



Research innovations in cultural psychiatry and public mental health

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EDITORIAL

Research innovations in cultural psychiatry and public mental health

Culture is an important and powerful influence that shapes beliefs, attitudes, expectation and behaviours; so culture, through these mediators may confer greater risk of illness and can also be a protective influence (Napier et al., 2014). This applies to populations as well as patients in contact with services.

Emotional expressions of people from a specific cultural heritage group are better recognized by in-group members rather than by someone from outside the cultural group (Elfenbein & Ambady, 2002). Where there is more cultural mixing and integration, emotional recognition across groups improves (Elfenbein & Ambady, 2002). Culture also colours the expression of distress, and the way it is managed. In this instance the culture of healthcare organizations, team and professional cultures, and the cultural heritage of both the patient and professionals comes into play (Anderson et al., 2003). Variations in the recognition of emotions, attributions of symptoms, diagnosis and interventions are thought to account for inequalities in health status, pathways to care, and outcomes; and these variations may themselves be reproductions of historical imbalances of power and influence (Cooper et al., 2013; Rentmeester, 2012; Vernon, 2011).

Within this complex fabric, clinicians struggle to make best use of research evidence for the effective treatment of mental illness and for preventive work with diverse communities. There are efforts to reduce the focus on race, or even on ethnic group and culture, by emphasizing diversity and equality along a broader agenda. Yet these efforts always return to the way people experience inequality linked to their social identity and the way patterns of inequalities seem to be powerfully clustered into racial, ethnic, and cultural groups, as well as showing trends by age, gender, and socio-economic status. Cultural competence studies have rarely led to recommendations that can be easily implemented, and they are rarely well evaluated or include patient outcomes (Bhui et al., 2007). Public health interventions risk overlooking culture as a determinant of healthy lifestyles, health literacy, and socio-economic status, such that the most disenfranchised benefit least or not at all

(Bhui & Dinos, 2011). The scientific methods to develop and test new interventions, or research to understand how to intervene to reduce inequalities need constant inventive, creative, and well-grounded studies that engage/recruit culturally distinct groups facing inequalities.

This issue of the *International Review of Psychiatry* aims to bring together location, national and international research on culture and mental health, and prevention, assessment, diagnosis and analysis. The research is produced by experienced experts, students, and trainees, and in both a clinical and public health context. The papers include field trials of DSM-5 (Hinton et al.), cultural consultation process as developed in East London (Bhui et al., Owiti et al.), transporting these models of clinical work from Canada (Kirmayer et al., 2003), and placing greater scrutiny on systemic and organizational processes as well as individual professional–patient encounters. Systematic reviews carefully show the relationship between radicalization and psychological functioning, and between migration and mental health (McGilloway et al., Butler et al., Crafa & Warfa). Finally, a PhD student protocol sets out how to undertake the cultural adaptation of an Internet-based suicide intervention for Turkish people, and then test it in a randomized trial design (Eylem et al.). The richness of the contributions in terms of cultural and heritage group settings and context, and research in health systems and population studies shows the importance, but also the complexity of cultural determinants of health status and healthcare, and that culture needs to be central to all health research (Napier et al., 2014).

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