CULTURAL DIVERSITY

LAPEER COUNTY
COMMUNITY
MENTAL HEALTH

SUPPORT & CARE FOR COMPLETE WELLNESS

STGW

Outcomes & Description

This module is designed to acquaint you with **cultural diversity and sensitivity** issues. This module will:

Define culture, cultural competence, and cultural identity.	Provide examples of how staff can help create a fair and diverse workplace.	Describe how our past influences current thoughts and perceptions	Describe how to correct false assumptions

Training Requirements

The MDHHS / CMHSP Managed Mental Health Supports and Services Contract specifies that CMH staff and contracted providers must demonstrate an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area. Such commitment includes acceptance and respect for the cultural values, beliefs, and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services. Through the completion of this training, staff and contracted providers will be aware of and able to effectively implement policy regarding cultural competency.

Definitions

- **Culture**: a set of traditions, behaviors, values and beliefs held by a group of people defined by race, ethnicity, age, religion, gender, sexual orientation, age, socioeconomic status, or physical ability.

- **Cultural Identity:** a feeling of belonging to a particular culture. A person may have multiple cultural identities. These identities may include but are not limited to age, country of origin, gender, language, physical disabilities, religious beliefs, sexual orientation, social class, or spiritual beliefs.

- **Cultural Diversity:** differences in race, ethnicity, nationality, religion, gender, sexual orientation, age, socioeconomic status, physical ability, language, beliefs, values, behavior patterns or customs among various groups within a community, organization or nation.

Definitions

- **Cultural Competence:** the ability to deliver services in a manner responsive to the norms of a culture. Cultural Competency is obtained by the ongoing development of knowledge about cultures whose members may request behavioral health and SUD services. Cultural Competency is a continual process.

- **Cultural Sensitivity:** an individual's ability to recognize, respect and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values reflecting another person's culture. It includes understanding how one's own belief system and culture contribute to understanding others.

- **Implicit Bias:** an unconscious preference existing in each one of us. It is the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. We learn through training to develop an understanding of how the tendencies impact our actions with others.

Cultural Influences

- Culture:

  - Shapes the way we work and play

  - Makes a difference in how we view ourselves and others

  - Affects our values – what we consider right and wrong

  - Influences every part of an individual's life – the way they dress, eat, daily routine, and interactions with others

Cultural Competency & Humility

- View video here
  https://www.youtube.com/watch?v=6eWb7N6MJ8A

Lapeer County Demographics

Lapeer County Population as of April 1, 2020 – 88,619

% by Race	
African American	1.2%
American Indian / Alaska Native	.5%
Asian	.7%
Native Hawaiian / Pacific Islander	
2 or more	1.5%

% by Ethnicity	
Hispanic or Latino	4.7%

Population estimates as of July 1, 2021

Lapeer County Demographics

Lapeer County Population as of April 1, 2020 – 88,619

Veteran Status	
Veterans	5,368

LGBTQ+	
LGBT Identification	Estimated at 4,962

Based on estimate 5.6% Americans identify as LGBT (Gallup, 2021)

Developmental Disabilities	
Persons with Developmental Disability	Estimated at 435

Based on estimate 0.5% of Lapeer County population

Population estimates as of July 1, 2021

LCCMH Demographics

Persons Served Demographics

% by Race	
African American	2.20%
American Indian	.49%
Asian	.08%
Native Hawaiian / Pacific Islander	.08%
White	93.90%
Other	2.60%
Refused to provide	0.57%

Demographics as of January 31, 2022

LCCMH Demographics

Persons Served Demographics

% by Ethnicity	
Cuban	.08%
Mexican	2.90%
Not of Hispanic of Latino origin	90.40%
Other Hispanic or Latino	1.5%
Puerto Rican	0.74%
Specific origin not specific	1.20%
Unknown	2.90%

Demographics as of January 31, 2022

LCCMH Demographics

Persons Served Demographics

By Veteran Status	
Not a Veteran	97.60%
Veteran	2.40%

Demographics as of January 31, 2022

Cultural Barriers to Mental Health Treatment

Cultural Barriers

- Belief mental illness can be treated or overcome through willpower and avoidance of morbid thoughts rather than seeking external, professional psychological help.

- Hispanic and Asian cultures have more collectivistic values. Group members are encouraged to prioritize collectivistic goals over self-directed aspirations (individual goals are often construed as selfish).

  - Disclosure of personal problems or family dysfunctions to strangers (therapists) is highly discouraged in collectivistic cultures.

Leong, F. T., & Kalibatseva, Z. (2011). Cross-cultural barriers to mental health services in the United States. *Cerebrum : the Dana forum on brain science*, *2011*, 5.

Cultural Barriers to Mental Health Treatment

Cultural Barriers

- Previous negative experiences seeking health care

- Fear around mistreatment and stigma

- Fear of practitioners not being accepting or understanding

- Stigma and discrimination

Coursolle, A.(2019). Protections for LGBTQ People with Behavioral Health Needs. https://healthlaw.org/resource/protections-for-lgbtq-people-with-behavioral-health-needs/

Moagi MM, van Der Wath AE, Jiyane PM, Rikhotso RS. Mental health challenges of lesbian, gay, bisexual and transgender people: An integrated literature review. Health SA. 2021;26:1487. Published 2021 Jan 20. doi:10.4102/hsag.v26io.1487

Cultural Barriers to Mental Health Treatment

Physical Barriers

- Minority groups may lack health insurance coverage.

- Individuals with low socioeconomic status may need to work multiple jobs, reducing the amount of time they have to receive services.

- Services may be unaffordable for individuals with low socioeconomic status.

- Living in rural areas with limited transportation.

Leong, F. T., & Kalibatseva, Z. (2011). Cross-cultural barriers to mental health services in the United States. *Cerebrum : the Dana forum on brain science*, *2011*, 5.

Cultural Barriers to Mental Health Treatment

Physical Barriers

- English proficiency or other communication barriers.

- Not enough SUD treatment for transgender individuals.

- Lack of treatment choices and concerns about treatment choices for LGBTQ+ individuals.

Leong, F. T., & Kalibatseva, Z. (2011). Cross-cultural barriers to mental health services in the United States. *Cerebrum : the Dana forum on brain science*, *2011*, 5.
Coursolle, A.(2019). Protections for LGBTQ People with Behavioral Health Needs. https://healthlaw.org/resource/protections-for-lgbtq-people-with-behavioral-health-needs/
Moagi MM, van Der Wath AE, Jiyane PM, Rikhotso RS. Mental health challenges of lesbian, gay, bisexual and transgender people: An integrated literature review. Health SA. 2021;26:1487. Published 2021 Jan 20. doi:10.4102/hsag.v26i0.1487

Cultural Barriers to Mental Health Treatment

Stigma & Lack of Awareness

• Lack of willingness to report problems due to stigma and shame.

• Minority groups may mistrust in the mental health system.

• Lack of knowledge or awareness of available services.

Leong, F. T., & Kalibatseva, Z. (2011). Cross-cultural barriers to mental health services in the United States. *Cerebrum : the Dana forum on brain science*, *2011*, 5.

Understanding of the Influences of Our Past

We have all been programmed with good and bad messages from our past that continues into our everyday thinking. We received messages from:

- Our families
- The media
- Religious institutions
- Schools
- History

- Friends
- Music
- Our own childhood experiences
- Neighbors
- And even…nursery rhymes

Identifying Your Past Influences

Some messages were clear cut; you might have heard others say bad things about a person based on his or her group. Some messages are subtle; you might have been told to lock your door as you drove through certain neighborhoods.

Think about messages you have received about people with disabilities, older people, young workers, women or men, management, different ethnic groups, immigrants, African Americans, European Americans, Asian Americans, South Americans, etc.

Ask Yourself...

What messages have you received about people who are different from you?

- Where did those messages come from?

- How are you treating people based on those messages?

- Are you treating individuals from various groups based on stereotypes you have about those groups?

- Have you been treated differently based on groups you belong to? How did that help you? How did that hurt you?

Answering these questions will help you become aware of or identify your own implicit bias and help to avoid future stereotyping.

Correcting False Assumptions

False thinking can contribute to discrimination. Here are some things to keep in mind:

- There is usually not one best qualified person for a job. People bring different skills and talents to work and probably several could do a good job.

- People of color do not necessarily relate to each other better than they relate to Caucasians. Within each group there is much diversity. In fact, studies show that there is more difference within groups than between groups.

- Diversity programs do include white males. Many white males will have new opportunities because of diversity efforts.

There is No Easy Answer

Today we need to change old ways and make sure **all** people have equal opportunities.

Discrimination is not just a workplace problem. It exists throughout society in education, housing, government and employment.

It is important to remember that people from other cultures cannot be understood by a single formula. Every individual is unique and does not represent or speak for his or her group. We need to talk to each other, hear each other, and work together to make sure everyone can succeed.
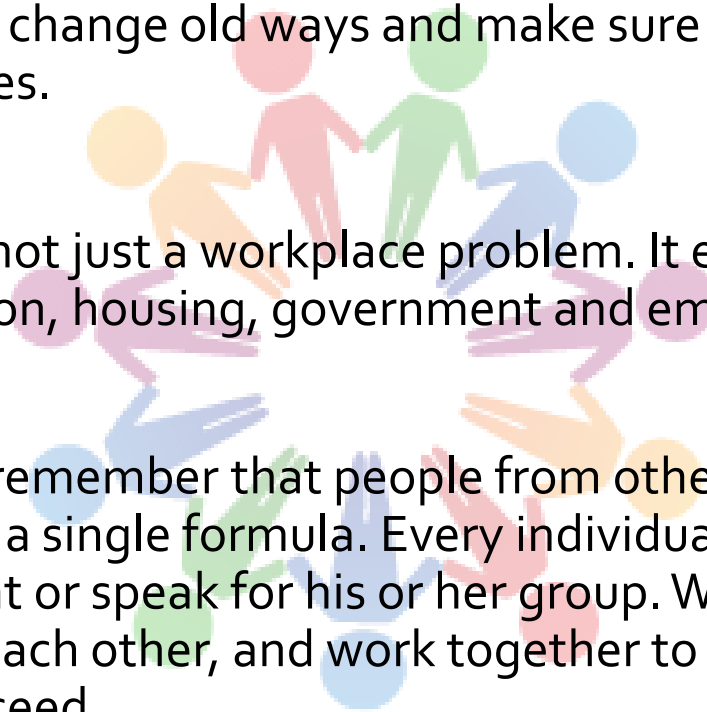
We Are All in This Together
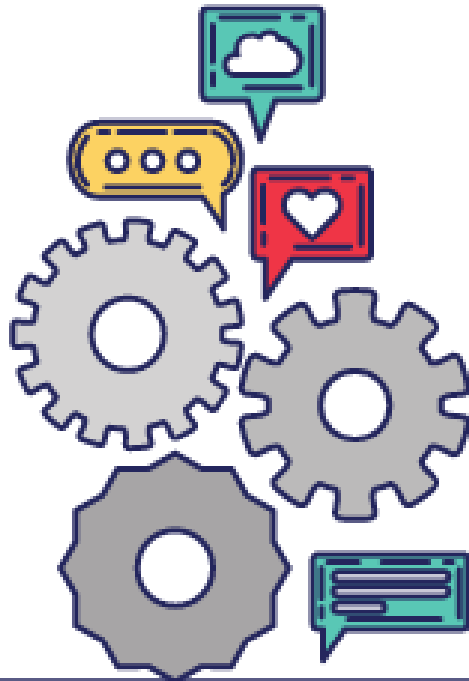
We are all interdependent, like spokes on a wheel. You and your workplace depend on many people to accomplish goals.

Respecting differences benefits the workplace by giving a competitive edge and increasing productivity. It benefits employees by creating an environment where every employee has access to opportunities.

Respecting Diversity

Do not label people, instead **ASK** the person how they would like to be addressed.

If a person identifies as Hispanic, Chicano, Puerto Rican, Black, Asian, or other name, don't make assumptions about their cultural beliefs. Find out what the person's identity means to them.

Respect personal boundaries, people always have a choice in how they choose to respond. Our role is to provide the options and related outcomes.

Respecting Diversity *(cont.)*

If a person becomes angry after you make a statement and your intent was not to offend, apologize and ask what you can do to assist. Stay focused on providing quality services.

Always address individuals in a non-judgmental manner. Staff actions should be based on facts and not on perceptions or assumptions.

Do not impose your values on others; at work we are here to implement the values of the Agency.

When an individual's primary language is not English, do not assume they do not speak English. Ask the question, and if an interpreter is required, one can be requested and must be provided.

Respecting Diversity *(cont.)*

When an individual has a hearing impairment, ask the individual, parent, guardian or significant other if they require an interpreter during the appointment/meeting.

 *We have an obligation to provide information and services in a manner which the person served can understand. If translation or interpreter services are needed, they are provided at no additional cost to the person being served. If you don't know about language services at your agency, contact your supervisor.

If you don't understand a person's communication style, ask for clarification. If you are uncomfortable clarifying, ask another staff member for assistance.

* The person may lip read, and should be included in any conversation about their self.

Cultural Competency in Health

- View video here https://www.youtube.com/watch?v=vHePY3J5wJs

What You Can Do?

Here's what you can do to ensure culture is included in person centered planning:

- Ask the person served about their cultural and how they identify.

- Document their responses and preferences in their Individual Plan of Service (IPOS) and chart.

- Ensure IPOS is developed with their cultural preferences in mind.

What You Can Do *(cont.)*

- Discuss barriers the person served has for accessing services.

- Brainstorm possible strategies for addressing these barriers.

- Support the person served as necessary in accessing other community services and supports.

Summary

THANK YOU

This module was designed to acquaint you with cultural diversity and sensitivity.

Completion of this training should have helped make you familiar with cultural issues and described how you can do your part to respect others' differences and cultural beliefs.

Age, gender, race, ethnicity, language and religion are all diversity issues and it is each individual's responsibility to overcome unconscious biases and work toward a happier, healthier, diverse workplace.

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