

NYS Office of Mental Health Bureau of Cultural Competence Training

What is Going On In Mental Health Care?

***How Cultural Competence Can Promote
Effective Consumer-Family-Provider Engagement,
Assessment, Treatment Planning & Recovery Processes***

Training Consists of Five Modules of

Discovery:

1. What is the Cultural Landscape Looking like for the U.S.: Demographic Data & Factors that Impact Mental Health Care: Introduction of Cultural Competence as a (Solution).
2. How Cultural Competence can be Used in Engagement Process of Mental Health Care.
3. How Cultural Competence can be Used in Assessment Process of Mental Health Care.
4. How Cultural Competence can be Used in Treatment & Service- Delivery Process of Mental Health Care.
5. How Cultural Competence can be Used in Recovery Process of Mental Health Care.

Module #1: Let's Talk About...



**The Cultural Landscape
& Race/Ethnic Diversity
In U.S. & N.Y.S. Populations**

What's Culture Got To Do With It?

More often, **culture** impacts whether **people even seek help in the first place**, what types of help they seek, what coping styles and social supports they have, and how much stigma they attach to mental illness...

(U.S. Surgeon General's Mental Health Report, 1999)

What Is Race?

- ▶ **Race or racial group** usually refers to the categorization of humans into populations or groups on the basis of **various sets of heritable characteristics**.
- ▶ The most widely used human racial categories are based on **salient traits** (especially **skin color, cranial or facial features, and hair texture**) and self-identification.

What Is Ethnicity?

- ▶ An **ethnic group** is a group of human beings whose members identify with each other, through a **common heritage that is real or presumed**.
- ▶ **Ethnic identity** is further marked by the **recognition** from others of a group's **distinctiveness & the recognition of common cultural, linguistic, religious, behavioral or biological traits, real or presumed**, as indicators of contrast to other groups.

Need for Behavioral Health Care



▶ Asian Americans/Pacific Islanders

- Limited data on prevalence of MI
 - Existing data suggests overall rates similar to whites
 - Higher rates of depression, PTSD
 - Somatic complaints of depression
 - *Culture-bound syndromes*
 - Lower suicide rates - except *elderly women who have the highest suicide rates in U.S.*
- Refugees with PTSD
- Language barrier limits access to services

(King Davis, 2002)

Need for Behavioral Health Care



▶ African Americans:

- Overall rates of mental illness similar to non-Hispanic whites
- Differences in prevalence of specific illnesses
- Suicide rates lower but on the rise
- *Environmental, economic and social factors*
 - Exposure to violence, homelessness, incarceration, social welfare involvement
- Less access to behavioral health services

(King Davis, 2002)

Need for Behavioral Health Care



▶ American Indians and Alaska Natives

- Limited data on prevalence of MI
 - One small study with 20 year follow-up found 70% lifetime prevalence of MI
 - Increase rise of depression among older adults
 - Suicide rate *1.5xs national average* with young males accounting for *2/3 of suicides*
 - 2nd decade of life has highest mortality rate
 - Alcohol dependence, alcohol related deaths
- Little information on service utilization patterns

(King Davis , 2002)

Need for Behavioral Health Care



▶ **Latinos/Hispanic Americans:**

Overall rates of MI similar to non-Hispanic whites

Higher rates of some disorders

- Anxiety-related and delinquency behaviors, depression and drug use, *more common among Latino youth*
- Higher rates of depression among elderly Latinos
- Culture-bound Syndromes:
 - Susto (fright), nervios (nerves), mal de ojo (evil eye), and ataque de nervios
- Access to behavioral health services is limited

(King Davis, 2002)

What is the Social Foundation of Disparities?

U.S. Population Health Insurance Coverage, (2007)

- ▶ **45,657,193** people in U.S. have **no Health insurance.**
- ▶ **39,296,423** people in U.S. have **Medicaid coverage.**
- ▶ **36,155,452** people in U.S. have **Medicare coverage.**

(Source: Kaiser Family, *State Health Facts*, 2008)

N.Y.S. Health Insurance Coverage Data, (2007)

- ▶ **2,557,590** New Yorkers have **no health insurance.**
- ▶ **3,288,360** New Yorkers have **Medicaid insurance.**
- ▶ **2,877,360** New Yorkers have **Medicare insurance.**

(Source: Kaiser Family, *State Health Facts*, 2008)

The National Assessment of Adult Literacy (NAAL) Survey, 2003

Overseen by U.S. Department of Education

Findings:

- Among 242 million Adults, it is estimated that 36% *have basic or below average literacy rates.*
- Basic or below basic average literacy levels are defined as *low health literacy*. Approximately 87 million U.S. Adults have low health literacy rates.
- Annual cost of low health literacy ranges from \$106-\$238 billion.
- Future costs of low health literacy that result from current actions (or lack of action), the present day cost of low health literacy is from \$1.6-\$3.6 trillion.

What Do

Racism

Oppression

Privilege

Marginalized Groups

Social Foundations of Disparities

**Have To Do With The Cultural
Landscape?**

What is Racism?

Racism is the belief that **race** is the **primary determinant of human traits & capacities** and that **racial differences produce an inherent superiority of a particular race.**

What is Oppression?

Oppression is the exercise of authority or power in a burdensome, cruel, or unjust manner.

What is Privilege?

Privilege can be granted by "**private law**" or law relating to a specific individual.

It is a special **entitlement** or **immunity** granted by a **government** or **other authority** to a **restricted group**, either by **birth** or on a **conditional basis**.

people who are elderly are women*
adolescents immigrants*

*people with disabilities *who are LGBTQ
people who are homeless

Marginalization:

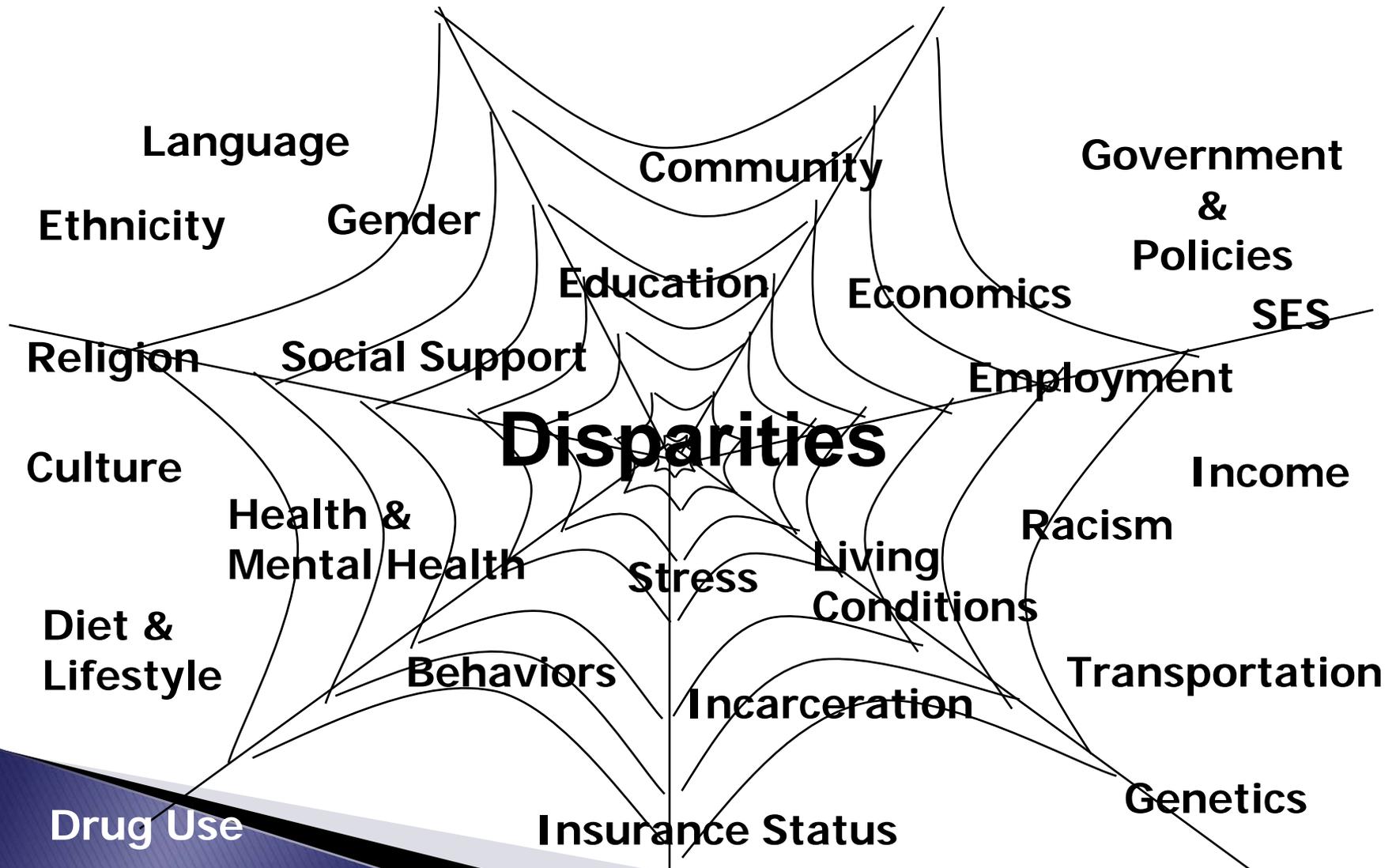
“The Club”

Culture, Community, Social or Political Group with Power and Privilege

*people who are poor *are overweight
who have mental illness *people of color*

*people with limited education
limited English Proficiency

Social Foundation of Disparities Web Model



How Can We Address

Marginalized Groups

Racism

Oppression

Privilege

Social Foundation of Disparities

Through Cultural Competence?

***What is
Cultural
Competence?***

Cultural Competence Applications

Cultural Awareness

Cultural Knowledge

Cultural Sensitivity

Center for Effective Collaboration and Practice (CECP):

http://cecp.air.org/cultural/Q_howdifferent.htm

(CEPC Direct Link)

Module #2: Let's Talk about...

» *What is
Engagement?*

Engagement

- ▶ The act of engaging or the state of being engaged. (Communication between People).
- ▶ An appointment or arrangement.
- ▶ Involves *predetermined actions*.

*We don't see
things as they are
**we see things
as we are.***

Anais Nin

Elements of Engagement

- ▶ Language
- ▶ Communication
- ▶ Active Listening

What is Culture?

- ▶ “The *shared* values, traditions, arts, history, folklore, and institutions of a group of people that are *unified by* race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any *other cohesive group variable*.”

▶ (Singh et al, 1998)

**It is much more
important to know
what sort of a patient
has a disease, than
what sort of disease a
patient has.**

William Osler

Cultural Considerations

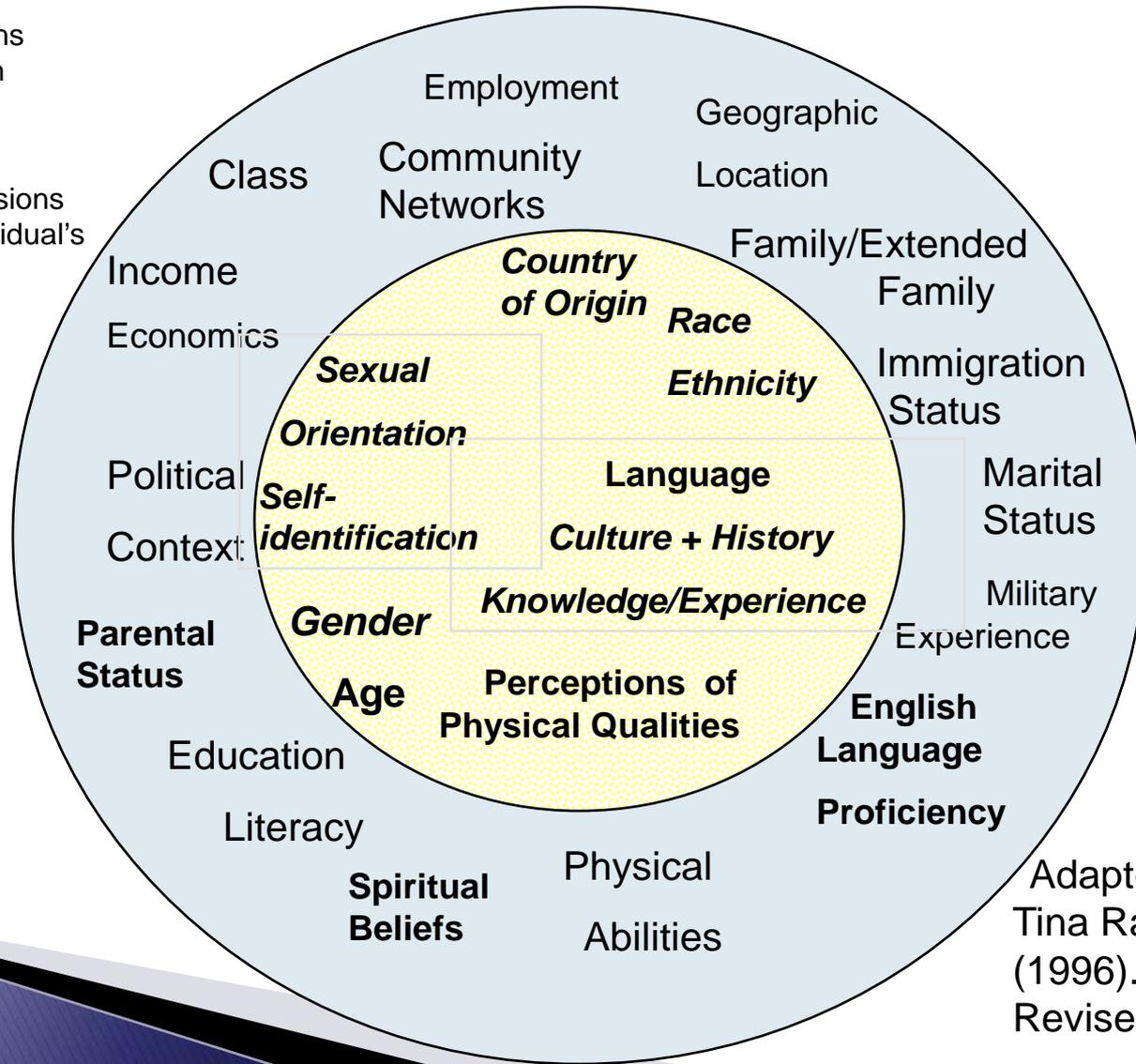
“Primary and Secondary Dimensions”



Primary dimensions influence “who” an individual is.



Secondary dimensions influence an individual’s participation.



Adapted from
Tina Rasmussen,
(1996).

Revised (2006)

Cultural Brokers

- ▶ What is a Cultural Broker?
- ▶ What Role(s) does a Cultural Broker Play in Engagement?

(Georgetown University NCCC, 2004)

http://www11.georgetown.edu/research/gucchd/nccc/documents/Cultural_Broker_Guide_English.pdf

(Cultural Broker Direct Link)

Four Key Roles of Cultural Brokers:

- ▶ **Cultural Broker as a Liaison.**
- ▶ **Cultural Broker as a Cultural Guide.**
- ▶ **Cultural Broker as a Mediator.**
- ▶ **Cultural Broker as a Catalyst for Change.**

(Georgetown University NCCC, 2004)

What Does the Law Say?

- ▶ Title VI & Class Standards
(Specific Focus: 4-7)
- ▶ NYS Mental Hygiene
Regulation §527.4

Handouts Provided

Culturally and Linguistically Appropriate Services Under Title VI & [CLAS] Standards

- ▶ Culturally Competent Care.
- ▶ Legal Responsibility to Provide Language Access Services (Standards 4-7).
 - Provision of Language Assistance Services for consumers with Limited English Proficiency or for those with sensory deficits or impairments.
- ▶ Organizational Supports for Cultural Competence.
- ▶ Intent for Federal and State accrediting agencies to implement provider mandates.

(U.S. Office of Minority Health)

<http://www.omhrc.gov/>

Handouts Provided

What Is NYS Mental Hygiene Regulation §527.4?

Handouts Provided

Is It Important For Mental Health Service & Treatment Providers To Promote An Agency Cultural Environment That Starts At The Front Desk?

Georgetown (NCCC)

<http://www11.georgetown.edu/research/gucchd/nccc/information/families.html>

(Direct Link)

Module #3: Let's Talk About ...

» *What is Assessment?*

Assessment with Consumers & Families at Intake and Beyond

Cultural Assessment:

“Asking the Cultural Questions that Matter”

- ▶ How would consumers describe themselves?
- ▶ Tell me about your family?
- ▶ What language do you speak at home, at work, or with friends?
- ▶ Is spirituality or religion important in your life?
- ▶ To whom or where do you go for comfort?

Cultural Assessment is Ongoing . .

- ◆ Remember culture is not the problem. It is the task of caregivers to assist consumers & families to navigate their individual paths to healing. This requires personal awareness, cultural knowledge, and flexibility.
- ◆ Continue to actively engage consumers and families in the process of learning what cultural content is important.
- ◆ Keep in mind that there are no substitutes for good skills, empathy, caring, and a good sense of humor.

(Nancy Brown, 1982)

Connections Disconnections



Assessment Tools for Health Literacy

- **SAHLSA-50** (Short Assessment of Health Literacy for Spanish-Speaking Adults).
- **REALM-SF** (Rapid Estimate of Adult Literacy in Medicine-Short Form (SF) {English}).
- Test of Functional Health Literacy in Adults (English and Spanish versions, as well as a short version for literacy screening).
 - **U.S. Department of Human Health Services:**
www.hhs.gov

Module #4: Let's Talk About...



*What is
Treatment Planning?*

A Practical look at Cultural Competence in Treatment Planning Involves

- ▶ Examine all service components for practices that inhibit or prohibit engagement
- ▶ Seek meaningful inclusion of cultural considerations throughout the planning process
 - **Intake**
 - **Informed Consent**
 - **Identification of Supports**
 - **Health Literacy**
 - **Diagnosis**
 - **Treatment and Medication**
 - **Active Consumer Participation in Treatment Decisions (Shared Decision–Making)**

Cultural Competence: Use What You Know...

Knowledge, Information and Data From and About Individuals and Groups



Integrate & Transform



Clinical Standards & Skills, Evidence-based Practices, Service & Cross-Cultural Approaches & Techniques, "Program Marketing"

that match the individual's culture and increases both the quality and appropriateness of health care and health outcomes.

Source: Market-Based Definition. (Davis, 2002)

<http://www.mentalhealthcommission.gov/presentations/davis.ppt>

(Direct Link)

King Davis Model Ask Providers Three Key Questions:

- ▶ What Would They (Service & Providers) Need to Change as They Interact and Engage with Various Consumers?
- ▶ What Information Do Providers/Agencies Gather?
- ▶ What Does This Look Like for Services & Treatment ?

Consumer & Family of Treatment Planning Involve

- ▶ What are the causes of illness?
- ▶ What are their Beliefs?
- ▶ What is helpful?
- ▶ Who is helpful?
- ▶ Where do people go for help?
- ▶ What does the pathway to recovery look like?

Person Centered, Family and Community Inclusion

- ▶ Do you see and understand the whole
 - Person?
 - Family?
 - Community?

Remember: Culture Impacts Service Acceptance & Effectiveness

- ▶ Beliefs about traditional healing
 - Use of alternative, and complimentary practices.
- ▶ Treatment and Outcomes
 - Differences in drug response, dosing, side-effects, misdiagnoses.
 - Consequences of literacy, low health literacy and language barriers.

Factors That Influence Medication Effectiveness

- ▶ **Culture and ethnicity:**
 - Lifestyle and everyday practices.
 - Natural healing practices.
- ▶ **Environmental factors:**
 - Diet, tobacco/substance abuse, exposures.
- ▶ **Genetic factors:**
 - Drug metabolizing enzymes, drug receptors, genetic polymorphisms.
- ▶ **Biological factors:**
 - Age, gender, disease state, physiology, other medical problems.

Ethno-pharmacology References

- ▶ *Cultural and Genetic Diversity in America: The Need for Individualized Pharmaceutical Treatment”* by Dr. Valentine Burroughs et al, 2002
- ▶ *Ethnicity & Psychopharmacology* (Volume 19th) by Dr. Pedro Ruiz, 2000

Module #5: Let's Talk About...



What Does Recovery Mean?

Recovery

- ▶ **Recovery Model** is an approach to mental disorder or substance abuse (and/or from being labeled in those terms) that **emphasizes and supports each individual's potential for recovery.**
- ▶ Recovery is seen within the model as a personal journey, that may involve **developing hope, a secure base and sense of self, supportive relationships, empowerment, social inclusion, coping skills, and meaning.”**

Recovery Outcomes Involve

<p>Introductions and Engagement: Seek to Understand, Value, & Respect Relevant Cultural Considerations. Language Spoken (Patterns & Pacing). Search for Barriers to Engagement. Advocacy & Cultural Broker.</p>	<p>Resource Assessment & Identification: Search for Strengths. Recognize Existing Consumer & Family Community Resources. Assess Health Literacy. Use of Evidence-Base Practices (EBPs). Consumer & Family Guides Identification of Needs. Resolve Barriers to Engagement & Services.</p>
<p>Determine Access to Resources: Community & Systems Navigation. Entitlements & Applications. Community-Based Service. Community Resources & Information. Mental Healthcare & Healthcare. Employment. Health Insurance. Education Childcare & Family Supports.</p>	<p>Treatment Planning & Service Delivery: Language Assistance Services. Adapt the Approach and Environment. Respect Autonomy and Independence Build Upon Existing Strengths. Spirituality & Alternative Healing Practices Partner for Decision Making. Use of Evidence-Base Treatment (EBTs). Personalized Treatment Plans & Person-Centered Care Approach.</p>

Recovery Involves

- ▶ **Know** you are doing the **Right Thing!**
- ▶ **Ongoing Assessments**
 - **Set Standards and Do Evaluations**
- ▶ Find out from Consumers and Families **What Works!**
- ▶ **Plan for Change** according to Progression of the Consumer & Family Positive Outcomes & Needs.
- ▶ Recovery is **Always Flexible & Changing** from the Consumer & Family Perspective.

*Always
Remember
This...*

**It is much more
important to know
what sort of a patient
has a disease, than
what sort of disease a
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William Osler

OMH Bureau of Cultural Competence

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Helpful Reference Links

- ▶ U.S. Office of Minority Health:
<http://www.omhrc.gov/>
- ▶ Centers of Excellence:
Nathan Kline Institute (NKI):
<http://www.rfmh.org/nki/links.cfm>
- ▶ N.Y.S Psychiatric Center (PI):
<http://www.rfmh.org/nki/links.cfm>
- ▶ Georgetown University (NCCC):
http://cecp.air.org/cultural/Q_howdifferent.htm

Helpful Reference Links

- ▶ Health Literacy Link: www.hhs.gov
(REALM-SF & SAHLSA-50: Health Literacy Assessments)
- ▶ “City-wide Cultural Assessment”
http://www.nyc.gov/html/doh/html/qi/qi_ccpriority.shtml
- ▶ King Davis Market-Based Cultural Competence Models:
 1. <http://www.mentalhealthcommission.gov/presentations/davis.ppt>
 2. download.ncadi.samhsa.gov/ken/KingDavis.ppt
- ▶ SAMHSA: Cultural Competence Standards Guide:
<http://mentalhealth.samhsa.gov/publications/allpubs/SMA00-34571>
- ▶ Hogg Foundation: “Quick Guide to Implementation of Cultural Competency”: <http://www.hogg.utexas.edu/PDF/Saldana.pdf>