Cultural Competence in Mental Health

What Is Culture?

Culture may be defined as the behaviors, values and beliefs shared by a group of people, such as an ethnic, racial, geographical, religious, gender, class or age group. Everyone belongs to multiple cultural groups, so that each individual is a blend of many influences.

Culture includes or influences dress, language, religion, customs, food, laws, codes of manners, behavioral standards or patterns, and beliefs. It plays an important role in how people of different backgrounds express themselves, seek help, cope with stress and develop social supports. Culture affects every aspect of an individual's life, including how we experience, understand, express, and address emotional and mental distress.

What Is Cultural Competence?

Cultural competence is the ability to relate effectively to individuals from various groups and backgrounds. Culturally competent services respond to the unique needs of members of minority populations and are also sensitive to the ways in which people with disabilities experience the world. Within the behavioral health system (which addresses both mental illnesses and substance abuse), cultural competence must be a guiding principle, so that services are culturally sensitive and provide culturally appropriate prevention, outreach, assessment and intervention.

Cultural competence recognizes the broad scope of the dimensions that influence an individual's personal identity. Mental health professionals and service providers should be familiar with how these areas interact within, between and among individuals. These dimensions include:

- race
- ethnicity
- language
- sexual orientation
- gender
- age
- disability
- class/socioeconomic status
- education
- religious/spiritual orientation

Diversity in the United States

The U.S. population is rapidly diversifying:

- The decade between 1990 and 2000 saw the largest increase – from 20 percent to 25 percent – in population growth of persons of color.
- According to the 1990 census, the number of persons who speak a language other than English rose 43 percent, to 28.3 million, compared with 1980 census figures.
- Nearly 45 percent of these 28.3 million people indicated having trouble speaking English.
- One in 10 Americans are now foreign-born.
- One in three Americans belongs to a group or groups identified as minorities.

Cultural Competence in Mental Health

The diversity that exists within groups is often overlooked. For example:

- The term *Asian American* includes people from a variety of nations, such as Afghanistan, China, India, Syria and Japan. It includes both immigrants and those whose families have lived in the United States for generations.
- The term *African American* implies that 33.9 million people share certain characteristics because of their ties with some of the 797 million people in Africa, who live in 54 different countries and speak some two thousand different languages.
- The term *Native American* includes people who may be of unmixed ancestry or whose Native American lineage is only a fraction of their backgrounds, who may trace their roots to any of more than 500 different tribes, and who may or may not identify with tribal culture.
- According to 2006 Census Bureau estimates, some 44.3 million Americans were identified as Hispanic. Within this "group," 64 percent were of Mexican background, 9 percent were of Puerto Rican background, 3.5 percent Cuban, 3 percent Salvadoran and 2.7 percent Dominican. The remainder are of some other Central American, South American, or other Hispanic or Latino origin.

With the increasing diversity of the U.S. population, mental health service providers must be aware of the influences that culture has on psychological processes, mental illnesses, and the ways that people seek help. They must also be aware of the variety within groups.

Disparities in Mental Health Services

The Surgeon General's report *Mental Health: Culture, Race and Ethnicity* discusses disparities in behavioral health services for members of racial and ethnic minority populations. People in these populations:

- are less likely to have access to available mental health services;
- are less likely to receive necessary mental health care;
- often receive a poorer quality of treatment; and
- are significantly underrepresented in mental health research.

Members of racial minority groups, including African Americans and Latinos, underuse mental health services and are more likely to delay seeking treatment. Consequently, in most cases, when such individuals seek mental health services they are at an acute stage of illness. This delay can result in a worsening of untreated illness and an increase in involuntary services.

Generally, rates of mental disorders among people in most ethnic minority groups are similar to rates for Caucasians. However, members of minority populations are more likely to experience factors – such as racism, discrimination, violence and poverty – that may exacerbate mental illnesses.

Cultural Competence in Mental Health

Cultural disparities include the following:

- For decades, studies have shown that African Americans are more likely to be misdiagnosed with schizophrenia than any other ethnic group. Reasons for this remain unclear.
- A protein that metabolizes several antidepressant medications is less active in East Asians. This increases the risk of higher blood levels of medication and more side effects within members of this population, indicating that everyone doesn't respond to and metabolize medication in the same way and at the same rate.
- Research on Native Americans and Alaskan Natives is limited, but existing studies suggest that members of these populations experience a disproportionate percentage of mental health problems and disorders. For example, the suicide rate among Native Americans and Alaskan Natives is 50 percent higher than the national rate.

Cultural Barriers to Mental Health Care

Cultural barriers that prevent members of minority populations from receiving appropriate care include:

- mistrust and fear of treatment;
- alternative ideas about what constitutes illness and health;
- language barriers and ineffective communication;
- access barriers, such as inadequate insurance coverage; and
- a lack of diversity in the mental health workforce.

Cultural Biases and Stereotypes

In general, discrimination refers to the hostile or negative feelings of one group of people toward another. It can cause bias in service provision and can prevent people from seeking help. Cultural competency must address the biases and stereotypes that are associated with an individual's culture and various identities.

Forms of discrimination include:

racism: prejudice or discrimination based on a person's race, or on the belief that one race is superior to another;

ageism: bias toward an individual or group based on age. For example, young people may be stereotyped as immature and irresponsible; older adults may be called slow, weak, dependent and senile;

sexism: discrimination or prejudice based on gender;

heterosexism: prejudice against people who are gay, lesbian, bisexual, transgender, or intersex. It is also the assumption that all people are heterosexual and that heterosexuality is correct and normal;

Cultural Competence in Mental Health

homophobia: the fear and/or dislike of homosexual people or homosexuality;

classism: any form of prejudice or oppression against people who are members of (or who are perceived as being similar to those who are members of) a lower social class; and

religious intolerance: an inability or unwillingness to tolerate another's beliefs or practices.

Mental health professionals and service providers must be aware of how stereotypes and stigma influence not only their clients but also their own thoughts and views of others.

How to Incorporate Cultural Competency Standards into Practice

Mental health professionals and service providers can improve their cultural competence by taking the following steps:

- Use open-ended questions to identify each person's unique cultural outlook.
- Re-evaluate intake and assessment documentation, as well as policies and procedures, to be more inclusive.
- Employ qualified mental health workers who are fluent in the languages of the groups being served.
- Understand the cultural biases of staff and provide training to address educational needs.
- Understand the cultural biases in program design.
- Identify resources, such as natural supports, within the community that will help an individual recover.
- 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.

An Example of Cultural Competence in Practice: A Community-Based Intervention for Elderly Chinese Americans

Depression and dementia are the most common forms of mental illness in older adults. Depression, often associated with physical illness or disability, increases health care costs and can lead to suicide.

> "Chinese elders typically don't seek help for depression and other mental disorders," said Sandy Chen Stokes, a nurse and geriatric specialist at El Camino Hospital's Older Adult Transitions (OATS), an outpatient counseling service (in Mountain View, California). "…You go along with what your culture tells you: tough it out or let time heal the problem. … They don't know depression can be treated … (Some) end up as an inpatient or in a locked facility" (Cloutman, 2001).

Stokes began an outreach program by first disseminating information about depression in Chinese-language newspapers, radio and television programs. With a gift from an anonymous donor, Stokes purchased translation devices so that Chinese clients could be integrated into an English-speaking counseling group.

Conclusion

The mental health system is slowly improving, but large gaps in services still exist. When you are seeking and/or providing mental health services, it is good to understand that cultural differences influence every individual, both provider and client. With the proper training for mental health workers and educational materials for members of minority populations, culturally sensitive services can be effective in treating and possibly preventing episodes of acute mental illness.

E-Resources

American Psychological Association: Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists http://www.apa.org/pi/multiculturalguidelines/formats.html

Hogg Foundation for Mental Health: Cultural Competency: A Practical Guide for Mental Health Service Providers http://www.hogg.utexas.edu/PDF/Saldana.pdf

National Center for Cultural Competence: http://www11.georgetown.edu/research/gucchd/nccc/

National Mental Health Association (now Mental Health America): Cultural and Linguistic Competency in Mental Health Systems http://www1.nmha.org/position/ps38.cfm

New York City Department of Health and Mental Hygiene, Cultural Competence Websites – Mental Health: http://www.nyc.gov/html/doh/downloads/pdf/qi/qi-ccpriority-resources.pdf

Rainbow Heights: Guidelines for effective and culturally competent treatment with lesbian, gay, bisexual, and transgender people living with mental illness: Excerpted from Rosenberg , S., Rosenberg, J., Huygen, C., and Klein, E. (2005). No need to hide: Out of the closet and mentally ill, Best practices in mental health: An international journal, 1, 72-85. http://www.rainbowheights.org/Guidelines.htm

Substance Abuse and Mental Health Services Administration: Factsheets on specific races and ethnicities: http://mentalhealth.samhsa.gov/cre/factsheet.asp

Substance Abuse and Mental Health Services Administration: Culturally specific mental health resources: http://mentalhealth.samhsa.gov/cre/resources.asp

References

Atdjian, S., & Vega, W. A. (2005). Disparities in Mental Health Treatment in U.S. Racial and Ethnic Minority Groups: Implications for Psychiatrists. Psychiatric Services, 56(12), 1600-1602.

Betancourt, J. R., Green, A. R., Carrillo, J. E., Ananeh-Firempong II, O. (2003). Defining Cultural Competence: A Practical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care. Public Health Reports, 118, 293-302.

Chavez, N., & Arons, B. (2001). Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups. Substance Abuse and Mental Health Services Administration, National Mental Health Information Center. Retrieved November 21, 2006 from http://mentalhealth.samhsa.gov/publications/allpubs/SMA00-3457/

Cloutman, E. (2001). Local Volunteers Reach Out to Elderly Chinese Americans Facing Mental Illness. Los Altos Town Crier, 54(24), http://latc.com/2001/06/06/community/communit7.html. Retrieved March 30, 2006.

Pumariega, A. J., Rogers, K., Rothe, E. (2005). Culturally Competent Systems of Care for Children's Mental Health: Advances and Challenges. Community Mental Health Journal, 41(5), 539-555.

Schraufnagel, T. J., Wagner, A. W., Miranda, J., & Roy-Byrne, P. P. (2006). Treating minority patients with depression and anxiety: what does the evidence tell us? General Hospital Psychiatry, 28, 27-36.

Stuart, R. B. (2004). Twelve Practical Suggestions for Achieving Multicultural Competence. Professional Psychology: Research and Practice, 35(1), 3-9.

U.S. Census Bureau: Facts for Features http://www.census.gov/Press-Release/www/releases/archives/facts_for_features_special_editions/010327.html

U.S. Department of Health and Human Services. (2001). Mental Health: Culture, Race, and Ethnicity-A Supplement to Mental Health: A Report of the Surgeon General-Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. Retrieved November 21, 2006 from http://www.mentalhealth.samhsa.gov/cre/toc.asp

U.S. Department of Health and Human Services. (2003). President's New Freedom Commission on Mental Health. Rockville, MD: Substance Abuse and Mental Health Services Administration, National Mental Health Information Center. Retrieved November 21, 2006 from http://www.mentalhealthcommission.gov