



Cultural competence

What does the term mean for mental health training? asks **Suman Fernando**

The term 'cultural competence' as a desirable entity in mental health service provision was first used over 25 years ago.¹ The Rocky Bennett Inquiry Report in 1998 placed cultural competence training at the top of its 22 recommendations. Most recently the term has been taken up by Delivering Race Equality (DRE). Being 'culturally competent' is now almost mental health dogma.

The term was used originally to refer to a group of people providing a service; i.e. 'competence' applied to a service as a whole. A team providing a service had to include people from various cultural backgrounds so that the team as a whole was 'competent' in assessing people from diverse backgrounds. But this 'competence' has now become located in an individual professional. We expect an individual practitioner all by themselves to be able to assess people from various cultural backgrounds.

Training people to have 'cultural sensitivity' as an attitude of mind that promotes an understanding of the place of cultural difference and similarity may be all we can expect from professional training

The Bennett Report went further than just calling for cultural competence training by saying that 'this should include training to tackle overt and covert racism and institutional racism.' This implies that if one is culturally competent one is no longer racist. But what has racism got to do with culture? I suggest there is a fundamental problem here. We muddle up two very different concepts, 'culture' and 'race', mainly because we feel embarrassed to talk of 'race' but feel that 'culture' is an OK term. After all, we admire people who are cultured and we do not think much of people who 'racialise'; i.e. who connect races with personal characteristics – good ones (like a love of music) or bad ones (like a love of violence). And so while recognising the existence of racism we hide behind 'cultural' terminology and talk of training to be culturally competent as a solution (to racism).

Whatever the discourse, the real question is about the usefulness of cultural competence as a model for good practice. In my view, being competent must be related to an

objective – i.e. competence in carrying out some activity – and hence to certain information, skills and attitudes. So a competent professional must (a) have sufficient knowledge about all cultures; (b) be fully aware of how to go about eliciting a person's cultural background; and (c) possess attitudes of openness towards appreciating cultural differences. I do not think this is fair or feasible.

So what does this mean for mental health training? In my view we should drop the term 'cultural competence'. Putting the adjective 'cultural' before an attitude is reasonable, so we should talk of training people to have 'cultural sensitivity' as an attitude of mind that promotes an understanding of the place of cultural difference and cultural similarity. That may be all we can really expect from professional training. And such training must involve the study of cultural variation – of concepts of illness and health, of socio-political constructions of illness categories, of idioms of distress and so on. Training should instil an awareness of issues around power and the limitations of systems derived from one cultural tradition, such as psychiatric nosology (a branch of medicine that deals with the classification of diseases).

I believe we need to distinguish the concept of 'race' from that of 'culture'. Training to work in mental health should instil a commitment to justice and fairness, and this is where issues of institutional and personal racism should be located. Anti-racism should be clearly separated from cultural sensitivity, although training should address the problems arising from the muddle between 'culture' and 'race'.

In my view, being sensitive to a cultural dimension of all aspects of mental health practice is important. And so is the need for practitioners to be cognisant of the fact that mental health practice is basically about helping our fellow men and women lead better lives – better in terms of their worlds and their realities. So for anyone working in mental health field as a provider of services, an understanding of their own discriminatory attitudes coupled with attention to human rights, fairness and antiracism are absolutely fundamental.

1. Sue, D.W., Bernier, J.E., Durran, A., Feinberg, L., Pederson, P., Smith, E.J. and Vasquez-Nuttall, E. (1982) 'Cross-cultural competencies', *The Counselling Psychologist* 10: 45–52.