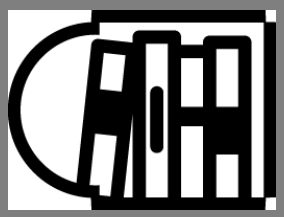

# INTRODUCTION TO CULTURAL AWARENESS

## EMBRACING DIVERSITY AND MILITARY CULTURE

2019



Saginaw County Community Mental Health Authority

# SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Course Objectives

This course is provided to you as part SCCMHA's efforts to ensure that consumers receive services that are effective, understandable, respectful, and provided in a manner that is compatible with their cultural health beliefs and practices and preferred language.

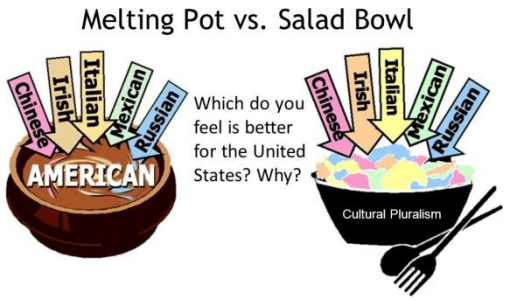
In this course you will learn about how culture can impact your work as well as ways to work with people from different cultures. One specific culture that will be addressed is that of the military.

When you are finished with this course you will be able to:

- Recognize the important role of cultural factors in the delivery of services and supports to consumers and their families
- Give three or more examples of discrimination that can have a negative impact on consumers' well-being
- Give examples of three challenges to working with other cultures
- Give examples of three ways to engage consumers and overcome potential cultural barriers
- Describe aspects of military culture that can impact the delivery of mental health services to veterans

# Introduction

The United States has experienced many demographic changes over the past few decades. Political and economic changes in the world have led many refugees and immigrants to this country. We are a multilingual nation and many people are limited speakers of English.




The United States was traditionally called a melting pot because with time, generations of immigrants melted together and abandoned their cultures to become totally assimilated into American society. More contemporary views consider cultural diversity as positive and immigrants may be encouraged to maintain their traditions and their native language (as well as learn to speak English). This model of integration can be described as a salad bowl with people of different cultures living in harmony, like the lettuce, tomatoes and carrots in a salad.

Since the beginning of the 21st century, there has been widespread recognition of the impact of culture on mental health service utilization and service delivery. There are many different concepts about health care and every culture has, interwoven into its basic worldview, beliefs about health, disease, treatment and health care providers.

Each of the primary ethnic/racial groups is *not* a singular group. There are many variations among the people within each group. Each person has a multifaceted identity and unique personal characteristics. Therefore, there are no "cook book" approaches to working with any cultural group.

Each individual is unique and has retained, rejected or is ambivalent about various aspects of the beliefs, traditions, and values of his or her culture(s) of origin, reference or affiliation. An individual may have assimilated or acculturated to the dominant culture to a greater or lesser degree. Factors related to a person's country of origin and immigration, and that of his or her family, impact understanding and acceptance of the dominant culture, whether that immigration or migration was recent or distant.

Racial, ethnic, and cultural factors play major roles in the expression of distress, help-seeking behaviors, and ways of understanding behavioral health and intellectual disabilities and related problems and needs. Lack of cultural competence can contribute to barriers to engagement and continued utilization of available mental health services. These barriers include:

- Stigma perceived by consumers
- Mistrust of the mental health care system based on previous experiences

- Conflicting ideas about what constitutes mental health and illness
- Culturally-based help-seeking behaviors
- Historical oppression
- Lack of insurance
- Individual and institutional discrimination

Cultural factors also impact mental health providers. These factors contribute to how consumers are diagnosed and treated. In addition to the culture of consumers, overall service delivery is impacted by the culture of both providers and organizations.

# Understanding Culture

Culture has many definitions. These include the definition found in the Merriam-Webster Dictionary:

- The customary beliefs, social forms, and material traits of a racial, religious, or social group.
- The set of values, conventions, or social practices associated with a particular field, activity, or societal characteristic.
- The integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations.

Culture can also refer to a predominant force within worldview, shaping behaviors, values, and institutions, such as gender, gender identity, sexual orientation, and race/ethnicity, level of ability/disability, age, religion/spirituality and socioeconomic status.

***Every human encounter is a cross cultural encounter because no two individuals have identical experiences and backgrounds***

Culture refers to the integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs and institutions of racial, ethnic, social or religious groups. It is the way of life of a group of people and it encompasses behaviors, beliefs, values, and symbols that are accepted and passed along by communication and imitation from one generation to the next.

Culture can be shaped by the society in which one lives. Large societies often incorporate cultural variations which differentiate some members from the larger group. These can be based on domains such as age, race, ethnicity, class, gender, political affiliation, religion, geographic location, and/or sexual orientation, among other factors.

It is important to assess each consumer's/family's culture and language to identify potential barriers to effective communication or care and the acceptability of specific treatments including consideration of cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Locating services in areas convenient to cultural groups, improving language access for people with limited English proficiency (LEP), and improving efforts to overcome shame, stigma, and discrimination can reduce barriers to care and improve access and engagement of consumers and their families.

Knowledge of common health-related beliefs, experiences and concerns of the people we serve can help attune us to individual treatment needs.

Understanding that differences among people are to be appreciated as sources of enrichment that can expand the options available to solve problems and provide supports to consumers and their families.

Respecting the unique, culturally-defined needs of all individuals, and believing that diversity within cultures is as important as diversity between cultures.

**Your level of cultural awareness helps you modify your behaviors to respond to the needs of others while maintaining a professional level of respect, objectivity and identity.**

Culture impacts how people:

- Define and evaluate situations
- Seek help for problems and willingness to seek mental health treatment
- Present their problems, situations and information to others
- Exhibit symptoms of mental illness
- Use coping mechanisms
- Use social supports
- Respond to interventions and service plans

Factors that impact service delivery include:

- Ethnic/racial background
- Socioeconomic status
- Educational status
- Sexual orientation
- Gender identity
- Military service/veteran status
- Membership in an underserved population
- Disability
- Health literacy level
- Vocation/profession
- Employment/job
- Specific health condition(s) (e.g., HIV)
- New immigrant level of socialization/acculturation
- Trauma exposure
- Regional perspective
- Physical capacity
- Age/generation
- Religion/religious beliefs
- Urban/Rural

Some population groups in the United States suffer disproportionately from poor health, disease and limited access to health care. Cultural and social factors, such as poverty, racism, and other forms of oppression and discrimination can have a negative impact on mental health and well-being. Some of these are:

- **Ageism** (prejudice or discrimination based on a person's age)
- **Sexism** (prejudice, stereotyping, or discrimination, typically against women, on the basis of sex)
- **Racism** (prejudice, discrimination, or antagonism directed against someone of a different race based on the belief that one's own race is superior)
- **Heterosexism** (discrimination or prejudice against people who are sexually attracted to members of their own sex based on the assumption that heterosexuality is the normal sexual orientation)
- **Cissexism** (discrimination against individuals who identify with and/or present as a different sex and gender than was assigned at birth)
- **Ableism** (discrimination in favor of able-bodied people)
- **Antisemitism** (hostility to or prejudice against Jews)
- **Classism** (prejudice against or in favor of people belonging to a particular social class)
- **Colorism** (prejudice or discrimination against individuals with a dark skin tone)
- **Sizeism** (prejudice or discrimination based on a person's size)

**Health equity** means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

**Social justice** means the absence of unfair, unjust advantage or privilege based on race, class, gender or other forms of difference, and a world which affords individuals and groups fair treatment and an equitable share of the benefits of society.

**Health equity** means that everyone has an equal opportunity to live the healthiest life they can, including those who have been most marginalized – people of color, those living in poverty or with a disability, Lesbian, Gay, Bisexual Transgender, and Queer/questioning and Intersex (LGBTQI) persons, and others who have historically been excluded from mainstream society (Braverman, et al).

SCCMHA works to promote health equity and eliminate discrimination by advocating for the consumers we serve by developing supports and services that are congruent with cultural norms, promoting evidence-based treatments, and understanding and respecting the world views and experiences of consumers of all cultural groups.

# Culture and Mental Health Services

| Cultural Factor | Cultural Variation |
|---|---|
| **View of Mental Illness** | |
| Holistic health view | Does the culture recognize mental illness or consider it part of an holistic view of mind/body? |
| Attribution | What is the source of mental health problems? Are they biological, magical, psychosocial, or a form of punishment? |
| Degree of Stigma | Stigma reduces access to mental health care. The way stigma is demonstrated and its intensity may vary by culture. |
| **Social Positioning** | |
| Discrimination | Discrimination occurs when one group is given preferential treatment over another based on certain characteristics. Discrimination often takes the form of intentional exclusion from a location or activity. How this is experienced can vary by culture. |
| Equality | People may have different roles in their culture. It is important to consider equal treatment of people vs. equal status in a community. |
| Stereotypes | It is important to consider both the provider's and consumer's preconceived notions about the other's culture, particularly in situations where there is a mismatch. |
| Acculturation | Level of acculturation can impact attitudes towards seeking and accepting services. |
| Formality | Providers need to consider how people are addressed. Are titles used? At what point, if any, is it appropriate to use familiar terms? |
| **Lifestyle** | |
| Housing | In some cultures, many generations reside together. It is important to understand the dynamics of families based on where they live. |
| Education | It may be important to consider the value that the consumer's culture places on education and educational attainment. |
| Social Class | In Western culture, social class is dictated primarily by income. Other cultures may ascribe primacy to other factors (e.g., level of education, social connections, and/or family history). |
| Development through life | Western viewpoints on how individuals develop are based on the works of individuals such as Piaget, Erickson and Freud. Some non-Western cultures may conceptualize different developmental milestones, timing, and goals throughout the life cycle (e.g., independence from parents). Norms for life-cycle events may differ across cultures. |
| Age | It is important to consider cultural norms and beliefs about age, as some cultures value elders while others value youth. |
| Gender | In some cultures, gender roles are prescribed while other cultures may be more fluid. It is important to remember that Western gender roles may not be the norm in other cultures. |
| Dating | In some cultures, dating may be limited or non-existent or, conversely, it may be very open and up to the individual. |
| Marriage | In some cultures, marriages are arranged or semi-arranged. Whether monogamy, polygamy, or bachelorhood is acceptable varies by culture. In some cultures, marriage is the most desirable state for adults, while others may value independence. |
| Divorce | In some cultures, divorce is commonly accepted while in others it is unacceptable. Couples may physically separate without the formality of a legal divorce. |
| Sexual activity | Cultures view sex differently. In some cultures, discussions around sex are completely taboo while others are more open. |

| | |
|---|---|
| Sexual orientation | Attitudes about sexual orientation vary across cultures. |

| Cultural Factor | Cultural Variation |
|---|---|
| **Health** | |
| Use of drugs and alcohol | Drug and alcohol use and abuse can impact mental health care. For instance, differences in beliefs about the appropriateness of attitudes, amounts, and patterns vary across cultures. |
| Specific health problems | The prevalence of health problems vary by culture and these problems can impact mental health care. Examples include metabolic syndrome, obesity, diabetes, STDs, and HIV/AIDS. |
| **Family/kin Relationships** | |
| Family constellation | In some cultures, the nuclear family is the central unit, while in others extended family or even close non-family members are important members of the family unit. |
| Disciplining children | Styles of discipline can vary. In some cultures, physical discipline (e.g., spanking) is the norm. |
| Power in relationships | In some cultures different family members have more power based on age, gender, role, or other factors. |
| Communication | Communication styles are also often culturally dictated, with patterns and styles of communication differing across cultures. |
| **World View** | |
| ***Religion/clergy*** | |
| Religion/religious practice | Religion may impact consumers' views regardless of level of religiosity, particularly if facets of the religion impact the consumer's daily life or the consumer has familial history with the religion or its practices. Many persons from cultural groups seek first line help for mental disorders from clergy. |
| Views of human nature | Views of human nature differ across cultures with some believing that people are basically good and others believing that people are inherently bad. |
| ***Spirituality*** | |
| Views of interconnectedness of people | Some cultures believe that people are highly interconnected and responsible for promoting social good while others may emphasize the autonomous nature of human action. |
| Views of nature | Views of nature differ across cultures with some cultures believing that humans should conquer nature and others believing we should live in harmony with nature. |

(Samuels, J., et al.)

# Military Culture


Military service can be a significant, if not central, part of a person's background.

For most people, their job is what they do; for those in the military it more deeply defines who they are.

The military is a distinct culture, and each branch (Army, Marines, Air Force, Navy, Coast Guard) is represented by its' own unique symbols, values, and mottos. Each branch has its own language including terminology and acronyms.

Despite these differences, honor, courage, duty, and service above self are common values shared by all service members.

Even after separating from the military, Veterans often continue to feel a strong sense of affiliation with military culture. Members stay connected with their unit/family years after their service ends.

Deployment and combat experiences are also unique and can profoundly impact a person's life.

Prevalent mental health conditions among veterans are posttraumatic stress disorder (PTSD), depression and substance use disorders (SUDs).

Substance use, PTSD, and depression are linked to elevated risk for suicide.

In 2016 (the most recent data available) the suicide rate for veterans was 1.5 times greater than for Americans who never served in the military. About 20 veterans a day across the country take their own lives, and veterans accounted for 14% of all adult suicide deaths in the US in 2016, even though only 8% of the country's population has served in the military.

Many veterans experienced trauma while serving. Such trauma includes combat trauma, military Sexual Trauma (MST), and traumatic brain injury (TBI), all of which can have a profound and lasting impact on the person.

**Key points to remember (Burek):**

- **Veterans and active-duty military service members are part of a unique culture; it is important for providers to understand this culture in order to better serve this population.**
- **Veterans share a common set of values, which guide and motivate their behavior, and they continue to hold these values long after taking off the uniform.**
- **It is essential that providers listen to veterans' unique stories and not make assumptions about their personal experiences.**

During times of war a service member's personal ethical code may clash with what is expected of them during war. The exposure to violence that occurs during war times makes military and veteran populations at a higher risk of developing moral injury (also known as an invisible wound of war) which is a

personal harm stemming from a violation of one's moral code. It can, though not always, occur by doing or seeing something that is traumatic.

Military experience is unique to each individual and varies by branch, number of years served, and place(s) where the person served.

In the military there is a chain of command to follow. There is no perceived or state of equality; the military is not a democracy. Nothing is up for discussion; any lawful order given by a superior must be obeyed without question. Members are required to suppress own personal feelings, beliefs, and values.

When compared to civilian life, military life is less complicated. Members have very few personal decisions to make and their schedule is planned for them. Uniformity is the rule: dressing the same, speaking the same, and behaving the same. Moreover, personal freedoms including free speech, the right to bear arms, protection from illegal search and seizure, and a trial by jury are all relinquished in service to one's country.

Common traits and values among service members include:

- Cohesion
- Willingness to perform a mission and to fight
- Attention to detail
- Discipline
- Dependability
- Trust
- Uniformity
- Honor
- Reliance on others in life and death situations
- Belonging, loyalty, brotherhood
- Holding oneself to higher standards
- Dark humor with morbid jokes about death
- Concerns about seeking help
- Fighting spirit; never giving up
- Being part of something greater
- Sacrifice
- Bonding with team/squad members
- Duty
- Team focus
- Esprit de corps (shared feeling of pride, fellowship, and common loyalty)
- Loyalty
- Camaraderie
- Hard work
- Stoicism

# Cultural and Linguistic Competence

**Cultural competence** refers to the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes and communities, and protects and preserves the dignity of each.

**Cultural competence centers on interacting with others humanely, as unique individuals from various sociocultural and historical contexts and communities.**

One dimension of cultural competence is the capacity to communicate effectively. In the United States, the number of people for who do not speak English as their primary language has grown. More than 400 language groups are spoken in this country and there has been a large increase in the number of foreign-born limited English proficient (LEP) speakers in the U.S.

**Linguistic competence** refers to the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing.

## Cultural Competence Enhancement Strategies

Appreciate and respect cross-cultural diversity in your behavior, practices, and attitudes.

Conduct a cultural self-assessment to assess for personal and professional proficiency in cultural competence. Take time to ask yourself questions regarding your personal cultural competencies such as:

- Do I accept and respect that male-female roles in families may vary significantly among different cultures?
- Do I accept that religion and other beliefs may influence how consumers and families respond to illness and disability?
- Do I accept that different cultures may present and resolve their issues in a variety of ways?

Acquire and integrate cultural knowledge by seeking out information and consultation.

Do your homework and become aware of cross-cultural etiquette standards (including body language). Find out which gestures and phrases are considered taboo and do not use them.

Do not make cultural assumptions. Everyone has different expectations, cultures aside. Do not simply transfer an experience with one person within a culture to another. When in doubt, ask the consumer what they prefer.


Speak clearly and in a steady and unrushed pace. While someone may be fluent in your native language, it is important to remember that it may not be the person's first language. Speaking at a steady pace will help ensure understanding.

Do not ask more than one question in a sentence. Separate questions to avoid unnecessary confusion. Speak in short sentences and stick to one topic at a time.

Avoid the use of slang. Slang or jargon does not often translate between languages.

Ask open-ended questions. Allow the person to freely share his/her thoughts in a way that feels natural and show support if the person is struggling with English.

Listen actively and check for understanding often. Repeat what you are hearing to ensure information is having the intended effect and meaning. Do not assume your messages are being understood.

Expect that misunderstandings may occur. Be prepared to revisit topics; messages may get lost in translation.

Appreciate the fact that people of different cultures speak in different tones. The tone of someone's voice may not accurately reflect the intention of their communication.

Offer language assistance to individuals who have limited English proficiency and/or other communication needs. Family and friends should not be used to provide interpretation services because confidentiality is breached when family members or friends are used as interpreters.

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