

DEPRESSION ACROSS CULTURES LAURENCE J. KIRMAYER AND G. ERIC JARVIS pdf

1: Laurence J. Kirmayer, MD | Division of Social and Transcultural Psychiatry - McGill University

Laurence J. Kirmayer, MD, FRCPC, FCAHS, FRSC is James McGill Professor and Director, Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University and Co-director of the Culture, Mind and Brain Program, McGill University.

Eric Jarvis jaswant guzder Early release, published at www. We searched and compiled literature on preva-uncertainty during migration, and postmigration lence and risk factors for common mental health problems resettlement experiences that influence adaptation and related to migration, the effect of cultural influences on health outcomes. Publications improved with the use of trained interpreters and culture were selected on the basis of relevance, use of recent data brokers when linguistic and cultural differences impede communication and mutual understanding. The migration trajectory can be divided into three hanging patterns of migration to Canada pose new components: Each phase is associated with specific risks and exposures. The prevalence of specific types of mental in primary care. We outline basic clinical grants length of residence less than one to four years had the strategies for primary mental health care of migrants includ- lowest rates of depression odds ratio [OR] 0. However, the health of immigrants tends to ment and prevention of common mental disorders among worsen over time to match that of the general population. This search was supplemented by articles identified through evidence reviews conducted for other topics in the guidelines of the Records Additional Identification Canadian Collaboration for Immigrant and Refugee Health identified records through identified CCIRH e. We provide a descriptive synthesis and discussion of the results. SRs, guidelines How does migration affect mental health? Search and selection flow sheet. Postmigration factors that moderate the review. Rates were similar to those in the general negative effects on the mental health of immigrants and population for immigrants who arrived before age 12 and for refugees. Each phase is asylum â€” with up to 10 times the rate of post-traumatic associated with specific risks and exposures. The premigra- stress disorder as well as elevated rates of depression, tion period often involves disruptions to usual social roles and chronic pain and other somatic complaints. During migration, immigrants can experience pro- torture is the strongest predictor of symptoms of post-trau- longed uncertainty about their citizenship status as well as sit- matic stress disorder among refugees. In some A recent meta-analysis found a mean weighted relative risk of countries, asylum seekers are kept in detention centres with schizophrenia among first-generation migrants of 2. A similar effect of migra- on well-being. Disillusionment, demoralization and depression tion has not been found for mood disorders in the United can occur early as a result of migration-associated losses, or Kingdom,41 but there is evidence for an increase in the preva- later, when initial hopes and expectations are not realized and lence of common mental disorders among men but not when immigrants and their families face enduring obstacles to women from the Caribbean after migrating to the US. Factors related to migration that affect mental health12â€”23 Premigration Migration Postmigration Adult Economic, educational and occupational Trajectory route, duration Uncertainty about immigration or status in country of origin refugee status Disruption of social support, roles and Exposure to harsh living conditions Unemployment or underemployment network e. Postmigration factors, includ- strain, social alienation, discrimination and status loss, and ing the quality of reception and support in the country of asy- exposure to violence. The stigma of a psy- often have not been addressed clinically. Risk factors for psychological traumatic stress disorder, depression, conduct disorder juve- distress among newly arrived older immigrants include nile delinquency and problems resulting from substance female sex, less education, unemployment, poor self-rated abuse, results from a few large-scale community surveys health, chronic diseases heart disease, diabetes, asthma , show that the rate of psychiatric disorder among immigrant widowhood or divorce, and lack of social support or living youth is not higher than that of native-born children. During migration, many Clinical considerations youth are separated from their parents and no longer have the emotional, physical and financial support of their relatives. Which clinical strategies are effective? Unaccompanied minors and children with unstable

living sit- In general, the same methods that are effective in diagnosing uations are at particularly high risk for mental health prob- and treating common mental health problems in primary care 4 CMAJ Review for the general population can be extended to migrants from those related to their own cultural background or geographic diverse backgrounds. However, experts in migrant mental region of origin. Finally, questions about previous or ongo- experience in intercultural primary care that these challenges ing consultations with a physician, healer or helper from can be addressed through specific enquiry into social and their own or other communities can uncover medication use cultural context, the use of interpreters and culture brokers, or other health concerns that can affect adherence, treatment meetings with families and consultation with community response and coping. Although most immigrants to Canada have some knowledge Because migration often brings people together from very dif- of English or French, they might be limited in their ability to ferent cultural backgrounds, it is important to give explicit express their concerns, describe symptoms and social predica- attention to cultural dimensions of the illness experience. Any patient who has limited Place of origin can affect exposure to endemic diseases, proficiency in the languages known by the clinician should be childhood immunization and health care experiences. Culture encouraged to use a medical interpreter. Failure to use inter- can profoundly influence every aspect of illness and adapta- preters has been identified as one of the most important barri- tion, including interpretations of and reactions to symptoms; ers to accessing services for newcomers. Use of multiple sources of help is common among migrants, who may consult traditional forms of healing as Working with families well as biomedical practitioners. Clinical approach to working with interpreters patient can be an important step to building trust and a and culture brokers source of valuable information. Rules of confidentiality and disclosure should be applied Before the interview in a way that respects cultural context. Finally, when response is difficult to translate. Migration can stress and fragment families; close courses, social support and of the ethnocultural groups these members might be left behind, sometimes in dangerous cir- resources represent. However, a personalized referral e. The tendency to focus on the patient in primary giving a specific name or calling the person in front of the care must be supplemented by close attention to the family patient is much more likely to result in success, particularly system and social network, which can include crucial mem- in the case of a depressed, anxious and traumatized patient for bers in other countries. It is important to acknowledge and whom re-establishment of a social network is difficult welcome family members who accompany the patient. In smaller communities, develop- Rather than excluding them because of privacy, meeting ing networks across social sectors and ethnocultural groups as family members together soon before meeting alone with a well as with colleagues in other centres can be useful. Health Hum Rights ;9: Migration poses specific stresses, yet most immigrants do Ehntholt KA, Yule W. J Child Psy- well with the transitions of resettlement. Systematic enquiry chol Psychiatry ; Review of child and adolescent refugee mental health. A comparison of the mental health of refugees functioning will allow clinicians to recognize problems in with temporary versus permanent protection visas. Med J Aust ; Global evidence for a biopsychosocial understanding of refugee adapta- adaptation and undertake mental health promotion, preven- tion. Porter M, Haslam N. Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: Because the evidence is limited, research is needed to JAMA ; Policies of deterrence and the mental health of asy- lum seekers. Long-term effect of psychological trauma on the the increasing diversity of immigrants and refugees in mental health of Vietnamese refugees resettled in Australia: Thapa SB, Hauff E. Gender differences in factors associated with psychological distress among immigrants from low- and middle-income countries “ findings This article has been peer reviewed. Soc Psychiatry Psychiatr Epidemiol ; Depression and anxiety in labor migrants and Competing interests: Lavanya Narasiah has received speaker fees for refugees “” a systematic review and meta-analysis. Soc Sci Med ; Resettling refugees and safeguarding their mental health: Kirmayer led the literature review process. Assuring the health of immigrants: All of the authors reviewed and approved the final version sub- leading health indicators tell us. Annu Rev Public Health ; The health of immigrants and refugees in Canada. Can J Public Health mitted for publication. Tomas Jurcik and Sudeep

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Chaklabanis coordinated the Can J Public Health ; Recent research on immigrant health from Sta-
Dunikowski designed the bibliographic searches. Antonella Clerici provided secretarial support. John
Feightner provided cru- Health Rep ;13 Suppl: Self-rated health within the Canadian immigrant population:
The views expressed in this report are the views ity Survey Replication. J Nerv Ment Dis ; Prevalence of
serious mental disorder in refugees resettled in western countries: Public Health Agency of Canada. The
Public Health Agency of Canada Strangers at the gate: The Cal- Toronto ON: University of Toronto Press;
Soc Psychi- Research contributed to dissemination. Association of torture and other potentially trau-
matic events with mental health outcomes among populations exposed to mass conflict and displacement: Ethnic
minority groups, particularly African and Caribbean and Black African groups, are at increased risk of
psychosis in the UK. Evid Based Ment 2. Population by immigrant status and period of immigration, counts,
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Gen Psychiatry ; J Gen Intern Med ; The social causes of psychosis in North American psychiatry:
Intercultural communication competence of a disappearing literature. Can J Psychiatry ; Patient Educ Couns ;
The cultural context of clinical assess- review.

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2: The American Psychiatric Publishing textbook of mood disorders (edition) | Open Library

Objectives: This paper reports results from the evaluation of a cultural consultation service (CCS) for mental health practitioners and primary care clinicians. The service was designed to improve the delivery of mental health services in mainstream settings for a culturally diverse urban population including immigrants, refugees, and ethnocultural minority groups.

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Psychiatry, 24 Sayar, K. Predictors of somatic symptoms in depressive disorder. General Hospital Psychiatry, 25 2 , Knowledge structures in illness narratives: Development and reliability of a coding scheme. Transcultural Psychiatry, 41 1 , Canadian Journal of Psychiatry, 51 4 , Selected Books and Chapters Alarcon, R. Beyond the funhouse mirrors:

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Trauma and Global Health Program James Administration Building Sherbrooke Street West Montreal, Quebec H3A 3R1.

Kirmayer, MD Laurence J. His past research includes studies on cultural consultation, pathways and barriers to mental health care for immigrants and refugees, somatization in primary care, cultural concepts of mental health and illness in Inuit communities, risk and protective factors for suicide among Inuit youth, and resilience among Indigenous peoples. Culture and depression in global mental health: An ecosocial approach to the phenomenology of psychiatric disorders. *Social Science and Medicine*, Skogli, H-R, Geoffroy, D. *International Journal of Circumpolar Health*, 76, Perinatal depression in Nigeria: Perspectives of women, family caregivers and health care providers. *International Journal of Mental Health Systems*, Feasibility, acceptability, and clinical utility of the Cultural Formulation Interview: Mixed-methods results from the DSM-5 international field trial. *British Journal of Psychiatry* April, 4: Current Opinion in Psychology, 8: Toward a culturally responsive model of mental health literacy: Facilitating help-seeking among East Asian immigrants to North America. *American Journal of Community Psychology*, 58, Cultural affordances, shared intentionality, and regimes of attention. *Cognitive Science*, 7, Article, doi: The flexibility hypothesis of healing. *Culture, Medicine and Psychiatry*, doi: Mental health and psychosocial wellbeing of Syrians affected by armed conflict. *Epidemiology and Psychiatric Sciences*, 25 2: Caring for a newly arrived Syrian refugee family. *Canadian Medical Association Journal*, 3: How do clinicians prefer cultural competence training? *Academic Psychiatry*, 40 4: A bridge too far. *Journal of Nervous and Mental Disease*, 1: Mindfulness in cultural context. *Transcultural Psychiatry*, 52 4: Culture and personality disorder: From a fragmented literature to a contextually-grounded alternative. *Current Opinion in Psychiatry*, 29 1: Explicit and implicit attitudes of Canadian physicians toward people with mental illness. *Canadian Journal of Psychiatry*, 60 Results from a large, epidemiologically representative follow-back study in Nunavut. Pathways to first-episode care for psychosis in African, Caribbean, and European origin groups in Ontario. Advancing suicide prevention research with rural American Indian and Alaska Native populations. *American Journal of Public Health*, 5: Psychotropic medications as vehicles of socialization in adolescence. A time for action on health inequities: *International Journal of Person Centered Medicine*, 4 2: Clinician reasoning in the use of cultural formulation to resolve uncertainty in the diagnosis of psychosis. Changing rates of suicide ideation and attempts among Inuit youth: A gender-based analysis of risk and protective factors. Toward a new architecture for global mental health. *Transcultural Psychiatry*, 51 6: Focus, 13 4: A mixed-methods, case-control study of possession and common mental disorders in Nepal. What kind of science for psychiatry? Culture and psychiatric evaluation: Operationalizing cultural formulation for DSM Prevalence and social determinants of suicidal behaviors among college youth in India. *Adv Psychosom Med*, 33, Cultures of the Internet: *Transcult Psychiatry*, 50 2, Guidelines for training in cultural psychiatry. *Canadian Journal of Psychiatry*, 57 3, Insert Changing patterns in suicide among young people. *Transcult Psychiatry*, 49 2, Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism. *Soc Sci Med*, 75, Using the cultural formulation to resolve uncertainty in diagnoses of psychosis among ethnoculturally diverse patients. *Psychiatric Services*, 63 2, Common mental health problems in immigrants and refugees: General approach to the patient in primary care. *Canadian Medical Association Journal*, Multicultural medicine and the politics of recognition. *Journal of Medicine and Philosophy*, 36 Defining and delimiting trauma-related dissociation: Rethinking resilience from indigenous perspectives. *Canadian Journal of Psychiatry*, 56 2, Social representations and reactions to traumatic experiences in the Gaza strip. *Traumatology*, 16 4, From brain image to the Bush Doctrine: Critical neuroscience and the political uses of neurotechnology. *American Journal of Bioethics Neuroscience*, 1 1, Bidimensional measurement of acculturation in a multiethnic sample of first-generation immigrants. *Canadian Journal of Behavioural*

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Science, 42 2 , Spiritual reconfigurations of self after a myocardial infarction: Influence of culture and place. Transcultural Psychiatry, 47 1 , Peace, conflict, and reconciliation: Conceptual basis and structural model. Canadian Journal of Psychiatry, 55 11 , Culture and Mental Health in Haiti: From complicity to advocacy: American Journal of Bioethics, 10 2 , Canadian Journal of Psychiatry, 55 4 , A key individual-to-community link: The impact of perceived collective control on Aboriginal youth well-being. Cultural neuroscience and psychopathology: Progress in Brain Research, , Nightmares, Neurophenomenology and the Cultural Logic of Trauma. From Amrita to substance D: Transcultural Psychiatry, 46 1 , Transcultural Psychiatry, 46 3 ,

4: Mónica Ruiz-Casares, PhD | Division of Social and Transcultural Psychiatry - McGill University

Depression is a universal feeling. Presentation of depression may vary across cultures, often dictated by cultural and social mores and understanding of behavior patterns. As there are no.

5: Publications Authored by Laurence J Kirmayer | PubFacts

Religious Practice and Psychological Distress: The Importance of Gender, Ethnicity and Immigrant Status G. Eric Jarvis, Laurence J. Kirmayer, Morton Weinfeld, and Jean-Claude Lasry Transcultural Psychiatry 4,

6: Jewish General Hospital - About Us

Mood and substance use / Edward Nunes [and others] --Depression and personality / Shirley Yen [and others] --Depression and gender / Susan G. Kornstein and Diane M.E. Sloan --Depression across cultures / Laurence J. Kirmayer and G. Eric Jarvis --Sleep and mood disorders / Daniel J. Buysse [and others].

7: Laurence J. Kirmayer, MD | Trauma and Global Health Program - McGill University

Background: Recognizing and appropriately treating mental health problems among new immigrants and refugees in primary care poses a challenge because of differences in language and culture and because of specific stressors associated with migration and resettlement.

8: Antropología médica en la Europa meridional by Publicacions Universitat Rovira i Virgili - Issuu

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9: Table of contents for The American Psychiatric Publishing textbook of mood disorders

CHAPTER 4 The Cultural Context of Clinical Assessment Laurence J. Kirmayer Cécile Rousseau G. Eric Jarvis Jaswant Guzder Division of Social and Transcultural Psychiatry, McGill University, Montreal, Quebec, Canada Introduction: The Cultural Matrix many commonalities.

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