ORIGINAL ARTICLE

CULTURAL AWARENESS IN CONTEMPORARY MENTAL HEALTH PRACTICE

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ABSTRACT

The aim: To analyze cultural conditionality of mental health care practice; to explore the relationship between cultural awareness of mental health practitioners, their professional experience and professional status.

Materials and methods: It was hypothesized that cultural competence is expected to emerge with professional experience of mental health practitioners. The Sociocultural Awareness Questionnaire was administered to mental health care practitioners – counselors, clinicians, and therapists – (N=62), aged 27 to 65, with professional work experience from 1 to 25 years. The majority of the respondents were from Kyiv (Ukraine).

Results: There is no significant correlation between the duration of the period of professional activity of mental health care practitioners and their ideas concerning cultural awareness ($r = -0.084$, $p = 0.515$). In the same way there is no statistically significant differences ($U = 397.500$, $p = 0.866$) in cultural awareness between two groups of Mental Health care practitioners based on a professional status criterion.

Conclusions: No professional experience, nor status are the basis for the sociocultural awareness of mental health practitioners. The assumption that cultural competence is expected to emerge with experience has not been confirmed during the pilot study.

KEY WORDS: Mental health, psychotherapy, culture, cultural awareness, socio-cultural competence

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INTRODUCTION

This study has explored the issue that lies at the intersection of culture and mental health. It consists of theoretical overview and empirical evaluation of problems relating to cultural awareness of contemporary mental health practitioners.

The cultural and ethnic factors which tend to influence the diagnosis and treatment of mental disorders are of paramount clinical significance these days. Culture is increasingly becoming an important issue that should be taken into consideration when providing mental health service. A challenging area in the field of mental health care is the relationship between ethnic / cultural factors and knowledge about mental health issues. It has now been suggested that the key factors that may influence perceptions of mental illness are: personal experiences, educational level and ethnicity [1]. This paper explores the cultural/ethnic component in contemporary mental health service.

Generally, culture refers to the "cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving" [2]. In psychological terms, culture is "the set of attitudes, values, beliefs, and behaviors shared by a group of people, but different for each individual, communicated from one generation to the next … Individual differences in culture can be observed among people in the degree to which they adopt and engage in the attitudes, values, beliefs, and behaviors that, by consensus constitute their culture" [3]. Thus, it is quite obvious that cultural factors play a crucial role in both experience and treatment of mental health disorders.

Theoretical framework of this research is based on the following considerations: 1) cultural relativism in the assessment of mental normality and abnormality [3-5]. 2)

the differences in the clinical manifestations of the most common mental illnesses depending upon the specific cultural context [5-7]. 3) culturally-specific syndromes as mental disorders which occur in certain cultures and result in abnormal behavior [8-11].

More recent evidence highlights four ways culture can impact mental health. They are: cultural stigma (the specific way of looking at mental health, pathology etc.); comprehension of symptoms (culture can influence how people describe and feel about their symptoms); community support (family and social assistance); resources (the mental health treatment options) [12].

The primary research that refers to the mental disorders in relation to the cultural context was carried out by E. Kraepelin [8]. This scientific field was defined as "Comparative Psychiatry". Later, the concept of "Ethnopsychiatry" was introduced by J. Devereux [9]. At the same time E. Wittkover proposed the term "Transcultural Psychiatry" [13].

A fundamental issue for all above-mentioned research fields is to explain the influence of ethnic and cultural peculiarities to the etiology, pathogenesis and clinical manifestations of psychopathological phenomena, as well as their therapy and prevention.

A few relevant examples from the related field. According to clinicians, such a mental disorder as schizophrenia has a more favorable course for patients from less economically developed countries (Colombia, India and Nigeria) than for those living in more civilized countries [14]. Reactive psychoses are more common in Africa than in Europe [15]. In addition, there has been a huge amount of research on the problem of ethnocultural differences in the experience of depression and the assessment of depressive symptoms [6, 16, 17].

The methodological framework of current research is based on the Lev S. Vygotsky's sociocultural theory that explains human development as a socially mediated process [18]. The formation of the psyche as a process of cultural appropriation is the main thesis of the cultural-historical concept. According to Vladimir. D Mendelevich, the main issue of ethnocultural research in psychiatry is "… the influence of ethnic, national, cultural features of man on the etiology, pathogenesis, clinical manifestations and patterns of psychopathological phenomena, as well as on the formation of the outcome of mental illness, their therapy and prevention" [15]. Mendelevich's understanding of this phenomenon is fully endorsed by experience.

The main problem on the way to a culture-oriented approach is the rejection of universal models of psychological assistance and the search for culturally consistent models that would correspond to the client's cultural background. The situation is complicated by the fact that, as mentioned by N. Gopalkrishnan, much of the theory and practice of mental health, including psychiatry and mainstream psychology, have emerged from Western cultural traditions and Western understandings of the human condition [19]. So, many experts now contend that mental health practice cannot be universal for people from different cultures or ethnic groups [20, 21, 22]. Moreover, as was mentioned by O. Zinoviev, who regarded the terms Westernization, Americanization, and Globalization as synonymous: "The evolutionary process of mankind has taken on a form that is generally characterized by the concepts of " Westernization", "Americanization", and "globalization". All these concepts denote the same process, only considered from different points of view. This process is in reality the conquest of all mankind by the Western world as a whole" [23].

The solution to this problem is the specific professional feature of a mental health practitioner – socio-cultural awareness. This is exactly what explains our idea for an empirical study of the chosen issue.

THE AIM

The objective of the current study is to analyze cultural conditionality of mental health care practice; to explore the relationship between cultural awareness of mental health practitioners, their professional experience and professional status.

MATERIALS AND METHODS

SETTINGS

The present study was designed to explore the relationship between cultural awareness of mental health practitioners, their professional experience and professional status. A distinctive feature of this study is the focus on professional consciousness of mental health care practitioners.

The study consisted of 2 steps: data collection and data analysis.

DATA COLLECTION TOOLS

In accordance with the specifics of the study, the task of selection of the appropriate data collection tools was solved by applying a Sociocultural Awareness Questionnaire, that was previously used in research on social cultural reflection of counseling psychologists [24]. It was the first attempt to obtain results that would reflect the degree of sociocultural competence of mental health practitioners focused on psychologists and counselors was reported in 2017.

In order to differentiate the respondents by age, professional experience, status etc. some additional basic demographic questions (including gender and age) were asked. The data were collected by in-person interviews as well as absentia (by using Internet).

PARTICIPANTS

The sample included the professionals from Mental Health institutions in Ukraine, both public and private. The majority of the respondents were from Kyiv (Ukraine).

In order to provide reliable and valid empirical data, we sought to achieve reasonable composition of experimental sample in terms of age, professional experience and professional status.

The study involved 62 mental health care practitioners: counselors, clinicians, and therapists, aged 27 to 65. As shown in Table I, the mean age of the respondents was 39.16 years (*SD* = 9.23). Our experimental sample covered a wide range of work experience (from 1 to 25 years). The mean professional experience was 11.16 years (*SD* = 5.68). The above indicators are very important in the context of this study, since they allow us to ensure the comprehensiveness of the study and the correspondence of the experimental sample to the characteristics of the general population.

In terms of professional status, the percentage of mental health care practitioners with academic degree is 30,6 % of the total sample, as indicated in Table II.

Due to the fact that our study is preliminary, the experimental sample group is rather small. For that reason, we made the effort to bring it into line with features of the general population.

DATA ANALYSIS

The Quantitative Analysis was used for data processing. For this purpose, the empirical data was subjected to the coding procedure that enabled its further processing using statistical methods. The Descriptive Statistics, Spearman Rank Correlation Coefficient and Mann-Whitney U Test were used. The significance level was set to 0.05 or 5% (the p-value ≤ 0.05 was considered significant). All statistical calculations were performed using SPSS (PASW) Statistics 23.0.

RESULTS

Based on research tasks, a special algorithm for was formed for data processing.

The first purpose of the empirical part was to test the possible correlation between professional experience and cultural awareness. Since the variables showed a non-normal distribution, Spearman's correlation analysis was used to identify the correlation between the professional experience and cultural awareness of the mental health care practitioners. Results of the analysis are reported in Table III.

Table III shows that Sig.(2-tailed) = 0.515. This value is higher than 0.05, indicating that there is no significant relationship between the duration of the period of professional activity and ideas concerning cultural awareness. Spearman's rho (r) was found to be -0.084. This value indicates a weak relationship or no relationship.

The second attempt of revealing the basis of sociocultural awareness of mental health care practitioners was to compare the groups based on a status criterion. So, we ran non-parametric Mann-Whitney U Test for this purpose.

The table above indicates that for Status category Mental Health Care Practitioners we have 43 observations whose total sum of ranks is 1343.50. This results in a mean rank of 31.24. At the same time for category Mental Health Care Practitioners with PhD or Doctorate degree we have 19 observations whose total sum of ranks is 609.50. This results in a mean rank of 32.08. So, as we can see, both groups can be considered as having almost the same mean ranks and thus tends to take the similar values.

Here we see that actual Sig.(2-tailed) is 0.866 (p = 0.866). We therefore have significant evidence to argue that the difference between the medians of two subgroups is not statistically significant. The research results, therefore, showed no statistically significant differences in the cultural awareness between two groups of mental health care practitioners.

DISCUSSION

Our study shows that no professional experience, nor status are the basis for the sociocultural awareness of mental health practitioners. The disclosure of its true reasons is the fundamental task for the future research since the knowledge of these reasons will serve as a support for the development of socio-cultural competence of psychotherapists and other mental health practitioners.

In the meantime, we can make some assumptions based on the results of studying the relevant sources. Thus, the key systemic factors shaping the cultural awareness of contemporary mental health practitioners presumed to be as following.

1. Work experience with people from other cultures / work experience in a multicultural environment. The encounter with a representative of a different mentality is already a kind of challenge for a professional. All of these are, no doubt, factors contributing to the cultural awareness development.
2. The development of sociocultural competence in the process of mastering the specialty. The disciplines which develop cultural competence and cultural sensitivity of students are widely represented in the training program for mental health practitioners in the Western countries. Few examples: the discipline called "Culture And Mental Health" at University of California, USA [25]; "Cultural Psychiatry" at UC Davis School of Medicine, USA [26]; "Multicultural Mental Health" at Henderson State University, [27]; "Cultural Competence And Multicultural Mental Health Care" at University of Toronto, Canada [28], " Culture and mental health in global perspective" at University of Edinburgh, Scotland [29]. All these courses cover social and cultural determinants of mental health and disorders as well as mental health of indigenous populations, ethnocultural minorities, immigrants, and refugees [27].
3. Personal non-professional cultural experience, experience of communication with representatives of different cultures, spiritual and personal development, experience of emigration, adaptation to a new cultural environment etc. In such situations, individual acquires the effective ways of social interaction with people of various cultural backgrounds. Gaining cultural competence is a lifelong process of increasing self-awareness, developing social skills and behaviors around diversity, and gaining the ability to advocate for others [30; 31].

Table I. Demographic Characteristics of Sample Members (age, professional experience)

	N	Minimum	Maximum	Mean	Std. Deviation
Age (yr.)	62	27	65	39,16	9,226
Professional Experience (yr.)	62	1	25	11,16	5,681
Valid N (listwise)	62				

Table II. Distribution of sample by professional status (%)

		Frequency	%	Valid %	Cumulative %
Valid	Mental Health Care Practitioner	43	69,4	69,4	69,4
	Mental Health Care Practitioner (PhD or Doctorate degree)	19	30,6	30,6	100,0
	Total	62	100,0	100,0	

Table III. Spearman's correlation analysis

			Professional experience	Cultural awareness
Spearman's rho	Professional experience	Correlation Coefficient	1,000	-,084
		Sig. (2-tailed)	.	,515
		N	62	62
	Cultural awareness	Correlation Coefficient	-,084	1,000
		Sig. (2-tailed)	,515	.
		N	62	62

Table IV. Mann–Whitney U test

	Status	N	Mean Rank	Sum of Ranks
Cultural Awareness	Mental Health Care Practitioners	43	31,24	1343,50
	Mental Health Care Practitioners (PhD or Doctorate degree)	19	32,08	609,50
	Total	62		

Test Statistics[a]	
	Cultural Awareness
Mann-Whitney U	397,500
Wilcoxon W	1343,500
Z	-,168
Asymp. Sig. (2-tailed)	,866

[a] Grouping Variable: Status

Undoubtedly, this is not a complete list of possible factors which may contribute to the of the socio-cultural competence of mental health professionals.

CONCLUSIONS

The effective mental health practice should be directly associated with the specific cultural environment it is provided in. The scientific provisions relating to cultural awareness in mental health practice are reflected in the wide array of scientific theories. The cornerstone of all those theories is Lev Vygotsky's Cultural Historical Theory of development and determination of human mental life. This, in turn, goes back to the origins of the cultural anthropology.

Our assumption that cultural competence is expected to emerge with experience has not been confirmed during the pilot study. This study showed, that no professional experience, nor status are the basis for the socio-cultural awareness of mental health practitioners It can be assumed that some other factors give rise to the emergence and development of professional skill under consideration.

Despite the theoretical relevance of the culture-oriented approach in mental health system, the practical issues of its development have not been sufficiently studied to date.

LIMITATIONS OF THE STUDY

This study has its own limitations, including the fact that it is based on self-reported data that is difficult to verify. An unfortunate reality is the current unavailability of another effective method to measure the cultural awareness of mental health care practitioners. Another concern is related to the relatively small sample size, at first sight. Due to the novelty of our research field, it is better to test a new research hypothesis in a small sample group first. Measures to increase the sample size have to be taken in future, such as involvement of respondents from different countries and cultural backgrounds.

STRENGTHS OF THE STUDY

Our study addressed relevant research topic. Currently there has been a very few research into the cultural awareness in psychology and psychotherapy, particularly for mental health practitioners. Despite the fact, the cultural conditioning of the human psyche is disclosed in psychology quite comprehensively, the representation of the principle of cultural appropriateness in the professional consciousness of mental health practitioners had not been sufficiently explored.

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The Authors declare no conflict of interest.

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