Achieving the Promise: 
Transforming Mental Health Care in America

The Role of Cultural & Linguistic Competence in Achieving the Six Goals of the President’s New Freedom Commission on Mental Health

SETTING THE STAGE

- Brief overview of significant findings from the New Freedom Commission on Mental Health, the Surgeon General’s Report (mental health culture race and ethnicity – 2001), and current literature regarding impact of mental illness on culturally and linguistically diverse groups
- Current & emergent demographic trends
- Contextual realities related to cultural and linguistic competency (e.g. social and political climates, the “ISMs”, discrimination and bias, resistance, and lag in incorporating within systems of care)

ARE WE ON THE SAME PAGE?

- Overview of conceptual frameworks and definitions for cultural competence and linguistic competence (frameworks, principles of family involvement and community engagement are available in PDF handouts on the Web site)

APPLYING THESE FRAMEWORKS TO EACH GOAL

**Goal 1. Americans understand that mental health is essential to overall health.**

- From your perspective, what are the cultural implications related to this goal?
- What changes are necessary in public opinion and community engagement to achieve this goal?
- One of the recommendations from Goal 1- to address mental health with the same urgency as physical health. Given the long-standing and well-documented disparities in physical health among racially and ethnically diverse groups, what strategies are necessary to move this recommendation forward?
**Goal 2. Mental health care is consumer and family driven.**

- What do these concepts mean within diverse communities?
- There is a growing recognition of the “youth culture” within systems of care. This is supported by the recent emergence of the concept and practices of youth guided or youth driven. How do these concepts relate to this goal? What are the cultural implications of these concepts for both youth and their families?

**Goal 3. Disparities in mental health services are eliminated**

The array of factors that contribute to disparities among racial and ethnic groups is both complex and deeply embedded within the social and economic injustices within the U.S. – both historically and present day. While emerging evidence documents the efficacy of cultural and linguistic competency in the goal to eliminate disparities, (mental health and health), cultural and linguistic competency alone are not the panacea. The New Freedom Commission report proposes two primary recommendations to address Goal-3 improving access to quality care (1) that is culturally competent and (2) in rural and geographically remote areas.

- Given this context, and from your perspective, comment on the most critical areas of focus for cultural and linguistic competence in addressing disparities?

**Goal 4. Early mental health screening, assessment and referral to services are common practice.**

- What are the cultural and linguistic barriers inherent in achieving this goal?
- What are effective practices (both evidence-based and/or promising) that support Goal-4 for culturally and linguistically diverse children, youth and their families?

**Goal 5. Excellent mental health care is delivered and research is accelerated.**

There are significant barriers in establishing and implementing a research agenda in conjunction with culturally and linguistically diverse communities and the broad range of organizations and programs concerned with mental health and primary health care. These include but are not limited to the following.

- Some members of racially and ethnically diverse groups shun participation in research because of historical mistrust due to experiences with racism, bias, or exploitation in the mental health and health care system.
- Some diverse communities have not equitably benefited from their participation in research.
- Differing values and social, cultural, religious, and spiritual beliefs related to mental health and health may inhibit or prevent certain individuals and groups from participating in research protocols and studies.
- Members of diverse racial and ethnic groups that are fairly new to this country may neither be accustomed nor willing to participate in research conducted according to traditional U.S. methodologies.
- Many faculty within institutions of higher education neither use nor teach research methodologies that are culturally and linguistically competent and use participatory action.
- Funders of research have been slow to require principles of cultural and linguistic competency, participatory action designs, and advocacy-oriented approaches in the grants and contracts they support. Moreover, peer reviewers and contract/program officers often do not receive the necessary training to enhance their knowledge in this area.
- Researchers from racially and ethnically diverse groups are under-represented in academia and in organizations that conduct research focusing on disparities and cultural and linguistic competency.


- From your perspective, given these and other barriers, what strategies are needed to accelerate research and assure the meaningful participation of culturally and linguistically diverse communities?
- What key areas should be targeted to achieve excellence in mental health care, and what is the role of cultural and linguistic competency?

Goal 6. Technology is used to access mental health care and information.

There are a number of barriers in the use of technology within diverse communities. These include but are not limited to:
- the digital divide among racial and ethnic groups in access to and use of technology has been well-documented (e.g. resources to own computers, Internet fees, etc.
- mistrust of electronic records keeping
- the lack of materials designed for low literacy
- the capacity for electronic records in languages other than English
- the limited array information available in languages other than English and in alternative formats for people with disabilities

Along with these barriers, are exciting new technologies such as telemedicine and telehealth and innovations in language access such as distance video-interpretation services, voice activated interactive web-based tools for testing language proficiency for interpreters (Spanish language only). Two recommendations from the New Freedom Commission emphasize the use of (1) technology and telehealth to improve access and the coordination of care and (2) integrated electronic records and personal health information systems.

- From your perspective, what are the cultural and linguistic implications for these recommendations, particularly within systems of care?

Selected References/Resources/Materials for this TA Call
A listing of references, resources, and materials that were researched and compiled for this call is available on the Web site. This includes but is not limited to direct links to other websites, PDF handouts, and tools.