

Cultural Beliefs, Mental Health, and Criminal Behaviour Intersections

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Abstract

Cultural concepts influence mental health experiences, expressions, and comprehension. These constructs also influence behaviors that may lead to involvement in the criminal justice system. Cultural frameworks serve as lenses through which individuals perceive their internal states and social interactions, shaping their emotional responses and tendencies. Cultural attitudes may lead individuals to perceive treatment as inappropriate, prompting them to rely on "natural" forms of assistance, such as familial support. Cultural norms prescribe acceptable and deviant behaviours. They will, to a certain degree, affect the experience of mental health symptoms and the likelihood of criminal behavior. Diverse cultures see and address brain-related illnesses variably, attributable to distinct belief systems. The influence of a specific belief system on mental health services can be both beneficial and detrimental. An in-depth analysis of the interplay between culture, mental health, and crime elucidates the degree to which culture influences mental health, criminal behavior, and an individual's position within the criminal justice system.

Cultural values such as collectivism and individualism influence perceptions of mental health and the pursuit of assistance. Individuals in collectivist cultures are less inclined to address their mental health issues. In many civilizations, prioritizing collective peace supersedes individual demands. They may apprehend the disgrace of their family or community. The analysis indicates that this may result in postponed help-seeking and under-reporting of mental health symptoms, exacerbating their condition and increasing the likelihood of criminal participation. Conversely, individualistic societies foster greater self-expression and autonomy, potentially leading to earlier recognition and intervention for mental health concerns. Nonetheless, this may also lead to the manifestation of deviant behaviors. Cultural factors influence the causes of mental disease. Some cultures may perceive mental illness as a consequence of spiritual or supernatural influences. Certain cultures may perceive it as a moral issue. Such beliefs may influence treatment decisions, leading individuals to favor traditional healers or spiritual methods over mental health professionals for addressing their issues. The diagnostic criteria stated in manuals for mental diseases, such as the DSM-5, may not hold the same significance across different cultures, as mental problems often appear within specific local circumstances.

The DSM-5 includes a cultural formulation interview, which represents progress in recognizing the interplay between diversity and mental health by examining cultural identification, illness conceptualizations, and psychosocial stresses. Insufficient cultural considerations may result in misdiagnosis, unsuitable therapy, and suboptimal outcomes for patients from varied cultural backgrounds. Research suggests that pre-existing disorders are associated with psychological issues related to offenders. Discourse has evolved in recent decades. The global discourse has evolved on mental health diseases, particularly the relationship between psychiatric illnesses and criminal behavior, cultural views, mental health, and criminal behavior. Culturally appropriate mental health services are essential. Mental health providers should strive to cultivate cultural humility, which entails recognizing one's own cultural prejudices alongside clients' cultural viewpoints.

Keywords- Spiritual Practices, Psychological Resilience, Mental Health

Introduction

Culture significantly influences mental health and mental illnesses, encompassing experiences of mental disorders, coping mechanisms, treatment, as well as the efficacy of professional interventions and preventive measures (Kirmayer & Jarvis, 2019). Diverse cultures possess varying meanings and comprehensions of mental illness. This can be perceived as a physical condition, a spiritual affliction, or a social issue (Karthick, 2017; Sam & Moreira, 2012). These beliefs influence

the probability of seeking assistance, the desired course of therapy, and the degree to which an individual adheres to treatment requirements. Furthermore, individuals' comprehension, emotions, and reactions to mental health issues can either exacerbate or mitigate the stigma associated with mental illness (Snowden & Yamada, 2004). Cultural views, mental health, and criminality are intricately and substantially interconnected. Cultural ideas shape understanding and responses to mental health, influencing behaviours that may lead to criminal activity.

Concepts and methodologies of well-being may vary significantly across cultures and faiths, thereby impacting mental health (Srivastava et al., 2025). Cultural elements, including collectivism versus individualism, familial roles, spiritual and religious convictions, and traditional therapeutic methods, might adversely affect mental health results (Alqasir & Ohtsuka, 2023). How individuals perceive, interpret, and address mental health issues is referred to as cultural processes. These mechanisms must be considered in mental health interventions (Hwang, 2016). Cultural norms significantly influence the expression of mental suffering among individuals. In Africa, openly expressing distress is frequently deemed unacceptable, whereas in Latin America, it is far more acceptable (Snowden & Yamada, 2004). Different cultures may view the connection between the mind and body differently, leading to discrepancies in symptom expression and reporting. Furthermore, the mental health treatments individuals opt for and the nature of treatment they pursue are influenced by cultural factors (Snowden & Yamada, 2004).

Cultural Beliefs and Mental Health

Cultural ideas can significantly impact attitudes toward mental health. A mental illness may be perceived as a medical condition, a spiritual suffering, or a social issue. These disparities may influence an individual's decision to seek assistance and, if so, the source from which they seek it. In societies with significant stigma around mental illness, individuals are less inclined to seek assistance and tend to depend more on family members and traditional healers (Adebayo et al., 2024). Conversely, those cultures with access to mental health services exhibit elevated rates of diagnosis and treatment (Sherrick, 2016). Cultural attitudes can influence the acceptability of treatments, with certain cultures preferring traditional or spiritual remedies over Western medicine (Bieler et al., 2020). Cultural beliefs can influence perceptions of illness causation, thereby influencing decisions to seek healthcare services (Ao, 2019). Cultural variables influence perceptions of mental illness, thereby shaping awareness and understanding across societies (Alqasir & Ohtsuka, 2023). Mental health practitioners must recognise these cultural elements to provide successful care. Individuals impacted by mental disease may realise enhancements in mental health with the application of spiritual therapeutic methodologies (Srivastava et al., 2025). Individuals may refrain from reporting melancholy or depression due to the absence of appropriate terminology to articulate these emotions (Whiteford et al., 2015).

Mental health professionals must acknowledge the diversity of cultural and religious frameworks and perspectives on mental disease. Consequently, they ought to address specific requirements. Moreover, it is essential to cultivate a profound comprehension of spirituality (Srivastava et al., 2025). Cultural competency denotes the ability to acknowledge the influence of cultural beliefs, values, and practices on individuals' mental health experiences, as well as an awareness of one's own cultural biases and preconceptions. Employing cultural understanding in the formulation of treatment regimens improves engagement, adherence, and outcomes. This necessitates adapting treatment approaches to align with the patient's cultural beliefs and values, incorporating traditional healing practices and collaborating with community leaders and healers. Therapists must consider their patients' cultural backgrounds when developing culturally appropriate treatment strategies, particularly given the increasing diversity in the Western world (Jacobs et al., 2015). Mental health interventions that incorporate cultural renewal, community support, and family systems are more efficacious, as culture influences the therapy relationship; therefore, the cultures of both the practitioner and the client must be taken into account (Gopalkrishnan, 2018).

Mental Health and Criminal Behaviour

The correlation between mental health and criminal behaviour is intricate. Mental health conditions elevate the likelihood of criminal activity. The risk is significantly heightened when exacerbated by poverty, substance abuse, and insufficient access to mental health services. Mental health disorders can disrupt cognitive and emotional functioning. This can lead individuals to act impulsively and to digest information ineffectively. When they do, they may ultimately perpetrate a crime. Neglecting to obtain treatment for mental health conditions might result in significant behavioural problems. This may escalate into criminal behaviour.

Nevertheless, the majority of individuals with mental health difficulties are neither violent nor criminal. Early identification and treatment of mental health concerns could minimise the occurrence of criminal behaviour. A joint endeavour involving

a psychiatrist, social worker, and patient is necessary to examine the foundations of criminal behaviour (Ghiasi et al., 2019).

The Role of Stigma

The stigma surrounding mental health, encompassing both social stigma and self-stigma, considerably hinders access to mental health care and exacerbates difficulties for individuals experiencing mental health issues. Social stigma denotes the adverse perceptions and prejudice aimed at individuals with mental diseases, leading to their societal isolation, diminished chances, and impaired self-esteem (Hinshaw & Stier, 2008). When individuals internalise negative attitudes regarding mental illness, they commence self-stigmatisation. Consequently, individuals may experience feelings of humiliation and hopelessness, leading them to cease seeking assistance. This arises from our association of mental illness with perilousness or unpredictability. The standard of service declines, and stigmas create barriers between healthcare providers and patients in medical institutions (Ahad et al., 2023). To eradicate stigma, various interventions are required at the individual, community, and societal levels, encompassing education, advocacy, and contact-based programs. Furthermore, individuals' reluctance to disclose mental health concerns stems from the stigma attached to such issues (Lucas et al., 2017). Stigma encompasses the application of labels, segregation of individuals, recognition of negative stereotypes, their endorsement, prejudicial behaviour, and discrimination, typically wielded through social, economic, or political power (Clément et al., 2014).

Spirituality and Mental Health

The examination of spirituality within the realm of mental health might foster solace, significance, and connection for those experiencing diverse mental health issues (Srivastava et al., 2025). Spirituality, which denotes individual views and experiences of the sacred or transcendent, can serve as a reservoir of resilience, providing individuals with coping mechanisms and hope. Individuals with a profound conviction in a spiritual source may help patients with severe illnesses discover meaning in their lives (Srivastava et al., 2025). Engagement in religion may alleviate feelings of loneliness by providing community support within a religious congregation (Srivastava et al., 2025). Consistently integrating spirituality into mental health treatment may enhance well-being and alleviate the burden of mental disease (Srivastava et al., 2025). The incorporation of spirituality might be beneficial for mental health practitioners; however, it presents particular challenges. Healthcare practitioners should be familiar with patients' various religious beliefs and practices (Srivastava et al., 2025).

Cultural Sensitivity in Mental Health Treatment

To ensure mental health therapy is culturally sensitive, healthcare professionals must acknowledge and value the patients' and their families' cultural ideas, values, and traditions, as these factors influence their understanding of the condition. Culturally sensitive care involves considering a patient's cultural background, utilising traditional therapeutic methods, and mobilising community resources. Mental health providers must get proficient training in cultural competence. These individuals need knowledge, competencies, and dispositions to engage with diverse populations. It is imperative to consider the patient's perspective, faith, and familial context. According to Swihart et al., improving healthcare experience and outcomes requires integrating appropriate values into health promotion initiatives, cultural competence training, and interpretation services.

The Intersection

A connection exists between culture and crime, as well as between culture and mental illness. The results of previous patterns of criminal activity may be seen as manifestations of mental illness. Mental illnesses can often be severe enough to impair cognitive performance. They may also lead to a persistent state of discontent. This may exacerbate their situation and render them vulnerable to criminal activity. Leong and Kalibatseva (2011) noted that cultural influences may affect perceptions and responses to mental illness. Wang (2015) asserts that mental health professionals must possess cultural competence while engaging with various clientele. Mental health care must address the specific needs of the consumer. Cultural barriers concerning mental health, the perception of treatment as irrelevant, and a belief in spirituality and religion can impede access. Utilising spiritual resources in mental health treatment addresses patient needs more effectively than medical interventions (Srivastava et al., 2025). Healthcare providers must understand the diverse manifestations of spirituality and collaborate with the patient to integrate it into therapy (Srivastava et al., 2025). The condition of diminished mental health differs from possessing a mental illness, and a clinical diagnosis is not required to engage in activities that enhance mental well-being (Crum, 2021). Interventions and methods for daily life should be accessible to everybody (Crum, 2021).

Furthermore, the court system must provide therapy for antisocial behaviour in a culturally sensitive manner, taking into account mental health issues associated with the offences. Mental health organisations must ensure that their services align with the cultural attributes of the populations they serve, demonstrating adaptability to cultural and institutional norms (Owusu et al., 2022). This encompasses providing services in several languages, employing conventional healing methods, and acknowledging cultural perceptions of mental illness (Qureshi & Collazos, 2011). Kirmayer and Jarvis (2019) assert that culturally relevant interventions can enhance access, utilisation, and health outcomes. Individuals seeking mental health care frequently encounter stigma from family members, healthcare providers, and society as a whole. Consequently, addressing stigma, such as adverse views, necessitates a comprehensive approach (Ahad et al., 2023). Enhancing access to healthcare and augmenting awareness and research might mitigate stigma. It offers supplementary information.

Cultural Beliefs and Criminal Behaviour

The effects of cultural beliefs on crime encompass an individual's selection of criminal activity, the rationale for such actions, and the reaction to being labeled a criminal. Certain cultures perceive honour killings and other forms of violence as legitimate. Moreover, in many societies, non-violent offences, such as theft, are more common. In certain societies, the reporting of criminal activity is discouraged. This may stem from apprehension regarding law enforcement or concern about repercussions. Furthermore, the reaction to illegal conduct can be affected. Some cultures may prefer restorative justice approaches.

Understanding cultural attitudes will inform the development of effective crime-prevention strategies and culturally attuned therapies for offenders. Cultural views can influence an individual's engagement with the criminal justice system, shaping perceptions of equity and confidence in law enforcement and the judiciary. Culturally competent approaches are essential to eradicate these discrepancies and guarantee just and equitable outcomes in the criminal justice system.

A confluence of psychological, social, and cultural elements influences the development of criminal behaviour. Conduct and antisocial personality disorders elevate the likelihood of violent behaviour ("Gun Violence: Prediction, Prevention, and Policy," 2013).

Varshney et al. (2015) indicate that numerous studies suggest individuals with mental illness may experience heightened victimisation from violence due to symptoms such as impaired reality testing, thinking disorganisation, and deficits in impulse control and planning. Violence and mental illness arise from intersecting risk factors, including substance misuse, trauma, and poverty (Varshney et al., 2015; McGinty, 2018). Desmarais et al. (2014) assert that violence may result in the forfeiture of personal liberty, substantial expenses related to clinical and risk evaluations, increased stigmatisation of mental illness, and disruption of care. We must eliminate health and economic disparities resulting from poverty, racism, and prejudice.

Cultural criminology emphasises the analysis of culture in relation to crime, encompassing victimisation, collective offences, and social issues (Hayward & Young, 2004). Cultural criminology examines the relationships between culture and crime, as well as how power structures shape symbolic images. Individuals within criminal subcultures are encouraged to engage through experiences, attire, and vernacular (Hayward & Young, 2004). Soriano et al. (2004) assert that an individual's adoption of a different culture or adherence to their own may influence the likelihood of youth violence. Cultural criminology examines the influence of media and culture on the interpretation of crime (Ferrell, 1999). Effective criminal justice theories and policies require a cross-cultural perspective, given the involvement of diverse populations (Birkbeck, 1993).

Society, as an encompassing entity, influences crime through the media. They delineated additional sociocultural factors impacting crime. "CRIMINOLOGY AND CRIMINAL JUSTICE," 2023; Sacco, 1995. Early psychological theories of delinquency, such as Sociobiology, Intelligence, Learning, Cognitive, and early Personality theories, may aid criminologists in comprehending criminal, antisocial, or delinquent behaviour, which fundamentally entails implicit theories lacking sociological context. Psychological theories from past years can provide valuable insights for criminologists seeking to understand antisocial or delinquent behaviours. Moreover, societal forces, particularly the media, significantly influence the promotion of various types of crime.

Intersectionality and Integrated Approaches

Addressing culture, mental health, and criminal behaviour necessitates integrative and intersectional methodologies, as these issues are interrelated (Díaz-Faes & Pereda, 2020). Mental health providers must comprehend cultural beliefs and their impact on views of mental disease and treatment compliance. Mental health services that acknowledge and address ethnic diversity can mitigate stigma and enhance accessibility. Interventions within the criminal justice system must

incorporate mental health assistance. These elements underpin and facilitate criminal behaviour; thus, addressing them will aid in rehabilitation. Collaboration among mental health professionals, social workers, and community leaders is essential to developing comprehensive strategies to address the root causes of crime proactively.

Interventions must focus on individual, contextual, and structural factors that subject individuals to continuous exposure to the criminal justice system. Such interventions will require a collaborative effort between the criminal justice and mental health sectors (Barrenger & Canada, 2014). Re-entry programs are influenced by their surrounding environment; therefore, comprehending the local social, political, and economic context is essential for any criminal justice response (Leverentz, 2020). Cultural criminology has illuminated the essence of crime and justice (Leonard & Kenny, 2010; Presdee, 2004). Cultural competence is vital for ensuring fair and equitable outcomes within the criminal justice system. Understanding cultural beliefs and tailoring the intervention to the needs of specific communities is essential (Battams et al., 2021; Strauss-Hughes et al., 2019).

Discussion

The integration of several criminological ideas will enhance our comprehension of crime and delinquency (Bernard & Snipes, 1996). An interdisciplinary approach is essential for addressing crime-related concerns. Criminology is inherently multidisciplinary, as criminologists do not formulate numerous concepts within the field. For example, philosophical, legal, sociological, psychological, political, and other topics within criminology - "What Is Criminology?" (2011). Mental health courts aim to involve individuals with mental illness in clinical treatments to avert future involvement in the criminal justice system (Rice & Harris, 1992). Mental health courts and other diversionary initiatives redirect individuals with mental health issues from the criminal justice system to treatment alternatives. However, these initiatives must be culturally relevant to engage diverse populations effectively. Meeting the mental health needs of children before their entry into the juvenile justice system may result in reduced incarceration rates and enhanced personal, social, and economic outcomes (Kutcher & McDougall, 2009). Restorative justice methodologies that engage victims and communities in the rehabilitation process are crucial for healing and minimising recidivism (Ryals, 2004).

Ronel and Elisha (2010) assert that positive criminology highlights affirmative experiences to divert individuals from deviance and criminality. Knowledge of the parallels between the reintegration of ex-offenders and the integration of asylum seekers, specifically on the societal reintegration of ex-offenders (Kirkwood & McNeill, 2015). The criminal justice system continually strives to enhance rehabilitation for criminals to reduce recidivism rates (Toole, 2015). Criminology analyses the social, cultural, political, and economic aspects that influence law. Dubber and Hörnle, 2014. This approach requires integrating culturally informed perspectives on criminal behaviour and mental health into the criminal justice system. This would guarantee equitable results for everyone. Johnson (2021) asserts that faith-based efforts have successfully diminished crime rates and rehabilitated convicts. The examination of crime might be substantially enhanced by utilising diverse knowledge frameworks, including spirituality (Ronel & Yair, 2017).

Conclusion

In summary, programs aimed at preventing incarceration yield superior outcomes for public safety compared to incarceration, at a significantly lower cost, and with diminished adverse effects on the futures of young individuals (Spinney et al., 2018). Wilson and Hoge (2012) assert that diversion program interventions for medium- and high-risk kids are more efficacious in diminishing recidivism compared to the juvenile court system. Diversion tactics are more efficacious in preventing incarceration than traditional judicial processes (Wilson & Hoge, 2012). Programs frequently offer juvenile offenders treatment and support services designed to address their unique needs and underlying concerns (Kretschmar et al., 2018), Dembo et al. (2005) assert that community-based diversion programs for at-risk, non-serious offenders are more effective and less expensive than those that engage more extensively with the criminal system. Contemporary diversion programs are reestablished with pragmatic objectives, such as minimizing case processing costs and/or facilitating the expungement of criminal records (Johnson et al., 2019). The implementation of diversion programs at all tiers of the criminal justice system was proposed as optimal. The efficacy of diversion programs is contingent upon their completion, as those who fail to complete such programs exhibit a greater recidivism rate compared to those placed on probation (Wilson & Hoge, 2013). Service providers and customers assert that diversion programs give an alternative to services offered by justice agencies (Osgood & Weichselbaum, 1984). Schlesinger (2018) underscored the necessity of the comprehensive implementation and completion of diversion programs. Research reveals that some studies provide minimal evidence of a reduction in recidivism. Nonetheless, a compelling area of research concerns reducing the duration of incarceration through diversion programs (Gill & Murphy, 2017).

References

1. Adebayo, Y. O., Adesiyan, R. E., Amadi, C. S., Ipede, O., Karakitie, L. O., & Adebayo, K. T. (2024). Cross-cultural perspectives on mental health: Understanding variations and promoting cultural competence. *World Journal of Advanced Research and Reviews*, 23(1), 432. <https://doi.org/10.30574/wjarr.2024.23.1.2040>
2. Ahad, A. A., Sanchez-Gonzalez, M. A., & Junquera, P. (2023). Understanding and Addressing Mental Health Stigma Across Cultures for Improving Psychiatric Care: A Narrative Review [Review of *Understanding and Addressing Mental Health Stigma Across Cultures for Improving Psychiatric Care: A Narrative Review*]. *Cureus*. Cureus, Inc. <https://doi.org/10.7759/cureus.39549>
3. Alqasir, A., & Ohtsuka, K. (2023). The Impact of Religio-Cultural Beliefs and Superstitions in Shaping the Understanding of Mental Disorders and Mental Health Treatment among Arab Muslims. *Journal of Spirituality in Mental Health*, 26(3), 279. <https://doi.org/10.1080/19349637.2023.2224778>
4. Ao, M. (2019). Health outcome measures and determinants of using indigenous medicine in a pluralistic healthcare in Nagaland, Northeast India. *Clinical Epidemiology and Global Health*, 8(1), 205. <https://doi.org/10.1016/j.cegh.2019.07.002>
5. Barrenger, S. L., & Canada, K. E. (2014). Mental Illness Along the Criminal Justice Continuum. *Journal of Forensic Social Work*, 4(2), 123. <https://doi.org/10.1080/1936928x.2014.948251>
6. Battams, S., Delany-Crowe, T., Fisher, M., Wright, L. N., Krieg, A., McDermott, D., & Baum, F. (2021). Applying Crime Prevention and Health Promotion Frameworks to the Problem of High Incarceration Rates for Aboriginal and Torres Strait Islander Populations: Lessons from a Case Study from Victoria. *International Indigenous Policy Journal*, 12(2), 1. <https://doi.org/10.18584/iipj.2021.12.2.10208>
7. Bernard, T. J., & Snipes, J. B. (1996). Theoretical Integration in Criminology. *Crime and Justice*, 20, 301. <https://doi.org/10.1086/449245>
8. Bieler, P., Bister, M. D., Hauer, J., Klausner, M., Niewöhner, J., Schmid, C., & Peter, S. von. (2020). Distributing Reflexivity through Co-laborative Ethnography. *Journal of Contemporary Ethnography*, 50(1), 77. <https://doi.org/10.1177/0891241620968271>
9. Birkbeck, C. (1993). Against ethnocentrism: A cross-cultural perspective on criminal justice theories and policies. *Journal of Criminal Justice Education*, 4(2), 307. <https://doi.org/10.1080/10511259300086161>
10. Clément, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J. S. L., & Thornicroft, G. (2014). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies [Review of *What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies*]. *Psychological Medicine*, 45(1), 11. Cambridge University Press. <https://doi.org/10.1017/s0033291714000129>
11. CRIMINOLOGY AND CRIMINAL JUSTICE. (2023). *Criminology and Criminal Justice*. <https://doi.org/10.51788/tsul.ccj>.
12. Crum, J. (2021). Understanding Mental Health and Cognitive Restructuring With Ecological Neuroscience. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/fpsy.2021.697095>
13. Dembo, R., Wareham, J., Schmeidler, J., & Chirikos, T. N. (2005). Evaluation of the Impact of a Policy Change on Diversion Program Recidivism and Justice System Costs. *Journal of Offender Rehabilitation*, 41(3), 93. https://doi.org/10.1300/j076v41n03_04
14. Desmarais, S. L., Dorn, R. A. V., Johnson, K. L., Grimm, K. J., Douglas, K. S., & Swartz, M. S. (2014). Community Violence Perpetration and Victimization Among Adults With Mental Illnesses. *American Journal of Public Health*, 104(12), 2342. <https://doi.org/10.2105/ajph.2013.301680>

15. Díaz-Faes, D. A., & Pereda, N. (2020). Is There Such a Thing as a Hate Crime Paradigm? An Integrative Review of Bias-Motivated Violent Victimization and Offending, Its Effects and Underlying Mechanisms [Review of *Is There Such a Thing as a Hate Crime Paradigm? An Integrative Review of Bias-Motivated Violent Victimization and Offending, Its Effects and Underlying Mechanisms*]. *Trauma Violence & Abuse*, 23(3), 938. SAGE Publishing. <https://doi.org/10.1177/1524838020979694>
16. Dubber, M. D., & Hörnle, T. (2014). The Oxford Handbook of Criminal Law. In *Oxford University Press eBooks*. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199673599.001.0001>
17. Feldman, J. (2020). Achieving Mental Health Equity: Community Psychiatry [Review of *Achieving Mental Health Equity: Community Psychiatry*]. *Psychiatric Clinics of North America*, 43(3), 511. Elsevier BV. <https://doi.org/10.1016/j.psc.2020.06.002>
18. Ferrell, J. (1999). CULTURAL CRIMINOLOGY. *Annual Review of Sociology*, 25(1), 395. <https://doi.org/10.1146/annurev.soc.25.1.395>
19. Ghiasi, N., Azhar, Y., & Singh, H. (2019). *Psychiatric Illness And Criminality*.
20. Gill, K. J., & Murphy, A. (2017). Jail Diversion for Persons with Serious Mental Illness Coordinated by a Prosecutor's Office. *BioMed Research International*, 2017, 1. <https://doi.org/10.1155/2017/7917616>
21. Gopalkrishnan, N. (2018). Cultural Diversity and Mental Health: Considerations for Policy and Practice [Review of *Cultural Diversity and Mental Health: Considerations for Policy and Practice*]. *Frontiers in Public Health*, 6. Frontiers Media. <https://doi.org/10.3389/fpubh.2018.00179>
22. Gun Violence: Prediction, Prevention, and Policy. (2013). [Data set]. In *PsycEXTRA Dataset*. <https://doi.org/10.1037/e647302013-001>
23. Hayward, K., & Young, J. (2004). Cultural Criminology: *Theoretical Criminology*, 8(3), 259. <https://doi.org/10.1177/1362480604044608>
24. Henderson, B. B. (2017). Psychological Theories of Crime. In *The Encyclopedia of Juvenile Delinquency and Justice* (p. 1). <https://doi.org/10.1002/9781118524275.ejdj0177>
25. Hinshaw, S. P., & Stier, A. (2008). Stigma as Related to Mental Disorders [Review of *Stigma as Related to Mental Disorders*]. *Annual Review of Clinical Psychology*, 4(1), 367. Annual Reviews. <https://doi.org/10.1146/annurev.clinpsy.4.022007.141245>
26. Hwang, W. (2016). Understanding Cultural Influences on Mental Health. In *Elsevier eBooks* (p. 41). Elsevier BV. <https://doi.org/10.1016/b978-0-12-810404-0.00003-9>
27. Jacobs, C. G. M. C., Narayanasamy, K., & Hardani, A. (2015). The Effect of Western Psychiatric Models of Mental Illness on a Non – Western Culture. *International Journal of Social Science Research*, 3(2), 125. <https://doi.org/10.5296/ijssr.v3i2.7594>
28. Johnson, B. R. (2021). How Religion Contributes to the Common Good, Positive Criminology, and Justice Reform. *Religions*, 12(6), 402. <https://doi.org/10.3390/rel12060402>
29. Johnson, K. C., Davis, R. C., Labriola, M., Rempel, M., & Reich, W. A. (2019). An Overview of Prosecutor-Led Diversion Programs: A New Incarnation of an Old Idea. *Justice System Journal*, 41(1), 63. <https://doi.org/10.1080/0098261x.2019.1707136>
30. Karthick, S. (2017). Culture and Mental Health: A Review of Culture related Psychiatric Conditions [Review of *Culture and Mental Health: A Review of Culture related Psychiatric Conditions*]. *Psychology and Behavioral Science International Journal*, 5(5). <https://doi.org/10.19080/pbsij.2017.05.555675>
31. Kirkwood, S., & McNeill, F. (2015). Integration and reintegration: Comparing pathways to citizenship through asylum and criminal justice. *Criminology & Criminal Justice*, 15(5), 511. <https://doi.org/10.1177/1748895815575618>

32. Kirmayer, L. J., & Jarvis, G. E. (2019). Culturally Responsive Services as a Path to Equity in Mental Healthcare. *A Nudge Too Far? A Nudge at All? On Paying People to Be Healthy*, 18(2), 11. <https://doi.org/10.12927/hcpap.2019.25925>
33. Kretschmar, J. M., Tossone, K., Butcher, F., & Marsh, B. (2018). Examining the impact of a juvenile justice diversion program for youth with behavioral health concerns on early adulthood recidivism. *Children and Youth Services Review*, 91, 168. <https://doi.org/10.1016/j.childyouth.2018.06.010>
34. Kutcher, S., & McDougall, A. (2009). Problems with access to adolescent mental health care can lead to dealings with the criminal justice system. *Paediatrics & Child Health*, 14(1), 15. <https://doi.org/10.1093/pch/14.1.15>
35. Lange, S., Rehm, J., & Popova, S. (2011). The Effectiveness of Criminal Justice Diversion Initiatives in North America: A Systematic Literature Review. *International Journal of Forensic Mental Health*, 10(3), 200. <https://doi.org/10.1080/14999013.2011.598218>
36. Leonard, L., & Kenny, P. (2010). Book Review: Jeff Ferrell, Keith Hayward and Jock Young. *Theoretical Criminology*, 14(1), 121. <https://doi.org/10.1177/1362480609353876>
37. Leong, F. T. L., & Kalibatseva, Z. (2011). Cross-cultural barriers to mental health services in the United States. *PubMed*. <https://pubmed.ncbi.nlm.nih.gov/23447774>
38. Leverentz, A. (2020). Fostering Family Relationships and Women's Employment. *International Journal for Crime Justice and Social Democracy*, 9(1), 126. <https://doi.org/10.5204/ijejsd.v9i1.1469>
39. Lucas, G., Rizzo, A., Gratch, J., Scherer, S., Stratou, G., Boberg, J., & Morency, L. (2017). Reporting Mental Health Symptoms: Breaking Down Barriers to Care with Virtual Human Interviewers. *Frontiers in Robotics and AI*, 4. <https://doi.org/10.3389/frobt.2017.00051>
40. McGinty, E. E. (2018). Mental Illness and Gun Violence: Disrupting the Narrative. *Psychiatric Services*, 69(8), 842. <https://doi.org/10.1176/appi.ps.201800172>
41. Murray, C. B. (2015). Culture as a Determinant of Mental Health. In *Elsevier eBooks* (p. 570). Elsevier BV. <https://doi.org/10.1016/b978-0-08-097086-8.14011-5>
42. Osgood, D. W., & Weichselbaum, H. F. (1984). Juvenile Diversion: When Practice Matches Theory. *Journal of Research in Crime and Delinquency*, 21(1), 33. <https://doi.org/10.1177/0022427884021001003>
43. Owusu, J. T., Wang, S.-F., Wickham, R. E., Cottonham, D. P., Varra, A. A., Chen, C., & Lungu, A. (2022). Blended Care Therapy for Depression and Anxiety: Outcomes across Diverse Racial and Ethnic Groups. *Journal of Racial and Ethnic Health Disparities*, 10(6), 2731. <https://doi.org/10.1007/s40615-022-01450-z>
44. Presdee, M. (2004). Cultural Criminology: *Theoretical Criminology*, 8(3), 275. <https://doi.org/10.1177/1362480604044609>
45. Qureshi, A., & Collazos, F. (2011). The intercultural and interracial therapeutic relationship: Challenges and recommendations. *International Review of Psychiatry*, 23(1), 10. <https://doi.org/10.3109/09540261.2010.544643>
46. Rice, M. E., & Harris, G. T. (1992). A comparison of criminal recidivism among schizophrenic and nonschizophrenic offenders. *International Journal of Law and Psychiatry*, 15(4), 397. [https://doi.org/10.1016/0160-2527\(92\)90020-2](https://doi.org/10.1016/0160-2527(92)90020-2)
47. Ronel, N., & Elisha, E. (2010). A Different Perspective: Introducing Positive Criminology [Review of *A Different Perspective: Introducing Positive Criminology*]. *International Journal of Offender Therapy and Comparative Criminology*, 55(2), 305. SAGE Publishing. <https://doi.org/10.1177/0306624x09357772>
48. Ronel, N., & Yair, Y. B. (2017). Spiritual Criminology: The Case of Jewish Criminology. *International Journal of Offender Therapy and Comparative Criminology*, 62(7), 2081. <https://doi.org/10.1177/0306624x17693865>

49. Ryals, J. S. (2004). Restorative Justice: New Horizons in Juvenile Offender Counseling. *Journal of Addictions & Offender Counseling*, 25(1), 18. <https://doi.org/10.1002/j.2161-1874.2004.tb00190.x>
50. Sacco, V. F. (1995). Media Constructions of Crime. *The Annals of the American Academy of Political and Social Science*, 539(1), 141. <https://doi.org/10.1177/0002716295539001011>
51. Sam, D. L., & Moreira, V. (2012). Revisiting the Mutual Embeddedness of Culture and Mental Illness. *Online Readings in Psychology and Culture*, 10(2). <https://doi.org/10.9707/2307-0919.1078>
52. Schlesinger, T. (2018). Decriminalizing Racialized Youth through Juvenile Diversion. *The Future of Children*, 28(1), 59. <https://doi.org/10.1353/foc.2018.0003>
53. Sherrick, W. R. (2016). *The Effects of Eastern versus Western Cultures on Women's Perceptions and Disclosure of Mental Illness*. <https://scholarscompass.vcu.edu/cgi/viewcontent.cgi?article=1214&context=uresponse>
54. Snowden, L. R., & Yamada, A. (2004). Cultural Differences in Access to Care [Review of *Cultural Differences in Access to Care*]. *Annual Review of Clinical Psychology*, 1(1), 143. Annual Reviews. <https://doi.org/10.1146/annurev.clinpsy.1.102803.143846>
55. Soriano, F. I., Rivera, L. M., Williams, K., Daley, S. P., & Reznik, V. M. (2004). Navigating between cultures: the role of culture in youth violence [Review of *Navigating between cultures: the role of culture in youth violence*]. *Journal of Adolescent Health*, 34(3), 169. Elsevier BV. <https://doi.org/10.1016/j.jadohealth.2003.07.015>
56. Spinney, E., Cohen, M., Feyerherm, W., Stephenson, R., Yeide, M., & Shreve, T. (2018). Disproportionate minority contact in the U.S. juvenile justice system: a review of the DMC literature, 2001–2014, Part I [Review of *Disproportionate minority contact in the U.S. juvenile justice system: a review of the DMC literature, 2001–2014, Part I*]. *Journal of Crime and Justice*, 41(5), 573. Taylor & Francis. <https://doi.org/10.1080/0735648x.2018.1516155>
57. Srivastava, K., Verma, K., Kumari, P., & Kumari, S. (2025). *The Role of Spirituality in Mental Health*.
58. Strauss-Hughes, A., Heffernan, R., & Ward, T. (2019). A cultural–ecological perspective on agency and offending behaviour. *Psychiatry Psychology and Law*, 26(6), 938. <https://doi.org/10.1080/13218719.2019.1644250>
59. Swihart, D., Yarrarapu, S. N. S., & Martin, R. L. (2019). Cultural Religious Competence In Clinical Practice. *StatPearls*. <https://europepmc.org/article/MED/29630268>
60. Tonsing, K. N. (2017). A review of mental health literacy in Singapore [Review of *A review of mental health literacy in Singapore*]. *Social Work in Health Care*, 57(1), 27. Taylor & Francis. <https://doi.org/10.1080/00981389.2017.1383335>
61. Toole, K. J. (2015). *They Tried to Make Me Go To Rehab: A Study of Rehabilitation in United States Corrections*. <https://digitalcommons.uri.edu/cgi/viewcontent.cgi?article=1405&context=srhonorsprog>
62. Varshney, M., Mahapatra, A., Krishnan, V., Gupta, R., & Deb, K. S. (2015). Violence and mental illness: what is the true story? *Journal of Epidemiology & Community Health*, 70(3), 223. <https://doi.org/10.1136/jech-2015-205546>
63. Wang, V. O. (2015). Counseling and Psychotherapy: Ethnic and Cultural Differences. In *Elsevier eBooks* (p. 63). Elsevier BV. <https://doi.org/10.1016/b978-0-08-097086-8.21072-6>
64. What is Criminology? (2011). In *Oxford University Press eBooks*. Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780199571826.001.0001>
65. Whiteford, H., Ferrari, A. J., Degenhardt, L., Feigin, V. L., & Vos, T. (2015). The Global Burden of Mental, Neurological and Substance Use Disorders: An Analysis from the Global Burden of Disease Study 2010. *PLoS ONE*, 10(2). <https://doi.org/10.1371/journal.pone.0116820>
66. Wilson, H. A., & Hoge, R. D. (2012). The Effect of Youth Diversion Programs on Recidivism. *Criminal Justice and Behavior*, 40(5), 497. <https://doi.org/10.1177/0093854812451089>