The perception of illness and disease and their causes varies by culture;

Diverse belief systems exist related to health, healing and wellness;

Culture influences help seeking behaviors and attitudes toward health care providers;

Individual preferences affect traditional and non-traditional approaches to health care.

Source: Cohen & Goode, National Center for Cultural Competence, 1999
Cultural Influences and Help Seeking

- Latinos have less access to mental health services are less likely to receive needed care, and are more likely to receive poor quality care when treated than do whites.
- Asian and Pacific Islanders tend to delay help-seeking which may be due mistrust of the system and language barriers.
- African Americans tend to rely on family, religious and social communities rather than turning to health care professionals.

Culture is not talked about — much of it is taken for granted (much like the air we breathe), and what is taken for granted is not discussed. Also, since culture is widely shared, it is uninteresting to talk about what everybody shares. This means, however, that people have little practice in discussing how culture affects their behavior, and so are ill-prepared to explain their culture to others.

Levine, 2001
Cultural Differences

An office somewhere in South America…

Hours of Operation

12 noon to 9:30 P.M. MORE or LESS

Source: Levine, 2001

Culture Counts!

“The main message of this Supplement—that culture counts—should echo through the corridors and communities of this Nation. In today’s multicultural reality distinct culture and their relationship to the broader society are not just important for mental health and the mental health system, but for the broader health care system as well.”

Source: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General, 2001
Culture Counts!

Culture influences:
- How people communicate and manifest their symptoms
- Their style of coping
- Their willingness to seek treatment
- Their family and community support

Source: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General, 2001

Let’s Hear if for Cultural Sensitivity!

What Happens When Culture and Language are not Considered
Almost but not quite...... (1)

- When General Motors introduced the Chevy Nova in South America, it was apparently unaware that "no va" means "it won't go." After the company figured out why it wasn't selling any cars, it renamed the car in its Spanish markets to the Caribe.

- Coors put its slogan, "Turn it loose," into Spanish, where it was read as "Suffer from diarrhea."

Almost but not quite...... (2)

- When Parker Pen marketed a ballpoint pen in Mexico, its ads were supposed to say "It won't leak in your pocket and embarrass you." However, the company mistakenly thought the Spanish word "embarazar" meant embarrass. Instead the ads said that "It won't leak in your pocket and make you pregnant."

- An American t-shirt maker in Miami printed shirts for the Spanish market which promoted the Pope's visit. Instead of the desired "I Saw the Pope" (el Papa), the shirts proclaimed "I Saw the Potato" (la papa).
Definition of Culture

- “Meanings, values, and behavioral norms that are learned and transmitted in society and within social groups.”
- Culture powerfully influences cognition, self-concept, feeling, and activities.
- Culture has a strong impact on diagnostic processes and treatment decisions.

Source: Guarnaccia, 2006

Language also Counts!

- Language is the core medium for the communication, creation, and transmission of culture.
- “Given the centrality of talking as a major form of mental health treatment, issues of language and culture appear particularly central in thinking about developing culturally competent mental health services” (Guarnaccia, et al., 1998; p. 424)
Do LEP patients have a higher risk and/or different patterns of adverse events than English-speaking patients?

A Joint Commission study

Funded in part by the Commonwealth Fund

Published in the International Journal for Quality in Health Care (2/2007)

Source: Schyve, 2007
Findings

- **Impact**
  - Some harm: EP 30% | LEP 49%
  - Serious harm: EP 24% | LEP 47%

- **Type**
  - Communication: EP 36% | LEP 52%
  - Patient management: EP 56% | LEP 53%

- **Cause**
  - Human error: EP 39% | LEP 45%
  - Structure/process error: EP 59% | LEP 69%

Source: Schyve, 2007

---

**Why Culture and Language Matter in the Delivery of Health Services**

- Culture patterns our thinking, feeling, and behavior in both obvious and subtle ways.

- Culture plays a major role in determining:
  - what we eat;
  - how we work;
  - how we relate;
  - how we celebrate holidays and rituals;
  - how we feel about life, death, and illness;
  - how we recognize, interpret, label, and respond to illness;
  - how we express and report our concerns;
  - how we seek help.
Why Consider Culture and Language in Health Care

Attention to culture and language and its impact on health care can:

- improve the quality of health care;
- add to our understanding of health care solutions among diverse cultural groups;
- encourage a more holistic approach to healthcare within individual, family, and community-based systems.

Everyone has a culture...

Opportunities for Inclusion

Source: Taylor, NCRR, 2007
Why is important to integrate primary care and mental health care?

1. Provide treatment in primary care
2. Make psychotropic drugs available
3. Give care in the community
4. Educate the public
5. Involve communities, families, and consumers
6. Establish national policies, programs, and legislation
7. Develop human resources
8. Link with other sectors
9. Monitor community mental health
10. Support more research

Overall Recommendations from the WHR 2001 Report

Steps that nations can take to promote better mental health:

1. Provide treatment in primary care
2. Make psychotropic drugs available
3. Give care in the community
4. Educate the public
5. Involve communities, families, and consumers
6. Establish national policies, programs, and legislation
7. Develop human resources
8. Link with other sectors
9. Monitor community mental health
10. Support more research
Grand Challenges in Global Mental Health

Top five challenges

1. Integrate screening and core service packages in Primary Health Care
2. Reduce the cost and improve the supply of medications
3. Provide effective and affordable community based care
4. Improve children's access to care
5. Strengthen mental health component in training of health personnel


The Case for Integration

1. Comorbidities are the rule rather than the exception
2. Mental health in primary care:
   - Primary care is the main point of service delivery entry and where the patients are.
   - Primary care is the ‘de facto’ health care system for common mental disorders.
3. Medical care in mental health care settings:
   - Patients with severe mental disorders (SMI) receive poor medical care and die on average 25 years earlier than those without SMI.

Source: Unützer, 2010
The link between mental and substance-use problems and illnesses, and general health and health care, is very strong.

Comorbidity of chronic physical conditions with common mental disorders is the norm across the lifespan.

Even among young adults, over half of those with a current anxiety or depressive disorder report at least one chronic physical disorder or pain condition.

Among the elderly with anxiety or depressive disorders, co-occurrence of at least one chronic physical disorder is nearly universal.
Precursors, Manifestations and Consequences

- Childhood adversities may increase risks of early onset mental disorders, while both childhood adversities and early onset mental disorder may increase risks of a range of physical diseases in later life.

Stress + Mental Disorders ➔ Premature Aging ➔ Increasing Risk of Age-Related Chronic Conditions

Source: Aguilar-Gaxiola, 2009; Simon, 2009

Where is Mental Health Care Received?

Of people with poorer mental health in the US:

- 50% --- Only see a Primary Care Physician
- 17% --- No visits
- 13% --- See both Primary Care and Mental Health
- 5% --- Only See a Mental Health Provider

Of those who see only primary care:

- 1/3rd will make only one visit
- Are more likely to have other health conditions

Source: England and Phillips, 2006
Latinos are more likely than Non-Hispanic Whites to terminate treatment prematurely, with as many as 60–75% of Latinos dropping out after just one session.

Source: McCabe, 2002

Dropping out of Treatment: only 57% of respondents in NLAAS say they completed the treatment.

Mode number of visits is 1 and median is 3 to both psychiatrists and psychologists.

Action needed: Help Consumers become Activated and Empowered

Source: Alegria, 2007
How do you approach a patient from a different culture in primary care?

1. You may have had a chance to learn about, or cared for patients from a certain community or country (i.e. recent immigrant group or an international patient)

2. You may have no clue…then what??
   - Be aware of key issues, and observe, and ask.

Cross-Cultural Education: Training Needs

- Skills for working with diverse patients with different conceptualizations about health and health care.
- Skills on how to use interpreters.
- Case-based learning.
Cross-Cultural Education: Challenges

- Difficult to learn about all cultures
- Difficulty speaking the patient’s language
- Limited amount of time with patients
- Complexity of issues

Cross-Cultural Care: A Patient-Centered Approach

1. Assess core cross-cultural issues
2. Explore the meaning of the illness
3. Determine the social context
4. Engage in negotiation
The Clinical Encounter

Patient’s Input
• Words
• Expressions of distress
• Affects
• Beliefs
• Health literacy

Clinician’s Understanding and Comprehension

Accurate Diagnosis

Adequate Treatment

Relevance of Health Literacy to Patient Care

- Problems understanding medical terminology
- Not understanding self-care instructions
- Difficulty reading and understanding informed consent documents
- Literacy is a strong independent predictor of knowledge, skills and some health outcomes, after controlling for SES, age, cognitive function, etc.

Source: Miller & Green, 2005
The Clinical Encounter

Patient's Input
- Words
- Expressions of distress
- Affects
- Beliefs
- Health literacy

Clinician's Understanding and Comprehension

Misdiagnosis
- No treatment or inappropriate Treatment

Prolonged Client's Suffering and Increased Medical Costs

Meaning of the Illness: Identifying Explanatory Models

- Patient’s conceptualizations of illness
- Patient’s ideas about diagnostic procedures or treatments
Explanatory Model Questions

1. What do you think has caused your problem? How?
2. Why do you think it started when it did?
3. How does it affect you?
4. What worries you most? Severity? Duration?
5. What kind of treatment do you think you should receive? What result do you expect?

Patient-Provider Negotiation

- Patient’s model
- Biomedical model

Mutual understanding

Improved adherence

Source: Miller, 2005
ETHNICS Mnemonic: A Framework for Culturally Appropriate Care

- **Explanation**: why do you have this problem?
- **Treatment**: what have you tried for it?
- **Healers**: who else have you sought help from?
- **Negotiation**: how best do you think I can help you?
- **Intervention**: this is what I think needs to be done.
- **Collaboration**: how can we work together on this?
- **Spirituality**: what role does spirituality play in this?


10 “Rules” in Cross-Cultural Care

1. Allow more time for cross-cultural visits
2. Use formal address until invited to do otherwise
3. Develop trust—note that intrusive questions by some of your patients may be a way of determining if they can trust you
4. Try not to rely on family/friends as interpreters for addiction Rx if at all possible
5. Ask about the use of cultural therapies and herbs—if you don’t ask, they probably won’t tell

Source: Adapted in part from Culture and the Clinical Encounter by Rena Gropper
10 “Rules” in Cross-Cultural Care

6. Ask about how the illness began and how the patient perceives it

7. Hesitation (or discomfort) is often indicative of “hitting an invisible cultural wall”

8. Ask the patient to repeat—in their own words—your instructions to them rather than ask “Do you understand?”

9. Treat your patients the way they would like to be treated not necessarily the way you would like to be treated. However you are not obligated to meet unreasonable demands

10. Negotiate your treatment plans, acknowledging cultural differences

Source: Adapted in part from Culture and the Clinical Encounter by Rena Gropper

Opportunities for Integrated Care

- Integrated care as a health delivery concept continues to gain momentum nationwide, attracting widespread attention throughout the health services community.

- Health care reform and parity legislation offer real opportunities for the successful implementation of innovative integrated care models.

- Integrated, or collaborative, care can change the current practice structure for mental health providers and provide a vehicle for payment reform that will benefit the entire behavioral health team.

Collaborative Care’s Key Ingredients

- Primary care providers
- **Care managers** – Patient education & empowerment, ongoing monitoring, care/provider coordination
- **Expert consultation** (psychiatrists) for patients who are not improving
- Evidence-based treatments – Effective medication management, psychotherapy
- Systematic diagnosis and outcome tracking
- Stepped care
- Technology support – registries

Source: Unützer, 2010

A notable key ingredient is absent

**The Consumer/Patient**

We need to actively engage the consumer/patient and his or her family
FROM THE EDITOR-IN-CHIEF

Hot of the press!
February issue of *Health Affairs*

**Rx For The ‘Blockbuster Drug’ Of Patient Engagement**
BY SUSAN DENTZER

*Even in an age of hype, calling something “the blockbuster drug of the century” grabs our attention. In this case, the “drug” is actually a concept—patient activation and engagement—that should have formed the heart of health care all along. The topic of this thematic issue of *Health Affairs*, patient engagement is variously defined; the Institute for Healthcare Improvement describes it as “actions that people take for their health and to benefit from care.” Engagement’s close cousin is patient activation—“understanding one’s own role in the care process and having the knowledge, skills, and confidence to take on that role,” as Judith Hibbard and coauthors explain.*

Demonstrations at Seattle-based Group Health and elsewhere have already shown that fully informed patients often choose less invasive and lower-cost treatments than their doctors recommend—and that variation in practice patterns among different physicians also narrows as a result. But while many physicians have bought into shared decision making, others haven’t. Grace Lin and coauthors describe a largely unsuccessful attempt to spread the use of decision aids—typically, brochures or videos that spell out pros and cons of various treatment options and can lay the groundwork for discussions between patients and physicians. In their case study of five primary care practices in California, the effort ran into a number of obstacles—including some physicians’ reluctance to give up their traditional decision-making roles, their lack of training in communicating, and their complaint that they simply lacked the time.*

**OBSTACLES AND BARRIERS**
If clinicians’ attitudes sometimes stand...

---

**EVIDENCE & POTENTIAL**
BY Judith H. Hibbard and Jessica Greene

**What The Evidence Shows About Patient Activation: Better Health Outcomes And Care Experiences; Fewer Data On Costs**

**ABSTRACT** Patient engagement is an increasingly important component of strategies to reform health care. In this article we review the available evidence of the contribution that patient activation—the skills and confidence that equip patients to become actively engaged in their health care—makes to health outcomes, costs, and patient experience. There is a growing body of evidence showing that patients who are more activated have better health outcomes and care experiences, but there is limited evidence to date about the impact on costs. Emerging evidence indicates...
Integrating Care: A Key Opportunity to Reduce Disparities

- Integrating care offers an important opportunity to reduce disparities by:
  - Eliminating the early mortality gap
  - Reaching people who cannot or will not access specialty MH care
  - Intervening early before issues develop or worsen

Source: Alexander, 2010

By Jay Neugeboren
Newsweek

Source: Newsweek, February 6, 2006 issue.
The Power to Heal:
Due to the dedication of Dr. Pam, my brother has not had a recurrence for more than six years.

What had made a difference?

The Power of Connection…

Jay Neugeboren

“Robert telephoned. "Alan’s leaving-Alan’s leaving!" he kept screaming. Alan was my brother's social worker-a man to whom he was very attached and whom he had known for many years, from his long-term stay at another hospital.”

After interviewing hundreds of former mental clients for a book, what made the difference was:

Source: Newsweek_February 6, 2006 issue.
“...they all -- every last one said that a **key element was a relationship with a human being**. Most of the time, this human being was a professional -- a social worker, a nurse, a doctor. Sometimes it was a clergyman or family member. In every instance, though, **it was the presence in their lives of an individual who said, in effect, "I believe in your ability to recover, and I am going to stay with you until you do" that brought them back.**”

Jay Neugeboren
“Imagining Robert: My Brother, Madness, and Survival”

Source: Newsweek, February 6, 2006 issue.

---

**Words of Wisdom**

"Every [person] is in certain respects
  a. like all other [people],
  b. like some other [people],
  c. like no other [people]."

Kluckhon & Murray, 1953