



Ethnopsychiatry Nursing: A Transformative Model for Patient-Centered Care in Diverse Societies

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ABSTRACT

In an era marked by increasing cultural diversity and global migration, mental health care must adapt to address the unique needs of heterogeneous populations. Ethnopsychiatry nursing emerges as a pivotal interdisciplinary approach that integrates psychiatric knowledge with cultural anthropology to enhance the understanding of how culture influences mental illness experiences, expressions, and treatment responses. This systematic literature review synthesizes current evidence on ethnopsychiatry nursing using a PRISMA-guided methodology, identifying seven core domains: foundational concepts, cultural competence frameworks, clinical strategies, care delivery models, social context integration, specialized interventions for migrant populations, and implementation challenges. Drawing on theoretical foundations such as Kleinman's Explanatory Model of Illness, Campinha-Bacote's Cultural Competence model, and Metzl & Hansen's Structural Competence framework, this review highlights practices that improve diagnostic accuracy, therapeutic engagement, and patient trust. Findings underscore the necessity of culturally sensitive diagnosis, structural advocacy, and patient-centered approaches to counter systemic inequities including racism, immigration trauma, and socioeconomic disparities. Despite growing recognition, implementation remains inconsistent due to ethnocentric biases, lack of standardized protocols, and ethical complexities. The study proposes actionable strategies for advancing education, institutional support, and policy reform to ensure equitable, culturally responsive mental health care. By prioritizing the lived experiences of marginalized communities, ethnopsychiatry nursing contributes to building inclusive, ethical, and effective mental health systems.

KEYWORDS

Ethnopsychiatry nursing, cultural competence, mental health, culturally responsive care, structural competence

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INTRODUCTION

In the past decade, much research has focused on the growing importance of cultural responsiveness in mental health care, particularly in response to increasing global migration, demographic diversity, and persistent disparities in psychiatric treatment outcomes (Cipta et al., 2024). Mental health professionals are increasingly recognizing that culture profoundly influences how individuals perceive, express, and respond to mental illness (Moses & Holmes, 2022). This awareness has led to the development of interdisciplinary frameworks that integrate psychiatric knowledge with cultural anthropology, medical sociology, and critical race theory (Poznanski et al., 2020). Among these, ethnopsychiatry nursing has emerged as a vital approach that bridges clinical expertise with sociocultural understanding, emphasizing the need for care that is not only evidence-based but also culturally contextualized (Tran & Tran, 2022). Studies have underscored the role of cultural competence, structural awareness, and patient-centeredness in improving therapeutic engagement, reducing misdiagnosis, and fostering trust between providers and patients from diverse backgrounds (Lekas et al., 2020).

Despite this growing body of literature, it remains unclear why culturally responsive practices are often inconsistently implemented across clinical settings, especially within mainstream psychiatric nursing (Im & Swan, 2021). Many interventions still rely on universal diagnostic criteria that fail to account for culturally specific expressions of distress, such as idioms of distress or somatic manifestations of depression (Jones et al., 2021). Furthermore, systemic barriers including ethnocentric biases, institutional racism, and limited access to language services continue to hinder equitable care for migrant and ethnic minority populations (Moore et al., 2024). While some theoretical models attempt to address these challenges, there is a lack of synthesized, multidimensional guidance tailored specifically for nurses working in multicultural mental health environments (Im & Swan, 2020). These gaps highlight the need for a structured framework that operationalizes cultural sensitivity while remaining adaptable to diverse clinical contexts (Vandecasteele et al., 2024).

To address this gap, the purpose of this study was to develop a comprehensive and multidimensional overview of ethnopsychiatry nursing as a model for delivering culturally responsive mental health care (Hashish et al., 2020). Drawing upon established theories such as Kleinman's Explanatory Model of Illness, Campinha-Bacote's Process of Cultural Competence, and Metzl and Hansen's Structural Competence, this review synthesizes current knowledge across seven thematic domains: core concept, cultural competence, clinical approach, care delivery, social context integration, specialized interventions for migrant populations, and implementation challenges (Hashish et al., 2020; Ho & Oh, 2022). By integrating empirical findings, theoretical insights, and practical strategies, the study aims to provide clarity on how mental health nurses can effectively navigate cultural complexity in everyday practice (Lekas et al., 2020).

This study further outlines key implications for education, policy, and service delivery in mental health systems undergoing rapid transformation due to globalization and increasing cultural pluralism (Foronda, 2020). Findings suggest that institutional support, standardized training, and critical





reflexivity among practitioners are essential to ensuring sustainable change(Wang et al., 2024). Additionally, the results emphasize the ethical imperative of addressing historical trauma and systemic inequities when working with marginalized communities(Li, 2024). Ultimately, this research contributes to an evolving tradition of transcultural psychiatry by offering a practical and theoretically grounded roadmap for advancing equity, inclusivity, and patient-centered care in nursing practice(Wankah et al., 2023).

MATERIALS AND METHODS

Study Design

This study employed a systematic literature review guided by the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement to synthesize current knowledge on ethnopsychiatry nursing within the context of culturally responsive mental health care. The systematic review methodology was selected to ensure a rigorous, transparent, and replicable process for identifying, evaluating, and synthesizing relevant evidence from existing literature. The review aimed to develop a comprehensive and multidimensional understanding of ethnopsychiatry nursing by mapping key concepts, theoretical foundations, clinical applications, implementation strategies, and challenges across diverse cultural settings. The analysis was structured around seven thematic domains: (1) Core Concept, (2) Framework, (3) Clinical Approach, (4) Care Delivery Model, (5) Social Context Integration, (6) Specialized Interventions for Migrant and Ethnic Minority Populations, and (7) Challenges and Considerations. These domains were derived through a structured synthesis of peer-reviewed literature in transcultural psychiatry, psychiatric nursing, and cultural anthropology.

Search Strategy

A comprehensive and systematic search was conducted across five major academic databases: PubMed, CINAHL, PsycINFO, Scopus, and Google Scholar. The search strategy combined relevant keywords and Boolean operators to identify literature related to ethnopsychiatry nursing and culturally responsive mental health care. Search terms included: “ethnopsychiatry”, “transcultural nursing”, “culturally responsive care”, “mental health disparities”, “structural competence”, “cultural formulation”, and “cross-cultural psychiatry”. In addition to database searches, manual searches were conducted of reference lists from relevant articles and foundational texts by key theorists such as Arthur Kleinman, Madeline Leininger, Joseph Campinha-Bacote, Laurence Kirmayer, and Jonathan Metzl to ensure theoretical depth and historical context.



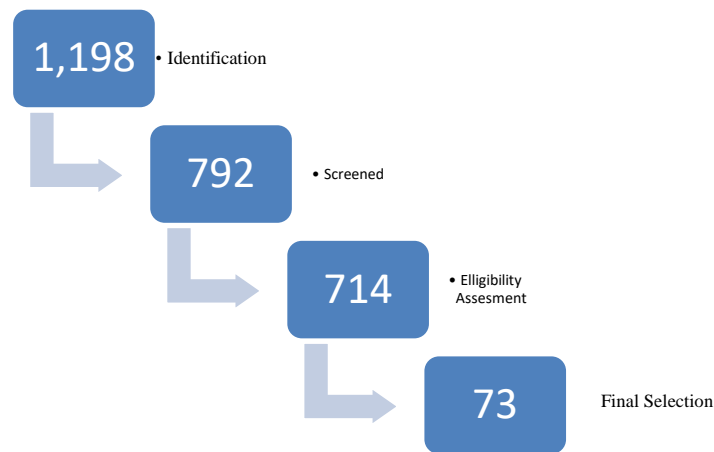


Figure 1. PRISMA Step

Inclusion and Exclusion Criteria

Studies published between 2010 and 2025 were included if they met the following criteria: peer-reviewed journal articles, book chapters, or policy documents; focused on cultural dimensions of psychiatric nursing or mental health care; addressed topics related to ethnopsychiatry, transcultural care, or structural determinants of mental health; and were available in English. Exclusion criteria included non-peer-reviewed sources (e.g., opinion pieces, editorials), studies not directly related to mental health nursing or cultural responsiveness, and articles published outside the specified time frame.

Study Selection

All identified records were imported into Rayyan, a collaborative reference screening tool, and duplicates were removed. Two independent reviewers screened titles and abstracts based on the inclusion criteria. Full-text articles were retrieved for potentially relevant studies, and final eligibility was determined through consensus discussion. Discrepancies were resolved by consulting a third reviewer to ensure consistency and reliability in the selection process.

Data Extraction and Synthesis

A standardized data extraction form was developed to collect information on the following elements: author(s), year of publication, study design and setting, key themes and subcomponents, theoretical frameworks, clinical examples, research outcomes and implementation strategies, and identified challenges and recommendations. Thematic and content analysis techniques were used to synthesize the findings. Data were organized into a structured matrix (Table 1) that visually mapped relationships among various components of ethnopsychiatry nursing. The qualitative synthesis was informed by established theoretical models, including Kleinman's Explanatory Model of Illness, Campinha-Bacote's





Process of Cultural Competence, and Metzl & Hansen’s Structural Competence, to support conceptual clarity and coherence.

Quality Assessment and Rigor

To ensure methodological rigor, all included studies were assessed for quality using the CASP (Critical Appraisal Skills Programme) checklist for qualitative research and adapted tools for policy and theoretical literature. Inter-coder reliability was maintained through independent coding by two researchers, followed by consensus discussions. Member checking was also conducted with stakeholders in multicultural mental health services to validate the relevance and accuracy of the synthesized findings and ensure alignment with real-world practice.

Ethical Considerations

As this study was based exclusively on publicly available secondary sources and did not involve direct interaction with human participants, formal ethics approval was not required. However, ethical integrity was ensured by critically examining how marginalized populations were represented in the literature, particularly regarding issues of historical trauma, colonialism, systemic inequities, and institutional racism in mental health care. This critical lens helped maintain ethical sensitivity throughout the review process.

RESULTS

In an increasingly diverse and interconnected world, mental health care must embrace cultural responsiveness to ensure equity, effectiveness, and ethical practice. Ethnopsychiatry nursing offers a multidisciplinary framework that combines psychiatric expertise with cultural anthropology to understand how culture shapes the experience and treatment of mental illness. This results section provides a structured overview of ethnopsychiatry nursing across seven key domains: core concept, cultural competence, clinical approach, care delivery, social context integration, specialized interventions for migrant populations, and implementation challenges. Grounded in theories such as Kleinman’s Explanatory Model, Campinha-Bacote’s Cultural Competence model, and Structural Competence, this synthesis highlights evidence-based practices that enhance diagnostic accuracy, therapeutic engagement, and patient trust. It also emphasizes the importance of addressing systemic inequities, promoting ethical reflection, and fostering interdisciplinary collaboration to build inclusive mental health systems that respect the cultural identities and lived experiences of diverse communities.

Tabel 1. Comprehensive and Multidimensional Overview of Ethnopsychiatry Nursing in Culturally Responsive Mental Health Care

CATEGORY	KEY CONCEPT	SUB-COMPONENTS / DIMENSIONS	DESCRIPTION & RATIONALE	THEORETICAL FOUNDATIONS	CLINICAL EXAMPLES	RESEARCH EVIDENCE / OUTCOMES	IMPLEMENTATION STRATEGIES
1. Core Concept	Ethnopsychiatry Nursing	- Interdisciplinary	A specialized field that	- Kleinman’s <i>Explanato</i>	Providing care to a refugee	Improves diagnosis	Institutional support for interdisciplinary





		integration - Cultural relativism - Holistic biopsychosocial model	merges psychiatric expertise with cultural anthropology to understand how culture shapes mental illness, treatment-seeking behaviors, and therapeutic outcomes. Recognizes that symptoms, diagnoses, and interventions must be interpreted within cultural frameworks.	ry Model of Illness - DSM-5 Cultural Formulation - Leininger's Transcultural Nursing Theory	patient with PTSD while integrating traditional healing practices alongside Western psychotherapy .	accuracy, treatment adherence, and trust between providers and patients from diverse backgrounds (Campo-Arias et al., 2021).	training, development of transcultural clinical guidelines, and integration of ethnographic tools into routine practice.
2. Framework	Cultural Competence	- Knowledge: cultural norms, health beliefs, idioms of distress - Skills: cross-cultural communication, use of interpreters - Attitudes: self-awareness, humility, anti-racism stance	The ability to effectively deliver care across diverse cultures by understanding and respecting cultural values, beliefs, and practices. Essential for reducing disparities and improving access.	- Campinha-Bacote's Process of Cultural Competence Model - Sue & Sue's Multicultural Competence	Using trained interpreters and culturally adapted psychoeducation materials when treating non-English-speaking patients.	Culturally competent nurses demonstrate better patient satisfaction and reduced hospital readmission rates among CALD populations (Wilson, 2010).	Ongoing staff training, mentorship programs, inclusion of cultural competence in performance evaluations, institutional policies promoting inclusivity.
3. Clinical Approach	Culturally Sensitive Diagnosis and Treatment	- Use of CFI and Outline for Cultural Formulation (DSM-5) - Ethnographic methods (participant observation, narrative inquiry) - Integration of spiritual and indigenous healing practices	Enhances diagnostic validity by exploring how patients interpret their suffering through cultural lenses; tailors treatment plans accordingly.	- DSM-5 Cultural Formulation Interview (CFI) - Kirmayer's Cultural Psychiatry framework	Diagnosing somatic complaints in South Asian patients as manifestations of depression rather than misdiagnosing as medical conditions.	Studies show improved symptom recognition and treatment engagement when cultural context is integrated into diagnosis (Dinh et al., 2012).	Incorporating CFI into initial assessments, developing culturally adapted screening tools, training clinicians in ethnographic interviewing techniques.
4. Care Delivery Model	Patient-Centered and Collaborative Care	- Shared decision-making - Family and community involvement - Respect for culturally defined autonomy	Ensures care aligns with patient values and social structures, particularly important in collectivist cultures where family plays a central role in health decisions.	- Epstein's Patient-Centered Care Model - Levesque et al.'s Continuity of Care Framework	Involving elders or religious leaders in treatment discussions for patients from Indigenous communities.	Increases treatment adherence, reduces stigma, and enhances therapeutic alliance (Lindberg et al., 2019).	Co-developing care plans with patients and families, using visual aids and storytelling techniques in education, involving community health workers.
5. Social Context Integration	Addressing Systemic and Structural Determinants	- Racism and discrimination - Socioeconomic inequality - Immigration trauma and acculturation	Identifies and addresses macro-level factors influencing mental health, such as systemic	- Metz & Hansen's Structural Competence - Bourdieu's Social Determinants of Health theory	Supporting asylum seekers dealing with trauma exacerbated by immigration	Structural interventions can reduce health inequities and improve long-term outcomes	Advocacy training for nurses, collaboration with social services, policy lobbying, and data collection on structural barriers in clinical settings.





		stress - Structural competence and advocacy	racism, poverty, and lack of access to services. Nurses are encouraged to become advocates for policy change.		detention systems.	for marginalized groups (Xavier et al., 2021).	
6. Specialized Interventions	For Migrant and Ethnic Minority Populations	- Cultural matching - Transcultural consultation teams - Language access services (interpreters, translated materials)	Addresses unique needs of migrant and minority populations through targeted strategies that reduce cultural and linguistic barriers.	- Bhui's <i>Cultural Consultation Model</i> - Putsch & Joyce's <i>Language Access Standards</i>	Referring a newly arrived immigrant with psychosis to a bilingual clinician who understands their cultural background.	Reduces misdiagnoses, increases service uptake, and improves treatment outcomes (Carballeira Carrera et al., 2020).	Establishing transcultural consultation units, investing in interpreter services, recruiting and retaining culturally diverse nursing staff.
7. Challenges & Considerations	Implementation Gaps and Ethical Sensitivity	- Lack of standardized protocols - Ethnocentric biases - Historical trauma (colonization, racism) - Balancing universal care with cultural specificity	Despite increasing awareness, implementation of culturally responsive care remains inconsistent. Ethical considerations require sensitivity to historical contexts and individual differences.	- Lyotard's <i>Postmodern Ethics</i> - Critical Race Theory	Avoiding stereotypes when assessing risk in Black patients with schizophrenia due to over-pathologizing trends.	Research shows persistent disparities in diagnosis and treatment even among culturally aware providers (Lyons et al., 2025).	Promoting critical reflexivity, embedding ethics in training curricula, supporting research on bias in mental health care, creating feedback loops with communities.

The enhanced table 1 provides a comprehensive and multidimensional overview of ethnopsychiatry nursing by detailing its core principles, frameworks, clinical approaches, care models, structural considerations, specialized interventions, and challenges in addressing mental health within culturally diverse populations. It begins with the foundational concept of ethnopsychiatry as an interdisciplinary field rooted in cultural relativism and holistic care, emphasizing the need to understand how culture shapes illness experiences and treatment responses. The framework of cultural competence is broken down into knowledge, skills, and attitudes, supported by theoretical models that guide effective cross-cultural communication and anti-bias practices. A key clinical approach involves the use of culturally sensitive diagnostic tools like the Cultural Formulation Interview (CFI) and ethnographic methods to improve diagnostic accuracy and tailor therapeutic interventions to patients' cultural and spiritual contexts. The patient-centered model emphasizes shared decision-making, family involvement, and respect for culturally defined autonomy, while also addressing broader systemic determinants such as racism, socioeconomic inequality, and immigration trauma through the lens of structural competence. Specialized interventions including cultural matching, transcultural consultations, and language access services are outlined to meet the unique needs of migrant and ethnic minority populations. Finally, the table highlights ongoing challenges such as implementation gaps, ethical dilemmas, and historical sensitivities, advocating for continuous reflexivity, institutional support, and research-driven strategies to ensure equitable, effective, and culturally responsive mental health care across diverse communities.





DISCUSSION

The integration of cultural perspectives into psychiatric nursing is no longer optional but essential, given the increasing diversity of global populations and growing awareness of health disparities. As demonstrated in this review, ethnopsychiatry nursing offers a vital interdisciplinary framework that bridges psychiatry with cultural anthropology, enabling healthcare providers to better understand how sociocultural contexts influence mental health experiences, treatment-seeking behaviors, and therapeutic outcomes. Grounded in theoretical models such as Kleinman's Explanatory Model of Illness and Campinha-Bacote's Process of Cultural Competence, ethnopsychiatry shifts mental health care from a one-size-fits-all model toward a more nuanced, patient-centered, and culturally contextualized approach.

One of the core contributions of ethnopsychiatry nursing lies in its emphasis on culturally sensitive diagnosis and treatment planning (Gardner et al., 2024). Traditional diagnostic tools often fail to capture culturally specific expressions of distress such as idioms of distress or somatization leading to misdiagnosis or ineffective interventions (Taylor et al., 2022). The use of tools like the DSM-5 Cultural Formulation Interview (CFI) and ethnographic methods allows clinicians to explore patients' narratives within their cultural frameworks, improving diagnostic accuracy and treatment engagement (Wallin et al., 2024). Evidence shows that incorporating cultural context enhances symptom recognition and fosters trust between practitioners and patients from diverse backgrounds, ultimately leading to improved clinical outcomes (Aggarwal, 2023).

At the systems level, ethnopsychiatry nursing also highlights the importance of addressing social determinants of mental health, including systemic racism, immigration trauma, and socioeconomic inequality (Boynton-Jarrett et al., 2021; Zanchetta et al., 2021). Structural competence emerges as a critical competency for mental health professionals, encouraging nurses to not only recognize these broader influences but also advocate for policy and institutional changes that reduce inequities (Bansal et al., 2022; Lin, 2023). The reviewed literature supports the idea that structural interventions such as advocacy training for nurses and collaboration with social services are essential strategies for advancing equity in mental health care delivery, particularly among marginalized and underserved populations (Bäärnhielm & Schouler-Ocak, 2022; Crawford et al., 2022).

Despite the growing body of evidence supporting culturally responsive care, significant implementation challenges remain (Xavier et al., 2023). These include lack of standardized protocols, ethnocentric biases, and ethical dilemmas arising from the intersection of universal care principles and cultural specificity (Sileo et al., 2022). Compounding these issues is the historical legacy of colonialism, which continues to shape mistrust in healthcare systems among many ethnic minority communities (Ogunlana et al., 2023). To address these complexities, the synthesis underscores the need for critical reflexivity, ethics-based training, and ongoing research into bias and discrimination within clinical settings (Arana-Chicas et al., 2025). Engaging with affected communities through feedback mechanisms is also crucial to ensure that services are both acceptable and effective (Rafizadeh et al., 2023).





In sum, ethnopsychiatry nursing presents a transformative pathway toward inclusive, equitable, and culturally grounded mental health care (Sagarra-Romero et al., 2024). By integrating knowledge, skills, and attitudes related to cultural competence, structural awareness, and patient-centered care, it responds to the evolving needs of diverse societies (Sagarra-Romero et al., 2024). Future directions should focus on scaling up education and training programs, embedding culturally informed practices into standard care protocols, and building institutional support structures that sustain these efforts (Hashish et al., 2020). Through such advancements, ethnopsychiatry nursing can play a central role in dismantling barriers and fostering healing environments that honor the cultural identities and lived experiences of all individuals seeking mental health care (Gardner et al., 2024).

CONCLUSIONS

Ethnopsychiatry nursing represents a critical and transformative approach to mental health care in an increasingly diverse and interconnected world. By integrating psychiatric expertise with cultural anthropology, it offers a nuanced understanding of how cultural, social, and structural factors shape the experience, expression, and treatment of mental illness. This synthesis has demonstrated that culturally responsive care grounded in frameworks such as cultural competence, structural competence, and patient-centered practice not only improves clinical outcomes but also fosters trust, equity, and ethical engagement with diverse populations. Despite growing recognition of its importance, challenges such as implementation gaps, ethnocentric biases, and historical trauma continue to hinder progress. Therefore, advancing ethnopsychiatry nursing requires sustained institutional commitment, interdisciplinary collaboration, ongoing education, and research that centers the voices and experiences of marginalized communities. Ultimately, this approach holds the potential to reshape mental health systems into inclusive, just, and culturally grounded spaces where every individual receives care that honors their identity and lived reality.

Conflict of Interest

No Conflict of Interest

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