THE IMPACT OF DIVERSITY IN THE ASSESSMENT AND ENGAGEMENT OF CO-OCCURRING CLIENTS

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Angeles Morcuende, M.D.
Division of Public and Community Psychiatry
University of Iowa Carver College of Medicine
US population by race and ethnicity, actual and projected
Mental Health Care Disparities

- Members of racial and ethnic minority groups:
  - have less access to mental health services
  - are less likely to receive needed care
  - are more likely to receive poor quality of care when treated
  - are more likely to delay or fail to seek mental health treatment

- No progress toward eliminating disparities in mental health care has been achieved over the past decade
### Percentage of US MH Care Workforce according to race/ethnicity in 2005

<table>
<thead>
<tr>
<th></th>
<th>US population</th>
<th>Psychiatrists</th>
<th>Psychologists</th>
<th>Social Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>67.0</td>
<td>81.0</td>
<td>93.0</td>
<td>92.0</td>
</tr>
<tr>
<td>Black</td>
<td>14.0</td>
<td>5.0</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Latino</td>
<td>13.0</td>
<td>3.0</td>
<td>2.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Asian</td>
<td>5.0</td>
<td>11.0</td>
<td>2.0</td>
<td>1.0</td>
</tr>
<tr>
<td>American Indian</td>
<td>1.5</td>
<td>0.1</td>
<td>0.3</td>
<td>0.2</td>
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</table>
Iowa Population Over Twenty Year Periods

Prepared by Iowa Division Latino Affairs
October 2006

Source: U.S. Census
Latino population in Iowa

- 4% of total population or around 125,000
- Counties with high percentage of Latinos:
  - Buena Vista 20.8%
  - Crawford 20%
  - Louisa 15.7%
  - Marshall 14.7%
  - Muscatine 13.9%
- Nearly half of the total Latino population live in five cities: Des Moines, Sioux City, Davenport, Muscatine, and Marshalltown
Cultural Competence Continuum

1. Cultural destructiveness
2. Cultural incapacity
3. Cultural blindness
4. Cultural precompetence
5. Cultural competence
6. Cultural proficiency
Cultural Competence Continuum

1. Cultural destructiveness
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Letting go of assumptions

To free ourselves to see what is in front of us
Latino/Hispanic

- People of Spanish descent tracing their origins to 26 different countries
  - Hispanic
    - First coined by the US Government in the 1970s to define and quantify the Spanish-speaking population
  - Latino
    - Created as self-definition, not imposed by others, more inclusive

- Race and Latino origin are two separate concepts in the federal statistical system
Latino children by generation, 1980 and 2007
Co-Occurring Disorders in US Latinos

- Overall 75% less likely than in the general US population due to:
  - Low rates in Latino immigrants and US-born Latino women
  - Very low rates in immigrant Latino women

- US-born Latino men are more likely to experience COD than the general US population
Diversity in Latino Culture

- Race
- Nationality
- Generational status in the US
- Immigration status
- Acculturation level
- Language
- Educational level
- Socioeconomic status
Culture is dynamic

It is not possible to understand how people experience their culture only by knowing their ethnic heritage.
Cultural Assessment

1. Cultural identity

1. Cultural explanations of illness

1. Help seeking behaviors and stigma
Cultural identity

- Language
  - What languages do you speak? Which language do you prefer? Which language do you speak at home?

- Ethnicity and Race
  - Do you consider yourself part of any specific ethnic group?
  - How do you identify yourself in terms of race?

- Family/community
  - Who are the most important people in your life?
  - What is your role and what are your responsibilities as a member of your family/community?
Cultural identity

- **Immigration history**
  - **Why** did you leave your country? Was it your choice?
    Did you leave for economic reasons, for fear of persecution, for other reasons?
    Do you have a possibility of returning home?
  - **Who** did you leave and who came with you?
    Do you have plans to be reunited?
  - **When** did you leave home and how long was your journey to this country?
    What was your journey like?
  - Is your **legal status** a source of stress for you?
Cultural identity

- Level of acculturation
  - Do you consider yourself bicultural, or do you identify primarily with your culture of origin?
  - How involved are you with your culture of origin?
  - Have you and your family felt accepted in this country?
    - How respected are your values and traditions by mainstream society?
    - Have you experienced racism or discrimination? How has that affected your life?
Biculturalism

There is evidence that positive ethnic identity and biculturalism are related to higher self-esteem, less depression, and less drug use.
Cultural explanations of illness

- How do you explain what is happening?
- How do your family/community explain what is happening?
- What does it mean to you that you are experiencing these problems?
- What advice have you received from your family/community in how to deal with these problems?
Help seeking behaviors and stigma

- What kind of treatments have you received until now?
- What kinds of experience have you had with previous types of treatment? What did it feel like for you?
- How do you feel about taking medications? How do you feel about psychotherapy?
- In your culture, is there shame associated with seeking psychiatric help and treatment for addictions? Who experiences the shame?
Focus on assessment first or on engagement?

“I don’t know yet. We are still doing paperwork.”
The Spirit (of MI)

The approach to diversity and complexity
Goal: Quality of care

Because at the end of the day...
References

- Dougherty, R.H. Reducing disparity in behavioral health services: A report from the American College of Mental Health Administration. Administration and Policy in Mental Health, Vol. 31, No. 3, January 2004
References


- Richard F. Mollica, M.D. *Healing Invisible Wounds.* Harcourt (December 4, 2006)

