is the best conceptual tool for characterizing post-traumatic distress among non-Western individuals (Stamm & Friedman, 2000) due to the differing presentation of symptoms and cultural attitudes about the event. As a result, appropriate care encompasses awareness of not only the event and the individual’s response to it, but also consideration of the contextual factors of the trauma.

Lastly, culture bound syndromes (CBSs) are patterns of abnormal behaviour and/or distress that occur exclusively within distinct groups. Dhat, primarily found in India, is an example of one CBS. It is characterised by psychological distress and anxiety related to semen loss (Wig, 1960). Recognition and understanding of these unique disorders is necessary for effective intervention. While it is possible that immigration and globalization may expose clinicians to CBSs, it is also possible that they will lead to cultural change wherein the inter-connectedness of the world will lead to more modern and less isolated cultures; as a result, the world may cease to see culturally bound syndromes in place of culturally influenced ones (Ventriglio et al., 2015). This can already be seen in the overlap and similarity of some clinical descriptions of CBSs to Western diagnoses (Alarcon, 2009). Dhat, for example, is strongly associated with low mood and fatigue, leading some to argue that it isn’t a disorder of its own accord, but rather, a culturally determined symptom of depression (Mumford, 1996). This has implications for treatment as our existing options may simply require modifications, rather than a complete overwrite.

In conclusion, culture influences many aspects of mental illness, including how patients express and manifest their symptoms, what meaning they impart onto illness, and what illnesses, both western and culturally bound, individuals will experience. These have consequences for outcomes, subjective experiences, help-seeking, and distress levels. Globalization and immigration may be minimizing differences across societies. Despite this, disparities still exist. As such, cultural competence is necessary for correct identification of mental illness and efficacious treatment.