National Center for Mental Health Promotion and Youth Violence Prevention

CULTURAL AND LINGUISTIC COMPETENCE IN MENTAL HEALTH – SERIES 2

May 9, 2011
Mental Health Affinity Group

TAS: GWENDOLYN WILLIS-DARPOH, Ph.D.

www.promoteprevent.org

Poll: Who participated in the webinar on CLC issues in Mental Health on April 11th?

Why is CLC important in providing mental health services?

CLC Conceptual Framework
Eric J. Bruns (2007)

- **Not a single strategy, program, or an organizational structure**

- **Highly complex concept that cuts across providers, agencies, service systems, communities, and community members**
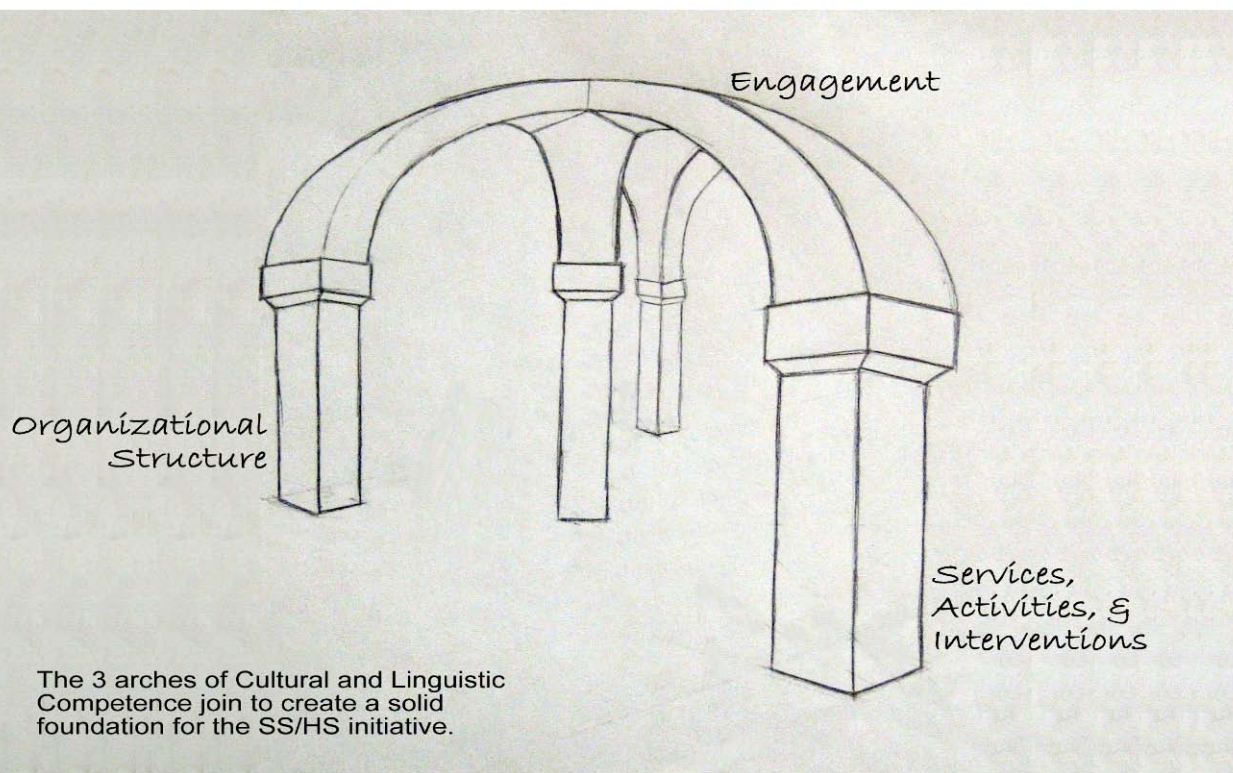
CLC Conceptual Framework Eric J. Bruns (2007)

- **Efforts of many different types may be expended at all these levels, and such efforts are interdependent and exert effects of one another**

- **Operationalizing CLC does not lend itself to a linear approach and to telling a story that has a beginning, middle and end**

# OUR CONCEPT OF CLC

The 3 Arches of CLC

What is culture?

- **The sum total of the way of living; includes values, beliefs, standards, language, thinking patterns, behavioral norms, communications styles, etc. Guides decisions and actions of a group through time. Everyone belongs to multiple cultural groups.**

From T. Cross

WORKING DEFINITION

- Cultural competence: A set of congruent behaviors, attitudes and policies that come together as a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations. The word "culture" is used because it implies the integrated pattern of human thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word competence is used because it implies having a capacity to function effectively.

- http://www.aafp.org/fpm/20001000/58cult.html#boxb

Iceberg of Culture
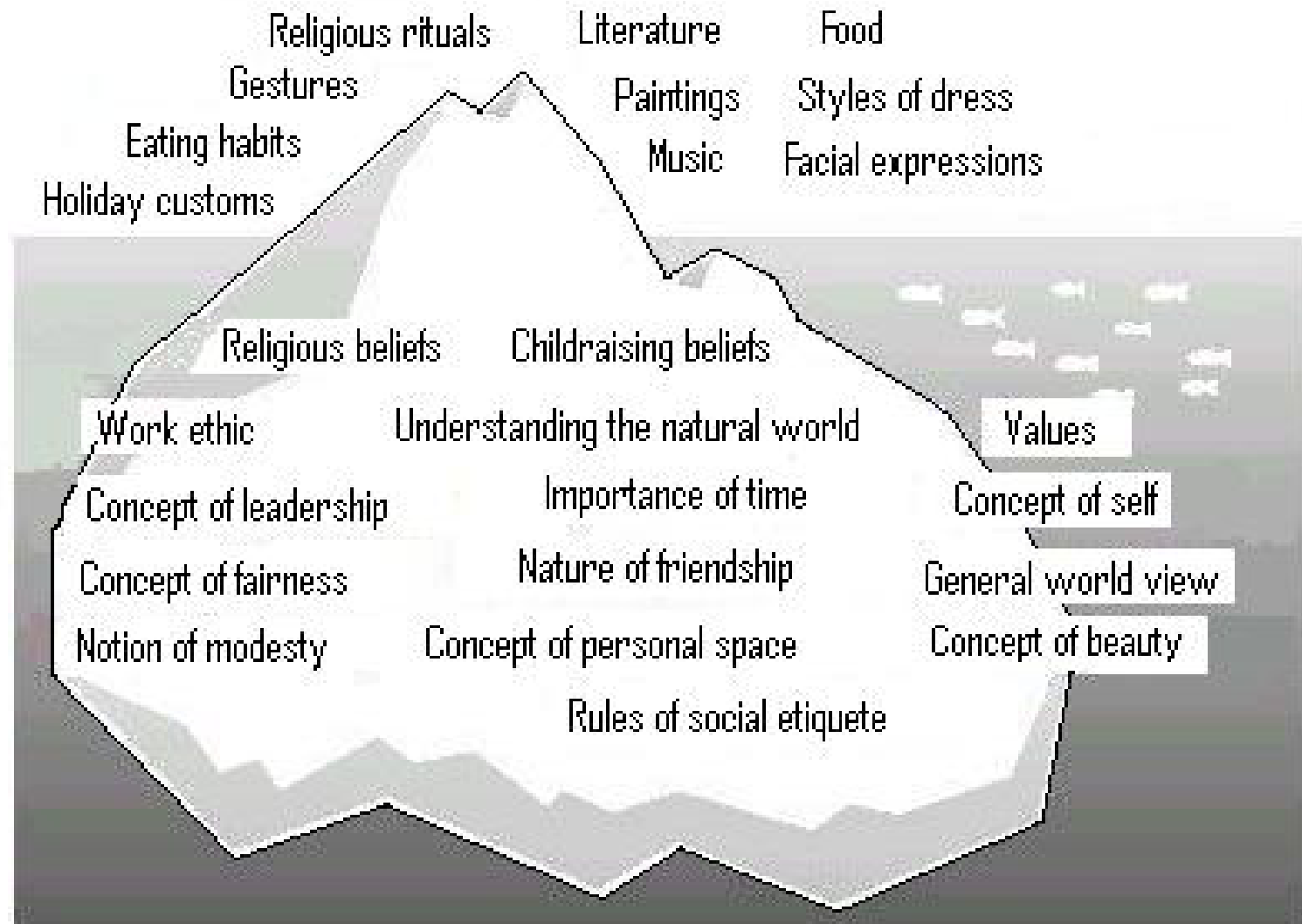
U.S. Population
U. S. Census Bureau 2008

- White (Non-Hisp)   187.7 million   64.9%
- Latino/Hispanic   45.5 million   15.1%
- African American   40.0 million   13.2%
- Asian American   15.3 million   5.0%
- American Indian/

  Alaska Native   4.5 million   1.5%
- Native Hawaiian
  and other Pacific

  Islander   1.0 million   .3%

People of Color   >106 million   35.1%

(Not counting all other ethnic/racial groups)

Projected Rate of Increase of Youth of Color in U.S. from 1995-2015

- American Indian/Alaska Native **17%**
- African American **19%**
- Hispanic/Latino **59%**
- Asian American, Native Hawaiian and other Pacific Islanders **74%**
- Caucasian/White **-3%**

Do You Know These Children?

- Ethnically and racially diverse students represent 43% of the US student population

- 20% of US students 17 and younger are Latino

- Approximately 20% of children ages 5-17 speak a language other than English at home, and 5% speak English with difficulty

- In 2007, about 16 million children age 17 and under had at least one immigrant parent

- http://www.nasponline.org/publications/booksproducts/multicultural.aspx

Poll # 1

What increases in different cultures have you seen in your school district and community? List the populations on slide 3 and in "other" category.
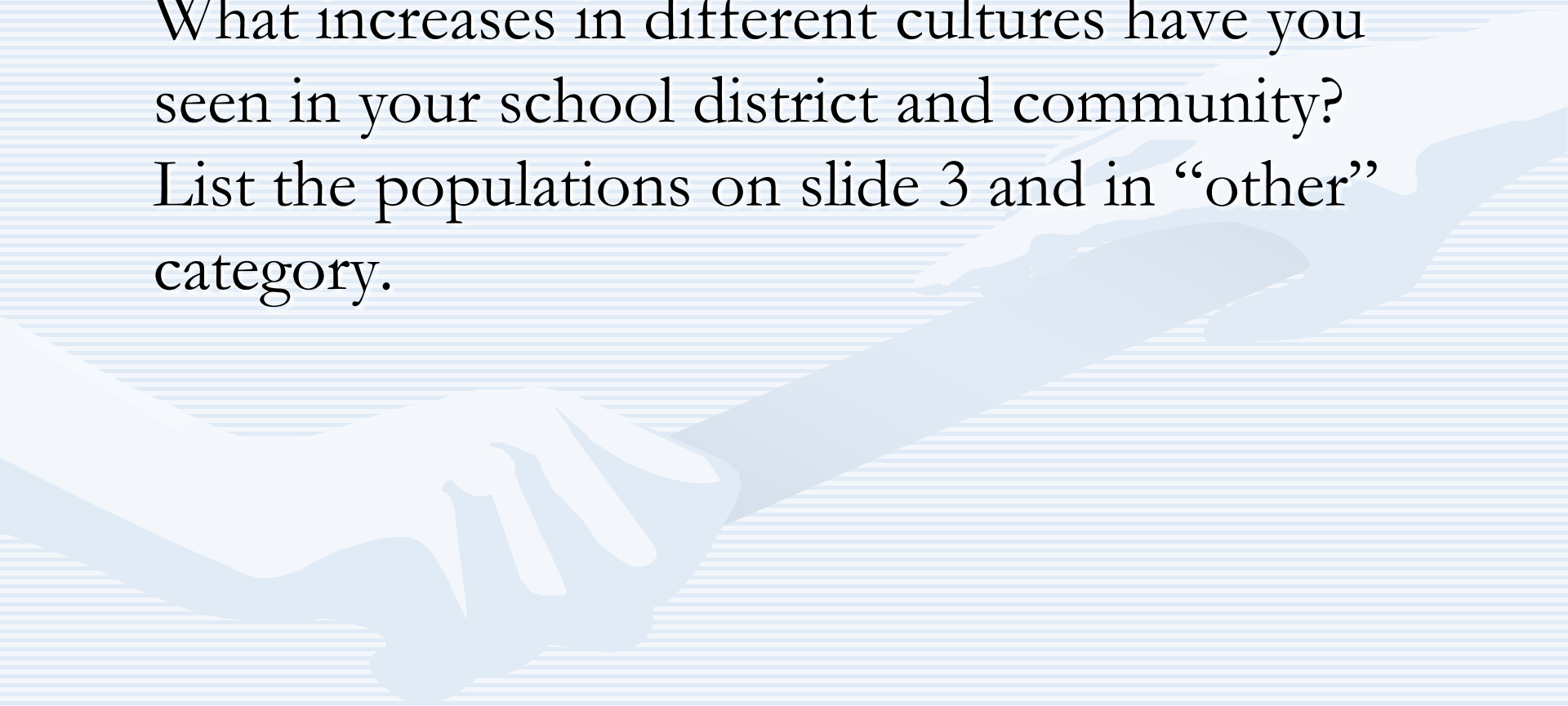
Cultural and Linguistic Competence in MH

The diversity within cultural/ethnic groups is frequently overlooked:

- **<u>Asian American</u>** – includes people from a variety of nations such as Afghanistan, China, India, Syria and Japan. Includes immigrants, as well as those who have lived in the US for generations

Cultural and Linguistic Competence in MH

- **<u>African American</u>** – more than 40 million people share certain characteristics with some 800 million people in Africa, who live in more than 50 countries and speak in excess of 2000 different languages

Cultural and Linguistic Competence in MH

- **Native American** – includes people who may be of unmixed ancestry, or whose Native American lineage is only a fraction of their background, who trace their roots to any of more than 500 different tribes and may or may not identify with tribal culture

Cultural and Linguistic Competence in MH

- **Hispanic/Latino** – over 45 million Americans have been identified as Hispanic representing Mexico, Puerto Rico, Cuba, Dominican Republic, and other parts of Central and South America

Disparities in Mental Health Services

Surgeon General's report, *Mental Health: Culture, Race and Ethnicity* (2001) states that people in the aforementioned populations:

- **Less likely to have access to available mental health services**

- **Less likely to received necessary mental health care**

- **Often received a poorer quality of treatment**

- **Are significantly underrepresented in mental health research**

- **Usually are not treated by mental health professionals who share their cultural background(s)**

- **Hearing impaired**

Disparities in Mental Health Services – Main Findings

- Mental illnesses are real, disabling conditions affecting all populations, regardless of race or ethnicity

- Striking disparities in mental health care are found for racial and ethnic minorities

- Disparities impose a greater disability burden on minorities

Cultural Barriers to Mental Health Care

- **Mistrust and fear of treatment**

- **Alternative ideas about what constitutes illness and health**

- **Language barriers and ineffective communication (non-verbal & verbal)**

- **Access barriers such as inadequate insurance coverage**

- **Lack of diversity in MH workforce**

Cultural Biases and Stereotypes

- **Racism**
- **Ageism**
- **Sexism**
- **Heterosexism**
- **Homophobia**
- **Classism**
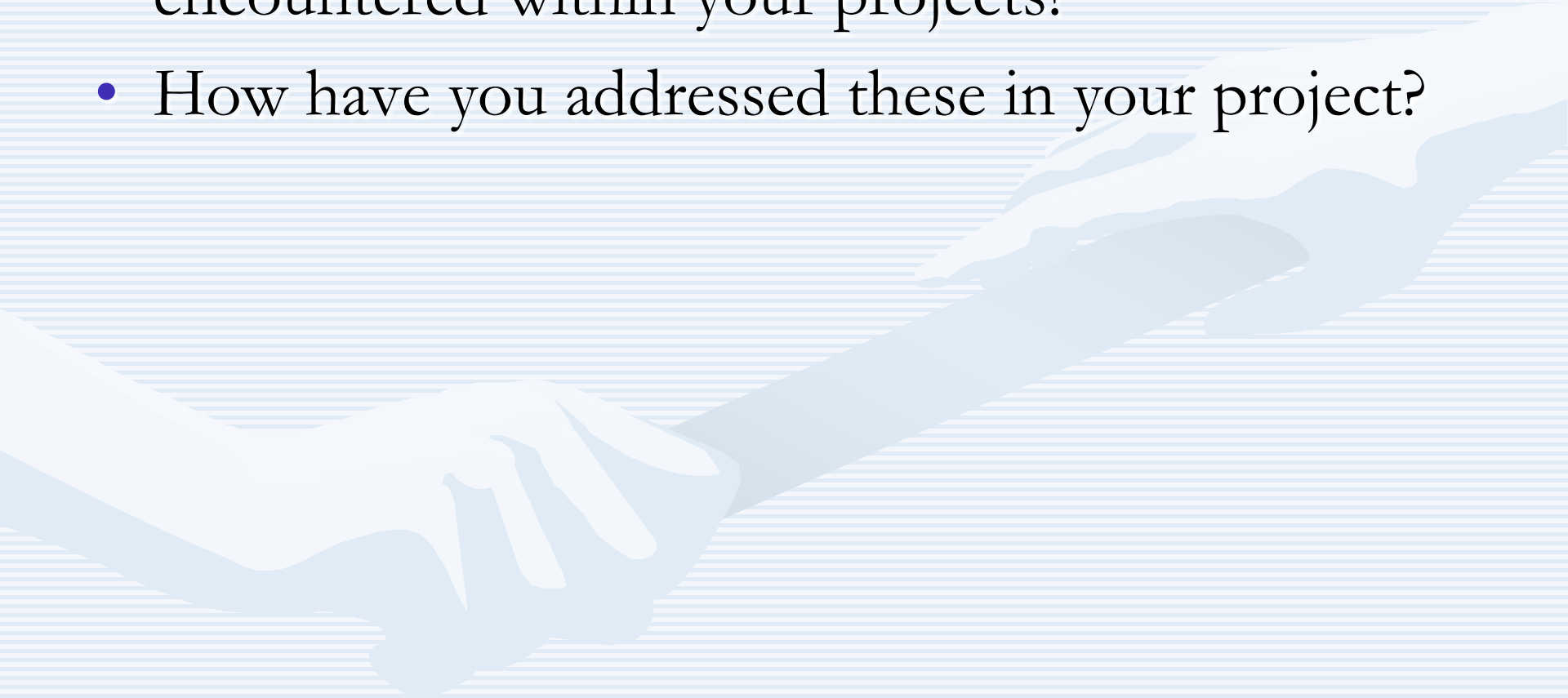- **Religious intolerance**
- **Perceptions**

What do you see?
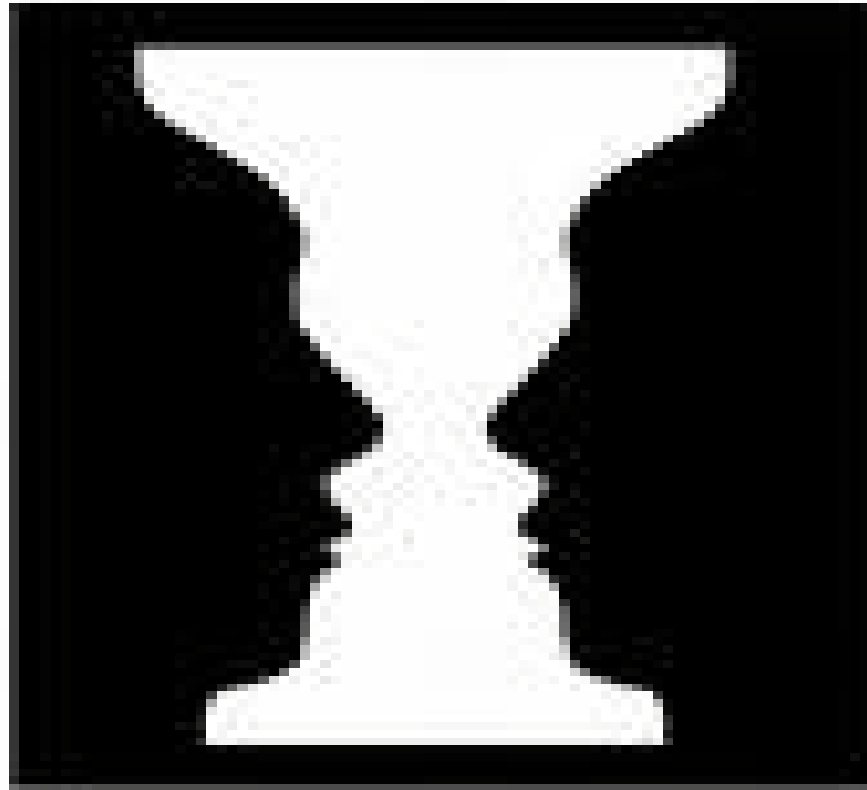
(Press *# to raise your hand)

Discussion

- What cultural biases and stereotypes have you encountered within your projects?

- How have you addressed these in your project?

Incorporating CLC Standards into Practice

- **Use open-ended questions to identify each person's unique cultural outlook**

- **Re-evaluate intake and assessment documentation, policies and procedures to be more inclusive**

- **Employ qualified MH workers who are fluent in the languages of groups being served**

Incorporating CLC Standards into Practice

- **Understand the cultural biases of staff and provide training to address educational needs**

- **Understand cultural biases in program design**

- **Indentify resources, such as natural supports, within the community that will help the individual recover**

Incorporating CLC Standards into Practice

- **Design and implement culturally sensitive treatment plans**

- **Evaluate procedures and programs for cultural sensitivity and effectiveness**

- **Survey clients and workers to elicit their understanding of cultural competence and culturally competent practice**

Intersections of Evidence-Based Practices and Cultural Competence in Children's MH

- **African American**

  – role playing,

  – peer mentoring,

  – exploring knowledge of one's self and cultural history,

  – importance of religion and spirituality

Intersections of Evidence-Based Practices and Cultural Competence in Children's MH

- **Latino**
  - importance of family,
  - reciprocity in relationships,
  - justice in actions,
  - establishing credibility and trust

Intersections of Evidence-Based Practices and Cultural Competence in Children's MH

- ## **Native American**

  – communities are human resource-rich and should be used wisely,

  – respecting the community by inclusion in treatment planning,

  – service delivery and program evaluation,

  – not taking more than one needs to survive,

  – tolerance as a strength and door to mutual respect

Chat

- How have you incorporated CLC into practice within the different population groups in your school and/or community?

**(Answer in the chat box on the left
or press *# to raise your hand)**

The Cultural Competence Continuum
by Terry Cross

Positive

Cultural Proficiency

Cultural Competence

Cultural Precompetence

Cultural Blindness

Negative

Cultural Incapacity

Cultural Destructiveness

Cultural Destructiveness

- **Individual or groups refuse to acknowledge the presence or importance of cultural differences in the teaching/learning process**

- **Any perceived or real differences from the dominant mainstream culture are punished or suppressed**

Cultural Incapacity

- **Cultural differences are neither punished nor supported**

- **The individual or organization chooses to ignore differences**

- **There is no attention, time, teaching, or resources devoted to understanding and supporting cultural differences**

Cultural Blindness

- Individual or organization actively proffers the idea that cultural differences are inconsequential and of no importance

- Cultural differences may be noted, but being color blind (and culture blind) is the desired state.

- No resources, attention, or time are devoted to understanding cultural differences

Cultural Pre-Competence

- **Teachers, learners, and organizations recognize and respond to cultural differences and attempt to redress non-liberating structures, teaching practices, and inequities**

- **Individuals and organizations recognize the need for cultural competency and this serves as a first step in extirpating some of the debilitating practices that limit the educational progress of diverse learners**

Cultural Competence

- **Organizations and individuals learn to value cultural differences and attempt to find ways to celebrate, encourage, and respond to differences within and among themselves**

- **Teachers and students explore issues or equity, cultural history and knowledge, social justice, and privilege and power relations in our society**

Cultural Proficiency

- **The culturally proficient agency seeks to add to the knowledge base of culturally competent practice by conducting research, developing new therapeutic approaches based on culture**

- **The culturally proficient agency hires staff who are specialists in culturally competent practice. Such an agency advocates for cultural competence throughout the system and improved relations between cultures throughout society.**

A NECESSARY JOURNEY

CLC is a necessary journey that we start with our personal reflection where we review our values and beliefs and consciously decide to open our minds. We can un-learn biases and prejudices and can make changes in systems that oppress the most vulnerable of all - our children and families that are living in poverty, that are different from us and subjugated by it. We can be humble and learn; it is our responsibility.

~Nancy Macias-Smith (2008)

Assessing your CLC Practice

- **Promoting Cultural Diversity and Cultural Competency: Self-assessment Checklist for Personnel Providing Behavioral Health Services and Supports to Children, Youth, and their Families**

http://nccc.georgetown.edu/documents/ChecklistBehavioralHealth.pdf

Goode, Tawara D., National Center for Cultural Competence, Georgetown University Center for Child and Human Development, University Center for Excellence in Developmental Disabilities Education, Research and Service. Adapted from *Promoting Cultural Competence and Cultural Diversity in Early Intervention and Early Childhood Settings*, June 1989 (Revised 2009).

Additional Resources

- **Serving Everyone at the Table: Strategies for Enhancing the Availability of Culturally Competent Mental Health Service**

  http://rtckids.fmhi.usf.edu/rtcpubs/CulturalCompetence/availability/Availability-Monograph.pdf

  This monograph aims to increase awareness of the impact of culture on the availability of mental health services with the goal of improving services for culturally/racially diverse families in ways that reduce mental health disparities. The monograph is second in a series outlining successful strategies for increasing access, availability, and utilization of services at the organizational and direct service levels. Availability strategies were identified through interviews conducted with personnel from 12 organizations that met study criteria.

- **Multicultural Counseling Guide**

  http://www.scribd.com/doc/35851386/Handbook-of-Multicultural-Counseling-Competencies

Additional Resources

- **The Road to Evidence: The Intersection of Evidence-Based Practices and Cultural Competence in Children's Mental Health**

  http://emhd.us/documents/RoadtoEvidence-93006.pdf

  This policy paper on the intersection of evidence-based practices (EBPs) and cultural competence grows out of research findings and policy trends that encourage greater use of EBPs in clinical programs with children, adolescents, and their families to improve the quality of care and outcomes of mental health interventions.

- **Responding to the Needs of Underserved Populations**

  While an increasing amount of research is being conducted on the effectiveness of programs and interventions being used to improve the mental health of adolescents, many have struggled to demonstrate effectiveness for populations that are historically underserved. The summer issue of *Focal Point*, a semiannual bulletin produced by the Research and Training Center on Family Support and Children's Mental Health, places its spotlight on various interventions and programs that respond to specific needs of populations such as Hispanic, GLBT, Asian American, and American Indian youth. The online version of this journal, along with its free full-text articles, can be accessed at http://www.rtc.pdx.edu/pgFPS07TOC.php.

Additional Resources available on the Safe Schools/Healthy Students website at :

http://sshs.promoteprevent.org/webinar/mental-health-affinity-group-networking-session-8-cultural-and-linguistic-competence-mental-

Questions and Comments

Resources available at:

www.promoteprevent.org