YOUNG MINDS
ADVOCACY

Turning Promises into Practice

Young Minds Advocacy produces the series 'In Plain English' to help clarify key issues and concepts in the world of mental health and youth advocacy.

'Cultural Competency,' More than Just Buzzwords

Imagine moving to a new country at a young age. You struggle with the language but seem to pick it up pretty well, unlike your parents. Your family moved from a country wracked with conflict, which you find has affected your sleep, mood, and behavior. You are one of the 170,000 to 250,000 undocumented immigrant children living in California.

Alternatively, imagine you're an 18-year-old transgender boy who just came out to his parents. They rejected you and asked that you not return home until you're "better." According to the 2015 San Francisco Homeless Point in Time Survey, there are 7,539 youth experiencing homelessness in San Francisco; 15% of whom identify as lesbian, gay, bisexual, transgender and questioning (LGBTQ). You are one of that 15%. You're now living on the street, which is dangerous and isolating, but what scares you the most are your suicidal thoughts.

Barriers to Health Care Minorities Experience:

- Less likely to receive treatment
- Poorer quality of care
- Higher levels of stigma
- Culturally insensitive health care system
- Language barriers
- Racism, bias, homophobia or discrimination
- Lower rates of health insurance

*Information collected from NAMI.org

These two examples are, unfortunately, a reality for thousands of minority (racial or gender/sexual identity) youth across the U.S. In both cases, the young person has experienced traumatic events, such as witnessing violence or experiencing familial rejection, that have affected their mental wellbeing. However, research shows that minority groups experience unique barriers to mental healthcare, which can make it challenging for youth to seek and obtain appropriate services.   For instance, the rate of

uninsured Latinos in the U.S. in 2017 was 16%, compared to 6% of non-Hispanic whites[1], which can greatly affect their access to health and mental health services.[1] However, as a recent study by the Kaiser Family Foundation found, even when controlling for someone's mental health status, insurance and income, Black and Hispanic children received mental health treatment far less often than did their white counterparts. Black youth visited a mental health specialist about 280 fewer visits per thousand; Hispanics had 244 fewer visits per thousand. Researchers believe a few possible reasons for this disconnect could be increased stigma towards mental illness in certain communities and a shortage of mental health professionals across the nation. Black and Hispanic families often live in the most underserved areas.

Racism, bias, and discrimination are also very real obstacles for minority populations in accessing mental health services. The National Alliance on Mental Illness (NAMI) found that "11% of transgender individuals reported being denied care by mental health clinics due to bias or discrimination."[2] This is especially troubling since researchers at Harvard recently found that transgender youth are twice as likely as non-trans youth to be diagnosed with depression (50.6% vs. 20.6%) or experience anxiety (26.7% vs. 10%).[3]

In an effort to address these barriers advocate's push for what's called "cultural competency" or "culturally competent services" in health and mental health systems. Unfortunately, because the term is thrown around so often, it's hard to know what people actually mean when they use it. Mental Health America defines it this way:

> A culturally and linguistically competent system incorporates skills, attitudes, and policies to ensure it is effectively addressing the cultural and communication needs of consumers and families with diverse economic and social resources and capacities and diverse values, beliefs, and sexual orientations, in addition to backgrounds that vary by race, ethnicity, religion, and language.

For a perspective on this concept, YMA reached out to Ina Moon, a licensed Marriage and Family Therapist (MFT) who has worked around domestic violence in San Francisco for over a decade. She shared her experience working with Woman Organized to Make Abuse Nonexistent, Inc. (W.O.M.A.N., Inc), a local organization that serves survivors of domestic violence, and how their mission to "honor the diversity of survivors [they] serve…[and] to

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[1] https://www.americanprogress.org/issues/race/reports/2020/05/07/484742/health-disparities-race-ethnicity/

[2] http://www.nami.org/NAMI/media/NAMI-Media/Infographics/MulticulturalMHFacts10-23-15.pdf

[3] http://www.jahonline.org/article/S1054-139X%2814%2900693-4/abstract

collaborate with various community members and groups" is a successful model of cultural sensitivity.

First things first: Ina prefers the term cultural *sensitivity* to cultural *competency*. She says cultural competency is "something to strive for" but you never quite get there. To assume competence in something diminishes the fact that there is always more to learn about a culture that is not your own. **She defines cultural sensitivity as an awareness of other cultures and individuality. It means checking yourself and acknowledging personal biases or beliefs so as not to make assumptions about another person based off their cultural background.** She recalls sessions in which a survivor would express a fear of not being understood because of their culture or unique life experiences. For Ina, there's value in addressing this disconnect and she points to these moments as examples of when cultural gaps have been effectively bridged, as it opens the door to deeper discussion.

Having worked with peer based nonprofits in the city, such as W.O.M.A.N. Inc., the Riley Center, and Asian Women's Shelter, Ina believes there's a lot to learn from the work they have done around community outreach and support of minority groups. **She has three concrete suggestions for mental health organizations and agencies seeking to serve minorities:**

1. Provide training for advocates and providers to practice cultural humility.
2. Support self-awareness within the agency.
3. Establish a commitment to unlearning oppression and prioritizing cultural sensitivity as an agency value.

In recent training "Using a Culturally Informed Approach to Service Delivery" Dr. Carole McKindley-Alvarez of the Felton Institute emphasizes the importance of acknowledging earned and unearned privilege within yourself as the first step to holding space for the unique cultures of the people advocates serve. **Her three recommendations from the training are to:**

1. Use **strength-based** language: this means focusing on the client's' gifts, rather than their deficits.
2. Keep sessions and meetings **culturally relevant**: engage clients by asking what aspects of their culture are meaningful to them, such as food, music, hobbies, celebrations, or influential people. More importantly, don't forget to ask "is there anything you want to know about me?"
3. Maintain a **client-driven** approach: prioritize client voice and choice by holding space to speak *with* them, rather than *at* them. This also means integrating them in the development of their own care plan instead of assuming what is best for them.

Both of these experienced experts emphasize that **in order to adopt cultural sensitivity in your practice or for yourself, you must be prepared to honor people from different backgrounds without judgement or generalizations.** Anyone can be affected by mental health conditions and we need to do our best to support all communities. Ina notes that “no one can be everything to everyone -- we need to be realistic in what we can do,” and what we *can* do is take the pressure off the individual to speak for their cultural group or explain their identity, and instead develop skills to check our assumptions and create safe spaces of mutual learning.

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