Engaging individuals from different cultural backgrounds

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Learning Objectives

At the conclusion of this session participants will be able to

- Learn about demographic background of United States and the breakdown of ethnic minorities
- Understand the disparities in care for ethnic minorities and some reasons for those disparities
- Learn the different ways in which minority cultures view mental illness and care providers.
- Learn some techniques to engage and keep clients from ethnic minorities in services.

Ethnicity, Race and Culture

- Ethnic group: shares common values and norms including language, religion, culture and racial background.
- Race: group of individuals distinguished by physical characteristics.
- Culture is a value system that is transmitted through various avenues including beliefs, art, religion, mythology, language, rituals
- Race and ethnicity tend to be relatively fixed whereas culture can be more flexible and dynamic changing with circumstances.

How diverse is United States?

- 25% of United States population belongs to ethnic minorities.
- Breakdown : Hispanics 16%, AA 12%,
- Asians 4.8%
- Mixed race 2.9%
- Population growth: minority populations accounted for 92% of population growth in US in last decade.
- By 2040, US is expected to become a country where minorities will be in majority.
- More than 50% of Americans are marrying outside their ethnic group

World is a different place today

- We are globally interconnected.
- Between internet, face book twitter and you tube information is flowing to us at a rate many times faster than before.
- We are affected by events in other parts of the world.
- Hence it is even more important to understand and be able to accept cultural differences.

Bias is universal & we are hard wired to be biased

- Most of us think we are not biased.
- Bias at the level of society: Majority cultures beliefs are considered normal or better.
- Members of non dominant culture are always under pressure to give up their values
- Individual level: a) Conscious bias

b) Unintentional bias

- MRI findings: (Amygdala response Eberhart 2005)
- It is important for us to acknowledge and try to minimize it.

How do we view ethnicity and culture?

- We all belong to an ethnic group.
- The group may be majority or minority based on numbers.
- Each ethnic group has a worldview that may be very different than other group.
- There are strengths and weaknesses in each of the ethnic groups .
- Seeing the limitations of our own view will open our minds to the experience of others.

View of ethnicity and culture:2

- We have to understand that there is a fine line between being culturally sensitive and stereotyping.
- Individuals of different ethic groups vary significantly based on number of factors such : a) First, 2nd or later generation immigrants b) Social class c) education level e) Linguistic ability
- Culture is very dynamic and we have to constantly learn about changes.

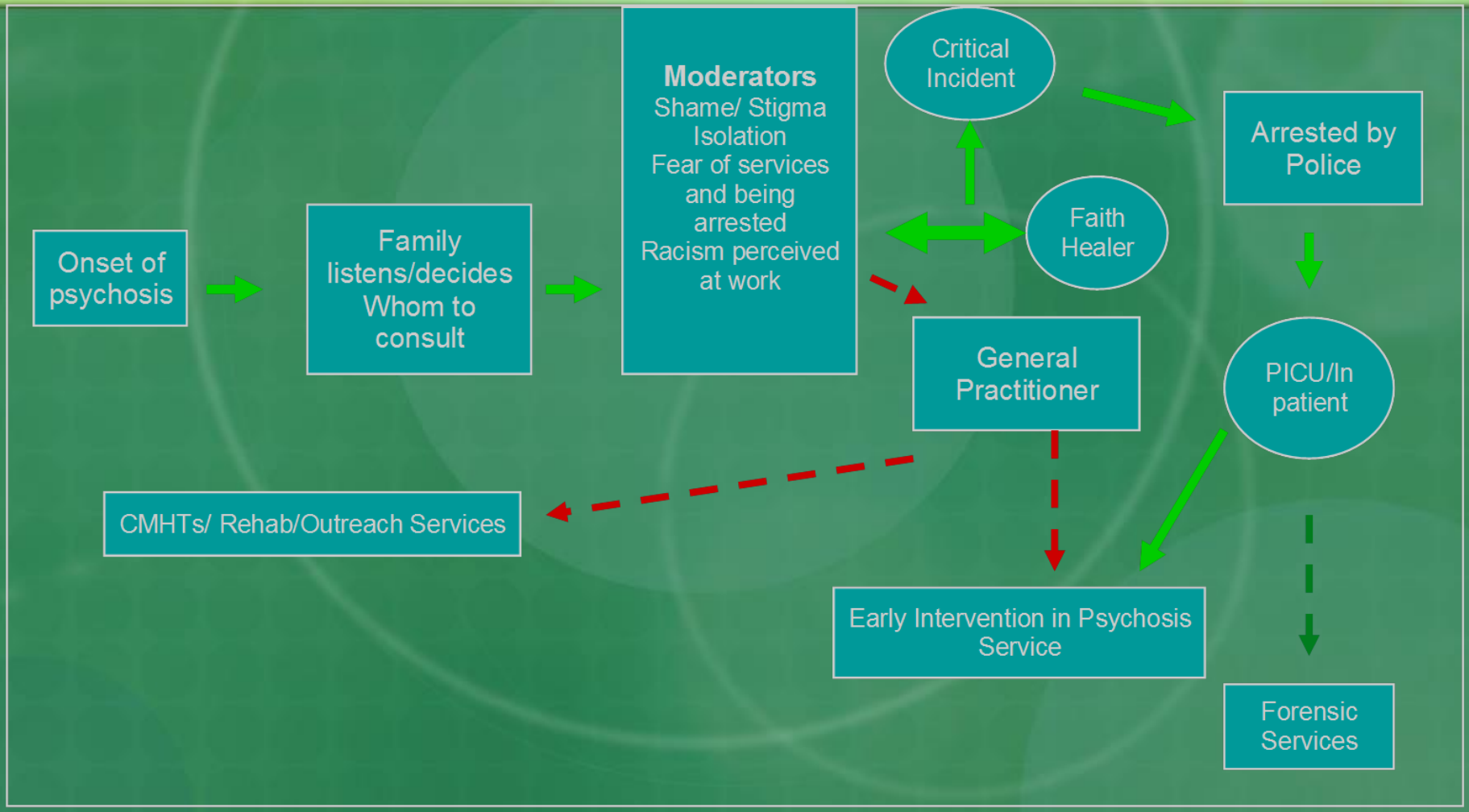
Disparities in care for ethnic minorities

- Why do we make an issue of ethnicity?
- Disparities in all levels of care for ethnic minorities: a) Decreased access to care b) Reduced access to Culturally sensitive education c) Inadequate care (diagnosis, and treatment)
- As a result there are problems in engagement and shows in outcomes.
- Outcomes in Physical health as well as behavioral health.

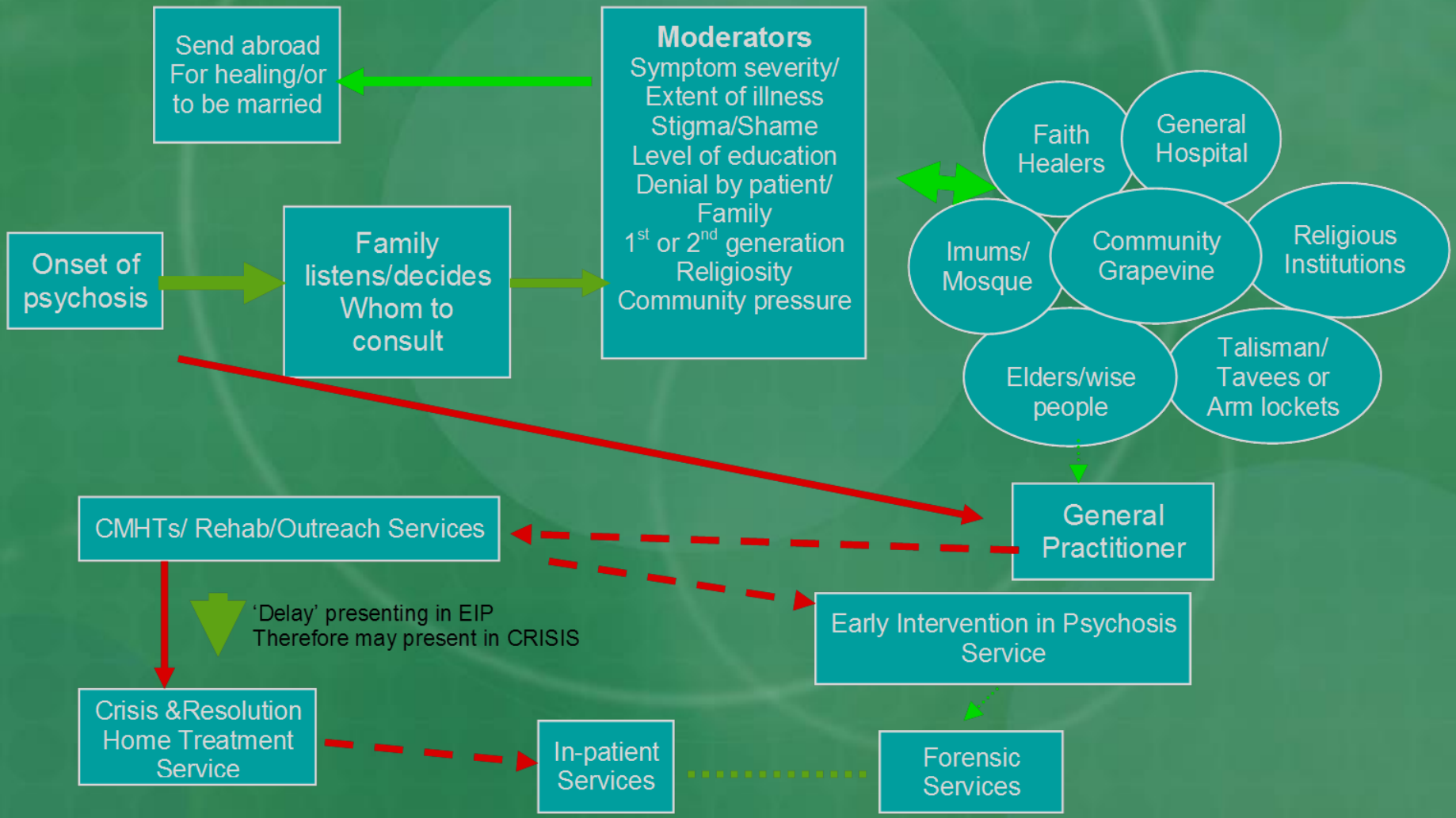
Disparities in Care for ethnic minorities continued

- For example: AA are more likely to be Diagnosed with schizophrenia.
- Considered at risk to others
- Prescribed higher doses of medication.
- Prescribed older medications more frequently.
- Case management utilization for SMI: European American 30%, Hispanic 20% and AA 17%.

Help seeking pathways



Help seeking pathway



Hispanic ethnic group

Latino Concepts

- Familism: Family orientation
- Personalismo:
- Respeto: Mutual respect
- Confianzo (trust and intimacy in a relationship)
- Controlarse (self-containment or conscious control of negative affect)

Clinical issues/ interventions

- Including families of clients..
- Friendly and personal style build rapport.
- Focus on strengths of the family.
- Use NIMH Spanish language pamphlets.
- Refer clients to NAMI family to family program

African American group

Concepts

- Experience of discrimination
- Extended family source of strength.
- Religion is a big part of life.
- Ministers often provide support and care of some mental health problems.

Clinical issues/interventions

- Acknowledge and be sensitive
- Mobilize family supports
- Discuss spiritual coping mechanisms.
- Let them complement what you are doing.
- Reach out to clergy.

Asian American group

Concepts

- Identity is familial

(not Individual)

- Perspective about life: Suffering is part of life.
- Relationships: Harmony is preferred and elders are respected.
- Somatic symptoms are more common.

Clinical issues/interventions

- Recognize the importance of family and involve them.
- Problem solving may be compromised.
- Conflict avoidance and standing for self.
- Recognize this as a norm for the culture.

Ethnic groups that are not covered

- Native Americans
- Arab Americans
- Other minorities
- Description of general principles that are helpful for all minorities.

Office versus Community based

Office

- Create a welcoming environment: Magazines, art, celebrating cultural holidays
- Have access to material in different languages.
- Have access to interpretation services
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Community

- No control over environment.
- Do not have access to interpretation services.
- You see first hand the living conditions of the client.
- Understand family dynamics better.
- Can better engage families.

General clinical application: 1

- Migration experience: similar in all cultures.
- *CM can encourage clients to talk about that experience to build rapport. E.G.*
- Reducing power differential:
- *CM can reduce this by a) Allowing clients to educate them about their culture b) Actively seeking feedback about interventions*
- Mobilizing supports

Supports could be family, church, community

General clinical application 2

- Use of specific concepts :

CM can use concepts that clients understand.

- Strength based:

Giving adequate attention to the strengths of the cultural group.

- Use of role models.

Encourage clients to think of and discuss ethnically specific role models.

Questions/Comments

- About a positive interaction relationship with an ethnic minority client.
- Most difficult situation.
- Anything you would like to share with the group.

Improving cultural competency

- Not easy: Requires ongoing commitment and effort.
- We progress through stages of cultural blindness → cultural awareness →cultural literacy →clinical modifications → expertise.
- To progress one needs clinical experience, introspection, cognitive flexibility, willingness to consult and learn from clients, supervisors and other experts.

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