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Cultural Competence Module 18
Mental Health

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Ms. Balistreri has served as President of the California Healthcare Interpreting Association (CHIA) for 2010 and 2011, and currently serves in several Advisory Boards as Cross-Cultural Communication & Language Access Expert. In 2007 she founded REACH - reaching diversity to provide Cultural & Linguistic Consulting Services and Solutions to the Health Care and Hospital sectors to enhance quality of care, increase patient safety and maximize customer satisfaction.

Module 18: Mental Health

Module Estimated Time: 30-35 minutes

Statement of Purpose:

The purpose of this module is to introduce common barriers in Mental Health and to see how these relate to cross-cultural values. It also introduces typical mistakes clinicians make during the Outreach and Engagement Approach, which can create failure in the cross-cultural therapeutic process. Finally, the module provides suggestions for clear communication, as an important tool to ensure clarity during the process of eliciting information from Mental Health patients.

Objectives:

Upon the completion of this module, the learner will:

1. Be able to identify barriers that relate to Mental Health
2. Identify common mistakes clinicians make with mental health patients
3. Be able to elicit information from culturally diverse clients that will help ensure clarity

Terminology

Mistrust
Fear
Healthcare Culture
Mental Health Workforce
Language Barriers
Limited English Proficiency
Therapeutic Alliance
Anxiety
Misalliance
Outreach and Engagement
Connecting
Creating Companionship
Empathy
Partnership
Creating Mutuality
Saturated and Trans Fats
Cultural Humility
Cultural Responsiveness

1. **Barriers to Mental Health (Introductory Lecture)**
   Discuss typical barriers of Mental Health patients

Time: 3 minutes

Materials: None

Racial and Ethnic Minorities are less likely to have access to available mental health services and are also less likely to receive necessary mental health care than other patient populations. When they do, they often receive a poorer quality of treatment and are significantly underrepresented in mental health research creating disparity.

This is largely due to the fact that cultural competence is key to achieving good outcomes in healthcare. In Mental Health, however, it becomes even more important because of the delicate

nature of mental health and the importance of building rapport between the provider and the patient in achieving therapeutic success.

Unfortunately, one of the biggest cultural barriers in mental health is the lack of trust and the fear of treatment by many patients. And the larger the cultural gap between the patient's culture and the mainstream culture, the greater the level of mistrust.

In addition, ethnically diverse patients are hindered by their alternative ideas and understanding of what constitutes a mental health illness, such as in the case of depression. Others are limited by language barriers or ineffective communication due to a lack of equivalent terminology related to mental health illnesses and concepts.

Lack of access to mental health services for patients with inadequate insurance coverage is a barrier that goes beyond ethnicity, yet it is exponentially prevalent among patients of different origins.

Lastly, one of the most discussed areas of diversity in mental health is the lack of a diverse mental health workforce. There are many efforts to try to encourage diverse members of local communities to embark into a career pathway that leads to mental health. Having a workforce that is reflective of the diversity of patients is crucial to a successful outreach and engagement approach, which is the basis of an effective therapeutic process in mental health.

2. Outreach, Engagement and Common Mistakes (Video/Lecture)

Time: 10 minutes

Materials: Laptop/Computer
LCD Projector/Screen
Speakers
Internet Access
http://www.youtube.com/watch?v=EvTa31w5854
OR
http://www.youtube.com/watch?v=QRSQi9NsWcs

Preparation: Before class, prepare laptop, screen and LCD projector and test speakers for audio.

Part 1 – Introduction

Cultural stigma surrounding mental illness is a powerful barrier to receiving treatment. Due to the stigma, many patients are not open to talking openly about mental illness. That holds particularly true with South Asian communities. This is largely due to social conventions that create shame and guilt around having a mental illness, or having a family member that needs mental health care.

Part 2 – Video

Choose either link to show the video. Elicit students' reactions and conduct a discussion.

Part 3 – Post Video Lecture Points

- Because of the delicate nature of mental health, cultural competence becomes key. However, many of the cultural barriers to mental health are invisible as they involve shame, mistrust and stigma. Creating rapport becomes a critical element of building cultural competency and breaking the barrier of mistrust.
- A proper approach of Engagement and Outreach is extremely important. Learning the patient's cultural history, traditions and values, such as the importance of formality and etiquette while addressing your patient, will help the provider create a stronger connection with the patient.
- Being vigilant and observing the family hierarchy and who may be important to be there with the patient during the therapeutic process will also show care from the provider's end and helps lower any mistrust or reluctance to open up. Creating rapport is crucial, and unbiased listening and empathy will relay that you are interested and truly care. The combination of unbiased listening and empathy, with some prior knowledge of the patient's culture and different communication style and paralanguage, allows the creation of companionship, which builds trust between patient and provider.
- Once a clinician has successfully built rapport by establishing companionship and trust with patient, he/she can start to create an honest partnership. By creating this level of mutuality, the clinician can increase the patient's awareness of the necessary steps of the therapeutic process and will be able to negotiate with the patient how these steps can fit within the patient's cultural values. In this way, a treatment process can become authentic, relevant and responsible since it is culturally responsive to the needs of provider and patient.
- Unfortunately, clinicians frequently ignore that culture is one of the defining characteristics of their clients and assume that culture only impacts minority clients. Another common mistake is the reassurance they give to a client of a different culture that "they understand." This can sound particularly insincere to a refugee patient who may have been exposed to extreme suffering due to the political situation in his/her home country. It is also very common for clinicians to assume that they have no prejudices, bias or beliefs that can interfere with building client/counselor relationships.

3. Case Study (Activity)

Students will have an opportunity to analyze a scenario and provide feedback on what went wrong between the patient and the provider presented in the case study, and also make suggestions on how to avoid or remedy the problem.

Time: 10 minutes

Materials: Handout for Module 18

<u>Pre-activity Introduction</u>

- As already discussed, building patient trust and rapport is critical in mental health. If a clinician is not aware of differences that may exist between the mainstream culture where they live and that of the patient, signals can be mixed up and misinterpreted, resulting in frustration and mutual mistrust. The provider may think "the patient is not saying the

truth"; at the same time, the patient may think, "he/she does not care to listen and understand, why bother opening up?" Communication is therefore particularly important as communication style and paralanguage may vary dramatically from culture to culture.

- Analyze the case study and assess what went wrong with this particular patient; identify a problem that could have been prevented.

Activity

Instruct students to break in groups and work with two other partners on the Case Study.

Case Study:
Mr. Abraham Mayers, an 82-year-old African-American man, has just arrived at the local community hospital Emergency Department complaining of strong abdominal pains. During the initial assessment in Triage, the nurse learns that Mr. Mayer has not been sleeping well in the last 6 months and that he feels very sad because he has lost his wife. She also notices that Mr. Mayer is very thin and his hygiene is poor.
After the initial triage, a social worker is sent in to do a psychiatric evaluation. As she enters the room to meet the patient for the very first time she says: "Hello, Abraham, I am Mary, one of the Social Workers here at this hospital. I am here to ask you a few questions." He immediately tenses up and from then on the social worker senses a certain level of mistrust.

1. *What do you think may have caused the patient's tension?*

2. *If you were the social worker, what would you have done to remedy and regain the patient's trust?*

3. How could you have avoided the problem to begin with? Give some specific examples.

Post-Activity Discussion

Ask two or three volunteers to report how they analyzed the case study and responded to questions.

4. **Tips to Ensure Clarity and Final Thoughts (Closing Lecture)**

Time: 2 minutes

Materials: None

Close the lesson with these points:

- Mental Health patients and providers each bring bias, and it is the duty of providers to use techniques and methodologies that are conducive to connecting with the patient in order to ignite a relationship that will start the therapeutic journey.
- Obviously, the most fundamental function of any therapeutic session is communication. We all use verbal and non-verbal ways of expressing ourselves that have been influenced by the culture in which we were raised. These styles can vary dramatically for people from other backgrounds. Being open to learning and understanding different

communication styles enables us to question rather than judge and to respect and negotiate rather than disagree and impose what we believe is the right way.

- Here are some tips for clear communication:
    - Words common to you can be unfamiliar and confusing to a client and/or family. Be especially careful about using specialized language or jargon that may be unfamiliar to those outside the mental health profession. If you choose to use pre-printed pamphlets to help you explain a condition, underline or highlight important passages. This way the client and/or family does not have to read the entire, possibly dense, text in order to refer back to specific information.
    - Communicate your thoughts in an organized fashion and in the primary language. If your patient does not speak English well, consider locating a clinical provider that can provide service in the client's language. If no provider is available with those language skills, use a qualified and trained interpreter. Refrain from using bilingual staff that is not trained for healthcare interpreting as this may edit, delete and modify the message, compromising the relation-building and therapeutic process.
    - Avoid abbreviations; explain in full terms.
    - Use printed material rather than handwritten.
    - Customize instructions in order to make these relevant to the life of the client.
    - Use teach back techniques.
    - Record your conversations so you can monitor how clearly you were able to communicate and correct yourself for future conversations.

Module 18
Case Study

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