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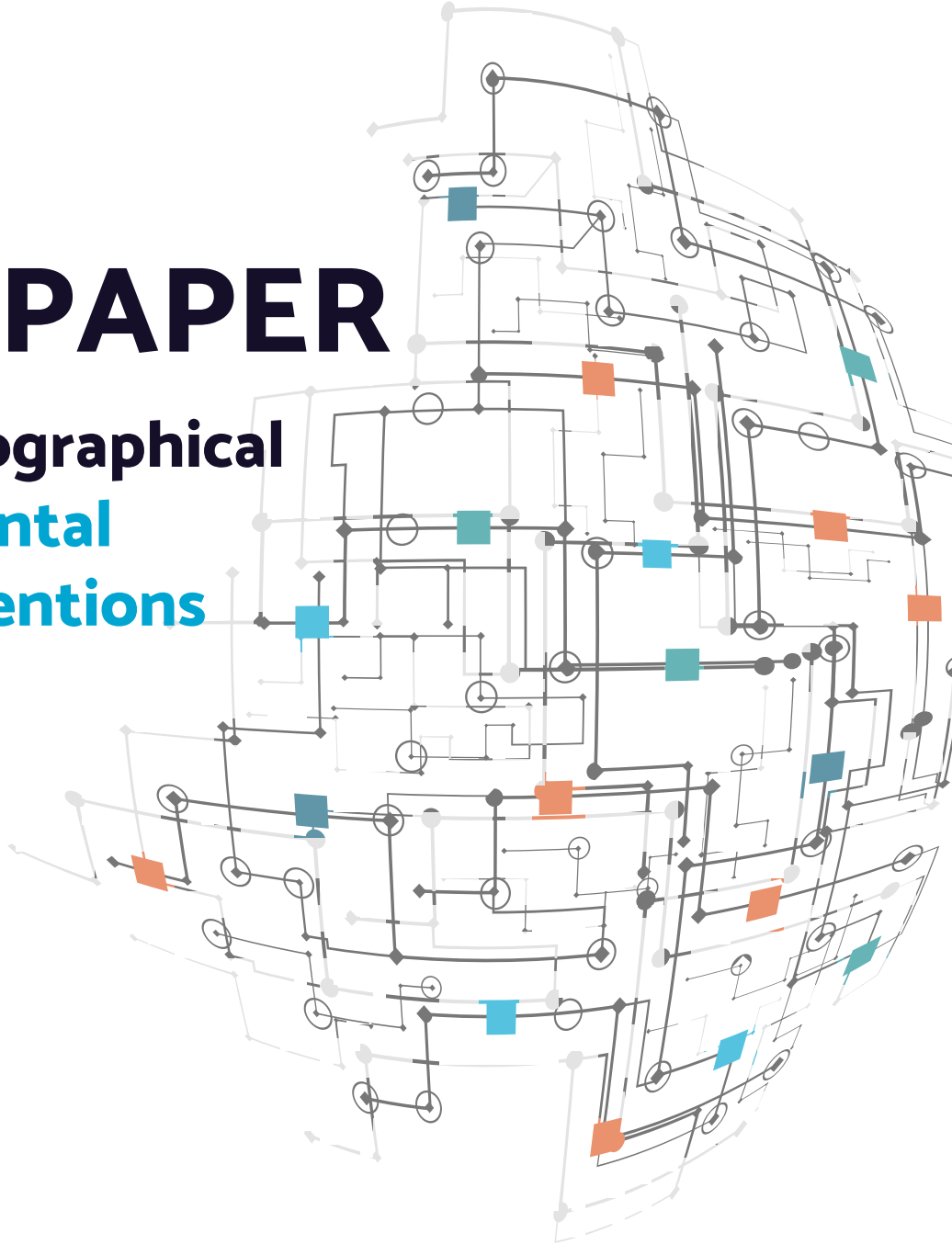
Cultural & Geographical Context in **Mental Health Interventions**

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INTRODUCTION

In the provision of wellbeing services in the Trust and Safety industry, there is a deep recognition that cross-cultural competency is necessary. These groups of employees are highly diverse, spread across the globe, and face unique stressors requiring regular contact with trained mental health professionals to mitigate risk of developing mental ill health symptomology.

Cross-cultural psychology underpins all Zevo Health interventions. Through regular literature review and on-the-ground experiences, we can determine which types of interventions will be best suited to meet the needs of such a diverse population. In considering elements of cross-cultural psychology such as collectivist versus individualistic societies, "tight" and "loose" social rule adherence across cultures, and the specific cultural or religious beliefs tied to various groups, our interventions can be tailored to any individual or collective that we engage with through our wellbeing services.

The below outlines some key cultural groups from various global regions and the research literature evidencing interventions that are effective for these groups. Additionally, it provides some recommendations and use case examples of how we have adjusted our services to meet the needs of these specific groups to enhance engagement and reduce stigmatization of mental ill health.

LATIN AMERICAN CULTURE

- Latin American cultures are generally more collectivist in nature, with importance placed on community, family, and peer groups, thus community-based interventions tend to be more effective with Latin American values (de Oliveira & Nisbett, 2017). The emphasis in Latin American culture on community and family support aligns well with group-based interventions, which can leverage the existing social structures to facilitate mental health care.

- For instance, the use of community health workers and nurse care managers to deliver interventions in the community has been shown to be effective (Forcén et al., 2023). This approach is known as task sharing and involves training non-mental health specialists who have greater community exposure to aid at-risk populations.

- Collaborative care models for depression have improved quality of care and treatment outcomes in primary care settings, showing the potential for nontraditional models of mental health delivery within Latin American communities, as shown in a randomized controlled trial (RCT) conducted by Lagomasino et al. (2016).

- Group-based CBT has been found effective in reducing depression among Latin Americans. The incorporation of Latino cultural values into the therapy has been highlighted as a significant factor contributing to its success, suggesting that culturally adapted group therapy that respects and integrates cultural values can be particularly effective (Russell & Doucette, 2012).

- Group-based therapy in general can be particularly effective in collectivist cultures. Group therapy can provide a sense of universality and belonging, which is a significant factor in healing, and is particularly relevant in collectivist cultures where community and group identity are highly valued (Marmarosh et al., 2022)

RECOMMENDATIONS FOR LATAM T&S POPULATIONS:

✓ Design group-based interventions that emphasize the importance of community in driving mental health and wellbeing

✓ Upskill key community members including managers and "champions" in facilitating group-based interventions that foster cohesion and a sense of belonging

✓ Ensure care pathways are designed with community in mind, including community mental health support groups and centres and collaborative care options

Example: Client X is a BPO with Content Moderator teams based in Costa Rica. Service delivery heavily focuses on group-based interventions and community building. This includes Wellbeing Specialist(s) doing floor walks daily to meet and greet moderation teams, weekly psychoeducational workshops with experiential exercises, group-based processing sessions within teams weekly, and skills development sessions for managers and leaders to enhance their relationship-building skills with team members.

AFRICAN CULTURE

- Four randomized controlled trials (RCTs) using Interpersonal Psychotherapy Interventions (IPT) showed efficacy for reducing depression. Importantly, these interventions were not delivered by mental health professionals, but lay health workers who were briefly trained, which may have mitigated cultural stigma against traditional mental health intervention (Mabunda et al., 2022), as well as showing efficacy is possible where there is a general shortage of professional psychotherapeutic care.

- Collaboration in mental health intervention between modern medicine and traditional healers is stressed, as it can facilitate detection, referral, and rehabilitation of individuals with mental disorders. This approach recognizes the importance of cultural beliefs and practices in the treatment of mental health issues (Alem et al., 2008).

- Research has shown that cultural competence (developing a deep understanding clients' cultural backgrounds and tailoring their treatment approaches accordingly) is a significant factor in the efficacy of psychotherapeutic interventions in African culture (Musyimi et al., 2018).

RECOMMENDATIONS FOR AFRICAN T&S POPULATIONS:

✓ Upskilling and training lay persons like managers, "champions", and others in the peer group to deliver sub-clinical support. For example, the development of psychological first aid skills

✓ Introduce collaborative care models that bring in traditional healers to minimize stigma and align with cultural beliefs

Example: Client Y is a BPO based in Europe that has recently hired handfuls of Content Moderators for marketized support of Sub-Saharan languages including Swahili, Igbo, Oromo, Yoruba, and more. These moderators were delivered standardized wellbeing training developed by the BPO's end client during their onboarding which used terminology including resiliency, mental health, psychological distress, and trauma. The post-training evaluation surveys indicated that these moderators were unable to understand the materials and could not apply their learnings. The Wellbeing Specialist team held informal feedback sessions with the moderators and determined additional psychoeducation was required, utilizing language that was culturally relevant. The trainings delivered used adapted terminology such as loneliness rather than depression, shyness rather than introversion, death of someone you love rather than grief, etc.

MIDDLE EASTERN CULTURE

Middle Eastern cultures are generally characterized by their collectivist orientation, religious influences, and strong family ties, and therefore require culturally sensitive mental health interventions. Several approaches that have been found effective in addressing mental health issues within Middle Eastern communities.

- A tailored, community-based, 5-week group mindfulness programme had high levels of cultural acceptability and relevance, and produced clinically and statistically significant improvements in mental health outcomes, facilitated access to mental health care, and boosted mental health literacy (N=271, age 16-65, most fell into 26–35 and 36–45 age groups, approx. 73% were Muslim) (Blignault et al., 2021).

    > Shows group therapy sessions that are culturally tailored and conducted in the native language can be particularly effective.

- A systematic review of mental illness and help-seeking behaviors among Middle Eastern cultures (Elshamy et al., 2023) "identified a need for increased psychoeducation and community support which may help in reducing the burden of stigma on people in the region", in the hope that it "will support mental healthcare professionals in promoting interventions that are both evidence-based and culturally informed". For example, engaging community leaders and respected figures in mental health initiatives to help reduce stigma and increase the uptake of mental health services.

- Increasing mental health literacy through psychoeducation intervention, especially educating family members, can help de-stigmatize mental health issues and promote familial support towards loved ones in need of mental health support (Al-Noor, 2017).

- Literature again stresses the importance of adapting psychotherapeutic interventions such as CBT to align with the individual's cultural values and religious beliefs – for example, incorporating language about fate and the will of God can make psychotherapy more acceptable to some Middle Eastern Clients (Sayed, 2003).

RECOMMENDATIONS FOR MIDDLE EASTERN T&S POPULATIONS:

✓ Design culturally relevant group-based interventions that consider religious and cultural beliefs

✓ Focus on psychoeducation that de-stigmatizes mental ill health and ensure that respected leaders are part of the education process

✓ Develop care pathways and/or make recommendations for individuals to seek support from their community and religious leaders as an alternative to traditional community mental health supports

Example: Client Y is a BPO that hires asylum seekers and refugees from war-torn and conflict-ridden Middle Eastern countries including Iran, Iraq, Syria, Afghanistan, and more for marketized language support. Wellbeing Specialists directing these moderators towards further care pathways include recommendations to connect with their community and religious leaders. Additionally, group interventions for Middle Eastern moderators are adapted to meet cultural differences such as separating women and men into different groups and facilitators being the same sex as the group participants. Finally, connecting Wellbeing Specialists who have experience working with asylum seekers and refugees to these populations for 1:1 counselling has been anecdotally described as enhancing support-seeking behaviors amongst this group.

Specifically, during Ramadan, A Wellbeing Specialist point-of-contact (POC) has a designated POC on the Middle Eastern team who can share the most appropriate times for group interventions weekly to ensure there is no conflict with their meal and prayer times.

EUROPEAN CULTURE

Eastern European cultures tend to be more traditional and conservative in their outlook, while Western Europe has historically leaned more liberally (Meskova, 2018). Religion plays a more significant role in Eastern Europe, often intertwined with national identity. In contrast, Western Europe tends to have a more secular approach where religion is less tied to national identity. Attitudes towards minorities generally differ in Eastern and Western Europe as well, for example, eastern Europeans generally show less acceptance of religions outside of their own (Pew Centre Research, 2018). These are important cultural contexts to take into consideration when culturally adapting mental health interventions.

- Perera et al. (2020) conducted a meta-analysis on culturally adapting psychological interventions and offer a four-step guide to culturally adapt interventions for greater effectiveness. Framework is as follows:

  1.) Information gathering: rapid desk review to identify characteristics of the population of interest – cultural norms, values, and context.

  2.) Formulation of Adaptation Hypotheses: form hypotheses about what adaptions may be necessary. What changes might need to be made to an intervention to make it more culturally congruent?

  3.) Local Consultation: engage with local stakeholders, community leaders, including mental health professionals to get their input.

  4.) External Evaluations: Have the adapted intervention reviewed by external evaluators to assess the cultural adaptation's quality and whether it needs further changes.

- Applying these findings to Eastern/Western European populations involves recognizing and integrating the cultural, historical, and social nuances of these communities into psychological interventions.

- A study in Austria found significant improvements in depression, anxiety, and somatization among patients undergoing short-term group psychotherapy (Riedl et al., 2023).

RECOMMENDATIONS FOR EUROPEAN T&S POPULATIONS:

✓ Diversity within the EU alone necessitates an understanding of unique European groups' needs for psychological health and wellbeing. Focus groups should be considered at service launch to determine if there are differing needs between individuals from different European countries e.g., Irish people vs Latvian

✓ Historic tensions between EU and bordering countries must be deeply considered when organizing groups e.g., Russia-Ukraine war requires consideration of whether Russian and Ukrainian moderators should be placed in the same processing group

Example: Client B is an audio streaming service that hires moderators globally. Their wellbeing services are remotely delivered. The population includes individuals across EMEA, APAC, and LATAM. The EMEA team was quite small therefore, the monthly processing group included all EMEA moderators in the same group. When the Hamas-Israel conflict began, discussions were held with both Israeli and Palestinian moderators to determine whether they wanted to continue their processing group together. Both groups agreed they would prefer to be separated going forward. The Wellbeing Specialist team, therefore, operated two separate processing groups that randomly assigned the remaining EMEA moderators who were not of Israeli or Palestinian descent to either group.

NORTH AMERICAN CULTURE

- Generally, NORAM culture is considered individualistic therefore there is a strong emphasis on individual expression, freedom, and autonomy.

- North American countries including Canada and the United States are culturally diverse, especially in specific provinces, States, and cities. For example, Toronto, Canada is often colloquially referred to as a "melting pot" of ethnicities, races, and cultures.

- The diversity across NORAM necessitates a deep understanding of cultural assimilation versus acculturation and how this impacts individuals' values and belief systems which can directly influence their psychological health and wellbeing.

RECOMMENDATIONS FOR NORAM T&S POPULATIONS:

- ✓ Wellbeing service providers should determine in-groups and out-groups within the organization and conduct focus groups to determine if these in- and out-groups will pose a barrier to engagement

- ✓ Group interventions should be tailored for a diverse population with consideration for the unique cultural differences between groups

- ✓ Counselling interventions should focus on the individual and their intersectional identity, with key consideration for any unique differences from their cultural background (i.e., see Asian-American culture below)

ASIAN AMERICAN CULTURE

Literature is consistent in reporting that Asian Americans are more likely to exhibit somatic complaints of depression than African Americans or white people (Chang, 1985), and those with mood disorders exhibit more somatic symptoms than do white Americans (Hsu & Folstein, 1997). It's hypothesized that this is a culturally based difference, as Western cultures distinctly separate body and mind, while many Asian cultures do not (Lin, 1996). There is also evidence of higher stigma against mental illness in some Asian cultures – open displays of emotion, for example, can be viewed as personal weakness, and are therefore more often internalised in order to maintain social or familial harmony (U.S. Department of Health and Human Services, 2001). Recent studies indicate that even in modern society, where mental health stigma is being openly challenged, Asian Americans, both foreign-born and U.S.-born, consistently report more somatic symptoms of depression (Dere et al., 2013; Kalibatseva & Leong, 2011; Zhu, 2018).

RECOMMENDATIONS FOR APAC T&S POPULATIONS IN NORAM:

✓ Develop tailored interventions which highlight and address somatic complaints associated with mental ill health. These may include, but are not limited to, active mindfulness practices like mindful walking and eating and somatic therapy techniques like the butterfly hug

✓ Address cultural stigma by providing psychoeducation which does not seek to mandate participants to share openly how they are feeling but, rather focuses on enhancing awareness of mental ill health and somatic indicators

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