Elements of culture and mental health: critical questions for clinicians

Edited by Kamaldeep Bhui

RCPsych Publications

RCPsych Publications is an imprint of the Royal College of Psychiatrists,
17 Belgrave Square, London SW1X 8PG
http://www.rcpsych.ac.uk

British Library Cataloguing-in-Publication Data.
A catalogue record for this book is available from the British Library.
ISBN 978 1 908020 49 9

Distributed in North America by Publishers Storage and Shipping Company.

The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SC038369).

Printed by Bell & Bain Limited, Glasgow, UK.

Contents

List of contributors

Imran Ali Consultant Psychiatrist, Greater Manchester West NHS Foundation Trust, Manchester, and Member of the Spiritual Care Committee, NHS Greater Glasgow and Clyde, UK

Jorge Atala-Delgado Psychologist and Anthropologist, Anahuac and Chapultepec University, Mexico City, Mexico

Kamaldeep Bhui Professor of Cultural Psychiatry and Epidemiology, Barts and the London School of Medicine and Dentistry, Queen Mary, University of London, and Honorary Consultant Psychiatrist, East London NHS Foundation Trust, London, UK

Francisco Collazos Associate Professor of Psychiatry, Universitat Autònoma de Barcelona, and Servei de Psiquiatriá, Hospital Universitari, Vall d'Hebron, Barcelona, Spain

Francisco José Eiroa-Orosa Psychologist, Servei de Psiquiatriá, Hospital Universitari, Vall d'Hebron, CIBERSAM, and Universitat Autònoma de Barcelona, Spain

Peter Ferns Training Consultant and Social Worker, Thornton Heath, UK

Maria José Fernandez-Gomez Psychologist, Servei de Psiquiatriá, Hospital Universitari, Vall d'Hebron, CIBERSAM, and Universitat Autònoma de Barcelona, Spain

Suman Fernando Honorary Professor, Faculty of Social Sciences and Humanities, London Metropolitan University, London, UK

Marcos González Adjunct Psychiatrist, Centre de Salut Mental d'Adults d'Horta, Barcelona, Spain

David Kingdon Professor of Mental Health Care Delivery, University of Southampton, Southampton, UK

Farooq Naeem Consultant Psychiatrist, Sevenacres, St Mary's Hospital, Newport, Isle of Wight, UK

Adil Qureshi Psychologist, Servei de Psiquiatriá, Hospital Universitari Vall d'Hebron, Barcelona, Spain

LIST OF CONTRIBUTORS

Shanaya Rathod Consultant Psychiatrist and Clinical Service Director, Southern Health NHS Foundation Trust, Southampton, UK

Hilda-Wara Revollo Psychologist, Servei de Psiquiatriá, Hospital Universitari Vall d'Hebron, and Doctoral Candidate, Universitat Autònoma de Barcelona, Spain

Faisil Sethi Consultant in Psychiatric Intensive Care, Maudsley Hospital, South London and Maudsley NHS Foundation Trust, London, UK

Rachel Tribe Professor of Applied Psychology, School of Psychology, University of East London, London, UK

Premila Trivedi Mental Health Service User, Trainer and Advisor, Thornton Heath, UK

FOREWORD

Desire and commitment: essential ingredients to learning about culture and mental illness

Kamaldeep Bhui

The influence of a person's cultural background includes childhood experiences of parenting, rituals and routines informed by religions, and cultural beliefs about the world and the way it works, about supernatural forces and the Gods, and about relationships and emotions. Some people recognise early on in life that their skin colour or their physical appearance, their clothing or their religion's adornments attract curiosity and attention. Sometimes this is hostile, sometimes inquisitive but dismissive, and sometimes it comes of genuine interest to learn about another way of seeing the world.

For Black and minority ethnic groups, discrimination and stigma compound inequalities of the experience and outcome of mental illness. Inequalities arise through interactions between culture/ethnicity and many other factors, such as gender, age and sexuality, not to mention migration experiences, conflict in the country of origin, hostility in the country of arrival, and poverty and social adversity. Such influences exist within and outside formal healthcare systems. Health practitioners are increasingly interested in preventive psychiatry or public mental health, a process of understanding and removing social and environmental determinants of illness, alongside providing health promotion to boost people's capacity to care for themselves and their families.

Cultural practices are known to assist in coping with distress and with interpersonal problems, but they can sometimes also be the source of role conflict and distress within families. The role of cultural beliefs, attitudes and practices is well established in the experience, expression and management of mental distress. Some manage distress through what we might call the lay referral system, which involves the community, the family and local social systems, including religion and spiritual leaders; others enter sanctioned systems of healthcare provision through the self-referral of formal help-seeking.

These cultural influences can pose a challenge for mental health professionals. Mental health professionals work across the interface of many clinical, practical and academic disciplines. Their task is to assess,

formulate, diagnose and intervene effectively using the evidence base, and to ensure that interventions are culturally appropriate, acceptable and also ethical – for example, the principles of social justice must be upheld, and human rights and dignity protected. The way they respond to this challenge is mixed. Some feel disempowered by allegations of poor care made by service users, some feel that their professional training is sufficient, and some that universal principles of treating all in the same way apply, regardless of the research evidence showing that this is not always helpful. Indeed, aspirations to provide personal care and person-centred care require such universal interventions to be adapted to take account of each service user's preferences. Some practitioners respond to the need to improve practice by seeking out support workers, or trying to show workforce representation from the communities which are served. But in this they again may overlook the fact that ways of seeing and treating mental distress are culturally influenced, and that cultures influence professional practice as well as lay perspectives; thus, irrespective of their cultural backgrounds, professionals are trained in similar ways and have to work to the same ethical and professional guidelines, which may not service culturally diverse populations well.

Where the research evidence is lacking, there is often scope for stereotyping or for speculative interventions or, indeed, for complacency and professional narcissism, to subvert efforts to tackle ethnic and cultural disparities. Some like to see cultural psychiatry and related disciplines as only serving the interests of ethnic and visible minorities, rather than as part of the fabric of psychiatric practice, of relevance to all service users: do we not all have a culture? Clearly, where the culture of the service user and the professional differs, there is scope for miscommunication, misunderstandings, assumptions and oversights; this can apply to all practice, but is particularly heightened and evidenced in the care of culturally diverse populations.

Yet, what is being asked of mental health professionals is very complex: to acknowledge a lack of experience and expertise in a specific area of knowledge and practice, which affects different populations in different ways; to be prepared to work with culturally diverse populations, who may not expect the same sort of treatments or interventions or even assessment processes as the cultural majority. Health literacy, educational experiences, linguistic proficiency and social determinants of illness vary by cultural and ethnic group; so health professionals providing care for culturally diverse populations have a more demanding task, for example, in working through interpreters or understanding non-adherence. In services that are already stretched and are high-risk environments, practice is largely defensive and perhaps even minimises emotional contact with the service user. Asking professionals for more, both personally and professionally, is met with mixed reactions. These range from avoidance, minimisation ('We have people from *x* background working in our team and we don't need more skills or

knowledge than that'), to engagement but subversion of the task, to open hostility and claims that politics and healthcare should not mix. What leads to these strong reactions? How can professionals work confidently with people from diverse cultural backgrounds, engage with the emotional and professional demands, and be more creative in improving the quality of care and the take up of services?

This task has attracted a great deal of concerted effort from the Royal College of Psychiatrists, its chief executive, consecutive presidents and Transcultural Special Interest Group, and from international bodies such as the World Psychiatric Association and the World Association of Cultural Psychiatry. Some years ago, discussions of a working group led by Dr Parimala Moodley resulted in changes to the Royal College of Psychiatrists' training curriculum and to the question bank for the College's Membership examination (the MRCPsych). The group agreed that a training manual would be a helpful resource, but at the time the evidence base was rapidly growing and textbooks of cultural psychiatry were becoming increasingly prominent. To assemble everything needed in a training manual, to make it accessible and comprehensive were deemed to be desirable but unrealistic objectives. An essential component of cultural competence is the inherent recognition of the need to improve care, coupled with the desire to do so. My experience is that this is where most practitioners have difficulty: they have to become interested and motivated in this subject, as opposed to feeling persecuted, avoidant or even oppositional. Placing emphasis on education rather than personal development or on technical knowledge rather than emotional engagement with patients can be counterproductive, and may become an obstacle to improving quality. Some practitioners still ask, what do we need to do and how do we do it? These sentiments convey powerlessness and a sense of bewilderment.

This short volume, developed by service users, practitioners, teachers and researchers, aims to address this dilemma. Its objective is to offer readers a concise, thought-provoking, engaging and creative set of essays about clinical scenarios that are central to improving the quality of care for culturally diverse populations. The scenarios are common, and the essays set out beautifully, examining some of the obstacles to improving quality as well as ways in which dilemmas facing the clinician can present, and how they might be overcome.

The primary purpose of this book is to encourage practitioners to become curious and think about the issues in detail, and to motivate them to seek out further information, learning and experiences. The book can be used to support individual and group professional development. Each chapter includes a set of references, and some chapters also list useful websites and reference materials, and helpful organisations. There are many sources of support. For example, in the UK several practice groups meet regularly, and the College's Transcultural Special Interest Group regularly runs conference and learning events. The World Association of

Cultural Psychiatry offers an open-access online journal (*World Cultural Psychiatry Research Review*) and events and discussion forums. Several other journals are devoted to this subject (for example, *Transcultural Psychiatry* and *International Journal of Culture and Mental Health*). The Transcultural Section of the World Psychiatric Association also runs events, often in collaboration with the World Association of Cultural Psychiatry. Affiliated membership organisations from around the world have demonstrated the level of interest in this subject. There are centres of excellence in universities running MSc and MA courses, for example at McGill University in Montreal and at Queen Mary, University of London. There are e-learning resources such as the Royal College of Psychiatrists' CPD online modules (www.psychiatrycpd.co.uk), which make learning any time and any place a reality. However, to proceed to these advanced learning experiences and courses, and to feel comfortable and motivated to attend such meetings, most practitioners need to have some core concepts and thinking tools, which this book provides. Enjoy the learning and the challenges, and please become a leader in the field by helping develop further resources.