Information om Transkulturel Psykiatri, juli 2014

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LITTERATUR
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Acculturative stress and inflammation among Chinese immigrant women
Fang, Carolyn Y.; Ross, Eric A.; Pathak, Harsh B.; Godwin, Andrew K.; Tseng, Marilyn

Objective
Among Chinese immigrant populations, increasing duration of US residence is associated with elevated risk for various chronic diseases. Although life-style changes after migration have been extensively studied in immigrant populations, the psychosocial impact of acculturative stress on biological markers of health is less understood. Thus, the purpose of the present study is to examine associations between acculturative stress and inflammatory markers in a Chinese immigrant population.

Methods
Study participants (n = 407 foreign-born Chinese American women) completed questionnaires assessing levels of stress, including acculturative stress and positive and negative life events in the previous year. Participant height and weight were measured using standard protocols, and blood samples were drawn for assessment of circulating serum levels of C-reactive protein (CRP) and soluble tumor necrosis factor receptor 2 (sTNFR2).

Results
Higher levels of acculturative stress were significantly associated with higher levels of CRP (B = 0.07, 95% confidence interval = 0.01–0.13, p = .031) and sTNFR2 (B = 0.02, 95% confidence interval = 0.004–0.03, p = .012), adjusting for age and body mass index. The latter association was no longer statistically significant when overall acculturation (i.e., identification with American culture) was included in the model. Life events were not associated with CRP or sTNFR2.

Conclusions
This is one of the first studies to demonstrate that acculturative stress is associated with inflammatory markers in a Chinese immigrant population. Replication in other immigrant samples is needed to fully establish the biological correlates and clinical consequences of acculturative stress.

Keywords: migration, acculturation, stress, Asian, inflammation, BMI = body mass index, CRP = C-reactive protein, GEQ-A = General Ethnicity Questionnaire-American, LES = Life Experiences Survey, MASS = Migration-Acculturation Stressor Scale, sTNFR2 = soluble tumor necrosis factor receptor 2, TNF-[alpha] = tumor necrosis factor [alpha]

Psychosomatic medicine 76(5), 320–326, 2014

Anxiety symptomatology and perceived health in African American adults: moderating role of emotion regulation
Carter, Sierra E.; Walker, Rheeda L.

Although emotional health has been theoretically and empirically linked to physical health, the anxiety-physical health association in particular is not well understood for African American adults. This study examined anxiety as a specific correlate of perceived health in addition to testing the potential moderating role of emotion regulation, an index of how and when individuals modulate emotions, in the association for anxiety to perceived health. Study participants were 151 community-based African American adults who completed measures of anxiety symptomatology and emotion regulation in addition to responding to a self-report question of perceived health. Results showed that higher levels of anxiety symptomatology were
associated with poorer health ratings for those who reported more limited access to emotion regulation strategies but not those who reported having more emotion regulation strategies. The findings suggest that anxiety-related distress and health problems may be interrelated when emotion regulation strategies are limited.

**Keywords:** anxiety; health; emotion regulation; African Americans.

*Cultural diversity and ethnic minority psychology 20(3), 307-315, 2014*

**Autism spectrum disorders and race, ethnicity, and nativity : a population-based study**
Becerra, Tracy A.; von Ehrenstein, Ondine S.; Heck, Julia E.; Olsen, Jorn; Arah, Onyebuchi A.; Jeste, Shafali S.; Rodriguez, Michael; Ritz, Beate

**Objective**
Our understanding of the influence of maternal race/ethnicity and nativity and childhood autistic disorder (AD) in African Americans/blacks, Asians, and Hispanics in the United States is limited. Phenotypic differences in the presentation of childhood AD in minority groups may indicate etiologic heterogeneity or different thresholds for diagnosis. We investigated whether the risk of developing AD and AD phenotypes differed according to maternal race/ethnicity and nativity.

**Methods**
Children born in Los Angeles County with a primary AD diagnosis at ages 3 to 5 years during 1998–2009 were identified and linked to 1995–2006 California birth certificates (7540 children with AD from a cohort of 1 626 354 births). We identified a subgroup of children with AD and a secondary diagnosis of mental retardation and investigated heterogeneity in language and behavior.

**Results**
We found increased risks of being diagnosed with AD overall and specifically with comorbid mental retardation in children of foreign-born mothers who were black, Central/South American, Filipino, and Vietnamese, as well as among US-born Hispanic and African American/black mothers, compared with US-born whites. Children of US African American/black and foreign-born black, foreign-born Central/South American, and US-born Hispanic mothers were at higher risk of exhibiting an AD phenotype with both severe emotional outbursts and impaired expressive language than children of US-born whites.

**Conclusions**
Maternal race/ethnicity and nativity are associated with offspring’s AD diagnosis and severity. Future studies need to examine factors related to nativity and migration that may play a role in the etiology as well as identification and diagnosis of AD in children.

**Key Words:** autistic disorder, emigration and immigration, epidemiology, continental population groups

*Pediatrics 134(1), e63 -e71, 2014*

**Characteristics of immigrant suicide completers in a sample of suicide victims from Greece**
Paraschakis, Antonios; Michopoulos, Ioannis; Christodoulou, Christos; Koutsasftis, Filippos; Lykouras, Lefteris Douzenis, Athanassios

**Background**
Immigrants have higher rates of suicidal behaviour in comparison to the indigenous population.

**Aims**
To describe the characteristics of foreign nationality suicide completers and search for differences between them and native Greeks. This is the first study focused on immigrant suicide victims in Greece.

**Methods**
Data were collected for all recorded cases of completed suicide for the two-year period November 2007 to October 2009 at the Athens Department of Forensic Medicine, the largest, by far, of its kind in Greece covering approximately 35% of the country’s population. The material was collected using the method of psychological autopsy as well as from the victims’ forensic records.

**Results**
Nearly 10% of Greece’s 11 million population are of foreign nationality. Approximately half of them live in Athens and its suburbs, an area where 35% of Greece’s population lives. In our sample, 15.8% of the suicide
victims were of foreign nationality (53 cases): 41 men (77.4%) and 12 women (22.6%). Higher suicide rates were found for citizens of Kuwaiti (9.1%), Somali (6.7%) and Afghan (0.9%) nationality (immigrant communities with very few members): the lower suicide rates were for individuals of Egyptian (0.01%), Ukrainian (0.01%) and Albanian (0.006%) nationality (the Albanian immigrant community is the largest in Greece). In comparison to their Greek counterparts, immigrant victims were younger (mean age 38.7 vs 54.9 years, p < .001) more often unemployed (p = .007) and with a history of alcohol abuse (p < .001). The main suicide method used by immigrants was hanging (p < .001) while for Greeks it was jumping from a height. **Conclusions**

Individuals who belong to small national communities seem to have the highest risk of dying by suicide. Immigrant suicide victims differ from the indigenous population in several parameters. Our data could help define the most vulnerable of them and apply more effective suicide prevention strategies.

**Keywords** Immigrants, suicide victims, suicide completers, Greece

**International journal of social psychiatry 60(5), 462-467, 2014**

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**Cultural consultation for Jinn and Spirit Possession in Muslim psychiatric patients:**

**a case series - case report**

Ascoli, Micol; Palinski, Andrea; Abdul-Hamid, Walid; Dein, Simon

Four cases of Jinn Possession that were referred to the Cultural Consultation Service at the Centre for Psychiatry, Barts and London and Queen Mary University medical school are discussed. The service is a tertiary clinical consultation service which aims to improve clinical outcomes and experience for service users by facilitating culturally appropriate care for clinical mental health teams in Tower Hamlets. We discuss each case’s characteristics and presenting problems. We also highlight the spiritual issues that were significant to these cases. The paper suggests the need for further research to investigate the prevalence, psychopathology and effective treatment of Jinn possession. It is also recommended that mental health professionals carry out a trial of the ‘Ibn Senna-Littlewood’ approach, which is hereafter described. This approach is a culturally sensitive approach that gives enough respect and understanding of the cultural phenomenon of Jinn possession in Muslim patients and combines psychiatric treatment with spiritual therapy in the management of Jinn possession.

**Keywords:** Spirit and Jinn Possession, East London, cultural effectiveness, cultural sensibility, cultural competence, Ibn Senna (Avicenna), religious healing practices

**World cultural psychiatry review 9(2), 65-69, 2014**


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**Different rates of first admissions for psychosis in migrant groups in Paris**

Tortelli, Andrea; Morgan, Craig; Szoke, Andrei; Nascimento, Andreia; Skurnik, Norbert; de Caussade, Erik Monduit; Fain-Donabedian, Edith; Fridja, Flora; Henry, Mehedi; Ezembe, Ferdinand; Murray, Robin M.

**Purpose**

The association between migration and psychosis has been reported in the past decades in many European countries. Despite large-scale migration into France, epidemiological data on the incidence of psychosis in this population are lacking. In this study, we compare the incidence rates of first admission for psychosis among natives and first generation migrants.

**Methods**

Two-hundred and fifty-eight patients aged 15+ with first admission for psychosis were identified in the catchment area of the 20th district of Paris between 2005 and 2009. Standardised incidence rates and incidence rate ratios were calculated for migrant and native groups.

**Results**

We found higher rates of admissions for psychosis in the migrant group (IRR 2.9, 95% CI 0.9–9.8) compared to individuals born in France. Among migrants, incidence was higher in individuals from Sub-Saharan Africa compared to natives (IRR 7.1, CI 95% 2.3–21.8), whereas the incidence was similar for those from Europe (IRR 1.2, CI 95% 0.3–5.1) and from North Africa (IRR 1.4, CI 95% 0.4–5.6).

**Conclusions**

Our findings suggest that Sub-Saharan migrants were identified as the most vulnerable migrant group for developing psychosis in France, but additional work is warranted to confirm these trends.

**Keywords** First episode psychosis, Incidence, Migrants, Psychosis risk factors, Social risk factors
The disease burden across different ethnic groups in Amsterdam, the Netherlands, 2011–2030
Ikram, Umar Z.; Kunst, Anton E.; Lamkaddem, Majda; Stronks, Karien

Background
Current disease burden estimates do not provide evidence across different ethnic groups. This study aims to assess the disease burden as measured by the disability-adjusted life years (DALYs) for six ethnic groups in Amsterdam, the Netherlands, for 2011 and 2030.

Methods
The DALYs were calculated by combining three components: disease-/sex-/age-specific DALYs per person; disease-specific relative risks (RRs) by ethnicity; and sex-/age-/specific population sizes by ethnicity in Amsterdam in 2011 and 2030. Disease-specific DALYs were derived from the National Institute of Public Health. The RRs were obtained through a systematic review of studies published in 1997–2008. The population figures were gathered from the Statistics Netherlands and municipality of Amsterdam.

Results
The findings suggest that cardiovascular diseases and anxiety and depressive disorders dominate disease burden in all ethnic groups in 2011 and 2030. In most of the non-Western ethnic minorities, diabetes mellitus is the strongest contributor to the disease burden. The total disease burden will increase more strongly in non-Western ethnic minorities than ethnic Dutch. The 2030 disease burden is estimated to be highest among Surinamese and Antilleans.

Conclusions
In ethnic minorities, diabetes plays an important role in the disease burden, and the total disease burden will grow stronger than ethnic Dutch, resulting in a higher total disease burden for some ethnic groups in 2030. We encourage researchers to estimate the disease burden by ethnicity so that health priorities can be set in the fields of policy, health care and research.

European journal of public health 24(4), 600-605, 2014
Download artikel her: http://eurpub.oxfordjournals.org/content/24/4/600.full.pdf+html

Emotional and behavioral problems in migrant children and adolescents in Europe: a systematic review
Kouider, Esmahan Belhadj; Koglin, Ute; Petermann, Franz

Based on findings of Stevens and Vollebergh [69], who analyzed cross-cultural topics, this review considers the current prevalence of emotional and behavioral problems of native children and adolescents in comparison with children with a migration background in European countries. 36 studies published from 2007 up to 2013 chosen from a systematic literature research were included and analyzed in their perspective design in detail. Previous studies showed great differences in their results: Especially in Germany, many studies compare the heterogeneous group of immigrant children with native children to analyze an ethnic minority or migration process effect. Only a British and Turkish study demonstrates the selection effect in migration. Most Dutch or British studies examined different ethnic groups, e.g. Turkish, Moroccan, Surinamese, Pakistani, Indian or Black migrant children and adolescents. Migrant childhood in Europe could be declared a risk in increasing internalizing problem behavior while the prevalent rate in externalizing problem behavior was comparable between native and migrant children. A migration status itself can often be postulated as a risk factor for children’s mental condition, in particular migration in first generation. Furthermore, several major influence factors in migrant children’s mental health could be pointed out, such as a low socio-economic status, a Non-European origin, an uncertain cultural identity of the parents, maternal harsh parenting or inadequate parental occupation, a minority status, the younger age, gender effects or a specific culture declaration in diseases.

Keywords Emotional and behavioral problems. Migration, Children, Adolescents, Review

European child and adolescent psychiatry 23(6), 373-391, 2014
Equity of access to mental health care for anxiety and depression among different ethnic groups in four large cities in the Netherlands
Klaufus, Leonie H.; Fassaert, Thijs J. L.; de Wit, Matty A. S.

Purpose
This study explored (in)equities between ethnic groups in the Netherlands regarding their access to health care for symptoms of common mental disorders (CMD).

Methods
Data were used from a health survey conducted in four Dutch cities in 2008, including 11,678 Dutch, 700 Turkish, 571 Moroccans, 956 Surinamese and 226 Antilleans/Arubans. The prevalence of a medium to high risk of having CMD per ethnic group and of health care consumption by ethnic groups of people, likely having CMD, was calculated, using SPSS Complex Samples weighting for gender, age and district. Logistic regression models were used for assessing the association between health care utilisation and need, demographic factors, social structure and enabling resources.

Results
The prevalence of a medium to high risk of having CMD was 42.9 % (Dutch), 50.3 % (Turkish), 37.3 % (Moroccans), 51.5 % (Surinamese) and 44.9 % (Antilleans/Arubans). The 1-year prevalence of contacts with the general practitioner by ethnic groups of people who were likely having CMD was 81.2 % (Dutch), 87.2 % (Turkish), 88.4 % (Moroccans), 88.6 % (Surinamese) and 76.6 % (Antilleans/Arubans). Concerning specialised mental health care, this one-year prevalence was 15.9 % (Dutch), 25.8 % (Turkish), 19.7 % (Moroccans), 17.1 % (Surinamese) and 20.5 % (Antilleans/Arubans). The elevated use of health care by some ethnic minority groups was partly associated with need and demographic factors.

Conclusions
There are no indications for an inequitable access to health care for symptoms of CMD among different ethnic groups in the Netherlands.

Keywords
Ethnic groups, Mental health services, Mental disorders, Health care quality, access, and evaluation

Social psychiatry and psychiatric epidemiology 49(7), 1139-1149, 2014

Ethnic differences in DSM-classifications in youth mental health care practice
de Haan, Anna M.; Boon, Albert E.; Vermeiren, Robert R. J. M.; de Jong, Joop T.V.M.

In community youth mental health care (YMHC), patients are mostly diagnosed according to the clinical judgment of professionals. Because validated instruments are hardly used, this process may be influenced by other factors than the diagnostic criteria, such as the ethnic background of the patient. The goal of our study was to assess differences between ethnic groups in the received clinical diagnoses. The sample consisted of children (n=1940) and adolescents (n=2484) admitted to a Dutch YMHC center. Ethnic background was specified based on the country of birth of the parents. Odds ratios on clinical diagnoses for non-native patients were calculated with the native patients as reference. The results showed that native patients more often received specific psychiatric disorders and co-morbid diagnoses on Axis I, while ethnic minority children more often received V-codes only, indicating that there was insufficient information to determine a psychiatric disorder. We therefore assume that it is harder to recognise psychiatric disorders when non-natives are diagnosed. This could imply that immigrant children and adolescents are not adequately treated for their disorders in YMHC. We recommend that YMHC professionals should reflect on the potential biasing effect of the patient's ethnic background in diagnostic procedures.

Keywords
ethnic minorities, youth mental health care, DSM-classifications, psychiatric diagnoses
International journal of culture and mental health 7(3), 284-296, 2014

Ethnicity and the therapeutic relationship: views of young people accessing cognitive behavioural therapy
Gurpinar-Morgan, Ayse; Murray, Craig; Beck, Andrew

Few studies have explored the views of black and minority ethnic (BME) adolescents engaging in cognitive behavioural therapy. This study aimed to examine BME adolescent service users' perceptions of how ethnicity featured in the therapeutic relationship and its relevance to their presenting difficulties. Interpretative
phenomenological analysis was used to explore the experiences of five young people using an adolescent mental health service. Four interrelated themes emerged from the analysis and are considered in detail. The complexities of participants' views are discussed and recommendations are made for therapists as to how to enquire about, acknowledge and remain attuned to the client's ethnicity.

**Keywords** adolescents, ethnicity, therapy, therapeutic relationship, CBT

**Mental health, religion and culture** 17(7), 714-725, 2014

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**Improving cultural responsiveness in mental health services : development of a consensus around the role of cultural portfolio holders**
Colucci, Erminia; Chopra, Prem Kumar; McDonough, Susan; Kouzma, Nadya; Minas, Harry

A range of service development initiatives has been implemented in Australia to improve the cultural responsiveness of mental health services. In Victoria, cultural portfolio holders (CPHs) are responsible for leading service development activities that address the needs of individuals and families from different cultural backgrounds. The aim of this research was to obtain consensus from CPHs around how their role contributes to improving the cultural responsiveness of mental health services. Information from a literature review and a focus-group discussion with 13 CPHs was used to develop a survey. All CPH network members were then invited to participate in an online study that collected background information and consisted of two surveys. Consensus was reached regarding 42 statements. These concerned activities undertaken by CPHs within services and with other organisations, the position of CPHs within organisational structures and the potential for further developing the CPH role. Cultural portfolio holders have the potential to lead service reforms that can improve an organisation's cultural responsiveness. To do so they require the support of organisation-based leaders and a statewide transcultural mental health service.

**Keywords** cultural competence, cultural responsiveness, cultural portfolio holders, immigrants, ethnic minority, CALD, mental health services, Australia

**International journal of culture and mental health** 7(3), 339-355, 2014

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**Integrating indigenous healing methods in therapy : Muslim beliefs and practices**
Haque, Amber; Keshavarzi, Hooman

This paper outlines the nature of spiritual healing from Islamic perspectives based upon the writings of early Muslim scholars, the Islamic mystical tradition and a discussion of common traditional Muslim healing practices useful for clinical application. Practical intervention strategies are discussed within an Islamic-based theoretical framework that outlines the four major elements of the human being. These practices include cognitive restructuring using the Qur'an and traditions of Prophet Mohammed, spiritual remedies presented through the repetition of prescribed prayers, invoking blessings upon the Prophet and reflecting upon a behavioral log of daily actions. These spiritually oriented interventions are accompanied by therapy markers for presentation and are categorized into treatments that align to the corresponding human elements of cognition, behavioral inclination or spirituality. Recommendations for professional practice and future research are also offered.

**Keywords** health and healing, Islamic spiritual healing, Muslim indigenous beliefs, Muslim mental health

**International journal of culture and mental health** 7(3), 297-314, 2014

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**Investigating the influence of African American and African Caribbean race on primary care doctors' decision making about depression**

This paper explores differences in how primary care doctors process the clinical presentation of depression by African American and African-Caribbean patients compared with white patients in the US and the UK. The aim is to gain a better understanding of possible pathways by which racial disparities arise in depression care. One hundred and eight doctors described their thought processes after viewing video recorded simulated patients presenting with identical symptoms strongly suggestive of depression. These descriptions were analysed using the CliniClass system, which captures information about micro-components of clinical decision making and permits a systematic, structured and detailed analysis of how doctors arrive at
diagnostic, intervention and management decisions. Video recordings of actors portraying black (both African American and African-Caribbean) and white (both White American and White British) male and female patients (aged 55 years and 75 years) were presented to doctors randomly selected from the Massachusetts Medical Society list and from Surrey/South West London and West Midlands National Health Service lists, stratified by country (US v. UK), gender, and years of clinical experience (less v. very experienced). Findings demonstrated little evidence of bias affecting doctors’ decision making processes, with the exception of less attention being paid to the potential outcomes associated with different treatment options for African American compared with White American patients in the US. Instead, findings suggest greater clinical uncertainty in diagnosing depression amongst black compared with white patients, particularly in the UK. This was evident in more potential diagnoses. There was also a tendency for doctors in both countries to focus more on black patients’ physical rather than psychological symptoms and to identify endocrine problems, most often diabetes, as a presenting complaint for them. This suggests that doctors in both countries have a less well developed mental model of depression for black compared with white patients.

Keywords
Primary care; Clinical decision making; Racial disparities; African-Americans; African-Caribbeans; Depression; Video vignettes; Cognitive processes

Social science and medicine 116, 161–168, 2014
Download artiklen her: http://www.sciencedirect.com/science/article/pii/S027795361400433X#

Mental and somatic health and pre- and post-migration factors among older Somali refugees in Finland
Mölsä, Mulki; Punamäki, Raija-Leena; Saarni, Samuli I.; Tiilikainen, Marja; Kuitinen, Saija; Honkasalo, Marja-Lisa

Abstract
Mental and somatic health was compared between older Somali refugees and their pair-matched Finnish natives, and the role of pre-migration trauma and post-migration stressors among the refugees. One hundred and twenty-eight Somalis between 50–80 years of age were selected from the Somali older adult population living in the Helsinki area (N = 307). Participants were matched with native Finns by gender, age, education, and civic status. The BDI-21 was used for depressive symptoms, the GHQ-12 for psychological distress, and the HRQoL was used for health-related quality of life. Standard instruments were used for sleeping difficulties, somatic symptoms and somatization, hypochondria, and self-rated health. Clinically significant differences in psychological distress, depressive symptoms, sleeping difficulties, self-rated health status, subjective quality of life, and functional capacity were found between the Somali and Finnish groups. In each case, the Somalis fared worse than the Finns. No significant differences in somatization were found between the two groups. Exposure to traumatic events prior to immigrating to Finland was associated with higher levels of mental distress, as well as poorer health status, health-related quality of life, and subjective quality of life among Somalis. Refugee-related traumatic experiences may constitute a long lasting mental health burden among older adults. Health care professionals in host countries must take into account these realities while planning for the care of refugee populations.

Keywords depression, mental health, psychological distress, refugees, Somali older adults, somatic health, war trauma

Transcultural psychiatry 51(4), 499-525, 2014

Neighborhood ethnic density and psychotic disorders among ethnic minority groups in Utrecht City
Termorshuizen, Fabian; Smeets, Hugo M.; Braam, Arjan W.; Veling, Wim

Purpose
Recent studies have shown increased incidence of non-affective psychotic disorders (NAPD) among ethnic minorities compared to the native population, but not, or less so, in areas with a high own-group proportion. The aim is to investigate this ethnic density effect in Utrecht and whether this effect is due to higher rates of NAPD among Dutch persons in areas with high minority proportions. We also explore the geographical scale at which this effect occurs and the influence of social drift prior to NAPD.

Methods
NAPD cases in the Psychiatric Case Registry Middle Netherlands (N = 2,064) and living in Utrecht during 2000–2009 were analyzed in a Poisson model in relation to both individual-level and district- vs. neighborhood-level characteristics.

**Results**

With increasing minority density, especially of the neighborhood, the rate ratios of NAPD significantly decreased among both non-Western (from 2.36 to 1.24) and Western immigrants (from 1.63 to 1.01), in comparison with Dutch persons. This was partly explained by higher rates of NAPD among Dutch persons in areas with high minority density. But there was also a trend to lower NAPD rates among non-Western minorities in these areas (P = 0.074). This trend was significant among Surinamese/Antilleans (P = 0.001) and Moroccans aged 18–30 years (P = 0.046). Among the Dutch, a social drift to minority-dense neighborhoods prior to NAPD registration was found.

**Conclusions**

Our findings support the beneficial association with own-group presence at the smaller scale neighborhood level. Findings show also that this association is more pronounced in immigrant vs. native comparisons and is not found within all ethnic groups.

**Keywords** Psychosis, Ethnic minority density, Neighborhood, Psychiatric case registry, Social drift

**Social psychiatry and psychiatric epidemiology** 49(7), 1093-1102, 2014

### New look at transgenerational trauma transmission: second-generation Latino immigrant youth

Phipps, Ricardo M.; Degges-White, Suzanne

Transgenerational trauma, which was first documented in the 1960s to describe trauma symptoms experienced by descendants of holocaust survivors, has been linked to psychological and physiological transmission factors. Although traumatization still occurs among contemporary immigrant groups, particularly Latino immigrants, little attention has been paid to the experiences of these individuals. The authors present the relevant cultural considerations and conditions that support the need for proactive assessment of transgenerational trauma in U.S.-born Latino youth.

**Keywords**: transgenerational trauma; Latino youth; immigration


### Perceived discrimination and psychotic experiences across multiple ethnic groups in the United States

Oh, Hans; Yang, Lawrence H.; Anglin, Deidre M.; DeVylder, Jordan E.

**Objective**

The objective of this study was to examine the relationship between perceived discrimination and psychotic experiences (PE) using validated measures of discrimination and a racially/ethnically diverse population-level sample.

**Methods**

Data were drawn from two population-level surveys (The National Latino and Asian American Survey and The National Survey of American Life), which were analyzed together using survey weights and stratification variables. The analytic sample (N = 8990) consisted of Latino, Asian, African-American, and Afro-Caribbean adults living in the United States. Separate unadjusted and adjusted multivariable logistic regression models were used, first to examine the crude bivariate relationship between perceived discrimination and PE, and second to examine the relationship adjusting for demographic variables. Adjusted logistic regression models were also used to examine the relationships between perceived discrimination and specific sub-types of PE (auditory and visual hallucinatory experiences, and delusional ideation).

**Results**

When compared to individuals who did not report any discrimination, those who reported the highest levels of discrimination were significantly more likely to report both 12-month PE (Adjusted OR = 4.590, p < 0.001) and lifetime PE (adjusted OR = 4.270, p < 0.001). This held true for visual hallucinatory experiences (adjusted OR = 3.745, p < 0.001), auditory hallucinatory experiences (adjusted OR = 5.649, p < 0.001), and delusional ideation (adjusted OR = 7.208, p < 0.001).

**Conclusion**

New look at transgenerational trauma transmission: second-generation Latino immigrant youth

Perceived discrimination and psychotic experiences across multiple ethnic groups in the United States
Perceived discrimination is associated with the increased probability of reporting psychotic experiences in a linear fashion in the US general population.

**Keywords** Perceived discrimination; Psychotic experience; CPES; NLAAS; NSAL; Sub-threshold psychosis

**Schizophrenia research** 157(1–3), 259–265, 2014

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**Prevalence, nature and determinants of postpartum mental health problems among women who have migrated from South Asian to high-income countries: a systematic review of the evidence**

Nilaweera, Irosha; Doran, Frances; Fisher, Jane

**Background**

Women of reproductive age constitute a significant proportion of immigrants from South Asia to high-income countries. Pregnancy, childbirth and the postpartum period place increased demands on women’s psychological resources and relationships. The aim of this review was to evaluate the available evidence about the prevalence, nature and determinants of postpartum mental health problems among South Asian women who have migrated to high-income countries.

**Methods**

Using a systematic strategy, CINAHL, Medline, PsychInfo and Web of Science databases were searched.

**Results**

Fifteen studies conducted in different high-income countries met inclusion criteria. Prevalence estimates of clinically significant symptoms of postpartum depression (CSS-PPD) varied widely (1.9–52%): the most common estimates ranged from 5 to 20%. Five studies found approximately a two-fold increase in risk of CSS-PPD (Odds Ratios 1.8–2.5) among overseas born women with a South Asian subgroup. The most common determinants appeared to be social factors, including social isolation and quality of relationship with the partner. Barriers to accessing health care included lack of English language proficiency, unfamiliarity with local services and lack of attention to mental health and cultural factors by health care providers.

**Limitations**

The settings, recruitment strategies, inclusion and exclusion criteria, representative adequacy of the samples and assessment measures used in these studies varied widely. Many of these studies did not use formally validated tools or undertake specific subgroup analyses.

**Conclusions**

Reductions in postpartum depression could be achieved by increasing awareness of available services and ensuring health care professionals support the mental health of women from diverse cultural and linguistic backgrounds.

**Keywords** Postpartum; Mental health; South Asia; Immigrants

**Journal of affective disorders** 166, 213–226, 2014

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**Race, ethnicity, and the duration of untreated psychosis: a systematic review**

Anderson, Kelly K.; Flora, Nina; Archie, Suzanne; Morgan, Craig; McKenzie, Kwame

**Purpose**

An extended duration of untreated psychosis (DUP) is associated with poor outcome in first-episode psychosis (FEP). Some have suggested that minority ethnic groups have longer treatment delays, and this could lead to worse outcomes. We systematically reviewed the literature on racial and ethnic differences in DUP in patients with FEP.

**Methods**

We searched electronic databases and conducted forward and backward tracking to identify studies that had compared DUP for people with FEP from different racial or ethnic groups.

**Results**

We identified ten papers that reported on the association between race or ethnicity and DUP. Overall, these studies did not find evidence of differences between groups; however, three of ten studies suggested that Black patients generally, and Black-African patients specifically, may have a shorter DUP relative to White patients. There were methodological limitations in most studies with respect to ethnicity classification, sample size, and adjustment for potential confounders.

**Conclusion**
Racial and ethnic differences in DUP were rarely found. This could reflect that DUP does not differ between groups, or may reflect the methodological limitations of prior research. Studies that are designed and powered to examine these differences in treatment delay are needed to determine whether there are differences in DUP for minority groups.

**Keywords:** First-episode psychosis, Duration of untreated psychosis, Ethnicity, Race, Treatment delay, Early intervention

**Social psychiatry and psychiatric epidemiology 49(7), 1161-1174, 2014**

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**Religion and mental health: a critical appraisal of the literature**

Dein, Simon

Religiosity and spirituality have been long investigated for their positive or negative effects on mental health, with mixed results. The author examines different associations and study methodologies, and describes criticism of the findings. Then, religious coping is explored and recent research on the inclusion of religious elements within therapeutical practices are reported. Finally, psychopathological aspects of some religious experiences are described.

**Keywords:** Religion, religiosity, spirituality, mysticism, mental health, religious coping, religious psychotherapy.

**World cultural psychiatry review 9(2), 42-46, 2014**


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**The role of acculturative stress factors on mental health and help-seeking behavior of sub-Saharan African immigrants**

Orjako, Ola-Edo Yvonne; So, Dominicus

African immigrants to the United States are largely increasing in number. However, African immigrants' psychological health and help-seeking behavior remain understudied. J.W. Berry's acculturation theories suggest that immigrants' mental health can be negatively affected by their experience of biological and psychosocial difficulties related to acculturation. Data from a nationally representative study, the New Immigrant Survey, was utilized to examine how acculturation stress factors can predict depressive symptoms in a sub-Saharan African sample of 669 adults. The collectivistic nature of African culture suggests that family support is a critical element in the acculturation process, but family support was not found to be a predictor of help-seeking behavior. Results indicated that when birth country was controlled for, proficient English language skills and higher education level were predictive of increased help-seeking behavior. Additionally, English language proficiency was negatively associated with depressive symptoms. Findings suggest that proficiency in host country's language serves as a protective factor against depressive symptoms, and English proficiency and higher educational attainment predict greater use of support systems in African immigrants.

**Keywords:** African immigrants, help-seeking behavior, acculturative stress, mental health, family support

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**The role of socio-cultural factors in the course of anorexia nervosa: a case of anorexia nervosa in a Chinese-American adolescent**

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With the realization of eating disorders outside of westernized societies, it is clear that body image and western cultural ideals are not the only etiologies for anorexia nervosa across cultures. Using a retrospective chart review of a single medical record, a case study is presented to illustrate that eating disorders are context-bound with multiple factors playing a role in the pervasive existence of anorexia nervosa among various societies and cultures. As the existence of eating disorders across diverse cultures continues to be identified and recognized, it is necessary to consider family, developmental, social and cultural factors in order to accurately formulate and effectively treat anorexia nervosa.

**Keywords:** anorexia nervosa, cultural, socialization, Asian

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