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Cultural Impacts on Psychiatric Care for Pre- and Post-Diagnosed Patients and their Respective Health Outcomes

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Abstract

Given the cultural influences and perceptions surrounding psychiatry, this has led to hesitancy and delays in seeking mental health services and treatment. Even the process of being diagnosed is affected by cultural perceptions and physician bias. Symptomatology differs between various minority groups, resulting in misdiagnoses and further delays. Compounded with pre-existing disparities and a perception that mental health conditions are inferior to other medical conditions, cultural minorities have experienced poorer health outcomes and a reduction in quality of life. Only with a better understanding of the cultural impacts on pre- and post-diagnosis and treatment can psychiatry better serve its patients and provide effective care.

Introduction

Global statistics show that one in four individuals will be diagnosed with a mental health disorder.1 However, 20-50% of these individuals who come from ethnic and racial minorities will not pursue mental health services.2 This is attributed to the cultural perceptions and stigmas surrounding mental health disorders.2 Each culture has its own beliefs around psychiatric conditions, which in turn can lead to variations in condition presentation, delays in seeking care, and treatment adherence.2,3 Historically, those with delayed diagnoses have experienced poorer health outcomes and reductions in quality of life (QOL), which, given the literature, places marginalized populations and ethnic minorities at a higher risk.2,3 Therefore, this paper will explore various cultures' impacts on the psychiatric pre- and post-diagnostic process and treatment outcomes.

Pre-Diagnosis Process

Cultural factors in psychiatry significantly impact symptom presentation and help-seeking behaviours.4 For instance, one study found that the majority of Latino participants initially sought support from social networks (e.g. friends or family members) as opposed to formal mental health services.5 Cultural stigma also plays a role in shaping patients' perceptions of their illness and how they seek help.3 In Arab cultures, where psychiatric conditions can be associated with spiritual conflict, patients are more likely to seek spiritual help first and then proceed to traditional treatments.3 Such stigmas can delay access to care, worsen symptoms and reduce QOL3

Another critical role of culture in psychiatric care is how it can affect patient presentation. Culture-bound syndromes are defined as "a combination of psychiatric and somatic symptoms that are considered to be a recognizable disease within specific cultures".3 For example, "Ghost sickness", a culture-bound syndrome in some Indigenous American (e.g. Navajo, Muscogee) and Polynesian populations, is characterized by severe anxious and fearful thoughts regarding the supernatural presence.6

There should also be an understanding of how racism impacts the social determinants of mental health and the specific mental health needs associated with racial discrimination.7 Identifying the impacts of culture and race on condition presentation and help-seeking behaviours can allow physicians to provide more effective support for patients. In turn, patient-physician interactions will be grounded in an improved understanding of a patient's concerns and treatment options, which ultimately enhances care and treatment adherence.4

Diagnosis Process

Cultural perceptions have a significant impact on the diagnosis of mental health conditions, leading to delays in care.8 Primary care is the first point of contact for most ethnic and racial minorities seeking mental health care, but it faces challenges in recognizing and diagnosing mental health conditions.10 This increases the risk that patients of minority backgrounds remain undiagnosed in primary care settings.8

Different cultural beliefs, values, and stigmas surrounding mental illness influence how patients describe their symptoms to clinicians.8 For example, Asian patients will selectively report symptoms focusing on somatic symptoms like dizziness, as opposed to their emotional symptoms.10 Similarly, South Asians with mental health illnesses do not seek psychological help and instead go to their primary care physicians and present initially with somatic symptoms rather than depressive symptoms.9

When clinicians and patients come from different cultural



backgrounds, there is a greater potential for misunderstandings, as clinicians may overlook symptoms important to the patient or misinterpret their concerns.8. Additionally, clinician biases' and stereotypes about ethnic and racial minorities can contribute to misdiagnoses, such as over diagnosing schizophrenia in African Americans11 or underdiagnosing mental health conditions in Asian Americans.8 Thus, cultural competence among healthcare providers is essential to mitigate cultural stigmas and barriers to care.

Treatment and Healthcare Outcomes

The impacts of culture and ethnicity heavily influence treatment adherence and psychiatric outcomes, with ethnic minorities disproportionately being more negatively affected.2 Medication compliance is one factor that significantly affects treatment success. One systematic review stated that up to 60% of individuals from racial or ethnic minorities will not fill their psychiatric prescriptions.2 Concerningly, 40-80% of these patients will prematurely terminate their treatment, especially if their diagnosis is mood or anxiety-related.2 Decreased drug compliance is attributed to multiple beliefs. However, the overarching concern claimed by minorities such as African Americans, Hispanics, and Latinos is the belief that mental health medications are not effective.12,13,14 This stems from the cultural perception that mental health disorders are not as severe as other medical conditions and are highly stigmatized.12,13,14 These beliefs contribute to delays in care and ultimately impact a patient's QOL.3 Coupled with cultural stigmatization of mental health disorders and pre-existing health disparities, ethnic minorities are more vulnerable and place themselves at a higher risk for condition relapses.2,3

To address these concerns, physicians should adopt their patients' cultural perspectives.2 Being culturally sensitive, empathetic, and cognizant of a patient's perception of their illness and the associated stigmas can lead to earlier treatment and better health outcomes.

Conclusion

In summary, cultural diversity plays a critical role in psychiatric care by influencing the recognition, diagnosis, and treatment of mental health conditions from both the patient and physician's perspective. Cultural beliefs, values, and stigmas shape how patients perceive mental illness, describe their symptoms, and their approach to seeking help. These factors can result in delays in care, misdiagnoses, and suboptimal treatment outcomes, particularly for ethnic and racial minorities. For instance, culture-bound syndromes and somatic symptom presentation reflect the intricate ways culture impacts mental health narratives. Additionally, systemic issues like disparities and cultural stigmas further exacerbate the adverse outcomes that marginalized populations experience.

To address these barriers, culturally competent care is essential. Understanding cultural contexts allows physicians to engage patients more effectively, encourage trust, and tailor treatments to individual needs as relevant to their cultural background. By acknowledging the unique cultural factors that shape psychiatric care, physicians can improve diagnostic accuracy, treatment adherence, and overall health outcomes. Bridging the gap between diverse cultural perspectives and clinical practices is crucial for effective mental health care, and emphasizing cultural competence and systemic reforms can pave the way for more inclusive psychiatric care.

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