

## Information om Transkulturel Psykiatri, marts 2011

### NYHEDER

#### Legat understøtter projekt om børn i traumatiserede familier

Dansk Flygtningehjælp 2. marts 2011

Center for Udsatte Flygtninge (CUF) under Dansk Flygtningehjælp arbejder på at udvikle en særlig indsats for børn af flygtninge med traumer. Et element i dette arbejde er et PhD projekt, der fokuserer på børnenes selvforståelse. Trine Brinkmann, der står bag projektet har netop modtaget et legat fra Valborg og Edith Larsens Fond.

Trine Brinkmann's projekt skal give mere kvalificeret viden om børn i traumatiserede familier - et centralt mål for CUF, der glæder sig over tildelingen af legatet.

"Netop selvforståelsen hos børn af flygtninge med traumer er væsentlig, fordi vi er vant til at definere dem ud fra deres forældres problemer. Vi kender dem som grupper, men vi ved for lidt om dem som individer. Det er fantastisk, at andre ser det samme potentiale i denne forskning," siger Mette Blauenfeldt sektionsleder i Center for Udsatte Flygtninge.

Læs hele omtalen her: [http://flygtning.dk/nyheder-og-presse/nyhed/artikel/legat-understoetter-projekt-om-boern-i-traumatiserede-familier/?no\\_cache=1&cHash=9a2530dc3a55b0da66b18bbf4842899b](http://flygtning.dk/nyheder-og-presse/nyhed/artikel/legat-understoetter-projekt-om-boern-i-traumatiserede-familier/?no_cache=1&cHash=9a2530dc3a55b0da66b18bbf4842899b)

#### Danmark i ny sag om konventionsbrud Folketinget har i over et halvandet år ignoreret endnu en konvention, fastslår eksperter.

Politikens netavis 10. marts 2011 / Mads Brandstrup, John Hansen og Morten Skærbæk

De danske myndigheder har forbrudt sig imod endnu en international konvention.

Det fastslår Institut for Menneskerettigheder blot få dage efter, at nu tidligere integrationsminister Birthe Rønn Hornbech (V) blev fyret for brud på konventionerne.

I 2006 strammede Danmark reglerne for at opnå statsborgerskab. Man skærpede blandt andet kravet om dansk kundskaber – som folk med handicap dog kunne få dispensation fra. Men det blev gjort klart, at personer med posttraumatisk stress (PTSD) ikke kunne komme i betragtning til den dispensation.

Læs artiklen her: <http://politiken.dk/politik/ECE1218500/danmark-i-ny-sag-om-konventionsbrud/>

#### Flygtninge med PTSD afskåret fra dansk statsborgerskab

Dansk Flygtningehjælp 11. marts 2011

Flygtninge med Post Traumatisk Stress Disorder (PTSD) har ikke mulighed for at søge dispensation for de høje danske krav til statsborgerskab – grundlæggende beskyttelse og rettigheder er dermed uden for rækkevidde for en del af dem, der har mest brug for det.

Danmark har nogle af Europas højeste krav til statsborgerskab gennem naturalisation herunder Europas højeste sprogkrav.

"Danmark har som udgangspunkt et meget højt sprogkrav i sammenligning med andre europæiske lande. Med den seneste stramning skal prøven ikke alene bestås - men samtidig bestås med en bestemt karakter. Det er ikke realistisk muligt for den mest traumatiserede og udsatte del af flygtningegruppen," siger Mette Blauenfeldt sektionsleder i Dansk Flygtningehjælp

Danmark har sammen med 146 andre lande underskrevet handicapkonventionen, der trådte i kraft i Danmark i 2009. Konventionen indebærer, at PTSD efter en konkret vurdering kan betragtes som et handicap, og dermed principielt betyde en dispensation for kravene til naturalisation. I praksis er flygtninge med PTSD dog udelukket fra at få vurderet hvorvidt de er handicappede.

"En del flygtninge er invaliderede af traumer, hvilket giver problemer med koncentration og evnen til struktureret indlæring – ved ikke at behandle sager om dispensation i forhold til PTSD, kommer vi altså i praksis til at ramme flygtninge, som har oplevet tortur, fængsling og krig i deres hjemland," siger Mette Blauenfeldt.

Danmark er gennem flygtningekonventionen forpligtet til at lette adgangen til statsborgerskab mest muligt for flygtninge. "Flygtninge har i modsætning til indvandrere ikke adgang til rettigheder og beskyttelse i hjemlandet. Derfor må vi stille realistiske krav til denne gruppe, og dispensere for dem, der er alvorligt invaliderede af traumer," siger Mette Blauenfeldt.

## Og imens passerer livet forbi udenfor

Politiken 1. sektion side 5, 22. marts 2011 / Anders Legarth Schmidt

Fra starten af artiklen:

Farah Botan Abdi har lægernes ord for, at han er for syg til at lære dansk. Alligevel har Folketinget afvist hans ønske om statsborgerskab.

Normalt bruger man en kost til at feje gulv med, men i Farah Botan Abdis lejlighed i Vollsmose uden for Odense har redskabet en anden funktion.

Som det måske kan anes i venstre side af det store fotografi, står kosten på skrå og holder det grønne gardin fast, så det dækker hele vinduet op til køleskabet.

Uden kost ville der slippe lys ind. Men intet lys slipper ind her i lejligheden, der i stedet oplyses af kraftigt kunstigt lys, selv om det er midt på dagen, og sneen er væk, afløst af vintergækker og fuglekvidder.

Det ser hovedpersonen ikke meget til, for han opholder sig her i lejligheden stort set 24 timer i døgnet. Lige bortset fra når han tager til konsultation hos læger, der for længst har opgivet at få bugt med den depression, der de senere år har sneget sig ind på ham, samtidig med at han har pådraget sig adskillige fysiske lidelser. Forskellige læger har adskillige gange over for Folketingets Indfødsretsudvalg skriftligt erklæret, at 57-årige Farah Botan Abdi er så syg, at han ikke kan lære dansk, og at der ikke er udsigt til, at han nogensinde bliver i stand til det.

Dermed kan politikerne i udvalget give ham statsborgerskab, selv om han ikke kan bestå en danskprøve.

Men alligevel har et flertal af politikerne afgjort, at »De kan ikke blive statsborger nu«, som der står i afslaget. Efter eget udsagn har Farah Botan Abdi søgt ni gange og fået ni afslag.

Download artiklen her (håber det virker ☺):

<http://www.infomedia.dk/ms/ViewPDFlauncher.aspx?dockey=//10.45.16.200/y/NewsML-Repository/POL/2011/03/22/e29032cd.xml@ArtikelService>

## Alvorligt syge får afslag på at blive statsborgere

Politiken 1. sektion side 5, 22. marts 2011/ Anders Legarth Schmidt, Morten Skærbæk og John Hansen

Fra starten af artiklen:

Politikerne i Folketinget anklages for at blæse på lægers og psykiateres udsagn, når de afviser at give statsborgerskab til syge personer.

Læger og psykiatere kritiserer skarpt politikerne i Folketingets Indfødsretsudvalg.

Det sker, fordi et flertal af de folkevalgte i stor stil giver afslag på ansøgninger om statsborgerskab fra personer, der ifølge fagfolk er så syge, at de aldrig kommer til at bestå en prøve i dansk.

Det er en betingelse for at opnå statsborgerskab, at ansøgerne har bestået en prøve i dansk og en prøve i samfund, kultur og historie. Men hvis ansøgeren lider af en alvorlig fysisk eller psykisk sygdom og mener, at sygdommen gør vedkommende ude af stand til at lære dansk, kan sagen blive forelagt Folketingets Indfødsretsudvalg.

Her kan et flertal af de 17 politikere så vælge at give dispensation fra de generelle regler og alligevel vende tommelen opad for ansøgeren.

For at dokumentere deres påstand indsender ansøgerne som regel erklæringer fra læger og psykiatere, men ifølge kritikere sker det alt for ofte, at politikerne ikke tillægger de faglige erklæringer vægt, når de afgør sagen.

Download artiklen her (håber det virker ☺):

<http://www.infomedia.dk/ms/ViewPDFlauncher.aspx?dockey=//10.45.16.200/y/NewsML-Repository/POL/2011/03/22/e29032cd.xml@ArtikelService>

## Organisationer: Stop fængsling af sårbare asylansøgere

Dansk Flygtningehjælp, 22. marts 2011

Integrationsministeren er kaldt i samråd tirsdag for at forklare, hvorfor asylansøgere med psykiske lidelser samt torturofre og handlede kvinder fængsles på ubestemt tid i Ellebæk. Amnesty International, Dansk Flygtningehjælp og Dansk Røde Kors opfordrer Søren Pind til at sikre, at Danmark ikke sætter sårbare grupper i fængsel, og at frihedsberøvelse af asylansøgere kun sker i helt ekstraordinære situationer.

Integrationsminister Søren Pind bør omgående tage skridt til at sikre, at asylansøgere med psykiske lidelser samt torturofre og handlede kvinder ikke frihedsberøves i Kriminalforsorgens institution Ellebæk. Det mener Amnesty International, Dansk Flygtningehjælp og Dansk Røde Kors, der opfordrer til, at afviste asylansøgere kun frihedsberøves i helt ekstraordinære situationer, og at de som udgangspunkt opholder sig i åbne asylcentre.

Læs hele pressemeddelelsen her: <http://flygtning.dk/nyheder-og-presse/nyhed/artikel/organisationer-stop-faengsling-af-saarbare-asylansoegere/>

## **Pind skal redegøre for asylansøgernes fængsel**

Informations netavis 22. marts 2011 / Sofie Tholl

Myndighederne kalder det en institution, men Ellebæk i Nordsjælland er de facto et fængsel for asylansøgere, heriblandt psykisk syge, der holdes indespærret for at forhindre dem i at gå under jorden. Men fængslinger af udlændinge konventionsstridig, lyder kritikken, og i dag skal ministeren i åbent samråd om emnet.

De er ikke fængslet – men frihedsberøvet. Ellebæk er ikke et fængsel – men en institution under Kriminalforsorgen.

Sådan lyder legitimeringen for fængsling af blandt andet psykisk syge udlændinge fra myndighedernes side. Men i praksis er der ingen forskel, og de omtrent 70 udlændinge, der sidder fængslet i Ellebæk, er helt fysisk bag tremmer på grund af myndighedernes frygt for, at de skal forsvinde og gå under jorden, inden de bliver hjemsendt. Blandt de fængslede finder man ofre for menneskehandel, psykisk syge og traumatiserede udlændinge, det viser Amnesty Internationals blad AMNESTY's gennemgang af de indsatte sager i Ellebæk. Men ifølge loven har myndighederne pligt til altid at overveje de mindst indgribende foranstaltninger overfor asylansøgerne, som eksempelvis meldepligt i et asylcenter.

Læs artiklen her:

[http://www.information.dk/263110?utm\\_source=newsletter&utm\\_medium=email&utm\\_campaign=Dagens%20Ovigtigste%20nyheder%20fra%20Information.dk](http://www.information.dk/263110?utm_source=newsletter&utm_medium=email&utm_campaign=Dagens%20Ovigtigste%20nyheder%20fra%20Information.dk)

## **Pind fralægger sig ansvar for fængsling af asylansøgere**

Informations netavis 23. marts 2011/ Sebastian Gjerding

Blandt de indsatte asylansøgere i Ellebæk-fængslet findes gravide kvinder, psykisk syge, torturofre og ofre for menneskehandel. Fælles for dem alle er, at de er frihedsberøvede, fordi myndighederne frygter, at de vil gå under jorden for at undgå udsendelse af landet. Praksissen har mødt omfattende kritik fra blandt andre Amnesty International, men integrationsminister Søren Pind (V) afviste på et samråd i går, at der er noget problematisk i asylansøgernes indespærring.

»At en asylansøger lider af en fysisk eller psykisk sygdom er ikke i sig selv en forhindring for frihedsberøvelse. Det er politiets skønsmæssige beføjelse, og de er allerede opmærksomme på, at det er et voldsomt indgreb,« svarede Søren Pind på kritikken fra oppositionen.

Læs artiklen her:

[http://www.information.dk/263273?utm\\_source=newsletter&utm\\_medium=email&utm\\_campaign=Dagens%20Ovigtigste%20nyheder%20fra%20Information.dk](http://www.information.dk/263273?utm_source=newsletter&utm_medium=email&utm_campaign=Dagens%20Ovigtigste%20nyheder%20fra%20Information.dk)

## **Prescription for diversity : Ethnocultural factors play role in medication treatment**

Ned Morgan

Fra starten af artiklen

Around age 7, David\* began to struggle with ADHD and learning disabilities. Dr. Jaswant Guzder met with David and his mother, who had recently immigrated to Montreal from a Caribbean country, to discuss treatment options. David's symptoms were severe, but his mother did not support medication. "In her country of origin, medication implied that you were psychotic and was associated with asylums and high levels of stigma," says Guzder. She feared that her son's school would treat him unfairly because institutional racism

had surfaced in the past. David's father had experienced a psychotic illness, so for his mother, "another underlying issue was that if she gave her son medication, she believed it might bring out another disorder." Eight years later, David returned to Guzder and told her that he wanted to try medication to help him concentrate. "It's important to acknowledge that people have explanatory models of their own, and all sorts of factors can change their minds about treatment and medication," says Guzder.

**Crosscurrents : Journal of addiction and mental health 14(3), 2011**

Læs artiklen her: [http://www.camhcrosscurrents.net/archives/spring2011/prescription\\_diversity.html](http://www.camhcrosscurrents.net/archives/spring2011/prescription_diversity.html)

## **DF angriber psykisk syge ansøgere**

Politikens netavis 26. marts 2011 / Anders Legarth Schmidt og John Hansen

Med usædvanligt hårde ord kritiserer Dansk Folkepartis indfødsretsordfører, Søren Krarup, nu psykisk syge personer, der gentagne gange søger om at blive statsborgere i Danmark.

»Det er et gement forsøg på at afpresse os, når personer søger tredje, fjerde, femte og sjette gang, selv om vi har sagt nej. De respekterer ikke vores afgørelse om, at deres psykiske lidelse ikke er en begrundelse for at få indfødsret, men bliver blot ved med deres plagerier. De håber, at vi ikke orker mere, når vi syvende gang sidder med en ansøgning fra dem«, siger han.

Læs artiklen her: <http://politiken.dk/politik/ECE1236389/df-angriber-psykisk-syge-ansoegere/>

## **Søren Krarup: »Jeg angriber ikke de psykisk syge« : DF-politiker svarer igen på artikel i Politiken**

Politikens netavis 29. marts / Søren Krarup

Jeg angriber naturligvis ikke psykisk syge, selv om Politiken skriver det (27.3.). Jeg har ondt af dem, der lider af psykisk sygdom, og jeg håber for dem, at de kan finde helbredelse.

Men jeg gør opmærksom på, at psykisk sygdom ikke er en begrundelse for at opnå dansk indfødsret, og jeg kritiserer dem, der ikke vil acceptere dette, men igen og igen dænger Indfødsretsudvalget til med psykiatriske erklæringer for at opnå, hvad de ikke er berettigede til.

Psykiske lidelser giver adgang til behandling, men ikke til indfødsret. I gældende aftale om indfødsret hedder det i paragraf 24, stk. 3, note 3: »Integrationsministeriet forudsættes endvidere at meddele afslag til ansøgere, som lider af PTSD – også selv om tilstanden er kronisk, og dette er dokumenteret ved en erklæring fra en person med lægefaglig baggrund«.

Læs indlægget her: <http://politiken.dk/debat/ECE1238392/soeren-krarup-jeg-angriber-ikke-de-psykisk-syge/>

## **Spiseforstyrrelser og ikke-vestlig kultur**

Klifoth, Signe Elisabeth

Undersøgelser viser, at spiseforstyrrelser rammer bredt i befolkningen, herunder også indvandrere fra ikke-vestlige lande. Men kræver behandling af denne gruppe særlig kulturel kompetence hos psykologen?

De fleste opgørelser over spiseforstyrrelser i den vestlige verden vurderer, at der har været en stigning i løbet af de sidste 20-30 år. I Danmark anslår man, at 3000 kvinder mellem 15 og 24 år og 300 mænd mellem 15 og 65 år lider af anoreksi. Bulimi vurderer man forekommer hos 6000 kvinder på 15-24 år og hos 600 af mændene i samme aldersgruppe. Dertil kommer de spiseforstyrrelser, der ikke opfylder kriterierne for anoreksi og bulimi, men faktisk er dem, der fylder mest i registrene.

I alt ser det ud til, at mindst 40.000 danske kvinder mellem 15 og 66 år har en spiseforstyrrelse med et behandlingsbehov. Bag disse tal befinder der sig også danskere med anden etnisk baggrund. Det er bare sjældent, at de får opmærksomhed i medierne.

**Dansk psykolog nyt 65(4), 14-19, 2011**

Download artiklen her: <http://infolink2003.elbo.dk/PsyNyt/Dokumenter/doc/16854.pdf>

## **Ombudsmanden undersøger selvmordsforsøg i Ellebæk**

Informations netavis 30. marts 2011 / Sofie Tholl

Omfanget af selvskade i asylfængsel skal undersøges.

Ingen har et reelt overblik over, hvor mange af de indsatte i Ellebæk-fængslet, der gør fysisk skade på sig selv, derfor undersøger Ombudsmanden nu sagen. For det er alene de 'kvalificerede' selvmordsforsøg, der føres statistik over til trods for, at grænsen mellem selvbeskadigelse og selvmordsforsøg er en gråzone

### **Omfanget af selvskade i asylfængsel skal undersøges**

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Men manden på skammelen er et af eksemplerne på den række af selvbeskadigelser, der finder sted i Ellebæk-fængslet, som befinder sig i gråzonen mellem beskadigelse og selvmordsforsøg, og bliver derfor ikke registreret i Kriminalforsorgens statistikker.

Læs artiklen her: <http://www.information.dk/264119>

## **När djinner möter svensk psykiatri**

Bäärmhielm, Sofie

Fra starten af artiklen

Hur kan kulturkrockar se ut för somaliska flyktingar som möter svensk psykiatri? frågar jag Sadiq.

– I Somalia betraktas ofta schizofreni som orsakat av för hög IQ. Personen anses vara för intelligent och blir på grund av det galen berättar Sadiq. Andra psykiatriska diagnoser, som exempelvis depression och ångest, är sällan kända. Psykiatri är starkt förknippad med stigma och människor vill inte gärna se på sig själva som galna och i behov av psykiatrisk vård. Den som är galen blir inte respekterad av andra och riskerar tappa kontakt med familjen och mista allt socialt stöd.

– Flykten till och asylprocessen i Sverige kan vara mycket jobbig

### **Tidskriften för Svensk Psykiatri 1, 64-66, 2011**

Download bladet her: [http://www.svenskpsykiatri.se/Svenskpsykiatri/2011/Sv.Psyk\\_1\\_11.pdf](http://www.svenskpsykiatri.se/Svenskpsykiatri/2011/Sv.Psyk_1_11.pdf)

## **FOLKETINGET**

### **§ 20-spørgsmål US 111 Om PTSD og meddelelse af indfødsret**

Folketinget 16. marts, 65. møde

1) Spørgsmål til ministrene til umiddelbar besvarelse (spørgetime).

Spm. nr. US 111

Astrid Krag (SF):

Jeg vil spørge om noget helt andet, nemlig indfødsretsområdet.

Der har været mange skrivelser om det, og det er jo bl.a. også derfor ministeren sidder, hvor han sidder. Men det, jeg vil tage fat i, er en serie artikler i sidste uge i dagbladet Politiken, der handler om det her forhold, at man i en aftale indgået mellem regeringspartierne og Dansk Folkeparti i 2005, udmøntet i cirkulæreskrivelsen af 2006, fastslår, at lidelsen posttraumatisk stress-syndrom, forkortet PTSD, ikke kan give anledning til dispensation fra de krav, der bliver stillet i forbindelse med meddelelse af indfødsret.

Vi skylder måske at sige, hvis der er nogle, der lytter med, og som ikke lige har det inde under huden, at PTSD jo er en lidelse, som kan give problemer med hukommelse, med koncentration, den kan give angst og søvnbesvær, og lidelsen er i nogle tilfælde så grel, at den kan karakteriseres som et handicap. FN's handicapkonvention trådte i kraft her i Danmark i 2009, og derfor står vi jo nu med et dilemma, et problem, måske, et potentielt konventionsbrud.

I Politiken kan man læse, at både Institut for Menneskerettigheder og jurister på Aarhus Universitet og på Københavns Universitet råber vagt i gevær, fordi vi her står over for et potentielt nyt konventionsbrud fra Danmarks side. Jeg kan så også i avisen se, at regeringens parlamentariske grundlag er lodret uenige om,

hvad der skal gøres ved det. Dansk Folkeparti siger: Det er bare ærgerligt, vi skal ikke rykke en tøddel på dispensationsmulighederne af den grund. Liberal Alliance siger, at der selvfølgelig må handling til. Derfor er mit formål med at stå her i dag at finde ud af, hvor den nye minister egentlig står i den her sag om et potentielt nyt dansk konventionsbrud inden for indfødsretten.

Integrationsministeren (Søren Pind):

Det er ministeriets opfattelse, at Danmark overholder sine internationale forpligtelser i den her sammenhæng. Som bekendt og ikke mindst i lyset af den seneste diskussion er det vel gået op for de fleste, at meddelelse af indfødsret henhører under Folketinget i henhold til grundlovens § 44. Jeg har godt set, at der er politiske partier, der vil gøre op med selveste grundloven på det her felt – det kan overraske – men ikke desto mindre er det sådan det forholder sig.

Sagen er den, at for nærværende er det sådan, at mennesker, der lider af PTSD, altså posttraumatisk stress-syndrom – der er mange svære ord i de her debatter – i samspil med anden svær sygdom vil blive forelagt Folketingets indfødsretsudvalg med henblik på en eventuel dispensation. Det er vigtigt at gøre sig klart, at bestemmelserne i handicapkonventionen ikke betyder, at der er et retskrav på statsborgerskab, men alene at der skal være mulighed for at opnå det på lige fod med andre. Det udelukker så ikke, at der kan stilles visse krav.

Bestemmelserne i handicapkonventionen giver anledning til overvejelser om, hvorvidt retningslinjerne for opnåelse af indfødsret bør ændres, når man til den tid skal indgå en ny politisk aftale om det. De overvejelser er ikke afsluttet endnu, og de overvejelser gennemføres som sædvanlig med aftaleparterne bag indfødsrets aftalen, og de partier er som bekendt regeringspartierne og Dansk Folkeparti.

Det er, hvad jeg kan oplyse om det spørgsmål, spørgeren har rejst.

Astrid Krag (SF):

Tak for den besvarelse. Jeg bliver så alligevel nødt til at spørge lidt videre ad to forskellige spor.

Det første er det, som ministeren siger med »i samspil med anden svær sygdom«, at så kan Indfødsretsudvalget få forelagt sager, hvor ansøger lider af PTSD. Men er ministeren ikke enig i den forståelse, jeg har fået af handicapkonventionen, nemlig at den slår fast, at PTSD alene – altså alene det at lide af det – i nogle tilfælde kan have karakter af at være et handicap og derfor noget, der også giver en konventionsmæssig beskyttelse, eller afviser ministeren den forståelse?

Det andet spor, jeg vil følge, er, at ministeren nu siger, at når der skal forhandles nye retningslinjer, vil man også tage det her med – det er jo positivt at høre, og det vil jeg også gerne kvittere for. Men der er langt fra at sige, at det tager man med, men at man synes, at man gør det rigtigt i dag, og så til at sige, at man hælder til, at der bliver nødt til at ske nogle ændringer. Ministeren har jo selv sagt til Politiken, at han tvivler stærkt på, at der er behov for at kigge på noget.

Er det med den indstilling ministeren går ind i de kommende forhandlinger om nye retningslinjer?

Integrationsministeren (Søren Pind):

Altså, nu er det lidt specielt for mig at omtale mig selv i tredje person, men ministerens synspunkt i den her sag er – på basis af den undersøgelse, der er iværksat, som det også er tilkendegivet i redegørelsen fra ministeriet – at vi nu kigger på de konventioner, vi har generelt, og ser på, om der skulle være anledning til i den forbindelse at foretage yderligere rettelser i dansk lovgivning. Det er mit grundsynspunkt.

Hvilken procedure, vi vil følge i forhold til FN-konventioner og i forhold til personer, der udelukkende lider af PTSD, er så det, jeg har forelagt for Folketinget, og det vil vi tage en drøftelse om med de partier, som er en del af forliget på det her område.

Astrid Krag (SF):

Så må jeg spørge ministeren: Når jeg i Politiken – som jeg rigtig får gjort reklame for her – så kan læse, at ordfører for Dansk Folkeparti, hr. Søren Krarup, allerede i dag siger, at man siger ubetinget nej til at kigge på det her, skal det så forstås på den måde, at ministeren vil indkalde til nogle bredere forhandlinger? Det må vel være konsekvensen af, at den ene aftalepart og dermed flertallet bag den nuværende cirkulæreskrivelse er væk.

Hvis man har en ambition om faktisk at gøre noget, i tilfælde af at man konventionsmæssigt har brug for det, bliver man vel nødt til at indkalde til nogle brede og reelle forhandlinger om det her. Det ville jo i så fald være et nybrud i blå bloks regeringstid – i hvert fald den tid, jeg kan huske – og derfor ville det da være fuldstændig historisk, hvis jeg kunne få det tilsagn fra ministeren her i dag.

Integrationsministeren (Søren Pind):

Det ville i sandhed være en historisk dag, hvis SF og andre ville tilslutte sig regeringens og Dansk Folkepartis udlændingepolitik. Hvis vi nåede dertil, ville jeg da byde det varmt velkommen.

## LITTERATUR

### ARTIKLER FRA FAGLIGE TIDSSKRIFTER

#### Assessment across cultures

Gupta Susham; Bhugra, Dinesh

Culture plays an important role in precipitating, perpetuating and preventative factors in relation to any illness. Cultures also determine how individuals seek help and how resources are allocated. Clinicians must be aware of idioms that patients use and explanatory models used by them and their carers to describe their symptoms. Culture influences pathways that patients choose in looking for help. Culturally appropriate interventions are more likely to be accepted.

**Keywords:** assessment; culture; ethnic minorities

**Psychiatry 8(9), 330-332, 2009**

#### Associations between stressful events and self-reported mental health problems among non-western immigrants in Denmark

Singhammer, John; Bancila, D.

The aim of the present paper is to investigate the relationships of stressful events with self-reported mental health problems in the general population, comparing non-western immigrants with Danish nationals. 11.500 individuals aged 18–64 years from eight ethnic groups were invited to participate in a bilingual telephone survey on health among ethnic minorities in Denmark in 2007. Overall response rate is 52.1%. 3.997 individuals were selected for the present study. Self-reported mental health problems is twice as high among immigrants from Ex-Yugoslavia (24.6%), Iraq (30.2%) Iran (20.5%), Lebanon (27.2%) and Pakistan (19.9%), as among Danish nationals (9.7%)  $\chi^2(7, n=3.997)=21.57, P>0.00$ . Non-western immigrants report twelve out of thirteen types of stressful events more frequently compared to Danish nationals. The most frequently reported stressful event among non-western immigrants is 'personal disease'. Immigrants perceive the perils of daily life as more stressful in comparison with host nationals probably because of the additional challenges of adjusting to a new environment.

**Keywords** Non-western immigrants - Danish host nationals - Stressful events - Self-reported mental health problems

**Journal of immigrant and minority health 13(2), 371-378, 2011**

#### Attitudes toward mental health services in Hispanic older adults : the role of misconceptions and personal beliefs

Jang, Yuri; Chiriboga, David A.; Herrera, Julio R.; Tyson, Dinorah Martinez; Schonfeld, Lawrence

Focusing on misconceptions and personal beliefs associated with depression, the present study explored predictors of attitudes toward mental health services in a sample of 297 Hispanic older adults living in public housing ( $M$  age=76.0 years,  $SD=7.74$ ). Results from a hierarchical regression analysis showed that negative attitudes towards mental health services were predicted by advanced age, belief that having depression would make family members disappointed, and belief that counseling brings too many bad feelings such as anger and sadness. Findings suggest that interventions designed to promote positive attitudes toward mental health services of older Hispanics should address misconceptions and personal beliefs.

**Keywords** Hispanics - Older adults - Attitudes toward mental health services

**Community mental health journal 47(2), 164-170, 2011**

#### Best, promising and emerging practices in the treatment of trauma : What can we apply in our work with torture survivors?

Fabri, Mary R.

Fra starten af artiklen

In 1997, the National Institute of Mental Health convened a working group to address the mental health consequences of torture and other related traumas. Their approach was to review related traumatic stress research and practice areas.<sup>1</sup> Specific studies focusing on the treatment of torture survivors was then a small body of literature.

**Torture 21(1), 27-38, 2011**

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[http://www.irct.org/Admin/Public/DWSDownload.aspx?File=%2fFiles%2fFiler%2fTortureJournal%2f21\\_03\\_2011%2fBest\\_promising\\_Torture1-2011.pdf](http://www.irct.org/Admin/Public/DWSDownload.aspx?File=%2fFiles%2fFiler%2fTortureJournal%2f21_03_2011%2fBest_promising_Torture1-2011.pdf)

## **Building bridges : cross-disciplinary collaboration between family therapy and Islamic studies**

Kennedy, Kelly S.; Godlas' Alan; Gale, Jerry; Parker, M. L.

This case study of a college-aged Pakistani-American woman presents how cross-disciplinary collaboration was used to develop a religiously and culturally sensitive treatment approach for a Muslim client. This client, stalked by her Muslim ex-boyfriend and unwilling to disclose her experiences to her family, experienced post-traumatic stress symptoms. The therapy team invited an expert in the field of Islamic studies to assist in understanding Muslim culture and its impact on treatment. Through weekly individual therapy, the client reported improved mental health and relational functioning.

**Keywords:** collaboration; counseling; cultural formulation; family therapy; Islam; Muslim

**Journal of muslim mental health 5(3), 350-367, 2010**

## **Caregiving, residence, race, and depressive symptoms**

Siegler, Ilene C.; Brummett, Beverly H.; Williams, Redford B.; Haney, Thomas L.; Dilworth-Anderson, Peggye

The objective of this study is to evaluate the psychological responses to caregiving between black and white dementia caregivers measured by self-reports of depressive symptoms evaluating the impact of sub-components of the Center for Epidemiologic Studies Depression Scale (CES-D) and residential arrangements of the caregiving dyad. The method included 87 intergenerational family caregivers enrolled in the Duke Caregiver Study (50 white and 37 black). Total CES-D and the four sub-components were modeled as dependent measures in separate linear regressions. Three models were examined. The first model tested race, living arrangements, and their interaction. The second model adjusted for age, gender, education, income, health status, cultural justification for caregiving, crime concerns, systolic blood pressure, diastolic blood pressure, and glycosylated hemoglobin. A third model added adjustment for caregiver burden. The results showed that there was a significant race by residence interaction for CES-D, somatic symptoms and depressive affect such that when the dyads are living apart-with the care recipient in their own home or in an institutional setting-whites reported more depressive symptoms than blacks. When the dyads lived together, this was reversed, and blacks reported higher depressive symptoms than whites. To conclude, all the parameters such as race, living arrangements, and the components of depression need to be taken into account to understand the impact of caregiving on the emotional health of caregivers.

**Keywords:** psychological and behavioural symptoms; psychological and social aspects; depression; cultural aspects; caregiving

**Aging and mental health 14(7), 771-778, 2010**

## **Cognitive behaviour therapy across cultures**

Rathod, Shanaya; Kingdon, David

The Delivering Race Equality (DRE) in mental health action plan endorses the need for a balanced range of effective therapies including psychotherapeutic and counselling treatments that are culturally appropriate and effective. Cognitive-behavioural therapy (CBT) is a widely used and acceptable therapy for most mental health disorders, but explanations used in CBT are based on Western concepts and illness models. For reasons explained here, CBT remains the psychotherapeutic model of choice across cultures if adapted

appropriately. Dissemination of cognitive therapy across widely diverse cultures is increasingly occurring. The evidence to support this is explored as are problems associated with using therapy that is not culturally adapted.

**Keywords:** cognitive-behavioural therapy; culture; mental disorder; psychotherapy

**Psychiatry 8(9), 370-371, 2009**

## Comparing methods of racial and ethnic disparities measurement across different settings of mental health care

Lê Cook, Benjamin; McGuire, Thomas G.; Lock, Kari; Alan M. Zaslavsky

### Introduction

The ability to track improvement against racial/ethnic disparities in mental health care is hindered by the varying methods and disparity definitions used in previous research.

### Data

Nationally representative sample of whites, blacks, and Latinos from the 2002 to 2006 Medical Expenditure Panel Survey. Dependent variables are total, outpatient, and prescription drug mental health care expenditure.

### Methods

Rank- and propensity score-based methods concordant with the Institute of Medicine (IOM) definition of health care disparities were compared with commonly used disparities methods. To implement the IOM definition, we modeled expenditures using a two-part GLM, adjusted distributions of need variables, and predicted expenditures for each racial/ethnic group.

### Findings

Racial/ethnic disparities were significant for all expenditure measures. Disparity estimates from the IOM-concordant methods were similar to one another but greater than a method using the residual effect of race/ethnicity. Black-white and Latino-white disparities were found for any expenditure in each category and Latino-white disparities were significant in expenditure conditional on use.

### Conclusions

Findings of disparities in access among blacks and disparities in access and expenditures after initiation among Latinos suggest the need for continued policy efforts targeting disparities reduction. In these data, the propensity score-based method and the rank-and-replace method were precise and adequate methods of implementing the IOM definition of disparity.

**Keywords:** Access/demand/utilization of services; determinants of health/population; health/socioeconomic causes of health; mental health; racial/ethnic differences in health and health care

## Cultural identity and its assessment

Gupta, Susham; Bhugra, Dinesh

All individuals have cultural identity, but this aspect may be more relevant in patients from black and ethnic minority backgrounds. In this paper, some of the key issues are highlighted and suggestions are made for assessment.

**Keywords:** assessment; cultural identity; culture

**Psychiatry 8(9), 333-334, 2009**

## Do risk factors for schizophrenia predispose to emigration?

Pedersen, Carsten Bøcker; Mortensen, Preben Bo; Cantor-Graae, Elizabeth

### Objective

Increased incidence rates of schizophrenia in immigrants still lack a satisfactory explanation. The aim of this study was to examine the hypothesis that risk factors for schizophrenia also increase the risk of emigration to a foreign country. If valid, Danes emigrating from Denmark carry a higher predisposition to develop schizophrenia compared to Danes living in Denmark.

### Methods

Utilizing data from the Danish Civil Registration System, we established a population-based cohort of 1.10 million native Danes. We assessed relative risks of emigration to a foreign country in relation to sex, age, urban birth, parental age, and a history of mental illness.

### Results

Urban birth in Denmark was a significant predictor of emigration to a foreign country. A maternal history of psychiatric contact during childhood and a parental history of bipolar affective disorder increased the risks of emigration. A personal history of mental illness decreased the risk of emigration, mostly for people diagnosed with schizophrenia.

### Conclusions

Our study provided evidence that Danish emigrants residing in a foreign country have both a higher predisposition of schizophrenia due to differential exposure to birth in urban areas and a lower predisposition of schizophrenia due to differential exposure to a history of mental illness. Although competing selection mechanisms operate, the combined effect of these different selection mechanisms was limited, thus suggesting a potential role for yet to be identified adverse environmental effects operating either before or after emigration.

**Keywords:** Schizophrenia; Bipolar affective disorder; Emigration; Denmark; Epidemiology; Risk factor  
**Schizophrenia research 127(1-3), 229-234, 2011**

## Enslige mindreårige flyktningers psykiske helse – en litteraturstudie

Dittmann, Ingeborg; Jensen, Tine K.

This article reviews research related to mental health issues among young unaccompanied refugee children below the age of 18. There is little written about this subject in existing literature and most articles are careful to infer conclusions based on research. However, results do indicate that unaccompanied young refugees are a highly vulnerable group and that they experience a large number of psychological problems when compared to other youth. A few articles suggest that this group is also more vulnerable than youth arriving with their parents, yet here the results are inconsistent. Unaccompanied young refugees are seldom referred for mental health treatment despite presenting with severe mental health problems. Studies on very young refugee children are particularly scant and the findings here are also inconclusive. Very few studies have focused on children still in the asylum seeking process.

**Keywords:** asylum seekers, mental health, unaccompanied refugee minors.

**Tidsskrift for Norsk Psykologforening 47(9), 812-817, 2010**

Download artiklen her: <http://www.psykologtidsskriftet.no/pdf/2010/812-817.pdf>

## Ethnic minority patients: access to mental health services and pathways

Gupta, Susham; Bhugra, Dinesh

Pathways into psychiatric care are determined by a number of factors. These include cultural explanations of illness, systems of healthcare and resources available. Of these, explanatory models of illness are perhaps the most significant. Patients from ethnic minorities may also feel that they are prejudiced against. Clinicians, therefore, must be aware of potential obstacles into healthcare.

**Keywords:** access to services; ethnic minorities; pathways into care  
**Psychiatry 8(9), 363-364, 2009**

## Factors affecting attitudes toward seeking and using formal mental health and psychological services among Arab Muslim populations

Aloud, Nasser; Rathur, Amena

Despite increased understanding and sensitivity of attitudes of individuals seeking formal mental health services of various minority groups in the United States, the experience of the Arab Muslim population is understudied. The dominant Arab Islamic research suggests individual's attitudes toward formal mental health services are negative. The purpose of this study was to investigate the attitudes toward seeking and using formal mental health and psychological services among the Arab Muslim population residing in a large,

midwestern city in the United States. Four independent variables were selected and tested based on a developed model: help-seeking pathways of Arab Muslims. Three hundred sixty questionnaires were mailed and distributed to Arab Muslims residing in the metropolis through five Arab Islamic organizations. The results indicated that Arab Muslim attitudes toward seeking formal mental health services are most likely to be affected by cultural and traditional beliefs about mental health problems, knowledge and familiarity with formal services, perceived societal stigma, and the use of informal indigenous resources.

**Keywords** Arab-Muslim population; help seeking; mental health service; pathways to service utilization  
**Journal of muslim mental health 4(2), 79-103, 2009**

## **Gender-related mental-health differences between refugees and non-refugee immigrants - a cross-sectional register-based study**

Hollander, Anna-Clara; Bruce, Daniel; Burström, Bo; Ekblad, Solvig

### **Background**

Being an immigrant in a high-income country is a risk factor for severe mental ill health. Studies on mental ill health among immigrants have found significant differences in mental health outcome between immigrants from high income countries and low-income countries. Being an asylum seeker or a refugee is also associated with mental ill health. This study aimed to assess if there is a difference in mental ill health problems between male and female refugee and non-refugee immigrants from six low-income countries in Sweden.

### **Methods**

A cross-sectional, population-based study design was used comparing refugees with non-refugees. The study size was determined by the number of persons in Sweden fulfilling the inclusion criteria at the time of the study during 2006. Outcome: Mental ill health, as measured with the proxy variable psychotropic drugs purchased. Refugee/Non-refugee: Sweden grants asylum to refugees according to the Geneva Convention and those with a well-grounded fear of death penalty, torture or who need protection due to an internal or external armed conflict or an environmental disaster. The non-refugees were all family members of those granted asylum in Sweden. Covariates: Gender and origin. Potential confounders: Age, marital status, education and duration of stay in Sweden. Background variables were analysed using chi square tests. The association between outcome, exposure and possible confounders was analysed using logistic regression analyses. Multiple logistic regression analysis was used to adjust for potential confounders.

### **Results**

The study population comprised 43,168 refugees and non-refugees, of whom 20,940 (48.5%) were women and 24,403 (56.5%) were refugees. Gender, age, origin, marital status and education were all associated with the outcome. For female, but not male, refugees there was a significantly higher likelihood of purchasing psychotropic drugs than non-refugees (OR = 1.27, 95% CI = 1.15 - 1.40).

### **Conclusions**

Female refugees from low-income countries seem to be a risk group among immigrant women from low-income countries, whereas male refugees had the same risk patterns as non-refugee immigrants from low-income countries. This underlines the need for training of clinicians in order to focus on pre-migration stress and the asylum process, among female newcomers.

**BMC public health 11(180), 27 pp., 2011**

Download artiklen her: <http://www.biomedcentral.com/content/pdf/1471-2458-11-180.pdf>

## **Guidelines for psychiatric care of torture survivors**

Kinzie, John David

In describing the best psychiatric practices for the treatment of torture survivors, it is necessary to provide background on the various syndromes the survivors suffer and their corresponding neurobiology. There are also well known clinical aspects of these conditions and unique social and cultural considerations of survivors who usually come from very different cultures than the clinicians treating them. This will be briefly discussed in this section.

### **Torture (21)1, 18-26, 2011**

Download artiklen her:

[http://www.irct.org/Admin/Public/DWSDownload.aspx?File=%2fFiles%2fFiler%2fTortureJournal%2f21\\_03\\_2011%2fGuidelines\\_for\\_psychiatric\\_Torture1-2011.pdf](http://www.irct.org/Admin/Public/DWSDownload.aspx?File=%2fFiles%2fFiler%2fTortureJournal%2f21_03_2011%2fGuidelines_for_psychiatric_Torture1-2011.pdf)

### **Income inequality, trust and homicide in 33 countries**

Elgar, Frank J.; Aitken, Nicole

#### **Background**

Theories of why income inequality correlates with violence suggest that inequality erodes social capital and trust, or inhibits investment into public services and infrastructure. Past research sensed the importance of these causal paths but few have examined them using tests of statistical mediation.

#### **Methods**

We explored links between income inequality and rates of homicide in 33 countries and then tested whether this association is mediated by an indicator of social capital (interpersonal trust) or by public spending on health and education. Survey data on trust were collected from 48 641 adults and matched to country data on per capita income, income inequality, public expenditures on health and education and rate of homicides.

#### **Results**

Between countries, income inequality correlated with trust ( $r = -0.64$ ) and homicide ( $r = 0.80$ ) but not with public expenditures. Trust also correlated with homicides ( $r = -0.58$ ) and partly mediated the association between income inequality and homicide, whilst public expenditures did not. Multilevel analysis showed that income inequality related to less trust after differences in per capita income and sample characteristics were taken into account.

#### **Conclusion**

Results were consistent with psychosocial explanations of links between income inequality and homicide; however, the causal relationship between inequality, trust and homicide remains unclear given the cross-sectional design of this study. Societies with large income differences and low levels of trust may lack the social capacity to create safe communities.

**Key words** – income – violence – homicide – trust - income inequality - social capital

**European journal of public health 21 (2), 241-246, 2011**

### **Management and culture – psychopharmacology**

Cross, Sean; Bhugra, Dinesh

Cultural factors play an important role not only at a biological level: the pharmacodynamics and pharmacokinetics of drugs but non-biological factors also play a role. These factors include religious factors, taboos, diet, smoking and expectations from the medication. Some of these factors are described in this paper so that clinicians are aware of response to drugs.

**Keywords:** culture; ethnic variation; medical management; pharmacological treatments

**Psychiatry 9(8), 365-367, 2009**

### **Mental health of failed asylum seekers as compared with pending and temporarily accepted asylum seekers**

Mueller, Julia; Schmidt, Martina; ; Staeheli, Andrea; Maier, Thomas

#### **Background**

Asylum seekers (AS) and refugees often suffer from severe psychopathology in the form of post-traumatic stress disorder (PTSD). As PTSD impacts memory functions, and as asylum applications rely on personal accounts, AS with PTSD are at more risk of being rejected than refugees.

#### **Methods**

We studied the mental health of failed asylum seekers (FAS,  $N = 40$ ) and a matched sample of AS ( $N = 40$ ). Participants were administered structured interviews on sociodemographics, flight, exile and standardized questionnaires on PTSD, anxiety, depression and pain.

#### **Results**

Both samples were severely affected; >80% exhibited at least one clinically significant condition.

#### **Conclusion**

Given the great vulnerability of these individuals, long and unsettling asylum processes as practised in Western host countries seem problematic, as does the withdrawal of health and social welfare benefits. Finally, high rates of psychopathology amongst FAS indicate that refugee and humanitarian decision-making procedures may be failing to identify those most in need of protection.

**Key words** asylum seekers – credibility - mental health - rejection of asylum

**European journal of public health 21 (2), 184-189, 2011**

## **Mental health of newly arrived Burmese refugees in Australia: contributions of pre-migration and post-migration experience**

Schweitzer, Robert D.; Brough, Mark; Vromans, Lyn; Asic-Kobe, Mary

#### **Objective**

This study documents the mental health status of people from Burmese refugee backgrounds recently arrived in Australia, then examines the contributions of gender, pre-migration and post-migration factors in predicting mental health.

#### **Method**

Structured interviews, including a demographic questionnaire, the Harvard Trauma Questionnaire, the Post-migration Living Difficulties Checklist and Hopkins Symptom Checklist assessed pre-migration trauma, post-migration living difficulties, depression, anxiety, somatization and traumatization symptoms in a sample of 70 adults across five Burmese ethnic groups.

#### **Results**

Substantial proportions of participants reported psychological distress in symptomatic ranges including: post-traumatic stress disorder (9%), anxiety (20%) and depression (36%), as well as significant symptoms of somatization (37%). Participants reported multiple and severe pre-migration traumas. Post-migration living difficulties of greatest concern included communication problems and worry about family not in Australia. Gender did not predict mental health. Level of exposure to traumatic events and post-migration living difficulties each made unique and relatively equal contributions to traumatization symptoms. Post-migration living difficulties made unique contributions to depression, anxiety and somatization symptoms.

#### **Conclusions**

While exposure to traumatic events impacted on participants' mental well-being, post-migration living difficulties had greater salience in predicting mental health outcomes of people from Burmese refugee backgrounds. Reported rates of post-traumatic stress disorder symptoms were consistent with a large review of adults across seven western countries. High levels of somatization point to a nuanced expression of distress. Findings have implications for service provision in terms of implementing appropriate interventions to effectively meet the needs of this newly arrived group in Australia.

#### **Keywords**

Burmese, mental health, post-migration living difficulties, refugee, trauma

**Australian and New Zealand Journal of psychiatry 45(4), 299-307, 2011**

## **Religion, ethnicity, coping style, and self-reported self-harm in a diverse non-clinical UK population**

Borrill, Jo; Fox, Pauline; Roger, Derek

#### **Abstract**

Previous studies of ethnic and cultural differences in self-harm have focussed on overdose and suicide attempts by South Asian women. Research comparing ethnic groups has rarely examined religion or nationality. To achieve a more balanced approach this study examined self-harm methods and self-injury across gender, religion and ethnic group in a non-clinical population. Six hundred and seventeen university students completed a questionnaire asking whether they had ever harmed themselves, and the frequency and method of any self-harm. White participants and participants with no religious affiliation were more likely to report repeated incidents of self-harm, mainly scratching and cutting skin. Hindu religion was associated with lower levels of repeated self-harm. Asian males were less likely to report self-harm than both Asian

females and other males. Black students were less likely to report cutting and scored highest on Rational coping style. The results raise questions about differential disclosure of self-harm across gender and culture.

**Keywords:** religion; ethnicity; self-harm; self-injury; gender; culture; coping

**Mental health, religion and culture 14(3), 259-269, 2011**

### **Stigma and depression during pregnancy : does race matter?**

O'Mahen, Heather A.; Henshaw, Erin; Jones, Janelle M.; Flynn, Heather A.

Rates of depression treatment are low in pregnant women, particularly Black women. Stigma is an important barrier to treatment, but little research has examined how depression stigma differs in Blacks and Whites; a key purpose of this study. Participants were 532 pregnant women recruited in obstetrics settings, who responded to measures of stigma and mood. Black women reported more depression stigma than White women, regardless of their depression status, and were more likely to endorse the view that depression should be kept secret, than White women. In White women, stigma increased as a function of depression status (current, past, never). White women's perceptions of depression stigma were positively correlated with their beliefs about keeping depression secret. Secrecy and depression stigma were uncorrelated in Black women. There are important racial differences in the way depression stigma functions in pregnant women. Implications for engaging women in mental health treatment are discussed.

**Journal of nervous and mental disease 199(4), 257-262**

## **RAPPORTER**

### **Psykisk mistrivsel blandt 11-15-årige – bidrag til belysning af skolebørns mentale sundhed**

Holstein, Bjørn E.; Damsgaard, Mogens Trab; Henriksen, Pia Wichmann; Kjær, Charlotte; Meilstrup, Charlotte; Nelausen; Malene Kubstrup; Nielsen, Line; Rayce; Signe Boe; Due, Pernille

København : Sundhedsstyrelsen (spons), 77 sider, 2011

Kapitel 4.2

Etnisk baggrund og psykisk mistrivsel

Rapporten kan downloades her:

<http://www.sst.dk/publ/Publ2011/CFF/MentalSundhed/PsykiskMistrivselBlandt11-15aarige.pdf>

## **BØGER**

### **ANMELDELSER**

#### **Kulturens betydning för oppdragelse og atferdsproblemer**

Cecilie Jávo

Oslo : Universitetsforlaget

Författaren är barnpsykiater, med dr och överläkare vid Samisk nasjonalt kompetansesenter- psykisk helsevern (SANKS), avdeling for barn og unge i Karasjok i Norge. Boken handlar om kulturens betydelse för barns utveckling, socialisering, barnuppfostran, bedömning och behandling av barn med beteendestörningar. Jávo har ett särskilt fokus på samiska barn men belyser även mötet med barn i migrations- och minoritetssituationer.

Jávo går igenom grundläggande begrepp som etnicitet, ackulturation och ger referenser till aktuell forskning och kunskapsutveckling. Hon ger en intressant belysning av vikten av en sund etnisk identitetsutveckling hos barn och hur kultur och sociala villkor påverkar barn och barnuppfostran. Vidare beskriver hon hur uppfattningar om normalitet kan skilja sig och hur detta påverkar både bedömning och eventuell behandling av beteendeproblem.

Boken innehåller många exempel, varav flera handlar om samiska barns möte med skola, socialtjänst samt barn- och ungdomspsykiatri. Exempelen belyser konkret hur skillnader i kultur och normer påverkar barns beteende och hur detta kan väcka olika reaktioner och värderingar i omgivningen. Jávo lyfter fram betydelse

av en kulturell sensitivitet vid bedömning och behandling av barn. Det som i ett samiskt sammanhang ses som normalt kan i ett norskt uppfattas som avvikande. Exempler är intressanta, nyanserade och tänkvärda. Socialisering och förväntningar på barn i olika kulturella sammanhang beskrivs. Här blir Jávo ibland väl svepande i sina omdömen, som när hon t.ex. hänvisar till islamisk barnuppfostran på ett allmänt sett. Trots denna svaghet är boken överlag mycket intressant, aktuell, välskriven och förmedlar ett djup i betydelsen av barns situation, kultur och komplexiteten i bedömning och behandling. Det är lätt att föra över exempel och resonemang från Norge till en svensk situation.

Sofie Bäärnhelm  
Överläkare, med dr  
Transkulturellt Centrum, Stockholms läns landsting  
**Tidskriften för Svensk Psykiatri 1, Mars 2011**

## **PTSD before PTSD: a review**

Dr Pols reviews **The Politics of War Trauma: The Aftermath of World War II in Eleven European Countries**, by Jolande Withuis and Annet Mooij (eds). Amsterdam: Aksant; 2010

By now the story of the origin of posttraumatic stress disorder (PTSD) is fairly well known: the diagnosis was the surprising outcome of an unusual set of political circumstances during the 1970s in the United States. At that time, a somewhat unlikely coalition was formed between psychiatrists who treated disgruntled Vietnam War veterans, advocates for Holocaust survivors, and representatives of the feminist movement who demanded public attention for the long-lasting psychological effect of physical and sexual abuse of women.

These 3 groups had observed similar sets of symptoms in the traumatized individuals under treatment. And in all three groups symptoms at times appeared many years after the original event. In all 3 groups, the PTSD diagnosis provided medical recognition of their suffering, opened up avenues for treatment, and presented a justification for compensation claims.

Accounts on the origins of PTSD generally emphasize the originality and novelty of the diagnosis. *The Politics of War Trauma: The Aftermath of World War II in Eleven European Countries* dispels this notion thoroughly. Unusually rich and extensive medical and political debates on the *sequelae* of extraordinary suffering of World War II took place in many European countries after 1945. Physicians who themselves had experienced deportation and life in Nazi concentration camps played a key role in these debates.

**Psychiatric Times hjemmeside 18. januar 2011**