

2009 SAMHSA Campus Grantee Technical Assistance Meeting

Integrating Cultural Competency into your Organizations,
Programs, and Services: Challenges and Strategies

Thursday, January 8, 2009

Facilitator: Ron Becker, Saint Peter's College

Agenda

- Overview
 - Systems approach versus individual approach
 - Framing the discussion
- Cultural and Linguistic Competence
 - National Center for Mental Health Promotion and Youth Violence Prevention
- María del C. Fernández Rodríguez, University of Puerto Rico at Cayey
- Jacqueline Gray, University of North Dakota
- Discussion

Definition of Cultural Competence

“**W**illingness and ability of a system to value the importance of culture in the delivery of services to all segments of the population.”

Cultural competence takes into consideration diversity and the differences of the various groups serviced in the mental health field. Cultural competence is critical because culture often determines whether people seek help in the first place, what types of help they seek, and how much stigma they attach to mental illness.

Barriers To Services Among Minority Populations

- ❖ Mistrust and Fear of Treatment
- ❖ Racism
- ❖ Discrimination by individuals and Institutions
- ❖ Language and Communication Barriers
- ❖ Cultural values and Ideas about illnesses and Health
- ❖ Lack or Insufficient health Insurance

- ❖ Stigma often prevents minority populations to seek out services on the onset of emotional problems
- ❖ Minority populations often drop out of services prematurely, which appears to be influenced by cultural reactions to mental illness
- ❖ Rejection of traditional mental health services, encouraging minorities to seek “culturally inherent care”
- ❖ Negative family views of mental health treatment (attention seeking behaviors)

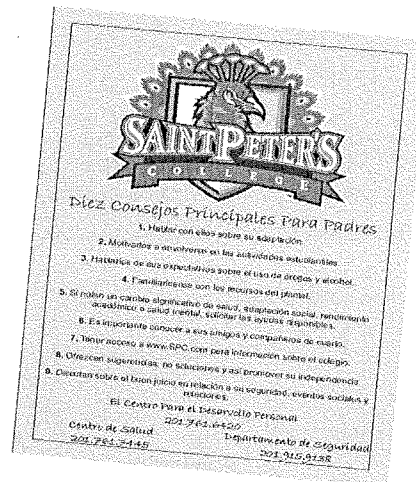
Mental Health Issues

SAMHSA reports that Hispanic youth show higher rates of Anxiety-related illness, depression, and drug use when compared to other races.

- Culture-bound syndromes seen in Hispanic Americans include *susto* (fright), *nervios* (nerves), *mal de ojo* (evil eye), and *ataque de nervios* (uncontrollable panic). Symptoms of an *ataque* (hysteria) may include screaming uncontrollably, crying, trembling, verbal or physical aggression, dissociative experiences, seizure-like or fainting episodes, and suicidal gestures. *However*, these symptoms would not be identified as a Mental Health issue within the Hispanic community.
- In 2008, the Center for Disease Control survey on Youth and Suicide trends indicated Hispanic female high school students in grades 9-12 reported a higher percentage of suicide attempts (14.0%) than their White, non-Hispanic (7.7%) or Black, non-Hispanic (9.9%) counterparts.

Culturally Sensitive Tools

- ✓ Encouraging family role in seeking out services for At- Risk students (phone consultations)
- ✓ Translation of key materials (i.e Top ten tips for parents)
- ✓ Mental Health Literature and Giveaways specifically for families
- ✓ Family focused link on CPD website: includes signs of At-risk behaviors, student stress periods, recommendations, etc.



Recommendations



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