Models of Mental Health

- Medical Model
- Recovery Model

How do these different models impact cultural competence in the mental health system?

Lenses Used to View Mental Illness

- Psychiatric-Taxonomic
- Neuro-Biological
- Situational-Environmental
- Developmental-Adaptive
- Political-Economic
- Socio-cultural

Brief History of Critical Race Theory

- Developed at Harvard Law School in response to the lack of diversity in faculty and student body.
- Argued that formal cultural competence policies and practices did not always ensure actual equality and could even mask substantial inequality.
- If the school was colorblind, and by extension the field of law and the government itself, why were there so many disparities?
- Linked current manifestations of group advantages and disadvantages to history and modern practices.
- CRT spread across disciplines and is now regularly taught in law, education, and social work fields.

The Critical Race Theory Perspective

- Endemic Racism: Racism is an ordinary and pervasive, everyday occurrence. Racism is institutionalized in society; because it is so deeply embedded, it’s effects often go unnoticed, which maintains institutional racism.
- Race as a social construction: Race is a socially constructed category that society invents, manipulates, or retires when convenient.
- Differential racialization: Groups are racialized in different ways, at different times, to benefit the majority group.

Endemic Racism: Microaggressions

- Brief and commonplace daily verbal, behavioral, and environmental indignities.
- Can be intentional or unintentional.
- Communicate hostile, derogatory racial slights and insults. Can also be related to gender, sexual orientation, nationality, consumer status, and other “minority” identities.
- Potentially have harmful or unpleasant psychological impact on the target person or group.
- In mental health, can lead to marginalization, distrust, early termination, stress, etc.
The Critical Race Theory Perspective

- **Interest convergence**: Racism and oppression advance the dominant culture, and as a result, movement for change is more likely to occur when it benefits those with privilege. (Civil Right's Movement, women's rights, consumer rights, etc.)
- **Voices of Color**: CRT refutes claims that primarily-white institutions make towards objectivity, meritocracy, colorblindness, etc. CRT argues that narratives from communities that have been oppressed is invaluable to understanding and analyzing systems of inequality. (eg. consumer narratives, “nothing about us without us”)
- **Anti-essentialism/Intersectionality**: Social and cultural categories (gender, race, class, ability, etc.) interact on multiple and simultaneous levels to create multiple forms of systemic social inequality.

**Cultural Competence Continuum**

**Cultural Destructiveness**
- Attitudes, policies, and practices that are destructive to cultures and individuals within the culture.
- Assumptions that one’s own race or culture is superior to another and that “lesser” cultures should be eradicated because of their perceived subhuman position.
- Bigotry coupled with vast power differentials allows the dominant group to disafranchis, control, exploit, or systematically destroy the minority populations.

**Cultural Incapacity**
- View that individuals and organizations lack the capacity to help individuals, families, or communities of color.
- Extreme bias, a belief in racial superiority of the dominant group, and a paternal posture are evident.
- Resources may be disproportionately applied; discrimination and practices, subtle messages to people of color that they are not welcome or valued, and lower expectations of minority clients are seen.

**Cultural Competence (cont’d)**

**Cultural Blindness**
- Ignorance of cultural differences, holding an expressed philosophy of being unbiased, and perceiving all people as the same.
- Believes that helping approaches traditionally used by the dominant culture are universally applicable, viewing cultural strengths.
- Assumes that helping approaches traditionally used by the dominant culture are universally applicable. Viewing cultural strengths.
- Assimilation is encouraged: operating from the view that problems are the result of inadequate cultural resources.
- Institutional racism continues despite participation in special projects for clients of color when funds are available.
- “These projects or activities may take a “rescuing approach” that does not include community guidance and that may be canceled when funds run out.

**Cultural Precompetence**
- Individuals and organizations recognize their weaknesses in serving people of color, and are working to avoid cultural mistakes in the delivery of services to a particular population.
- There is a desire to deliver high-quality services and a commitment to civil rights.
- Organizations may hire people of color; staff may be hired if cultural sensitivity is needed. People of color may be recruited for agency leadership or advocacy functions.
- Tokenism used to demonstrate organization’s commitment to diversity.
- If an activity or program is undertaken and fails, there may be a reluctance to try again.

**Intersectionality**

**Interlocking Dimensions of Privilege and Oppression**
- A theory to understand how social and cultural categories intertwine. Developed by critical feminist theorists; primarily women of color.
- No social group is homogenous. It is possible to have privilege in one intersectional dimension and lack privilege in another.
- How do the relationships between gender, race, ethnicity, disability, sexuality, class, nationality, and other identifications impact a person as they experience the mental health system?
Cultural Competence Continuum (cont'd)

**CULTURAL COMPETENCE**
- Respects differences and is attentive to the dynamics of difference.
- Involves continuing self-assessment regarding culture.
- Seeks continuous expansion of cultural knowledge and resources.
- Offers a variety of adaptations to service models to meet the needs of people of color who receive services.
- People of color have a say, voice, and influence in services.
- Representatives from community are brought in to share experiences.

**CULTURAL PROFICIENCY**
- People of color are fully welcome, have a full voice, and have equitable outcomes.
- Ideas, perspectives, voice, culture are valued and a full part of the system.
- People of diverse backgrounds have a role in all levels of the organization.
- Organization is proactive instead of reactive.
- Organization is aware that prejudices and assumptions that affect people's experiences in society are also present in the organization and must be mitigated.
- Members of the organization understand how their own backgrounds and biases can impact service delivery.

Wrap Up

- Different lenses are used to conceptualize mental health and some lenses are more oriented towards cultural competence than others.
- Critical Race Theory is a multi-disciplinary framework and perspective that can help deepen our cultural competence work.
- Microaggressions can greatly impact how a person of color experiences the mental health system.
- There are a multitude of ways in which we are all alike and also unalike. Some aspects of our identities have profound effects on our opportunities and experiences (intersectionality), more so than others.
- The California Mental Health Planning Council must continue to advocate for cultural proficiency, not just cultural “competence.”