## CULTURALLY RESPONSIVE COD PRACTICES AND MULTICULTURAL ASSESSMENTS

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## **OVERVIEW**

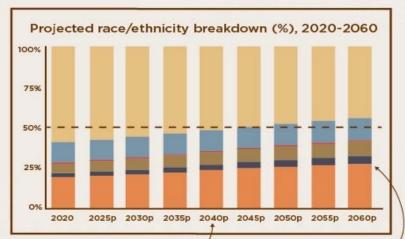


## Racial and Ethnic Minoritized Communities and Co-occurring Concerns

From your experience in working with REM communities and/or your knowledge of these populations, how do REM communities view mental health and substance use concerns and services?

The United States is a unique mosaic of cultural diversity— almost 40% of its people belong to racial or ethnic minorities.

Here, we visualize the breakdown of the U.S. population in 2019, and how this will change over time.



Over time, the share of white populations is expected to decline to less than half (44%) of all Americans after 2045.

The proportion of those with multiple racial backgrounds will more than double by 2060.



18.5% Hispanic

12.2% Black 5.6% Asian

0.2% Native Hawaiian/ Other Pacific Islander 2.8% Multiple Races 0.7% American Indian/ Alaska Native

Note: U.S. totals exclude Puerto Rico

## BACKGROUND: LATINX

15.7%
people aged 18 or older had a substance use disorder (SUD)

7.2%
people 18
or older
had BOTH

20.7%
people aged 18 or older had a mental illness (MI)

30.3% had a MI or SUD

## BACKGROUND: BLACK

17.2%
people aged 18 or
older had a
substance use
disorder (SUD)

7.4%
people 18
or older
had BOTH

21.4%
people aged 18 or older had a mental illness (MI)

32.3% had a MI or SUD

## BACKGROUND: FIRST NATIONS PEOPLE

27.6%
people aged 18 or
older had a
substance use
disorder (SUD)

10.4%
people 18
or older
had BOTH

26.6% people aged 18 or older had a mental illness (MI)

45.3% had a MI or SUD

## BACKGROUND: ASIAN

8%
people aged 18 or
older had a
substance use
disorder (SUD)

3.5% people 18 or older had BOTH 16.4%
people aged 18 or older had a mental illness (MI)

21.4% had a MI or SUD

# BACKGROUND: MULTIRACIAL

25.9%
people aged 18 or
older had a
substance use
disorder (SUD)

16.3%
people 18
or older
had BOTH

34.9%
people aged 18 or older had a mental illness (MI)

48%
had a MI or SUD

## **BACKGROUND**

Race/Ethnicity	Mental Illness	Substance Use	MI or SUD	Co-Occurring
Latinx	20.7%	15.7%	30.3%	7.2%
Black	21.4%	17.2%	32.3%	7.4%
First Nations People	26.6%	27.6%	45.3%	10.4%
Asian	16.4%	8%	21.4%	3.5%
Multiracial	34.9%	25.9%	48%	16.3%

## **BACKGROUND**

- Lack of treatment engagement
- Similar outcomes to non-Latinx White people
- Barriers to treatment

## **BACKGROUND**

- Low participation in treatment
- Underutilization of available resources
- Negatively publicized view of mental health
- Mistreatment in clinical settings

# Culturally Responsive Practices

Broadly, what culturally responsive clinical practices do you implement when providing care?

## RESPONSIVE PRACTICES

"Effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs."

Office of Minority Health, 2018

## RESPONSIVE PRACTICES

- Define what is culturally relevant
- Avoid making assumptions
- Keep from generalizing
- Identify cultural elements

## RESPONSIVE PRACTICES

- Collective healing approach
- Inquire about healing, help-seeking, and concerns
- Assess personal views on concerns:
  - How would you and/or community label your concern?
  - What is going on in your body as a result of the concern?
  - What do you think caused the concern?

# Multicultural Tools/Assessments

What are some multicultural tools/assessments being implemented in your approach to care?

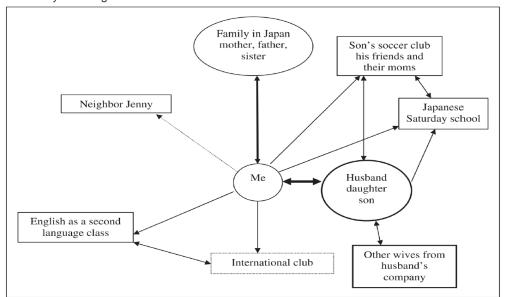
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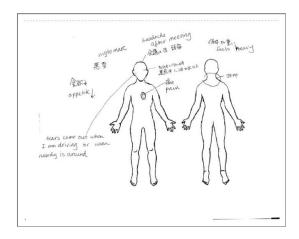
Transcult Psychiatry. 2012 April; 49(2): 302–322. doi:10.1177/1363461511425877.

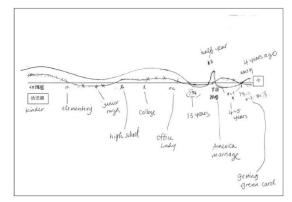
## The Clinical Ethnographic Interview: A user-friendly guide to the cultural formulation of distress and help seeking

#### Denise Saint Arnault and Shizuka Shimabukuro

University of Michigan







#### **Cultural Formulation Interview (CFI)**

Supplementary modules used to expand each CFI subtopic are noted in parentheses.

**GUIDE TO INTERVIEWER** 

INSTRUCTIONS TO THE INTERVIEWER ARE ITALICIZED.

#### CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

#### CAUSES

#### (Explanatory Model, Social Network, Older Adults)

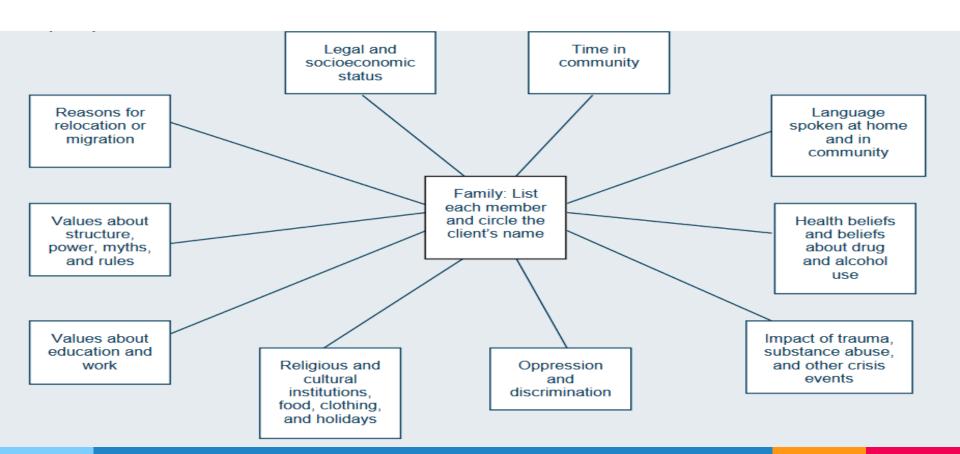
- This question indicates the meaning of the condition for the individual, which may be relevant for clinical care.
- Note that individuals may identify multiple causes, depending on the facet of the problem they are considering.

Focus on the views of members of the individual's social network. These may be diverse and vary from the individual's. 4. Why do you think this is happening to you? What do you think are the causes of your [PROBLEM]?

#### PROMPT FURTHER IF REQUIRED:

Some people may explain their problem as the result of bad things that happen in their life, problems with others, a physical illness, a spiritual reason, or many other causes.

What do others in your family, your friends, or others in your community think is causing your [PROBLEM]?



Instrument	Description	Racial and Ethnic Group
Short Michigan Alcohol Screening Test (S-MAST)	Screens for alcohol use concerns	Blacks, Arab Muslims, First Nations People, Asians, Latinxs
Rapid Alcohol Problem Screen (RAPS)	Sensitive across both ethnicity and gender for alcohol	Blacks, Latinxs, Asians
Symptom Checklist-90-R (SCL)	Psychiatric symptoms	Latinxs, Blacks
Schedules For Clinical Assessment in Neuropsychiatry, 2 <sup>nd</sup> Version (SCAN-2)	Psychopathology and behavior associated with major mental disorders	Blacks, Latinxs, Asians (including East Asians)

### **SUMMARY**

Understand structural barriers

Practice from culturally responsive lens

Use responsive assessments and screeners

Browning of America

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## ¡Gracias! Questions?

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