

Understanding Depression across Cultures



Families participating in Head Start come from many different cultural backgrounds, bringing a unique blend of history, traditions and beliefs to the tasks of child rearing and education. Some come from groups that have been oppressed for generations. Others are recent immigrants, trying to combine their native culture with the one in which they currently live. Still others are deeply rooted in a history of cultural traditions. Similarly, all of the individuals who work in Head Start also bring their own rich cultural traditions and beliefs to their work with families. As a result, families and Head Start staff may have different ideas about what is good for children. How long children sleep, what methods work to manage their behavior, what they expect at mealtimes, and how they play with other children may all involve different cultural values. Recognizing that cultural heritage and identity influence each of us in many, profound ways is a first step in developing cultural sensitivity—an essential professional skill.

One's cultural experience can affect:

- *how one communicates about emotional or mental health needs*
- *the kind of resources one is willing to access*
- *how one describes and understands the symptoms that are experienced*

Mental health is a topic that can be a social stigma or taboo in many cultures and communities.

Observations of Depression in a Multicultural Environment

Many Head Start parents are exposed to adversities including, but not limited to, poverty, trauma, violence and single parenting. These experiences increase their vulnerability to depression. It is important for Head Start staff to reflect on the variety of ways depression may be understood, experienced, and described. Consider the following observations when discussing depression with the families served:

Description of symptoms

When a person is depressed, he or she may complain of hopelessness or overwhelming sadness. Parents may present symptoms such as withdrawing from social contact, becoming agitated easily, having difficulty concentrating, or problems with their memory.

However, in some cultures, physical symptoms are more likely to be described (e.g., headaches, “heaviness” experienced in parts of the body, and sleep disturbances) (Tsai & Chentsova-Dutton, 2002 in Reilly, 2007), while in others, symptoms are grouped in a less descriptive way (e.g., a sign of “nerves”).

Language barriers

Depression can be a sensitive topic to discuss and a difference in primary language can provide an even greater challenge. For example, some languages or dialects cannot easily translate an equivalent to mental health terms such as *depression* or *resilience*. Some English terms, such as *feeling blue* or *down* may also be difficult to translate. While some words can be explained or described, meaning may be misunderstood.





Discussing depression outside of the family

It is considered inappropriate or taboo in some cultures to discuss depression or mental health issues outside of the immediate family. Some individuals may view it as shameful or dishonorable to discuss personal family issues with school staff (Reilly, 2007). Also, men may respond differently than women to inquiries about their mental health.

Strategies for building cultural sensitivity

Encouraging understanding and growth through good communication practices is essential in building cultural sensitivity. An important starting point is recognizing cultural differences and how much needs to be learned to achieve cultural sensitivity. Consider the following strategies when working with the families you serve:

- **Avoid assumptions** about what a parent needs or how you can help a family. Be sensitive to how culture, race, religion, and sexual orientation influence individual parent and child behavior, perception, communication, and values. Ask the parent how he or she feels about discussing the topic of depression. Be sure you and the family understand one another and have agreed upon common goals. You may need to work much more slowly with certain families or ask the parent if they prefer to discuss the issue with someone other than you.
- **Listen** to how an individual discusses or understands emotional and mental health. The word *depression* can carry a significant stigma. Listen closely to what the parent says and observe body language for cues about how he or she is feeling.
- **Find an interpreter.** If you do not speak the same language, interpreters can provide the means for productive communication. Avoid using children or other family members as interpreters when discussing mental health needs. **Also** remember that culture is far more than language, so finding an interpreter who also understands the culture of the person for whom he or she translates is important. Adjust your vocabulary and complexity of language in order to meet the parent's needs.
- **Be curious but not intrusive.** One of the joys of working with diversity is discovering the many ways children are raised. Every encounter with a parent is an opportunity to learn more about children and how they grow and learn. And yet, it is important to limit your questions to those that truly enable you to support the family. Before asking a question, think about whether it violates that family's privacy. If the private information is still necessary to discuss, help the family member to understand the program's policy on confidentiality.

- **Avoid judgments about family values.** Opinions about family roles and child rearing differ between and within cultures. Do not assume that individuals from the same culture automatically share the same values and view points. When you feel yourself disapproving of a parent's ideas or practices, take a moment to wonder whether your judgment is "the right way" or "my way." There are many ways to parent young children. Your own way is likely to be different than those of families who do not share your cultural background. Also remember that parents may respond to mental health outreach in a variety of ways. Adjust your expectations accordingly.

- **Explore resources that are culturally appropriate** for the family, including medical, community, faith-based, family, and political groups. Primary care physicians can assess the individual's health and offer referrals to other mental health resources. But also, be open to alternatives valued by the family's culture, such as acupuncture, changes in diet, herbal treatments, and exercise.

- **Reach out to the parent.** Invite parents to attend a variety of activities including presentations on topics the parents have identified as important to them. Reach out and ask parents to tell you about the culture from which they come, particularly the strengths and celebrations in that culture. To encourage attendance at mental health workshops and groups, use upbeat language in the title to avoid creating stigma about participation. For example, offering a parent workshop, titled "Reducing Stress in Parenting" may be less threatening and better attended than one called "How Depression Affects Parents," although each might provide an opportunity to educate parents about mental health issues, their effects on children, and resources for treatment and fostering resilience. Offering father workshops or groups focused on men's mental health needs can also expand a program's parent outreach efforts.

- **Make consistent contact.** Say hello to parents each morning, share positive observations about their children, and thank them for their efforts daily. Showing you care can provide comfort and build trust. Let the parent know you are available to talk and offer support.

Parenting a child is challenging under the best of circumstances. Raising a child in a community that holds beliefs and values that are different than one's own can be even more stressful. Head Start staff have the unique opportunity to reach out to parents who may need help in order to be the kind of parent they want to be. Being available to listen and learn from the families served can enable Head Start staff to provide that support in a flexible, sensitive manner.





References:

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Reilly, Nadja. "Cross Cultural Perspectives on Depression." Presentation given at the Family Connections Spring Conference, Cambridge, MA, May 2007.

Additional Resources:

Lozano-Vranich, Belisa. and Jorge Petit. *The Seven Beliefs: A Step-by-Step Guide to Help Latinas Recognize and Overcome Depression*. New York: HarperCollins, 2003. ,

Stevenson, Howard and G. Renard. "Trusting Ole' Wise Owls: Therapeutic Use of Cultural Strengths in African-American Families." *Professional Psychology: Research and Practice* 24, no. 4 (1993): 433-442.

Cervantes, Joseph M, and Oscar Ramirez. "Spirituality and Family Dynamics in Psychotherapy with Latino Children." *In Working with Culture: Psychotherapeutic Interventions with Ethnic Minority Children and Adolescents*, edited by Luis A. Vargas and Joan D. Koss-Chioino, 103-128. San Francisco: Jossey-Bass Publishers, 1992.

Websites:

ACMHS. "Asian Community Mental Health Services." <http://www.acmhs.org/>

eHealth Information Resources. "Mental Health Resources for Native Americans." <http://www.tribalconnections.org/ehealthinfo/mentalhealth.html>

NAMI. "African American Mental Health Resources." <http://www.nami.org/Template.cfm?Section=Resources&Template=/ContentManagement/ContentDisplay.cfm&ContentID=21024>

SAMHSA. "The Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity." <http://mentalhealth.samhsa.gov/cre/default.asp>

SAMHSA. "Culturally Specific Mental Health Resources for Latinos." <http://mentalhealth.samhsa.gov/cre/resource3.asp>

USDHHS. "The Office of Minority Health." <http://www.omhrc.gov/>



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