


Cultural Competence

State of Georgia

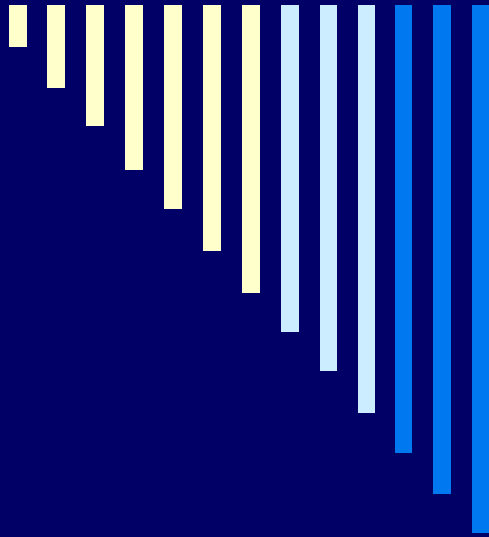
Crisis Intervention Team

Training Program

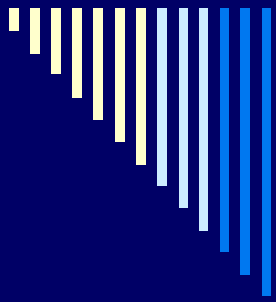


Objectives

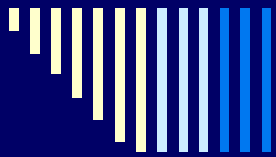
- Provide participants with a description of the general mental health profile for ethnic cultures, sexual minorities, and religious groups.
 - Understand your own ethnic and cultural background and how it helps shape your identity, communication style, values, beliefs, and behaviors.
 - Discuss the application of cultural competence skills in crisis situations.
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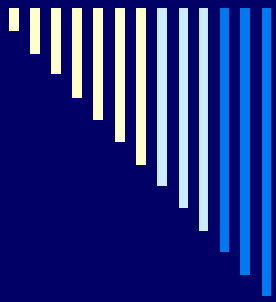
How would you
define your
culture?



What is Cultural Diversity?

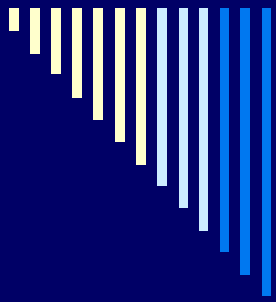


- Cultural differences distinguish societies from one another.
 - **Culture** - the integrated system of socially acquired values, beliefs, and rules of conduct which delimit the range of accepted behaviors in any given society.
 - **Diversity** - the condition of being diverse. **Variety**.
 - **Diverse** is defined as being differing from one another; composed of distinct or unlike elements or qualities.
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Different cultures

- Age (elders, youth)
- Gender (male, female, transgender)
- Blue collar/White collar
- Gay/Straight
- Race
- Ethnicity
- Country of Origin



CULTURAL COMPETENCE



Cultural Competence

- Cultural Awareness
 - Cultural Sensitivity
 - Cultural Knowledge
 - Cultural Competence (Skills)
-



Cultural Competence

- Cultural Awareness

- Developing sensitivity and understanding of another group. This usually involves internal changes in terms of attitudes and values.

- Cultural Sensitivity

- Knowing that cultural differences as well as similarities exist without assigning values, i.e., better or worst, right or wrong, to those cultural differences
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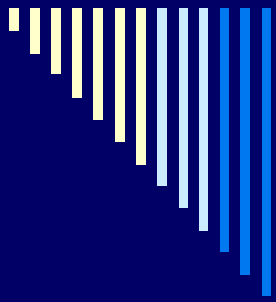
Cultural Competence

- Cultural Knowledge

- Familiarization with selected cultural characteristics, history, values, belief systems and behaviors of the members of another ethnic group

- Cultural Competence (Skills)

- as a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations.
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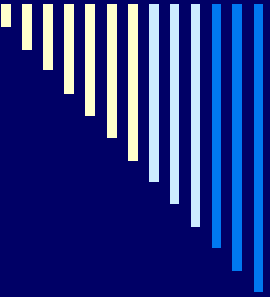
**What makes us different
from each other?**



What makes us different from each other?

Biology: Determines gender, body size, skin, hair and eye color.

Ethnicity and cultures: customs, language and sense of identity often shared by people with similar roots.



What makes us different from each other?

Family life: Family size, values, traditions and social class.

Beliefs: One's religion or philosophy of life

Geography: How one feels about being from a certain neighborhood, city or region.

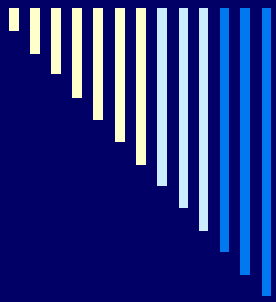
Experience: School, work, travel, recreation... and with other people



What makes us different from each other?

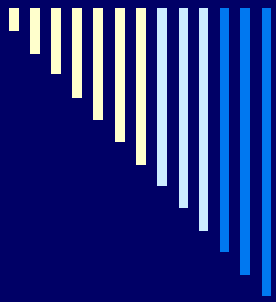
Personality characteristics:

- Emotions
 - Will
 - Intellect and
 - Feelings.
 - Other areas addressed include verbal and non-verbal communication styles.
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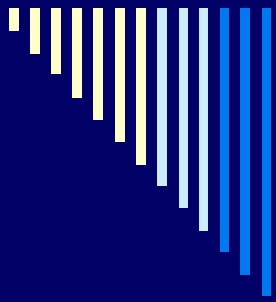
People Differ in Many Ways

- Body Language
 - Listening
 - Speaking
 - Expressing Opinions
 - Working Styles
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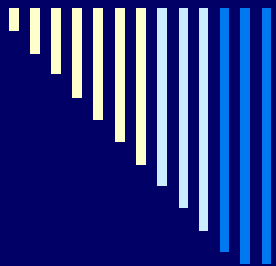
Cultural Identity

- Country Of Origin
- Language
- Acculturation
- Gender
- Age
- Class
- Religious/Spiritual Beliefs
- Sexual Orientation
- Physical Disabilities

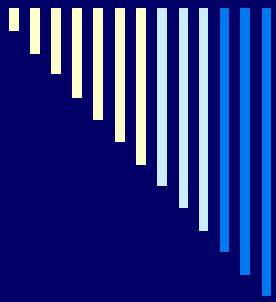


CULTURAL COMPETENCIES

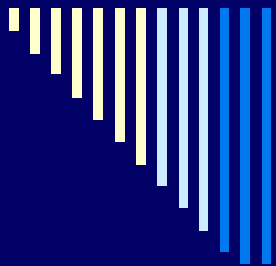
- Involve understanding & respecting the person's cultural values, beliefs & practices
 - Views about law enforcement
 - views about health & health care
 - family & community relationships
 - language & communication styles
 - ties to another country or part of the US
 - food preferences
 - Religion * views about death
 - other factors that may affect care needs



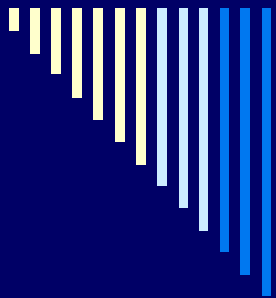
- It can help to have some basic knowledge about the major cultural & religious groups.
- It's important to know your own culture.
- This can help you remember that a patient may hold different views.
- For example:
 - You may value certain communication styles. For example, you may have views about whether it's polite or rude to make eye contact or touch someone during conversations



- ❑ By being open-minded and respectful toward their beliefs, values, & practices, you can help people feel more comfortable.
 - ❑ Factors that may differ from person to person include ethnic, religious, and occupational factors.
 - ❑ Some people belong to more than one ethnic group, as well as cultural groups.
 - ❑ Other people have fewer group identities.
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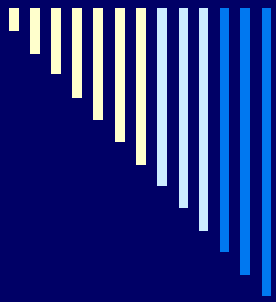


- ❑ Others keep traditions only on special occasions, or not at all.
- ❑ Different cultures have different ideas about how to express & respond to pain.
- ❑ Some cultures value bearing pain silently, while others expect expressiveness.
- ❑ Different cultures have different views about when to seek professional medical help, treat oneself, or be treated by a family member or traditional healer.

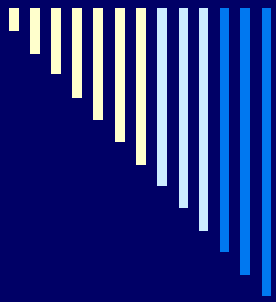


Language

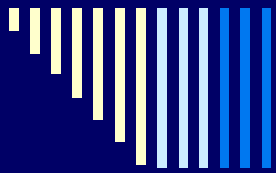
- The degree to which a patient or staff member is fluent in English, or any other language you speak, will have a bearing on your interactions.
- A prime factor affecting this communication is your attitude toward people who speak limited English.
- How open are you to working with people who speak with accents?



- How do you feel when people speak with family members or co-workers in their native language while you are working with them?
 - If you are irritated in these situations, consider what it feels like for them.
 - Do you know a second language?
 - How easy is it for you to use, and how confident are you about your effectiveness when using it?
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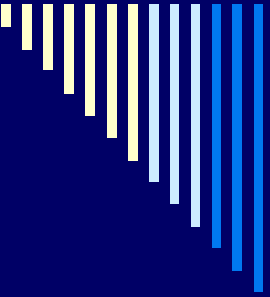


- Those whose English is limited often say that they speak their native language when possible because both their explanations and their understandings can be more accurate, and because it is more comfortable.
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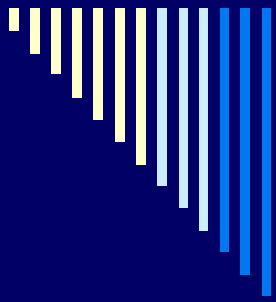
Cultural Influences

- Are complex and multifaceted
- It is impossible to know all the rules about each specific group.
- Cultural generalizations categorize areas of similarity in preferences, norms, & values, which should not be applied with certainty to each individual.
- When dealing with a person who is from a different background, it is more effective to investigate & check out your assumptions than to operate on incorrect predictions.



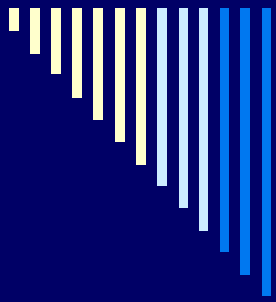
A number of aspects of interacting & sharing information, besides language, are significantly influenced by culture, including:

- Directness
 - Gestures & facial expressions
 - Distance
 - Touch
 - Degree of formality
 - Forms of address
 - Pace & pitch
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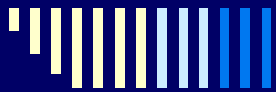


Directness

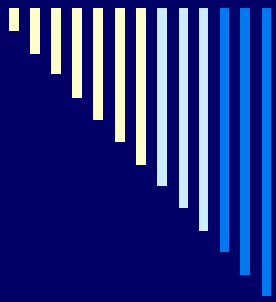
- “Spit it out” and “Say what’s on your mind” are popular American expressions of the value of getting to the point.
- In languages that depend on subtle contextual cues & that leave it to the listener to infer meaning, as would be the preference in Arabic or Japanese, information is implied rather than stated.



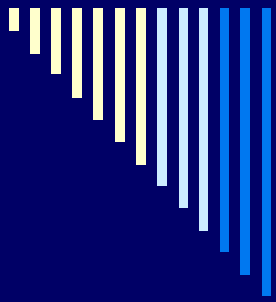
- Facial expressions, body language, & tone of voice play a much greater role in cultures where people prefer indirect communication & talking around the issue.
- For example, rather than pointing out that part of a form has missing or incorrect information, indirect communicators might praise the sections that were correctly completed, implying that the incomplete section is a problem.
- In another variation, among Hispanics directness in expressing negative feelings or information is discouraged.



- This taboo may result in a person not following directions.
 - Differences regarding directness can be particularly frustrating, especially when specific information & answers are needed.
 - “Do you understand?” & the response is a nod or a yes.
 - Individuals from Mexico & much of Asia find it nearly impossible to say no directly because it signals disrespect, can cause loss of face, & makes them feel inadequate.
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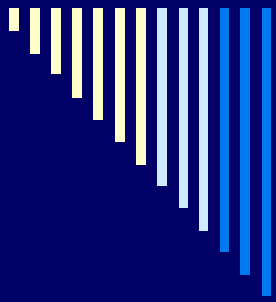


- A response such as “Maybe” or “That would be difficult” is probably a polite no.
- Avoiding yes/no questions by phrasing the inquiry as a multiple choice question is one way around this impasse.
- For example, you might ask, “Which of these medications have you taken?” rather than “Did you take this one?”

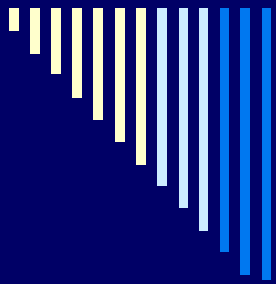


Gestures & Facial Expressions

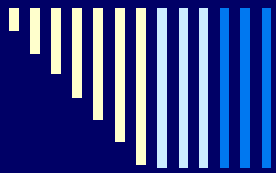
- Another culturally influenced aspect of communication is the demonstration of emotion, such as joy, affection, anger, or upset.
- While Americans widen their eyes to show anger, Chinese people narrow theirs.
- Vietnamese, conversely, consider anger a personal thing, not to be demonstrated publicly.



- Smiling & laughter may be signs of embarrassment & confusion on the part of some Asians.
 - Talking with one's hands is more common in southern Europe than in northern Europe.
 - A direct stare by an African American or Arab is not meant as a challenge to your authority, while dropped eyes may be a sign of respect from Latino or Asian patients & co-workers.
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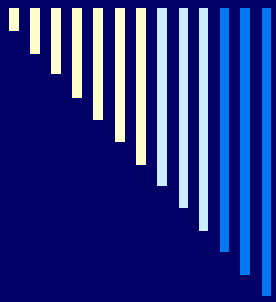


- Use gestures with care, as they can have negative meanings in other cultures.
 - Thumbs-up and the OK sign are obscene gestures in parts of South America & the Mediterranean.
 - Pointing with the index finger and beckoning with the hand as a “come here” sign are seen as rude in some cultures much as snapping one’s fingers at someone would be viewed in the United States.
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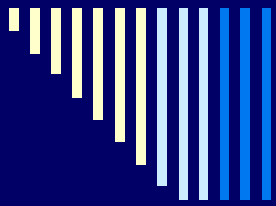


Distance

- American culture generally expects people to stand about an arm's length apart when talking in a business situation.
- Any closer is reserved for more intimate contact or seen as aggression.
- In the Middle East, however, it is normal for people to stand close enough to feel each other's breath on their faces.
- Latinos typically favor closer proximity than to non-Hispanic whites.



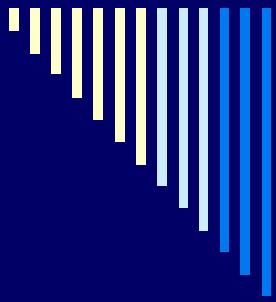
- Thus, moving away & keeping greater distance might be perceived by Latinos as aloofness & coldness.
- In much of Asia, where cities are crowded & space is at a premium, jostling & bumping in public places aren't seen as intrusive or inconsiderate, & do not require an "excuse me."
- Think about individuals & colleagues, and their use of space.



Touch

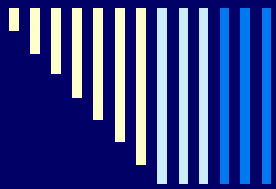
- ❑ To touch or not to touch is only part of the question.
- ❑ Cultures also have different rules about who can be touched & where.
- ❑ A handshake is generally accepted as a standard greeting in business, yet the kind of handshake differs.
- ❑ In North America, it is a hearty grasp; in Mexico it is often a softer hold, and in Asia a soft handshake with the second hand brought up under the first is a sign of friendship & warmth.

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- ❑ Religious rules may also apply.
 - ❑ For devout Muslims & Orthodox Jews, touching between men & women in public is not permitted, so a handshake would not be appropriate.
 - ❑ Touching the head, even tousling a child's hair as an affectionate gesture, would be considered offensive by many Asians.
 - ❑ Individuals will usually let you know their preferences through their behavior.
 - ❑ Following the other person's lead is generally a good guideline.
 - ❑ If you need to touch someone for purposes of a pat down or search, explain the purpose & procedure before you begin.

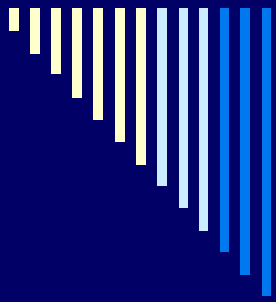


Other Important Factors

- An aspect related to self disclosure is loss of face, important in some manner in all cultures.
- In Asia, the Middle East, & to some extent Latin America, one's dignity must be preserved at all costs.
- In fact, death is preferred to loss of face in traditional Japanese culture, hence the suicide ritual, hara-kiri, as a final way to restore honor.

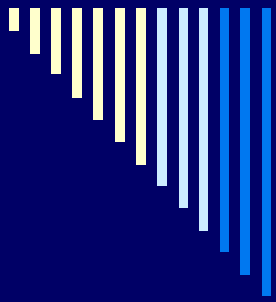


- Any embarrassment can lead to loss of face, even in the dominant American culture.
- To be criticized in front of others, publicly snubbed, or fired would be humiliating in most any culture.
- However, behaviors that we see as harmless can be demeaning to others.
- Inadvertent slights or unconscious faux pas can cause serious repercussions in intercultural relationships.



Understanding the role of culture and ethnicity in the development and expression of mental illness is important for appropriate diagnosis and treatment.

Joint effects of socio economic status and minority status on mental health...



Income

- In 1994, minority families were at least three times as likely as White families to have incomes placing them below the Federally established poverty line.
- Asian Americans are more than one and a half times more likely than whites to live in poverty.

(Mental Health: A Report of the Surgeon General, 2000)



Socioeconomic Status and Mental Illness

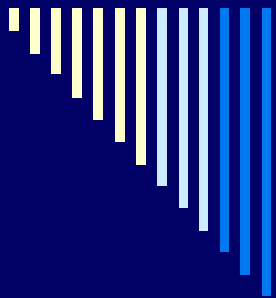
- People in the lowest SES strata are about 2 1/2 times more likely than those in the highest strata to have a psychiatric disorder. (Regier, et al., 1993)
 - ↳ Greater stress? And, greater vulnerability to stressors contributes to some mental illnesses



Access to Adequate Mental Health Services

- Racial and ethnic minority groups are generally underserved by the mental health services system

(Takeuchi & Uehara, 1996; Center for Mental Health, 1998)



MENTAL HEALTH, RACE AND ETHNICITY



African Americans

- African Americans have made great strides in education, income, and other indicators of social well-being.
 - African Americans living in the community appear to have overall rates of distress symptoms and mental illness similar to those of whites
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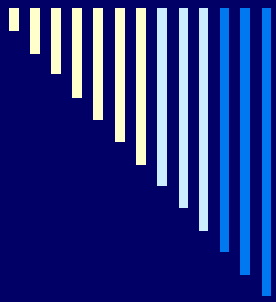
African Americans

- The mental health of African Americans cannot be evaluated without considering the many African Americans found in high-need populations whose members have high levels of mental illness and are significantly in need of treatment. Proportionally, 3.5 times as many African Americans as white Americans are homeless. None of them are included in community surveys.
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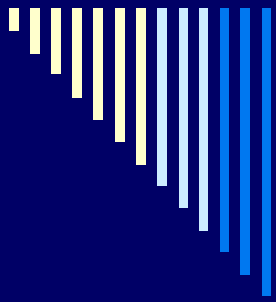
African Americans

- The mental health problems of persons in high-need populations are especially likely to occur jointly with substance abuse problems, as well as with HIV infection or AIDS (Lewin & Altman, 2000).
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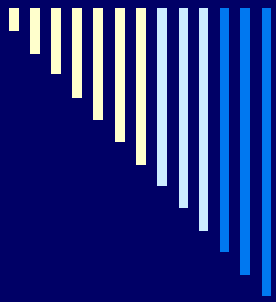
American Indians and Alaska Natives

- Although relatively little evidence is available, the existing data suggest that American Indian and Alaska Native youth and adults suffer a disproportionate burden of mental health problems compared with other Americans.



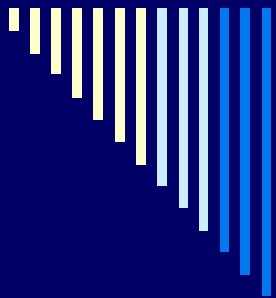
American Indians and Alaska Natives

- Given the high rates of suicide documented among some segments of this population, they are likely to experience increased need for mental health care as compared with white Americans.
- Despite the mental health problems that plague Indian and Native people, the majority, though at risk, are free of mental illness



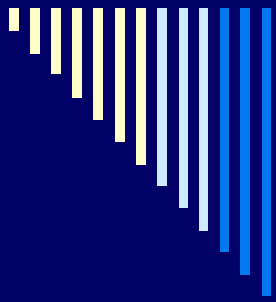
Asian Americans and Pacific Islanders

- When symptom scales are used, Asian Americans do show an elevated level of depressive symptoms compared to white Americans.
- Research is limited to one Asian ethnic group and focuses primarily on mood disorders. No study has addressed the rates of mental disorders for Pacific Islander American ethnic groups.



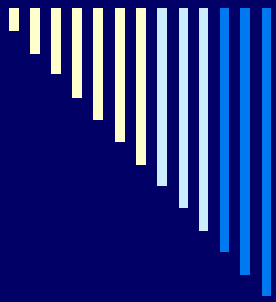
Asian Americans and Pacific Islanders

- Types of mental health problems appear to depend on level of acculturation.
 - AA/Pis have the lowest rates of utilization of mental health services among ethnic populations.
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Hispanic Americans

- The system of mental health services currently in place fails to provide for the vast majority of Latinos in need of care.
- Latino youth are at a significantly high risk for poor mental health outcomes. Evidence suggests that they are more likely to drop out of school, to report depression and anxiety, and to consider suicide than white youth.



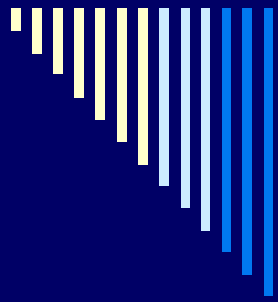
Hispanic Americans

- There is some evidence that Central Americans do have greater problems than other Latino subgroups, especially with post-traumatic stress disorder. However, there is little evidence of Cuban Americans having lower rates of disorder than other Latino subgroups.



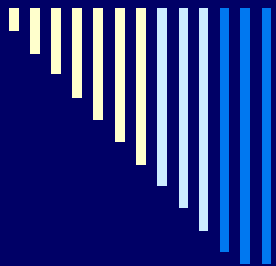
Hispanic Americans...

- Mental disorders and distress can be interpreted on many levels, from the molecular aspects of neuroscience to the social world of consumers and families.
 - Psychosis can be understood as the result of dysfunctions in neurotransmitters as well as the result of a deeply felt personal loss.
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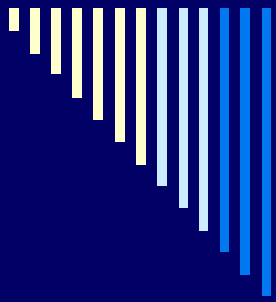
Barriers to Receiving Treatment

- Stigma over mental health problems
- Limited English proficiency
- Different cultural explanations for the problems
- Inability to find culturally competent services
- Mistrust
- Cost
- Clinical Bias

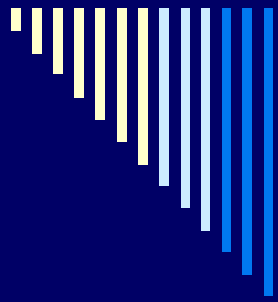


Cultural Competence Action Steps

- ❑ Avoid making judgments about their beliefs and practices
 - ❑ Respect others' culture/beliefs
 - ❑ Understand others' view of your culture
 - ❑ Be aware of your own biases
 - ❑ Know your limits in dealing with other cultures
 - ❑ Understand your personal style's effect on others in light of their culture
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- Following is a list of tips when dealing with people from other cultures:
 - Consider analogous beliefs or practices in which you have engaged (for example, although you may not have gone to a shaman or faith healer, you may have prayed for the health or safety of a loved one)
 - Ask questions that help you to learn about the patient's view of his/her condition.



THE END



Presentation Prepared

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