

Mental Health Across Cultures: A Practical Guide for Health Professionals

Jill Benson and Jill Thistlethwaite
 Radcliffe Publishing, Oxon (2009)
 208 pp., index, paperback, A\$60.30
 ISBN-13: 978 184619219 7



Benson and Thistlethwaite are general practitioners who have written an introductory yet thorough practical guide on mental health to assist all health professionals working in multicultural contexts. While some book introductions (Chapter 1) can be quite tedious, theirs is quite fascinating as it provides some examples of their personal and professional cross cultural experience with refugees at a South Australian migrant service, Aboriginals at the Yalata community, Nepalese people in Dharan Eastern Nepal and patients in Yorkshire England. The reason for, and their concern about, writing the book is implicit but clear:

‘The World Health Organization has predicted that by the year 2020 depression will be the second leading cause of disability-adjusted life years (DALYS) for all ages and sexes. It (depression) is already one of the most common causes of disability in the world’ (World Health Organization 2008, p. 11).

However, of even greater concern for writing the book should also be the author’s acknowledgement in Chapter 2 that, ‘Traditional healers, complementary therapists and religious leaders provide up to 80% of the care received by the mentally ill throughout the world’ (p. 21; Wang *et al.* 2005). Given the steady decline in and lack of government support for traditional healers and religious organisations (particularly in Western cultures), this would logically mean that even before the middle of this century, the provision of mental health may well be heading towards an international psychosocial crisis unless governments, health associations and religious and spiritual organisations start collaborating more vigorously – a holistic issue about which the authors seem to be hinting.

The book is divided into three sections, namely section A ‘Overview and model for working in mental health across cultures’, section B ‘Psychotherapy across cultures’, then section C ‘Putting cultural mental health into context’. The model presented in the first section (Chapter 2) is based on the work of Vicary and Bishop (2005), which Benson and Thistlethwaite modify for working in consultations across cultures or what could be called ‘transcultural mental health’ practice. Their model consists of 10 components that neither space nor time allows us to elaborate upon (see list below) but which the authors provide practical information and suggestions about each component.

Model for working in mental health across cultures

1. Self reflection on cultural context
2. Networking and mentoring cultural mentors
3. Review of psychotherapy skills
4. Management team (holistic team)
5. Hearing the patient’s story and using cultural awareness questions
6. Potential barriers (patient, clinician, systemic, social, environment)
7. Choosing appropriate therapeutic options
8. Follow-up of the patient
9. Boundaries of self-care
10. Evaluation of the process.

The model also provides a thematic basis for the other sections of their book. Section B explores general principles of psychotherapy and counselling (Chapter 3), which considers the nature of psychotherapy, common western psychotherapy models (such as psychoanalysis, Rogerian person-centred therapy, cognitive behavioural therapy, family therapy and group therapy), complementary and alternative therapies, traditional healers, the clientele for psychotherapy, cultural views of psychotherapy and taboo subjects such as rape, child abuse, domestic violence, torture, rituals, pregnancy and birthing. Chapter 4 takes a more in-depth approach to explore ‘modified cognitive behavioural therapy’, its nature, cultural concerns, dealing with physical symptoms of mental distress, motivational interviewing and other techniques to change thinking processes and finally somatisation and somatoform disorders (medically unexplained symptoms).

Gaining increasing recognition within health care training is that of narrative therapy plus resilience and spirituality. Modified narrative therapy (Chapter 5), which aligns very much with the principles of Rogerian person-centred therapy (noted earlier – Chapter 4), considers the importance of stories in constructing cultural identities. This is a rather succinct chapter (saving the reader considerable time not having to

read other long-winded narrative therapy texts) that discusses the principles and processes of narrative therapy (see list below), which are now considered important within mental health care. It then considers the rather negative dominant or controlling narratives plus strategies for considering alternative and healthier narratives.

Narrative therapy

- Adopts a non-blaming approach.
- Patients recognised as experts in their own lives.
- Problems are seen as separate from people.
- People have many skills, competencies, beliefs, values, commitments and abilities to help them change their relationship with problems in their lives.
- Patient and therapist must have curiosity and a willingness to ask questions to which the answers aren't obviously known.
- There are many possible directions that any therapeutic conversation can take.
- The patient plays a significant part in determining the directions that are taken.

Perhaps, however, the most fascinating chapter within this section is that of 'resilience and spirituality' (Chapter 6) – two topics combined in one; each of which is so often dismissed or omitted within many health care texts and thus it is here worth pondering the authors' points since the inclusion of this chapter seems to indicate the increased acceptance of a holistic recovery model and the improved understanding by some health professionals to acknowledge a client's spiritual needs and resilience when treating mental illness.

Wisely, the authors define resilience as an individual's capacity to learn from positives while experiencing adversity. They consider it an essential factor for recovery from a mental illness as it allows individuals to transform 'the adversity that comes into all our lives into wisdom, insight and compassion' (p. 88). The authors suggest that modern western cultures have become neglectful of family and religious and spiritual traditions and thereby reduce a person's spirituality and resilience and that Western culture has become focused on perfection and fails to view 'pain, suffering, mistakes and failure' as normal components of life (p. 93). This has led to increased feelings of guilt and shame for many Westerners who are unable to acknowledge mistakes and mend relationships. This in turn has led to reduced community empathy for others and increased feelings of hopelessness and reduced connections as traditional supports are becoming less effective or are no longer available (p. 94).

The authors define spirituality as the way in which people fulfil what they consider to be the purpose of their lives, through finding hope or inner peace. It can be expressed through religious practices, a feeling of a relationship with a higher being or music or a connection with the environment but it may not always be consciously expressed. The authors note that, generally speaking, Western societies do not integrate religion into everyday life, so spirituality is part of a person's private life rarely shared with health professionals.

As the training of health professionals emphasises evidence and objectivity, spiritual beliefs are resources that are usually not addressed when developing a treatment plan because the authors believe that doctors fear that patients will be offended if spiritual beliefs are raised.

The authors clearly acknowledge the pros and cons of spirituality for people experiencing mental health issues and suggest how health professionals can assist clients depending on the typography of belief (see list below). For example, a patient who believes that God is all seeing and all knowing may feel paranoid, anxious and judged. This may lead to feelings of depression as they believe they can never please God. Their religious community might reinforce this view as they believe a person's health is directly linked to religious observance. However, a client who believes in a benevolent God feels supported and closer to God, which reduces any feelings of isolation.

Benson and Thistlethwaite's basic typography of religious belief

1. A belief that God is all-knowing and all-seeing and that there are a set of rules to live by
2. A belief that God is within each of us
3. A belief that God is primarily interested in justice and fairness
4. A mystical belief.

The authors neglect however the key theological and spiritual question of, 'Why has God given me a mental illness?' It would have been valuable if the authors directly addressed this question as a lack of understanding and hopelessness reduces resilience for people with a mental illness, which can lead people to lose hope of ever recovering (Bhui *et al.* 2008). Perhaps it should not be surprising that without such religious and spiritual questions being professionally addressed, people experiencing chronic mental illness such as schizophrenia and bipolar disorder turn to the internet to search for answers (Moss 2009).

Nevertheless Benson and Thistlethwaite's conclusion is that it is important for doctors to discover how a person's spiritual beliefs affect their physical and mental health as it increases the client's engagement and understanding of circumstances – an argument that is also shared by Clarke (2003). Benson and Thistlethwaite however could have drawn upon the research by Corrigan *et al.* (2003) about the necessity to improve the knowledge of health professionals concerning the spiritual needs of people experiencing chronic mental illness so as to assist patient well being. Another criticism, particularly given the authors concern about mental health across cultures, is the failure of the text to acknowledge any cross-cultural or interfaith models that address religious or spiritual identity issues. An interfaith cross-cultural model such as Mol's paradigm (Mol 1976) would have been more relevant than Maslow's hierarchy of human needs, which the authors cite.

The third and final section of the text, 'Putting cultural mental health into context', considers the role of people

involved such as medical physicians, other health professionals and patients of diverse background. It considers (Chapter 7) health professional migration, issues relating to professional language, health culture and health literacy, differences between refugees and migrants, acculturation and cultural shock and finally racism in health. Chapter 8 explores 'consultations across cultures' by examining transcultural counselling, terminology, interpreters and advocates, patient-professional interactions, physical and mental health questionnaires, patient partnership patterns of cultural differences, individualism and collectivism and confidentiality. Chapter 9, 'Basic neuropsychiatry and the quest for normality', discusses concepts such as holism and dualism, physical changes in mental illness, sharing of information, definitions of normality, the *Diagnostic and Statistical Manual of Mental Disorders Vol. 4*, the International Guidelines for Diagnostic Assessment and finally, 'the healing art' in which the authors present a helpful basic organisational chart illustrating the historical, cultural and clinical bases to the cultural translation of mental health problems (International Guidelines for Diagnostic Assessment Workgroup 2003).

Chapter 10 enters pharmacotherapy and cross-cultural issues. It predominantly explores drugs and medication and the various responses, decisions to prescribe, shared decision making, adherence to prescribing medication, alternative and traditional medicines, prescribing for depression and benzodiazepines. Finally Chapter 11 considers the importance of cross-cultural learning, cultural competency, exploring health beliefs in a culturally sensitive way, cultural and racial barriers during consultation, race equality training, learning to work with interpreters and experiential learning. This is an important chapter, particularly for Australians given our multicultural environment and yet poor cross-cultural training at all levels of education.

While the text does have a useful index, one addition to the text that would have been helpful to the reader is a list of abbreviations and acronyms. Nevertheless, overall, despite some criticisms mentioned, this text is quite a comprehensive introduction that supplies numerous practical guidelines

for practitioners in clinical practice and yet also provides sufficient theoretical material to be considered a valuable tertiary training text for undergraduate and postgraduate students.

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