

Information om Transkulturel Psykiatri, oktober 2011

NYHEDER

Er psykoedukation behandling?

Bangsø, Merete Holm; Roitmann, Nikolai Cerisier

Behandlingsområdet for traumatiserede flygtninge gennemgår i disse år forandringer. Behandlingstiden er nedsat, og flere patienter skal afsluttes hurtigere.

Et organiserende princip for behandlingen har i mange år været den individuelle, traumefokuserede psykoterapi, men i dag oplever flere behandlingscentre, at princippet næsten erstattes med gruppebaseret psykoedukation, på baggrund af anbefalinger udstukket i den MTV-rapporten i 2009 (1) (2). Vores erfaring med patientgruppen er, at dette er problematisk, hvorfor vi med indlægget her opfordrer til refleksion og debat.

Psykolog nyt nr. 18, 26-27, 2011

Læs debatindlægget her: <http://infolink2003.elbo.dk/PsyNyt/Dokumenter/doc/17248.pdf>

Online readings in psychology and culture

International Association for Cross-Cultural Psychology har etableret en portal, med et stort antal relevante artikler, som præsenteres emneopdelt:

Historical Perspectives on the Study of Psychology and Culture

Theoretical and Methodological Issues

Indigenous Approach

General Psychological Issues in Cultural Perspective

Social Psychology and Culture

Developmental Psychology and Culture

Applied Psychology and Culture

Migration and Acculturation

Biological Psychology, Neuropsychology and Culture

Health/Clinical Psychology and Culture

Teaching of Psychology and Culture

Du kommer til artiklerne her: http://scholarworks.gvsu.edu/orpc/brief_contents.html

Regeringen vil afskaffe omstridt tolkegebyr

Politikens netavis 19. oktober

Den tidligere regerings tolkelov er slet ikke besværet værd, mener både hospitaler og Socialdemokrater. Siden 1. juni har flygtninge og indvandrere, der har boet i Danmark i mere end syv år, selv skulle betale 150 kroner for en tolk.

Men ifølge sygehusene og regionerne koster ordningen næsten ligeså meget at administrere, som hvad den reelt set giver af indtægter, og derfor er regeringen nu villig til at afskaffe gebyret ved de kommende finanslovsforhandlinger.

Læs artiklen her: <http://politiken.dk/indland/ECE1425474/regeringen-vil-afskaffe-omstridt-tolkegebyr/>

Sundhedsminister vil ændre tolkelov

Rasmussen, Lars Igum

Den meget omdiskuterede brugerbetaling på tolkebistand for indvandrere, der har været i Danmark mere end syv år, kan være væk allerede inden årsskiftet.

“Alt tyder på, at den tolkelov, som den tidligere regering indførte, har nogle rigtig dårlige effekter.

Sygehusene oplever en stor stigning i administrativt bøvvl, og der er desuden en fare for, at syge patienter fravælger at gå til lægen, fordi de ikke har råd til at betale gebyret. Derfor ser jeg ikke nogen forhindringer i at afskaffe gebyret”, siger sundhedsminister Astrid Krag (SF) til DR.

Ifølge Ugeskriftet.dks oplysninger vil den kun fem måneder gamle gebyr blive afskaffet i forbindelse med de kommende finanslovsforhandlinger. Noget særligt Enhedslisten siden valget har sagt og ønsket højt.

Ugeskrift for læger 173(43):2686, 2011

Standarder for likeverdige helsetjenester

NAKMIs hjemmeside 3. November / Ragnhild Storstein Spilker

NAKMI er med i et internasjonalt prosjekt som tar sikte på å utvikle standarder for likeverdige helsetjenester. Standardene vil bli pilottestet i minst tre norske sykehus i begynnelsen av 2012.

NAKMI er med i *Task Force on Migrant-Friendly and Culturally Competent Healthcare (TF MFCCH)*. Denne gruppen ble etablert for å sørge for en videreføring av erfaringene gjort i EU-prosjektet Migrant Friendly Hospitals (2002-2005). TF MFCCH er organisert som en nettverksgruppe under WHO nettverket av Health Promoting Hospitals and Health Services (HPH).

Læs mere her: <http://www.nakmi.no/nyheter/artikkel.asp?NyhetID=1306&SprakID=1&SeksjonID=2>

LITTERATUR

ARTIKLER FRA FAGLIGE TIDSSKRIFTER

American Indian methamphetamine and other drug use in the Southwestern United States

Forcehimes, Alyssa; Venner, Kamilla L.; Bogenschutz, Michael P.; Foley, Kevin; Davis, Meredith P.; Houck, Jon M.; Willie, Eric L.; Begaye, Peter

To investigate the extent of methamphetamine and other drug use among American Indians (AIs) in the Four Corners region, we developed collaborations with Southwestern tribal entities and treatment programs in and around New Mexico. We held nine focus groups, mostly with Southwestern AI participants (N = 81) from three diverse New Mexico communities to understand community members, treatment providers, and clients/relatives views on methamphetamine. We conducted a telephone survey of staff (N = 100) from agencies across New Mexico to assess perceptions of methamphetamine use among people working with AI populations. We collected and analyzed self-reported drug use data from 300 AI clients/relatives who completed the Addiction Severity Index (ASI) in the context of treatment at three diverse addiction treatment programs. Each focus group offered a unique perspective about the effect of drugs and alcohol on each respective community. Though data from the phone surveys and ASIs suggested concerning rates of methamphetamine use, with women more adversely affected by substance use in general, alcohol was identified as the biggest substance use problem for AI populations in the Southwest. There appears to be agreement that methamphetamine use is a significant problem in these communities, but that alcohol is much more prevalent and problematic. There was less agreement about what should be done to prevent and treat methamphetamine use. Future research should attend to regional and tribal differences due to variability in drug use patterns, and should focus on identifying and improving dissemination of effective substance use interventions.

Keywords: American Indian, tribal-based participatory research, methamphetamine, substance use, Addiction Severity Index, phone survey, qualitative, focus group, protective factors, Southwest.

Cultural diversity and ethnic minority psychology 17(4), 366-376, 2011

Common mental health problems in immigrants and refugees: general approach in primary care

Kirmayer, Laurence J.; Narasiah, Lavanya; Munoz, Marie; Rashid, Meb; Ryder, Andrew G.; Guzder, Jaswant; Hassan, Ghayda; Rousseau, Cécile; Pottie, Kevin

Background

Recognizing and appropriately treating mental health problems among new immigrants and refugees in primary care poses a challenge because of differences in language and culture and because of specific stressors associated with migration and resettlement. We aimed to identify risk factors and strategies in the approach to mental health assessment and to prevention and treatment of common mental health problems for immigrants in primary care.

Methods

We searched and compiled literature on prevalence and risk factors for common mental health problems related to migration, the effect of cultural influences on health and illness, and clinical strategies to improve mental health care for immigrants and refugees. Publications were selected on the basis of relevance, use of recent data and quality in consultation with experts in immigrant and refugee mental health.

Results

The migration trajectory can be divided into three components: premigration, migration and postmigration resettlement. Each phase is associated with specific risks and exposures. The prevalence of specific types of mental health problems is influenced by the nature of the migration experience, in terms of adversity experienced before, during and after resettlement. Specific challenges in migrant mental health include communication difficulties because of language and cultural differences; the effect of cultural shaping of symptoms and illness behaviour on diagnosis, coping and treatment; differences in family structure and process affecting adaptation, acculturation and intergenerational conflict; and aspects of acceptance by the receiving society that affect employment, social status and integration. These issues can be addressed through specific inquiry, the use of trained interpreters and culture brokers, meetings with families, and consultation with community organizations.

Interpretation

Systematic inquiry into patients' migration trajectory and subsequent follow-up on culturally appropriate indicators of social, vocational and family functioning over time will allow clinicians to recognize problems in adaptation and undertake mental health promotion, disease prevention or treatment interventions in a timely way.

CMAJ July 5th, 9 pp., 2010

Læs og download artiklen herfra: <http://www.cmaj.ca/content/early/2011/07/22/cmaj.090292.abstract>

Community-Based Participatory Research approach to address mental health in minority populations

Stacciarini, Jeanne-Marie R.; Shattell, Mona M.; Coady, Maria; Wiens, Brenda

In this review, a synthesis of studies employing community-based participatory research (CBPR) to address mental health problems of minorities, strengths and challenges of the CBPR approach with minority populations are highlighted. Despite the fact that minority community members voiced a need for innovative approaches to address culturally unique issues, findings revealed that most researchers continued to use the traditional methods in which they were trained. Moreover, researchers continued to view mental health treatment from a health service perspective.

Keywords Community-based participatory research – Methods - Mental health - Minority

Community mental health journal 47(5), 489-497, 2011

Comparing the PANSS in Chinese and American inpatients: Cross-cultural psychiatric analyses of instrument translation and implementation

Aggarwal, Neil Krishan; Tao, Haojuan; Xu, Ke; Stefanovics, Elina; Zhening, Liu; Rosenheck, Robert A.

This article compares data from the Positive and Negative Syndrome Scale (PANSS) collected from Chinese and American inpatients diagnosed with schizophrenia to show how patterned differences in item ratings may reflect cultural attitudes of the raters. The Chinese sample (N = 553) was based on consecutive admissions to four academic hospitals in Changsha, China. Only patients ill for 3 or more years were included in the analysis to match the chronically ill sample represented in the US CATIE sample. A total of 261 PANSS assessments were completed during a month when CATIE subjects had been hospitalized for 15 days or more to optimize equivalence of the US and Chinese samples. Controlling for age and gender, the total PANSS and the three sub-scores were all significantly lower in the Chinese than in the US CATIE sample by 5–8% (all $p < .05$). However, on 9 items, the Chinese sample scored 10–30% higher than the US sample (all $p < .05$) and on 5 items they scored over 20% higher (all $p < .0001$). These items rated increased hostility, poorer attention, lack of judgment and insight, disturbance of volition, and poorer impulse control. We ascribe these differences to cultural variations in the ways individuals relate to others in their social environment within Chinese and American societies.

Keywords: Schizophrenia; PANSS; Psychiatric instruments; Cultural psychiatry; Psychiatric anthropology
Schizophrenia research 132(2-3), 146-152, 2011

Cross-cultural comparisons on Wisconsin Card Sorting Test performance in euthymic patients with bipolar disorder

Liu Yu-Ming; Tsai, Shang-Ying; Fleck, David E.; Strakowski, Stephen M.

We compared executive dysfunction with the Wisconsin Card Sorting Test (WCST) among distinct national and ethnic patients with bipolar disorder in euthymia. Bipolar patients, aged 16–45 years, from the United States ($n = 25$) and Taiwan ($n = 30$) did not differ significantly on any measure. The WCST score for number Failure to Maintain Set was significantly positively correlated with residual affective symptoms in Taiwanese and US patients. Selective executive dysfunction in euthymia is inherent to bipolar disorder. Euthymic bipolar patients of various ethnic groups may exhibit similar executive dysfunction.

Keywords: Cross-cultural comparison; Bipolar disorder; Executive dysfunction
Psychiatry research 189(3), 469-471. 2011

Depressive disorder and social stress in Pakistan compared to people of Pakistani origin in the UK

Husain, Nusrat; Chaudhry, Nasim; Tomenson, Barbara; Jackson, Judy; Gater, Richard; Creed Francis

Purpose

Depressive disorder is more common in low to middle than high-income countries, but the reasons for this have not been explicitly defined.

Method

We compared the results of two population-based studies of people of Pakistani origin: one living in rural Pakistan and one in UK. Both samples were screened with the self-reporting questionnaire followed by research interview to determine depressive disorders and social stress.

Results

Logistic regression was used to compare the prevalence of depressive disorder in the two countries after adjustment for socio-demographic characteristics and social stress. The estimated prevalence of depression for men was 35.8% (95% CI 16.1–55.5) in Pakistan and 9% (5.0–13.0) in Manchester ($p < 0.001$). Corresponding figures for women were 50.2% (40.8–59.6) and 31.1% (24.1–38.0) in Mandra and Manchester, respectively ($p = 0.006$). The differences remained significant after adjustment for socio-demographic characteristics until we adjusted for either years of education (women only) or severe social stress (both sexes). 35% of women in Pakistan and 71% of those in UK had received 8 years or more of education. Extremely poor housing and marked poverty were experienced by 36.1% of women in Pakistan and 0.6% of those in Manchester. In Pakistan, housing and poverty predominated as correlates of depression, whereas in Manchester it was marked difficulties in physical health and close relationships.

Conclusion

The results suggest that the higher rate of depressive disorder amongst women in Pakistan compared to UK can be attributed to less education and frequent severe social difficulties. These differences have implications for treatment.

Keywords Depressive disorder - Social stress - Lack of education - Pakistani origin

Social psychiatry and psychiatric epidemiology 46(11), 1153-1159, 2011

The experience of mental health service use for African American mothers and youth

Thompson, Richard; Dancy, Barbara L.; Wiley, Tisha R.; Perry, Sylvia P.; Najdowski, Cynthia J.

Little is known about African American families' experiences with mental health services. A purposive sample of 40 dyads of African American youth (aged 13 to 19) and their mothers participated in a cross-sectional qualitative research design using semi-structured interviews that elicited information about their past experiences and satisfaction with mental health services. Though rarely received, group and family therapy were perceived favorably. However, both mothers and youth reported dissatisfaction centered on medication

and lack of professionalism, confidentiality, and concern by providers. The failure of mental health services providers to meet basic standards of quality and professionalism may explain the low rate of service use by African Americans.

Issues in mental health nursing 32(11), 678-686, 2011

Increasing ethnic minority participation in substance abuse clinical trials : Lessons learned in the National Institute on Drug Abuse's Clinical Trials Network

Burlew, Kathleen; Suarez-Morales, Lourdes; Larios, Sandra; Holmes, Beverly; Venner, Kamilla; Chavez, Roberta

Underrepresentation in clinical trials limits the extent to which ethnic minorities benefit from advances in substance abuse treatment. The objective of this article is to share the knowledge gained within the Clinical Trials Network (CTN) of the National Institute on Drug Abuse and other research on recruiting and retaining ethnic minorities into substance abuse clinical trials. The article includes a discussion of two broad areas for improving inclusion- community involvement and cultural adaptation. CTN case studies are included to illustrate three promising strategies for improving ethnic minority inclusion: respondent-driven sampling, community-based participatory research, and the cultural adaptation of the recruitment and retention procedures. The article concludes with two sections describing a number of methodological concerns in the current research base and our proposed research agenda for improving ethnic minority inclusion that builds on the CTN experience.

keywords: recruitment, retention, ethnic minorities, clinical trials, research participation

Cultural diversity and ethnic minority psychology 17(4), 345-356, 2011

Intercultural encounters in counselling and psychotherapy – communication with the help of interpreters

Wenk-Ansohn, Mechthild; Gurriss, Norbert

Treatment and rehabilitation of torture victims and persons traumatized by war or persecution can require working in an intercultural setting, as is the case when working with refugees and migrants. The following article offers practical advice for diagnostics, counselling and treatment of patients from other cultures who are not speaking the language of the therapist.

Key words: Torture victims, intercultural communication, interpreting, practical advice

Torture 21(3), 182-185, 2011

Download artiklen herfra: <http://www.irct.org/library/torture-journal/latest-issue.aspx>

Intergenerational acculturation conflict and Korean American parents' depression symptoms

Kim, Eunjung

This study examined the links between intergenerational acculturation conflict and depression symptoms in 176 Korean American parents of children between the ages of 5 and 10. Approximately, 29% of fathers and 28% of mothers reported increased depression symptoms, which were related to parent-child acculturation conflict. Specific situations related to parental depression symptoms included conflicts over the child's social life, comparing the child with others, expressions of love, the importance of saving face, and proper Korean child's behavior. These findings can be used to develop a family intervention program to decrease parental depression symptoms by reducing parent-child acculturation conflict.

Issues in mental health nursing 32(11), 687-695, 2011

Mental health in Ecuadorian migrants from a population-based survey: the importance of social determinants and gender roles

Del Amo, Julia; Jarriin, Inma; Garcia-Fulgueiras, Ana; Ibáñez-Rojo, Vicente; Alvarez, Débora; Rodríguez-Arenas, María Ángeles; Garcia-Pina, Rocio; Fernández-Liria, Alberto; Garcia-Ortúzar, Visitación; Diaz, Domingo; Mazarrasa, Lucia; Zunzunegui, Maria Victoria; Llácer, Alicia

Purpose

To describe the prevalence of and the risk factors for poor mental health in female and male Ecuadorian migrants in Spain compared to Spaniards.

Method

Population-based survey. Probabilistic sample was obtained from the council registries. Subjects were interviewed through home visits from September 2006 to January 2007. Possible psychiatric case (PPC) was measured as score of ≥ 5 on the General Health Questionnaire-28 and analyzed with logistic regression.

Results

Of 1,122 subjects (50% Ecuadorians, and 50% women), PPC prevalence was higher in Ecuadorian (34%, 95% CI 29–40%) and Spanish women (24%, 95% CI 19–29%) compared to Ecuadorian (14%, 95% CI 10–18%) and Spanish men (12%, 95% CI 8–16%). Shared risk factors for PPC between Spanish and Ecuadorian women were: having children (OR 3.1, 95% CI 1.4–6.9), work dissatisfaction (OR 4.1, 95% CI 1.6–10.5), low salaries (OR 2.5, 95% CI 1.1–5.9), no economic support (OR 1.8, 95% CI 0.9–3.4), and no friends (OR 2.2, 95% CI 1.1–4.2). There was an effect modification between the nationality and educational level, having a confidant, and atmosphere at work. Higher education was inversely associated with PPC in Spanish women, but having university studies doubled the odds of being a PPC in Ecuadorians. Shared risk factors for PPC in Ecuadorian and Spanish men were: bad atmosphere at work (OR 2.4, 95% CI 1.3–4.4), no economic support (OR 3.5, 95% CI 1.3–9.5), no friends (OR 2.5, 95% CI 0.9–6.6), and low social support (OR 1.6, 95% CI 0.9–2.9), with effect modification between nationality and partner's emotional support.

Conclusions

Mental health in Spanish and Ecuadorian women living in Spain is poorer than men. Ecuadorian women are the most disadvantaged group in terms of prevalence of and risk factors for PPC.

Keywords Gender – Inequality – Immigration – Mental health – Migrants

Social psychiatry and psychiatric epidemiology 46(11), 1143-1152, 2011

Motivational enhancement therapy for African American substance users : a randomized clinical trial.

Montgomery, LaTrice; Burlew, Ann Kathleen; Kosinski, Andrzej S.; Forchimes, Alyssa A.

Limited empirical evidence concerning the efficacy of substance abuse treatments among African Americans reduces opportunities to evaluate and improve program efficacy. The current study, conducted as a secondary analysis of a randomized clinical trial conducted by the Clinical Trials Network of the National Institute of Drug Abuse, addressed this knowledge gap by examining the efficacy of motivational enhancement therapy (MET) compared with counseling as usual (CAU) among 194 African American adults seeking outpatient substance abuse treatment at 5 participating sites. The findings revealed higher retention rates among women in MET than in CAU during the initial 12 weeks of the 16-week study. Men in MET and CAU did not differ in retention. However, MET participants self-reported more drug-using days per week than participants in CAU. Implications for future substance abuse treatment research with African Americans are discussed.

Keywords: motivational enhancement therapy, substance abuse, African Americans, retention, females

Cultural diversity and ethnic minority psychology 17(4), 357-365, 2011

Obesity and nutrition behaviours in Western and Palestinian outpatients with severe mental illness

Jakabek, David; Quirk, Frances; Driessen, Martin; Aljeesh, Yousef; Baune, Bernhard T.

Background

While people with severe mental illness have been found to be more overweight and obese in Western nations, it is unknown to what extent this occurs in Middle Eastern nations and which eating behaviours contribute to obesity in Middle Eastern nations.

Method

A total of 665 responses were obtained from patients with serious mental illness attending out-patient clinics in Western developed countries (Germany, UK and Australia; n = 518) and Palestine (n = 147). Patients were evaluated by ICD-10 clinical diagnosis, anthropometric measurements and completed a self-report measure of frequencies of consuming different food items and reasons for eating. Nutritional habits were compared against a Western normative group.

Results

More participants from Palestine were overweight or obese (62%) compared to Western countries (47%). In the Western sample, obese patients reported consuming more low-fat products (OR 2.54, 95% CI 1.02-6.33) but also greater eating due to negative emotions (OR 1.84, 95% CI 1.31-2.60) than patients with a healthy body-mass index. In contrast, obese patients from Palestine reported increased consumption of unhealthy snacks (OR 3.73 95% CI 1.16-12.00).

Conclusion

Patients with mental illness have poorer nutritional habits than the general population, particularly in Western nations. Separate interventions to improve nutritional habits and reduce obesity are warranted between Western nations and Palestine.

BMC psychiatry 11(159), 22pp, 2011

Download artiklen herfra: <http://www.biomedcentral.com/content/pdf/1471-244x-11-159.pdf>

Psychological evaluation of refugee children: Contrasting results from play diagnosis and parental interviews

Björn, Gunilla Jarkman; Bodén, Christina; Sydsjö, Gunilla; Gustafsson, Per A.

Many refugee families from Bosnia and Herzegovina arrived in Sweden during the Balkan conflict in the 1990s. We studied 14 of these families to compare psychological evaluation of the children using two different methods. We first carried out a semi-structured interview of a parent or parents in each family. The symptoms of each of the children, who ranged in age from 5 to 12 years, were evaluated based on these interview results. Then a second method, the Erica play-diagnosis method, was used to study the inner thoughts and feelings of the children. Results from the Erica play-diagnosis method were compared with results from Erica play- diagnosis from a normal group. According to results from the parental interviews all but one child in this study had a low level of psychological symptoms. In contrast, results from Erica play-diagnosis of these children showed that there were higher frequencies of not-normal play in these children compared with those in the normal group, which is an indication of deficiencies in the psychological well-being of these children. The results emphasise the importance of getting diagnostic information from the child in order to understand each child's psychological condition.

Key words Erica method - psychological evaluation - refugee children - symptom interview

Clinical child psychology and psychiatry 16(4), 517-534, 2011

Race/ethnicity and the factor structure of the Center for Epidemiologic Studies Depression Scale : a meta-analysis

Kim, Giyeon; DeCoster, Jamie; Huang, Chao-Hui; Chiriboga, David A.

The purpose of this meta-analysis was to examine racial/ethnic differences in the factor structure of the Center for Epidemiologic Studies Depression Scale (CES-D). The total number of participants (N) in the assessed studies (k) varied according to whether the original study had used either Exploratory Factor Analysis (EFA; N = 19,206, k = 13) or Confirmatory Factor Analysis (CFA; N = 65,554, k = 16). The factor structures of the CES-D were compared across five racial/ethnic groups: African Americans, American Indians, Asians, Whites, and Hispanics. Meta-analysis results suggest that the structure of the CES-D observed in EFAs varied substantially between racial/ethnic groups, whereas the CFA-assessed structure of the CES-D was mostly consistent between racial/ethnic groups. The meta-analysis of EFA studies did not consistently replicate the original four-factor structure reported by Radloff (1977), but the meta-analysis of CFA studies replicated the original four-factor structure in four of the five racial/ethnic groups. Overall, the present meta-analysis found strong evidence that the original four-factor structure may not be the best fit for all racial/ethnic groups. Thus, in clinical settings where the CES-D is used as a tool to screen for depression,

clinicians and researchers should recognize the risk that symptoms of depression may be presented differently by members of different racial/ethnic groups.

Keywords: depression, CES-D, meta-analysis, factor analysis, race/ethnicity
Cultural diversity and ethnic minority psychology 17(4), 381-396, 2011

Self-reported mental health in 12-year-old second-generation immigrant children in Sweden

Dekeyser, Linda; Svedin, Carl Göran; Agnafors, Sara; Sydsjö, Gunilla

Background

Today 29.3% of all newborns in Sweden are second-generation immigrants. Studies on mental health among these children are few, inconclusive and vary widely with regard to the informant used and the age of the immigrant. The majority of previous studies focus on study groups that cover a wide age span but since mental health varies considerably during the preadolescent and adolescent years, more age-specific studies are needed. Additional focus on the health and well-being of these children is necessary if a well-functioning society is to develop.

Aim

To investigate whether and how second-generation immigrant children in Sweden differ from non-immigrant children in their presentation of self-reported mental health at the age of 12.

Methods

Second-generation immigrant children ($n = 142$) from a birth cohort in southern Sweden, subjects of the SESBiC-study (the South East Sweden Birth Cohort-study) were compared with non-immigrant children ($n = 1036$) from the same cohort in their presentation of self-reported mental health at the age of 12 using the Strengths and Difficulties Questionnaire. Gender, family structure and parents' educational level were controlled for.

Results

Second-generation immigrant children did not differ from the non-immigrant children in their own presentation of mental health at the age of 12 in any of the categories of immigrant groups.

Conclusion

It is a promising sign for future integration that second-generation immigrant children's self-reported mental health at the age of 12 was quite similar to that of non-immigrant children.

Keywords

Children, Mental health, Second-generation immigrants, SESBiC-study, Strengths and Difficulties Questionnaire

Nordic journal of psychiatry 65(5), 389-395, 2011

A study of a culturally focused psychiatric consultation service for Asian American and Latino American primary care patients with depression

Trinh, Nhi-Ha T.; Bedoya, Carlos A.; Chang, Trina E.; Flaherty, Katherine; Fava, Maurizio; Yeung, Albert

Background

Ethnic minorities with depression are more likely to seek mental health care through primary care providers (PCPs) than mental health specialists. However, both provider and patient-specific challenges exist. PCP-specific challenges include unfamiliarity with depressive symptom profiles in diverse patient populations, limited time to address mental health, and limited referral options for mental health care. Patient-specific challenges include stigma around mental health issues and reluctance to seek mental health treatment. To address these issues, we implemented a multi-component intervention for Asian American and Latino American primary care patients with depression at Massachusetts General Hospital (MGH).

Methods

We propose a randomized controlled trial to evaluate a culturally appropriate intervention to improve the diagnosis and treatment of depression in our target population. Our goals are to facilitate a) primary care providers' ability to provide appropriate, culturally informed care of depression, and b) patients' knowledge of and resources for receiving treatment for depression. Our two-year long intervention targets Asian American and Latino American adult (18 years of age or older) primary care patients at MGH screening positive for symptoms of depression. All eligible patients in the intervention arm of the study who screen positive will be

offered a culturally focused psychiatric (CFP) consultation. Patients will meet with a study clinician and receive toolkits that include psychoeducational booklets, worksheets and community resources. Within two weeks of the initial consultation, patients will attend a follow-up visit with the CFP clinicians. Primary outcomes will determine the feasibility and cost associated with implementation of the service, and evaluate patient and provider satisfaction with the CFP service. Exploratory aims will describe the study population at screening, recruitment, and enrollment and identify which variables influenced patient participation in the program.

Discussion

The study involves an innovative yet practical intervention that builds on existing resources and strives to improve quality of care for depression for minorities. Additionally, it complements the current movement in psychiatry to enhance the treatment of depression in primary care settings. If found beneficial, the intervention will serve as a model for care of Asian American and Latino American patients.

BMC psychiatry 11(166), 27 pp, 2011

Du kan downloade artiklen her: <http://www.biomedcentral.com/content/pdf/1471-244x-11-166.pdf>

A study of the effectiveness of telepsychiatry-based culturally sensitive collaborative treatment of depressed Chinese Americans

Yeung, Albert; Hails, Kate; Chang, Trina; Trinh, Nhi-Ha; Fava, Maurizio

Background

Chinese American patients with Major Depressive Disorder (MDD) tend to underutilize mental health services and are more likely to seek help in primary care settings than from mental health specialists. Our team has reported that Culturally Sensitive Collaborative Treatment (CSCT) is effective in improving recognition and treatment engagement of depressed Chinese Americans in primary care. The current study builds on this prior research by incorporating telemedicine technology into the CSCT model.

Methods/Design

We propose a randomized controlled trial to evaluate the acceptability and effectiveness of a telepsychiatry-based culturally sensitive collaborative treatment (T-CSCT) intervention targeted toward Chinese Americans. Patients meeting the study's eligibility criteria will receive either treatment as usual or the intervention under investigation. The six-month intervention involves: 1) an initial psychiatric interview using a culturally sensitive protocol via videoconference; 2) eight scheduled phone visits with a care manager assigned to the patient, who will monitor the patient's progress, as well as medication side effects and dosage if applicable; and 3) collaboration between the patient's PCP, psychiatrist, and care manager. Outcome measures include depressive symptom severity as well as patient and PCP satisfaction with the telepsychiatry-based care management service.

Discussion

The study investigates the T-CSCT model, which we believe will increase the feasibility and practicality of the CSCT model by adopting telemedicine technology. We anticipate that this model will expand access to culturally competent psychiatrists fluent in patients' native languages to improve treatment of depressed minority patients in primary care settings.

BMC psychiatry 11(154), 8pp, 2011

Download artiklen herfra: <http://www.biomedcentral.com/1471-244X/11/154/abstract>

Suicidal behavior among immigrants

Mirsky, Julia; Kohn, Robert; Dolberg, Pnina; Levav, Itzhak

Introduction

This paper explores the association between suicidal behavior and immigrant status among Israeli residents from the former USSR (FSU).

Method

The Israeli component of the World Mental Health Survey (INHS) provided information on suicide ideations, plans and attempts. The INHS samples included Israel-born Jews ($n=2,114$) and post-1990 immigrants from the FSU ($n=814$). Data on completed suicide were extracted from the countrywide report of the Ministry of Health.

Results

The controlled lifetime rates of suicidal behavior among FSU immigrants were significantly higher than among their Israel-born counterparts. A higher risk was found in the first years following immigration among young adults with higher education and without a spouse. Completed suicide rates were higher among the FSU immigrants than in the general Israeli population with the largest risk among young-adult immigrant men.

Discussion

The findings are consistent with previous studies and are discussed in the context of both suicide rates in the country of origin and migratory stressors. Preventive measures are suggested.

Keywords Suicidal behaviour – Immigrants - Former Soviet Union - Israel

Social psychiatry and psychiatric epidemiology 46(11), 1133-1141, 2011

Teaching cultural competency through an experiential seminar on anthropology and psychiatry

Aggarwal, Neil K.; Rohrbaugh, Robert M.

Fra starten af artiklen

Many curricula have been developed to sensitize trainees to the needs of diverse populations (1). What we term the “traits” approach aggregates individuals by an ethnic or social characteristic to promote cultural competency for communities around training institutions (2– 4). Sample curricula exist for gender, sexual, and racial minorities (5–11). Alternatively, the “skills” approach focuses on evaluating patients from any culture, probing explanatory models, acculturation, and culturally tailored treatments (12, 13). Critics of the traits approach suggest that clinicians may incorrectly extrapolate group attributes to individual patients (14). Moreover, clinicians may be confused when a patient identifies with many groups (15).

Academic psychiatry 35(5), 331-334, 2011

Validity of the Chinese version Mood Disorder Questionnaire (MDQ) and the optimal cutoff screening bipolar disorders

Yang, Hai-chen; Yuan, Cheng-mei; Liu, Tie-bang; Li, Ling-jiang; Peng, Hong-jun; Rong, Han; Liao, Chun-ping; Shen, Qi-jie; Fang, Yi-ru

To investigate the validity of the Chinese version of Mood Disorder Questionnaire (C-MDQ) in China. Patients with bipolar disorders (BP, N=284) and patients with unipolar depressive disorder (UP, N=134) were assessed with the C-MDQ. The Eigenvalues of the first two factors were 3.15 and 2.09, respectively. The Cronbach's alpha of the C-MDQ was 0.79. The frequency of positive responses of UP patients was significantly lower than those of BP patients for 12 items except the seventh item. A C-MDQ screening score of seven or more was the best cutoff between BP and UP. The C-MDQ could distinguish between bipolar II disorder (BP-II) and UP, and the best cutoff was five. A cutoff of five had a sensitivity of 0.80 and a specificity of 0.54 between BP and UP. This study demonstrated the good validity of C-MDQ in China. The best cutoff between BP-II and UP can be regarded as the optimal cutoff between BP and UP to improve the sensitivity of screening for BP-II. Five should be the optimal cutoff between the BP and UP when only the 13 items of the questionnaire are used in China.

Keywords: Mood disorder questionnaire; Bipolar disorder; Unipolar depressive disorder; Chinese

Psychiatry research 189(3), 446-450, 2011

RAPPORTER

Unge psykisk syge med anden etnisk baggrund – hvordan når vi dem, og hvordan hjælper vi dem?

Roig, Louise; Hansen, Kirste; Nielsen, Susanne; Kjeldsen, Christel
Ishøj, 2009 – 112 sider

Projektet er gennemført i Distriktpsikiatrisk Center Ishøj hjemmehørende under Psykiatriskcenter Glostrup i perioden april 2006- april 2009. Projektet er finansieret af Velfærdsministeriets 15M pulje.

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- 1.2 Rapportens formål
- 1.3 Rapportens opbygning

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- 5.2 Oversigt over aktiviteter
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- 5.4 Nedbrydelse af sprog- og 'kultur' barrierer mellem patient og behandlingssystemet
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- 6.3 Behandlingstilknnytning til Psykiatrisk Center Glostrup
- 6.4 Opsummering
- 6.5 Diagnosefordeling i Distriktpsikiatrisk Center Ishøj 2009
- 6.6 Resultater fra Journalaudit, vinter 2006-2007
- 6.8 Spørgeskemaundersøgelse til praktiserende læger
- 6.9 Opsummering

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Bilag

Initiativet til dette projekt udspringer af et ønske om at blive klogere på om psykisk syge borgere med anden etnisk baggrund i Danmark på nuværende tidspunkt modtager den behandling og støtte fra det psykiatriske behandlingssystem og de sociale myndigheder, som de har behov for. Desuden var ønsket at kortlægge om

der findes egentlige barrierer i forhold til patientgruppen med anden etnisk baggrund og dens møde med psykiatrien og hvad der skaber disse barrierer.

Det vigtigste incitament til at iværksætte projektet har dog været et ønske om at kunne håndtere 'kulturmødet' bedre dagligdagens kliniske virkelighed i det distriktspsykiatriske team i Ishøj, hvor næsten en tredjedel af patienterne har anden etnisk baggrund. Således var håbet ved projektets start, at det kunne medvirke til at flytte det mentale fokus i arbejdet med patientgruppen med anden etnisk baggrund fra at være 'problematiserende' og 'svært at forstå' til en mere løsningsorienteret tilgang.

Læs rapporten her: http://www.vftp.dk/documents/Unge_psykisk_syge_med_anden_etnisk_baggrund.pdf

VEJLEDNINGER

Anbefalinger og udfordringer om partnervold i traumatiserede flygtningefamilier

Center for Udsatte flygtninge
København, 6. Sider, 2011.

Kvinder og børn i traumatiserede flygtningefamilier er en særligt udsat gruppe blandt voldsramte etniske minoritetsfamilier, og der er behov for indsatser på flere niveauer for at afhjælpe deres problemer.

Indsatserne bør være:

- kvinderne skal undervises i deres rettigheder og oplyses om deres mulighed for gratis anonym rådgivning
- lærere på sprogskoler skal klædes på til at kunne snakke om vold med kursisterne og behovet for dokumentation ved anmeldelse.
- samarbejde og netværksmøder mellem krisecentre, kommuner og behandlingscentre kvalificerer hjælpen til den voldsramte kvinde
- familiebehandling på tværfaglige behandlingscentre kan afhjælpe problemer i voldsramte flygtningefamilier
- der bør etableres netværksgrupper for voldsramte flygtningekvinder
- det bør være lettere for voldsramte flygtningekvinder at opnå selvstændig opholdstilladelse
- der er behov for en undersøgelse af kommunernes udmøntning af retten til anonym rådgivning efter Serviceloven
- voldsramte flygtningekvindes rettigheder skal på dagsordenen.

Fælles for de familieorienterede eller individuelt orienterede indsatser er, at de alle skal bidrage til at styrke kvinden i at tage en beslutning i et voldeligt forhold, mens fortalerindsatsen har til hensigt at påvirke en ændring af lovgivningen på området og at fremme en generel samfundsoplysning omkring voldsramte flygtningekvinder.

Læs hele notatet her: http://flygtning.dk/danmark/center-for-udsatte-flygtninge/materialer-om-flygtninge-med-traumer/?elID=dam_frontend_push&docID=7325

Recommendations for psychiatrists on spirituality and religion : Position Statement PS03/2011

Royal College of Psychiatrists, august 2011
London, 12 sider.

The aims of this position statement are to affirm the value of considering spirituality and religion as a part of good clinical practice and to provide guidance which will clarify and affirm the boundaries of good practice. It draws upon the current evidence base, published debate, and the aspirations of service users as expressed in published surveys and informal contacts. The Royal College of Psychiatrists believes that such guidance is important for the protection of both patients and psychiatrists. Further, such guidance is necessary in order to ensure that matters of spirituality and religion are not avoided in clinical practice when in fact they may need to be addressed for the benefit of the patient, but at the same time to ensure that a patient's lack of religious or spiritual beliefs is equally respected.

Download dokumentet her: http://www.rcpsych.ac.uk/pdf/PS03_2011.pdf

Veileder om kommunikasjon via tolk for ledere og personell i helse- og omsorgstjenestene

Helsedirektoratet, Oslo, 2011. – 20 sider.

Veilederen omhandler helse- og omsorgspersonells ansvar for tilrettelagt kommunikasjon ved hjelp av tolking. Helse- og omsorgspersonell kan trenge tolk for å utøve informasjons- og veiledningsplikten og har ansvar for å vurdere behovet for, og eventuelt bestille, tolk med nødvendige kvalifikasjoner. Veilederen skal bidra til å gi helse- og omsorgspersonell bedre kompetanse til å bestille kvalifiserte tolker og til å gjennomføre samtaler via tolk.

Å benytte kvalifisert tolk og å inneha nødvendig kompetanse som tolkebruker er avgjørende for å kunne yte forsvarlige helse- og omsorgstjenester når det er en språkbarriere.

Veilederen omfatter tolking i møter med personer som har begrensede norskkunnskaper, samiskspråklige, døve, hørselshemmede og døvblinde. For samtlige gjelder det at det er helse- og omsorgspersonell som har ansvar for å vurdere behovet for tolking og bestille kvalifisert tolk.

Innhold

1. Innledning
2. Mål og målgruppe
3. Viktigheten av god kommunikasjon via tolk
4. Tolkens rolle og ansvarsområde
5. Barn, familiemedlemmer eller personale skal ikke brukes som tolk
6. Hvordan skaffe kvalifisert tolk
7. Tolking til døve, sterkt hørselshemmede og døvblinde
8. Gode råd ved bestilling av tolk og gjennomføring av samtale med døv, sterkt hørselshemmet eller døvblind pasient
9. Viktige momenter når du skal bestille tolk
10. Hvordan gjennomføre en tolket samtale
11. Fjerntolking via skjerm og telefon
12. Evaluering av og tilbakemelding på tolketjeneste
13. Planlegging, rapportering og budsjettering av tolketjenester: et ledelsesansvar
14. Betaling av tolketjenester
15. Opplæring i bruk av tolk for helse- og omsorgspersonell
16. Pasientens rett til informasjon, medvirkning og forsvarlige tjenester
17. Referanser

Download vejledningen her:

http://www.helsedirektoratet.no/vp/multimedia/archive/00343/Veileder_om_kommuni_343819a.pdf