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Ethnic Minorities and Mental Health: Ethical Concerns in Counseling Immigrants and Culturally-Diverse Groups

by Gemima M. Remy

Between 1980 and 1990 nearly 9 million foreign-born individuals migrated to the United States.¹ In 1993, the Immigration and Naturalization Service recorded the entry of over 900,000 immigrants and refugees. This figure is believed to be higher given the estimated 1.5 to 2.5 million people who enter this country illegally each year.² Currently, ethnic minority groups make up one-fourth of the United States population. It is estimated that by the year 2000, one-third of the U.S. population will be comprised of ethnic minorities.³ As the population of the United States becomes increasingly diverse, considerable attention is being directed to a critical examination of the quality of services received by ethnic minority groups in areas such as education, employment, and health.

With the advent of the Civil Rights Movement in the 1960s and accompanying affirmative action policies and programs, ethnic minority groups began to demand structural changes in American society to accommodate the growth in their numbers. As researchers began to explore the impact of race, ethnicity and socioeconomic conditions on minority populations, findings started to reveal that exposure to environmental stressors such as poverty, discrimination, segregation, and immigration negatively influence the lives of ethnic minorities. It became evident that immigrants and other minority populations were at risk of developing physical as well as psychological illnesses.⁴ As we approach the 21st century, how prepared are mental health providers to service an ever-increasing, culturally-diverse minority population?

According to the American Psychological Association, the primary goal of the mental health profession is to promote human welfare.⁵ This is achieved through (a) a genuine concern and respect for clients' unique life experiences and circumstances; (b) an emphasis on the rights, dignity, and worth of all individuals regardless of gender, color, race, or ethnicity; and (c) a high priority placed on helping others to explore and achieve their highest potential.⁶ Although these assumptions have guided clinical practice for many years, ethnic minorities continue to be largely underrepresented and underserved in mental health agencies across the nation, despite research findings



that have shown a high correlation between minority group membership and mental disorders.⁷

Several explanations have been offered as to why minorities might underutilize mental health services. These include the stigma and shame associated with mental illnesses among minority groups, the location of and accessibility to mental health facilities, and the paucity of mental health providers who are "culturally sensitive" and responsive to their clients' needs.⁸ Although these explanations are quite valid, a more likely interpretation of why minority groups have not benefitted from counseling services may be due to the long-standing history of institutional racism that is inherent in every facet of the mental health establishment—from the diagnosis and treatment of minority clients to the recruitment, training and education of mental health providers. The fact that ethnic minorities continue to be inadequately served by the mental health system in this country raises some serious ethical and professional concerns regarding an establishment that professes the promotion of human welfare as its primary purpose.

This essay examines briefly some aspects of the current mental health status of ethnic minorities (i.e., African Americans, Asians, Latinos, West Indians) and analyzes some ethical problems that may arise when mental health providers fail to take into consideration the role of ethnicity, race, culture and socioeconomic factors in counseling ethnically-diverse populations. It addresses the following questions: Given the current status of minorities in the mental health system, what are the professional/ethical responsibilities of mental health providers with regards to these clients? Are there ethical and cultural dilemmas that may arise in the failure to provide adequate services to these groups, and what steps can mental health counselors take in order to provide services that are culturally, professionally and ethically appropriate? The essay concludes with several

recommendations for more effective therapeutic strategies and interventions with ethnically-diverse groups.

Ethnic Minorities and the Mental Health System: Underrepresented and Underserved

The counseling profession has long been criticized for its failure to meet the mental health needs of ethnic minority populations.⁹ The nature of these criticisms has primarily focused on the prejudicial practices toward minority groups; the lack of knowledge, on the part of mental health providers, of the negative impact of poverty and discrimination on the psychological well-being of ethnic minorities; and, the unavailability of adequate counseling services.¹⁰

It appears that one of the most profound problems with the mental health establishment, with regards to the counseling of ethnic minority groups, continues to be the failure to take into account cultural experiences of these clients. Due to their limited knowledge of clients' cultural backgrounds, mental health professionals have adhered to theoretical and therapeutic frameworks that are not compatible with their clients' needs and experiences. Many such counselors, when working with immigrant clients for instance, fail to acknowledge the number of barriers that these individuals face in this country, including language and communication difficulties, the lack of knowledge and familiarity with the North American approach to mental health, prejudice and discrimination, and the added stress of having to adjust to a new culture.¹¹ As a result, the therapeutic interventions that are used are modeled after a Western approach to human development—a method that is largely based on the experiences of white, middle-class America, and which is not compatible with the cultural experiences of ethnic minority clients.

Moreover, several mental health clinics statewide are not staffed with bilingual health care providers who can assist immigrant/minority clients bridge the language gap. Consequently, when these individuals seek mental health counseling, they are likely to experience frustration and to find the kinds of services provided unacceptable and highly ineffective. It has been shown that, in general, minority clients tend to drop out of therapy at a higher rate than whites.¹² On average, African Americans have been found to use mental health services less frequently than whites and to terminate treatment much earlier.¹³ Asians and Latinos have also been shown to utilize mental health facilities at a less frequent rate than whites, and many of them do not return following the initial evaluation.¹⁴

If, in fact, the mental health profession strives to foster the psychological well-being of *all* individuals, then it may be argued that in providing services that are inadequate and culturally irrelevant to minority clients, mental health providers not only infringe on their clients' rights to appropriate treatment, they also violate their ethical and professional responsibilities toward these clients. Under what circumstances can ethical dilemmas arise in the context of counseling ethnically-diverse populations?

Ethical Dilemmas in Counseling Minority Clients

According to the American Psychological Association's Ethics Code of Conduct, mental health practitioners "respect . . . the fundamental rights, dignity, and worth of all people. They . . . are aware of cultural, individual, and role differences, including those due to . . . race, ethnicity, national origin, religion, . . . language and socioeconomic status. . . . [They] try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone unfair discriminatory practices."¹⁵ The counseling of culturally distinct individuals by providers who are not "trained or competent to work with [these clients is] regarded as unethical."¹⁶

Ethnic minorities continue to be largely underrepresented and underserved in mental health agencies across the nation.

T.L. Beauchamp and J.F. Childress have outlined several principles that guide codes of ethics. These include the principle of (1) *autonomy*, the notion that mental health counselors are obligated to respect their clients' right to self-determination; (2) *beneficence*, the idea that counselors are required to help others; (3) *nonmaleficence*, the duty of mental health professionals to "do no harm"; (4) *privacy*, the view that counselors must respect their clients' personal decisions about when and what information to discuss in therapy; (5) *confidentiality*, the idea that counselors should not disclose information revealed in the context of counseling; and (6) *justice*, the belief that mental health professionals should offer fair and equal treatment to all clients, regardless of class, race, or socioeconomic background.¹⁷ Several examples about how some of these principles may be violated in the context of counseling culturally-diverse groups are provided below.

When working with ethnic minority clients, mental health providers need first and foremost to acknowledge, and understand, that these individuals are the product of their cultural environment. Thus, the client's belief system, values, and lifestyles must always be given prominence when working with culturally-distinct groups. The failure to do so may result in misinterpretations and misdiagnosis of clients as well as ineffective therapeutic interventions. Consider the following examples.

In many West Indian societies, people strongly believe that mental illnesses are caused by individuals who have conspired with evil forces to torment the afflicted person.¹⁸ When a West Indian client manifests symptoms of "persecutory delusions," mental health providers cannot immediately assume that the client is *psychotic*. Knowing more about the client's ethnic background may help the counselor understand that a belief that is considered delusional in North America may be quite normal in the West Indies.

At times, African American clients have been misdiagnosed as suffering from “paranoid delusion,” because they have reported that “the white man is out to get me.”¹⁹ The tendency of mental health providers to label such a statement dysfunctional and pathological shows a lack of knowledge and understanding of the historical and cultural significance of these beliefs. African Americans, having long been victimized and oppressed by whites, have very legitimate reasons for being suspicious of the racist society in which they live. In fact, some have argued that the *cultural paranoia* found among African Americans is quite adaptive since it serves a self-preserving function.²⁰ In failing to recognize that African-Americans, as well as West Indians, are individuals with unique personal and cultural histories, mental health providers violate the principle of *beneficence*, or the idea that counselors are ethically obligated to act only in ways that benefit the client.²¹

There is also an inclination, on the part of mental health counselors, to describe their Asian American clients as “repressed” and “unassertive”—therefore, not good candidates for counseling.²² It must be acknowledged that many such counselors do, in fact, experience the therapeutic relationship with Asian Americans as difficult and frustrating. However, in labeling Asian American clients as passive and repressed, mental health professionals completely reject the cultural experiences that have shaped these individuals’ values and belief systems. In so doing, they fail to understand that while Western societies value the ability to express ideas and feelings openly, Asian Americans have a very different attitude toward open communication of feelings.

In traditional Asian cultures, what is communicated between individuals is determined by a number of factors, including an individual’s gender, education, occupation and social status. Asian Americans strongly oppose the discussion of personal matters with “outsiders,” mostly because an individual’s difficulties not only reflect the person’s own problems, but also those of his/her entire family.²³ Thus, counselors need to bear in mind that before discussing family matters, for instance, Asian American clients need to feel a certain level of trust and comfort in the therapeutic relationship. Should counselors provide an inferior or lesser form of treatment to these clients as a result of their lack of experience and knowledge of the Asian American culture, they violate the principle of *distributive justice* which holds that all individuals, regardless of race, ethnicity, and class, must receive similar treatment for similar problems.²⁴

A closer look at the findings on the underutilization of mental health services by ethnic minorities reveals that the mental health profession has not only violated ethical codes of conduct in providing inadequate services to ethnic minority groups in counseling settings, but also in conducting inappropriate recruitment, education, and training of mental health providers. Currently, it is estimated that ethnic minorities comprise approximately 20% of undergraduate psychology majors.²⁵ A little over half (11%) go to graduate school for psychology and

about 9% complete their graduate studies. Of all licensed psychologists, only 5% are ethnic minorities and less than 6% of psychology faculty are minorities.²⁶

Findings have also shown that the training of graduate students, for the most part, is conducted based on a white middle-class approach that views ethnic minorities as inferior, deficient, and pathological.²⁷ Many graduate students go on to become licensed practitioners without ever having taken a single course on cross-cultural issues.²⁸ How, then, can mental health counselors develop the skills needed to provide culturally-sensitive services to ethnic minority groups when they are not being trained properly? How can the presence of ethnic minorities be increased in the mental health system when minority professionals—who have both the linguistic skills and familiarity with the cultural background of minority clients—are so severely underrepresented in the mental health profession? It is time that the counseling profession critically reassesses its stance on ethnic minority issues and addresses those issues head-on. If the primary goal of the mental health establishment is to foster a sense of self-determination and cultural autonomy in clients, we can no longer afford to ignore the factors that are so critical in achieving that end.²⁹

Conclusion and Recommendations

Working with ethnic minorities raises a number of ethical and cultural dilemmas which, if not dealt with properly, may lead to difficulties in communication, misunderstandings of expectations, failure to provide quality care and, ultimately, patients’ termination of treatment.³⁰ In order to provide culturally-appropriate and effective counseling services, clinicians need to take into consideration their clients’ culture, race, class, ethnicity and socioeconomic status. Mental health providers need to understand that migrants and other ethnic minority groups face stress caused by racism, prejudice, and discrimination; language and communication difficulties; cultural alienation; and many other conflicts that exist between and within groups which may lead to the development of mental illnesses.³¹ Effective psychotherapeutic treatments with these groups must emphasize the effect of discrimination, oppression, and racial inequality.

When counseling ethnic minority clients, clinicians need to focus on the specific personal, familial, and cultural history of the client. Accurate assessment of these clients’ history must include immigration status, level of cultural assimilation, religious beliefs, and social class, among other variables. Additionally, clinicians need to critically examine the means by which they categorize pathologies as illnesses, remembering that what is viewed in one culture as pathological may not necessarily be so in another society. This is one reason why culturally appropriate models are very much needed in counseling ethnic minorities. For a good source, the reader is referred to the ethnic validity model of human understanding and interaction developed by F. Tyler and his colleagues. This model accounts for the presence of commonalities and

differences in psychosocial development and experiences among people with different ethnic and cultural heritages. It addresses the different ways of relating to individuals with different ethnic world views and their consequent emergence in cross-ethnic patterns of interaction.³²

As we approach the 21st century, the counseling profession must reassess its service delivery to ethnic minority clients and strive to provide professional and quality services that are ethically and culturally relevant. The mental health establishment should consider the following two recommendations:

(1) make the topic of cultural and ethnic diversity a requirement of all counseling programs by mandating that information on diverse populations be included in undergraduate and graduate curriculum, as well as in the clinical training and research work of mental health workers. Only when counselors have acquired sufficient knowledge of their clients' sociocultural characteristics will they be in a position to implement culturally-relevant and effective therapeutic strategies and interventions; and,

(2) increase the presence of ethnic minorities in the mental health profession by recruiting, training, and facilitating the completion of graduate studies of immigrant/ethnic minority students with the knowledge, experience, and interest in cross-cultural issues.

In sum, counselors who work with ethnic minority clients must not lose sight of the sociopolitical forces that have shaped and continue to impact the lives of ethnic minority groups residing in the United States. They need to critically assess the appropriateness of their theoretical frameworks and make the necessary adjustments to account for the role of class, culture, race and language in their work with culturally-distinct populations. In so doing, they will not only minimize potential harm to their clients' welfare, they will also respect their clients' cultural autonomy, foster a healthy therapeutic relationship, and uphold their ethical obligations toward their clients.

It should be noted, however, that in order to provide culturally-sensitive services, mental health professionals need not be "experts" on all the cultures of the client population which they serve. What is important, and necessary, is for mental health counselors to learn to appreciate and accommodate the unique cultural experiences of individuals from different racial, ethnic, and socioeconomic backgrounds. Only then will they be in a position to promote the well-being of *all* individuals, regardless of race, color, ethnicity, and cultural heritage.

Notes

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