



Faculty of Social Sciences



Mental Disorders and Treatments of Ethnic Minorities in a Nordic Country

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Transcultural psychiatry

Psychiatry across cultures

Psychiatry: The universality of the psychiatric disorders

Anthropology: The cultural particularity

Selected areas of importance:

- Culture bound syndromes
- Culture and personality
- WHO's global research on serious mental disorders (IPSS etc.)
- DSM-IV and the cultural formulation
- Immigrants



Transcultural psychiatry in Denmark

Not very much

Videnscenter for Transkulturel psykiatri at Rigshospitalet from 2002 (Center for Transcultural Psychiatry)

Only few special services – primarily targeting traumatized refugees

Translation of question guide with inspiration from the cultural formulation of DSM-IV, which is not very widespread or used

Isolated initiatives

Reports from projects



Transcultural psychiatry in Denmark

Over-representation of ethnic minority patients in closed and forensic psychiatry + emergency rooms

Under-representation of ethnic minority patients in open wards and municipality-psychiatry

Why?



Culture and psychiatry – an anthropology on transcultural psychiatry in Danish hospitals

How do psychiatric staff understand and work with the different cultural background among patients with another ethnic background than Danish?

- In what situations consider staff culture to be an important or relevant concept?
- How do staff talk about these patients?
- Who among the patients do staff consider to be of 'another ethnic background than Danish'?
- Are these patients in any way treated differently?
- Do staff consider them to be different from other patients?
- Do staff experience they lack tools or knowledge in their work with these patients?

Situated in the every day practices of the psychiatric departments



Culture and psychiatry – an anthropology on transcultural psychiatry in Danish hospitals

Study period: 2002-2005

Fieldwork primarily in forensic psychiatry and closed hospital wards in the greater Copenhagen area

Most patients had a diagnosis within the schizophrenic spectrum

Methods:

- Participant observation
- Interviews with staff and patients
- Medical records on selected patients



Patients with ethnic minority background

Not every patient with a different cultural background was by staff perceived to be a patient with ethnic minority background

E.g. two patients from the same foreign country – but only one of them considered to be 'ethnic' by staff

Not an objective category

One or more of the following characteristics needed to be present but was not enough: skin or hair color, different clothes, different names, not speaking Danish, different (religious) practices

As a rule: patients that staff considers to be difficult patients



Categorization – the analytical framework

Ethnic groups vs. ethnic categories

Internal identity vs. external categorization

Analytical approaches to categorization:

- Majority-minority research: General societal processes of dividing people in to groups
- Social technologies: Specific institutional processes, depending on how well groups of patients are helped by specific interventions



Categorization in Danish psychiatric departments

Patients by staff

Diagnosis

Drug use

Forensic status

Ethnicity

Patients by patients

Acceptable criminality

Staff by staff

Profession

Gender

Staff by patients

Nice and not-so-nice

Profession

Gender

Work experience



Categorization in Danish psychiatric departments

From the analytical perspectives – some patients are more right than others

- Because they are the norm and hence part of the 'majority', or
- Because they fit the social technology of the departments

Patients with schizophrenia – 'the truly nice schizophrenics'

As oppose to: Depressive, borderlines, drug users, and patients with a disturbing culture



Ethnic patients from the perspective of social technology

Ethnicity makes treatment more difficult than normally

- Extra time, extra resources
- As oppose to the 'truly nicely schizophrenics'

A possible explanation for not succeeding as well as intended

Often a diffuse feeling of not being able to reach the patient



Ethnic patients from the perspective of minority studies

Patients categorized as ethnic differ from the norm of the right patient

The categorization becomes an explanation why they are not provided with the optimal treatment (e.g.. it is difficult, expensive, time consuming, it is not our job to know about culture...)

Drawing on some more general discussions in the Danish society where immigrants are required to adapt to the system and that the system should not provide for anything extra



Final remarks – ethical challenges

The categorization of some patients as ethnic patients is a complicated process, drawing not only on ethnic background of patients but also on institutional practices within psychiatry

As a rule, they are patients that are challenging the norm and the social technology of the departments

Part of a more general practice where some patients are right and some are wrong, and hence are excluded from treatment

Part of a general societal process where immigrants are required to adapt

