Live Captioning is Available

• Please click CC at the top of your screen to access captions during the live event.

• Captions will open in a new window or tab that you can position anywhere you like on your screen. You can adjust the size, color, and speed of the captions.

• If you need assistance, please type your comments and questions in the Q&A box.
Disclaimer

• This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.
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
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)
“....... 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
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
‘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

“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.”

“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
See the difference, stomp it out:
The elimination of people’s cultures

See the difference, make it wrong:
Belief in the superiority of one’s culture, and behavior that disempowers another’s culture

See the difference, act like you don’t:
Acting as if the cultural differences you see do not matter, or not recognizing that there are differences among and between cultures

See the difference, respond inadequately:
Awareness of the limitations of one’s skills or an organization’s practices when interacting with other cultural groups

See the difference, understand the difference that difference makes:
Interacting with other cultural groups using cultural proficiency as the standard for individual behavior and school practices

See the difference and respond positively and affirmingly:
Esteeming culture, knowing how to learn about individual and organizational culture, and interacting effectively in a variety of cultural environments

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 overcome them.

Why do we all have unconscious bias?

FILTER
Personal Experiences

PERCEPTIONS
Unconscious Bias

BEHAVIOR
Lack of Self Awareness

IMPACT
Behavior Towards Others

June 21, 2018
The case for CLC
Service delivery for people with SMI
Centering culture

Essential for engaging people with SMI from diverse backgrounds

Addressing issues of:

• **Accessibility** to services and supports
• **Availability** of services to meet specific needs
• **Appropriate** diagnosis and treatment
• **Affordability** regarding reasonable costs
• **Acceptability** to address health beliefs
• **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.
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
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
Opportunities for effective engagement:

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


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
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
• 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
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 beingouted
- Limited knowledge and/or bias on the part of mental health professionals
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.

Karen Francis
kfrancis@air.org
Ellen Kahn
ellen.kahn@hrc.org

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)