

****This presentation is based on reading articles/research studies, graduate studies, and work experiences. This is for educational purpose only, not for distributing to the public**

What is Culture?

- Culture consists of language, ideas, religious beliefs, customs, heritages, taboos, assumptions, attitudes, communication styles, behaviors, tools, techniques, arts, ceremonial rituals, and imagery and symbols.
- Culture influences mental health, mental illness, and mental health services.

Non Western Culture (Incl. Asian, Latinix, Black/Caribbean & Native Americans).

When working with any culturally diverse students, it is important to consider the cultural context, barriers, and worldview of our students.

- Harmony/ Peace- the integration of mind-body-spirit and energy
- Somatic symptoms vs emotional symptoms- Asians express psychological distress as physical complaints.
- Collectivism- Prioritize family, understanding the collective vs the individual perspective.
- Communication barriers/ Language and Concepts of Mental Health
- Religious views on mental health- In the Hispanic/Latino community, there is a strong belief in the power of God
- Saving Face value and Conformity to norms
- Public display of emotional instability may reflect poorly, not only on the individual but on his or her family as well.
- Illness signifies weakness which leads to shame; therefore, discussion and acceptance of illness may not be commonly practiced.
- Express distrust for Western medicine & Underutilization of mental health
- Ancestral worship/animistic practices-Voodoo, Rastafarian & Tribal Beliefs- Shamanism
- Traditional Healing Modalities: Acupuncture, Ayurveda, Yoga, Meditation
- Oppression/Social Justices
- Lack of counselors from the similar cultural backgrounds

Western Culture

- More verbal and expressive to share feelings.
- Acceptable to seek for counseling
- Ethnocentrism practices
- Types of Mental Health Professions
- Trust in mental health professions
- Individual decision making
- Western approaches place more emphasis on correction and on mitigating feelings and symptoms.
- Accessibility and affordability
- Resources and support
- More focus on medical model than wellness model.
- Western model of mental health services & psychotherapy tends to rely on medications and talk therapy.
- Slowly accepting alternative medicine, but insurance does not cover.

LGBT/Gender Minority

- Safe Spaces
- Family Acceptance
- Identity concealment
- Internalized stigma
- Hypervigilance (e.g., anxious anticipation of rejection)
- Rejection sensitivity
- Religious rejection
- Cultural Incongruence with Norms/Expectations in religious beliefs.
- Resources/support system within community
- Experience with Harassment, Bullying, Assault, and Discrimination

International Students – Visa

- Linguistic
- Non-Verbal Communication
- Isolation/homesickness
- Acculturation/assimilation
- Group linked to similar cultural identity
- Restraint of feelings
- Private versus public display (shame/disgrace/pride)
- High Academic expectations from families.
- Immigration issues
- Financial barriers-employment restrictions.

Barriers to Seeking Help: Stigma and Fear of Discrimination

- Students from certain groups (LGBTQ, new immigrant/refugee, undocumented and DACA) may not seek mental health services due to stigma and/or fear of discrimination.
- In addition, students from lower socio-economic groups may feel additional environmental and social pressures, poverty takes a toll on mental and physical health
- MH issues are often “hidden” from the larger social group.

What influences these barriers for students?

- Political climate and state and federal laws around discrimination and changes to immigration policies
- Media: TV, movies, news and social media - how are groups depicted?
- Original culture: family, friends and cultural/religious social groups
- Dominant culture: school-classmates/teachers, workplace-type of industry/coworkers, neighborhood and friends
- English language proficiency
- Within group differences: acculturation varied levels of participation in society

What To Look Out For & What To Ask:

- 1) Has the student stopped attending class?
- 2) Does the student frequently miss appointments?
- 3) Does the student not hand in assignments on time and/or have grades dropped?
- 4) Do you see changes in the student’s mood and/or behavior?
- 5) Has the student expressed coping with MH issues with self-medicating or substance misuse?
- 6) Has the student expressed MH concerns as physical symptoms-somatization?
- 7) Is the student connected to other students at the college, faculty or staff?
- 8) Does the student have a trusted friend or family member?
- 9) How does the student spend their free time?

Understanding Cultural Sensitivity

Definition:

Cultural sensitivity is not only the acceptance of cultural differences, but also a process that enable people to work well with, respond effectively to, and be supportive of people in cross-cultural settings.

Cultural Sensitivity is comprised of three components

1 Being open to learning about one's own culture

- a. Exploring the values, beliefs, and attitudes of one's culture
- b. Examining one's cultural influences and limitations on accepting other cultures

2 Being open to learning about the culture of others

- a. Three focuses are
 1. Being open and respectful
 - a. Setting a climate of trust
 2. Actively gaining knowledge
 - a. Being proactive in gathering information
 3. Collaborating
 - a. Learning from people about their culture

3 Adapting one's behavior in order to be culturally sensitive to others

- a. Examples of adaptations
 1. Tailoring activities that recognize culture
 2. Pronouncing names correctly
 3. Addressing someone by the name they chose
 4. Understanding how culture can effect self-esteem and performance
 5. Demonstrating equity
 6. Exercising intervention skills like advocacy, outreach and education
 7. Beware of institutional barriers
- b. Examples of insensitive behavior
 1. Setting low expectations for some groups
 2. Singling out someone to represent their whole group
 3. Misuse of pronouns
 4. Mandating requirements that do not consider someone's socio-economic status
 5. Assuming someone speaks a specific language or doesn't speak English.

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