Disclaimer

Southeast (HHS Region 4)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Southeast (HHS Region 4)

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Southeast (HHS Region 4)

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

- This training is 100% supported by SAMHSA of the U.S. Department of Health and Human Services (HHS).

- The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government.

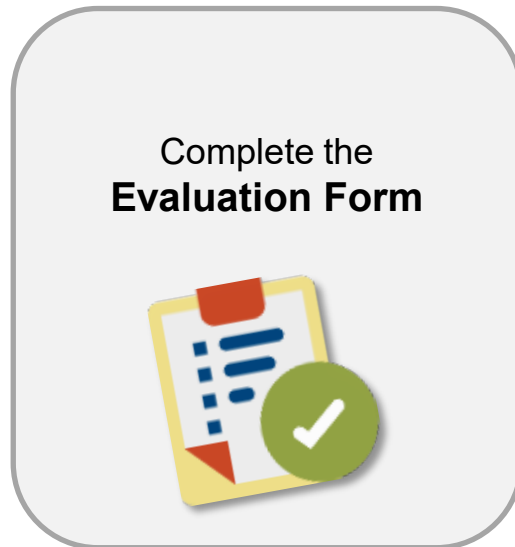The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

Housekeeping

After the webinar:

Webinar **Recording** available in 2-3 days on our page

Complete the **Evaluation Form**

to gain access to →

A download of the **Certificate of Attendance**

SE PTTC
Wake Forest University
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Morehouse School of Medicine

SE MHTTC
Emory University Rollins
School of Pub Health

Southeast (HHS Region 4)
ATTC
Addiction Technology Transfer Center Network
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Southeast (HHS Region 4)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Southeast (HHS Region 4)
PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health
Services Administration

CAPT Michael King, PhD, MSW,
Regional Director (Reg 4)

Setting the Stage for Behavioral Health Equity in the Southeast

Michael King, PhD, MSW

Regional Director

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

SAMHSA
Substance Abuse and Mental Health Services Administration

WHAT?

20% of U.S. population

+ 6 Federally-recognized Tribes
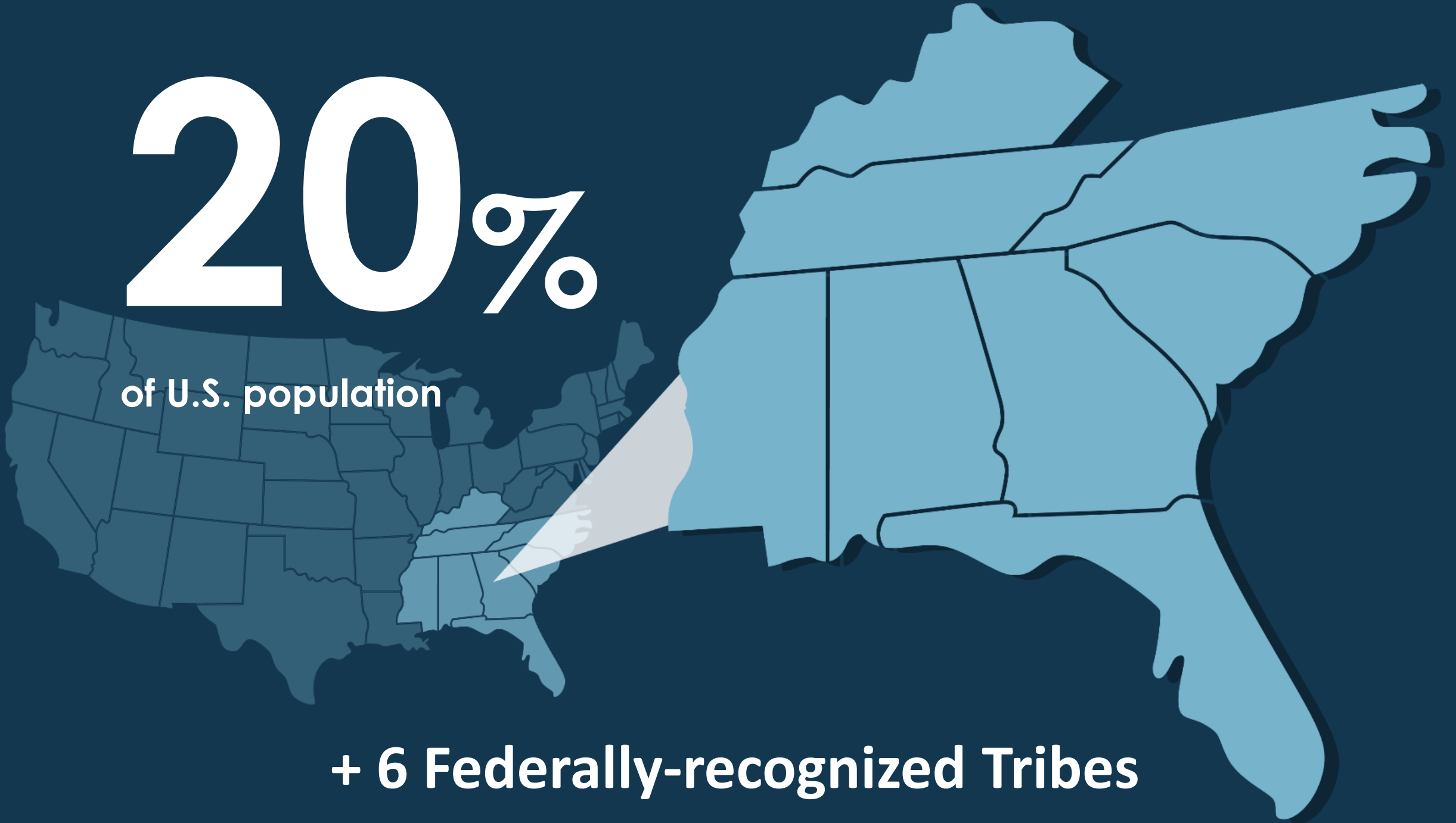
7of 8 states
More Rural Residents

National Vital Statistics System, United States, 2018-2022

OPIOID OVERDOSE-RELATED MORTALITY

Contributions and variations by sex, race, ethnicity, and rurality in HHS Region 4

The findings and conclusions of this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention
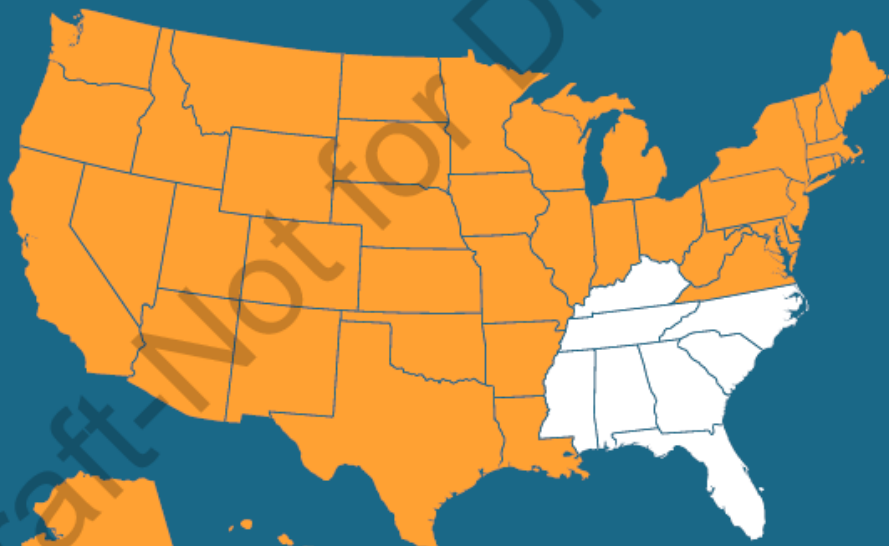
Macarena C. García, DrPH, MPS, MIS
Senior Health Scientist
Office of Rural Health
Centers for Disease Control and Prevention

Kevin Matthews, PhD
Health Scientist
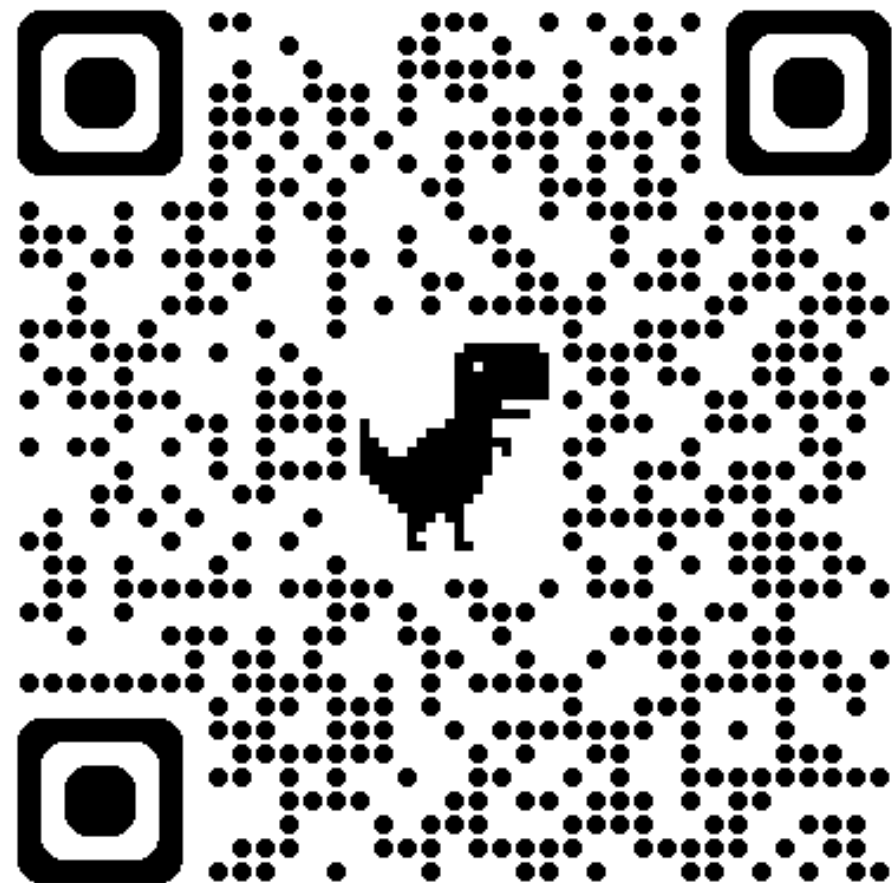Office of Rural Health
Centers for Disease Control and Prevention

Behavioral Health Barometer

Region 4 | Volume 7

Indicators as Measured in the 2021-2022
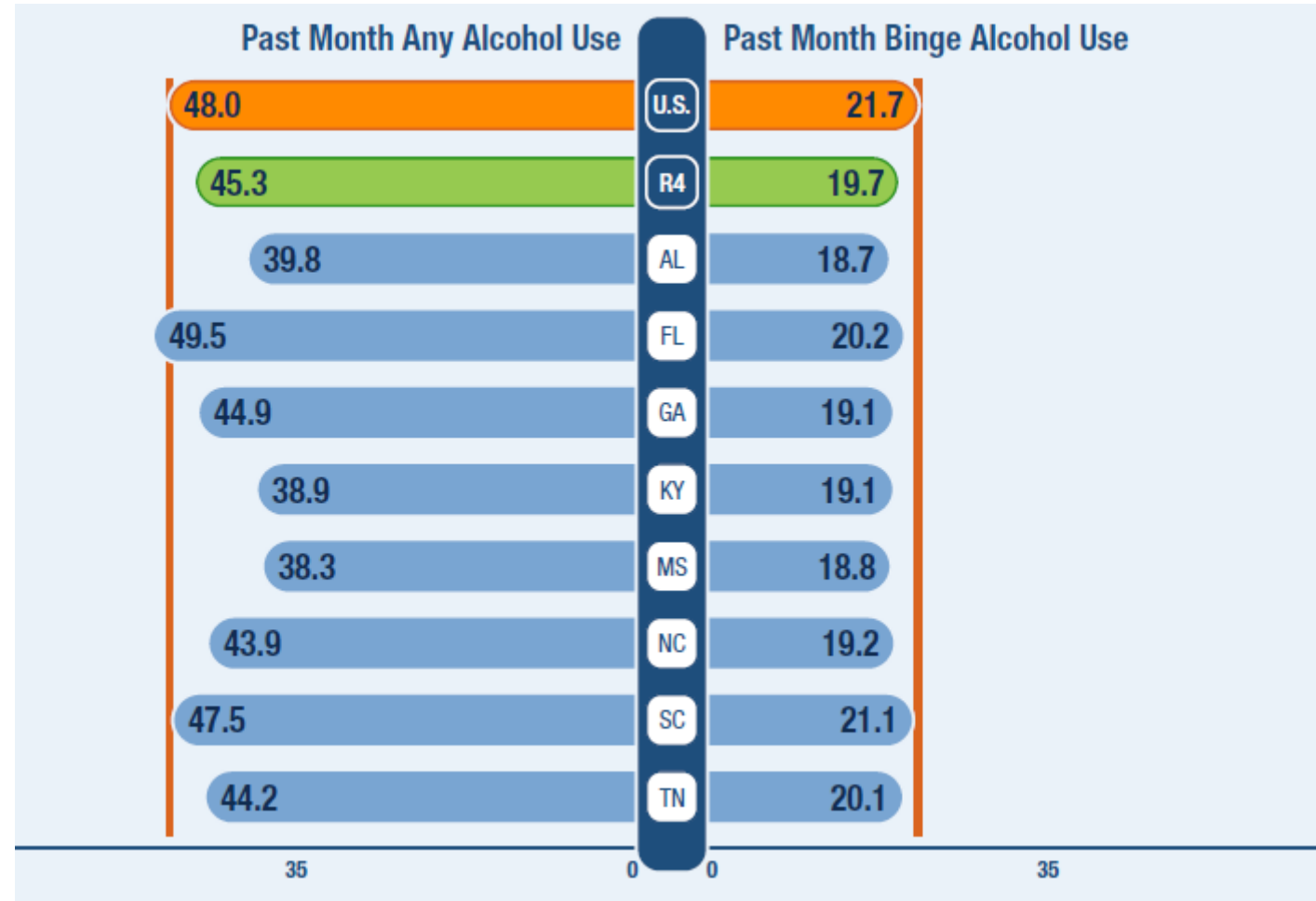National Surveys on Drug Use and Health

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Services Administration

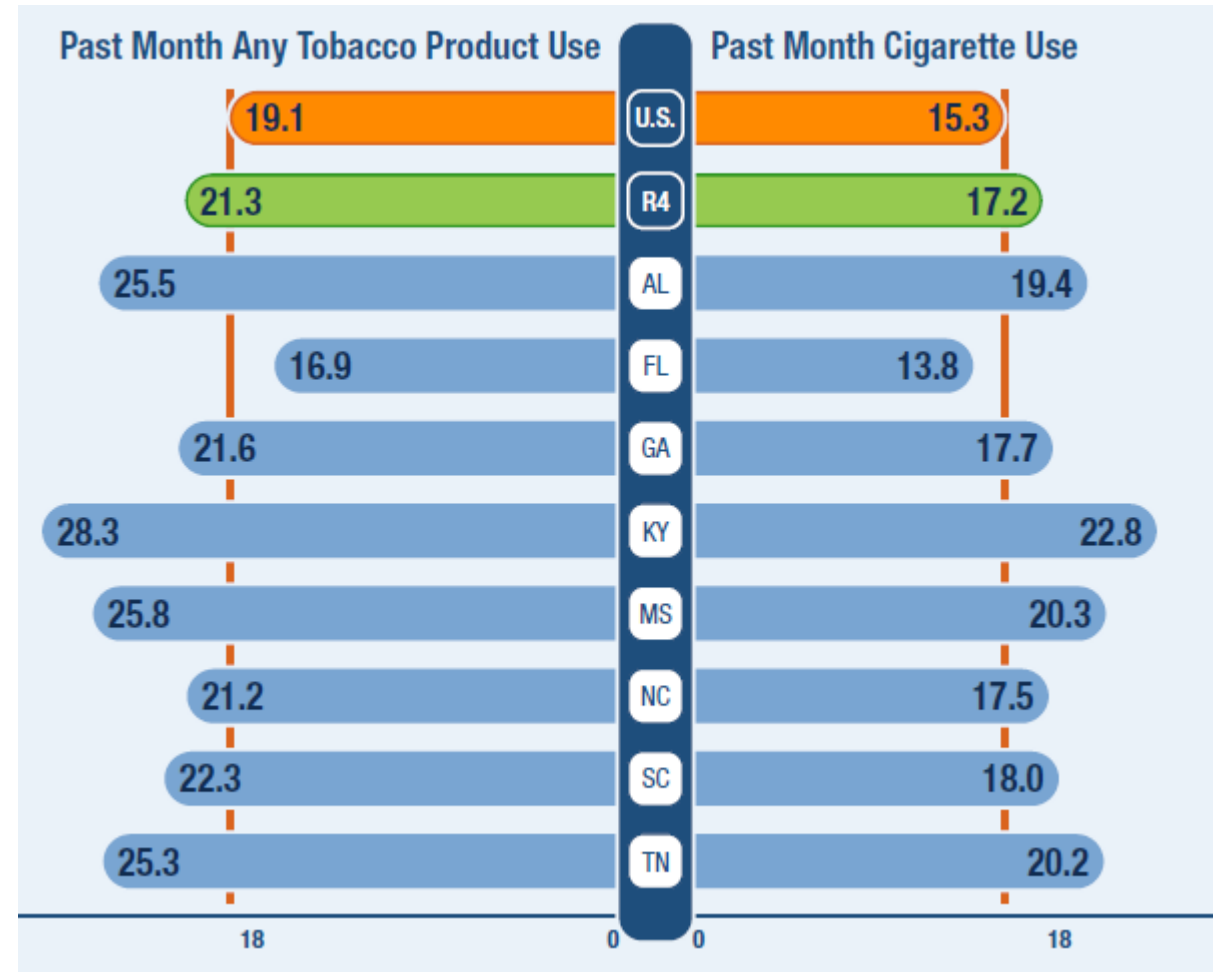NSDUH State Data Tables and Reports, 2021-2022

Alcohol Use in the Past Month: Among People Aged 12 or Older, 2021-2022

- Among people aged 12 or older in Region 4, 45.3% drank and 19.7% binge drank in the past month. Both estimates were **lower** than the **national average**

- Compared to the **regional average:**
  - Any alcohol use was **higher** in FL, **lower** in AL, KY, and MS, and **similar** for other states
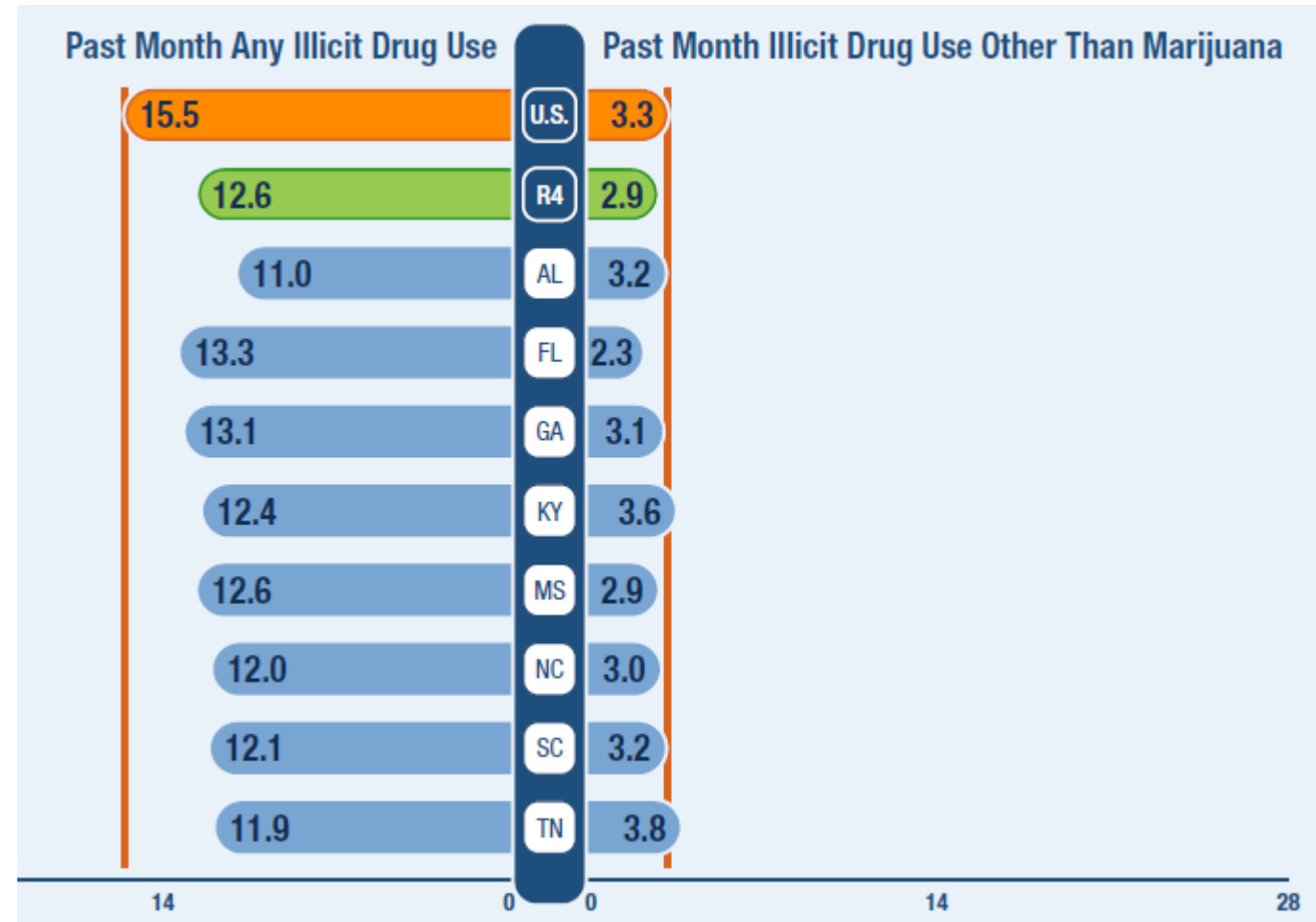 - Binge drinking **similar** in every state

Past Month Any Alcohol Use		Past Month Binge Alcohol Use
48.0	U.S.	21.7
45.3	R4	19.7
39.8	AL	18.7
49.5	FL	20.2
44.9	GA	19.1
38.9	KY	19.1
38.3	MS	18.8
43.9	NC	19.2
47.5	SC	21.1
44.2	TN	20.1

- Among people 12 or older in Region 4, 21.3% (or 12.3M) used tobacco products and 17.2% (or 10.0M) used cigarettes in the past month. These estimates were **higher** than the **national average**

- Compared with the **regional average**:
  - Any tobacco use was **higher** for AL, KY, MS, and TN; **lower** for FL; and **similar** for other states
  - Cigarette smoking was **higher** for KY, MS, and TN; **lower** for FL; and **similar** for other states
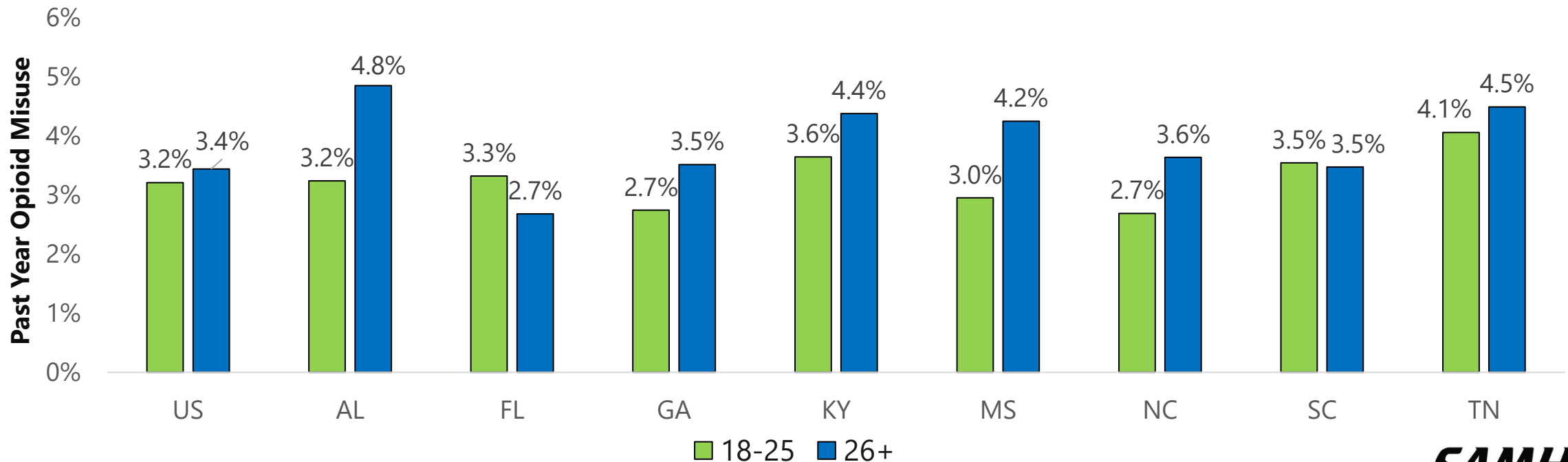

Past Month Any Tobacco Product Use		Past Month Cigarette Use
19.1	U.S.	15.3
21.3	R4	17.2
25.5	AL	19.4
16.9	FL	13.8
21.6	GA	17.7
28.3	KY	22.8
25.8	MS	20.3
21.2	NC	17.5
22.3	SC	18.0
25.3	TN	20.2

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Substance Abuse and Mental Health Services Administration

- Among people 12 or older in Region 4, 12.6% (or 7.3M) used illicit drugs and 2.9% (or 1.7M) used illicit drugs *other than marijuana* in the past month. These estimates were **lower** than the **national average**

- Compared with the **regional average**:
  - Any illicit drug use was **similar** for every state
  - Illicit drug use other than marijuana was **higher** for TN, **lower** for FL, and **similar** for every other state

Past Month Any Illicit Drug Use		Past Month Illicit Drug Use Other Than Marijuana
15.5	U.S.	3.3
12.6	R4	2.9
11.0	AL	3.2
13.3	FL	2.3
13.1	GA	3.1
12.4	KY	3.6
12.6	MS	2.9
12.0	NC	3.0
12.1	SC	3.2
11.9	TN	3.8

SAMHSA
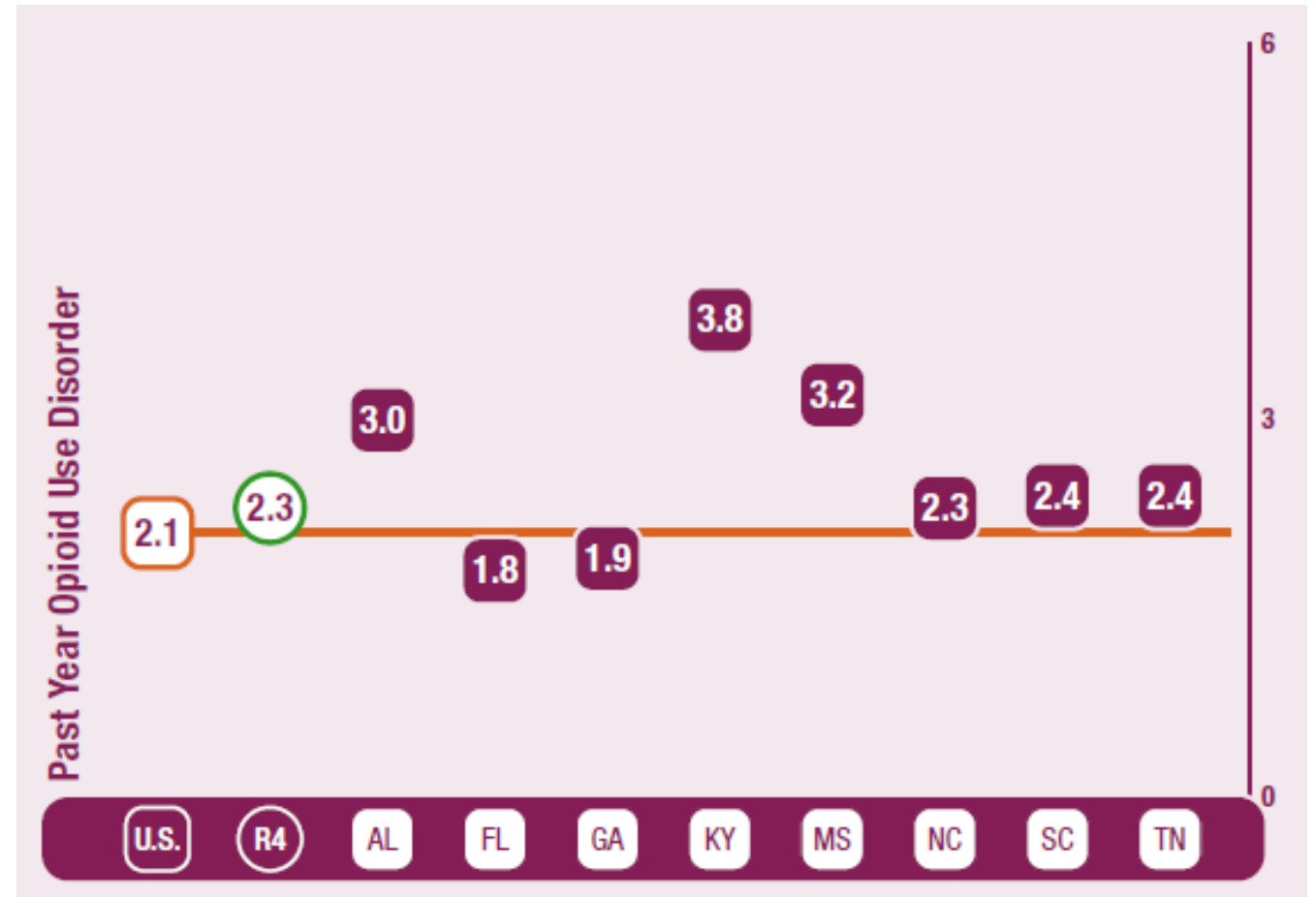Substance Abuse and Mental Health
Services Administration

Opioid Misuse in the Past Year: Among Adults 18 to 25 and 26+, 2021-2022

- Among young adults **aged 18 to 25**: Compared to the **national average** (3.2%), the prevalence of opioid misuse was **similar** in every state in Region 4

- Among adults **aged 26 or older**: Compared to the **national average** (3.4%), the prevalence of opioid misuse was **higher** in AL (4.8%), **lower** in FL (2.7%), and **similar** in other states
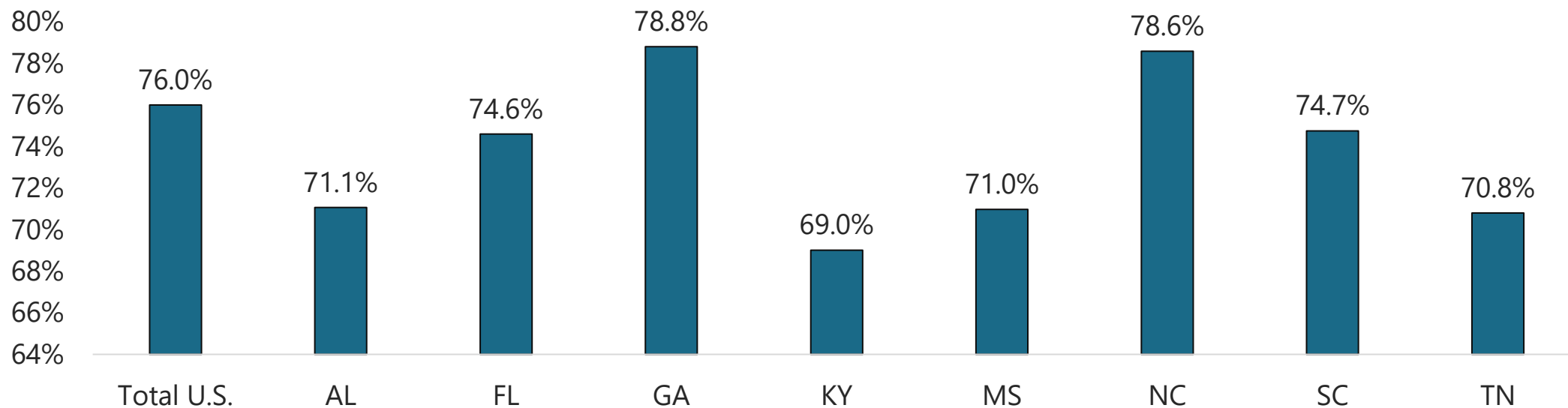
- Among people 12 or older in Region 4, 2.3% (or 1.3M) had an OUD in the past year, which was **similar** to the **national average**

- Compared with the **regional average**, OUD was **higher** for KY and MS, **lower** for FL, and **similar** for all other states
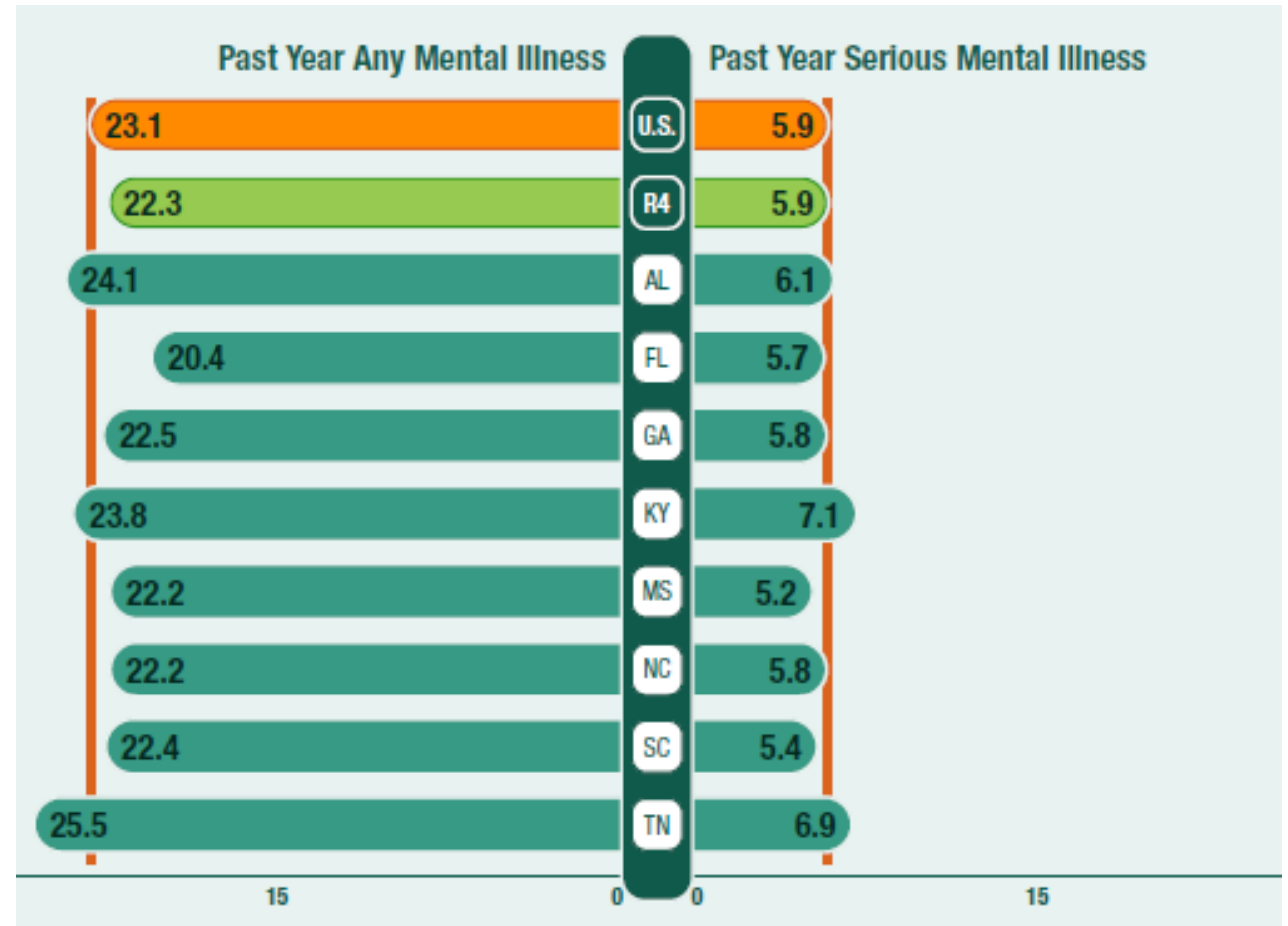

Past Year Opioid Use Disorder

U.S.	R4	AL	FL	GA	KY	MS	NC	SC	TN
2.1	2.3	3.0	1.8	1.9	3.8	3.2	2.3	2.4	2.4

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Services Administration

Did <u>Not</u> Receive Substance Use Treatment in the Past Year: Among People Aged 12 or Older Classified as Needing It, 2022

- In 2022, among people aged 12 or older who needed substance use treatment (SU Tx) in the past year, 76% did <u>not</u> receive it nationally.

- Compared to the **national average**, the percentage of people who did not receive SU Tx among those who needed it was **lower** in KY

	Total U.S.	AL	FL	GA	KY	MS	NC	SC	TN
	76.0%	71.1%	74.6%	78.8%	69.0%	71.0%	78.6%	74.7%	70.8%

- Among adults Region 4, 22.3%(or 11.7M) had AMI and 5.9% (or 3.1M) had SMI in the past year. Compared to the **national average**, the regional average was **lower** for AMI and **similar** for SMI

- Compared with the **regional average:**
  - AMI was **higher** in TN, **lower** in FL, and **similar** in all other states
  - SMI was **similar** in every state

Past Year Any Mental Illness		Past Year Serious Mental Illness
23.1	U.S.	5.9
22.3	R4	5.9
24.1	AL	6.1
20.4	FL	5.7
22.5	GA	5.8
23.8	KY	7.1
22.2	MS	5.2
22.2	NC	5.8
22.4	SC	5.4
25.5	TN	6.9

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Services Administration

Major Depressive Episode (MDE) in the Past Year: Among Adults 18 or Older, 2021-2022

- Among adults Region 4, 8.2%(or 4.3M) had MDE in the past year, which was **lower** than the **national average**

- Compared with the **regional average**, the estimate was **higher** in KY, **lower** in MS, and **similar** in all other states
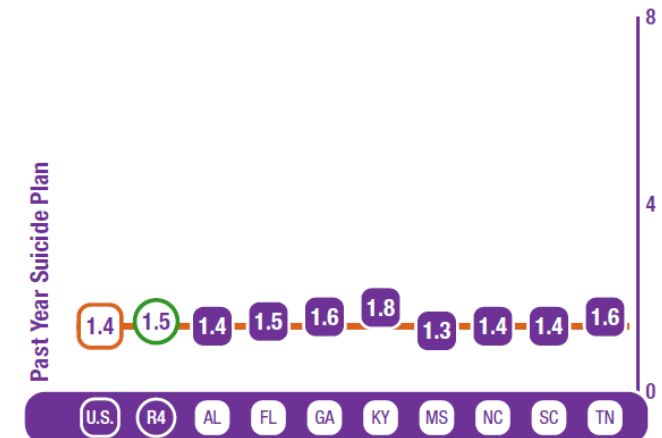

Past Year Major Depressive Episode

U.S.	R4	AL	FL	GA	KY	MS	NC	SC	TN
8.6	8.2	7.9	7.9	8.2	9.7	6.9	8.5	7.9	9.0

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- Among adults Region 4, 4.9% (or 2.6M) had serious thoughts of suicide, 1.5% (or 782K) made suicide plans, and 0.7% (or 368K) attempted suicide in the past year. These estimates were **similar** to the **national average**

- Compared with the **regional average**, estimates of suicidal thoughts and behaviors were **similar** in every state
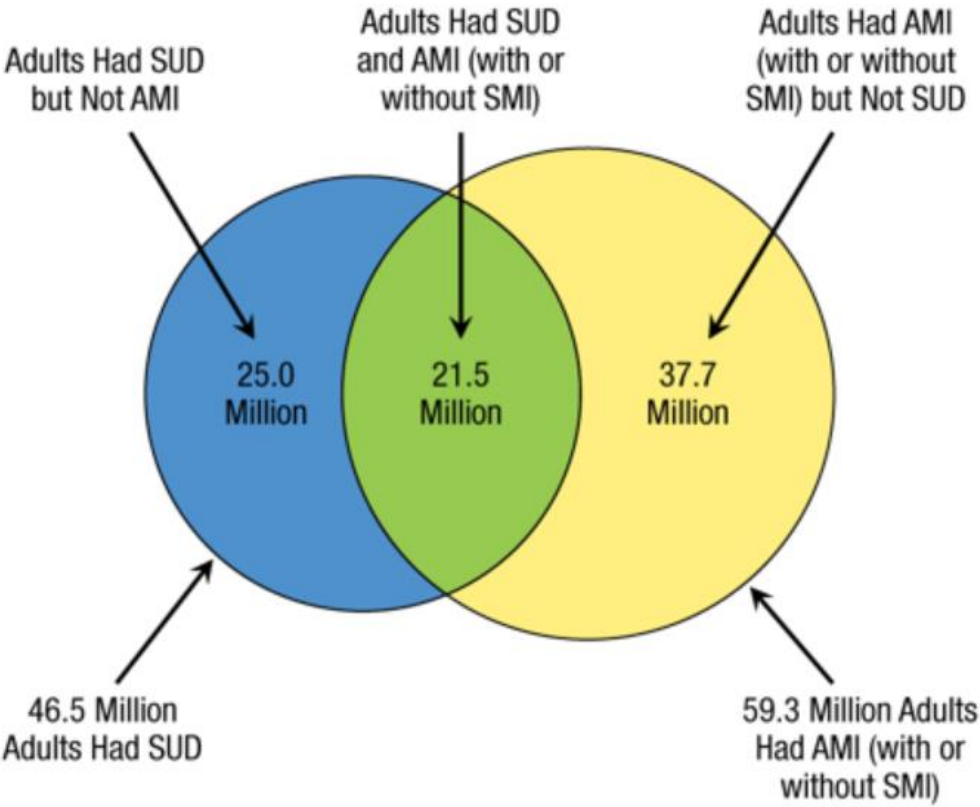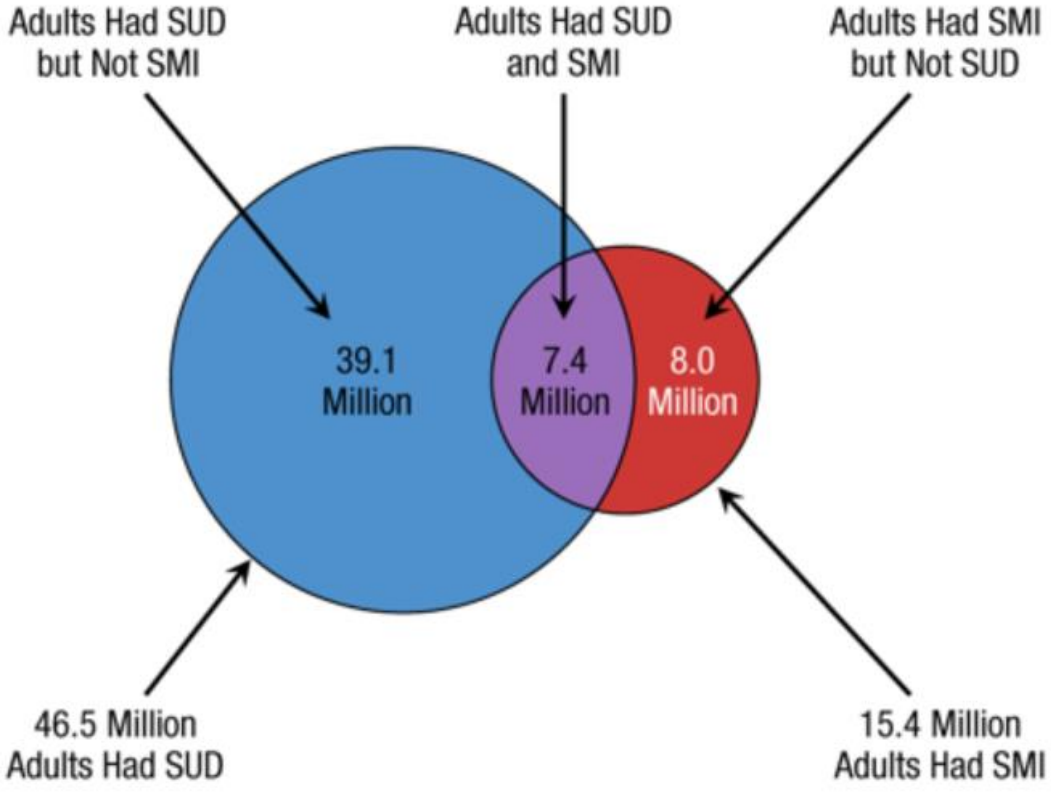
Suicidal Thoughts

Past Year Serious Thoughts of Suicide

| U.S. | R4 | AL | FL | GA | KY | MS | NC | SC | TN |
| 5.0 | 4.9 | 5.4 | 4.8 | 5.0 | 5.4 | 4.9 | 4.7 | 4.7 | 5.1 |

Suicide Plans

Past Year Suicide Plan

| U.S. | R4 | AL | FL | GA | KY | MS | NC | SC | TN |
| 1.4 | 1.5 | 1.4 | 1.5 | 1.6 | 1.8 | 1.3 | 1.4 | 1.4 | 1.6 |

Suicide Attempts

Past Year Suicide Attempt

| U.S. | R4 | AL | FL | GA | KY | MS | NC | SC | TN |
| 0.7 | 0.7 | 0.7 | 0.6 | 0.8 | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 |

19

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Services Administration
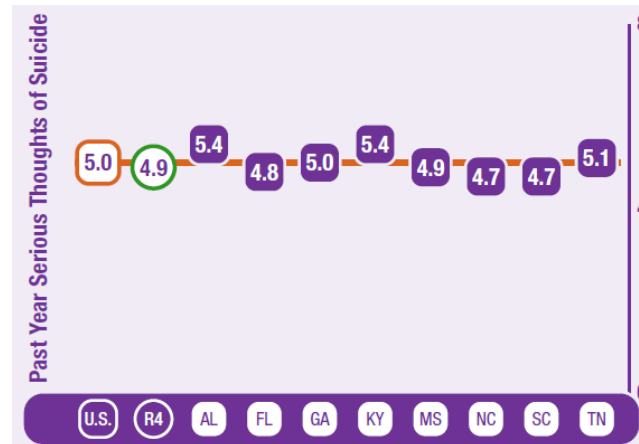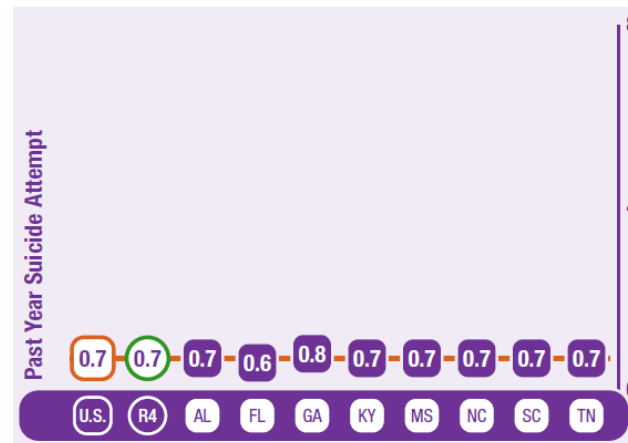
Any Mental Illness (AMI), Serious Mental Illness (SMI), or Substance Use Disorder (SUD) in the Past Year: Among Adults Aged 18 or Older; 2022

Adults Had SUD but Not AMI → 25.0 Million

Adults Had SUD and AMI (with or without SMI) → 21.5 Million

Adults Had AMI (with or without SMI) but Not SUD → 37.7 Million

46.5 Million Adults Had SUD

59.3 Million Adults Had AMI (with or without SMI)

84.2 Million Adults Had Either SUD or AMI (with or without SMI)

Adults Had SUD but Not SMI → 39.1 Million

Adults Had SUD and SMI → 7.4 Million

Adults Had SMI but Not SUD → 8.0 Million

46.5 Million Adults Had SUD

15.4 Million Adults Had SMI

54.4 Million Adults Had Either SUD or SMI

SO WHAT?
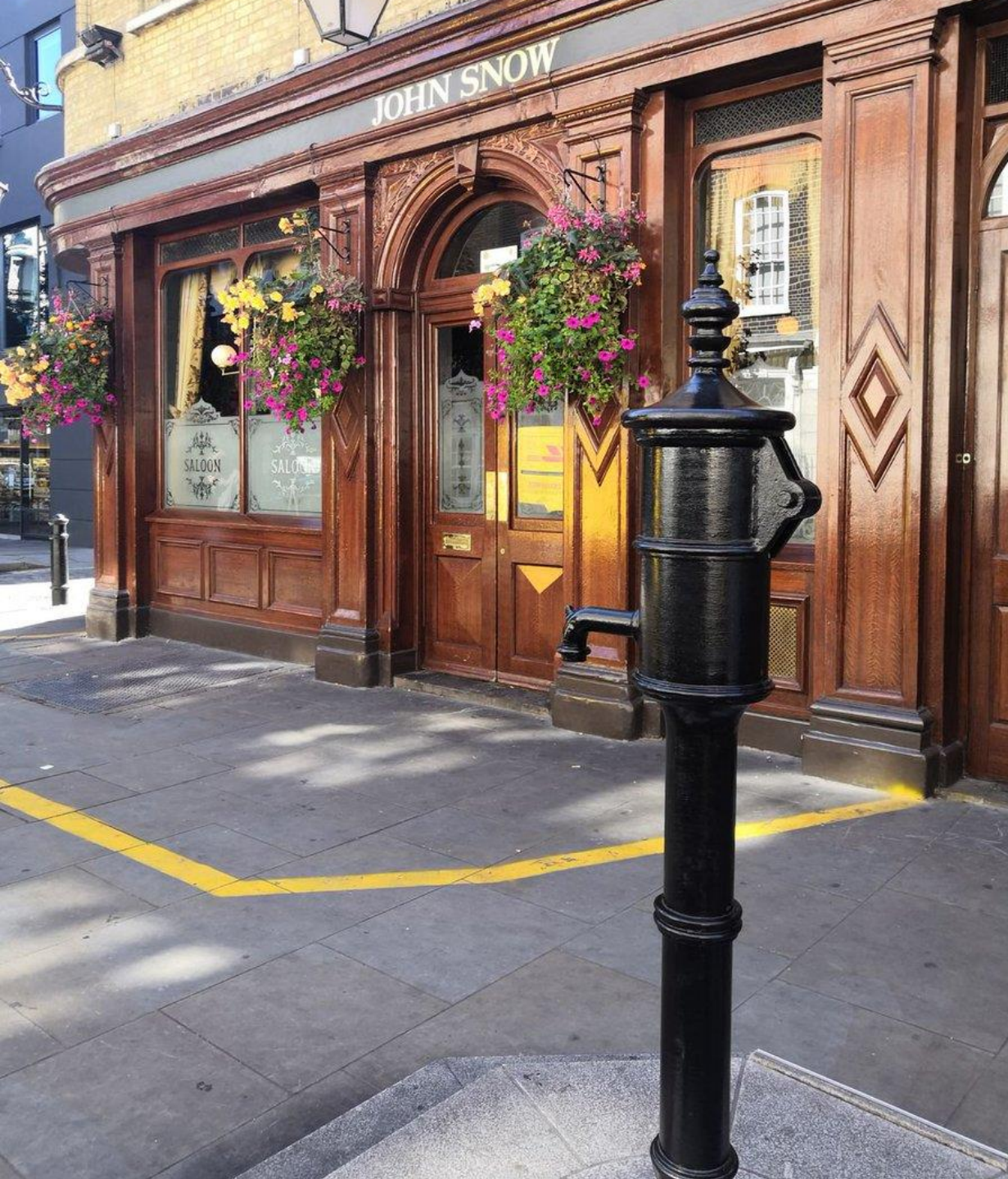
KEEP
CALM
AND
REMOVE THE
PUMP HANDLE

We have a new strategic plan.

Strategic Plan
2023-2026

SAMHSA
Substance Abuse and Mental Health
Services Administration

Miriam Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and Substance Use
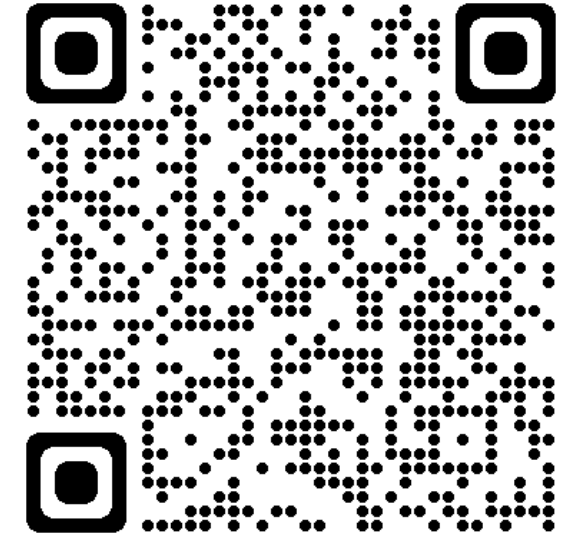
SAMHSA
Substance Abuse and Mental Health
Services Administration

Physical Abuse

Emotional Abuse

Sexual Abuse

Domestic Violence
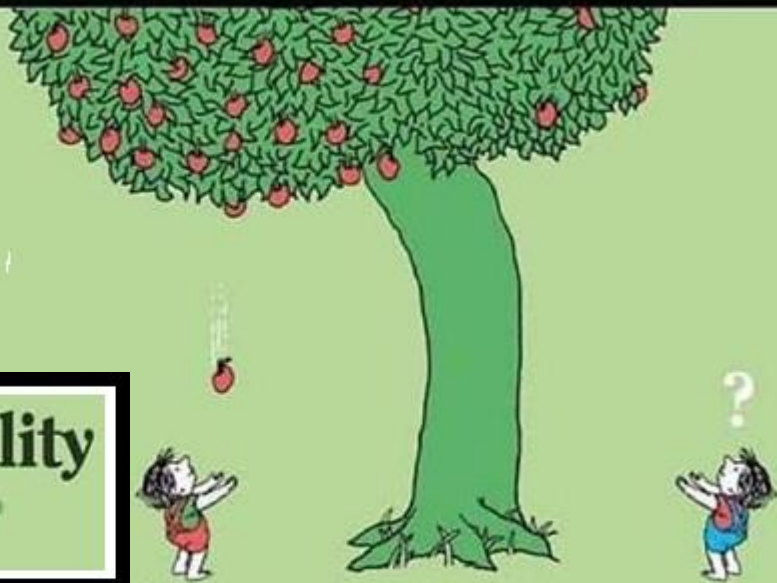
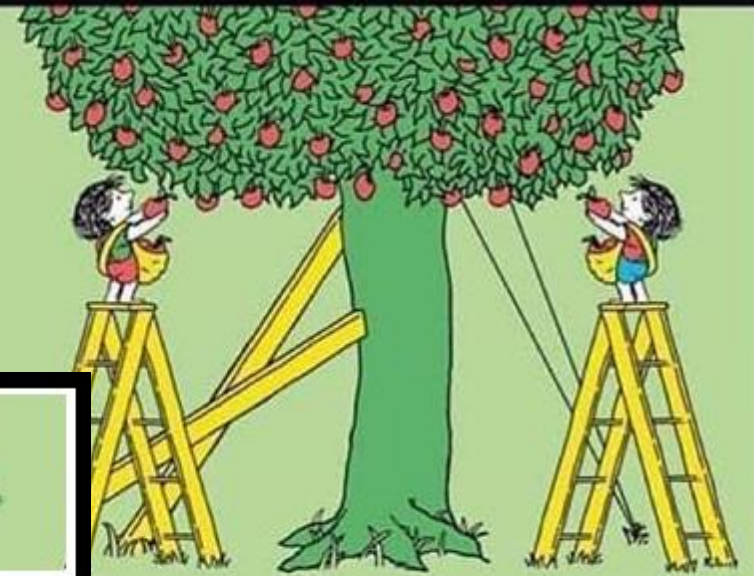Parental Substance Abuse

Mental Illness

Suicide or Death

Crime or Imprisoned Family

Promotion

Prevention

Universal
Selective
Indicated

Treatment

Case Identification
Standard Treatment for Known Disorders
Compliance with Long-term Treatment (Goal: Reduction in Relapse and Recurrence)
After-care (including Rehabilitation)

Recovery

Promotion

Promotion

Universal

Selective

Prevention

Indicated

Case Identification

Standard Treatment for Known Disorders

Treatment

Compliance with long term treatment (reduction in relapse/recurrence)

After care: Including Rehabilitation

Recovery
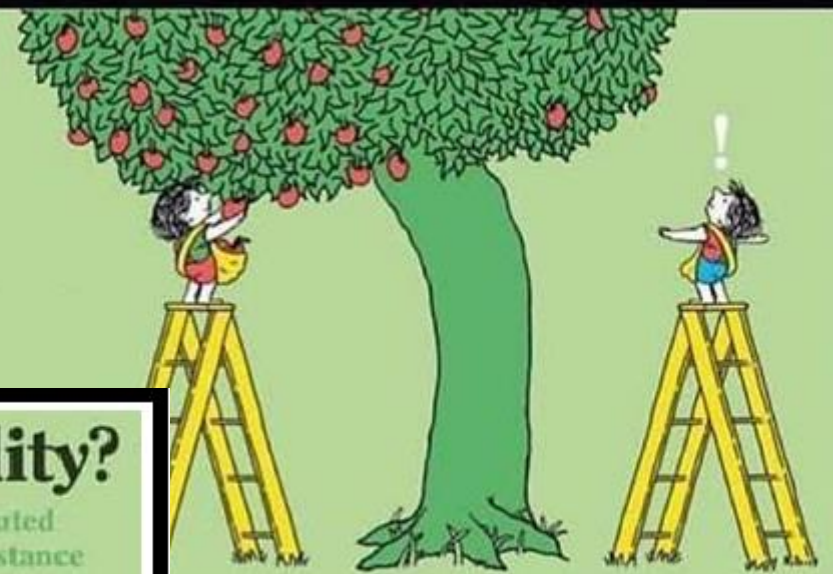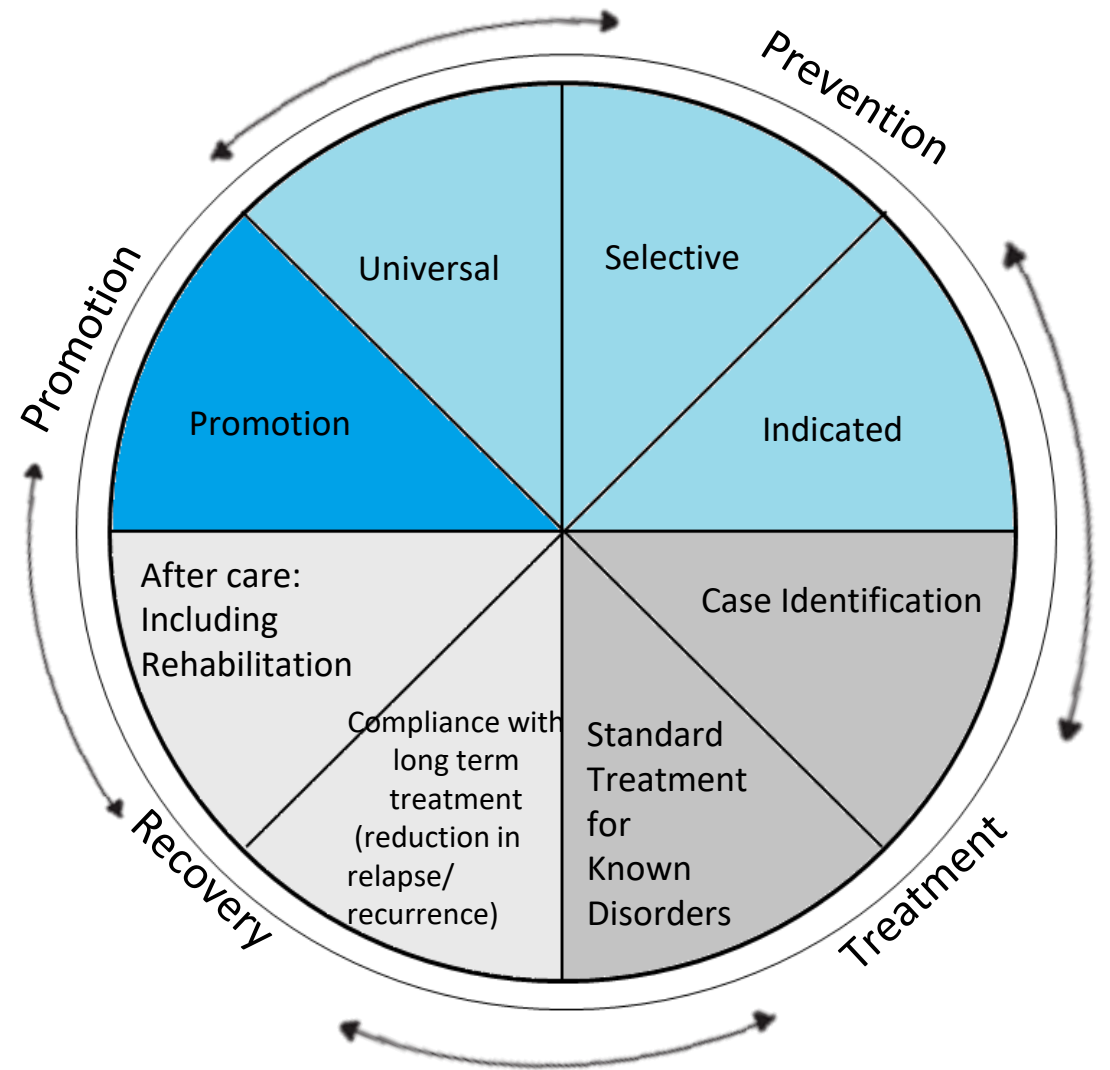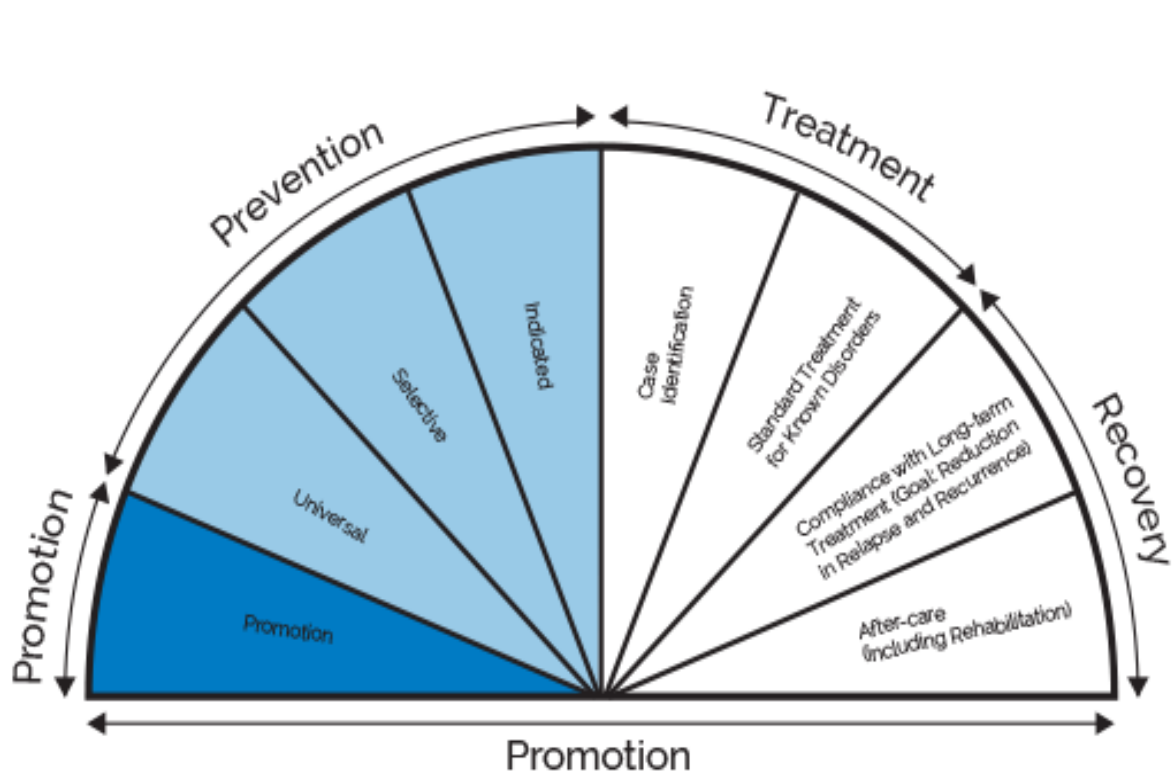
WHAT NOW?

Visit our CoEs for Health Equity...

Southeast (HHS Region 4)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
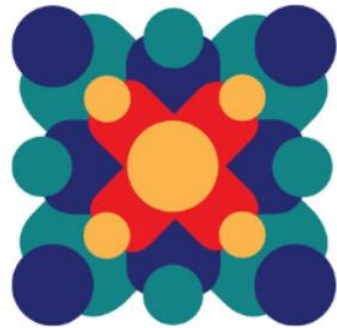
YOUR ATTC ⌄   EDUCATION ⌄   TOPICS ⌄   RESOURCES ⌄   COMMUNICATION ⌄   ABOUT ⌄

☰ SOUTHEAST ATTC NAVIGATION (Select to expand / collapse menu)   Go to Center 🏠

African American Behavioral Health

CENTER OF EXCELLENCE

PRESS RELEASE : Promoting Behavioral Health Equity for African Americans

Publication Date: Feb 16, 2021

Share This!

https://attcnetwork.org/centers/southeast-attc/home

https://lgbtqequity.org/

CENTER of EXCELLENCE
LGBTQ+ BEHAVIORAL HEALTH EQUITY

HOME ▾   LEARN   AFFIRM   MEET THE TEAM

IMPROVING CARE FOR LGBTQ+ COMMUNITIES

The Center of Excellence on LGBTQ+ Behavioral Health Equity provides behavioral health practitioners with vital information on supporting the population of people identifying as lesbian, gay, bisexual, transgender, queer, questioning, intersex, two-spirit, and other diverse sexual orientations, gender identities and expressions.

Through training, coaching, and technical assistance we are implementing change strategies within mental health and substance use disorder treatment systems to address disparities effecting LGBTQ+ people across all stages of life.

Join the National Network to Eliminate Disparities in Behavioral Health

https://nned.net/

Access public use files and interactive maps online
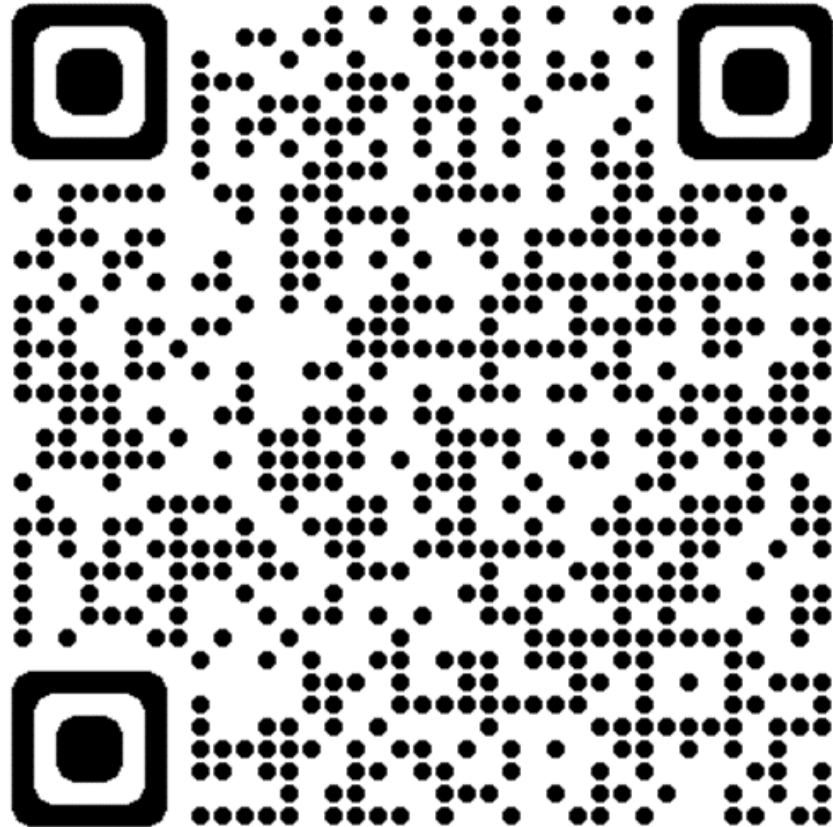
PLACES
LOCAL DATA FOR BETTER HEALTH

SAMHSA Tribal Training and Technical Assistance Center
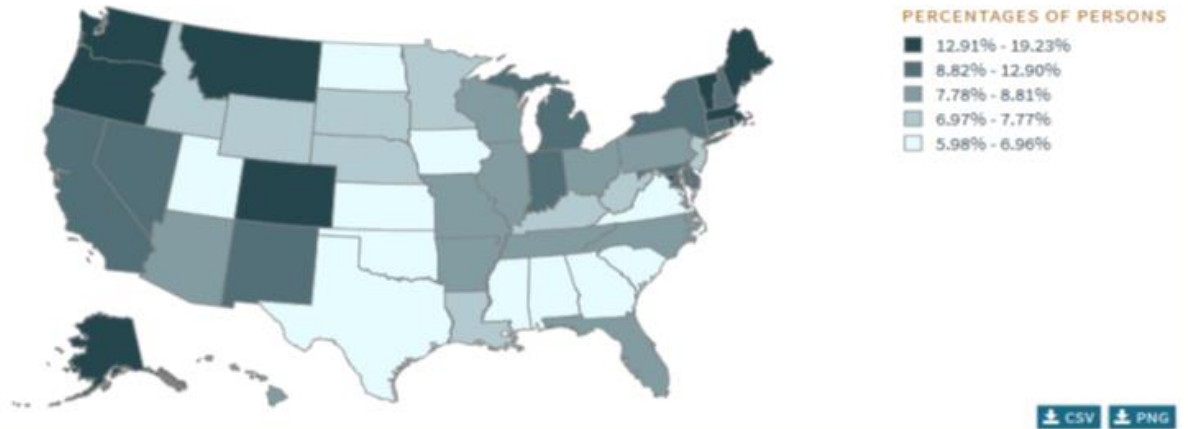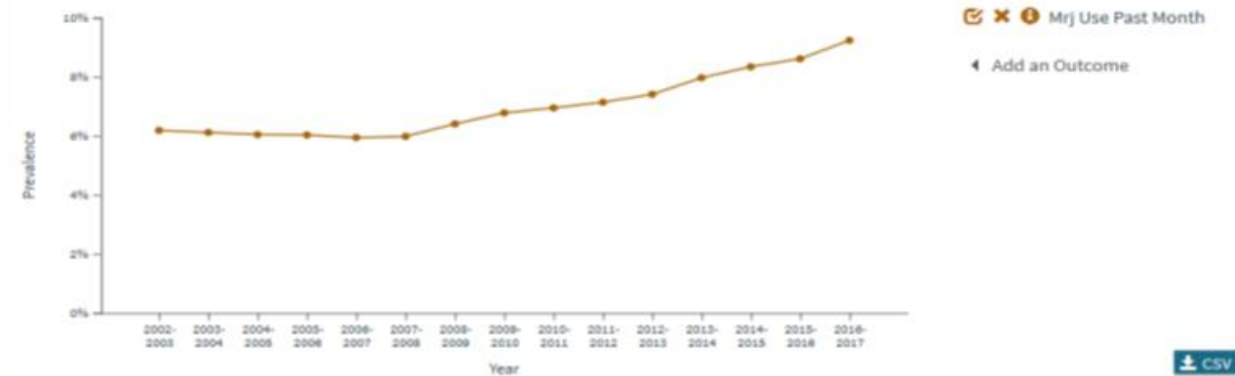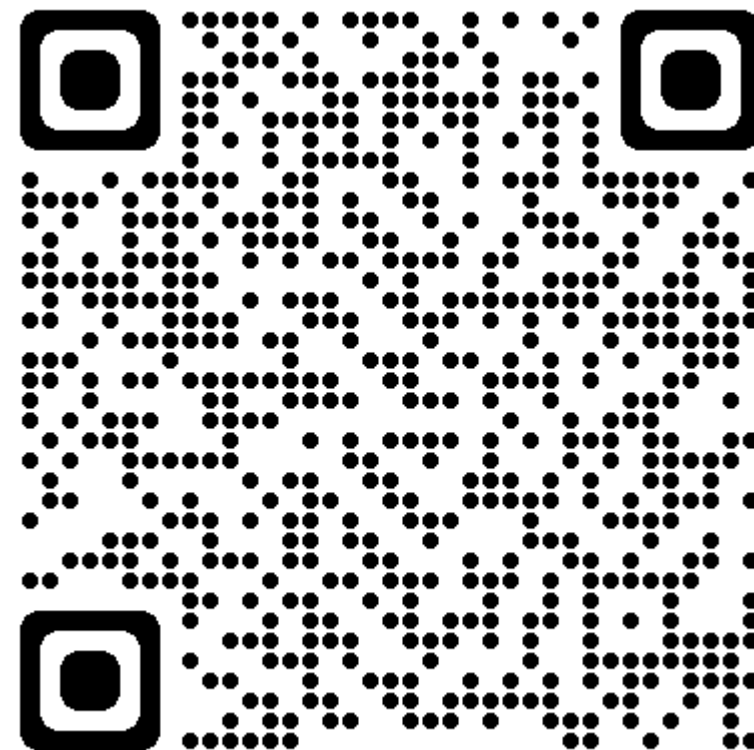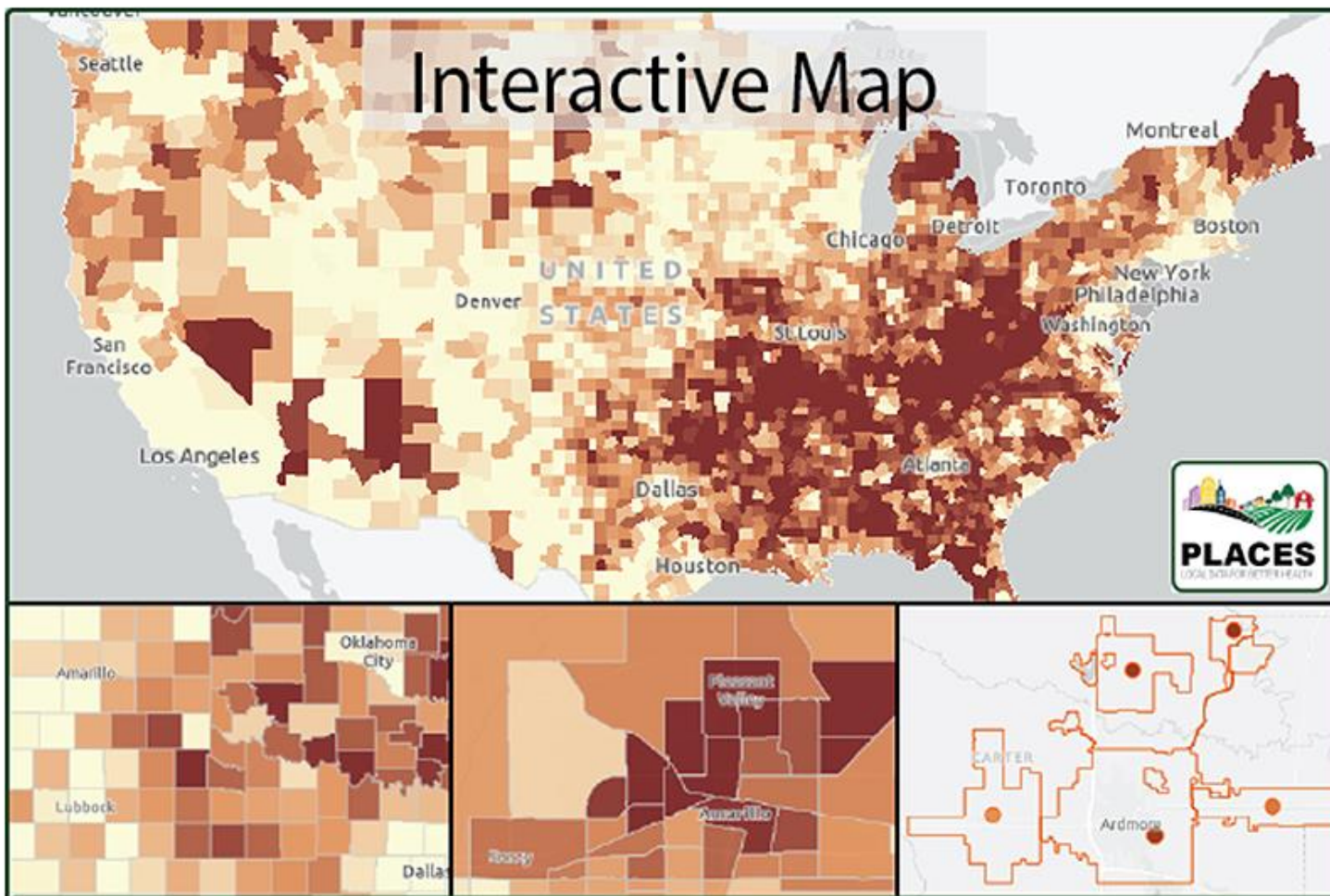
GONA/GOAN

Curriculum and Facilitator Guide Toolkit

Gathering of Native Americans

Month, Dates, Year

To strengthen our Community
You Are The Solution

Gathering Of Native Americans (GONA) is a safe place to share, heal, and plan for action

Community Name
Street Name, City, State, Zipcode

Free childcare, * and prizes!**
*Parent must be present / **Must be present to win

Limited Transportation is Available

RSVP Today
555-555-5555
email.address@email.com

Post positive pictures and stories using:
#GONA2015
Hosted by: Someone Very Special

Event Schedule

Day, Month, Date
9:00 a.m. – 4:00 p.m. Welcome blessing followed by inspiring stories and activities
Noon Midday Break at Noon
5:00 p.m. – 6:00 p.m.

Day, Month, Date
9:00 a.m. – 4:00 p.m. Welcome blessing followed by inspiring stories and activities
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https://www.samhsa.gov/sites/default/files/gona-goan-toolkit.pdf

Behavioral Health Equity

- **Behavioral Health Equity**
- About OBHE
- American Indian/Alaska Native
- Asian American, Native Hawaiian, and Pacific Islander
- Black/African American
- Hispanic/Latino
- Lesbian, Gay, Bisexual, and Transgender
- Data
- Policy
- Quality Practice and Workforce Development
- **Resources**

Behavioral Health Equity Resources

Behavioral Health Equity

Find resources including data on health disparities and health care quality among diverse populations, and information about health policy, cultural and linguistic competency, health literacy, and more.

Health and Health Care Disparities Data

- The SAMHSA National Survey on Drug Use and Health (NSDUH) is an annual survey and report that serves as the primary source of information on the use of illegal drugs, alcohol, and tobacco in the civilian, non-institutionalized population of the United States, ages 12 years old or older.

- The SAMHSA Behavioral Health Barometer, Volume 5 is a national report that presents data from the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. Some measures include data presented by race/ethnicity and other demographic variables. State reports provide a snapshot of substance use and mental health in the United States.

- The SAMHSA Chartbook: Racial/Ethnic Differences in Mental Health Services Among Adults uses data from 2008 to 2012 to present nationally representative estimates of mental health service use among adults within different racial groups.

- The National Healthcare Quality & Disparities Reports (Agency for Healthcare Research and Quality [AHRQ]) assesses the performance of the U.S. healthcare system in six priority areas—patient safety,

Featured Resources

National Network to Eliminate Disparities in Behavioral Health ☑

NNEDshare ☑

SAMHSA National Survey on Drug Use and Health (NSDUH)

AHRQ National Healthcare Quality and Disparities Reports

OMH National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)

Healthy People

Get Help

National Suicide Prevention Lifeline ☑
1-800-273-TALK (8255)
Free and confidential support for people in distress, 24/7

Behavioral Health Treatment Services Locator
Find treatment facilities confidentially and anonymously, 24/7

National Helpline
1-800-662-HELP (4357)
Treatment referral and information, 24/7

SAMHSA's Behavioral Health Equity Fact Sheet

SAMHSA's Strategic Efforts to Advance Behavioral Health Equity

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the federal agency charged with leading public health and service delivery efforts in behavioral health. SAMHSA's mission is to promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and improved outcomes for all populations. As emphasized in SAMHSA's 2023-2026 Strategic Plan, the agency's work is guided by the core principles of equity, trauma-informed approaches, recovery, and a commitment to data and evidence. The equity principal builds upon Executive Order 13985 *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* that defines "equity" as the consistent and systematic, fair, just, and impartial treatment of all individuals, including those who belong to underserved communities that have often been denied such treatments. Behavioral health care systems must expand their ability to effectively meet the growing needs of a diverse population. Improving access to care, promoting qual-ity programs and practice, and reducing persistent disparities in mental health and substance use services for underserved and historically marginalized communities are important first steps to ensuring that all people are provided with fair oppor-tunities to be as healthy as possible. This principle is integrated into all aspects of SAMHSA activities and reflects a commit-ment of SAMHSA's various centers and offices to ensure that their investments are reaching and supporting underserved communities.

SAMHSA's Office of Behavioral Health Equity (OBHE) is the office within SAMHSA that has a dedicated mission to ensure that underserved, under-resourced communities are equitably included in SAMHSA's mission. Under the leadership of the Biden-Harris Administration, equity has become a driving force to redesign behavioral health systems to effectively address the unique and high-burden challenges of underserved groups, delineated in the Executive Order by race, ethnicity, religion, income, geography, gender identity, sexual orientation, and disability. These efforts have also emphasized the significant role of community voice in advancing equity.

The following sections detail selected activities undertaken by SAMHSA Offices and Centers to advance behavioral health eq-uity. The description of each activity is determined by the health equity goal set by the SAMHSA center/office administering the activity, followed by a description of the action, and its impact.

OFFICE OF BEHAVIORAL HEALTH EQUITY (OBHE)
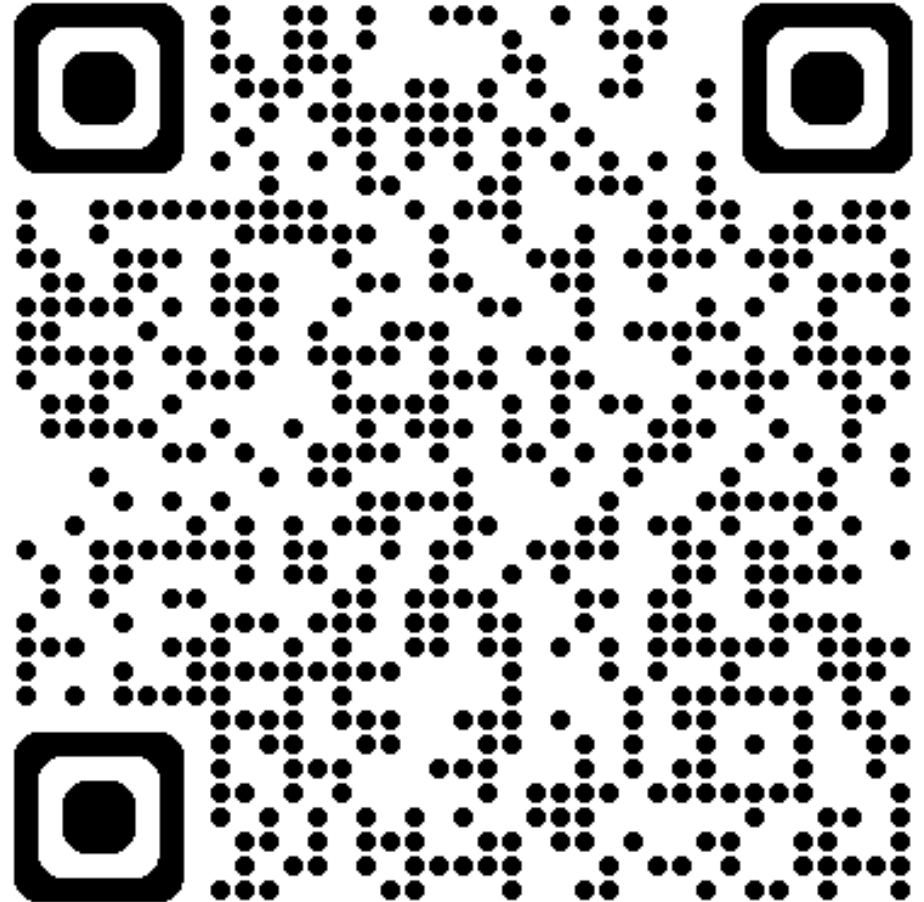
Health Equity Goal
Promote policy initiatives that strengthen the impact of SAMHSA grant programs, initiatives, and operations in improving behavioral health outcomes for underserved populations.

ACTIONS TO DATE:

✓ **Disparity Impact Strategy 2.0.** In October 2022, SAMHSA's Office of Behavioral Health Equity led the development and launch of the updated version of the Disparity Impact Strategy (DIS 2.0). This strategy requires that SAMHSA discretionary funded grant recipients submit a statement identifying a disparity-vulnerable, underserved ethnic/racial minority population; and develop a quality improvement plan to address the identified disparities. The grantee must describe how they will outreach and engage this population and improve access, services, and outcomes. All grantees submit data on their service population and outcomes as part of their federal performance measurement requirements. Additional tools and rubrics for assessing the DIS have been developed for government project officers (GPOs) and grantees who must establish quality improvement plans that include a focus on social determinants of health and incorporate the National Culturally and Linguistically Appropriate Services Standards. OBHE is working with SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) to develop DIS Dashboards to track grantees' performance on their disparity impact strategy.

Impact: Through the DIS 2.0, SAMHSA grantees will be more inclusive of and improve outcomes for underserved populations.

https://blogs.cdc.gov/healthequity/

Change one thing... Change Everything

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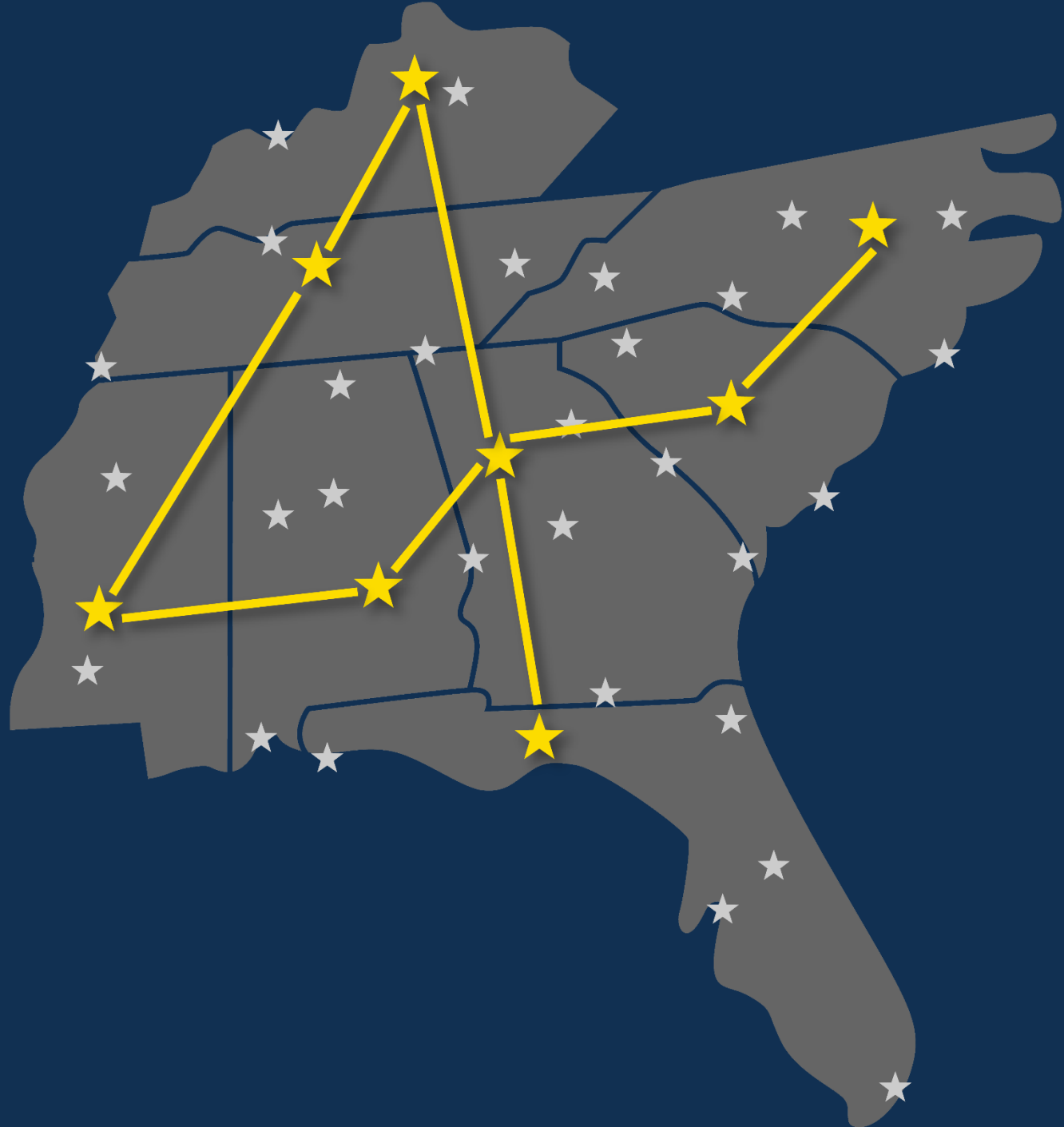
Albert Gay, MS, Master Trainer,
SheRay's & Associates & TTJ Group

Prevention & The Intersections of Culture

Albert Gay, MS

TTJ Group, LLC

Equity Across Borders

SDOH = HEALTH OUTCOMES

Conditions in which people are born, grow, live, work and age.

Shaped by the distribution of money, power, and resources at global, national, and local levels.

SDOH are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.

Socioeconomic Factors

Education | Job Status | Family Social Support | Income | Community Safety

50% can be traced back to your zip code!

Physical Enviroment

Health Behaviors

Tobacco Use | Diet & Excercise | Alcohol Use | Sexual Activity

Health Care

Access to Care Quality of Care

Only 20% include those moments in a healthcare enviroment.

40% | 10% | 30% | 20%

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

HEALTH DISPARITIES

- A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.
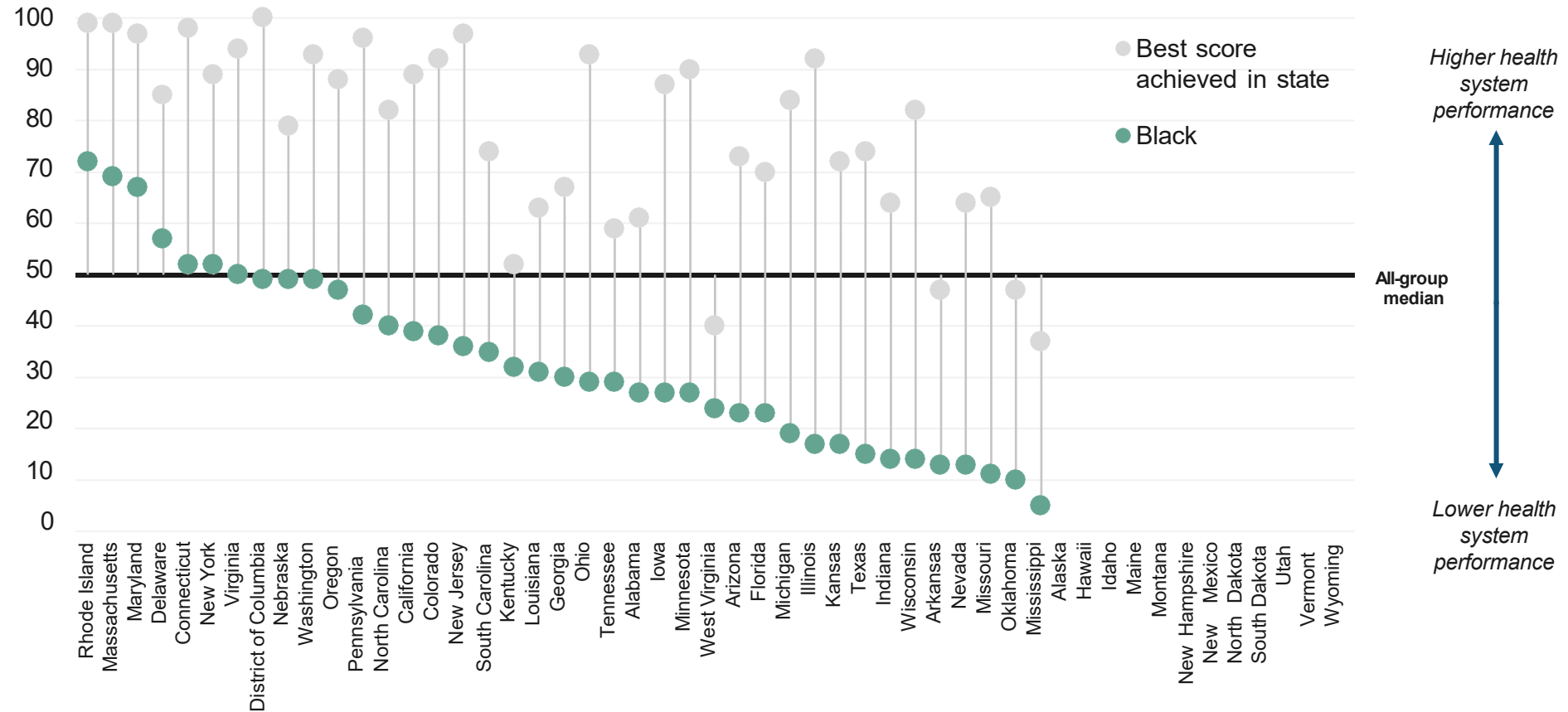
EXHIBIT 1

Profound racial and ethnic disparities in health and health care exist across and within states.

Health system performance scores, by state and race/ethnicity

Best score achieved in state

Black

Higher health system performance

All-group median

Lower health system performance

Notes: Scores are based on the percentile distribution of each group's final composite z-score across all indicators/dimensions; rank-ordered by highest state performance for Black population. Gray dots represent the highest score achieved in each state by any of the five groups (if no gray dot is visible, the highlighted group has the top score). The 50th percentile represents the median health performance score among all the groups measured. Summary performance scores not available for all racial and ethnic groups in all states; missing dots for a particular group indicate that there are insufficient data for that state.

Data: Commonwealth Fund 2024 Health System Performance Scores.

The Commonwealth Fund

EXHIBIT 1

Profound racial and ethnic disparities in health and health care exist across and within states.

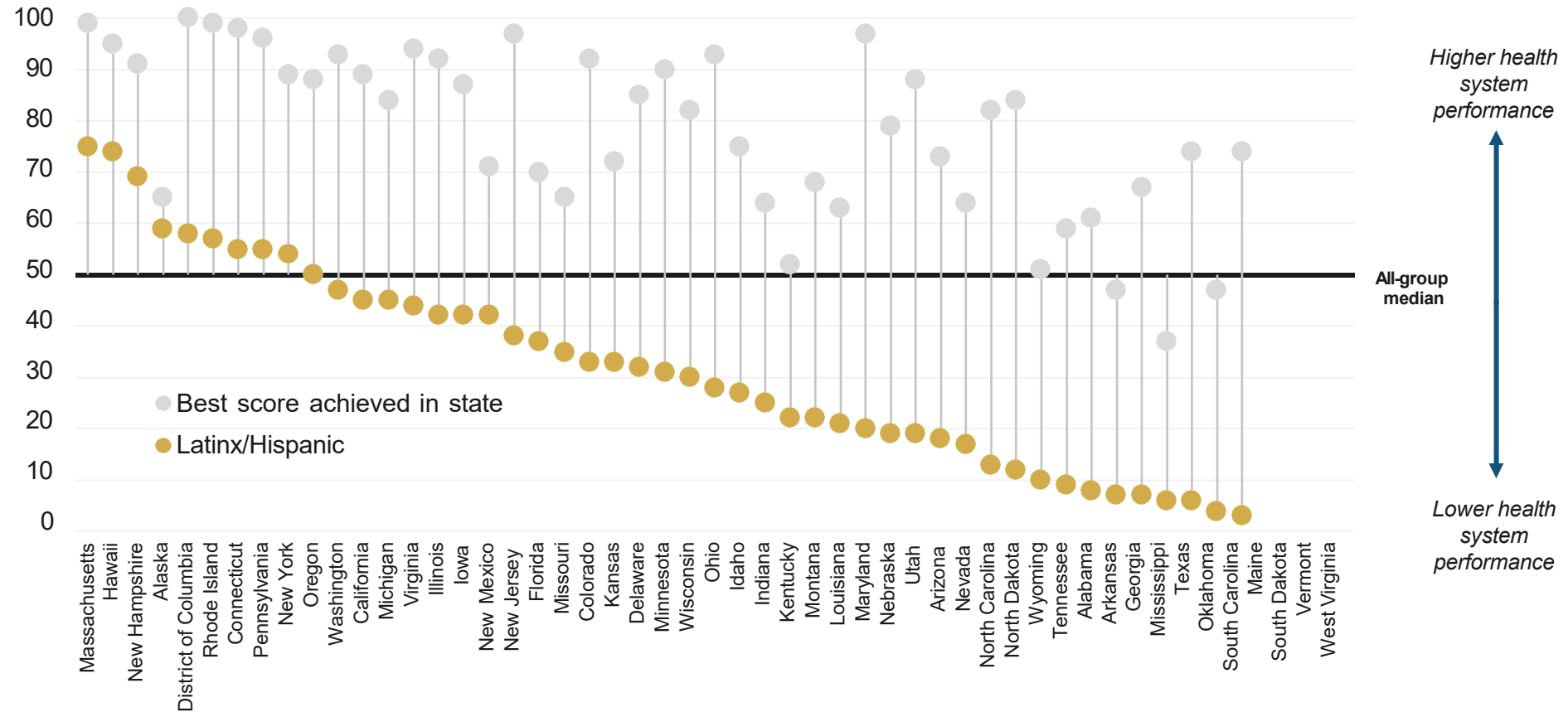*Health system performance scores, by state and race/ethnicity*

Notes: Scores are based on the percentile distribution of each group's final composite z-score across all indicators/dimensions; rank-ordered by highest state performance for Hispanic population. Gray dots represent the highest score achieved in each state by any of the five groups (if no gray dot is visible, the highlighted group has the top score). The 50th percentile represents the median health performance score among all the groups measured. Summary performance scores not available for all racial and ethnic groups in all states; missing dots for a particular group indicate that there are insufficient data for that state.

Data: Commonwealth Fund 2024 Health System Performance Scores.

The Commonwealth Fund

How Culture Impacts Prevention Efforts

Norms & Values – Shapes perceptions of substance use

Beliefs & Practices – Beliefs about health, wellness, and spirituality

Community Engagement – Community leadership buy-in

Language & Communication – Language barriers can hinder communication around substance use prevention

Historical Context – Historical experiences with systemic inequities can influence trust
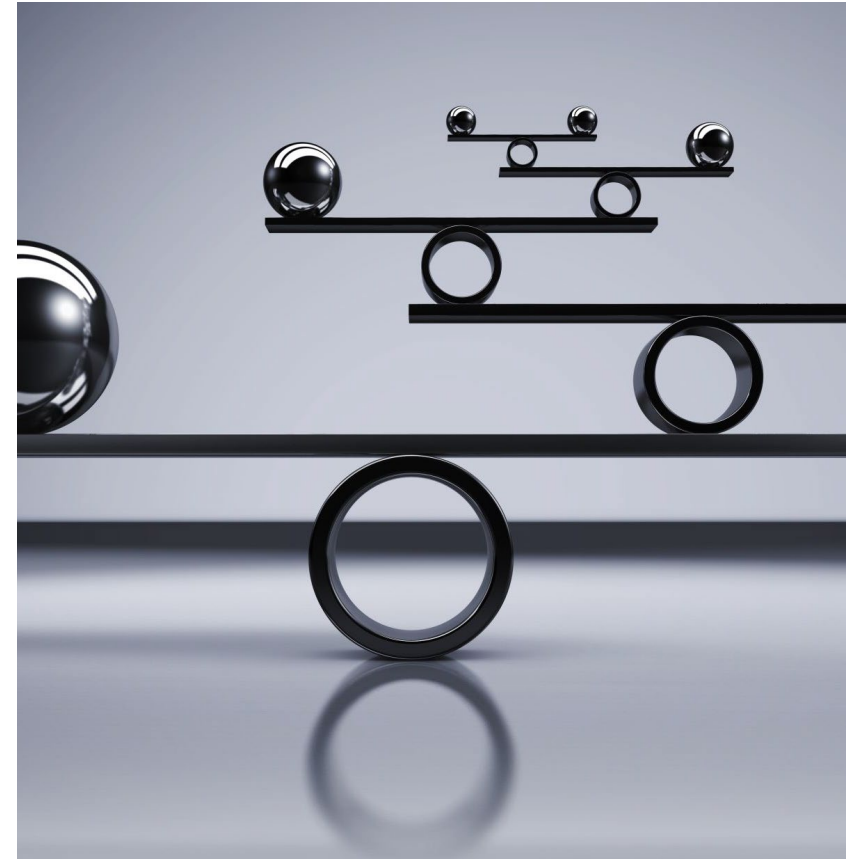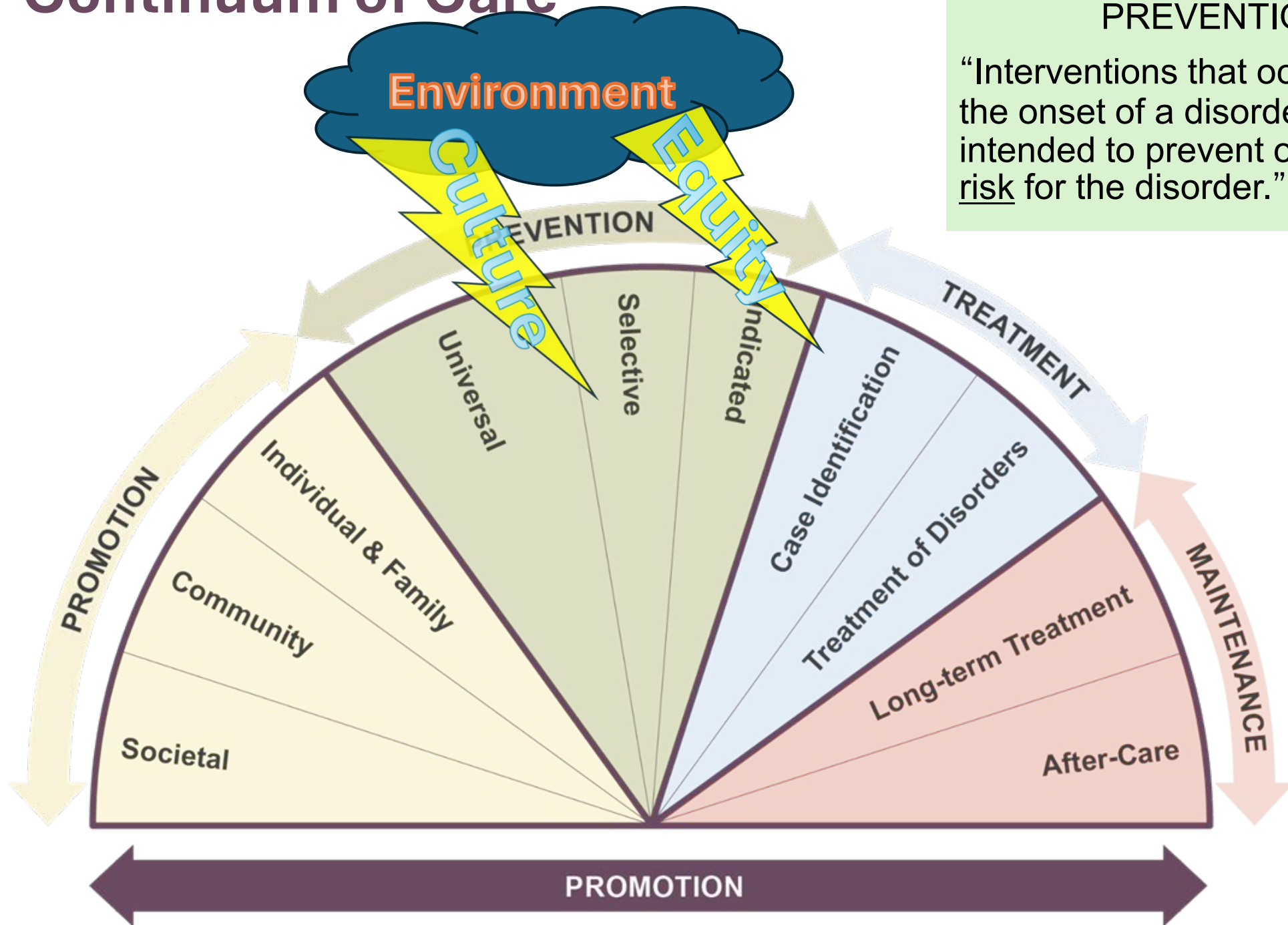
The Role of Equity

Equity

- Fairness and justice in the distribution of resources, opportunities, and privileges, taking into account the unique circumstances and needs of individuals or groups. It recognizes that different individuals or groups may require different levels of support or accommodations to achieve a level playing field. Equity aims to address historical and systemic disadvantages and achieve 'equality of opportunity.'

Equality

- The principle of treating everyone the same or providing the exact same opportunities and resources to all individuals or groups regardless of need. It focuses on uniformity and equal treatment without necessarily considering the specific needs, circumstances, or historical disadvantages that certain individuals or groups my face.
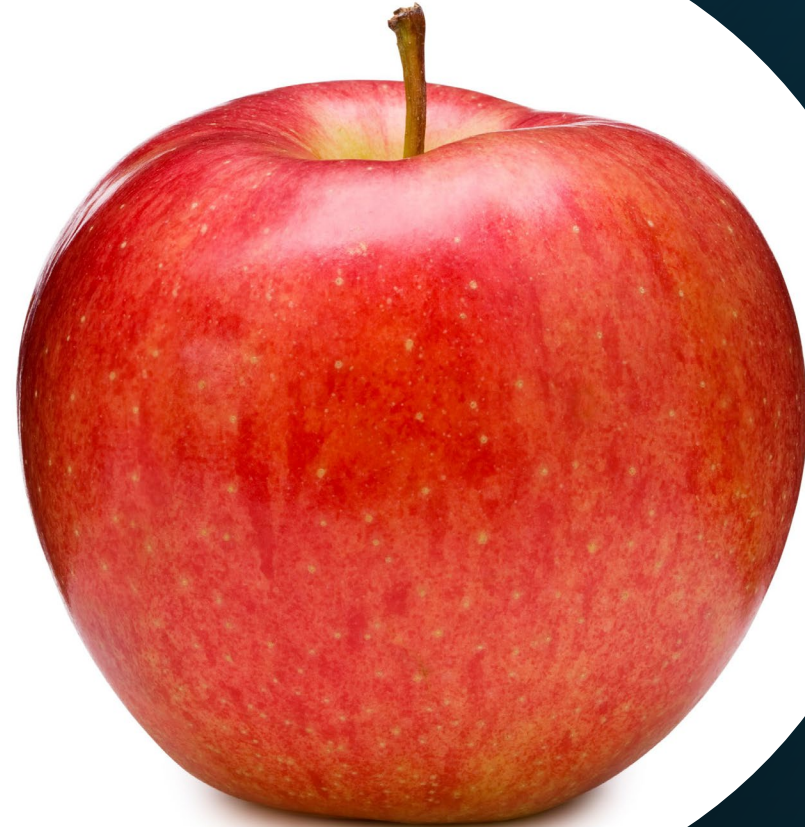
The "Continuum of Care"

PREVENTION:

"Interventions that occur prior to the onset of a disorder and are intended to prevent or reduce risk for the disorder."

Understanding the Role of Prevention . . .

In Equity – Achieve Equal Access to Apples (***Desirable Outcomes***) for All in Our Communities

GAP

GAP

A break of space between two objects

Challenges & Opportunities

Socio-Ecological Model

Societal
National, state, local laws
and regulations; systems,
social and cultural norms

Community
neighborhoods, schools,
workplace, social or
religious organizations

Relationship
Family, peers, partners,
other social networks

Individual
(age, education,
income, attitudes,
lifestyle,
health history)
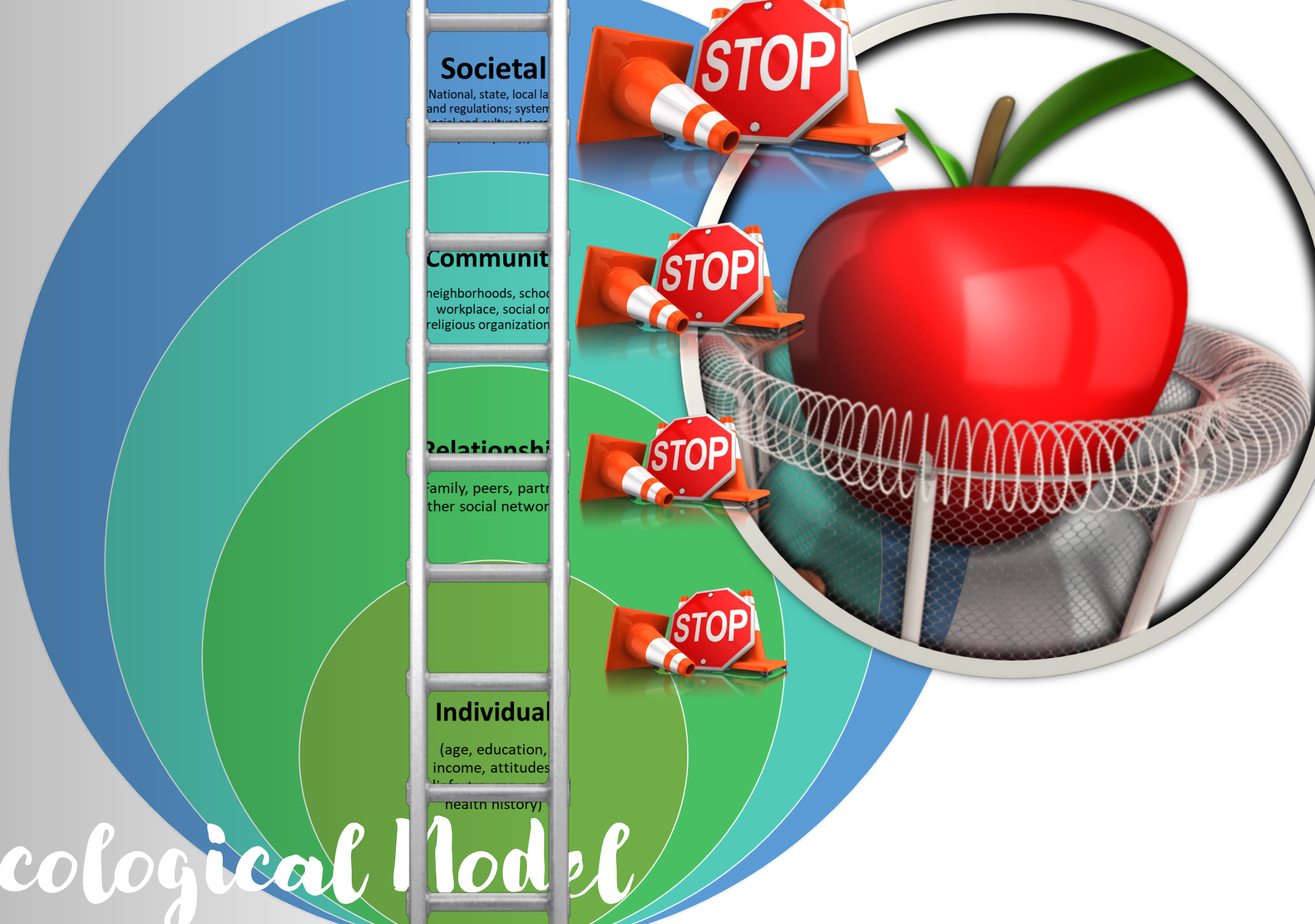
Health Equity

Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

- Center for Disease Control and Prevention

Going Higher to Societal Challenges & Opportunities

- Economy
- Housing
- Transportation
- Business
- Legislation
- Pollution

THE STRATEGIC PREVENTION FRAMEWORK (SPF)

EQUITY

ASSESSMENT

EVALUATION

SUSTAINABILITY AND CULTURAL COMPETENCE

CAPACITY

IMPLEMENTATION

PLANNING

Coalition Equity Goals

- Vulnerable Populations
- Disparity Data
- SDOH Focus
- CLAS Standards Integrated
- Equity Committees w/in Coalitions
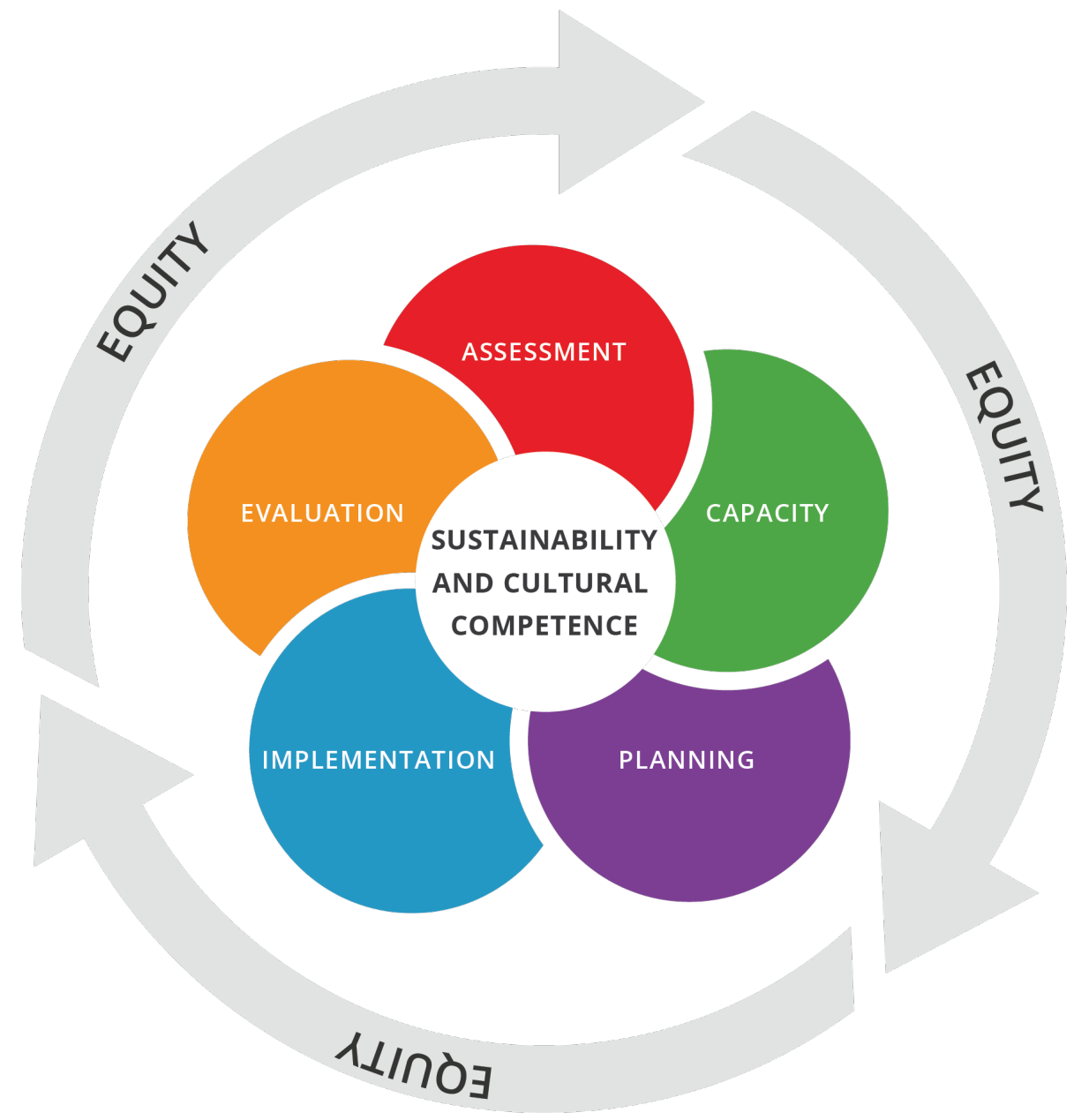
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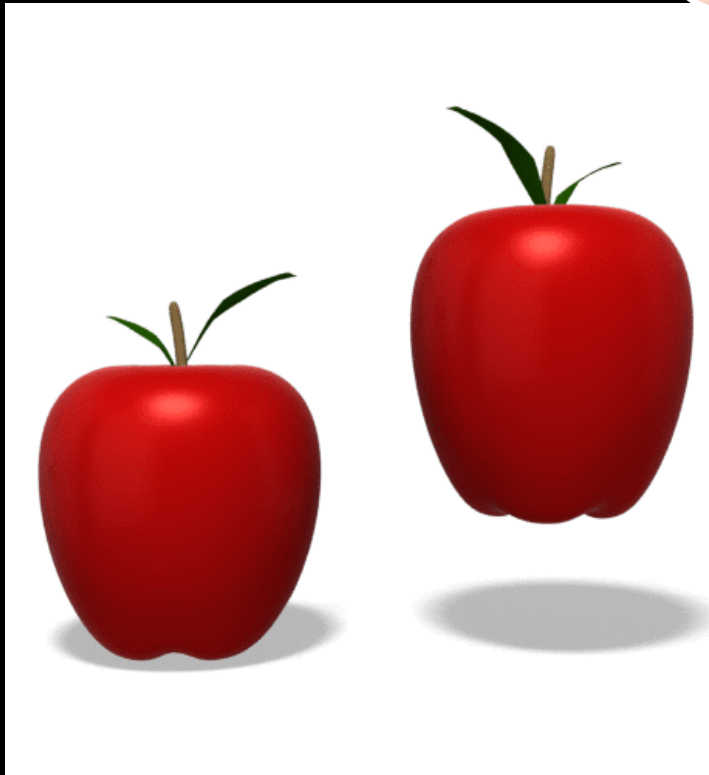
Questions &
Comments

Lucy Cannon, EdD, LCSW, LICSW, MATS, CEO/Owner of LEJ Behavioral Health Services LLC

Southeast (HHS Region 4)
ATTC

Capacity, cultural humility in treatment services

Panelist: Lucy R. Cannon, Ed.D, LCSW, LICSW, CAADC, MATS

Objectives

❑ To be familiar with cultural humility and impact on treatment in healthcare settings

❑ Why a self examination of cultural humility and sensitivity is necessary.

❑ How to develop a self check ongoing cultural humility action plan.

Capacity, cultural humility in treatment services

CULTURAL ROUTES

- As we journey on life's paths, we discover cultural routes.

- Cultural routes are passages, or movements, beyond our cultural roots.

- It is along this road or these roads that we come into contact with people who are different from us; who think, talk, and act differently than we do.

- We will be confronted with new ideas and different values and belief systems.

- Some of us will be open to new ideas, and some of us will not.

- If we are competent communicators, we will successfully understand other people's cultural roots; that is, we will be open to other people's culture.

- This does not mean that we necessarily accept other people's culture, but that we learn to take into consideration the cultural perspective of the people we are trying to understand. (Driskell and Brenton, 2011)

THE NECESSITY OF CULTURAL HUMILITY

- "Cultural humility is a process of reflection and lifelong inquiry, that involves the following;

➤ Self-awareness of personal and cultural biases as well as awareness and sensitivity to significant cultural issues of others."

➤ A deliberate reflection of our values and biases.

➤ Cultural humility involves understanding the complexity of identities — that even in sameness there is a difference. (Khan, 2021)

➤ Clinicians and healthcare providers journey of continuous learning and examination of self while being culturally aware and sensitive to all races and ethnic groups is necessary.

https://www.ncbi.nlm.nih.gov

CULTURAL HUMILITY AND IMPACT ON TREATMENT

- Research continues to demonstrate that mental health clinicians use their implicit bias to discriminate against certain ethnic groups. (Kugelmass, 2016)

- "Embracing cultural humility is essential to improving a general feeling of belonging, reducing bias, and inequities in mental healthcare organizations, building trust and encouraging adherence to clinical and public health recommendations, and contributing to positive patient experiences and health outcomes." (Schiavo, 2023)

- In fact, cultural 'traditions, habits and beliefs influence ideas of health and illness', as well as the way people should be treated at vulnerable times - as patients, caregivers, concerned citizens, or members of any group interacting with their healthcare providers.

- It is necessary for healthcare professionals to identify and understand the cultural values of the people with whom we provide treatment and resources.

Kugelmass H. "Sorry, I'm Not Accepting New Patients": An Audit Study of Access to Mental Health Care. J Health Soc Behav. 2016 Jun;57(2):168-83. doi: 10.1177/0022146516647098. Epub 2016 Jun 1. PMID: 27251890.

Schiavo, R. (2023). Embracing cultural humility in clinical and public health settings: a prescription to bridge inequities. *Journal of Communication in Healthcare*, *16*(2), 123–125. https://doi.org/10.1080/17538068.2023.2221556

A SELF-EXAMINATION

- "Cultural humility means opening up a conversation in a way that <u>genuinely attempts</u> to understand a person's identities related to race and ethnicity, gender, sexual orientation, socioeconomic status, education, social needs, and others."

- An awareness of the self is central to the notion of cultural humility — who a person is informs us of how we see and respond to others. (Khan, 2021)

- Counselors and healthcare providers must be willing to exam their own biases from their families of origin and lived experiences and how they view and respond to other races and ethnic groups.

HOW TO DEVELOP CULTURAL HUMILITY

Healthcare providers must examine these ongoing questions and get continuous training/education to strengthen their cultural humility in the workplace.

- Which parts of my identity am I aware of? Which are most salient?

- Which parts of my identity are privileged and/or marginalized?

- How does my sense of identity shift based on context and settings?

- What are the parts onto which people project? And which parts are received well, by whom?

- What might be my own blind spots and biases?

- With this awareness, a provider can ask questions about how they receive the patient: Who is this person, and how do I make sense of them? What knowledge and awareness do I have about their culture? What thoughts and feelings emerge from me about them? (Khan, 2021)

EXAMINATION OF SELF/REMEDY TO IMPLICIT BIAS TEST- START WITH THIS TOOL

Project Implicit Bias Test-
https://implicit.harvard.edu/implicit/selectatest.html

Pierluigi Mancini, PhD

Southeast (HHS Region 4)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

ACCESS:
Finding Culturally & Linguistically Responsive Services To Mental Health Services For Immigrants And Refugees.
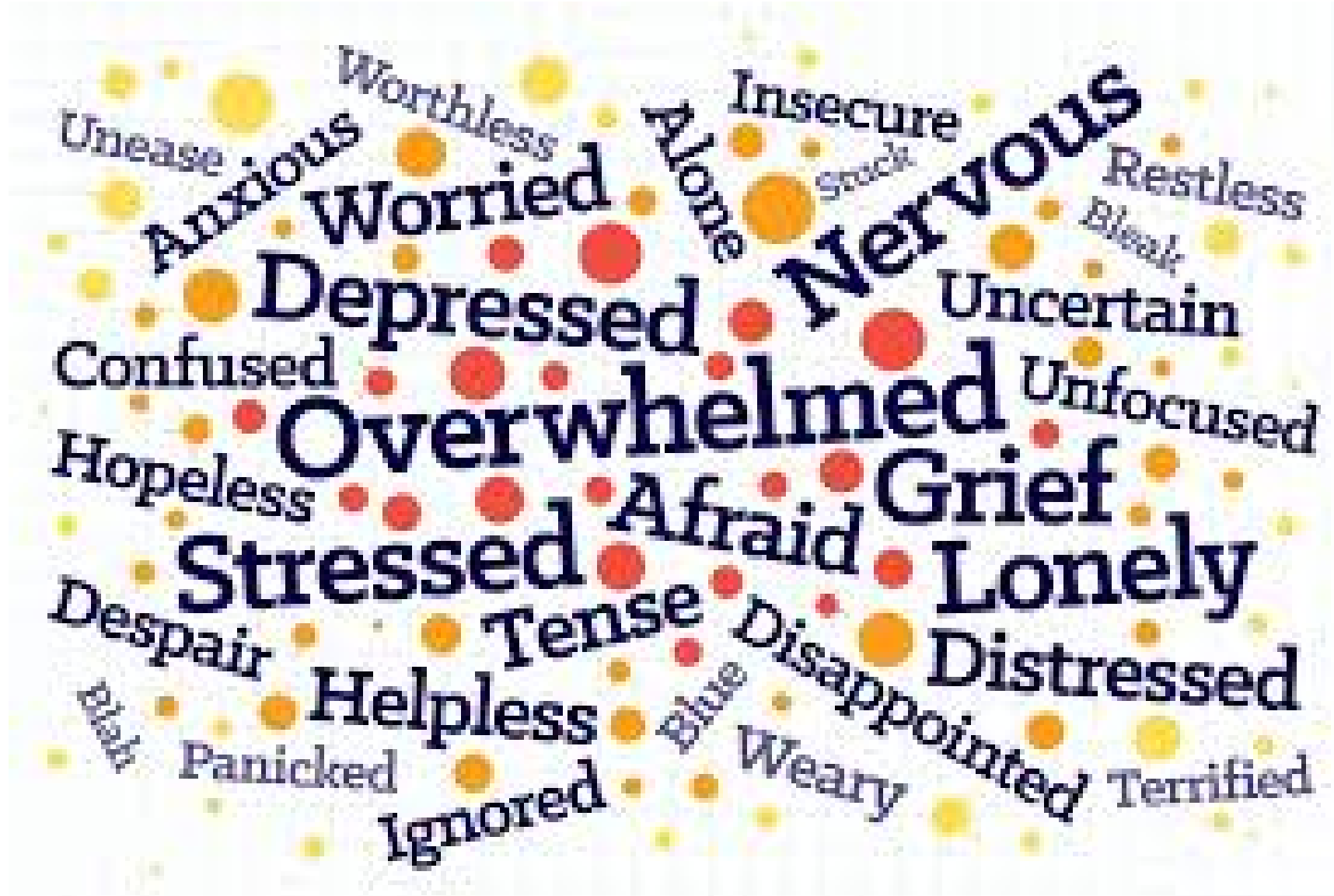
Pierluigi Mancini PhD

President and CEO

Multicultural Development Institute, Inc.

www.multiculturaldevelopment.com

Overview of Mental Health Challenges

Overview of Mental Health Challenges

- Immigrants and refugees often face significant traumatic experiences which include
  - war,
  - violence,
  - displacement, and
  - prolonged uncertainty.
- These experiences are exacerbated by resettlement stressors such as
- cultural and language barriers,
- isolation,
- discrimination, and
- difficulties in navigating new social and governmental systems.

Barriers to Accessing Mental Health Services

Barriers to Accessing Mental Health Services

1. Stigma and Cultural Barriers

2. Linguistic Challenges

3. Resource Availability

4. Lack of Awareness and Education

5. Systemic Barriers

Strategies for Improving Access and Appropriateness of Services

Strategies for Improving Access and Appropriateness of Services

1.Culturally and Linguistically Appropriate Services (CLAS)

2.Training and Education

3.Community Engagement

4.Policy and Advocacy

5.Partnerships

Conclusion

1. Systemic Changes Needed

2. Address Cultural and Linguistic Barriers

3. Enhance Provider Training

4. Foster Community Partnerships

5. Increase Accessibility and Effectiveness

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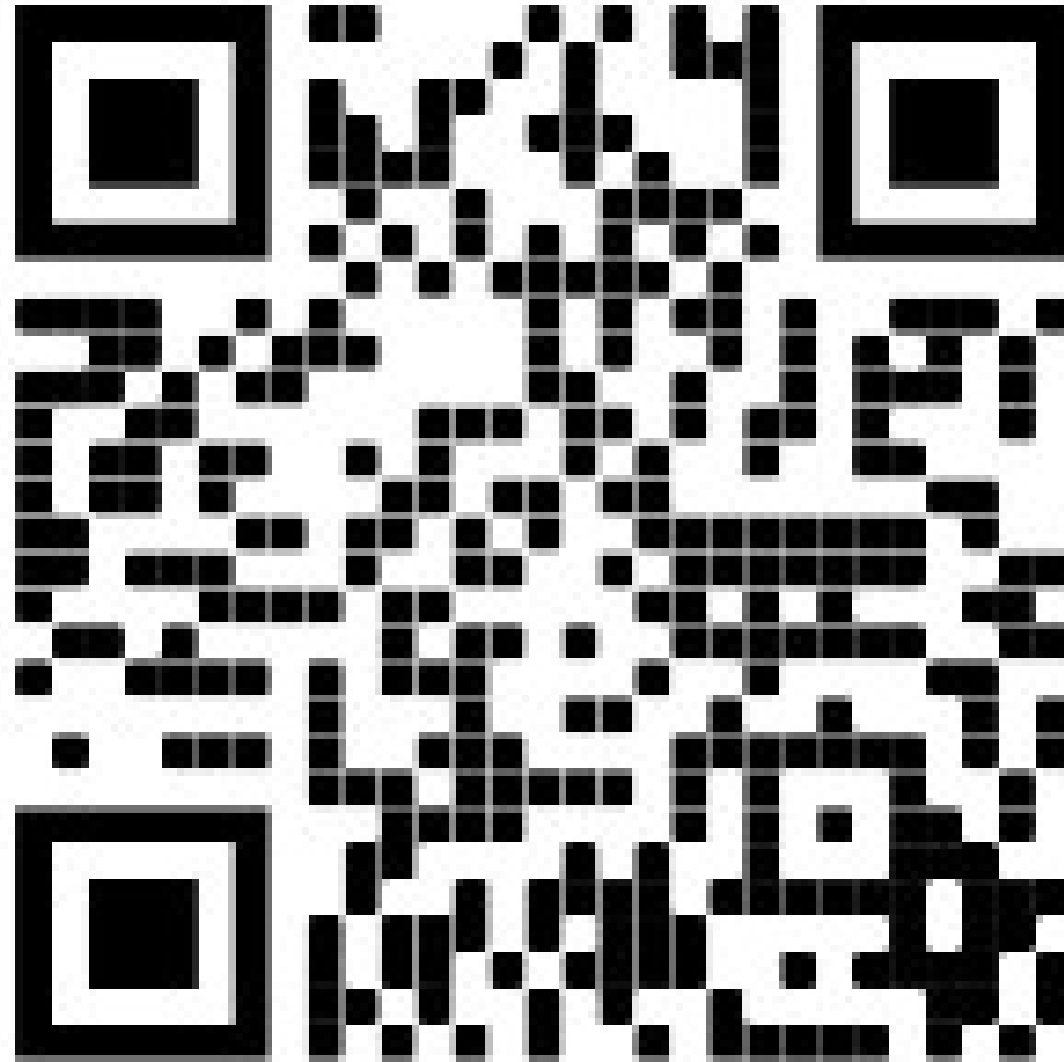www.multiculturaldevelopment.com

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Thank you!