Master Classes
Mental Health, ‘Race’ and Culture

2. Critical Psychiatry & Psychology
Cultural Psychiatry, Anti-racist Psychiatry

PROBLEMS OF BEING CULTURALLY SENSITIVE

Psychology and psychiatry are socially constructed processes located in a specific cultural tradition, representing particular ideas about the human condition

Aims of therapy are culturally determined

Judgements are influenced by racist assumptions, stereotypes and biases in 'common-sense'

The role of a professional in compulsory detention and in forensic psychiatry is more about social control than about care or therapy

INSTITUTIONAL RACISM

‘The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people’.

The Stephen Lawrence Inquiry **by Sir William Macpherson (Home Department, 1999:28)**

‘BLACKWOOD INQUIRY’ REPORT 1993

POINTS HIGHLIGHTED INCLUDE

Subtle racism in the forensic psychiatric system

(e.g. stereotype of ‘big black and dangerous’)

Need for:

dealing with racism in forensic system

ethnic monitoring of medication levels

training in control and restraint

monitoring patterns of diagnosis in BME patients

Ref.: Special Hospitals Service Authority (SHSA) (1993) *Report of the Committee of Inquiry into the Death in Broadmoor Hospital of Orville Blackwood and a Review of the Deaths of Two Other Afro-Caribbean Patients: ‘Big, black and Dangerous?’* (Chairman: Professor H. Prins) London: SHSA.

RACIAL AND CULTURAL ISSUES FINDINGS IN ENGLAND

Black / Ethnic Minorities more often:

Diagnosed as schizophrenic

Compulsorily detained under M.H.Act

Admitted as 'Offender Patients'

Held by police under S. 136 of M.H.Act

Transferred to locked wards

Not referred for 'talking therapies'

Ref: Fernando and Keating, (2009) ***Mental Health in a Multi-ethnic Society. 2nd edn.*** **Routledge, London**

IMPEDIMENTS TO CHANGE

Dynamic conservatism in institutions (Schon, 1971)

good intentions but no implementation

Diagnosis as dogma

‘useful framework’ (Kendell and Jablensky, 2003)

Language of ‘culture’

‘cultural sensitivity’ instead of ‘anti-racism’

References

Kendell, R. and Jablensky, A. (2003) ‘Distinguishing between the validity and utility of psychiatric diagnoses’. *American Journal of Psychiatry, 160, 4-12.*

Schon, D. A. (1971) *Beyond the Stable State. Public and private Learning in a changing society.* London: Temple Smith.

See Fernando, S. (2010) *Mental Health. Race and Culture* third edition Palgrave Macmillan pp.. 105-121.

Training in Transcultural Psychiatry

KNOWLEDGE

Non-western health belief systems
Cultural diversity in construction of identity
Understanding 'race', racism, culture and ethnicity

SKILLS

Relating to people of various cultural backgrounds
Dealing with racism at personal and institutional levels
Managing uncertainly while exploring 'other' worldviews
Acquiring culture-specific knowledge
Negotiating therapeutic approaches in cross-cultural settings

ATTITUDES

Humility in acknowledging limitations of psychiatry
Appreciating power imbalances
Curiosity about cultural differences
Sensitivity to value of critical feedback

Ref:
Based on workshop at Royal College of Psychiatrists February 2001

Transcultural / Cultural Psychiatry

1. Mental health and mental illness seen differently in different traditions
All are equally valid

2. Cultures are not fixed but dynamic, constantly changing
No 'pure' tradition except in very isolated groups of people

3. Psychiatry is located in Western post-enlightenment tradition
Models of 'illness' and 'normality'
Underlying concept of human condition
Largely bio-medical approach to 'illness'

4. Application of psychiatry in non-western settings
Should address local conditions, beliefs systems etc.
Services need to be 'home-grown' taking account of how mental health and illness are conceptualised locally

5. Application of bio-medical psychiatry in multicultural (western\non-western) societies
Should use flexible systems of assessment taking account of politics, power positions, racism, stereotyping etc. AND use variety of therapies, taking account of values, worldviews, beliefs, culturally acceptable healing practices, etc.

See Fernando, S. (2003) *Cultural Diversity, Mental Health and Psychiatry The struggle against racism.* Hove: Brunner-Routledge pp. 89-145.

See Fernando, S. (2010) *Mental Health. Race and Culture* third edition. Palgrave Macmillan pp.. 159-184

Diagnostic Misperceptions
involving 'race' and 'culture'

Because of

Cultural dissonance ('culture-clash') between psychiatry and background of clients

Assumption of 'objectivity' of diagnosis and certainty of western cultural thinking

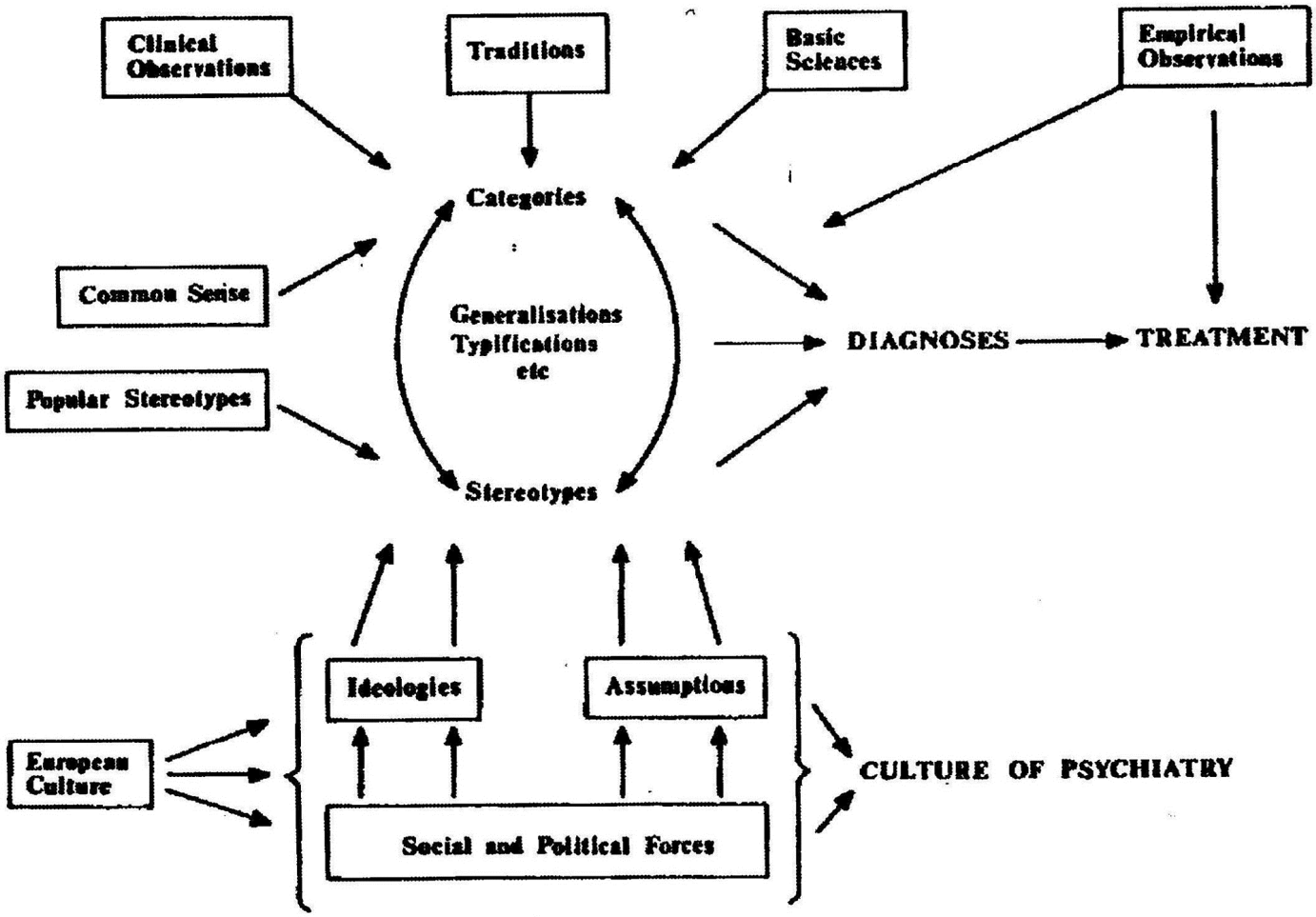
Political pressures to put away people considered 'dangerous' to ensure public safety

Institutional racism, especially influence of stereotypes in clinical judgement racist perceptions of 'psychosis', 'schizophrenia', and dangerousness

Disregard of service-user perceptions of 'problems' and diversity in expression of distress and anger

See *Mental Health, Race and Culture* third edition Basingstoke: Palgrave Macmillan pp. 32-35, 107-112.

MACHINERY OF PSYCHIATRY IN CONTEXT



Ref: Fernando, Suman (1988) Race and Culture in Psychiatry, Croom Helm, London (Paperback by Routledge, London

PSYCHIATRIC DIAGNOSES

Not objective facts but hypotheses that may or may not be useful

Distinction between 'mental' and most physical illnesses

Usefulness rather than validity is what matters in mental health matters

References

Kendell, R. E. (2001) 'The distinction between mental and physical illness.' *British Journal of Psychiatry,* 178, 490-493. [http://bjp.rcpsych.org/vol178/issue6]

Kendell, R. & Jablensky, A. (2003) 'Distinguishing between the validity and utility of psychiatric diagnoses.' *American Journal of Psychiatry,* 160, 4-12 [http://ajp.psychiatryonline.org/cgi/content/abstract/160/1/4]

See Fernando, S. (2010) *Mental Health. Race and Culture* third edition Palgrave Macmillan pp.. 32-37

CONCEPT OF 'SCHIZOPHRENIA'
Will it last?

CONSTRUCTED IN 1890s – 1920s IN GERMANY (Kraepelin, Bleuler)
SPREAD TO REST OF EUROPE / WORLD ('psychiatric imperialism')
CONTEXT OF RACIST IDEOLOGIES (e.g. degeneration Morel (1852) -see Pick, 1989)
CONTEXT OF CULTURAL BLINDNESS (i.e. observations in Europe only)

NOW
NO LONGER USEFUL IN RESEARCH
MASSIVE INVESTMENT IN MAINTAINING CONCEPT (e.g. selling drugs for its 'control')
OPPRESSIVE AND RACIST IN PRACTICE
MISLEADING AS 'ILLNESS'

FUTURE?
SHIFT TO SYMPTOM APPROACH?
REPLACE WITH 'PROBLEM' APPROACH?
MOVE TO DIMENSIONAL APPROACH

References
Kraepelin, E. (1896) *Psychiatrie, 5th Edition.* (Leipzig: Barth)
Bleuler, E. (1911) *Dementia Praecox or the Group of Schizophrenias. Trans. J. Zitkin* (New York: International Universities Press; repr. 1950)
Morel, B. A. (1852) *Traites des Mentales* (Paris: Masson)
Pick, D. (1989) *Faces of Degeneration.: a European Disorder c. 1848-c.1918.* (Cambridge: Cambridge University Press)
Fernando, S. (2003) *Cultural Diversity, Mental Health and Psychiatry. The struggle against racism.* (Hove and New York: Brunner-Routledge)

See Fernando, S., Ndegwa, D. & Wilson, M. (1998) *Forensic Psychiatry, Race and Culture.* (London; Routledge) pp. 51-66.

CROSS-CULTURAL VARIATION OF DEPRESSION

- **PRIMARY DISTURBANCE IS SENSE OF FAILURE OR LOSS EXPERIENCED IN CONTEXT OF DIFFERENTIATION OF 'SELF' vs. 'OTHER'**
  - **Loss of group membership ='ISOLATION'**
  - **Failure towards others = 'SHAME'**
  - **Failure towards oneself = 'GUILT'**
    - **(Murphy, 1973)**
- **'DEPRESSION' OCCURS IN CULTURES THAT 'PSYCHOLOGIZE' EXPERIENCE**
    - **(Marsella, 1978)**
- **DEPRESSION IS AN ILLNESS IN CULTURES WHERE 'DEPRESSIVE AFFECTS' ARE FREE- FLOATING AND NOT TIED TO ISSUES OF EXISTENCE / RELIGION**
    - **(Obeyesekere, 1985)**

Diagnosis, loss of liberty and compulsory treatment

Early 20th Century

Legal safeguards developed around action permitted for 'lunacy', 'certification' and humane 'treatment'

Late 20th Century

Developing services for 'mental health'
Liberalisation of legal frameworks
Tightening of definition of 'mental disorder'
***But* 1990's onwards increasing controls ?reversal of liberalisation**

21st Century (especially 2007 MH Act)

Compulsory treatment in the community
'Safety of public' given precedence over treatability
'Personality Disorder' becomes an illness for indefinite custody

MENTAL HEALTH FOR ALL 1

Shift in diagnostic system / assessment

- **Re-defining 'illness' within ethical limitations of concepts / move away from Kraepelin**
- **open to concepts from non-western cultural traditions (variety of psychologies)**
- **A new cross-cultural psychology (combination of 'the experiential, holistic, and enlightenment-oriented traditions of the East with the precision, clarity, skepticism, and independence of Western methods' (Welwood, 1979)**

References

Fernando, S. (2011) 'Race and Culture' in P. Barker (ed.) *Mental Health Ethics.* Routledge, London pp. 250—259.

Hariri, E. (2001) 'Whose evidence? Lessons from the philosophy of science', *Australian and New Zealand Journal of Psychiatry,* 35: 724-30.

Welwood, J. (1979) *The Meeting of the Ways: Explorations in East/West Psychology, New York: Schoken Books pp. xv-xvi.*

See Fernando, S (2010) *Mental Health, Race and Culture* third edition, Palgrave/Macmillan pp. 174-184

MENTAL HEALTH FOR ALL 2

Assessing ‘symptoms’ and ‘mental state’

- **Identify (culturally diverse) idioms of distress**
- **Identify coping (survival) strategies to counteract racism**
- **Examine ‘paranoia’ in light of social realities**
- **Recognise ‘healthy cultural paranoia’ (Grier & Cobbs, 1969)**
- **Deconstruct ‘schizophrenia’ into ‘symptoms’**
- **Variety of interpretations of ‘depression’**

References
Grier, W. H. & Cobbs, P. M. (1969) *Black Rage,* New York: Bantam Books.
See Fernando, S. (2010) *Mental Health, Race and Culture* third edition Palgrave/Macmillan pp. 174-184.

MENTAL HEALTH FOR ALL 3

Widen scope of 'treatment'

- **Social networks – community based support**
- **Coping strategies to deal with systems of oppression (e.g. racism)**
- **Spiritual practices**
- **'Alternative therapies'**
- **Pragmatic use of medication**

See Fernando, S. (2010) *Mental Health, Race and Culture* third edition Palgrave/Macmillan pp. 174-184.

MENTAL HEALTH FOR ALL 4

Re-structuring systems of 'care'

- **Legal system promoting 'treatment' not custody**
  separate risk assessment from mental 'illness'

- **Cultural understanding replace individual diagnosis**
  'multi-systems approach' (Boyd-Franklin and Shenouda, 1990)

- **User-choice within a wide range of support services**
  Choice and partnership (CAPA) (York and Kingsbury, 2009)

References

Boyd-Franklin, N. and Shenouda, N. T. (19900 'A Multisystems Approach to the Treatment of Black Inner-City Family with a Schizophrenic Mother' *American journal of Orthopsychiatry*, 60(2), 186-95.

Kingsbury, S. and York, A. (2009) *The Choice and Partnership Approach A guide to CAPA* Hampton Wick, Surrey: CAMHS Network.

See Fernando, S. (2010) *Mental Health, Race and Culture* third edition Palgrave/Macmillan pp. 174-184.

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