

Information om Transkulturel Psykiatri, september 2011

NYHEDER

Adgang og brug af det psykiatriske sundhedsvæsen for flygtninge og indvandrere sammenlignet med danskfødte – nyt ph.d.-projekt

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Formålet med ph.d.-projektet er at undersøge 1) Hvordan patienter med psykisk sygdom og sundhedsprofessionelle oplever adgang til det psykiatriske sundhedsvæsen, herunder barrierer og faciliterende faktorer, for henholdsvis indvandrere, flygtninge og danskfødte 2) hvordan adskiller kontaktmønstre for psykiatriske indlæggelser sig for indvandrere og flygtninge i forhold til danskfødte 3) hvilke behov sundhedsprofessionelle på psykiatriske afdelinger oplever i mødet med indvandrer- og flygtninge patienter – herunder brugen af tvang. Der benyttes både kvalitative og kvantitative metoder i besvarelsen af projektets problemstillinger.

Den gode samtale

traume.dk

Ny film skal hjælpe sagsbehandlere godt igennem samtaler med flygtninge

Center for Udsatte Flygtninge har udviklet en film, der introducerer nogle konkrete redskaber, som kan bruges i samtaler med flygtninge, der har traumer med i bagagen. Teknikkerne giver mulighed for at skabe nogle skift og gennembrud i samtalen. Hermed ønsker Center for Udsatte Flygtninge at ruste den enkelte medarbejder til i samtalen at kunne flytte opmærksomheden væk fra emner, der er vanskelige og traumatiske for i stedet at fokusere på aspekter, der er mere positive, ressourcefulde og fremadrettede. Filmen henvender sig først og fremmest til sagsbehandlere i jobcentre og er lavet til hjemmesiden traume.dk med støtte fra Egmont Fonden.

se filmen her: www.traume.dk

Kør cursoren hen over billederne og vælg det billede, hvor teksten "den_gode_samtale" kommer frem

Det bliver lettere at være torturoffer i Danmark

RCT's hjemmeside 4.oktober 2011

Regeringsgrundlaget fjerner mange forhindringer på vejen til rehabilitering for torturofre. Afskaffelse af fattigdomsydelser, dispensation for PTSD i sager om statsborgerskab og lettere adgang til tidsubegrænset ophold vil lette sten fra mange hjerter.

Regeringen Helle Thorning-Schmidt vil gøre det meget lettere at være torturoffer i Danmark. Det vurderer Karin Verland, direktør i Rehabiliterings- og Forskningscentret for Torturofre (RCT) efter at have læst regeringsgrundlaget.

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- Der bliver fjernet mange sten på vejen til rehabilitering i dette nye regeringsgrundlag. Ved at fjerne starthjælp og loftet over kontanthjælp kan vores klienter nu i højere grad fokusere på rehabilitering og integration fremfor at fokusere på, hvor pengene til mad skal komme fra. Der er ingen tvivl om, at fattigdomsydelserne har været et åg at bære for folk, som er dybt traumatiseret efter tortur, udtaler Karin Verland.

Nu kan torturofre trække vejret igen

Af regeringsgrundlaget fremgår det også, at det vil blive lettere at få tidsubegrænset ophold, således at personer med flygtningestatus kan få dispensation fra de generelle regler efter otte års ophold i Danmark.

- Der er slet ikke tvivl om, at dette er det helt rigtige at gøre for vores klientgruppe, som i forvejen er hårdt ramt på grund af de meget svære følger af tortur og andre traumatiserende oplevelser i hjemlandet. Men vi

kunne dog godt ønske, at dispensationen også omfattede traumatiserede personer med humanitært ophold, siger Karin Verland.

Også sprogkrav og krav om ikke at have modtaget enkeltstående ydelser som fx tilskud til medicin bliver lempet. Samtidig vil regeringen mindske beskæftigelseskrav, sidestille uddannelse med arbejde og godkende deltidsarbejde. Alle elementer gavner integrationen og rehabiliteringen af torturofre.

Dispensation for PTSD-ramte

RCT er særligt tilfredse med regerings genindførelse af PTSD som dispensations-mulighed i sager om dansk statsborgerskab.

- Det er en korrekt vurdering fra den nye regerings side at genindføre dispensation for alvorligt PTSD-ramte. Nogle af RCTs klienter lider bl.a. af PTSD som følge af tortur i en sådan grad, at de ikke kan leve op til de meget strenge krav for statsborgerskab. Der er intet belæg for ikke at give dispensation til personer med PTSD, når man giver dispensation til personer med andre psykiske lidelser, forklarer Karin Verland Malurt i bægeret

Fokus på menneskerettigheder er der også i det nye regeringsgrundlag. Og det er vigtigt, at den nye regering skriver, "at Danmark skal turde kritisere alle, der groft krænker menneskerettighederne eller overtræder konventioner".

- Krigen mod terror har sat kampen for menneskerettigheder mange år tilbage og har efterladt store ridser i den vestlige verdens renommé. Derfor er vi glade for, at regeringen lægger vægt på, at Danmark skal være med til at bekæmpe de særligt grove menneskerettighedskrænkelser som folkemord og etnisk udrensning. Men i lyset af Danmarks mangeårige position som foregangsland mod tortur på den internationale scene er det ærgerligt, at regeringen i sit grundlag ikke nævner bekæmpelsen af tortur, som værende en af de vigtigste menneskerettighedskrænkelser, Danmark vil arbejde imod. Tortur og mishandling er registreret i 98 af verdens lande og udgør en stor trussel mod etableringen af retsstaten, understreger Karin Verland.

Trauma, exile and mental health in young refugees : Forsvar af doktordisputats

Forskningschef på RCT, Edith Montgomery, forsvare sin doktordisputats d. 24. oktober kl. 13.00 i Medicinsk Museion, Bredgade 62, København.

Edith Montgomerys disputats, kigger på de hyppige psykiske problemer hos flygtningebørn og unge.

Forskningen viser, at problemerne reduceres over tid i eksil, men at belastende forhold i eksil synes at være af stor betydning for børnenes evne til at komme sig over tidlig traumatisering. Disputatsen kan fås ved at sende en mail til RCTs Dokumentationscenter på rctdoc@rct.dk eller ved at downloade den her:

<http://onlinelibrary.wiley.com/doi/10.1111/j.1600-0447.2011.01740.x/pdf>

»Jeg kan give børnene en bedre skoledag«

Folkeskolen 7. september / Dorthe Kirkgaard Nielsen

»Børn af Krig og Fred« har åbnet lærer Maria Brumvigs øjne for, hvor vigtigt det er at sætte fokus på flygtningebørn.

»Helt personligt vidste jeg ikke, at man kunne være sekundært traumatiseret af krig, men ligesom børn af alkoholikere og stofmisbrugere bliver ramt, er børn af flygtninge sekundært traumatiserede«.

Maria Brumvig, lærer på H.C. Andersen Skolen i Odense, fortæller om sine oplevelser ved at være med i »Børn af Krig og Fred«. For hende har tre dages kursus om flygtningeproblematikker og krigstraumer, løbende netværksmøder og den eksterne supervision i klassen åbnet øjnene for, hvor vigtigt det er at sætte fokus på flygtningebørn.

»Ved hjælp af nogle små justeringer kan flygtningebørnene få en meget bedre skoledag. Alene det, at man som lærer får en større forståelse for flygtninge, bryder tabuet og begynder at tale med forældre og børn om krig og flygtninge, gør, at den daglige undervisning og samarbejdet med forældrene bliver bedre«.

Læs artiklen her: <http://www.folkeskolen.dk/ObjectShow.aspx?ObjectId=69168>

(den omtalte rapport blev nævnt i "[Information om Transkulturel Psykiatri, august 2011](#)")

Tal højt om krigstraumer

Folkeskolen 7. september / Dorthe Kirkgaard Nielsen

Skolen spiller en nøglerolle, når det gælder børns liv i eksil og deres trivsel. Men ofte skelner lærerne ikke mellem indvandrere og flygtninge, og det er skidt for børnene.

Når Isa for syvende gang har glemt gymnastiktøjet, og når Abduls forældre igen bliver væk fra et forældremøde, handler det sjældent om, at indvandrerfamilier ikke ønsker at være en aktiv del af den danske folkeskole. Det kan i stedet handle om, at forældrene til de pågældende børn er traumatiserede flygtninge.

»Det kan hurtigt blive til et kulturelt forklarings spørgsmål, men måske handler det om, at forældrene på grund af deres krigstraumer sover dårligt om natten og derfor ikke evner at pakke børnenes tasker, eller at de på grund af deres traumer ikke magter at sidde i et rum med mange mennesker«, fortæller Mette Blauenfeldt, sektionschef i Integrationsafdelingen i Dansk Flygtningehjælp.

Læs artiklen her: <http://www.folkeskolen.dk/ObjectShow.aspx?ObjectId=69167>

(den omtalte rapport blev nævnt i "Information om Transkulturel Psykiatri, august 2011")

Testbank for traumatiserede flygtninge

Johannsen, Maja

Et dansk projekt skal sikre større ensartethed i brug af test i assessment af traumatiserede flygtninge. Også internationalt bakker man op.

Traumatiserede flygtninge er en vanskelig gruppe at udrede, fordi problemerne ofte er mangeartede og symptombilledet komplekst. Vanskelighederne forstærkes af, at forskning inden for området er præget af manglende brug af validerede test. Derfor har Videnscenter for Psykotraumatologi (VfP), Syddansk Universitet, i tæt samarbejde med landets behandlingscentre taget initiativ til et nationalt projekt, som skal sikre en mere ensartet brug af test i assessment af traumatiserede flygtninge, og projektet bliver nu også iværksat internationalt.

Psykolognyt nr. 15, 2011

Læs artiklen her: <http://infolink2003.elbo.dk/PsyNyt/Dokumenter/doc/17117.pdf>

Venstre vil fjerne tolkeloven

DRs hjemmeside / ritgau 14. sep. 2011 12.47

Venstre er klar til at ændre - eller helt fjerne - den såkaldte tolkelov kun få måneder efter, at den trådte i kraft. Siden den 1. juni har udlændinge, der har boet mere end syv år i landet, selv skulle betale 150 kroner, hvis de har brug for en tolk, når de er på sygehuset.

Men efter at flere hospitaler har meldt tilbage, at tolkeloven er en tidsrøver for læger og sygeplejersker, erklærer Venstres retspolitiske ordfører, Kim Andersen, at loven "ved først givne lejlighed" må ændres.

Læs hele artiklen her: <http://www.dr.dk/Nyheder/Temaer/2011/Valg/2011/09/14/124048.htm>

LITTERATUR

ARTIKLER FRA FAGLIGE TIDSSKRIFTER

Anxiety, mood, and substance use disorders in United States African-American public housing residents

Simning, Adam; van Wijngaarden, Edwin; Conwell, Yeates

Background

African-Americans experience considerable mental healthcare disparities in the United States, but little is known about sensitive subgroups within this population. To better understand healthcare disparities within African-Americans communities, we characterized anxiety, mood, and substance use disorder prevalence and associated service utilization among public and non-public housing residents.

Methods

We used data from a nationally representative sample of African-Americans recruited as part of the National Survey of American Life.

Results

In public housing residents, the 12-month prevalence of anxiety disorders was 1.8 times higher than in non-public housing residents ($P=0.002$), mood disorders was 1.4 times higher ($P=0.189$), and substance use disorders was 2.2 times higher ($P=0.031$). Public housing remained associated with mental illness after controlling for sociodemographics and chronic illness. Public and non-public housing residents did not differ

significantly in mental healthcare utilization, but utilization was low with 16–30% of public housing residents with a 12-month disorder receiving mental health assistance.

Conclusions

A relatively high proportion of African-American public housing residents suffered from psychiatric disorders, and few received mental healthcare assistance, indicating that further work is needed to enhance utilization.

Keywords Prevalence - Mental illness – Disparities - African-Americans - Community health

Social psychiatry and psychiatric epidemiology 46(10), 983-992, 2011

Assessing the measurement invariance of the Center for Epidemiologic Studies Depression Scale across immigrant and non-immigrant women in the postpartum period

Van Lieshout, Ryan; Cleverley, J. Kristin; Jenkins, Jennifer M.; Georgiades, Katholiki

To assess the measurement invariance of the Center for Epidemiologic Studies Depression Scale (CES-D) 2 months after delivery in 656 English-speaking immigrant and non-immigrant women who had at least one other child under 16 and who gave birth in one of two urban Canadian centers. We also compared levels of depression in these two groups using this scale. Multiple group confirmatory factor analysis showed that configural, metric and partial scalar invariances were present and allowed for meaningful substantive comparisons to be made between immigrants and non-immigrants using linear and logistic regressions on an invariant 15-item version of the scale. We observed a novel 4-factor structure for the CES-D in postpartum women and established a 15-item version of this scale that was invariant across immigrant and non-immigrant groups. This suggests that women conceptualize postpartum depression (PPD) in similar ways using the 15-item version of this scale and that meaningful substantive comparisons can be made using it. Indeed, immigrants manifested higher levels of depressive symptoms than non-immigrants (unstandardized $b=1.34$, $p=0.02$) and an increased risk of being a potential case of PPD (OR=2.16, 95%CI 1.10–4.19), even after adjustment for other risk factors. Immigrant and non-immigrant women appear to conceptualize PPD in similar ways using this 15-item version of the CES-D. Immigrants may develop more depressive symptoms and be at increased risk of developing an episode of PPD.

Keywords Depression – Postpartum – Immigrants – Ethnic groups – Measurement invariance – Measurement equivalence

Archives of women's mental health 14(5), 413-423, 2011

Canada : psychosis in the immigrant Caribbean population

Seeman, Mary V.

Background

Many reports from European countries suggest that acute episodes of psychosis are more frequent among immigrants from the Caribbean than among their non-immigrant peers.

Aim

The aim of this selective review is to examine how the social correlates of migration to Canada interact with biological mechanisms to contribute to psychosis in the Caribbean population.

Method

PubMed and JSTOR social science databases (between 1966 and 2010) were searched using the following search terms: psychiatric genetics; dopamine pathways; Caribbean family structure and child rearing; cannabis and psychosis; obstetric complications and schizophrenia; social defeat; social capital; racial discrimination; urbanicity; immigration; assimilation; and immigration. This was followed by the cross-checking of references pertinent to Canada.

Results

There was no information about the prevalence of psychosis in Afro-Caribbean immigrant groups to Canada. There was a suggestion that the form the acute episode takes may differ, depending perhaps on the island of origin.

Conclusion

Ethnicity and migration influence susceptibility and response to psychotic illness in a number of distinct and interacting ways depending both on the host country and the country of origin. Understanding the pathways can help to protect the health of immigrants.

Keywords cannabis, Caribbean, ethnicity, family, genetics, migration, schizophrenia
International journal of social psychiatry 57(5), 462-470, 2011

Clinical differences between immigrants voluntarily and involuntarily admitted to acute psychiatric units: a 3-year prospective study

Iversen, Valentina C.; Berg, John E.; Småvik, R.; Vaaler, Arne E.

Accessible summary

- Involuntary admissions to psychiatric units are widespread among immigrant patients. An exploration of in what way immigrant patients involuntarily and voluntarily admitted differ, and what are the reasons for involuntary admissions.
- Involuntarily admitted immigrants more often received diagnoses of schizophrenia and psychotic disorders than voluntarily admitted immigrants. Involuntarily admitted immigrants reported more social problems, problems with social welfare agencies, feelings of being isolated, of guilt, than those voluntarily admitted.
- Many of the misunderstandings and attitudes interpreted as aggressive or violent behaviour may decrease if immigrant patients feel that their message is understood by healthcare personnel.

Abstract

Involuntary psychiatric admissions are widespread among patients with an immigrant background. According to a study in Norway, involuntary admissions are about 75% of admissions among immigrants compared to roughly 50% among ethnic Norwegians. The aim of the present study was to compare clinical and demographic characteristics of immigrant patients with involuntary or voluntary admissions to two acute psychiatric units. A 3-year prospective study of 94 immigrant patients involuntarily and voluntarily admitted to acute psychiatric units was carried out. Sixty-two patients (66.0%) were voluntarily and 30 (31.9%) involuntarily admitted. Involuntary admissions were significantly higher among men (22, 73.3%) compared to women (8, 26.7%; $\chi^2 = 4.507$, d.f. = 1, $P = 0.03$). The mean length of stay for voluntary and involuntary patients were 7.8 (SD = 6.6) and 21.6 (SD = 27.3; $t = -2.7$, d.f. = 88, $P = 0.01$). Patients diagnosed with schizophrenia and psychotic disorder were more often admitted involuntarily (63.0%; $\chi^2 = 17.83$, $P = 0.001$). This study confirms that immigrant patients diagnosed with psychotic disorders are more often involuntarily than voluntarily admitted. Comparing the clinical and demographic characteristics of immigrants helps identify the reasons behind involuntary admissions and might improve efforts towards reducing such admissions in the future.

Keywords: admission; immigrants; involuntary; psychiatry; voluntary

Journal of psychiatric and mental health nursing 18(8), 671–676, 2011

The cross-cultural validity of posttraumatic stress disorder: implications for DSM-5

Hinton, Devon E.; Lewis-Fernández, Roberto

Background

There is considerable debate about the cross-cultural applicability of the posttraumatic stress disorder (PTSD) category as currently specified. Concerns include the possible status of PTSD as a Western culture-bound disorder and the validity of individual items and criteria thresholds. This review examines various types of cross-cultural validity of the PTSD criteria as defined in DSM-IV-TR, and presents options and preliminary recommendations to be considered for DSM-5.

Methods

Searches were conducted of the mental health literature, particularly since 1994, regarding cultural-, race-, or ethnicity-related factors that might limit the universal applicability of the diagnostic criteria of PTSD in DSM-IV-TR and the possible criteria for DSM-5.

Results

Substantial evidence of the cross-cultural validity of PTSD was found. However, evidence of cross-cultural variability in certain areas suggests

the need for further research: the relative salience of avoidance/numbing symptoms, the role of the interpretation of trauma-caused symptoms in shaping symptomatology, and the prevalence of somatic symptoms. This review also indicates the need to modify certain criteria, such as the items on distressing

dreams and on foreshortened future, to increase their cross-cultural applicability. Text additions are suggested to increase the applicability of the manual across cultural contexts: specifying that cultural syndromes—such as those indicated in the DSM-IV-TR Glossary—may be a prominent part of the trauma response in certain cultures, and that those syndromes may influence PTSD symptom salience and comorbidity.

Conclusions

The DSM-IV-TR PTSD category demonstrates various types of validity. Criteria modification and textual clarifications are suggested to further improve its cross-cultural applicability.

Keywords: DSM-5; culture; classification diagnostic criteria; PTSD; trauma

Depression and anxiety 28(9), 783-801, 2011

Discrimination and help-seeking : Use of professional services and informal support among African Americans, Black Caribbeans, and Non-Hispanic Whites with a mental disorder

Toler Woodward, Amanda

This study used data from the National Survey of American Life to investigate the use of professional services and informal support among African Americans, black Caribbeans, and non-Hispanic whites. Multinomial logistic regression was used to examine the association of race and perceived discrimination with the use of professional services only, informal support only, both professional services and informal support, or no help at all. Fifty-one percent of the sample used both professional services and informal support, 16% relied on professional services only, 20% used informal support only, and 13% did not seek help. Before controlling for other factors, African Americans and black Caribbeans were significantly less likely to receive either professional or informal help compared with whites. When everyday racial discrimination was included, racial differences in not seeking help were no longer significant. Household income also influenced the relationship between race and help-seeking. Other factors significantly associated with help-seeking include age, gender, education, employment status, insurance coverage, type and severity of disorder, and subjective closeness to family and friends. The association of these factors and implication of the findings for future research and mental health service delivery will be discussed.

Keywords service use - Social support - Race and ethnicity – Discrimination - Mental illness

Race and social problems 3(3), 146-159, 2011, 2011

Discrimination and mental health among Black and White adults in the YES health study

Rooks, Ronica N.; Xu, Yanmei; Dorsey Holliman, Brooke; R. Williams, David

This study examined the relationships between race and neighborhood socioeconomic status (SES) groups, perceived discrimination or unfair treatment (UT), and mental health (MH) (e.g., life satisfaction and the CESD scale). We modeled associations across five domains (e.g., employment, housing, education, police/courts, and other services) of discrimination and MH using OLS regression, controlling for sex, age, race and neighborhood SES, education, and neuroticism. We also conducted content analysis of respondents' UT descriptions across domains. We used the YES Health pilot study, examining 98 black and white adults, aged 25–55, in a small Midwestern city. Quantitative results showed acute lifetime discrimination prevalence at 98% versus 42% in the last year. In multivariate models, only lifetime employment and total discrimination, as well as total discrimination in the last year, were significantly related to life satisfaction. Also, race and neighborhood SES groups were not significantly related to MH in these models. Qualitative results suggested UT's impact on MH equated to more than the amount of acute exposure, where UT was often associated with chronic stressors and rumination. Our contributions to the literature were examining multiple questions and domains of acute discrimination in the context of race and neighborhood SES groups and varying exposure lengths using mixed methods analyses.

Keywords Discrimination - Unfair treatment - Mental health – Race - Neighborhood socioeconomic status - African American

Race and social problems 3(3), 182-196, 2011

Ethnic disparities in antipsychotic drug use in British Columbia : a cross-sectional retrospective study

Puyat, Joseph H.; Hanley, Gillian E.; Cunningham, Colleen M.; Law, Michael R.; Wong, Sabrina T.; Sutherland, Jason M.; Morgan, Steven G.

Objective

This study examined ethnic disparities in antipsychotic therapy in a population with significant Asian representation.

Methods

Using a cross-sectional retrospective study design, self-reported ethnicity data pooled from three cycles of the Canadian Community Health Survey were linked to 2005 administrative data on physician, hospital, and pharmaceutical use in British Columbia, Canada. Logistic regression was used to model the association between ethnicity and the likelihood of filling one or more prescriptions for any antipsychotic, with controls for sex, age, residence, immigrant status, income, health status, and diagnoses of schizophrenia, bipolar disorder, depression, and dementia.

Results

Of the 27,658 individuals in the sample, 2.2% filled at least one antipsychotic prescription. The proportion varied across ethnic groups: Chinese, 1.0%; other Asians, 1.2%; whites, 2.3%; nonwhite non-Asians, 2.8%; and mixed ethnicity, 4.3%. After adjustment for patient characteristics and diagnoses of schizophrenia and bipolar disorder, the likelihood of filling a prescription was found to be lower among Chinese (odds ratio [OR]=.47, 95% confidence interval [CI]=.24–.90) and higher among persons of mixed ethnicity (OR=3.19, CI=1.49–6.83). Further adjustment for depression and dementia diagnoses did not significantly change the ORs for the Chinese (OR=.49, CI=.25–.98) and the mixed ethnic groups (OR=2.97, CI=1.30–6.80).

Conclusions

Consistent with the existing literature on ethnic disparities in antipsychotic therapy, the study found evidence of persistent disparities in a population that has a significant number of Asians. Further studies should be done to identify possible causes of these disparities and to identify potential interventions that may reduce or eliminate them.

Psychiatric services 62:1026–1031, 2011

Ethnic variations in the relationship between socioeconomic status and psychological distress among Latino adults

Xu, Yanmei

This study investigated the association between SES and psychological distress among Latinos. Data were from the National Latino and Asian American Study's Cuban ($N=577$), Mexican ($N=868$), and Puerto Rican ($N=495$) adult samples. Regression analysis was used to assess the association between SES measured as education, household income, and wealth and psychological distress for three Latino subgroups, respectively. Results indicate that wealth is the most important predictor for all three Latino groups. Cubans, Mexicans, and Puerto Ricans are all disadvantaged on wealth possession and being in debt is associated with more psychological distress for them. The health benefit of wealth is especially significant for Cubans and Puerto Ricans. In contrast with findings in many previous studies, household income is not significantly related to mental health. The finding that only wealth is weakly associated with psychological distress among Mexicans suggests that the Hispanic Health Paradox only applies to Mexicans. Education is strongly associated with distress among Cubans, with college degrees producing the largest protection from mental illness. Findings also indicate that physical health and discrimination are strongly associated with psychological distress independent of the SES measures. This study contributes to an understanding of the health significance of SES among Latinos. It highlights the importance of examining ethnic variations in the association of socioeconomic status and mental health among Latinos and of identifying the mental health impact of various measures of socioeconomic status.

Keywords Psychological distress - Socioeconomic status – Wealth – Latinos - Race and ethnicity

Race and social problems 3(3), 212-224, 2011

Koran reading and negotiation with jinn : strategies to deal with mental ill health among Swedish Somalis

Johnsdotter, Sara; Ingvarsdotter, Karin; Östman, Margareta; Carlbom, Aje

In this paper, we discuss traditional Somali concepts of mental ill health. Qualitative interviews were conducted with some 20 Swedish Somali interviewees about factors causing mental ill health, traditional classification, strategies to deal with mental ill health, and attitudes to the mental health care services in Sweden. Social mobilisation and religious healing are cornerstones of traditional Somali measures to deal with mental suffering. Traditional Somali views of mental ill health stand in stark contrast to classification of mental ill health in the western biomedical model. These views deserve attention since they may have an impact on health-seeking behaviour among Somali immigrants in western countries. Yet a too strong focus on cultural aspects may over-shadow the fact that much mental suffering among Somali migrants must be understood within social, economic, and political contexts.

Keywords mental ill health, religion, traditional classification, Somalis
Mental health, religion and culture 14(8), 741-755, 2011

Kvaliteten i MTV-rapport er i orden

Ryttov, Ole; Pedersen, Anders Meinert; Lauritzen, Marianne

Bo Søndergaard Jensen, Lina Nordin, Uwe Harlacher og Bengt H. Sjölund har i en kronik i Ugeskrift for Læger [1] rettet en kritik mod en medicinsk teknologivurderings (MTV)-rapport om behandling og rehabilitering af posttraumatisk belastningsreaktion (PTSD) [2].

Vi har med interesse læst kronikken og de detaljerede kritikpunkter og må, efter involvering af forfatterne bag rapporten, fastholde, at rapporten opfylder Sundhedsstyrelsens kriterier for udarbejdelse af medicinske teknologivurderinger - den er en fremstilling af den på dette tidspunkt foreliggende evidens baseret på et systematisk litteraturstudie. Center for Kvalitet har anvendt Sundhedsstyrelsens »Metodehåndbog for medicinsk teknologivurdering« som basis for at udarbejde rapporten, som inden udgivelsen for godt tre år siden undergik både eksternt og internt review af førende eksperter.

Ugeskrift for læger 173(39):2448, 2011;

Men and their father figures : exploring racial and ethnic differences in mental health outcomes

Watkins, Daphne C.; Johnson-Lawrence, Vicki; Griffith, Derek M.

Though gender, racial, and ethnic disparities in health in the United States are well documented, it is less clear how these factors intersect to produce patterns of mental health outcomes among men. This study examined the presence of father figures in the lives of African American, Caribbean black and non-Hispanic white American males until the age of 16; assessed the current socio-demographic factors of these men as adults; and explored whether these factors lead to variations in mental health outcomes. Regression models were used to examine the correlates of socio-demographic, psychosocial, and retrospective father figure measures for depressive symptoms and non-specific psychological distress among African American ($n=999$), Caribbean black ($n=506$), and non-Hispanic white men ($n=193$) from the National Survey of American Life. Findings revealed racial and ethnic group differences by age, employment status, education, and household income on depressive symptoms (measured using the CES-D scale) and non-specific psychological distress (using the Kessler-6 scale). Findings suggested that being raised by a grandfather placed both African American and Caribbean black men at greater risk for depressive symptoms and non-specific psychological distress under certain socio-demographic conditions. This study is unique in that it considers the influence of father figures on the mental health outcomes of adult males across three racial and ethnic groups. We conclude with a discussion of the implications for future mental health research and practice with men of color.

Keywords CES-D - Depressive symptoms – Fathers – Men - Psychological distress
Race and social problems 3(3), 197-211, 2011

“My life was filled with constant anxiety” : Anti-immigrant discrimination, undocumented status, and their mental health implications for Brazilian immigrants

Joseph, Tiffany D.

Immigration reform and the various costs associated with undocumented immigration have been in national headlines in the past few years. The growth of Latinos as the US' largest ethno-racial minority has sparked debates about the "browning" of the United States and led to an increase in anti-immigrant discrimination. While some researchers have documented the effects of racial discrimination on the mental health of ethno-racial minorities in the United States, less has explored how anti-immigrant discrimination and undocumented status influence the mental and psychological well-being of Latino immigrants, more specifically Brazilian immigrants, in the United States. Relying on data from in-depth interviews conducted with 49 Brazilian return migrants who immigrated to the United States and subsequently returned to Brazil, this paper will examine how their experiences living as racialized and primarily undocumented immigrants in the United States influenced their mental health. Specifically, I demonstrate that respondents experienced ethno-racial and anti-immigrant discrimination and endured various challenges that had negative implications for their mental health. This paper will also discuss additional factors that researchers should take into account when examining immigrants' mental health and the challenges immigrants encounter in a racialized society with increasing anti-immigrant sentiment.

Keywords Immigration - Brazilian immigrants - Mental health – Discrimination - Racism
Race and social problems 3(3), 170-181, 2011

Prevalence of dementia in African–Caribbean compared with UK-born White older people : two-stage cross-sectional study

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Background

Preliminary studies in the UK, all using screening instruments of unknown cultural validity, indicate that there may be an increased prevalence of dementia in African–Caribbean people, possibly related to vascular risk factors and potentially amenable to preventative measures.

Aims

To determine the prevalence of dementia in older people of African–Caribbean country of birth compared with their White UK-born counterparts.

Method

A total of 218 people of African–Caribbean country of birth and 218 White UK-born people aged ≥ 60 years were recruited from five general practices in North London. Those who screened positive for cognitive impairment using a culturally valid instrument were offered a standardised diagnostic interview. Two independent assessors diagnosed dementia according to standard operationalised criteria.

Results

African–Caribbean participants were 2 years younger, and those with dementia nearly 8 years younger than their White counterparts. The prevalence of dementia was significantly higher in the African–Caribbean (9.6%) than the White group (6.9%) after adjustment for the confounders age and socioeconomic status (odds ratio (OR) = 3.1, 95%CI 1.3–7.3, $P = 0.012$).

Conclusions

There is an increased prevalence of dementia in older people of African–Caribbean country of birth in the UK and at younger ages than in the indigenous White population. These findings have implications for service provision and preventive interventions. Further research is needed to explore the role of vascular risk factors and social adversity in the excess of dementia in this population.

British journal of psychiatry 199(2), 119-125, 2011

Racial-ethnic composition of provider practices and disparities in treatment of depression and anxiety, 2003–2007

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Objectives

This study explored whether racial and ethnic disparities in the treatment of depression and anxiety are associated with provider-level factors.

Methods

This study analyzed 58,826 office-based adult outpatient visits to primary care physicians and psychiatrists. Data were from the National Ambulatory Medical Care Survey, 2003–2007. Outcomes included counseling and referral for counseling, antidepressant prescription, and any care for depression or anxiety. The analyses of treatment outcomes were not limited to visits with a depression or anxiety diagnosis.

Results

Compared with visits to primary care physicians by whites, such visits by blacks and Hispanics were less likely to result in antidepressant prescription or in any care for depression or anxiety; primary care visits by Hispanics were also less likely to result in counseling. Compared with visits to psychiatrists by whites, such visits by blacks were less likely to result in an antidepressant prescription. The majority of visits to both primary care physicians and psychiatrists by blacks and Hispanics were to practices serving a high percentage of nonwhite patients. However, racial and ethnic disparities in care that were especially evident in primary care settings persisted after the analyses controlled for whether visits were to settings with a high or low percentage of nonwhite patients.

Conclusions

Disparities in care for depression and anxiety in primary care continue and are not fully accounted for by less care being provided in settings that nonwhites frequent. Physician bias, resource issues, and patient factors may all play a role in the diagnosis and treatment of depression and anxiety.

Psychiatric Services 62(9), 1019–1025, 2011

The relationship between acculturation factors and symptoms of depression: A cross-sectional study with immigrants living in Athens

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The process of acculturation observed in immigrants is part of an adjustment to the values and norms of a new society, and possibly the loss of norms of the society of origin. Acculturation has been linked to stress-related psychological disorders such as depression. The present study investigates the relationship between three acculturation domains (everyday life behaviors, wishful orientation/nostos, and ethnic identity) and symptoms of depression in a sample of foreign immigrants living in Athens, Greece. The sample consisted of 317 immigrants who visited two non-governmental organization polyclinics. All participants were interviewed using the Immigrant Acculturation Scale (IAS) and the Center for Epidemiological Studies Depression Scale (CES-D). The results showed that 133 (42%) out of the 317 interviewees were in a depressive state (CES-D ≥ 15). The main finding was that high CES-D scores were related to low scores in the IAS Everyday Life and Wishful Orientation factors, while no relationship was found between depressive symptomatology and the IAS Identity factor. Short duration of stay in Greece, lack of steady job, and lack of residence permit were also related to high CES-D scores. In conclusion, adaptation to mainstream culture daily behaviors as well as the wish to integrate with individuals from the mainstream culture and settle permanently in the new country could be seen as part of an adaptive mechanism that protects the individual from experiencing depressive symptomatology.

Keywords acculturation; immigrants; depression

Transcultural psychiatry 48(4), 437-454, 2011

Psychotic symptoms in refugees diagnosed with PTSD : a series of case reports

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Background

In our clinical work, we treat refugees who have been exposed to trauma and who subsequently develop psychotic symptoms. However, the literature does not address the relationship between refugees with depression, post-traumatic stress disorder (PTSD) and psychotic symptoms. Therefore the aim of this study is firstly to present a series of cases showing how psychotic symptoms may present in refugees diagnosed with PTSD, and secondly to discuss the underlying explanations of the involved psychopathology.

Methods

The study is based on a presentation of a series of cases. All six cases were selected as they fulfilled the following criteria for inclusion: 1) had a refugee background, 2) fulfilled the PTSD (F43.1) diagnosis upon

treatment start and 3) revealed psychotic symptoms during treatment. All six were outpatients at the Psychiatric Trauma Clinic for Refugees at Psychiatric Centre Gentofte in Copenhagen during 2009.

Results

Our cases were all characterized by having severe symptoms of depression and PTSD. Before treatment start they had a score on the Harvard Trauma Questionnaire between 2.9 and 3.8 (cut-off: 2.5), and a score on the Hopkins Symptom Checklist-25 between 2.8 and 3.6 (cut-off: 1.8). Additionally, all cases suffered from varying degrees of positive psychotic symptoms, including auditory hallucinations, olfactory and visual hallucinations, as well as persecutory delusions and delusions of reference.

Conclusion

In conclusion, research is needed into the prevalence of psychotic symptoms among refugees with depression and PTSD, including the qualitative dimensions of the symptoms in order to optimize diagnosis and treatment among this group of psychiatric patients.

Keywords Psychosis, PTSD, Refugee

Nordic journal of psychiatry 65(4), 283-288, 2011

Undiagnosed depression and its correlates in a predominantly immigrant Hispanic neurology clinic

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Objective

Previous studies have reported a high incidence of depression in neurology clinics, however areas where there are predominantly underserved immigrants have not been studied.

Methods

Retrospective cohort study in an academic outpatient neurology clinic in Los Angeles, California. Newly referred patients ($N=318$) were assessed consecutively for depression using a PHQ-9 questionnaire, accompanied by review of the assessment of the depressive disorder.

Results

The patient cohort consisted of 190 females (59%) and 130 males (41%), primarily of Hispanic descent (72%), with 8% Asian 11% white, and 5% African-American. Sixty-eight percent (68%) had depression, with 40% exhibiting moderate to severe depression. Patients who had moderate to severe depression (based on PHQ-9) were more likely to be unemployed (75.2% vs. 60.7%, $p=0.008$), dependent on government income (29.5% vs. 20.4%, $p=0.06$), and have headache or pain as the reason for referral (42.4% vs. 28.5%, $p=0.03$). Severity of depression also significantly correlated with current treatment by psychiatrist, current antidepressant use, and less independent living. Patients with moderate to severe depression were more likely to have made ER visits in the last 12 months (0.9 vs. 0.7, $p=0.01$) and were taking more medications (3.3 vs. 2.5, $p=0.03$), compared to patient with mild or no depression.

Conclusion

The presence of moderate to severe depression significantly correlated with socioeconomic status, use of emergency room, and presence of headache/pain. Neurology clinics with predominantly underserved immigrant patients have a disproportionate amount of depression, which may be related to socioeconomic factors resulting in overutilization of scarce healthcare resources.

Keywords Depression, Neurology, Hispanic

Clinical neurology and neurosurgery 113(8), 623-625, 2011

Brs

Uskriv via kb

Why do ethnic elders present later to UK dementia services ? : a qualitative study

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Background

Western policy initiatives prioritize early diagnosis of dementia, but minority ethnic (ME) people currently present later to dementia specialist care than their indigenous counterparts. In order to allow the development of rational interventions, we completed this first study to explore the link between attitudes to help-seeking for dementia and the help-seeking pathway in the ME and indigenous population.

Methods

We purposively recruited a maximum variation sample comprising 18 family carers of people with dementia from the major UK ethnic groups. We used semi-structured interviews to determine the barriers to and facilitators of help-seeking, and the pathways to diagnosis. Two researchers independently coded interviews and recruitment continued until theoretical saturation was reached.

Results

ME carers, in contrast to the indigenous population, tended to delay help-seeking until they could no longer cope or until others commented on the problems. They often thought that families should look after their own elders and a diagnosis alone was purposeless. This appeared to relate to beliefs about the etiology of cognitive impairment, negative beliefs about psychiatry and their sense of familial responsibility.

Conclusions

ME carer beliefs were an important barrier to early diagnosis. Further work should explore whether an intervention can modify these attitudes, so that families understand that a diagnosis may allow planning and avoidance of crises; rather than signifying a failure in duty, disloyalty, or relinquishing of the caring role. Further research should focus on developing interventions to tackle barriers to help-seeking in ethnic minorities so that healthcare access can be equitable for all.

Key words: ethnicity; care pathway; dementia; access to services; barriers

International psychogeriatrics 23(7), 1070-1077, 2011

ANMELDELSER

Mental health in a multi-ethnic society : a multidisciplinary handbook (2nd ed.)

Suman Fernando & Frank Keating (Eds.)

London: Routledge, 2008. 320 pp. CDN\$42.50 (pb), ISBN 9780415414876.

Working with ethnicity, race and culture in mental health : a handbook for practitioners

Ha'ri Sewell

London: Jessica Kingsley Publishers, 2009. 208 pp. £18.99 (pb), ISBN 9781843106210.

Cross cultural awareness and social justice in counseling

Cyrus Marcelous Ellis & Jon Carlson

London: Routledge, 2008. 362 pp. CDN\$40.46 (pb), ISBN 9780415954525.

Fra starten af anmeldelsen

Reviewed by: Kamaldeep Bhui, University of London, UK

An invitation to review three books on ostensibly similar subjects is a daunting task given the multiple methods for approaching such a subject, not to mention the number of pages to consume, enjoy, and react to. These volumes complement one another and reveal differences in the contexts in which they were written, as well as the personal entanglements and pioneering positions of the authors. Together, the books reveal unique philosophical positions and underpinnings that, alongside the personal approaches they adopt, contribute to an understanding of the role of culture in contributing to mental health and well-being.

Suman Fernando and Frank Keating are well-established practitioners and researchers in the UK. They articulate the need for race equality in mental health care given the startlingly higher risk of detention of Black Caribbean people in mental health services, with the second generation being at particularly high risk. Fernando has articulated an anti-racist stance in numerous previous publications. This book continues with that position, and includes authors of multi-disciplinary backgrounds, including service users.

In the first chapter, Fernando provides definitions, meanings, and some local realities. Other chapters attend to legal and human rights frameworks, inequalities and the politics of race, drawing on historical contexts.

The specifics of gender and Black and Minority women are also addressed, as is race equality training in the UK. Part 2 of this volume is titled "Confronting Issues" and presents a management approach. Included here are sections on innovations and the voluntary sector, race, equality and cultural capability training, psychological service responses for refugees and survivors of torture, service user involvement, and a programme for training in the statutory sector. Part 3, titled "Making It Happen," describes working with hidden dimensions of racism. The work of the Marlborough Cultural Therapy Centre and its emphasis on family work is refreshing, as is a summary of services for Chinese people. Other specialist services are

discussed, such as services for South Asian people, African Caribbean Medical Health Services in Manchester, a sanctuary project for refugees in Hackney, and a Black service user-led initiative in South London.

Transcultural psychiatry 48(4), 496-498, 2011

Principles of multicultural counseling and therapy

Uwe P. Gielen, Juris G. Draguns, & Jefferson Fish (Eds.)

New York: Routledge, 2008. 488 pp. CDN\$39.95 (pb), ISBN 9780805862041

Fra starten af anmeldelsen

Reviewed by: Andrew G. Ryder and Tomas Jurcik, Concordia University, Canada

“There is more to counseling and therapy than exists in the United States” (p. xv). No great revelation to Transcultural Psychiatry readers, to be sure, but a refreshing admission for a multicultural therapy book aimed primarily at American psychologists. This opening sentence to the editors’ preface sets the tone for this volume. More pleasing still, by the third paragraph the editors are critiquing the tendency for American work on culture and mental health to remain focused on the major U.S. ethnic blocs. By contrast, this book aims to emphasize general principles, using numerous and varied examples to flesh out the meanings of these principles. Following up on their earlier handbook, *Culture, Therapy, and Healing* (Gielen, Fish, & Draguns, 2004), the editors set out to develop a briefer volume for nonspecialists; specifically, to develop a text that “may profitably be assigned together with other reading materials reviewing interventions with specific cultural groups” (p. xvi). We will evaluate the book with this overarching goal in mind.

Transcultural psychiatry 48(4), 508-510, 2011