

Culture & Mental Health: Eliciting the Big Picture during a Crisis Intervention



**Crisis Intervention
Team**

A Community Collaboration

Overview

- What is culture, and why is it important?
- What is cultural competence, and why is it important?
- How can we achieve and assess cultural competence?
- To provide first responders with an overview of how cultural competence can help them in the field by emphasizing diversity in the way various cultures show respect.

Why Cultural Awareness Training?

- Training assists CIT officers in being able to better detect and react to or defuse a threat, gather more information in an investigation, and avoid becoming the target of a lawsuit or disciplinary action.

QuickTime™ and a
decompressor
are needed to see this picture.

Understanding Culture

- Your Experiences With Different Cultures, and Their Impact On You
 - What are our biases?
 - Where do they come from?
 - How do they affect us as we work with others?
 - Why do we need to set them aside when working with others.

What's at Stake? Why Does Cultural Competence Matter to First Responders?

- “The country’s minority population has cracked 100 million, according to 2006 population estimates released ... by the U.S. Census Bureau.”

Excerpt from “The Columbus Dispatch, May 17, 2007.”



Culture Matters

- When culture is ignored, families are at risk of not getting the support they need, or worse yet, receiving assistance that is more harmful than helpful.

Cultural Awareness CIT Training

- Crisis intervention often requires an immediate development of trust between two people from different cultures for purposes of restoring the individual coping mechanisms to a pre-crisis level of functioning.
- The quick development of rapport and trust between people of different cultures often requires the crisis intervener to communicate, both non-verbally and verbally, a demeanor that one is knowledgeable about and accepting of cultural differences.

Cultural Competence Vs. Cultural Awareness

- **Cultural Awareness** integrates knowledge and information about individuals and groups into specific approaches and techniques.
- **Culturally competent** crisis response works to break down barriers that impede communication and limit the effectiveness of intervention.

Source: National Association of School Psychologists

Why Culturally Informed Interventions?

- Culture influences what type of threat or event is perceived as traumatic
- Influences how individuals interpret the meaning of crisis
- Influences how individuals and communities express traumatic reactions

Why Culturally Informed Interventions?

- Culture influences communication - both verbal and non-verbal
- Culture influences how one perceives personal space - appropriateness of physical contact and proximity
- Culture influences one's beliefs about environmental control - that is external versus internal control

Cultural Biases

- Based on personal experience, education and individual values, it is natural to form immediate judgments about the people we meet. For first responders, these rapid judgments affect the outcomes of potentially life-threatening situations. In the absence of cultural awareness, first responders may inadvertently aggravate a situation to the point of unnecessary harm.

Cultural Differences

- **Country Of Origin**
- **Language**
- **Acculturation**
- **Gender**
- **Age**
- **Class**
- **Religious/Spiritual Beliefs**
- **Sexual Orientation**
- **Physical Disabilities**

Group Characteristics

- Note the following group characteristics are generalizations of different ethnic groups concerning mental illness. CIT officers should be aware these do not always apply and may vary greatly depending on individual circumstances.



Asian Americans & Mental Health

- Many Asian Americans have considerable conceptual difficulties regarding the Western notions of mental illness and mental health services.
- Asian Americans frequently experience and express mental illness very differently from Westerners, often emphasizing somatic rather than psychological symptoms.
- Individuals who embrace the theory of mind-body holism often experience great difficulty distinguishing between psychological and physical ailments.

Asian Americans & Mental Health

- Asian Americans are often uncomfortable with the concept of examining and discussing one's inner thoughts and feelings, especially given the commonly held Asian belief that the best way to deal with mental illness is to avoid morbid thoughts and repress emotions.

Asian Americans & Mental Health

- A consistent pattern of underutilization of mental health services among Asian Americans has been well documented for several decades.
- Those who do receive mental health treatment are often greatly delayed in help-seeking, and thus tend to be more severely ill upon treatment initiation, oftentimes taking place following a crisis situation.

Asian Americans & Mental Health

Beliefs Specific to Chinese Culture

- Mental illness may be viewed as retribution for the misdeeds of ancestors or immediate family.
- Interpretations of causes of depression include fate, imbalance of energy in the body or disharmony in natural forces.
- Suicide, a potential result of depression, is discouraged in Chinese society. However, it is not considered a sin—if the death is viewed as relieving the family of a burden.

Asian Americans & Mental Health

Beliefs Specific to Japanese Culture

- The values most respected in Japanese-American culture are self-reliance, self-control, independence and family honor. Mental health issues have been a taboo subject fraught with stigma and associated with shame.
- Older Japanese Americans have coped with trauma associated with internment based on their own resources. “*Shikata go nai*,” translated as “it can’t be helped,” is a dominant coping strategy, which continues to affect family communications and behavior associated with identity and control.
- Suicide has historically been more accepted as an honorable alternative to shame. In the face of depression, suicide may be seen as more honorable than facing the shame of mental illness

Asian Americans & Mental Health

Beliefs Specific to Hmong Culture

- Once a life event that may have resulted in *nyuaj siab* (depression) is passed and a healing ceremony has been conducted to relieve the depression, *nyuaj siab* will no longer exist
- If this normal depression *nyuaj siab* continues, the individual risks the label of “crazy,” resulting in reluctance to seek assistance either physically or mentally

Asian Americans & Mental Health

A few facts to know:

- Asian American adolescent boys are twice as likely to have been physically abused
- Asian American women aged 15–24 and 65+ have the highest suicide rates in the U.S. out of all racial and ethnic groups
- 40% of Southeast Asian refugees suffer from depression, 35% from anxiety, and 14% from posttraumatic stress disorder (PTSD)
- The suicide rate among Chinese American elderly women has been found to be 10 times higher than for Caucasian elderly women

African Americans & Mental Health

- Historical and contemporary negative treatment has led to mistrust of authorities, many of whom are not seen as having the best interests of African Americans in mind.
- Understanding why African Americans with mental illness may reject treatment is essential to breaking down barriers and helping them get the care they need.

African Americans & Mental Health

- The proportion of African Americans who fear mental health treatment is 2.5 times greater than the proportion of whites who do so.
- This stigmatized existence leaves many African Americans wide open to anti-psychiatry campaigns.
- Some messages warn black communities of a genocidal plot to place African-American children on Ritalin.
- Others convey that psychiatry is evil and destroys religion, which is very important to African Americans.

African Americans & Mental Health

- Blacks of all ages are more likely to be the victims of serious violent crime than are whites
- The link between violence and psychiatric symptoms and illness is clear
- One study reports that over one-fourth of African American youth who have been exposed to violence have symptoms severe enough to warrant a diagnosis of PTSD

Source: Fitzpatrick & Boldizar, 1993

African Americans & Mental Health

A few facts to know:

- Although schizophrenia has been shown to affect all ethnic groups at the same rate, blacks in the United States were more than **four times as likely to be diagnosed** with the disorder as whites.
- Only 16 percent of African Americans with a diagnosable mood disorder see a mental health specialist, and fewer than one-third consult a health care provider of any kind.
- African Americans are thought to make extensive use of alternative treatments for mental health problems. This preference is deemed to reflect African American cultural traditions developed partly when African Americans were systematically excluded from mainstream health care institutions.

Latinos & Mental Health

- Stigma and embarrassment remain major barriers to care among Latinos of all age groups.
- The system of mental health services currently in place fails to provide for the vast majority of Latinos in need of care.

Latinos & Mental Health

- Many Latinos do not view mental illness as a medical problem and as a result, do not seek help when they experience mental health problems.
- Latinos may rely on home remedies “remedios caseros” and prayer when they are experiencing a mental health crisis instead of seeking medical care.
- Maintaining family members with disabilities in the family home is often an important goal for Latino families, who are less likely to place their family member in an outside facility

Latinos & Mental Health

- Mental Health is often viewed as the result of balance among one's faith, nutrition and how one has lived his or her life
- Folk concepts of disease relate to the effects of intense negative emotions such as anger, envy and fright. Treatments can include rituals based on purification, social reintegration and penance
- *Susto* or fright illness is one of the adult folk illnesses that have some overlapping symptoms with depression such as nervousness, listlessness, loss of appetite, or insomnia.

Latinos & Mental Health

A few facts to know:

- Latino youth are at a significantly high risk for poor mental health outcomes. Evidence suggests that they are more likely to drop out of school, to report depression and anxiety, and to consider suicide than white youth.

American Indians & Mental Health

- The diversity among American Indians must be noted. There are over 500 federally recognized nations, tribes, bands and Alaskan Native villages
- Some tribal groups attach little stigma to mental disorders because no division exists between physical and mental illness. Other groups identify mental- health problems as shameful
- Some traditions view depression as a form of spiritual possession, whereas others may see mental illness as imbalance with the natural world

American Indians & Mental Health

- Some Navajo elders view physical and mental illness as disharmony caused by an external force, such as a person or spirit
- Western treatment traditions of personal insight, awareness or self-actualization often run counter to Indian traditions that value the balance of the physical, mental and spiritual, interrelationships over independence, and a shared sense of trauma. Healing comes from identifying stress in the community, and is resolved through community ceremonies and traditional practices

Arab Americans & Mental Health

- Mental illness is considered to bring shame to the family. While honor, or *sharaf*, plays an important protective social role in many Arab-American families, actions perceived as shameful can be ignored or hidden
- Family tradition places the male in the role of breadwinner. Unemployment often affects men more than women, causing mental distress
- Isolation for refugees and immigrants due to economic hardship, language and assimilation barriers, separation from other family members, and loss of status may lead to mental health crisis

Mental Health, Race and Ethnicity

- The **bottom line** is that people in different cultures show respect to others in different ways. Differences may particularly be relevant with authority figures like law enforcement and emergency personnel.



Understanding a person's cultural values, beliefs & practices

- It can help to have some basic knowledge about the major cultural & religious groups.
 - Views about law enforcement
 - Views about health & health care
 - Family & community relationships
 - Language & communication styles
 - Ties to another country or part of the US
 - Food preferences
 - Religion * views about death
 - Other factors that may affect care needs

Understanding a person's cultural values, beliefs & practices

- This can help you remember that a patient may hold different views.
 - You may value certain communication styles. For example, you may have views about whether it's polite or rude to make eye contact or touch someone during conversations



A number of aspects of interacting & sharing information, besides language, are significantly influenced by culture, including:

- Directness
- Gestures & facial expressions
- Distance
- Touch
- Degree of formality
- Forms of address
- Pace & pitch



Directness

- “Spit it out” and “say what’s on your mind” are popular American expressions of the value of getting to the point.
- Facial expressions, body language, & tone of voice play a much greater role in cultures where people prefer indirect communication & talking around the issue.
- Differences regarding directness can be particularly frustrating, especially when specific information & answers are needed.

Directness

- Individuals from Mexico & much of Asia find it nearly impossible to say no directly because it signals disrespect, can cause loss of face, & makes them feel inadequate.
- A response such as “maybe” or “that would be difficult” is probably a polite no.
- Avoiding yes/no questions by phrasing the inquiry as a multiple choice question is one way around this impasse.
- For example, you might ask, “which of these medications have you taken?” rather than “did you take this one?”

Gestures & Facial Expressions

- Another culturally influenced aspect of communication is the demonstration of emotion, such as joy, affection, anger, or upset.
- While Americans widen their eyes to show anger, Chinese people narrow theirs.
- Vietnamese, conversely, consider anger a personal thing, not to be demonstrated publicly.

Gestures & Facial Expressions

- Smiling & laughter may be signs of embarrassment & confusion on the part of some Asians.
- Talking with one's hands is more common in southern Europe than in northern Europe.
- A direct stare by an African American or Arab is not meant as a challenge to your authority, while dropped eyes may be a sign of respect from Latino or Asian patients & co-workers.
- Use gestures with care, as they can have negative meanings in other cultures.
- Thumbs-up and the OK sign are obscene gestures in parts of South America & the Mediterranean.
- Pointing with the index finger and beckoning with the hand as a "come here" sign are seen as rude in some cultures much as snapping one's fingers at someone would be viewed in the United States.

Distance

- American culture generally expects people to stand about an arm's length apart when talking in a business situation.
- Any closer is reserved for more intimate contact or seen as aggression.
- In the Middle East, however, it is normal for people to stand close enough to feel each other's breath on their faces.
- Latinos typically favor closer proximity than to non-Hispanic whites.

Touch

- To touch or not to touch is only part of the question.
- Cultures also have different rules about who can be touched & where.
- A handshake is generally accepted as a standard greeting in business, yet the kind of handshake differs.
- In North America, it is a hearty grasp; in Mexico it is often a softer hold, and in Asia a soft handshake with the second hand brought up under the first is a sign of friendship & warmth.

Touch

- Religious rules may also apply.
- For devout Muslims & Orthodox Jews, touching between men & women in public is not permitted, so a handshake would not be appropriate.
- Touching the head, even tousling a child's hair as an affectionate gesture, would be considered offensive by many Asians.
- Individuals will usually let you know their preferences through their behavior.
- Following the other person's lead is generally a good guideline.
- If you need to touch someone for purposes of a pat down or search, explain the purpose & procedure before you begin.

Degree of Formality

- Any embarrassment can lead to loss of face, even in the dominant American culture.
- Addressing individuals casually versus “Mr. or Mrs.” and “sir” or “ma’am”. Not speaking to the “head of the household” can be humiliating in some cultures.
- Behaviors that we see as harmless can be demeaning to others.
- Inadvertent slights or unconscious faux pas can cause serious repercussions in intercultural relationships.

Cultural Competence Action Steps

- Avoid making judgments about their beliefs and practices
- Respect other's culture/beliefs
- Understand other's view of your culture
- Be aware of your own biases
- Know your limits in dealing with other cultures
- Understand your personal style's effect on others in light of their culture

- Following is a list of tips when dealing with people from other cultures:
 - By being open-minded and respectful toward their beliefs, values, & practices, you can help people feel more comfortable.
 - Factors that may differ from person to person include ethnic, religious, and occupational factors.
 - Some people belong to more than one ethnic group, as well as cultural groups.
 - Other people have fewer group identities.
 - Ask questions that help you to learn about the patient's view of his/her condition.

Benefit of Cultural Competency for CIT Officers

- Outcomes include the following:
 - Improved Responder Safety
 - Understanding cultural differences reduces vulnerability
 - Decreased Liability
 - Lower incidence of litigation
 - More Effective Community Presence
 - Heightened awareness and understanding of differences in the community
 - Greater Intelligence-Gathering Capability for Law Enforcement
 - Stronger relationships build trust

THE END



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