Current Clinical Psychiatry

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Current Clinical Psychiatry offers concise, practical resources for clinical psychiatrists and other practitioners interested in mental health. Covering the full range of psychiatric disorders commonly presented in the clinical setting, the Current Clinical Psychiatry series encompasses such topics as cognitive behavioral therapy, anxiety disorders, psychotherapy, ratings and assessment scales, mental health in special populations, psychiatric uses of nonpsychiatric drugs, and others. Series editor Jerrold F. Rosenbaum, MD, is Chief of Psychiatry, Massachusetts General Hospital, and Stanley Cobb Professor of Psychiatry, Harvard Medical School.

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The Massachusetts General Hospital Textbook on Diversity and Cultural Sensitivity in Mental Health

Second Edition

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and communities for their love and support.

Ranna Parekh and Nhi-Ha T. Trinh

Foreword: Staying the Course During Times of Upheaval

Five years have passed since the previous edition of this book was released, but in some ways, it seems like a lifetime ago.

It is one of the great paradoxes of this moment in history that even as we in the medical community are making ever-greater strides toward understanding what it means to be culturally competent care providers, some people—leaders and citizens alike—want to go back to a time with less diversity and more divisions. They see our nation's diversity as a threat, not an asset. This dangerous perspective threatens our society, our healthcare system, and the mental health of the patients we serve.

It is certainly a serious setback that adds an extra layer of weariness and concern for mental health providers both seasoned and in training.

And it underlines the importance of the message of this book. Its goal is more critical than ever.

In 2014, I was rounding into my fifth year as chief diversity officer at the Association of American Medical Colleges. We had started to move past seeing diversity as a problem to be fixed to the realization that inclusion could serve as a solution to some of the most intractable issues in our healthcare system. Cultural competence had emerged as an important metric by which healthcare providers of all types are evaluated. Medical schools and residency training programs were making strides toward embracing diversity and inclusion to improve healthcare, advance health equity, and ensure effective and compassionate care for all patients, regardless of race, culture, gender, or sexual orientation. We had a long way to go, but many of us—myself included—saw positive signs that we were on the right track.

However, since the run-up to the 2016 US presidential election, both the scholarly and popular presses have reported that increasing numbers of Americans—many of whom belong to the groups discussed in the chapters of this book—feel increasingly unwelcome, worried, and anxious due to the increasingly xenophobic, divisive, and vitriolic nature of public discourse in this country. The acts of violence and aggression toward racial, cultural, and gender minorities are on the rise.

The healthcare system—and particularly mental health facilities—should be a refuge immune to this toxin. Patients of all races, ethnicities, genders, and countries of origin should have their unique needs, perspectives, and experiences understood whenever they interact with the healthcare system. Indeed, this is a necessary ingredient for quality care and a prerequisite for health equity.

And it is arguably even more important when diagnosing and treating mental illness.

Twin Tenets of Cultural Competence

Throughout my career, I have worked to advance diversity and inclusion among health professionals and in our healthcare system. I firmly believe that a more diverse healthcare work force is a necessary step toward health equity and opens the way for more compassionate and culturally competent care for all patients.

But truly embracing diversity, inclusion, and cultural competence goes beyond training providers from diverse backgrounds to "care for their own." It requires ensuring that providers of all backgrounds have the skills and awareness to care for patients of all backgrounds. Health professionals must make the effort to understand where people come from, the experiences they bring, and the experiences they expect to have.

As American society becomes increasingly diverse culturally, ethnically, racially, and linguistically, we in medicine see twin tenets of cultural competence. First is the recognition that patients' social and cultural influences affect their perceptions of and reactions to health, illness, and medical care. Second is the realization that providers must tailor their care appropriately based on the patient's unique set of cultural needs and sensitivities.

Cultural competence also recognizes that no one exists in a cultural vacuum, including healthcare providers. Culturally competent healthcare providers have learned to acknowledge and examine the potential for unconscious bias that exists within all humans. We are all prone to making snap judgments or assumptions about people based on their superficial and group characteristics—unless we make a conscious effort to avoid them.

The beauty of this nation lies in the assimilation of *values*, not of cultures. We are not a melting pot so much as a rich mosaic of diverse and varied backgrounds, experiences, hopes, and dreams, tied together by a freedom to express our unique selves.

Cultural competence helps create the space for that to happen.

As in so many aspects of life, communication is the key. This goes beyond words to include actions, attitudes, and how we relate to patients. Culturally competent providers communicate sensitively and, without judgment, treat each person as the unique individual they are. They get to know patients, demonstrating their concern and compassion and—above all—explore the unconscious assumptions that might affect interactions.

In other words, the goal of reading this book and receiving cultural competency training in other ways should not be to help you make assumptions about your patients' lived experiences but to listen to them more effectively—really listen to what they tell you about their own beliefs and experiences every day—in every encounter. We take important steps to understand how individuality (which includes race, culture, gender identify, and country of origin) influences healthcare needs when we take time to recognize subtle

differences among us. For example, we can better meet the needs of all people when we do not lump all Asians, all Latinos, or all LGBT individuals into one category, no matter how culturally sensitive we are to that category.

That is the true goal of cultural competency: listening, caring, and considering our individual experiences while building on the many commonalities we as humans share.

You will not achieve this goal by reading a single textbook or sitting in on a training. Rather, it's a lifelong pursuit with a mind-set to "open."

Are you up to the challenge?

Marc Nivet

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Preface

It's human nature to try to understand why distressing symptoms are occurring, such as sleep loss, anxiety, or thoughts of suicide, and to associate them with environmental or temporary circumstances, such as job stress or grief, when explaining to healthcare providers how they feel it's important to most patients to provide that context for symptoms. Context can include changes from baseline levels of functioning, events surrounding the onset or exacerbations of symptoms, and associated psychosocial difficulties such as family or financial problems. The filters through which patients interpret their symptoms will determine which they report and how severe they are perceived.

Culture defined broadly as a set of beliefs stemming from one's family, social, or national origin reference group also provides a context for how people interpret psychological, emotional, behavioral, and psychiatric symptoms. However, most people would not understand the importance of sharing such an explanation with clinicians when seeking help for their distress. Understanding cultural differences, listening for subtle cultural interpretations of symptoms, and knowing when to ask about them can guide clinicians' queries during diagnostic interviews and discussions around potential treatments, thus improving the quality of care.

The second edition of *The Massachusetts General Hospital Textbook on Diversity and Cultural Sensitivity in Mental Health* provides culturally based conceptual frameworks and in-depth information on epidemiology, symptom presentations, and social contexts of mental illness in racial and ethnic groups, gender minority populations, and immigrant groups. Guidelines are provided for conducting patient interviews that reach beyond surface symptoms and help the clinicians avoid the mistake of relying on their personal cultural references as filters in clinical decision-making.

The breadth of topics makes this collection broadly useful by a range of practitioners—medical, legal, mental healthcare, and journalistic. The editor's careful selection of contributors reflects the view that professionals from a variety of disciplines can play a role in presenting to the public, especially those in need, a compassionate and unbiased representation of mental health that demonstrates an appreciation of individual differences.

In Chapter 1, guidelines are provided for training in cultural competence and implicit bias, including strategies for dealing with resistance. The methods for skill development, reshaping thinking patterns, and increasing self-awareness are provided as well as ways to address sensitive issues, such as privilege, white fragility, and coming to terms with one's own racism. The

authors discuss challenges unique to vulnerable groups at the intersectionality of characteristics, such as race and gender or age and socioeconomic status.

Chapter 2 describes the value of cultural humility as an approach to interview patients. Humility is reflected in a posture of appreciation for differences among people and in the sincere desire to better understand those differences. Specific guidance is provided for ways to augment clinical interviews to gain a clearer understanding of how a person's cultural reference for health problem and treatment influences their interpretation of symptoms.

Chapters 3 and 5 provide insights from beyond the realm of mental healthcare. Chapter 3 on mediation and negotiation recognizes how men and women across the age spectrum differ in their comfort with asserting their will in these processes. As authors Hoffman and Triantafillou explain, "cultural competence involves more than freeing our minds of bias—it requires affirmatively seeking to understand the people we encounter in the mediation process and elsewhere." Guidance is offered for creating an comfortable atmosphere in the negotiation and mediation process for people from various demographic and cultural groups. Similarly, Chap. 5 on news reporting of mental health issues, especially in controversial circumstances such as mass shootings, provides guidance for cultural sensitivity and compassion in reporting. Excellent examples are included of how journalism has handled stories on mental health and how journalists have attempted to provide information about race and mentally illness that transcends stereotypes.

Chapters 4, 6, and 13 cover factors that can limit access to and use of medical care in immigrant populations beyond obvious language differences, such as stigma attached to mental illness and fear or mistrust of healthcare systems. The readers are provided with ways to evaluate how their own culture influences their approach to patient care. The authors emphasize the importance of considering broader issues of power, privilege, and structural inequality when working with migrant communities and advocate for cultural responsivity and intervention at the organizational, structural, and patient levels.

Chapters 7 through 11 are excellent reference chapters on mental health presentation, treatment, and sociocultural factors in health for specific populations, including people of African descent, American Indians, Alaska Natives, Arab Americans, Asians, and Latinos. Appreciation of how conceptualizations of mental health and illness vary across these groups can improve the accuracy of psychiatric diagnoses, the treatment selection, and the discussion of sensitive mental health issues with patients and their family members.

Chapter 12 provides a conceptual framework for working with people on the sexual and gender continuum. It encourages clinicians to think beyond binary labels and to consider gender identification, gender role and expression, sexual attraction, and sexual behavior as elements of sexual and gender identity. In their discussion of health problems unique to sexual minority populations, the authors encourage attention to the intersectionality with age, race, and socioeconomic status.

The chapters of this book focus primarily on mental health. However, it is an excellent reference book for clinicians in training across other areas of medicine. Guidance is provided for those who work in psychiatric settings, particularly those that serve multicultural communities, but is also applicable to those working elsewhere in the healthcare system. The authors effectively make the case that a richer understanding of differences across cultural groups can enhance the quality of care provided and the healthcare experiences of those in need. This guide for culturally sensitive and competent diagnostic evaluations and patient interactions sets the stage for developing strong therapeutic alliances and efficacious treatment plans.

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Quotation Page

"Darkness cannot drive out darkness: only light can do that. Hate cannot drive out hate: only love can do that."

Martin Luther King, Jr.

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