

Information om Transkulturel Psykiatri, maj 2011

NYHEDER

Bliver gode råd for dyre – Hvad er konsekvenserne af tolkegebyret i sundhedsvæsenet?

Marianne Taulo Lund

Den 12. april 2011 afholdt MESU et seminar om konsekvenserne af den nye regulering af tolkebistand (også kaldet tolkeloven) i sundhedsvæsenet. Der var stort fremmøde til seminaret både af fagfolk inden-for feltet, tolke og andre interesserede. Efter seminaret har en af de fremmødte journalister skrevet en artikel om den nye tolkelov. Artiklen er publiceret i avisen Urban s. 28/4-2011.

Fire talere var inviteret til seminaret: Adjunkt Dorthe Nielsen ved Indvandrermedicinsk klinik, Odense Universitetshospital, lektor Bente Jacobsen, Aarhus Universitet, Institut for Erhvervskommunikation, lektor, Peter Bak Mortensen, Københavns Universitet og direktør Jonas Christoffersen, Institut for Menneskerettigheder. De fire talere havde hver deres særlige tilgang til emnet, der tilsammen belyste den nye tolkelov.

Der blev på seminaret argumenteret for, at den nye tolkelov blandt andet vil bringe patientsikkerheden i fare og øge uligheden i adgang til sundhedsvæsenet. Den allerede gældende praksis for tolkebistand, hvor tolkene som oftest ikke er uddannede eller certificerede, blev problematiseret og der blev efterspurgt mulighed for uddannelse af tolke i Danmark.

Der bliver desuden nedsat en følgegruppe med Morten Deleuran Terkildsen fra Center for Folkesundhed, Region Midtjylland, som tovholder, som skal monitorere, hvad der sker, når loven træder i kraft.

Følgegruppen skal mødes første gang i slutningen af august. Der bliver også udarbejdet et notat baseret på seminarets oplæg.

Mesu nyhedsbrev 1(2)

Bofællesskaber letter integrationen

Dansk Flygtningehjælps hjemmeside 26. april 2011

En ny trivselsundersøgelse fra Integrationsnet under Dansk Flygtningehjælp viser, at bofællesskaber og pædagogisk støtte gør en stor forskel for unge uledsagede flygtninge i den svære overgang fra livet på et asylcenter til en selvstændig tilværelse i det danske samfund.

Uledsagede unge udgør en sårbar gruppe, fanget mellem traumatiske oplevelser fra hjemlandet og frustrationer over de udfordringer, de møder i forsøget på at tilpasse sig et helt nyt samfund.

”Mange unge føler sig meget alene med deres tanker. Traumatiske oplevelser fra fortiden og frustration over nutiden kommer til udtryk i reaktioner som mareridt, flashbacks, fysiske smerter og angst. Men undersøgelsen viser, at de unge, der får støtte gennem bofællesskaber eller tosprogede pædagoger, er mere koncentrerede i skolen og tackler problemer langt bedre end de unge, som er efterladt i ensomhed,” siger journalist og projektmedarbejder ved Integrationsnet, Birgitte Sonne Kristensen, der har foretaget interviews med de unge.

På trods af problemer og udfordringer viser undersøgelsen, at de uledsagede unge har stor interesse for at blive en del af det danske samfund.

Du kan læse hele pressemeddelelsen her, hvor du også kan downloade rapporten:

<http://flygtning.dk/nyheder-og-presse/nyhed/artikel/bofaellesskaber-letter-integrationen-af-uledsagede-unge/>

Gode råd om at oversætte patientinformation

I deres seneste nyhedsbrev giver Multicultural Mental Health Australia gode råd. På engelsk naturligvis.

MMHA e-Bulletin april 2011, 1-4

Du kan downloade nyhedsbrevet her: <http://www.dhi.gov.au/ArticleDocuments/1455/MMHA%20e-bulletin%20April%202011.pdf.aspx>

Kommuner modtager mange flere flygtningebørn

Kristeligt Dagblads netavis 10. maj 2011 / Britta Søndergaard

En stor stigning i antallet af uledsagede flygtningebørn betyder, at kommunerne nu skal integrere afghanske drenge, der kommer alene til Danmark

De flygter på ladet af lastbiler, i busser og i både, og efter en farefuld færd organiseret af menneskesmuglere når de til Europa. Siden 2008 har Danmark og en række andre europæiske lande oplevet en markant stigning i antallet af afghanske drenge, der flygter fra deres hjemland. Flygtningestrømmen har direkte konsekvenser for danske kommuners integrationsindsats.

"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. Derfor er det vigtigt ikke at behandle børnene som voksne flygtninge," siger integrationskonsulent Lars Bo Wille fra Gribskov Kommune, der har flere års erfaring med modtagelse af uledsagede flygtningebørn.

Læs artiklen her: <http://www.kristeligt-dagblad.dk/artikel/418312:Danmark--Kommuner-modtager-mange-flere-flygtningeboern>

Making a difference : a consumer perspective on living in a multicultural community with a mental illness

Lily's story was included in MMHA's submission to the Multiculturalism Inquiry to highlight the invaluable contribution of consumers to the Australian community and the importance of targeted support structures to further enable their participation. It was also published on the front page of the Australian Chinese Daily.

Fra starten af artiklen

My name is Lily Wu. In 1990 I arrived in Australia from China with my husband. I am a mother of a two wonderful, successful and well educated children. I am also employed by both government and non government agencies as a qualified health education officer, mentor and peer support worker for people with a mental illness. I love my job. I feel so rewarded when I am able to help people, particularly people from diverse cultural backgrounds starting a new life.

MMHA e-Bulletin april 2011, 7-8

Du kan downloade nyhedsbrevet her: <http://www.dhi.gov.au/ArticleDocuments/1455/MMHA%20e-bulletin%20April%202011.pdf.aspx>

MESU afholder ph.d –kursus: A General Introduction to Theories and Methods in Research on Migration and Health

Kurset afholdes d. 3-5. oktober 2011

Indhold

Kurset vil forsøge at give deltagerne en general introduktion til de teorier og metoder, der eksistere indefor forskningsfeltet omhandlende migration, etnicitet og sundhed. Begreber som migration og etnicitet og deres indbyrdes relation vil blive defineret og diskuteret såvel som de komplekse mekanismer, der ligger bagved migration og etnicitet i forhold til sundhed og adgangen til sundhedsydelser. Kurset vil være en kombination af oplæg og gruppearbejde.

Underviserne vil være

Professor Karien Stronks*, Professor Allan Krasnik, lektor og forskningsleder Marie Nørredam, adjunkt Annemette Nielsen, adjunkt Maria Kristiansen og postdoc Signe Smith Nielsen

*Fra Amsterdam Universitet. Alle andre undervisere er fra Forskningscenter for Migration, Etnicitet og Sundhed, Afdeling for Sundhedstjenesteforskning, Institut for Folkesundhedsvidenskab, Københavns Universitet

Tilmelding

Senest d. 5. september 2011

Det vil ikke være muligt at tilmelde sig efter deadline. Tilmeldingen skal ske gennem SUNDs elektroniske tilmeldingssystem.

Du kan tilmelde dig her: <http://phdkursus.sund.ku.dk/frontPlanner/DetailKursus.aspx?id=95667>

Tolkeloven - små penge, store konsekvenser

Anne Steenberger

Uklarheder og forvirring har svirret om konsekvenserne af tolkeloven, der træder i kraft om kort tid. Mange mener, det er regeringens symbolpolitik, der nu tårner sig op som bureaukratisk uhyrlighed til gene for læger og patienter. Lægerne kan komme i dilemmaer, og patienterne risikerer dårlig behandling, fordi de bruger egne tolke i stedet for.

En indvandrer eller flygtning træder ind i lægens konsultationslokale. Han taler ikke særlig godt dansk. Det ved lægen, og derfor er der på forhånd bestilt en tolk, som sidder parat. Sådan er det i dag og sådan er det også efter 1. juni, hvor den såkaldte tolkelov træder i kraft. Forskellen er, at regionens økonomiafdeling skal til at se nøjere på patienten, der er blevet tolket for. Inden regionen betaler regningen for tolkningen, skal den nemlig afgøre, om patienten selv skal betale en del af beløbet. Den skal finde ud af, om patienten, der er brugt tolk til, har boet i Danmark i syv år - for så kan regionen opkræve et gebyr på 150 kr. Men hvis patienten har en lægeerklæring, der siger, at der er en helbredsmæssig årsag til, at vedkommende ikke kan dansk, skal regionen alligevel ikke opkræve de 150 kr.

Ugeskrift for læger 173(20), 1398, 2011;

Tolkeloven er et bureaukratisk og administrativt monster

Anne Steenberger,

Lægeerklæringer får en helt central rolle, når den nye tolkelov skal administreres. Lægeforeningen kalder den »ugennemtænkt« og siger, at den vil få uoverskuelige administrative konsekvenser.

Tolkeloven, der træder i kraft om få uger - 1. juni - betyder, at udlændinge, der har boet i Danmark syv år eller mere, skal betale 150 kr. i gebyr, hvis de har brug for tolkning i sundhedsvæsenet.

Undtaget er børn og mennesker, der af medicinske grunde ikke kan dansk. Det skal vurderes i hvert enkelt tilfælde af en læge.

Ifølge Indenrigs- og Sundhedsministeriet vil en lægeerklæring fritage patienten for tolkegebyret: »Foreligger der en lægeerklæring om, at den pågældende patient ikke kan lære (eller har mistet) sproget, skal der ikke opkræves gebyr. Det er regionerne, der opkræver gebyret«, skriver ministeriet i en e-mail til Ugeskrift for Læger.

Ugeskrift for læger 173(19), 1327, 2011

LITTERATUR

ARTIKLER FRA FAGLIGE TIDSSKRIFTER

Beliefs about Jinn, black magic and the evil eye among Muslims: age, gender and first language influences

Khalifa, Najat; Hardie, Tim; Latif Shahid; Jamil, Imran; Walker, Dawn-Marie

Mental health services in the UK have been repeatedly criticised for being insensitive to patients' religious and cultural needs. Muslims form Britain's largest ethnic minority group - nearly 3% of the UK population - yet, their health beliefs and practices remain relatively unexplored. We examined Muslims' beliefs about Jinn, black magic and the evil eye and whether believed affliction by these supernatural entities could cause physical or mental health problems and also whether doctors, religious leaders, or both should treat this. A self-report questionnaire was given to a convenience sample of Muslims aged 18 years and over ($n=111$). The majority of the sample believed in the existence of Jinn, black magic and the evil eye and approximately half of them stated that these could cause physical and mental health problems and that these problems should be treated by both doctors and religious figures. Our results highlight an important area that demands attention from providers of health care.

International journal of culture and mental health 4(1), 68-77, 2011

Clinician factors related to outcome differences between Black and White patients at CMHCs

Larrison, Christopher R.; Schoppelrey, Susan L.; Hack-Ritzo, Samantha; Korr, Wynne S.

Objectives

Data are limited on how clinicians contribute to outcome differences between black patients and white patients. Because the clinician-patient relationship is the foundation of mental health services, understanding clinicians' role in outcome differences may help identify evidence-based interventions that decrease disparities and capitalize on positive differences. Symptoms and functioning in a sample of black and white adults receiving outpatient services were examined to determine the effects of their primary clinician on those patterns.

Methods:

The study included 551 patients (25% black) with serious mental illness and 62 mental health professionals (21% black) identified as the patients' primary clinician. Treatment outcomes were measured at baseline and two follow-ups (two and four months) with the Behavior and Symptom Identification Scale, a measure of symptoms and functioning. Data were analyzed with hierarchical linear modeling. Clinicians' levels of multicultural competence, burnout, and education were analyzed.

Results

Clinicians moderated the relationship between patient race and outcome differences. There was significant variability among clinicians: approximately 20% had black patients whose outcomes were worse than those of their white patients, and 40% had black patients with better outcomes than their white patients. The only clinician factor predicting these differences was clinician's general experiences and relationships with people from racial-ethnic and cultural groups other than their own.

Conclusions

The occurrence of outcome differences varied across clinicians, with some clinicians magnifying outcome differences between black and white patients and others minimizing them. Factors other than clinicians' race, multicultural competence, education, and burnout may contribute to outcome differences between black and white patients.

Psychiatric services 62(5), 525–531, 2011

Comparison of levels of burden in Indian and White parents with a son or daughter with schizophrenia

Lloyd, Helen; Singh, Pratima; Shetty, Adarsh; Yiend, Jenny; Singh, Swaran; Burns, Tom

Background

Caregiver burden in mental illness is believed to differ between ethnic groups, but few studies have examined this in schizophrenia in the UK.

Aim

To measure burden in British North Indian Sikh and white British parents with a son or daughter with established schizophrenia managed in outpatient care.

Method

A cross-cultural cohort study measuring family factors, patient psychopathology and levels of burden and distress.

Results

Overall levels of burden were low with no significant differences between the groups. Burden subscale scores showed Indian parents were more affected by psychotic behaviours than white parents. The groups also differed on several sociodemographic variables.

Conclusion

In stabilized community patients, the overall extent of burden experienced by both Indian and white parents is low and comparable. However, Indian parents were more burdened by psychotic behaviours. This may be a result of co-residence as Indian patients are more likely to live with their families. Social and economic factors in the country of residence and levels of acculturation may also influence levels of burden and the illness behaviours found most bothersome by parents.

Key words : parental burden – schizophrenia - ethnic differences – outpatients - family

International journal of social psychiatry 57(3), 300-311, 2011

Differences in patients' perceptions of Schizophrenia between Māori and New Zealand Europeans

Sanders, Deanna; Kydd, Robert; Morunga, Eva; Broadbent, Elizabeth

Objective

Māori (the Indigenous people of New Zealand) are disproportionately affected by mental illness and experience significantly poorer mental health compared to New Zealand Europeans. It is important to understand cultural differences in patients' ideas about mental illness in treatment settings. The aim of the present study was to investigate differences in illness perceptions between Māori and New Zealand Europeans diagnosed with schizophrenia.

Method

A total of 111 users of mental health services (68 Māori, 43 New Zealand European) in the greater Auckland and Northland areas who had been diagnosed with schizophrenia or other psychotic disorder were interviewed using the Brief Illness Perception Questionnaire and the Drug Attitude Inventory. District Health Board staff completed the Global Assessment of Functioning for each patient.

Results

Māori with schizophrenia believed that their illness would continue significantly less time than New Zealand European patients did. Chance or spiritual factors were listed as causes of mental illness by only five Māori patients and no New Zealand European patients. Other illness perceptions, as well as attitudes towards medication, were comparable between groups. Across groups, the top perceived causes were drugs/alcohol, family relationships/abuse, and biological causes.

Conclusion

Illness perceptions provide a framework to assess patients' beliefs about their mental illness. Differences between Māori and New Zealand European patients' beliefs about their mental illness may be related to traditional Māori beliefs about mental illness. Knowledge of differences in illness perceptions provides an opportunity to design effective clinical interventions for both Māori and New Zealand Europeans.

Keywords

perception, schizophrenia, cross-cultural comparison, medicine – indigenous

Australian and New Zealand Journal of psychiatry 45(6), 483-488, 2011

The effect of ethnicity on prescribing practice and treatment outcome in inpatients suffering from schizophrenia in Greece

Douzenis, Athanassios; Apostolopoulos, Athanassios; Seretis, Dionisios; Rizos, Emmanouil N.; Christodoulou, Christos; Lykouras, Lefteris

Background

No studies have been conducted in Greece with the aim of investigating the influence of ethnicity on the prescribing and treatment outcome of voluntarily admitted inpatients. Most studies conducted in the UK and the US, both on inpatients and outpatients, focus on the dosage of antipsychotics for schizophrenic patients and many suffer from significant methodological limitations. Using a simple design, we aimed to assess negative ethnic bias in psychotropic medication prescribing by comparing discrepancies in use between native and non-native psychiatric inpatients. We also aimed to compare differences in treatment outcome between the two groups.

Methods

In this retrospective study, the prescribing of medication was compared between 90 Greek and 63 non-Greek inpatients which were consecutively admitted into the emergency department of a hospital covering Athens, the capital of Greece. Participants suffered from schizophrenia and other psychotic disorders. Overall, groups were compared with regard to 12 outcomes, six related to prescribing and six related to treatment outcome as assessed by standardised psychometric tools.

Results

No difference between the two ethnic groups was found in terms of improvement in treatment as measured by GAF and BPRS-E. Polypharmacy, use of first generation antipsychotics, second generation antipsychotics and use of mood stabilizers were not found to be associated with ethnicity. However, non-Greeks were less likely to receive SSRIs-SNRIs and more likely to receive benzodiazepines.

Conclusions

Our study found limited evidence for ethnic bias. The stronger indication for racial bias was found in benzodiazepine prescribing. We discuss alternative explanations and give arguments calling for future research that will focus on disorders other than schizophrenia and studying non-inpatient populations.

BMC Psychiatry 11(66), 19 pp., 2011

Download artiklen her; <http://www.biomedcentral.com/content/pdf/1471-244x-11-66.pdf>

Ethnic factors in managing black and minority ethnic patients

Kalra, Gurvindera; Bhugra, Dineshb

Purpose of review

To understand pathways into healthcare people of minority ethnic groups use and if these differ from those of the majority.

Recent findings

The current literature shows that some forms of treatment are seen as less stigmatizing and more acceptable. The treatment expectations also dictate choice of healthcare providers.

Summary

Black and ethnic minority patients may have different explanatory models, which will influence the way they seek help and the sources of help available to them. There are also clear ethnic variations in prevalence of different psychiatric disorders and thus in accessing mental healthcare services. Engaging patients into therapeutic adherence is crucial in the context of their expectations and explanatory models.

Current opinion in psychiatry 24(4), 313–317, 2011

Ethnoracial differences in the clinical characteristics of Alzheimer's disease at initial presentation at an urban Alzheimer's Disease Center

Livney, Melissa Gartenberg; Clark, Christopher M.; Karlawish, Jason H.; Cartmell, Su; Negrón, Mirna; Nuñez, Jessica; Xie, Sharon X.; Entenza-Cabrera, Fernando; Vega, Irving E.; Arnold, Steven E.

Objective

To compare presentation of Alzheimer disease (AD) at the time of initial evaluation at a university specialty clinic across three ethnoracial groups in order to understand similarities and differences in the demographic, clinical, cognitive, psychiatric, and biologic features.

Design

Cross-sectional study.

Participants

A total of 1,341 self-identified African American, Latino (primarily of Caribbean origin), and white non-Hispanic ("WNH") subjects were recruited from primary care sites or by referral by primary care physicians.

Measurements

Demographic variables and age of onset of AD, as well as cognitive, functional, and mood impairments at the time of initial presentation and frequencies of apolipoprotein E genotypes, were compared across groups.

Results

Differences among ethnoracial groups were found for nearly all variables of interest. In particular, the largely immigrant Puerto Rican Latino group had an earlier age of onset of AD, more cognitive impairment, and greater severity of cognitive impairment at the time of initial evaluation in the setting of low average education and socioeconomic status. There was more depression in the Latinos compared with African Americans and WNHs. Greater severity of symptoms was not accounted for by a difference in lag time between onset of symptoms and initial evaluation. The apolipoprotein E-4 genotype was not associated with AD in the Latino cohort.

Conclusions

Minority groups in Philadelphia, especially Latinos, exhibit a more severe profile of AD at the time of presentation than WNHs. Important potential confounds need to be considered and future research comparing immigrant and nonimmigrant Latino groups will be necessary to elucidate the highly significant differences reported.

American journal of geriatric psychiatry 19(5) - p 430–439

If I was going to kill myself, I wouldn't be calling You. I am asking for help : Challenges influencing immigrant and refugee women's mental health

Donnelly, Tam Truong; Hwang, Jihye Jasmine; Este, Dave; Ewashen, Carol; Adair, Carol; Clinton, Michael

It is estimated that 37% of Canadians experience some types of mental health problem. As a result of the migration process, many immigrant and refugee women suffer serious mental illness such as depression, schizophrenia, posttraumatic stress disorder, suicide, and psychosis. The purpose of this exploratory qualitative study, informed by the ecological conceptual framework and postcolonial feminist perspectives, was to increase understanding of the mental health care experiences of immigrant and refugee women by acquiring information regarding factors that either support or inhibit coping. Ten women (five born in China and five born in Sudan) who were living with mental illness were interviewed. Analysis revealed that (a) women's personal experience with biomedicine, fear, and lack of awareness about mental health issues influences how they seek help to manage mental illness; (b) lack of appropriate services that suit their needs are barriers for these women to access mental health care; and (c) the women often draw upon informal support systems and practices and self-care strategies to cope with their mental illnesses and its related problems. The authors discuss implications for practice and make recommendations for intervention strategies that will facilitate women's mental health care and future research.

Issues in mental health nursing 32(5), 279-290, 2011

Mental health among torture survivors: cultural background, refugee status and gender

Schubert, Carla C.; Punamäki, Raija-Leena

Background

The experience of torture places the survivors at a heightened risk for somatic and mental health problems.

Aims

This study examined the role of culture, refugee status and gender in the mental and somatic health among help-seekers in a centre for torture survivors in Finland. *Method:* The 78 participants (29 women and 49 men) were interviewed and assessed with the Impact of Event Scale-Revised (IES-R) and the Hopkins Symptom Checklist-25 (HSCL-25) scales and their somatic complaints were registered. Groups with Middle Eastern, Central African, Southern Asian and South Eastern European cultural backgrounds were compared.

Results

Group differences were found in post-traumatic stress disorder (PTSD) and depressive symptoms and somatic complaints. As hypothesized, Southern European torture survivors showed a higher level of PTSD than cultural groups from more traditional collective societies in Middle East, Asia and Africa, and more depressive symptoms than survivors from a Southern Asian background. Against the hypothesis, South Eastern European subjects reported also more somatic complaints than Central African survivors. Women suffered more from PTSD and depressive symptoms than men in all cultural groups. Asylum-seeking status was marginally associated with anxiety symptoms only in the South Eastern European group.

Conclusion

Health services should consider the influence of culture in the expression of psychological and somatic symptoms and avoid a simplistic distinction between somatic and psychological expressions of pain.

Keywords Anxiety, Cultural factors, Depression, PTSD, Somatic complaints, Torture survivors

Nordic journal of psychiatry 65(3), 175-182, 2011

Perceived discrimination is associated with severity of positive and depression/anxiety symptoms in immigrants with psychosis : a cross-sectional study

Berg, Akiha O.; Melle, Ingrid; Rossberg, Jan Ivar; Romm, Kristin Lie; Larsson, Sara; Lagerberg, Trine V.; Andreassen, Ole A.; Hauff, Edvard

Background

Immigration status is a significant risk factor for psychotic disorders, and a number of studies have reported more severe positive and affective symptoms among immigrant and ethnic minority groups. We investigated if perceived discrimination was associated with the severity of these symptoms among immigrants in Norway with psychotic disorders.

Methods

Cross-sectional analyses of 90 immigrant patients (66% first-generation, 68% from Asia/Africa) in treatment for psychotic disorders were assessed for DSM-IV diagnoses with the Structured Clinical Interview for DSM Disorders (SCID-I, sections A-E) and for present symptom severity by The Structured Positive and Negative Syndrome Scale (SCI-PANSS). Perceived discrimination was assessed by a self-report questionnaire developed for the Immigrant Youth in Cultural Transition Study.

Results

Perceived discrimination correlated with positive psychotic ($r = 0.264$, $p < 0.05$) and depression/anxiety symptoms ($r = 0.282$, $p < 0.01$), but not negative, cognitive, or excitement symptoms. Perceived discrimination also functioned as a partial mediator for symptom severity in African immigrants. Multiple linear regression analyses controlling for possible confounders revealed that perceived discrimination explained approximately 10% of the variance in positive and depression/anxiety symptoms in the statistical model.

Conclusions

Among immigrants with psychotic disorders, visible minority status was associated with perceived discrimination and with more severe positive and depression/anxiety symptoms. These results suggest that context-specific stressful environmental factors influence specific symptom patterns and severity. This has important implications for preventive strategies and treatment of this vulnerable patient group.

BMC psychiatry 11(77), 27 pp, 2011

Download artiklen herfra: <http://www.biomedcentral.com/1471-244X/11/77/abstract>

Psychopathology in African unaccompanied refugee minors in Austria

Huemer, Julia; Karnik, Niranjana S.; Voelkl-Kernstock, Sabine; Granditsch, Elisabeth; Plattner, Friedrich, Belinda Max; Steiner, Hans

We assessed the prevalence of a range of psychopathology among African unaccompanied refugee minors (URMs) in Austria. Additionally, the predictive value of war exposure on PTSD symptoms was examined. Forty-one URMs were assessed with the Mini-International Neuropsychiatric Interview for children and adolescents, the Youth Self-Report, the UCLA PTSD Reaction Index and Facts About You. As expected, 56% of youth had at least one diagnosis by structured clinical interview. The most common diagnoses were adjustment disorder, PTSD and dysthymia. War affliction marginally predicted ($p=0.065$) PTSD controlling for age and gender. URMs had high levels of psychopathology compared to norms. Their PTSD rates were somewhat lower than found in previous studies. We discuss methodological and substantive reasons for this finding. Future studies need to examine URMs across the entire diagnostic spectrum and employ multi-method designs to yield valid results. The psychopathology in URMs has clinical and forensic implications.

Keywords Psychopathology – PTSD - Unaccompanied refugee minors

Child psychiatry and human development 42(3), 307-319

Psychoses, PTSD, and depression in Somali refugees in Minnesota

Kroll, Jerome; Yusuf, Ahmed Ismail; Fujiwara, Koji

Introduction

Initial clinical observation of Somali patients seen at a busy inner-city community clinic (CUHCC) suggested that, in addition to the expected pictures of Posttraumatic Stress Disorder (PTSD) and depression previously seen in the clinic's Southeast Asian refugee population from 1980 to 2000, there was an unusually high number of young Somali men presenting with acute psychotic disturbances.

Objectives

The aim of this study of health care utilization of Somali refugees ($N = 600$) seen in the mental health unit of the clinic from 2001 to 2009 was to investigate the major patterns of psychiatric disorders in this outpatient population and compare these findings with a cohort of non-Somali patients ($N = 3,009$) seen at the same outpatient clinic during the years 2007–2009. If the results supported the initial clinical observations that the rate of psychoses was higher among young Somali men than non-Somali men attending CUHCC clinic, then several areas of further research would recommend itself. First, since this study was not a study of prevalence of mental illness in the Somali community, the next step would be to undertake a study of community prevalence of mental illness among different age and gender cohorts. Second, further research

should look into likely causative and contributory risk factors to explain the development of psychoses among Somali young men.

Methods

Somali and non-Somali patients were diagnosed according to DSM-IV-R criteria. Main outcome measures (diagnoses, age cohort, sex) were analyzed by Chi-square tests. Patterns of illness and adjustment varied significantly by age and gender cohorts, reflecting the relevance of age and gender at time of trauma on different trauma and loss experiences and cultural and religious shaping of subsequent adjustment and symptoms.

Results

The study confirmed that almost half of the Somali male patients are under age 30, 80% of whom presented with psychoses, compared with the rate of psychosis (13.7%) in the non-Somali control group of same-aged males at the clinic. The older male, and the majority of Somali female patients, show predominantly depressive and PTSD symptomatology.

Conclusions

War trauma experienced in childhood, early malnutrition from famines, head trauma, and excess Khat use in male adolescents provide partial explanations for the large number of young psychotic Somali men seen in the clinic from 2001 to 2009.

Keywords Somali refugees – Psychoses – PTSD – Khat - Refugee mental health

Paper read at the 24th ISTSS Meeting, Chicago, IL, 13–15 November 2008.

Social psychiatry and psychiatric epidemiology 46(6), 481–493, 2011

Letter to the editor

Stages of immigration

Sedky, Karim; Nazir, Racha; Parlapalli, Roop; Lippmann, Steven

Fra starten af artiklen

Western countries have long been a popular site for immigration. In recent years, high standards of living, job opportunities and open communications have increased this trend. Immigration has been divided into the stages of: (i) preparation; (ii) moving; (iii) over-compensation; (iv) crisis; and (v) transgenerational coping (i.e. adjustment between immigrant parents, their children and the interface of the two cultures) (Sluzki, 1979). Some professionals have used other classification systems based on their own experiences (Shin & Shin, 1999; Goldner-Vukov, 2004). From the mental health perspective, a modification of these stages is suggested.

The initial dream starts with a preoccupation about moving to another country. This occurs after contact with or learning about the new land. Motivation to leave one's home can include political problems, persecution, conflict or simply the search for a better life (Sluzki, 1979). Entry methods to the new country range from legal immigration, studying abroad, marrying a citizen or illegal migration.

International journal of social psychiatry 57(3), 300-311, 2011

BØGER

Silencing the self across cultures : depression and gender in the social world

Edited by Dana C Jack and Alisha Ali
Oxford University Press, 2010

This book is relevant to both clinicians and researchers and offers new perspectives on women's depression across cultures. It features contributions from thirteen countries including Australia, Canada, Finland, Germany, India and Israel. The book looks at depression from the perspective of self-silencing theory. Self-silencing (which is often associated with depression amongst women) is the tendency to suppress true feelings within intimate relationships, particularly when conflict arises. The authors consider the cultural context of self-silencing, including factors such as how gender roles and social inequality in a range of cultures influence self-silencing. Contributors canvass the social, biomedical and ethical issues intrinsic to understanding depression as well as the health effects of self-silencing. The authors are both experienced academics and researchers in the field of women's mental health. Dana C. Jack, EdD is Professor at

Fairhaven College of Interdisciplinary Studies, Western Washington University, while Alisha Ali is an Associate Professor in the Department of Applied Psychology at New York University.

RAPPORTER

National Cultural Competency Tool (NCCT) for Mental Health Services

Multicultural Mental Health Australia
2010, 60 sider

The NCCT resource pack is designed to enhance the capacity of Australia's mental health workforce to work with people from culturally and linguistically diverse (CALD) backgrounds. It contains a set of National Cultural Competency Standards and a range of practical aids and strategies, including an organisational self-assessment checklist, to support organisations in enhancing their cultural competency. The NCCT is aligned with Standard 4: Diversity Responsiveness of the revised National Standards for Mental Health Services and will assist services in addressing this Standard. It is designed for implementation at an organisational level to assist services to work progressively to achieve a set of National Cultural Competency Standards, which is supported by state and territory Mental Health Directorates.

Du kan se en mere omfattende omtale her: <http://www.dhi.gov.au/Multicultural-Mental-Health-Australia/Program-Areas/Workforce-Development/NEW-National-Cultural-Competency-Tool-for-Mental-Health-Service/default.aspx>

Hvis du vil downloade rapporten skal du udfylde et skema. Det går nemt.

Understanding the mental health and wellbeing of Afghan women in South East Melbourne

Rintoul, Angela

Monash University, Australia
2010, 31 sider

Executive summary

The impetus for this investigation stemmed from reports that the prevalence of depression and anxiety amongst the Afghan population in South East (SE) Melbourne is particularly high. These reports came from both Afghan community members and health and community workers. This qualitative study identified and explored a range of topics to provide information that aims to ultimately increase the capacity of health and community workers to promote the mental health and wellbeing of Afghan women in South East Melbourne, with a particular focus on pregnancy and childbirth.

In depth interviews were conducted with health and community workers in contact with the Afghan community and focus group discussions were held with Afghan community representatives in October and November 2009 to identify and explore:

- cultural practices around pregnancy and childbirth in Afghanistan to understand usual roles and responsibilities of family members and the health system in Afghanistan;
- acceptable ways of dealing with distress in Afghan cultures in order to understand appropriate community based responses to promoting mental health;
- factors that contribute to poor mental health and wellbeing for Afghan women in this area in order to better understand the source of poor mental health for this population; and,
- barriers to appropriate antenatal care.

The findings revealed complex transitions and social change required by Afghan refugees upon arrival in Australia. Practices around pregnancy and childbirth in Afghan cultures usually involve relatively intensive support of the extended family. This means that in Australia the husband plays a greater role due to the absence of the family network, and the role of maternal and child health support is crucial. Some cultural practices relating to pregnancy could potentially compound feelings of isolation for some Afghan women such as restrictions upon movement during pregnancy and for 40 days after the birth. The trauma of conflict and the refugee flight were noted as contributing factors to poor mental health. Post migration stressors reported by the majority of participants included feelings of isolation, related to a perceived lack of community in SE

Melbourne, compounded by poor access to transport. The impact of strained and sometimes dysfunctional spousal relationships associated with adjusting to life in Australia, often after long periods of separation following the migration process to Australia, were reported by a significant majority of participants.

Strategies to address poor mental health in the Afghan community should provide information about mental health, sexual and reproductive health and support couples to foster positive spousal relationships. An existing unfunded proposal that engages Afghan parents in conjunction with antenatal care may be an appropriate vehicle for delivering this information, and would fill a gap in existing antenatal services for Afghan parents.

Introduction

- Mental health promotion and a rights-based approach
- Afghan health and society
- Afghan Refugees in Australia
- Mental health and antenatal care

Method

- Focus Groups
- Interviews
- Ethical Considerations

Results and Discussion

- Antenatal and postnatal support in Afghanistan
- Dealing with stress and distress in Afghan cultures
 - Religion
- Factors influencing mental health and wellbeing
 - Pre migration trauma, family conflict and separation
 - The Legacy of Temporary Protection Visas (TPV)
 - Spousal relationships
 - Isolation
 - Awareness of rights
- Access to services
 - Husband as gatekeeper
 - Awareness of services
 - Interpreters, Cost and availability of mental health services
 - Existing antenatal and maternity services in SE Melbourne

Rapporten kan downloades her:

http://www.refugeehealthnetwork.org.au/literature_65206/Afghan_maternal_health_Report_Version2

Undersøgelse af trivsel blandt uledsagede unge flygtninge i bofællesskaber og i egen bolig - med og uden pædagogisk støtte

Kristensen, Birgitte Sonne

Dansk Flygtningehjælp. Integrationsnet . – 51 sider, 2011

Indholdsfortegnelse

- Forord
- Sammenfatning
- Forskel på unge i bofællesskab og egen bolig - med og uden pædagogisk støtte
- Unge i egen bolig uden pædagogisk støtte
- Unge i egen bolig med pædagogisk støtte
- Unge i bofællesskaber

Konklusioner:

Overordnede træk

De unge er overordnet meget begejstrede og nysgerrige i forhold til danske forhold, demokrati og kultur og historie og er meget optagede af at leve et 'normalt dansk ungdomsliv'. Samtlige unge er meget opsatte på at uddanne sig, og størstedelen har specifikke erhverv i tankerne, fortrinsvis indenfor håndværksfag. Mange vælger gerne fag, som de har beskæftiget sig med i hjemlandet eller opholdslande undervejs til Danmark.

Mange unge føler sig meget alene med deres tanker om oplevelser i fortiden og giver selv udtryk for, at de sjældent deler dem med andre. Traumatiske oplevelser i fortiden samt frustration over nutidige problematikker kommer til udtryk i reaktioner som søvnproblemer, mareridt, fysiske smerter i kroppen, flashbacks, angst og mange får apatiske eller udfareagerende reaktioner. Aktiviteter som samvær med andre uledsagede unge, sport og fritidsaktiviteter er af afgørende betydning for deres trivsel - både i forhold til at skabe netværk, struktur og indhold i dagligdagen. Aktiviteter er desuden tidspunkter, hvor de unge kan abstrahere fra tyngende tanker. Mangel på aktiviteter gør sig især gældende blandt unge i egen bolig uden pædagogisk støtte. Mange unge udtrykker frustration over, at det er sværere at lære dansk og blive integreret, end de havde forventet eller håbet på asylcentret. Mange udtrykker desuden stor bekymring for, om de når at blive gode nok til dansk, før de på et tidspunkt skal klare sig alene. Samtlige unge understreger vigtigheden af at have en voksen kontaktperson, der taler de unges eget sprog og som kan støtte dem psykisk, socialt og praktisk i dagligdagen. Mange unge går med bekymring over at få frataget/ skulle klare sig uden pædagogisk støtte, når de fylder 18 år eller flytter fra bofællesskabet. Samtlige unge efterlyser større kontakt med danskere – særligt danske unge, og finder det svært og intimiderende selvstændigt at tage kontakt til danske unge pga usikkerhed over egne sprogfærdigheder og forståelse af danske sociale normer. Hvis unge først kommer ind i en dårlig spiral med depressiv adfærd og fravær fra sprogskolen, kan det være svært at få dem i gang igen, og de har i denne proces behov for intens støtte og opfølgning.

Overgang fra asylcenter til kommune

Flere unge har ventet længe på, at kunne starte i sprogskole, når de ankommer til kommunen, hvilket medvirker til en følelse af isolation og gør det svært at opbygge en daglig rutine. Mange unge har urealistiske forventninger til, hvad der venter dem i kommunen samt i forhold til muligheder for beskæftigelse og uddannelse. Det er vigtigt for de unge, at de, før de flytter, har fået fortalt, under hvilke forhold, de skal bo. Det er en stor psykisk omvæltning at flytte fra asylcentret med stort socialt fællesskab og alene ud i en kommune, og mange unge oplever dette som en meget overvældende proces, samt stor psykisk udfordring i forhold til at skulle håndtere at være alene. De unge påpeger her vigtigheden af en voksen social kontakt, der kan tale den unges eget sprog og støtte den unge psykisk. Det er vigtigt, at de unge får hjælp til at etablere sig ordentligt i den ny kommune i forhold til praktiske ting som indkøb af møbler, oprettelse af bankkonto etc. Hjælpen kan ikke ske på ét besøg – der opstår løbende nye spørgsmål, og mange unge giver nogle gange udtryk for, at de forstår mere, end de reelt gør. Det er desuden vigtigt, at den unge tilknyttes en stabil kontakt, som de løbende kan opsøge for at få støtte og hjælp.

Betydning af boligform

Der optræder hyppigere ensomhed og isolation blandt unge, der bor alene, end blandt unge i et bofællesskab. Derudover ses hyppigere tendens til fravær fra skole og koncentrationsproblemer samt manglende selvtillid og håb og tro på fremtiden blandt unge i egen bolig. Unge i bofællesskaber udtrykker mindre ensomhed og apati og giver mere udtryk for vrede. Det kommer fx til udtryk ved, at de forholder sig meget kritisk til deres egen rolle som uledsagede samt til personalets pædagogiske rolle i bofællesskaberne. Blandt unge i egen bolig er netværk og geografisk nærhed til andre uledsagede unge af stor betydning for, hvor godt den unge falder til og trives. Der er store individuelle ressourceforskelle blandt unge uledsagede. Nogle unge kan trives godt i egen bolig med tilknyttet pædagogisk støtte. Udsagn fra unge om de ønsker og forestillinger, de har haft før, de unge forlader asylcentret, viser, at de unge ikke selv kan overskue konsekvenserne af de forskellige boligformer. Selvom de unge som udgangspunkt fx ønsker egen bolig, før de forlader asylcentret, trives mange efterfølgende dårligt med at skulle bo alene.

Brug af pædagogisk støtte i forhold til unge i egen bolig

Pædagogisk støtte har stor betydning i forhold til den unges trivsel og mange benytter den pædagogiske medarbejder som en støtte i dagligdagen og voksen sparringspartner. Antallet af timer bevilliget til pædagogisk støtte har betydning for, i hvor høj grad den unge knytter sig til personalet og bruger vedkommende til mere end praktiske spørgsmål og gøremål. Tre ud af tre unge fremhæver møder og netværk med andre unge uledsagede og deres pædagoger som en vigtig del af- og et højdepunkt i deres dagligdag.

Dagligdagen i bofællesskaberne

Unge i bofællesskaber giver overordnet udtryk for stor tryghedsfølelse ved at bo sammen med andre unge med samme baggrund. Ifølge personale på Holbæk Sprogcenter, der hver dag ser uledsagede unge i alle slags bolig- og (manglende) støttetilbud, træder de unge i Integrationsnets bofællesskaber frem som de overordnet mest selvbevidste, mødestabile, velfungerende og velplejede af de uledsagede elever. Samtlige unge i bofællesskaber understreger, at de er glade for tosprogede pædagoger, som kan hjælpe dem med at forklare dem danske udtryk, begreber og normer, så de kan forstå det, og som de kan kommunikere utvungent med. Samtlige unge efterspørger samtidig en kombination af dansk og afghansk/andet personale, så de kan træne mere dansk i dagligdagen og være sammen med voksne, der forstår dansk

(ungdoms)kultur. Det er meget vigtigt, at der er kontinuitet og at alt forløber regelmæssigt og uden store udsving, da små detaljer kan få 'læset til at vælte' for nogle unge. Det er desuden vigtigt for de unge, at det pædagogiske personale er engagerede og aktive i forhold til at sætte aktiviteter i gang. Der er et spændingsfelt mellem afhængighed og selvbestemmelse, der kan være kilde til frustration blandt nogle unge, og nogle unge er meget optagede af personalets pædagogiske rolle i forhold til dem. Der har i et bofællesskab i denne forbindelse været diskussioner mellem unge og personale, hvilket har skabt et midlertidigt anstrengt klima. Ifølge en af medarbejderne i bofællesskabet, har 'kampene' samtidig bragt unge og personale tættere sammen. De unge benytter i høj grad personalet til at betro sig og opsøge trøst. De benytter samtidig personen som en "tryk" voksenskikkelse, som de kan afreagere på – og som de forventer reagerer tålmodigt på udfaldene og ikke lader sig rive med.

Download rapporten her:

http://flygtning.dk/fileadmin/uploads/pdf/Saadan_hjaelper_vi_PDF/integration_PDF/trivselsunders%C3%B8gelse_26_04_11.pdf.pdf

FILM

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<http://flygtning.dk/danmark/center-for-udsatte-flygtninge/at-leve-med-traumer/>

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