# Cultural Diversity and Its Effect on Mental Health and Patterns of Health Care Utilization among Ethnic and Minority Groups. A Review of the Literature

**Dr. Constance .M. I. Amusala**

*Kaimosi Friends University*

***\*Corresponding Author:** Dr. Constance .M. I. Amusala, Kaimosi Friends University*

**Abstract:**

*With a seemingly endless range of subgroups and individual variations, culture is important because it bears upon what all people bring to the clinical setting. It can account for minor variations in how people communicate their symptoms and which ones they report. More often, culture bears on whether people even seek help in the first place, what types of help they seek, what types of coping styles and social support they have, and how much stigma they attach to mental illness. Recognizing and addressing the cultural factors that shape individuals' experience is essential for promoting mental health equity and improving access to quality care for all members of society. The objective of this research was to assess the diverse effects of culture diversity on mental health, mental illness, and mental health services an emerging issue in health and social welfare of individuals. A Survey method research was adapted. Findings indicated that the culture of the patient influences many aspects of mental health, mental illness, and patterns of health care utilization. Cultural diversity profoundly influences mental health outcomes and patterns of healthcare utilization among ethnic and minority groups. In the foregoing findings and conclusions reached in relation to the cultural influences, healthcare providers should receive training in cultural competence to better understand and address the unique needs of diverse patient populations. Effective mental health interventions must be developed such as positive culturally sensitive approaches. Specific intervention policies should be developed aimed at reducing healthcare disparities. Collaboration between mental health professionals, community leaders, and policy makers must be encouraged. Community outreach and education should be enhanced and cultural values emphasizing collectivism and interdependence must be embraced to promote family and community support networks, which can be beneficial for mental health outcomes. Additionally, this research would be key to developing mental health services that are more responsive to the cultural and social contexts of racial and ethnic minorities internationally, in Africa and Kenya.*

**Key words:** *Culture, Diversity, Mental, Healthcare, Minority.*

## 1. INTRODUCTION

Cultural diversity refers to the wide range of cultural backgrounds, beliefs, practices, and identies that exist within a society or community. This diversity profoundly influences various aspects of mental health, mental illness, and patterns of health care utilization. .Mental health is a socially constructed and defined concept, implying that different societies , groups, cultures, institutions have diverse ways of conceptualizing it's nature and causes, determining what is mentally healthy and unhealthy, and deciding what interventions, if any, are appropriate (Nyamongo, 2013). Internationally, cultural diversity shapes mental health outcomes by influencing how individuals perceive, experience, and cope with mental health challenges. Africa is a continent known for its rich cultural diversity, with diverse ethnic groups, languages, and cultural practices. Patterns of healthcare utilization for mental health vary across African countries influenced by factors such as socioeconomic status, urbanization, availability of mental health services, and cultural attitudes towards mental health. Access to mental health care in Africa is limited, particularly in rural areas where traditional healers may be the primary providers of mental health support. In Kenya, cultural diversity is evident in its numerous ethnic groups, each with its own traditions, language and belief systems. Cultural diversity plays a significant

role in shaping mental health outcomes and patterns of health care utilization globally, both in Africa and Kenya.

## 2. CULTURAL DIVERSITY AND MENTAL ILLNESS SYMPTOMS OF PATIENTS

In relation to symptoms presentation, one way in which culture affects mental illness is through how patients present their symptoms to their clinicians (USDHHS, 2001). There are some well recognized differences in symptom presentation across cultures e.g. Asian patients, are more likely to report their somatic symptoms, such as dizziness, while not reporting their emotional symptoms yet when questioned further, they do acknowledge having emotional symptoms (Lin and Cheung,1999). In Africa mental illness is a taboo subject that attracts stigma, thus it is a hidden issue equated to a silent epidemic. Many households with mentally ill persons hide them for fear of discrimination and ostracism from their communities (Consultancy Africa Intelligence, 2013). In Kenyan culture, there are significant influences on how mental illness is perceived and subsequently presented by patients to clinicians. Mental illness is often stigmatized in Kenyan society, leading individuals to hide their symptoms due to fear of judgement. Patients hesitate to disclose their struggles openly hindering accurate diagnosis and treatment. These finding supports the view that patients in different cultures tend to selectively express symptoms in culturally acceptable ways.

## 3. CULTURAL DIVERSITY AND INTERPRETATIONS OF MENTAL ILLNESS SYMPTOMS

Cultures also vary with respect to the meaning they impart to mental illness, their way of making sense of the subjective experience of illness and distress (Kleiman, 1988). Cultural meanings of illness have real consequences in terms of whether people are motivated to seek treatment, how they cope with their symptoms, how supportive their families and communities are, where they seek help (mental health specialist, primary care provider, clergy, and/or traditional leader), the pathways they take to get services, and how well they fare in treatment (Banner,Grinner, McFam, & Nahan, 2004). The consequences can be grave leading to extreme distress, disability and possibly suicide when people with severe mental illness do not receive appropriate treatment. Globally, in Africa and Kenya language barriers and cultural nuances in communication affect how patients articulate

their symptoms to clinicians (USDHHS, 2001). Thus concepts related to mental health lack direct translations or carry different meanings, complicating effective communication and diagnosis. Symptoms of mental illness may be interpreted differently within the Kenyan cultural context. For example, manifestations of depression or anxiety might be attributed to spiritual causes or seen as a sign of personal weakness rather than recognized as medical conditions requiring professional help.

## 4. CULTURAL DIVERSITY AND THE PREVALENCE OF MENTAL DISORDERS

Globally, causation and prevalence studies indicate that cultural factors contribute to the causation of mental illness and the contribution varies by disorder The prevalence of schizophrenia for instance is similar throughout the world (about 1% of the population) according to the international pilot study on Schizophrenia which examined over 1,800 people in ten countries (World Health Organization, 2007). Cultural context weigh more heavily in causation of depression. Internationally, a prevalence rate for major depression varies from 21% to 19% across countries (Weissman, 2010). This evidence points to cultural factors, playing a greater role in the onset of major depression. The social environment in many African countries does not nurture good mental health, mainly due to lack of education, fear, religious reasoning, and general prejudice (Nyamongo, 2013). A study conducted in Nigeria found that over a third of Nigerian respondents (34.3%) cited drug misuse as the main cause. Divine wrath and the will of God were seen as the second most prevalent reason (18.8%), followed by witchcraft or spiritual possession (11.7%). Although there has been an increase of depression and acute psychotic disorders among adolescents, adults and the elderly, the lack of diagnosis and appropriate care turns them into chronic conditions due to cultural influences. Family plays a central role in Kenyan culture, and familial dynamics affect how mental health issues are addressed. Patients may undertake symptoms to protect family reputation or may not seek help due to concerns about burdening loved ones.

## 5. CULTURAL DIVERSITY, MENTAL ILLNESS AND COPING STRATEGIES

Culture relates to how people cope with everyday problems and more extreme types of adversity. Asian, American groups for example, tend not to

dwell on upsetting thoughts, thinking that avoidance is better than outward expression (suppression), with some tending first to rely on themselves to cope with distress. Black Americans tend to take an active approach in facing personal problems rather than avoiding them. They are more inclined than whites to depend on handling distress on their own. They also appear to rely more on spirituality to help them cope with adversity and symptoms of mental illness (McCarthy, 2008). The studies noted here suggest that better understanding of coping styles among ethnic and racial minorities has implications for the promotion of mental health, the prevention of mental illness, and the nature and severity of mental health problems. In many African societies, traditional healing practices, spirituality, and community support play integral roles in addressing mental health issues. Culture plays a vital role in shaping how people in Kenya cope with everyday problems and more extreme types of adversity. Here are some ways in which culture influences coping mechanisms in Kenya. Resilience whereby people draw on their Kenyan cultural values and beliefs to find strength and prevalence during challenging times. Adaption to environment for instance, pastoralists' communities develop coping strategies specific to their nomadic lifestyle and the challenges posed by environmental factors such as drought or livestock diseases. In many Kenyan cultures, storytelling and oral tradition are an important means of passing down knowledge, wisdom and coping strategies from one generation to another. Folktales, proverbs, anecodes contain valuable lessons about resilience, problem solving and navigating adversity. While traditional cultural values continue to play a significant role, Kenyans also incorporate modern coping mechanisms.

## 6. CULTURAL DIVERSITY AND TREATMENT OF MENTAL ILLNESS

With regards to treatment seeking, some racial and ethnic minorities are more likely than whites to delay seeking treatment until symptoms are more severe. Further, racial and ethnic minorities are less inclined than whites to seek treatment from mental health specialists, instead, they turn more often to primary care (Banner,Grinner, McFam, & Nahan, 2004). They also turn to informal sources of care such as clergy, traditional healers, family, friends, and neighbors. In particular, Americans, Indians and Africans natives often rely on traditional healers,

who frequently work side by side with formal providers in tribal mental health programs. Traditional healers (including diviners and witchdoctors) and religious leaders (such as priests) provide a significant proportion of the care received by mentally ill. For example in Ethiopia about 85% of emotionally disturbed people were estimated to seek help from traditional healers. This is because mentally ill people are usually shown empathy from the community if they visit a traditional healer than if they choose to seek help from a mental hospital (Nyamongo, 2013). Black Americans often rely on ministries, who may play various mental health roles as counselor, diagnostian or referral agent. When they use mental health services some Black Americans prefer therapists of the same race or ethnicity (world Health Organization, 2007). Traditional healers hold significant influence in Kenyan culture and many individuals seek their assistance for mental health concerns. They could involve seeking guidance from spiritual leaders, performing rituals, or relying on traditional medicine for healing during times of illness or hardship. Their concerns revolve around side effects, effectiveness, and addiction potential of medications.

## 7. CULTURAL DIVERSITY STRESSORS AND MENTAL HEALTH

Immigration which refers to migration, is a stressful life event which influence mental health. Specific cultural stressors such as discrimination, acculturation stress, or intergenerational conflicts which occurs during the process of adapting to a new culture that contributes to the prevalence of certain disorders within particular cultural groups (Patel, Sancemo, Kleinman, 2006). This is because immigrants or refugees may experience higher rates of PTSD due to exposure to trauma and displacement. For instance, World Health Organization (2012) estimates 50% of refugees have mental health problems ranging from post-traumatic stress disorder to chronic mental illness. For instance, refugees, who leave their homelands because of extreme threat from political forces tend to experience more trauma, more undesirable change and less control over the events that define their existance than do voluntary immigrants. Additionally, other natural shocks, including death, chronic disease, floods, droughts and diseases epidemics have adverse mental health effects. For example, Somalis who are now living on Somalia – Kenya border, even some have become Kenyan citizens. The psychological stress associated with immigration

tends to be concentrated in the first three years, according to studies of Southeast Asian refugees, an initial euphoria often characterizes the first year following migration, followed by strong disenchantment and demoralization reaction during the second year. The third year includes a gradual return to wellbeing and satisfaction (Veg and Rumbaut, 2000). Migration to urban areas has meant nuclear families are on the rise, thereby reducing the ability to pool manpower and resources to care for the mentally ill.

## 8. DISCUSSION

Cultural diversity encompasses differences in race, ethnicity, language, religion, socio-economic status and other factors. While cultural diversity enriches societies in many ways, it also has significant implications for mental health and patterns of healthcare utilization among ethnic and minority groups. There are significant cultural influences such as beliefs, stigma, and traditional healing practices effect how mental illness is perceived and subsequently presented by patients to clinicians, how people cope with everyday problems and more extreme type of adversity. People should learn to appreciate the positive influence of culture in a way that they are aware of the ways in which their own culture affects them and respect the diversity of values espoused by other cultures. This will help enhance maximum health care utilization, cognitive and emotional wellbeing and an absence of mental illness.

## 9. CONCLUSION

Cultural diversity profoundly influences mental health outcomes and patterns of healthcare utilization among ethnic and minority groups. Recognizing and addressing the cultural factors that shape individuals' experience is essential for promoting mental health equity and improving access to quality care for all members of society.

**Recommendations**

In the foregoing findings and conclusions reached in relation to the cultural influences, recommendations were made by researchers as follows:

1. Healthcare providers should receive training in cultural competence to better understand and address the unique needs of diverse patient populations. This will ensure accurate diagnosis, effective treatment and culturally sensitive care.

2. Effective mental health interventions must be developed such as positive culturally sensitive approaches such as resilience, storytelling and oral tradition, and adaption to the environment as well as incorporate modern coping mechanisms which include, professional counseling or therapy, accessing support through social media and online communities, or utilizing formal support services provided by government or non-governmental organizations.

3. Specific intervention policies should be developed aimed at reducing healthcare disparities, such as expanding insurance coverage, increasing funding for culturally tailored programs, and diversifying the healthcare for all individuals, regardless of cultural backgrounds.

4. Collaboration between mental health professionals, community leaders, and policy makers is essential to address the complex cultural dynamics impacting mental health care.

5. Community outreach and education should be enhanced for the purpose of engaging with ethnic and minority communities to raise awareness about mental health issues within diverse communities, reduce stigma, and promote culturally appropriate services.

6. Cultural values emphasizing collectivism and interdependence must be embraced for they may promote family and community support networks, which can be beneficial for mental health outcomes.

**Conflict of Interest**

On behalf of all authors, the corresponding author states that there is no conflict of interest.

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