivation to reduce substance use among these at-risk youth.

**Keywords:** Substance use; Motivation; Adolescents; Ethnic minority; Intervention

**Journal of substance abuse treatment 39(4), 399-407, 2010**

## **Psychological distress among immigrants and visible minorities in Canada : a contextual analysis**

Stafford, Mai; Newbold, Bruce K.; Ross, Nancy A.

### **Background**

Immigrants to Canada are less likely to report depression compared with the non-immigrant population. This healthy migrant effect has not so far been explained by demographic and socioeconomic determinants of health.

### **Aim**

The present study examined whether the psychological health advantage of immigrants varied across Canadian health regions and investigated the hypothesis of immigrant density as a determinant of immigrant mental health advantage.

### **Methods**

Data from the 2000—2001 Canadian Community Health Survey were used to build multi-level models estimating variation in depression within and between health regions by immigrant/visible minority status.

### **Results**

Immigrant and visible minority residents were less likely to experience depression compared with the general population. Depression varied across health regions and the extent of variation was greater for visible minorities. The likelihood of depression decreased with increasing percentage of immigrants in the region among visible minority participants but not among whites.

### **Conclusions**

The protection against depression afforded by immigrant and visible minority status in Canada appears to depend on contextual factors, notably the percentage of immigrants in the region. Future work should seek to better characterize the experiences of visible minorities in different settings.

**Keywords :** immigrant health – depression - multi-level - ethnic density - healthy immigrant effect

**International journal of social psychiatry 57(4), 362-374**

## **Psychotherapy and psychosocial care of torture survivor refugees in Hungary**

Hárdi, Lilla; Kroo, Adrienn

The therapists of Cordelia Foundation have been assisting torture survivor refugees since 1996.

The therapeutic activity of the Foundation includes verbal and non-verbal, individual, family and group therapies, and psychological and social counselling.

Our therapists are partly members of a mobile team and partly local therapists in the refugee shelters of Hungary.

Due to the multicultural composition of our clients, the therapists of the Cordelia Foundation continuously innovate, transform and adapt their therapeutic methods by taking into account the ethnic background and special cultural characteristics and issues of the clients.

Thanks to the therapeutic treatment our patients receive, they are able to address the traumas of uprooting and torture. Their improved adaptive and coping capacities are the most important resources in the integration process.

We offer regular training and supervision to the staff of the refugee shelters in charge of our potential clients in order to increase the level of psychological mindedness and to prevent vicarious traumatization and burnout.

**Keywords:** PTSD – torture, refugee, psychotherapeutic methods, psychosocial care, training, supervision

**Torture 21(2), 84-97**

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**PTSD Criterion A1 events: a literature-based categorization**

Luz, Mariana Pires; Mendlowicz, Mauro; Marques-Portella, Carla; Gleiser, Sonia; Berger, William; Neylan, Thomas C.; Coutinho, Evandro S. F.; Figueira, Ivan

Thirty years after creation of the posttraumatic stress disorder (PTSD) diagnosis, its literature could still benefit from standardization of traumatic events. The authors report the type and frequency of traumatic events found in the mainstream PTSD literature using a bibliometric approach, and propose a categorization based on the terms used for their description. Articles containing [ptsd OR "stress disorder\*"] in the title field found in the ISI/Thompson Reuters (Philadelphia, PA) 1991–2006 database were classified according to the event studied. The authors describe each event's absolute and proportional figures, and construct a categorization of the events. The bibliometric analysis of PTSD literature is helpful in planning research, and the proposed categorization may represent an advance toward the standardization of traumatic events.

**Journal of traumatic stress 24(3), 243-251**

**Racial and ethnic disparities in postpartum depression care among low-income women**

Kozhimannil, Katy Backes; Trinacty, Connie Mah; Busch, Alisa B.; Huskamp, Haiden A.; Adams, Alyce S.

**Objective**

The goal of this study was to characterize racial-ethnic differences in mental health care utilization associated with postpartum depression in a multiethnic cohort of Medicaid recipients.

**Methods**

In a retrospective cohort study, administrative claims data from New Jersey's Medicaid program were obtained for 29,601 women (13,001 whites, 13,416 blacks, and 3,184 Latinas) who delivered babies between July 2004 and October 2007. Racial-ethnic differences were estimated with logistic regression for initiation of antidepressant medication or outpatient mental health visits within six months of delivery, follow-up (a prescription refill or second visit), and continued mental health care (at least three visits or three filled antidepressant prescriptions within 120 days).

**Results**

Nine percent (N=1,120) of white women initiated postpartum mental health care, compared with 4% (N=568) of black women and 5% (N=162) of Latinas. With analyses controlling for clinical factors, the odds of initiating treatment after delivery were significantly ( $p<.001$ ) lower for blacks (adjusted odds ratio [AOR]=.43) and Latinas (AOR=.59) compared with whites. Among those who initiated treatment, blacks and Latinas were less likely than whites to receive follow-up treatment (blacks, AOR=.66,  $p<.001$ ; Latinas, AOR=.67,  $p<.05$ ) or continued care (blacks, AOR=.81,  $p=.069$ ; Latinas, AOR=.67,  $p<.05$ ). Among those who initiated antidepressant treatment, black women and Latinas were less likely than whites to refill a prescription.

**Conclusions**

There were significant racial-ethnic differences in depression-related mental health care after delivery. Suboptimal treatment was prevalent among all low-income women in the study. However, racial and ethnic disparities in the initiation and continuation of postpartum depression care were particularly troubling and warrant clinical and policy attention.

**Psychiatric Services 62(6), 619–625, 2011**

**The relationships between major lifetime discrimination, everyday discrimination, and mental health in three racial and ethnic groups of older adults**

Ayalon, Liat; Gum, Amber M.

**Objectives**

To evaluate the relationships between perceived exposure to major lifetime discrimination, everyday discrimination, and mental health in three racial/ethnic groups of older adults.

#### **Design**

The Health and Retirement Study is a nationally representative sample of individuals 50 years and older living in the United States. A total of 6455 Whites, 716 Latinos, and 1214 Blacks were eligible to complete a self-report psychosocial questionnaire in the year 2006.

#### **Results**

Whereas 30% of the general population reported at least one type of major lifetime discrimination, almost 45% of Black older adults reported such discrimination. Relative to the other two racial/ethnic groups (82% Whites, 82.6% Blacks), Latinos were significantly less likely to report any everyday discrimination (64.2%), whereas Blacks reported the greatest frequency of everyday discrimination. Whites reported the highest levels of life satisfaction and the lowest levels of depressive symptoms. Relative to major lifetime discrimination, everyday discrimination had a somewhat stronger correlation with mental health indicators. The relationships between discrimination and mental health outcomes were stronger for White compared to Black older adults, although everyday discrimination was still significantly associated with outcomes for Black older adults.

#### **Conclusions**

Black older adults experience the greatest number of discriminative events, but weaker associated mental health outcomes. This could be because they have become accustomed to these experiences, benefit from social or cultural resources that serve as buffers, or selective survival, with the present sample capturing only the most resilient older adults who have learned to cope with the deleterious effects of discrimination.

**Keywords:** cross-cultural; race; ethnicity; mental health; discrimination

**Aging and mental health 15(5), 587-594, 2011**

### **Synthesis of the psychometric properties of the PTSD checklist (PCL) military, civilian, and specific versions**

Wilkins, Kendall C.; Lang, Ariel J.; Norman, Sonya B.

The posttraumatic stress disorder checklist is a commonly used measure, with military (PCL-M), civilian (PCL-C), and specific trauma (PCL-S) versions. This synthesis of the psychometric properties of all three versions found the PCL to be a well-validated measure. The PCL shows good temporal stability, internal consistency, test–retest reliability, and convergent validity. The majority of structural validity studies support four factor models. Little is available on discriminant validity and sensitivity to change. Strengths, limitations, and future research directions are discussed. Understanding the PCL's psychometric properties, strengths (e.g., items map on to DSM-IV diagnostic criteria), and limitations (e.g., may overestimate PTSD prevalence) will help clinicians and researchers make educated decisions regarding the appropriate use of this measure in their particular setting.

**Keywords:** PTSD; PTSD checklist; psychometrics; assessment; reliability; validity

**Depression and anxiety, 28(7), 596-606, 2011**

### **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

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.

**Ethnicity and health 14(3), 255-269, 2009**

## **Worry, worry attacks, and PTSD among Cambodian refugees : a path analysis investigation**

Hinton, Devon E.; Nickerson, Angela; Bryant, Richard A.

Among traumatized Cambodian refugees, this article investigates worry (e.g., the types of current life concerns) and how worry worsens posttraumatic stress disorder (PTSD). To explore how worry worsens PTSD, we examine a path model of worry to see whether certain key variables (e.g., worry-induced somatic arousal and worry-induced trauma recall) mediate the relationship between worry and PTSD. Survey data were collected from March 2010 until May 2010 in a convenience sample of 201 adult Cambodian refugees attending a psychiatric clinic in Massachusetts, USA. We found that worry was common in this group (65%), that worry was often about current life concerns (e.g., lacking financial resources, children not attending school, health concerns, concerns about relatives in Cambodia), and that worry often induced panic attacks: in the entire sample, 41% (83/201) of the patients had "worry attacks" (i.e., worry episodes that resulted in a panic episode) in the last month. "Worry attacks" were highly associated with PTSD presence. In the entire sample, generalized anxiety disorder was also very prevalent, and was also highly associated with PTSD. Path analysis revealed that the effect of worry on PTSD severity was mediated by worry-induced somatic arousal, worry-induced catastrophic cognitions, worry-induced trauma recall, inability to stop worry, and irritability. The final model accounted for 75% of the variance in PTSD severity among patients with worry. The public health and treatment implications of the study's findings that worry may have a potent impact on PTSD severity in severely traumatized populations are discussed: worry and daily concerns are key areas of intervention for these worry-hypersensitive (and hence daily-stressor-hypersensitive) populations.

### **Highlights**

- Documents the extremely important role of worry in generating distress and PTSD among Cambodian refugees.
- Explores the exact nature of worry concerns (e.g., daily stressors) among traumatized Cambodian refugees.
- Demonstrates through path analysis the relationship between worry and PTSD.
- Articulates the concept of "worry attacks"

Keywords: USA; Worry; PTSD; Generalized anxiety disorder; Panic attacks; Refugees; Trauma recall; Catastrophic cognitions; Cambodian refugees

**Social science and medicine 72(11), 1817-1825, 2011**

## **BØGER**

### **Fundamental questions in cross-cultural psychology**

Fons J. R. van de Vijver, Athanasios Chasiotis, & Seger M. Breugelmans

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**AFHANDLINGER**

**Mental health problems among the Swedish reindeer-herding Sami population in perspective of intersectionality, organisational culture and acculturation**

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Today the Sami population in Sweden is accepted as indigenous. Through the period of colonisation of traditional Sami land (called Sápmi, the northern part of Scandinavia and the Kola Peninsula), landowning rights were given to Swedish settlers and the Sami people were granted the right to herd reindeers and to hunt and fish. This meant that the area-specific Sami rights were given only to those Sami who were able to live on reindeer-herding at the time (1886), and all others were forced to leave reindeer-herding and be assimilated into the Swedish society, thereby losing their Sami privileges. Ever since, the Swedish reindeer-herding Sami have been considered as such to be bearers of the most important symbol of Sami culture, both as a way of living and as owners of legal rights. One might say that they are in a very exposed position in relation to the Swedish majority population, the Swedish Government and the Sami non-reindeer-herding population. Reindeer-herding management, which has also undergone tremendous change over the past 40 years, is now mostly carried out on motorcycles and snowmobiles, in a hazardous environment and under

economically strained conditions that include several aggravating circumstances. All in all, the situation for reindeer-herding is prone to lead to mental health problems.

After contact from a Sami village which had experienced several suicides among young reindeer-herding men, the project in which this thesis is a part was started. The overall objective of the thesis was to investigate aspects of mental health among Swedish Sami reindeerherders and to deepen the understanding of the experience of the living conditions of young Sami reindeer-herding men. To aid in the analysis, theories of intersectionality, organisational culture and acculturation were used.

A questionnaire covering different aspects of mental health was distributed to the Sami population, in close collaboration with the Sami villages, and also to a geographically matched reference group (urban and rural). The questionnaire included the following internationally well-used instruments: the Hospital Anxiety and Depression Scale (HADS), the Alcohol Use Disorder Identification Test, selected parts of the Attitudes Towards Suicide questionnaire (ATTS) and the Job Control Questionnaire (JCQ).

Reindeer-herding men reported the lowest level of formal education in the area, and reindeer-herding women reported the highest proportion of high education, reflecting the situation of modern reindeer-herding families, with one person being welleducated and contributing to economic stability in the family. This was interpreted as a gender-segregated situation, where reindeerherding women have one foot in each culture and reindeer-herding men are more culturally separated, but both share the difficult responsibility for maintaining the reindeer-herding culture.

A general higher load of anxiety and depression was found in the Sami population, with differences most evident regarding anxiety. Stratified for gender and age the differences were most pronounced among middle aged (30-49 years of age) reindeer-herding men's high reports of symptoms of anxiety. In the reindeer-herding group, anxiety was strongly related to job strain. Regarding alcohol risk consumption, the results showed that reindeer-herding Sami do not in general drink more than a geographically matched control population, but reindeer-herding men reported a higher proportion of hazardous consumption than rural men, and reindeer-herding women reported a lower hazardous consumption than urban women. Reindeer-herding men reported the highest level of teetotallers and periodic drinkers. Factors associated with a higher level of hazardous consumption were depression for reindeer-herding men (and urban and rural living men) and anxiety for Sami women. Noteworthy is also that age was an important factor for both urban and rural living groups, but not in the reindeer-herding group. As for suicidal expressions, the reindeer-herding population reported significantly higher exposure to both suicide and suicidal behaviour among significant others. Both reindeer-herding women and especially reindeer-herding men reported a higher prevalence of different types of personal suicidal problems, particularly suicidal ideation. One out of three reindeer-herding men and women reported experience of having thoughts of committing suicide and one out of five had had actual plans.

A qualitative study was designed to explore experiences of being a young male reindeer-herder in Sweden and a total of 15 interviews were conducted with young reindeer-herding men. The interviews were analysed according to qualitative content analysis. The main theme that emerged was 'Being a young reindeer-herder means so many (impossible) dreams and conditions', and the five subthemes were 'Being inside or outside is a question of identity', 'There is a paradox between being free/unfree', 'An experience of different threats and a feeling of powerlessness', 'Specific norms for how a 'real' reindeer-herder should be' and 'The different impacts and meanings of relations'.

The thesis shows that the reindeer-herding right, which is the border between reindeer-herding Sami and all other individuals, plays an important part when trying to understand the mental health problems in the group. It is a socially constructed institution that preserves a specific part of Sami culture, but it also excludes, includes and encloses individuals and basic assumptions of reindeer-herding and reindeer-herders in a mutually constructing process, and it is a construction with its origin in a historical acculturation process legislated by the Swedish Government and now currently influencing the intersectional distribution of access to both social and material resources defining ethnicity, gender and class as in ethnical hierarchy. The boundary is not possible to pass without consequences in access to unique Sami rights, for the individual reindeer-herder and for future generations.

As reindeer-herding is a specific life-form and lifestyle, rather than an occupation, this thesis also hypothesizes that the legal and social boundary is an element in the experienced distance to those who are not within it and especially important for reindeer-herders when the psychological pressure is vast. At present, the situation for reindeerherders is strained, both for practical reasons like predator pressure, exploiting interests and difficult finances, and as a result of feelings of unfairness and of circumstances that

feel impossible to influence. Furthermore there is a lack of social support, except from the closest part of the family, and experiences of multi-layered conflicts, all expressed as experiences of inner and outer pressure. This – together with norms that say that the reindeer-herder is a man who doesn't show weakness, has the 'right' interest, 'bites the bullet' and endures – plays a role in the present mental health problems of the Swedish reindeer-herding population. This applies especially to young and middle-aged reindeer-herding men.

This thesis does not have the answer or a proposal for how a just and fair system should be constructed regarding the legislated border surrounding reindeer-herding, or what the social norms of reindeerherding should be. What can be put forth is that a system that organises and supports co-operation, equitably distributing opportunities and access to social and material resources for men and women would be a system that could promote mental health.

**Keywords:** Sami; Swedish; reindeer-herding; mental health; anxiety; depression; alcohol; qualitative content analysis; intersectionality; acculturation; organisational culture.; Psychiatry

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## **Mental ill health and diversity : Researching human suffering and resilience in a multicultural context**

Ingvarsdotter, Karin

Malmö University, Faculty of Health and Society. - 2011  
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The general objective of this dissertation was to study the putative underutilisation of mental health services in a multicultural context. The method followed a qualitative interview-based naturalistic approach, and the interview format was primarily semi-structured. Special attention in the method section has been given to the role of the interpreter in research. For some time the research areas of underutilisation of mental health care among immigrants, and that of children of immigrant parents suffering from mental illness, have been dominated by a vulnerability approach. Results from the present thesis show that this one-dimensional picture of immigrants as a category associated with psychopathology ought to be balanced with that of strength and resilience. It was also found in the studied group that underutilisation of mental health care is partly due to the perception of mental conditions as normal life crises, rather than illnesses. Thus, instead of focusing on health care resources, interviewees conveyed their need for greater social and financial support. The results of this study suggest that there is a lack of extended possibilities, for both adults and children of immigrant background, to express their own needs outside a predefined context. Investigating aspects of resilience in future research on mental ill health in multicultural contexts would challenge the focus on vulnerability, and perhaps so promote resilience.

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## **ANMELDELSER**

### **Clinical manual for management of PTSD**

David M. Benedek and Gary H. Wynn Eds. (2011) Washington: American Psychiatric Publishing, Inc. xxv + 468 pp. soft cover.

In the Clinical Manual for Management of PTSD, editors David Benedek and Gary Wynn sought to create a reference book for clinicians that summarizes a vast body of recent clinical research and that would be readable and useful for practice. They have succeeded.

A better title might have been Encyclopedia for Management of PTSD; so vast is this book's breadth and depth in just under 500 pages. The volume is divided into three sections. The first offers an overview, the second focuses on treatment, and the third focuses on special topics such as military populations, traumatic brain injury and its relation to PTSD, and sociocultural considerations. At the end of every chapter, except for the Introduction, there is an excellent Key Clinical Points summary.

The overview section includes chapters on epidemiology, biology, assessment, and comorbidities. Only 35 years ago, the legitimacy of posttraumatic stress disorder (PTSD) as a diagnosis was questioned by many mental health clinicians and public policymakers who were responsible for funding programs for health care for Vietnam War veterans. Taken together, the various authors in the overview section provide the clinician with a convincing comprehensive evidence-based picture of PTSD as it is currently understood.

The second section, focusing on treatment, includes chapters on the use of medication, psychosocial interventions, new and alternative therapies, functioning and disability assessment, and the incidence of violence and aggression. Here, again, the authors review the evidence relating to each topic, providing the clinician with an outline of what requires attention in the PTSD patient and how to provide care consistent with an emerging body of research. The reader learns about the randomized controlled treatment trials that have been conducted and is in a position to apply clinical strategies that are based on scientific observation.

The third section is on special topics, including PTSD in the young, in victims of sexual assault, in military and veteran populations, and in the aged. Another chapter discusses the complex relationship between traumatic brain injury and PTSD, a topic of particular interest in the current population of Iraq and Afghanistan veterans. The final chapter frames PTSD within the context of culture, noting the way societal considerations influence the way individuals experience potential traumas, demonstrate the effects of traumas, and are seen in their cultures as victims of trauma. This chapter also cautions the clinician to be culturally informed when trying to help the individual who has experienced trauma.

Because this is a very big book, it is hard to do more than scratch its surface in a relatively short review. Here are a few important points the reader takes away from a careful reading of the text. The use of selective serotonin reuptake inhibitors has been carefully studied and is effective in treating PTSD. However, well-administered psychosocial interventions, when carefully studied, are more effective. These interventions involve cognitive-behavioral techniques and are conducted using manuals. They can use technology. Their goal is cognitive restructuring: reorganizing cognition regarding traumatic stressors, reorganizing the way traumatic memories are experienced and processed.

There are three chapters that are of particular relevance to active duty military and veterans of war. These focus on PTSD in military and veteran populations, on violence and aggression, and on traumatic brain injury (TBI). Because it was the plight of Vietnam War veterans that called attention to PTSD and because the current military and veteran populations are clearly experiencing traumatic stress, these chapters are particularly important. They tell us that exposure to combat makes PTSD more likely, that pressures to deny mental distress within the military culture complicate identification and treatment of PTSD among soldiers, that future violence is a risk factor among soldiers and veterans with combat experience who manifest PTSD, and that all this is complicated by a history of TBI. The way in which PTSD and TBI relate to each other is still unclear, and much research is underway. It is possible that TBI makes PTSD more likely under some circumstances because the soldier with a history of TBI is already at a cognitive disadvantage when experiencing traumatic stress and is then less able to process that stressful event effectively.

It is the responsibility of the reviewer to also point out the way a book might have been better. My first criticism, and I do consider it significant, is that there are no clinical vignettes in this volume. I believe the clinician would have been better served if, in each chapter, there were case reports illustrating the ways patients with PTSD might present the issues in focus. My second criticism is that the psychodynamic issues were not sufficiently discussed. Rage, guilt, grief in the patient, and countertransference in the healer are only briefly mentioned. Psychodynamic psychotherapy is still the treatment of choice for some victims of PTSD and is still an important vehicle for hypothesis building about the condition. I wish that there had been an entire chapter devoted to psychodynamics and PTSD.

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