



Beyond Borders:

ETHICS & CULTURAL CONTEXT OF


Immigrant Experiences

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LEARNING OBJECTIVES

By the end of this session, we should be able to:

- Define culturally responsive ethics and articulate its importance in behavioral health work with immigrant populations
- Recognize how cultural context and systemic inequities shape the behavioral health experiences of immigrant individuals and communities.
- Apply ethical strategies for engaging immigrant clients and communities in ways that promote trust, respect, and cultural inclusion.






WHY THIS TOPIC MATTERS







STATS:

Immigrant population and behavioral health

Journal of Environmental Research and Public Health (2012)

A study of French immigrants in Canada found specific healthcare concerns resulting from language and communication difficulties including experiencing emotional distress prior to the visit, feeling unsatisfied with the care received, and the potential for harm or medical errors.

STATS:

Immigrant population and behavioral health

Cultural Diversity & Ethnic Minority Psychology Journal (2010)

In one study of 150 Mexican immigrants who immigrated to a non-traditional settlement (no social support), 68% met the clinical criteria for depression and/or anxiety.

STATS:

Immigrant population and behavioral health

PLOS Mental Health (2025)

Among U.S. immigrants reporting anxiety/depression symptoms, 21.2% reported currently accessing formal mental health care services, compared to 36.9% among the domestic born population reporting the same symptoms.

STATS:

Immigrant population and behavioral health

UCLA Center for Health Policy Research (2023)

For immigrants living in the United States fewer than five years, rates of serious psychological distress increased 140%, between 2015-2021. Adults with limited to no English proficiency experienced a 33% increase, from 6% to 8% during this time.

CULTURALLY RESPONSIVE ETHICS

Ethical practice that integrates **awareness** of and **respect** for diverse cultural values, beliefs, and experiences.

Goes **beyond** standard ethical codes to include cultural humility, responsiveness, and **advocacy**.

Key elements include awareness of bias and privilege, collaborative decision-making, contextual understanding of behavior and health.

ETHICAL PRINCIPLES

reimagined through culture

Principle	Culturally Responsive Approach
Autonomy	Respect cultural norms of collectivism vs. individualism
Beneficence	Consider culturally meaningful interventions
Non-maleficence	Avoid harm through cultural stereotyping
Justice	Ensure equitable access to linguistically and culturally appropriate care

IMPACT OF CULTURE ON BEHAVIORAL HEALTH VS. WITHOUT CULTURAL RESPONSIVENESS

- Shapes views of mental illness, healing, and help-seeking.
- Influences communication styles and symptom expression.
- Affects trust in healthcare systems and providers.

- Misdiagnosis and misunderstanding
- Reduced engagement and treatment adherence
- Ethical harm through cultural invalidation

How we employ **cultural responsiveness** has a tremendous **impact** on the immigrant communities we serve.

CULTURAL COMPETENCE VS. CULTURAL HUMILITY

- Often seen as a skill set to be mastered.
- Focus is on what you know.
- Assumes that increased knowledge about a culture directly translates to greater ability in providing client care.

- Uses a “growth mindset” to enable curiosity
- Focuses on life-long learning and self-reflection.
- Helps the service provider to engage with clients through openness and client-centered care.

Cultural humility is an **intentional**, growth process that chooses **life-long** evaluation of self to understand others.






CULTURAL CONTEXT IN BEHAVIORAL HEALTH







Cultural context influences behavioral health in a variety of ways...

Culture shapes everything:

It informs how individuals understand mental health, define wellness, and decide when (or whether) to seek help.

Culture informs symptom expression:

For example, psychological distress may be expressed as physical symptoms (somatization) in some cultures.

Culture influences help-seeking behaviors:

Some cultures prioritize family and community support over professional intervention.

Culture informs the how wellness is viewed:

Client's view of symptoms may not coincide with DSM criteria for diagnosis.

Culture informs therapeutic relationship expectations

Depending on the client's background, they may prefer certain therapeutic modalities.

VIGNETTE:
MISDIAGNOSED TRAUMA AS PSYCHOSIS

Client Profile:

- Name: Amina (pseudonym)
- Age: 26
- Country of Origin: Somalia
- Language: Somali (limited English)
- Immigration Status: Refugee, resettled in the U.S. 2 years ago
- Referral Reason: Paranoia, auditory hallucinations, social withdrawal

VIGNETTE:
MISDIAGNOSED TRAUMA AS PSYCHOSIS

Presenting Concerns:

Amina is referred to your community mental health clinic by an emergency room physician after she was found disoriented and talking to herself in a public park. She was described as "paranoid," "non-communicative," and "possibly delusional." A preliminary diagnosis of schizophrenia was made in the ER.

VIGNETTE:
MISDIAGNOSED TRAUMA AS PSYCHOSIS

Initial Assessment (Without Cultural Context):

- Reports of "hearing voices" and seeing “shadows.”
- Belief that “spirits” are following her.
- Distrustful of male staff, especially those in authority roles.
- Avoids eye contact and becomes visibly anxious when asked direct questions.

Diagnosis: Psychotic Disorder (Schizophrenia)

Plan: Antipsychotic medication and psychiatric hospitalization.

VIGNETTE:
MISDIAGNOSED TRAUMA AS PSYCHOSIS

Re-evaluation with Culturally Responsive Lens (in clinic):
A Somali-speaking clinician and interpreter is brought in. Amina shares that:

- She had survived multiple traumas, including rape by armed militias, the murder of family members, and living in refugee camps for several years.
- The "voices" she hears are flashbacks of her attackers yelling, and the "shadows" are hypervigilance, especially in unfamiliar spaces.
- Her talk of “spirits” relates to Somali cultural beliefs about jinn (supernatural beings).
- Her avoidance of male staff stems from sexual trauma and cultural norms about gender and modesty.

CONCLUSION:

Ethical Lesson Learned

Diagnosis revised to:

- Post-Traumatic Stress Disorder (PTSD) with dissociative features

due to cultural idioms of distress related to Somali spiritual beliefs & no evidence of a primary psychotic disorder

Misdiagnosing trauma as psychosis can cause ethical harm: overmedication, unnecessary hospitalization, and re-traumatization.






UNIQUE CHALLENGES FACED BY IMMIGRANT POPULATIONS





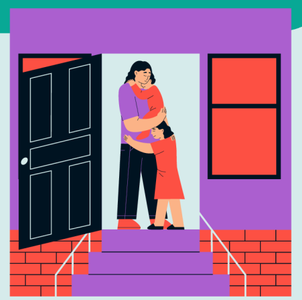


This is not a comprehensive list, but some challenges include:

Challenges

- Acculturation stress
- Discrimination
- Trauma from Migration
- Job Stability
- Deportation Concerns
- Displacement
- Legal Issues
- Trauma from War
- Language Barriers
- Systemic Inequities
- Separation of families
- Financial stress
- Healthcare Access

SYSTEMIC INEQUITIES & BARRIERS



This is not "just" a clinical issue—it's a social justice issue...

Barries to Access

- Lack of insurance or legal documentation.
- Language barriers and limited access to culturally competent providers.
- Transportation and childcare issues.

Historical and ongoing discrimination:

- Racism, xenophobia, and anti-immigrant policies increase stress and trauma.
- Past experiences with corrupt or oppressive governments may cause distrust of institutions.

Acculturation stress and identity conflict

- Struggles balancing heritage culture with new cultural norms.
- Intergenerational conflicts between parents and children adapting at different rates.

ETHICAL RESPONSIBILITY

As members of the behavioral health community, it is imperative that we understand and consider these factors in assessment, diagnosis, and treatment planning.

CULTURALLY RESPONSIVE ETHICS IN ACTION

We all have a part in taking these steps in our work with the immigrant community

Training

Using trained interpreters (not family) to ensure clear, unbiased communication

Learning

Be honest about limited knowledge of client's culture and be open to learning (cultural humility)

Supporting

Involving family or community supports when appropriate

Advocating

Advocate for culturally responsive services in your community or place of work

THANK YOU!

Resources

1. https://www.researchgate.net/publication/282241340_Immigrant_perceptions_of_therapists'_cultural_competence_A_qualitative_investigation
2. https://pmc.ncbi.nlm.nih.gov/articles/PMC4634824/
3. https://healthpolicy.ucla.edu/newsroom/blog/californias-newest-immigrants-had-biggest-increase-serious-psychological-distress-between-2015-2021
4. https://journals.plos.org/mentalhealth/article?id=10.1371/journal.pmen.0000339
5. https://www.apa.org/monitor/2023/11/immigrant-mental-health