

such as Africa and the Middle East, in the last three years it has become more sought-out, particularly by Venezuelans. According to data from the National Committee for Refugees and the Federal Police, there were 206,737 applications for recognition of refugee status in the country between 2011 and 2018, of which 80,057 occurred in 2018 alone.²

Although Brazilian refugee legislation is considered one of the most advanced worldwide, there are several challenges to providing mental health assistance for this population. Local and regional studies have reported adverse mental health outcomes in immigrants.^{3,4} Other studies have described psychiatric treatment experiences with refugees and the development of specialized assistance programs.^{5,6} However, there is still a lack of data about mental health issues in this population. Therefore, little is known about cultural implications and other variables for different outcomes. Mental health care interventions for refugees are focused on the following areas: promoting social integration, overcoming access barriers and facilitating engagement with mental health services, and treating refugees with apparent mental disorders. Since post-migration risk factors lead to a higher prevalence of depression and anxiety, social determinants, such as access to housing, work, food, and education, promote mental health.⁷ It is not yet known if such basic conditions can be offered here, since more than 50 million Brazilians (25.3% of the population) live in poverty. Concerning other determinants, such as social integration, the local population's sensitivity and receptivity are not known.

Cultural competence, defined as "the acquisition of cultural knowledge about population subgroups, the adoption of culturally sensitive attitudes, and the acquisition of cross-cultural skills,"⁸ is essential for providing adequate assistance for migrants and refugees.^{7,9} Cultural competence skills are considered a priority area for mental health professionals over the next decade. Knowledge of cultural factors and their variations must be considered in the context and significance of mental disorders in different individuals or groups.⁹ Psychiatry residents in developed countries are required to master a body of knowledge related to cultural competence. However, in Brazilian mental health education, especially psychiatry residency programs, cross-cultural aspects of mental health have not been highlighted. Such an emphasis will be important for developing the cultural competence skills needed to deal with this population.

Fernando Henrique de L. Sá,¹ 
Fernanda Lucia C. Baeza²

¹Programa de Pós-Graduação em Psiquiatria e Ciências do Comportamento, Faculdade de Medicina, Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, RS, Brazil. ²Hospital de Clínicas de Porto Alegre (HCPA), UFRGS, Porto Alegre, RS, Brazil.

Submitted Aug 03 2020, accepted Aug 26 2020, Epub Oct 19 2020.

Disclosure

The authors report no conflicts of interest.

How to cite this article: Sá FHL, Baeza FLC. Mental health care for refugees and the need for cultural competence training in mental health professionals. *Braz J Psychiatry*. 2021;43:223-224. <http://dx.doi.org/10.1590/1516-4446-2020-1388>

References

- 1 United Nations High Commissioner for Refugees (UNHCR). Global trends: forced displacement in 2019. Geneva: UNHCR; 2020.
- 2 Brasil, Secretaria Nacional de Justiça. Refúgio em números. 4a ed. Brasília: Ministério da Justiça e Segurança Pública. Brasil; 2019.
- 3 Bustamante LH, Cerqueira RO, De Marzio F, Leite KP, Cadurin TD, Leclerc E, et al. Barriers to care and psychopathology among Bolivian migrants living in São Paulo, Brazil. *Transcult Psychiatry*. 2020;57:71-80.
- 4 Brunnet AE, Bolaséll LT, Weber JL, Kristensen CH. Prevalence and factors associated with PTSD, anxiety and depression symptoms in Haitian migrants in southern Brazil. *Int J Soc Psychiatry*. 2018;64:17-25.
- 5 Medeiros GC, Sampaio D, Sampaio S, Lotufo-Neto F. Mental health of refugees: report of a successful case in Brazil. *Braz J Psychiatry*. 2014;36:274-5.
- 6 de Santana CL, Lotufo-Neto F. Developing a mental health programme for refugees based on participatory action research: an experience from São Paulo, Brazil. *Int J Action Res*. 2015;11:265-88.
- 7 Giacco D, Laxhman N, Priebe S. Prevalence of and risk factors for mental disorders in refugees. *Semin Cell Dev Biol*. 2018;77:144-52.
- 8 Betancourt JR, Green AR, Carrillo JE, Ananeh-Firempong O 2nd. Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Rep*. 2003;118:293-302.
- 9 Bhugra D, Tasman A, Pathare S, Priebe S, Smith S, Torous J, et al. The WPA-Lancet Psychiatry Commission on the future of psychiatry. *The Lancet Psychiatry*. 2017;4:775-818.

The memory test of the Brief Cognitive Screening Battery is the same as the Recall of Pictures Test of the European Cross-Cultural Neuropsychological Test Battery

Braz J Psychiatry. 2021 Mar-Apr;43(2):224-225
doi:10.1590/1516-4446-2020-1520



We read with interest the paper by Araujo et al.¹ on the translation and diagnostic accuracy of the Brazilian version of the European Cross-Cultural Neuropsychological Test Battery (CNTB). This battery consists of simple tests for diagnosing dementia in immigrants or low-educated individuals living in European countries.² The test that differentiated patients with Alzheimer's disease

from cognitively healthy controls with the highest accuracy was the Recall of Pictures Test (RPT), particularly the delayed recall task.^{1,2} According to Araujo et al.,¹ this test is “similar to a test from the Brief Cognitive Screening Battery (BCSB),³ except that color pictures are used.” The reason given for using color pictures instead of black and white line drawings was that color information “can improve the recognition of pictures in illiterate and less schooled individuals.”²

Since we first published the BCSB in 1994,⁴ our group conducted many studies involving this instrument. According to several studies by our and other groups in Brazil and abroad, identifying black and white line drawings is extremely easy for low-educated or even illiterate individuals. Of note, a study conducted on riverbanks in the Amazon basin found a median of 10 out of 10 drawings identified when evaluating 163 individuals with a mean of 0.83 years of education (± 1.55), 110 of whom were illiterate.⁵

It is also remarkable that the figures in the BCSB and RPT are identical (except for the bucket, which was replaced with a trash can). In addition, the testing procedures of the RPT are exactly the same as those in the BCSB memory test: naming, incidental memory, immediate memory, learning, delayed recall and recognition. Therefore, in our view, the RPT is a color version of the BCSB memory test, and, as such, the original authors should be credited. Nevertheless, this test received a different name in the European battery, and the papers and names of the BCSB’s authors, who in fact designed this battery for use with low-educated individuals, are rarely mentioned. The first paper by Nitrini et al.,⁴ which describes the BCSB, was never cited by the authors of the CNTB.

We must also point out that we have never precluded the use of the BCSB by other researchers or clinicians, and the test has always been freely available. In fact, we have encouraged its use because we believe it is a powerful tool for dementia diagnosis in low-educated individuals. However, we never imagined that it would be used without due recognition that we designed and presented it to the clinical and scientific community.

As we close, we strongly suggest that the authors of the CNTB publicly recognize that the RPT is the color version of the BCSB memory test created by Nitrini et al. in 1994 and not a new or similar test.

Ricardo Nitrini,¹ Paulo Caramelli,² Sonia Maria Dozzi Brucki,¹ Mônica Sanches Yassuda^{1,3}

¹Departamento de Neurologia, Faculdade de Medicina, Universidade de São Paulo (USP), São Paulo, SP, Brazil.

²Departamento de Clínica Médica, Faculdade de Medicina, Universidade Federal de Minas Gerais (UFMG), Belo Horizonte, MG, Brazil. ³Gerontologia, Escola de Artes, Ciências e Humanidades, USP, São Paulo, SP, Brazil.

Submitted Sep 22 2020, accepted Sep 28 2020, Epub Oct 30 2020.

Disclosure

The authors report no conflicts of interest.

How to cite this article: Nitrini R, Caramelli P, Brucki SMD, Yassuda MS. The memory test of the Brief Cognitive Screening Battery is the same as the Recall of Pictures Test of the European Cross-Cultural Neuropsychological Test Battery. *Braz J Psychiatry*. 2021;43:224-225. <http://dx.doi.org/10.1590/1516-4446-2020-1520>

References

- 1 Araujo NB, Nielsen TR, Barca ML, Engedal K, Marinho V, Deslandes AC, et al. Brazilian version of the European Cross-Cultural Neuropsychological Test Battery (CNTB-BF): diagnostic accuracy across schooling levels. *Braz J Psychiatry*. 2020;42:286-94.
- 2 Nielsen TR, Vogel A, Waldemar G. Comparison of performance on three neuropsychological tests in healthy Turkish immigrants and Danish elderly. *Int Psychogeriatr*. 2012;24:1515-21.
- 3 Nitrini R, Caramelli P, Herrera Junior E, Porto CS, Charchat-Fichman H, Carthery MT, et al. Performance of illiterate and literate non-demented elderly subjects in two tests of long-term memory. *J Int Neuropsychol Soc*. 2004;10:634-8.
- 4 Nitrini R, Lefèvre BH, Mathias SC, Caramelli P, Carrilho PE, Sauer N, et al. [Neuropsychological tests of simple application for diagnosis of dementia]. *Arq Neuropsiquiatr*. 1994;52:457-65.
- 5 Brucki SM, Nitrini R. Subjective memory impairment in a rural population with low education in the Amazon rainforest: an exploratory study. *Int Psychogeriatr*. 2009;21:164-71.

Recall of Pictures Test included in the European Cross-Cultural Neuropsychological Test Battery

Braz J Psychiatry. 2021 Mar-Apr;43(2):225-227
doi:10.1590/1516-4446-2020-1558



In response our recent paper titled “Brazilian version of the European Cross-Cultural Neuropsychological Test Battery,”¹ Nitrini et al. argue that the Recall of Pictures Test (RPT) is “the color version of the Brief Cognitive Screening Battery (BCSB) memory test”² and claim that Nielsen et al.³ have not given due credit to the original authors of the BCSB memory test.

The RPT was developed for cross-cultural cognitive assessment of minority ethnic groups in Europe and has been used for this purpose since its first publication in 2012.³ The RPT has subsequently been part of several European publications on the European Cross-Cultural Neuropsychological Test Battery (CNTB). Since the initial study validating the RPT, Nitrini et al.⁴ have been consistently cited. The initial paper explicitly states that the RPT is inspired by the BCSB memory test and their work. However, other test paradigms relying on learning and recall of pictures also formed the background for pursuing this approach to the RPT.