**Information om Transkulturel Psykiatri, november 2012**

**NYHEDER**

**Forsker: Adoption går ud over barnet**

Metroexpress hjemmeside 26. november 2012 / Marie Dissing Sandahl

Adopterede børn får oftere psykiske problemer, og adoption kan krænke både barnets og den biologiske families rettigheder, advarer ekspert- og efterlyser et helt nyt adoptionssystem. Adoption kan være alt andet end en lykkelig familieforøgelse. For adopterede børn får oftere psykiske problemer, og selve adoptionen kan krænke både barnets og de biologiske forældres rettigheder. Sådan lyder meldingen fra to danske forskere, der beskæftiger sig med adoption.

«Den måde vi adopterer på nu, kan være skadelig for barnets sundhed og trivsel,» siger Merete Laubjerg fra Institut for Folkesundhedsvidenskab på Københavns Universitet. 

Læs artiklen her: [http://www.metroxpress.dk/nyheder/forsker-adoptjon-gar-ud-over-barnet/K0blkzITp6W0FMncP0z6/](http://www.metroxpress.dk/nyheder/forsker-adoptjon-gar-ud-over-barnet/K0blkzITp6W0FMncP0z6/)

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**Svage borgere drukner i et hav af omsorg**

Ugebrevet A4, 9. november 2012 / Carsten Terp

Kaotisk resultat

På baggrund af firmaets arbejde i kommunerne har LG Insight opgjort, hvor mange mennesker man i gennemsnit skal forholde sig til, hvis man tilhører en ud af 10 grupper af udsatte borgere. Topscorene er de kriminelle unge, nyankomne flygtninge generelt og traumatiserede flygtninge eller indvandrerfamilier i særdeleshed. De møder typisk 15-20 par udstrakte, varme hænder, som skal gelejde dem på plads i det danske samfund.

Og hvor sympatisk og velmenende det end kan virke, er resultatet kaotisk og nedbrydende for de i forvejen sårbare mennesker.


Den tilgrundliggende rapport:

**Tværfaglige integrationsindsatser - Erfaringer og løsningsmodeller i 12 kommuner**

LG Insight, juni 2012, 68 sider


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**ARTIKLER FRA FAGLIGE TIDSSKRIFTER**

**Are suicide attempts by young Latinas a cultural idiom of distress?**

Zayas, Luis H.; Gulbas, Lauren E.

The high rates of suicide attempts among adolescent Hispanic females in the United States have been well established by epidemiological and clinical studies. In this paper, we review the research history of Latina suicide attempts and their characteristics. Then we apply multi-faceted conceptual and empirical criteria found in the anthropological and psychiatric literature about cultural idioms of distress to the suicide attempts of young Latinas. We contrast the suicide-attempt phenomenon to the well-known ataque de nervios and propose that the phenomenon may reflect a developmental or cultural variant of the ataque. The attempt-as-idiom proposition is intended to invite discussion that can deepen our understanding of the cultural roots of the suicide attempts and their possible designation as cultural idiom. Establishing the meaning of suicide
attempts within a cultural perspective can assist psychological and psychiatric research and clinical interventions.

**Keywords** suicide attempts – Latinas - idiom of distress - Hispanic females – adolescents

Transcultural psychiatry 49(5), 718-734, 2012

**Association between degrees of social defeat and themes of delusion in patients with schizophrenia from immigrant and ethnic minority backgrounds**

Li, Danni; Law, Samuel; Andermann, Lisa

Immigrants have a heightened risk of developing schizophrenia, suggesting that social factors play an important role in the pathogenesis of schizophrenia. This study aimed to examine the relationship between degrees of social defeat and themes of delusion in patients with schizophrenia from immigrant and ethnic minority backgrounds. Retrospective chart review was conducted. Patients’ psychosocial history, particularly employment history, level of education, and subjective feelings of societal integration before and after immigration, were compared to determine the degree of social defeat. It was found that delusional themes of psychological persecution, such as control and reference, were more common in those with either moderate or severe degrees of social defeat.

**Keywords** delusion, ethnic minority, immigrants, social defeat, schizophrenia

Transcultural psychiatry 49(5), 735-749, 2012

**Complex posttraumatic stress disorder and survivors of human rights violations**

McDonnell, Matthew; Robjant, Katy; Katona, Cornelius

**Purpose of review**

This article reviews recent findings on Complex Posttraumatic Stress Disorder (CPTSD) and proposes future research which would help to establish the nature of CPTSD in relation to Posttraumatic Stress Disorder (PTSD).

**Recent findings**

Research on survivors of torture and war has found that CPTSD can occur when there is no history of childhood abuse. fMRI studies appear to highlight differences in neural activity in individuals exhibiting primary dissociation compared with individuals exhibiting secondary dissociation. Research has begun to show that, when symptoms of secondary dissociation are appropriately managed, exposure-based therapies are an effective treatment for individuals with CPTSD.

**Summary**

Much research on CPTSD has emphasized its developmental basis and the disruptive effects of trauma in childhood and adolescence on subsequent emotional development. However, some studies on survivors of torture in adult life identify similar symptom patterns, despite there being no history of childhood trauma. It is argued that comparative research is required between victims of developmental trauma (such as childhood sexual abuse) and victims who experienced prolonged interpersonal trauma in adulthood (such as torture), as this could be useful in establishing the cause of CPTSD and in delineating clinically and therapeutically meaningful subtypes. It is also proposed that a focus on underlying neurobiological processes would help in developing and refining CPTSD as a construct and informing treatment.

**Keywords** complex posttraumatic stress disorder, human rights abuse, neurobiology, torture

Current opinion in psychiatry 26(1), 1-6, 2013

**Does an immigrant health paradox exist among Asian Americans? Associations of nativity and occupational class with self-rated health and mental disorders**

John, Dolly A., de Castro, A. B.; Martin, Diane P.; Duran, Bonnie; Takeuchi, David T.

A robust socioeconomic gradient in health is well-documented, with higher socioeconomic status (SES) associated with better health across the SES spectrum. However, recent studies of U.S. racial/ethnic minorities and immigrants show complex SES-health patterns (e.g., flat gradients), with individuals of low SES having similar or better health than their richer, U.S.-born and more acculturated counterparts, a so-called “epidemiological paradox” or “immigrant health paradox”. To examine whether this exists among Asian
Americans, we investigate how nativity and occupational class (white-collar, blue-collar, service, unemployed) are associated with subjective health (self-rated physical health, self-rated mental health) and 12-month DSM-IV mental disorders (any mental disorder, anxiety, depression). We analyzed data from 1530 Asian respondents to the 2002–2003 National Latino and Asian American Study in the labor force using hierarchical multivariate logistic regression models controlling for confounders, subjective social status (SSS), material and psychosocial factors theorized to explain health inequalities. Compared to U.S.-born Asians, immigrants had worse socioeconomic profiles, and controlling for age and gender, increased odds for reporting fair/poor mental health and decreased odds for any DSM-IV mental disorder and anxiety. No strong occupational class-health gradients were found. The foreign-born health-protective effect persisted after controlling for SSS but became nonsignificant after controlling for material and psychosocial factors. Speaking fair/poor English was strongly associated with all outcomes. Material and psychosocial factors were associated with some outcomes – perceived financial need with subjective health, uninsurance with self-rated mental health and depression, social support, discrimination and acculturative stress with all or most DSM-IV outcomes. Our findings caution against using terms like “immigrant health paradox” which oversimplify complex patterns and mask negative outcomes among underserved sub-groups (e.g., speaking fair/poor English, experiencing acculturative stress). We discuss implications for better measurement of SES and health given the absence of a gradient and seemingly contradictory finding of nativity-related differences in self-rated health and DSM-IV mental disorders.

**Keywords** U.S.A.; Asian Americans; Immigrants; Socioeconomic status; Occupational class; Self-rated health; Mental health

**Social science and medicine 75(12), 2085-2098, 2012**

**Ethnic identity, acculturation and the prevalence of lifetime psychiatric disorders among Black, Hispanic, and Asian adults in the U.S.**

Burnett-Zeiglera, Inger; Bohnerta, Kipling M.; Ilgen, Mark A.

**Background**
Past research has asserted that racial/ethnic minorities are more likely to develop psychiatric disorders due to their increased exposure to stressors; however most large epidemiologic studies have found that individuals who are Black or Hispanic are less likely to have most psychiatric disorders than those who are White. This study examines the associations between ethnic identity, acculturation, and major psychiatric disorders among Black, Hispanic, and Asian adults in the U.S.

**Methods**
The sample included Wave 2 respondents to the National Epidemiologic Survey on Alcohol Related Conditions (NESARC), a large population-based survey, who self-identified as Black (N = 6219), Asian/Native Hawaiian/Other pacific islander (N = 880), and Hispanic (N = 5963). Multivariable regression analyses were conducted examining the relationships between ethnic identity, acculturation, and the prevalence of psychiatric disorders.

**Results**
Higher scores on the ethnic identity measure were associated with decreased odds of having any lifetime psychiatric diagnoses for those who were Black (AOR = 0.978; CI = 0.967–0.989), Hispanic (AOR = 0.974; CI = 0.963–0.985), or Asian (AOR = 0.96; CI = 0.936–0.984). Higher levels of acculturation were associated with an increased odds of having any lifetime psychiatric diagnosis for those who were Black (AOR = 1.027; CI = 1.009–1.046), Hispanic (AOR = 1.033; CI = 1.024–1.042), and Asian (AOR = 1.029; CI = 1.011–1.048).

**Conclusion**
These findings suggest that a sense of pride, belonging, and attachment to one's racial/ethnic group and participating in ethnic behaviors may protect against psychopathology; alternatively, losing important aspects of one's ethnic background through fewer opportunities to use one's native language and socialize with people of their ethnic group other may be a risk factor for psychopathology.

**Keywords** Race/ethnicity; Ethnic identity; Acculturation; Psychiatric disorder; Epidemiology

**Journal of psychiatric research 47(1), 56–63, 2013**

**Health needs and access to care in immigration detention: perceptions of former detainees**

Zimmerman, Susan E.; Chatty, Dawn; Nørredam, Marie Louise
Purpose
As immigration detainee numbers grow, doubts have arisen over the consistency, quality and suitability of the health care services provided among the UK detention estate and in other Western countries. Detained immigrants, due to their past and present situations, may be especially vulnerable in terms of their health. They may simultaneously lack entitlements to care due to their legal situation. Health needs and access to health care services in immigration detention is understudied. Therefore, this exploratory study aims to test the usefulness of a questionnaire among former detainees examining perceptions of their health needs and access to care within immigration detention in the UK.

Design/methodology/approach
In total, 30 former detainees completed questionnaires, and 27 of these also participated in semi-structured interviews, in June/July 2010. Frequency analyses of questionnaire responses were performed.

Findings
The results showed that 66 per cent of the participants entered detention with pre-existing mental or physical health conditions that required ongoing or new treatments. In addition, new mental/emotional (93 per cent) or physical (53 per cent) health problems arose for the majority of the participants within detention.

Research limitations/implications
Access to health care in detention was often problematic in its effectiveness or availability due to a variety of formal and informal challenges.

Originality/value
The results of this exploratory study cast doubt on how appropriately the mental and physical health needs of detainees are being provided for within the current UK detention estate.

International journal of migration, health and social care 8(4), 180-185, 2012

Influence of the DSM-IV Outline for Cultural Formulation on multidisciplinary case conferences in mental health
Dinha, Nathalie M.H.; Groleau, Danielle; Kirmayer, Laurence J.; Rodriguez, Charo; Bibeau, Gilles

The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-IV-TR) includes an Outline for Cultural Formulation (CF) that identifies cultural information that can be used to modify diagnosis, clinical assessment and treatment plan. This study examined the use of the CF by a Cultural Consultation Service in the psychiatric assessment of patients referred by primary care providers. The study uses conversation analysis of 12 clinical case conferences to explore the ways in which the CF influenced the interaction of a multidisciplinary group of mental health professionals in conceptualizing the implications of patients’ cultural background and current context for diagnosis and treatment planning. The results suggest that the CF can be a useful tool for interdisciplinary collaboration and knowledge transfer by providing a framework to systematically introduce different disciplinary perspectives and levels of description that transcend the narrow frame of disorder-centred psychiatric diagnosis, assessment and care.

Keywords conversation analysis, cultural psychiatry, DSM-IV-TR Outline for Cultural Formulation, knowledge transfer, mental health interdisciplinary collaboration, symbolic interactionism, culture broker
Anthropology and medicine 19(3), 261-276, 2012

Kulturmøter i psykisk helsevern : Møtet mellom flyktninger med psykiske lidelser og behandlingsapparatet byr på mange utfordringer
Akman, Haci

Fra starten af artiklen Mitt mål med denne artikkelen er å undersøke flyktningers erfaringer og opplevelser i møte med det norske psykiatriske behandlingsapparatet. Jeg tar sikte på å få fram tanker, erfaringer og holdninger fra kommunikasjonen og meddelelser mellom aktørene. Informantene i undersøkelsen hevder at fagpersoner i behandlingsapparatet og flyktningene ofte har ulik forståelse av psykiske lidelser, årsaker til disse og behandlingsmetoder. Mange flyktninger er skeptiske til behandlingen de får hos psykolog eller psykiater, og til at de kan få hjelp av dem. Enkelte flyktninger følger behandlingen på grunn av pliktfølelse og lydighet mot autoriteter. Å motsette seg behandling er uhoelig mot dem som henviser og mot behandleren. Noen forstår
Mental ill health among asylum seekers and other immigrants in Sweden
Lindgren, Julia; Ekblad, Solvig; Asplund, Irestig, Maria Robert; Burström, Bo

Purpose
The aim of this paper is to explore mental ill health among newly arrived immigrants to Sweden, in relation to their legal status and previous exposure to threats, violence and separation and to investigate how their health care needs were met.

Design/methodology/approach
Records of health interviews and examinations performed January 1, 2010 to May 31, 2011, in one of six eligible primary health care centers (PHCC) in Stockholm County, Sweden were analysed.

Findings
In total, 555 records were collected and reviewed with regard to: age, sex, legal status (asylum seekers and others), exposure to threats and/or violence, exposure to separation from family member, symptoms or diagnoses, and measures taken. Reported symptoms of mental ill health were labeled mental ill health. Where health interviews led to medical examination, records from these were retrieved to investigate the care offered and given. Reporting symptoms of mental ill health was common (43 percent) among the study population. Exposure to threats and violence and separation was more common among asylum seekers who also tended to be more vulnerable to mental ill health than others who had experienced similar exposure.

Practical implications
The health care system should consider the eco-social conditions that favor recovery. A more generous policy of access to health care among adult asylum seekers is needed and could be an important part of the social stability during the asylum process and in the integration process.

Originality/value
The study demonstrates the need for more structured studies of mental health among asylum seekers in Sweden.

Racial comparison of therapeutic support, service use, and satisfaction among male outpatients with severe mental illness
Tsai, Jack; Desai, Rani A.; Rosenheck, Robert A.

This study examined racial differences among male outpatients with severe mental illness on therapeutic support, mental health service utilization, and service satisfaction. A total of 530 participants (289 White, 179 Black, and 62 of another race) across three large mental health centers (two state funded and one federally funded) in Connecticut were examined cross-sectionally. No racial differences were found in therapeutic support, and there were essentially no racial differences in service satisfaction. Black clients reported greater use of substance abuse inpatient services than White clients and clients of other racial minorities reported greater use of mental health inpatient services than White clients, but differences were small. These findings suggest there are few racial differences in the reported quality of mental health care and service utilization among male outpatients with severe mental illness. More research is needed on where and under what circumstances health disparities exist.

Keywords
Serious mental illness – Race - Psychiatric rehabilitation - Community mental health - Treatment satisfaction

Psychiatric quarterly 83(4), 509-519, 2012

Race- and gender-related differences in clinical characteristics and quality of life among outpatients with psychotic disorders
Nejtek, Vicki A.; Allison, Nanette; Hilburn, Craig

Psychiatric quarterly 83(4), 509-519, 2012
Background
Historically, the literature suggests that African Americans with mental illness are diagnosed with psychotic disorders at a higher rate and receive higher doses of antipsychotic medications than other racial groups. However, few studies have compared clinical characteristics and quality of life among African-American (AA) and white men and women. Thus, research is needed to examine potential race and gender differences in clinical characteristics, prescribing practices, and quality of life.

Methods
This exploratory, hypothesis-generating study examined current and past diagnoses, current pharmacotherapy, failed psychotropic medications, and quality of life among 23 AA and 31 white men and women receiving outpatient treatment for psychosis.

Results
Depression and psychotic depression were common complaints in the sample, yet only a third of the patients received antidepressants. We found that AA men received an antidepressant for depression symptoms less often, received higher antipsychotic doses, and rated their overall quality of life as poorer than any other group. White men and AA women had a history of more years of mental illness and had experienced 57% and 69% more psychotropic medication failures, respectively, than AA men or white women. Quality of life scores were significantly related to years of mental illness, number of past diagnoses, and number of failed medications.

Conclusions
Our data suggest that clinicians could significantly enhance prognostic outcomes in outpatients with psychotic disorders by routinely re-evaluating depressive symptomatology and prescribing practices and considering adding psychosocial interventions to avert deterioration in quality of life. Further investigation of race and gender differences in quality of life and satisfaction as a function of diagnoses and treatment is warranted.


The role of ethnic identity in symptoms of anxiety and depression in African Americans
Williams, Monnica Terwilliger; Chapman, Lloyd Kevin; Wong, Judy; Turkheimer, Eric

Ethnic identity has been identified as a factor contributing to resilience and coping in African Americans. Ethnic identity includes positive feelings of ethnic affirmation and belonging, appreciation for one's ethnic identity, and increased ethnic behaviors. This study examines the role of ethnic identity in symptoms of anxiety and depression. Participants were an adult student and community sample (N=572), administered the Beck Anxiety Inventory (BAI), Center for Epidemiologic Studies of Depression Scale (CES-D), State Trait Anxiety Inventory–state portion (STAI-S), and Multigroup Ethnic Identity Measure (MEIM). Compared to European Americans, African Americans reported significantly greater depression and more negative state anxiety, as well as higher levels of ethnic identity. For African Americans, higher ethnic identity was correlated to reduced anxiety and depression, whereas this was not true for European Americans. Findings support the proposition that a strong, positive ethnic identity may serve a protective role among African Americans by moderating the relationship between discriminatory experiences and psychological well-being. An Afrocentric perspective may also contribute to reduced anxiety due to a greater emphasis on a present versus future-oriented worldview. Clinical implications and directions for future research are discussed.

Keywords Ethnic identity; Ethnic differences; African Americans; Affect; Mood disorders; Anxiety disorders
Psychiatry research 199(1), 31-36, 2012

Substance use, generation and time in the United States: the modifying role of gender for immigrant urban adolescents
Almeida, Joanna; Johnson, Renee M.; Matsumoto, Atsushi; Godette, Dionne C.

Although immigrant youth have lower rates of substance use than US born youth, whether substance use varies by generation and time in the US is unclear. This study examines adolescent alcohol, tobacco and marijuana use by generation/time in US (i.e., first generation, in US ≤4 years; first generation, in US >4 years; second generation; and third generation or higher). Data come from a 2008 survey of Boston, Massachusetts public high school students (n = 1485). Multivariable logistic regression models were used to
examine the association between generation/time in the US and risk of past 30-day substance use, adjusting for age and race/ethnicity. To determine whether the associations differed by gender, we fit gender stratified regression models. The prevalence of substance use was lowest among immigrants who had been in the US ≤4 years. Among girls, generation/time in US was not related to alcohol use or to tobacco use. For boys, being an immigrant regardless of number of years in the US, as well as second generation was associated with a significantly lower risk of tobacco use, compared to third generation youth. Additionally, immigrant boys who had been in the US ≤4 years had a significantly lower risk of alcohol use. Among both boys and girls, all first and second generation youth were significantly less likely to report marijuana use compared to third generation youth. Immigrant youth have a lower risk of alcohol, tobacco and marijuana use relative to US born youth; however the protective effect of foreign nativity on alcohol was eroded much more quickly than for tobacco or marijuana. The effects of generation and time in US on substance use differ by gender and the particular substance.

**Keywords**: Substance use, Youth Immigrants, Time in USA, Gender, Effect modification, USA

Social science and medicine 75(12), 2069-2075, 2012

**Suicide of first-generation immigrants in Australia, 1974–2006**

Ide, Naoko; Kõlves, Kairi; Cassaniti, Maria; De Leo, Diego

**Purpose**
This study analysed suicide rates among first-generation immigrants in Australia from 1974 to 2006, and compared their suicide risks against the Australian-born population. It also examined the associations between the suicide rates of immigrants from 23 selected countries of birth during 2001–2006, and in their home countries.

**Method**
Age-standardised suicide rates (15+ years) and rate ratios, with a 95 % confidence interval, during 1974–2006 were calculated for country of birth (COB) groups. Spearman’s rank correlation coefficient was calculated between COB-specific immigrant suicide rates during 2001–2006 in Australia and in their homelands.

**Results**
Suicide rates showed a decreasing time-trend among all COB groups for both genders in Australia. The lowest suicide rates were found during 2004–2006, compared to other year groups. Throughout the study period, males born in Eastern, Northern and Western Europe and New Zealand had the highest suicide rates in Australia. For females, the highest rates were among those born in Western Europe and the UK (including Ireland). Male and female migrants born in North Africa and the Middle East, Southern and Central Asia and South East Asia showed the lowest suicide rates. There was a significant correlation between male immigrant suicide rates by COB and the rates of their home countries.

**Conclusion**
The patterns of suicide rates in immigrants were influenced by the social and cultural norms of their COB. The overall decrease in suicide risk among immigrants was particularly evident in males.

**Keywords** Immigrants - Suicide rates - Country of birth - Gender differences

Social psychiatry and psychiatric epidemiology 47(12), 1917-1927, 2012

**Using critical ethnography to explore issues among immigrant and refugee women seeking help for postpartum depression**

O’Mahony, Joyce Maureen; Donnelly, Tam Truong; Este, Dave; Bouchal, Shelley Raffin

Critical ethnography was used as a pragmatic research methodology to explore the postpartum depression (PPD) experiences of immigrant and refugee women. We examined the social, political, economic, and historical factors that affected the help-seeking behavior of these women during PPD episodes. The critical ethnography method allowed participants to share their experiences with each other and afforded opportunities to the researchers to acknowledge and validate, rather than simply observe and record, their testimony. This study of PPD thus increased our awareness and understanding of the health issues of immigrant and refugee women.

**Issues in mental health nursing 33(11), 735-742, 2012**

**Ångest kan inte direktöversättas : diagnostik och behandling av ångestsjukdom**
i mångkulturella vårdmiljöer
Bäärnhielm, Sofie

Fra starten af artiklen
»Jag har ont överallt.« (På somaliska »Waa laygu dhanyahay «. Det finns ingen direktöversättning till svenska, men meningen kan även översättas »jag är sjuk överallt«, eller »hela kroppen är sjuk«).
»Jag kan inte sova om nätterna.«
Läkartidningen 109(42), 1892-1894, 2012
Download artiklen her: http://www.lakartidningen.se/store/articlepdf/1/18766/LKT1242s1892_1894.pdf