



Does race and ethnicity matter in mental health?

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Panelists today:



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Focus of our discussion today



- ❑ Increase awareness and knowledge about the unique concerns and strengths of diverse cultures including immigrants and refugees
- ❑ Share useful suggestions for understanding experiences and related mental health concerns among them
- ❑ Provide some examples of appropriate interventions that are grounded in multicultural-social justice counseling frameworks

Starting with a common language

KEY DEFINITIONS

Health: A state of physical, mental, and emotional well-being.

Health Disparity: A particular type of health difference that is closely linked to social, economic, and/or environmental disadvantage.

Disparity: A difference in substance use or mental health outcomes, linked to social, economic, and/or environmental disadvantage, which adversely affects a subpopulation or group.

Health Equity: The attainment of the highest level of health possible for all. Health equality is not the same as health equity.

Cultural competence: is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.

Source: The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020 (2008).

For the purposes of this presentation:



We will cover 3 of the racial and ethnic minority groups in Snohomish County :
Korean, Latino/Hispanic and
Russian/Ukrainian

DISCLAIMER

Each one of our panelists brings expertise, experience and understanding to their presentation but are not intending to speak for every single person that belongs to their community.

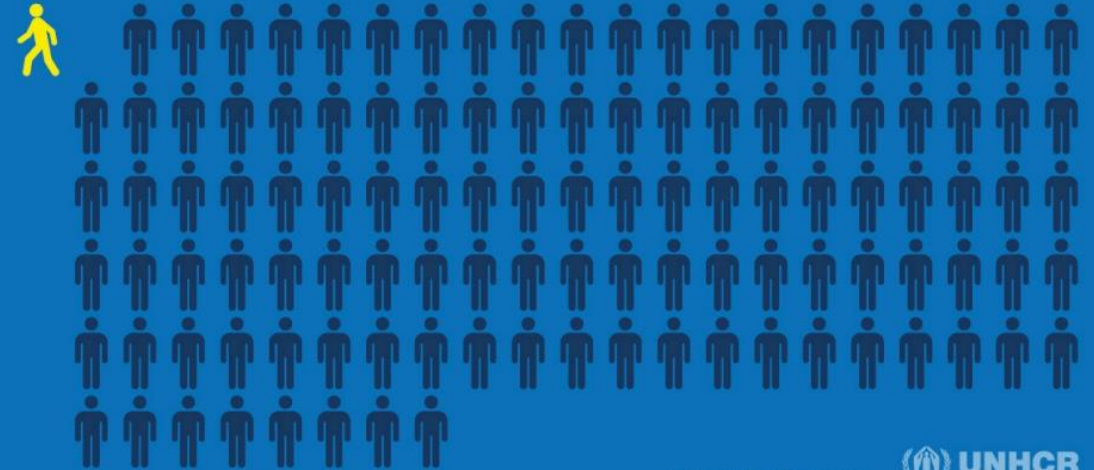
Why is this conversation crucial?

The Surgeon General's report *Mental Health: Culture, Race and Ethnicity* discusses disparities in behavioral health services for members of racial and ethnic minority populations.

People in these populations:

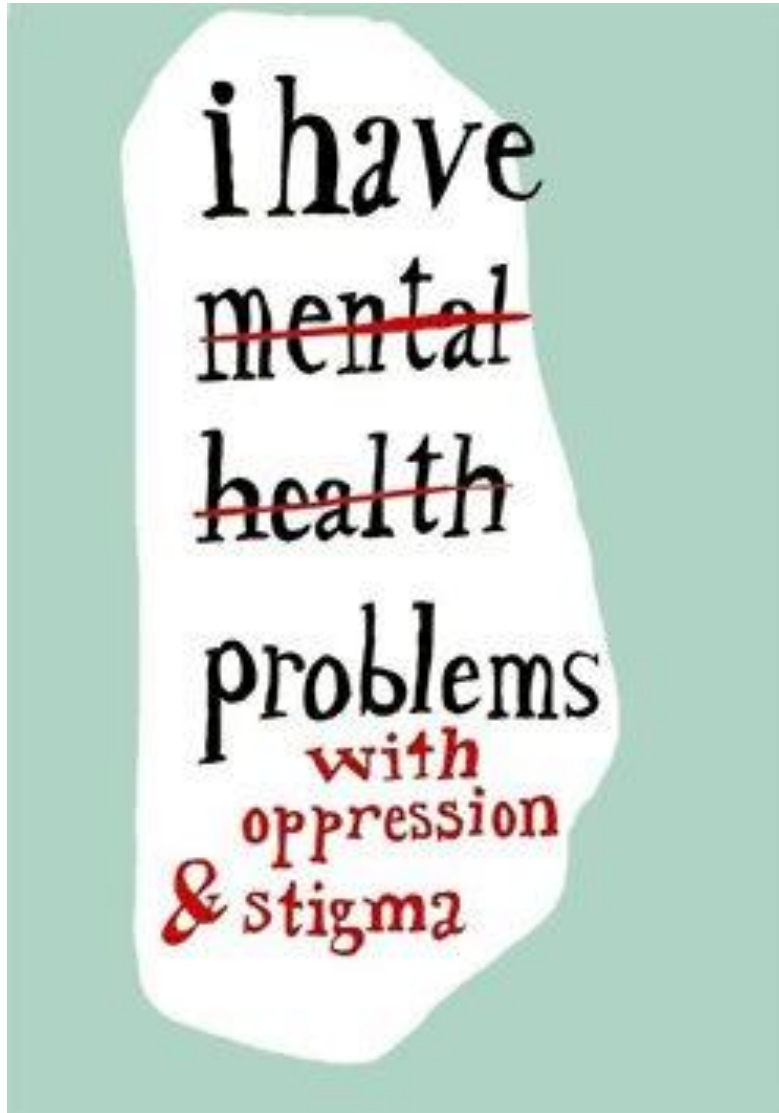
- are less likely to have access to available mental health services;
- are less likely to receive necessary mental health care;
- often receive a poorer quality of treatment
- are significantly underrepresented in mental health research.

1 in every 113 people on earth is an asylum-seeker, internally displaced or a refugee



Source: UNHCR / 20 JUNE 2016

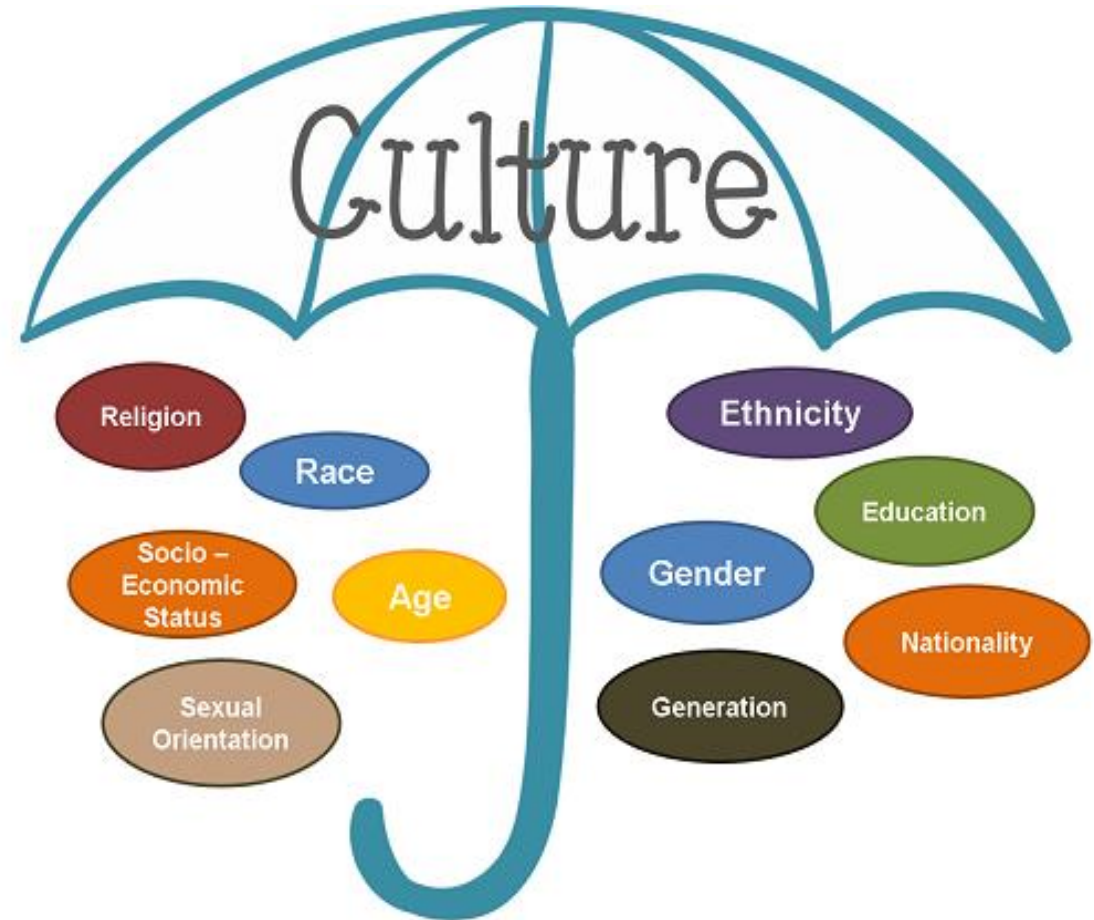
Did you know that....



- ☐ The notion of counseling is typically foreign to immigrant populations
- ☐ Stigma surrounding counseling
- ☐ Important to consider how to partner with clients to explore how these cultural differences may be causing difficulties
- ☐ Recognize that many times when they come in, they come in after a crisis or have gotten to a tipping point
- ☐ Initially, people are generally seeking help for a specific issue and aren't interested in anything touching on the psychoanalytic

Culture Counts!!!

Culture and society play pivotal roles in mental health, mental illness, and mental health services. Understanding the wide-ranging roles of culture and society enables the mental health field to design and deliver services that are more responsive to the needs of racial and ethnic minorities.



Cultural Differences

- Cultural differences can influence whether or not we seek help, what type of help we seek, what coping styles and supports we have and what treatments might work for us.
- Diverse communities face many barriers such as higher levels of stigma, misinformation about mental health and language that prevent them from receiving care.
- Even when they are able to access treatment, these communities often receive poorer quality care due to lack of cultural competence, bias and inadequate resources. This results in misdiagnosis, dropping out of treatment and a longer time to achieve recovery.

Although everyone's experience is unique, knowing about research, mental health perspectives and challenges specific to your community can help you get better treatment.

Use of Mental Health Services

- Hispanic-Am. with a mental disorder
 - 1 in 11 contact mental health specialists
 - 1 in 5 contact general health care providers
- Hispanic immigrants with mental disorders
 - ≤ 1 in 20 contact mental health specialists
 - ≤ 1 in 10 use general health care providers
- Regarding the consultation with Curanderos
 - One study found $\leq 4\%$ Mexican-Am consulted One
 - While other studies range from 7 – 44%
 - The use of remedies is more common and are to complement mainstream care

Common Cultural Barriers to Care



- Mistrust and fear of treatment
- Alternative ideas about what constitutes illness and health
- Language barriers and ineffective communication
- Access barriers, such as inadequate insurance coverage
- A lack of diversity in the mental health workforce.

Considerations when working with Diverse Communities

For a successful community engagement process, counties need to:

- (1) pay attention to histories of marginalization and mistrust;
- (2) have transparent discussions of power;
- (3) build on community strengths and local knowledge;
- (4) encourage cooperation;
- (5) identify opportunities for co-learning;
- (6) make important efforts towards sustainability, systems development, and capacity building; and make important efforts to protect the well-being, interests, and rights of communities.

Recommendations from the field:

- Identify community based organizations
- Identify key community leaders
- Use “satellite clinics” or small locations throughout the service area.
- Work to reduce the social consequences of help-seeking
- Increase employment of multi-language speaking therapists and service providers.
- Reduce economic barriers to service utilization.
- Increase public psycho-education regarding mental illness through social marketing efforts
- Expand the role of the mental health practitioner to include ensuring that the child and family’s basic needs are being met

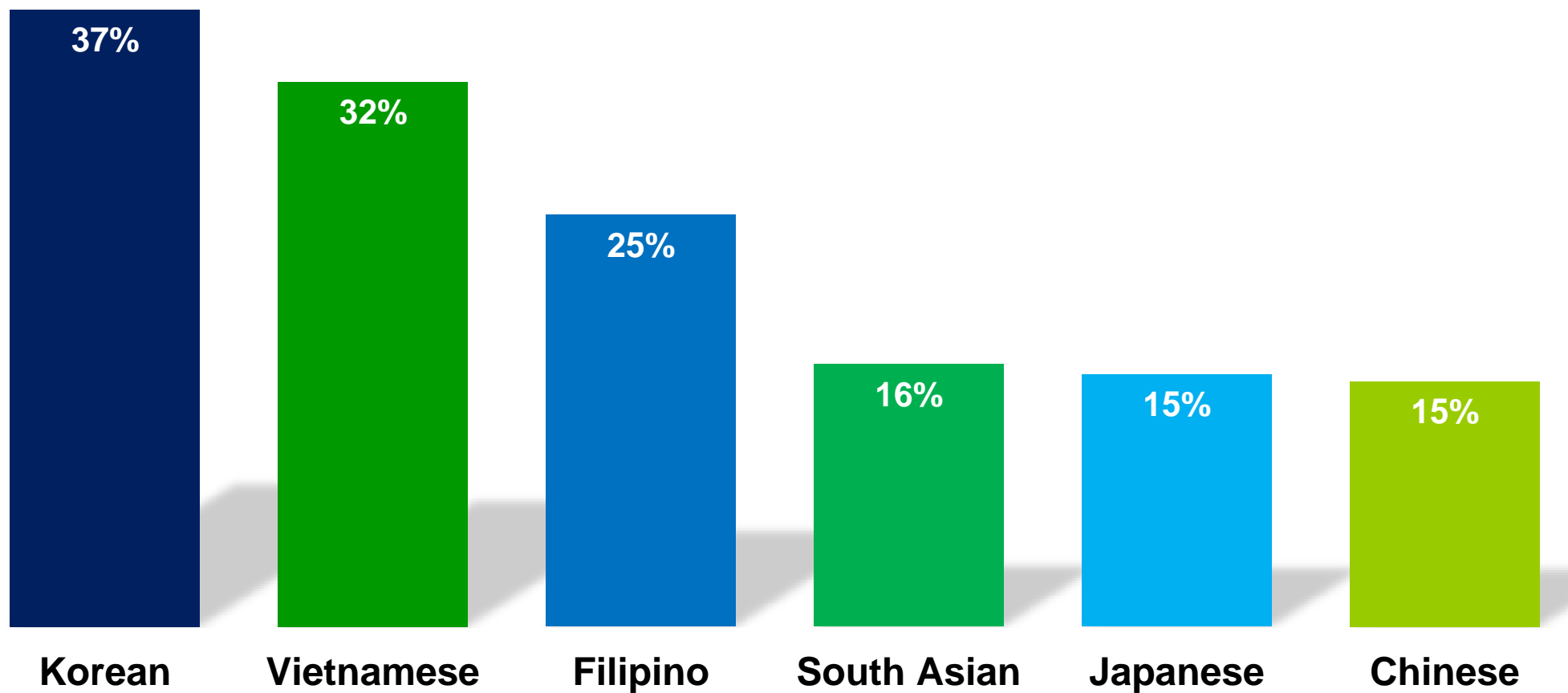
Promotores de Salud (Community Health Workers)

VERDANT
**Healthier.
Community**
CONFERENCE



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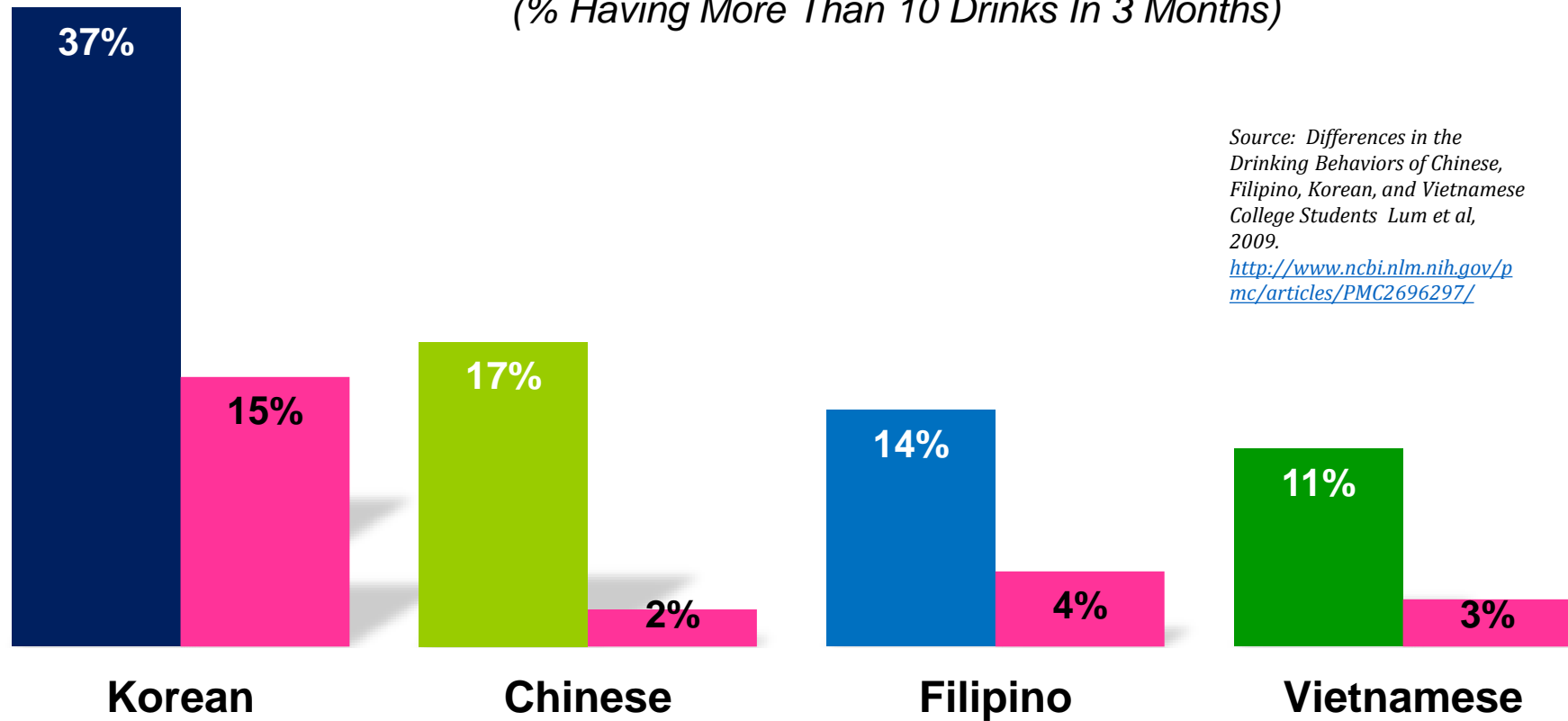
Smoking Rates Among Asian American Men



Source: "Influence of American acculturation on cigarette smoking behaviors among Asian American subpopulations in California," An et al, 2013.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3652889/>

Alcohol Consumption Rates Among Asian American College Men & Women (pink)

(% Having More Than 10 Drinks In 3 Months)



Source: *Differences in the Drinking Behaviors of Chinese, Filipino, Korean, and Vietnamese College Students* Lum et al, 2009.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2696297/>

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Suggested resources :

- National Resource Center for Hispanic Mental Health: <http://www.nrchmh.org>
- Resources for Cross-Cultural Health Care: <http://www.diversityrx.org>
- The Provider's Guide to Quality and Culture: <http://erc.msh.org/quality&culture>
- Office of Minority Health CLAS Standards: <http://www.omhrc.gov/CLAS/>
- The Surgeon General's Report on Mental Health: Culture, Race and Ethnicity: <http://www.mentalhealth.org/cre/default.asp>
- SAMHSA's Cultural Competence Standards in Managed Mental Health Care: <http://www.mentalhealth.org/publications/allpubs/SMA00-3457/default.asp>
- National Center for Cultural Competence, Georgetown University: <http://www.georgetown.edu/research/gucdc/nccc/>

