

# Engaging individuals from different cultural backgrounds

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# Learning Objectives

At the conclusion of this session participants will be able to

- Learn about demographics of United States and the breakdown of ethnic minorities
- Understand the disparities in care for ethnic minorities and some reasons for the same
- Learn the different ways in which minority cultures view mental illness and care providers.
- Learn some techniques to engage and keep clients from ethnic minorities in services.

# Ethnicity, Race and Culture

- Ethnic group: shares common values and norms including language, religion, culture and racial background.
- Race: group of individuals distinguished by physical characteristics.
- Culture is a value system that is transmitted through various avenues including beliefs, art, religion, mythology, language, rituals
- Race and ethnicity tend to be relatively fixed whereas culture can be more flexible and dynamic changing with circumstances.

# Diversity of United States

- 25% of United States population belongs to ethnic minorities.
- Ethnic minority populations are growing and account for 92% of population growth in US in last decade.
- By 2040, US is expected to become a country where minorities will be in majority.
- Hispanics 16%, AA 12%, Asians
- More than 50% of Americans are marrying outside their ethnic group

# Multiculturalism and current world

- Acceptance of multiculturalism waxes and wanes depending on the economics and politics of the movement
- Anti Arab and Anti Muslim feelings escalated to an extreme degree in the wake of September 11, 2001.
- One video that is posted on internet leads to demonstrations around the world.
- It may have ripple effects in the Muslim community you may be dealing with.

# Bias is universal & we are hard wired to be biased

- Bias at the level of society: Majority cultures beliefs are considered normal or better.
- Members of non dominant culture are always under pressure to give up their values
- Individual level: a) Conscious bias  
b) Unintentional bias
- MRI findings: ( Amygdala response Eberhart 2005)
- It is important for us to acknowledge and try to minimize it

# How do we view ethnicity and culture?

- We all belong to an ethnic group.
- The group may be majority or minority based on numbers.
- Each ethnic group has a worldview that may be very different than other group.
- There are strengths and weaknesses in each ethnic groups .
- Class intersects with ethnicity and must be considered in evaluating any person's problems.
- Seeing the limitations of our own view will open our minds to the experience of others.

# View of ethnicity and culture:2

- There is fine line between being culturally sensitive and stereotyping.
- Individuals of different ethnic groups vary significantly based on number of factors such as : a) First, 2<sup>nd</sup> or later generation immigrants b) Social class c) education level e) Linguistic ability
- Culture is very dynamic and we have to constantly learn about changes.



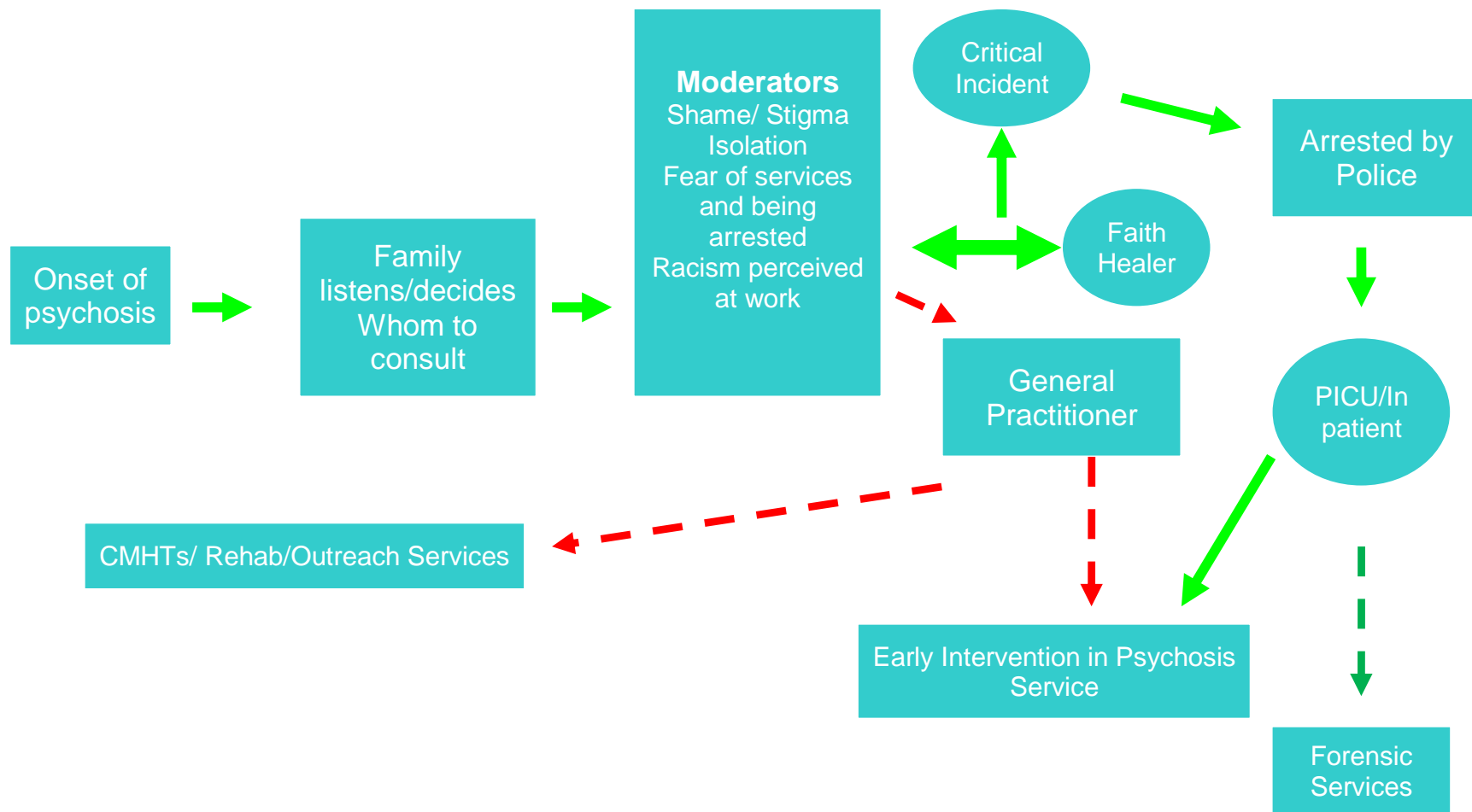
# Disparities in care for ethnic minorities

- Are we making more out of ethnic differences?
- Disparities in all levels of care for ethnic minorities: a) Decreased access to care b) Reduced access to Culturally sensitive education c) Inadequate care ( diagnosis, and treatment)
- As a result there are problems in engagement and shows in outcomes.
- Physical health as well as behavioral health.

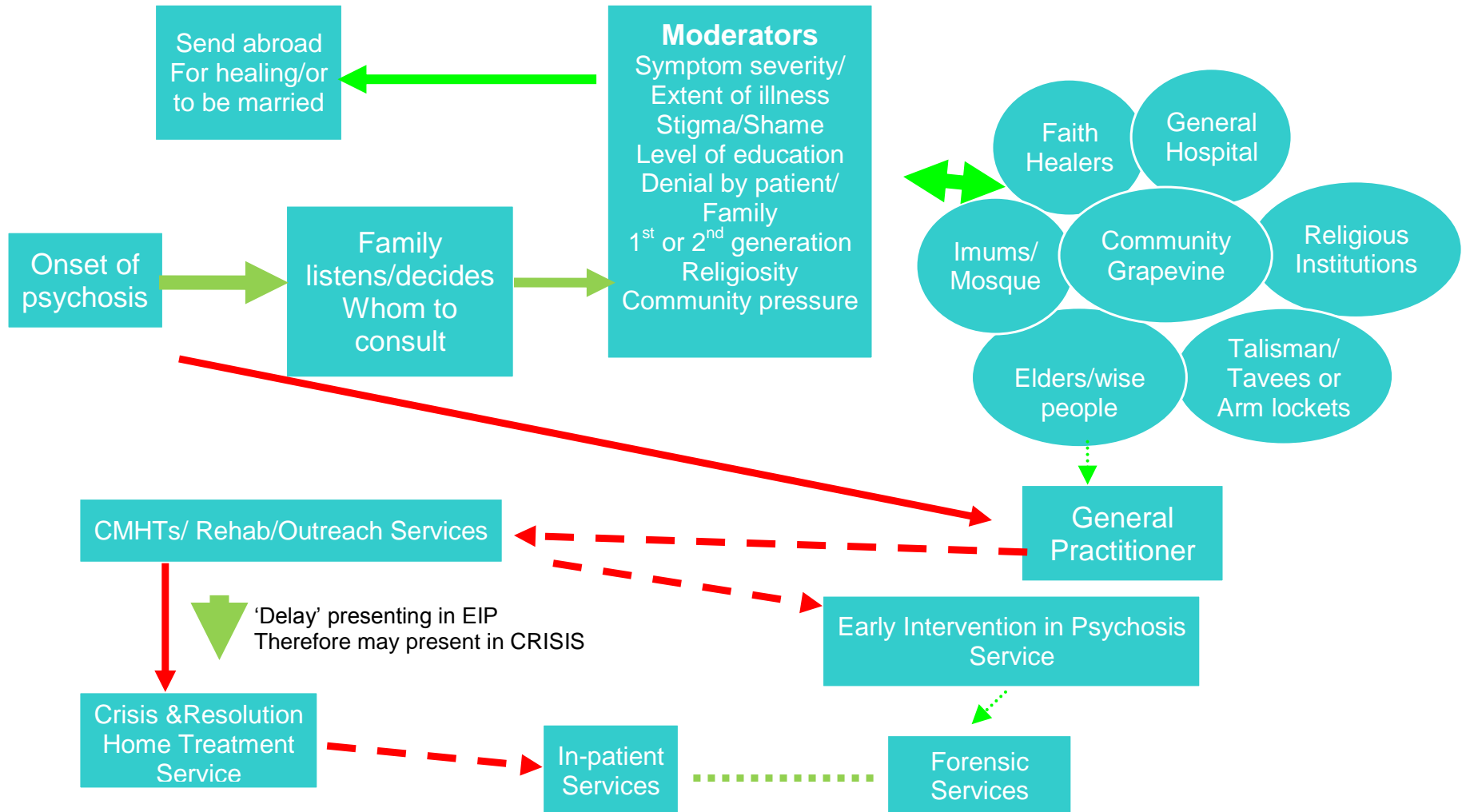
# Disparities in Care for ethnic minorities continued

- For example: AA are more likely to be diagnosed with schizophrenia, likely to be considered at risk to others and given more medication.
- Case management utilization for SMI: European American 30%, Hispanic 20% and AA 17%.

# Help seeking pathways



# Help seeking pathway



# Hispanic ethnic group

## Latino Concepts

- Familism: Family orientation
- Personalismo:
- Respeto: Mutual respect
- Confianza (trust and intimacy in a relationship)
- Controlarse (self-containment or conscious control of negative affect)

## Findings

- Family support and help for individuals with SMI.
- Relationship aspect with therapist important.
- Relative Protection against suicidal behavior.
- Stoic approach and less expression of emotions.

# African American group

## Concepts

- Experience of discrimination
- Family model: Egalitarian
- Religion is a big part of life
- Ministers often provide support and care of some mental health problems.

## Clinical/research issues

- Acknowledge and be sensitive
- Mobilize family supports
- Discuss spiritual coping mechanisms
- Engage with supports.

# Asian American group

## Concepts

- Self identity is familial
- Perspective about life:  
Suffering is part of life.
- Relationships: Harmony is preferred

## Research/clinical issues

- Recognize the importance of family
- Problem solving may be compromised.
- Conflict avoidance

# General clinical application: 1

- Migration experience: similar in all cultures.
- *Case Managers can encourage clients to talk about that experience to build rapport.*
- Reducing power differential:
- *CM can reduce this by a) Allowing clients to teach them about their culture b) Actively seeking feedback*
- Mobilizing supports

*Supports could be family, church, community*



# General clinical application 2

- Use of concepts :

*CM can use concepts that clients understand.*

- Strength based:

*Giving adequate attention to the strengths of the cultural group.*

- Use of role models.

*Encourage clients to think of and discuss ethnically specific role models.*

# Clinical examples

- Hispanic
- African American
- Asian American
- Others groups such as South Asian ( India, Pakistan), Arab American, Native American

# Improving cultural competency

- Not easy: Requires ongoing commitment and effort.
- We progress through stages of cultural blindness → cultural awareness → cultural literacy → clinical modifications → expertise.
- To progress one needs clinical experience, introspection, cognitive flexibility, willingness to consult and learn from clients, supervisors and other experts.

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