

Cultural Views on Mental Illness



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Learning Objectives

- # Canadian cultural diversity
- # Access barriers
- # Impact of culture on mental disorders
- # Culture-based health promotion and treatment
- # Best practices approach

Mental Disorders

- # WHO estimate 450m. people affected
- # 1 in 5 Canadians affected
- # All ages, educational, income, cultures
- # Similar symptom profiles across cultures
- # Culture defines health & illness

Canadian Cultural Diversity



- # 18 % population foreign born
- # 230,000 new immigrants annually
- # 2001: 59% arrived in Ontario
- # 43.7% of Torontonians foreign-born
- # 200+ ethnic groups reported

(Source: Statistics Canada, 2001)

Canadian Cultural Diversity Con't

- # Mental illness rates same as in general community
- # “Healthy immigrant effect”

Ethnocultural Communities



- # Encounter access barriers
- # Inadequate knowledge of mental illness
- # Lower rate of service utilization

Ethnocultural Communities Con't

- # Less likely to receive needed services
- # Poorer quality of mental health care
- # Underrepresented in mental health research

Risk Factors

- # Trauma or prolonged stress prior to migration
- # Host society prejudice and discrimination
- # Low socio-economic status
- # Separation from family, social, cultural networks
- # Inability to speak English or French
- # Access barriers to health & social services

Barriers to Accessing Services



- # Language
- # Cultural factors
- # Stigmatizing attitudes
- # Discrimination
- # Mistrust of mainstream service providers

Culture

- # Common heritage or set of beliefs, norms, and values (DHHS, 1999)
- # Shapes health views and practices
- # Influences diagnosis, treatments, and organization of health services
- # Is dynamic

Cautionary Note

- # Ethnocultural communities not homogenous
- # Diversity within each group:
 - level of acculturation
 - age
 - education
 - income
 - health status
 - social class

Culture and Mental Illness

Culture influences:

- # What is considered mental illness
- # Symptoms presented
- # Communication styles
- # Level of stigma
- # Help-seeking behaviour
- # Coping styles and social supports
- # Diagnosis


Diagnosis

Based on:

- # Client's report of the symptoms
- # Signs from a mental status examination
- # Clinician's observation of client's behavior, including functional impairment

Diagnosis Con't

- # Diagnostic criteria set in DSMIV
- # Symptoms may be poorly understood outside of one's culture
- # Diverse ways of thinking/behaving across cultures not indicative of disorder



Diagnostic assessment can be especially challenging when clinician from one ethnic or cultural group uses DSM-IV Classification to evaluate an individual from different ethnic or cultural group.

A clinician unfamiliar with the nuances of an individual's cultural frame of reference may incorrectly judge as psychopathology those normal variations in behavior, beliefs, or experience particular to the individual's culture.

(APA, 1994)

Research

- # Valid assessment of mental disorders across cultures - major methodological challenge
- # Research instruments usually developed and validated for West

Research Con't

- # Risk of misleading results
- # Research instruments should be adapted, translated and validated
- # Focus on cross-cultural and conceptual equivalence

Stigma

- # Cross-cultural phenomenon
- # Normalcy: particular value judgments
- # Cultures vary re meaning imparted to mental disorders
- # Individualism vs. collectivism
- # Cultural nuances must be understood to effectively fight stigma

Symptoms and Presentation



Mental disorders characterized by abnormalities in cognition, emotion or mood, or the highest integrative aspects of behavior, such as social interactions or planning of future activities

Symptoms Con't

- # Similar throughout the world
- # Form and expression vary
- # Cultural inhibition of symptom expression
- # Lack of vocabulary that specifically refers to some feelings

Idioms of Distress & Culture-Bound Syndromes

- # **Idioms of distress:** ways in which different cultures express, experience, cope with feelings of distress
- # **Culture-bound syndromes:** clusters of symptoms more common in some cultures

(Source: DSMIV)

Coping Styles & Treatment Seeking Behaviour

- # Active approach to personal problems vs. suppression of affect
- # Individualistic vs. holistic approach
- # Individualism vs. collectivism
- # Lack of talk-based therapies
- # Informal sources of care
- # Primary care

Health Promotion

- # Reduces risk, stigma and burden of mental disorders
- # Programs developed for **general population** often ineffective
- # **Concepts that reflect the dominant culture** not always directly transferable
- # **Direct translation** limits usefulness of health information

Cultural Differences

- # **Colors** hold special meaning in some countries
- # Some **activities** such as "playing golf" or "walking a block" irrelevant to all cultural groups
- # Program focusing on **individual choice** and decision-making may not work in **collectivistic, family-oriented** communities

Cultural Differences

- # **Male-female roles** vary significantly among different cultures
- # **Word choice:** some cultures may respond to the message if emphasized as “important” rather than “helpful”

Culturally Appropriate Health Education



Guiding principles:

- # Cultural adaptation
- # Translation
- # Cultural validation

Cultural Adaptation



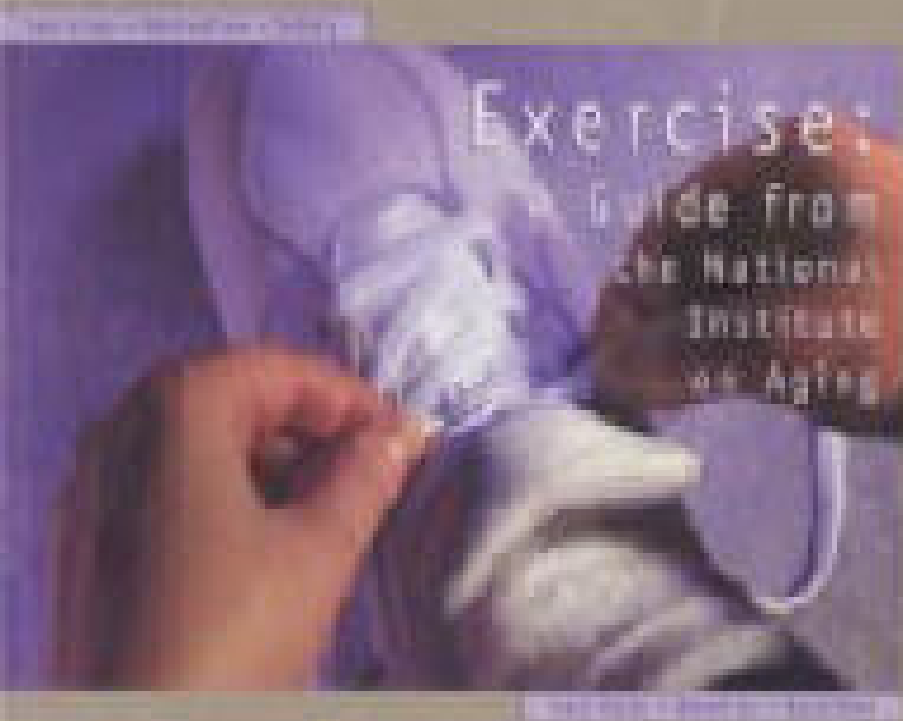
Process of adjusting health messages to the intended audience using terminology, graphics and pictures that reflect cultural values and social norms of the intended audience, including identifying most appropriate channels and settings.

Cultural Adaptation

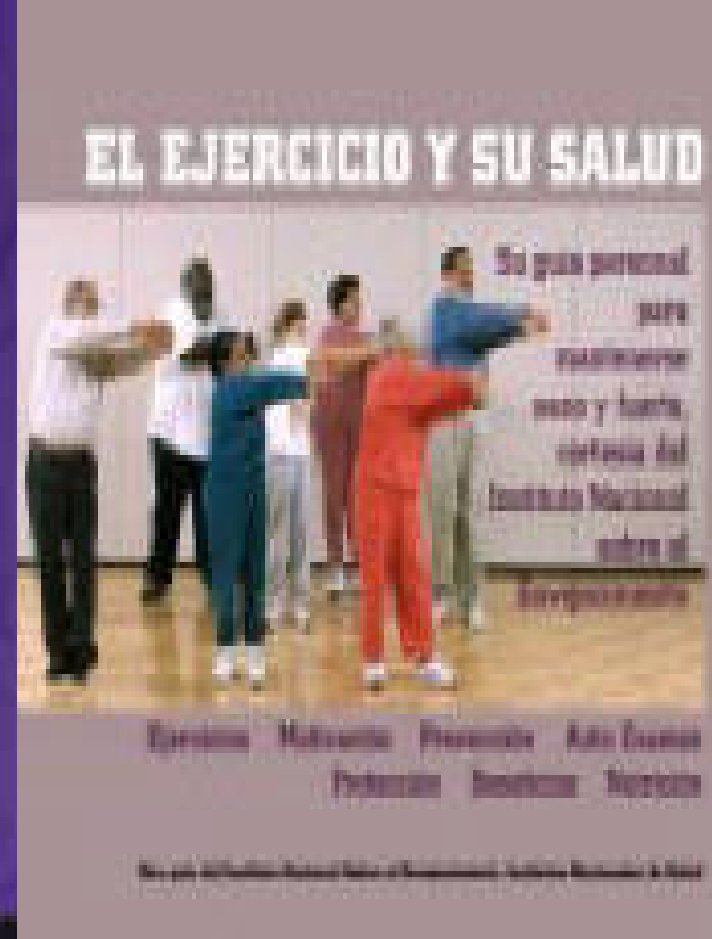
- # **English:** Domestic violence hurts everyone in the family...and it's a crime.
- # **Chinese:** Build family respect and harmony. Speak out against domestic violence.

Cultural Adaptation Con't

- # **Vietnamese:** Love builds harmony. Violence destroys everything.
- # **Arabic:** Domestic violence causes family destruction.



English Front Cover



Spanish Front Cover

Cultural Competence

- # Ability of organizations and systems to function and perform effectively in cross cultural situations (Cross 1989; Kunisawa 1988; Sue et al., 1992)
- # Ability to effectively address the mental health needs of culturally diverse consumers, families and communities

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