



Center For School Mental Health Analysis and Action

News You Can Use

CULTURAL COMPETENCE AND SCHOOL MENTAL HEALTH

According to the 2003 Census Population Survey, approximately 38% of youth who attend school belong to an ethnic or racial minority group.¹ It is predicted that by 2020 the percentage of Hispanic, Asian, and Black youth will increase to 44%, while the percentage of non-Hispanic White children will decline to 53%.² The percentages of children of color living in the United States will continue to grow as birth rates and immigration for these groups maintain their existing course. Unfortunately, as the number of ethnic minority youth has increased, many providers are not adequately prepared to serve them, as the amount and quality of information, training, and resources devoted

to the provision of culturally competent services varies widely.^{3,4,5} Limited funding dedicated to mental health services, and even less support for specific services that can enhance service delivery, such as language assistance, have contributed to the decreased availability of resources devoted to culturally and linguistically diverse groups.^{6,5} The expansive changes in the demographics of the population highlight the need for practitioners to be adequately prepared to provide effective mental health services to ethnic minorities.

In addition to the changing demographics, the disproportionality in ser-

vice utilization by ethnic minorities also indicates that there is a need for improved service provision. Studies have shown that there are racial and ethnic differences in the utilization of mental health services among youth.⁷ National estimates indicate that mental health services meet the needs of 31% of nonminority children but only 13% of minority children.⁸ Furthermore, children of color tend to receive more mental health services in juvenile justice and child welfare systems than in schools or mental health settings.⁹ In addition to the fact that minorities are less likely to receive mental health services, when they do access services,

those services are more likely to be of low quality or ineffective.¹⁰



“The U.S. mental health system is not well equipped to meet the needs of racial and ethnic minority populations.”¹⁰

- U.S. Department of Health and Human Services



The barriers faced by ethnic minority clients in receiving adequate care or seeking treatment include cost of services, fragmentation of services, lack of available services, stigma, racism, and clinicians' lack of awareness of cultural issues.^{11 12} Many members of

minority groups are also reluctant to seek mental health services due to fear, mistrust, or feelings of discomfort with the mental health system.¹¹ Discomfort with the system is often amplified when minorities see that the majority of mental health providers are from White middle-class backgrounds and have values and beliefs that are often quite different from their own. Some minorities may view such providers as individuals who are engaged in work that is "the product of white,

European culture, shaped by research primarily on white, European populations."¹⁰ Many see the lack of cultural acceptance as a dynamic component in the under-utilization of mental health services from minorities.¹³ It is essential to address ways to overcome these health disparities and barriers to treatment through research, treatment, and policy initiatives.

"Traditional health care is often inappropriate and antagonistic to the cultural values and life experiences of populations of color. Rather than feeling that they have been provided benefits, clients often feel invalidated, abused, misunderstood, and oppressed by their providers. Therefore, there is a strong need for helping professionals to develop culturally effective helping modalities and goals consistent with the life experiences and cultural values of their culturally diverse clientele."¹⁴

-American Psychological Association

Cultural Competence

Being culturally competent requires understanding the importance of the historical, political and social dynamics of power, as well as the variations in beliefs, practices, and values of different cultural groups.⁵ "Culture" refers to integrated patterns of human behavior that includes the language, thoughts, communications, actions, customs, beliefs, values, and institutions of a particular group of people. "Competence" implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, behaviors, and needs presented by

consumers and their communities.⁵

A culturally competent mental health professional is knowledgeable in understanding, approaching, and treating the problems of culturally diverse groups. This implies providing effective services that are respectful of one's race, ethnicity, social class, religion or faith, and sexual orientation. Culturally competent service providers also have an awareness of their own assumptions and values, and realize that the behaviors of their clients may be shaped by a worldview that encompasses assumptions and

values that are different than their own.¹⁵ Due to the broad nature of cultural competence, this issue brief is focused primarily on cultural competence related to the provision of mental health services to ethnic minority youth.

"Many in the mental health field consider cultural competence to be essential to ensure quality of care, responsiveness of services, and renewed hope for recovery among ethnic and racial minorities."¹⁶

- President's New Freedom
Commission on Mental Health



Influence of Culture

Culture has been defined as the “belief systems and value orientations that influence customs, norms, practices, and social institutions; ...the embodiment of a worldview through learned and transmitted beliefs, values, and practices... that encompasses a way of living informed by the historical, economic, ecological, and political forces on a group.”¹⁷ Culture has both an integrative and functional purpose.¹⁸ It serves an integrative function by providing individuals with a sense of identity and is functional by providing rules for physical survival and group welfare.

Culture and social status have a significant impact on beliefs and attitudes on child development, parenting, risk processes, development of interventions, and the effectiveness of those interventions.¹¹ Cultural differences in developmental trajectories, youths' self-reports of behavior problems, and caregivers' judgments of behavior have also been reported.^{9 19 20} The diversity in the values, norms, and practices of various cultural groups also has significant implications for understanding coping strategies, and help-seeking behaviors. For example, data seem to suggest that Japanese Americans rarely

seek mental health services and may be more reluctant to disclose their mental health problems, compared to White Americans.^{21 22} Some research has suggested that Hispanics are more likely to rely on social and spiritual support when difficulties emerge.²³ Similarly, it has been reported that African American youth rely on diversions, self-reliance, spiritual support, close friends, and relaxation more frequently than White adolescents.²⁴ A lack of understanding these different approaches to health, coping, and mental health in general can influence ideas about help seeking behaviors.

Culture can also shape the expression of mental illness, as evidenced by the identification of culture-bound syndromes in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR). Culture-bound syndromes are locality-specific patterns of distressing behavior that are indigenously considered to be illnesses or afflictions.²⁵ Clinicians should be sensitive to such differences and thereby the needs, symptoms, and behaviors of their diverse clients with recognition of the fact that these differences play important roles in detecting problems and implementing appropriate treatment strategies.

Examples of culture bound syndromes:²⁵

Hwa-byung: A Korean syndrome that results from suppression of anger that is expressed in symptoms such as insomnia, fatigue, panic, dysphoria, and somatic complaints

Taijin-kyofusho: A phobia commonly found among Japan, in which the individual fears that parts of their body are embarrassing or offensive to others

Mal de ojo: Commonly found in Mediterranean cultures and is expressed through fitful sleep, crying without reason, diarrhea, vomiting, and fever. Children are particularly at risk for this condition

Brain fog: This term originated in West Africa and refers to the somatic symptoms, difficulties concentrating, and thinking that students may experience related to challenges in school

Nervios: Describes symptoms of distress among Latinos that is characterized by somatic disturbances and inability to function

Ghost sickness: A preoccupation with death and the deceased that is often observed in American Indian tribes

Zar: This term is used in many North African and Middle Eastern countries that refers to an individual being possessed by spirits. The possessed individual may exhibit dissociative episodes, apathy, withdrawal, or develop a relationship with the spirit.

Cultural Considerations

The cultural differences that exist between patient and therapist are often numerous (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status, age, educational level, religion, and language). Therefore, encountering cultural differences becomes inevitable in any psychotherapeutic relationship.²⁶ While it is important for clinicians to be prepared to work with youth who are from cultures other than their own, it is equally important that clinicians not overestimate their level of competence when treating youth from a background similar to their own.²⁷ Within any culture, there is a significant degree of heterogeneity that exists. An awareness of such heterogeneity can prevent clinicians from perceiving clients from their own culture as similar to themselves.

Acculturation and enculturation

Two factors that contribute significantly to heterogeneity within a cultural group are acculturation and enculturation. Acculturation has been defined as the degree to which a person adopts the cultural norms of the dominant society. The modes of acculturation vary based upon a strong or weak affiliation with the host culture and the culture of origin.²⁸ Enculturation has been described as the process of retaining the beliefs, values, and cultural norms of one's indigenous culture.²⁹ Within families, when generational differences in the rate of acculturation occur, family conflict is often increased as differences in attitudes, values, and

behaviors become more apparent. Members of some minority groups may struggle in their attempts to make successful adjustments to both cultures.³¹ Research on acculturation in youth has shown that Latino and Chinese youth who are acculturated to this society are more likely to have higher rates of behavior problems and substance use, in comparison to their less acculturated peers.^{32 33 34}

Assessment

In recognition of the need to engage in culturally sensitive practices in the assessment and treatment of ethnic minority youth, some researchers have proposed utilizing an integrative ecological approach to assessment that combines the standard and ethnocultural assessment strategies.³⁵ For example, an ethnocultural assessment would incorporate information about acculturation level, migration history of the family, and the salience of ethnicity with family and peers. Some of the characteristics of a culturally competent assessment include:²⁷ (1.) Familiarity with professional standards for assessing ethnic minority children (2.) Cultural self-knowledge and cultural competence, which involves recognition of one's strengths and weaknesses and an awareness of cultural heterogeneity (3.) Awareness of strengths and weaknesses of various assessment instruments including limitations of assessment norms if there are no norms available for the background of the youth being assessed (4.) Knowledge of alternate assessment strategies.

Empirically supported treatment

Many clinicians who work in the school setting are encouraged to implement empirically supported interventions. However, many of those interventions have not been validated in ethnically diverse populations, as minority youth are often underrepresented in prevention research.³⁶ An intervention that was proven effective for one group may or may not be effective with other cultural groups.^{37 13} In fact, an American Psychological Association task force on empirically supported treatments could not identify a treatment that met criteria to demonstrate efficacy for ethnic minorities.³⁸ Therefore, an awareness of the limitations of the empirically-supported interventions is necessary when trying to implement such interventions with diverse populations.

Evidence-based interventions need to be designed in such a way that they honor and respect the cultural contexts and values of ethnic minority populations. Interventions that are not culturally sensitive that are applied in multicultural settings may lead to inconsistencies being reported on the efficacy of the interventions. Culturally competent interventions not only need to take into consideration the culture of the particular ethnic group, but also help the targeted group be successful in its context, as opposed to the context of the dominant culture.³⁶ Examining the utility of modifying effective interventions or developing unique interventions for different groups is one of the most pressing needs for research on children's mental health.³⁹

Mental health programs that provide services to diverse populations must incorporate an understanding of culture, traditions, beliefs, and culture-specific family interactions into their design and form working partnerships with communities to become successful in treating culturally diverse clients.^{40 41} Providers of programs that have been developed with an emphasis on the culture of the community being served have reported increases in service utilization and decreases in early termination of treatment among ethnic minorities.⁴² Locating mental health clinics near public transportation, employing mental health workers who have similar

linguistic and cultural backgrounds of their clients, and creating an office environment that is reflective of the cultural groups that are served are some of the ways that mental health services can be more sensitive to diverse cultural groups.⁴³

Enhancing the cultural competence of service programs and providers is a key component of improving mental health services in schools. Clinicians need to be sensitive to the role of race, ethnicity, and culture on mental health to maximize their service delivery and effectiveness with culturally diverse groups. Increasingly, training programs are incorporating courses on diversity so that fu-

ture professionals are skilled in this area. Many of these programs encourage trainees to consider their own assumptions and biases as a prerequisite to work with diverse populations. Although much progress has been made, there is still a significant amount of work to be done to improve the access, quality, and effectiveness of mental health services for ethnic minority children. Children of color need to receive services in a manner that addresses their needs and reflects their cultural strengths.

Recommendations

School-based mental health providers are uniquely poised to intervene given their frequent contact with youth and increased opportunity for collaboration between teachers, school staff, and families. Furthermore, many families feel that it is easier to access resources that are school-based because the services are more accessible than those in the community. While many school-based programs do provide culturally-competent services, it is important to remember that cultural competence is not static; it should be a constant effort on behalf of mental health providers.



Suggestions for School Mental Health Providers and Programs:

- UNDERSTAND the cultural diversity and uniqueness of individuals by:
 1. Learning as much as you can about your client's cultural background
 2. Recognizing the diversity that exists within minority groups
 3. Identifying traditions related to gender and age
- ASSESS the factors that impact psychosocial functioning of culturally and ethnically diverse groups including:
 1. Socioeconomic and political factors
 2. Role of acculturation (degree to which a person adopts the cultural norms of the dominant society)
 3. Enculturation (process of retaining the beliefs, values, and cultural norms of one's



indigenous culture)

4. variations in patterns of help-seeking with individuals and families within your community.
- **DEVELOP** an awareness of:
 1. your own culture
 2. differences in the worldviews between you and your clients
 3. cultural strengths of your clients and their families when establishing treatment goals
 4. your multicultural competence (see list of assessment tools below)
 - **ENSURE** that your office:
 1. communicates a sense of acceptance
 2. is welcoming to diverse groups (e.g. posters and pamphlets that are representative of a variety of ethnic groups)
 3. has a referral base of multicultural professionals
 4. works with community leaders who reflect the cultural diversity of the youth in your community
 5. develops materials that reflect the cultural values and language of the youth in

- your community
- 3. creates advocacy efforts that extend beyond your facilities and into the community
- 4. seeks supervision if there is a group that you have little experience working with or know little about

One school-based program that has been identified by the President's New Freedom Commission on Mental Health as a model program of culturally competent school-based mental health is the Dallas School-based Youth and Family Centers. Contact Jenni Jennings, (jjennings@dallasisd.org) Executive Director, for additional information about the components and structure of this model program.

While it is important for individual providers to enhance their cultural competence, it can be difficult for them to enhance the quality of the services they provide without the support of their employer. It is imperative that organizations develop a plan to assess and support cultural competence at their institutions. The Office of Minority Health⁵ made several key recommendations for organizations to improve their delivery of culturally and linguistically appropriate services. Some of their recommendations for organizations include:

- Integrate an assessment of cultural/linguistic competence into quality improvement programs, patient satisfaction assessments, and outcomes-based evaluations

- Ensure that staff members receive cross-cultural education and training, and their effectiveness in providing culturally competent care is assessed
- Enhance efforts to recruit, retain, and promote a diverse staff
- Offer and provide competent language assistance services in a timely manner
- Develop a strategic plan that identifies the goals, policies, and plans to provide services to culturally diverse populations



Model Programs

The following programs have been recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as Model Programs. Model Programs are recognized as those that have provided evidence of prevention or reduction in substance abuse and related high-risk behaviors. In addition to being recognized by SAMHSA for their effectiveness, these programs also have been developed specifically for ethnic minority youth.

Brief Strategic Family Therapy (BSFT): BSFT has been implemented as a prevention and intervention program for delinquent and substance-abusing youth. BSFT provides families with the skills to improve family functioning and decrease problematic family relationships. This program has been tested and proven

effective with Hispanic and African-American families. For more information on BSFT go to:

<http://modelprograms.samhsa.gov/pdfs/FactSheets/Bsft.pdf>

Family Effectiveness Training (FET): FET is a family-based program that was developed to address acculturation differences between Hispanic parents and their children. Specifically, it is focused on addressing problems in family functioning, parent-child conflicts, and cultural conflicts between children and parents. For more information on FET go to:

<http://modelprograms.samhsa.gov/pdfs/FactSheets/FET.pdf>

keepin' it REAL: The keepin' it REAL (Refuse, Explain, Avoid, Leave) program is a culturally-grounded video-based intervention that incorporates ethnic values and practices that protect youth from drug use. Keepin' it REAL focuses on enhancing anti-drug attitudes and facilitates the decision-making and resistance skills in youth. For additional information go to:

<http://modelprograms.samhsa.gov/pdfs/FactSheets/keepinitREAL.pdf>



Suggestions for Families:

When seeking mental health services for your children or yourself, consider:

- Does the professional have experience working with someone of your race, ethnicity, religion, and sexual orientation?
- Is the professional sensitive to the ways that you differ from him/her and does s/he demonstrate an awareness of your cultural traditions, beliefs, and practices?
- Does the professional express an interest in learning more about your culture?
- Does the professional respect your beliefs and values?
- Has your culture been taken into account in the development of the plans and goals for treatment?
- Recognize that you can “shop around” for a service or professional that feels like a good fit for you and your family.

Resources

UCLA Center for Mental Health in Schools provides a wealth of information, documents, resources, and links to relevant agencies on cultural competence. <http://smhp.psych.ucla.edu/>

Child Welfare League of America provides consultation and training on cultural competence, and provides a list of suggested readings on their website. <http://www.cwla.org>

The **National Center for Cultural Competence (NCCC)** provides technical assistance, consultation, training, and a wealth of resources on cultural competence, including tools for self-assessment that can be used by individuals and organizations. <http://www.gucdc.georgetown.edu/nccc>

Diversity Rx promotes language and cultural competency to improve the quality of health care. The website provides various resources, including information on strategies for clinical cultural assessment and information about videos that can be used as training tools to enhance cross-cultural communication. <http://www.diversityrx.org>

The **Center for Effective Collaboration and Practice** provides reference guides that discuss research, service delivery, and national organizations that are engaged in work related to cultural competence. <http://cecp.air.org/cultural>

The **Early Childhood Research Institute on Culturally & Linguistically Appropriate Services** engages in research, training, and dissemination on practices that are sensitive to children from culturally and linguistically diverse families. This website also provides information and resources in several different languages. <http://clas.uiuc.edu/index.html>

Center for Immigrant Health

The Center offers a cultural competence curriculum, trainings, research on best practices, and reviews of evaluation tools to assess cultural competence. <http://www.med.nyu.edu/cih/cultural/index.html>

Office of Minority Health Resource Center

Provides a vast amount of information including cross-cultural documents, publications, audiovisual aids, organizations, programs, and funding opportunities. <http://www.omhrc.gov/>

Resources for practitioners to assess multicultural competence

Cross-Cultural Counseling Inventory – Revised (CCCI-R): LaFramboise, T. D., Coleman, H. L. K., & Hernandez, A. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory-Revised. *Professional Psychology: Research and Practice*, 22, 380-388.

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