

# Preparing the Adult Mental Health Workforce to Succeed in A Transformed System of Care

## Fundamentals of Cultural and Linguistic Competence in Recovery-Oriented Systems of Care

NASMHPD/OTA Workforce Curriculum  
Module Developed by Hines-Cunningham

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Module VI



# Objectives

1. Review definitions of cultural and linguistic (use of language) competence
2. Understand the importance of cultural diversity and the use of language in the course of all their interactions with consumers and their families
3. Understand how the lack of cultural and linguistic competence has led to negative outcomes for people
4. Discuss and understand how one's own culture and their own self awareness with respect to others will impact their interactions with consumers and their families

# What do we mean by diversity

## The “ISMS”

- Gender (sexism)
- Race (racism)
- Religion
- Sexual Orientation
- Age (ageism)
- Disability
- Ethnicity
- Socio-economic (classism)



# “We Are A Diverse Nation”

Current Total US population-305,801,369

(as of 12/3/08)

- African-Americans - 13.5% of the US population
- National Hawaiians/Other Pacific Islanders - 0.1% of the US population
- American Indians/Alaska Natives - 1.5% of the US population
- Asian Americans/Pacific Islanders - 5% of the US population
- Latinos/Hispanics - 15% of the US population  
(*US Census, 2006*)

# We are a Diverse Nation



# We are a Diverse Nation



- ❖ Based on 2000 US Census information, 19.7% of the US population or 55 million people speak a language other than English at home
- ❖ 24 Million, or 8.7%, of the US population self-report that they speak English “less than very well”

*(US Census 2006)*

# We are a Diverse Nation

During 1990 – 2000:

❖ The following states indicated more than 100% growth among their limited English proficient population: Arkansas, Colorado, Georgia, Idaho, Kansas, Kentucky, Minnesota, Nebraska, Nevada, North Carolina, Oregon, South Carolina, Tennessee, Utah, and Washington

❖ The following states indicated that 10% of their population is already limited in English proficiency: California, Texas, New York, Nevada, Arizona, New Jersey, Florida, New Mexico, and Hawaii

*(US Census 2006)*



# We Are a Diverse Nation

These data are essential and indicate the following:

- Linguistic barriers exist for people who are not proficient in English
- Linguistic barriers can result in lack of access to care, less than adequate care, poor treatment adherence, increased problematic incidents, and increased costs





# What is Cultural and Linguistic Competence?



# First Steps: Forming Definitions

## Why is this Important

- Effective and efficient communication
- Diversity
- Avoidance of misinterpretation
- Consensus
- Common sense and logic



# Culture - What is it?

- It is everything we learned: the meaning of things; the values we have; the information we received as to what is normal behavior
- Culture is transmitted to us by our family, community, and society
- Culture influences and impacts feelings, thinking, and doing. It has a strong relationship to worldviews

*(Focal Point, 1988)*



# Expressions of Culture

- Language
- Food
- Family
- Use of space/land
- Music
- Dance
- Religion
- Dress



# Important Definitions

## **Linguistics-**

Refers to human language and speech

## **Competence-**

Being capable and qualified

## **Cultural and Linguistic Competence-**

The ability to be capable and qualified to effectively communicate in healthcare environments that are multi-cultural

*(Sampson, 2006)*



# Important Definitions: Cultural and Linguistic Competence

The ability of healthcare providers to understand, respond, and effectively meet the individual needs of the consumer and his/her family.

Understanding the importance of treating every person as an individual

*New Jersey Hospital Association, 2006*



# Cultural and Linguistic Competence

Structure

Practice

Cultural Competence

Policy

Attitude

*(Focal Point, 1988)*



## Important Definitions - continued

LEP: Limited English Proficient; a person who is LEP is defined by the Census as someone who speaks English less than “very well”

These individuals often cannot speak, read, or write the English language at a level that permits them to interact effectively with healthcare providers

*(Sampson, 2006)*



## Important Definitions - continued

### CLAS: National Standards for Culturally and Linguistically Appropriate Services in Health Care

**Bilingual:** A term describing a person who has some degree of proficiency in two languages. A high level of bilingualism is the most basic of the qualifications of a competent interpreter or translator, but by itself does not insure the ability to interpret or translate

*(Sampson, 2006)*

# INTERPRETING:

The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately, and objectively in another language, taking the cultural and social contexts into account

The purpose of interpreting is to enable communication between two or more individuals who do not speak each other's language

*(Sampson, 2006)*



# INTERPRETER:

A person who renders a message spoken in one language into a second language. Within the language professions, interpreting is distinguished from translating according to whether the message is produced orally (or manually) or in writing. In popular usage, however, the terms “translator” and “translation” are frequently used for conversion of either oral or written communications



*(Sampson, 2006)*

# LANGUAGE IDENTIFICATION CARDS OR POSTERS:

A language card identifies the language spoken by an individual (“I speak\_\_language”), and is often in both English and the person’s spoken language. The card can inform the health care provider of the language needs of the individual. These are commonly referred to as “I Speak” cards or posters

*(Sampson, 2006)*



El teléfono  
Telephone

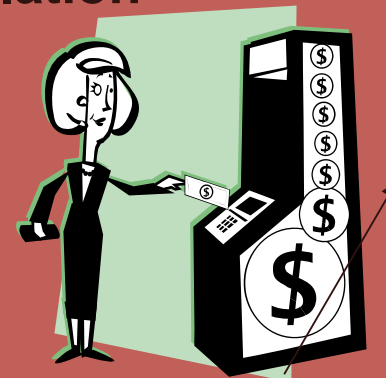


Los documentos  
documents

**Examples of  
“I Speak Cards”  
Spanish Translation**



Las llaves  
Keys



La tarjeta del  
cajero automático  
ATM Card

# What is a Culturally Competent Professional

Five essential elements define culturally competent professionals:

- ❖ An awareness and acceptance of differences
- ❖ An awareness of one's own cultural values
- ❖ An understanding of the “dynamics of difference” in the helping process
- ❖ Basic knowledge of the client's culture
- ❖ An ability to practice skills to fit the client's cultural context

*(Focal Point, 1988)*



# Becoming Culturally Competent

Am I aware of my own cultural values and how my culture drives the decisions I make?

Am I aware that differences exist and can I adapt to those differences?

What are the dynamics of difference and what happens when people from different backgrounds meet?

Do I make efforts to increase my knowledge base?

Am I able to adapt my skills to fit the event's cultural context?

*(Focal Point, 1988)*



# Why is Cultural and Linguistic Competency Important?

## Unequal Access and Treatment of Minorities

- Healthcare disparities exist across the following:  
Diagnostic labels, access to services, treatment choices, the range and type of settings where treatment is obtained

*New Freedom Report, 2003*





## Why is Cultural and Linguistic Competency Important?

A number of striking disparities exist in **mental health** services among minorities:

- ❖ Less likely to have access to available mental health services
- ❖ Are less likely to receive needed mental health services
- ❖ Often receive poorer quality care
- ❖ Are significantly under-represented in mental health research



# Why is Cultural and Linguistic Competence Important?

Helps us to understand how people express their pain, what they label as symptoms, how they communicate about their symptoms, their beliefs about the causes and/or resolutions of their symptoms, their feelings about helpers, and what they expect treatment to accomplish



*(McGoldrick et al., 2005)*



# Why is Cultural and Linguistic Competence Important?

*To help understand:*

- Trauma histories
- Prevalence of co-occurring disorders
- Stigma, poverty, discrimination and injustice
- Myths and stereotyping
- Reduction of seclusion & restraint
- Immigration issues
- Ways in which we need to both develop and modify our “best and promising practices.”



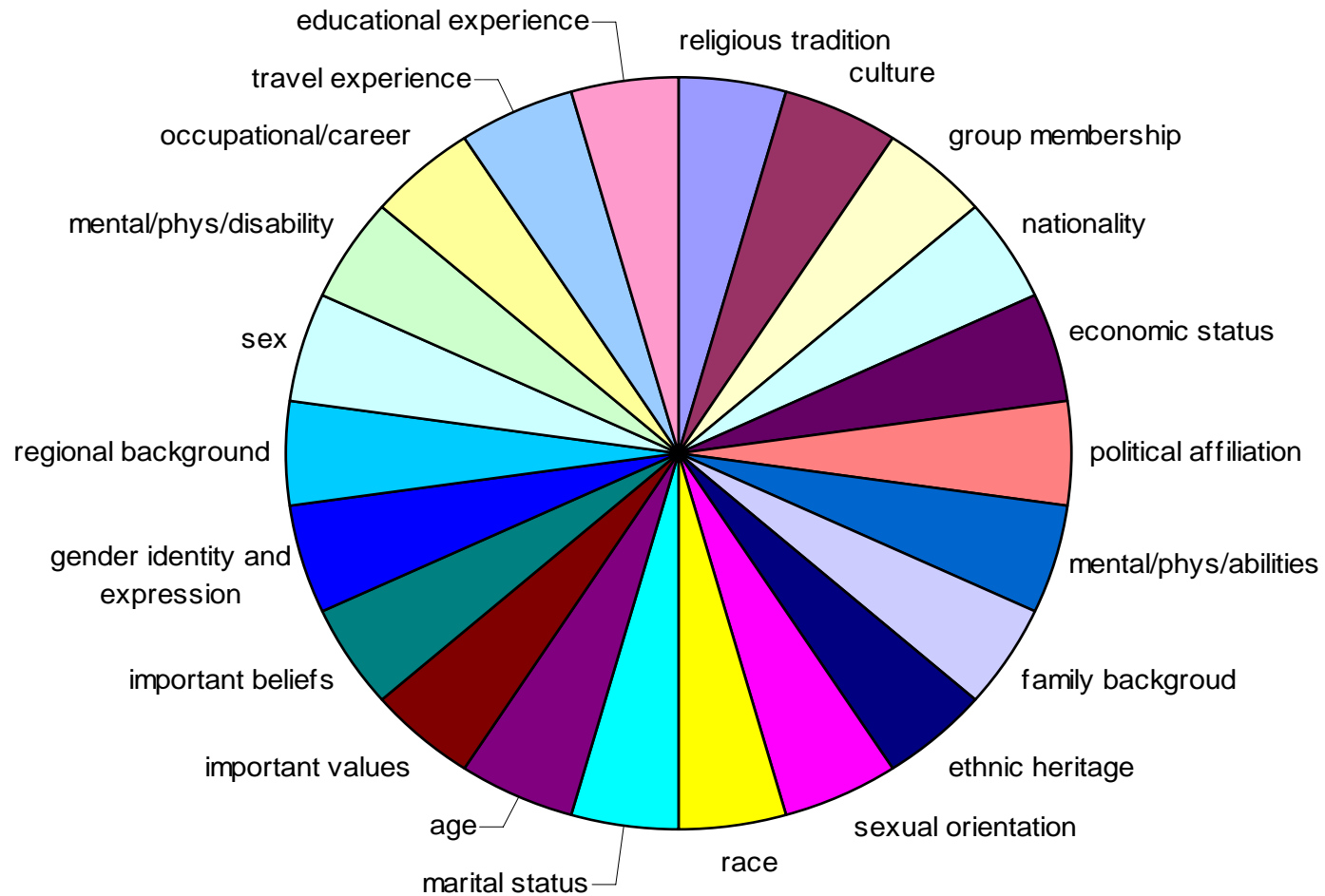
# Placing Cultural and Linguistic Competence into Practice: Dissecting The Concept of Worldview

A worldview refers to how people see the world. It is the invisible lens through which all of us view the world. It is intimately related to a person's cultural and linguistic contexts. It is our philosophical view of life, and affects how we think, make decisions, our values, priorities, and choices



*(Focal Point, 1988)*

# Facets of Diversity:

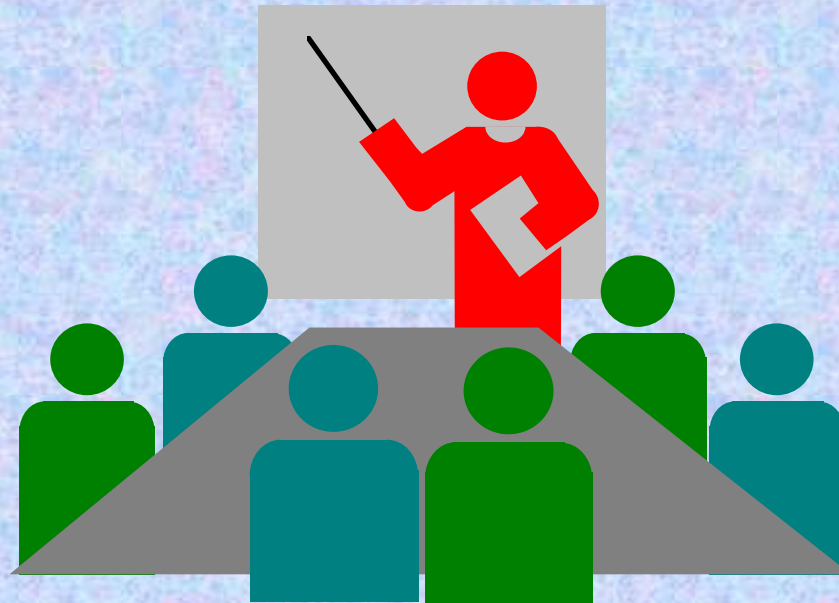


# Cultural and Linguistic Factors In the External Environment

- Institutional  
(including disparities)
- Racism, prejudice and  
discrimination
- Political socio-  
economic factors
- Support network --  
historical
- Workforce  
diversity and values
- Demographic

*(New Freedom Report, 2003)*

# Key Skills in Being a Cultural and Linguistic Helper...



# Obtaining Knowledge:

- It is impossible to learn every possible culture but it is important to want to communicate and understand the consumer's culture and linguistic context
- Be aware of your own cultural and linguistic background
- When indicated, learn how to use interpreters, obtain translated documents, and "I speak" cards
- Understand how stigma, discrimination, and poverty impact people
- Be aware of your own values and biases, and how they may effect your interactions with consumers
- Be aware of possible resources among ethnic minorities

*(Saldana, 2001)*





# Cross Cultural Communication



(Saldana, 2001; Focal Point, 1988)

# Personal Characteristics



Communication and genuineness are key

Helpers need to express empathy (where appropriate), warmth, flexibility, and encourage a problem-solving approach

Helpers should view and accept diversity as a strength of our nation and communities

Helpers should communicate a willingness to work with people who are different

*(Saldana, 2001; Focal Point, 1988)*

# Personal Characteristics of Competent Staff

Ownership, recognition, and articulation of personal feelings towards people who are different

Recognition of stereotyping, personal biases, and sense of privilege, all of which may negatively impact your capacity to help

The ability to apologize when indicated, and to create a warm and inviting environment

Greeting a person every day with a smile can go a long way!

*(Saldana, 2001; Focal Point, 1988)*



# One Size Does Not Fit All !!!



# Consider and Discuss:

1. A teen age girl who is hearing impaired is admitted to the unit accompanied by their father. What are the implications?
2. A person refuses to bathe due to religious reasons, what would you do?



# Consider and Discuss:

(continued)

3. A female person is admitted to the unit wearing a head covering and veil. She refuses to interact with male staff. When her husband comes to visit he is authoritarian and controlling what would you do?
4. You are a member of an ethnic minority (i. e. Latino, Native American, African American). A newly admitted person refers to you in a negative ethnic terms. What would you do?



# Consider and Discuss: (continued)

5. You are an ethnic minority and find that the treatment team is missing important information about a consumer's ethnic identity. What would you do? How would you handle it?

