Mental Health Module E-Learning Summary

After completing this program, you should be able to:

- Have a better understanding of how depression impacts the health of diverse populations
- Be able to describe the key social, cultural, and external factors that are particularly important in the care of diverse populations and racial and ethnic minorities with depression.
- Apply a framework to better understand and manage mental health conditions, especially depression, across cultures

Getting Started:

- Basic Concepts
  - A brief overview of depression in diverse populations
- Why is this important?
  - Describes the key social, cultural and external factors that are important in the care of depression in diverse populations
- What can you do?
  - Teaches a framework to better manage depression across cultures
- Try Your Skills
  - Presents three clinical vignettes that illustrate the key issues presented here, and allows you apply what you’ve learned

Basic Concepts:

Let’s take a few minutes to review some basic concepts.

- **Mental Health and Depression in the US:** Mental health conditions, especially depression, can disrupt a person’s thinking, feeling, mood, ability to relate to others and daily functioning, resulting in a diminished capacity to cope with the demands of daily life. Mental illness is the most prevalent health problem in the United States, with one in ten children and one in four adults suffering from these conditions. In fact, more than 50% of U.S. adults have experienced some form of diagnosable mental illness in their lifetime. Among the major medical conditions in the US, mental illness contributes to the highest number of lost years of life due to premature mortality and disability.

- **Mental Health, Depression and Chronic Disease:** Depression and anxiety can be as disabling as other chronic diseases such as congestive heart failure or severe arthritis. When chronic disease is complicated by having depression or anxiety, health outcomes and quality of life is significantly worse without mental health treatment. Like many other chronic diseases, mood disorders disproportionately affect certain people. For example, depression affects approximately 28 to 40% of persons with disabilities compared with 16% of the general population. Untreated mental illness can have serious consequences including poorer outcomes for comorbid chronic conditions such as heart disease, diabetes or chronic lung disease. These issues disproportionately impact minority populations, where the co-morbid burden of depression and chronic disease is significantly higher than that among the majority population, primarily due to well-recognized racial/ethnic disparities in health and health care.
• **Culture, Mental Health and Depression:** Culture impacts mental health. An individual’s culture shapes how they experience distress, how they explain their symptoms, how they view mental health, whether they seek help and treatment, and how they cope with their condition. While cultural factors can increase the risk for mental illness, acceptance of and adherence to treatment, and the trajectory to recovery, they are also a rich source of resilience, coping, and strength. Interestingly, schizophrenia, bipolar disorder, panic disorder, and obsessive-compulsive disorder have similar and recognizable symptoms throughout the world. However, social and cultural factors tend to impact depression much more than these other conditions.

• **Disparities in Mental Health Treatment:** Mental health conditions are diagnosable and treatable, yet only 36% of those affected receive even minimally adequate treatment each year. In fact, racial and ethnic minorities experience a disproportionately higher burden from unmet mental health needs. For example, racial and ethnic minorities are diagnosed with mood disorders far less often than whites, but much more often with severe mental illness such as psychosis or schizophrenia. Hispanic/Latinos and African Americans are also more than twice as likely to not receive treatment, including antidepressant medication, for depression, when compared with non-Hispanic whites.

**Why is this important?**
There are several key social and cultural factors that impact all individuals in relation to mental health and depression, but are particularly important in the care of diverse populations and racial and ethnic minorities. On the next page you will see a circle diagram that illustrates these. Please click on the different topic headings below to learn more about them, and just how important they are to delivering high-quality culturally competent mental health care. The topics represent *internal influences*—those that are part of the individual’s personal experience or make-up; and *external influences*—those that the individual experiences in their day-to-day life and environment.

**Internal Influences:**

**Language and Acculturation:**
- Individuals with limited-English proficiency (LEP) routinely receive lower quality care than their English-speaking counterparts. Language barriers, when not bridged with an interpreter, make it difficult for an individual to express their symptoms, receive therapy, understand how to take medications, and stay engaged in an ongoing care management program.
- Research demonstrates that individuals with low levels of acculturation (the process by which individuals change their behaviors and attitudes to resemble those of the majority group) perceive more barriers to obtaining mental health services. It is difficult to separate the effect of LEP from the influences of cultural values and acculturation because these factors are interrelated.

**Conceptions about Mental Health and Depression:**
- Conceptions of the nature, causes, and cures of mental illness and depression are culturally influenced. In some cultures there may be no distinction between physical and psychological problems because the body is seen as a whole; in others, the mind and body are seen as
separate. What is considered a “problem” may be different among individuals of diverse backgrounds as well, and stress is often seen as something that just needs to be dealt with.

- Among some minority groups (Asian, Hispanic/Latino, and African Americans), the belief that depression can be overcome through willpower, being strong, and avoiding negative thoughts (rather than by seeking mental health services) is particularly common.

**Collectivism**

- Cultural values shape emotional expressions and communication styles, which are particularly relevant to mental health. For minorities that tend to be oriented more toward collectivistic values, individuals are usually encouraged to prioritize group goals over self-directed aspirations, and bringing attention to individual needs is often seen as being selfish.
- Mental health treatment, where an individual’s internal thoughts and feelings about intimate issues are shared with a person who is not a family member or part of a trusted in-group, may seem foreign for individuals who are collectivistic.

**External Influences:**

**Stigma**

- Stigma refers to the negative perception people may have about a particular condition, such as mental illness, depression, or HIV. Across cultures, mental health is stigmatized as being a sign of abnormality or weakness, for example. This leads individuals who may be experiencing mental health symptoms, such as those of depression, to remain silent and not seek treatment so as to avoid being labeled or “stigmatized”.
- Among minorities, mental illness may be even more stigmatized. For example, in some groups, how one is viewed in the community is incredibly important for their sense of well-being, their status in the family, and whether they can be trusted or even hired for work.

**Mistrust and Discrimination**

- Individuals from minority groups who have experienced racism or discrimination in the past—either historically or personally—are much more likely to be mistrustful of the health care system. This may lead to several behaviors, ranging from avoiding the health care system altogether, to reluctantly engaging with a health care professional but not believing in or following their recommendations.
- Given our nation’s history of segregation and medical experimentation—including in mental health—this issue has been especially well-described for the African-American population, although it is seen to varying degrees among many racial/ethnic minority groups. This is especially relevant to mental health and depression, where one needs to have trust in order to share deeply personal and distressing symptoms, and engage in care management that might include therapy.

**Access:**

- Lack of accessibility to culturally appropriate mental health services and the lack of bilingual and bicultural mental health staff may impact an individual’s decision to initiate and continue
treatment. Evidence suggests that racial and ethnic minorities in the United States are more likely to underutilize mental health services and prematurely terminate treatment despite their continued need for it.

- Research indicates that compared to whites, minority groups are:
  - more likely than whites to delay seeking treatment for mental illness until symptoms are severe
  - less inclined to seek treatment from mental health specialists (depending more on primary care), and
  - more likely to count on clergy, traditional healers, and close friends for support.

Trauma:
- Trauma is a situation that’s shocking, intense and distressing and can lead to mental health issues and depression. While it can include witnessing or experiencing traumatic events like war or torture, even the act of moving to a new country and adapting to a new community may be traumatic.
- Traumatic experiences are particularly common for certain populations, such as combat veterans, inner-city residents, and immigrants and refugees from countries in turmoil. These experiences may lead to alarming rates of post-traumatic stress disorder (PTSD) and depression among minority populations. For example, one study found that 70% of Southeast Asian refugees receiving mental health care were diagnosed with PTSD.

Social Isolation and Low Socioeconomic Status
- An individual’s level of connection to others plays a large role on their mental health. Those who are isolated from others for a number of reasons that might include being part of a different culture, speaking a different language, or suffering from discrimination, for example, are at a much higher risk for mental health problems such as depression.
- Low socioeconomic status (SES) is associated with 2-3 times higher likelihood of having depression that those with higher SES. More minorities live in poverty than whites, and have been found to be 3 times more likely to report psychological distress.

What can you do?

There are several key things you can do to make a connection with all individuals, but especially with those from diverse backgrounds, who are suffering from depression or other mental health issues

- Making the Connection
- Deepening the Connection
- Closing the Visit

Making the Connection

You never get a second chance at a first impression. Making an effective connection with the individual right from the start can make the difference between success and failure. Cross-cultural situations may
give you less room for error, given the potential for misunderstanding. A strong connection can be achieved by:

- **Demonstrating respect, empathy, curiosity and avoiding assumptions**
- **Keeping it simple and communicating clearly**
- **Establishing trust**

**Demonstrating respect, empathy, curiosity and avoiding assumptions**

Respect, empathy, curiosity and avoiding assumptions are the foundations of effective cross-cultural care and communication. Demonstrating these characteristics in the care of diverse populations is essential:

- Begin by **respectfully** addressing the individual; when there is stress and a potential for mistrust and stigma, there may be a tendency to easily feel disrespected.
- Demonstrate **empathy** by making a statement to acknowledge how difficult the situation may be; many individuals may not feel understood due to cultural differences. This also may be an opportunity to provide hope by stating that you help with situations like this all the time, and they do improve.
- Exhibit **curiosity** by asking some basic questions about the individual—where they are from, how they are feeling, etc. This helps build rapport and demonstrates caring, which may be especially important for individuals who may feel socially isolated.
- Avoid **assumptions**, as it is normal to subconsciously stereotype individuals based on their name, voice, pattern of speech, or other characteristics. Not only are these assumptions likely to be inaccurate, but research shows they will also influence your decision-making and communications. Prevent this at all costs, maintain an open mind, and give each individual a clean slate. This can be easier said than done.

**Keeping it simple and communicating clearly**

When an individual is suffering from mental health issues, including depression, they may not be able to process complex information effectively. They may have difficulty concentrating, focusing, and retaining information. This is even more complicated in individuals who are at a greater cultural distance from the western medical model, or those with limited-English proficiency. It is therefore important to:

- Immediately assess if there is a language barrier, and involve a professionally trained, telephonic interpreter.
- Use short, simple statements.
- Ask one question at a time.
- Speak slowly throughout.
- Avoid idioms and jargon and speak in plain language.

For information on how to use a telephonic interpreter, please click [CLICK HERE](#).

**Establishing trust**
Trust is critical to effective communication, and a successful therapeutic relationship. Yet data show many people, especially racial and ethnic minorities, are mistrustful of health care providers and the health care system. One can establish trust by:

- Assuring the individual immediately that they can trust you, and that you have their best interests in mind
- Letting them know that if at any time they have a question or concern about anything, they should share with you
- Acknowledging, if you sense mistrust, that many are mistrustful for a lot of reasons, and that you will do the best you can to earn their trust

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**Deepening the Connection**

Once a connection is made and the individual is engaged, the true work begins. In the case of managing mental health and depression, deepening the connection will increase the chances that the individual will follow your recommendations. This can be accomplished by:

- **Adjusting to different styles of communication**
- **Exploring the meaning of the illness and treatment**
- **Normalizing terms**

**Adjusting to different styles of communication**

Individuals from diverse social and cultural backgrounds may express themselves in different ways, requiring you to adjust your style of communication to meet theirs in order to be successful. This can be especially complicated among individuals with depression, who may not have a diminished affect and be confined by cultural boundaries regarding how they can communicate and express their symptoms due to stigma, or mistrust. For example, some individuals may say “yes” to everything you say even though they don’t understand you, primarily because culturally they are taught to respect authority figures and not voice lack of understanding or disagreement (deferent style of communication). Others may be very stoic, and others very expressive. Each one of these styles should trigger an approach:

- For those you constantly respond “yes” to things you say, make sure you have them *playback* what they understood
- For those who are very stoic and don’t share much, try to draw them out through *reassurance* and encouragement that it is okay for them to express how they are feeling
- For those that are very expressive (provide multiple symptoms, issues, etc.), have them *triage* the three most important things they are feeling, or want to share

**Exploring the meaning of the illness and treatment**

The meaning—or “explanatory model”— of illness or treatment is the individuals’ understanding of their distress symptoms and/or options for improvement. Cultural meanings impact how individuals cope with their symptoms, whether they are motivated to seek help, where they seek it, and how well they fare in treatment. Depression is no exception, as social
and cultural factors definitely influence conceptualizations of this condition, the cause and the treatment. Eliciting an individual’s explanatory model can be especially helpful when you suspect they have a different cultural understanding of their depression, or are resistant/reluctant/non-adherent to treatment. Shedding a light on the meaning can be invaluable as a starting point for mutual understanding and negotiation. This can be accomplished by asking:

Meaning of Illness
- What do you think has caused your problem?
- Why do you think it started when it did?
- How worried are you about it?

Meaning of Treatment
- How do you understand the treatment being recommended?
- What worries you about it?
- What do you think will make you better?

There are also cultural-related syndromes that you may encounter, such as:
- **Ataque de nervios** among Latinos (i.e., a neurotic or psychotic episode due to a traumatic event).
- **Amok and mal de pelea** among clients from Malaysia, Laos, Philippines, Polynesia, Papua New Guinea, and Puerto Rico (a dissociative disorder involving outbursts of violent and aggressive behavior directed at people and/or objects).
- **Dhat** in the Indian, Chinese, and Sri Lankan communities (extreme anxiety associated with a sense of weakness, and exhaustion).
- **Falling out** in African American communities (seizure-like symptoms resulting from traumatic events, such as a death in the family).
- **Ghost sickness** among American Indians (weakness and dizziness resulting from the action of evil forces).
- **Hwa-byung** in some Asian communities (pain in the upper abdomen, fear of death, and tiredness resulting from the imbalance between reality and anger).
- **Pibaloktog** in Arctic and subarctic Eskiresourcmo communities (excitement, coma, and convulsive seizures resembling an abrupt dissociative episode; often associated with amnesia, withdrawal, irritability, and irrational behaviors, such as breaking furniture, and verbalization of obscenities).
- **Taijin kyofusho** in some Asian communities (guilt about embarrassing others and timidity resulting from the feeling that one’s appearance, or facial expressions are offensive to other people).
- **Mal puesto, hex, root-work, and voodoo death** among African Americans and Hispanic/Latinos (unnatural diseases and death resulting from the power of people who use evil spirits).
- **Susto, espanto, espasmo, and miedo** among Hispanic/Latinos (tiredness and weakness resulting from frightening and startling experiences).

**Normalizing terms**
Words carry great weight and in turn different meanings. For some individuals of certain cultures, just saying the word “depression” is like wishing it on them; For others, it is a sign of
weakness or shame. One key way to get around a word, but still convey its meaning, is through *normalizing*. By normalizing we mean using terms that are familiar, common, and acceptable across cultures. For example:

- All cultures identify with the concept of stress, and don’t necessarily see it as pathological. They understand it can take a toll on your mind and body. As opposed to using the term depression, which as a result of stigma might marginalize, one might instead use the term “reaction to stress” which can be more common, understandable, acceptable, and less stigmatized.
- Instead of using terms such as “therapy”, one can describe a treatment where you are able to talk to someone to learn why you become stressed, and how to better cope with it and manage it.
- Instead of using terms such as “antidepressants”, one can describe medications that help “lift the fog of sadness or stress” and allow you to better deal with the challenges of your life.

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**Closing the Visit**

The final and perhaps most crucial step in the process is closing the visit effectively. The main goals here include assuring the individual acknowledges the problem; that they understand the condition and their treatment options; and that they make certain commitments to get better. In cross-cultural situations, it is especially important to negotiate, understanding that small steps can lead to big steps of change—which in turn can gradually but steadily improve the symptoms, management, and impact of depression. To accomplish this, one should:

- **Assure acknowledgment of depression**
- **Determine what are possible and acceptable treatment options**
- **Come to agreement on plan and next steps, including sustainability**

**Assure acknowledgment of depression and common ground**

Prior to discussing treatment, it is important to reconcile the diagnosis with the individual.

- This can often require utilizing the skills above (determining their explanatory model, normalizing terms, addressing stigma and mistrust, etc.) to ultimately find common ground between their perspective and your perspective.
- In the end, there must be an acknowledgement by the individual that they are suffering from a condition that is common, that impacts their general health, and that is treatable. This opens the door for a discussion about the treatment options.
- In cross-cultural situations this may be much more challenging, but nevertheless possible and important.
Determine what are acceptable and possible treatment options:

Once there is acknowledgment of depression and the need to do something about, a discussion about possible—and acceptable treatment options—should ensue. Research in fact shows that these treatment choices can vary cross-culturally.

- For example, while it is impossible to generalize, a large national study showed that whites and Native Americans may be more likely to prefer taking medication for depression symptoms, while African Americans, Hispanic/Latinos and Asian-Pacific Islanders may be more likely to prefer counseling therapies.
- Other research has found that racial and ethnic minorities may prefer a more directive and problem-solving approach that provides quick solutions, as opposed to more traditional treatment that may rely on exploration and takes a less directive stance.
- In summary, this is useful to illustrate variation in treatment preferences, but ultimately each individual is different and may express their own choices. Determining what is **acceptable** (medications, counseling, both) and **possible** (can they access a therapist who they can get to, that sees people at time this is convenient for them, that speaks their language, etc.) by asking individuals their preferences can support adherence to, acceptance of, and consistency with treatment.

Come to agreement on plan and next steps, including sustainability

The final step in closing the visit is coming to agreement on the plan, next steps, and assuring sustainability. Individuals must have a clear and acceptable path to manage their depression with concrete agreement and next steps. When dealing with depression, there may only exist a small window for acceptance of the condition and treatment—especially in cross-cultural situations—so this must be fully taken advantage of. This can be facilitated by determining factors which can promote success and sustainability, such as:

- **Assessing the role of social supports, including family.** Supportive families can protect against the onset and continuation of depression, while an environment marked by severe discord, overcrowding, and social disadvantage can contribute to worsening of depression.
- **Determining life control.** There are things that people would like to do, and things that they can do. The key to sustainability in treatment is finding a path that is easy to do within the context of their lives; if it is complicated, help-seeking behaviors may become unsustainable.
- **Negotiating between standard and traditional treatment.** The use of complementary, alternative, and folk medicine is common among cross-cultural populations. Common approaches (most commonly predicted by lack of health care coverage) can include use of herbs and supplements, mind–body medicine, religion and spirituality, and manipulative and body-based practices. Anything that can help with depression, and not do damage, can be supported and encouraged as an adjunct to your recommended treatment strategies. This must be negotiated, and can lead to empowerment and recovery.