

# CURA International Literature Review

(updated: November 2005)

**Note:** The literature review is ongoing. The annotated bibliography will be updated every six months

**Codes:** used to identify documents under the general headings of **Policy (P)**, **Practice (PR)**, or **Theory (T)**

**3** = some information applicable to CURA study

**4** = good ideas, applicable to CURA study, some multicultural notions but still narrowly focused in theme

**5** = innovative ideas, concrete suggestions, broad multicultural focus or significant application to one of five cultural-linguistic communities involved in CURA study

**Numerical codes following the hyphen are for internal library purposes only.**

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Abramsen, T. Trejo, L. & Lai, D.W.L., (2002). Culture and mental health: Providing appropriate services for a diverse older population. *Generations*, 26(1): 21-27.

Explores American notions of culture, mental health and mental health practice with respect to the elderly population. Addresses how a therapist can respond to the needs of an ethnic-minority elder. Looks at appropriate therapy relationship. Emphasizes the heterogeneity that exists within each group, and suggests combine Western modes of treatment with culture-specific approaches. Points to barriers that older adults of ethnic minorities tend to face.

**PR3**

Across Languages & the Ontario Ministry of Citizenship, (2003). *Across Languages translation & interpretation service standards of practice for interpreters*. Retrieved from <http://www.acrosslanguages.org/standards-v3.htm>

Article discusses standards of practice for interpreters in working with ethnic mental health consumers.

Developed for service in London, Ontario, but appropriate for use elsewhere.

**P3-001**

Alfano, E., & Carty, L. (2005). *Integration of primary care and behavioural health: Report on a roundtable discussion of strategies for private health insurance*. Washington, D.C.: Bazelon Centre for Mental Health. Retrieved from <http://www.bazelon.org/issues/general/publications/RoundtableReport.pdf>

Lists barriers to integration of primary and mental health services. Explores what is required to address the problem of a fragmented and uncoordinated service system. Focus on American medical system rather than community.

**P3-046**

Alfano, E., & Koyanagi, C. (2004). *Get it together: How to integrate physical and mental health care for people with serious mental disorders, Executive Summary*. Washington, DC: Bazelon Centre for Mental Health Law.

Focuses on adults and children with serious mental disorders who rely on the public health system for their care. Explores the possibility of integrating physical and mental health care for patients with serious mental disorders. Outlines barriers to effective integration of services. Examines how this integration can take place. Presents four service delivery models for integrated care.

**P4-047**

Allen, L. & Majidi-Abi, S., (2001). African American children. In Gibbs, J.T., Huang, L. N. & Associates (Eds.) *Children of color: Psychological Interventions with culturally diverse youth*. San Francisco: Jossey-Bass, 143-170.

Reviews demographics of African American immigration patterns. Summarizes culture and family traditions as related to provision of mental health services. Suggests that risk factors of poverty and discrimination can affect what African American children are most likely referred to these services for. Describes psychodynamic therapy, behavioural approaches, cognitive therapy, microsystem approaches and prevention programs as preferred for working with African Americans.

**PR3-900**

American Psychological Association. Guidelines for Providers of Psychological Services to Ethnic, Linguistic and Culturally Diverse Populations. Taken from <http://www.apa.org/pi/oema/guide.html>

Outlines a set of guidelines from the American Psychological Association for providing appropriate services to a culturally diverse population. Suggests that service providers need a sociocultural framework to consider diversity of values, interactional styles, and cultural expectation in a systematic fashion. Also points out need for knowledge and skill with regard to multicultural assessment and intervention.

**PR4-067**

American Psychiatric Association, (1997). *Public mental health: A changing system in an era of managed care*. Washington, DC: American Psychiatric Association, Office of Economic Affairs and Practice Management.

Discusses history and evolution of mental health care in the United States, from deinstitutionalization to community mental health system. Also addresses performance measures to be included in mental health policy.

**P3-002**

Anders, S.L. (2003). Improving community-based care for the treatment of schizophrenia: Lessons from Native Africa. *Psychiatric Rehabilitation Journal*, 27(1), 51-58.

Inquires into what Western practitioners can learn from models of care for people with schizophrenia in traditional African communities. Points to a study by the WHO which found that people in developing countries tend to have more symptoms and outcomes of schizophrenia than people in developed countries. Three possible explanations are identified for these more positive outcomes.

**PR4-001**

Angel, R. & Williams, K. (2000). Cultural Models of Health and Illness. In I. Cuellar and F. A. Paniagua. (Eds.), *Handbook of Multicultural Mental Health*. San Diego, CA: Academic Press, 25-44.

Explores the meaning of illness both as psychological and as a social construction. Emphasizes importance of remembering objective cultural features in the study of health. Reminds that we need to appreciate the role of culture and ensure that ethnocentric biases do not take hold. Warns that a cultural determinist perspective is incorrect and that context and personal understandings must be remembered.

**T5-901**

Asian and Pacific Islander American Health Forum (APIAHF), (2001). *Standards for culturally and linguistically appropriate services (CLAS)*, Retrieved from

<http://www.apiahf.org/policy/culturalcompetence/20010401briefCLAS.htm>

Reviews standards required for delivery of culturally and linguistically appropriate mental health care services as recommended by the Office of Minority Health (OMH) in the United States for Asian and Pacific Islanders.

**P3-003**

Bae, S-W., Brekke, J.S., & Bola, J.R., (2004). Ethnicity and treatment outcome variation in schizophrenia. *The Journal of Nervous and Mental Disease*, 623-628.

Outlines a study of cross-ethnic variations in outcomes from community-based interventions for people with schizophrenia. Lists outcomes measured. Confirms that after twelve months, groups showed similar trajectories of improvement, and therefore researchers concluded that interventions were equally effective across the groups.

**PR2**

Barrett, David, (2002). Does Culture Matter? *Society*, 92-96.

Asks what multiculturalism can tell us about mental health interventions. Emphasizes how extensive the differences are between people of different cultures e.g. different cognitive processes. Defines and explains cultural sensitivity. Cites lack of evidence for beliefs that certain therapeutic techniques work better with some cultural groups than with others.

**T4-002**

Barrio, C. (2000). The cultural relevance of community support programs. *Psychiatric Services*. 51(7), 879-84.

Provides a literature review of 72 studies addressing culture and community mental health supports. Derives helpful suggestions for practice and program development from review. Draws out the tensions between Western individualism and the collectivist philosophies of other cultures.

**PR5-002**

Barrio, C., Yamada, A.M., Hough, R.L., Hawthorne, W., & Jeste, D.V. (2003). Ethnic disparities in use of public mental health case management services among patients with schizophrenia. *Psychiatric Services*, September, 54, 1264-1270.

Looks at case services used and rates of usage by ethnic people diagnosed with schizophrenia or schizophrenic disorder. Focuses in particular on European Americans, African Americans and Latino Americans.

**PR2**

Beiser, Morton, (April 2003). Why Should Researchers Care About Culture? *Canadian Journal of Psychiatry*, 48, 154-160.

Asks how researchers can provide accessible and useful information to communities. Explores how communities can move beyond transferred skills and knowledge to become more independent. Emphasizes importance of cultural context, but points out that attempts to discover cultural differences must be balanced with understandings that certain fundamentals transcend all cultural boundaries.

**T5-003**

Bergin, B., (1988). *Equality is the Issue: A Study of Minority Ethnic Group Access to Health and Social Services in Ottawa-Carleton*. Ottawa: Social Planning Council of Ottawa-Carleton.

Outlines the principles and rights of multiculturalism. Specific principles include: Principle of Client Access and Principle of Organizational Access. Emphasizes that disparate access to mental health services in as equality rights issue. Uses the Canadian Charter of Rights and Freedoms to frame this as a public rather than a private issue.

**T2**

Biegel, D.E. (1984). Help seeking and receiving in urban ethnic neighbourhoods: Strategies for empowerment. ). *Journal of prevention and intervention in the community*. 3, 119-143.

Examines the Polish community in Wisconsin. Describes the development of a service delivery model based on engagement with this community. Outlines methods of data collection. Recalls process of defining needs, and reflects on successes.

**PR5-003**

Biever, J.L., Castano, M.T., des las Fuentes, C., Gonzalez, C., Servin-Lopez, S., Sprowls, C. & Tripp, C.G., (2002). The role of language in Training psychologists to work with Hispanic clients. *Professional Psychology: Research and Practice*, 33(3), 330-336.

Models a program designed to train psychologists to provide services in Spanish. Argues that this program is successful in helping participants become more competent and confident at providing service in Spanish.

**PR3**

Boneham, et. al. (1997). Elderly people from ethnic minorities in Liverpool: Mental illness, unmet need and \*barriers to service. *Health and Social Care in the Community*. 5(3), 173-180.

Examines the services used by elderly ethnic minorities with dementia and depression in Liverpool, England. Presents findings which suggests that usage of services is very low. Contends that barriers to service usage can be placed into two categories: lack of knowledge about services, and perception that services are not culturally appropriate. Calls for further work with ethnic communities to ensure culturally appropriate services.

**PR3**

Brown, S.J., Guthrie, M.F. & Shepherd, M., (1999). New community mental health team for acute psychiatric illnesses. *Psychiatric Bulletin*. 23, 143-146.

Examines how effective a community-based acute response service program is in offering short-term treatment of discrete mental health episodes. Uses three outcomes measures: 60 item General Health Questionnaire, the Social Functioning Questionnaire, and the Hospital Anxiety and Depression Scale. Cautions that in the absence of a control group it is hard to assess impact of treatment, but notes that admission to inpatient care is low and return to GP care is high. Data also gathered on various measures of service provisions.

**PR3**

Bruxner, G., Burvill, P., Fazio, S. Febbo, S. (1997). Aspects of psychiatric admissions of migrants to hospitals in Perth, Western Australia. *Australian and New Zealand Journal of Psychiatry*. 31(4), 532-542.

Study examines differences in rates of admission to psychiatric hospitals between Australian immigrants and those born in Australia. Outlines rates of admission for specific disorders and in specific ethno-racial communities. Focuses on Polish, Malaysian and Vietnamese populations.

**PR4-094**

Burman E., Gowrisunkur, J. & Walker, (2003). Sanje Rang/ Shared colours, shared lives: a multicultural approach to mental health practice. *Journal of Social Work Practice*, Vol. 17, No. 1, 63-76.

Addresses the culture of racism and racialization in therapy. Outlines the establishment of intercultural psychotherapy service for SouthEast Asians in North England. Suggests that people benefit from therapy administered in their first language, but that cultural differences may still persist and 'matching' may not always be helpful. Outlines various issues faced in the administration of therapy to minority and ethnic groups. Contends that no single model can resolve all current issues and concerns in multicultural mental health care practice.

**PR4-004**

Busfield, J., (1999). Mental health policy: Making gender and ethnicity visible. *Policy and Politics*, 27(1), 57-73.

Reviews historical trends and changes in 20<sup>th</sup> century mental health policy in Britain. Presents some of the values and agendas behind mental health policies.

**P4-004**

California Department of Mental Health, (2002). *Consolidation of specialty mental health services (Phase II): Plan for culturally competent specialty mental health services*. California: Department of Mental Health. Retrieved from [http://www.dmh.cahwnet.gov/DMHDocs/docs/notices02/02-03\\_Enclosure.pdf](http://www.dmh.cahwnet.gov/DMHDocs/docs/notices02/02-03_Enclosure.pdf)

Discusses standards for cultural and linguistic competency in mental health services in California. Reviews factors: demographics; community profiles; utilization patterns; community needs; and organizational/service providers.

**P3-005**

Campinha-Bacote, J., (2002). Cultural Competence in Psychiatric Nursing: Have you "ASKED" the Right Questions? *Journal of the American Psychiatric Nurses Association*, 8, 183-187.

Article describes a culturally competent psychiatric nursing model that reflects current diagnostic and treatment issues in psychiatric/mental health nursing. Uses the acronym 'ASKED' to describe the five constructs of the model. Points out that cultural competence should be considered to be a continuous and on-going process.

**T5**

Canadian Mental Health Association, (1996). *Cross cultural mental health*. Retrieved from [http://www.cmha.ca/bins/print\\_page.asp?cid=5-33-173&lang=1](http://www.cmha.ca/bins/print_page.asp?cid=5-33-173&lang=1)

Suggests factors to be addressed by mental health policy in order to minimize chances of mental health issues developing among immigrant/refugee populations. These factors are: drop in socio-economic status following migration; inability to speak language of host country; separation from family; unfriendly reception by host population; lack of ethnocultural community support; traumatic experience prior to migration; migrating during adolescence, or after the age of 65. Also recommends examining organizational policies and procedures to eliminate systemic racism.

**P3-006**

Capitman, J., (Fall 2002). Defining Diversity: A Primer and a Review. *Generations*, 8-14.

Inquires into the best way to advance the dignity and well-being of American elders. Asserts that a multicultural approach should recognize and respect cultural differences. Highlights race, ethnicity and other dimensions of diversity; points to the multiple cultural identities. Suggests that we need to learn cultural humility as well as cultural competence.

**T4-004**

Cardemil, E.V. (2002). Preventing paralysis in culture-based research. *Prevention and Treatment*. 5(14).

Examines whether it is possible to take culture into account when doing prevention research. Outlines three barriers to doing research using culture as a major construct.

**PR2**

Carter, R., (January 2003). Becoming Racially and Culturally Competent: The Racial-Cultural Counselling Laboratory. *Journal of Multicultural Counselling and Development*, Vol. 31, 20-30.

Provides a model for Racial-Cultural Counselling Competence in the United States. Students of this model are taught to locate themselves as members of gender, racial, social class, religious, and ethnic groups, and to understand that these identifies serve as both barriers and resources. Discusses that competence in counselling is not possible without competence in culture.

**T4-005**

Central South Mental Health Implementation Task Force. (2002). *Making recovery happen: A report of the Central South Mental Health Implementation Task Force*. Canada: Central South Mental Health Implementation Task Force.

Presents values and principles guiding a Canadian recovery-oriented system. Addresses constraints and barriers to system changes. Looks at coordination and integration for cultural competency of services. Addresses need for clarification of responsibility among different levels of government. Discusses funding and the need for protecting it. Also looks at shame and stigma as reasons why ethnic groups don't seek help. Presents some complicating factors faced by immigrant populations, particularly women, children/youth, and elderly populations.

**P4-007**

Chen, H., Kramer, E.J., & Chen, T. (2003). The Bridge Program – A model for reaching Asian Americans. *Psychiatric Services*. 54(10), 1411-1412.

Describes the Bridge Program in New York. Outlines the ways in which this program integrates mental health services into primary care settings. Explores a broad range of interventions, and provides indicators of success.

**PR4-064**

Chew-Graham, Bashir, Chantler, Burman, & Batsleer (2002). South-Asian women, psychological distress and self-harm: Lessons for primary care trusts. *Health & Social Care in the Community*. 10(5), 339-347.

Taken from a larger study which investigates service responses to attempted suicide and self-harm by South Asian women in England. Conveys perspectives of Asian women on mental-health distress, suicide attempts and self-harm. Comments on barriers preventing access to service. Outlines four themes of understanding about what causes or leads to distress and self-harm. Suggests ways to improve service to South Asian women.

**PR4-005**

Chin, J.L., (2005). Assessment of cultural competence in mental health systems of care for Asian Americans. In K. Kurasaki, S. Okazaki, & S. Sue (Eds.), *Asian American Mental Health*. The Netherlands: Kluwer Academic Publishers.

Presents factors to be considered when assuming the cultural competence of mental health care systems for Asian Americans: access, utilization and quality. Recommends organizational, needs and usage assessments for minority groups. Suggests that ethnic consumers participate in policy decisions.

**P3-008**

Chin, J. L., De La Cancela, V., & Jenkins, Y. M. (1993). Diversity in Psychotherapy: Examination of Racial, Ethnic, Gender, and Political Issues. In J.L. Chin, V. De La Cancela, and Y. M. Jenkins. (Eds.), *Diversity in Psychotherapy: The Politics of Race, Ethnicity, and Gender*. Westport, CT: Praeger, 5 – 15.

Looks at specific differences when therapist's gender and ethnicity differ from client's, and crucial elements of client social and personal esteem. Looks for ways to further enhance this self-esteem. Also warns that therapists who are a-political may support the status quo and minimize social inequities faced by clients. Suggests that social inaction support institutional racism and therefore change should be pursued at both the macro and micro level.

**T5-007**

Chin, J.L., (2003). Multicultural competencies in managed health care, In D. Pope-Davis, H.L.K. Coleman, W.M. Liu, & R.L. Toporek (Eds.), *Handbook of Multicultural Competencies*. California: Sage Publications.

States that organizations should be held accountable for low standards of care. Provides recommendations for ensuring cultural competency in American systems of care and providers. Identifies need to address competencies in terms of systems, services and providers.

**P3-009**

Chin, J. L. (1993). Toward a Psychology of Difference: Psychotherapy for a Culturally Diverse Population. In J.L. Chin, V. De La Cancela, and Y. M. Jenkins. (Eds.), *Diversity in Psychotherapy: The Politics of Race, Ethnicity, and Gender*. Westport, CT: Praeger, 69-91.

Asserts need to qualitatively compare ethnic groups; points to inappropriateness of quantitative, scientific method and deduction in apprehending cultural experience. Highlights need for ethno-specific services that use cultural values and beliefs in diagnosis and treatment. Says that clients should be strengthened and empowered, and their worldview should be honoured rather than superseded by the worldview of the therapist.

**T5-006**

Chowdhury, A. N., Chakraborty, A. K., & Weiss, M.G., (2001). Community mental health and concepts of mental illness in the Sundarban Delta of West Bengal, India. *Anthropology & Medicine*, 8(1): 109-129.

Outlines an exploratory study that investigated local perceptions and meanings of mental health problems in rural Indian communities. Discusses attempts to establish mental health care facilities in the Sundarban region. Suggests that mental health is neglected in India, where those afflicted are treated either by non-medical lay persons or are shunned. Explores Indian view that mental health is not curable through medicine. Emphasizes the importance of working within a community for interaction, dialogue and eventually, understanding.

**PR3**

Christopher, Christopher & Dunnagan, (2000). Culture's impact on health risk appraisal psychological well-being. *American Journal of Health Behaviour*, 24(5): 338-348.

Examines the extent to which American culture influences perceptions of psychological well being. Affirms that culture determines how we define, consider and understand mental health. Asserts that health practitioners should incorporate cultural differences and understandings when designing measures of psychological well being.

**PR3**

Cowan, C. (2001). The mental health of Chinese people in Britain: An update on current literature. *Journal of Mental Health*. 10(5), 501-511.

Inquires as to what is known about the mental health of the British Chinese population. Outlines knowledge specifically with regard to comparative rates of psychiatric disorder, mental health service usage and barriers to service usage. Also makes recommendations for service.

**PR4-006**

Cross, T., (2003). Culture as a resource for mental health. *Cultural Diversity & Ethnic Minority Psychology*, 9(4): 354-359.

Discusses the possibility of using culture as a resource for theory, self-helping, healing, wellness, mental health and clinical practice. Suggests that professional thinking about culture should be reframed from notions of culture as problematic to viewing it as an asset for healing and wellness.

**PR3**

Cuellar, I. (2000). Acculturation and Mental Health: Ecological Transactional Relations of Adjustment. In I. Cuellar and F. A. Paniagua. (Eds.), *Handbook of Multicultural Mental Health*. San Diego, CA: Academic Press, 45-62.

Most contributors reside in the USA, but there are some pieces by authors from Mexico, Spain and the Dominican Republic. Asserts that mental health professionals need to resolve cultural conflicts and assist with acculturation. Defines acculturation as an ecological and transactional process. Outlines four modes of acculturation. Warns that marginalization can contribute to mental illness. Discusses cultural conflict. Calls for reflection on the impact of social problems on minorities, and for promotion and prevention.

**T5-901**

Curtis, P.A., (1990). The consequences of acculturation to service delivery and research with Hispanic families. *Child and Adolescent Social Work*. 7(2), 147-159.

Examines the consequences of acculturation to delivery of mental health care services. Also examines the consequences of acculturation when working with Hispanic research participants. Cites four areas where acculturation is impactful.

**PR3**

Dai, Y., Zhang, S., Yamamoto, J., Ao, M., Belin, T.R., Cheung, F., & Hifumi, S.S., (1999). Cognitive behavioural therapy of minor depressive symptoms in elderly Chinese Americans: A pilot study. *Community Mental Health Journal*. 35(6), 537-542.

Outlines an experiment done to discover if a cognitive behavioural psycho-educational program is successful in reducing depression among older Chinese Americans. Confirms that the program was successful in reducing depression after an eight-week intervention. Explains scales used to measure depression.

**PR2**

Dana, R.H., Behn, J.D. & Gonwa, T. (1992). A checklist for the examination of cultural competence in social agencies. *Research on Social Work Practice*. 2(2), 220-233.

Explores which items should be used in a checklist to assess cultural competence. Defines and expands on the concept of cultural competence. Calls on a 700 item annotated bibliography and extensive content analysis in defining cultural competence.

**PR5-008**

Dana, R.H., & Matheson, L. (1992). An application of the agency cultural competence checklist to a program serving small and diverse ethnic groups. *Psychosocial Rehabilitation Journal*. 15(4), 101-105.

Describes the Ethnic Minority/Refugee Mental Health Program of the Spokane Community Mental Health Centre, which is a multicultural program provided in a community with 6% minority population. Defines 'minority' as African American, Native American, Southeast Asian and Hispanic.

**PR4-007**

Dana, R.H. (1998). Problems with managed mental health care for multicultural populations. ). *Psychological Reports*, 83, 283-294.

Investigates whether "managed care" is appropriate for the delivery of mental health services to minority populations. Argues that managed care has reduced the type of interventions approved for funding. Suggests that since most research in this area has been done on people of European decent, this may not be applicable to minority communities. Calls for further research and advocacy.

**PR2**

De La Cancela, V. (1993). A Progressive Challenge: Political Perspectives of Psychotherapy Theory and Practice. In J.L. Chin, V. De La Cancela, and Y. M. Jenkins. (Eds.), *Diversity in Psychotherapy: The Politics of Race, Ethnicity, and Gender*. Westport, CT: Praeger, 93-115.

Confirms the impact of political and economic forces; places value in challenging status quo and integrating activism and lobbying with service. States that therapists should be trained as agents of change who move themselves and their clients beyond the dominant social order. Argues that therapy is not politically neutral and therefore political awareness should be facilitated in clients. Suggests that community as well as individual health and well-being should be fostered.

**T5-008**

Delgado, M. & Scott, J.F. (1979). Strategic intervention: A mental health program for the Hispanic community. *Journal of Community Psychology*, 7, 187-197.

Looks into the Strategic Intervention Model as found in Worcester, Massachusetts.

**PR5-009**

Denton, M. Prus, S. & Walters, V., (2004). Gender differences in health: A Canadian study of the psychosocial, structural and behavioural determinants of health. *Social Science and Medicine*, 58, 2585-2600.

Examines the relative importance of structural, behavioural, and psychosocial factors as pertaining to gender differences in mental and physical health. Examines the relationship between these factors. Suggests that women react differently than men to similar experiences.

**PR2**

Department of Justice, Canada, (2004). *Canadian Multiculturalism Act, R.S., 1985, c.24 (4<sup>th</sup> Supp.)*. Retrieved from <http://laws.justice.gc.ca/en/C-18.7/32217.html>

Provides Canada's official multicultural legislation, explaining what Multicultural Act safeguards and how this can be implemented. Does not refer directly to mental health, but some of the multicultural policies could be interpreted to include expansion of mental health services within multicultural context.

**P3-010**

Diller, J., (2004). Children and Parents of Color. In J. Diller, *Cultural Diversity: A Primer for the Human Services (2<sup>nd</sup> Ed.)*, 9-27. Albany, NY: Wadsworth Publishing, 79-105.

Observes that forces in the American social environment often negatively impact people of color requiring creative intervention. Emphasizes need for empowerment approach for development of self-worth and resiliency. Claims that while racism and prejudice can powerfully impact the lives of children, race and racial identity become most salient during adolescence.

**T3-902**

Diller, J. (2004). Mental Health Issues. In J. Diller *Cultural Diversity: A Primer for the Human Services (2<sup>nd</sup> Ed)*, Albany, NY: Wadsworth Publishing, 106-128.

Thoroughly explores connection between ethnic identity and mental health, including feelings, personal identity, self-image, meanings and personal experience. Establishes the danger of negative or ambivalent ethnic identity in contributing to mental health problems. Stresses need to understand process of identity development. Asserts that treatment can and should include ways to instill positive ethnic identities.

**T4-902**

Diller, J. (2004). Understanding Culture and Cultural Differences. In J. Diller *Cultural Diversity: A Primer for the Human Services (2<sup>nd</sup> Ed)*, Albany, NY: Wadsworth Publishing, 58-78.

Discusses culture as a paradigm and how it functions. Observes that social scientists seem more comfortable discussing differences in terms of culture than in terms of race. Notes differences between Western and non-western worldviews, but points out that definitions of mental health seem to be bound to North European and Western ideas. Puts forth some traditional cultures that have been lost from the Western world. Outlines three current trends for models that are transcending the Northern European helping paradigm.

**T5-902**

Diller, J. (2004). What it Means to be Culturally Competent. In J. Diller, *Cultural Diversity: A Primer for the Human Services (2<sup>nd</sup> Ed.)*, 9-27. Albany, NY: Wadsworth Publishing, 9-27.

Provides an American perspective on what it means to be culturally competent. Lists characteristics of a culturally competent care system. Provides overview of skill areas relevant to cultural competence. Stresses the difficult and emotional nature of moving towards cultural competence and making a qualitative shift in one's thinking.

**T5-902**

Dunn, S., Pottie, K., & Mazzeo, M. (2000) Central American Immigrant Men and Mental Health: Problems with your nerves? What can you do? Report prepared for Citizenship and Immigration Canada, Ontario Administration of Settlement and Integration Services, York Community Services.

Explores how Central American men adjust to living in Toronto, and how this affects mental health and well-being. Outlines theoretical and applied contributions of project. Examines health experiences of Central American men since immigrating to Canada. Provides recommendations for health services.

**PR4-056**

Eapen, S. (2003). Culturally appropriate best practice models for healthy ageing. Canadian Ethnocultural Council. Retrieved from [www.ethnocultural.ca](http://www.ethnocultural.ca)

Explores how 'healthy ageing' is defined. Examines a variety of factors in ageing healthfully. Looks at mainstream as well as culturally specific ways to manage ageing and well-being. Explores how older ethnic adults can be involved in the community. Proposes a number of strategies for best practice.

**PR3**

Elizur, Y., Wahrman, O. & Freedman, L., (1999). Cultural systemic therapy on the kibbutz: Community and family-based treatment of anorexia nervosa. *Clinical Psychology Review*. 19(8), 969-985.

Examines whether cultural systemic therapy can be implemented within the Israeli kibbutz to address the problem of anorexia nervosa; also examines how this would work. Uses the example of anorexia nervosa to describe how culturally sensitive family therapy can take local context into account, thereby changing narratives of pathology and interaction patterns which may contribute to problem maintenance.

**PR2**

Elmi, A. S. (1999). *A study on the mental health needs of the Somali community in Toronto*. Toronto: York Community Services.

Examines the types of mental health problems affecting the Somali community in Toronto. Observes that for many Somali, mental health is illusive because of their experiences with war, internal displacement, and emigration. Explores the difficulties Somalis experience with service utilization, variety of existing mental health services and programs, and models for mental health promotion. Provides detailed recommendations for improving access to community mental health services.

**PR5-010**

Eltaiba, N., (2005). Religion and Spirituality and the Promotion of Social Inclusion for Individuals with Mental Health Problems Within Muslim Communities. *Synergy*, Vol. 1. Retrieved from <http://www.mmha.org.au/MMHAPublications/Synergy/2005No1/religionspirituality>

Written about general concepts but places particular focus on Australian Muslims. Looks at the role that religion and spirituality should play in mental health care practice, given that religion and spirituality are particularly important to those of non-western descent. Understanding of a client's religion and spirituality is crucial for understanding client's explanatory model of the world.

**T4-012**

Enrique, J. & Cuellar, B., (2004). Internally displaced Colombians: The recovery of victims of violence within a psychosocial framework. In Miller, K.E. & Rasco, L.M., (Eds.) *The mental health of refugees: Ecological Approaches to healing and adaptation*. Mahwah, N.J.: Lawrence Erlbaum, 229-262.

Explores the AVRE Program, which is a psychosocial multi-component program for those affected by violence. Focuses on training programs for Popular Therapists and Multipliers of Psychosocial Action, Mental Health and Human Rights. Clarifies that the goal is "emotional recovery and the reconstruction of the social fabric".

**PR2-903**

Ensink, K., Robertson, B.A., Zissis, C., Leger, P. & de Jager, W., (1997). Conduct disorder among children in an informal settlement: Evaluation of an intervention program. *South African Medical Journal*. 87(11), 1533-1537.

Outlines a study that evaluated the effectiveness of a twelve-week intervention program for conduct-disordered boys ages ten to sixteen. Uses New York Teacher Rating Scale (NYTRS) and selected modules of the Diagnostic Interview Schedule for Children (DISC). Concludes that this community-based program was successful in treating delinquent behaviour among boys and should be considered as part of national violence prevention programming.

**PR2**

Fandetti, D.V. & Gelfand, D.E. (1978). Attitudes towards symptoms and services in the ethnic family and neighbourhood. *American Journal of Orthopsychiatry*, 48(3), 477-486.

Explores who Polish and Italian immigrants consult when having mental health struggles. Observes that extended family is often consulted, as mental health professionals are often not seen as appropriate helpers. Examines implications of this on community mental health services.

**PR3-066**

Fernando, S. (1991). Mental Health and Mental Disorder. *Mental Health, Race, and Culture*. (1991). New York, NY: St. Martins Press, 75-109.

Examines mental health from a multicultural perspective on an international scale. Examines what mental health care is in a world context, with attention to issues such as medication and the alleviation of personal distress. Draws out the relationship between culture, history and politics as pertaining to mental health and as shaping worldviews.

**T5-013**

Fernando, S. (1991). Mental Health for All. *Mental Health, Race and Culture*. (1991). New York, NY: St. Martins Press, 189-209

Provides commentary on Western ideas regarding how other cultural traditions understand and perceive mental health. Suggests the need for universally relevant mental health conceptualizations and care. Works towards a redefinition and restructuring of mental health. Examines the role of policy in the promotion of mental health. Explores the relationship between spirituality and mental health. Concludes with a philosophy of race and culture as they pertain to both mental health and human nature.

**P4-011**

Filinson, R. (1992). Ethnic ageing in Canada and the United States: A comparison of social policy. *Journal of Ageing Studies*, 273-287.

Looks at differences in how research on older adults and ethnicity in Canada and the United States is conceptualized. Concludes that while in Canada research is organized around the concept of 'ethnicity', it is organized around the concept of 'minority' in the United States. Notes that while there is extensive ideological difference between the two countries, differences are much fewer when it comes to actual practice.

**PR2**

Fontes, L.A., (2005). *Child Abuse and Culture*. New York: Guilford Press.

Assesses what it means to be culturally competent in child maltreatment work. Suggests variations in cultural practices that child welfare workers need to be aware of when ascertaining whether a child has been physically/sexually abused.

**PR2**

Foster, R.P., (2001). When Immigration is Trauma: Guidelines for the Individual and Family Clinician. *American Journal of Orthopsychiatry*, 71(2): 153-170.

Inquires into how American clinicians might intervene with immigrants so that they adjust to their new environments and move onto to productive lives. Contends that language is an important part of memory and trauma. Suggests that ethnocentric bias is a prevalent problem in clinical practice.

**PR3**

Gagnon, A.J. (2002). *Responsiveness of the Canadian health care system towards new comers: Discussion Paper No. 40*. Ottawa: Commission on the Future of Health Care in Canada.

Discusses Canadian health care system response to needs of newcomers. Addresses different settlement needs and explains that different administrative classifications determine access (or lack thereof) to government, health and social services. Asserts that Canadian policy should address linguistic and cultural barriers as leading to underrepresentation of women and minorities in health care systems. Discusses problems of foreign credentials.

**P4-012**

Gamst, Dana, Der-Karabetian, Aragon, Arellano, & Kramer (2002). Effects of Latino acculturation and ethnic identity on mental health. *Hispanic Journal of Behavioural Sciences*. 24(4), 479-504.

Based on an American research program regarding cultural competence in general, with specific emphasis on Latino populations. Examines many factors for their effect on clinical outcomes e.g. client age and acculturation status. Distinguishes between Mexican and Anglo-oriented Latinos with respect to mental health disorders and outcomes, and suggests that Anglo-oriented Latinos fare more poorly in these two respects. Outlines many results of the study, and contends that findings support the expected positive relationship between acculturation and mental health.

**PR4-011**

Geron, S., (2002). Cultural Competency: How is it measured? Does it make a difference? *Generations*, 26, 39-45.

Examines the import of cultural competency with respect to a multicultural ageing American population. Places primacy on establishing a clear and consensual definition of cultural competence. Examines criteria for knowing how clinical interactions are culturally competent as well as how and to what extent cultural competence training enhances service outcomes.

**T2**

Gibbs, J.T., Huang, L. N. (2001). A conceptual framework for the psychological assessment and treatment of minority youth. In Gibbs, J.T., Huang, L. N. & Associates (Eds.) *Children of color: Psychological Interventions with culturally diverse youth*. San Francisco: Jossey-Bass, 1-32.

Looks at the central issues in the assessment and treatment of children and adolescents from six ethnocultural groups: African American, Chinese, Japanese, Mexican American, Puerto Rican, and American Indian. Proposed framework draws on three theoretical perspectives: developmental, ecological and cross-cultural. Argues that ethnicity, race and class are central to our understanding of minority youth. Includes five domains central to all assessments.

**PR4-900**

Gibbs, J.T., (2001). African American adolescents. . In Gibbs, J.T., Huang, L. N. & Associates (Eds.) *Children of color: Psychological Interventions with culturally diverse youth*. San Francisco: Jossey-Bass, 171-214.

Examines what is known about attending to African American adolescents and their families when the adolescent has been identified as having mental health issues. Reviews demographic, historical, political, social, cultural and familial factors as they relate to mental health. Since no wide-scale epidemiological studies have been done, results are summarized from of smaller community and clinical studies. Discusses culturally appropriate individual, family, group and crisis intervention approaches.

**PR3-900**

Gibbs, J.T., Huang, L. N. & Associates. (2001). *Children of color: Psychological Interventions with culturally diverse youth*. San Francisco: Jossey-Bass.

Looks at the central issues in the assessment and treatment of children and adolescents from six ethnocultural groups: African American, Chinese, Japanese, Mexican American, Puerto Rican, and American Indian.

**PR4-900**

Gilbert, J., (2002). Cross-cultural issues in counselling skills training: Lessons from Lesotho. *Journal of Social Development in Africa*, 17(1): 123-135.

Examines whether counselling skills and training originated in Europe and North America can have any value in the vastly different African culture, and whether this training should be modified in any way to become more valuable. Points out the Counselling theory should be informed by understanding many culturally divergent concepts of 'self'. Suggests that Counselling theories can be used across cultures, but only after certain steps have been taken.

**PR3**

Giordana, J., & Levine, M. (1975). Mental health and Middle America. *Mental Health*. 59(4), 26-31.

Examines the needs of 'white ethnic' Americans: those of Italian, Irish, Greek and Polish origin. Clarifies that the problems of white ethnics tend to be associated with values of self-sufficiency and family-community coherence. Proposes a culturally appropriate model of mental health care.

**PR3**

Gonzalez-Ramos, G., & Sanchez-Nester, M. (2001). Responding to immigrant children's mental health needs in the schools: Project Mi Tierra/ My Country. *Children & Schools*. 23(1), 49-62.

Case study of an American program started to address the psychological and social needs of immigrant children, particularly Latino children in elementary school. Seeks fuller understanding of the immigrant experience, especially from the child's point of view. Observes that Latinos often underuse available services, but were very responsive to the school-based program. Points out need for prevention measures to combat the stress of migration. Outlines the four main components of the program. Emphasizes the need for negotiation between two cultures and for listening to the narratives of immigrant children.

**PR4-014**

Good, M. J., James, C., Good, B. J., & Becker, A., (2002). The Culture of Medicine and Racial, Ethnic, and Class Disparities in Healthcare. In B. D. Smedley, A. Y. Stith, and A. R. Nelson (Eds.), *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, D.C.: National Academies Press, 594-625. Retrieved from <http://books.nap.edu/catalog/10260.html>

Suggests that medical and health care disparities exist in part because of the socialization of medical students. Emphasizes the danger of reducing a patient to presenting psychological condition and forgetting about social context. Explores role of ethnicity and race of medical students and staff in providing care. Laments the narrow nature of traditional bio-medical interventions. Asks where disparities in care originate and which interventions have been most successful. Cautions that with some clients, social situations may outweigh any presenting clinical problems.

**T3**

Goode, T.D. (1999). *Planning, implementing, and evaluating culturally competent service delivery systems in primary health care settings: Implications for policy makers and administrators*. Washington, D.C.: National Center for Cultural Competence.

Looks at what is needed to assist programs and organizations in implementation of policies, practices and procedures that support cultural competence. Checklist developed by American National Center for Cultural Competence to help programs and organizations in conducting self-assessments.

**P3-013**

Goode, T.D., & Jackson, V., (2003). *Getting Started...and Moving On...Planning, implementing, and evaluating cultural and linguistic competency for comprehensive community mental health services for children and families*. Retrieved from [http://gucchd.georgetown.edu/nccc/documents/Getting\\_Started\\_SAMHSA.pdf](http://gucchd.georgetown.edu/nccc/documents/Getting_Started_SAMHSA.pdf)

Looks at how proficiency in cultural competence can be incorporated at the levels of policy, administration, practice, service delivery, and consumer/family engagement. Points to need for action plan and resources for development of cultural and linguistic competence.

**P3-014**

Goodkind, J., Hang, P. & Yang, M. (2004). Hmong refugees in the United States: A community-based advocacy and learning intervention. In Miller, K.E. & Rasco, L.M. (Eds.) *The mental health of refugees: Ecological Approaches to healing and adaptation*. Mahwah, N.J.: Lawrence Erlbaum, 295 – 334.

Examines the impact of the Refugee Well-Being Project quality of life, satisfaction with resources, English proficiency and knowledge for US citizenship test of Hmong refugees.

**PR5-903**

Gopaul-McNicol, S., (1997). The Role of Religion in Psychotherapy: A Cross-Cultural Examination. *Journal of Contemporary Psychotherapy*, 27, 37-48.

Discusses the role of religion in multicultural mental health care, particularly as pertaining to African Americans. Asserts that religion and spirituality must have a role in psychotherapeutic treatment, particularly as they are also important in the development of the psyche. Warns that ignoring spirituality may result in misdiagnosis and mistreatment. Suggests that clients will be more receptive to treatment if their spiritual needs are attended to. Emphasizes the importance of spirituality as providing a sense of belonging and relief from distress and pain. Reminds us that traditional models integrate mind, body and spirit in their healing approaches. Criticizes the reluctance in health care systems to incorporate religious and spiritual aspects into regular modes of treatment.

**T4-014**

Gozdziak, E. (2004). Training refugee mental health providers: Ethnography as a bridge. *Human Organization*, Vol. 63, No. 2, 203-209.

Analyzes Western whether training programs and examines whether adequately prepare mental health professionals for serving in diverse refugee populations. Explores the potential contributions of anthropology. Suggests that the Western medicalization of human suffering may not be a positive thing. Contends that ethnography might be the bridge between multicultural mental health care practice and clients/refugees.

**PR4-016**

Grantmakers in Health Resource Center, (2003). *Mental health grantmaking in a multicultural context*. Retrieved from [http://www.gih.org/usr\\_doc/mental\\_health\\_multicultural.pdf](http://www.gih.org/usr_doc/mental_health_multicultural.pdf)

Asks how American grantmakers can address the mental health needs of multicultural populations. Specifies issues that funding initiatives should address. Looks at funding as an important component of policymaking e.g. may be used towards a particular political agenda.

**P3-015**

Guerin, B., Abdi, A. & Guerin, P. (2003). Experiences with the medical and health systems for Somali refugees living in Hamilton (NZ). *New Zealand Journal of Psychology*, 32(1), 27-32.

Summarizes reported health status and barriers to service utilization of Somali refugees in Hamilton, New Zealand. Explains that while reports of health and services useage were generally positive, other factors such as language, medical costs, and transportation were posing some difficulty. Particular emphasis was placed on language, and speculation was put forth regarding a possible need for Somali nurses. Results were presented in the categories of perceptions of good vs. poor health, family organization of health, and general practitioners and medical supervision.

**PR4-060**

Guerin, B., Guerin, P., Diiriye, R.O. & Yates, S. (2004). Somali conceptions and expectations concerning mental health: Some guidelines for mental health professionals. *New Zealand Journal of Psychology*. 33(2), 59-67.

Describes cultural and religious issues influencing Somali conceptions about mental health. Observes that while views are diverse, only the most severe cases are seen as true mental illness. Observes further that few Somalis make the connection between war-related trauma and current mental health difficulties. Cites familial and settlement issues as causing mental health problems. Describes traditional practices undertaken to facilitate healing.

**PR5-017**

Gulbinat, W., Manderscheid, R., Baingana, F., et al. (2004). The International Consortium on Mental Health Policy and Services: Objectives, design and project implementation. *International Review of Psychiatry*, 16 (1-2), 5-17.

Identifies need to address the gap between mental health service deliverers, policy experts, politicians and economists. Suggests need to balance right to individual liberty with rights to treatment and community safety. Suggests importance of policy leaders working within mental health services and interventions. Points to evidence as a way for advocates to influence economists and policy makers. Lists countries that have had success in mental health reform.

**PR4-016**

Guruge, S. & Khanlou, N. (2004). Intersectionalities of influence: Researching the health of immigrant and refugee women. *Canadian Journal of Nursing Research*, 36(3), 33-47.

Explores how research on the health of immigrant women should be approached. Draws from postcolonial and feminist perspectives to conceptualize “intersectionalities of influence” related to health of immigrant women. Identifies the ecological perspective as a useful framework, and PAR as an appropriate research method.

**PR4-018**

Hatfield, B., Mohamad, H., Rahim, Z. & Tanweer, H. (1996). Mental health and the Asian communities: A local survey. *British Journal of Social Work*. (26), 315-336.

Explores the views of Asian people in relation to mental health issues. Specific groups examined are those of Bangladeshi, Pakistani, Indian, East African Asian origin. Examines more specifically a) perceptions of appropriate service b) feelings about availability and accessibility of service c) assessment of cultural acceptability of these services. Notes that findings challenge common assumptions about how mental health issues are understood and responded to the Asian community. Identifies a range of service needs, many of which are culturally specific.

**PR4-019**

Hayes-Bautista, D.E., Hsu, P., Perez, A., & Gamboa, C., (2002). The ‘browning’ of the greying of America: Diversity in the elderly population and policy implications. *Generations*, Fall, 15-24.

Cites Latino, Asian Pacific Islanders, African American and Native populations to show that increasing diversity in the elderly population has policy implications in the United States. Suggests that policy and health/support service for minority populations is usually based on a ‘minority health disparity model’. Points out that race and ethnicity correspond with health disparities in the American population. Recommends that language, education and poverty be policy considerations. Points to the impact of policies in force at time of arrival in the United States.

**P3-017**

Health and Welfare Canada and Multiculturalism and Citizenship Canada. (1988) *After the door has been opened: Mental health issues affecting immigrants and refugees in Canada – Report to the Canadian Task Force on Mental Health Issues affecting immigrants and Refugees*. Ottawa: Health and Welfare Canada and Multiculturalism and Citizenship Canada.

Article outlines mental health issues affecting immigrants and refugees with particular focus on children and youth, women, seniors and victims of torture/war. Describes multicultural policy in Canada and asks what is needed to improve mental health care services for ethnic groups. Contends that immigrants often seek mental health treatment outside of conventional systems in accordance with their beliefs. Also notes that conventional systems are often ineffective for ethnic consumers. Identifies policy needs such as equal opportunity hiring practices for ethnic practitioners. Suggests that since ethno-specific mental health care is not feasible, focus on big picture of needed. Proposes advisory board for co-ordination and monitoring of multicultural mental health service.

**P5-018**

Herrick, C., Brown, H.N. (1999). Mental disorders and syndromes found among Asians residing in the United States. *Issues in Mental Health Nursing*. 20, 275-296.

Explores whether mental illness symptom presentation is different among Asian Americans than among other cultural groups. Defines culturally based syndromes, and names and discusses some which are specific to Chinese, Japanese, Vietnamese and south-eastern Asians. Mentions depression, post-traumatic stress disorder, suicide, and alcoholism, but doesn’t really discuss schizophrenia or other disorders. Outlines most typical interventions. Presents guidelines for culturally appropriate practice.

**PR4-020**

Hosley, C., Gensheimer, L., Yang, M., (2003). Building effective working relationships across culturally and ethnically diverse communication. *Child Welfare*, 82(2): 157-168.

Describes implementation of two American mental health and substance abuse prevention service models catered to various multicultural groups. Outlines focus on collaboration and partnership building. Alleges that it hard to sustain programs when initial government funding tends to dry up. Provides recommendations for promoting effective cross-cultural collaboration.

**PR3**

Huang, L.N., (2001). South Asian refugee children and adolescents. In Gibbs, J.T., Huang, L. N. & Associates (Eds.) *Children of color: Psychological Interventions with culturally diverse youth*. San Francisco: Jossey-Bass, 264-304.

Examines what is currently known about how to work with Vietnamese and Cambodian children, adolescents and families when the child/teen has been identified as having mental health problems. Reviews demographics of South Asian American immigrants, provides a history of the migration of Vietnamese and Cambodian immigrants, and summarizes cultural and family traditions as related to provision of mental health services. Presents results from several large-scale studies as well as smaller case studies.

**PR4-900**

Huang, L.N. & Gibbs, J.T., (2001). Future directions: Implications for research, training and practice. In Gibbs, J.T., Huang, L. N. & Associates (Eds.) *Children of color: Psychological Interventions with culturally diverse youth*. San Francisco: Jossey-Bass, 356-387.

This is a chapter from a book. Examines how information presented in previous chapters has implications for research, training and practice. Identifies four themes in the literature reviewed. Proposes a model for mental health intervention that can be used in diverse communities.

**PR4-900**

Huang, L.N. & Gibbs, J.T. (2001). Multicultural perspectives on two clinical cases. In Gibbs, J.T., Huang, L. N. & Associates (Eds.) *Children of color: Psychological Interventions with culturally diverse youth*. San Francisco: Jossey-Bass, 333-355.

Explores whether there will be differences in referral, assessment and treatment issues identified by clinicians of different ethnic backgrounds. Outlines an experiment conducted with clinicians where symptoms were held constant, but ethnic and racial details were changed to align with practitioner doing the assessment. Notes that all clinicians adopted an ecological model and considerable emphasis was placed on familial and cultural environments.

**PR3-900**

Huang, L.N. & Ying, Y., (2001). Chinese American children and adolescents. In Gibbs, J.T., Huang, L. N. & Associates (Eds.) *Children of color: Psychological Interventions with culturally diverse youth*. San Francisco: Jossey-Bass, 33-67.

Establishes what we know about working with Chinese children, adolescents and families when the child/teen has been identified as having mental health problems. Reviews demographics of Chinese Americans and their immigration patterns. Summarizes cultural and family traditions as they relate to provision of mental health services. Summarizes several studies that suggest that Chinese children/ adolescents are underrepresented in mental health system. Discusses disorders that Chinese children and youth are most likely to present with. Presents a framework of questions to ask when assessing Chinese American children. Offers advice regarding how best to work with the family system.

**PR4-900**

Hubbard, J. & Miller, K.E. (2004). Evaluating ecological mental health interventions in refugee communities. In Miller, K.E. & Rasco, L.M, (Eds.) *The mental health of refugees: Ecological Approaches to healing and adaptation*. Mahwah, N.J.: Lawrence Erlbaum, 337-374.

Explores our current knowledge of how best to evaluate ecological mental health programs for people displaced by political violence. Offers advice on a number of concerns, such as implementation of ecological mental health programs and use of qualitative and quantitative data.

**PR5-903**

Hubbard, J. & Pearson, N., (2004). Sierra Leonean refugees in Guinea: Addressing the mental health effects of massive community violence. In Miller, K.E. & Rasco, L.M, (Eds.) *The mental health of refugees: Ecological Approaches to healing and adaptation*. Mahwah, N.J.: Lawrence Erlbaum, 95-132.

Investigates a psychosocial program for Sierra Leonean refugees in Guinea, and assesses how well it works. Defines goals of the program. Emphasizes that program is built on the understanding that recovery from war is a long-term process. Since training was a blend of Western and Sierra Leonean methods of helping, a discussion is provided about culturally appropriate measure to assess the impact of interventions.

**PR4-903**

Hyde, C., Hopkins, K., (2004). Diversity Climates in Human Service Agencies: An Exploratory Assessment. *Journal of Ethnic & Cultural Diversity in Social Work*, 13(2): 25-43.

Explores the 'diversity climates' of human service agencies and concludes that most organizations do not have a culturally diverse staff. Discusses strategies to promote staff diversity. Examines the implications of having a culturally homogenous staff.

**PR3**

Inclan, J.E. & Herron, D.G., (2001). Puerto Rican adolescents. In Gibbs, J.T., Huang, L. N. & Associates (Eds.) *Children of color: Psychological Interventions with culturally diverse youth* (pp. 240-263). San Francisco: Jossey-Bass.

Outlines knowledge about working with Puerto Rican adolescents and families when the child/adolescent has been diagnosed with mental health issues. Reviews demographics of Puerto Ricans. Provides a history of their migration to US. Summarizes cultural and family traditions as they relate to provision of mental health services. Discusses culturally appropriate approaches to individual, family and group treatment.

**PR4-900**

Jenkins, Y. M. (1993). Diversity and Social Esteem. In J.L. Chin, V. De La Cancela, and Y. M. Jenkins. (Eds.), *Diversity in Psychotherapy: The Politics of Race, Ethnicity, and Gender*. Westport, CT: Praeger, 45-63.

Explains that importance placed on self-esteem is an anglo-centric phenomenon not consistent with alternative worldviews. Suggests that non-western cultures often have group conceptions of identity, and that group esteem is very important for some. Further suggests that social esteem can be seen as a combination of value of self and group identity. Contends that low self-esteem can be caused by a dissonance between personal views of self and cultural definitions.

**T3**

Jerrell, J.M. & Wilson, J.L., (1996). The utility of dual diagnosis services for consumers from non-white ethnic groups. *Psychiatric Services*. 47(11), 1256-1258.

Examines the differences in social adjustment and role functioning between white and non-white service consumers when there has been a dual diagnosis. Three programs or interventions were compared: behavioural skills training, case management, and twelve-step recovery model. Scales used were Social Adjustment Scale, Role Functioning Scale, and Diagnostic Interview Scale. Costs of care over a twelve-month period were also assessed. Recommendations were made regarding service delivery measures used.

**PR2**

Juszczak, L., Melinkovick, P., & Kaplan, D., (2003). Use of health and mental health services by adolescents across multiple delivery sites. *Journal of Adolescent Health*, 32 (Supplement), 108-118.

Assesses the role that school-based health centres (SBHC) play in facilitating access to care among low-income adolescents, and the extent to which SBHCs and a community health centre network (CHN) provide similar complementary care. Study done in American community.

**PR2**

Karim, K.H., (1993). Reconstructing the multicultural community in Canada: Discursive strategies of inclusion and exclusion. *International Journal of Politics, Culture & Society*, 7(2), 189-207.

Provides history of and reasons for development of Canadian multicultural policy. Describes shift in usage and meaning of term 'multicultural'. Outlines values and philosophies influencing how multicultural policy is interpreted. Suggests need for additional research so that multicultural policy does not continue to further marginalize cultural groups and cause social discrimination. Asks whether policy should be revamped to move away from power differentials.

**P3-019**

Kanel, K. (2002). Mental health needs of Spanish-speaking Latinos in Southern California. *Hispanic Journal of Behavioural Sciences*. 24(1), 74-91.

Outlines an American study that used questionnaires to investigate perceived mental health needs of Spanish-speaking Latinos and the therapist who serve them. Presents an array of results from both groups of participants, e.g. the desire for more Spanish-speaking therapists in the community.

**PR4-027**

Keating, F., Robertson, D., McCulloh, A., & Francis, E. (2002). *Breaking the circles of fear: A review of the relationship between mental health services and African and Caribbean communities*. London: The Sainsbury Centre for Mental Health.

Documents the "circles of fear" and impediments to change leading to poorer treatment of African and African-Caribbean adults. Identifies barriers that prevent engagement with social services, with the result that services are only approached in times of acute crisis. Uses this information to recommend a strategy for *Breaking the Circles of Fear*, and developing a more responsive system.

**PR5-028**

Kirkham, S., Smye, V., Tang, S., Anderson, J., Blue, C., Browne, A., Coles, R., Dyck, I., Henderson, A., Lynam, L., Perry, J., Semeniuk, P., & Shapera, L. (2002). Rethinking Cultural Safety While Waiting to do Fieldwork: Methodological Implications for Nursing Research. *Research in Nursing & Health*, 25, 222-232.

Provides a detailed general discussion of culture and explores the concept of 'cultural safety'. Asks how we can export the concept of 'cultural safety' from its places of origin such as New Zealand. Explores how we can reconcile power differentials and political/social/economic context with the concept of culture. Stresses the need for interpretive frames when addressing issues of inclusion and exclusion. Calls for health care providers to engage in self-reflection and for clients to have input into care practices.

**T5-015**

Kleinman, A. (1980). Core Clinical Functions and Explanatory Models. In A. Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry*. Los Angeles, CA: University of California Press, 71-118.

Author focuses on Chinese case studies based on his experiences in Taiwan. Asserts that sickness is understood in a specific cultural form through the categories used to perceive, express and appraise symptoms. Suggests that cultural constructions of illness are often personally and socially adaptive responses. Defines and explores the concepts of illness and disease, and explores the impact of applying labels.

**T5-016**

Kleinman, A. (1980). The Cultural Construction of Illness, Experience, and Behaviour. In A. Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry*. Los Angeles, CA: University of California Press, 119-145.

Provides an ethnospecific examination of the stigma surrounding mental health as found in Chinese culture. Explores Chinese notions of and handling around mental illness. Explains that culture shapes illness by the categories used to label and explain disease and through the influence of those categories on the way we perceive and experience symptoms. Suggests that cultural beliefs can both pathologize certain symptoms and also determine which kinds of stimuli are experienced as stressful.

**T3**

Knab, S. (1986). Polish Americans: Historical and cultural perspectives of influence in the use of mental health services. *Journal of Psychosocial Nursing and Mental Health Services*. 24(1), 31-34.

Investigates why Polish Americans underutilize mental health services. Discusses the history of Polish people that may have made them resistant hesitant about using American mental health services.

**PR3-090**

Koenig, Harold, G. (1998). *Handbook of Religion and Mental Health*. (1998). San Diego, CA: Academic Press.

Various religions are explored, with particular focus on the Judeo Christian perspective. Inquires into reasons for addressing religion in psychotherapy, and provides a thorough and detailed justification for why it is appropriate to integrate religion and spirituality into therapeutic practice.

**T2**

Kokanovic, R., Hansen, S., & Petersen, A., (2002). *Talking cultural competence – Practitioners discuss policy and practice*. Australia: International Sociological Association.

Argues that Australian practitioners who are immigrants themselves place more importance on ethno-specific practices while viewing other service models as ‘mainstream’ or cost cutting. Suggests need for ethnic match between consumers and service providers.

**P3**

Kongnetiman L. & Eskow, E. ( 2005 ) *Enhancing Cultural Competency: A Resource Kit for Health Care Professionals; Chapter 3: “Understanding Culture”* Calgary: Calgary Health Region

This is one chapter in a resource kit put together by the Calgary Health Region. Provides health practitioners with a broad overview of cultural practices and beliefs of the dominant immigrant group in the region. Focuses specifically on Central and South Americans, Chinese, Somalis and South Asians.

**PR4-061**

Kostelny, K. & Wessells, M., (2004). Internally displaced East Timorese: Challenges and lessons of large-scale emergency assistance. . In Miller, K.E. & Rasco, L.M , (Eds.) *The mental health of refugees: Ecological Approaches to healing and adaptation*. Mahwah, N.J.: Lawrence Erlbaum, 187-225.

Examines how to provide psychosocial support for East Timor children who have experienced massive displacement because of political conflict. States that a risk-resilience perspective informed this intervention, which was administered in 181 communities. Lists the six principles upon which this intervention was based, and clarifies that the intervention was part of a holistic approach to a complex emergency. Reports mixed results.

**PR2-903**

Krech, P.R., (March 2002). Envisioning a Healthy Future: A Re-Becoming of Native American Men. *Journal of Sociology and Social Welfare*, Vol. XXIX, No. 1, 77 – 95.

Looks at Native American men and their place in society and culture. Presents various models of engaging culture. Explores the tensions between Western and Native philosophies e.g. Western individualism is highly destructive and contrary to Indigenous thinking.

**PR4-029**

Kula, N. , (2002). A diversity strategy for the Central East mental health system: Draft- Internal discussion document. Retrieved from [http://www.health.gov.on.ca/english/providers/pub/mhitf/central\\_east\\_whitby/app\\_e.pdf](http://www.health.gov.on.ca/english/providers/pub/mhitf/central_east_whitby/app_e.pdf)

Asks what cultural competence is. Defines diversity strategy and outlines three particular strategies: system inclusiveness, outreach and linkages, and diverse treatment. Suggests policy changes that should be encouraged, such as resource allocation towards cultural competence education and elimination of barriers to accessing services. Report drawn up in Whitby, Ontario.

**P3**

Kung, W. (2001). Consideration of cultural factors in working with Chinese American families with a mentally ill patient. *Families in Society*. 82(1), 97-107.

Inquires into how cultural beliefs and experiences of Chinese American families affect the care given to mentally ill relatives. Further inquires into the implications these cultural beliefs and experiences have for mental health practitioners. Examines many facets of these issues, such as familial conceptions of cause and nature of mental disorders. Presents a family intervention model. Also presents a stress-vulnerability model, which looks at both innate and environmental factors, as best tool for explaining causes of mental illness to Chinese American families. Calls for better working alliances and stress the importance of sensitivity to idiosyncratic beliefs and experiences.

**PR4-030**

LaFromboise, T.D. & Low, K.G., (2001). American Indian children and adolescents. In Gibbs, J.T., Huang, L. N. & Associates (Eds.) *Children of color: Psychological Interventions with culturally diverse youth*. San Francisco: Jossey-Bass, 112-142.

Inquires into our knowledge about working with American Indian children/adolescents and their families when the child/adolescent has been diagnosed with mental health problems. Reviews demographics of American Indians, including their immigration patterns. Summarizes cultural and family traditions as related to provision of mental health services. Summarizes a number of studies that suggest American Indian children/adolescents have “very high levels of psychological dysfunction using the DSM – III”. Social cognitive, systems and traditional interventions are described and recommended as the preferred approaches to working with Aboriginal children, adolescents and families.

**PR3-900**

Lai, D.W.L. (2001). Use of senior centre services of the elderly Chinese immigrants. *Journal of Gerontological Social Work*, 59-79.

Inquires into the predisposing, enabling and need factors that explain patterns of service use among older and elderly Chinese immigrants. Uses Andersen-Newman service utilization framework to explain different patterns of service use.

**PR3**

Laird, J., (2000). Theorizing Culture: Narrative Ideas and Practice Principles. *Journal of Feminist Family Therapy*, Vol. 11, No. 4, 99-114.

Discusses the broad concept of culture, dismissing all notions of culture as static. Outlines implications of the understanding of culture for practice. Presents narrative, ethnographic, constructionist and post-modern perspectives as being helpful for the exploration of culture.

**T4-017/PR4-063**

Lee, R. & Ramirez, M. (2000). The History, Current Status, and Future of Multicultural Psychotherapy. In I. Cuellar and F. A. Paniagua. (Eds.), *Handbook of Multicultural Mental Health*. San Diego, CA: Academic Press, 279-309

Contributors are mostly American, but some are also from Mexico, Spain and the Dominican Republic. Provides a detailed description of Person-Environment approach to psychotherapy and a discussion about how this comprehensive, culture-centred worldview will be the future of multicultural psychotherapy. Article sees therapist as a ‘Social Engineer’ and provides stipulations for therapists, such as being ‘Multicultural Ambassadors’. Also provides a list of principles outlining a multicultural worldview.

**T5-901**

Lee, Yee, Kwok, & Ip. (2000). Rehabilitation of severely mentally disabled Canadian Chinese and risk factors of rehospitalization. *Journal of Social Work Research and Evaluation*. 1(1), 71-84.

Article is based on a three-year longitudinal study of the impact of support service provision by an ethno-specific mental health agency on rehabilitation outcomes of severely mentally disabled Chinese clients in Toronto. Examines how to successfully develop culturally sensitive programs for mentally ill Chinese Canadians. Provides list of services currently available. Investigates risk factors of rehospitalization. Presents finding about service impacts, effects on quality of life, and functioning. Suggests that issues raised have implications both for interventions and for future research.

**PR4-031**

Lessard, G. & Ku, L., (2003). Gaps in coverage for children in immigrant families. *The Future of Children*, 13 (1), 101-115.

Focus on gaps in insurance coverage for American immigrant children. Asks why native-born children tend to have better insurance coverage than immigrant children, and points to linguistic, cultural, legal and socio-economic circumstances contributing to inferior coverage. Provides recommendations for improvements to public health insurance coverage for American immigrant children.

**P3-020**

Li, H.Z. & Browne, A.J. (2000). Defining mental illness and accessing mental health services. *Canadian Journal of Community Mental Health*, 19(1), 143-159.

Looks at how Asian Canadians define and understand mental health problems. Also looks at barriers in place that might hinder access to programs and services. Addresses the degree to which participants feel that mental health providers understand client's culture. Contends that while most participants would prefer the assistance of family members or friends, they would use services if those services were available and accessible.

**PR5-032**

Lo, H-T. & Fung, K., (2003). Culturally competent psychotherapy. *Canadian Journal of Psychiatry*, Vol. 48, No. 3, April 2003, 161-170.

Presents the results of a literature review of clinical cultural competence and the various cultural aspects of psychotherapy. Focuses in particular on competencies required at various stages of therapy. Distinguishes between generic and specific cultural competence, and identifies cultural sensitivity as the basis for cultural competence. Suggests the relevance of client's cultural identity and acculturation strategies.

**PR5-033**

Loo, C. M., (1998). *Chinese America: Mental health and quality of life in the inner city*. Thousand Oaks, CA: Sage Publications.

Describes the health and mental health of the Chinese community in San Francisco. Provides useful information regarding the history of Chinese immigration to the United States.

**PR2**

Lorenzo, M.K. & Adler, D.A. (1984). Mental health services for Chinese in a Community health centre. *Social Casework*. 65(7-10), 600-609.

Explores modifications needed in Western mental health services to make them more accessible to members of the American Chinese community. Discusses how Chinese people conceptualize mental illness, and the barriers created by these conceptualizations. Outlines practices adopted at the South Cove Community Health Centre which are contributing to greater accessibility.

**PR4-034**

Lu, Y., Lum, D. & Chen, S., (2001). Cultural competency and achieving styles in clinical social work: A conceptual and empirical exploration. *Journal of Ethnic & Cultural Diversity in Social Work*, Vol. 9(3/4), 1-32.

Purpose of this article is to construct a social work cultural competency framework by presenting a general conceptual model for clinical social work practice. Explores implications of numerous factors on cultural competence. Proposes and tests a conceptual model. Presents data showing marked differences between minority and majority group clinicians, and between and among racial/ethnic populations.

**PR4-035**

Marsella, A. & Yamada, A. M. (2000). Culture and Mental Health: An Introduction and Overview of Foundations, Concepts, and Issues. In I. Cuellar and F. A. Paniagua. (Eds.), *Handbook of Multicultural Mental Health*. San Diego, CA: Academic Press, 3-24.

Contributors are mostly American, but some are from Spain, Mexico and the Dominican Republic. Proposes that if knowledge in psychiatry and social sciences is culturally relative, it is ethnocentric and biased, that truth is a function of who is holding power. Outlines the way in which the ecological perspective repositions biology as one of many interactive determinants of mental health. Outlines characteristics for foundations of new 'culture' and mental health. Looks at the role of culture in the aetiology of mental disorders and how culture interacts with other variables to influence psychopathology. Examines a wide range of cultural variations e.g. in standards of normality and abnormality.

**T4-901**

Massachusetts Health Policy Forum. (1999). Cultural competence and health care in Massachusetts: Where are we? Where should we be? *Issue Brief, No.5*. Retrieved from [http://www.forumsinstitute.org/pubs/mass/issue\\_brief\\_5a.pdf](http://www.forumsinstitute.org/pubs/mass/issue_brief_5a.pdf)

Addresses cultural competence and health care in Massachusetts. Discusses sociopolitical movements from cultural sensitivity to cultural competence, and reasons why this has occurred. Suggests the four levels required for success at cultural competence. Suggests issues that must be addressed and considered when generating policy. Discusses costs and benefits of integrating physical and mental health care.

**P4-021**

McCrone, P., Bhui, K. Craig, T., Mohamud, S., Warfa, N., Stansfeld, S., Thornicroft, G. & Curtis, S. (2005). Mental health needs, service use and costs among Somali refugees in the UK. *Acta Psychiatrica Scandinavica*. 111(5), 351-357.

Investigates the mental health needs and levels of service usage of Somali refugees living in London. Uses the Camberwell Assessment of Need and the Client Service Receipt Inventory. Concluded that this sub-population has a relatively high level of need, but relatively low level of service utilization.

**PR5-036**

Mechanic, D., (1996). Emerging issues in international mental health service research. *Psychiatric Services*, 371-375.

Discusses the limitation of randomized clinical trials in discovering successful mental health interventions. Critiques traditional valuing of these trials as they only measure outcomes for patients. Contends that outcome evaluations should be expanded and that attention should be paid to quality of care in addition to longevity.

**PR2**

Mechanic, D. (1999). *Mental health and social policy: The emergence of managed care*, 4<sup>th</sup> Edition. Boston: Allyn & Bacon.

Suggests what should be measured when assessing mental health care policies. Provides a history of American mental health policy development. Very specific to United States.

**P4-022**

Mezzich, J.E., Ruiz, P., & Muñoz, R.A. (1999).

Mental health care for Hispanic Americans: A current perspective. *Cultural Diversity and Mental Health*, 5 (2), 91-102.

Asks what is needed for mental health public policy development with respect to Hispanic Americans. Suggests need for novel and relevant policy, cultural and historic contextualization, research into needs of Hispanic population, advocacy for change and multiple levels of government, cultural competency training and funding for both traditional and non-traditional care practices. Also points to problems in insurance coverage and accessibility.

**P4-023**

Mignone, J. (2002). Latin American community-based mental health initiative: Stakeholder matrix tool. *Journal of Community Psychology*, 3(3), 235-245.

Explores how to monitor community-based mental health interventions. Describes Community-Based Immigrant Mental Health Project in Edmonton. Introduces 'natural caregivers' as people within cultural community who are given some mental health training and seen as key players in support delivery. Outlines a tool for planning and evaluation, which also documents and normalizes conflict and tension among stakeholders and facilitates discussion.

**PR5-037**

Miller, K.E. & Rasco, L.M., (2004). An ecological framework for addressing the mental health needs of refugee communities. In Miller, K.E. & Rasco, L.M., (Eds.) *The mental health of refugees: Ecological Approaches to healing and adaptation*. Mahwah, N.J.: Lawrence Erlbaum, 1-64.

Asserts that the ecological approach is best for mental health professionals in responding effectively to the psychological needs of communities displaced by war and political violence. Identifies six ecological principles, and talks about what they mean when working with refugee populations.

**PR5-903**

Miller, K.E. & Rasco, L.M., (2004). Internally displaced Sri Lankan war widows: The Women's Empowerment Program. In Miller, K.E. & Rasco, L.M., (Eds.) *The mental health of refugees: Ecological Approaches to healing and adaptation*. Mahwah, N.J.: Lawrence Erlbaum, 161-185.

Explores which interventions are best when providing medical and psychological care to war widows in Sri Lanka. Explores further how to support the establishment of micro-business.

**PR2-903**

Miller, K.E. & Rasco, L.M., (2004). *The mental health of refugees: Ecological Approaches to healing and adaptation*. Mahwah, N.J.: Lawrence Erlbaum.

Inquires into what we know about ecologically based mental health interventions for refugees. Includes both internally displaced persons and emigrants in the discussion.

**PR4-903**

Miranda, J., Chung, J.Y., Green, B. L., Krupnick, J., Siddique, J., Revicki, D.A., & Bekin, T., (2003). Treating depression in predominantly low-income young minority women. *The Journal of the American Medical Association*. 290(1), July 2, 57-65.

Outlines the comparative effectiveness of an anti-depressant medication intervention, a cognitive behavioural therapy intervention, or a community care intervention with low-income and minority women. Measurement tools used were the Hamilton Depression Rating Scale and Beck Depression Inventory, the Social Adjustment and the Short Form 36-Item Health Survey.

**PR2**

Mostwin, D. (1976). Uprootment and anxiety. *International Journal of Mental Health*. 5(2), 103-116.

Explores sources of anxiety within the American Polish community. Argues that Polish immigrants experience conflicts with respect to identity. Discusses the emergence of a new identity which integrates both American and Polish loyalties.

**PR4**

Mui, A.C., (1996). Geriatric Depression Scale as a community screening instrument for elderly Chinese immigrants. *International Psychogeriatrics*, 8 (3), 445-558.

Discusses attempts to develop a culturally appropriate Geriatric Depression Scale. Observes that instrument was found to be reliable in identifying depression in a sample of elderly Chinese Americans. Notes that instrument was easy to administer.

**PR2**

Mulvihill, M.A., Mailloux, L. & Atkin, W. (2001). Advancing policy and research responses to immigrant and refugee women's health in Canada. ). Canadian Women's Health Network. Retrieved from [www.cwhn.ca](http://www.cwhn.ca)

Explores what is known about the health of immigrant and refugee women in Canada. Further explores the policy implications of this current knowledge and directions for future research. Identifies six key issues in the literature on Canadian refugee and immigrant women. Argues that when women have experienced political violence, it might be more appropriate to focus on an ecological model than on individual diagnoses of pathology.

**PR5-040/ P4-024**

Munoz, R.A., Boddy, P., Prime, R. & Munoz, L., (1990). Depression in the Hispanic community: Preliminary findings in Hispanic general medical patients at a community health centre. *Annals of Clinical Psychiatry*. 2(2), 115-120.

Examines the prevalence of depression among American Hispanics who are general medical service users in a community health clinic. Uses the Zung Self-rating Scale for Depression to ascertain that high levels of undiagnosed depression are present.

**PR3**

Munoz, R.F., Penilla, C. & Urizar, G. (2002). Expanding depression prevention research with children of diverse cultures. *Prevention and Treatment*, 5(13).

Commentates on two articles regarding the Penn Resiliency Program, which is intended to prevent depression in minority children. Compares Chinese, Latino and African American groups on several different factors such as impact of intervention. Discusses reasons for different results between the groups, and presents potential directions for future research. Article published in an online journal.

**PR3**

Nagata, D.K. (2001). The assessment and treatment of Japanese American children and adolescents. In Gibbs, J.T., Huang, L. N. & Associates (Eds.) *Children of color: Psychological Interventions with culturally diverse youth*. San Francisco: Jossey-Bass, 68-111.

Reviews what we know about working with Japanese children, adolescents and their families when the child/adolescent has been diagnosed with mental health issues. Reviews the demographics and immigration patterns of Japanese Americans. Summarizes cultural and family traditions as they relate to provision of mental health services. Summarizes several studies suggesting Japanese children/ adolescents are underrepresented in the mental health system. Specifies which disorders Japanese children are most likely to present with e.g. adjustment disorders. Reports low rates of alcohol/substance abuse and delinquency. Present a framework for assessing Japanese American children and working with families.

**PR3-900**

National Association of State Mental Health Program Directors, (2000). *Position statement on culturally competent and linguistically appropriate mental health services*. Retrieved from [http://www.nasmhpd.org/general\\_files/position\\_statement/linguist.htm](http://www.nasmhpd.org/general_files/position_statement/linguist.htm)

Position statement by a national American organization. Argues that state mental health agencies must develop, expand, and evaluate effective, culturally competent services and treatment methods. Outlines reasons that culturally appropriate mental health care services are needed and emphasizes that they must be available, accessible and effective.

**P3-025**

National Mental Health Association, (1998). *Cultural competency in mental health systems*. Retrieved from <http://www.nmha.org/position/ps38.cfm>

Asks what is required to improve the cultural sensitivity and responsiveness of American mental health delivery systems. Provides instructions to organizations responsible for mental health services.

**P3-026**

National Policy on Multicultural Mental Health Policy Steering Group (2003). *Consultation paper for the development of a national policy on multicultural mental health*. Australia: AHMAC National Mental Health Working Group.

Asks what Australian policy should include to ensure equity and access for a multicultural community. Outlines four major policy areas and goals of the National Policy on Multicultural Mental Health.

**P5-027**

National Technical Assistance Centre, (1997). Embracing the dynamics of difference: Cultural competence in Children's mental health. Retrieved from

[http://www.nasmhpd.org/general\\_files/publications/ntac\\_pubs/networks/sg97merg.html](http://www.nasmhpd.org/general_files/publications/ntac_pubs/networks/sg97merg.html)

Asks how American mental health policy and service delivery should be responsive to growing US population of ethnically diverse children and youth. Suggests need for awareness groups and partnerships in the areas of juvenile justice, education and child welfare systems. Says that culturally competent mental health services should focus on the family. Argues for the usefulness of needs assessment tools. Provides suggestions for policy and service/practice.

**P4-028**

Negy, C. (2000). Limitations of the Multicultural Approach to Psychotherapy with Diverse Clients. In I. Cuellar and F. A. Paniagua. (Eds.), *Handbook of Multicultural Mental Health*. San Diego, CA: Academic Press, 439-453.

Contributors are mostly American, but some are also from Spain, Mexico and the Dominican Republic. Examines whether ethnic background is always relevant in a therapeutic setting and whether ethnicity is always involved in presenting symptoms. Outlines and lists common assumptions often made in multicultural literature and warns against taking these literally all of the time. Claims that literature often consists of defensive and romanticized cultural characterizations and therefore resources available to therapists are often not conducive to complete understanding. Reminds therapists not to neglect socio-economic issues, since poverty is a widespread problem.

**T4-901**

Nelson, G. (in press). Mental health policy in Canada. In A. Westhues (Ed.) *Canadian Social Policy: Issues and Perspective, 4<sup>th</sup> edition*. Waterloo, ON: Wilfrid Laurier University Press.

Provides historical context for Canadian shift to community-based mental health services. Differentiates between the community treatment and rehabilitation paradigm, and the recovery and empowerment paradigm.

**PR5**

Nippoda, Y., (September 2003). Establishing mental health services for the Japanese community in the United Kingdom. *International Journal for the Advancement of Counselling*. Vol. 25, No. 2/3, 169-180.

Explores Japanese culture in the UK, and the implications for mental health practice. Points to limitations of applying Western psychology to Eastern cultures. Suggests that mental illness is not being widely addressed in Japanese culture. Suggests further that new immigrants often experience a great deal of shock at the heterogeneous nature of Western society. Contends that Japanese immigrants might be well served by programs designed to increase cultural self-awareness.

**PR4-041**

Nur, U.I., Dalal, M. & Baker, K. (2005). Best Practices: Somali family mental health support program. Toronto: Midaynta Association of Somali Service Agencies, Family Outreach & Response Program, and Somaliland Canadian Society of Metro Toronto.

Describes a collaborative effort between members of the Somali community and mainstream mental health organizations. Addresses challenges pertaining to the difficult Somalis have in accessing culturally and linguistically relevant mental health services. Outlines individual and family needs in the Somali-Canadian community. Provides networking strategies.

**PR4-062**

Obrist, B., Tanner, M. & Harpham, T., (2003). Engaging anthropology in urban health research: issues and prospects. *Anthropology & Medicine*, 10(3): 291-308.

Provides an anthropological reflection on the relationship between urbanism and health. Suggests that divergent interests in and approaches to health should always be integrated.

**PR2**

O'Hare, D. & Dale, C., (2003). *Mental health policy implementation guide*. Worcestershire, UK: National Institute for Mental Health in England. Retrieved from <http://www.nimhe.org.uk/downloads/78130-DoH-Viol%20Management.pdf>

Outlines problems/barriers experienced by British Black and Minority ethnic groups in mental health care. Suggests that policies should be based on the Human Rights Acts and protect people against bullying and discrimination. Stipulates skill and resources important for staff. Lays out positive practice standards.

**P2**

Onyut, L.P., Neuner, F., Schauer, E., Ertl, V., Odenwald, M., Schauer, M. & Elbert, T. (2004). The Nakivale Camp Mental Health Project: Building local competency for psychological assistance to traumatized refugees. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict*. 2(2), 90-107.

Describes the research design for a randomised controlled clinical trial of the efficacy of Narrative Exposure Therapy (NET) as compared to Supportive Counselling for traumatised refugee camp dwellers. Reviews results of an epidemiological study that showed that Post-Traumatic Stress Disorder was found to be prevalent in 47% of Somalis, even though traumatic events had occurred sometime earlier.

**PR2**

O'Sullivan, M.J. & Lasso, B., (1992). Community mental health services for Hispanics: A test of the culture compatibility hypothesis. *Hispanic Journal of Behavioural Sciences*. 14(4), 455-468.

Outlines testing of the hypothesis that lower dropout rate and more services are associated with Hispanic clients a) being treated by Hispanic staff and b) being served at a Hispanic CMHC. Study found that practitioners speak Spanish, and when services are provided in an ethno-specific mental health centre, dropout rates for Hispanic consumers were lower, and they received more individual therapy. Notes that while Hispanics have a lifetime prevalence rates for psychiatric disorders similar to African Americans and Anglo-Americans, they show lower utilization of mental health services.

**PR3**

Oxman-Martinez, J., & Hanley, J., (2005). Health and social services for Canada's multicultural population: Challenges for equity. Ottawa: Canadian Heritage.

Asks and outlines what is required to maintain and improve equity in Canadian health and social services. Makes suggestions for issues to be addressed in policy-making and research. Argues that alternative care should be funded. Discusses the importance of the Canadian Multicultural Act. Also provides detailed discussion of Immigrant and Refugee Protection Act and Canada Health Act.

**P4-029**

Padilla, A.M., Ruiz, R.A. & Avarez, R. (1975). Community mental health services for the Spanish-speaking/surnamed population. *American Psychologist*. 30, 892-905.

Examines whether Hispanic American have more serious problems with mental or with physical health care. Outlines factors contributing to problems experienced in mental health care. Advocates need for inclusion of alternative practices and practitioners. Suggests areas that policies and funding services should address. Examines American models of community-based mental health service/treatment that are consistent with Hispanic culture. Explores three basic models: 1) professional adaptation 2) family adaptation 3) the "barrio" service centre.

**PR3/ P4-030**

Perkins, J., (2003). *Ensuring linguistic access in health care settings: An overview of current legal rights and responsibilities*. Washington, DC: The Kaiser Commission on Medicaid and the Uninsured. Retrieved from <http://www.kff.org/uninsured/upload/Ensuring-Linguistic-Access-in-Health-Care-Settings-An-Overview-of-Current-Legal-Rights-and-Responsibilities-PDF.pdf>

Examines how lack of linguistic access negatively affects quality of care in the United States. Emphasizes importance of proper communication and language access. Provides suggestions for making services more linguistically appropriate and accessible.

**P3-031**

Pickren, W.E., and Schneider, S.F. (Eds.) (2005). *Psychology and the National Institute of Mental Health: A historical analysis of science, practice, and policy*. Washington, DC: American Psychological Association.

Outlines the historical changes and movements that have influenced mental health policy e.g. the emergence of psychotherapy as a personal and purchasable commodity. Discusses American legislation the fact that philosophies of different political leaders can change policy and funding. Also discusses problematic nature of 'seed money'.

**P4-032**

Poole, S.M. (2005, May 25) Survivors' sickness: Stressful lives burden refugees. *The Atlanta Journal-Constitution*.

Describes pain and mental distress of refugees coming from war-torn regions of the world. Specifically describes loneliness, loss of family members, and the compounding difficulty of post-traumatic stress and depression.

**PR3**

Poushinsky, N. & Taillon-Wasmund, P. (2002). *Building competencies: Diverse cultures and mental health*. Ottawa: Champlain District Mental Health Implementation Task Force.

Outlines gaps and needs in building cultural competence in Toronto-Peel. Emphasizes need for cultural competence at all levels of government. Identifies and explains 'Making It Happen'. Suggests topics/areas for inclusion in policies.

**P4-033**

Provincial Forum of Mental Health Implementation Task Force Chairs. (December 2002). *The time is now: Themes and recommendations for mental health reform in Ontario*. Ministry of Health and Long-Term Care. Available: [http://www.health.gov.on.ca/english/providers/pub/mhitf/provincial\\_forum/provincial\\_forum](http://www.health.gov.on.ca/english/providers/pub/mhitf/provincial_forum/provincial_forum)  
Addresses how Ontario's mental health system should be reformed. Describes issues, themes and recommendations for mental health reform as identified by Mental Health Implementation Task Force Chairs. Major themes of the report are reforming the mental health system, building community capacity, and building momentum for change and leadership.

**P5-090**

Puebla Fortier, J., (1999). *Multicultural health best practices overview*. California: The California Endowment Multicultural Health Investment Area. Retrieved from [http://www.diversityrx.org/BEST/2\\_1.htm](http://www.diversityrx.org/BEST/2_1.htm)

Asks what the most important linguistic and cultural competence factors are in health policy considerations. Identifies factors for consideration such as cost-effectiveness and efficiency. Outlines the role of power in influencing health care providers. Suggests promotion of testing, training and cultural competence certification in local and national organizations.

**P3**

Pumariega, A.J., Glover, S. Holzer III, C.E., Nguyen, H., (1998). Utilization of mental health services in a tri-ethnic sample of adolescents. *Community Mental Health Journal*. 34(2), 145-156.

Examines the differences in predictors of mental health service use among Hispanic, Caucasian and African American youth. Study uses self-report measures to gather information, and multiple regression analysis to tabulate results.

**PR2**

Ramirez, N., (2003). View towards organizational arrangements for ethnic-sensitive supervision in clinical settings serving Latino persons. *Journal of Ethnic & Cultural Diversity in Social Work*, 12(4): 1-18.

Discusses an exploratory study of mental health settings providing care to Latino clients. Specifically examines the nature of work-related conflict for practitioners. Study was conceptualized in the context of clinical social work supervision, ethnic-sensitive practice and biculturalism. Draws out the relationship between Hispanic practitioners and intended goals for ethno-specific practice.

**PR3**

Ramirez, O., (2001). Mexican American children and adolescents. In Gibbs, J.T., Huang, L. N. & Associates (Eds.) *Children of color: Psychological Interventions with culturally diverse youth* (pp. 215-239). San Francisco: Jossey-Bass.

Explores current knowledge about working with Mexican American children/adolescents and their families when the child/adolescent has been identified as having mental health issues. Reviews the demographics of Mexican Americans, and summarizes cultural and family traditions as they relate to provision of mental health services. Compares levels of psychological distress, conduct disorders, depression and substance abuse among Mexican Americans to levels occurring in the general population.

**PR4-900**

Raphael, D., Bryant, T., Curry-Stevens, A., (2004). Toronto Charter outlines future health policy directions for Canada and elsewhere. *Health Promotion International*, 19 (2), 269-273.

Looks at the social determinants of health as an important factor in influencing Canadian health policy, with specific emphasis on women, Aboriginals and new Canadians. Identifies the importance of social, physical and economic environment in determining health. Calls for strengthening of Canadian health care systems and outlines methods for improvement. Identifies need to invest in the social determinants of the health of Canadians. Suggests important policy directions.

**P3-034**

Rasco, L.M. & Miller, K.E. (2004). Innovations, challenges, and critical issues in the development of ecological mental health interventions with refugees. In Miller, K.E. & Rasco, L.M. (Eds.) *The mental health of refugees: Ecological Approaches to healing and adaptation* (pp. 1-64). Mahwah, N.J.: Lawrence Erlbaum, 375-416.

Discusses the challenges of implementing ecological mental health interventions. States the need for expanded theoretical frameworks to guide community-based work with refugees. Proposes a 'Broad Framework for Development of Risk Models. Identifies immediate and longer-term impacts of displacement caused by political violence.

**PR5-903**

Ratkowski, J. A. (2003). Alcohol and drug use patterns of Polish immigrants in Chicago. Dissertation.

Investigates differences between younger and older American Polish immigrants' patterns of alcohol and drug misuse. Concludes that younger immigrants are more likely to abuse alcohol, while older immigrants are more likely to abuse drugs. Clarifies that there is no apparent connection between employment or English proficiency and alcohol/drug abuse. Outlines factors contributing to substance misuse.

**PR3**

Richards, P. S. & Bergin, A. E. (2000). *Handbook of Psychotherapy and Religious Diversity*. (2000). Washington, DC: American Psychological Association.

Reflects on religions from around the world. Speculates about how psychotherapists and other mental health professionals can build trusting relationships with religious clients, leaders and communities. Describes many different religious perspectives on mental health and psychotherapy. Explores the relationship between religious and spiritual diversity and mental health; looks into a variety of specific themes within this area.

**T3**

Ridley, C., Chih, D., Olivera, R., (2000). Training in cultural schemas: An antidote to unintentional racism. *American Journal of Orthopsychiatry*, 70(1), 65-72.

Seeks a definition of 'effective multicultural training'. Explores the nature of equitable service delivery to minority consumers. Introduces schema theory as being helpful in providing effective mental health care. Provides a detailed discussion of cultural schemas.

**T4-024/PR4-065**

Rothko, C.H. (1996). Religion and personality: An examination across three cultures. Dissertation Abstracts.

Questions whether a devout religious upbringing yields significant mental health benefits to American individuals. Notes that while the study was intended to compare those of Jewish, Roman Catholic and Muslim faith, researchers had no success recruiting Muslim participants. Concludes a positive relationship between religion and mental health/well-being.

**PR2**

Ruiz, P., (1977). Culture and mental health: A Hispanic perspective. *Journal of Contemporary Psychotherapy*. 9(1), 24-27.

Describes beliefs and practices of American Puerto Rican folk healers. Also describes how community health centres began to work with these healers to meet health needs of the South Bronx Puerto Rican community.

**PR3**

Ruiz, P. & Langrod, J. (1976). The role of folk healers in community mental health services. *Community Mental Health Journal*. 12(4), 392-398.

Study examines the Hispanic (primarily Puerto Rican) population of a community in the Bronx. Examines aspects of Catholicism and other spiritual beliefs which practitioners should be knowledgeable about in order to work with this cultural group successfully. Compares approaches of psychiatrists and folk healers. Identifies ways to engage and integrates both sets of approaches when dealing with mental health concerns.

**PR4-044**

Silveria, E., Allebeck, P. (2001). Migration, ageing and mental health: An ethnographic study on perceptions of life satisfaction, anxiety and depression in older Somali men in East London. *International Journal of Social Welfare*, 10(4), 309-320.

Outlines an ethnographic study that explores views on mental health and well-being among older male Somali immigrants. Examines background factors contributing to life satisfaction and depression. Looks at role of practitioners and other service providers. Explores factors that protect against mental health problems. Presents methodological difficulties. Explains the symbolic influence of culture and religious factors, and perceptions of social integration and well-being. Also discusses the feasibility of examining the concept of depression in Somalis.

**PR4 -045**

Singh, R., (2004). Exploring Culture in Practice: A Few Facets of a Training Course. *Journal of Family Psychotherapy*, 15(1/2): 87-104.

Provides an overview of selected literature in multicultural family therapy training. Outlines course, with stipulations for specific content. Suggests that social constructionism is a good perspective to use in this area. Points to need for critique of Western concepts of family therapy in multicultural training course.

**PR3**

Southwest Mental Health Implementation Task Force. (2002). *Final report: Southwest Mental Health Implementation Task Force Ontario*. Ministry of Health and Long-Term Care.

Available: [http://www.health.gov.on.ca/english/providers/pub/mhitf/south\\_west/south\\_west.pdf](http://www.health.gov.on.ca/english/providers/pub/mhitf/south_west/south_west.pdf).

Presents 275 recommendations for improving the care of people living with serious mental health issues in Southwestern Ontario. Addresses how care can be made more appropriate, accessible and closer to home. Outlines areas and levels of need e.g. front line emergency and crisis services, and human rights advice. Stresses the need for standardization, coordination and networking.

**P5-091**

Stanhope, V., (2002). Culture, Control, and Family Involvement: A Comparison of Psychosocial Rehabilitation in India and the United States. *Psychiatric Rehabilitation Journal*, Vol. 25, No. 3, 273-280.

Provides a comprehensive description of how cultural beliefs, values, and practices in India and the United States impact people with mental health issues. Suggests that perhaps it is inappropriate for developing countries to adopt Western models of mental health care. Looks at the relationship between the patient's family and psychosocial rehabilitation practices. Investigates the implications of research findings that positive psychosocial interactions result in better prognoses for people with mental health issues in developing countries than in Western countries. Looks at how these and other findings impact contemporary models of care.

**T4-019**

Stanhope, V., Soloman, P., Pernall-Arnold, A., Sands, R., & Bourjolly, J., (2005). Evaluating Cultural Competence Among Behavioural Health Professionals. *Psychiatric Rehabilitation Journal*, 28, 225-233.

Defines cultural competence and draws out theoretical, philosophical and practical issues around it e.g. that the majority of mental health programs tend to reinforce Western beliefs and values. Outlines limitations of current measures of cultural competence, and points to need to operationalize the term. Inquires into and justifies why cultural competence is necessary. Details four theoretical approaches to multicultural training.

**T3**

St. Clair et al (2005). Rates of adult schizophrenia following prenatal exposure to the Chinese Famine of 1959-1961. *Journal of the American Medical Association*. 29 4(5).

Inquires whether famine during conception and pregnancy leads to increased instances of schizophrenia in offspring. Studies those in the Wuhu region exposed before birth to the 1959-61 famine in China. Tests the hypothesis that prenatal exposure to famine increases the rate of schizophrenia in adult life. Confirms the cumulative risk of schizophrenia for those who experienced prenatal exposure to famine.

**PR3**

Substance Abuse & Mental Health Services Administration, (2003). Assertive Community Treatment Implementation Resource Kit (Draft Version): Statement on Cultural Competence. United States Department of Health and Human Services. Retrieved from <http://media.shs.net/ken/pdf/toolkits/community/02.ACTusersguide.pdf>

Addresses a number of questions regarding culture and cultural competence. Among these are what culture is and how it affects care. Additionally, article inquires into the meaning and definition of cultural competence and why it is important.

**T4-020**

Substance Abuse and Mental Health Services Administration, (1998). Cultural competence standards in managed care mental health services: Four under-served/under-represented racial/ethnic groups. Retrieved from <http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA00-3457/preface.asp>

Asks which guiding principles should be included in mental health policies for American ethnic groups. Article focuses specifically on African Americans, American Indians, Alaskan Natives, Asian Americans, Pacific Islanders and Hispanic Americans.

**P3-035**

Sue, D. W., Arrendondo, P., & McDavis, R. J., (1992). Multicultural Counselling Competencies and Standards: A Call to the Profession. *Journal of Multicultural Counselling & Development*, 20, 64-89.

Discusses ethical issues around culturally appropriate counselling services, and examines how these ethics can be turned into service standards and practices. Suggests that world views of both counsellor and client are often based on North American experiences of racism and oppression. Emphasizes need to promote polylinguism rather than monolingualism, specifically English-only. Presents a conceptual framework for cross-cultural counselling competencies. Specifically focuses on Asian, African, Native American and Hispanic populations.

**T3**

Swartz, L., Drennan, G., (2000). The cultural construction of healing in the Truth and Reconciliation Commission: Implications for mental health practice. *Ethnicity & Health*, 5(3-4): 205-213.

Asserts that though the Truth and Reconciliation Commission has many important consequences for healing and mental health, it is a mistake to confuse it with psychotherapy. Clarifies that the TRC process is not designed to bring about healing from severe trauma. Points out that while psychoanalysts claim great benefits from the TRC, there is no evidence to support this claim.

**PR3**

Takeuchi, D., Chun, C-A., Gong, F., & Shen, H. (2002). Cultural expressions of distress. *Health*. 6(2), 221-236.

Examines whether acculturation is associated with better or poorer mental health in Chinese immigrants. Distinguishes between Western *depression* and *neurasthenia*, a kind of chronic fatigue experienced by residents of China. Cautions that we need to attend to unique expressions of distress, or run the risk of drawing erroneous conclusions about immigrants and the nature of their health.

**PR4-046**

Takeuchi, D. T., Mokuau, N., & Chun, C., (1992). Mental health services for Asian Americans and Pacific Islanders. *Journal of Mental Health Administration*, 19 (3), 237 – 245.

Looks at how communities provide mental health services that are responsive to the needs of Asian Americans and Pacific Islanders. Tests two aspects of the Match/Fit framework: ethnic and language match of worker, and parallel programs devoted to specific ethnic groups. Use Goal Attainment Scale to measure outcomes.

**PR3**

Tester, F. & McNicoll, P., (2004). *Isumagijaksaq*: mindful of the state: social constructions of Inuit suicide. *Social Science & Medicine*, 58, 2625-2636.

Examines the cultural roots of the high rate of Canadian Inuit suicide. Contends that colonial relations have a lot to do with current problems. Looks at factors essential to treatment and at what can be done generally to improve the situation.

**PR4-047**

Tomcsanyi, T., (2000). Mental health promotion through the dialogue of different philosophies and professions: An interdisciplinary training in mental health. *Mental Health, Religion & Culture*, 3(2): 143-155.

Examines the role that churches of Hungary can play in the improvement of mental health. Outlines a perspective to be used in approaching mental health.

**PR2**

Toronto Area Office of the Ministry of Community and Social Services and Community Partners, (1994). *Anti-Racism Protocol*. Toronto: Ministry of Community and Social Services.

Asks how social service systems in Toronto can be more accessible to and reflective of Toronto's diverse communities. Proposes a model for an Anti-Racism Protocol, including standards and guidelines.

**P3**

Toronto-Peel Mental Health Implementation Task Force, (2004). *The time has come: Make it happen – An action plan for Toronto and Peel* Toronto: Ministry of Health and Long Term Care.

Calls for integration and collaboration between all levels of government, ongoing research and evaluation regarding population-specific groups, services and policies that are responsive to needs of ethno-specific groups, local and regional systems development. Also emphasizes need for flexible funding and a sufficient and protected budget. Says policy should consider broad social ills such as poverty, and also consider language barriers and general lack of cultural responsiveness. Provides a service delivery model.

**P4-036**

Townsend, C., Whiteford, H., Baingana, F., et al. (Feb/May 2004). The mental health policy template: Domains and elements for mental health policy formulation. *International Review of Psychiatry*, 16 (1-2), 18-23.

Asks which domains and elements are required in a framework suitable for mental health policy development at the international level. Outlines the Mental Health Policy template created collaboratively by stakeholders and nations.

**P5-037**

Tsang, A. K., Bogo, M., & George, U., (January 2003). Critical Issues in Cross-Cultural Counseling Research: Case Example of an On-going Project. *Journal of Multicultural Counseling and Development*, 31, 63-78.

Explores the importance (of lack thereof) of client and counsellor ethnicities. Suggests that particular Counselling practices usually contribute more to positive and negative Counselling outcomes than ethnicity of either client or counsellor. Affirms that differences within ethnic groups are just as important as differences between them, and that cultural identity does not always come from ethnicity.

**T4-021**

United States Department of Health and Human Services, (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Chapters focus on mental health care for African Americans, American Indians, Alaskan Natives, Asian Americans, Pacific Islanders and Hispanic Americans. Examines what is required and provides instructions for federal, state, and local leaders to follow in eliminating disparities in availability, accessibility, and utilization of mental health services. Emphasizes control that state and local governments have and their important role in assuring equal access. Suggests what must be taken into account for care to be comprehensive and culturally competent.

**P4-038**

United States Department of Health and Human Services, Office of Minority Health, (2001). *National standards for culturally and linguistically appropriate services in health care: Executive summary*. Washington, D.C.: United States Department of Health and Human Services.

Addresses what policy makers should consider in order to draft comprehensive and consistent laws, regulations, and contracts. Outlines national standards and recommendations that will enable health care system to become more culturally competent. Standards/recommendations grouped according to three themes, which are culturally competent care, language accessible services, and organizational supports for cultural competence.

**P4-039**

United States Surgeon General. (1999). Mental health: A report of the Surgeon General. Retrieved from [www.surgeongeneral.gov/library/mental health/home.html](http://www.surgeongeneral.gov/library/mental%20health/home.html)

Reviews basic knowledge regarding meanings of mental health and mental illness in the United States, and delivery of services. Also provides comprehensive overview of neurology of the brain: terminology, common diagnoses, aetiology, cultural diversity and mental health services, consumer and family movements, and recovery. Uses the lifespan approach to make recommendations for improvement.

**PR4-055**

United Way of Greater Toronto, (1991). *Action, Access, Diversity! A guide to multicultural/antiracist organizational change for social service agencies*. Toronto, Ontario: United Way of Greater Toronto.

Asks what organizational change needs to happen to increase access (and reduce barriers) of diverse ethno-racial communities to voluntary social services. Detailed outline provided of Multicultural/Anti-Racist Policy adopted by the United Way in April 1991. Provides four steps to bring about organizational policy change. Discusses reasons for possible resistance to organizational change.

**P4**

Van de Put, W.A.C.M. & Eisenbruch, M., (2004). Internally displaced Cambodians: Healing trauma in communities. In K.E. Miller & L.M.Rasco. *The mental health of refugees: Ecological Approaches to healing and adaptation*. Mahwah, N.J: Lawrence Erlbaum, 133-159.

Looks at how to heal trauma incurred as a result of Cambodian war. Explores mental health interventions based on traditional understandings of health and illness. Explores the role of the pagoda in healing. Further explores the participation of three groups of traditional healers: mediums, Kru Khmer, and Buddhist monks.

**PR3-903**

Vedantam, S. (2005) Patients' Diversity is Often Discounted: Alternatives to mainstream medical treatment call for recognizing ethnic, social differences. From Washington Post.

Describes research trials for psychiatric drugs that generally exclude Natives, Hispanics and Asians, and Black. Suggests that scientists often downplay the role of culture in diagnosis and treatment, believing that mental illness is chemical and not impacted by culture. Presents the perspective of advocates for cultural competence in this area.

**PR3-057**

Vedantam, S. (2005) Racial Disparities Found in Pinpointing Mental Illness.

Reports on relationship between diagnosis of schizophrenia in the United States and cultural background. Relays fear that culture bias lead to frequent misdiagnosis of minorities as having serious psychiatric problems. Notes that the need for cultural competence in psychiatric medicine is being more frequently addressed.

**PR3-059**

Vedantam, S. (2005) Social Network's Healing Power is Borne out in Poorer Nations. From Washington Post.

Reports on a thirty-year study done by the WHO which found that people with schizophrenia fare better and recover in poor nations such as India, Nigeria and Columbia than in Denmark, England and the United States. Outlines explanation provided by research that strong family ties in poor countries can profoundly impact recovery.

**PR3-058**

Vega, W.A. & Murphy, J.W. (1990). *Culture and the restructuring of community mental health*. New York: Greenwood Press.

Focused broadly on minority groups, with special attention paid to Hispanic Americans. Addresses intervention issues such as possibility of community-based intervention, need for political changes and oppositional attitudes. Also provides discussion of conditions needed for policies to bring about change.

**P5-040**

Viccora, E. (2001). *Cultural diversity series: Creating culturally competent mental health systems for Latinos – perspectives from an expert panel*. United States: The National Technical Assistance Centre for State Mental Health Planning.

Comprehensive discussion of policy and practice and how the two combine for culturally competent service delivery. Examines how State mental health authorities can address disparities in the mental health system, especially as pertaining to Latin Americans. Topics addressed include the problem of underservice, need for cultural competency standards and collaboration between the mental health and school systems, and lack of insurance coverage for mental health.

**P5-041**

Walker, S., (2005). Towards culturally competent practice in child and adolescent health. *International Social Work* 48(1), 49-62.

Examines how counsellors and social workers can better serve the mental health need of children from multicultural backgrounds, particularly given that refugee and immigrant children among the most disadvantaged ethnic groups. Presents working definition of cultural competence. Stresses need for holistic and psychosocial approaches, and for careful consideration of how mental health problems are thought about and understood. Outlines five components of culturally competent care.

**PR4-048**

Watters, C. (2002). Migration and mental health care in Europe: report of a preliminary mapping exercise. *Journal of Ethnic and Migration Studies*, 28(1), 153-172.

Inquires into issues in mental health service provision for minorities and refugees in Europe. Outlines several issues deserving of policy attention and identifies areas where further investigation is needed. Calls for more qualitative research into these concerns.

**P4-042**

Weerasinghe, S., & Williams, L.S., (2002). Health and the intersections of diversity: A challenge paper on selected program, policy and research issues. Ottawa: Roundtable on Health and the Intersections of Diversity.

Summarizes a roundtable discussion of key policy issues and responses for diversity in health. Identifies possible policy responses such as training health professionals in cultural competency and expansion of health care coverage.

**P4-043**

Weine, S. et al., (2004). Bosnian and Kosovar refugees in the United States: Family interventions in a services network. In K.E. Miller & L.M.Rasco. *The mental health of refugees: Ecological Approaches to healing and adaptation*. Mahwah, N.J: Lawrence Erlbaum, 263-293.

Looks at the success of family-focused interventions for Bosnian and Kosovar refugees in several respects e.g. increasing social supports and enhancing family processes. Suggests that family approach is consistent with value placed on family within these two cultures. Conceptual framework used was “A Prevention and Access Intervention for Families” (PAIF).

**PR2-903**

Weiss, M.G, Jadhav, S, Raguram, R., Vounatsou, P & Littlewood, R., (2001). Psychiatric stigma across cultures: local validation in Bangalore and London. *Anthropology & Medicine*, 8(1): 71-87.

Presents a comparative study on stigma between Bangalore, South India and London, England. Clarifies that stigma was studied as part of a broader cross-cultural study of illness related experience, behaviour, and meaning. Affirms that programs must validate the presence of stigma and acknowledge/address its cultural underpinnings.

**PR3**

Wells, K, Miranda, J., Bruce, M.L., Alegria, M., & Wallerstein, N. (2004). Bridging community intervention and mental health services research. *American Journal of Psychiatry*, 161(6), 955-963.

Inquires into the general parameters of models of practice that promote working with communities to address mental health needs. Clarifies that though there is limited research on community-based health care, three successful approaches have been identified. Proposes a community partnership model that is evidence-based and also participatory.

**PR5-049**

Wessells, M. & Monteiro, C., (2004). Internally displaced Angolans: A child-focused, community-based intervention. In K.E. Miller & L.M.Rasco. *The mental health of refugees: Ecological Approaches to healing and adaptation*. Mahwah, N.J: Lawrence Erlbaum, 67- 94.

Describes a five-province, community-based intervention program by Christian Children's Fund (CCF) that aimed to stabilize communities, restore a sense of normalcy, and enable healthy development amidst difficult circumstances in war-torn Angola. Program focused on children younger than eighteen, since they constitute half of the world's displaced population. Outlines steps taken to achieve scale and sustainability. States that training incorporated both traditional and Western activities.

**PR3-903**

Whittaker, S. Hardy, G. Lewis, K. & Buchan, L. (2005). An exploration of psychological well-being with young Somali refugee and asylum-seeker women. *Clinical Child Psychology and Psychiatry*, 10(2), 177-196.

Explores individual and collective understandings of psychological well-being among black Muslim Somali women who are either refugees or seeking asylum. Identifies several themes in these understandings. Explores the perceived relationship between possession by spirits and mental health. Examines the paradox between valuing support on the one hand and concealing or fearing disclosure on the other.

**PR5-050**

Williams, Charmaine, (2001). Increasing Access and Building Equity into Mental Health Services: An examination of the Potential for Change. *Canadian Journal of Community Mental Health*, 20, 37-51.

Examines barriers preventing ethnic and racial groups from accessing mental health care. Emphasizes a need for analysis and research at broader levels. Outlines the Multicultural Organizational Change model and the Anti-Racist Organizational Change model, and describes the advantages and disadvantages to each. Discusses equity-based changes to mental health care systems.

**T5-022**

Windle, C. & Wu, I.H., (1981). Stimulating equity of CMHC Services to non-whites: A follow up based on expected 'regression'. *Community Mental Health Journal*, 17(4), 306-309.

Based on experimental data with brief reference to policy. Explores to Canadian National Institute of Mental Health (NIMH)'s efforts to provide service to minorities, and the degree to which these services are used. Examines particular procedures for effectiveness. Identifies concern that there may be too much discussion and not enough action. Calls for more forceful policies and procedures than those currently in use by NIMH.

**P2-044**

Wolkon, G.H., Peterson, C.L. & Gongla, P., (1982). University-based continuing education and mental health system change. *American Psychologist*, 37 (8), 966-970.

Explores how effective an American university-based continuing education program would be in teaching mental health professionals new consultation skills. Also follows up to see whether program participants use these skills over the course of the next year. Emphasizes that participants considered the training to be effective.

**PR3**

Wong, D.F.K., Lam, D., Yan, P. & Hung, M., (2004). The impacts of acculturative stress and social competence on the mental health of Mainland Chinese immigrant youth in Hong Kong. *British Journal of Social Work*. 34 (7), 1009-1024.

Examines acculturative stress factors and severity of psychological distress symptoms present among immigrant youth in Hong Kong. Also examines role of social competence in affecting the stress and mental health. Used stress and coping models to examine relationships among migration stressors, mental health and social competence.

**PR2**

Wong, Y.R., Cheng, S., Choi, S., Ky, K., LeBa, S., Tsang K., Yoo L., (2003). Deconstructing Culture in Cultural Competence: Dissenting Voices from Asian-Canadian Practitioners. *Canadian Social Work Review*, Vol. 20, No. 2, 149-167.

Explores the concept of culture, the relationship between power and culture, and the notion of cultural competence. Suggests that 'cultural competence' is questionable since culture is political, fluid and emergent. Emphasizes an experiential-phenomenological model of cross-cultural practice.

**PR4-051**

Wong, Y-L. R. & Tsang, A.K.T. (2004). When Asian immigrant women speak: From mental health to strategies of being. *American Journal of Orthopsychiatry*. 74(4), 456-466.

Inquires into how Canadian immigrant women from Korea, Hong Kong, Mainland China, Taiwan and Vietnam describe a mentally health person. Contends that responses represented heterogeneous views, which challenges the notion that Asian women share common worldviews based in traditional philosophies.

**PR5-052**

World Health Organization (1996). *Mental Health Care Law: Ten Basic Principles*. Geneva: World Health Organization. Retrieved on-line at: [www.who.int/mental\\_health/media/en/75.pdf](http://www.who.int/mental_health/media/en/75.pdf)

Summaries international mental health care law, which lists and describes ten basic practices of care. Derived from *Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care* that was adopted by the UN General Assembly in 1991. These are often referred to as "UN Principles". Each principle is described in terms of key reference principles, components, and implementation approaches.

**T4-023**

World Health Organization, (2001). The World Health report 2001 mental health: New understanding, new hope. Retrieved from [http://www.who.int/whr/2001/en/whr01\\_en.pdf](http://www.who.int/whr/2001/en/whr01_en.pdf)

Reflects on several mental health issues, including international reform with respect to Geneva, Italy, Uganda and Australia. Asks why it is necessary to focus on vulnerable groups for mental health, what the barriers are to effective implementation of interventions. Extensive discussion of policy issues and possible directions.

**P3**

World Health Organization (2005). *WHO resource book on mental health, human rights and legislation*. Geneva: World Health Organization.

Focuses on global examples of mental health policy, rights and legislation. Explores the context, content and processes of mental health legislation. Presents key international mental health issues and trends. Emphasizes the importance of human rights in policy and reform.

**P5-045**

Wu, I.H., & Windle, C., (1980). Ethnic specificity in the relative minority use and staffing of community mental health centres. *Community Mental Health*, 16(2), 156-168.

Article focuses on Black Americans, Spanish Americans, Asian Americans and Native Americans. Explores usefulness of employing minority staff in mental health services. Outlines macro-level social factors which can lead to mental health. Explores details of underuse of mental health services and barriers to service.

**P3-046**

Yee, D., (2002). Introduction: Recognizing Diversity, Moving Toward Cultural Competence. *Generations*, 26, 5-7.

Looks at the ageing American population. Examines diversity and the challenges it poses at the personal, relational, organization, cultural and social levels. Addresses how we might reconcile our similarities and differences as we foster and enable support among diverse families and communities.

**T3**

Yeung, A. Kung, W.W., Chung, H., Rubenstein, G., Roffi, P., Mischoulon, D. & Fava, M. (2004). Integrating psychiatry and primary care improves acceptability to mental health services among Chinese Americans. *General Hospital Psychiatry*. 26(4), 256-260.

Investigates whether integrating psychiatry and primary health care improve referral to and acceptability of mental health services among Chinese Americans. The US Surgeon General mentioned this Bridge Project Model when providing services to ethnic minorities.

**PR5-053**

Ying, Y-W. (1990). Explanatory models of major depression and implications for help seeking among immigrant Chinese-American women. *Culture, Medicine and Psychiatry*, 14, 393-408.

Examines and confirms the relationship between how a problem is conceptualized and help-seeking behaviour. Specifies that when people conceptualize a problem as physical, they tend to seek professional help, whereas when the problem is conceptualized as psychological, family and friends are usually consulted.

**PR3**

Yip, K, (2003). Traditional Confucian concepts of mental health: Its implications to social work practice with Chinese communities. *Asia Pacific Journal of Social Work*, 65-89.

Argues that Confucian thinking is still the most dominant philosophy for most Chinese people. Focuses on describing traditional Confucian concepts of mental health and implications for social work practice with Chinese individuals and communities. Contrasts Western and Confucian thought in a number of respects.

**PR4-054**

Zaya, L.H., Torres, J.M. & DesRosiers, F.S., (1996). Clinicians' definitions of ethnically sensitive therapy. *Professional psychology: research and practice*. 27 (1), 78-82.

Examines how majority clinicians providing service in a multi-ethnic urban environment define 'ethnically-sensitive therapy'. Identifies a continuum with four overlapping dimensions. Sets out possible implications for training.

**PR3**