Cross-Cultural Issues on the Inpatient Psychiatric Unit

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Introduction: Cross-cultural factors can shape how patients express symptoms, convey needs, and adhere to treatment. Here we review common cross-cultural issues and tips to keep in mind when you work with patients of diverse backgrounds. At the same time, beware of stereotyping cultural groups; each patient has a unique cultural and personal perspective.

Communication and decision-making:

- Limited English proficiency can mimic paucity of thought and thought disorganization. Use professional interpreter services whenever possible; avoid asking family members to translate.
- Patients, especially from Latinx and Asian backgrounds, may consent to treatments out of respect, even without full comprehension. Foster open dialogue with statements like, "Many patients have concerns about new medications. What are your thoughts?"

Cultural expressions and manifestation of Illness:

- Watch for somatic symptoms such as GI distress and headaches, as these might indicate mental distress in patients from Asian, Latinx, and Middle Eastern backgrounds.
- In some cultures, phenomena such as seeing spirits or hearing deceased loved ones are normative. Evaluate such experiences within their cultural context before deeming them pathological.
- Be mindful of culture-specific syndromes when arriving at your diagnoses. For instance, "Ataque de Nervios," seen mainly among Hispanic individuals, especially those from Puerto Rico, involves uncontrollable shaking, crying and even seizure-like activity after a stressful event.

Trust in healthcare:

- Past discrimination experiences can foster mistrust towards healthcare, leading to inconsistent treatment adherence. Empower patients by providing options and involving them in healthcare decisions.
- Patients might be reluctant to attend outpatient appointments post-discharge due to deportation fears if they are living in the U.S. illegally. Reassure them that their information is confidential and used strictly for clinical purposes.

Socio-cultural and environmental stressors:

- Experiences like the trauma from immigration or adjusting to a new culture can profoundly impact a patient's mental well-being. Delve deeper into the motives behind their migration, whether escaping political turmoil seeking better employment opportunities, to better grasp their potential emotional implications.
- Cultural Stigma: In various cultures, mental health topics are taboo and patients may conceal or down-play their symptoms. Educate and reassure patients about the privacy of their diagnosis and treatment and emphasize that your goal is to support their well-being.
- Erratic healthcare follow-up may be due to unstable living situations and frequent moves. Consider arranging for telehealth follow-up post-discharge.

Family and Community Dynamics:

- In Latinx and Asian cultures, many value family participation in decision-making. Ask, "How would you like your family to be involved in your treatment?"

- Explore traditional healing practices that are often rooted in community practices or beliefs. Ask, "Besides medications, have you tried other treatments like home remedies or acupuncture?"

Potential biases and discrepancies:

- Be mindful of implicit bias. Black patients, for instance, are often more likely than White patients to be given a more severe diagnosis for comparable symptoms, such as receiving a diagnosis of schizophrenia instead of a mood disorder.

Traditions, religion, and spirituality

- For Muslim patients observing the month-long Ramadan fast, consider adjusting medication schedules. Since they abstain from eating or drinking from sunrise to sunset, a once or twice daily dosing regimen—preferably early morning and at bedtime—might enhance adherence compared to a thrice-daily schedule.
- Certain religious beliefs, like those in Orthodox Judaism and some Islamic traditions, prohibit touching by members of the opposite sex. When physical examinations are necessary, clinicians should ideally be of the same gender as the patient to respect these beliefs.

Pharmacogenomic differences

- Medication metabolism varies considerably across ethnic groups due to genetic differences.
  - For instance, only about 0-1% of individuals from China and Japan are poor metabolizers of the P450 enzyme 2D6. In contrast, this percentage is around 10% for those of Central and Northern European descent and rises up to 19% for individuals from South Africa.
  - Poor 2D6 metabolizers might experience more side effects at standard doses of specific drugs, including olanzapine, risperidone, paroxetine, fluoxetine, and venlafaxine.
  - Ultrarapid metabolizers are infrequent in the general population but constitute up to 30% of the population in the Middle East and North-eastern Africa. These individuals may require higher than usual doses to achieve therapeutic benefits.