UNIT I. Introduction to Cultural Competence

Cultural competence is the ability to understand, respect and effectively interact with people from diverse cultural backgrounds. It involves being aware of our own cultural worldview, gaining knowledge of different cultural practices and worldviews, and developing cross-cultural communication skills. (*Adapted from: Kim-Godwin et al., 2001; Chu et al., 2022).* Key components:

1. **AWARENESS.** Understanding your own cultural identity, values, assumptions and biases.
2. **KNOWLEDGE.** Learning about different cultures, communication styles, health beliefs and social norms.
3. **SKILLS.** Applying strategies for effective communication, relationship-building and conflict resolution across cultures.
4. **ATTITUDES.** Demonstrating openness, respect, curiosity, empathy and a willingness to learn.

Co-funded by the European Union

UNIT I. Cultural Competence

AWARENESS

- *Self-reflection:* You notice that you tend to value direct communication but realise this may feel confrontational to some learners.
- *Bias awareness:* You identify an unconscious tendency to assume certain behaviours signal disinterest when they may stem from cultural norms.
- *Cultural lens:* You realise how your own views on mental health are shaped by your upbringing, education or social environment.

KNOWLEDGE

- *Cultural beliefs:* You're aware that in some cultures, depression is not spoken about openly and may be expressed through physical symptoms.
- *Language nuances:* You avoid idiomatic expressions that may confuse non-native speakers.
- *Community supports:* You learn what cultural or religious resources migrant learners may already be using for support.

Co-funded by the European Union

UNIT I. Cultural Competence

SKILLS

- *Inclusive language:* You check that mental health terms are clear and culturally appropriate.
- *Active listening:* You pay attention to verbal and non-verbal cues without jumping to conclusions.
- *Flexible teaching:* You adjust your methods (e.g. use of group work or visual materials) to support diverse learning preferences.

ATTITUDES

- *Openness:* You remain curious instead of frustrated when someone's behaviour seems unfamiliar.
- *Empathy:* You try to understand why a learner avoids discussing emotions or mental health topics.
- *Non-judgment:* You don't label behaviours as "wrong" and instead seek to understand their cultural background.

Co-funded by the European Union

UNIT I. Why cultural competence in mental health education?

Cultural competence is an evidence-based requirement for quality mental-health care and education in diverse settings.

Working with migrants and refugees the cultural competence is essential to introduce concepts like mental health to people who often present complex needs (trauma, legal and social insecurity).

Examples of cultural competence in mental health education*:*

- *Trauma-informed, culturally sensitive approach:* Offer opt-out options, regular breaks and a private space; avoid questions that force participants to recount traumatic experiences.
- *Integration of culturally rooted coping practices*: Acknowledge and value local coping strategies, such as prayer, rituals, and family or community support networks, as complementary resources to formal mental-health interventions.
- *Cultural glossary*: Replace clinical jargon with culturally appropriate equivalents or narrative explanations to make concepts accessible and meaningful.

Co-funded by the European Union

UNIT I. Why cultural competence in mental health education?

Migrants and refugees may have:

- Different explanations for mental illness.
- Cultural stigma around discussing emotions or trauma.
- Limited trust in institutions.
- Language-based misunderstandings.
- Previous negative experiences with authorities or services.

Cultural competence helps to:

- Understand how cultural background shapes mental health perceptions.
- Communicate in ways that feel safe and respectful.
- Recognise culturally influenced expressions of distress.
- Support learners more effectively and reduce barriers to help-seeking.
- Create an inclusive learning environment where everyone feels valued.

Co-funded by the European Union

UNIT I. Key cultural factors that shape mental-health perceptions

Language, religion, spirituality, family roles and broader cultural values all affect how people interpret symptoms, label distress and decide where to seek help. Some cultures prioritise somatic descriptions of distress, others emphasise spiritual explanations and some stigmatise open discussion of mental suffering; these differences determine how an educator's or support worker's message is heard. Understanding specific cultural patterns helps educators to select appropriate language, metaphors and referral pathways.

Examples:

- In some West African communities, mental distress may be seen as a spiritual issue, leading people to seek help from religious leaders before professionals. Educators and support workers can show how spiritual and clinical care can work together.
- In many East Asian communities, depression is often described through physical symptoms (e.g., headaches, fatigue) rather than emotions. If only psychological terms are used, learners may feel the message does not fit them.

Co-funded by the European Union

UNIT I. Importance for migrants and refugees

Stigma, shame and help-seeking are strongly shaped by both cultural beliefs and the vulnerable conditions of migrants.

Stigma (social disapproval or shame associated with mental-health problems) varies across cultures and strongly reduces help-seeking. Educators and support workers must recognise how communal norms, family reputation concerns and fear of social consequences influence whether learners disclose distress or accept interventions. Interventions that combine respect for cultural norms with clear confidential pathways are most effective in increasing uptake of support.

Important:

For individuals who have not experienced displacement or trauma, cultural stigma may remain the main barrier. However, for refugees and migrants who have lived through traumatic events, greater care and sensitivity are required to help them to gradually familiarise themselves with the host context and feel safe in accessing support.

Co-funded by the European Union

UNIT I. The Role of educators and support workers

As an educator or support worker, you play a critical role in shaping learners' experience of mental health education. You can contribute to cultural competence by:

- Creating a safe, non-judgmental space.
- Adapting examples, materials and communication to be inclusive.
- Listening actively and recognising when cultural factors influence behaviour.
- Encouraging open dialogue while respecting cultural boundaries.
- Not assuming but asking, clarifying, and learning from your learners.

Your cultural lens matters. Your background also influences how you interpret behaviours, emotions and communication styles. Being aware of this helps to prevent misunderstandings and strengthens trust.

Co-funded by the European Union