

Mental illness in a patient from a different culture

Curriculum

- describe the ways in which depression may present in a patient from a different culture
- describe how a clinician's own cultural knowledge may aid or impair assessment of patients from other cultures
- describe potential difficulties in appropriately attributing ICD-10 diagnosis in patients with mental illness from other cultures

Introduction

The definition of culture by the American Association of Medical Colleges is

'Culture is defined by each person in relationship to the group or groups with whom he or she identifies. An individual's cultural identity maybe based on heritage as well as individual circumstances and personal choice. Cultural identity may be affected by factors such as race, ethnicity, age, language, country of origin, acculturation, sexual orientation, gender, socioeconomic status, religious/spiritual beliefs, physical abilities, occupation among others. These factors may impact behaviours such as communication styles, diet preferences, health beliefs, family roles, lifestyle, rituals and decision making processes. All of these beliefs and practices can in turn influence how patients and health care professionals perceive health and illness and how they interact with one another'

Read this definition again: judging by this culture belongs to an individual. Being aware of a difference in culture should not be confined to patients who are in a minority or who are not the same race as the clinician. Culture awareness should extend to all patient interactions. Someone who appears the same as you may hold beliefs that may affect how you treat them, for example when you find out they are a Jehovah's Witness or how they make you feel, for example you find out they are a member of a far right organisation.

How can cultural issues affect management of a patient?

History taking

- Language barrier - it may be easier to withhold psychopathology when first language is not the main local language. When using interpreters make sure they are trained and are literal in their translation especially around emotional content.

- Adverse life events - one life event may have a lot more significance in one culture than another.
- ICE - how that person interprets their symptoms can be culturally influenced. It is important to ascertain their understanding and not try and make it fit a western medicine paradigm.
- Be aware of cultural bound practises such as cannabis or khat use.
- Ascertain how has the individual coped with living in a different culture
- Where the patient stands in their ethno-social position can be important as this may carry more or less associated stressors.
- Migration history if relevant. This is information on when, how and why they moved country and the affects of the move on the individual and family.

Mental state examination

- Delusions - part of the definition of delusions identifies the need to take the patients culture into account. This is often neglected.
- Hallucinations - these are more common amongst the general population than was earlier recognised. They may be more common in certain religious groups.
- Behaviour - some behaviours are culturally accepted for example speaking in tongues or possession states.

Treatment

- Pharmacological - can be affected by cross racial differences in pharmacokinetics and dynamics. Diet patterns, fasting and religious taboos may affect adherence to treatment. The use of other therapies from traditional healers can cause drugs interactions and be in themselves dangerous.
- Psychological - western models of psychotherapy may not fit some individuals' models of how they see themselves or others. What recovery may look like may be different across different cultures. For example compare a young man with schizophrenia in South London to one who lives in a remote village in West Africa, what might a full recovery from mental illness look like for them? Is it the same?

Tips for assessment of culture

It is impossible to be aware of all the cultural aspects of the patients that we might meet in practice. Here are some guiding principles in terms of assessment that may help.

- Awareness of one's own limitations with regard to knowledge of a culture is vital, as well as knowing how to find out about such information.
- Explore linguistic skills and consider use of interpreters. Make sure interpreters are up to scratch.
- Be aware of difference in verbal and non verbal cues.
- Simply explore the cultural issues with the patients, keeping to their ICE and not yours!
- Consider their cultural health beliefs and how they map into a treatment plan that you can negotiate with them.
- Be aware of culture bound syndromes
- Try to understand the patient's beliefs in terms of the culture before jumping to conclusions about psychopathology.
- Try to be aware of your own attitude and prejudice and how this may affect your consultation.

Diagnosis and Culture

- Culture and definition of mental disorder- what defines behaviour as abnormal in one culture may not be seen as abnormal in another.
- Cultural formulation - it is argued that current diagnostic classifications pay lip service to true cultural assessment and formulation and that these classifications could be enhanced by the adoption of such an approach.
- The utility of culture bound syndromes can be questioned since there are so many of them, many overlap and could be represented in the current diagnostic criteria. On the other hand one could recognise these as unique presentations that one might expect given the wide ranging effects culture may have on the presentation of mental illness.
- Whilst ICD -10 is meant to be truly international, there is an argument that the classification system is a social construct of western society and this would lead one to question its utility in other parts of the world.
- In the current classification system there is a lack of acknowledgment of the influences of culture on psychopathology, for example one study found a higher incidence of violent behaviour in children and adolescents from certain

socio economic backgrounds. This behaviour could lead to the psychiatric diagnosis of conduct disorder.

Depression and its presentation across cultures

The factors that affect diagnosis are

- Under detection - depression is under recognised and under treated throughout the world particularly in primary care. This could be due to communication difficulties, differing of explanatory models between patient and clinician and patient and somatic presentations which lead to look for medical causes.
- Help seeking - some ethnic groups look at depressive symptoms as a emotional reaction to a given situation and do not see it as an illness. This combined with the stigma of those who have mental health problems leads to many not going to seek help.
- Presentation - in some cultures depression may present as somatic symptoms. Being aware of this and recognising these symptoms as signs of stress and depression and not physical illness are vital if successful treatment is to be explored and unnecessary investigations avoided. Somatic expressions of distress have been recognised in Indian, Nigerian, Chinese, and Middle Eastern cultures.