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Cultural Competence in Treating Mental and Addiction Disorders

 **NATIONAL COUNCIL**
FOR COMMUNITY BEHAVIORAL HEALTHCARE
Healthy Minds. Strong Communities.

Community Involvement

Addressing the Needs of Underserved Populations through Community Involvement

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The striking disparities in access, quality, and availability of mental health services for racial and ethnic minorities have been well documented and broadly reported in recent years. In 2001, the U.S. Surgeon General released *Mental Health: Culture, Race and Ethnicity*, a supplement to the 1999 first-ever report on mental health. The study reports that minorities in our country are significantly less likely to receive quality care than the general population, and it highlights the role culture and society play in mental health and mental illness. Research supports what many mental health professionals have known: when it comes to providing quality mental health and addiction services to minority communities, culture counts.

Embracing community diversity in research, development, delivery, and evaluation of services has been a key initiative of the Mental Health Center of Denver. The initiative, based on the principles of cultural competence, involves the recognition and understanding of the diverse values, norms, and needs of a community and integrating that knowledge into services that are accessible and relevant to that community. Cultural competence goes beyond cultural sensitivity and awareness, encompassing the development of staff, systems, and services that operate effectively in different cultural contexts to produce positive outcomes.

Community, family, client, and provider input are essential to the process of researching, developing, and delivering culturally and lin-

guistically competent practices. For MHCD, this has been most effectively achieved through the use of a **Community-Based Participatory Research model, a collaborative approach that engages and involves community members in the design, implementation, evaluation, and reporting of research efforts.**

The CBPR model utilized by MHCD differs somewhat from the traditional CBPR approach. The typical CBPR model commonly pairs university-based researchers with community-based organizations where the university holds the dominant role in the relationship. MHCD applies a community-based participatory model in which all involved community stakeholders, including MHCD, are equal partners. The partnership begins with needs assessment and continues throughout the development phase as well as the program evaluation phase. Since community engagement is key to informing culturally and linguistically competent services and evaluation, CBPR has proven useful to MHCD in addressing the specific needs of Denver's diverse communities.

MHCD Steps in Community-Based Participatory Research Practice

1. Define the community and identify community stakeholders and potential barriers
2. Partner with community stakeholders to determine specific needs and level of community support
3. Collaborate with stakeholders to determine the purpose and scope of the intervention and its relevance and benefit to the community
4. Identify and implement the evaluation process and methodologies among all stakeholders
5. Conduct program evaluation and share outcomes with all stakeholders
6. Develop a culturally competent and linguistically informed community action plan/intervention based on CBPR evaluation findings with all stakeholders
7. Conduct ongoing program evaluation for continuous quality improvement and to inform all stakeholders of progress/outcomes

Voz y Corazón, a Case Study

Voz y Corazón, a Latina teen community suicide prevention program, was spearheaded by MHCD in 2004 using our CBPR approach. As the lead organization, MHCD



Community engagement is key to informing culturally and linguistically competent mental health and addictions treatment services and evaluation. Community, family, client, and provider input are essential to the process of researching, developing, and delivering such services.

initially analyzed national and local health risk data around the high rate of Latina teen depression and suicide rates. We then convened a group of potential community partners known for their investment in the health and well-being of the Denver Latino community. After reviewing and committing to the CBPR process, the partners recruited service providers and 40 Latina teens to join the community planning group.

To capture the voices and needs of the community, an initial needs assessment was conducted with the teen members that identified the target group's issues and concerns and their desire for community responsibility in addressing suicide prevention. The entire community planning group then conducted a gap analysis, which included a community resource scan of strengths and weaknesses.

competent practices for its communities and program participants. Through CBPR, MHCD launched "Fortaleciendo la Comunidad," a program that provides culturally competent substance abuse and HIV prevention in Denver's Latino community. The CBPR approach is currently being applied to MHCD's investigation of the process of recovery, resiliency, and systems of care for child and family mental health services. By including the perspective of youth and families, along with other stakeholders including youth-serving agencies, community members, and clinicians, MHCD expects to enhance program relevance and outcomes for youth, as it has done with programs for other underserved populations.

Community, family, and youth involvement

“ I learned that I can help people and I can inform them where to get help.

- Teen Participant,
MHCD Voz y Corazón Suicide Prevention Program

The Mental Health Center of Denver is a private, not-for-profit community mental health center providing comprehensive, recovery-focused services to more than 6,500 residents in the Denver metro area each year.



Lydia M. Prado, PhD, is the Director of Child & Family Services for MHCD, serving close to 2,500 diverse children and families per year. As MHCD's Director of Cultural Competency,

Dr. Prado directs and provides training in cultural competency, implements service delivery "best practices," conducts outcomes and evaluation research, develops community-based/collaborative grants, and supports recruitment and retention efforts. She is also the Administrator for the Voz y Corazón Suicide Prevention grant as well the Fortaleciendo la Comunidad HIV/SA prevention grant. Dr. Prado is an adjunct faculty member at University of Denver, with research and teaching interests in cross-cultural communication, multicultural psychology, measurement and testing of ethnic minority populations, cultural competency, and cognitive therapy models.



Kate DeRoche, MA, is an Evaluation Specialist at MHCD where she conducts both qualitative and quantitative investigations to improve the quality of services delivered. In addition to her work at MHCD, Kate teaches courses in research methods and statistics at the University of Northern Colorado and at the University of Colorado Denver Health Science Center.

“ ... (Voz y Corazón) helps us to create space for personal and artistic expression, and connects us to a community of agencies for young people who are concerned and committed to similar things.

- Mentor/Teacher, MHCD Voz y Corazón
Suicide Prevention Program

The scan determined an urgent need for suicide prevention services for Latina teens in the community, while identifying community strengths that could be leveraged to build services. The group then developed a plan that included a vision and mission for the program and identified specific actions for implementation of education/awareness strategies, training, referral methods, and culturally sensitive services. All stakeholders were actively involved in the detailed implementation of Voz y Corazón, from identification of key staff to determination of funding sources.

Since its creation in 2003, Voz y Corazón has served more than 500 young Latinas with support, tutoring, therapy, and artistic expression activities. Ongoing, active involvement of community partners has enabled program success and growth, and the project was recently expanded to include African-American adolescent girls and a program for boys.

MHCD continues to focus on and expand its use of the CBPR model to establish culturally

from a grassroots level allows MHCD to provide meaningful and relevant services within the communities we serve. By engaging community members, MHCD has garnered greater knowledge and understanding, while communities have become invested in the processes and products of program development and evaluation. The CBPR model has enabled us to remain on the cutting edge, honor best practices, and provide for adaptation of services to and for the community. Most importantly, the practice of CBPR has fostered trust and helped us build mutually beneficial relationships with those we serve.

“ I think it is an important place and time for them (the girls) where they feel valued and honored. For me, I get to participate in a creative process that feels very different than counseling.

- Mentor/Therapist, MHCD Voz y Corazón
Suicide Prevention Program