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Information om Transkulturel Psykiatri, marts 2005

GENERELT

Indvandrere får for lidt D-vitamin

Politikens netavis 1. marts 2005

Mange indvandrere har brug for ekstra D-vitaminer - især gennem barndommen. Tørklæder og lange kjoler og bukser hindrer solen i at trænge igennem.

Muslimske flygtninge- og indvandrerbørn anbefales ekstra tilskud af D-vitamin gennem hele barndommen - og formentlig også gennem hele livet.

Det skriver Sundhedsstyrelsen i en ny vejledning. Hidtil har Sundhedsstyrelsen anbefalet, at børn med mørk hud fik ekstra tilskud af D-vitamin - men kun frem til toårsalderen. Danske børn kan nøjes med ekstra D-vitaminsdråber i det første leveår.

læs artiklen i Politiken her : <http://politiken.dk/VisArtikel.sasp?PageID=367261>

læs mere fra Sundhedsstyrelsen her :

http://www.sst.dk/Nyheder/Seneste_nyheder/Dvit_nyvej feb05.aspx?lang=da

Kræver tvang over for psykisk syge

DRs hjemmeside 14. marts, 2005

Lav loven om og giv kommunerne bedre mulighed for at tvangsindlægge psykisk syge, der lever under kummerlige forhold. Den melding kommer nu fra landets socialchefer, efter at magasinet Søndag i går dokumenterede, hvordan psykisk syge lever i de værste svinestier.

Affald, madrester og afføring hober sig op, og de pårørende til de syge føler sig magtesløse.

Uenighed om tvang

Alle er enige om, at problemet er uacceptabelt, men ikke om, hvordan det skal løses.

Formanden for landets socialchefer, Ole Pass, er klar til at bruge mere tvang for at komme problemet til livs.

læs artiklen her : <http://www.dr.dk/nyheder/indland/article.jhtml?articleID=241165>

Markant stigning i antallet af etniske ældre

Kristeligt Dagblads netudgave 7. marts 2005 / af Britta Søndergaard og Tomas Revsbech Hansen

Vi vil i de kommende år opleve en firdobling i antallet af ældre flygtninge og indvandrere. Derfor opfordrer Socialministeren kommunerne til at opruste indsatsen på området

Navne som Fatima, Muhamed og Aisha kommer til at fylde langt mere i fremtidens ældrepleje. I løbet af de næste 15 år firedobles antallet af ældre med anden etnisk baggrund. Alligevel er det i dag kun en tredjedel af kommunerne, der gør en særlig indsats for at rådgive ældre flygtninge og indvandrere.

Det fremgår af nye undersøgelser, som Socialministeriet offentliggør i dag i forbindelse med lanceringen af projektet "Kommunerne og de etniske borgere".

– Der bliver mange flere ældre med anden etnisk baggrund, og der er tegn på ændringer i familiemønstrene, så vi ikke kan forvente, at børnene vil passe deres forældre. Derfor vil vi gerne ruste kommunerne til at tackle opgaven. Vi kan se, at de ældre flygtninge og indvandrere får en bedre hjælp i de kommuner, hvor tilbuddene målrettes til den gruppe, siger socialminister Eva Kjer Hansen (V).

I dag bor der 9.200 ældre med en anden etnisk baggrund i Danmark, og det tal vil stige til godt 26.000 personer i 2021. En stor del af de etniske ældre vil komme fra lande som Pakistan, Tyrkiet og Bosnien. Derfor er det nødvendigt, at der ansættes hjemmehjælpere med tosproget baggrund, og at personalet uddannes til at forstå de ældre indvandreres kultur, fremgår det af Socialministeriets rapporter

Narko: Khat-misbrug forhindrer integration

JP København, 21. marts 2005 /Af Kristoffer Pinholt

Mange somaliske mænd er i bogstaveligste forstand i gang med at tygge integrationslinen til det danske samfund over.

Den euforiserende plante khat, som mange somaliske mænd har siddende i mundvigen, er en af de største forhindringer for somaliernes integration i det danske samfund. Det mener formanden for somaliske foreninger og klubber i København, Abdisame Douale, der nu tager bladet fra munden. »Næsten halvdelen af de somaliske mænd i København er misbrugere af khat og er derfor ikke i stand til at få hverdagen til at hænge sammen. De kan ikke komme op om morgenen, og de kan hverken passe arbejde eller uddannelse,« siger Abdisame Douale. Han ved godt, at han bliver upopulær i det somaliske miljø ved at fortælle om problemet, men det er nødvendigt, mener han. »Hver eneste aften sidder der flere hundrede voksne mænd og tygger på khat i de københavnske klubber. Det ødelægger de somaliske familier, fordi kvinderne får nok af mændenes misbrug og smider dem for døren. Derfor ser vi også, at flere somaliere bliver hjemløse,« siger Abdisame Douale. På Amager ligger Sundholm herberget, som er et af de væresteder i København, der har flest somaliere. Sundholm har en sygeplejeklinik, hvor de ansatte har khat-misbruget tæt inde på livet. »De fleste somaliere, der kommer her, er brugere eller misbrugere af khat, og det er uden tvivl et kæmpe problem for mange somaliske mænd. Problemet bliver forstærket af, at de skjuler misbruget for deres omgivelser. Brugen af khat er et tabu for mange af dem, og de har ikke tradition for at fortælle om det, siger sygeplejerske Anne-Grethe Svenstrup. Omfanget af khat-misbruget kommer heller ikke bag på Ole Wagner, kriminalinspektør i Københavns Politi. »Vi kender udmærket til problemet med khat-klubber på Nørrebro. Det specielle ved khat er, at somaliere er den eneste store gruppe, som bruger det,« siger Ole Wagner. Han understreger, at politiet tager problemet alvorligt, »men at der er andre og hårdere stoffer, som har højere prioritering i politiets arbejde.«

Virkningen

Khat er i familie med stoffer som amfetamin og kokain, men virkningen sætter sig først igennem ved indtagelse af store mængder. Ikke desto mindre kan khat invalidere dets brugere socialt, forklarer Anne-Marie Sindballe, der er specialkonsulent i Sundhedsstyrelsen. »Stoffet virker opkvikkende i en periode, men efter rusen betaler brugerne prisen med søvnmangel og depressioner. Som bruger af planten bliver du irriteret, restløs, aggressiv, og i enkelte tilfælde kan det føre til en sindslidelse. Desuden skaber det afhængighed, og det nedsætter hukommelsen og koncentrationen,« siger Anne-Marie Sindballe. Der bor cirka 5.000 somaliere i København, men der findes ingen større offentlige undersøgelser af, hvor udbredt khat er. Familie- og arbejdsmarkedsudvalget i Københavns Kommune har nu besluttet at lave en undersøgelse af misbruget i København.

Organisering af psykiatrien

Folketingets informationssystem, 11. marts 2005

Foreningen af Speciallæger har henvendt sig til Folketingets Sundhedsudvalg for at drøfte, hvordan psykiatrien og socialpsykiatrien kan organiseres fremover. Oplægget kan læses hos Folketinget her :

<http://www.folketinget.dk/?/Samling/20042/lovforslag/L74/bilag/11/index.htm>

OM TRANSKULTUREL PSYKIATRI

Børn i knibe på asylcentre

Internetavisen Jyllands-Posten 9. marts 2005 / af Morten Runge

Danske asylcentre er ikke gearede til at huse børn i så lang tid, som de gør i dag, påpeger bl.a. børneekspert, der frygter for børnenes helbred. Udlændingestyrelsen medgiver, at opholdstiden er steget, men afviser generel kritik

Depression. Dårlig integration. Rodløshed. Speciallæge i børne- og ungdomspsykiatri Bente Rich er ikke i tvivl om de risici, som de i alt 834 børn på de danske asylcentre i disse dage udsættes for.

»Der er for dårlig en forbindelse mellem centrene og den omkringliggende verden. Børnene får slet ikke den stimulering fra almindelige danske børn, som de har behov for i deres udvikling, og det kan betyde en ringere integration og psykiske kriser hos børnene,« siger Bente Rich, der har arbejdet flere år med asylsøgende børn. Hun anbefaler, at man laver en ny undersøgelse af børnenes behov.

Bente Rich bakkes op af forskningschef på Rehabiliterings- og Forskningscentret for Torturofre Edith Montgomery, der i 1992 stod for den seneste systematiske undersøgelse af asylsøgende børns mentale tilstand på asylcentre. Her fandt Edith Montgomery, at cirka 60 pct. af 311 børn havde psykiske symptomer som f.eks. angst for at være alene og let til gråd.

Tal fra Udlændingestyrelsen viser, at den gennemsnitlige opholdstid for asylansøgere i Danmark er steget fra cirka 350 dage i 2000 til næsten 800 dage i 2004. Styrelsen afviser dog, at det skulle være et problem.

Flygtinges sygdom blev hemmeligholdt

Politikens netavis 12. marts / af Rasmus Emborg

De danske udlændingemyndigheder har været ved at udvise psykisk syge flygtninge.

Udlændingemyndighederne hemmeligholder afgørende oplysninger om psykisk syge flygtninge fra Kosova over for både FN-myndighederne og den danske udlændingeattaché i regionen.

Det sker for bedre at kunne udvise flygtningene.

En kosovaalbansk familie med fire børn skulle efter planen have været udvist på tirsdag. Rigspolitiet ville udvise familien, på trods af at moderen har forsøgt at begå selvmord to gange inden for de seneste to uger.

læs artiklen her : <http://politiken.dk/visartikel.iasp?pageid=369215>

Forslag til folketingsbeslutning om et autorisationssystem for indvandretolke

Fremsat 30. marts

Folketinget opfordrer regeringen til inden udløbet af 2005 at indføre et autorisationssystem, som forpligter offentlige og halvoffentlige institutioner til at anvende tolke med certifikat fra en af de bekendtgørelsesbelagte tolkeuddannelser på Handelshøjskolen i København eller Handelshøjskolen i Århus.

Systemet skal indeholde følgende elementer:

Staten, amterne, kommunerne, retsvæsenet og sundhedsvæsenet pålægges at anvende certificerede tolke, som har aflagt prøve ved Handelshøjskolen i København eller Handelshøjskolen i Århus.

Der fastsættes en takst for tolkning inden for det offentlige, som afspejler tolkenes uddannelsesniveau.

Der åbnes mulighed for at tage uddannelsen til statsprøvet tolk som almindelig SU-berettiget uddannelse.

Der igangsættes en undersøgelse af flaskehalsproblemer, der eventuelt vil opstå, når kravet om autorisation træder i kraft.

Der igangsættes en undersøgelse af, om der er behov for at modulopdele uddannelserne til statsautoriseret tolk og kræve forskellige minimumsniveauer i forskellige offentlige og halvoffentlige institutioner.

Læs bemærkningerne til forslaget på Folketingets Informationssystem :

<http://www.folketinget.dk/?/Samling/20042/beslutningsforslag/B36/index.htm>

Kriminelle indvandrere er ofte psykisk syge

Informations netavis 23. marts 2005 / af Rasmus Lindboe

For første gang sætter Kriminalforsorgen tal på andelen af udlændinge blandt psykisk syge kriminelle. Hver femte dom er til indvandrere

Hver femte gang en dommer lader hammeren falde til dom over en psykisk syg person, er den dømte indvandrer.

Det viser en opgørelse fra Kriminalforsorgen, som nu for første gang sætter tal på den totale andel af etniske minoriteter blandt de psykisk syge kriminelle.

Undersøgelsen er en gennemgang af de i alt 1.555 personer, som fra 2000 til udgangen af 2003 fik en dom til behandling i stedet for en fængselsstraf. 20 procent af de dømte er indvandrere eller efterkommere, viser undersøgelsen fra Kriminalforsorgen.

De etniske minoriteters andel af de psykisk syge kriminelle er ca. tre gange så høj som danskernes, idet andelen af indvandrere og efterkommere udgør 5,8 procent af befolkningen som helhed.

Dansk Folkepartis medlem af Folketingets Retsudvalg Morten Messerschmidt vil tage sagen op med justitsminister Lene Espersen (K):

»Konklusionen er, at vi må udvise større konsekvens over for dem, der er kommet ind. Det vil sige hårdere straffe. Og samtidig er det vigtigt, at de folk, der kommer ind i landet, bliver integreret og bliver en del af samfundet,« siger han.

læs hele artiklen her : <http://www.information.dk/Indgang/VisArtikel.dna?pArtNo=171136>

Et stigende antal somaliere ender på gaden

JP Københavns netavis 16. marts 2005 Af KRISTOFFER PINHOLT

Antallet af hjemløse somaliere på herberg er det højeste nogensinde. Problemet forklares med arbejdsløshed, skilsmisser og khat-misbrug.

Skævvridning

Selv om somaliere kun udgør 0,8 pct. af Københavnerne, er næsten 9 pct. af Københavns hjemløse somaliere. Og til trods for, at somaliere kun er den syvendestørste gruppe indvandrere i København, er det den gruppe indvandrere, som har flest hjemløse.

Koordinator og formand for det somaliske netværk i Danmark Mohammed Gelle peger på, at det er en kombination af flere problemer, som fører til, at somaliere mister deres bolig.

»De hjemløse somaliere er ofte dårligt integreret og traumatiserede, og mange af dem er misbrugere af planten khat, som er somaliernes svar på sydamerikanernes coca-blade,« siger Mohammed Gelle.

En anden forklaring er, at somaliernes familiemønstre er ved at ændre sig, og at det er blevet mere socialt acceptabelt at lade sig skille. Det mener antropolog og ph.d.-studerende Christina Bækkelund Jagd, som har lavet et syv måneders feltstudie af somaliere i København.

»Konen bliver i lejligheden med børnene, mens manden må finde et nyt sted at bo. Det er svært, for der er generel boligmangel i København, og de fleste somaliere har ikke penge til at købe et sted at bo,« siger Christina Bækkelund Jagd.

Strid om de apatiske flyktingbarnen

Sveriges Television 22. marts / af Peter Bagge

REPORTAGE: De apatiske flyktingbarnen delar experterna i två läger: de som tror på barnen - och de som inte gör det.

Under tiden fortsätter ovissheten att plåga barnen och deras föräldrar.

Mellan 100 och 200 flyktingbarn i Sverige befinner sig i ett apatiskt tillstånd. De varken äter eller dricker och har gett upp allt hopp om livet.

Ett av dessa barn är Grigori, 11 år.

Hans mamma Sjusi berättar:

- Hans tillstånd blir bara sämre och sämre. Han tappar så mycket hår och han har fått infektion i munnen, fått munsår på tungan och i hela munnen för att han äter och dricker ingenting och tuggar ingenting.

Tillsammans flydde mor och son flydde från Moskva för två och ett halvt år sedan där de levde som illegala flyktingar. Grigori mår mycket dåligt redan när han kom till Sverige och Sjusi har berättat hur både Grigoris far och bror har dödats.

Hans far var aktiv i Tjetjenienkonflikten och Grigori har varit vittne till hur rysk polis har hotat och trakasserat hans mamma.

läs hele artiklen her : <http://svt.se/svt/jsp/Crosslink.jsp?d=26542&a=355914>

LITTERATUR

Afhandlinger

Betydningen av innvandrerbakgrunn for psykiske vansker blant ungdom

Leila Torgersen, NOVA, Norsk institutt for forskning om oppvekst, velferd og aldring

Temaet for avhandlingen er om, og eventuelt hvordan, ungdom med innvandrerbakgrunn med psykiske vansker (depressivitet og antisosialitet) skiller seg fra ungdom med norsk bakgrunn med tilsvarende problemer. Et sentralt spørsmål er også i hvilken grad vi finner kjønnsforskjeller i sammenhengen mellom integrering og antisosial atferd blant barn av innvandrere. Avhandlingen inneholder óg en gjennomgang av nyere teorier og metoder for å studere eventuelle etniske forskjeller i utbredelse og forståelsen av psykiske vansker blant ungdom. Spørsmålene er belyst gjennom analyser av svarene fra ca 11 500 14- til 17-åringer som deltok i undersøkelsen *Ung i Oslo* 1996.

Et sammendrag af afhandlingen kan læses her : <http://www.nova.no/index.gan?id=8050&subid=0&longFormat=1>

Withdrawal and exclusion

Geir Fagerjord Lorem, Universitetet i Tromsø

Medisinsk - filosofisk doktorgrad om schizofreni

Hva vil det si å være frisk? Hva er "normalt"? Hvordan forstår vi hverandre når vi snakker sammen? Dette er spørsmål Geir Fagerjord Lorem tar opp i sin doktoravhandling i filosofi fra Universitetet i Tromsø. Avhandlingen "Withdrawal and exclusion" tar utgangspunkt i et feltarbeid ved en psykiatrisk avdeling og skildrer et forsøk på å leve seg inn hvordan det må være å leve med schizofreni.

Dette er en lidelse som er omspunnet med mange myter og forestillinger, som ofte vil bidra til problemene. Mange av de forestillingene vi har om schizofrene påvirker vår forståelse av det pasientene sier. Dette fremstår som et problem og kan også medføre at man slutter å høre etter eller slutter å ta det pasientene sier alvorlig.

Avhandlingen er tverrfaglig. Den er ikke tradisjonelt etnografisk, men dreier seg mer om at materialet skal tjene til å eksemplifisere, utvikle og belyse hvordan det er å leve med schizofreni og hvordan man kan nå (og i blant ikke nå) en forståelse av dette. Eksempelene tjener i sin tur til å aktualisere filosofiske spørsmål som hva det vil si å

være frisk, hva er det normale, hvordan forstår vi hverandre når vi snakker sammen.

Rapporter

Integration af personale med en sundhedsfaglig uddannelse fra udlandet : håndbog.

Hvidovre Hospital har udarbejdet denne håndbog på ca. 30 s. Den kan downloades her : [http://www.hosp.dk/hhudviklingsoguddafd.nsf/pics/Håndbog.pdf/\\$FILE/Håndbog.pdf](http://www.hosp.dk/hhudviklingsoguddafd.nsf/pics/Håndbog.pdf/$FILE/Håndbog.pdf)

Vejledning om anbringelse af børn og unge med anden etnisk baggrund end dansk i familiepleje

Familieplejen Danmark har udgivet denne pjece på 11 s. Den kan downloades her : http://www.famdk.dk/PdF-Filer/6093_fampleje_pjece_A5.pdf

Artikler

African-American and white caregivers of older adults with dementia: differences in depressive symptomatology and psychotropic drug use

Betsy Sleath, PhD, Joshua Thorpe, MP, Lawrence R. Landerman, PhD, Marti Doyle, MA and Elizabeth Clipp, PhD

Abstract

Objectives: To examine relationships between race and psychotropic drug use (antidepressant, antianxiety, sedative/hypnotic agents) in informal caregivers with symptoms of depression who provide care for elderly relatives with progressive dementia. Whether racial differences in medication use relate to racial differences on predisposing, enabling, and need factors associated with use of these agents was also examined.

Design: National survey.

Setting: Community-based population of informal caregivers of elderly male U.S. veterans with dementia living throughout the 48 contiguous states and Puerto Rico.

Participants: Two thousand thirty-two African-American and white female caregivers of elderly male veterans diagnosed with probable Alzheimer's disease or vascular dementia.

Measurements: Depressive symptoms were measured using a modified version of the Center for Epidemiological Studies Depression Scale. Antidepressant, antianxiety, and sedative/hypnotic agents were indexed using the Veterans Affairs medication classification system.

Results: Of caregivers with depressive symptoms, 19% used antidepressants, 23% antianxiety agents, and 2% sedative/hypnotics. African-American caregivers with depressive symptoms were significantly less likely than whites with depressive symptoms to be using antidepressants and antianxiety medications. Caregivers who reported higher levels of social support and more physician visits during the previous 6 months were significantly more likely than others to be taking antidepressants.

Conclusion: This study found that 81% of caregivers with depressive symptoms were not taking antidepressant medication and that African-American caregivers were less likely than whites to be taking antidepressants. Results suggest that routine screening for depression in dementia caregivers may identify unmet needs for antidepressant therapy. Particular care should be taken to ensure that African-American caregivers are made aware of the potential benefits of such therapy.

Journal of the American Geriatrics Society 53(3), 397-404, 2005

The Bosnian version of the international self-report measure of posttraumatic stress disorder, the Posttraumatic Stress Diagnostic Scale, is reliable and valid in a variety of different adult samples affected by war

Steve Powell and Rita Rosner

Abstract

Background The aim of the present study was to assess the internal consistency and discriminant and convergent validity of the Bosnian version of a self-report measure of posttraumatic stress disorder (PTSD), the Posttraumatic Stress Diagnostic Scale (PTDS). The PTDS yields both a PTSD diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders 4th edition (DSM-IV) and a measure of symptom severity.

Methods 812 people living in Sarajevo or in Banja Luka in Bosnia-Herzegovina, of whom the majority had experienced a high number of traumatic war events, were administered the PTDS and other measures of trauma-related psychopathology. The psychometric properties of the instrument were assessed using

Cronbach's alpha and principal components analysis, and its construct validity was assessed via Spearman correlation coefficients with the other instruments.

Results The PTSD and its subscales demonstrated high internal consistency. The principal components revealed by an exploratory analysis are broadly consistent with the DSM-IV subscales except that they reproduce some previously reported difficulties with the "numbing" items from the avoidance subscale. The construct validity of the PTSD was supported by appropriate correlations with other relevant measures of trauma related psychopathology.

Conclusion The Bosnian version of the PTSD thus appears to be a time-economic and psychometrically sound measure for screening and assessing current PTSD. This self-report measure awaits further validation by interview methods.

BMC Psychiatry 5(11), 2005

Artiklen kan læses her : <http://www.biomedcentral.com/content/pdf/1471-244X-5-11.pdf>

Caught between stigma and inequality : Black & minority ethnic communities and mental well-being in Kensington & Chelsea and Westminster. Recommendations for improved service delivery and partnership with local communities

A Report by the BME Health Forum and the Migrant & Refugee Communities' Forum

Fra starten af Summary

For members of many minority ethnic communities, the stigma attached to any suggestion of mental illness influences their decision when deciding whether to acknowledge the problem and seek treatment, or to conceal it.

The fear of being labelled "mad" or "crazy" and consequently shunned by family and friends leads some people to try to appear "normal" and untroubled. In these communities, psychological stress is seen as madness, and madness is seen as incurable. The implications of this are that there is little point in seeking treatment and mental distress must be endured as part of life in a minority situation within the UK.

Social exclusion can be both a source and a consequence of mental ill health. Members of BME communities often experience social exclusion, particularly poverty, unemployment and a lack of support from statutory services for which their own community groups may not be able to compensate. In addition, poor housing and isolation often lead to depression and can be compounded by an inability to communicate because of language barriers. This can adversely affect many aspects of the lives of people from BME communities – from accessing statutory services to arranging schooling for their children - and they were particularly illinformed about the availability of mental health care services. The cumulative effect of this range of problems can cause severe mental distress.

When asked what would improve their mental well-being, people cited community-based activities of all kinds, from sports to social events, along with advice and improved access to health services. GPs are usually the first port of call for those with mental as well as physical health problems. However, many participants in the study have difficulty communicating with their doctors, not just because of linguistic and cultural barriers, but also because of the time constraints set on individual patient consultations....

Rapporten kan læses her : http://www.kc-pct.nhs.uk/pdfs/caught_between_stigma_and_inequality.pdf

Cultural variation in the clinical presentation of sleep paralysis

Joop T. V. M. De Jong

Abstract

Sleep paralysis is one of the lesser-known and more benign forms of parasomnias. The primary or idiopathic form, also called isolated sleep paralysis, is illustrated by showing how patients from different cultures weave the phenomenology of sleep paralysis into their clinical narratives. Clinical case examples are presented of patients from Guinea Bissau, the Netherlands, Morocco, and Surinam with different types of psychopathology, but all accompanied by sleep paralysis. Depending on the meaning given to and etiological interpretations of the sleep paralysis, which is largely culturally determined, patients react to the event in specific ways.

Key Words: culture- ethnic variations - parasomnias - sleep paralysis - transcultural psychiatry
Transcultural psychiatry 42(1), 78-92, 2005

Degrees of belief in god: a measure of belief for use in cross culture

Carmine Maiello, University of Fribourg Fribourg Switzerland

Abstract:

Belief scales with good psychometric properties are relatively rare. Several scales that claim to measure levels of belief use behavioural indicators that do not necessarily reflect belief, and others refer to specific religions and do not consider ethnic factors or cultural differences. This paper introduces a 6-item multicultural belief scale (the Degrees of Belief in God Scale), based on the results of previous exploratory factor analyses. 2124 Italian,

Portuguese, Spanish, Swiss, Turkish and ex-Yugoslavian subjects including Atheists, Catholics, Eastern Orthodox, Moslems and Protestants contributed to the development of the new instrument. Principal component analysis (PCA) followed by varimax-standardized rotation was used to identify (first order) dimensions of belief. In order to identify the shared or common variance in all groups defined by religion and culture of origin a hierarchical analysis of oblique factors was computed for each group. The paper also reports test-retest reliability as well as face, criterion and construct validity data. The resulting Degrees of Belief in God Scale has exceptional psychometric properties and the measurements are equivalent across the sampled cultures and religions.

Mental health, religion and culture 8(2), 87-95

Dementia caregiving: the experiences of Hispanic/Latino caregivers

Susan R. Neary, PhD, APRN-BC, **Simmons College**, Diane Feeney Mahoney, PhD,
Hebrew Senior Life's Research Institute

Abstract

The purpose of this study was to explore the phenomenon of dementia caregiving in an ethnically diverse group of Latino caregivers, with the goal of identifying cultural influences on the caregiving experience. This qualitative, descriptive, cross-sectional study used Leininger's ethnonursing approach. There were more similarities than differences in this multiethnic sample of Latino caregivers in understanding of dementia symptoms, beliefs about the caregiving role, and in the factors affecting ongoing care. A lack of knowledge about dementia, rather than culturally influenced beliefs, was the major deterrent to recognition of initial symptoms. Participants viewed family-centered home care as a culturally embedded value but were willing to consider placement when home care became impractical. Providers need to understand the ways in which caregivers must negotiate the tension between cultural beliefs and the demands of their individual circumstances.

Key Words: dementia - caregiving - caregivers - Hispanic - Latino

Journal of transcultural nursing 16(2), 163-170, 2005

Determinants of duration of untreated psychosis and the pathway to care in Singapore

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Abstract

Introduction: Delays in providing effective treatment for a patient with psychosis has significant negative effects on the outcome. This includes more hospitalizations, longer periods of inpatient care, slower and less complete recovery, and more frequent relapses. In this study, we established the Duration of Psychosis (DUP) in a sample of patients with first-episode psychosis and examined the pathways to care.

Methods: The sample comprised patients presenting with first-episode psychosis to the psychiatric services of the Institute of Mental Health, Singapore, from January to December 2000. The association between the DUP and demographic, clinical and social variables was examined.

Results: The DUP ranged from 0.1 to 336 months. The mean DUP was 32.6 (SD $\frac{1}{4}$ 59.8) months, with a median of 12 months. Twenty four percent of the patients had sought consultation with a traditional healer prior to consulting a psychiatrist. The DUP of this group of patients was not significantly different from those who sought help elsewhere.

Conclusions: The DUP of our patients was longer than that reported in studies done in the West. The attitudes and beliefs of family in the Asian society are likely to be crucial in the pathways to care.

International journal of social psychiatry 51(1), 55-62, 2005

Developing a model for culturally competent primary care nursing for asylum applicants and refugees in Scotland: a review of the literature

Julia Quickfall

Abstract

This paper is the result of a literature review for a doctoral thesis. It presents a model consisting of five steps for culturally competent primary care nursing for asylum applicants and refugees in Scotland. In developing the model, the author has taken account of previous work on culturally competent care published by American and British authors. This work seems mainly focused on secondary care. The model presented here represents an attempt to address cultural competence in primary care settings and proposes a new component, institutional regard, which refers to the concept of equity as well as the need to address discrimination and racism in the NHS. The model has yet to be tested. The term 'asylum applicant' rather than 'asylum seeker' is used in this article to overcome the negative images presented in the media. Asylum applicants and refugees are known to

be a highly disadvantaged multi-ethnic group, with reduced access to welfare support and difficulties of access to primary care services. The national policy framework is committed to the development of a culturally competent NHS in Scotland. The Scottish Refugee Integration Forum (SRIF) has developed an action plan to take forward health and social care issues for asylum applicants and refugees.

Diversity in health and social care 1(1), 53.64, 2005

Dimensions of culture care for substance-dependent African American women

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Abstract

Substance abuse, now in epidemic proportions in many cultures, is of major concern nationally and transculturally. It is important for nurses and other health care providers working with an increasingly multiculturally diverse client population to understand the cultural implications of caring for clients with alcohol and drug dependence. The purpose of this ethnographic research study was to discover meanings and expressions of care for substance-dependent African American women in the research context of an inner-city transitional home. A convenience sample of 12 key and 18 general participants was included in this study. The study was conceptualized within Leininger's culture care theory. Ethnographic techniques of participant observation and focused in-depth interviews were used to collect data. Results included four universal care themes discovered in this study. Gender/cultural-specific care needs in relation to social structure, ethnohistory, and cultural context were discovered to influence the women's health/well-being as they moved through recovery.

Key Words: culture – addictions – women - African American - substance abuse

Journal of transcultural nursing 16(2), 117-125, 2005

'The ghost pushes you down': sleep paralysis-type panic attacks in a Khmer refugee population

Devon E. Hinton, Vuth Pich, Dara Chhean, Mark H. Pollack

Abstract

Among a psychiatric population of Cambodian refugees ($N = 100$), 42% had current - i.e. at least once in the last year - sleep paralysis (SP). Of those experiencing SP, 91% (38/42) had visual hallucinations of an approaching being, and 100% (42/42) had panic attacks. Among patients with post-traumatic stress disorder (PTSD; $n = 45$), 67% (30/45) had SP, whereas among those without PTSD, only 22.4% (11/45) had SP ($\chi^2 = 20.4, p < .001$). Of the patients with PTSD, 60% (27/45) had monthly episodes of SP. The Cambodian panic response to SP seems to be greatly heightened by elaborate cultural ideas - with SP generating concerns about physical status, 'good luck' status, 'bad luck' status, sorcery assault, and ghost assault - and by trauma associations to the figure seen in SP. Case vignettes illustrate cultural beliefs about, and trauma resonances of, SP. A model to explain the high rate of SP in this population is presented. SP is a core aspect of the Cambodian refugees response to trauma; when assessing Cambodian refugees, and traumatized refugees in general, clinicians should assess for its presence.

Key Words: Khmer refugees - panic attacks - post-traumatic stress disorder - sleep paralysis

Transcultural psychiatry 42(1), 46-77, 2005

Hopelessness and suicidal ideation among adolescents in two cultures

Sunita Mahtani Stewart Betsy D. Kennar, Peter W.H. Lee Taryn Mayes Carroll Hughes Graham Emslie

Abstract

Background: This study examines the cross-sectional and longitudinal associations among cognitive variables, depressive symptoms and suicidal ideation in Hong Kong Chinese and Caucasian American adolescents.

Methods: Community adolescents ($n = 2,044$) ages 14–18 years from Hong Kong and the United States provided information regarding their suicidal ideation, depressive symptoms, and cognitions (self-efficacy, cognitive errors and hopelessness), at two surveys, six months apart.

Results: Self-efficacy was a weak unique predictor of suicidal ideation in both cultures. Hopelessness was the strongest of cognitive variables in concurrent associations with suicidal ideation in bivariate and multivariate models, in both cultures, and in both boys and girls. Hopelessness continued to offer unique prediction when depressive symptoms were controlled, both concurrently and prospectively.

Conclusions: Our results support hopelessness theories of suicidal ideation and behavior in Hong Kong, and extend the cognitive theory of suicidality to a modernized Asian culture.

Journal of child psychology and psychiatry 46(4), 364-372, 2005

Hypothalamic-pituitary-adrenal axis activity and sleep in Posttraumatic Stress Disorder

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ABSTRACT

Alterations of the hypothalamic-pituitary-adrenal (HPA) axis and sleep disturbances have been described separately in post-traumatic stress disorder (PTSD). It is not known if HPA alterations and sleep disturbances are associated in PTSD. This study examined sleep and HPA activity in 20 male medication-free subjects with PTSD and 16 matched healthy controls. Two nights of polysomnography were obtained and 24-h urinary cortisol was collected during day 2. Subjects self-administered a low-dose (0.5 mg) salivary dexamethasone test at home. Compared with controls, PTSD subjects had higher 24-h urinary μg cortisol/g creatinine (mean \pm SD 40 \pm 17 vs 28 \pm 12, $p=0.03$) but not significantly higher 24-h urinary cortisol (mean \pm SD 52 \pm 15 $\mu\text{g/day}$ vs 43 \pm 23, $p=0.19$). PTSD subjects showed a trend towards less cortisol suppression after dexamethasone (73% \pm 18 vs 83% \pm 10, $p=0.06$). In the combined sample, delta sleep was significantly and negatively correlated with 24-h urinary cortisol ($r=-0.36$, $p=0.04$), and with 24-h urinary cortisol/g creatinine on a trend level ($r=-0.34$, $p=0.06$). Our results suggest that increased cortisol is negatively associated with delta sleep. This may contribute to sleep abnormalities in conditions associated with elevated cortisol, possibly including PTSD. Future studies should explore the temporal relationship between HPA activity, sleep disturbances, and psychopathology after a traumatic event.

Keywords: posttraumatic stress disorder; sleep; cortisol; HPA axis; corticotropin-releasing-hormone
Neuropsychopharmacology 30(2), 1-8, 2005

The Incidence of anorexia nervosa on Curaçao

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Abstract

OBJECTIVE: Although anorexia nervosa was once thought to occur only in affluent societies, cases have now been documented across the globe. To examine whether anorexia nervosa emerges in societies undergoing socioeconomic transition, the authors studied the incidence of anorexia nervosa on the Caribbean island of Curaçao.

METHOD: The authors contacted the full range of community health and service providers on Curaçao, including dietitians, school counselors, and all 82 general practitioners. They also studied inpatient records for 84,420 admissions to Curaçao General Hospital and two private hospitals in 1995–1998. Probable-incident subjects were interviewed.

RESULTS: The incidence rates in 1995–1998 per 100,000 person-years for anorexia nervosa on Curaçao were 1.82 (95% confidence interval [CI]=0.74–2.89) for the total population and 17.48 (95% CI=4.13–30.43) for the high-risk group of 15–24-year-old females. No cases were found among the majority black population. For the Curaçao mixed and white population, the incidence rate per 100,000 person-years for anorexia nervosa was 9.08 (95% CI=3.71–14.45).

CONCLUSIONS: The overall incidence of anorexia nervosa on Curaçao is much lower than in the affluent societies of the United States and Western Europe. Within Curaçao, sociocultural factors appear to be associated with differential incidence rates of anorexia nervosa. The incidence of anorexia nervosa among the majority black population is nil, while the incidence among the minority mixed and white population on Curaçao is similar to that of the United States and the Netherlands

American journal of psychiatry 162(4), 748-752

Inuit Interpretations of sleep paralysis

Samuel Law, Laurence J. Kirmayer

Abstract

Traditional and contemporary Inuit concepts of sleep paralysis were investigated through interviews with elders and young people in Iqaluit, Baffin Island. Sleep paralysis was readily recognized by most respondents and termed *uqumangirniq* (in the Baffin region) or *aqtuqsinniq* (Kivalliq region). Traditional interpretations of *uqumangirniq* referred to a shamanistic cosmology in which the individual's soul was vulnerable during sleep and dreaming. Sleep paralysis could result from attack by shamans or malevolent spirits. Understanding the experience as a manifestation of supernatural power, beyond one's control, served to reinforce the experiential reality and presence of the spirit world. For contemporary youth, sleep paralysis was interpreted in terms of multiple frameworks that incorporated personal, medical, mystical, traditional/shamanistic, and Christian views, reflecting the dynamic social changes taking place in this region.

Key Words: dreams - indigenous people – Inuit – shamanism - sleep paralysis

Transcultural psychiatry, 42(1), 93-112, 2005

Is posttraumatic stress in youth a culture-bound phenomenon? A comparison of symptom trends in selected U.S. and Russian communities

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Abstract

OBJECTIVE: The cross-cultural applicability of the concept of posttraumatic stress was investigated by assessing symptom frequency and levels of comorbid psychopathology in adolescents from the United States and Russia. **METHOD:** A self-report survey was conducted in representative samples of 2,157 adolescents 14 to 17 years old from urban communities of the United States (N=1,212) and Russia (N=945). **RESULTS:** In both countries, the levels of all three major clusters of posttraumatic symptoms (reexperiencing, avoidance, and arousal), as well as of internalizing psychopathology, increased along with the level of posttraumatic stress. Expectations about the future had a tendency to decrease with increasing posttraumatic stress. No differences between countries in significant interaction effects for symptom levels were found. **CONCLUSIONS:** The current findings suggest that posttraumatic symptoms and their associations with other adolescent mental health problems are not culture bound and that the psychological consequences of trauma follow similar dynamics cross-culturally

American journal of psychiatry 162(3), 538-544, 2005

A multilevel analysis of ethnic variation in depressive symptoms among adolescents in the United States

Richard G. Wight, Carol S. Aneshensel, Amanda L. Botticello and Joslan E. Sepúlveda

Abstract

This study examines linkages between ethnicity and symptoms of depression among adolescents, with a specific focus on the intersection of individual- and contextual-level risk factors. Data are from the National Longitudinal Study of Adolescent Health (Add Health), a panel survey of a nationally representative United States sample (analytic $N=18,473$) of students in the 7th through 12th grades. Depressive symptoms are measured with a 16-item subscale of the Center for Epidemiologic Studies-Depression Scale. Hierarchical linear modeling is used to estimate the simultaneous effects of individual-level ethnicity, sex, age, family structure, and socioeconomic status (SES), and community-level ethnic composition and SES, operationalized by collapsing United States Census tract data to the school sampling area. There is significant variation in depressive symptoms among sampling areas and both individual- and contextual-level characteristics exert effects on depressive symptomatology. The impact of individual-level ethnicity on depressive symptoms depends upon characteristics of the sampling area, in that African American teens living within predominantly Non-Hispanic White areas are at especially high risk for frequent depressive symptoms. The findings demonstrate that the emotional consequences of membership in an ethnic group are in some instances contingent upon social context.

Keywords: Ethnicity; Adolescent; Depressive symptoms; Multilevel; USA

Social science and medicine 60(9), 2073-2084, 2005

Non-fat-phobic anorexia nervosa in British South Asian adolescents

Amina Tareen, MD, Matthew Hodes, PhD, FRCPsych, Luiza Rangel, MD

Objective The current study investigated the clinical features of British South Asian adolescent females presenting with low weight in the absence of organic disease.

Methods The authors performed a retrospective case note study of South Asian British female adolescents presenting with weight loss/anorexia nervosa to psychiatric clinics and matched White English peers presenting with low weight.

Results South Asian patients presented more frequently with loss of appetite ($p = .01$) and less frequently with fat phobia ($p = .032$) and weight preoccupation ($p = .001$). South Asians also had significantly more satisfactory relationships with their nuclear family and peers ($p = .03$).

Discussion Differing symptom profiles for anorexia nervosa need to be taken into account when assessing patients from different cultures. South Asian adolescents may present with a non-fat-phobic form of anorexia nervosa. This has clinical and epidemiologic implications. Further investigation is warranted to assess the nosologic status of this group

Keywords: fat phobia • anorexia nervosa • British South Asians **International journal of eating disorders 37(2), 161-165, 2005**

Prevalence and illness beliefs of sleep paralysis among Chinese psychiatric patients in China and the United States

Albert Yeung, Yong Xu, Doris F. Chang

Abstract

To investigate the prevalence and illness beliefs of sleep paralysis (SP) among Chinese patients in a psychiatric out-patient clinic, consecutive Chinese/Chinese-American patients who attended psychiatric out-patient clinics in Boston and Shanghai were asked about their lifetime prevalence, personal experience and perceptions regarding the causes, precipitating factors, consequences, and help-seeking of SP. During the 4-month study period, 42 non-psychotic psychiatric out-patients from the Boston site and 150 patients from the Shanghai site were

interviewed. The prevalence of SP was found to be 26.2% in Boston and 23.3% in Shanghai. Patients with post-traumatic stress disorder (PTSD) or panic disorder reported a higher prevalence of SP than did patients without these disorders. Patients attributed SP to fatigue, stress, and other psychosocial factors. Although the experience has traditionally been labeled 'ghost oppression' among the Chinese, only two patients, one from each site, endorsed supernatural causes of their SP. Sleep paralysis is common among Chinese psychiatric out-patients. The endorsement of supernatural explanations for SP is rare among contemporary Chinese patients.

Key Words: Chinese - primary care - sleep paralysis

Transcultural psychiatry 42(1), 135-145, 2005

Posttraumatic Stress Disorder comorbid with major depression: factors mediating the association with suicidal behavior

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Abstract

OBJECTIVE: The purpose of the study was to determine if patients with a history of major depressive episode and comorbid posttraumatic stress disorder (PTSD) have a higher risk for suicide attempt and differ in other measures of suicidal behavior, compared to patients with major depressive episode but no PTSD. In addition, to explore how PTSD comorbidity might increase risk for suicidal behavior in major depressive episode, the authors investigated the relationship between PTSD, cluster B personality disorder, childhood sexual or physical abuse, and aggression/impulsivity. **METHOD:** The subjects were 230 patients with a lifetime history of major depressive episode; 59 also had lifetime comorbid PTSD. The demographic and clinical characteristics of subjects with and without PTSD were compared. Multivariate analysis was used to examine the relationship between suicidal behavior and lifetime history of PTSD, with adjustment for clinical factors known to be associated with suicidal behavior. **RESULTS:** Patients with a lifetime history of PTSD were significantly more likely to have made a suicide attempt. The groups did not differ with respect to suicidal ideation or intent, number of attempts made, or maximum lethality of attempts. The PTSD group had higher objective depression, impulsivity, and hostility scores; had a higher rate of comorbid cluster B personality disorder; and were more likely to report a childhood history of abuse. However, cluster B personality disorder was the only independent variable related to lifetime suicide attempts in a multiple regression model. **CONCLUSIONS:** PTSD is frequently comorbid with major depressive episode, and their co-occurrence enhances the risk for suicidal behavior. A higher rate of comorbid cluster B personality disorder appears to be a salient factor contributing to greater risk for suicidal acts in patients with a history of major depressive episode who also have PTSD, compared to those with major depressive episode alone.

American journal of psychiatry 162(3), 560-566, 2005

Prevalence of eating disorders in Latina adolescents: Associations with substance use and other correlates

Teresa Granillo B.A, Gina Jones-Rodriguez M.P.H.and Scott C. Carvajal Ph.D., M.P.H.

Abstract

Purpose To estimate the occurrence and correlates of anorexia nervosa and bulimia nervosa-related symptoms in a Latina sample of U.S. adolescents.

Method Approximately 1866 Latinas ranging in age from 11–20 years old are included in this study. These adolescents are a sub-sample from the National Longitudinal Survey on Adolescent Health. Along with self-reports of eating disorder-related variables, we measured related biological, contextual, behavioral, and psychosocial correlates, including use of various substances.

Conclusion Chi-square analysis showed the prevalence in all Latina sub-groups was relatively consistent with the U.S. trends. Latinas of higher socioeconomic status were more at risk for eating disorders. Body dissatisfaction, negative affectivity, substance use, and low self-esteem were all positively correlated with eating disorder symptoms. These results suggest screening and treatment services

Journal of adolescent health 36(3), 214-220, 2005

Psychiatric Disorders in Young Adult Intercountry Adoptees: An Epidemiological Study

Wendy Tieman, M.S., Jan van der Ende, M.S., and Frank C. Verhulst, M.D.

Abstract

OBJECTIVE: The prevalences of psychiatric disorders in young adult intercountry adoptees and nonadopted young adults from the general population were compared. **METHOD:** In the Netherlands, a total of 1,484 young adult intercountry adoptees (72.5% of the original sample at age 10–15 years) and 695 nonadopted subjects (78.1% of the original sample) of comparable age from the general population were interviewed by using a

standardized psychiatric interview generating DSM-IV diagnoses. **RESULTS:** The adopted young adults were 1.52 times as likely to meet the criteria for an anxiety disorder as the nonadopted young adults; the 95% confidence interval (CI) was 1.15–2.00. The adoptees were 2.05 (95% CI=1.32–3.17) times as likely to meet the criteria for substance abuse or dependence. The adopted men were 3.76 (95% CI=1.69–8.37) times as likely to have a mood disorder as nonadopted men, while for women there was no significant difference between adoptees and nonadoptees. No significant difference for the diagnosis of disruptive disorder was found. For all diagnoses together, adoptees with low and middle parental socioeconomic status in childhood did not differ from the comparison subjects, while adoptees with high parental socioeconomic status were 2.17 times (95% CI=1.50–3.13) as likely to meet the criteria for a disorder as nonadoptees with high parental socioeconomic status. **CONCLUSIONS:** Intercountry adoptees run a higher risk of having severe mental health problems in adulthood than nonadoptees of the same age. The risk of later malfunctioning differs for different disorders and different groups of adoptees.

American journal of psychiatry 162(3), 592-598

Responsibility attitude in a sample of Iranian obsessive-compulsive patients

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Abstract

Background: The study of distorted beliefs about responsibility attitude and interpretation has become the central theme in Salkovskis' (1985) and Rachman and Hodgson's (1980) models of Obsessive-Compulsive Disorder (OCD).

Aims: The aim of this research is to assess the responsibility attitude in Iranian OCD patients.

Methods: Twenty OCD patients were selected through available sampling from the case referred to psychology clinics. Two other patient groups comprised of 20 non-OCD anxiety disorder patients and 20 non-clinical participants were also chosen as comparison groups. All participants completed the Responsibility Attitude Scale (RAS) and Responsibility Interpretation Questionnaire (RIQ).

Results: Analyses revealed statistically significant differences between OCD group and comparison groups on both RAS and RIQ. In addition, both RAS and RIQ scores were associated with the severity of OCD assessed by the Yale-Brown scale.

Conclusions: These findings suggest that responsibility attitude and interpretations are the prominent features of OCD in Iranian patients and are associated with the severity of illness.

International journal of social psychiatry 51(1), 13-22, 2005

Treatment of schizophrenia: implications derived from an intercultural hospital comparison between Germany and Japan

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Abstract

Objectives: The study was aimed at evaluating facets of psychiatric inpatient care of patients with schizophrenia in a German and a Japanese hospital. **Methods:** Based upon a sample of 865 inpatients of the Psychiatric State Hospital Regensburg (BKR) and 50 inpatients of the Tokyo Women's Medical University (TWMU) admitted in 1997, data of a psychiatric basic documentation system (BADO) were analysed with regard to essential process and outcome indicators.

Results: Despite dissimilarities between both patient groups with respect to schizophrenic subtype, duration of illness as well as severity of illness and psychosocial functioning, the differences regarding therapeutic treatment and outcome were marked. In 1997, the rate of atypical neuroleptics was 18% at the BKR and 12% at the TWMU. Inpatients of the TWMU were given benzodiazepines and anticholinergic drugs significantly more frequently. Male patients of the TWMU showed more severe side-effects. Psychotherapy and sociotherapy were less frequently applied at the TWMU. Although the patient groups did not differ with regard to suicidal behaviour and overt aggressions during hospitalisation, we found a higher rate of mechanical restraints at the TWMU. In 1997, the average length of stay was significantly higher at the TWMU (153 days) than at the BKR (52 days), but inpatients of the TWMU improved only slightly better with regard to global psychosocial functioning (GAF) and severity of illness (CGI).

Conclusions: The revealed differences in treatment are likely due to differences in service provision and national practices in Germany and Japan and provide clues for quality improvements. The BADO is a useful tool for continuous quality management and an ongoing international exchange concerning psychiatric inpatient care.

Key Words: documentation - hospital comparison - outcome - process - quality assurance - schizophrenia

International journal of social psychiatry 51(1), 83-96, 2005

The role of peritraumatic dissociation and gender in the association between trauma and mental health in a Palestinian community sample

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Abstract

OBJECTIVE: This research focused on gender-specific trauma exposure and mental health symptoms among Palestinians living in conditions of military violence. It also examined the gender-specific role of peritraumatic dissociation in moderating the association between lifetime trauma and mental health. **METHOD:** A random sample of 311 Palestinian women and 274 men ages 16–60 years from the Gaza Strip participated. The subjects were asked about lifetime trauma and peritraumatic dissociation during their most severe traumatic experience. Mental health was indicated by total scores and diagnostic variables of posttraumatic stress disorder (PTSD), anxiety, mood (depression), and somatization disorders. Symptoms of hostility were assessed as a total score. **RESULTS:** The women reported a lower level of lifetime trauma than the men, but exposure to trauma was associated with PTSD among both genders. Exposure to lifetime trauma was further associated with anxiety, mood, and somatoform disorders only among women but not among men. No gender differences were found in the level of peritraumatic dissociation. Analyses on moderating effects showed that peritraumatic dissociation made both men and women more vulnerable to symptoms of hostility and men to depressive symptoms when they were exposed to lifetime trauma. **CONCLUSIONS:** The results are consistent with previous studies in more peaceful conditions: men experience more traumatic events, whereas exposure is associated with more severe psychiatric disorders among women. Peritraumatic dissociation as an acute response to trauma constituted a risk for mental health symptoms in both genders.

American journal of psychiatry 162(3), 545-551, 2005

Sleep paralysis in African Americans with panic disorder

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Abstract

Studies have reported a wide range in lifetime prevalence of sleep paralysis (SP). This variation may stem from cultural factors, stressful life events and genetic differences in studied populations. We found that recurrent SP was more common among African-American participants, especially those with panic disorder. Recurrent SP was reported by 59% of African Americans with panic disorder, 7% of whites with panic disorder, 23% of African-American community volunteers and 6% of white community volunteers. Significantly more early life stressors were reported by African Americans than whites. Higher levels of psychosocial stressors, including poverty, racism and acculturation, may contribute to the higher rates of SP experienced by African Americans.

Key Words: African American - Afro-Caribbean - ethnicity - panic disorder - sleep paralysis

Transcultural psychiatry 42(1), 123-134, 2005

Sleep paralysis, sexual abuse, and space alien abduction

Richard J. McNally, Susan A. Clancy

Abstract

Sleep paralysis accompanied by hypnopompic ('upon awakening') hallucinations is an often-frightening manifestation of discordance between the cognitive/perceptual and motor aspects of rapid eye movement (REM) sleep. Awakening sleepers become aware of an inability to move, and sometimes experience intrusion of dream mentation into waking consciousness (e.g. seeing intruders in the bedroom). In this article, we summarize two studies. In the first study, we assessed 10 individuals who reported abduction by space aliens and whose claims were linked to apparent episodes of sleep paralysis during which hypnopompic hallucinations were interpreted as alien beings. In the second study, adults reporting repressed, recovered, or continuous memories of childhood sexual abuse more often reported sleep paralysis than did a control group. Among the 31 reporting sleep paralysis, only one person linked it to abuse memories. This person was among the six recovered memory participants who reported sleep paralysis (i.e. 17% rate of interpreting it as abuse-related). People rely on personally plausible cultural narratives to interpret these otherwise baffling sleep paralysis episodes.

Key Words: alien abduction - recovered memories - sexual abuse - sleep paralysis

Transcultural psychiatry 42(1), 113-122, 2005

Svangerskap og fødsel i et flerkulturelt Norge

Nora Ahlberg Siri Vangen

Sammendrag

Innvandrerbefolkning med bakgrunn fra den tredje verden representerer et nytt og voksende innslag i norsk medisinsk praksis. Flertallet av nyankomne migranter er unge voksne, og mange av dem vil derfor få sitt første møte med norsk helsevesen i samband med graviditet og fødsel.

Sett fra et helsesynspunkt kan migrasjon medføre økt risiko. Sosiokulturelle særtrekk kan komme i konflikt med biomedisinske oppfatninger om hva som er best for mor og barn og bygge barrierer for nødvendig oppfølging og behandling. Samtidig kan kvinnen selv oppleve mangel på informasjon og aksept for sentrale sosiokulturelle verdier. Noen migrantgrupper har 2 - 3 ganger høyere perinatal dødelighet enn bakgrunnspopulasjonen. Innvandrere fra den tredje verden synes å være mer utsatte for unødvendig bruk av medisinske intervensjoner parallelt med et udekket behov for adekvate helsetjenester. For å sikre likhet og kvalitet på helsetilbudet må det utarbeides kunnskapsbaserte strategier basert på tverrfaglig forskning i forhold til flerkulturelle utfordringer.

Tidsskrift for Den norske lægeforening 125(5), 586-588, 2005

læs artiklen her : <http://www.tidsskriftet.no/lts-pdf/pdf2005/586-8.pdf>

Translators and mediators: bilingual young people's accounts of their interpreting work in health care

Judith Green, Caroline Free, Vanita Bhavnani and Tony Newman

Abstract

The interpreting work bilingual young people do in health care settings has largely been seen as a social problem, indicating deficiencies either in parents' language skills or in the provision of professional interpreting services. Little research has addressed this contribution young people make to health care work from their perspectives. This study explored the accounts of bilingual young people from four linguistic groups in London, including those from established minority groups and those more recently arrived. Young people reported extensive experience of interpreting in a number of settings, and identified a range of benefits to themselves and their families arising from their contributions, as well as some problems faced in achieving successful encounters. Focusing on young people's own accounts enabled their work to be conceptualised not as merely 'inappropriate and inadequate interpreting' but as a varied contribution to the informal economy of health care that ranged from simple translation to complex mediation between families, the wider community and the health care system.

Keywords: Bilingual; Interpreting; Mediating; Young people; UK
Social science and medicine 60(9), 2097-2110, 2005