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INTERCULTURAL CARE IN THE SOCIAL AND HEALTHCARE SECTOR (I-CARE)

MODULE 7: DISABILITY, PSYCHOLOGY, MENTAL HEALTH PROBLEMS

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Project Information

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Contents

KEY TO SYMBOLS

	ACTIVITY		TRAINER'S NOTES		SUMMARY
	TRAINER INPUT		ACTION PLAN		

Introduction

This module explores the themes of disability, psychology, and mental health problems from an intercultural perspective. Special focus has been given to the interrelations between culture, beliefs, and attitudes with these topics, in order to highlight how these concepts are viewed and interpreted by different individuals, sociocultural groups and cultures.

Module Aims and Objectives

The purpose of this module is for learners to explore:
- the interrelations between disability & culture and psychology/mental health problems & culture.
- their own biases and stereotyping patterns towards disability and mental health
- how cultural differences may affect the individuals' beliefs on disability & mental health

Learning Outcomes

After studying this module learners will be able to:

- Understand the interrelations between disability & culture and psychology/ mental health problems & culture.
- Understand how the conceptual frameworks of disability & psychology/mental health are socially and culturally constructed.
- Recognise their own biases and stereotyping patterns towards disability, mental health & different ethnocultural groups.
- Identify ways that intercultural competence can help professionals examine the sociocultural factors that influence the persons' views.
- Understand the power of inequalities in cross culture encounters.
- Be more sensitive to cultural differences regarding disability & mental health, and different ways of responding in a variety of situations.

Understanding, Skills and Competences developed:

- Increased Intercultural awareness regarding disabilities and mental health.
- Enhancement of life skills including communication skills and empathy.
- Better developed personal and social skills when working across cultures.
- Increased level of competence in working in multi-cultural environments.

Training method applied/ What you have to do

This module is available as e-learning and also can be delivered face-to-face in a classroom, or with a class via a virtual platform.
It involves:

- Reading background information on the subject of the module.
- Completion of exercises and activities either by e-learning or attending a face-face course, or via a virtual platform.
- Self-assessments for reflection and checking understanding

Duration: 2 hours

Further Reading

You will also find a range of supporting resource materials available in the **I-CARE Toolbox** and on the **I-CARE App.**

Section 1: Disability

Trainer Input (slide 4) – Disability Stories

'My adventure started at the age of 12 when I was playing football and suddenly had a pain in my right leg! My parents and I went to do the necessary tests and I was diagnosed with osteosarcoma (bone cancer) It was something that terrified us all. Many rounds of surgery and cycles of chemotherapy followed with success. After 2 years however, a scan showed exactly the same problem. This time in a more aggressive form of cancer. So, all we could do was amputate it, so I could continue living my life. I am now 19 years old, studying Diet and Nutrition at Harokopio University in Athens and I am involved in cycling, representing Greece in competitions abroad.' *Nikos*

Trainer's notes (slides 4)

Trainer input (slides 5, 6, 7, 8, 9, 10, 11, 12, 13, 14)

Key facts on disability

The United Nations Convention on the Rights of Persons with Disabilities (CRPD)

CRPD (2006): Aims to 'promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity'.

Article 25 on Health: People with disabilities have the right to the highest attainable standard of health without discrimination on the basis of disability. They are to receive the same range, quality and standard of free or affordable health services as provided other persons, receive those health services needed because of their disabilities, and not to be discriminated against in the provision of health insurance.

Article 27 on Employment/work: People with disabilities have equal rights to work and gain a living. Countries are to prohibit discrimination in job-related matters, promote self-employment, entrepreneurship and starting one's own business, employ persons with disabilities in the public sector, promote their employment in the private sector, and ensure that they are provided with reasonable accommodation at work.

International Classification of Functioning, Disability and Health (ICF)

There are 2 major conceptual models on disability based on WHO's International Classification of Functioning, Disability and Health (ICF):

Medical Model: Disability as a feature of the person, directly caused by disease, trauma or other health condition, which requires medical care provided in the form of individual treatment by professionals. Medical or other treatment/ intervention to 'correct' the problem with the individual. Social Model: Disability as a socially created problem and not at all an attribute of an individual which demands a political response. Attitudes and other features of the social environment form an unaccommodating physical environment which create the problem.

Understanding disability

Biopsychosocial Model: An integration of medical and social model provides a coherent view of the different perspectives of health: biological, individual

and social. According to ICF, every person is put in a context: functioning and disability are results of the interaction between the health conditions of the person and their environment.

Different types of disabilities

There are many different types of disabilities such as physical, sensory, intellectual, and mental illness that can hamper or reduce a person's ability to carry out their day-to-day activities. Different types of disabilities are the following: Physical Disabilities, Hearing Disabilities, Vision Disabilities, Learning Disabilities, Intellectual Disabilities, Mental Health Disabilities.

Disability experience and diversity (WHO, 2011)

The disability experience - the interaction of health conditions, personal factors, and environmental factors - varies greatly. Persons with disabilities are diverse and heterogeneous. A child born with cerebral palsy or the young soldier who lost his leg to a land-mine, or the older person with dementia are all people with disabilities.

Health disparities and cultural competence (Butler et al., 2016)

People with disabilities experience many health disparities e.g. poorer self-rated health; higher rates of obesity, smoking, and inactivity; limited access to health care etc. Cultural competence has been promoted as an approach that can reduce health disparities. Nowadays, it has been expanded to other marginalized population groups (e.g. people with disabilities) who are at risk of stigmatization and/or who have different health care needs that result in health disparities.

Disability inclusion (CDC, 2020)

Disability inclusion: Include people with disabilities in everyday activities and encourage them to have roles similar to their peers who do not have a disability. They can fulfill socially expected life roles (being a student, a parent, a worker, or a community member). They can engage in social activities (using public resources, transportation, libraries or receiving adequate health care). Disability inclusion is about understanding the relationship between the way people function and participate in society, while having the same opportunities for participation.

Disability as part of persons' identity

Our social identity is socially and historically constructed. It consists of the knowledge that one belongs to a social group and the significance that one ascribes to their group membership (Tajfel, 1974). Disability identity: A sense of self that includes one's disability and feelings of connection to or solidarity with the disability community. Disability has a unique role in one's social identity (Forber-Pratt et al., 2020).

How culture affects our views about disability (Stone, 2005)

Beliefs about causality:

Cultural explanations about why and how a disability is caused e.g., it is a sign of bad luck or fate, or it is caused by a virus.

Valued and devalued attributes: The personal attributes that a society or a cultural group finds important. Particular physical or intellectual attributes are valued or devalued by different societies.
Anticipated roles: The roles that societies expect the individuals with disabilities to play, e.g., to be fully included and active or to be hidden.

Activity – See and re-think (slide 15)

1.Do you think that some of them might have a type of disability?

2. Which characteristics of the people give you information about their cultural characteristics e.g. country of origin, occupation, religion, sexual orientation, disabilities etc.?

Tip: Think about how stereotypes affect our thoughts.

Intercultural competence & disability for service providers (Stone, 2005)
Intercultural competence: The ability to adequately understand and respond to the needs and concerns of individuals with disability and their families from minority ethnic communities. The responses should have as a basis an accurate understanding of their specific cultural practices.

Disability: Having knowledge on the general process of working with persons with disabilities from different cultures, whatever those cultures may be. To be competent, the professionals need to have an understanding of the ways in which 'culture' may affect one's views on 'disability'.

The role of families in care giving

Family members play a significant role since they can be caregivers of people with disabilities, depending on the type of disability and their level of functionality. They can act as facilitators for receiving the best care by the professionals or they can act as barriers for health and social professionals in their communication with the patients/clients.

Families as facilitators: Provide psychological & emotional support, Participation in decision making, provide adequate information about the patient/client

Families as barriers: Misunderstandings about care needs, Resistant, Uncooperative, Abusive.

Interactions with persons family members

What to do when you interact with your patients'/clients' family members:

Acknowledge the presence of the family member and identify the relationship between the patient/client and the family member. Establish the role of the family member in decision making and remember that each case (and each family) is different. Recognize and acknowledge any emotions expressed by the patient/client or family member. Encourage the family member to be specific on the information she/he gives you. If you consider it necessary, assess the patient/client in private (separate from the family member) for physical, emotional, or financial abuse or neglect. Recognize the impact of patient's/client's health on her/his family and especially, if the family member is her/his only caregiver.

Good practice on intercultural care and disability

Thetis Program - Caring For Refugees With Disabilities: Social EKAB, a Greek NGO with the support of UN High Commissioner for Refugees (UNHCR) and ARSIS NGO, has been implementing a care program for refugees with disabilities since November 2017. "Thetis" program aims to register all refugees with disabilities and launch an individual treatment-support program for each of them personally. This program is carried out through two specialized mobile teams in mainland Greece and a specialized network in the islands of eastern Aegean. The teams have qualified personnel (social worker, physiotherapist, doctor, psychologist) and operate in places of residence of refugees with disabilities (camps or apartments). In addition, they work to connect disabled refugees with appropriate specialised care institutions. Also, the program aims to organize and encourage caregivers from the ethnic communities of refugees with disabilities for their daily support.

Activity - A ballet dancer (slide 20)

Watch the video and discuss in teams:

1. What is your opinion of the teenager and what do you think about her disability?
2. What do you think about her social identity? How would you categorize her e.g. member of dance community?
3. Do you think that this dancer breaks the stereotypes about disabled people? If so, in what ways?

Different individuals have different ways of viewing, interpreting, and dealing with experiences of disability. These can be influenced by several factors including personality traits, culture, religious beliefs, social environment, social stigma and many more. Everybody is likely to experience disability at some point in life. Functioning and disability are results of the interaction between the health conditions of the person and their environment, thus the environment in which the disabled person lives plays a crucial role. Service providers need to be culturally sensitive when interacting with patients and beneficiaries that have different backgrounds and a form of disability.

Section 2: Psychology & Mental Health Problems

Racial and ethnic minorities have less access to mental health services than do white people. They are less likely to receive needed care and when they do, it is more likely to be poor in quality. Racial and ethnic minorities have unmet mental health needs and may suffer a greater loss to their overall health and productivity. Many disabled adults (ages 18-55) have a mental disorder contributing to their disability.

Definition of terms

Mental Health: The successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, the ability to adapt to change and to cope with adversity.

Mental Illness: All mental disorders, which are health conditions characterized by alterations in thinking, mood, or behaviour (or some combination) associated with distress and/or impaired functioning.

Mental Health Problems: Signs and symptoms of insufficient intensity or duration to meet the criteria for any mental disorder.

Culture: A common heritage or set of beliefs, norms, and values.

Intercultural competence & mental health

The concept of cultural competence overlaps with several other concepts related to providing high-quality, appropriate care including underserved needs health literacy, culturally competent care, patient-centred care.

The clinical setting: Culture & mental health

Symptoms - Culture affects symptoms and their description by the patients: How patients describe their symptoms to their clinicians. Which ones they report. Existence of culture-bound syndromes. (Sets of symptoms much more common in some societies than in others).

Presentation - Culture affects the way people present their (mental) health problems: Do people seek help in the first place? And if so, for which symptoms? What types of help they seek? What types of coping styles and social supports they have?

Meanings - Culture influences the 'meanings' that people give to their (mental) illness: Is an illness 'real' or 'imagined?' Is it of the body or the mind (or both)? How much stigma surrounds illness and the particular condition? Does it warrant sympathy? What are the possible causes? What type of person might experience it?

Different interpretations of mental health

Causality and explanatory models for mental and psychosocial problems: How people explain the cause of mental illness e.g. from virus, witchcraft, traumatic event, fate etc. Concepts of self/person and the relationship of body, mind & soul: How individuals see themselves. Stigmatization of mental illness: To what extent people stigmatize mental health/illness. Expressions of distress and diagnosis: How people express symptoms and how they diagnose them in their local area. Help seeking patterns: Where individuals go for help and for what problems. Mental Health Systems: How they are constructed across countries and what roles individuals attribute to them.

Factors that influence perceptions of mental health

Individual factors: Social identity, race, ethnicity, culture, religion, social class etc. Family factors: Family environment, supportive, positive, problematic, abusive etc.Social factors: Poverty, education, experiences of traumatic events, violence, migration, stigma etc. Environmental factors: The broader social environment of the individual e.g. society, community, health system etc.

Factors that influence a professional's perception of mental health

Health and social care professionals are individuals with personal biographies that determine their views on mental health/illness. Professional's culture: A group of professionals can be said to have a 'culture' in the sense that they have a shared set of beliefs, norms, and values. Clinician bias and stereotyping of ethnic and racial minorities.

Activity - Exploring assumptions (slide 30)

Our organisation is well-known, and people will trust the information we give.

Almost all people suffer from health and mental health issues.

People from ethnocultural communities different to European cultures have very rigid beliefs about issues like mental health and they don't see them as that important

What do you think of these statements?

Do you find them problematic statements or not?

Are they unfounded generalizations or are they based on some truth?

Could this kind of statement add to the already established stereotypes for different populations?

Intercultural competence & Cultural Safety

Intercultural competence: The skills, attitudes, and behaviours needed to improve interactions between different cultures, whether within a society (differences due to age, gender, religion, socio-economic status, political affiliation, ethnicity, and so on) or across borders.

Intercultural safety: It goes beyond cultural competence and means taking responsibility for the way we view culture. It means that people of all cultural backgrounds work together respectfully and effectively with knowledge and awareness. It includes attitudes, behaviors, skills, policies and procedures.

Outline for Cultural Formulation - The clinician is encouraged to:

Ask about patient's cultural identity - To determine their ethnic or cultural reference group, language abilities, language use, and language preference.

Examine cultural explanations of illness -e.g. patient's idioms of distress, the meaning and perceived severity of their symptoms, past experiences with professionals etc.

Consider cultural factors – the psychosocial environment – the levels of functioning - Assessment on culturally relevant interpretations of social stressors, available support, levels of functioning, patient's disability etc.
Assess cultural elements in patient-clinician relationship. To determine differences in culture and social status between them and how those differences affect the clinical encounter (e.g., communication, rapport, disclosure etc.).
Provide an overall cultural assessment for diagnosis and care - the clinician synthesizes all the information to determine a course of care.

What professionals can do to achieve cultural safety
To achieve cultural safety: Understand your community. Build links between health services and culture-based community organizations. Provide helpful, tailored information in other languages. Recognise cultural, medical or health practices. Look at the whole person beyond cultural or any other geographical borders. Look at the bigger picture and recognise that it's difficult to separate mental health concerns, like depression, from larger concerns, like poverty or lack of housing.

Inequalities & mental health - The case of Covid-19 pandemic
A research survey of over 14,000 adults conducted by the mental health charity Mind in the UK (2020) revealed that existing inequalities in housing, employment, finances, and other issues have had a greater impact on the mental health of people from Black, Asian and Ethnic Minority (BAME) groups than white people during the coronavirus pandemic.

'Last year I quit full time teaching and moved back home to save money. Being back at home caused my mental health to suffer, and just as I was trying to process those feelings, lockdown hit. Dealing with all of that – the lockdown, the isolation, the lack of friends etc. – was all piling onto me mentally. Then the Government statistics came out showing that black people were at a higher risk of dying from coronavirus and it put me in a downward spiral. A virus can't discriminate, but there's a system that's been in place for years, that makes us more vulnerable." Dami, 27-year old

Activity - Case study (slide 36)

'When my mother came from China for an extended time to attend my wedding in 2001, it was the most special period in my life. A strong-willed person, my mother was full of life and the most generous human being I've ever known. But within six months of her arrival in Italy, I noticed a dramatic change in her physical, mental, emotional, and spiritual well-being. It was clear that she was experiencing a profound culture shock in every sense possible, a shock that was compounded by her difficulty with the English language, the lack of her cultivated community support and the absence of her own friends. She could not engage in any of her familiar daily activities or social networks here. The strong, happy and healthy person I loved so much was now displaying all the signs of stress, loneliness and depression brought on by social isolation."

Discussion:

Discuss in groups of 2 the following questions:

How could the daughter help her mother? What steps should she follow?

What do you think the professionals in your country would suggest she do?

If the mother asked for the help of a counsellor, what could be the possible barriers to this being successful?

Reflection and Action Plan (slide 38)

Finish the session off by asking each learner to reflect on their learning by identifying 3 things they have learnt from the module and 3 actions they are going to take as a result of the learning. These can be things like finding out more or changes to their behaviour:

Identify 3 things you have learnt from this module.

Write down 3 actions you will take/ behaviours you will change, as a result of your learning.

Literature/further reading

Good practice on intercultural care and mental health

Canada: Multicultural Mental Health Research Centre

Patient Information by Language

The website provides useful resources about several mental health issues in 25 languages.

The resources come from reliable sources, such as Canadian mental health hospitals, research centres and non-profit agencies for mental health.

Information can be accessed in different languages about multiple themes that can influence mental well-being such as adaptation to a New Country, Addiction, Alzheimer's and Dementia, Anxiety, Bereavement, Bipolar Disorder, Mental Illness and many more.

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