

Information om Transkulturel Psykiatri, november 2011

NYHEDER

Hva lærer psykologistudenter om kultur- og migrasjonspsykologi?

NAKMIs hjemmeside, udateret / Emine Kale og Tonje Ho

Blivende psykologer forberedes for dårlig til å arbeide med et stort etnisk og kulturelt mangfold i dagens samfunn.

På bakgrunn av både egne erfaringer som psykologer i forskjellige praksisfelt og tilbakemeldinger vi får fra klienter mener vi at blivende psykologer forberedes for dårlig til å arbeide med et stort etnisk og kulturelt mangfold i dagens samfunn. Befolkningen i dagens Norge har en annen etnografisk/ demografisk fordeling sammenlignet med et par tiår tilbake, selv om dette er mest merkbart i de store byene.

I hovedstaden har en fjerdedel av alle innbyggerne en annen etnisk/kulturell bakgrunn enn norsk, og befolkningen har bakgrunn fra over 200 forskjellige land i verden. Vi er bekymret for at universitetene ikke er bevisste hva dette mangfoldet bærer med seg av ansvar, og at de overlater til studentene på eget initiativ å tilegne seg "flerkulturell kompetanse" i møte med en sammensatt klinisk virkelighet, og ved selv å måtte prøve og feile i praksisfeltet.

Kunnskapsgrunnlaget i faget vårt er basert på vestlige kulturelle verdier. Vi mener at en flerkulturell kompetanse bør starte med refleksjoner rundt hvilken betydning dette har for våre teorier, metoder og tilnærminger. Vi mener det er viktig at en slik kompetanse inkluderer sensitivisering i forhold til hvordan kulturelle forskjeller og majoritet/minoritetsposisjoner kan farge menneskelige møter og kommunikasjonen mellom mennesker.

Videre mener vi at det må legges mer vekt på de mange etiske problemstillingene som studentene kan støte på i arbeidet med klienter som kan ha et annet verdigrunnlag enn deres eget. Også kunnskap som gjør dem trygge og komfortable med bruk av tolk i kliniske samtaler og et kunnskapsgrunnlag for å kunne jobbe med traumatiserte flyktninger bør inngå i en slik klinisk og kultursensitiv kompetanse. Det bør også legges opp til drøfting rundt hvorvidt psykologiske fenomener herunder psykiske lidelser og hvordan disse kommer til uttrykk er universelle, og eventuelt hvordan psykiske lidelser manifesteres på ulike måter i ulike kulturer.

Læs hele artikkelen her:

<http://www.nakmi.no/Details.asp?article=Hva+!%E6rer+psykologistudenter+om+kultur%2D+og+migrasjonspsykologi%3F+&aid=21>

Politikerne i Vejle vil kun have veluddannede flygtninge og siger nej til de uuddannede og traumatiserede

Danske kommuner 4. november 2011

Døren skal være åpen for de sterke, men smækket i for de svage.

Sådan er holdningen hos politikerne i Vejle, når det kommer til flygtninge. Kommune skal neste år modtage 33 flygtninge, og et flertal i kommunens jobudvalg har besluttet, at det skal være unge veluddannede mænd, opplyser P4 Trekanten.

Derimod afviser politikerne at tage imod uuddannede og traumatiserede flygtninge.

Det er dog ikke alle medlemmer af jobudvalget, der deler den holdning.

Pernille Moesby Laursen fra SF mener, at når Danmark deltager i en krig, bør vi også tage os af krigens ofre. - Jeg er godt klar over, at det kun er for i år, at Vejle har valgt at indsende ønsker, men jeg ser det som en glidebane, at man begynder at fravælge de flygtninge, som allermost har brug for hjælp, siger hun.

Jobudvalgets formand Christa Laursen (S) fortæller, at man i Vejle i forvejen har mange traumatiserede flygtninge, og dem vil man først gøre en ekstra indsats for.

Projekt om nye metoder hos CETT i Vejle

CETT's hjemmeside

Projektets titel: Nye metoder til forebyggelse af traumatisering hos børn i familier præget af PTSD

Bevilling: 3 mio. fra satsreguleringspuljen udmøntet af Sundhedsstyrelsen ved bevilling til Varde Kommune

Periode: august 2011 – december 2014

Samarbejdspartnere: Varde Kommune

Projektleder/kontaktperson: Udviklingskonsulent Amira Saric, CETT

Amira.Saric@psyk.regionsyddanmark.dk

Projektresumé:

Projektet vil udvikle metoder og organisatorisk modeller for en koordineret forebyggelsesindsats for børn fra familier præget af PTSD.

Børn af traumatiserede flygtninge eller hjemvendte soldater med PTSD udgør en risikogruppe, fordi forældrene kan have svært ved at give den følelsesmæssige omsorg, som børnene har brug for. Manglende udvikling af en tidlig tilknytning til forældrene kan medføre nedsat evne til mentalisering og affektregulering hos børnene. Varde Kommune og Center for Traume- og Torturoverlevende (CETT) har derfor indgået partnerskab om udvikling og afprøvning af et forebyggelsesprogram til styrkelse af mentaliseringsevnen hos udsatte børn på udvalgte skoler. Her vil børn i aldersgruppen 6-12 lære at læse egne og andres følelser gennem struktureret leg, bevægelse og musik.

LITTERATUR

Arab specificities, Arab voice and global connectedness : Development of WHO's new International Classification of Mental Disorders (ICD11)

Khoury, Brigitte; Loza, Nasser; Reed, Geoffrey M.

WHO is currently revising the International Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). The WHO Department of Mental Health and Substance Abuse is leading the development of the ICD-11 classification of mental and behavioral disorders. One of the Department's primary aims is to develop a clinically useful and culturally-sensitive diagnostic system for the effective identification of people in need of mental health services, particularly in low- and middle-income countries. To facilitate discussion of the needs and specificities of each region as a part of the development of a truly global classification of mental and behavioral disorders for ICD-11, WHO has held a series of regional meetings in different parts of the world. Most recently, a meeting for the Arab region was held in Beirut, Lebanon, in June 2011, to discuss the cultural applicability of ICD-10 classification of mental and behavioral disorders and provide recommendations for the development of ICD-11 classification of mental and behavioral disorders. Presentations at the conference focused on diagnostic groups that represent major areas of concern for Arab mental health in terms of cultural relevance and applicability. The major areas of concern were regarding criteria for PTSD, mood disorders in relation to somatization, substance abuse, sexual problems, and eating disorders. Some changes were also suggested for the primary care version of the ICD-11. Based on these discussions, specific proposals that can inform the development of the ICD-11 mental and behavioral disorders classification from an Arab perspective and guide future field studies in the region will be developed.

Keywords: classification, ICD-10, culture, Arab region, diagnostics.

Arab journal of psychiatry 22(2), 95-99, 2011

Læs artiklen her: http://www.arabjpsychiat.com/media/PDF/2011_n/2011_nov.pdf

Cultural competence in outpatient substance abuse treatment : measurement and relationship to wait time and retention

Guerrero, Erick; Andrews, Christina M.

Background

Culturally competent practice is broadly acknowledged to be an important strategy to increase the quality of services for racial/ethnic minorities in substance abuse treatment. However, few empirically derived measures of organizational cultural competence exist, and relatively little is known about how these measures affect treatment outcomes.

Method

Using a nationally representative sample of outpatient substance abuse treatment (OSAT) programs, this study used item response theory to create two measures of cultural competence—organizational practices and managers' culturally sensitive beliefs—and examined their relationship to client wait time and retention using Poisson regression modeling.

Results

The most common and precisely measured organizational practices reported by OSAT managers included matching providers and clients based on language/dialect; offering cross-cultural training; and fostering connections with community and faith-based organizations connected to racial and ethnic minority groups. The most culturally sensitive belief among OSAT managers was support for language/dialect matching for racial and ethnic minority clients. Results of regression modeling indicate that organizational practices were not related to either outcome. However, managers' culturally sensitive beliefs were negatively associated with average wait time ($p < 0.05$), and positively associated with average retention ($p < 0.01$).

Conclusions

Managers' culturally sensitive beliefs—considered to be influential for effective implementation of culturally competent practices—may be particularly relevant in influencing wait time and retention in OSAT organizations that treat Latinos and African American clients.

Keywords: Organizational cultural competence, Item response theory, Access, Wait time, Retention
Drug and alcohol dependence 119(1-2), e13-e22, 2011

Evidence-based medicine : opportunities and challenges in a diverse society

Whitley, Rob; Rousseau, Cecile; Carpenter-Song, Elizabeth; Kirmayer, Laurence J.

In this article we explore the discourse and practice of evidence-based medicine (EBM) in the context of social and cultural diversity. The article consists of 2 parts. First, we begin by defining EBM, describing its historical development and current ascendancy in medical practice. We then note its importance in contemporary psychiatry, comparing dynamics between the United States and Canada. Secondly, we offer a constructive critique of the application of EBM and evidence-based practices in the context of ethnocultural diversity, as one consistent reflection on the EBM literature is that it does not adequately address issues of diversity. In doing so, we use the situation here in Canada as an extended case study, though our observations will likely be applicable in other diverse nations, such as the United States, the United Kingdom, and Australia. We critically examine the following 6 issues related to the practice of EBM in a diverse society: generalizability and transferability of evidence-based interventions; diversifying standards of evidence in EBM; strategies to address diversity in EBM research; cultural adaptations of evidence-based interventions; integrating idiographic knowledge; and, training and health service delivery. Concurrent with our critique, we offer research and practice suggestions that may address outstanding challenges vis-à-vis the practice of EBM in a diverse society. These include a need for more effectiveness research, more openness to diverse sources of knowledge, better integration of idiographic and nomothetic knowledge, and a critical approach to extrapolation and transfer of knowledge.

Key Words: evidence-based medicine, evidence-based practices, diversity, ethnicity, race, mental health services

Canadian journal of psychiatry. 56(9), 514–522, 2011.

Download artiklen her: publications.cpa-apc.org/media.php?mid=1216

Depressive disorder among Turkish women in the Netherlands: A qualitative study of idioms of distress

Borra, Ria

The provision of mental health services to immigrants in the Netherlands is hampered by difficulty in establishing valid diagnoses of psychiatric disorders. To improve the process of diagnosing depressive disorder among Turkish women in Dutch mental healthcare, we conducted a qualitative study of women with depression in Rotterdam. A bilingual Turkish–Dutch diagnostic interview was developed to explore Turkish women's idioms of distress. Interviews were conducted with 20 women with a disputed diagnosis of depression. Results showed that distress among the Turkish women was characterized by a wide range of somatic complaints, with anxiety and agitation occurring as frequently as depressive complaints. Because the range of complaints is so varied, major depression may be underdiagnosed in the Turkish immigrant population.

Key words immigration - Turkish women – depression - idioms of distress - diagnostic interview
Transcultural psychiatry 48(5), 660-674, 2011

Developing guidelines on working with interpreters in mental health : opening up an international dialogue ?

Tribe, Rachel; Thompson, Kate

In 2010 the International Association of Migration recorded 214 million people as having migrated across national borders. In 2009, 30.8 million people were recorded as residing in European Union member countries of which they were not citizens. The real numbers are likely to be even higher than those officially recorded, as the Council of Europe estimated that approximately 5.5 million irregular migrants were residing in the EU in 2006. Figures world wide are also likely to be more than those officially recorded. The Office for National Statistics Psychiatric Morbidity Report asserts that one in four people experience some kind of mental health problem in any given year. This suggests that there will be a section of any population who are both experiencing a mental health difficulty and are not fluent in the language of the country in which they are currently resident. In this case, they are likely to require the services of an interpreter to enable them to communicate and receive appropriate care from a clinician. Psychological work that takes place with the mediation of an interpreter has been the focus of clinical interest for some time. The complexities which arise in such work can be compounded by cross cultural differences in communication and understanding of mental health, offering both opportunities and challenges for clinicians, interpreters and patients. As a result of clinical work and research undertaken with in the UK, the authors were asked by the British Psychological Society to write national guidelines for psychologists on working with interpreters in health settings. These are reproduced below (with the permission of the British Psychological Society) in a shortened and updated form. We would welcome the opportunity to open a debate with colleagues in other countries about issues relating to interpreters in health settings and about these guidelines and the principles underlying them.

Keywords interpreter guidelines, mental health, international dialogue
International journal of culture and mental health 4(2), 81-90, 2011

Development of a culturally attuned psychiatric outcome measure for an indigenous population

McClintock, Kahu K.; Mellsop, Graham W.; Kingi, Te Kani R

Outcome measures are critical to the development of quality mental health services and for their continuous improvement activities. For many cultures, credible and robust outcome measures are not available. This project aimed to continue the development of an outcome measure suitable for use by *Māori* (the Polynesian indigenous population of *Aotearoa* [New Zealand]). The tool was developed within the framework of a holistic *Māori* model of health and tested for its utility in the settings of small *Māori* Mental Health Service providers. Of the two versions tested, qualitative and quantitative evaluation established a clear endorsement of one version for which some psychometrically credible evidence was obtained. A software package to incorporate the routine collection of such outcome measurement information into a national data base providing online feedback to service providers is also briefly described.

Keywords culture, indigenous mental health, mental health outcomes
International journal of culture and mental health 4(2), 128-143, 2011

The Engagement Interview Protocol (EIP): improving the acceptance of mental health treatment among Chinese immigrants

Yeung, Albert; Trinh, Nhi-Ha T.; Chang, Trina E.; Fava, Maurizio

Many depressed Chinese immigrants are unfamiliar with Western psychiatric terminology and have high levels of stigma toward psychiatric illnesses, making it difficult to engage them into psychiatric treatment. We have designed the Engagement Interview Protocol (EIP), a semi-standardized protocol that incorporates cultural components to a standard psychiatric evaluation. The EIP elicits patients' narratives and uses anthropological questions to explore patients' illness beliefs, which are integrated with patients' information on medical and psychiatric history, psychosocial background and mental status examination so that treatment options can be negotiated in a culturally sensitive manner. In our field testing on depressed Chinese immigrants, the EIP model was found to be a practical tool that can be completed within the allotted one-hour time frame and was highly effective in facilitating the enrollment of patients in treatment for

depression. The EIP is a concise, time-effective, user-friendly protocol that can be used both in research and real-world clinical settings with diverse patient populations.

Keywords depression, engagement interview, Chinese Americans, mental disorders

International journal of culture and mental health 4(2), 91-105, 2011

«Familjen kan aldrig släppa taget» - erfarenheter från familjearbete i ett psykosteam i mångkulturell miljö

Sundvall, Maria

Artikeln beskriver erfarenheter av familjearbete i ett psykosteam i mångkulturell miljö, liksom teman från en intervjustudie med syriansk/assyriska patienter och informanter. En utgångspunkt är nyare forskning om förhöjd incidens av psykos i invandrargrupper, vilket ökat intresset för psykosociala faktorer som påverkar hjälpsökande beteende. Några teman var familjens roll, stigma, sjukdomssyn, språk och kulturell identitet. Det diskuteras hur dessa teman kan hanteras i familjearbete.

Keywords: psykiatri, psykos, migration, kultur, familj, psychiatry, psychosis, migration, culture, family

Familien i fokus 2001, 3, 196-207

Du kan läsa artiklen her:

<http://www.idunn.no/ts/fokus/2011/03/art07?mode=print&skipDecorating=true&textSize=>

Intermediated communication by interpreters in psychotherapy with traumatized refugees

Brune M.; F.J. Eiroá-Orosa F. J.; Fischer-Ortman, J.; Delijaj B.; Haasen, Christian

Immigrants in need of psychotherapy are often confronted with the fact that there is no psychotherapist available with whom they can proceed in a common language understood well by both. In some cases psychotherapy with communication intermediated by interpreters is offered. This study compares the outcome of 190 individual psychotherapies with refugees with post-traumatic disorders, half of them with the help of interpreters, the other half without. The results show that psychotherapies with the help of interpreters were as effective as those without, even though the psychosocial conditions (such as employment, training, foreign language proficiency and social network) for those patients who needed interpreters were tougher. We conclude that psychotherapy with the help of an interpreter should not be considered the poorer alternative.

Keywords interpreters, immigrants, psychotherapy, refugees

International journal of culture and mental health 4(2), 144-151, 2011

Knowledge of depression and depression related stigma in immigrants from former Yugoslavia

Copelj, Anja; Kiropoulos, Litza

The aim of the current research was to assess and compare level of depression literacy and level of depression related stigma in first generation immigrants from former Yugoslavia (FY) with a same aged Anglo Australian (AA) sample. The community sample comprised of 54 immigrants born in the FY and 54 AA born participants living in Melbourne. Participants were recruited through various social and recreational clubs. All participants completed questionnaires assessing depression literacy, self and perceived stigma and level of acculturation for the immigrants from FY in an interview format. After controlling for level of education, immigrants from the FY demonstrated lower depression literacy and higher personal and perceived depression stigma scores compared to the AA participants. The findings provide further insight to potential barriers impeding access to mental health care in immigrant populations living in Australia. Implications for mental health professionals working with immigrant populations in Australia are discussed.

Keywords Depression – Stigma – Immigrants - Mental health - Acculturation

Journal of immigrant and minority health 13(6), 1013-1018, 2011

A life course perspective on migration and mental health among Asian immigrants : the role of human agency

Gong, Fang, Xu, Jun; Fujishiro, Kaori; Takeuchi, David T.

The relationship between human agency and health is an important yet under-researched topic. This study uses a life course perspective to examine how human agency (measured by voluntariness, migratory reasons, and planning) and timing (measured by age at immigration) affect mental health outcomes among Asian immigrants in the United States. Data from the National Latino and Asian American Study showed that Asian immigrants ($n = 1491$) with multiple strong reasons to migrate were less likely to suffer from mental health problems (i.e., psychological distress and psychiatric disorders in the past 12 months) than those without clear goals. Moreover, Asian immigrants with adequate migratory planning had lower levels of distress and lower rates of 12-month psychiatric disorders than those with poorly planned migration. Compared with migrants of the youngest age category (six or younger), those who migrated during preteen and adolescent years without clear goals had higher levels of psychological distress, and those who migrated during adulthood (25 years or older) were less likely to suffer from recent depressive disorders (with the exception of those migrating for life-improving goals). Furthermore, we found that well-planned migration lowered acculturative stress, and multiple strong reasons for migration buffered the negative effect of acculturative stress upon mental health. Findings from this study advance research on immigrant health from the life course perspective by highlighting the effects of exercising human agency during the pre-migration stage upon post-migration mental health.

Social science and medicine 73(11), 1618-1626, 2011

Migrants referring to the Bologna Transcultural Psychiatric Team : reasons for drop-out

Tarricone, Ilaria; Atti, Anna Rita; Braca, Mauro; Pompei, Graziano; Morri, Michela; Poggi, Francesca; Melega, Saverio; Stivanello; Elisa; Tonti, Lorenza; Nolet, Maria; Berardi, Domenico

Background

Recent immigrants face various difficulties in adjusting to western countries and show a high prevalence of mental disorders. Access to a culturally appropriate community mental health centre (CMHC) is crucial for immigrants (Bhui et al., 2007). The Bologna West Transcultural Psychiatric Team (BoTPT, Tarricone et al., 2009) is one of the first projects in Italy that prioritizes cultural competence care. This paper aims to evaluate the effectiveness of this service and to describe what characteristics of patient and psychiatric intervention are related to 'drop-out'.

Method

All migrants who consecutively attended the BoTPT between 1 July 1999 and 30 June 2008 were included and evaluated at first contact and again six months later.

Results

After six months we followed up 162 patients; 32 (17.9%) of these had interrupted treatment. Non-Asian origin, a recent history of migration and not receiving social intervention were the strongest predictors of drop-out cases.

Conclusion

Psychiatric consultation services to migrants could be made more effective by enhancing: (a) cultural competence, through cultural mediator involvement; and (b) social support from the first psychiatric contact. These two characteristics of psychiatric consultation could be developed from resources ordinarily present in the context of a CMHC and could then become a cost-effective strategy for addressing mental health needs among first-generation immigrants.

Keywords first-generation migrants - migration history - cultural competence - social support - drop-out - psychiatric intervention

International journal of social psychiatry 57(6), 627-630, 2011

New directions in classification of mental disorders: an Arab perspective : review article

Okasha, Ahmed

What is wrong with DSM IV and ICD-10? They are complex with too many chapters and numbers of disorders which increase sharply with each new edition, comorbidity, excessive use made of "Not Otherwise Classified" (NOC), within category heterogeneity and no place for subthreshold disorders. Has the right nosologic system been conceptualized? Are the right diagnostic categories and criteria being used? Has the diagnostic threshold been at the right level? Have the course and characteristics of disorders been correctly typified? Are existing diagnostic criteria being employed in an unbiased and culturally appropriate way? The goals of Psychiatric Classification are to bring "order to chaos", to make research easier, to enable everyone to communicate clearly, to help clinicians determine prognosis and treatment and to satisfy sociocultural demands placed on psychiatry. Currently five main groups of psychiatric disorders exist: 1) Neuro-cognitive disorders - disorders of cerebral tissue; 2) Developmental Disorders - failures of normal development; 3) Psychoses, loss of contact with reality; 4) Externalizing Disorders, low constraint, disinhibition; and, 5) Emotional Disorders – high neuroticism ("negative affect"). Those who are involved in DSM V and ICD-11 are deliberating dimensions or spectra or clusters, e.g. cognitive, psychotic, mood or affective, obsessive, externalizing (substance abuse, personality disorders), internalizing (high neuroticism, e.g. anxiety, depression, panic, phobia), bodily disorders (eating, sleep and sexual). The addition to the categorical system of continuous, "dimensional" measures into the various diagnostic domains might help resolve some of the critical taxonomic issues currently facing the field of mental health, especially the subthreshold disorders. Diagnosis in diverse cultures has some caveats namely: disparities that may be the result of misdiagnosis or nondiagnosis due to unfamiliarity with the culturally determined pathoplastic components of any clinical entity, differences in measures employed to assess psychiatric disorders that can generate response biases, discrimination, racism, social position, and even expectations about services and treatment that may cloud the diagnostic process. Linguistic limitations on the patient's and the clinician's side produce a formidable (and obvious) communication obstacle. Diagnosis in psychiatry is meant to reflect individual coping styles on the one hand, and customary treatment options on the other. Both factors are culturally charged and both are also parcels of the disparities field.

Key Words: ICD-10 and ICD-11, DSM IV and DSM V, Arab perspective, Diagnostic Criteria, Categorical versus, Dimensional classifications

Arab Journal of psychiatry 22(2), 89-94, 2011

Læs artiklen her: http://www.arabjpsychiat.com/media/PDF/2011_n/2011_nov.pdf

Perceived neighborhood environment affecting physical and mental health : a study with Korean American older adults in New York City

Roh, Soonhee; Jang, Yuri; Chiriboga, David A.; Kwag, Kyung Hwa; Cho, Sunhee; Bernstein, Kunsook

This study examined how subjective perceptions of the neighborhood environment (e.g., perceived ethnic density, safety, social cohesion, and satisfaction) influenced the physical and mental health of Korean American older adults. Using data from 420 residents of the New York City metropolitan area ($M_{age}=71.6$, $SD=7.59$), health perceptions and depressive symptoms were estimated with hierarchical regression models entered in the order of (1) demographics and acculturation, (2) health-related variables, and (3) perceived neighborhood environment. After controlling for the effects of the individual-level variables, perceived neighborhood environment was found to make a significant contribution to both outcomes. Individuals less satisfied with their overall neighborhood environment were more likely to have negative perceptions of health and depressive symptoms. A strong linkage between perceived neighborhood safety and depressive symptoms was also observed. Findings from the study highlight the importance of subjective evaluations of neighborhood environment and provide implications for health promotion.

Keywords Perceived neighborhood environment – Health - Korean American older adults

Journal of immigrant and minority health 13(6), 1005-1012, 2011

Predictive validity of a culturally informed diagnosis of schizophrenia : A 30 month follow-up study with first episode psychosis

Zandi, Tekleh; Havenaar, Johan M.; Limburg-Okken, Laan, Wijnand; Kahn, Rene S; van den Brink, Wim

Abstract

Previous research has shown discrepancies between a standard diagnostic interview for schizophrenia (CASH) and a culture sensitive version of this instrument (CASH-CS) in Moroccan patients. More specifically

we showed that among Moroccan immigrants the CASH-CS resulted in fewer patients with a diagnosis of schizophrenia compared with diagnoses based on the CASH, whereas for Native Dutch patients there was no difference between the CASH and the CASH-CS. The aim of the current study was to compare the predictive validity of a diagnosis of schizophrenia according to the CASH and CASH-CS.

Method

Thirty months after referral, 26 Moroccan and 26 native Dutch patients with a suspected first psychotic episode were compared with regard to 30-month diagnostic stability, symptom development, psychosocial functioning, medication use and hospitalization using baseline diagnoses based on the two versions of the CASH.

Results

Moroccan patients who were diagnosed with schizophrenia using the standard CASH at baseline had a significantly better 30-month prognosis than native Dutch patients with the same CASH diagnosis. Prognosis of schizophrenia according to the CASH-CS was similar for Moroccans and native Dutch patients. Diagnostic stability according to the CASH was high for native Dutch (92%), but low for Moroccan patients (27%), whereas diagnostic stability according to the CASH-CS was high for both groups (85% and 81%, respectively).

Conclusion

These data raise questions regarding the validity of the standard CASH in Moroccan immigrants in The Netherlands and support the validity of the CASH-CS. As a consequence, there are serious doubts about the validity of previous studies showing an increased incidence of schizophrenia in immigrants using standard diagnostic procedures.

Keywords: Immigrant; Psychosis; Standardized diagnosis; Schizophrenia; Cultural formulation

Schizophrenia research 133(1-3), 29-35, 2011

Prevalence of depression and suicidal behaviors among male migrant workers in United Arab Emirates

Al-Maskari, F.; Shah, S. M.; Al-Sharhan, R.; Al-Haj, E.; Al-Kaabi, K.; Khonji, D.; Schneider, J. D.; Nagelkerke, N. J.; Bernsen, R. M.

Migrant workers comprise 80% of the population of the United Arab Emirates, but there is little research on their mental health. To determine the prevalence and correlates of depression among workers living in labor camps, we conducted a cross-sectional survey in labor camps in Al Ain city. The Depression Anxiety and Stress Scale (DASS-42) was used to assess depression and suicidal ideation among the study participants. Of the 319 contacted workers agreed to participate, however 239 fully completed the DASS-42. The prevalence of a score ≥ 10 ("depression") was 25.1% (60/239). Depression was correlated with physical illness (97/301), (adjusted odds ratio-AOR=2.9; 95% CI 2.26–5.18), working in construction industry (prevalence 124/304), AOR=2.2; 95%CI 1.56–3.83), earning less than 1,000 UAE Dirham per month (prevalence 203/314), (AOR=1.8; 95%CI 1.33–3.16), and working more than 8h a day (prevalence 213/315), (AOR=2.7; 95%CI 1.19–6.27). 20/261 (6.3%) of the study participants reported thoughts of suicide and 8/265 (2.5%) had attempted suicide. People with suicidal ideation were more likely to have a physical illness (AOR=8.1, 95%CI 2.49–26.67), earn less than 1,000 UAE Dirham per month (AOR=5.98, 95%CI 1.26–28.45), and work for more than 8h a day (AOR=8.35, 95%CI 1.03–67.23). The study identified self reported indicators of a substantial burden of depression, and thoughts of self-harm among laborers surveyed. Policy level intervention and implementation, is needed to improve working conditions, including minimum wages and regulation of working hours is recommended.

Keywords Migrant workers – Depression - Suicide

Journal of immigrant and minority health 13(6), 1027-1032, 2011

Racial/ethnic variations in substance-related disorders among adolescents in the United States

Wu, Li-Tzy; Woody, George E.; Yang, Chongming; Pan, Jeng-Jong; Blazer, Dan G.

Context

While young racial/ethnic groups are the fastest growing population in the United States, data about substance-related disorders among adolescents of various racial/ethnic backgrounds are lacking.

Objective

To examine the magnitude of past-year *DSM-IV* substance-related disorders (alcohol, marijuana, cocaine, inhalants, hallucinogens, heroin, analgesic opioids, stimulants, sedatives, and tranquilizers) among adolescents of white, Hispanic, African American, Native American, Asian or Pacific Islander, and multiple race/ethnicity.

Design

The 2005 to 2008 National Survey on Drug Use and Health.

Setting

Academic research.

Participants

Noninstitutionalized household adolescents aged 12 to 17 years.

Main Outcome Measures

Substance-related disorders were assessed by standardized survey questions administered using the audio computer-assisted self-interviewing method.

Results

Of 72561 adolescents aged 12 to 17 years, 37.0% used alcohol or drugs in the past year; 7.9% met criteria for a substance-related disorder, with Native Americans having the highest prevalence of use (47.5%) and disorder (15.0%). Analgesic opioids were the second most commonly used illegal drugs, following marijuana, in all racial/ethnic groups; analgesic opioid use was comparatively prevalent among adolescents of Native American (9.7%) and multiple race/ethnicity (8.8%). Among 27705 past-year alcohol or drug users, Native Americans (31.5%), adolescents of multiple race/ethnicity (25.2%), adolescents of white race/ethnicity (22.9%), and Hispanics (21.0%) had the highest rates of substance-related disorders. Adolescents used marijuana more frequently than alcohol or other drugs, and 25.9% of marijuana users met criteria for marijuana abuse or dependence. After controlling for adolescents' age, socioeconomic variables, population density of residence, self-rated health, and survey year, adjusted analyses of adolescent substance users indicated elevated odds of substance-related disorders among Native Americans, adolescents of multiple race/ethnicity, adolescents of white race/ethnicity, and Hispanics compared with African Americans; African Americans did not differ from Asians or Pacific Islanders.

Conclusions

Substance use is widespread among adolescents of Native American, white, Hispanic, and multiple race/ethnicity. These groups also are disproportionately affected by substance-related disorders.

Archives of general psychiatry 68(11), 1176-1185, 2011

The role of migration in the development of depressive symptoms among Latino immigrant parents in the USA

Ornelas, India J.; Perreira, Krista M.

Nearly one out of every four children in the US is a child of immigrants. Yet few studies have assessed how factors at various stages of migration contribute to the development of health problems in immigrant populations. Most focus only on post-migration factors influencing health. Using data from the Latino Adolescent Migration, Health, and Adaptation Project, this study assessed the extent to which pre-migration (e.g., major life events, high poverty), migration (e.g., unsafe and stressful migration experiences), post-migration (e.g., discrimination, neighborhood factors, family reunification, linguistic isolation), and social support factors contributed to depressive symptoms among a sample of Latino immigrant parents with children ages 12–18. Results indicated that high poverty levels prior to migration, stressful experiences during migration, as well as racial problems in the neighborhood and racial/ethnic discrimination upon settlement in the US most strongly contribute to the development of depressive symptoms among Latino immigrant parents. Family reunification, social support, and familism reduce the likelihood of depressive symptoms.

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Stressors related to immigration and migration background in Turkish patients with psychiatric disorder : validity of a short questionnaire (MIGSTR10)

Müller, Matthias Johannes; Koch, Eckhardt

The validity of a brief 10-item instrument for the assessment of stressors potentially related to migration and migration background (MIGSTR10) was evaluated in a retrospective analysis. To show convergent and discriminant validity, MIGSTR10 scores and general psychosocial stressors derived from DSM-IV axis IV (DSMSTR9) were compared between a randomly selected group of 30 inpatients with Turkish migration background (MIG) and a native German control group (CON), matched for age, gender, and diagnosis. The differential contribution of MIGSTR10 and DSMSTR9 to global functioning (GAF scores) was calculated. Multivariate analysis showed significantly higher distress in MIG compared to CON with regard to MIGSTR10 ($\lambda=0.33$; $P<0.0005$) and DSMSTR9 ($\lambda=0.703$; $P=0.030$); significant differences of single stressor severities between MIG and CON were found for "communication problems", "migration history", "loss of status", and "homesickness" (adjusted $P<0.01$) of the MIGSTR10, but for none of the DSMSTR9 stressors. Multiple regression analyses revealed a significant independent contribution of MIGSTR10, but not of DSMSTR9 sum scores, to GAF scores ($R^2=23\%$, $P=0.011$) in the MIG group whereas no significant overlap between stressor severity and GAF scores was found in CON. The results corroborate the validity of the MIGSTR10 to assess migration-related stressors which can affect global functioning and mental health in patients with migration background.

Keywords Migration - Migration background - Migration-associated stressors - Assessment instrument - Validity

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Systemisk familierapi og interkulturell kompetanse

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Artikkelen tek utgangspunkt i familierapeutar si erfaring med bruk av systemisk familierapi som kompetanse i interkulturell dialog. Dei overordna perspektiva i denne kompetansen er det informantane tydelegast trekker fram som nyttige i slik dialog. Forfattaren foreslår at ein kan forstå dette ved å sjå på det nære forholdet mellom vitskapsteori og dialog i systemisk familie-terapi. Informantane sine erfaringar blir sett i lys av nyare litteratur om interkulturell kompetanse. Denne litteraturen etterspør ein praksis som i stor grad samsvarer med den måten informantane fortel at dei brukar element frå systemisk familierapi i interkulturell dialog.

Fokus på familien 2011, 3, 180-193

Keywords: interkulturell kompetanse,systemisk familierapi,interkulturell dialog,intercultural competence,systemic family therapy,intercultural dialogue

Du kan læse artiklen her:

<http://www.idunn.no/ts/fokus/2011/03/art02?mode=print&skipDecorating=true&textSize=>

Unmet needs and antisocial personality disorder among Black African and Caribbean service users with severe mental illness

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Purpose

The main objective of the study is to investigate unmet needs of Black African and Caribbean Heritage (BAH) patients with and without a concurrent diagnosis of antisocial personality disorder (ASPD).

Design/methodology/approach

A total of 79 participants were recruited from ten psychiatric inpatient wards across two hospital sites in South London. Personality disorder was assessed using the SCID-II for DSM-IV, the prevalence of unmet needs was assessed by The Camberwell Assessment of Need Short Assessment Schedule and substance misuse problems measured using well validated drug and alcohol use disorder identification tools.

Findings

The presence of a concurrent ASPD was independently associated with a greater number of unmet needs. ASPD was associated with lower qualifications and a greater risk of homelessness and substance misuse. Unmet need was associated with lower qualifications and substance misuse. In a stepwise linear regression model alcohol dependence and drug misuse were the most significant predictors of unmet need.

Research limitations/implications

Further research is required to identify the reasons why these needs are not being met and establish reasons for these patients' high-dropout rates from treatment.

Practical implications

The present findings suggest BAH psychiatric inpatients with ASPD are at greater risk of alcohol dependence and drug misuse and report a greater number of unmet needs thus requiring a greater volume of services; however, current services are not meeting these needs. Mental health teams should ensure thorough needs assessment procedures are incorporated into general psychiatric service practice ensuring effective treatment packages are tailored to these patients needs.

Originality/value

The research identifies a previously under-researched sub-group of psychiatric inpatients with a high proportion of unmet health and social needs and suggests further research to develop service improvements supporting their management.

Keywords: Antisocial personality disorder, Black African and Caribbean Heritage service users, Mental illness, Personal needs, Unmet needs

Ethnicity and inequalities in health and social care 4(1), 38 – 48, 2011

Use of Indigenous cultural idioms by Chinese immigrant relatives for psychosis : impacts on stigma and psychoeducational approaches

Yang, Lawrence H.; Singla, Daisy R.

Indigenous interpretations of mental illness might negatively impact treatment adherence. However, psychiatric "labeling" potentially leads to stigma among Chinese groups, thus encouraging the use of indigenous idioms. We examined how relatives' use of indigenous labeling varied with the consumers' experience of illness and whether indigenous labeling protected relatives from internalized and experienced forms of stigma. Forty-nine relatives of Chinese-immigrant consumers with psychosis were sampled. Although consumers had progressed to the middle stages of psychosis, 39% of relatives used indigenous idioms to label psychosis. Indigenous labeling decreased when illness duration increased and when visual hallucinations were present. Indigenous labeling further predicted lower internalized stigma among relatives. Relatives who used indigenous labeling also reported fewer indirect stigma experiences, although not after controlling for illness severity. The frequency of direct discrimination among relatives did not differ by labeling. These forms of felt stigma might be embedded into relatives' psychoeducation programs to mitigate adverse consequences of psychiatric labeling.

Keywords: Stigma, explanatory models, indigenous labeling, schizophrenia, Chinese

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NYHEDSBREVE

International Psychiatry

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ANMELDELSER

Rahul Bhattacharya, Sean Cross, & Dinesh Bhugra (Eds.), Clinical Topics in Cultural Psychiatry. London: Royal College of Psychiatrists Publications, 2010. 432 pp. £30.00 (pb), ISBN 9781904671824.

Reviewed by: Suman Fernando, University of Kent and London Metropolitan University, UK The past 30 years has seen major changes in the understanding of "culture" in relation to mental health and psychiatric practice. Prior to the 1960s, cultures as applied to individuals were seen as fairly static "patterns of belief, feeling and adaptation which people carry in their minds" (Leighton & Hughes, 1961, p. 447) – entities that were inherited and passed on within families. Today they are seen as dynamic systems of knowledge and practice, sustained by cognitive models, interpersonal interactions and social institutions, that give rise to

values and world views that people live by, and through which they define identities and negotiate their lives (Eagleton, 2000; Kirmayer, 2006). Apart from the use of the term as a shorthand for explaining the way people live, discourse in the mental health field often refers to cultures of institutions, occupations or professions in referring (for example) to “police culture”, the culture of psychiatry, social work, and so on. We could call these organizational cultures as distinct from culture as the way people live. Finally, we tend to speak of the cultures of groups of people identifiable by particular characteristics such as age (e.g., youth culture), experience (culture of the oppressed), or some habit or predilection (e.g., drug culture, gun culture), all of which could fall into a category of experiential or situational cultures (Fernando, 2010).

When the terms “cultural psychiatry” and its extension “transcultural psychiatry” (to refer to the practice of psychiatry in non-western cultural locations or among people with non-western cultural backgrounds) began to be used in the 1950s (Murphy, 1986), they consisted of a body of knowledge about the prevalence of mental illness (diagnosed according to western bio-medical psychiatric models) and the differences these illnesses may show when diagnosed in other (i.e., nonwestern) cultures. Illnesses confined to people with non-western cultural backgrounds were often seen as “culture-bound”, while those identified in western countries were recognized as proper illnesses although sometimes affected by – even fashioned by – “culture”. This approach was represented in books such as *Transcultural Psychiatry* edited by De Rueck and Porter (1965) and *Psychiatry Around the Globe* by Leff (1981). But views critical of such an ethnocentric view came from social anthropology and new viewpoints were articulated in books such as *The Great Universe of Kota* by Carstairs and Kapur (1976), *Cultural Conceptions of Mental Health and Therapy* edited by Marsella and White (1982) and *Ethnopsychiatry: The Cultural Construction of Professional and Folk Psychiatries* edited by Gaines (1992), the turning point being epitomized by Arthur Kleinman’s seminal “Depression, somatization and the ‘new cross-cultural psychiatry’” (Kleinman, 1977) – a paper that criticized the search by psychiatry for disease entities that are culture free and coined the term “category fallacy” to name what is “perhaps the most basic and certainly the most crucial error one can make in cross-cultural research” (1977, p. 4, italics in original).

Critical accounts of the clinical practice of psychiatry in the British multicultural context of the late twentieth century appeared in the 1980s in several books written or edited by members of the Transcultural Psychiatry Society (UK): *Race, Culture and Mental Disorder* by Rack (1982), *Aliens and Alienists* by Littlewood and Lipsedge (1982), *Transcultural Psychiatry* edited by Cox (1986) and *Race and Culture in Psychiatry* by Fernando (1988). Today in Britain and many parts of the western world, cultural or transcultural psychiatry is mainly concerned with (a) addressing mental health and psychosocial problems of minority ethnic or cultural groups in Europe and North America, including discrimination, sometimes amounting to racism, that they may experience; and (b) diversity in the way health and illness are perceived across cultures, resulting in (among other matters) a critical approach to traditional psychiatric nosology. Thus, discussions within cultural psychiatry tend to focus on the training of psychiatrists to understand the nature of what illness means to people from various cultural backgrounds, the significance of racism in the practice of psychiatry, the place of cultural diversity in the construction of “illness” of the mind, issues around migration, “cultural competence” of people working in the field of mental health and so on.

This multi-author book of well over 400 pages is published by the Royal College of Psychiatrists of the UK and is clearly aimed at a British readership. According to the short preface by the editors, the book contains updated versions of papers originally published in the journal *Advances in Psychiatric Treatment* (also published by the same organization), together with “several new chapters”. The editors go on to state that it was decided to put the articles together in a single volume because the Royal College of Psychiatrists developed a “new curriculum” (presumably for the examination for membership of the College). The book contains 29 chapters grouped into three parts – theoretical and general issues; specific mental health conditions across cultures; and management issues in the cultural context. The topics covered include globalization, migration, effects of racism on mental health, expressed emotion, schizophrenia in African-Caribbeans, addiction in ethnic minorities, cultural factors in psychopharmacology, eating disorders and forensic psychiatry. The chapters are in the form of reviews rather than presentations of new ideas or new work.

Multi-author books – even when they are supposed to address topics covering a limited field – are difficult to review because the individual chapters are so often very diverse in approach and quality. This is especially so in the case of this book. There appears to be very little consistency of approach across the chapters and little apparent agreement among the authors on how the main themes (which I reckon are “race” and “culture” as applied to the clinical practice of psychiatry) are understood. The way “culture” is interpreted varies a great deal throughout the book. Nearly every chapter provides its own definition, some authors taking a very old fashioned view, seeing “culture” as a static set of values and beliefs that affect the way

mental illness is expressed; but others are more up-to-date, but still do not really address the issue of how culture affects the process of mental health assessment and diagnosis in a practical sense.

The definition of what “race” means too is inconsistent across the book. For example, in the chapter “Mental health of the ageing immigrant population”, “race” is seen as a genetic entity while in other chapters (for example in “Racism, racial events and mental ill health”) “race” is interpreted in the more modern sense as a socially constructed entity (see Omi & Winant, 1994). What is striking though is that, except in the case of the chapter on the mental health of refugees and asylum seekers (see below), the concept of psychiatric “illness” is taken throughout the book as something “given” – a rarefied “thing” that is applicable irrespective of cultural background or context. In other words the knowledge within ethno-psychiatry and the critiques of the narrow (western) medical model of illness so often voiced in the transcultural psychiatry world – and indeed by users (“consumers”) of mental health services who come from non-western cultural backgrounds – are not taken on board to any extent in any of the chapters.

Having outlined the limitations of this book as a whole, it must be said that there are some chapters that may be useful for practising mental health professionals. Training in “cultural competence” and the more popular (in UK) “diversity training” is discussed in several chapters. The chapter “Diversity training for psychiatrists” by two child and adolescent psychiatrists, Nisha Dogra and Khalid Karim, covers the topic fairly comprehensively and trainees in psychiatry could gain from studying this. The most useful and well written chapter that all mental health professionals should read is “Intellectual disability and ethnicity; achieving cultural competence” by Jean O’Hara, a consultant in psychiatry of intellectual disability. Another chapter that is easy to read and informative is “Mental health of refugees and asylum seekers” by Rachel Tribe, professor of psychology at University of East London (UK). Racism features in several chapters; although it is never dealt with very adequately vis-a-vis its effect via institutional racism on the practice of psychiatry itself, something written about quite a lot in the UK recently (e.g., by Bhui, 2002; Fernando, 2010) and often raised by people who use mental health services. Unfortunately, chapters that should have dealt with racism in the clinical encounter and with institutional racism in the practice of psychiatry fail to address the major – although contentious – clinical issues around diagnosis, recently explored so well in the book *The Protest Psychosis: How Schizophrenia Became a Black Disease* by Jonathan Metzl (2009).

In conclusion, this is a book for psychiatric libraries in the UK to hold – libraries that do not subscribe to the journal *Advances in Psychiatric Treatment* – so that it may be accessed by psychiatric trainees in the UK studying for the examinations set by the Royal College of Psychiatrists, assuming (as implied by the editors of the book) that it represents the sort of answers required at these examinations. A few chapters noted above may be useful for other professional groups in the mental health field, but not many. It is noteworthy that no less than 30 of the 34 authors are psychiatrists, including four trainees. There are no contributors who speak for users (consumers) of mental health services or for carers of people with mental health problems; in fact their roles and viewpoints are hardly ever mentioned except for a brief reference to carers of people with dementia and a good account of the roles of carers in minority ethnic communities in the chapter on intellectual disability and ethnicity. Finally, there are no contributions from any of the several non-governmental organizations that have developed mental health services for British minority ethnic communities (Fernando, 2005; Fernando & Keating, 2009) – a very serious deficiency indeed because they have been in the forefront of providing mental health services that are considered to be sensitive to the needs of black and minority ethnic people in the UK.

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