

Connecting Culture and Behavioral Health

An Introduction to Cultural and Linguistic Competency

Our country and the communities within it are home to people from a wide variety of cultures. Duval County continues to grow in diversity with children and families from different backgrounds who need a well built, culturally and linguistically competent system of care. All children should be equally plugged into a reliable grid of resources to ensure learning and optimal social, emotional, mental and physical well-being.

The Partnership for Child Health and the Jacksonville System of Care Initiative offer a Cultural and Linguistic Competency (CLC) Professional Learning Community designed to develop leaders in effective communication across differences and building culturally competent organizations and systems of care. These differences include:

- socioeconomic status
- race
- sex
- religion
- ethnicity

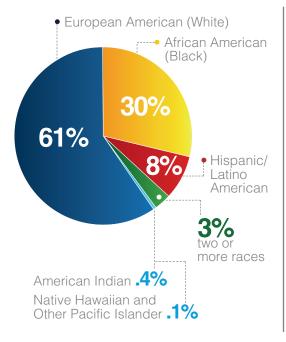
- national origin
- language
- sexual orientation
- gender identity/ expression
- resident status
- urban
- rural
- suburban

Cultural competence is a defined set of values, behaviors, attitudes and practices within systems, organizations, programs or among individuals and which enable them to work effectively cross-culturally. (Cross et. al, 1989)

US CENSUS DATA

(U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates)

Duval County's estimated population, more than **913,010** residents comprised of urban, suburban and rural areas





A fourth of Duval County's population is under the age of 18 years of age.

Approximately 11% of Duval County's population is European American (White) children, 8% are African American children, .8% Asian American children, 2.4% Hispanic/Latino(a) children, 2% are two or more races, .3% are other races, .02% Native Hawaiian Pacific Islander children and .05% American Indian children.

PROADLY-SPEAKING... WHAT IS CULTURE?

- Beliefs, values, norms, mores, traditions, languages, customs and communication patterns of a specific group of people.
- A system of rules that guide our behavior.
- Cultural values and beliefs allow us to adapt to the world around us.
- Culture impacts our perceptions and beliefs about health and illness.

For example, some cultural groups view mental illness from solely a spiritual perspective versus a biomedical model. For some cultural groups, mental illness is seen as "dis-ease" of the soul/spirit solely and not of the brain. Acknowledging the families' cultural beliefs is important while also educating families about disease causation, signs and symptoms and emphasizing solutions/treatment for the child.

Behavioral health professionals, Wraparound Coordinators and parent partners (peer support specialists) help children's mental health to be leveled like a table through culturally competent practice. Examples of culturally competent practice may include; conducting a cultural assessment, understanding the families' perspective of mental illness, integrating cultural elements into care plans, use of interpreters, translating documents and helping families to successfully navigate systems.

At Risk Youth in Duval County

Almost 20% of high school students had seriously considered attempting suicide as compared to 17% nationally, 19% of high school students had made a plan to attempt suicide as compared to almost 14% nationally, and almost 19% of high school students had attempted suicide as compared to 8% nationally.

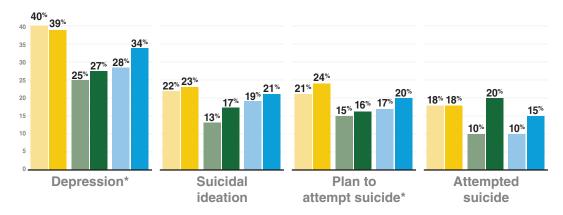
Duval County's 2015 Youth Risk Behavior Survey for high school students shows that over

30%

of youth felt sad or hopeless almost every day for two or more weeks in a row.

Suicide for high school students by race/ethnicity, Duval County, 2013 vs. 2015





*Significant difference Hispanic vs. Black in 2015

In 2013, The United States Department of Health and Human Services – Office of Minority Health updated the National Culturally and Linguistically Appropriate Services (CLAS) Standards expanding the definition of culture and the application of the standards in both primary care and behavioral health systems under three major themes.

Governance, Leadership and Workforce Development Communication and Language Assistance

Continuous Quality Improvement and Accountability

The National CLAS Standards addresses cultural competency and health equity from these four perspectives

INDIVIDUAL

Self-Awareness Self-Reflection (Examination) Authenticity Self-Alignment

SERVICE DELIVERY

Cultural Assessment
Cultural Considerations
Cultural Adaptations
Cross-Cultural Communication

ORGANIZATIONAL

Leadership Policies Structures Processes

COMMUNITY

Social Determinants Community Knowledge Health Equity Community Engagement

CASE STUDY:

A 12-year old biracial youth in the foster care system has been traumatized and retraumatized with nine different foster care placemats. He was born exposed to alcohol and substance abuse. He was exchanged by his mother



substance abuse. He was exchanged by his mother for drugs and was sexually abused. He is angry and has been diagnosed with ADHD and ODD. He has been Baker Acted twice.

Biracial youth like most adolescents explore their identity and may choose to identify with one group. Later the youth may reject their chosen racial identity group and appreciate their multiple identities. The effect may be overwhelming on the adolescent's development during a time of self-discovery, identity development, abstract thinking and physical, social and emotional changes. Caregivers and youth must be aware of the multiple layers of changes and its potential impact on social and emotional well-being.

"Are you understanding the challenges related to biracial identity development?"

"What are some cultural issues that should be considered?"

"Are you using terminology or acronyms that the family or youth may not understand?"

"Are you using the repeat-back-method to ensure that your instructions are clear?"

"Are you aware of trauma-informed practices including individualized services for youth, building trust and strength-based services?"

"Studies confirm that young people who have been in foster care, by virtue of their pre- and post-foster care experiences, are vulnerable to a range of emotional and behavioral issues, with the most severe being post-traumatic stress disorders (PTSD)"

Hodas, 2006

HELPFUL RESOURCES

Think Cultural Health.hhs.gov Ethnomed.org/culture ProjectImplicit.net/index.html USF CLC Library: cfs.cbcs.usf.edu

For cultural and linguistic competency trainings, assessments and resources contact us at admin@partnershipforchildhealth.org or find out more at **partnershipforchildhealth.org**.

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Jacksonville System of Care Initiative



