Information om Transkulturel Psykiatri, juli 2013

NYHEDER

Essential update: PTSD no longer an anxiety disorder according to new DSM

In the recently released DSM-5, PTSD was moved from the "Anxiety Disorders" chapter to a new chapter titled "Trauma- and Stressor-Related Disorders," and a fourth diagnostic cluster (in addition to Criteria B, C, and D) capturing behavioral symptoms has been added. The 6 diagnostic criteria included in DSM-IV were maintained, with minor revisions, and 2 additional criteria have been added: (1) negative alterations in cognition and mood associated with the traumatic event, beginning or worsening after the event, and (2) the disturbance is not attributed to the direct physiologic effects of a substance or another medical condition. A new diagnostic subtype has also been created to include preschool-aged children with PTSD symptoms. Other revisions in DSM-5 include further definition of traumatic events, more culturally applicable criteria, and the removal of the prior distinction between acute and chronic PTSD.


LITTERATUR

ARTIKLER FRA FAGLIGE TIDSSKRIFTER

Common mental disorders in immigrant and second-generation respondents: Results from the Israel-based World Mental Health Survey

Nakash, Ora; Levav, Itzhak; Gal, Gilad

Background
The contrasting social status of ethnic groups differentially impacts the mental health of their members. This may be the case in Israel despite its egalitarian ideology. However, studies are a few and limited in scope.

Aim
To study mental health disparities between immigrant and second-generation disadvantaged and advantaged Jewish groups.

Methods
Data were extracted from the Israel World Mental Health Survey. This included the Composite International Diagnostic Interview and the General Health Questionnaire. We compared 547 first-generation immigrants born in North Africa/Asia and 708 born in Europe/America; and 707 second-generation immigrants of North African/Asian origin and 449 of European/American origin.

Results
The prevalence rate of common mental disorders in the preceding year was approximately double for respondents of North African/Asian origin compared with their European/American counterparts following adjustment for socio-demographic confounders. Immigrants: North African/Asian 12.4%, SE = 1.5; European/American 6.4%, SE = 1.0 (AOR = 2.1, 95% CI 1.4–3.4). Second generation: North African/Asian 10.1%, SE = 1.2; European/American 5.4%, SE = 1.1 (AOR = 1.7, 95% CI 1.1–3.2). Significant differences in emotional distress mean scores were observed only among second-generation respondents: North African/Asian respondents reported higher emotional distress (M = 18.7, SE = 0.5) compared with European/American (M = 17.3, SE = 0.4) (Wald F = 13.31, p < .001).

Conclusions
Results showed disparities in the mental health measures in both generations. It is likely that social causation factors, such as restricted opportunities in the context of higher aspirations, partially account for the findings.

Keywords: Disparities, ethnicity, Israel, mental health
International journal of social psychiatry 59(5), 508-515, 2013

Disentangling immigrant status in mental health: Psychological protective and risk factors among Latino and Asian American immigrants

Leong, Frederick; Park, Yong S.; Kalibatseva, Zornitsa
This study aimed to disentangle the psychological mechanisms underlying immigrant status by testing a model of psychological protective and risk factors to predict the mental health prevalence rates among Latino and Asian American immigrants based on secondary analysis of the National Latino and Asian American Study. The first research question examined differences on the set of protective and risk factors between immigrants and their U.S.-born counterparts and found that immigrants reported higher levels of ethnic identity, family cohesion, native language proficiency, and limited English proficiency than their U.S.-born counterparts. The second research question examined the effect of the protective and risk factors on prevalence rates of depressive, anxiety, and substance-related disorders and found that social networking served as a protective factor. Discrimination, acculturative stress, and family conflict were risk factors on the mental health for both ethnic groups. Clinical implications and directions for future research are provided. 

**Keywords:** Latino immigrants; Asian immigrants; U.S.-born Latinos; U.S.-born Asian Americans; ethnic identity; family cohesion; language proficiency; acculturation stress; chain migration

**American journal of orthopsychiatry** 83(2 part 3), 361–371, 2013

---

**Exploring the relevance of autonomy and relatedness for mental health in healthy and depressed women from two different cultures: when does culture matter?**

Balkir, Nazli; Arens, Elisabeth A.; Barnow, Sven

**Background**

It is well known that the absence of both autonomy and social support (relatedness) are two important etiologic pathways to major depressive disorder (MDD). However, cross-cultural researchers state that the implications of autonomy and relatedness for mental health vary across cultures.

**Aim**

To test these assumptions, the current study investigated the relevance of autonomy and relatedness for mental health in healthy and depressed women from two different cultures (Germans and Turkish immigrants in Germany).

**Methods**

One hundred and eight (108) women were evaluated for their levels of autonomy/relatedness satisfaction, for overall psychopathological complaints including depression, for affectivity and for perceived loneliness through self-report measures.

**Results**

Among healthy groups, relatedness satisfaction predicted better mental health in Turkish women, whereas in German women, autonomy satisfaction was the better mental health predictor. Within depressed groups, however, cultural differences in mental health outcomes regarding autonomy were no longer evident. Autonomy was associated with higher levels of mental health in Turkish as well as in German patients.

**Conclusions**

Our findings indicate that the relationship between autonomy and mental health is culture-specific in healthy women, but disappears in depressed women. These findings are discussed with consideration of clinical implications and an outlook regarding further research.

**Keywords** Culture, women, autonomy, relatedness, depression, mental health

**International journal of social psychiatry** 59(5), 482-492, 2013

---

**The importance of family factors and generation status: Mental health service use among Latino and Asian Americans**

Chang, Janet; Natsuaki, Misaki N.; Chen, Chih-Nan

The present study utilized data from the National Latino and Asian American Study to examine ethnic and generational differences in family cultural conflict and family cohesion and how the effects of such family conflict and cohesion on lifetime service use vary by generation status for Latino Americans ($n = 2,554$) and Asian Americans ($n = 2,095$). Findings revealed that first-generation Asian Americans reported greater family cultural conflict than their Latino counterparts, but third-generation Latino Americans had higher family conflict than their Asian American counterparts. First-generation Latino and Asian Americans had the highest levels of family cohesion. Results from logistic regression analyses indicated that Latino Americans who reported higher family cultural conflict and lower family cohesion were more likely to use mental health services. For Asian Americans, family cultural conflict, but not family cohesion, was associated with service
use. Relative to third-generation Asian Americans, second-generation Asian Americans with higher family cultural conflict were more likely to use mental health services. Given that cohesive familial bonds appear to discourage service use on the part of Latino Americans irrespective of generation status, further research is needed to ascertain the extent to which this tendency stems from greater reliance on family support as opposed to the stigma associated with mental health treatment. Mental health providers and treatment programs need to address the role of family cultural conflict in the lives of Asian Americans, particularly second generation, and Latino Americans across generations, because conflictual family ties may motivate help-seeking behaviors and reveal substantial underlying distress.

**Keywords:** family, immigration, Latino, Asian, service utilization

**Cultural diversity and ethnic minority psychology** 19(3), 236-247, 2013

---

**Perceived discrimination and depressive symptoms among immigrant-origin adolescents**
Tummala-Narra, Pratyusha; Claudius, Milena

Although discrimination has been found to contribute to psychological distress among immigrant populations, there are few studies that have examined the relationship between racial and ethnic discrimination in the school setting among foreign-born immigrant and U.S.-born immigrant-origin adolescents. This study examined the relationship between perceived discrimination by adults and peers in the school setting and depressive symptoms in a sample (N = 95) of racial minority immigrant-origin adolescents (13 to 19 years of age) attending an urban high school. We examined the relation between perceived discrimination and depressive symptomology across gender and nativity status (foreign born vs. U.S. born), and the potential moderating role of ethnic identity and social support. Consistent with previous research, girls reported higher levels of depressive symptomology than boys, although the relationship between perceived discrimination and depressive symptoms was significant for both boys and girls. Perceived discrimination by adults and by peers at school was positively related to depressive symptoms for U.S.-born adolescents. For U.S.-born adolescents, ethnic identity mitigated the negative effects of perceived adult discrimination on depressive symptoms. However, ethnic identity did not moderate the relationship between perceived peer discrimination and depressive symptoms. Social support did not moderate the relationship between adult and peer discrimination and depressive symptoms for either foreign-born or U.S.-born adolescents. The findings support previous research concerning the immigrant paradox and highlight the importance of context in the relationship between perceived discrimination and mental health. Implications for future research and intervention are discussed.

**Keywords:** immigration, adolescents, discrimination, mental health, ethnic identity

**Cultural diversity and ethnic minority psychology** 19(3), 257-269, 2013

---

**Psychiatric symptoms associated with brief detention of adult asylum seekers in Canada**
Cleveland, Janet; Rousseau, Cécile

**Objective**
To examine the association between brief detention and psychiatric symptom levels among adult asylum seekers.

**Method**
The Harvard Trauma Questionnaire and the Hopkins Symptoms Checklist-25 were used to assess psychiatric symptoms and premigration trauma exposure in 122 detained and 66 nondetained adult asylum seekers in Montreal and Toronto.

**Results**
After a mean detention of 31 days, the proportion of asylum seekers scoring above clinical cutoff points was significantly higher in the detained than the nondetained group for posttraumatic stress ($\chi^2 = 4.117, df = 1, P = 0.04$), depression ($\chi^2 = 13.813, df = 1, P < 0.001$), and anxiety ($\chi^2 = 4.567, df = 1, P = 0.03$) symptoms. Hierarchical multiple regression models showed that posttraumatic stress, depression, and anxiety symptom levels were significantly higher among detained asylum seekers than among the nondetained comparison group, taking into account previous trauma and demographics. Incremental F was significant for the addition of detention status for all 3 models, indicating that detention contributed to increased symptom levels.
Conclusions
For asylum seekers, even brief detention is associated with increased psychiatric symptoms. Governments should consider the many viable alternatives to incarceration of asylum seekers, such as temporary placement in a supervised residential facility, to minimize the risks of psychological harm to this vulnerable population.
Key Words: asylum seekers, detention, trauma, depression, posttraumatic stress
Canadian journal of psychiatry 58(7), 409–416, 2013
Brs
Udskriv
http://publications.cpa-apc.org/browse/documents/600

Racial and ethnic disparities in ADHD diagnosis from kindergarten to eighth grade
Morgan, Paul L.; Staff, Jeremy; Hillemeier, Marianne M.; Farkas, George; Maczuga, Steven

Objective
Whether and to what extent racial/ethnic disparities in attention-deficit/hyperactivity disorder (ADHD) diagnosis occur across early and middle childhood is currently unknown. We examined the over-time dynamics of race/ethnic disparities in diagnosis from kindergarten to eighth grade and disparities in treatment in fifth and eighth grade.

Methods

Results
Minority children were less likely than white children to receive an ADHD diagnosis. With time-invariant and varying confounding factors statistically controlled the odds of ADHD diagnosis for African Americans, Hispanics, and children of other races/ethnicities were 69% (95% confidence interval [CI]: 60%–76%), 50% (95% CI: 34%–62%), and 46% (95% CI: 26%–61%) lower, respectively, than for whites. Factors increasing children's risk of an ADHD diagnosis included being a boy, being raised by an older mother, being raised in an English-speaking household, and engaging in externalizing problem behaviors. Factors decreasing children's risk of an ADHD diagnosis included engaging in learning-related behaviors (eg, being attentive), displaying greater academic achievement, and not having health insurance. Among children diagnosed with ADHD, racial/ethnic minorities were less likely than whites to be taking prescription medication for the disorder.

Conclusions
Racial/ethnic disparities in ADHD diagnosis occur by kindergarten and continue until at least the end of eighth grade. Measured confounding factors do not explain racial/ethnic disparities in ADHD diagnosis and treatment. Culturally sensitive monitoring should be intensified to ensure that all children are appropriately screened, diagnosed, and treated for ADHD.
Key Words: attention-deficit/hyperactivity disorder, disparities, race, ethnicity, socioeconomic status
Pediatrics 132(1), 85-93, 2013

A tool for the culturally competent assessment of suicide : The Cultural Assessment of Risk for Suicide (CARS) Measure
Chu, Joyce; Floyd, Rebecca; Diep, Hy; Pardo, Seth; Goldblum, Peter; Bongar, Bruce

Despite important differences in suicide presentation and risk among ethnic and sexual minority groups, cultural variations have typically been left out of systematic risk assessment paradigms. A new self-report instrument for the culturally competent assessment of suicide, the Cultural Assessment of Risk for Suicide (CARS) measure, was administered to a diverse sample of 950 adults from the general population. Exploratory factor analysis yielded a 39-item, 8-factor structure subsumed under and consistent with the Cultural Theory and Model of Suicide (Chu, Goldblum, Floyd, & Bongar, 2010), which characterizes the vast majority of cultural variation in suicide risk among ethnic and sexual minority groups. Psychometric properties showed that the CARS total and subscale scores demonstrated good internal consistency, convergent validity with scores on other suicide-related measures (the Suicide Ideation Scale, the Beck Depression Inventory suicide item, and the Beck Hopelessness Scale), and an ability to discriminate
between participants with versus without history of suicide attempts. Regression analyses indicated that the CARS measure can be used with a general population, providing information predictive of suicidal behavior beyond that of minority status alone. Minorities, however, reported experiencing the CARS cultural risk factors to a greater extent than nonminorities, though effect sizes were small. Overall, results show that the CARS items are reliable, and the instrument identifies cultural suicide risk factors not previously attended to in suicide assessment. The CARS is the first to operationalize a systematic model that accounts for cultural competency across multiple cultural identities in suicide risk assessment efforts.

Psychological assessment 25(2), 424-434, 2013

Understanding ethnic differences in mental health service use for adolescents' internalizing problems: the role of emotional problem identification
Verhulp, Esmée E.; Stevens, Gonneke W. J. M.; van de Schoot, Rens; Vollebergh, Wilma A. M.

Although immigrant adolescents are at least at equal risk of developing internalizing problems as their non-immigrant peers, immigrant adolescents are less likely to use mental health care. The present study is the first to examine ethnic differences in problem identification to find explanations for this disparity in mental health service use. Specifically, the extent to which emotional problem identification mediates the relationship between immigrant status and mental health service use for internalizing problems in three immigrant populations in the Netherlands (i.e., Surinamese, Turkish, and Moroccan) was investigated. A two-phase design was used to include adolescents at risk for internalizing problems. Data were used from the second phase, in which 349 parents and adolescents participated (95 native Dutch, 85 Surinamese, 87 Turkish, and 82 Moroccan). Results indicated that mental health service use for internalizing problems is far lower among immigrant adolescents than among native Dutch adolescents, although differences between immigrant groups were also substantive. A lack of emotional problem identification was identified as an essential mediator in the relationship between immigrant status and mental health service use. Since the results suggest the low levels of problem identification in our immigrant samples may serve an explanatory role in the relationship between immigrant status and mental health service use, future research should aim at understanding these ethnic differences in problem identification.

Keywords Mental health service use, Immigrants, Adolescents, , Emotional problem identification, Internalizing problems

European child and adolescent psychiatry 22(7), 413-421, 2013