Information om Transkulturel Psykiatri, maj 2008

NYHEDER
Forskere eksperimenterer med ecstasy som super-lykkepille
Avisen.dk 8. maj 2008 / Per Thiemann
Danske unge tager ecstasy, når de går i byen, fordi det ulovlige stof kan give en fantastisk lykkefølelse. Nu eksperimenterer forskere med at give ecstasy som vidundermiddel mod voldsom angst.
Donna Kilgore anede ikke, at hun led af post traumaisk stress syndrom, PTSD – en psykisk lidelse, der kan ramme folk, som har været ude for en meget voldsom oplevelse. Og endnu mindre vidste hun, at hun ville blive den første forsøgspersona i et banebrydende amerikansk eksperiment med ecstasy som lægemiddel.
læs artiklen her: http://avisen.dk/forskere-eksperimenterer--ecstasy-superlykkepille-080508.aspx

Læger protesterer mod asylpolitik
Politikens netavis 9. maj 2008 / Frank Hvilsom
Læger i Danmark rasler igen med sablen mod regeringens asylpolitik.
På få uger har næsten 500 læger skrevet under på et åbent brev til Folketingets medlemmer, som kræver, at politikerne tager personlig stilling til asylansøgernes årelange ophold i danske asylcentre og handler derefter.
»Det er gang på gang dokumenteret, at asylansøgere nedbrydes fysisk og psykisk af det lange og uvisse ophold i danske asylcentre, siger en siger en af initiativtagerne Jørn Nerup, læge og tidligere formand for Dansk Medicinsk Selskab.
læs artiklen her: http://politiken.dk/indland/article506282.ece

LITTERATUR
ARTIKLER FRA FAGLIGE TIDSSKRIFTER
Assessing psychosocial stressors among Hispanic outpatients : does clinician ethnicity matter ?
Torres, Luis R.; Cabassa, Leopoldo J.; Zayas, Luis H.; Alvarez-Sánchez, Thyria
Objective
Psychosocial and environmental stressors are a well-documented factor in the etiology, progression, and maintenance of psychiatric disorders. Clear guidelines on identifying them are lacking. When the patient and provider are of different cultures, the clinician may not properly understand and identify stressors. This study explored clinician ethnicity and identification of stressors
Methods
A total of 88 adult Hispanic outpatients in a community clinic were separately evaluated by pairs of clinicians (Hispanic and non-Hispanic) drawn from a pool of 47, as part of a larger study. Axis IV data are reported here.
Results
Clinicians identified few psychosocial stressors. Non-Hispanic clinicians identified significantly more problems related to the primary support group and educational problems than Hispanic clinicians.
Conclusions
Clinician ethnicity played a role in identification of psychosocial and environmental problems. Because stressors often affect the presenting problem and course of treatment, failure to properly identify and address them in treatment may influence service outcomes.
Psychiatric services 59(6), 690-692, 2008

Becoming culturally competent in ethnic psychopharmacology
Campinha-Bacote, Josepha
Abstract
People from minority backgrounds who have a mental illness experience double discrimination associated with both mental illness and race. In 2001, the Surgeon General’s landmark report on race, culture, ethnicity, and mental health compellingly documented racial and ethnic disparities in mental health care related to issues of misdiagnosis, underuse, overrepresentation, and improper treatment. The report called for sound research, including investigation into the area of psychopharmacology, to determine the extent to which the variability of an individual's response to medications is accounted for by factors related to race, ethnicity, age, gender, family history, or lifestyle. This article will focus on the realm of ethnic psychopharmacology and propose a practice model for nurses to become culturally competent in the area of ethnic psychopharmacology.
Journal of psychosocial nursing and mental health services 45(9), 27-33, 2007

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Children's social competence in cultural context
Chen, Xinyin; French, Doran C.

Abstract
Social initiative and behavioral control represent two major dimensions of children's social competence. Cultural norms and values with respect to these dimensions may affect the exhibition, meaning, and development of specific social behaviors such as sociability, shyness-inhibition, cooperation-compliance, and aggression-defiance, as well as the quality and function of social relationships. The culturally guided social interaction processes including evaluations and responses likely serve as an important mediator of cultural influence on children's social behaviors, relationships, and developmental patterns. In this article, we review research on children's social functioning and peer relationships in different cultures from an integrative contextual-developmental perspective. We also review research on the implications of the macro-level social and cultural changes that are happening in many societies for socialization and development of social competence.

Keywords: social functioning, peer relationship, culture

Clinical correlates of Tourette's disorder across cultures: a comparative study between the United Arab Emirates and the United Kingdom
Eapen, Valsamma; Robertson, Mary M.

Abstract
Background and objective
Tourette's disorder is a neuropsychiatric disorder characterized by motor and vocal (phonic) tics. While the disorder has been researched extensively in the Western populations, the clinical correlates and associated features are less well known in other populations and cultures. This study examines the presentation and clinical correlates of Tourette's disorder in 2 distinct populations, namely the United Kingdom and the United Arab Emirates.

Method
A consecutive series of 35 Tourette's disorder patients of Arab descent recruited from 2001 to 2005 from the Child Psychiatry clinics in Al Ain, United Arab Emirates (U.A.E.), were compared with 35 age- and gender-matched white Tourette's disorder patients attending the Tourette Clinic at the National Hospital for Neurology and Neurosurgery, Queen Square, London, United Kingdom, from December 2004 to December 2005.

Results
Rates of occurrence of obsessive-compulsive disorder and attention-deficit/hyperactivity disorder were similar in the 2 cohorts. Coprolalia was higher in the U.K. cohort and was noted to correlate with the severity of Tourette's disorder. Comorbid oppositional defiant disorder and conduct disorder were also higher in the U.K. cohort (54.3% [N = 19] and 20.0% [N = 7], respectively) as compared to the U.A.E. cohort (11.4% [N = 4] and 5.7% [N = 2], respectively) but were not linked to any other clinical feature or severity of Tourette's disorder.

Conclusion
The findings illustrate the similarity in the core clinical symptoms between the 2 populations, thus emphasizing the underlying biological and genetic basis of these symptoms. However, our finding of higher occurrence of behavioral symptoms in the Western sample has implications for our understanding of the phenotypic presentation of Tourette's disorder as well as the management.

Comparison of African-Caribbean and white European young adults' conceptions of schizophrenia symptoms and the diagnostic label
Stone, L.; Finlay, W. M. L.

Abstract
Background
Discrepancies in the experiences of different ethnic groups in mental health services exist, such as in the persistently higher rates of schizophrenia diagnosis found among the African-Caribbean population compared to the white European population in the UK. Some hypotheses consider whether this is due to greater stigmatizing attitudes to mental illness in the African-Caribbean community, leading individuals to avoid treatment-seeking and an increased incidence of schizophrenia. This study aimed to investigate recognition and evaluation of schizophrenic symptoms across African-Caribbean and white European individuals.
Method
One hundred and twenty eight adult students from London colleges completed a questionnaire assessing stigma beliefs, evaluation of symptoms as mental illness and help-seeking beliefs, in response to symptom vignettes.

Results and Discussion
African-Caribbean participants indicated less stigmatizing beliefs towards both the symptoms and diagnostic label of schizophrenia compared to the white European participants. White European participants were more likely to label vignettes as implying ‘mental illness’ and also more likely to recommend professional health treatment. These results are inconsistent with a hypothesis that on average African-Caribbean people stigmatize schizophrenia more than white European people. While white European participants’ beliefs were more likely to follow a western model of mental illness, African-Caribbean participants were more likely to have alternative beliefs. The influence of racial discrimination, mental illness knowledge and societal structures are discussed.

Key Words: beliefs – schizophrenia - African-Caribbean - White-European - diagnostic label - cross-cultural

International journal of social psychiatry 54(3), 242-261, 2008

Conduct disorder among Asians and native Hawaiian/Pacific Islanders in the USA

Abstract
Background
Conduct disorder (CD) is a relatively common disorder of childhood and adolescence in the USA with substantial associated morbidity, yet little has been published on CD among Asians and Native Hawaiian/Pacific Islanders (NH/PI) in the USA.

Method
We used the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) to examine the prevalence and correlates of retrospectively reported CD within Asians and NH/PI (18 years and older). We also completed logistic regressions to explore factors associated with CD within Asians (n=1093) and, separately, NH/PI (n=139) and to explain racial differences in CD prevalence.

Results
Asians were about a third as likely [odds ratio (OR) 0.4, 95% confidence interval (CI) 0.22–0.58] whereas NH/PI were about two and half times more likely (OR 2.6, 95% CI 1.31–5.06) to have had CD compared with Caucasian respondents. Within Asians and NH/PI, CD was strongly associated with adult antisocial behavior, substance use and affective disorders. Demographic factors, the age that subjects came to the USA, measures of family environment and family history could not explain the observed differences in prevalence of CD for NH/PI relative to Caucasians.

Conclusions
Asian and NH/PI youth with CD represent a subgroup of Asian youth at very high risk for a number of serious psychiatric disorders. Further investigation is needed to explain the high CD prevalence among NH/PI.

Key Words: Conduct problems; delinquency; disparities; minority

Psychological medicine 38(7),1013-1025, 2008

Cross-cultural study of conviction subtype Taijin Kyofu : proposal and reliability of Nagoya-Osaka Diagnostic Criteria for Social Anxiety Disorder
Kinoshita, Yoshihiro; Chen, Junwen; Rapee, Ronald M.; Bögels, Susan; Schneier, Franklin R.; Choy, Yujuan; Kwon, Jung-Hye; Liu, Xinghua; Schramm, Elisabeth; Chavira, Denise A.; Nakano, Yumi; Watanabe, Norio; Ietzugu, Tetsuji; Ogawa, Sei; Emmelkamp, Paul; Zhang, Jianxue; Kingdon, David; Nagata, Toshihiko; Furukawa, Toshi A.

Abstract
Conviction subtype Taijin-Kyofu (c-TK) is a subgroup of mental disorder characterized by conviction and strong fear of offending others in social situations. Although the concept of c-TK overlaps with that of social anxiety disorder (SAD), patients with c-TK often may not be diagnosed as such within the current Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV criteria. We propose the Nagoya-Osaka criteria to amend this situation. This study examined the cross-cultural interrater reliability of the proposed criteria. Eighteen case vignettes of patients with a variety of complaints focused around social anxieties were collected from 6 different countries, and diagnosed by 13 independent raters from various nationalities according to the original DSM-IV and the expanded criteria. The average agreement ratio for the most frequent diagnostic category in each case was 61.5% with DSM-IV and 87.6% with the modified DSM-IV with Nagoya-Osaka criteria (p < 0.001). These findings indicate that the Nagoya-Osaka criteria for SAD can improve interrater reliability of SAD.
**Depersonalization and individualism: The effect of culture on symptom profiles in panic disorder**
Sierra-Siegert, Mauricio; David, Anthony S.

**Abstract**
It has been proposed that highly individualistic cultures confer vulnerability to depersonalization. To test this idea, we carried out a comprehensive systematic review of published empirical studies on panic disorder, which reported the frequency of depersonalization/derealization during panic attacks. It was predicted that the frequency of depersonalization would be higher in Western cultures and that a significant correlation would be found between the frequency of depersonalization and individualism scores of the participant countries. As predicted, the frequency of depersonalization during panic was significantly lower in nonwestern countries. There was also a significant correlation between frequency of depersonalization and Individualism ($\rho = 0.68, p < 0.0001$), and between fears of losing control ($\rho = 0.57, p = 0.005$) and individualism. These findings are interpreted in light of recent studies suggesting that individualistic cultures are characterized by hypersensitivity to threat and by an external locus of control. Two features may be relevant in the genesis of depersonalization.

**Key Words:** Depersonalization, derealization, individualism, transcultural.

**Differential item functioning between ethnic groups in the epidemiological assessment of depression**
Breslau, Joshua; Javaras, Kristin N.; Blacker, Deborah; Murphy, Jane M.; Normand, Sharon-Lise T.

**Abstract**
A potential explanation for the finding that disadvantaged minority status is associated with a lower lifetime risk for depression is that individuals from minority ethnic groups may be less likely to endorse survey questions about depression even when they have the same level of depression. We examine this possibility using a nonparametric item response theory approach to assess differential item functioning (DIF) in a national survey of psychiatric disorders, the National Comorbidity Survey. Of 20 questions used to assess depression symptoms, we found evidence of DIF in 3 questions when comparing non-Hispanic blacks with non-Hispanic whites and in 3 questions when comparing Hispanics with non-Hispanic whites. However, removal of the questions with DIF did not alter the relative prevalence of depression between ethnic groups. Ethnic differences do exist in response to questions concerning depression, but these differences do not account for the finding of relatively low prevalence of depression among minority groups.

**Effectiveness of cognitive–behavioral therapy with adult ethnic minority clients: a review**
Horrell, Sarah C. Voss

**Abstract**
Practicing psychologists may question the relevance of cognitive–behavioral treatments for their ethnic minority clients. Many cognitive–behavioral treatments are listed as empirically supported treatments by the Task Force on the Promotion and Dissemination of Psychological Procedures (D. L. Chambless et al., 1998). However, the samples in these effectiveness studies are composed primarily of White European American individuals. There is a paucity of research examining the effectiveness of cognitive–behavioral therapy (CBT) for ethnic minority clients. The author reviews the current literature on the use of CBT with ethnic minority clients living in the United States, specifically those of African, Asian, and Hispanic/Latino descent. Twelve studies are reviewed that examined the effectiveness of CBT for ethnic minority participants with a variety of psychological disorders. Recommendations for conducting and evaluating clinical outcome research that includes ethnic minority participants are provided.

**Keywords:** ethnic, CBT, minority, effectiveness, EST

**Ethnicity and variability of psychotic symptoms**
Vega, William A; Lewis-Fernández, Roberto

**Abstract**
This review addresses the influence of ethnicity on the expression of psychotic symptoms and the implications for evaluating and treating patients of diverse backgrounds. Growing clinical and population research from
Europe and the United States supports a dimensional interpretation of psychosis, yet the evidence suggests that psychotic symptoms place individuals at higher risk for a range of severe psychiatric conditions and adverse outcomes, such as suicidality. Ethnocultural diversity challenges clinicians to accurately interpret the clinical significance of patients’ symptom presentations. Disproportionate psychotic symptoms and higher rates of psychotic disorders have been found in some ethnic groups, particularly among immigrants and their offspring, but profound inconsistencies in these patterns remain. More cultural research on the clinical implications of ethnic variation in psychosis is needed. Developing awareness and requisite skills is a priority for clinicians who evaluate and recommend treatments to ethnically diverse patients.

Current psychiatry reports 10(3), 223-228, 2008

How symptom manifestations affect help seeking for mental health problems among Chinese Americans.
Kung, Winnie W.; Lu, Pei-Chun

Abstract
This study aims to examine how help-seeking behaviors of Chinese Americans are associated with the types of mental disorder, the tendency to somatize symptoms, social disruptiveness of symptoms, and comorbidity. Based on data from the Chinese American Psychiatric Epidemiological Study, we examined 246 Chinese Americans with a diagnosable major depressive disorder, anxiety disorder, or somatoform disorder, using hierarchical logistic regression analyses. Compared with respondents with somatoform disorder, those with anxiety or depressive disorder were 94% and 87% less likely to seek professional help. The tendency to somatize distress is positively related to soliciting help, especially medical help. Social disruptiveness had a very potent positive association with help seeking whereas comorbidity is nonsignificant when the symptom severity is controlled. The overall picture indicates that somatic expression of distress is a major impetus to help seeking, which happens to concur with the cultural conceptualization and subjective embodied experience of mental disorders among Chinese.

Journal of nervous and mental disease 196(1), 46-54, 2008

Impact of immigration on psychiatric hospitalization in Illinois from 1993 to 2003
Appleby, Lawrence; Luchins, Daniel J.; Freels, Sally; Smith, Mary E.; Wasmer, Daniel

Objective
Illinois public hospitalizations over a ten-year period were studied to determine the impact of recent immigration. The study also explored clinical and demographic differences between immigrant groups and native-born Americans.

Methods
Information was collected from the state hospital Clinical Information System for 1993, 1998, and 2003. Variables included age, sex, race, marital status, education, diagnosis, length of stay, birthplace, citizenship, primary language, English proficiency, and availability of a Social Security number. Logistic multiple regression was used to analyze trends in the proportion of psychiatric admissions of foreign-born patients, with foreign born as the dependent variable and year as the independent variable. Chi square analysis was used for trends across time.

Results
In the hospitalized population, the proportion of immigrants was 7.3% in 1993, 10.9% in 1998, and 13.1% in 2003. With covariates adjusted for, the average increase of 8.0% per year in the odds of being foreign born was statistically significant (odds ratio=1.08, 95% confidence interval=1.06–1.10). Nevertheless, the proportion of foreign-born hospital admissions, including Asian and Mexican immigrants, was below their population ratio in Illinois. Mexican-origin immigrants constituted the largest group of admissions and were younger, less educated, had poorer English skills, and were more likely to be undocumented than other immigrants.

Conclusions
The percentage of foreign-born patients admitted was lower than their percentage in the overall population. In previous immigration waves, immigrants were hospitalized at disproportionately higher rates than nonimmigrants. The gap is slowly narrowing as new admissions are increasingly likely to be foreign born, suggesting that public psychiatric hospitals should prepare for these changing populations.

Psychiatric services 59(6), 648-654, 2008

Mental health of US adolescents adopted in infancy
Keyes, Margaret A.; Sharma, Anu; Elkins, Irene J.; Iacono, William G.; McGue, Matt

Abstract
Objective
To determine whether adopted adolescents are at excess risk for clinically relevant behavioral and emotional problems.

**Design**
We examined whether adopted and nonadopted adolescents differed on quantitative indicators of mental health and the prevalence of childhood disorders and whether differences exist between internationally and domestically placed adoptees.

**Setting**

**Participants**
Adolescents adopted in infancy were systematically ascertained from records of 3 large Minnesota adoption agencies; nonadopted adolescents were ascertained from Minnesota birth records. The final sample included these adolescents with their rearing parents.

**Main Exposure**
The main exposure was adoptive status: nonadopted (n=540), international adoptive placement (n=514), or domestic adoptive placement (n=178).

**Outcome Measures**
*Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition) clinical assessments based on child and parent reports of attention-deficit/hyperactivity, oppositional defiant, conduct, major depressive, and separation anxiety disorders; teacher reports of psychological health; and contact with mental health professionals.

**Results**
Adoptees scored only moderately higher than nonadoptees on quantitative measures of mental health. Nevertheless, being adopted approximately doubled the odds of having contact with a mental health professional (odds ratio [OR], 2.05; 95% confidence interval [CI], 1.48-2.84) and of having a disruptive behavior disorder (OR, 2.34; 95% CI, 1.72-3.19). Relative to international adoptees, domestic adoptees had higher odds of having an externalizing disorder (OR, 2.60; 95% CI, 1.67-4.04).

**Conclusions**
Moderate mean differences in quantitative indicators of mental health can lead to substantial differences in disorder prevalence. Although most adopted adolescents are psychologically healthy, they may be at elevated risk for some externalizing disorders, especially among those domestically placed.

Archives of pediatrics and adolescent medicine 162(5), 419-425, 2008

**Other-race effect in face processing among African American and Caucasian individuals with schizophrenia**

Pinkham, Amy E.; Sasson, Noah J.; Calkins, Monica E.; Richard, Jan; Hughett, Paul; Gur, Raquel E.; Gur, Ruben C.

**Abstract**

**Objective**
Studies of emotion recognition abilities in schizophrenia show greater impairment for non-Caucasians with schizophrenia compared with Caucasians. These studies, however, included only Caucasian faces as stimuli. There is evidence from healthy individuals for a performance disadvantage on face memory and emotion recognition when processing faces from a different ethnicity. The authors sought to measure the "other-race effect" in schizophrenia, which could account for previous findings and provide information about sensitivity to such social cues in patients.

**Method**
The study included 540 participants from four groups: African Americans with schizophrenia (N=135), Caucasians with schizophrenia (N=135), African American community comparison subjects (N=135), and Caucasian community comparison subjects (N=135). All participants completed face recognition and facial emotion identification tasks that included both Caucasian and African American faces as stimuli.

**Results**
Although comparison participants performed better than individuals with schizophrenia across all tasks, both comparison participants and participants with schizophrenia exhibited a strong and significant other-race effect for face memory and emotion recognition. The magnitude of the other-race effect did not differ between these two groups.

**Conclusions**
These findings reveal an intact other-race effect in patients with schizophrenia and highlight a methodological concern in the measurement of face processing abilities in schizophrenia, namely, that findings of greater impairment in African American patients are spurious when Caucasian faces are used as stimuli. Despite overall impairments in face memory and emotion recognition, the presence of a normative other-race effect in schizophrenia may reflect typical experiences with faces during development.

Prevalence of common mental disorders in general practice attendees across Europe

King, Michael; Irwin Nazareth, Levy, Gus; Walker, Carl; Morris, Richard; Weich, Scott; Bellón-Saameño, Juan Ángel; Moreno, Berta; Švab, Igor; Rotar, Danica; Rifel, J.; Maaroos, Heidi-Ingrid; Aluoja, Anu; Kalda, Ruth; Neeleman, Jan; Geerlings, Mirjam I.; Xavier, Miguel; de Almeida, Manuel Caldas; Correa, Bernardo; Torres-Gonzalez, Francisco

Background
There is evidence that the prevalence of common mental disorders varies across Europe.

Aims
To compare prevalence of common mental disorders in general practice attendees in six European countries.

Method
Unselected attendees to general practices in the UK, Spain, Portugal, Slovenia, Estonia and The Netherlands were assessed for major depression, panic syndrome and other anxiety syndrome. Prevalence of DSM–IV major depression, other anxiety syndrome and panic syndrome was compared between the UK and other countries after taking account of differences in demographic factors and practice consultation rates.

Results
Prevalence was estimated in 2344 men and 4865 women. The highest prevalence for all disorders occurred in the UK and Spain, and lowest in Slovenia and The Netherlands. Men aged 30–50 and women aged 18–30 had the highest prevalence of major depression; men aged 40–60 had the highest prevalence of anxiety, and men and women aged 40–50 had the highest prevalence of panic syndrome. Demographic factors accounted for the variance between the UK and Spain but otherwise had little impact on the significance of observed country differences.

Conclusions
These results add to the evidence for real differences between European countries in prevalence of psychological disorders and show that the burden of care on general practitioners varies markedly between countries.


Psychological distress and the ssylum process : a longitudinal study of forced migrants in Ireland.

Ryan, Dermot A.; Benson, Ciaran A.; Dooley, Barbara A.

Abstract
Although asylum seeking has become a major political issue in the Western world, research on its psychological impact is still in its infancy. This study examined levels and predictors of distress among a community sample of persons who have sought asylum in Ireland. A key aim was to provide a longitudinal analysis of the relationship between legal status security and psychological distress. Distress was measured by the Symptom Checklist-90-Revised at Time 1 (N = 162) and its shorter version (the Brief Symptom Inventory) at Time 2 (N = 70). Levels of severe distress were high at both baseline (46%) and follow-up (36%). The only persons to show a decrease in distress were those who had obtained a secure legal status (e.g., refugee status or residency) between the study phases. Distress risk factors included female gender, an insecure legal status, separation from children, discrimination, and postmigration stress. Protective factors were social support (Time 1) and the presence of a partner. The findings suggest that asylum seekers are a high-risk group for distress. This risk can be reduced by appropriate policy changes and interventions to increase social resources.

Journal of nervous and mental disease 196(1), 37-45, 2008

Racial and ethnic disparities in mental illness stigma

Rao, Deepa; Feinglass, Joseph; Corrigan, Patrick

Abstract
The present study sought to examine whether racial/ethnic differences exist in stigmatizing attitudes towards people with mental illness among community college students. Multiple regression models were used to investigate racial/ethnic differences in students’ perceived dangerousness and desire for segregation from persons with mental illness both before and after participation in an antistigma intervention. At baseline, African Americans and Asians perceived people with mental illness as more dangerous and wanted more segregation than Caucasians, and Latinos perceived people with mental illness as less dangerous and wanted less segregation than Caucasians. Similar patterns emerged postintervention, except that Asians’ perceptions changed significantly such that they tended to perceive people with mental illness as least dangerous of all the racial/ethnic groups. These findings suggest that racial/ethnic background may help to shape mental illness stigma, and that targeting antistigma interventions to racial/ethnic background of participants may be helpful.

Keywords: Race, ethnicity, stigma, intervention, mental illness
Screening for posttraumatic stress disorder: what combination of symptoms predicts best?
Ehring, Thoma; Kleim, Birgit; Clark, David M.; Foa, Edna B.; Ehlers, Anke

Abstract
Several symptom screening instruments have been developed to identify trauma survivors at risk for chronic posttraumatic stress disorder, but few of these have been thoroughly evaluated to date. In this study, a range of symptom combination scoring rules derived from the literature were applied to the Posttraumatic Diagnostic Scale and evaluated in 4 different samples of trauma survivors (total N = 522) regarding their power to identify people with posttraumatic stress disorder. Results were replicated in a fifth sample (N = 253). Most scoring rules showed lower diagnostic efficiencies than in the original reports. The most stable results were obtained for cutoffs on the Posttraumatic Diagnostic Scale total scale and a new subset of 8 items. The results underscore the need to cross-validate findings before using screening instruments for clinical applications.

Keywords: Trauma, PTSD, screening

Suicide and culture
Lester, David

Abstract
The impact of culture on suicide, both at the aggregate level and the individual level, is discussed. The deleterious impact of a changing culture, especially for native and aboriginal groups, is noted, and the assumption of the cultural invariability of suicidal phenomena questioned. The implications of cultural differences for counselling the suicidal client are explored. Culture provides a set of rules and standards that are shared by members of a society. These rules and standards shape and determine the range of appropriate behavior. Culture influences the behavior of nationalities, ethnic groups and subgroups within a nation. The aim of this paper is to present an overview of some of the topics and issues which are present in the interaction of suicide and culture. A major dichotomy here, of course, is the level of analysis. The interaction can be explored for the aggregate suicide rate of a culture and also for the individual suicide living in a particular society or culture. Let us first look at the interaction at the aggregate level.

Keywords: Suicide, culture, society, ethnic groups

Suicide motives and culture: degree of modernization, response behavior and acceptance
Ritter, Kristina; Chaudhry, Haroon Rashid; Idemudia, Erhabor; Karakula, Hanna; Okribelashvili, Ninio; Rudaleviciene, Palmira; Stompe, Thomas

Abstract
Background
National suicide rates are relatively stable over long periods but differ considerably from one another. Considering that the acceptance of suicide motives in the general population might be associated with national suicide rates, a multi-centre survey on this topic was planned by the Vienna Research Group in Transcultural Psychiatry.

Method
610 healthy interviewees from Georgia, Lithuania, Nigeria, Austria, Pakistan und Poland completed a 46-Item questionnaire on attitudes towards and assessment of suicide-motives.

Results
Subjects from European countries showed a highly distributed pattern of response with high acceptance of a few and almost total rejection of most other suicide motives. In contrast, subjects from Nigeria and Pakistan were indifferent towards most of the motives; however, in general the Nigerians expressed more understanding for suicide motives than the Pakistanis with their almost total rejection of suicide. Single suicide motives were unanimously highly accepted in all investigated societies; apart from that there are also culture-specific motives.

Conclusion
The acceptance of suicide motives, mirrors the persistence of social value systems and their regulative mechanisms (e.g. shame-guilt), which seem to have some influence on national suicide rates.

Keywords: Suicide motives, culture, acceptance, degree of modernization, religion
Use of an expanded version of the DSM-IV outline for cultural formulation on a cultural consultation service

Kirmayer, Laurence J.; Thombs, Brett D.; Jurcik, Tomas; Jarvis, G. Eric; Guzder, Jaswant

Objectives
This study assessed cultural consultants’ impression of the utility of an expanded version of the DSM-IV Outline for Cultural Formulation in cultural psychiatric consultation and identified ways to improve the usefulness of the cultural formulation.

Methods
A structured interview and questionnaire on the use of the cultural formulation was administered to 60 consultants working for an outpatient Cultural Consultation Service (CCS).

Results
Most consultants (93%) found the cultural formulation to be moderately to very useful. More than half (57%) had little or no familiarity with the cultural formulation before working with the CCS. The main suggestions for improvement of the cultural formulation were to expand sections on migration experience and include sections on religious and spiritual practice.

Conclusions
Although many consultants had little previous familiarity with the cultural formulation, most found it useful in organizing their assessment and preparing consultation reports. The cultural formulation is a useful tool for nonmedical consultants and culture brokers, as well as for clinicians.

Usefulness of the Spanish version of the Mood Disorder Questionnaire for screening bipolar disorder in routine clinical practice in outpatients with major depression

De Dios, Consuelo; Garcia, Aurelio; Montes, Jose Manuel; Avedillo, Caridad; Soler, Begona; Ezquiaga, Elena

Abstract
Background
According to some studies, almost 40% of depressive patients - half of them previously undetected - are diagnosed of bipolar II disorder when systematically assessed for hypomania. Thus, instruments for bipolar disorder screening are needed. The Mood Disorder Questionnaire (MDQ) is a self-reported questionnaire validated in Spanish in stable patients with a previously known diagnosis. The purpose of this study is to evaluate in the daily clinical practice the usefulness of the Spanish version of the MDQ in depressive patients.

Methods
Patients (n=87) meeting DSM-IV-TR criteria for a major depressive episode, not previously known as bipolar were included. The affective module of the Structured Clinical Interview (SCID) was used as gold standard.

Results
MDQ screened 24.1% of depressive patients as bipolar, vs. 12.6% according to SCID. For a cut-off point score of 7 positive answers, sensitivity was 72.7% (95% CI=63.3 a 82.1) and specificity 82.9% (95% CI=74.9-90.9). Likelihood ratio of positive and negative tests were 4.252 y 0.329 respectively.

Limitations
The small sample size reduced the power of the study to 62%.

Conclusions
Sensitivity and specificity of the MDQ were high for screening bipolar disorder in patients with major depression, and similar to the figures obtained in stable patients. This study confirms that MDQ is a useful instrument in the daily clinical assessment of depressive patients.

West African refugee health in rural Australia: complex cultural factors that influence mental health

Nyangua, John Q; Harris, Andrew J.

Abstract
Health and mental health practitioners in rural and regional Australia are increasingly being presented with the challenge of working cross-culturally. Due to a diversity of cultures, generic approaches are needed that take account of culture without requiring the practitioner to have detailed knowledge of each person’s background.
However, there are many practitioners from diverse backgrounds now working in Australia at various stages of enculturation into Western practice. The cultural grounding of one practitioner from West Africa is used to highlight potential areas of misunderstanding, and to offer an accessible point of departure for culturally sensitive practice and formal research opportunities.

Key words: Australia, culturally appropriate health care, refugees, West Africa.

Rural and remote health 8, 884 (9 pp.), 2008

NYE BØGER

Ethno-psychopharmacology: advances in current practice
Edited by Chee H. Ng, Keh-Ming Lin, Bruce S. Singh, Edmond Y. K. Chiu
ISBN-10: 0521873630

No one reacts or responds to a drug in exactly the same way, just as no two persons are exactly alike. Individual and ethnic differences in drug response have been consistently found in clinical practice. This book covers all the important factors that explain how and why drug treatments used in psychiatry affect individuals and ethnic groups differently. It will increase understanding of how biological differences interact with social, cultural and environmental factors to bring about overall effects of medications, particularly in individuals from various ethnicities. This book uniquely brings these varied aspects together to consider a holistic approach to drug therapy across diverse biological make-up and cultures. This information has direct practical use in the clinical setting.

Describes cultural influences on diagnosis and treatment - Considers biological, social, cultural and environmental factors - Includes cross-ethnic comparisons

Contents
Foreword Mario Maj
Acknowledgements
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Fyktningpasienten
Sverre Varvin
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Tortur og andre systematiske overgrep sikter nettopp mot å ødelegge menneskets tro på seg selv og framtida. Men det finnes mange selvhelende krefter i mennesker og i grupper. Måten vi tar imot og behandler flyktninger på, er avgjørende for at disse kreftene skal kunne komme til utfoldelse.

Flyktninger har en vanskelig vei til Norge, ofte preget av store påkjenninger og overgrep. Hjemlandet er forlatt, og de har mistet ikke bare nære personer og hjemlig kultur, men også sine framtidsmuligheter. Tortur og andre systematiske overgrep sikter nettopp mot å ødelegge menneskets tro på seg selv og framtida. Men det finnes
mange selvhelende krefter i mennesker og i grupper. Måten vi tar imot og behandler flyktninger på, er avgjørende for at disse kreftene skal kunne komme til utfoldelse.

Flyktninger har overlevd mye, kan mye og har mange ressurser. Følgene av traumatisering bryter imidlertid ned. Hverdagsrasismen oppleveres som et svik. Det som bygger opp, er gode relasjoner, riktig behandling og faglig kvalitet i helsevesenet.

Sverre Varvin presenterer her en modell for behandling og rehabilitering, der den psykoterapeutiske samtalen står i sentrum. Vinner man tillit til én eller noen få, kan man etter hvert få tro på seg selv. Det er ofte nødvendig med en koordinert og integrert innsats, der leger, psykologer, helsesøstre og sosiaffaglig personell arbeider sammen.

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RAPPORTER / PROJEKTER / AFHANDLINGER
Muhabet – en oase i byen : en erfaringsopsamling og beskrivelse af værestedet Muhabet

Udaltarbejdet af Marie Andersen, SPUK, Socialt og Pædagogisk Udviklings- og Kursuscenter i samarbejde med Esther Malmborg, SPUK.
København, marts 2008. 81 sider

DET HANDLER OM AT SE ANDRE OG SELV
BLIVE SET;
Kærligt samvær;
Et ualmindeligt værested ser dagens lys;
En erfaringsopsamling og beskrivelse af Muhabet;

Tønnsen : det interne samarbejde imellem medarbejderne
Muhabets frivillige : frivillige donatorer : frivillige netværkspersoner : gæster som frivillige
MUHABETS GÆSTER : en blandet gæsteskare :
psykiske lidelser : familieforhold : kommunelighedsforhold : nationaliteter og sprog : henvisning og rekruttering ;

MUHABETS GÆSTEBUD – EN VURDERENDE OPSAMLING;
En utraditionel uformel professionalisme;

FORSLAG TIL FOKUSOMRÅDER OG
OVERVEJELSER OVER UDVIKLINGSTILTAG;
De frivillige netværkspersoner ;
Synlighed;

HISTORIEN OM C

MUHABET-MODELLEN
'Muhabets gæstebud' som ramme : gæst/vært-
forholdet : social gæstfrihed i Muhabet : motiver for
gæstfrihed : gæsterollen i Muhabet : det personlige
indspil i gæst/vært-forholdet : det relationelle
gæst/vært-forhold : ’At nyde uden at yde” : fælles
samvær frem for fælles tredje : gæst eller frivillig –
en glidende overgang : gæstebud og anonymitet;

Anerkendelse : behovet for anerkendelse:
medfølelse, ikke medlidenhed : anerkendelse
gennem forskelsbehandling : rummelighed : er der
grænser for rummeligheden ?

En fremmed kommer på besøg : kultur og etnicitet :
sprog : integration ;

Metodeelementer i Muhabet-modellen :
sansestimulering : brug af frivillige
netværkspersoner : kvindedagen : lektiehjælp :
rådgivning / vejledning : caféaftenerne : ture ud af
cafeen : besøgskorps : Ramadanpakker ;

HISTORIEN OM D;

BESØGSSTATISTIK;
Konklusioner på baggrund af besøgsstatistikken ;
HISTORIEN OM E;

DE HENVISENDE
BEHANDLINGSMYNDIGHEDER;
De henvisende behandlingsmyndigheders egen målgruppe;
Kontakten til Muhabet;
Henvisningen;
Værdifulde elementer i Muhabet-modellen;

De henvistes udsagn om Muhabet;
Alternative henvisningsmuligheder;
Anbefalinger fra de henvisende behandlingsmyndigheder;
Muhabet-modellen som inspiration i det offentlige system;
Både vanvittig og fornuftig;
Erfaringsopsamlingens metode

NYHEDSBREV
CETT nu, juni 2008
Fra engel til udbrændt
Grusomheder på første parket
Refleksion forebygger frustration
download nyhedsbrevet her: http://www.cett.dk/includes/billeder/image.asp?size=orig&id=41675

Synergy no. 1, 2008 / Multicultural Mental Health Australia

- Adherence to psychotropic medication: What does the literature say?
The reasons for non-adherence to psychotropic medications are varied and complex. This is particularly so for people from culturally and linguistically diverse (CALD) backgrounds.

- Ethnic psychopharmacology: an overlooked area of cultural competency in mental healthcare
Ethnic psychopharmacology can be defined as the field of study that examines the impact that culture, environment, genetics, biophysiology and psychosocial factors have on the prescribing and metabolism of, and response to, psychotherapeutic medications.

- Ten key issues for transcultural mental health professionals
Our global era is bringing ethnoculturally diverse individuals, families and communities into contact under conditions of anger, fear and distrust. Mental health services are often the crucible in which these problems must be addressed. A number of training, research and service issues are arising from this situation that must be considered:

- Mind & Body
The Queensland Transcultural Mental Health Centre (QTMHC) has set out to try to combat the prevalence of chronic diseases and depression through a unique program. QTMHC’s Transcultural Approach to Honouring the Mind & Body Program aims to tackle the problem of chronic disease and depression amongst people from culturally and linguistically diverse (CALD) backgrounds through exercise, selfmanagement skills and better links with CALD communities.

- inmyopinion
inmyopinion is a regular feature where individuals are invited to address a particular issue. In this edition, the Co-Director of the Monash Multicultural Health Unit in Melbourne, Dr Litza Kiropoulos, shares her thoughts on the cultural factors surrounding the adherence to medication amongst CALD patients.
…As already outlined in other articles in this edition of Synergy, culture influences adherence and compliance to pharmacological treatment of mental health problems. Research supports my experience from working as a clinical psychologist that non-compliance to pharmacological treatment appears to be problematic and prevalent in people from non-English-speaking backgrounds.