Data Trends

Summaries of research on mental health services for children and adolescents and their families

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Hernandez, M., Nesman, T., Mowery, D., Acevedo-Polakovich, I. D., & Callejas, L. M. (2009). Cultural competence: A literature review and conceptual model for mental health services. *Psychiatric Services, 60*(8), 1046 – 1050.

Based on a review of the research literature on organizational cultural competence, the authors provide an expanded definition of this important construct, which states that "cultural competence occurs when there is compatibility among four important factors: community context, cultural characteristics of local populations, organizational infrastructure, and direct service support" (p. 1047). A detailed discussion of each factor rounds out a model of organizational cultural competence among mental health service providers. An applied example of an effective use of the model by the African American Family Services Program in Minneapolis is also provided.

As part of a larger research agenda, *Study 5, Accessibility of Mental Health Services: Identifying and Measuring Organizational Factors Associated with Reducing Mental Health Disparities*[1], the authors examined over 1,100 articles about culturally competent mental health service provision to ethnically and racially diverse cultures. Suggesting that the concept of cultural competency needs a clear definition that will operationally direct mental health services and research, the authors build upon current models of cultural competence that identify for example perceptual incompatibility and linguistic differences between providers and consumers, and barriers to service delivery, accessibility, and policy change. The four factors that comprise the organizational model are summarized in Table 1 (see next page).

The authors place cultural competence within a broad organizational focus and recognize that culturally competent services are intertwined with an organization's ability to appropriately identify, understand, and meet the needs of its target population. As such, their model can "recognize, value and respond to the needs of the particular cultural communities being served" (p. 1049) Also, the model expands the scope of cultural competence in two important ways. First, it provides a wide-ranging approach to culturally competent services by including populations that are often overlooked, such as "small ethnic communities and subcultures within larger ethnic groups" (p. 1049). Second, it is possible to apply this model to all groups (including white Americans of European descent), thereby emphasizing organizational cultural competence as a "dynamic set of factors that have a pervasive influence in important aspects of all individuals' everyday experience" (p. 1049).

Footnote

[1] Hernandez, M., Nesman, T., & Isaacs, M. (Principal Investigators). (2004 – 2009). *Study 5, Accessibility of mental health services: Identifying and measuring organizational factors associated with reducing mental health disparities*, available at: http://rtckids.fmhi.usf.edu/research/study05.cfm

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Table 1: A Model for Organizational Culturally Competent Mental Health Service Organizations

Factor 1—Community Context

- Provides an overall background for understanding service organizations and their target populations.
- Considers the manner in which racial/ethnic populations enter service systems through various pathways. For example, through the juvenile justice system, child welfare, schools or, often in the case of Native American youth, removal from the home.
- Recognizes that pathways to care are often influenced by family choice, cultural factors, availability of services, referrals, networks, etc.

Factor 2—Community Characteristics of Local Populations

- Service organizations should recognize that culture influences one's perception of the organization itself, and effort should be made to link clients with culturally appropriate services in order to avoid misdiagnosis and mistreatment.
- Misdiagnosis and mistreatment among culturally diverse clients may arise due to misunderstandings due to problem identification, treatment, and choice of provider (i.e., what gets defined as a problem)—on the part of the client, organization, or both.
- Providers must be skilled at understanding and responding to the cultural characteristics of its target population.
- Importantly, although research shows that individuals from low socio-economic groups face more barriers to care than their more privileged counterparts, the influence of culture itself should not be confused with the influence of low-socio economic status.

Factor 3—Organizational Infrastructure

- *Values*: That the mission and vision of the service organization includes a commitment to cultural competency.
- *Communication*: That the exchange of information between the organization, the community, and other partners is ensured.
- *Community participation*: That a level of engagement among the organization, clients from the community, and other community members is cultivated in breadth and depth.
- *Governance*: That the process by which culturally competent policies, procedures, and goals are enacted should be compatible with the cultural characteristics of the target population and its community.
- *Planning & evaluation:* That data collection occur at multiple levels in an effort to inform future planning and evaluation strategies.
- *Human resources:* That providers have requisite, culturally competent knowledge to deliver appropriate services to their target population and sub-populations.
- *Service array:* That organizations adapt a range of services to meet the needs of the specific community, involving for example informal supports (family, religious organizations, cultural healers) and other human service organizations.
- *Technical support:* That organizations provide assets or supplies necessary for their target community or to meet specific, individual needs (e.g., financial, staffing, linkages, and technology) to meet culturally competent standards of care.

Factor 4—Direct Service Support

- *Service availability*: Involves the range and capacity of organizations to provide an array of services to meet the cultural needs of its target community, including culturally-based healing traditions.
- *Service accessibility*: Includes the ability to help clients enter, navigate, and exit from needed services (e.g., provide services at convenient times and locations, make printed materials available in the language/s of the target community, etc.).
- *Utilization*: Involves tracking service patterns, such as the length of time a client receives services along with retention, drop-out, and return rates. Additionally, helping clients make their appointments (e.g., by placing reminder phone calls or providing transportation) will also increase utilization rates.

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