Diversity: Cultural Competence In Mental Health Nursing

The Nursing and Midwifery Council (NMC) Code of conduct (2018) instructs registrants to be culturally competent; nurses must treat patients as individuals in a dignified and non-discriminatory manner irrespective of age, ethnicity or cultural background. Globalisation and international migrations have resulted in cultural diversity in societies; therefore, nurses encounter patients from different cultural backgrounds (Sharifi, 2019). The assignment and corresponding poster aim to educate and raise awareness of Registered Mental Health Nurses (RMN) on the importance of delivering holistic and culturally competent care to patients for improved patient outcomes and satisfactions. The rationale for providing culturally competent care within mental health service will be highlighted. To achieve this, the impact of cultural competence in mental health service outcomes, implications in practice of current and future challenges will be highlighted. The Joint commissioning panel for mental health (2014) recommended the need to develop cultural competency in the mental health workforce as culturally competent nurses are able to understand and manage the power dynamic between practitioners and patients and work towards an unbiased and therapeutic relationship (Holland, 2017).

Whilst it must be acknowledged that cultural competence, which is the ability to respond to cultural diversity inside healthcare systems (Cai, 2016) is imperative for all health professionals in delivering patient centred care; due to the word count limitations only RMNs will be addressed. RMNs are the chosen target audience as interact with very vulnerable patients (Lowe, 2019) who are often unable to speak on their own behalf and as such rely on RMNs to act as their advocate (NMC, 2018). Hence it is crucial that RMNs are culturally competent to support and educate Patients appropriately. Furthermore, RMNs have the capacity to form close, well established relationship with patients and their families which is vital in delivering holistic and sensitive care (Holland and Hogg, 2010).

Diversity for RMNs' is not just reserved for ethnicity and culture, it encompasses gender, sexual orientation, socioeconomic status, age, disability, religion and patient's other beliefs (Andrews and Boyle, 2012). Sharifi (2019) considered cultural diversity a major barrier in delivering effective care due to cultural incompetence within the workforce which hinders therapeutic relationship between nurse and patient resulting in inequality in care delivery and poor patient outcomes. For example, misgendering patients could lead them to close up and be reluctant to discuss their concerns as the mis-gendering could make the patient feel misunderstood and lack confidence in the caregiver.

The term 'cultural' is oversimplified and used as a synonym for race, ethnicity or religion. However, UNESCO (2013), identifies cultural more broadly as how people may identify themselves, such as: lesbian, gay, gothic, Black and Asian Ethnic Minority (BAME), Caucasian and traveller. According to UNESCO (2013), competence mean having adequate skill, ability and knowledge of specific context. As such, culturally competent care must include the RMNs ability to respond effectively to the care needs of a diverse patient group and to cultural factors that can have impact on the patient's health and wellbeing. This could include; language and communication styles, beliefs, attitudes, behaviours, food preferences and gender of caregivers. In order to be culturally competent, RMNs must be able to understand how societies and

cultural backgrounds influence patient's health beliefs and behaviours (Kaihlanen et al., 2019). Health disparities can be reduced by providing culturally competent, sensitive and unbiased care (Cruz et al., 2016). Therefore, RMNs must recognise the uniqueness of each patient and respect, protect and advocate for their right to independence, self-expression, self-respect and confidentiality (NMC,2018). This further is supported by the King's Fund report (2011), 'no decision about me without me document', which highly emphasises on shared decision making, where patients are enabled to make informed decisions by giving clear comprehensible information about their condition, treatment, risks, possible outcomes and uncertainties in an unbiased manner. NMC (2018) also emphasised patient involvement and effective communication as exceptional care cannot be provided without the involvement of recipient of care (NHS, 2020).

Increased levels of international migrations, globalisation of the economy and settlement of refugees have made huge impact on health care services of different countries(Sharifi et al,. 2019). Unsurprisingly, In the United Kingdom (UK) the National Health Service (NHS) trusts reassessed provisions and ensured services are adapting to meet the changing medical, social and cultural needs of the current population (NHS, 2020).

Cultural competence has emerged as an important issue as the UK becomes more diverse, RMNs will increasingly see patients with variety of perceptions regarding their health, mostly influenced by their social or cultural backgrounds. For instance, a patient may present as non-concordant with their treatment regime, but this could be due to their belief that their psychosis is a link to ancestors or god. To be able to treat such a patient, RMN must be able to understand why the patient has chosen this stance and therefore be in a better position to provide medical or psychological help. Andrew and Boyle (2012) stated that culturally competent nurses can provide better care to the patients if they understand what differentiates patients' culture, values, beliefs and practices from their own. Hence, RMNs must be aware of how cultural belief, background and values may have an impact on the mental health, behaviours, choices and preferences of patients in their care. Delivering culturally competent care means that care is planned and implemented in a way that is sensitive and meet the need of the patients, their families and groups from a diverse population within the society (Andrew and Boyle, 2012). Andrew and Boyle (2012) has further emphasised on how crucial it is for RMNs to understand patient's perspective, encourage their patient to ask questions if in doubt, use interpreters for the patients who have difficulty in speaking and understanding English, explain treatment options and ensure respect for patients and their families. RMNs must be able to practice non-judgementally to limit the instances of patients being negatively affected by presumptive nursing and the nurse' unconscious bias. The simplest way of achieving this is by involving the patient in their care and enabling them to contribute to their own health (NMC 2018) . Mental health treatments can be more effective when they align with the culture of the patients, when a patient feels understood and when RMNs demonstrate multicultural competences (Soto et al,. 2018).

Holland (2017) has highlighted rather disturbing facts that patient from BAME group have the highest rate of schizophrenia and this could be due to inaccuracy in diagnosis, labelling, stereotyping, economic deprivation, discrimination and racism. Holland(2017) further added that black patients are more likely to be detained by the police under mental health act due to not receiving adequate care from their primary health service and detention by police is the first call for help. National Institutes of Health (2017) and Jongen et al,. (2018) both agree that Cultural respect and competency are vital in reducing health disparities, in building resilience

and improving access to high-quality healthcare which is approachable by the culturally and linguistically diverse patients. However, health services and professionals are facing common challenges on how to promote and embrace diversity (Oikarainen et al., 2019). Butler et al,. (2016) stated that cultural competence is a key in eliminating disparities in health or health inequality. There is a clear link between cultural competence and eliminating racial/ethnic disparities in health care. However, The Marmot Review, Fair Society, Healthy Lives (2010) highlighted that health inequality or disparities are the result of many other factors such as: social economic status and inequalities. Therefore, cultural competence alone could not address the problem.

RMN to be culturally competent, they must be well trained, have effective resources allocated to them, strategy in place and follow up in addition to overall preparedness (Oikarainen et al., 2019) but unfortunately, due to various reasons, resources are not always available. For example, shortage of staff hinders RMN from providing quality care (Gilbert, 2019), use of interpreter can be challenging due to time constraints, their availability and costing,(Kaur et al., 2014). In some instances, patients are reluctant to participate in their care, therefore it would be difficult for RMNs to follow strategies in place.

Kaihlanen et al,. (2019) identified that cultural competency needs global attention and identified that training is extremely useful in improving nurse's cultural competency. Oikarainen et al,. (2019) has suggested that healthcare services should ensure they provide continuous training to their employees and educate them on regular basis on culturally and linguistically appropriate practice to provide high quality culturally competent care. NICE (2007) has highlighted that change is going to take a long time to take effect, cultures are not stagnant, and nurses will need continued training. More than just training, nurse's attitude must align with the training they received (Price,2015) and should challenge their own bias to be able to deliver holistic care effectively. Mental health services should work with local voluntary black and minority ethnic groups to jointly ensure that culturally appropriate psychological and psychosocial care and treatments are provided to patients from diverse ethnic and cultural backgrounds (NICE, 2011).

This assignment has explored diversity and impact of cultural competence in mental health nursing. It has shown that cultural competence is key in providing effective care to achieve positive patient outcome and in reducing health inequalities to some extent. It highlighted how important it is to involve patients in their own care and treatment. It successfully highlighted how to be culturally competent and provide care that is respectful and appropriate for the patients from diverse group. It is able to increase RMNs awareness on importance of cultural competence in delivering holistic person centred care and its significance in improving patients health outcome and satisfaction. The assignment has also identified that whilst cultural competence is of utmost importance, it is not without its challenges.