

## NR4. Transcultural psychiatry/primary care

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### PSYCHIATRIC MORBIDITY IN PRIMARY HEALTH CARE. PREVALENCE, HIDDEN PSYCHIATRIC MORBIDITY AND TREATMENT. A SCANDINAVIAN MULTICENTRE INVESTIGATION

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The study includes 1,281 patients consecutively consulting their general practitioner at four Scandinavian centres (Turku (Finland), Orup and Nacka (Sweden), and Aarhus (Denmark)). Initially a questionnaire including the SCL-25 (Symptom Check List) was applied and a subsample of the high scoring patients and a random sample of the low scoring patients were interviewed by the PSE (Present State Examination).

Firstly, the internal validity of the SCL-25 was tested by means of Rasch latent structure analysis, secondly the external validity of the screening instrument was tested by ROC analyses. Based on this a short 8-item version, i.e. the SCL-8D was developed.

The prevalence of mental illness in all centres combined was 26%, varying from 14% in Nacka to 36% in Turku. Compared to a diagnostic interview (PSE) the GPs detected 44% of the psychiatric cases, but their performances varied considerably between the centres, from 33% in Orup to 60% in Aarhus. The severity and the diagnostic category did not influence the GPs' ability to detect mental illness. Only 1/4 of the patients with a mental illness consulted their GP due to their mental illness, and only 4% did not present physical symptoms.

The GPs treated the patients themselves and only a most limited part were referred to psychiatrists or psychologists.

**Conclusion:** Mental illnesses are most prevalent in primary care, and the patients usually present physical symptoms. Mental illnesses are frequently not recognised by the GPs, and if so most of the patients are treated in primary care. This points to the GPs' important role in mental health care.

### SOVIET MENTALITY AND PSYCHIATRIC DIAGNOSIS: SOME SEMANTIC AND SEMIOTIC ASPECTS

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A huge amount of misdiagnoses (in 1988 about 2 million persons were taken from "register" in former USSR) raises curiosity, concerning the diagnostic criteria used (broad Schizophrenia concept), but in the political misusings (psychiatric expertises directed by KGB, for example) axiological differences, up to antipodal of such human values, as spirituality, conscience, activity, self-esteem, moral philosophy, God — the Higher Power, and also medical ethics, are evident, comparing Western and Soviet societies, the latter being represented by diagnosing psychiatrists. A method of semantic analysis of KGB interrogators' motivation for dissidents' psychiatric

examination, and forensic psychiatry statements (evidences), written by leading Soviet psychiatrists, also in comparison with the same axiological concepts, as they appear in literature and philosophy of Lithuanian emigrants to USA, Australia and France of the same time, is being used.

Analysis suggests, that the differences in identifying psychic illness, appearing between Western and Soviet (also post-soviet) psychiatric practises, are determined not only by different diagnostic criteria, but also axiological difference of concepts of human values.

### CROSS-CULTURAL STUDY OF PSYCHOLOGICAL DISTRESS AMONG ETHIOPIAN AND RUSSIAN IMMIGRANTS TO ISRAEL

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During the last decade waves of mass immigration brought to the country about 700000 Jews from the former USSR and more than 50000 Jews from Ethiopia. Differences between these two immigrant populations include their history, cultural background, norms and traditions, educational level, professional composition, and socio-economic status. Goals of the current study were: 1) to assess the psychological distress level of Ethiopian and Russian immigrants; 2) to study the influence of gender and age on distress level and symptoms; and 3) to assess psychological symptoms and distress level over time since immigration. The study was designed as a community survey. Psychological distress in those two immigration groups was measured by Talbieh Brief Distress Inventory (TBDI) and compared between Ethiopians (N = 110) and Russians (N = 165). These samples were matched by sex, age and time since immigration. The reliability of the TBDI dimensions (Cronbach's alpha) ranged of 0.75 to 0.94 for Russian and of 0.41 to 0.83 for Ethiopian respondents. A significant difference between the two groups was found in levels of psychological distress, with lower distress level for Ethiopian than for Russian immigrants. Ethiopians were characterized by a higher level of paranoid ideation symptoms, while Russians exhibited significant higher degree of hostility and anxiety. Younger Ethiopians (under 31) were more sensitive and paranoid, but less anxious than younger Russians, whereas elder Ethiopians (31 and over) were less obsessive, hostile, sensitive, and anxious compared to elder Russians. Hostility, sensitivity and depression were higher in Russians with the duration of residence longer than 48 months. The results suggest that differences in psychological distress and its specific expressions are determined by the cultural differences between the two immigrant samples.

### PSYCHIATRIC DISORDERS AMONG MIGRANTS: CORRELATION BETWEEN PSYCHOPATHOLOGY AND PSYCHOPHARMACOLOGY

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There has been much debate on the prevalence of mental disorders among migrants, with certain studies finding an increased rate among certain subgroups (Cochrane & Bal 1987, Charalabaki et al. 1995), others finding no increase (Häfner 1980). This lead to further debate on the problems of describing psychopathology among patients of different cultural backgrounds with its possible consequence of misdiagnoses (Westermeyer 1987). Furthermore, the course of illness among migrants with schizophrenia has been described as poorer (Birchwood et al. 1992), implying that more special attention is needed in this area. Treatment factors can affect the course of illness, and differences in the treatment of mentally ill migrants have been