

14th World Congress on
PSYCHIATRIC & MENTAL HEALTH NURSING
&
5th World Congress on
MENTAL HEALTH AND WELLBEING
July 25-26, 2018 | Vancouver, Canada

Diagnosing and treating racial & ethnic minorities with anxiety disorders that present as anger & aggression

Teresa Combs

University of the Health Sciences, USA

Purpose: The purpose is twofold: first to present differences in symptom presentation for anxiety between various racial and ethnic groups. The second is to highlight the importance of employing Leininger's model of Culture Care when presented with a person that is from a different racial, ethnic or cultural background.

Summary of the Evidence: The existing literature suggests that racial and ethnic minorities are over diagnosed with psychotic like disorders and under diagnosed with anxiety disorders (1, 2). Caucasian/European providers are frequently unfamiliar with the symptom nuances of anxiety among racial and ethnic minorities. This lack of cultural familiarity places racial and ethnic minorities at a greater risk for misdiagnosis, inappropriate treatment patient mistrust, and premature treatment termination (1,3,4).

Description of the Protocol: Current diagnostic practice involves a clinical assessment, collateral information and evaluation of diagnostic tools. While these are vital as baseline measures Madeline Leininger's theory of Culture Care reaches for practices that include attending to the beliefs values and meanings from populations that a provider may be unfamiliar. This approach can be useful to bridge the cultural gap between providers and patients. Strategies for change consist of: self-reflection, acceptance of the population you are treating, use of the cultural formulation of the DSM5 reaching out to collaborate with racial or ethnic colleagues and whenever possible matching patients with like providers.

Evaluation Method: The evidence associated with this presentation was an extensive review of the literature (ROL) using search terms: African American, Hispanic, anxiety, anger and aggression. Inclusion criteria articles refer to diagnosis, symptoms, treatment, ages 5-65 years old. In addition my experience in my current practice.

Future Implications: There is a severe need for racial and ethnic diversity among mental health and primary care providers. However as these disciplines await the number to meet the need, the current providers will benefit by making a deliberate effort to address cultural specific symptoms of anxiety disorders when working with racial/ethnic minorities.