

Cultural Competency and Concurrent Disorders: Understanding Through Culture

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OBJECTIVES

- ❑ **Describe cultural competence components and their application in practice and service – Framework**
- ❑ **Discuss ways to weave cultural competence throughout practice and service**

Terminology

- ❑ Diversity
- ❑ Culture
- ❑ Health Equity
- ❑ Cultural Competence

Terminology: what does diversity mean?

- ❑ Many meanings. One basic meaning is "differences."
- ❑ Encompasses the many different ways people view, experience and act in the world. A diversity approach aims to respect each person as unique and to embrace both our differences and our similarities.

(Simunovic, Lorrie, Persad, Ishwar, Fernley, Mark et al. CAMH- Diversity and Health Equity - Mental Health and Addictions 101 Tutorial – 2009 v5-3)

Terminology

□ Diversity

- Different from each other OR different from the norm
- Differences based on ethnicity, gender, class, ability, sexual orientation, race, religion, etc

□ Culture

- Learned, transmitted, inherited values, beliefs, ways of thinking and doing of a particular group of people
- Is this something that is an issue for
- **SOME** of us or **ALL** of us ?

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Terminology

Culture is an aggregate construct which is a reflection of /consists of:

- ❑ Multiple identities at an **individual** level
- ❑ Interactions at a **group** level
- ❑ Assumptions / policies / politics at a **systems** level

Terminology

Culture is ...

Commonly
Understood
Learned
Traditions
Unconscious
Rules of
Engagement

What is the
culture of
concurrent
disorders?

or

What are/were the
cultures of mental
health and
addiction care?

Culture: What else?



Culture: What else?



Terminology: What is health equity?

- Health equity can be understood as all individuals and communities having equitable:
 - health outcomes
 - access to health services(HEC, 2007).

(Simunovic, Lorrie, Persad, Ishwar, Fernley Mark, et al ,CAMH- Diversity and Health Equity - Mental Health and Addictions 101 Tutorial – 2009 v5-7)

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Terminology

- ❑ What do we mean by the term cultural competence?
- ❑ Your views/thoughts

Terminology

UNDERSTANDING CULTURAL COMPETENCE

- ❑ Sufficiency to deal with what is at hand
- ❑ Implies a combination of knowledge, skill, judgment that requires ability to recognize and negotiate power across differences

**Being competent is Not the same as
being an expert**

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Cultural Competence

Cultural competence in the workplace can be described as a congruent set of workforce *behaviours*, management *practices* and institutional *policies* within a practice setting resulting in an organizational environment that is respectful and inclusive of cultural and other forms of diversity.

Why are we concerned with cultural competence?

- ❑ Changing Demographics
 - Consumers of health care
 - Increasingly diverse workforce
- ❑ Evidence of health inequities
 - This is Quality & Safety issue
- ❑ More options for achieving health and wellness

Key Messages from the Literature

- ❑ Culture matters & plays a significant role in health, illness, care and cure – rooted in b.s. (belief system)
- ❑ Culture of the clinician and the health care system also affects diagnosis, treatment and availability of services.
- ❑ Leadership matters & plays a significant role in influencing the extent to which diversity initiatives are successful

Key Messages

- ❑ Health Care is a human right. Cultural competence practice improves access to services and improves quality of care and quality of life for Ontarians
- ❑ Cultural competence will improve outcomes and effectiveness of Mental Health and Addiction Services for Ontarians

Linda Yoo (see Embracing Cultural Competence in the mental Health and Addiction document)

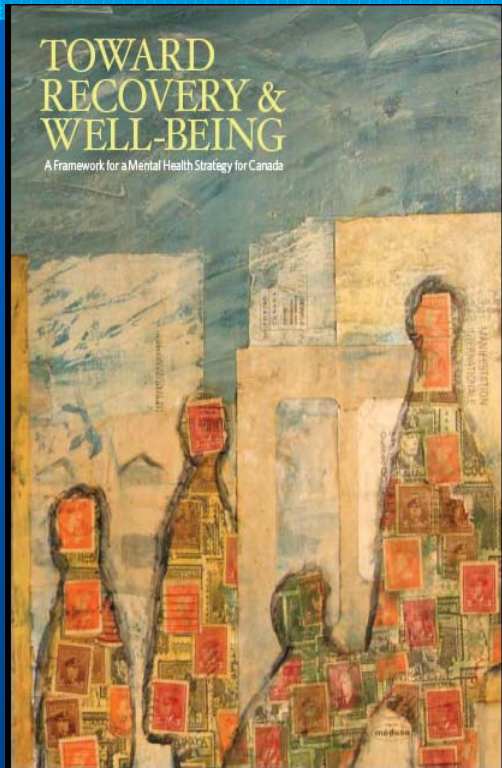
What is our track Record with integrating diversity and health equity?

Diverse
values,
beliefs, cures
with respect to
health

Challenges

Health care
system based on
biomedical
model of health
beliefs & health
delivery

Mental Health Strategy: 7 Goals



1. Actively engaged and supported in their journey of recovery and well-being.
2. Mental health promotion and prevention.
3. *System responds to the diverse needs of all people.*
4. Families and care circle included and supported.
5. Equitable, timely, effective and integrated around client needs.
6. Built on best evidence and multiple sources of knowledge, outcomes are measured, and research is advanced.

7. **Social inclusion**
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Health equity?

- ❑ Many marginalized groups experience health problems and problems getting culturally appropriate health care
- ❑ (Ornstein, 2006; Shahsiah & Yee, 2006).

(Simunovic, Lorrie, Persad, Ishwar, Fernley, Mark et al, CAMH- Diversity and Health Equity
- Mental Health and Addictions 101 Tutorial – 2009 v5-7)

Discourses on Diversity your reactions?

❑ Culture-centric

- Learn about cultures
- Danger of stereotyping

❑ Culture general

- Learn from the patient
- Client centered care

❑ Anti-oppression; anti-racism

- Change systems and structures
- Recognize issue of POWER

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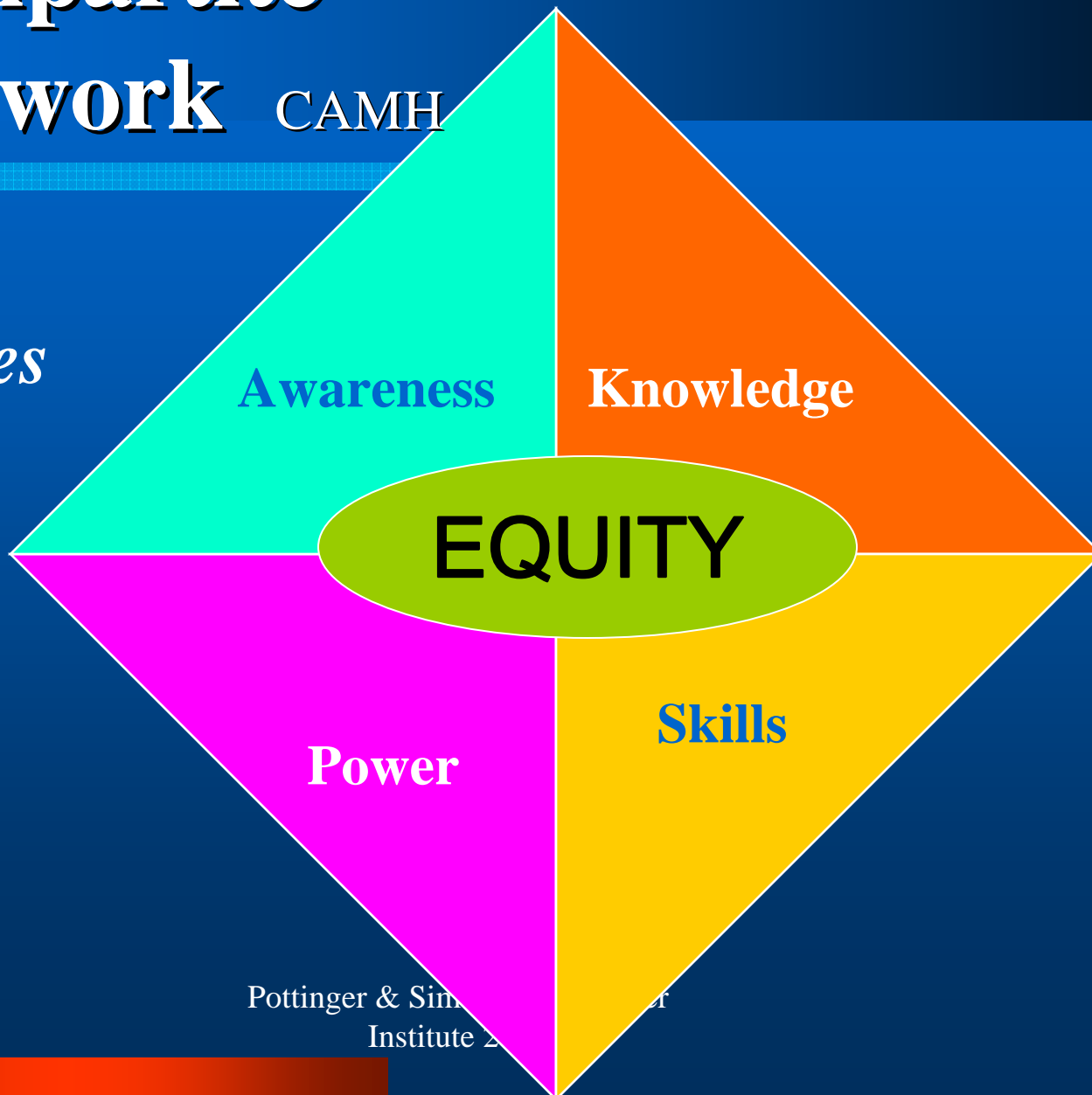
Towards an integrated approach

- ❑ Recognize the influence of **POWER & the dynamics of difference – “isms”**
- ❑ Recognize the influence of **Patterns** (cultural ways of being)
- ❑ Focus on **Self** as or more critical than the focus on the other
- ❑ **Culture is NOT a barrier** to be overcome but a leverage point or the **key to understanding**

Quadripartite Framework

CAMH

Resources



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AWARENESS

*Understanding of
Professional /
Organizational
CULTURE*



Awareness

*Understanding of
OWN*


- *Biases/Prejudices*
- *Values / Beliefs*
- *Assumptions???*
- *Worldviews*
- ***CULTURE***

Awareness

- ❑ The topic of diversity and Health Equity can involve thinking, behaving and working together in new and sometimes challenging ways.
- ❑ Sometime this work challenges our beliefs, values and assumptions.

(Simunovic, Lorrie, Persad, Ishwar, Fernley, Mark et al. CAMH- Diversity and Health Equity - Mental Health and Addictions 101 Tutorial – 2009 v5-3)

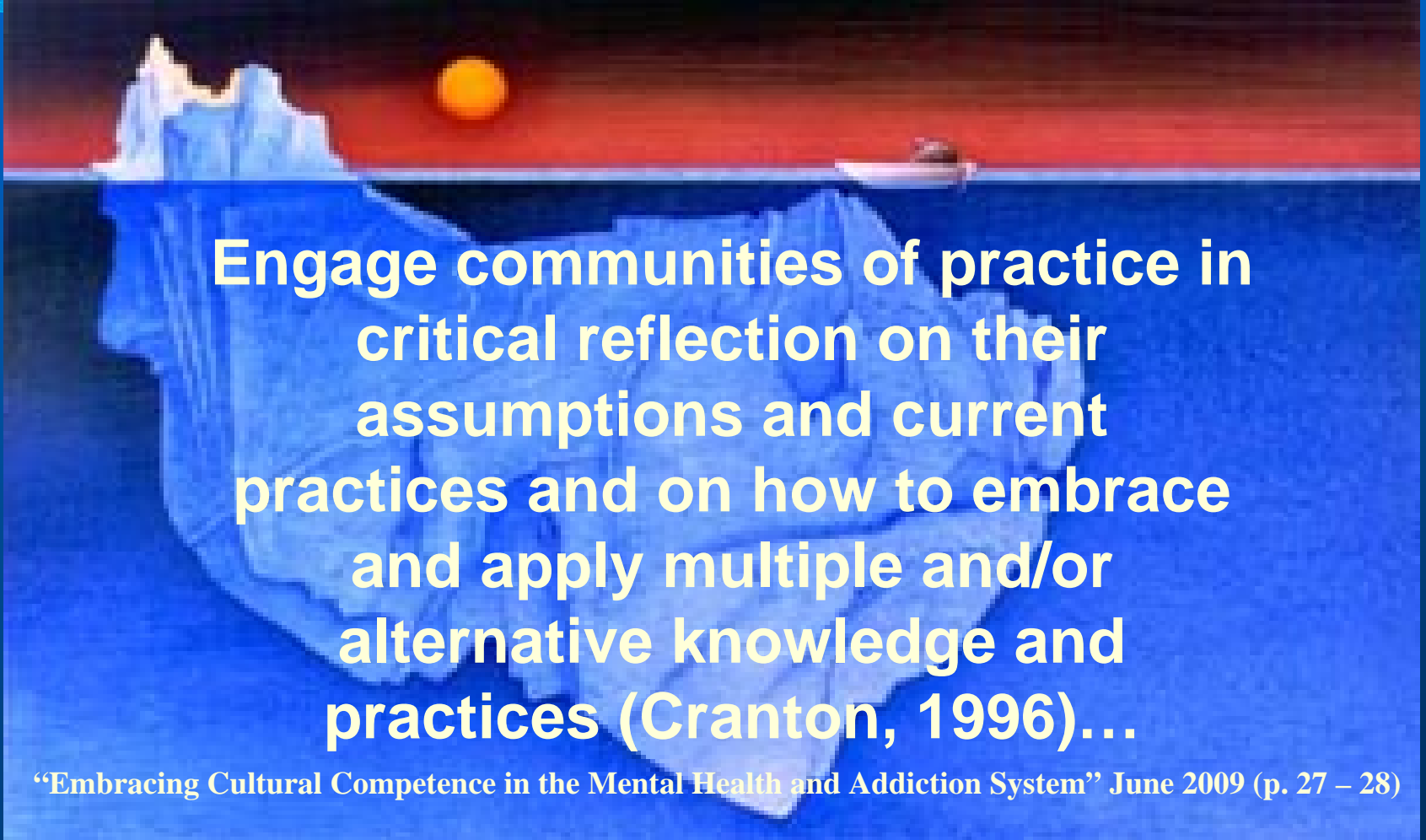
Critical Self Reflection- Service Delivery



Critically reviewing the way we provide services is a first step in ensuring Mental Health and Addictions organizations continue to move towards developing cultural competency *biases and barriers, individual and systemic*

[opportunities]
“Embracing Cultural Competence in the Mental Health and Addictions System” June 2009 (p. 27 – 28)

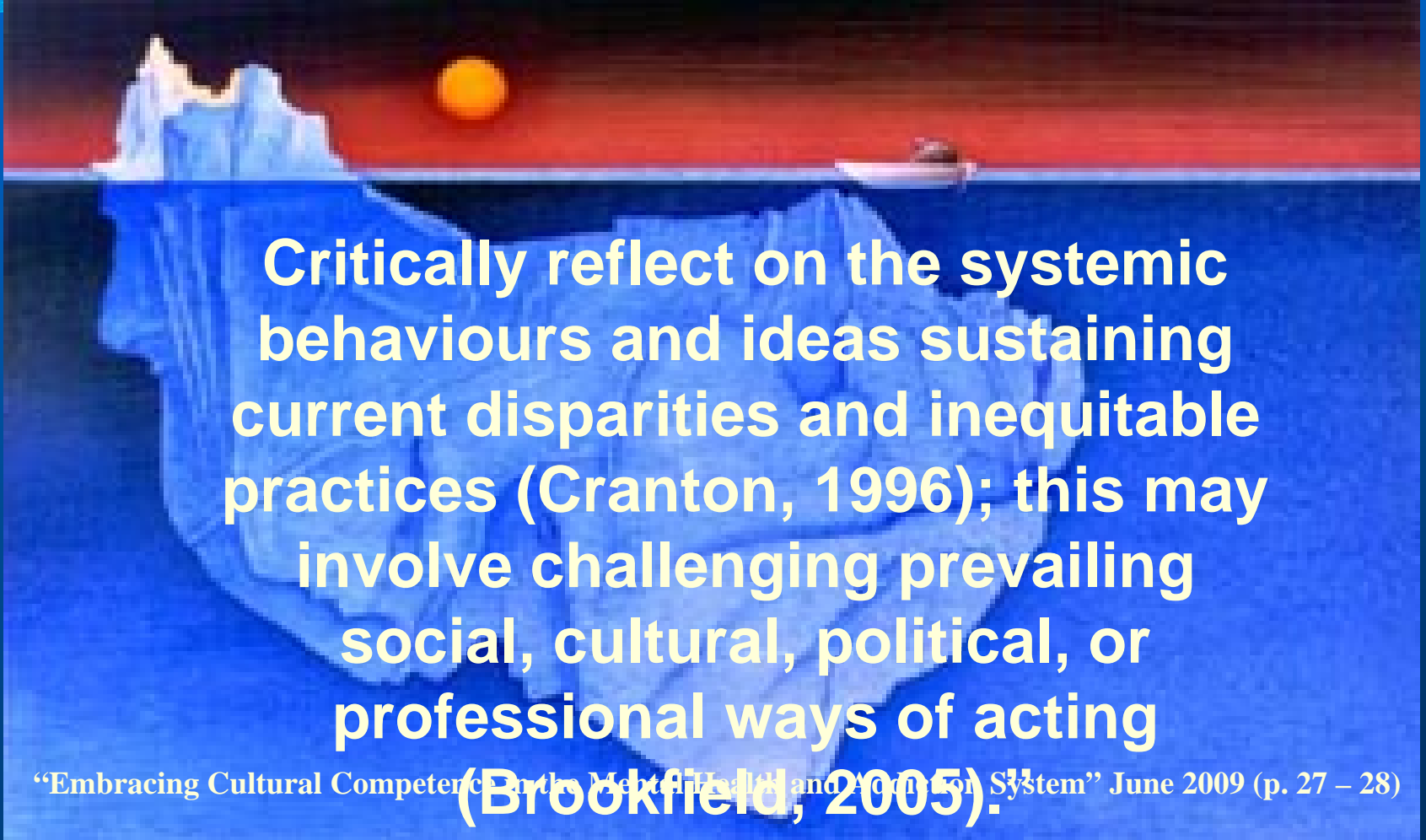
Critical Self Reflection: Organization & Governance

An illustration of an iceberg floating in the ocean. The tip of the iceberg is visible above the water line, while the much larger, submerged part is below. The background shows a sunset or sunrise with a bright orange sun and a red sky. A small boat is visible on the water to the right.

**Engage communities of practice in
critical reflection on their
assumptions and current
practices and on how to embrace
and apply multiple and/or
alternative knowledge and
practices (Cranton, 1996)...**

“Embracing Cultural Competence in the Mental Health and Addiction System” June 2009 (p. 27 – 28)

Critical Self Reflection: Health Systems



Critically reflect on the systemic behaviours and ideas sustaining current disparities and inequitable practices (Cranton, 1996); this may involve challenging prevailing social, cultural, political, or professional ways of acting

“Embracing Cultural Competence in the Mental Health and Addiction System” June 2009 (p. 27 – 28) (Brookfield, 2005).

Awareness

To care for someone I must know who I
am

To care for someone I must know who
the other is

To care for someone I must be able to
bridge the gap between myself and
the other

Awareness: Questions to consider

- ❑ What Difference does Difference make?

- ❑ Which Differences matter in which circumstances ?
 - In mental health and addiction service delivery
 - In workforce development
 - In setting strategic goals and direction

Srivastava, 2010

Self Awareness

☐ Views on culture and diversity

- Cultural Humility
- Cultural Curiosity

☐ Awareness / response to difference

- AUTOMATIC
- Often subconscious
- Influence the dynamics of all interactions
- Not always undesired

☐ OWN CULTURE (personal & professional)

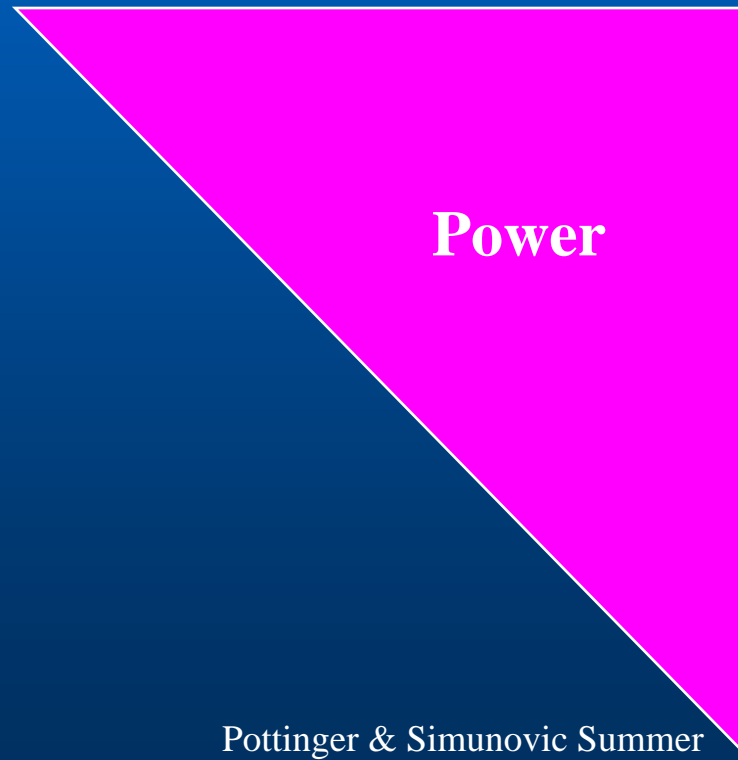
Srivastava, 2010

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POWER

Culture of Power

- Power over
- Power with
- Power within



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Power: Dynamics of Difference

Occur at multiple levels

- ❑ Client – Clinician
- ❑ Client – System
- ❑ Clinician – Colleagues
- ❑ Clinician – System

Power and Privilege

- ❑ How do you address power & privilege in day to day practice encounters – as practitioners
- ❑ How do you support others in reclaiming their power and privilege?

KNOWLEDGE

Generic
Knowledge

Knowledge

Specific Cultural
Knowledge

Holding knowledge

Patterns vs. stereotypes

Cultural Influences

- ❑ Cultures have their own views on mental illness and substance use
- ❑ Appropriate / inappropriate behavior is hugely dependent upon the cultural context
- ❑ Often difficult to differentiate what is 'cultural' and what is 'illness'/disorder
- ❑ The views and approaches of clinicians have a significant impact on how the illness is defined and understood

Knowledge – Generic

- ❑ Explanatory models of illness – spiritual, biomedical, social determinant of health
- ❑ Values / Beliefs / Practices - care giving, care givers, outcomes of care e.g. collective, individualist, symbolic, and spiritual
- ❑ Impact of Life Events - immigration / settlement / racism
- ❑ Legacies – as a community; within the mental health system
- ❑ Biologic variations (Normal G&D; Ethnic pharmacology)
- ❑ Communication Context

Knowledge – generic knowledge

Cultures differ on their style and attitude towards:

- ❑ Conflict
- ❑ Approaches to knowing
- ❑ Decision Making
- ❑ Disclosure

Knowledge is also about
unlearning...

**The opposite of a fact is falsehood, but the
opposite of one profound truth may very
well be another profound truth.**

Niels Bohr

Key Values for Cultural Competence

- ❑ Inclusivity
- ❑ Respect
- ❑ Valuing differences
- ❑ Equity
- ❑ Commitment

RNAO, 2007

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On the cultural competence journey

- ❑ Respecting – defined in many ways
- ❑ Listening with your ears, eyes, and heart
- ❑ Listening to explore and understand, not to agree or disagree
- ❑ Privileging culture of clients/communities over service providers' culture
- ❑ Reflecting – self awareness
- ❑ Recognizing power, privilege, and marginalization across difference

Examples of difference:

Context of Communication

High Context Communication

- most of the message is in the physical context or internalized in the person, and less is explicit
- more emphasis on what is left unspoken, more likely to “read into” the interactions
- less reliance on verbal communication – the obvious does not need to be stated

Low Context Communication

- most of the information is made explicit in language used
- information is often repeated for emphasis to ensure there is no misunderstanding (if it is relevant and important it must be stated, if it is not stated it is not relevant)

Examples of difference:

Context of Communication

High Context Communication

- more responsibility on the listener – to hear, to interpret, and then to act
- more need for silence; longer pauses [to reflect, understand the context, and process the message]

Low Context Communication

- the responsibility for communication clearly lies with the speaker; it is better to over communicate and be clear than to leave things unsaid
- silence and pauses are often misunderstood as signs of agreement or a lack of interest

Examples of difference:

Individualism / Collectivism

Individualism

- Focus on the “I”
- Emphasize
 - goals, needs, views of the individual;
 - individual preferences, rights, and pleasure
 - individual initiatives and outcomes
- Reward individual initiative and achievement

Collectivism

- Focus on the “WE”
- Emphasize
 - goals, needs, views of the group
 - shared in-group beliefs
 - cooperation with in-group members
 - harmony
- Reward support to the collective and collective achievement

Communication is crucial to...

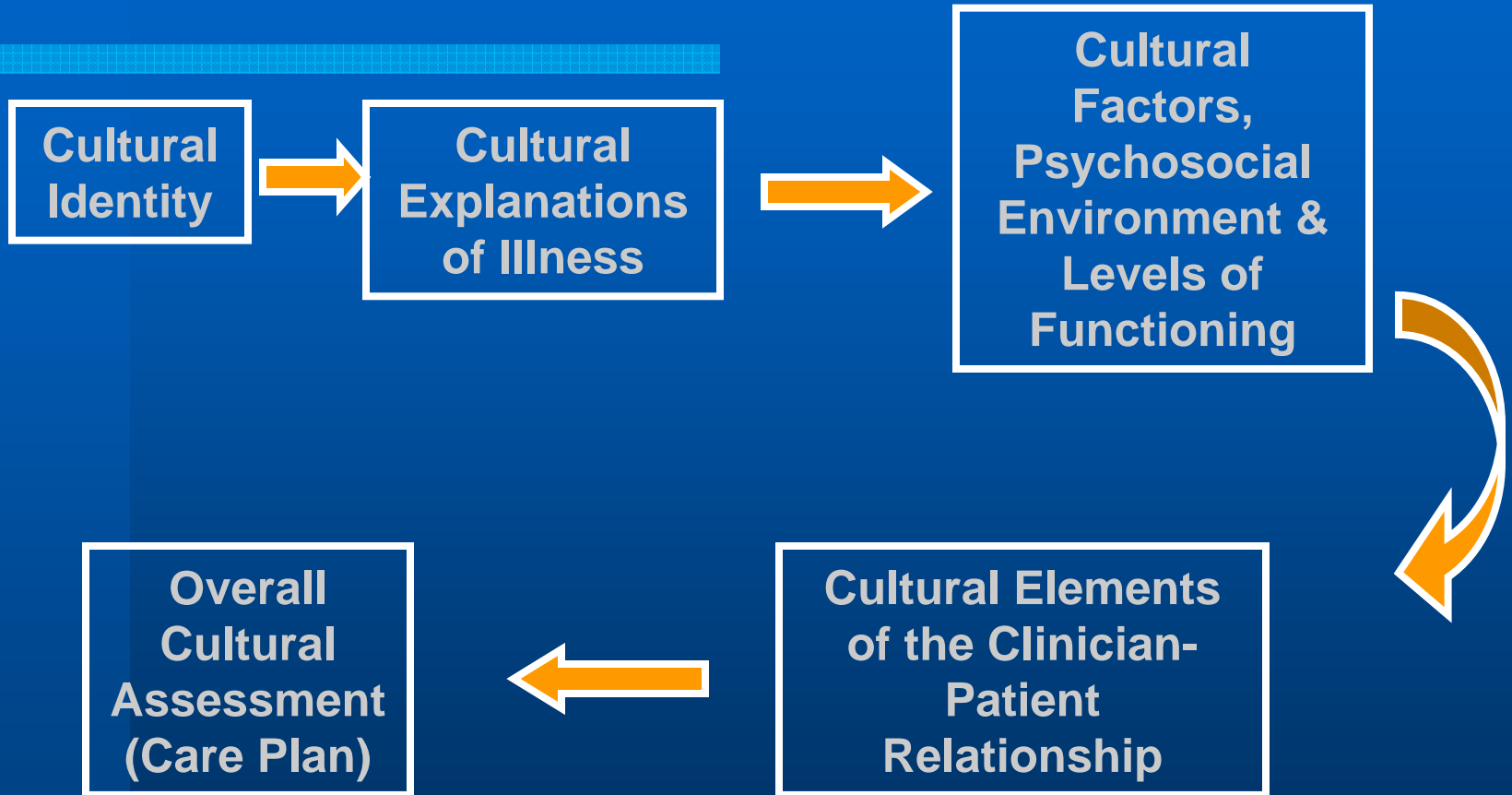
- ❑ Relationship building
- ❑ Information gathering
- ❑ Assessment
- ❑ Open dialogue & learning
- ❑ Decision making
- ❑ Negotiating, Collaborating
- ❑ Addressing concerns

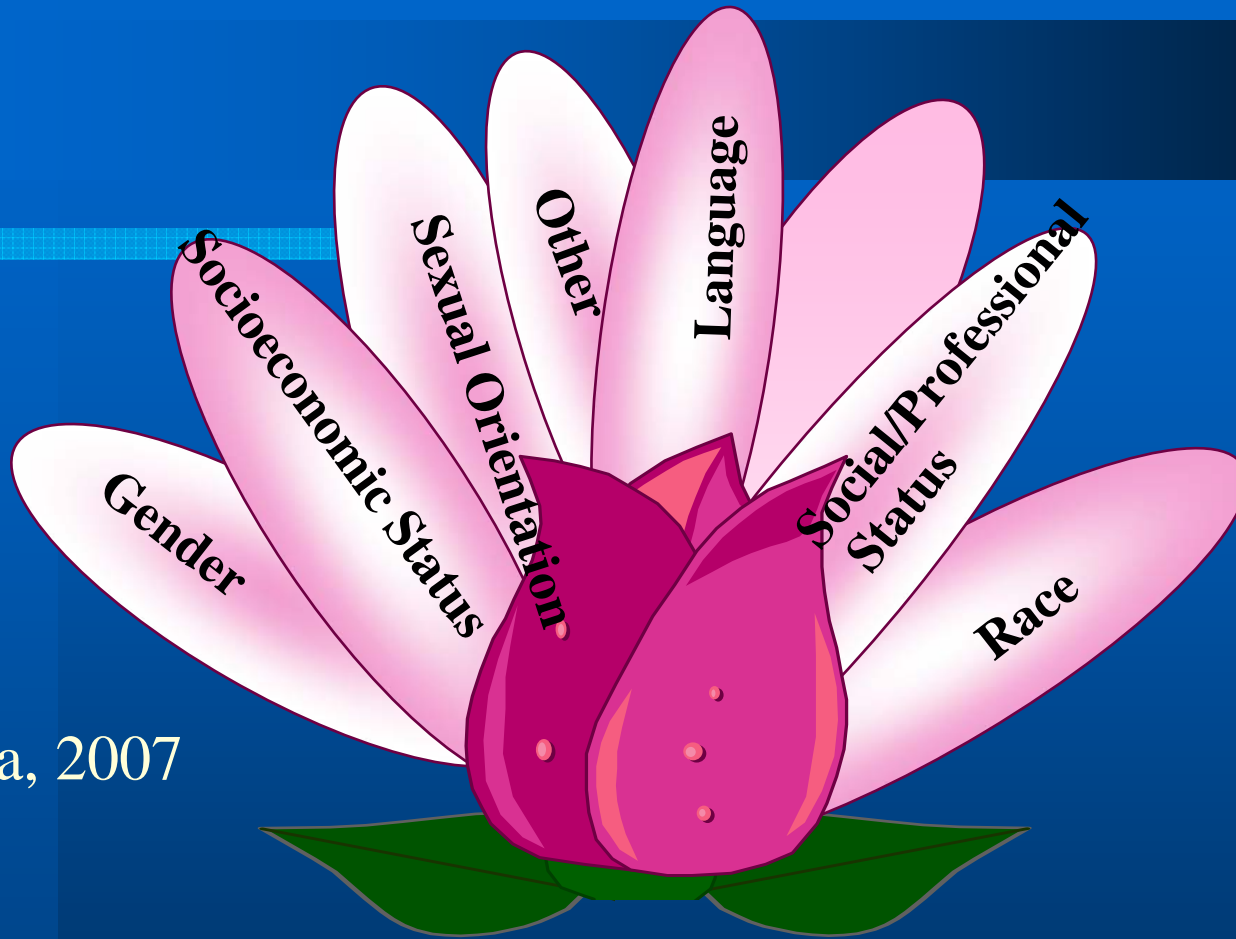
SKILLS & STRATEGIES



Skills

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Srivastava, 2007

Cultural Identity

In a client encounter how many identities are present?

Who decides which ones are relevant?

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An approach to consider

Listen to understand

Explain your perceptions

Acknowledge and discuss differences

Recommend actions

Negotiate agreement

Culture Care Preservation / Validation



Culture Care Accomodation /Negotiation



OTHER

Culture Care Repatterning / Reframing

SELF

Three modes of Action/Decision

Culture Care Preservation / Validation

- *Respect & Honor what we may not know*

Culture Care Accommodation / Negotiation

- *Does not need to be either / or*
- *Ask – what would it take to....*

Culture Care Repatterning / Restructuring

- *Learn new ways of caring / healing / sharing*
- *Applies to providers & recipients of care*

The Journey From Awareness to Application

- ❑ Expect and acknowledge differences
 - ❑ Unique strengths of others
 - ❑ Limitations of one's approach
- ❑ Avoid judgements... Alter your perspective
- ❑ Self awareness, self accountability
- ❑ Vigilance for miscommunication
- ❑ Courage to explore differences ... willingness to share your experience and intention

- ❑ Learn the art of apology and humility
- ❑ Be open to new ideas, new ways of approaching something
- ❑ Using one's power and privilege to empower others
- ❑ Create SAFE spaces for SENSITIVE conversations
- ❑ Respect even when you don't agree

Cross cultural communication strategies

- Assume differences & seek to understand
- Assess and respond to language /linguistic needs
- Listen to stories
- Share your intent, your purpose, your thinking
- Ask for clarification – inquire into the other's thinking, purpose, and values
- Be mindful of hidden agendas
- Be sincere and respectful
- Acknowledge your own ethnocentrism
- Be vigilant
- Take risks and be prepared to apologize

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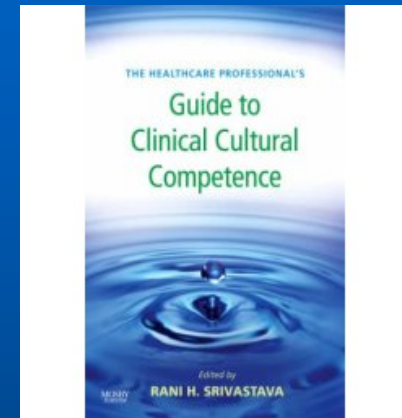
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Acknowledgements & Key References

The Healthcare Professional's Guide to Clinical Cultural Competence (Elsevier)

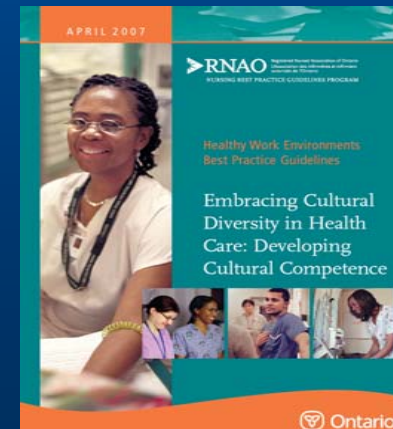
Focused on Client Care

- Strongly influenced by the work of:
- Madeline Leininger: Theory of Culture Care Universality & Diversity
- Arthur Kleinman: Understanding the explanatory model of illness & the illness experience



Embracing Diversity: Developing Cultural Competence (www.rnao.org)

Focused on healthy work environment



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- ❑ http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/Issues_Options_FINAL_English%2012Nov09.pdf
- ❑ Ontario Federation of Community Mental Health and Addiction Programs (June, 2009). Embracing Cultural Competence in the Mental Health and Addiction System
- ❑ Andermann & Lo (2009). Cultural Competence in Psychiatric Assessment in *Psychiatric Clinical Skills* Edited by David Goldbloom – CAMH Publishing
- ❑ Srivastava, R (2008). The ABC (and DE) of Cultural Competence in Clinical Care. *Ethnicity and Inequities in Health and Social Care* Vol 1 Issue 1