**Cultural Identity - Part II**

**Introduction**

Adeyanju: I am Dr. Ola Adeyanju and we have Dr. Kevo Rivera here with us. Thank you for joining us for the second part of our discussion about cultural identity. Again, much can be said about culture, race, and identity so we are just talking about a small part of a larger whole. We just wanted to explore some ways that families can explore culture with their kids, culture and mental health, and the importance of addressing stigma and asserting healthy boundaries.

Rivera: We also want to stress the importance that everyone is unique and some of the things that we mention may not work for you and your family. These are just some suggestions. The important part is being able to have conversations about cultural identity especially if it may be supportive for your child’s mental health.

**Ways to foster cultural identity and exploration of family culture**

Adeyanju: Agreed. The American Academy of Child and Adolescent Psychiatry (AACAP) has a set of cultural competency guidelines for psychiatrists that focuses just on that. AACAP also has a set of recommendations that may help multiracial families explore race, culture, and identity. One of their key recommendations is to keep communications open. If kids start asking questions about differences in physical appearance, that may be a good place to start. Later in this series, one of our colleagues will talk more about what those conversations may look like.

Encourage your child to learn about other languages, traditions, or customs and particularly your family’s native culture. Kids who have real exposures to different ways of life are going to be less likely to rely on negative stereotypes. It is also helpful to recognize that as kids develop, they may relate more or less to certain parts of their cultural heritage or to one parent or the other. They may also experience guilt or a sense of disloyalty for showing a preference. This is normal in the process of developing one’s cultural identity. It helps for parents to validate their child’s feelings about the process.

If there are points where the cultural values of the society are at odds with the family’s values, it may be helpful for parents to have open talks with their kids about this so that they can reach a decision on what is important for their family together.

The parent-child relationship can play a big role in children being able to successfully come to terms with their cultural identity. If a child does not feel accepted by their family or society at large, there is a greater risk of marginalization and of the child struggling with low self-esteem and depression.

Read books and watch movies together as a family that reflect different cultural perspectives and reach out to supports within your larger community. These supports can be neighbors, grandparents, relatives, and school support. It can also be helpful to explore museums, local cultural centers, or regional cultural events. Some museums and cultural centers have an online presence which may be more easily accessible for those who live in smaller communities.

Kevo, when we talk about mental health it seems like it would also be helpful to talk about stigma. Mental health stigma is a problem worldwide. Can you tell our listeners a bit about stigma and mental health issues for racial and ethnic minorities?

**Stigma**

Rivera: You just brought up so many good points, Ola, and I think those will be helpful for families to hear. I agree that stigma is an important topic to touch on here. Stigma in general is the collection of negative attitudes, beliefs, and behaviors that affect people based on one characteristic that someone has. So, there can be stigma related to race, characteristic, body type, socioeconomic status, and the list goes on. What we’ll be diving into here is stigma related to mental illness. Ola, you and I have gotten to work with individuals and families from all sorts of backgrounds. One thing we hear over and over again is people saying, “Nobody in my family really talked about mental health or mental illness growing up.”

Ola: Yes, that’s right.

Kevo: Oftentimes, when people are trying to explain reasons for that, they’ll point to cultural influences. They might say, “You know people from my home country view mental illness as a taboo subject.” Or they might say, “In my church, if you had a mental health concern, people would say it’s just a spiritual problem.” Some might even say, “Mental health is a stigmatized issue in my culture.” So, stigma is one of those tricky things because it is so widespread, but it plays out in different ways in different cultural contexts. What’s universal is that stigma can be harmful because it can lead to a dismissal or “othering” of people with mental illness, which can only make problems worse.

There are different categories of mental illness stigma, including experienced stigma, anticipated stigma, and internalized stigma. Experienced stigma refers to past encounters of seeing people with mental illness be stereotyped or discriminated against. Anticipated stigma occurs when people with mental illness have an expectation that they will have these negative experiences in the future. And internalized stigma or self-stigma occurs when people with mental illness apply negative beliefs toward themselves and behave in a way that further marginalizes themselves.

So, what does mental illness stigma look like? People might perceive people with mental illness as being dangerous, they might show a tendency to distance themselves from people with mental illness, they might discourage themselves or other from seeking help for mental health reasons concerns, and they might have negative perceptions of mental health providers. Research on mental health stigma focuses on a number of different ways that institutions and organizations can try to help decrease stigma, primarily increased education on mental health, facilitating positive interactions between those with and without mental illness, and helping communities come together in activism and support for those with mental illness. I’d say that one thing that individuals and families can do to address stigma is to work with whatever groups you’re already embedded in, for example your school and your church, to brainstorm ways to bring up mental health. It’s best to bring in a local mental health professional to help take part in the discussion, but there’s a fair bit of teamwork involved in making sure that the right tone and message is being conveyed.

Just like we talked about in part one of this podcast, we all stand at the intersection of multiple identities. For minoritized individuals, stigma can already affect them on the basis of their race or ethnicity. If they also experience mental illness, that adds another complicated layer of stigma, where they might not feel comfortable turning to someone in their community for help. Some call this nested stigma. It can seem really difficulty or overwhelming to figure out how to address all of these important topics in your family, but, Ola, as you mentioned, as families are beginning to explore how to have conversations about values and acceptance, they can also decide how they want to communicate about mental health and finding support for mental illness.

Adeyanju: Thanks, Kevo. You mentioned briefly about communities working side-by-side with mental health providers. Do you have any tips for families in bringing up topics of culture with a clinician?

**Culture in clinical care**

Rivera: Yes, thank you for bringing this up. Medicine and psychiatry have historically leaned toward a model in which the patient brings up a concern and the provider tells them what to do. Thankfully, the culture of medicine itself is moving toward more emphasis on patient-provider partnership. The most important thing I want families to know is that they should absolutely bring up any fears, worries, or concerns they have with their healthcare providers. If there is something that is bothering you about how your provider is talking about a diagnosis or a treatment plan, then gently let them know how your own thoughts might differ. This applies to your cultural norms and practices.

So feel free to bring up how you think that racism might be playing a role in your mental health. Or discuss your fears about how mental illness might affect your relationship to your family or your community. It helps us to know where you’re coming from, but we might not always know to bring these issues up in our conversations. And if you don’t like the way one clinician is interacting with you or your family, you can ask if you can switch to a different one or ask for a second opinion elsewhere. Remember that you should be at the center of your care.

Rivera: Ola, what are some other final thoughts that you have when it comes to this conversation about mental health and culture?

Adeyanju: Briefly, I would just want families to know some ways they can interact with the system we have in place. Families can reach out for mental health support through primary care or integrated health, school-based resources, and child and adolescent psychiatry clinics just to name a few. So what can families look for in a mental health practice? Just to build on what Kevo mentioned earlier, cultural curiosity if not diversity in the staff, interpreter services, willingness to look at both the child and their supports (extended family, and religious or community supports), and willingness to meet you and your child where you are at. Finally, it is always ok to ask for a second opinion.

Adeyanju**:** Thank you for joining us for the second part of our discussion on cultural identity.