Cultural diversity and mental health

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Abstract

Objective: Cultural diversity and its impact on mental health has become an increasingly important issue in a globalised world where the interactions between cultures continue to grow exponentially. This paper presents critical areas in which culture impacts on mental health, such as how health and illness are perceived, coping styles, treatment-seeking patterns, impacts of history, racism, bias and stereotyping, gender, family, stigma and discrimination. **Conclusions:** While cultural differences provide a number of challenges to mental health policy and practice they also provide a number of opportunities to work in unique and effective ways towards positive mental health. Ethnospecific approaches to mental health that incorporate traditional and community-based systems can provide new avenues for working with culturally diverse populations.

Keywords: cultural diversity, mental health, culture, racism, stigma

Culture can be viewed as the values the members of a given group hold, the norms they follow and the material goods they create. It is not a single static entity but is multi-layered and may be influenced by a number of aspects including national, regional, religious, gender, class and individual issues.[1] Culture influences our understanding of health and illness, modes of treatment as well as health-seeking behaviour such as attitudes to preventative and curative care, attitudes to providers and expectations of the healthcare system.[2] Discussions of culture tend to be about the 'Other' but should consider the culture of the mainstream, especially of the practitioner and the institution. Even where the practitioner is from the same culture, cultural clashes involving Western/Traditional cultures or differences across sub-cultures can occur. All of this in turn has impacts on how effective mental health services and professionals can be in working with different cultural groups, and supports the contention: "that a 'one-size fits all' model is neither appropriate nor effective" (FECCA, p. 2).[3]

Critical elements of cultural diversity and mental health

There is significant evidence to show that not only does culture play a significant role in terms of how we *understand* health and illness, but that different cultures *perceive* these differently and that these differences can play

a key role in terms of how illness is managed.[4] One aspect of difference across cultures relates to what the cause or nature of disease or illness is perceived to be. This can vary from notions of possession by spirits, yin/yang imbalances, the 'evil eye', black magic, or the breaking of taboos (and perceptions change with time, for instance homosexuality, which was identified as a disorder in the DSM-II until 1974).[5,6] Views of illness causality range across the individual, the natural world and the social world, and every cultural group may see this differently.[6] Knowledge of the range of culturally informed understandings should provide avenues for the practitioner to explore further, to come to a clearer appreciation of the issues.

Culture modifies our *coping styles*, or the ways that we cope with everyday problems and to more extreme types of adversity. Not only are there cultural variations in the types of stressors that people experience but the assessment of

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stressors also varies, as do the choice of responses to stressors.[7] The US Department of Health and Human Services noted such differences in coping styles when reporting that children in Thailand were two times more likely than children in the US to report reliance on covert coping methods, such as 'not talking back', as against overt methods such as 'screaming' and 'running away'.[8]

Treatment-seeking patterns vary across cultures. People from ethnic minorities are less likely to seek mental health treatment and also more likely to present in crisis compared with the majority community in Western countries.[3] Some of these patterns can be examined in the context of how culture and the *history* of that culture modify how therapeutic systems, interventions and therapists are viewed or trusted. As an example, in countries like Australia, where minority groups such Aboriginal and Torres Strait Islander people have historically struggled with oppression and dispossession, mental health professionals may be viewed as part of the problem.[9]

The *historical context* can also play a significant role in terms of how mental health professionals perceive and work with their clients across cultures. Many of the assumptions of what is normal and what is abnormal that are central to Western therapeutic approaches are based in Western, middle-class constructions that may not be valid when working across cultures,[10] adversely impacting on assessment, intervention and evaluation-planning processes.[11] In terms of cross-cultural psychological testing, Marsella[11] argues that:

> [f]or valid clinical and psychological assessment to occur, it is essential that there be linguistic, conceptual, scale, and normative equivalence for the clients being tested or assessed. The use of standardized "Western" assessment instruments poses many risks. It is not simply an issue of language, but rather whether concepts are similar, scales (e.g. True/False) are appropriate, and norms are suitable for other populations. Without this equivalence, there can be many errors in service provision decisions, especially those related to classification, diagnosis, therapy, and medications (p.7).

Racism is an especially potent influence within culture and mental health. Racism and discrimination are "umbrella terms referring to beliefs, attitudes, and practices that denigrate individuals or groups because of phenotypic characteristics (e.g., skin color and facial features) or ethnic group affiliation" (USDHHS, p.38).[8] Racism or racial discrimination experienced in society is consequential for those who experience it, as it can cause isolation and marginalisation, undermine trust, exacerbate trauma-related consequences (especially for refugees), undermine social capital and compromise access to essential services.[3] Williams and Mohammed,[12] in a systematic review of this area, discuss a number of research studies that have documented the inverse ratio between mental health outcomes and racial discrimination.

Mainstream *biases* and *stereotyping* of cultural groups can impact on recovery. Kline and Huff[4] posit that the effectiveness of healthcare interventions is compromised when "health practitioners overlook, misinterpret, stereotype, or otherwise mishandle their encounters with those who might be viewed as different from them in their assessment, intervention, and evaluation-planning processes" (p.7). Suman Fernando, in particular, has raised this issue in relation to psychiatry.[13] There is, however, emerging recognition of this issue, as evidenced by the DSM-5 cultural formulation interview, recommended to consider cultural factors influencing patients' perspectives of their symptoms and treatment options.[14] An interesting addition to that would be a guide to therapists in terms of questioning their own assumptions and biases.

Gender raises a range of considerations across different settings. Within patriarchal cultures it may be inappropriate for a male therapist to work with female clients or vice versa.[11] This becomes a vexed issue within the context of Westernised medical systems, even in Low or Middle Income Countries, which may impact on presentations to and disclosures within the system.

Family is another important consideration within the discussion on culture and mental health – there are clear differences in the roles that families may play within different cultures. In many cultural groups, the extended family is often very involved in all aspects of the individual's life, and for those contending with mental health problems and disorders the family can play a key support and provide a safe environment for recovery.[8] However, family can also play a negative role if, for example, stigma and discrimination against the illness exists within the family.[15] Family factors can either protect against, or contribute to the risk of developing a mental illness, as well as impact on recovery processes.

Stigma and discrimination critically impact mental health and recovery. If particular cultures associate family shame or dishonour with the experience of mental illness there can be significant effects on help-seeking behaviour and also with treatment compliance. In Low or Middle Income Countries, lack of support from family could mean that the person can suffer total neglect as there may be no formal government social support to act as a safety net.[16]

Conclusions

Cultural differences clearly impact on different aspects of mental health including perceptions of health and illness, coping styles, treatment-seeking patterns, impacts of history, racism, bias and stereotyping, gender and family and stigma and discrimination. Besides these elements, there are others, such as communication, the use of cultural and linguistic interpreters, the marginalisation of traditional positive resources in the community, and the nature of cultural competency and other cross-cultural training that are important considerations for mental health practitioners and policy makers. The

common issue that they all raise, however, is that simple mainstreaming of mental health systems and approaches will not serve the needs of culturally diverse people and communities. Much of the literature suggests that mental health professionals and institutions need to focus on ethno-specific approaches to mental health: approaches that allow for and adapt to these differences across cultures; approaches that integrate biomedical and Western ideas of health with traditional and community-based approaches;[3,11] and approaches that incorporate the work of traditional positive resources in communities in terms of traditional healers and healing systems as well as elders in the community.[17] While cultural differences do raise a number of significant issues in terms of working with mental health, they also provide a number of opportunities to work in unique and effective ways towards positive mental health.

Disclosure

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the paper.

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