

# 11. Multicultural Issues

## **ISSUES:**

In order to treat someone effectively, mental health service providers must recognize, respect and take into account the person's ethnicity and culture. Failure by mental health professionals to be sensitive to communication styles, religious beliefs, and familial relationships that are different from those in their own culture can result in misdiagnosis as well as practices destructive of individual and family identity. Diagnosis is dependent upon interpreting a set of behaviors, and different cultures often give different meanings to behaviors. Consequently, it is critical that mental health service providers acquire skills in cultural competence.

In addition, a disproportionate number of psychiatrists in the public mental health system are from countries and/or cultures other than those of their clients. Often, mental health professionals are unfamiliar with the language and/or cultural references used by those they treat, or have different values, leading to misunderstandings between the client and the professional.

One of the most effective ways to promote cultural competence is through the active involvement of consumers/survivors who are people of color in programs where they can participate in training professionals about the issues relating to their respective cultures.

## **BACKGROUND:**

Over the last 10 years, policy makers, academic institutions, and service providers have begun to recognize the critical importance of cultural competence and have developed curricula and training programs for students and staff, as well as criteria by which cultural competence can be assessed. For example, such programs enable professionals to better understand the critical role of the family in some cultures, or that lack of eye contact in Asian cultures is a sign of respect, or that depression may manifest itself differently in African-Americans than in whites.

To address a variety of issues, including misdiagnosis, a lack of services in the minority community, and a lack of service providers who

are people of color, consumer/survivor activists who are people of color organized The People of Color Caucus several years ago.

Different groups have issues specific to them. For example:

- African-Americans have traditionally been over-diagnosed with schizophrenia and under-diagnosed with affective disorders, resulting in treatments of limited effectiveness.
- There is no tradition of psychiatry in many Asian cultures, and Asians are often resistant to accepting help. Further, there are vast differences in language, culture and religion among Asian cultures. Translation may be required before treatment can even begin. There is a lack of programs specifically tailored to this minority group.
- Latinos need more than bilingual staff; they also require understanding of their culture as well as recognition of their hesitancy to venture outside the Hispanic community. As with the Asian-American community, there is significant diversity within the Hispanic community related to country of origin, class, and history; mental health workers must be sensitive to these differences.
- Native Americans often operate within two treatment systems: that of their own traditional culture, which provides a strong bond between the individual and his/her own family and community, and that of the mainstream mental health system. It is important that mental health professionals respect the role of Native American rituals as part of the therapeutic process.

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**FACILITATOR:**

Quincy Boykin, is director of the Office of Consumer Affairs of the New York City Department of Mental Health. He has been instrumental in organizing consumer advocacy groups in order for them to become members of the city's Mental Health Councils, which are advisory bodies to the Department of Mental Health. Quincy, who began his work in New York City as a co-chairperson of the Harlem Mental Health Council, has focused his advocacy efforts on issues such as cultural sensitivity, housing, stigma, employment and managed care.

He serves on the Mental Health Planning Advisory Council, which advises the commissioner of the New York State Office of Mental Health.

**CO-FACILITATOR:**

Connie L. Kumm is director of Friendship House in Salem, Oregon, which houses the Consumer Empowerment Team, the largest consumer-run drop-in center in Oregon. She is a member of the Mid-Valley Behavioral Care Network SHAWG Work Group and the Mental Health Coalition of Oregon, and a facilitator of the Office of Consumer Technical Assistance of Oregon. Her previous positions have included working as a case manager for the Marion County (Oregon) Health Department and as the intake/assessment coordinator at the Salem Veterans Center.