



# Surgeon General's Report

U.S. Department of Health and Human Services, Office of the Surgeon General, SAMHSA

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## Main Message: Culture Counts

Culture and society play pivotal roles in mental health, mental illness, and mental health services. Understanding the wide-ranging roles of culture and society enables the mental health field to design and deliver services that are more responsive to the needs of racial and ethnic minorities.

Culture is broadly defined as a common heritage or set of beliefs, norms, and values (DHHS, 1999). It refers to the shared attributes of one group. Anthropologists often describe culture as a system of shared meanings. The term "culture" is as applicable to whites as it is to racial and ethnic minorities. The dominant culture for much of United States history focused on the beliefs, norms, and values of European Americans. But today's America is unmistakably multicultural. And because there are a variety of ways to define a cultural group (e.g., by ethnicity, religion, geographic region, age group, sexual orientation, or profession), many people consider themselves as having multiple cultural identities.

With a seemingly endless range of cultural sub-groups and individual variations, culture is important because it bears upon what *all* people bring to the clinical setting. It can account for variations in how consumers communicate their symptoms and which ones they report. Some aspects of culture may also underlie *culture-bound syndromes* — sets of symptoms much more common in some societies than in others. More often, culture bears upon whether people even seek help in the first place, what types of help they seek, what coping styles and social supports they have, and how much stigma they attach to mental illness. All cultures also feature strengths, such as resilience and adaptive ways of coping, which may buffer some people from developing certain disorders. Consumers of mental health services naturally carry this cultural diversity directly into the treatment setting.

Culture is a concept not limited to patients. It also applies to the professionals who treat them. Every group of professionals embodies a "culture" in the sense that

they too have a shared set of beliefs, norms, and values. This is as true for health professionals as it is for other professional groups such as engineers and teachers. Any professional group's culture can be gleaned from the jargon they use, the orientation and emphasis in their textbooks, and from their mindset or way of looking at the world.

Health professionals in the United States and the institutions in which they train and practice are rooted in Western medicine which emphasizes the primacy of the human body in disease and the acquisition of knowledge through scientific and empirical methods. Through objective methods, Western medicine strives to uncover universal truths about disease: its causation, diagnosis, and treatment. Its achievements have become the cornerstone of medicine worldwide.

To say that physicians or mental health professionals have their own culture does not detract from the universal truths discovered by their fields. Rather, it means that most clinicians share a worldview about the inter-relationship between body, mind, and environment informed by knowledge acquired through the scientific method. It also means that clinicians view symptoms, diagnoses, and treatments in ways that sometimes diverge from their clients' views, especially when the cultural backgrounds of the consumer and provider are dissimilar. This divergence of viewpoints can create barriers to effective care.

The culture of the clinician and the larger health care system govern the societal response to a patient with mental illness. They influence many aspects of the delivery of care, including diagnosis, treatments, and the organization and reimbursement of services. Clinicians and service systems, naturally immersed in their own cultures, have been ill-equipped to meet the needs of patients from different backgrounds and, in some cases, have displayed bias in the delivery of care.

The main message of this Supplement is that "culture counts." The cultures that patients come from shape their mental health and affect the types of mental health services they use. Likewise, the cultures of the clinician and the service system affect diagnosis, treatment, and the organization and financing of services. Cultural and social influences are not the only influences on mental health and service delivery, but they have been historically underestimated — *and they do count*. Cultural differences must be *accounted for* to ensure that minorities, like all Americans, receive mental health care tailored to their needs.

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