

A Cultural Competency Training Manual For Law and Mental Health Professionals

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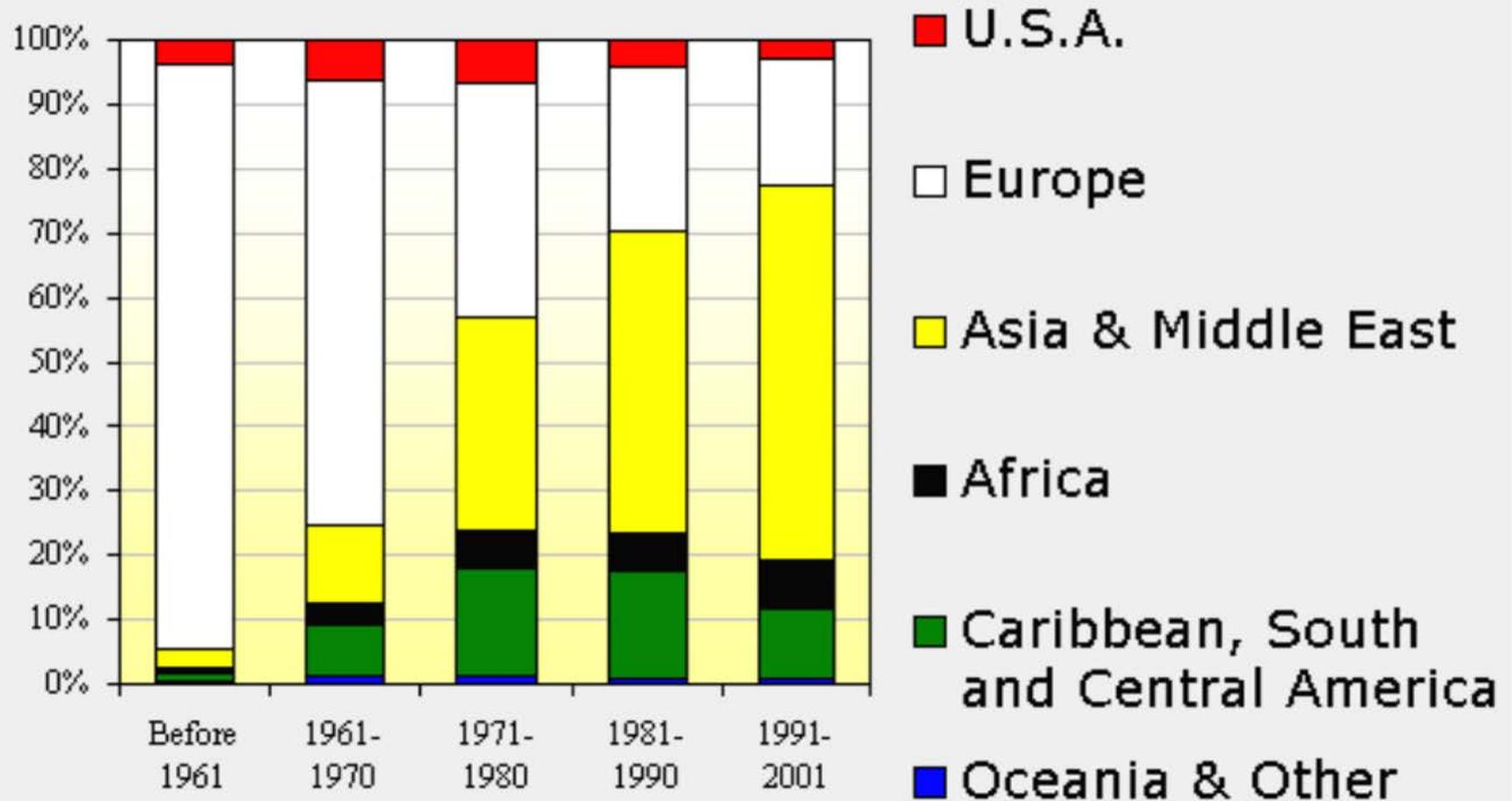
Definition of Culture

- A widely accepted, highly valued, set of beliefs and practices, often with a very long history, that permeates the daily life of members of a society or group and is generally passed on through generations.
- Culture: deep inner sense of identity, belonging, familiarity, comfort, values
- Cultures migrate with individuals

J Sadavoy MSH 2010



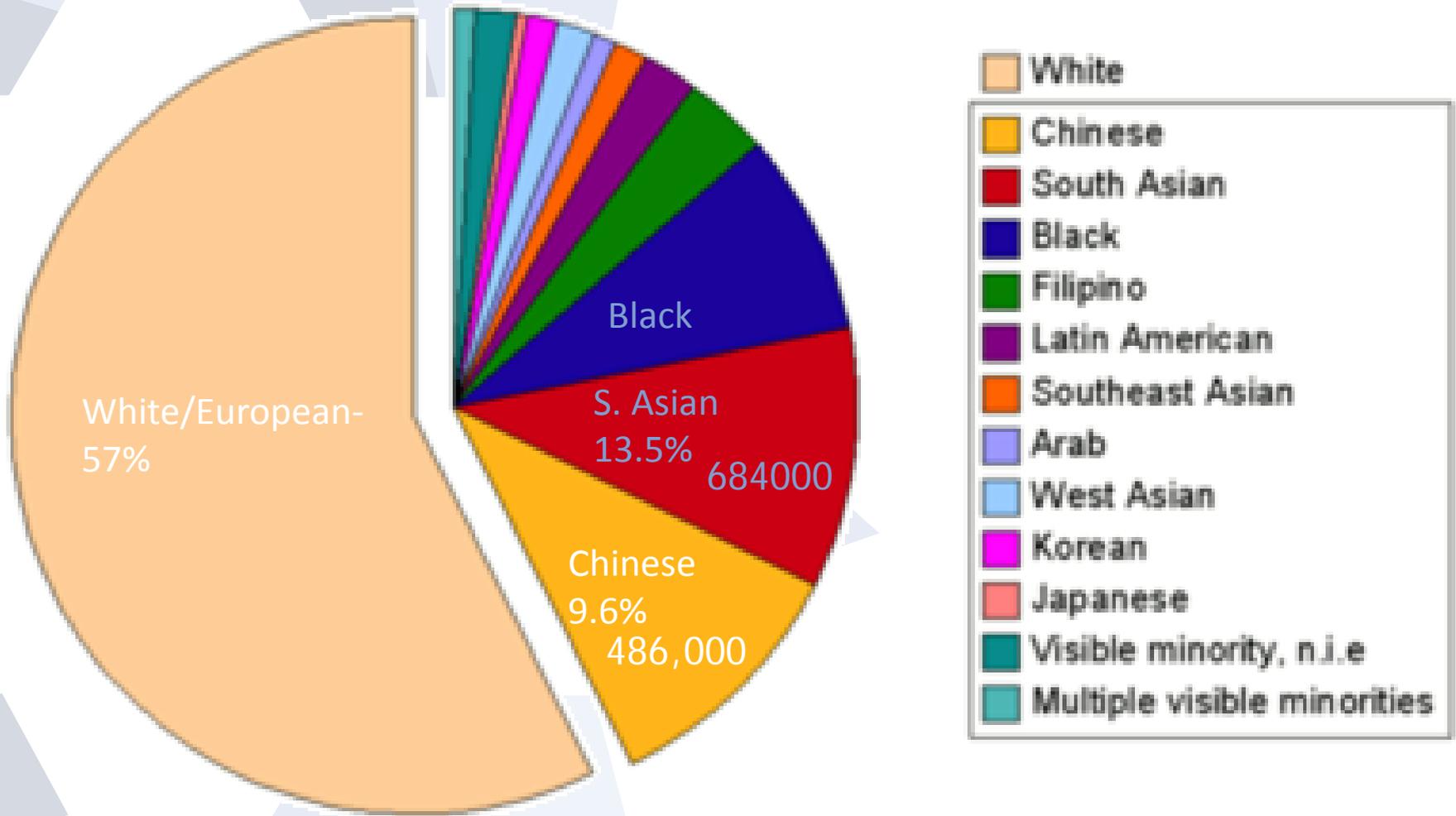
Patterns of Migration Can Change Rapidly and Profoundly Alter Societies (Canadian pattern)



Canada's Diversity

- Total population 35.16 Million (2013).
- 5.8 million immigrants arrived in Canada between 1989-2013 from all over the world (Stats Can 2013)

Visible Minorities in Toronto



Chinese 2nd Largest Percentage of Foreign-born Population; More than 140 languages and dialects in Toronto

Among Migrants Refugees are at Greatest Mental Health Risk

- Refugees compared to voluntary migrants are:
 - Poorer
 - less educated
 - More likely to have psychiatric illness (PTSD may be common but hidden)
 - Less likely to use health services

(Berry, Kim, & Boski, 1988; Frisbie et al., 2001).

Current Situation

- The data suggest an urgent need for enhancing the cultural competency of the system, especially in training staff of both the criminal justice systems and associated health care services
- 2 intertwined tasks:
 - Competency in understanding mental health
 - Competency in understanding culture

The Cultural Competency Manual

Five sections:

- (i) A literature review of cultural competency in law and mental health settings;
- (ii) Major themes in working with culturally diverse “persons involved with law and mental health” (PLMs) ; case vignettes
- (iii) A culturally competent system
- (iv) A culturally competent model
- (v) A resource directory (updated as of Sept 2010)

Scope of the Problem

- 11.2% of the inmate population has a mental health issue. 6% to 8% have a serious mental illness(Ontario, Ministry of Public Safety Security)
- These PLMs are often not included in the statistics collected in the criminal justice system.

Visible Minorities are Overrepresented in the Criminal Justice System

Federal offender population by ethnicity*

- Caucasian - 68.7% (83.8% of general population)
- Aboriginal **16.9%** (3.8% of general population)
- Black **6.6%** (2.5% of general population)
- Asian 4.3% (12.3% of general population)
- Hispanic 0.6% (1% of general population)
- Other 2.8% (1.5% of general population)

*Correctional Service Canada, 2006 Census; †Statistics Canada, 2006 Census

Risk Factors Which Increase The Likelihood Of Committing An Offense Among Mentally Ill Persons (CIHI 2008).

- a pronounced history of mental illness and service use;
- high rates of substance use;
- frequent victimization;
- stressful life events; and
- unstable relationships

Cultural Competence

A set of “congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable the system or professionals to work effectively in cross-cultural situations”

The Challenge is to create a system that promotes cultural competence.

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Cultural Competency Training in Canada

An example of best practices in cultural competence (1)

A Cultural Competency Guide for Primary Health Care Professionals in Nova Scotia

1. Examine your values, behaviors, beliefs and assumptions.
2. Recognize racism.
3. Reframe thinking, to hear and understand other worldviews.
4. Familiarize yourself with core cultural elements of the communities you serve,
5. Ask clients to share their reality and compare with your knowledge
6. Learn how different cultures define, name and understand disease and treatment.
7. Interact with openness, understanding, and a willingness to hear different perceptions.
8. Create a welcoming environment.

An example of best practices in cultural competence (2)

A Cultural Competency Guide for Primary Health Care Professionals in Nova Scotia

9. Avoid using family members as interpreters or translators;
10. Become familiar with expressions of distress.
11. Consider the patient's background
12. Learn about and avoid religious and/or social taboos.
13. Remember potential prescribing pitfalls
14. Ask if a patient is using traditional or alternative treatments and remedies.
15. Offer options for treatment;
16. Educate about why questions or procedures are necessary
17. Learn about cultural and religious beliefs, as these relate to perceptions of illness.

LIAASE

Learn, *Inquire*, Avoid polarization, Avoid arguing and defending, and Show Empathy

Learn

- ◇ Read literature from other cultures
- ◇ Identify your own biases and stereotypes

Avoid Polarization

- ◇ Solicit other options or points of view
- ◇ Ask what perspective a person from a different background would have

Inquire

- ◇ Ask questions to clarify and understand information
- ◇ Dig deeper to find reasons for behaviors or attitudes
- ◇ Frame inquires as searches for answers, show a willingness to learn
- ◇ Do not judge or interpret actions or speech, verify that what you understand is correct
- ◇ Speak clearly; avoid slang, colloquial expressions and large, complex words

Avoid Arguing and Defending

- ◇ Curb the impulse to defend your point of view or opinion
- ◇ Agree to disagree on differences in values

Show Empathy

- ◇ Listen not just to the words, but to the feelings behind the words
- ◇ Acknowledge and validate powerful emotions when expressed

Identify Cultural Competency Training for Professionals Relating to PLM.

- Law enforcement
- Bail and probation staff
- Judicial and corrections staff
- Mental health professionals working with PLM

Finding:

- A challenge since each group has somewhat different training needs

Practice In The United States

- The United States has established the National Standards for Culturally and Linguistically Appropriate Services for PLMs of culturally diverse backgrounds (focused on language and communication issues);
- Canada does not have similar legislation

Best Practices of Diversity Training for Police Officers

Halifax, Calgary, and Toronto Police Service:

- Diversity training is integrated into the curriculum of the following courses for Toronto police officers:
 - Advanced Patrol Training
 - Uniform Policing and Diversity
 - Recruit Training
 - Coach Officer Training
 - Supervisor Training
 - Policing a Diverse Community

Court Diversion Services

Purpose:

To re-direct offenders with a mental illness away from the criminal justice system to the mental health care system.

Diversion: Pre-arrest; Court Diversion; MH Courts

Pre-arrest diversion - Employs crisis teams of mental health professionals and police officers specially trained in mental health issues. (Hartford 2003).

- Vancouver's Car 87 Mental Health Car
- Edmonton's Police and Crisis Team (PACT)
- Hamilton's Crisis Outreach and Support Team (COAST) and
- Halifax's Mental Health Mobile Crisis Team (MHMCT)

Court diversion: Appointment of a counsel, MH assessment, consultation with victims, and review of the charges leading to referral to services in the community. The PLM must agree to enter mental health treatment.

In Toronto Canada

- Toronto's MH court established formally in 1998
- By 2008, there were Mental Health Court Support (MHCS) services in most of Ontario's major cities and many smaller jurisdictions.

Section 2: Major themes

1. Understanding needs of persons involved with law and mental health (PLM)
2. Understanding the needs of families; and
3. Addressing these needs through systems.

In each themes actual case vignettes and specific interventions will be discussed

Key Issues in Developing Cultural Competency working with Individuals

- Engaging the Client
- Understanding the Impact of Medication on symptoms and behaviour
- Spending Time and Being Physically Present
- Education about the Legal and Mental Health system
- Language and communication
- Probe for and understand the cultural context
- Impact of past life history
- Make an Effort to be Inclusive

Language and Communication

ONE SHOULD BE CAUTIOUS NOT TO ASSUME THAT A PERSON WHO SPEAKS SOME ENGLISH WILL HAVE THE LANGUAGE COMPETENCE TO UNDERSTAND EVERYTHING THAT IS GOING ON IN THE LEGAL OR MENTAL HEALTH SYSTEM.

Example

- *An Asian lady with limited understanding of English was accused of wanting to kill a man in her building.*
- *The police officers interviewed the woman in her apartment and asked whether she used the knife to hurt people.*
- *She interpreted this question to mean that they wanted a knife, so she cooperatively got one from the kitchen.*
- *The officers thought that she was handing them the weapon she had used, so she was handcuffed, arrested, and charged with assault with a weapon.*

Professionals involved at each step of an encounter actively inquire whether sufficient effort has been made to address unclear situations.

Some key points regarding effective communication :

- Consider the effects of language, culture and cultural usage of the English language in the interpretation of events, actions or statements
- Avoid jumping to conclusions and be aware of your own assumptions
- Actively acknowledge the natural tendency of a PLM to feel insecure due to language and cultural barriers by showing the PLM that you want to understand their situation
- Use a cultural interpreter where necessary
- Clarify uncertainty before acting whenever possible
- Pay special attention to subtle culturally determined issues when implementing an intervention
- Reflect on the outcome of a situation and apply cultural and language considerations when attempting to understand what has happened

Cultural Context Of Behaviour

A crown attorney offered this vignette to illustrate this theme.

“I had a gentleman in court who was ostensibly an arsonist. He had lit a fire and he explained to the court that he was trying to “smoke out” the spirits of his parents. The spirits were hanging around in the upper level of the house after his parents had passed away. He was only trying to get rid of them”.

Cultural Context

- *When faced with a cross-cultural dilemma, be prepared to ask these questions:*
 - *Is there another possible explanation for what has happened?*
 - *Are the actions understandable within the PLM's cultural frame?*
 - *Have I understood the meaning of the PLM's words and intent accurately?*

The Influence of Past Experience on Thinking, Feeling and Behaviour

- *A young man was thought to be psychotic because he said that the “phantoms” would come if he didn’t do certain things.*
- *Later we realized that this was not the case. When he was ten years old, he was part of a group of young boys that walked the minefields to clear the way for troops.*
- *The soldiers threatened them, saying that if they didn’t perform the task, the “phantoms” would come.*
- *The “phantoms”, in this case, were the American F-86 “Phantom” planes.*

The Influence of Past Experience on Thinking, Feeling and Behaviour (Cont.)

A person's past experience may make him or her wary of giving sensitive past personal information to authorities.

- *Take a moment to explain why the questions are being asked.*
- *Delay asking about potentially sensitive issues until later in the interview after some rapport has been established.*

Key Elements of a Person's History to Consider are:

- Migration history- what was given up?
- Trauma - incarceration, torture, violence, threat, loss or death of loved ones
- Experiences of racism or rejection
- Past contact with and attitudes toward authorities, police and courts
- Prior experience with and attitude toward hospital and mental health professionals
- Loss of important support - family, job, friends
- Disappointment, hope and ambition

Inclusiveness

- In court, a duty counsel asked a PLM, “So, how’s it going?” Then, essentially ignoring the PLM, he turned to the court support worker in the presence of the PLM and commented, “He is not doing very well, is he?”
- In court, whenever possible address a PLM prior to speaking to the court support worker; this helps raise the PLM’s self-esteem and reduces unnecessary magnification of cultural barriers.

Culturally competent crisis intervention

- Lucy was 48, diagnosed with paranoid schizophrenia, spoke limited English and had a history of sudden violent behaviour.
- When she became very agitated in her boarding home and pushed her roommate to the toilet. Her landlord called an ethno culturally focused mental health team for help.
- The workers went to the house before the police.
- Lucy explained to the worker that she felt her roommate was “bad because she did not pray,” and believed that God wanted her to punish her roommate; so she assaulted her roommate by pushing her head into the toilet bowl.

Culturally Competent Crisis Intervention

- The landlord wanted Lucy evicted immediately, so the team arranged for her to move to a rooming house.
- They also arranged a timely psychiatric assessment with subsequent medication adjustment.
- Afterward, workers arranged for Lucy to return and meet with her former roommate and landlord. She agreed to provide compensation for all the things she had damaged. She also apologized for attacking her roommate. Her roommate accepted the settlement.
- Lucy was taken to the police station to report the incident. The community police assessed the situation and worked closely with the mental health professionals involved and agreed to let Lucy stay in the community with a new treatment and rehabilitation plan.
- She has not reoffended for the past 14 years.

Key Issues in Developing Cultural Competency working with Families

- Family Burden and Social Stigma
- Family Knowledge of the Legal and Mental Health Systems
- Relationships among Family Members
- Managing Family Resistance

Example

- *Mrs. Y., a mother of Asian background, was assaulted repeatedly by her son over seven years.*
- *Despite knowing that she was putting herself in danger, she still refused to call or cooperate with the police.*
- *This continued even when her neighbour contacted the police and her son was arrested.*
- *As a result of the most recent attack from her son, the mother was sent to a hospital and received twenty-three stitches in her leg.*

Example (cont.)

- After this incident, the mother was supported and seen regularly by clinicians of an ethno cultural court support team.
- She expressed her feelings of shame and guilt in raising a son who didn't live up to the standards and expectations of her community.
- The clinicians spent time helping her to understand the symptoms and treatment of mental illness. This in turn enabled her to dispel her misconceptions about her responsibility for her son's mental illness and to remove the disgrace of having a son with mental illness.
- Moreover, this reduced the stigma of seeking help for the treatment and support of her son.

The Role of Family in Making a Management Plan

- How does the PLM relate to other family members?
- How do family members feel about the PLM?
- Does the PLM want family members to be involved or is confidentiality preferred?
- Who is the spokesperson for the family? How influential is s/he?
- What are the spokesperson's perspectives on the PLM's situation?
- Who else from the family could become involved in the situation and how?
- Are there any outside forces at work impacting on the family dynamics? (e.g., immigration issues, family financial controls, family health history, spiritual orientation, etc.)

Systemic structural and functional elements necessary to maintain a culturally competent system

- Access to universal language translation;
- Tools for system navigation - directories, phone numbers, manuals;
- Education - basic training on culturally sensitive mental health support, information about rights and legal proceedings, resources for consumers, clients or families such as housing, medical care, funding sources or transportation;
- Mandatory training in cultural competence for everyone working in the system;
- Advocacy for clients whose cultural background is a disadvantage to them in the system;
- Culturally competent collaboration among the various components of the system (e.g., legal, housing, medical care, mental health care, social support, and employment).

Systemic Roadblocks To A Culturally Competent System

- Stigma
- *Immigration Canada Newcomer Services*
- *Police Involvement in a Culturally Competent System*
- ***Supportive Housing***
- ***Lack of Accessible Medical Care***

Overcoming Obstacles to Housing

- An African-born client was in and out of the mental health court system for 8 years with repeated charges of assault.
- He was referred to a court support program with conditions under the court diversion agreement. He was living in a shelter at the time, so the team assisted him in getting an apartment through the new law and mental health housing initiative.

Overcoming Obstacles to Housing (cont.)

- The client had applied housing three times before. During this time, the worker acted as an advocate for the client by requesting additional interviews and helping the client with his personal hygiene and interview skills.
- He was accepted into housing program. His mental health status remains stable and his quality of life is significantly higher than before.

Obstacles to Medical Care

I'm a novice mental-health court-support worker, just a year or so in the job. I've been trying to help a PLM move through the Mental Health Court.

- The client needed medical attention; and until very recently, it has been unavailable.
- I tried to have a doctor assess him but as soon as the doctor's receptionist heard that I was calling from the court office, she let me know that they were not taking on any more patients. Their perception of taking a PLM was that it would be both problematic and dangerous.
- The same thing happened when I tried to engage the services of a psychiatrist for my client. No psychiatrist would take on my homeless client.

MSH Cultural Competency Model

- Preparation Before the Meeting
- Engagement
- Assessment
- Intervention
- Recovery
- Discharge

Preparation Before Meeting PLM

Consider and Reflect

Research

Examine

Watch

Preparation Before Meeting PLM

(cont.)

- Forming an awareness of the PLM's cultural experiences and potential needs
 - Google the cultural ethnicity of PLMs
 - Prepare a world map
 - Prepare culturally and linguistically appropriate information brochures / pamphlets
 - Consult with interpreters and cultural consultants who match the language and background of your PLM

MSH Cultural Competency Model

Engagement

- Respect and accept PLMs as human beings first
- Acknowledging and understanding their mental illness
- Observe and ask what they need and respond to their needs
- Engaging the PLM on issues with the law
- Explore the different law systems between Canada and their home country

MSH Cultural Competency Model

Assessment

- Know the PLM's particular culture and worldview
 - Identify patient's degree of acculturation
- Understand their health-seeking behaviour
- Recognize the PLM's experiences of marginalization and discrimination

MSH Cultural Competency Model

Intervention

- Goal Setting
 - Establish collaboratively with input from both the client and clinician
 - Work toward pragmatic, specific goals for PLM and/or family
- Plan
 - Avoid culturally difficult or inappropriate interventions
 - PLM may desire culturally specific therapeutic interventions
- Process
 - High vs. low context communication among cultures
 - Reframing problems
 - Transference and counter-transference
 - Involve family in PLM's treatment when appropriate and beneficial

MSH Cultural Competency Model

Recovery

- Establish daily routine with activities that are appropriate to their cultural norms and interests
- Use of community resources and collaborations with different service providers

MSH Cultural Competency Model

Discharge

- Keep the treatment door “ajar” to PLM and family by offering consultations and access to help and support in time of need
- PLM will initiate contact when in need after discharge

The Roles of Professionals

- CHANCE
 - Communication
 - Advocacy
 - Navigation
 - Collaboration
 - Education
 - Hope



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Questions and Discussion