

Information om Transkulturel Psykiatri, marts 2010

NYHEDER OG DEBAT

Asyllæger skal kigges i kortene

Kristeligt Dagblads netavis 18. marts 2010 / Christina Agger

Kravene skærpes til lægeerklæringer om flygtninge, der søger humanitært ophold. Lægeerklæringer, der gør flygtninge mere syge, end de i virkeligheden er, skal stoppes.

Det er en del af baggrunden for, at regeringen og Dansk Folkeparti skærper kravene til lægernes vurderinger i den nye udlændingeaftale, som parterne enedes om mandag aften.

Det oplyser Peter Skaarup, næstformand i Dansk Folkeparti.

– Vi har kunnet konstatere, at der måske er gået lidt for meget samlebandsprodukt i de her erklæringer, som jo har stor betydning – de kan være afgørende for, om man får humanitær opholdstilladelse eller ej, siger han.

læs artiklen her: <http://www.kristeligt-dagblad.dk/artikel/359915:Danmark--Asyllaeger-skal-kigges-i-kortene?all=1>

Børnepsykiatrisk undersøgelse af irakiske asylsøgende børn

Foldager, Sus

Fra starten af indlægget

I forbindelse med at voksenpsykiater Henrik Day Poulsen har skrevet en kronik i Berlingske Tidende, optrådt i DR2 Deadline og svaret på to debatindlæg i Ugeskriftet [1], føler jeg mig stærkt provokeret til at knytte nogle oplysninger hertil.

Vi har som læger aflagt et lægeløfte. Endvidere bør vi, ifølge de etiske regler, tilkendegive vores mening om sundhedsfaglig uforsvarlighed, når vi bliver opmærksomme på sådanne forhold.

Sådanne intentioner fra lægerne, der har undersøgt 21 børn i afviste irakiske familier [2], er af Henrik Day Poulsen blevet tolket som partiskhed.

Vi er læger og bliver betragtet som eksperter, hvis vi udtaler os i medierne. Jeg vil gerne informere Henrik Day Poulsen og andre om nogle fakta inden for børnepsykiatrien.

Ugeskrift for læger 172(12), 986, 2010

Flygtninge og indvandrere oftere udsat for tvang

Dagens medicin 8. marts / Marianne Vestergaard

Særligt udsatte er mænd med flygtningebaggrund og familiesammenførte kvinder.

Said og Samira har langt større risiko for at opleve tvang i det psykiatriske system end Søren og Susanne. Et studie offentliggjort i Acta Psychiatrica Scandinavia viser, at psykisk syge flygtninge og indvandrere både tvangsindlægges oftere og udsættes for flere tvangsforanstaltninger under deres indlæggelse på psykiatrisk afdeling.

læs artiklen her: <http://www.dagensmedicin.dk/nyheder/2010/03/08/flygtninge-og-indvandrere-/index.xml>

Artiklen omtaler følgende artikel, der kan ses under "ARTIKLER FRA FAGLIGE TIDSSKRIFTER": Excess use of coercive measures in psychiatry among migrants compared with native Danes

Lov om tilstræbt ulighed i behandling af patienter med anden etnisk baggrund end dansk

Bunch, Vibeke

Fra starten af indlægget

I Sundhedsloven fra 2005 blev det besluttet, at pr. 1. januar 2011 skal retten til gratis tolkebistand bortfalde efter syv år i landet. Der har været skrevet en del om ulighed i adgangen til sundhedsydelser i almindelighed og for indvandrere og flygtninge i særdeleshed i de seneste numre af Ugeskriftet [1-4].

Hvis loven vedtages, vil det yderligere øge uligheden i behandlingen af patienter med anden etnisk baggrund end dansk.

Formålet med loven må formodes at være dels at spare på tolkeudgifterne, dels at få folk til at lære dansk ud fra en forestilling om, at en trussel om bortfald af tolkebistand øger motivationen og fremmer indlæringen, men erfaringen viser at de, der efter syv år i Danmark ikke kan tale tilstrækkeligt godt dansk til at klare sig forsvarligt i kommunikationen med sundhedsvæsenet, meget sjældent kommer til det. Det gælder bl.a. ældre indvandrere med ingen eller få års skolegang og traumatiserede flygtninge med posttraumatisk belastningsreaktion (PTSD) og svære indlærings- og hukommelsesproblemer.

Ugeskrift for læger 172(13), 1070, 2010

Nye regler rammer de svageste flygtninge

Dansk Flygtningehjælps hjemmeside 16. marts 2010

De nye stramninger af udlændingereglerne gør det sværere for traumatiserede flygtninge at få permanent ophold i Danmark. Det er et skridt i den helt forkerte retning, mener Dansk Flygtningehjælp.

DF og regeringens nye regler for permanent opholdstilladelse og deres serviceeftersyn af udlændinge- og integrationspolitikken rammer flygtninge i Danmark, der får sværere og svære ved at opnå almindelige rettigheder som borgere her i landet.

Reglerne sikrer, at indvandrere, der hurtigt kan få arbejde, lære dansk og klare sig selv i det danske samfund, kan opnå permanent opholdstilladelse efter fire år. Det er til gavn både for dem og for det danske arbejdsmarked. Men reglerne tager ikke særligt hensyn til de udfordringer ressourcetsvage og traumatiserede flygtninge står overfor.

læs hele indlægget her: <http://flygtning.dk/nyheder-og-presse/nyhed/artikel/ny-regler-rammer-de-svageste-flygtninge/>

Psykolog: Vi skal lære at bruge islam i vores arbejde

Politikens netavis 18. marts 2010 / Tarek Omar

Man kan ikke uden videre overføre vestlig psykoterapi til traumatiserede flygtninge fra Mellemøsten.

Traumatiserede flygtninge, som får asyl i Danmark, tilbydes som regel en eller anden form for psykologisk behandling, der har rod i vestlig tradition og videnskab.

Men hovedparten af de flygtninge, der kommer fra blandt andet Mellemøsten, er ikke vant til den vestlige tilgang til psykologien.

Det har fået psykologen Ida Andersen fra Gentofte til at stille et centralt spørgsmål i forbindelse med en undersøgelse, hun har lavet på Psykiatrisk Traumeklinik for flygtninge på Gentofte Psykiatrisk Center. Her har et flertal af patienterne en muslimsk baggrund:

læs artiklen her: <http://politiken.dk/indland/article925218.ece>

Region Hovedstaden sparer helt ind til benet : Hvem tager ansvaret, hvis en patient bliver fejlbehandlet pga. misforståelser mellem tolk, læge og patient?

Michael Skjoldborg Pedersen

INTERESSEKONFLIKTER: Michael Skjoldborg Pedersen er gift med en af de mange tolke, der bliver berørt af problemstillingen i den nuværende situation.

Fra starten af indlægget

Region Hovedstaden har netop overstået en licitation af tolkeydelser hos læger og på sygehusene. Hele vejen igennem har der været en del problemer, hvilket forårsagede, at første udbud måtte aflyses, da der var mangler i udbuddet. Efterfølgende er det i pressen kommet frem, at et tolkebureau nu er blevet politianmeldt, for til Region Sjælland at sende regninger på 5.000.000 kr., som der ikke er ydet tolkninger for. Alligevel har regionen valgt at benytte sig af tilbuddet fra dette bureau, da der ikke er faldet dom i sagen.

Regionen har nu truffet sin afgørelse, og har udvalgt de kommende års leverandører af tolkeydelser. Men har man sørget for at sikre sig, at tolkene er uddannet?

Der findes et utal af tolkebureauer i Danmark, men kun de færreste eller højest et par stykker kan bryste sig af kun at bruge uddannede tolke til deres opgaver. Her tænkes på social- og medicinsk tolkning, statsprøvede tolke (uddannet på Handelshøjskolen) og translatører (universitetsuddannede tolke). Dette tager man åbenbart ikke så højtideligt i Region Hovedstaden. Det kan ses ved, at et af de få firmaer, der netop kan bryste sig af udelukkende at anvende uddannede tolke, ikke engang blev taget i betragtning i udbuddet. For mig at se, er der her udelukkende tale om et økonomisk valg, når man præsenterer sine nye leverandører i Regionen.

Ugeskrift for læger 172(11), 903, 2010

Sådan hjælper du medarbejdere med traumer : Temaside

CABI - Center for Aktiv Beskæftigelsesindsats hjemmeside

Har du medarbejdere, der er mærket af traumer? Og har du brug for råd til at håndtere det? Så kan du nu få hjælp på en ny temaside, som CABI – Center for Aktiv Beskæftigelsesindsats – har lanceret i samarbejde med Center For Udsatte Flygtninge.

På siden kan interesserede få viden om, hvad traumer er, hvilke diagnoser der er typisk er tale om, samt finde gode råd til arbejdspladsen.

Temasiden er målrettet ledere, tillidsrepræsentanter og HR-medarbejdere, der har brug for et godt råd.

Læs mere på www.cabiweb.dk/traume

Tolkning via videokonference

Hjemmeside for psykiatri og social i Region Midtjylland 22. marts 2010

Psykiatrien i Region Midtjylland har taget endnu et nyt teknologisk arbejdsredskab i brug. Teletolkning via videokonference. Psykiatrien bruger i forvejen videokonference i mange andre samarbejdsrelationer.

læs mere her: http://www.regionmidtjylland.dk/files/Psykiatri%20og%20Social/psykiatri-social/Presserum/Pressemeddelelser/pressemeddelelser%202010/100322_Tolkning%20via%20videokonference.pdf

LITTERATUR

ARTIKLER FRA FAGLIGE TIDSSKRIFTER

An unusual clinical presentation of posttraumatic stress disorder in a Sudanese refugee

Franco-Paredes, Carlos

Abstract

Some anxiety disorders may present with signs and symptoms that may linger many years after the stress-inducer events and threat has passed. A case of posttraumatic stress disorder is presented in this report of a Sudanese refugee presenting with chronic abdominal and lower back pain. PTSD in refugees may present with typical or atypical manifestations such as chronic pain syndromes. Therefore, the identification by medical providers of the spectrum of signs and symptoms compatible with PTSD is critical. We suggest that the diagnosis of PTSD requires a culture-based approach in the clinical history-taking incorporating geopolitical context and an in-depth assessment of the degree of exposure to serial traumatic events.

Keywords Posttraumatic stress disorder (PTSD) - Refugee health – Resettlement - Anxiety

Journal of immigrant and minority health 12(2), 267-269, 2010

læs artiklen her: <http://www.springerlink.com/content/f431254347538j2/>

Consultation, referral and ethnicity: the role of primary care in accessing mental health services

Johnson, Marion; Weich, Scott

Abstract

Young men of African-Caribbean origin are over-represented in mental health services (MHSs), often entering these services by coercive routes, such as under the Mental Health Act or via the criminal justice system. This pilot study focused on patients' narratives of their journey from first contact with primary care services. Our principal aim was to describe and compare early experiences of help-seeking for serious mental health problems among young men of white and black ethnicity.

In-depth interviews were conducted (using a topic guide) with black and white men aged 18-30 years old and who were accessing secondary care mental health services for the first time for a psychotic illness.

Participants were recruited from the early intervention services serving inner-city Birmingham. Seven participants were interviewed, and 12 themes were identified from transcripts. Six of these individuals had consulted their GP prior to accessing the early intervention service. Only one attendee received medication at initial consultation, and none were referred to specialist mental health services. Participants described the manner in which family or friends interceded on their behalf to advocate for and secure specialist help - either by accompanying them to see their GP, contacting mental health services directly or taking them to the local accident and emergency department. The latter route was accessed by black but not white participants. Three out of four black participants and one out of three white participants were subsequently admitted to hospital. None of the participants were particularly satisfied with their experience of primary care. Communication was less than ideal, and participants were able to reflect on their own failure to disclose critical information to their doctor. By contrast, all participants confided in family or in their trusted friends that they were becoming aware that they were experiencing mental distress.

Our findings confirm the difficulties faced by GPs and those who consult them in the early stages of first onset psychotic episodes, and the importance of having family or friends who are able to advocate on other people's behalf at times of crisis. Despite the advent of universal early intervention services across the UK, those most in need may still not be receiving the help that they need in the timeliest manner.

Keywords Primary care, mental health, ethnicity, inequalities, consultation

Ethnicity and inequalities in health and social care 3(1), 6-14, 2010

Depression and Nigerian-born immigrant women in the United States : a phenomenological study

Ezeobebe, I.; Malecha, A.; Landrum, P. Symes, I.

Accessible summary

- The findings from the present study revealed that depression is not acceptable according to Nigerian-born immigrant women living in the US. The women described depression as craziness and being associated with evil spirits or a curse.
- The presence of depressive symptoms can cause isolation and rejection in the community and can result in marital and family conflicts.
- Spirituality and religion were identified as the main sources of treatment for depression.
- Education was identified as the most common factor that would improve the women's acceptance of depressive illness and help foster professional treatment.

This phenomenological study, using the Husserlian philosophy, explored the perceptions of Nigerian-born immigrant women in the United States and their portrayal of depression. Through face-to-face, semi-structured, audio-taped interviews incorporating open-ended questions and probes to facilitate discussion, the study examined a purposive sample of 19 Nigerian-born immigrant women's perception of depression. Data were analysed using Colaizzi's seven step method of data analysis. The findings from the study uncovered six themes: (1) craziness and madness; (2) curse and evil spirit possession; (3) denial and secrecy; (4) isolation and rejection; (5) spirituality and religion; and (6) need for education. Findings indicated that Nigerian-born women were not able to differentiate depression from other types of mental illnesses. The women described depression as something that affects others and not them. The women's perception provided insight into why the clergy was preferred for treatment of depression rather than health care professionals. The findings of the study should increase the awareness of nurses and other health care professionals of the need to focus on evidence-based, culturally specific research, and illuminate issues surrounding depression in this population.

Keywords

depression - phenomenology - qualitative methodology - women's mental health

Journal of psychiatric and mental health nursing 17(3), 193-201, 2010

Detection of depression with different interpreting methods among Chinese and Latino primary care patients : a randomized controlled trial

Leng, Jennifer C. F.; Changrani, Jyotsna; Tseng, Chi-Hong; Gany, Francesca

Abstract

Language barriers may contribute to the under-detection of depression in Latinos and Asians. A total of 782 English, Spanish, and Chinese-speaking primary care patients were enrolled in a randomized controlled trial. Language discordant patients were randomized to Remote Simultaneous Medical Interpreting (RSMI) or usual and customary (U&C) interpreting. The Beck Depression Inventory-Fast Screen (BDI-FS) was administered. Patients were tracked for 1 year. A total of 462 patients completed the BDI-FS. Thirty-three percent had a positive (≥ 4) screen. Twenty-seven percent of BDI-FS positive patients were diagnosed with depression. Among BDI-FS positive patients, Chinese-speakers were less likely to be diagnosed compared with English speakers (31% vs. 10%, $P < 0.05$). There was a trend towards greater diagnosis with RSMI (27% detection with RSMI vs. 20% U&C, $P = 0.41$). The diagnosis of depression among BDI-FS positive patients in our population was low, particularly among Chinese-speakers. RSMI could be an important part of a multi-faceted approach to improving the detection of depression.

Keywords Depression – Language - Medical interpretation – Chinese - Latino

Journal of immigrant and minority health 12(2), 234-241, 2010

Discussing depression with Vietnamese American patients

Fancher, Tonya L.; Ton, Hendry; Le Meyer, Oanh; Ho, Thuan; Paterniti, Debora A.

Abstract

Background

Asian patients preferentially seek mental health care from their primary care providers but are unlikely to receive it. Primary care providers need culturally-informed strategies for addressing stigmatizing illnesses.

Methods

11 Vietnamese American community members participated in semi-structured interviews. Interviews were audio-taped and transcribed. The grounded theory approach was used for qualitative coding and thematic analysis.

Results

Vietnamese community members describe experiences with depression under four themes: (1) Stigma and face; (2) Social functioning and the role of the family; (3) Traditional healing and beliefs about medications; and (4) Language and culture. Based on this data, we offer suggestions for improving culturally-informed care for Vietnamese Americans.

Discussion

Our study adds to the research aimed at improving communication and health care relationships between physicians and Vietnamese American patients. Physicians should learn to tailor their interviewing style to the increasingly diverse patient population.

Keywords Communication – Depression - Primary care -Vietnamese American

Journal of immigrant and minority health 12(2), 263-266, 2010

læs artiklen her: <http://www.springerlink.com/content/v24222840g807450/>

Excess use of coercive measures in psychiatry among migrants compared with native Danes

Nørredam, Marie; Garcia-Lopez, Ana Maria; Keiding, Niels; Krasnik, Allan

Abstract

Objective

To investigate differences in risk of compulsory admission and other coercive measures in psychiatric emergencies among refugees and immigrants compared with that among native Danes.

Method

A register-based retrospective cohort design. All refugees (n=29 174) and immigrants (n=33 287) who received residence permission in Denmark from 1.1.1993 to 31.12.1999 were included and matched 1: 4 on age and sex with native Danes. Civil registration numbers were cross-linked to the Danish Psychiatric Central Register and the Registry of Coercive Measures in Psychiatric Treatment.

Results

Refugees (RR=1.82; 95%CI: 1.45; 2.29) and immigrants (RR=1.14; 95%CI: 0.83; 1.56) experienced higher rates of compulsory admissions than did native Danes. This was most striking for refugee men (RR=2.00; 95%CI: 1.53; 2.61) and immigrant women (RR=1.73; 95%CI: 1.45; 2.60). Moreover, refugees and immigrants experienced higher frequencies of other coercive measures during hospitalisation compared with native Danes.

Conclusion

Coercive measures in psychiatry are more likely to be experienced by migrants than by native Danes.

Acta psychiatrica scandinavica 121(2), 143-151, 2009

Se også omtalen i Dagens medicin 8. marts 2001:

<http://www.dagensmedicin.dk/nyheder/2010/03/08/flygtninge-og-indvandrere-/index.xml>

"I can't do it on my own": Motivation to enter therapy for depression among low income, second generation, Latinas

Pieters, Huibrie C.; Heilemann, MarySue V.

Abstract

The purpose of this study was to explore the perspectives of 12 low income, second generation, Latinas seeking to enter therapy for depression. Qualitative data collected at the time of a diagnostic interview (SCID) using Motivational Interviewing techniques, included an assessment of the woman's motivation to enter therapy and confidence that she could follow through with treatment. Data were analyzed using Constructivist Grounded Theory and revealed six positive and six painful motivators that catalyzed the women towards treatment amidst complications related to "self" and "time." Despite demanding schedules for taking care of their families, finances, current or estranged partners, and work responsibilities, women were determined to get help for their depression.

Issues in mental health nursing 31(4), 279-287, 2010

Ligelig behandling uanset etnisk baggrund

Kastrup, Marianne

Fra starten af lederen

Talrige undersøgelser er foretaget af etniske forskelle i forekomsten og karakteren af psykiske lidelser. Ofte har der været rettet særlig fokus på de sværere sindslidelser med påvisning af en større forekomst af skizofreni blandt indvandrere og efterkommere [1]. Ligeledes er der påvist markante forskelle i, hvordan indvandrergupper sammenlignet med baggrundsbefolkningen benytter psykiatrisk service.

På trods af det stigende antal indvandrere i Danmark har der herhjemme været relativt beskedent fokus på mulige forskelle i forskellige etniske gruppers psykiatriske sygelighed og brug af psykiatrisk service. I en landsdækkende registerundersøgelse [2], der omfattede kontakter til det psykiatriske behandlingssystem og til somatiske afdelinger pga. psykiske lidelser, påvist en række markante forskelle i kontaktmønstret, hvor etnisk danske havde klart lavere patientrater end indvandrere og disses efterkommere.

Ugeskrift for læger 172(9), 683, 2010

Perceived family stress, parenting efficacy, and child externalizing behaviors in second-generation immigrant mothers

Yaman, Ayşe; Mesman, Judi; van Ijzendoorn, Marinus H.; Bakermans-Kranenburg; Marian J.

Abstract

Objectives

Examining family stress and parenting efficacy in relation to child externalizing problems in immigrant families.

Method

In this study, we compared the levels of family stress, parenting efficacy, and toddler externalizing behaviors in Dutch (n=175) and second-generation Turkish immigrant families (n=175) living in the Netherlands. In addition, the influence of Turkish mothers' acculturation on toddler externalizing behaviors and its association with perceived stress and efficacy were examined.

Results

Turkish mothers reported higher levels of daily stress and marital discord than Dutch mothers, but did not differ in perceptions of parenting efficacy and children's externalizing behaviors. The associations between child and family variables were similar in the Dutch and the Turkish groups, as more family stress was related to more externalizing behaviors in toddlers. Low parenting efficacy was the most important predictor of child externalizing behaviors in both groups. Acculturation of Turkish mothers was not associated with family and child variables, and did not moderate the association between family variables and child externalizing behaviors. However, emotional connectedness to the Turkish culture was related to less daily stress and fewer marital problems.

Conclusions

The results support the no-group differences hypothesis and also imply that cultural maintenance may be adaptive for parental well-being.

Keywords Immigrant families - Family stress - Parenting efficacy – Toddlers - Externalizing behaviors

Social Psychiatry and Psychiatric Epidemiology 45(4), 505-512, 2010

Prevalence differences of psychiatric disorders among youth after 9 months or more of incarceration by race/ethnicity and age

Karnik, Niranjana S.; Soller, Marie V.; Redlich, Allison; Silverman, Melissa A.; Kraemer, Helena C.; Haapanen, Rudy; Steiner, Hans

Abstract

Despite high rates of psychiatric morbidity among young offenders, few studies look closely at prevalence rates in terms of race/ethnicity or developmental stage. Seven hundred and ninety (790) incarcerated young people with a mean age of 18±1.2 years were examined. The racial/ethnic distribution was White (17%), African American (28%), Hispanic (47%) and Other (8%). White males had greater than average levels of psychosis; African American males showed lower than average alcohol dependence rates but higher levels of marijuana dependence. White females were more likely than Hispanic and African American females to have attention deficit-hyperactivity disorder and substance and stimulant dependence. Race/ethnicity and age differences can be useful when creating culturally-informed and developmentally appropriate interventions for incarcerated young people.

Keywords:

Psychiatry, youth, incarceration, ethnicity, age, disparities

Journal of health care for the poor and underserved 21(1), 237-250, 2010

The social determinants of psychosis in migrant and ethnic minority populations : a public health tragedy

Morgana, C.; Hutchinson, G.

Abstract

High rates of schizophrenia and other psychoses have been repeatedly found in migrant populations. However, the development of public health responses has been hindered by unfounded claims that the high rates are an artefact of misdiagnosis. Recent research implicating exposure to social adversity across the life course as the key explanation for these high rates has the potential to inform initiatives to tackle this major public health problem.

Key Words: Ethnicity; migration; psychosis; public health; social determinants

Psychological medicine 40(5), 705-709, 2010

A commentary on: 'The social determinants of psychosis in migrant and ethnic minority populations: a public health tragedy' by Morgan & Hutchinson (2009)

Psychosis in migrant and minority populations: prescriptions for scientific and social policy

Marcha, D.; Hacha, S. L.; Sussera, E.

Psychological medicine 40(5), 737-739, 2010

Udenlandske patienter i et distriktspsykiatrisk center

Stenager, Elsebeth; Andersen, Kristian Øllegård; Taha, Jihan; Vestergård, Kirsten; Stadsvold, Kirsten

Abstract

Introduktion

Formålet med undersøgelsen var at kortlægge antal patienter med udenlandsk baggrund i distriktspsykiatrisk behandling i Odense, og via en nested case -kontrol-undersøgelse at undersøge om, og i givet fald hvorledes udenlandske patienter i et distriktspsykiatrisk tilbud adskiller sig fra den øvrige patientgruppe.

Materiale og metoder

Undersøgelsen er en nested case -kontrol-undersøgelse, hvor relevante kliniske oplysninger om udenlandske patienter er sammenlignet med tilsvarende for danske kontroller.

Resultater

I alt 168 patienter indgik i undersøgelsen, heraf 60 patienter med udenlandsk baggrund. Undersøgelsen viste, at de udenlandske patienter oftere modtog midlertidige sociale ydelser som kontanthjælp. De fik sjældnere end danske patienter andengenerationsantipsykotika. De anvendte sjældnere de sociale støttetilbud, de havde kortere sygdomsvarighed og havde sjældnere været indlagt. Halvdelen af de udenlandske patienter var traumatiserede, og 57 % talte dårligt dansk.

Konklusion

På baggrund af undersøgelsens resultater anbefales det at styrke indsatsen i forhold til udenlandske patienter med psykiske lidelser f.eks. gennem bedre betalingsmuligheder for medicin, specialiserede team, tæt samarbejde mellem behandlere og kommunale myndigheder samt styrkelse af viden om psykisk sygdom og behandlingstilbuddene hos patienter og pårørende.

Ugeskrift for læger 172(9), 684-687, 2010

RAPPORTER

Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups : issues and options for service improvement

McKenzie, Kwame; Hansson, Emily; Tuck, Andrew; Lam, Janice; Jackson, Fatimah; Chodos, Howard; Kafele, Kwasi; Kirmayer, Laurence; Leung, Brenda; Lo, Ted; Lurie, Steve; Mulvale, Gillian; Pendakur, Sri; Reina, Adriana; Sarang, Aseefa; Stewart, Miriam; Wright, Robert.

Calgary. - Centre for Addiction and Mental Health (CAMH), 2009. – 54 sider.

Statistics Canada is predicting that 1 in 3 Canadians will belong to a visible minority by 2031. The Mental Health Commission of Canada has released a report addressing the needs of multicultural, immigrant and refugee groups. The study is part of its mandate to improve mental healthcare across all areas of Canadian society.

"These groups face unique challenges and are more exposed to factors that promote mental health problems and illnesses," says Steve Lurie, Chair of the Commission's Service Systems Advisory Committee. The document, titled 'Improving Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized (IRER) Groups,' outlines factors that policy makers and service providers may want to consider when working to improve mental health services for these groups.

Backgrounder

Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups: Issues and options for service improvement

The report was prepared by the Diversity Task Group, a subcommittee of the Commission's Service Systems Advisory Committee and the Social Equity and Health Research department of the Centre for Addiction and Mental Health (CAMH), Ontario.

The report's plan is firmly rooted in the Commission's development of a Mental Health Strategy for Canada.

There are 5 groups of actions required to improve mental health services for IREER groups:

1. Changed focus - an increased emphasis on prevention and promotion
2. Improvement within services - organisational and individual cultural competence
3. Improved diversity of treatment - diversity of providers, evaluation of treatment options
4. Linguistic competence - improved communication plans and actions to meet Canada's diverse needs
5. Needs linked to expertise - plans to offer support by people and services with expertise to areas with lower IREER populations so they can offer high quality care

16 specific recommendations have been made:

CATEGORY 1:

Co-ordination of policy, knowledge and accountability

1. Each province and territory should include strategies and performance measures in their mental health plans to address the needs of immigrant, refugee, ethno-cultural, and racialized (IREER) groups.
2. Each province should gather data on the size and the mental health needs of their IREER populations. They should plan their services based on this population data.
3. The mental health strategy of each province should consider a cross- sectoral plan for improving the social determinants of mental health problems and illness for IREER groups.
4. A virtual national centre for research into the mental health and mental health problems and illness in IREER groups should be developed. The Centre could perform a regular one-day mental health census of mental health care service use and a community needs survey sampled by province.
5. Health Canada, Canadian Institutes of Health Research and the provinces and territories should produce a research and development fund for studies aimed at answering strategic policy and practice questions for IREER groups' mental health and service provision. For instance there is an urgent need for Canadian research into the identification and evaluation of culturally appropriate systems of care for immigrant children and youth.

CATEGORY 2

The involvement of communities, families and consumers

6. A central part of each provincial and regional plan to improve the mental health of immigrant, refugee, ethno-cultural and racialized groups must include the involvement of IREER communities, consumers, and families in planning, decision-making, implementation, and evaluation.

CATEGORY 3:

More appropriate and improved services

7. Health funders should require that service providers take steps to attract a more diverse workforce and that there is a monitoring of the workforce to assess how it reflects the communities being served.
8. Service provider organizations and provincial ministries should develop strategies to enable good candidates from IREER groups to advance into appropriate leadership positions within their organizations.
9. Each service provider should have an organizational cultural competence strategy.

10.

Cultural competence training should be made available to all who have direct contact with clients and should be provided to existing staff in all service organizations.

11.

Cultural competence training should become a standard part of the training of all professional care staff. This should be insured through standards of accreditation of training programs and institutions and licensing professions.

12.

Provinces and territories should encourage diversity in the organizations that provide care, the models of care used, and the sites at which care is offered in order to meet the mental health needs of IREER groups.

13.

A knowledge transfer strategy for promising practices in the delivery of care to IREER groups developed and implemented so that the most effective models are known to and can be deployed by providers.

14.

A linguistic competence strategy should be mandatory for local/regional service providers and funding for this should be provided by their funders.

15.

A virtual centre of excellence in the treatment and support of immigrant and IREER groups should be developed.

16.

The MHCC could develop a project similar to the national homelessness demonstration project to plan, document and evaluate promising practice in the development of diversity strategies in at least 5 communities across the country.

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http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/Issues_Options_FINAL_English%2012Nov09.pdf