ARTIKLER FRA FAGLIGE TIDSSKRIFTER

Depressive symptoms and their psychosocial correlates among older Somali refugees and native Finns
Kuittinen, Saija; Punamäki, Raija-Leena; Mölsä, Mulki; Saarni, Samuli I.; Tiilikainen, Marja; Honkasalo, Marja-Liisa

In this study, we analyzed the manifestation of somatic-affective and cognitive depressive symptoms among older Somali refugees and native Finns. Second, we explored how depressive symptoms, alexithymia, and somatization are associated in the two groups. Finally, we analyzed how two psychosocial factors, sense of coherence (SOC) and social support, are connected to depressive symptoms among Somalis and Finns.

The participants were examined with the Beck Depression Inventory (BDI) for depressive symptoms, the Symptom Checklist–90–Revised (SCL-90-R) for somatization, the Toronto Alexithymia Scale (TAS-20) for alexithymia, and the Sense of Coherence (SOC-13) concept for SOC. Social support was indicated by help received from social networks and marital status. Results showed that Somalis manifested more somatic-affective symptoms of depression than Finns, whereas Finns manifested more cognitive symptoms than Somalis. The association between depressive symptoms and alexithymia was stronger in the Finnish group, whereas the association between depressive symptoms and somatization was stronger in the Somali group. The association between alexithymia and somatization did not differ between the groups. A weak SOC explained depressive symptoms among Somalis and Finns, but poor social support did not explain depression in either group. The results are discussed in relation to Somali and Finnish cultures, mental health beliefs, and immigrant populations.

Keywords depression, Somalis, Finns, older adults, refugees

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Development of the DSM-5 Cultural Formulation Interview-Fidelity Instrument (CFI-FI) : a pilot study
Aggarwal, Neil Krishan; Glass, Andrew; Tirado, Amilcar; Boiler, Marit; Nicasio, Andel; Alegría, Margarita; Wall, Melanie; Lewis-Fernández, Roberto

This paper reports on the development of the Cultural Formulation Interview-Fidelity Instrument (CFI-FI) which assesses clinician fidelity to the DSM-5 Cultural Formulation Interview (CFI). The CFI consists of a manualized set of standard questions that can precede every psychiatric evaluation. It is based on the DSM-IV Outline for Cultural Formulation, the cross-cultural assessment with the most evidence in psychiatric training. Using the New York sample of the DSM-5 CFI field trial, two independent raters created and finalized items for the CFI-FI based on six audio-taped and transcribed interviews. The raters then used the final CFI-FI to rate the remaining 23 interviews. Inter-rater reliability ranged from .73 to 1 for adherence items and .52 to 1 for competence items. The development of the CFI-FI can help researchers and administrators determine whether the CFI has been implemented with fidelity, permitting future intervention research.

Key words Cultural psychiatry, cultural formulation, fidelity, cultural competence, health disparities

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The effect of relaxation music listening on sleep quality in traumatized refugees : a pilot study
Jespersen, Kira Vibe; Vuust, Peter

Background
Traumatized refugees often suffer from severe sleep problems, with serious consequences in physiological and psychological areas of functioning. Recent research suggests that music may be a viable intervention to improve sleep quality.

Objective
The aim of this pilot study was to investigate whether sleep quality of traumatized refugees could be improved by listening to relaxation music at bedtime, and whether such an improvement would affect the experience of trauma symptoms and well-being.

**Methods**
This study used a two-group pretest/posttest design with repeated measures taken for sleep quality. Dependent variables included sleep quality measured by the Pittsburgh Sleep Quality Index, trauma symptoms as measured by the PTSD-8 and well-being measured by the “How Do You Feel?” questionnaire designed specifically for refugees. Fifteen traumatized refugees with sleep problems participated in the study. The intervention group received the music listening condition (relaxing music played at night through a music player nested in an ergonomic pillow); the control group received only the ergonomic pillow.

**Results**
Statistical comparisons showed a significant improvement of sleep quality in the music group, but not in the control group. A significant increase in well-being was found only in the intervention group, but there were no changes in trauma symptoms in either of the groups.

**Conclusions**
These results support the use of relaxation music listening at bedtime to improve sleep quality in traumatized refugees.

**Keywords:** music; sleep; traumatized refugees; well-being; trauma symptoms

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**Ethnic differences in self-poisoning across South London**
Cross, Sean; Bhugra, Dinesh; Dargan, Paul I.; Wood, David M.; Greene, Shaun L.; Craig, Tom K. J.

**Background**
Self-poisoning (overdose) is the commonest form of self-harm cases presenting to acute secondary care services in the UK, where there has been limited investigation of self-harm in black and minority ethnic communities. London has the UK’s most ethnically diverse areas but presents challenges in resident-based data collection due to the large number of hospitals.

**Aims**
To investigate the rates and characteristics of self-poisoning presentations in two central London boroughs.

**Method**
All incident cases of self-poisoning presentations of residents of Lambeth and Southwark were identified over a 12-month period through comprehensive acute and mental health trust data collection systems at multiple hospitals. Analysis was done using STATA 12.1.

**Results**
A rate of 121.4/100,000 was recorded across a population of more than half a million residents. Women exceeded men in all measured ethnic groups. Black women presented 1.5 times more than white women. Gender ratios within ethnicities were marked. Among those aged younger than 24 years, black women were almost 7 times more likely to present than black men were.

**Conclusion**
Self-poisoning is the commonest form of self-harm presentation to UK hospitals but population-based rates are rare. These results have implications for formulating and managing risk in clinical services for both minority ethnic women and men.

**Keywords:** self-harm, self-poisoning, ethnicity


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**Ethnic disparities in mental health treatment gap in a community-based survey and in access to care in psychiatric clinics**
Nakash, Ora; Nagar, Maayan; Danilovich, Eli; Bentov-Gofrit, Daphne; Lurie, Ido; Steiner, Evelyne; Sadeh-Sharvit, Shiri; Szor, Henri; Levav, Itzhak

**Background**
Contrasting social status of ethnic groups differentially impacts the use of psychiatric services, including in Israel, despite its universal health system. However, relevant studies are limited.

**Aims**
To examine ethnic differences in mental health treatment gap and in access to specialized care.

**Methods**
Data were gathered from two sources. Study I included Mizrahi (Jews of North African/Asian origin, socially disadvantaged, n = 136) and Ashkenazi (Jews of European American origin, socially advantaged, n = 69) who were diagnosed with common mental disorders in the preceding 12 months in the Israeli component of the World Mental Health Survey. Study II included Mizrahi (n = 133) and Ashkenazi (n = 96) service users entering ambulatory mental health care.

**Results**
Study I showed that the treatment gap was larger among Mizrahi compared with Ashkenazi respondents (28% standard error (SE) = 4.1 and 45% SE = 6.2, respectively, sought services) following adjustment for sociodemographic confounders (adjusted odds ratio (AOR) = 2.28, 95% confidence interval (CI) = 1.1–4.8).

Study II showed that the access to specialized care lagged over a year among 40% of service users of both ethnic groups. No significant ethnic differences emerged in variables related to delay in accessing care.

**Conclusions**
Treatment gap was larger among ethnically disadvantaged compared with the advantaged group. However, once in treatment, service users of both ethnic groups report similar barriers to care.

**Keywords** Treatment gap, treatment lag, mental health, ethnic differences, treatment barriers

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**Immigrants’ use of primary health care services for mental health problems**
Straiton, Melanie; Reneflot, Anne; Diaz, Esperanza

**Background**
Equity in health care across all social groups is a major goal in health care policy. Immigrants may experience more mental health problems than natives, but we do not know the extent to which they seek help from primary health care services. This study aimed to determine a) the rate immigrants use primary health care services for mental health problems compared with Norwegians and b) the association between length of stay, reason for immigration and service use among immigrants.

**Methods**
National register data covering all residents in Norway and all consultations with primary health care services were used. We conducted logistic regression analyses to compare Norwegians’ with Polish, Swedish, German, Pakistani and Iraqi immigrants’ odds of having had a consultation for a mental health problem (P-consultation).

**Results**
After accounting for background variables, all immigrants groups, except Iraqi men had lower odds of a P-consultation than their Norwegian counterparts. A shorter length of stay was associated with lower odds of a P-consultation.

**Conclusions**
Service use varies by country of origin and patterns are different for men and women. There was some evidence of a possible ‘healthy migrant worker’ effect among the European groups. Together with previous research, our findings however, suggest that Iraqi women and Pakistanis in particular, may experience barriers in accessing care for mental health problems.

**Keywords:** Immigrant health; Primary health care; Mental health; Health inequalities

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**Psychological difficulties among children and adolescents with ethnic Danish, immigrant, and refugee backgrounds**
Leth, Ingrid; Niclasen, Janni; Ryding, Else; Baroud, Yasmine; Esbjørn, Barbara H.

**Objective**
This study investigated and compared the prevalence of psychological difficulties among Danish, immigrant, and refugee children.

**Methods**
We enrolled 332 children between the ages of 8 and 18 years (148 Danish children, 81 immigrant children, and 67 children with refugee backgrounds), all from low-income areas of residence. The Health Behaviour in School-aged Children Symptoms Checklist, the Strengths and Difficulties Questionnaire, and the Revised Children’s Anxiety and Depression Scale were applied.

Results
We found significant differences among the groups, with Danish children reporting lower levels of conduct problems than both immigrant children (P < .01) and refugee children (P < .05). Refugee children also reported more peer problems (P < .05), more symptoms of obsessive-compulsive disorder (P < .01), and more separation anxiety symptoms (P < .05) than the Danish children. No significant differences with regard to age or gender were found among the groups.

Conclusions
Our data suggest that, although immigrant children had higher levels of conduct problems than ethnic Danish children, they did not suffer from higher levels of internalizing psychological difficulties. However, refugee children were at higher risk for psychological difficulties associated with both externalizing and internalizing.

Keywords: Mental health, refugee children, immigrant children, school children

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Race/ethnicity and other social determinants of psychological well-being and functioning in mental health clinics
Chang, Trina E.; Weiss, Anthony P.; Marques, Luana; Baer, Lee; Vogeli, Christine; Trinh, Nhi-Ha T.; Clain, Alisabet J.; Blais, Mark A.; Fava, Maurizio; Yeung, Albert S.

Significant racial and ethnic differences exist in the receipt of psychiatric care and help-seeking. We examined the relationship between race/ethnicity and psychological well-being and functioning in psychiatric outpatients. We analyzed intake data for 8,697 adult patients in psychiatry clinics in New England between 2008 and 2010. Patients rated psychological wellbeing using the Schwartz Outcome Scale (SOS-10); clinicians rated the Global Assessment of Functioning (GAF). In an analysis of variance with covariates, race/ethnicity exhibited a small but statistically significant association with GAF (F(4,8481)=17.902, p<.001) and SOS-10 scores (F(4,8165)=7.271, p<.001). However, after adjustment for physical health and socioeconomic variables, these differences became insignificant or were reversed. Our findings suggest that the relationship between race/ethnicity and mental health may be confounded by other socioeconomic or health differences and may be small compared with the effect of those variables. Future studies on race and psychological well-being should take social determinants of health into consideration.

Key words: Mental health, minority health, health status disparities, social determinants of health
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Recent research on the mental health of immigrants to Sweden: a literature review
Gilliver, Stephen C.; Sundquist, Jan; Li, Xinjun; Sundquist, Kristina

The arrival of large numbers of economic migrants and refugees has seen the Swedish immigrant population increase rapidly. Research has shown that immigrants may be more susceptible to mental disorders because of traumatic events prior to immigration and adverse circumstances in their new country. The aim of this literature review is to summarize and interpret recent research on the mental health of immigrants to Sweden.

Methods
A systematic search for relevant literature in PubMed was performed on 13 February 2014. Relevant literature was limited to original research articles published between 1 January 1994 and 13 February 2014. Content relating to mental disorders and suicide was reviewed and summarized.

Results
Nationwide studies showed increased risks of common mental disorders such as depression, as well as psychotic disorders, in immigrants to Sweden compared to native Swedes. However, the results are complex, with notable differences between different immigrant groups and between males and females. Risk of suicide was increased in some immigrant groups, but decreased in others. There has been little qualitative
research on the mental health of immigrants and few intervention studies have targeted immigrants.

**Conclusion**

Immigrants to Sweden are a mixed group with differing, but often increased, risks of mental disorders. Targeted qualitative and intervention studies may facilitate efforts to develop and implement preventive methods for immigrants at high risk of mental ill health, and to tailor treatment to the specific needs of different immigrant groups.

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