Cultural Identities and Inpatient and Outpatient Rehabilitation in Recovery

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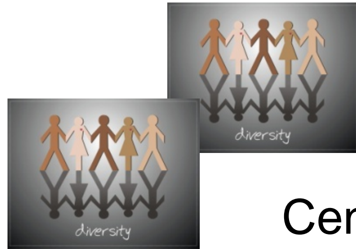

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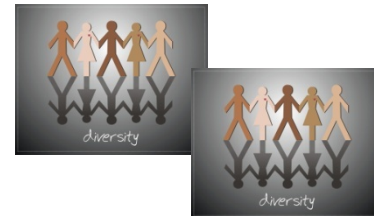


I have no actual or potential conflict of interest in relation to this program/presentation.

Cultural Identities and Inpatient and Outpatient Rehabilitation in Recovery

- The goals of this presentation are to: 1) understand the importance of cultural competency and recovery in mental health services; 2) understand the elements involved in developing cultural competent recovery-oriented mental health services; 3) understand the challenges posed in implementing culturally-competent recovery-oriented mental health services; 4) learn how you and/or your workplace organization can model cultural competency and recovery

Background: Cultural Identities and Mental Health

- The importance of understanding cultural identities for mental health recovery is in part attributable to reports such as the ***Mental Health: Culture, Race, and Ethnicity: Supplement to Mental Health: A Report of the Surgeon General*** and ***The President's New Freedom Commission on Mental Health.***
- In general, the reports identified disparities in access and quality of care experienced by minorities including poor access, early drop out, high rates of patient absenteeism, systematic misdiagnosis, adherence problems, lower satisfaction with the level of care received, and a shortfall of minorities in federally sponsored clinical interventions.

Recovery

The President's New Freedom Commission Report (*Interim Report)* concluded that the system is not oriented to the single most important goal of the people it serves — **the hope of recovery.**

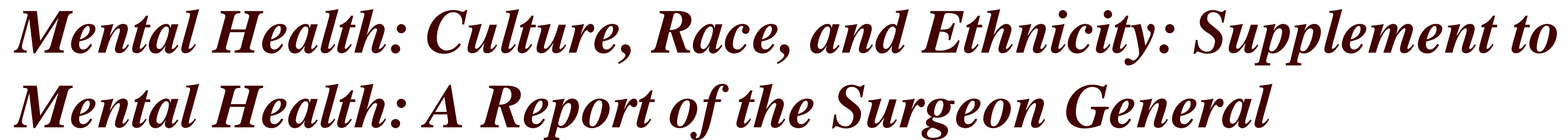
State-of-the-art treatments, based on decades of research, are not being **transferred from research to community settings**.

In many **communities**, access to **quality care is poor**, **resulting in wasted resources and lost opportunities for recovery.**

More individuals could recover from even the most serious mental illnesses if they had access in their communities to **treatment and supports that are tailored to their needs.**

Recovery

- One recommendation for transforming care was to improve access to high-quality care that is culturally competent.
- Not only improving access but also improving clinical quality and ensuring ***cultural competence—the ability of treatment and support programs to meet people on their own terms and in ways that are culturally familiar.***



Mental Health: Culture, Race, and Ethnicity: Supplement to Mental Health: A Report of the Surgeon General

SAMHSA and CMHS envision a Nation where all persons, regardless of their culture, race, or ethnicity, enjoy the benefits of effective mental health preventive and treatment services. To achieve this goal, cultural and historical context must be accounted for in designing, adapting, and implementing services and service delivery systems. Communities must ensure that prevention and treatment services are relevant, attractive, and effective for minority populations. As the field learns more about the meaning and effect of cultural competence, we will enrich our commitment to the delivery of evidence-based treatment, tailored to the cultural needs of consumers and families.

We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports — essentials for living, working, learning, and participating fully in the community.

Recovery (see quote)

The recovery model emphasizes the fact that individuals diagnosed with a psychiatric disorder are capable of being productive members of society and restoring self-esteem is an essential part of recovery (Fisher & Ahern, 1999; Provencher, Gregg, Mead & Mueser, 2002; Deegan, 2003).

The focus on restoring self-esteem and attaining a meaningful role in society is of particular importance in working with diverse populations. Many people are isolated and disenfranchised due to cultural and linguistic barriers, biases and prejudices that bar them from participating fully in society. In this case, *fully* refers to being able to participate as one is, not as society prescribes.

Cultural Identities and Recovery

- Recovery for diverse populations with mental health problems includes communities of color, those with limited English proficiency and individuals who are lesbian, gay, bisexual or transgender (LGBT)
- Recovery must ***involve the whole person*** and includes emotional, physical, mental and spiritual needs of the person while simultaneously helping an individual ***reclaim one's culture and community*** as part of feeling whole again.
- Recovery may involve ***traditional healers.***
- Must heal the wounds brought on by ***discrimination***
- Localized ***cultural politics***
- Cultural politics of ***engagement***

- The process of healing and recovery must take into consideration the critical role of culture, language and look at the individual within the context of an environment influenced by racism, sexism, colonization, homophobia, and poverty as well as stigma and shame associated with the mental illness.

- For people of color and those in the gay, lesbian, bisexual or transgender communities, recovery must also include the notion of healing and address the issue of trauma. Trauma can occur for any number of reasons (e.g., stigma of mental illness, war, illness, natural disaster, or being physically or psychologically abused).

- Individuals from diverse populations may also experience the added trauma of discrimination brought on because of their ethnicity, sexual orientation or ***foreign born status***.

My own research of rural Latinos:

Homogenous Focus Groups

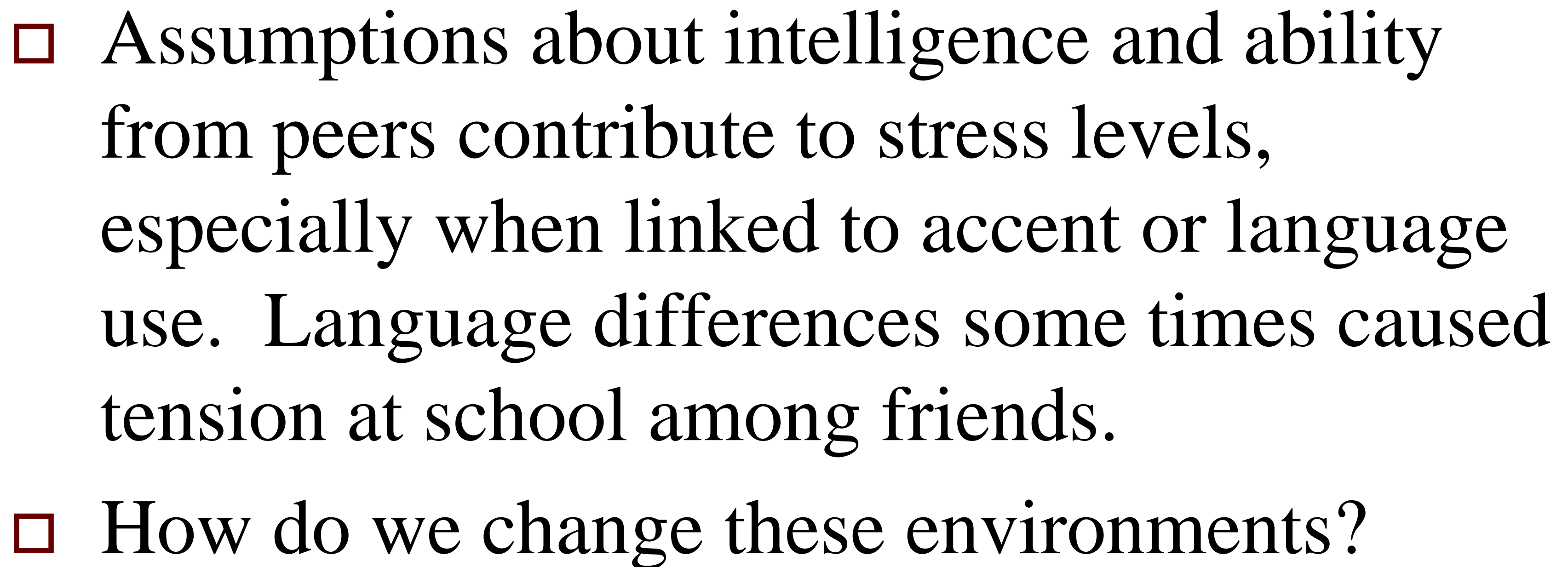
- Two rural Nebraska Towns
- 6 interviews
  - Two in English
  - Four in Spanish or Spanglish
- Several themes emerged in our focus groups; 1) acculturative stress which includes, 1a.) perceived parental stress, 1b.) language barriers and 1c.) perceived prejudices and discrimination; and 2) cultural values and beliefs which includes, 2a.) cultural identity, 2b.) gender norms and 2c. substance use).

- My parents, when they got here, they also had to start from zero, from zero. My father came like ten years ago...And my mother was a teacher in Mexico, and it has been three years since she came here… And when they got here, at the beginning, my father did suffer a lot… And here, [my mother] has to work a lot, because she works many hours at Meatpacking Industry Xland; and sometimes, she is, her back hurts, and sometimes it hurts her a lot. And the same thing with my father, the shoulders, they hurt him a lot (14-16 year old female).

- *Perceived Prejudices and Discrimination.* When asked about the most difficult part of being Latino in the United States, a group of 14 to 16 year old males identified racial slurs as painful. *Stereotypes based on misinformation and perpetuated by peers may place youth at risk for substance use.*
- If somebody is racist, things like that, like nobody likes being called bad names (14-16 aged male).

- In addition to difficult work with physical repercussions, this youth's parents were separated for seven years. She does not discuss where and with whom she lived, but she was separated from at least one of her parents for an extended period. As literature above noted, many immigrants past and present have endured long spans without a parent/spouse and the process can cause stress for families. Non-metropolitan Latino youth in our study told many stories of hardship that stemmed from the immigration experience. Acculturation stress can materialize from many sources during and after immigration. The work and stress of parents and other family members can impact the stress levels of children.

- Which type of names? (facilitator).
- Like “Specker” or “Spic.” I haven’t been called that way, but I have heard that they give these names to other Hispanics. So like “Wet Back” and things like that… “Beaner,” things like that I have heard. I also think that when Americans see somebody, I don’t know, they think that we already have that thing that … Like if you are from Guatemala and call you like ‘Mexican?’ Things like that. If you are from Puerto Rico, they tell you that you are Mexican. No way this is going to [be] like you, because you are not Mexican (14-16 year old male).


Assumptions about intelligence and ability from peers contribute to stress levels, especially when linked to accent or language use. Language differences some times caused tension at school among friends.
How do we change these environments?

- Must occur at all levels: individual service provider to the systems level that includes policies and legislation that may negatively impact diverse populations
- Demographics of the diverse population
- Recognize diversity within group
- Respect and understanding of the histories, traditions, beliefs, languages and value systems of culturally diverse groups
- Recovery must assess the impact of isolation brought about cultural and language barriers and work towards reducing negative influence it has on the emotional and physical well-being of the person
- Workforce development and training must also look beyond the traditional service providers, social workers, counselors, and recognize the training of peer specialists, paraprofessionals, consumers, and interpreters to work specifically in the mental health arena

Challenges to Providing Culturally-Competent Recovery-Oriented Services

- Limited studies that rigorously evaluate cultural competence implementation efforts ranging in scope from training programs for clinical and non-clinical staff to full scale organization change models
- In a systematic review that included evaluated models of professional education or service delivery to improve cultural competency, Bhui et. al. (2007) found no studies that investigated service user's experiences and outcomes.
- One of the studies showed evidence of satisfaction by clinicians using the service and none used randomized control trials.
- Time lag in transferring research findings to clinicians

Challenges to Providing Culturally-Competent Recovery-Oriented Services

- Does cultural competency improve patient satisfaction, retention, noncompliance with medical treatment and treatment outcomes that are compatible with organizational goals?
- If mental health professionals are asked to identify the clinical skills acquired through cultural competency training – what would it be?
- Is cultural competence part of clinical competence?
- How does culture modify illness perceptions, illness behaviors and acceptability of specific interventions?

Culture Matters

- What we do know is that misunderstanding and misinterpreting behaviors has led to tragic consequences such inappropriately placing individuals in the criminal and juvenile justice systems and inappropriate access and quality of care.

Culture Matters

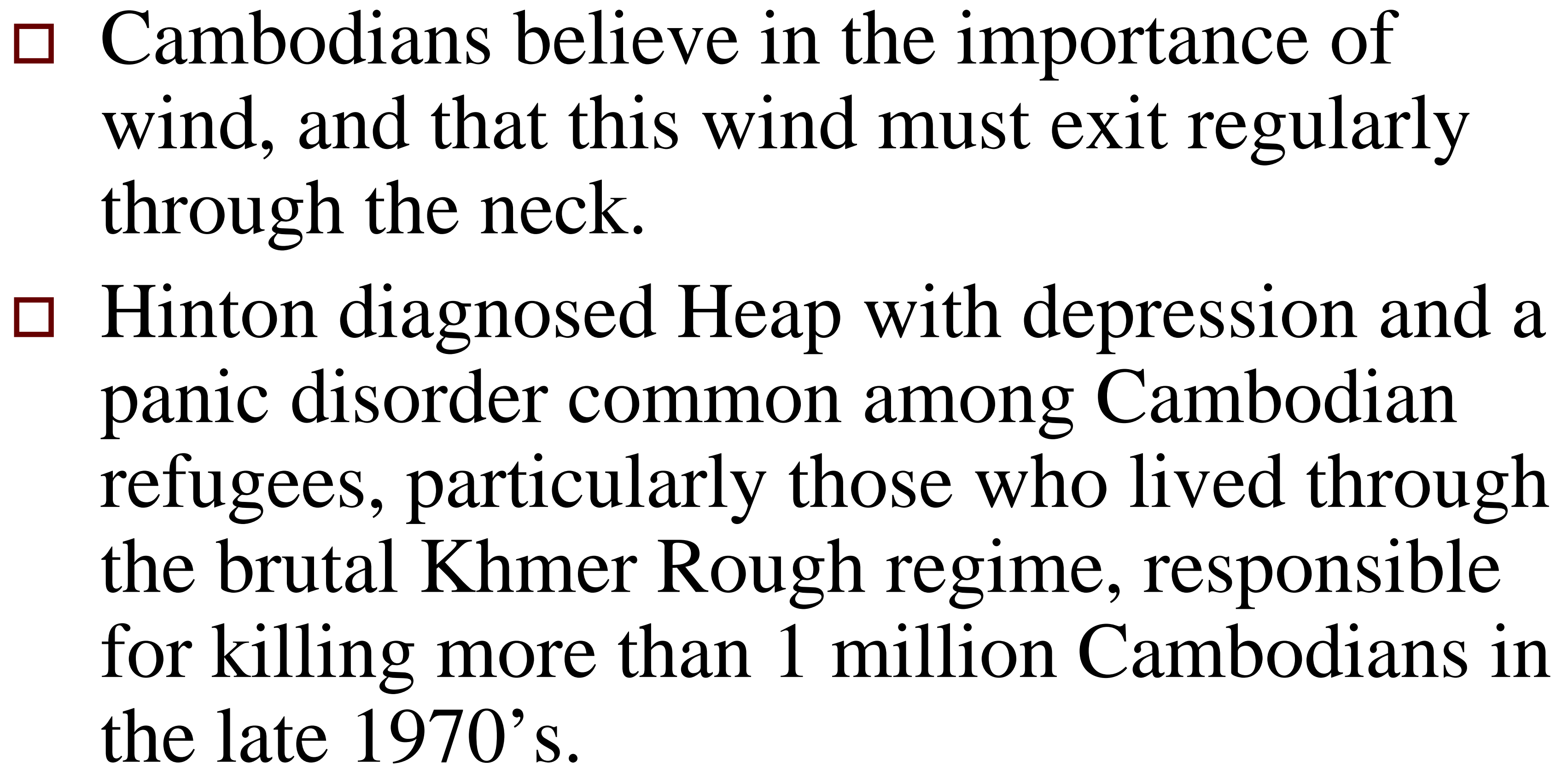
- An effective tool to evaluate the role of culture in a person's functioning is the *Diagnostic and Statistical Manual IV Outline for a Cultural Formulation* (American Psychiatric Association, 2000). It asks how an individual self identifies and examines to what degree culture impacts their lives. While culture may be a critical factor, the experience of each individual is unique and needs to be respected.
- The Massachusetts Department of Mental Health, along with a team of researchers, are educating primary care doctors around the state about what physical symptoms might be signs of mental disorders.
- Primary care clinics in Somerville and Cambridge, run by the Cambridge Health Alliance, are going a step further, installing computerized educational programs in Portuguese, Spanish, and Creole, aimed at teaching immigrants how fatigue, intestinal complaints, and other physical ailments, as well as intense homesickness or loneliness, can be signs of depression

An example of the Cultural Gap

In other countries, symptoms of mental illness vary, with treatments that American doctors are just beginning to appreciate:

- LOWELL - Heap You's doctors thought she was crazy. The Cambodian immigrant kept saying her neck was going to explode, though an examination showed nothing physically wrong. One hospital put her on antipsychotic medication.
- But eventually, the mother of five was referred to Dr. Devon Hinton, a psychiatrist with a clinic in this city's struggling downtown. She arrived in his office one spring day 10 years ago with her neck upright and rigid, even as she sobbed about her troubled family life. She told Hinton that she didn't want to move her neck because excessive "wind," bottled up in her body, might surge through her neck, break blood vessels, and kill her.
- Hinton realized the patient was not out of her mind. The Harvard assistant professor, who specializes in treating Southeast Asian patients, knew that some Cambodians believe that the circulation of wind throughout their bodies maintains their health, and poor circulation from an ill body can cause a dangerous strokelike explosion of wind.
- Hinton, speaking in You's native Khmer language, told her to taper off her antipsychotic medications, according to his records, and handed her prescriptions for two other drugs - one to help her sleep, another to control her anxiety attacks. He urged her to continue her traditional Cambodian practices to help "wind" flow.

- ***These clinicians are part cultural anthropologists, part psychiatric professionals, part medical detectives. A key part of their work is properly diagnosing mental illness that patients often first articulate as body pain, headaches, or stomach ailments.***
- For Somalian refugees, e.g., You often see emotions expressed as a bodily symptom; however as stated by Hinton, who practices at Arbour Counseling Services, not every Cambodian focuses on neck pains…need to be careful ***not to overgeneralize*.**
- After working with Cambodians for over two decades, Hinton identified more than 400 Cambodian patients who complained about neck ailments while being diagnosed with panic and anxiety disorders (i.e., the sore-neck syndrome)
- English and German culture often raise "heart-focused" complaints to convey anxiety.
- Latin Americans cultures refer to attacks of "nerves."



- Cambodians believe in the importance of wind, and that this wind must exit regularly through the neck.
- Hinton diagnosed Heap with depression and a panic disorder common among Cambodian refugees, particularly those who lived through the brutal Khmer Rough regime, responsible for killing more than 1 million Cambodians in the late 1970’s.

Conclusion

- Recovery recognizes the fact that an individual cannot fully heal in an environment that supports racism, homophobia, sexism, and colonization.
- Developing a healthy society can be seen as recovery on a collective scale (e.g., increase the number of service providers representing these different target populations, training around recovery, workforce development and training peer specialists, paraprofessionals, consumers and interpreters to work specifically in the mental health arena)
- Recovery for diverse populations must respect the importance of culture (e.g., incorporating traditional healers and spirituality)
- Must provide the skills to make a person feel whole, competent and worthwhile (e.g., overcoming stigma, reclaiming cultural identity)
- And recovery means making the environment safe...to just be.

What can we do in Massachusetts?

- Make a commitment to cultural competent care (are we talking about a human rights issue?)
- Assess the level of cultural competency in your organization
- Make cultural competency an integral part of clinical competency
- Develop clinical training in cultural competency
- Identify the dilemmas faced in clinical psychiatric care
- Involve consumers in the process
- Document changes in quality of care indicators resulting from cultural competence innovations (e.g., patient satisfaction, retention, noncompliance with medical treatment outcomes) that are compatible with your organizations goals.
- Develop community/academic partnerships to study the impact of cultural competence interventions on mental health outcomes (e.g., evaluate cultural competence implementation efforts ranging in scope from training programs to organizational change)
- Conduct cost-benefit analysis

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