Culture and language can be barriers to people with mental health problems accessing services, but providers are increasingly recognising this and tailoring services accordingly. Sophie Goodchild reports

How can you get psychiatric help if English is not your native tongue? Or if your culture believes that schizophrenia is an evil spirit? A critical issue facing addiction and mental health services is how to meet the needs of an increasingly multi-cultural British population.

Culture and language can prevent patients with addiction or mental health problems accessing treatment. They compound the stigma attached to having a mental illness or being dependent on drink and drugs.

But both private and NHS services are attempting to break down these barriers through innovative programmes. For example, The Priory Hospital in Roehampton, southwest London, has launched its first rehab programme targeted at Arabic-speaking patients and a separate service treating anxiety and depression.

Both combine western psychiatry with an understanding of Arabic culture and the teachings of the Koran, the primary source of Muslim faith and practice.

Dr Najmeldeen Al-Falahe is the consultant heading up the service, which is run from Roehampton and a clinic in Harley Street. Treatment programmes such as Alcoholics Anonymous do not exist in the Middle East, he says. Instead, those seeking help for drink issues, for example, will often be prescribed diazepam (Valium), which is in itself highly addictive.

“Addiction is quite a new phenomenon in the majority of Arabic countries and has come as a big shock to the older generation and traditional Arab families,” explains Al-Falahe, who can speak fluent Arabic.

“The laws around drinking and drug abuse are very strict in Arab countries. This means addicts face huge stigma from society and their families – accessing treatment is a challenge. Proper medical help for addicts has not been available in the past as treatment has been within the criminal justice system rather than the medical system. One of our greatest challenges is convincing families that addiction is a medical condition, not a crime.”

The Arabic service was launched in autumn 2011 and rehab patients include wealthy students from the Middle East studying in London. Easily led astray, they are often introduced to drugs such as cocaine and heroin by unscrupulous dealers. Another group is health ‘tourists’ who come to the UK because they cannot get help in their own country.
The Priory offers detox followed by the 12-step programme. Art therapy is also on offer so Arabic-speaking patients can share their experiences on paper, instead of talking them through in group sessions. A follow-up service is also offered via Skype for patients who return abroad after treatment.

Mental illness including anxiety, depression and severe psychiatric conditions carries the same stigma as addiction, according to Al-Falahe. He is working with Muslim clerics who can identify people who may be in need of psychiatric treatment but feel ashamed to admit they need help.

“There’s still a lot of work to be done in Arabic culture to de-stigmatise mental illness and addiction,” he says.

“Mental illness is usually considered an evil spirit and sufferers visit healers for help. But the situation is slowly improving and we are making inroads by understanding cultural differences and offering bespoke treatment programmes.”

Cultural competence

In Newham, east London, mental health workers are being trained in ‘cultural competence’ so they can provide high-quality care, which takes culture into account in service delivery. Originally developed in Canada, this in-depth approach reconciles the world views of patients, their families and care providers.

Consultant psychiatrist and psychotherapist Micol Ascoli is involved in delivering the training service, which was set up by Professor Kamaldeep Bhui from Queen Mary University. Newham is one of the most culturally and ethnically diverse areas in the country so services tailored to cultural need are crucial and need to go beyond interpreters or leaflets in different languages, Ascoli says.

But she also warns of stereotyping patients from certain cultures or making assumptions about their beliefs – or their family’s.

“At any time, nine out of 10 of my patients are from an ethnic background other than white British,” adds Ascoli, who works on a psychiatric intensive care unit.

“I experience first-hand the debated issue of the over-representation of ethnic minorities under the Mental Health Act. Cultural identities are fluid and change according to age and gender, for example, so it’s important to avoid racist stereotyping.”

White British patients also have a culture influencing their life, Ascoli points out. The mother of one of her English patients thought his girlfriend had ‘cast spells’ on him triggering psychosis. It turned out the mother had never believed in black magic but merely thought such unusual behaviour must have an unusual cause.

Across the cultural divide

The Royal College of Psychiatrists is also recognising the needs of patients across the cultural divide. A new leaflet aimed at the Muslim community has been developed by psychiatrist Dr Kamran Ahmed with support from the College and the Muslim Council of Great Britain. The main message is this: hearing voices, feeling low and anxious are all illnesses, so it is important to seek help from a doctor. The College’s public information leaflets on mental health issues are also translated into different languages with Hindi and Polish the most popular.

According to Islamic teaching, the prophet Muhammad firmly believed in the existence of a cause and a cure for every disease. Yet seeking help is difficult for Muslims, says Ahmed. Research shows that British Muslims rate themselves as more likely than any other faith group to use religious coping behaviour and less likely to seek social support or professional help for certain types of mental illness (Loewenthal et al, 2001). Another study (Aloud, 2009) has shown that barriers for Muslims with mental health problems include cultural and traditional beliefs about mental illness.

“This booklet is aimed at encouraging people to get support – and the right support,” says Ahmed, from South London and Maudsley NHS Foundation Trust (SLaM).

“It describes the whole process of what happens when they go and see a doctor and the psychiatrist, and to reassure people that medications for mental illness do work and are widely used. If someone is hearing voices, those around them may think they are possessed by a Jinn (genie). But we explain this is actually a symptom of a number of mental illnesses including schizophrenia and that we can use medication to treat these symptoms.”

A fear of stigma and language differences are other major issues that mean people often turn to faith healers for help, not to qualified medical professionals.

“Some of these faith healers charge people large sums of money and there have even been reports of them physically harming people who come to see them,” warns Ahmed. “Hitting or beating someone with mental illness will never make them better and it is a crime.”

Consulting a faith healer is very different from reputable online, telephone and face-to-face counselling services. The Muslim Community Helpline (formerly the Muslim Women and Families Helpline) was one of the first national Islamic counselling services in the UK and is run by trained volunteers. Another is The Arabic Counselling Service, which was developed to meet demand from Arabic and Muslim communities in North Kensington. This operates as part of the area’s child and adolescent mental health service (CAMHS).

Mental health charities welcome these specialised services but stress they must be offered in partnership. Marcel Vige, Mind’s equality improvement manager, says: “It is fantastic to see the Priory and others making specialised services available to people from BME backgrounds, however it is vital that this is done as part of a collaborative process with local services already working in the local area, who know and understand the complex and individual needs of these communities.”

For more information:

■ www.culturalconsultation.org
■ www.rcpsych.ac.uk/info
■ www.rcpsych.ac.uk/mentalhealthinfoforall/translations.aspx
