

Postvention Cultural & Linguistic Effectiveness

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INTRODUCTION:

In a 2001 report on Mental Health Culture, Race, and Ethnicity by the Surgeon General (see link in Resource section), culture was broadly defined as *a common heritage or set of beliefs and norms established in social groupings, such as religions, sexual orientation, or economic class*. Given this more broadened consideration of culture, many young adults may consider themselves to have multiple cultural identities.

Cultural beliefs and practices have a large impact on how a family or community grieves the death of a loved one. This includes customs related to mourning and burial. Death rites are often closely tied to religious beliefs and traditions, though cultural beliefs and practices may or may not align with religious traditions.

Understanding (and working within) the different cultural backgrounds and traditions in your community will be important to any successful postvention effort. Some cultural beliefs may contribute to increased risk of contagion (e.g. belief in martyrdom) and may present unique challenges in terms of balancing the need to be respectful of cultural traditions and attempts to reduce the risk of suicide among survivors.

Many types of families and individuals are aware of environmental and cultural differences that exist between them and other members of the community. Immigrant families, members of racial or cultural minorities, marginalized populations whose lifestyle is different from most families in their community, children whose gender identification or sexual orientation is not the same as most of their peers, and people who have disabilities are just a few examples of individuals and families who have cultural norms and identification different from the community.

This is particularly true with teens and young adults. Youth culture is different from adult culture, and youth culture itself is diverse with many different groups and subgroups. Think for a moment about your typical high school. Oftentimes, students break into different groups with their own cultural norms. Examples include: “jocks”; “preppies”; “geeks”; “druggies”; “goth”; “boarders”; “drama/theatre”; etc. Schools in your area may have other cliques and groups. Gangs also have their own distinct cultural norms. Many parents and adults feel a large cultural gap between themselves and teens and young adults, including their own children. Adults are often judgmental and critical of teens and teen culture resulting in a sharp wedge that further breaks down communication (and increases isolation and risk). For parents who do not speak the English language and are of a different culture, this cultural gap becomes more intensified as their children assimilate into their new English speaking surroundings. By contrast, adults who recognize, respect, and acknowledge those differences are able to connect with youth and are a key component to assist youth through the grieving process and identify strengths and protective factors that can create a safety net to reduce the risk for contagion.

Rapid population growth in New Hampshire has brought significant changes in our cultural and linguistic population. These changes are reflected in two of our major cities: Manchester, where the school district has documented over 60 different native languages being spoken by students within their schools and Nashua, where the Latino/Hispanic and Portuguese population has increased. These changes are not just limited to the urban areas or the southern tier of the state. Minority populations are represented in all of our counties and many of our towns.

The US Census 2000² indicated that New Hampshire has a diverse citizenry that includes:

- 19,910 Hispanics/Latinos of different races
- 15,422 Asians
- 8,984 Black/African Americans
- 2,660 American Indians and Alaskans
- 7,441 some other race alone
- 14,574 two or more races

New Hampshire's population also includes many Franco-American families and Eastern European refugees. New Hampshire also has a very strong rural culture that promotes independence and self-reliance (sometimes to the point of isolation).

Minority or other marginalized populations often have significantly different rates for suicide attempts and completed suicides. Recognizing the impact of cultural differences among our youth is a critical element to assessment and intervention for youth suicide. Consider some of these statistics:

- American Indian and Alaskan Native adolescents have the highest suicide rate of all ethnic groups. (2-3 times higher than the general US rate³)
- Several state and national studies have found that gay, lesbian, and bisexual teens are more likely to seriously consider and attempt suicide than heterosexual teens⁴.
- Asian Pacific Islander females consistently have the highest suicide rate of females between the ages of 15-24⁵.
- Hispanic females are the most likely to seriously report considering suicide of any ethnic group⁶.
- Between 1980 and 1995, the suicide rate among African American youth ages 10-14 increased 233%. The suicide rate for white youth ages 10-14 increased by 120% during the same time period⁷.

Given the diversity in New Hampshire's population, which has increased rapidly in recent years, it is of critical importance that agencies and organizations prepare to address and confront cultural and linguistic effectiveness issues. When dealing with an issue as sensitive as suicide, being competent to *recognize* and deal with linguistic and cultural effectiveness will have a profound impact on the success of postvention efforts.

Having policies and procedures in place and staff who are familiar with and educated about cultural differences and cultural effectiveness issues will improve outcomes for everyone involved. It is not a matter of being prepared *if* you have to deal with someone from a different cultural or linguistic background; it is a matter of being prepared for *when* you or your organization will find yourself in this situation.

² From State of NH website, NH Almanac section. <http://www.state.nh.us/osp/sdc/NH2KCensus.htm>

³ National Adolescent Health Information Center, "Fact Sheet on Suicide: Adolescent and Young Adults"

⁴ National Youth Violence Prevention Resource Center, Suicide Facts <http://www.safeyouth.org/scripts/faq/suicidefacts.asp>

⁵ Youth Suicide Prevention School Based Guide: Cultural and Linguistic Competence

⁶ Sadness and Suicide Ideation and Attempts: (Source: CDC 2001 Youth Risk Behavior Survey)

http://www.ncbuy.com/education/yrbs01/nat_110.html

⁷ Youth Suicide Prevention School Based Guide: Cultural and Linguistic Competence

Working with linguistically and culturally diverse populations and social groups requires similar skills and attitudes. Recognizing these differences is the first step to bridging between cultures. Respect for differences, in a non-judgmental attitude, *openness*, curiosity, and a willingness to learn are all important to providing high quality services to diverse populations.

GUIDING PRINCIPLES FOR CULTURAL EFFECTIVENESS:

- Programs must do more than offer equal, non-discriminatory services. They must tailor services to their consumer populations.
- Each practitioner should learn as much as s/he can about an individual's or family's culture while recognizing the influence of their own (personal) background on their own response to cultural differences.
- Work within each person's family structure, which may include grandparents, other relatives, and friends (individual vs. collective) to improve outcomes.
- Adhere to traditions relating to gender and age that may play a part in certain cultures. (For example, in many racial and ethnic groups, elders are highly respected.) With an awareness of how different groups show respect, providers can properly interpret the various ways people communicate.
- Recognize, accept, and when appropriate, incorporate the role of natural helpers (such as shamans or curanderos) when addressing health and healing wellness as well as bereavement issues.
- Understand the different expectations people may have about the way services are offered. (For example, sharing a meal may be an essential feature of home-based mental health services; a period of social conversation may be necessary before each contact with a person.)
- Recognize that culture and language influence help-seeking behaviors and attitudes toward providers.
- Seek an understanding of illness consistent with individual's cultural conceptions of illness. Causal factors and treatment varies by culture.

IMPORTANT CONSIDERATIONS WHEN INTERACTING WITH PEOPLE FROM DIFFERENT CULTURES:

Giger and Davidhizar's "transcultural assessment and intervention model" was developed to assist in the provision of transcultural nursing care. It is currently used by several other health and human services professions. The model identifies five issues that can affect the interactions of providers and service recipients. These issues, adapted below to apply to disaster crisis counseling, illustrate the importance of acknowledging culture and of respecting diversity. A complete description of the model can be found in *Transcultural Nursing: Assessment and Intervention* (Giger and Davidhizar, 1999).

- **Communication:** Both verbal and nonverbal communication can be barriers to providing effective disaster crisis counseling when survivors and workers are from different cultures. Culture influences how people express their feelings, as well as what feelings are appropriate to express in a given situation. The inability to communicate can make both parties feel alienated and helpless.
- **Personal Space:** "Personal space" is the area that immediately surrounds a person, including the objects within that space. Although spatial requirements may vary from person to person, they tend to be similar among people in a given cultural group (Watson, 1980). A person from one subculture might touch or move closer to another as a friendly gesture, whereas someone from a different culture might consider such behavior invasive. Disaster crisis counselors must look for clues to a survivor's need for space. Such clues may include, for example, moving the chair back or stepping closer.
- **Social Organization:** Beliefs, values, and attitudes are learned and reinforced through social organizations, such as family, kinships, tribes, and political, economic, and religious groups. Understanding these influences will enable the disaster crisis counselor to more accurately assess a survivor's reaction to disaster. A survivor's answers to seemingly trivial questions about hobbies and social activities can lead to insight into his or her life before the disaster.
- **Time:** An understanding of how people from different cultures view time can help avoid misunderstandings and miscommunication. In addition to having different interpretations of the overall concept of time, members of different cultures view "clock time" -- that is, intervals and specific

durations -- differently. Social time may be measured in terms of “dinner time,” “worship time,” and “harvest time.” Time perceptions may be altered during a disaster. Crisis counselors acting with a sense of urgency may be tempted to set timeframes that are not meaningful or realistic to a survivor. The result may be frustration for both parties.

- ***Environmental Control:*** A belief that events occur because of some external factor -- luck, chance, fate, will of God, or the control of others -- may affect the way in which a survivor responds to disaster and the types of assistance needed. Survivors who feel that events and recovery are out of their control may be pessimistic regarding counseling efforts. In contrast, individuals who perceive that their own behavior can affect events may be more willing to act (Rotter, 1966). Disaster crisis counselors need to understand beliefs related to environmental control because such beliefs will affect survivors' behavior.

SYSTEMIC/ORGANIZATIONAL COMPETENCE:

For mental health consumers, both access to services and the effectiveness of the care individuals receive are greatly influenced by the degree to which the delivery system is “culturally effective.” A culturally effective mental health system incorporates skills, attitudes, and policies to insure that it is effectively addressing the treatment and psychosocial needs of consumers and families with diverse values, beliefs, and sexual orientations in addition to backgrounds that vary by race, ethnicity, religion and/or language. Suggestions for institutional and organizational change include⁸:

- Having a formalized and written cultural effectiveness plan.
- Forming an advisory board with diverse membership reflective of the cultures being served.
- Providing educational materials in different languages and Braille.
- Developing and implementing standards for the recruitment and hiring of culturally effective staff providers, including support staff.
- Providing regular cultural effectiveness training for internal leadership and providers.
- Ensuring that participating providers have an understanding of the cultural attitudes about healing systems held by the consumers they serve.
- Ensuring that providers have an understanding of mono-cultural, multi-cultural, interfaith, and/or multi-racial families.

LINGUISTIC COMPETENCE:

Data from the 2000 US Census indicates that 18% of the US population (5 years old and older) speaks a language other than English at home. Recognizing and being sensitive to language barriers is an important consideration to providing quality services.

A few guidelines for linguistic competence include:

- Understanding the language and culture of a given community.
- Identifying the appropriate language, including knowing the proper dialect.
- Asking what language the person speaks and geographic region, as this may be different.
- Understanding the role of an interpreter.
- Using a trained interpreter to get accurate information.
- Never using a child to interpret! Identify other adults who can help.
- Being prepared (in advance) and identifying resources in the community or in the state.

Interpreters:

- Identify resources for trained interpreters.
- Identify resources for reimbursing interpreters.

⁸ Cultural Competency in Mental Health Systems, National Mental Health Association
<http://www.nmha.org/position/ps38.cfm>

- Develop a plan for using interpreters.
- Develop and identify written materials in other languages.

Resources for Interpretive Services:

- Area Health Education Center (603) 224-8111
- Language Bank Services available through Lutheran Family Services (603) 224-8111
- Additional information and resources through Bienestar Mental Program NAMI NH (603) 225-5359

LINKS AND RESOURCES:

The US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMSHA) provides a comprehensive website of mental health information, articles and links.

<http://www.mentalhealth.org> Some recommendations for this protocol came from a SAMSHA article on “Cultural Competence in Serving Children and Adolescents with Mental Health Problems.”

<http://www.mentalhealth.org/publications/allpubs/CA-0015/default.asp>

The National Mental Health Association has a large website that includes a section on cultural effectiveness.

<http://www.nmha.org/position/ps38.cfm>

The Florida Youth Suicide School-Based Guide includes an excellent overview of issues related to cultural and linguistic effectiveness for youth. http://cfs.fmhi.usf.edu/StateandLocal/suicide_prevention

Athealth.com Cultural Effectiveness articles: http://www.athealth.com/Practitioner/newsletter/FPN_5_6.html#1

Parents, Families, Friends of Lesbians and Gays, New Hampshire: www.pflagnh.org

Rainbow Resources of New Hampshire: <http://www.rainbowresources-nh.org/>

US Department of Health and Human Services: Bureau of Primary Health Care: www.bphc.hrsa.gov

Youth Suicide Prevention Education Program: <http://www.yspep.org/minority.html>

New Hampshire Health Data: www.nhhealthdata.org

Obituaries Today has a website that includes a resource section with funeral and grief customs for some of the major world religions. <http://www.obituariestoday.com/Resources/FuneralEit.cfm>

Substance Abuse and Mental Health Services Administration (SAMHSA) provides a website with specific information regarding culturally sensitive responses to disasters.

<http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA03-3828/sectiontwo.asp>

Georgetown University provides a website with a checklist for service providers to assist them in providing more culturally effective services. http://gucchd.georgetown.edu/files/products_publications/checklistsids.html