

# Improving Cultural Competency for Behavioral Health Professionals

Session 2: Cultural Competency as a Social Determinant of Health (SDOH) in Behavioral Health

Dr. Kevin Lombardi MD, MPH



# Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



# National Center for Health in Public Housing (NCHPH)

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



# Defining culture in context





## Defining "Culture"

### **HHS Office of Minority Health:**

*"Integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups"*



# Reflection Question

How do you define your own cultural identity in terms of the following categories? Feel free to omit any category that you feel is not relevant to your cultural identity.

- Race
- Ethnicity
- Beliefs
- Values
- Class
- Customs

# Improving Cultural Competency for Behavioral Health Professionals

Session 2: Learning Collaborative Introduction

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# Learning Collaborative Calendar

- Module 1 - Learning collaborative introduction
- **Module 2 - Introduction to the topic, how culture can act as a SDOH for behavioral health care.**
- Module 3 - Describes the need for screening cultural identity.
- Module 4 - Discusses how to conduct cultural identity screening.



# Introductions:

Kevin Lombardi MD, MPH



# Introductions:

Fide Pineda Sandoval, CHES





# Defining Cultural Competence

HHS Office of Minority Health: *"A set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations"*

## **Question:**

- 1.** What are specific benefits of cultural competence in the workplace?
- 2.** How can cultural competence in the workplace improve patient care (either directly or indirectly)?

## Question 1

- Better communication and understanding amongst colleagues.
- Lower likelihood of inter-personal conflict stemming from cultural misunderstandings.
- Self-realization: Exposure to a culturally diverse staff can lead to self-reflection and a better understanding of one's own culture.
- Exposure to culturally diverse staff can lead to more inclusive and open organizational structures.
- Culturally diverse organizations have access to more diverse perspectives. This can translate into benefits in problem-solving and management.



## Question 2

- Better appreciation of race, ethnicity and culture (including one's own) leads to more effective patient care.
- More culturally competent organization structures impact patient treatment and experience.
- Improving cultural competence in the workplace involves integration of local stakeholders. This can lead to more culturally competent care.
- Outward appearance of cultural competence can increase trust amongst the community, agency and staff.



# The impact of culture on mental health



# Case Study: 42 year-old male

You are a behavioral health worker for a health center with an attached urgent care center.

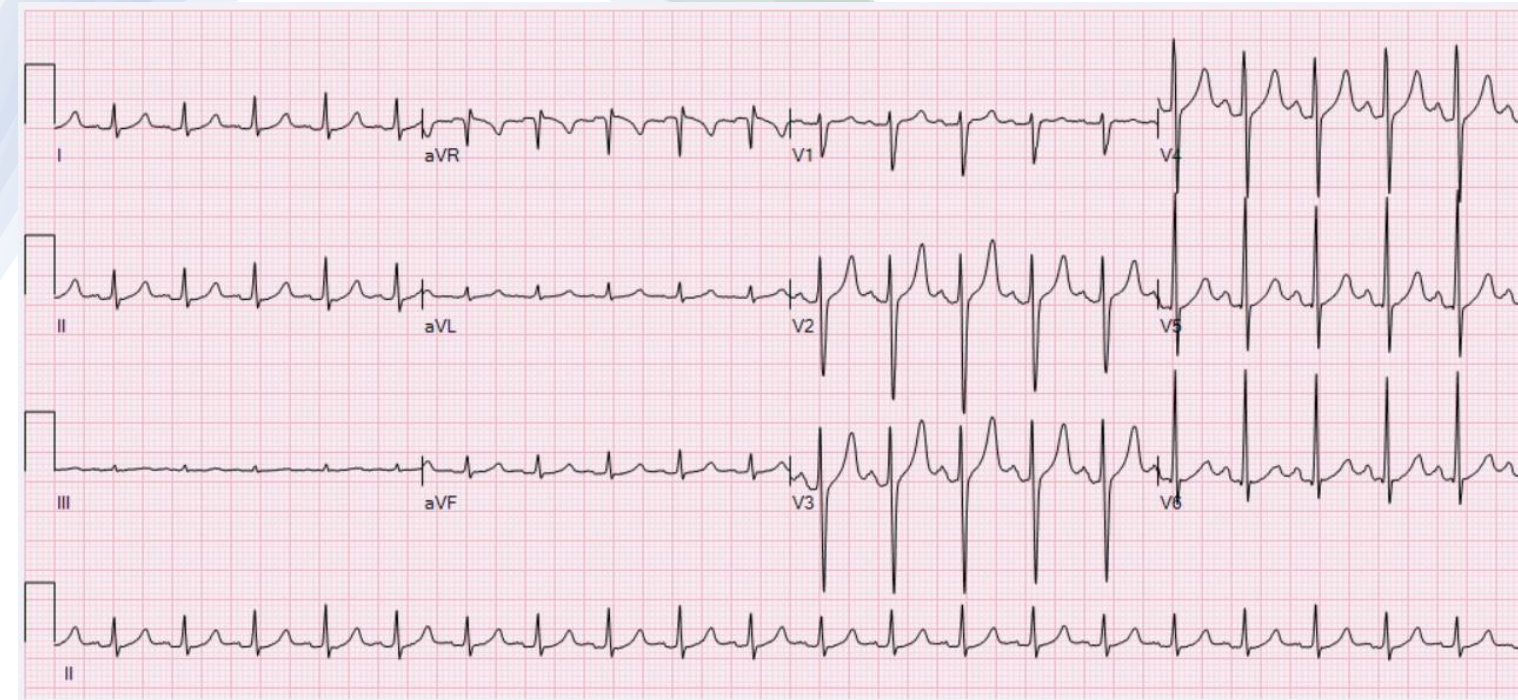
A 42 year-old person presents in the Emergency Department for chest pain and difficulty breathing. The patient information defines him as "male" and "caucasian".

The patient has already undergone a physical examination and labs/diagnostics have been collected and analyzed. Clinical findings were largely unremarkable and the patient has been cleared medically by his attending physician. **You are assigned the case because the care team has concerns that the patient may be experiencing a behavioral health emergency.**

Upon your examination of the patient you notice that he speaks English with an accent you do not recognize. His surname is "Torosyan". He appears agitated and excited. You have no concerns for your own safety.



# Case Study: 42 year-old male



- Bedside ultrasound shows normal cardiac motion
- Physical exam is notable for normal reflexes, bounding pulse and tachypnea
- Vitals: 80, 22, 210/110
- Lab results are significant for elevated cholesterol. No other abnormalities noted. Cardiac enzymes within normal range.
- Drug and alcohol screens are normal.
- When asked to define his cultural identity, the patient notes he is from Armenia and has lived in the US for 5 years.




# Case Study: 42 year-old male

**The patient is diagnosed with GAD, panic disorder and posttraumatic stress disorder. He initially refuses these services.**

The patient will require a behavioral-health follow-up.

## **Questions:**

1. As a behavioral health professional, what are your main responsibilities in this circumstance?
2. How would you ask the patient what their cultural identity is? How would this information impact your approach?
3. How might the patient's cultural identity be influencing his decision not to access behavioral health?
4. If you have no former knowledge of the patient's culture/cultural identity, what can you do with this information?
5. What does this case tell us about the limits of using race alone to define patient identity?
6. How would you encourage the patient to access behavioral health?



How does culture impact mental health?

**Cultural stigma:** Every culture has a different way of looking at mental health. For many there is growing stigma around mental health, and mental health challenges are considered a weakness and something to hide. This can make it harder for those struggling to talk openly and ask for help.

# Case Study: Armenian-Americans



Painting by Weekly designer and artist Masha Keryan. "Silent," oil on canvas, 2015


*"Enough of burdens, enough of woes,  
weighing down our shoulders, enough of those  
salty tears that dim our eyes.  
Enough of weeping; enough of sighs.*

*Enough of old wooden rules and laws  
sacrificing our youthful days,  
keeping us behind four walls.  
Enough of doors slammed in our face...*

*Let us awake and rouse the world...  
for our just place and cause  
let us go forward. Let us unite for the sake of freedom's sacred light.  
We are all equal and equal to the fight."*

*"Let us Unite" by Shoushanig Gourghinian*

*Translated by Diana Der-Hovanessian, "The Other Voice: Armenian Women's Poetry Through the Ages"*



How does culture impact mental health?

**Understanding symptoms.** Culture can influence how people describe and feel about their symptoms. It can affect whether someone chooses to recognize and talk about only physical symptoms, only emotional symptoms or both.

**In your practice, what physical symptoms alert you to a behavioral health concern? How does this information guide your practice.**

















How does culture impact mental health?

**Community Support.** Cultural factors can determine how much support someone gets from their family and community when it comes to mental health. Because of existing stigma, cultural minorities are sometimes left to find mental health treatment and support alone.

**What are some ways that you or your center has addressed this issue?**





How does culture impact mental health?

**Resources.** When looking for mental health treatment, you want to talk to someone who understands your specific experiences and concerns. It can sometimes be difficult or time-consuming to find resources and treatment options that take into account specific cultures factors and needs.

# New research and takeaways



## Special Article

**Cite this article:** Tay AK *et al* (2019). The culture, mental health and psychosocial wellbeing of Rohingya refugees: a systematic review. *Epidemiology and Psychiatric Sciences* **28**, 489–494. <https://doi.org/10.1017/S2045796019000192>

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# The culture, mental health and psychosocial wellbeing of Rohingya refugees: a systematic review

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## Abstract

**Aims.** Despite the magnitude and protracted nature of the Rohingya refugee situation, there is limited information on the culture, mental health and psychosocial wellbeing of this group. This paper, drawing on a report commissioned by the United Nations High Commissioner for Refugees (UNHCR), aims to provide a comprehensive synthesis of the literature on mental health and psychosocial wellbeing of Rohingya refugees, including an examination of associated cultural factors. The ultimate objective is to assist humanitarian actors and agencies in providing culturally relevant Mental Health and Psychosocial Support (MHPSS) for

# Adapting culturally appropriate mental health screening tools for use among conflict-affected and other vulnerable adolescents in Nigeria

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**Background** The Boko Haram insurgency has brought turmoil and instability to Nigeria, generating a large number of internally displaced people and adding to the country's 17.5 million orphans and vulnerable children. Recently, steps have been taken to improve the mental healthcare infrastructure in Nigeria, including revamping national policies and initiating training of primary care providers in mental healthcare. In order for these efforts to succeed, they require means for community-based detection and linkage to care. A major gap preventing such efforts is the shortage of culturally appropriate, valid screening tools for identifying emotional and behavioral disorders among adolescents. In particular, studies have not conducted simultaneous validation of screening tools in multiple languages, to support screening and detection efforts in linguistically diverse populations. We aim to culturally adapt screening tools for emotional and behavioral disorders for use among adolescents in Nigeria, in order to facilitate future validation studies.

# Review of screening tools







# PRAPARE

Protocol for Responding to and Assessing  
Patients' Assets, Risks, and Experiences

## **PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences** **Paper Version of PRAPARE® for Implementation as of September 2, 2016**

### **Personal Characteristics**

1. Are you Hispanic or Latino?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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2. Which race(s) are you? Check all that apply

<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	White	<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Other (please write):		
<input type="checkbox"/>	I choose not to answer this question		

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

8. Are you worried about losing your housing?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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9. What address do you live at?

Street: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

### **Money & Resources**

10. What is the highest level of school that you have finished?

<input type="checkbox"/>	Less than high school degree	<input type="checkbox"/>	High school diploma or GED
<input type="checkbox"/>	More than high school degree	<input type="checkbox"/>	I choose not to answer this question

# Next Session Announcement

- Module 2: Cultural Competency as a Social Determinant of Health (SDOH) in Behavioral Health
- Wednesday, 10/16/2022 at 1:00 pm EDT
- Learning Objectives:
  1. Review traditional and alternative clinical models and the role of culture in improving behavioral healthcare.
  2. Describe how culture acts as a SDOH and how cultural competency can improve patient outcomes.
  3. Engage with culture as a SDOH through review of clinical vignettes.
- Reminder! Fill out our post-evaluation survey.

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Thank you!

