

LU09: Culture and Mental Health: What's the Link?**Speaker: Deb Vos**

A foundation of multicultural psychology is that all behavior occurs in and is shaped by only a cultural context. Therefore, mental health is influenced by culture. We can see the effect of culture on mental health in many ways. Culture influences how one copes with their troubles, if they seek help, and from whom. In addition, culture plays a role in the causation of mental disorders, their prevalence, and the treatment received.

Diagnostic and Statistical Manual of Mental Disorders

Diagnostic and Statistical Manual of Mental Disorders is the primary reference manual used in all mental health fields to classify mental disorders. Published by the American Psychiatric Association, this manual is currently in its fifth edition (2013). The DSM-5 is the primary manual used by health professionals in the United States. It is used in other countries but there are other diagnostic manuals used. One such manual is the International Statistical Classification of Diseases and Related Health Problems, 10th edition (ICD-10) created by the World Health Organization. This manual has all diseases and health problems, not just mental disorders. Individual countries have their own diagnostic manuals and these manuals, including the ICD-10, are written to correspond and to be compatible with the DSM-5. The DSM-5 gives a detailed description of the cultural concepts of distress. This refers to the ways in which individuals and cultural groups experience, understand, and communicate their problems. However, some countries feel that there is a need for a classification system specific to their individual countries.

Categories of the Prevalence of Disorders

In the field of public health, prevalence is defined as the current rate of a particular disorder at a given point in time. Another term used when reporting the rates of various disorders is incidence which is the number of new cases of a disorder diagnosed in a given period of time. Finally, lifetime incidence is the number of cases of a disorder that occur during one's lifetime. There is a great deal of interest in comparing the incidence and prevalence rates of disorders in the different ethnic groups. There are results of a few large epidemiologic studies that reveal some trends. Charts on these results can be found in the course on handouts titled Categories of the Prevalence of Disorders. Examine the charts for Lifetime Prevalence Rates of DSM-IV Diagnosable Disorders (NCS, 2005), Lifetime Prevalence Comparisons by Ethnicity/Race and Mental Health Issues by Race/Ethnicity, 2016. Some critiques of epidemiologic studies are lack of representation/small sample size of some groups, within-group heterogeneity, generation, acculturation, linguistic ability, socioeconomic status, diagnostic accuracy, and that the DSM diagnoses may not cover the range of disorders experienced by other groups.

Gender Differences in Mental Health

Women have higher levels of "internalizing" disorders whereas men have higher levels of "externalizing" disorders. This means that women tend to focus their feelings on the self, whereas men project their feelings outward and express them through overt behaviors. Women have a higher incidence of eating

disorders than do men. Differences may be due to power differentials, with women having less power and men having more power. Differences may be due to socialization.

Cultural Concepts of Distress

The DSM-5 includes a section on the cultural concepts of distress which is defined as “ways that cultural groups, experience, understand, and communicate suffering, behavioral problems, or troubling thoughts and emotions” (American Psychiatric Association, 2013, p. 758). The three types of cultural concepts include cultural syndromes, cultural idioms of distress, and the cultural explanations of distress or perceived causes. Cultural syndromes are mental disorders, distinguished by unique clusters of symptoms, that only occur in specific cultures. Cultural idioms of distress refers to the unique ways that specific cultural groups express psychological distress. As a final point, cultural explanations of distress or perceived causes is the ways in which different cultural groups explain psychological symptoms.

Eating Disorders

It is a common belief that eating disorders are most prevalent in Western, European American, female populations. The most common eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder. Anorexia nervosa is an eating disorder marked by such a severe restriction of one’s diet that the sufferer’s weight falls far below what would be expected, given her or his height and age. Bulimia nervosa is an eating disorder marked by the consumption of a large amount of food in one sitting—called a binge—followed by the purging of that food, most typically through vomiting but also through extreme exercise or the use of laxatives. Binge-eating disorder is an eating disorder marked by consumption of large amounts of food in one sitting, accompanied by feelings of lack of control, embarrassment, disgust, depression, and guilt, along with rapid eating, eating until uncomfortably full, and eating large amounts when not hungry. Charts on these results can be found in the course on a handout titled Categories of the Prevalence of Disorders. Examine the chart titled Percent of Racial/Ethnic Group Comparisons of Lifetime Prevalence Rates for Eating Disorders from Studies of the Collaborative Psychiatric Epidemiology Surveys.

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