

## Cultural Humility in Ethnopsychiatry Nursing: A Transformative Framework for Culturally Responsive and Equity-Oriented Mental Health Care

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### ABSTRACT

Cultural humility has gained recognition as a transformative framework in ethnopsychiatry nursing, offering a more reflective and equity-oriented alternative to traditional cultural competence models. This study explores how cultural humility defined as a lifelong process of self-reflection, learning, and mutual respect can enhance mental health care for culturally diverse populations, including refugees, racial minorities, and Indigenous communities. A systematic literature review and thematic synthesis were conducted to identify key dimensions of cultural humility and its implications for clinical practice, education, and institutional reform. Six core themes emerged: enhancing therapeutic relationships through self-reflection; addressing systemic inequities and power dynamics; improving communication and treatment engagement; facilitating holistic and culturally responsive care; institutionalizing cultural humility; and navigating implementation challenges. Findings indicate that cultural humility supports more accurate assessments, stronger therapeutic alliances, and inclusive care environments that honor patients' identities and lived experiences. Moreover, embedding cultural humility into nursing curricula and organizational policies can drive systemic change and reduce disparities in mental health outcomes. Despite barriers such as resistance to change and limited resources, strategic implementation through leadership support, training, and policy reform can foster sustainable improvements in patient-centered care. This review underscores the importance of cultural humility as a foundational approach for advancing equity, improving clinical effectiveness, and promoting social justice in ethnopsychiatry nursing.

### KEYWORDS

Cultural humility, Ethnopsychiatry nursing, Mental health, Patient-centered care, Health equity

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## INTRODUCTION

In an increasingly diverse and interconnected world, the mental health needs of culturally and ethnically diverse populations demand a nuanced, equitable, and patient-centered approach to care (Amusala, 2025). Over the past decade, much research has focused on the growing complexity of mental health disparities among minority and marginalized communities, particularly within psychiatric nursing (Aisenberg, 2020). Ethnopsychiatry nursing, which integrates psychiatric practice with cultural anthropology, plays a pivotal role in addressing the complex interplay between culture, identity, and mental health (Nwokoroku et al., 2022). Traditional frameworks such as cultural competence have been widely adopted in an effort to improve cross-cultural clinical interactions (Hashish et al., 2020). However, these models often emphasize static knowledge about specific cultural groups rather than fostering genuine understanding or mutual respect. As global migration patterns shift and societies become more multicultural, it has become evident that existing paradigms must evolve to meet the dynamic realities of contemporary mental health care (Moore et al., 2024).

Despite widespread recognition of the importance of cultural awareness in psychiatric nursing, it remains unclear why many clinicians continue to struggle with effectively integrating cultural sensitivity into their daily practice (Venkataramu et al., 2020). Emerging critiques highlight that conventional approaches to cultural competence frequently fail to address deeper systemic inequities, implicit biases, and power imbalances inherent in healthcare systems (Visiers-Jiménez et al., 2025). There is also limited emphasis on the clinician's own positionality and how personal assumptions may influence diagnosis, treatment planning, and therapeutic engagement (Rosa et al., 2023). These gaps suggest a need for a more reflective, relational, and lifelong learning-oriented framework one that not only acknowledges cultural differences but actively challenges dominant narratives and structural barriers that affect mental health outcomes (James et al., 2024).

The purpose of this study was to explore the role of cultural humility as a transformative approach in ethnopsychiatry nursing (Visintin et al., 2024). Cultural humility moves beyond checklist-style cultural knowledge by emphasizing continuous self-reflection, openness to learning from patients, and a commitment to equity and social justice (Singh et al., 2023). This study aimed to examine how cultural humility influences key dimensions of nursing practice, including therapeutic relationship-building, communication strategies, holistic care delivery, and institutional reform (Kostecky et al., 2023). Additionally, it sought to identify effective implementation strategies and potential obstacles to embedding cultural humility into both clinical settings and educational curricula (Berşe et al., 2024).

Through a systematic review and thematic synthesis of current literature, this study identifies six core dimensions of cultural humility each demonstrating significant implications for improving patient outcomes and advancing equity in mental health services (Fitri et al., 2023). The findings reveal that cultural humility enhances trust, reduces diagnostic errors, supports culturally responsive treatment planning, and fosters inclusive clinical environments (Gray et al., 2020). Furthermore, the study outlines practical recommendations for integrating cultural humility into nursing education, policy development, and organizational change initiatives (Bailey et al., 2020). The paper is structured around each identified theme, offering insights into how cultural humility can be operationalized across multiple levels of mental health service delivery to better serve culturally diverse populations, including refugees, racial minorities, and Indigenous communities (Agner, 2020).

## MATERIALS AND METHODS

### Search Strategy and Information Sources

A comprehensive and structured search was conducted across multiple electronic databases including PubMed, Scopus, CINAHL, PsycINFO, and Google Scholar to identify relevant literature on cultural humility in ethnopsychiatric nursing. These databases were selected based on their relevance to nursing, psychiatry, and cross-cultural healthcare research. In addition to database searches, reference lists of included articles and key reviews were manually examined to locate any additional studies that may not have been identified through automated searches. This multi-pronged approach ensured a broad and inclusive capture of existing knowledge on the topic.

### Search Terms and Boolean Logic

The search strategy was developed using a combination of Medical Subject Headings (MeSH) terms and free-text keywords related to the core concepts of the study: “cultural humility,” “ethnopsychiatry,” “transcultural nursing,” “mental health disparities,” “culturally responsive care,” “patient-centered care,” and “power dynamics in healthcare.” These terms were systematically combined using Boolean operators (AND/OR) to enhance both sensitivity and specificity of the search results. For example, a sample search string used was: ("cultural humility" OR "cultural competence") AND ("ethnopsychiatry" OR "transcultural psychiatry") AND ("mental health nursing" OR "psychiatric nursing"). To ensure the inclusion of contemporary literature, filters were applied to limit publication dates between 2013 and 2024, thereby capturing recent developments and evolving understandings of cultural humility within mental health nursing.

### Eligibility Criteria (Inclusion and Exclusion Criteria)

Studies were included in the review if they met the following criteria: they were peer-reviewed journal articles or concept analyses published in English; focused on nursing or interdisciplinary mental health practice; explicitly discussed cultural humility or related constructs such as cultural competence or structural competency; and were directly relevant to ethnopsychiatry, transcultural psychiatry, or cross-cultural mental health nursing. Studies were excluded if they were non-peer-reviewed sources (e.g., opinion pieces or editorials without empirical basis), focused exclusively on physical health conditions, centered solely on physician-led models of care without nursing perspectives, or lacked full text access or detailed methodological descriptions. These criteria ensured that only high-quality, contextually relevant studies were included in the synthesis.

### Study Selection Process

The selection process followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram to ensure transparency and consistency throughout the screening and



inclusion phases. Initially, all retrieved records were imported into reference management software such as Zotero or EndNote, where duplicates were removed. Titles and abstracts were then independently screened by two reviewers based on predefined eligibility criteria. Full texts of potentially relevant articles were obtained and assessed for final inclusion. Any discrepancies between reviewers were resolved through discussion or consultation with a third reviewer, ensuring an unbiased and rigorous selection process.

### Data Extraction and Management

A standardized data extraction form was utilized to collect essential information from each included study. The extracted data included author(s), year of publication, the aim or objective of the study, conceptual or theoretical frameworks employed, methodology used (qualitative, quantitative, mixed-methods, or conceptual analysis), key definitions and applications of cultural humility, context of implementation (e.g., clinical, educational, organizational), reported outcomes or implications for nursing practice, as well as barriers and facilitators to implementation. This structured extraction process facilitated systematic organization and interpretation of findings, enabling thematic synthesis across diverse sources of evidence.

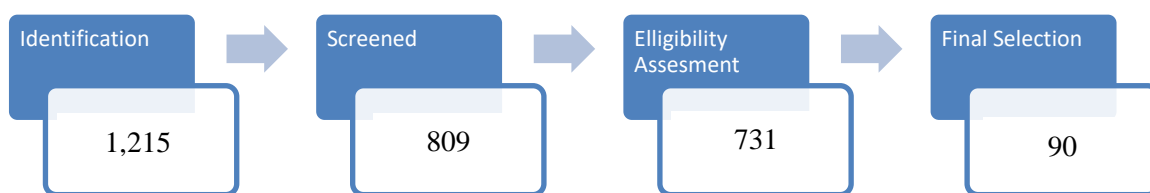


Figure 1. PRISMA Step

### Quality Assessment (Risk of Bias Evaluation)

To evaluate the methodological quality and assess potential bias, appropriate appraisal tools were applied according to the type of study. For qualitative studies, the Critical Appraisal Skills Programme (CASP) checklist was used, while the AACODS checklist was employed for concept analyses or theoretical papers. Only studies rated as high- or moderate-quality were retained for inclusion in the final synthesis, ensuring that the conclusions drawn were based on reliable and valid evidence. This step was crucial in maintaining scientific rigor and enhancing the credibility of the findings.

### Data Synthesis

Given the heterogeneous nature of the included studies which ranged from qualitative inquiries to theoretical frameworks a thematic synthesis approach was adopted to analyze and integrate findings.

This involved systematically coding textual data to identify descriptive themes, which were then refined into analytical themes reflecting the overarching dimensions of cultural humility in ethnopsychiatry nursing. Six key thematic areas emerged: (1) enhancing therapeutic relationships through self-reflection, (2) addressing systemic inequities and power dynamics, (3) improving communication and treatment engagement, (4) facilitating holistic and culturally responsive care, (5) institutionalizing cultural humility through education and organizational change, and (6) challenges and considerations in implementation. Each theme was critically analyzed in relation to its impact on nursing practice, patient outcomes, and broader institutional reform in mental health services.

### Interpretation and Validation

The synthesized findings were interpreted through an equity-oriented lens, emphasizing how cultural humility can contribute to reducing disparities and promoting inclusive, respectful mental health services for marginalized populations including refugees, racial and ethnic minorities, and Indigenous peoples. While member checking was not applicable due to the secondary nature of the data, validity was strengthened through peer debriefing among the research team and triangulation across multiple evidence sources. This multi-layered validation process enhanced the reliability, transferability, and practical applicability of the findings, offering meaningful insights for educators, clinicians, and policymakers in the field of ethnopsychiatry nursing.

## RESULTS

In an increasingly diverse and interconnected world, the mental health needs of culturally and ethnically diverse populations demand a nuanced, equitable, and patient-centered approach to care. Ethnopsychiatry nursing, which integrates psychiatric practice with cultural anthropology, plays a pivotal role in addressing the complex interplay between culture, identity, and mental health. Central to this practice is the concept of *cultural humility* a lifelong process of self-reflection and learning that challenges clinicians to recognize their own biases, embrace the lived experiences of others, and engage in collaborative, respectful care. Unlike static models of cultural competence, cultural humility fosters openness, adaptability, and mutual respect, making it particularly vital in ethnopsychiatry where patients often come from marginalized or underserved backgrounds. This table explores the key dimensions of cultural humility and its transformative impact on clinical practice, highlighting how it enhances therapeutic relationships, improves communication, facilitates holistic care, and supports systemic change in mental health delivery.

**Table 1 The Role of Cultural Humility in Ethnopsychiatry Nursing**

KEY DIMENSIONS	DEFINITION & CORE CONCEPT	RELEVANCE TO ETHNOPSYCHIATRY NURSING	IMPACT ON PATIENT OUTCOMES	IMPLEMENTATION STRATEGIES
Enhancing Therapeutic Relationships	Cultural humility begins with ongoing self-reflection, where	In ethnopsychiatry, this prevents stereotyping or misinterpreting culturally bound expressions of	Builds trust, empathy, and stronger	Encourage reflective practice through journaling, peer discussions, case-based

<b>Through Self-Reflection</b>	nurses examine their own biases, assumptions, and privileges that may unconsciously affect clinical interactions.	distress or healing practices. Nurses learn to recognize diverse symptom manifestations (e.g., somatic complaints in Asian populations, spiritual concerns among Indigenous peoples).	therapeutic alliances; associated with better treatment adherence and reduced dropout rates.	learning, and supervision. Use simulation exercises to explore cultural misinterpretations and their consequences.
<b>Addressing Systemic Inequities and Power Dynamics</b>	Cultural humility enables clinicians to identify and address structural inequities—such as historical trauma, discrimination, and unequal access to care—faced by marginalized groups including refugees, racial minorities, and Indigenous peoples.	Nurses become advocates for patients, challenging institutional power imbalances and promoting shared decision-making. Collaborates with traditional healers when appropriate.	Reduces disparities in diagnosis and treatment, improves access to equitable care, and empowers patients.	Integrate structural competency training into curricula. Develop policies supporting inclusive care models and partnerships with community leaders. Implement anti-racist and decolonizing frameworks in clinical settings.
<b>Improving Communication and Treatment Engagement</b>	Cultural humility promotes adaptive communication strategies tailored to the patient's linguistic and cultural background, such as using interpreters effectively and understanding idioms of distress (e.g., “nerves” in Latinx communities, “susto” in some Indigenous cultures).	Fosters accurate assessment, reduces diagnostic errors, and enhances treatment engagement. Encourages open dialogue about cultural differences.	Increases patient satisfaction, reduces stigma, and improves long-term recovery outcomes.	Train nurses in plain language use, interpreter protocols, and culturally specific expressions of distress. Promote open, non-judgmental conversations during initial assessments and follow-ups.
<b>Facilitating Holistic and Culturally Responsive Care</b>	Cultural humility supports a biopsychosocial-spiritual model of care, recognizing how migration history, acculturation stress, religion, gender roles, and intergenerational trauma influence mental health.	Enables person-centered, culturally responsive treatment plans that honor patients' identities and promote resilience and dignity.	Leads to more effective interventions and greater patient empowerment in recovery processes.	Incorporate cultural formulation interviews. Collaborate with families and elders. Respect alternative healing traditions alongside biomedical treatments.
<b>Institutionalizing Cultural Humility Through Education and Organizational Change</b>	Embedding cultural humility into education and organizational structures ensures its sustainability as a core value in nursing practice.	Builds a workforce equipped to deliver equitable, inclusive, and culturally informed mental health care across diverse populations.	Creates systemic change toward culturally safe environments and improved service delivery.	Revise nursing curricula to include reflexivity, empathy, and critical consciousness. Offer continuing education workshops. Develop institutional policies supporting language access, diverse staffing, and inclusive leadership.
<b>Challenges and Considerations in Implementation</b>	Resistance to change, time constraints, and lack of institutional support can hinder	May slow progress unless addressed proactively through	Potential stagnation in progress toward equity if not	Advocate for protected time for reflection and training. Involve nurse leaders in championing initiatives.

	adoption. Some view cultural humility as abstract without practical application.	systemic reform and leadership commitment.	actively supported.	Evaluate and revise existing policies to align with cultural humility principles.
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The comprehensive table outlines the multifaceted role of cultural humility in ethnopsychiatry nursing, emphasizing its significance as a dynamic, lifelong process that goes beyond cultural competence by prioritizing self-reflection, equity, and genuine engagement with diverse patient experiences. Each dimension from enhancing therapeutic relationships through introspection to addressing systemic inequities highlights how cultural humility empowers nurses to recognize and mitigate biases, adapt communication strategies, and deliver holistic, culturally responsive care. The table also underscores the necessity of embedding cultural humility within educational curricula and institutional policies to ensure sustainable, systemic change. Despite challenges such as resistance to change and resource limitations, strategic implementation through training, leadership support, and policy reform can foster inclusive clinical environments where patients feel respected, understood, and actively involved in their mental health journey. Ultimately, cultural humility serves as a foundational approach for advancing equity, improving clinical outcomes, and promoting social justice in ethnopsychiatry nursing.

## DISCUSSION

Cultural humility has emerged as a vital framework in ethnopsychiatry nursing, offering a more dynamic and reflective alternative to traditional models of cultural competence. Unlike static approaches that rely on fixed knowledge about specific cultural groups, cultural humility emphasizes lifelong learning, self-awareness, and mutual respect between clinicians and patients. This paradigm shift is particularly crucial in mental health care, where culturally diverse populations often experience disparities in diagnosis, treatment access, and outcomes. By fostering an attitude of openness and continuous self-assessment, nurses can better understand how their own biases and assumptions may influence clinical interactions, ultimately leading to more equitable and patient-centered care.

A key dimension of cultural humility is its role in enhancing therapeutic relationships through self-reflection (Kibakaya & Oyeku, 2022). In ethnopsychiatry, where patients may express distress through culturally specific idioms or somatic symptoms, nurses must move beyond standardized diagnostic criteria to appreciate the broader sociocultural context of mental health (Cox & Simpson, 2020; Thomas & Porter, 2023). The practice of self-reflection allows clinicians to recognize and challenge stereotypes, thereby building trust and stronger therapeutic alliances (Glass & Bickler, 2021; Yeo & Torres-Harding, 2021). As a result, patients are more likely to engage in treatment, adhere to recommendations, and report higher satisfaction with care factors that significantly improve long-term mental health outcomes (Nagy et al., 2024).

Beyond individual clinician-patient interactions, cultural humility also plays a critical role in addressing systemic inequities and power dynamics within mental health systems (Bogle et al., 2021). Marginalized communities including refugees, racial minorities, and Indigenous peoples often face structural barriers rooted in historical trauma, discrimination, and institutional racism (Churchwell et al., 2020; Esaki et al., 2022). Cultural humility empowers nurses to become advocates for these populations by challenging unjust practices, promoting shared decision-making, and collaborating with community leaders and traditional healers (Fitzpatrick et al., 2024). Embedding this approach into institutional policies and

training programs supports the development of inclusive care models that reduce disparities and promote social justice in mental health service delivery(Thomas & Porter, 2023).

Effective communication is another cornerstone of cultural humility, especially in ethnopsychiatry nursing where linguistic and cultural differences can lead to misinterpretation or diagnostic errors(Cummins et al., 2020). Culturally humble nurses adapt their communication strategies to align with patients' backgrounds, using interpreters effectively and understanding culturally bound expressions of distress such as "nerves" or "susto"(Lambor et al., 2024). These skills not only enhance assessment accuracy but also foster greater patient engagement and reduce stigma(Setti et al., 2020). Training in plain language use, active listening, and culturally sensitive dialogue should be integrated into ongoing professional development to ensure sustained improvements in cross-cultural communication(Jonathan et al., 2024; Mouboua et al., 2024)

Finally, the institutionalization of cultural humility through education and organizational change is essential for achieving lasting impact(Or et al., 2024). Revising nursing curricula to include reflexivity, empathy, and structural competency ensures that future practitioners are equipped to deliver culturally safe care(Coombs et al., 2022). At the organizational level, policies supporting language access, diverse staffing, and inclusive leadership create environments where both patients and staff feel respected and valued(Austad & Jack, 2023; Mirza et al., 2020). Despite challenges such as resistance to change and limited resources, strategic implementation involving leadership support, continuing education, and policy reform can drive meaningful transformation across mental health systems(George et al., 2020). Ultimately, cultural humility serves as a foundational approach for advancing equity, improving clinical outcomes, and fostering resilience among culturally diverse patient populations in ethnopsychiatry nursing(Cunningham et al., 2022).

## CONCLUSIONS

In conclusion, cultural humility emerges as a transformative and essential framework in ethnopsychiatry nursing, offering a more reflective, dynamic, and equity-oriented approach compared to traditional models of cultural competence. By fostering lifelong self-reflection, mutual respect, and a commitment to addressing systemic inequities, cultural humility enables nurses to build stronger therapeutic relationships, enhance communication, and deliver holistic, patient-centered care to diverse populations including refugees, racial minorities, and Indigenous communities. The integration of cultural humility into education, clinical practice, and institutional policies holds significant potential to reduce disparities, promote social justice, and improve mental health outcomes. While challenges such as resistance to change and resource limitations exist, strategic implementation through training, leadership support, and policy reform can drive meaningful and sustainable transformation in mental health care delivery.

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**REFERENCES**

Agner, J. (2020). Moving From Cultural Competence to Cultural Humility in Occupational Therapy: A Paradigm Shift. *American Journal of Occupational Therapy*.

Aisenberg, E. (2020). Evidence-Based Practice in Mental Health Care to Ethnic Minority Communities. *Journal of Child and Youth Care Work*.

Amusala, D. C. M. I. (2025). Cultural Diversity and Its Effect on Mental Health and Patterns of Health Care Utilization among Ethnic and Minority Groups. A Review of the Literature. *ARC Journal of Neuroscience*.

Austad, K., & Jack, B. W. (2023). Linguistic and Cultural Competence at Hospital Discharge. *Journal of Healthcare Management Standards*.

Bailey, Z., Feldman, J., & Bassett, M. (2020). How Structural Racism Works - Racist Policies as a Root Cause of U.S. Racial Health Inequities. *New England Journal of Medicine*.

Berşe, S., Dirgar, E., Tosun, B., Tanrıverdi, D., & Atay, E. (2024). Cultural humility among nursing students in a multicultural setting. *Work*.



- Bogle, A., Rhodes, P., & Hunt, C. (2021). *Cultural humility and decolonial practice: narratives of therapists' lives*.
- Churchwell, K., Elkind, M., Benjamin, R. M., Carson, A., Chang, E. K., Lawrence, W., Mills, A., Odom, T. M., Rodriguez, C., Rodriguez, F., Sanchez, E., Sharrief, A., Sims, M., & Williams, O. (2020). Call to Action: Structural Racism as a Fundamental Driver of Health Disparities: A Presidential Advisory From the American Heart Association. *Circulation*.
- Coombs, N., Campbell, D. G., & Caringi, J. C. (2022). A qualitative study of rural healthcare providers' views of social, cultural, and programmatic barriers to healthcare access. *BMC Health Services Research*.
- Cox, J., & Simpson, M. (2020). Cultural Humility: A Proposed Model for a Continuing Professional Development Program. *Pharmacy*.
- Cummins, C., Pellicano, E., & Crane, L. (2020). Autistic adults' views of their communication skills and needs. *International Journal of Language and Communication Disorders*.
- Cunningham, R., Polomano, R., Wood, R. M., & Aysola, J. (2022). Health systems and health equity: Advancing the agenda. *Nursing Outlook*.
- Esaki, N., Reddy, M., & Bishop, C. (2022). Next Steps: Applying a Trauma-Informed Model to Create an Anti-Racist Organizational Culture. *Behavioral Science*.
- Fitri, F., Lage, C., Mollayeva, T., Santamaría-García, H., Chan, M., Cominetti, M., Daria, T., Fallon, G., Gately, D., Gichu, M., Giménez, S., Zúñiga, R. G., Hadad, R., Hill-Jarrett, T. G., O'Kelly, M., Martinez, L., Modjaji, P., Ngcobo, N., Nowak, R., ... Ayhan, Y. (2023). Empathy as a crucial skill in disrupting disparities in global brain health. *Frontiers in Neurology*.
- Fitzpatrick, K. M., Sjoblom, E., Puinean, G., Robson, H., Campbell, S. M., Fayant, B., & Montesanti, S. (2024). Examining global Indigenous community wellness worker models: a rapid review. *International Journal for Equity in Health*.
- George, M., Davey, R., Mohanty, I., & Upton, P. (2020). "Everything is provided free, but they are still hesitant to access healthcare services": why does the indigenous community in Attapadi, Kerala continue to experience poor access to healthcare? *International Journal for Equity in Health*.
- Glass, V. Q., & Bickler, A. (2021). Cultivating the Therapeutic Alliance in a Telemental Health Setting. *Contemporary Family Therapy*.
- Gray, M., Thomas, Y., Bonassi, M., Elston, J., & Tapia, G. (2020). Cultural safety training for allied health students in Australia. *The Australian Journal of Indigenous Education*.
- Hashish, E. A., Aljohani, H., & Bahawi, R. A. (2020). *Assessment of Cultural Competence Level among Academic Nursing Educators and associated Factors, Jeddah- Saudi Arabia*.
- James, K. F., Reaves, K., Richards, M. C., & Choi, K. R. (2024). Enhancing Obstetric Healthcare Providers' Knowledge of Black Maternal Mental Health: A Feasibility Study. *International Journal of Environmental Research and Public Health*.
- Jonathan, S., Pfaff, K., & Cruz, E. (2024). Informing Culturally Safe Advance Care Planning: An Interpretive Descriptive Study of Internationally Educated Nurses in Ontario. *The Canadian Journal of Nursing Research = Revue Canadienne de Recherche En Sciences Infirmieres*.
- Kibakaya, E. C., & Oyeku, S. (2022). Cultural Humility: A Critical Step in Achieving Health Equity. *Pediatrics*.
- Kostelecky, S. R., Townsend, L., & Hurley, D. (2023). Is Cultural Humility Too Easy? *College and Research Libraries*.
- Lambor, M. P. D., Reshmi, D. B., Devi, D. E. S., Gudi, M. N., & R, D. V. L. (2024). Cultural humility training interventions for healthcare students to improve care for gender and sexual minority groups: Protocol for a systematic review and a proposed meta-analysis. *MethodsX*.
- Mirza, M., Harrison, E. A., Bentley, J. A., Chang, H., & Birman, D. (2020). Language Discordance in Mental Health Services: An Exploratory Survey of Mental Health Providers and Interpreters.

*Societies.*

- Moore, K. L., Rodwin, A. H., Shimizu, R., & Munson, M. R. (2024). A Mixed Methods Study of Ethnic Identity and Mental Health Recovery Processes in Minoritized Young Adults. *Healthcare*.
- Mouboua, P. D., Atobatele, F. A., & Akintayo, O. T. (2024). Cross-cultural competence in global HRD: Strategies for developing an inclusive and diverse workforce. *International Journal of Science and Research Archive*.
- Nagy, G. A., Zhan, C., Rossitch, S. S., Stafford, A., Mendoza, A., Reyes, N. F., & Gonzalez-Guarda, R. (2024). Understanding mental health service needs and treatment characteristics for Latin American immigrants and refugees: A focus on CBT strategies for reducing acculturative stress. *Cognitive Behaviour Therapy*.
- Nwokeroku, S. C., Neil, B., Dlamini, C., & Osuchukwu, V. C. (2022). A systematic review of the role of culture in the mental health service utilisation among ethnic minority groups in the United Kingdom. *Global Mental Health*.
- Or, J., Anderson, A. M., & Golba, E. A. (2024). Nurturing compassion and cultural humility in health professions students through a brief mindfulness practice. *PEC Innovation*.
- Rosa, W., McDarby, M., Buller, H., & Ferrell, B. (2023). Palliative Care Clinician Perspectives on Person-Centered End-of-Life Communication for Racially and Culturally Minoritized Persons with Cancer. *Cancers*.
- Setti, I., Sommovigo, V., & Argentero, P. (2020). Enhancing expatriates' assignments success: the relationships between cultural intelligence, cross-cultural adaptation and performance. *Current Psychology*.
- Singh, H., Haghayegh, A. T., Shah, R., Cheung, L., Wijekoon, S., Reel, K., & Sangrar, R. (2023). A qualitative exploration of allied health providers' perspectives on cultural humility in palliative and end-of-life care. *BMC Palliative Care*.
- Thomas, A. G., & Porter, A. B. (2023). Promoting Inclusive Cancer Care: Beyond Medical Interpreters. *The Oncologist*.
- Venkataramu, V. N., Vajawat, B., Raghuraman, B., & Chaturvedi, S. (2020). Cultural competency training for psychiatry residents and mental health professionals: A systematic review. *International Journal of Social Psychiatry*.
- Visiers-Jiménez, L., Baeza-Monedero, M. I., Ríos-Díaz, J., Llinares, S. M. L., & Martínez-Gimeno, M.-L. (2025). Cultural Competence of European Nursing Faculty. An International Cross-Sectional Study. *Journal of Nursing Scholarship*.
- Visintin, E. P., Rullo, M., & Destro, C. Lo. (2024). Imagine Being Humble: Integrating Imagined Intergroup Contact and Cultural Humility to Foster Inclusive Intergroup Relations. *Behavioral Science*.
- Yeo, E., & Torres-Harding, S. (2021). Rupture resolution strategies and the impact of rupture on the working alliance after racial microaggressions in therapy. *Psychotherapy*.