

Cultural Competence Presentation for PRAT 2019

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Introduction

- To Presenter
- To the Racial & Ethnic Mental Health Disparities Coalition (REMHDCO)
- Honoring Mental Health Patient Rights Advocates
- From the perspective of racial and ethnic communities - our experience

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Different Types of Cultural Competence Training

- For individual practitioners
- For administrators and policy makers
- What about specifically for advocates, particularly mental health advocates?
- This will not be a “cook-book” training

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Cultural Competence Training Myths

- Once a year is good enough
- Not being a racist = cultural competence
- My best friend is.... He is married to.... She has a child who is....
- Diversity = cultural competence

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What I Hope You Get Out of This Presentation

- More willingness to discuss and consider issues regarding race and ethnicity in your work
- Practical suggestions and resources to gain knowledge and more effectively serve clients from racial and ethnic communities
- Recognition of and actions to take regarding our mental health system as a whole (which is far from culturally competent)

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Definition of Cultural Competence

- “The process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.”
- National Association of Social Workers. (2007). Indicators for the achievement of the NASW standards for cultural competence in social work practice

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Definition of Cultural Competence

- **Terry L. Cross**, MSW, ACSW, LCSW, Senior Advisor (Former Founding Executive Director) of the National Indian Child Welfare Association
- **Cultural Competence Continuum – Characteristics** (see handout)
 - I. Cultural Destructiveness
 - II. Cultural Incapacity
 - III. Cultural Denial/Indifference
 - IV. Cultural Pre-Competence
 - V. Cultural Competence
 - VI. Cultural Proficiency

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More Current Terms

- Culturally appropriate, culturally relevant, culturally congruent
- **Cultural humility**
 - is a humble and respectful attitude toward individuals of other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures, and approach learning about other cultures as a lifelong goal and process.
 - Cultural humility was established due to the limitations of cultural competence. Some professionals, like social workers, medical professionals, or educators, believed themselves to be “culturally competent” after learning some generalizations of a particular culture. Cultural humility encourages an active participation in order to learn about a patient's or clients personal, cultural experiences.

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Cultural Competency Standards

- Culturally Competent practice requires self-awareness and self-assessment of beliefs, attitudes, emotions and values
- Culturally Competent practice requires the acquisition of knowledge by providers
- Culturally Competent training requires specific educational approaches for knowledge acquisition
- Culturally competent practice requires the acquisition of skills

From the **National Conference of State Legislatures**

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Cultural Competency Standards

“Standards and Indicators for Cultural Competence in Social Work Practice”

A 60-page publication of the National Association of Social Workers (NASW)

1. Ethics and Values
2. Self-Awareness
3. Cross-Cultural Knowledge
4. Cross-Cultural Skills

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Cultural Competency Standards

“Standards and Indicators for Cultural Competence in Social Work Practice” Continued

5. Service Delivery
6. Empowerment and Advocacy
7. Diverse Workforce

8. Professional Education
9. Language and Communication
10. Leadership to Advance Cultural Competence

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Standards and Guidance for PRAs

- On the CAMHPRA website, the cultural competence section for the manual is: “PENDING”
- Under “Ethical principles of Advocacy” – nothing related to cultural competence
- CAMHPRA Public Policy Platform: **(1) Timely access to quality, community based treatments and support services.**

Treatment services should be based on the Mental Health Recovery Model, and so be responsive to the individual needs and wishes of consumers. We support parity between mental health services and physical health care services and initiatives that reduce disparities and improve access to mental health services to underserved populations.

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Opportunities to Increase Cultural Competence

- **Building relationships** with key individuals and key organizations is lead to cultural competence. Get to know:
 - Your County Cultural Competence or Ethnic Services Manager
 - Staff of local ethnic community based organizations (ECBO's)
 - Community leaders or cultural brokers

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Opportunities to Increase Cultural Competence

Mental Health and Cultural Competence Summits

- Annually for 25 years
- sponsored by the County Behavioral Health Directors Association (CBHDA) and facilitate by California Institute for Behavioral Health Solutions (CIBHS)
- Different geographic locations throughout the state

CHBDA Policy Summits

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Opportunities to Increase Cultural Competence

- Your county behavioral health department trainings
- Training by your local Community Based Organizations
- Conferences of the National Association of Social Workers (NASW), American Association of Marriage Family Therapists (AAMFT), other professional associations

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Opportunities to Increase Cultural Competence

California Pan-Ethnic Health Network (CPEHN)

- “Accessing Mental Health in the Shadows - How Immigrants Struggle to get Needed Care” – new report on their website

California Immigrant Policy Center (CIPC)

- Symposium on March 8th – “Healthy Mind, Healthy Future”

“Now is the Time” – Technical Assistance Center

- A Compendium of Cultural and Linguistic Products (webinars, publications) Contact me and I will provide this to you.

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The California Reducing Disparities Project (CRDP)

- Likely the largest mental health and cultural competence project in the nation.
- Funded by Proposition 63 or MHSA funds.
- Administered by the Office of Health Equity under the California Department of Public Health
- **Phase I produced:** (Contact me for copies)
 - **5 special population reports**
 - **Statewide plan to reduce mental health disparities**

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The California Reducing Disparities Project (CRDP)

Phase 2 of the CRDP

- Pilot projects serving 5 underserved communities:
 - African American Communities
 - Asian/Pacific Islander Communities
 - Latinx Communities
 - Native American Communities
 - LGBTQ Communities

These are community-defined programs NOT evidenced based programs

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Other Recommended Training

Implicit Bias Training; Training on *White Privilege*

Conferences on *Racism*

Training on the *Appropriate Use of Interpreters*

History of particular communities and how they came to this country or in the case of Native American Communities, how they experienced being forced from their homes and genocide

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Current Examples of Differences

Definition of “peer”

In the mainstream mental health community:

- a “peer” must be willing to publicly identify as a person who has had or has a mental health condition
- or as a family member of such a person

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Definition of “Peer”

In racial and ethnic communities:

- “Peer” means someone who is from that same racial or ethnic community who has had SHARED experiences (related to race and ethnicity) as others in that community
- This may or may not include having a mental health condition or diagnoses, being a mental health consumer or client, or being a family member.

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Definition of “Peer”

- There are shared positive experiences and negative-experiences as a person of color in this country
- These shared experiences are ***as important or more important*** to many in racial and ethnic communities - than whether or not a mental health condition is involved.

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Current Examples of Differences

Current definition of “**Underserved Communities**”

Section 3200.300. Underserved.

- Underserved” means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not

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Definition of “Underserved”

- Current definition in regulations continued:
- ... receiving sufficient services to support the client’s recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not

have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American Rancherias and/or reservations who are not receiving sufficient services.

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Definition of “Underserved”

- REMHDCO’s suggested definition of “underserved”
- “Underserved” means people from racial, ethnic, or limited/non-English speaking communities that have a demonstrated history of disparities in access to and utilization of appropriate, voluntary mental health services. Underserved may also include people from the lesbian/gay/bisexual/transgender/intersex (LGBTI) community, rural communities, people who are homeless, transition-age youth, older adults/seniors, and other groups that demonstrate a disparity in access to community mental health services.

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Current Examples of Differences

- Evidenced based practices vs.

Community defined practices or practice based evidence

- Emphasis on the individual vs.

Emphasis on family and/or community

- Independence vs. Interdependence

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Questions - Comments

Thank you for listening to my presentation!

Contact me any time!

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