Center of Excellence for Cultural Competence
New York State Psychiatric Institute
Cultural Competence Matters

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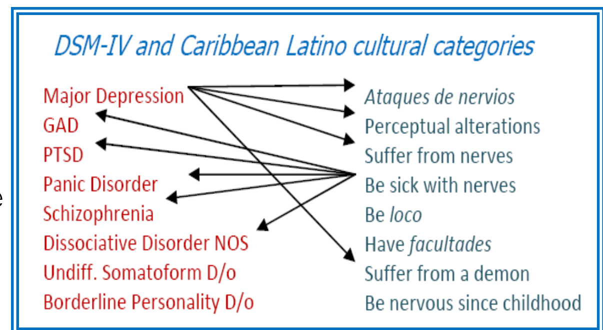
CULTURAL SYNDROMES AND THE CULTURAL FORMULATION IN PSYCHIATRIC CARE

Problem: A common area of cross-cultural misunderstanding in the psychiatric clinical encounter involves diagnosis and treatment of cultural syndromes. Miscommunication and unaddressed cultural information in psychiatric assessments can lead to misdiagnosis and poor treatment, thus impacting the quality of care and health of consumers. Culture syndromes are mental disorders that are familiar and recognized among one cultural group and unknown in another. They do not fit neatly into diagnostic categories listed in the *Diagnostic and Statistical Manual of Mental Disorders, version IV* (*DSM-IV*), the standard manual for psychiatric diagnoses used in the U.S. The Figure below illustrates the lack of a one-to-one relationship between cultural and *DSM-IV* categories, using mental disorders common among Caribbean Latinos. Members of this cultural group report various syndromes related to nerves or "*nervios*" that range in severity from "being nervous since childhood" to more sudden and severe episodes of fear, anger, or grief, labeled *ataques de nervios* (attacks of nerves). Although describing similar types of mental illness as the *DSM-IV* diagnoses (generalized anxiety, persistent sadness, poor impulse control), these culturally specific syndromes are viewed by this cultural group as having their own perceived causes and traditional treatments. Many clinicians lack formal training on how to assess cultural syndromes using a culturally competent approach that incorporates consumers' and families' understandings into their diagnosis, treatment plan, care provision, and follow-up. In order to improve the cultural competence of mental health services across New York State and elsewhere, clinicians must learn about cultural syndromes that are common in their specific patient populations. Clinicians must also receive training in systematic ways to effectively assess, engage, and treat consumers suffering from these conditions, as well as their families.



Findings: Research on *ataque de nervios* among Caribbean Latinos illustrates the importance of incorporating knowledge about cultural syndromes in mental health care. This research, including work by staff from the Center of Excellence for Cultural Competence at NY State Psychiatric Institute (NYSPI), shows that *ataques* are very prevalent among Caribbean Latinos. In the community, they affect up to one in ten US Latinos over their lifetime, and among psychiatric outpatients about half report a history of *ataques*[1, 2]. Though symptomatically similar to panic attacks, panic disorder, and PTSD, most *ataques de nervios* do not meet *DSM-IV* criteria for these diagnoses[2,3]. Rather than pointing to a particular psychiatric diagnosis, *ataques* point to the presence of acute family conflict and interpersonal trauma, and can be a sign of more serious illness. US Latinos with *ataque de nervios* have significantly higher rates of suicidal behavior, mental health-related disability, and outpatient psychiatric service use than Latinos without *ataques*[4]. The presence of this cultural syndrome therefore can act as a warning sign --a marker of being overwhelmed by distress and interpersonal conflict-- that can greatly assist consumers, relatives, and clinicians in determining severity of illness and when it is time to seek professional help for these symptoms.

Implications: In order to assess cultural syndromes such as *ataque de nervios*, clinicians need a systematic cultural assessment method that can be applied with every patient. The Cultural Formulation is just such an approach; described in Appendix I of *DSM-IV*, this clinical assessment method is made up of five components[5]:

1. Cultural Identity (i.e., cultural subgroup, primary language, country of origin, acculturation level)
2. Cultural Explanations of Illness (how does the patient understand his/her illness and what should be done about it)
3. Cultural Factors Related to Psychosocial Environment (i.e., social stressors, social supports, level of functioning or disability)
4. Cultural Elements of the Clinician-Patient Relationship (i.e., power relations, respect, authority, and adherence)
5. Overall Cultural Assessment (summary of findings and how they affect diagnosis, engagement, and treatment)

Regular use of the Cultural Formulation by mental health professionals to help translate between cultural and clinical perspectives should improve the quality of patient care. Greater understanding of cultural influences on patients' and families' views of illness and treatment would help reduce misdiagnosis, improve patient engagement and communication, and facilitate discussion of treatment alternatives – resulting in decreased health disparities for racial/ethnic minorities and immigrant populations. NYSPI researchers are helping to refine the Cultural Formulation for *DSM-V* and to incorporate its use into an interpreter-based intervention that can be widely disseminated across New York State and elsewhere.

References:

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