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Increasing Cultural Competency in Mental Health Care Settings

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American Institutes for Research

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Disclaimer

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Agenda

During this session we will discuss:

- The question of culture and connection to health and well-being
- What is Cultural and Linguistic Competence (CLC)
- The case for CLC in mental health service delivery
- How to apply cultural and linguistic competence in mental health care setting

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Polling Question 2

What is your role:

a) Management/Administration
b) Clinician/Service provider
c) Family/Youth/Consumer
d) Community-based provider
e) Federal, State, or local policy maker
f) Faith-based/Advocacy/Community coalition/Affiliate representative
g) Other

The question of culture

Delivery of culturally competent mental health services to people with serious mental illness (SMI)

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Defining culture

"……. the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group"

Source: National Center for Cultural Competence

The connection between culture and health

Culture has significant impact on:

- Perceptions of health and illness
- Beliefs about health and illness
- Approaches to health promotion
- How illness and pain are expressed
- Where and how to seek help
- Treatment preferences
- Trust in health care systems

Centering culture

Essential for engaging people with SMI from diverse backgrounds

Addressing issues of:

- **Accessibility** to services and supports
- **Availability** of services to met specific needs
- **Appropriate** diagnosis and treatment
- **Affordability** regarding reasonable costs
- **Acceptability** to address health beliefs

Defining Cultural and Linguistic Competence (CLC)

Mental health care settings

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‘Leaning in’ on culture and the response dynamics

- Cultural sensitivity
- Cultural awareness
- Cultural humility
- Cultural diversity
- Culturally responsive
- Cultural competence/Cultural proficiency

Cultural competence

A set of congruent behaviors, attitudes, and policies that:

(1) comes together within a **system** or **agency**, or among **professionals**, and,

(2) fosters improved effectiveness in cross-cultural situations

Source: Cross, Bazron, Dennis, & Isaacs, 1989; Isaacs & Benjamin, 1991.

Linguistic competence

"The capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities."

Source: Goode & Jones, 2004, para. 2.

Cultural competence and mental health

"Cultural competence includes a set of skills and processes that enable mental health professionals to provide services that are culturally appropriate for the diverse populations that they serve"

Source: **Cultural competence in mental health care: a review of model evaluations**

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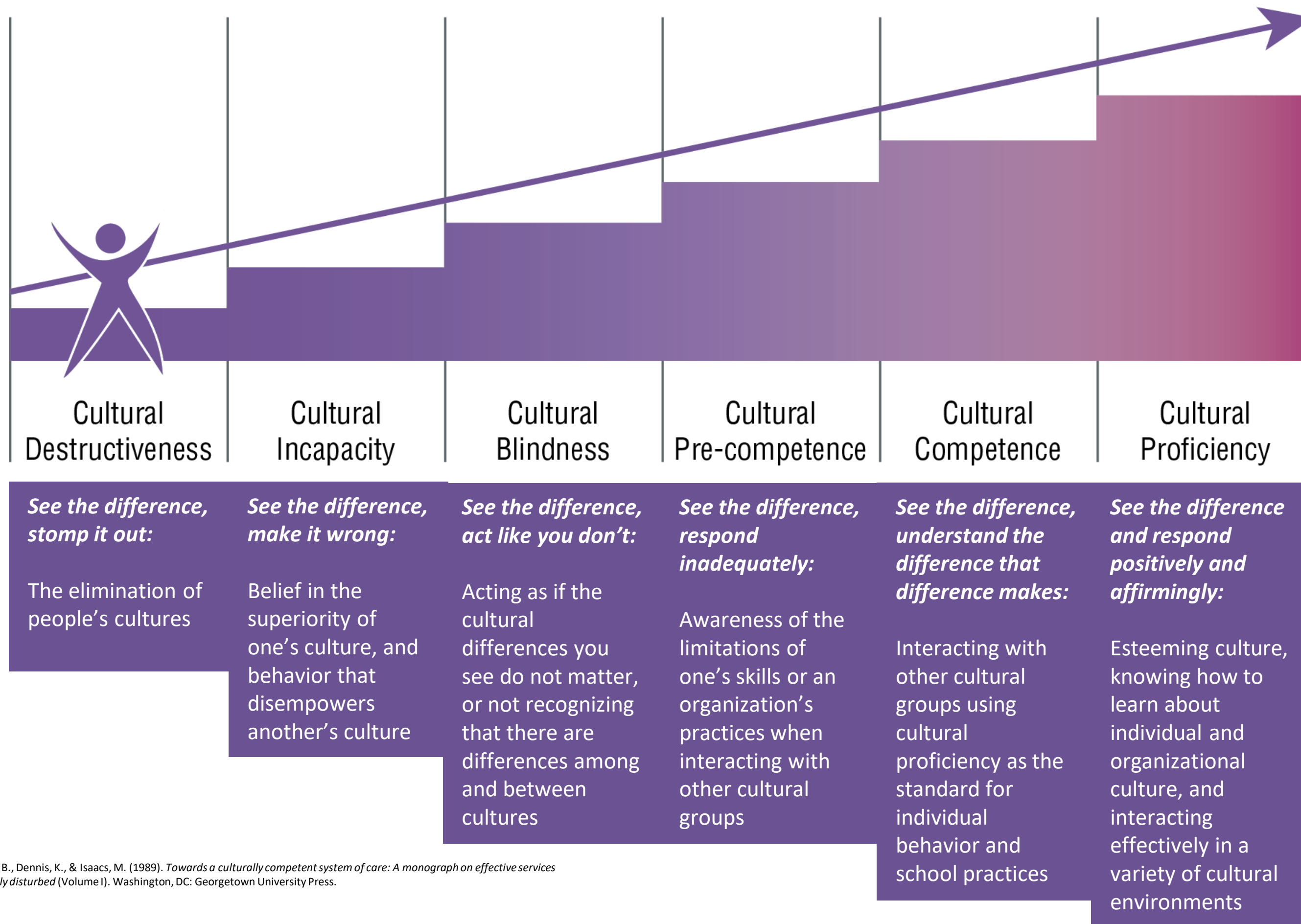
The cultural competence continuum



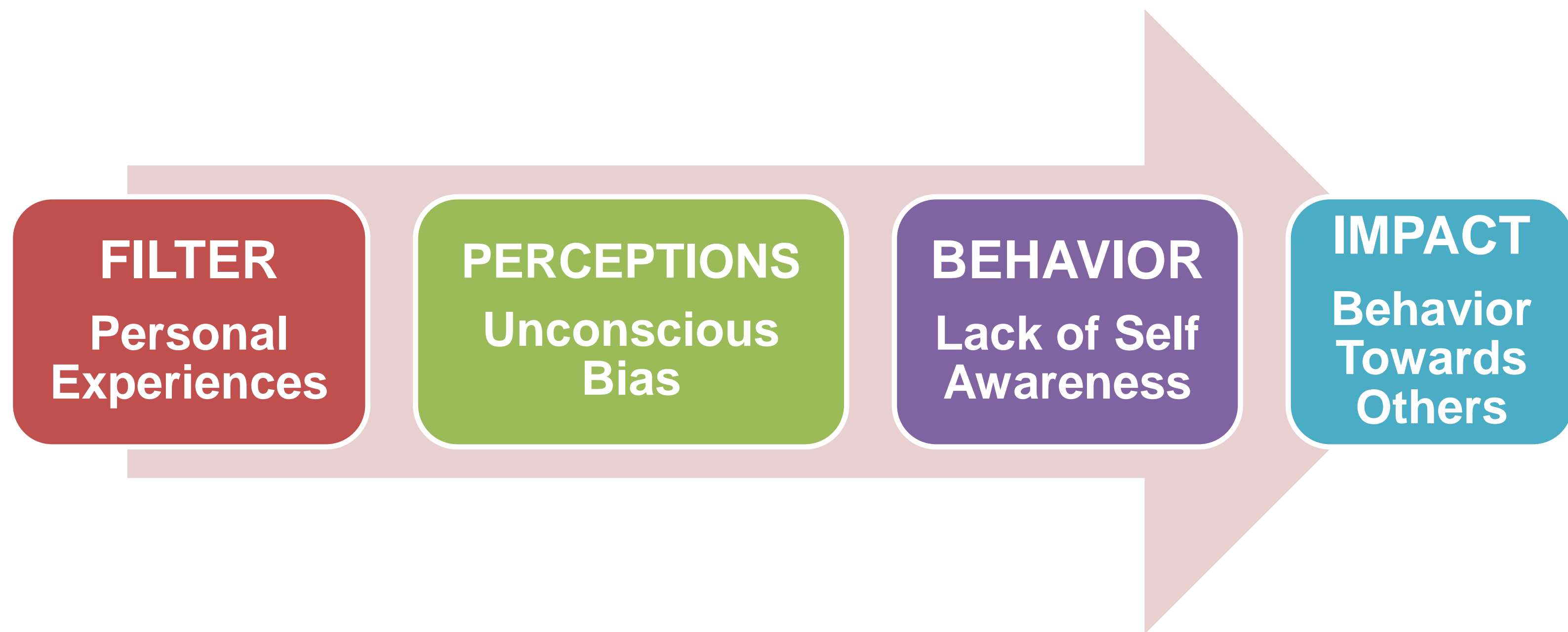
Source: Graphic adapted from Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed* (Volume I). Washington, DC: Georgetown University Press.

The issue of unconscious bias

- Bias is the tendency to favor one thing over another
- Bias is a natural, normal human tendency
- Most bias is harmless
- It is really hard to acknowledge personal bias
- Stereotypes lead to bias if you believe them
- If you aren't aware of the stereotypes you believe, you can't over come them.

Source: *Overcoming Bias, Building Authentic Relationships Across Differences, Tiffany Jana and Matthew Freeman, Berrett-Koehler Publishers, Inc. 2016.*

Why do we all have unconscious bias?



The case for CLC

Service delivery for people with SMI

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Centering culture

Essential for engaging people with SMI from diverse backgrounds

Addressing issues of:

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SAMHSA TIP 59 – Improving Cultural Competence

- **Assumption 1**: Organization's commitment to support and allocate resources to promote these practices.
- **Assumption 2**: An understanding of race, ethnicity, and culture (including one's own) is necessary to appreciate the diversity of human dynamics and to treat all clients effectively.
- **Assumption 3**: Incorporating cultural competence into treatment improves therapeutic decision making and offers alternative ways to define and plan a treatment program.
- **Assumption 4**: Consideration of culture is important at all levels of operation.
- **Assumption 5**: Achieving cultural competence in an organization requires the participation of racially and ethnically diverse groups and underserved populations.
- **Assumption 6**: Public advocacy of culturally responsive practices can increase trust among the community, agency, and staff.

Source: SAMHSA Tip 59 – Improving Cultural Competence, Quick Guide for Clinicians

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Applying cultural competence in mental health care setting

For people with serious mental illness (SMI)

Examples of cultural and linguistic competence in action

When mental health organizations demonstrate:

- Vision, mission, and strategic planning that are aligned with and reflect **commitment** and **action** to CLC values, practices, and outcomes
- A **safe organizational climate** based on trust and mutual respect
- Sufficient **resources** (human and financial) to reflect a commitment to infuse CLC into mental health practice and sustain it across time
- Administration, management, and staff **mirroring the population(s) and communities** in which we work

Examples of cultural and linguistic competence in action

When mental health organizations demonstrate:

- Policies and procedures that **operationalize** CLC in daily work (organizational structure, budgeting, policies and procedures)
- Mitigating unconscious bias in assessment of needs, diagnosis and treatment
- Providing culturally responsive treatment
- Effectively engaging clients with SMI and ensuring ‘client centeredness'
- A **receptive environment** that promotes addressing race, ethnicity, class, disability, privilege, power, gender, sexual orientation, historical trauma, spirituality, and other psychosocial issues

The responsibility of CLC in mental health care settings

Individual Commitment

- Engage in training and opportunities to learn about and value diversity and similarities among all peoples;
- Work towards cultural competence/proficiency to effectively respond to cultural differences;
- Engage in individual CLC assessment processes
- Make adaptations to the delivery of services and enabling supports
- Individual championing

Organization Accountability

- Build structures to support CLC implementation and integration
- Conduct organizational CLC assessment, program administration and evaluation
- Engage in policy making, focusing on the implementation of practices through the lens of CLC
- Deliver services and enabling supports
- Leadership championing

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National CLAS Standards

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards)

https://thinkculturalhealth.hhs.gov/clas/standards

The National CLAS Standards

- **Principal Standard**: Standard #1
- **Governance, Leadership and Workforce:** Standards #2-4
- **Communication and Language Access:** Standards # 5-8
- **Engagement, Continuous Improvement and Accountability**: Standards # 9-15

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

www.ThinkCulturalHealth.hhs.gov

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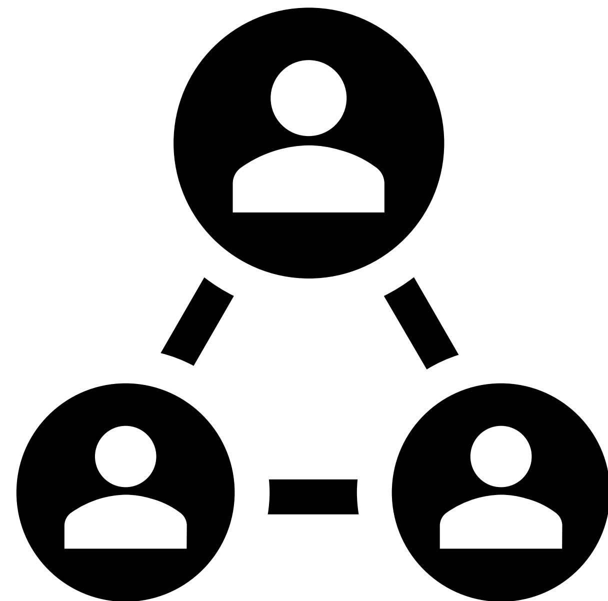
Take action and make connection

Opportunities for effective engagement:

- Individual/staff
- Organization
- Clients
- Community members
- Stakeholders



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Increasing Cultural Competency in Mental Health Care Settings

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A Look Back: Stigma Runs Deep

- Religious classification of same-sex attraction as a sin, same sex relationships as sodomy
  - “Conversion” therapy
  - “Pray Away the Gay”
  - Excommunication
- “Homosexuality” was classified as a mental illness in the DSM until 1973
  - Criminalization
  - “Aversion treatment”
  - Viewed as “acquired” versus as innate
- Media Portrayal
  - Hyper-sexual
  - Mentally Ill
  - Pedophilia
  - Suicide

Snapshot of LGBTQ People and Mental Health

HRC Foundation Analyzed Data from the most recent HRFSS:

- 59% of LGBTQ adults report poor current mental health
- 19% of LGB adults and 28% of trans adults, compared to 15% of non-LGBTQ adults report sustained periods of time during which they are unable to complete routine activities

LGBTQ Youth Carry the Burden

- More than half of LGBTQ youth are battling symptoms of depression compared to 29% of non-LGBTQ youth
- 35% of LGB youth and 45% of trans youth have seriously considered suicide compared to 13% of non-LGBTQ youth
- LGBTQ youth who have at least one accepting adult in their life were 40% less likely to attempt suicide

Compounding Factors for LGBTQ BIPOC

- Over 50% of LGBTQ adults of color are struggling with poor mental health
- People of color routinely experience inadequate care and are misdiagnosed
- Among LGBTQ youth of color, 60% think about racism every day
- 80% experienced race-related stress in their lifetime
- Limited pool of Black, Indigenous, and people of color providers who are LGBTQ affirming

*Considerations for cultural, social, and religious beliefs about gender and sexual orientation.

What Fuels These Mental Health Disparities?

- Rejection by family or peers
- Lack of health insurance or inability to pay
- Past negative experiences with healthcare providers
- Bullying and harassment
- Violence
- Fear of coming out or being outed
- Limited knowledge and/or bias on the part of mental health professionals

Professional Organizations Set the Standards

The leading behavioral health organization's Codes of Ethics and Accreditation Guidelines underpin the expectation for LGBTQ-affirming practice:

- Explicit non-discrimination on the basis of sexual orientation, gender identity and gender expression
- Pre-License training and ongoing professional development
- Commitment to diversity, equity, and inclusion
- Supervision
- Advocacy at individual, institutional, or societal level

*Accountability and Enforcement of Policies vary by profession, and state by state.

Steps Toward An Affirming Practice

- Commitment to ongoing education
- Outreach to and engagement with LGBTQ community
  - make clear in profiles that you are affirming
  - assess community needs
- Agency/Office environment
  - intake and assessment forms
  - website, printed materials
- Referrals/Resources
- Help families move to acceptance
- Open-ended questions
- Willingness to address sexual orientation, gender identity and/or expression
  - avoidance is a microaggression
  - Comfort and familiarity with LGBTQ-related language and terminology

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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