Chapter 6

Cultural Competence and Empowering Communities

Shirley Alleyne[15]

Definition of culture

The Merriam-Webster Dictionary provides several definitions of culture: the integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations; the customary beliefs, social forms, and material traits of a racial, religious, or social group; also: the characteristic features of everyday existence (as diversions or a way of life) shared by people in a place or time (1). Culture is central to every aspect of life; it defines how persons who share similar beliefs and behavioral patterns will prepare, respond, and recover from major events such as disasters (2).

Factors influencing culture

Historical events

Culture is influenced by many factors including past experiences of a group, both negative and positive: an example of a negative experience is the fear some African-Americans have of being victimized, which that can be attributed, in part, to the Tuskegee Syphilis Study (3); a positive experience could be the sharing of responsibilities and care giving by the extended family in Caribbean culture, in part developed out of the limited finances of post-colonial Caribbean families.

Religion

In the Caribbean, religion is an important influencing factor because of the previously pivotal role churches played in providing education, sustenance, and shelter. Churches were also influential in the

15. Associate Lecturer in Child and Adolescent Psychiatry, The University of the West Indies, School of Clinical Medicine and Research, Cave Hill Campus, Saint Michael, Barbados.

pooling of resources to supply the needs of many in the extended family model. For instance, the societal roles of males and females, and the expected behaviors of children in the Caribbean are largely guided by the predominant Christian and Hindu faiths.

Economic context

The economic context of a country shapes cultural practices, such as the sharing of homes and financial responsibilities by members of the extended family and the employment status of various members of the household. As the economies of the Caribbean countries have improved over time, nuclear families have become more dominant and the influence of North American culture has increased, resulting in some changes to cultural practices.

Culture and gender

Gender roles are defined by societal norms influenced by a number of factors. Gender roles in the Caribbean have evolved, as more females attain tertiary education and assume jobs traditionally seen as "men's work" (4). Women are the heads of the household in the majority of Caribbean homes and it follows that in emergency situations, women often carry the burden of accessing assistance (e.g., food, repairs, and medical supplies) for their households. Women also do the majority of caretaking for the youth and older persons, so the success of a family in emergency situations is especially dependent on the well-being of women.

Culture and perceptions of mental health/mental disorders

The perception of mental health and mental disorders are in part colored by the population's past experiences with emotional disorders. In the Caribbean, some religious groups see mental illness as a weakness of faith or a punishment for having offended the higher powers. These beliefs result in feelings of extreme guilt for those believers who become ill, delays in accessing medical treatment for fear of societal scorn, and noncompliance with treatment recommendations.

Some religious groups also believe that psychosis is a sign of demonic possession, again contributing to ostracism and the stigmatization of the mentally ill. Exorcism and rituals performed by non-traditional healers have been utilized in some communities where persons believe in obeah, or the use of magic rituals, to ward off misfortune, or to cause harm. This has contributed to the number of persons with persistent mental illness who delay accessing mental health services until their illness is in the advanced stage.

A review of culture and mental health issues in Haiti is presented in Box 6.1. This summary examines cultural perceptions of mental illness, non-traditional approaches to mental health care, and the structure of the country's mental health services. The article was prepared following the earthquake of 2010.

The perceived higher rate of mental disorders in Caribbean persons who have spent time in the United Kingdom has led to the belief that travel abroad results in mental illness. Similarly, there is the belief that intensive academic pursuit contributes to mental illness, or that it can result from the administration of a secret potion by an ill-intentioned partner.

The predominantly authoritarian style of parenting and the historical belief that "children are to be seen and not heard," the dearth of child and adolescent mental health specialists, and the history of limited advocacy in the area of the emotional health of children and adolescents has led to a generally poor understanding of the emotional challenges faced by these groups in the Caribbean.

Limited understanding of the emotional world of children and adolescents can be compounded by the sanctioning of corporal punishment by many cultures in the region, which can result in acts of severe physical discipline. This becomes particularly concerning in a post-disaster phase, as children may display externalizing symptoms, behaviors which are misinterpreted by adults whose harsh discipline serves to further endanger the emotional well-being of the child. Conversely, social withdrawal and quietness associated with internalizing disorder (depressive and anxiety disorders) are likely to be mistaken for "good behavior."

Box 6.1
Summary of "Culture and Mental Health in Haiti: A Literature Review"[16]

Andrena Pierre[17]

Introduction

On 12 January 2010 a devastating earthquake struck Haiti, causing more than 200,000 deaths, injuring thousands, and leaving many homeless. Important governmental, health, educational, and commercial buildings as well as public infrastructure were damaged or destroyed. In the face of the trauma and loss caused by this catastrophic event, the international response included the deployment of foreign medical teams to address the health needs of the Haitian population. In an attempt to provide some useful local background to the deployed international mental health professionals, the Department of Mental Health and Substance Abuse of the World Health Organization (WHO) commissioned the document "Culture and Mental Health in Haiti." The document is a review of scholarly and grey literature in English and French on the perceptions by Haitians of mental health and mental health services in their country before the earthquake.

The Socio-Cultural Context

Haiti is bordered by the Dominican Republic on the island of Hispaniola, which is approximately 600 miles south-east of Florida. As with many countries in the Caribbean, Haiti was marked by slavery, which began at the end of the fifteenth century. However, in 1804, Haitian slaves defeated their masters and Haiti became the first Black republic. Since then, Haiti has endured economic marginality and political instability. As a result, many Haitians have emigrated in search of better lives, with a large diaspora sending financial support to those they have left behind in Haiti.

Haiti has a growing population of more than nine million, 50% of whom are under the age of 20, with a large percentage (60%) living in rural areas. The two official languages are Creole and French; however, while Creole is spoken by the vast majority, only a minority speaks, writes, and understands French. As part of the legacy of slavery and colonization, Haiti is marked by a class hierarchy based on language, education, and economic background. These factors also influence Haitians' explanations of illness and utilization of formal and informal mental health services. The society is structured in such a way that gender roles are clearly defined, with men having the authority and women the responsibilities in all aspects of social life. Parental rights and children's duties are also clearly defined.

16. Kirmayer, L.J, et al. Culture and mental health in Haiti: a literature review, WHO/ MSD/MER/10.1. Geneva: WHO, 2010. Available at: http://tinyurl.com/7qmehj3.
17. PhD candidate, Department of Psychology, Carleton University, Ottawa.

Haiti is characterized by religious diversity with Vodou, Roman Catholicism, and Protestantism being the most prevalent religions. Despite numerous divergences between the followers of these religions, all share a belief in the spirit world. Hence, health and illness are explained in terms of one's connection to God and the healing practices. Catholics and Protestants may use prayer rituals to deal with mental and physical illness. Both religious affiliations and family networks constitute important coping resources in time of stress and difficulties.

Knowledge of the prevalent diseases and causes of mortality in different age groups can help health professionals in the process of giving a diagnosis, as most Haitian patients expect to be asked about the presence of a series of symptoms during a diagnostic consultation. Many Haitians use a humoral theory in which illness is caused by an imbalance of hot and cold within the body. In this system, treatment (which includes herbal teas, regulated diet, compresses, baths, and massages) must be in the opposite direction of the imbalance in order to restore equilibrium.

Mental illnesses are often attributed to supernatural forces in that they may be caused by a spell or hex, or a failure to please spirits. This external attribution may be helpful for recovery in that people can call upon the spirits or God to intervene on their behalf to assist healing. Moreover, because people are seen as victims of forces beyond their control, they are more likely to be provided with social support. The more severe cases of mental illness can be associated with social stigma and shame; hence, the family may be reluctant to acknowledge that a member is mentally ill.

Although there are no systematic data on the prevalence of mental health problems in Haiti, the prevalence of disorders such as schizophrenia, bipolar disorder with mania, and other psychoses are no different from that in other countries. People with no access to hospitals or medical treatment who have suffered repeated psychosis episodes and have impaired functioning may be labelled 'fou' (crazy) and their cognitive ability may not be trusted even after remission. The symptoms of schizophrenia are based on concepts of self and non-self. As such, it is important to understand Haitians' cultural and religious concepts of the person in order not to mistake normal spiritual beliefs and practices for evidence of psychological and psychiatric problems.

In Haiti the word "depression" is used to refer to discouragement while dépression mentale refers to depression as understood in Western psychiatry. Depression is expressed mostly in terms of somatic symptoms and is not considered as a mental illness per se, but as a state of debilitation due to physical health conditions such as anaemia. Individuals experiencing depression usually seek support and guidance from family networks.

The earthquake has been a profoundly traumatic event: many people witnessed death and severe injury or lost loved ones and belongings. Disorders related to trauma and loss are more likely to develop in individuals who have pre-existing vulnerabilities, such as exposure to various types of violence, prior to the earthquake. The loss of status or social roles that results from material loss may elicit distress in the forms of feelings of shame, humiliation, and powerlessness.

Dissociative phenomena commonly seen in Haiti include various forms of possession trance. In this context, it is important to distinguish possession associated with schizophrenia from the religious experiences of possession, where a spirit enters a member of a religious congregation in order to punish, reward, or treat another member of the congregation. Folk diagnoses include sezisman, endipozisyon and pedisyon. Sezisman is a state of paralysis provoked by the shock of unexpected events such as receiving sad news concerning a loved one or witnessing a traumatic event. Treatment of seizisman includes herbal teas, cold compresses on the forehead, and support and care from relatives. Endipozisyon or fainting is due to unbearable emotional distress or some bodily pain and is more common among women; it is thought to be due to hot or bad blood. Pedisyon is a condition of arrested pregnancy that may persist for months or years. It is thought that at some point during the pregnancy the uterine blood is diverted from the fetus, which stops growing. Because maternity is an important aspect of a woman's life in Haiti, this condition may allow infertile women to claim the status of "being with a child."

Mental Health Services

The health care system is divided into four sectors: public institutions, non-profit NGOs and religious organizations, mixed non-profit organizations, and for-profit private clinics. Most institutions are independent; there is no network. While most people value professional biomedical services, about half of the population experience limited access to health care services because of structural costs, distance, and location. Hence, many people wait until their illnesses are in the advanced stage. Consequently, many view hospitals as places "where people go to die." Death is considered as a natural part of the cycle of life. Deceased family members continue to play important roles as they are thought to advise and help their descendants through dreams. Death rituals and burial are very important. Thus, in the aftermath of the earthquake, the uncertainty about the fate of a deceased loved one may elicit nightmare and concerns when thinking about the dead.

In the absence of a well-developed mental health care system, Haitians have learned to deal with their mental and physical illnesses on their own, using the social support of family, community, and religious networks as well as the services of herbalists, bone setters (who treat conditions such as broken bones), injectionists (who administer herbal or Western preparations), and midwives. Upper- and middle-class Haitians are more likely to seek psychiatric care.

Regardless of the type of illness, advice regarding treatment is usually sought first from family members and relatives. For instance, Haitians may not readily accept psychotherapy to solve personal problems, because these are viewed as family or religious matters. Hence, successful treatment will include collaboration with family and the community of the patient. Health care professionals are expected to be engaging and active in resolving issues. Consequently, it is important for clinical practitioners to be aware of patients' understanding of illness and their expectations regarding the treatment.

Culture and help-seeking behaviors

The cultural beliefs with respect to mental illnesses and mental health services impact help-seeking behaviors. Although we can make generalizations as to these behaviors about members from the same cultural group, variations do occur as a result of a number of factors including age and educational status.

In the Caribbean region, as in many other regions, the history of treatment of mental illness has been one of institutionalization and limitation of the rights of patients; this in part accounts for the stigma associated with mental disorders and discrimination against clients who seek mental health services (5). At the same time, because of the influence of religious leaders and fear of being stigmatized for seeking mental health services, some persons will frequently seek the counsel of their clergy or non-traditional healer before accessing mental health services (6–8).

The traditional structure of the Caribbean family is such that children and adolescents are seen as an extension of their parents and therefore, in general, medical services to children and adolescents cannot be provided without the approval of their parents. As a result of the low awareness of and the stigma associated with receiving mental health services, children and adolescents with emotional challenges often remain untreated because of lack of knowledge on the part of the parents or guardians. Parents must sanction treatment for their children and can refuse mental health services for children who are severely ill.

Compliance with treatment recommendations may be a challenge because of pervasive rumors about psychotropic medications, including beliefs that they result in "madness"; as a result, persons generally seek medical treatment when symptoms are advanced.

Families are more likely to seek mental health services for relatives who exhibit violent or bizarre behaviors because of the fear that they might cause bodily harm to others. Reintegration into society post-treatment for clients with a past history of violence is particularly challenging as they face discrimination and rejection by their families.

Cultural competence of disaster response teams

Box 6.2 lists questions that mental health teams should ask when planning their response to disaster. These questions are built around the topics covered in the previous section: factors that influence culture, how culture shapes beliefs about mental health, and attitudes about seeking assistance. As outlined above, cultural groups have characteristic ways of coping in times of disaster. The method of coping is inclusive of the way in which the group prepares and responds to disaster.

When working in culturally diverse communities, disaster response mental health teams should consider the steps outlined below (see also, Box 6.3) (9):

- The team must first understand and respect the way in which each group copes with the emotions frequently seen in disasters (e.g., loss and grief). Knowledge of how the culture copes can be used to encourage those affected by a disaster to build on their innate coping skills and natural support network.
- Psychosocial interventions (e.g., support groups, educational materials, etc.) should be developed to complement those that already exist within the culture.
- When culturally sanctioned practices are identified that are believed to undermine the psychological well-being of the culture (e.g., the utilization of non-traditional healers to treat psychosis), the team should respectfully engage cultural leaders in a dialogue to share information on alternative methods of treatment.
- The mental health planning team needs to consult culture brokers (those who are entrenched in the community and culture and are in a position of authority) during every phase of disaster preparedness so that the mental health section of the emergency preparedness plan is culturally sensitive and has the agreement of all cultural groups.

Box 6.2
Summary points and assessment questions to be used during the disaster response phase

Factors influencing culture

Historical events—What are the key historical events for the population?

Religion—Which religions are dominant and what are their practices?

Economic context—What is the economic situation for the country/regions/sub-regions?

Gender—What are the predominant gender roles for the country/regions/sub-regions?

Culture and perceptions of mental health/mental disorders

Beliefs—What are the predominant beliefs about mental health, mental disorders and mental health treatment? What are the beliefs as they relate to special groups, e.g., older persons, children and adolescents, the physically and mentally disabled?

Predominant practices—What is the history of mental health services in the population? How does the culture cope with emotional challenges?

Religion—What are the religious beliefs about mental health and mental disorders?

Culture and help-seeking behaviors

Practices—What are the ways in which the culture identifies mental health problems? What are the prevailing ways in which the culture addresses mental health problems?

Beliefs—What are the prevailing beliefs about seeking professional help for mental health problems?

Religion—What are the religious beliefs about seeking professional help for mental health problems?

Culture and psychological response to disaster

Practices—There may be varied responses by cultural groups to disaster. Caribbean people historically have been expressive but resilient in disaster situations.

Question—What are the sanctioned/normal response of the culture to disaster?

- An understanding of the help-seeking behaviors of the population is critical to the process of developing mental health services that the community will utilize during a disaster. The community's level of understanding about help-seeking behavior, their cultural strengths, and potential challenges can be assessed by initiating dialogue on the community's past experiences with disaster. For example, some cultures become very unified in disaster situations because of the strength of the extended family and community network, whereas others are less connected and function more on the individual level.
- Challenges with accessing mental health services should be identified and addressed in the emergency preparedness plan and possible solutions identified in consultation with the cultural groups.
- All of the mental health audiovisual material produced must be vetted for cultural sensitivity. Materials should also be produced that take into account the variation in the cultural groups (including linguistic), variations in education level and religion.

Box 6.3
Cultural competence summary points to be used during the disaster response phase

Identify and respect the cultural norms as they relate to coping with emergencies;

- Identify the natural resources of the culture;
- Work with cultural brokers to identify areas where external support is needed;
- Identify suitable mental health services for the needs of cultural groups;
- Work with religious leaders where requested and where collaborative work is appropriate;
- Provide materials (print, audiovisual, etc.) that are culturally and linguistically appropriate.

- First responders should receive continuous training on cultural competence. They should be well versed in the cultural issues specific to the community in which they are working.
- The mental health team must be willing to include and collaborate with (upon the request of their clients) religious leaders and non-traditional healers in patient management so long as they maintain the medical standard of care.
- The first steps in ensuring the psychological welfare of a community in a post-disaster situation are to provide for the basic human needs; cultural groups need to know how to access basic needs (food, water, shelter, and health care) in the various stages of a disaster. Disaster preparedness efforts should ensure that each cultural group is informed and has access to basic needs during and post-disaster.

Empowering communities after a disaster

- Developing active partnerships with the cultural groups within a society allows health professionals to empower communities and to develop culturally competent disaster preparedness plans (10). Mental health workers should consider the following points when working with communities (see also, Box 6.4).
- Empowerment occurs in part through knowledge (9, 10). Mental health workers first need to be educated about the community by its leaders and cultural brokers in the following areas: the structure and functioning of the community; family structure and gender roles; community priorities, strengths, and weaknesses; and past experiences with disasters.
- Each community group should be consulted and a disaster plan specific to the vulnerabilities of the community developed; the plan should identify the priorities of the community, current resources (human resources, health care facilities, etc.), and the projected need during a disaster. For example, in an impoverished neighborhood with poorly constructed houses, a plan to evacuate persons to the local churches and schools might be developed, allocating the responsibility for transportation to members of the community with vehicles. This will further facilitate a sense of organiza-

tion and control for the community members, both of which contribute to emotional stability.

- Tasks should be assigned to various members of the community. This might include accounting for disabled persons, maintaining a normal schedule of schooling and play for the children, volunteering to assist older persons and pregnant women to obtain food and water. The assignment of tasks can serve the dual purpose of keeping the caregiver occupied and distracted from worrying, and reducing the overwhelming feelings of helplessness and despair that may be experienced by those who require assistance.
- Vulnerable people within the community (e.g., pregnant women, children, older persons, persons with disabilities, the homeless, persons with severe persistent mental illness) should be identified with the assistance of cultural leaders. Specific plans should be developed for other community members to act as liaisons and to provide support to these persons following disasters.
- Shelter should be organized for displaced persons in a way that families and communities are housed together. This decreases the anxiety associated with loss and fear and facilitates the development of support groups between community members.
- Frequent community meetings should be held for community members following a disaster to provide practical and psychological support and to assess the community's ongoing needs.
- Frequent community meetings should be held between community representatives, government agencies, and nongovernmental organizations to determine how to access support for the community's ongoing needs.
- Community members need to be educated about maintaining good mental health in disaster situations, the normal psychological response to disaster in the pediatric and adult populations, the signs of mental disorders, and treatment resources which they can utilize. Members of the community should also be aware of interventions to minimize the psychological sequelae of disaster, for example, by joining support groups, maintaining routines (especially for children and adolescents), and respond-

Box 6.4
Empowering communities post-disaster: summary points

- Identify community leaders and involve them in the decision making process
- Build on the natural resources of the culture
- Improve the knowledge base of the community with regards to maintaining good mental health
- Allow the community to express their needs
- Assign key roles to members of the community
- Identify and attend to the needs of special groups (e.g., the mentally ill, physically ill, older and disabled persons, children, and pregnant women).

ing to externalizing behaviors displayed by children in a reassuring manner as opposed to corporal punishment.

- Encourage the resumption of cultural practices including rituals and religious practices around grief, loss, and burial of the deceased.

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