

### Cultural factors and disasters

Disasters, whether manmade or natural, produce psychopathology in the vulnerable individual. Several studies have reported mental health problems after natural disasters such as earthquakes, volcanic eruptions and typhoons. The identification of Post Traumatic Stress Disorder, depression and anxiety, panic disorders, and other mental disorders among the victims varies depending upon cultural, social and economic factors. In addition, the stress on the providers must be taken into account while planning any disaster management.

A complex emergency is a social catastrophe marked by the destruction of the affected population's political, economic, socio-cultural and health care infrastructures. The economic collapse characterises complex emergencies associated with destruction of businesses and hospitals with the displacement of populations to temporary accommodation, which influences work opportunities.

Complex emergencies require complex interventions using a number of parallel strategies. Although natural disasters are more likely to damage health and social services, market networks, and agriculture enterprises, while increasing the demand for all of these. These dynamics therefore make help and care delivery more complex. The shift of responsibility and competence from state government to local networks creates problems of its own.

Every single individual has culture as does every single mental health professional. Thus an understanding of cultural values and factors is the basic first step in understanding what the patient is going through. Clinicians may over or under diagnose illness behaviours if they are not aware of what is seen as normal and what is seen as deviant in that particular culture. Without knowing the norms of the patient's culture the clinician is not always likely to assess cognition and affect. Thus sharing ethnicity and cultural background may help somewhat but it cannot be taken for granted that this would help. Understanding the experiences, the ethnographic accounts and the impact of the patient's cultural peers can help. Knowing the patient's culture's sources of power whether these are political, economic, mythological is useful. An awareness of patient's socio cultural milieu (within which the individual lives and functions) is essential in understanding the idioms of distress, pathways into care and psychopathology and may also help in increasing treatment adherence. Understanding the patient's cultural framework of reference enables the clinician to empathise with the distress. The tendency to project different social images or personality types when using different languages (these could equally be language of clinical transaction). We recognize that for the patients to speak another language (secondary language) may have uncertain consequences for the clinical encounter. Bilingual patients may choose to withhold information if they are interviewed only in their secondary language. They may not be able to express affect easily but may express facts easily.

Cultural framework of reference thus has to incorporate the individual's functioning within which language is a firm part of the identity. The choice of language combined with "medical" or technical language will bring problems of its own.

Certain aspects of the mental state examination cannot be translated e.g. ambivalence, social withdrawal. A critical first step in the clinical encounter is for the mental health professional to identify and recognize the cultural dimension by becoming aware of one's own cultural encumbrances. Patients may well have strong feelings

about their culture and about the culture of the mental health professional they are facing. These feelings can be positive as well as negative.

Cultural relativism relates to the differences in beliefs, feelings, behaviours, tradition, social practices and technological arrangements that are found among diverse people of the world. Using biopsychosocial approaches means that the clinician must be aware of relativist values. By arguing for the importance of specific social and cultural factors in the content, experience, expression or distribution of a psychiatric or other illness a relativist is committed to a qualitative, descriptive and ethnographic approach in understanding the patient's experiences. Understanding social factors such as inequalities in employment or housing and cultural factors such as role of family, child rearing practices, religions and dietary taboos will enable the mental health professional to speak in a language the patient feels comfortable with.

Components of mental health action plan in complex emergencies must include:

- Co-ordination of mental health care
- Assessment and monitoring
- Early intervention phase
- Existing mental health care
- Training and education
- Cultural competence
- Ethics
- Community participation
- Care of the care providers
- Outcome assessment and research

The emphasis on data collection must be not only quantitative measures such as use of culturally appropriate and culturally validated instruments, but also ethnographic qualitative data using key informants and community leaders to explore the impact of the disaster, and also the success of various interventions so that future planning can be accurate and useful.

The magnitude of loss in human emotional and economic terms can only be imagined. However, rebuilding of the communities is already under way and the most significant achievement has been the emphasis on mental health and its re-integration into mainstream health care delivery.

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