Available online at www.sciencedirect.com

ScienceDirect

European Psychiatry 23 (2008) S49–S58

EUROPEAN PSYCHIATRY

http://france.elsevier.com/direct/EURPSY/

Cultural competency training in psychiatry

A. Qureshi[1,2*], F. Collazos[1,2], M. Ramos[1,2], M. Casas[1,2]

[1]*Programa de Psiquiatria Transcultural, Servei de Psiquiatria, Hospital Universitari Vall d'Hebron*
[2]*Universitat Autonoma de Barcelona*

Abstract

Recent reports indicate that the quality of care provided to immigrant and ethnic minority patients is not at the same level as that provided to majority group patients. Although the European Board of Medical Specialists recognizes awareness of cultural issues as a core component of the psychiatry specialization, few medical schools provide training in cultural issues. Cultural competence represents a comprehensive response to the mental health care needs of immigrant and ethnic minority patients. Cultural competence training involves the development of knowledge, skills, and attitudes that can improve the effectiveness of psychiatric treatment. Cognitive cultural competence involves awareness of the various ways in which culture, immigration status, and race impact psychosocial development, psychopathology, and therapeutic transactions. Technical cultural competence involves the application of cognitive cultural competence, and requires proficiency in intercultural communication, the capacity to develop a therapeutic relationship with a culturally different patient, and the ability to adapt diagnosis and treatment in response to cultural difference. Perhaps the greatest challenge in cultural competence training involves the development of attitudinal competence inasmuch as it requires exploration of cultural and racial preconceptions. Although research is in its infancy, there are increasing indications that cultural competence can improve key aspects of the psychiatric treatment of immigrant and minority group patients.

Keywords: Cultural competence; Immigration; Ethnic minority; Diversity training; Transcultural psychiatry

1. Introduction

The increased presence patients whose racial, cultural, national, or ethnic origin is distinct from that of the clinician represents a series of new challenges to the provision of quality mental health services. Competence to practice psychiatry is predicated on a series of skills, attitudes, and beliefs, which themselves are predicated on a combination of scientific knowledge and clinical experience. At the same time, comprehensive training in cultural and ethnic issues in psychiatry, although identified as a core component of the requirements for the specialization of psychiatry by the European Union of Medical Specialists [61] is rarely comprehensively addressed in medical training. The treatment of patients whose cultural, ethnic, racial, or national background is distinct from that of the clinician, then, is not based on the scientific training, but rather is left up to the devices of the clinician. What this suggests is that the quality of psychiatric services for culturally different patients may be wanting, precisely because of the lack of relevant training.

When confronted with a patient who is culturally different, the psychiatrist is generally faced with a dilemma: he or she must treat a patient but without the educational or scientific basis on which to do so. Although clinical experience is of considerable importance, unless it has a scientific basis it is of limited use, and is unlikely to meet the practice standards expected of physicians.

2. Professional competence in medicine

Professional competence in medicine is a complex combination of "technical, cognitive, and emotional aspects of practice" [29] which "builds on a foundation of basic skills, scientific knowledge, and moral development". In addition to knowledge and technical skills, communication with the patient and establishing a therapeutic relationship are under-

* Corresponding author.
E-mail: asfqureshi@gmail.com (A. Qureshi).

stood to constitute key aspects of professional competence in medicine [29, 61]. Finally, consistent with the move towards values based medicine, professional competency includes affective and moral dimensions. Measurement of professional competence has proved to be a complex process, and all the more so with respect to more qualitative components such as values and self awareness [29]. Research does suggest, however, that communication skills are valued over technical skills by patients [17], and a strong case has been made that physician self-awareness can reduce errors in clinical practice [12].

The same combination of knowledge, skills, and attitudes comprise the foundation of cultural competence [55]. In the UK and the US the need for improving the quality of psychiatric care for ethnic minority and immigrant patients has been reasonably well established [11, 44], and "cultural competence" represents an approach in the provision of mental health services. Cultural competence, however, is not a unitary concept, but rather is a generic term that has no fixed definition.

The model of cultural competence presented in this paper is a synthesis of existing models combined with the authors' clinical experience. As the bulk of research and theory on cultural competence and related issues in mental health has been carried out in the US, an attempt has been made to adapt North American models to the European context. The objective of this paper is to outline a cultural competence paradigm that can serve as a basis for the development of training and also be of use to practicing clinicians. The paper will begin with a detailed description of cultural competence, structured in the context of knowledge, skills, and attitudes. A discussion of the validity of the model will follow, as will specific training issues, and finally, suggestions for future directions for cultural competence training in Europe will be presented.

3. Cultural competence

It is generally accepted that cultural competence consists of institutional and clinical means of overcoming impediments to the effective provision of psychiatric services to immigrant and ethnic minority patients. Such impediments are complex and multifaceted, and as such cultural competence must be comprehensive in its response. To some extent, the use of the term "cultural" has confounded two key aspects of the mental health care of immigrants and ethnic minority patients [34]. Cultural differences in the understanding, expression, and treatment of mental distress represents one key barrier to quality of care received by immigrants and ethnic minority patients. Racial difference can impede access to quality care due to provider and institutional bias. Poverty may be correlated with race, culture, or immigration, and act as a barrier to access to care. Cultural competence, then, must respond to all barriers to the provision of quality mental health care. This generic term is used to address a host of related but distinct socio-demographic factors. Immigration, culture, ethnic-minority status, religion, and race differentially impact mental health and its treatment.

Cultural competence training is by necessity practical, and as such consists of a basis of knowledge which the practitioner can than effectively apply to real-life clinical situations. Effective application of clinical knowledge in the context of cultural and racial difference and immigration further requires that the clinician is disposed to examine and challenge preconceived attitudes and beliefs that independently of the knowledge and skill base can impede effective practice. Limitations of time and resources mean that cultural competence training must focus on general principles that can improve the quality of care of all patients, rather than require knowledge and skills specific to each different cultural and racial group with whom a clinician may work [7,72].

3.1. Knowledge

The knowledge dimension of cultural competence is in large part predicated on concepts and terminology more proper to anthropology and sociology than to psychiatry and medicine. To that end, cultural competence training must begin with an overview and exploration of these terms and concepts. The complex relationship between the different terms and concepts (culture, immigration, race) and mental health, unless well elucidated can all to easily complicate treatment and diagnosis [32,64] by confounding issues related to culture, discrimination, and stress.

3.1.1. Cultural knowledge

Cultural competence involves the effective application of a specific knowledge base. Expediency demands that the knowledge basis is "transcultural", that is, applicable across cultures. Knowing that there are different ways in which psychological distress is expressed and explained, for example, can reduce the probability of diagnostic error simply by virtue of clinician care. Knowing the specific ways in which a certain culture expresses or explains mental distress is problematic because of the considerable intracultural variablility.

Generalizations are useful inasmuch as they remain as guidelines but do not convert into stereotypes that serve to obscure the individuality ot the patient. Thus the knowledge domain of cultural competence is focused primarily on the ways in which culture, race, and immigration can impact psychosocial development, psychopathology, and therapeutic transactions. To that end, it is clear that cultural competence training must begin with an in-depth exploration of the key terms and concepts.

Cultural competence models are predicated on the idea that any clinician can, with the correct combination of knowledge, skills, and attitudes, effectively treat most every patient [72]. Comprehensive knowledge about the multitude of cultures that are represented by the many patients seen