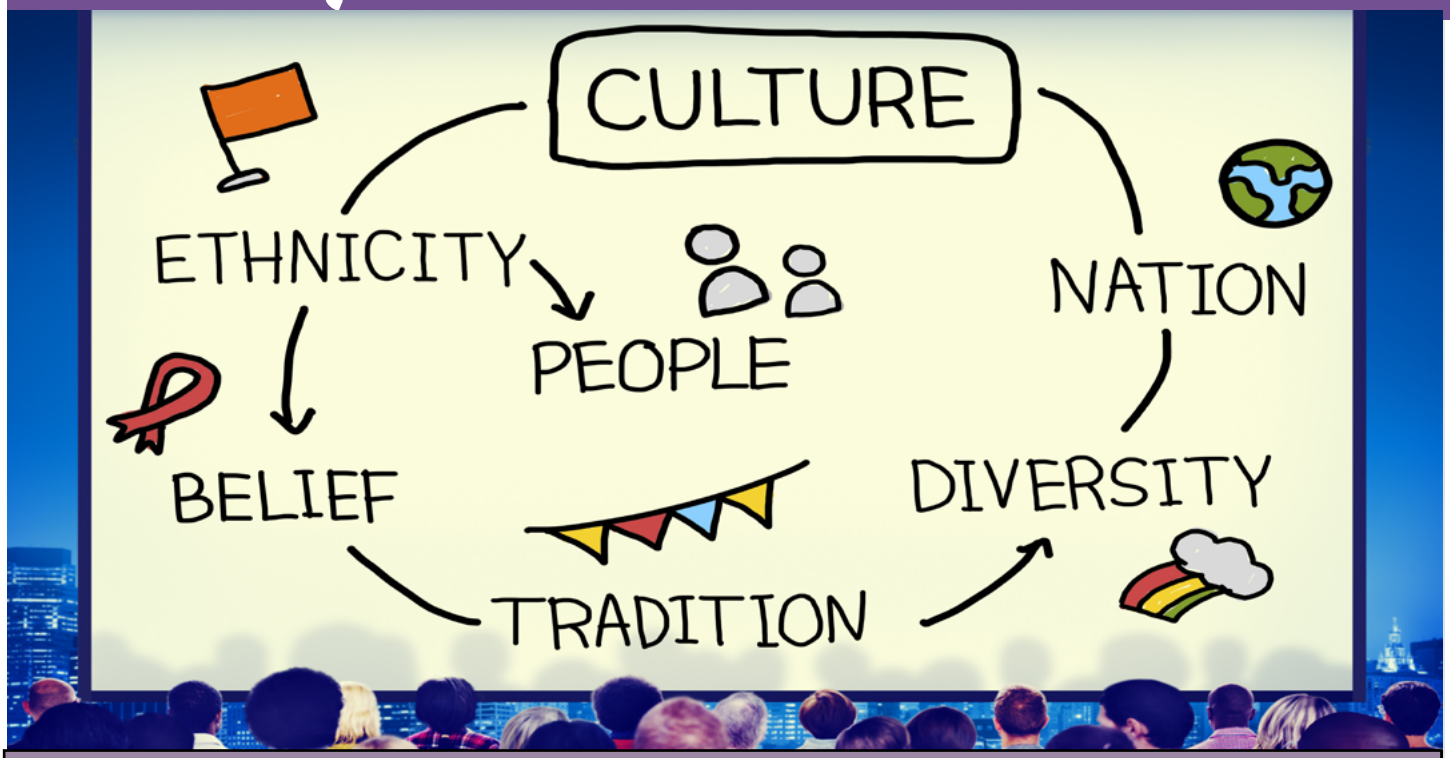
OMH News

October 2015




# Cultural Competence: Meeting the Mental Health Needs of New York's Diverse Population

New York State welcomes people from all over the globe. This diversity in cultures enriches our society. It also presents challenges in providing effective mental health care that can be as unique as the communities themselves.

Through our Bureau of Cultural Competence, the New York State Office of Mental Health works to overcome culturally based disparities – the obstacles of racial and ethnic stereotyping, common language, lack of education, religious differences, and income inequality – in the delivery of mental health services.

We do this by providing free education and training to OMH-licensed programs. Working in collaboration with OMH facilities, other governmental agencies, and not-for-profits, we tailor this training based on a cultural and linguistic evaluation of a program's operations. We work to maintain a diversified and inclusive workforce and ensure these values are reflected in our agency's policies, initiatives, staff training, clinical practices, programs, and service delivery systems.

This edition of the OMH News will show you some of the many ways that OMH is reaching out to further our understanding of our cultural differences, share information, and build trust. We hope you enjoy it!

Ann Marie T. Sullivan, Commissioner
New York State Office of Mental Health

## Groundbreaking OMH Research Reveals LGBT Mental Health Trends

This spring, with the publication of OMH's groundbreaking 2013 Patient Characteristics Survey (PCS), New York became the first state in the nation to compile data on sexual orientation and gender identity in mental health care.

"This is an historic step toward gaining a better understanding of the mental health needs of lesbian, gay, bisexual, and transgender (LGBT) communities," said Hextor Pabon, Director of the OMH Bureau of Cultural Competence (BCC). "This data is being used by OMH and our network of statewide programs to make LGBT patients visible in the system. We're using it to document LGBT patient outcomes and identify how to improve services for LGBT individuals."

LGBT patients likely suffer higher rates of anxiety, depression, and suicide than the general patient population, as a result of stigma and discrimination. Health advocates, consumers, and providers have long been calling for more reliable and consistent data on LGBT health risks and service use to improve the quality of and access to effective care.

Survey findings are as follows:

- Of the 144,464 clients 18 years of age or older; 4,249 were reported as lesbian or gay; 3,047 were reported as bisexual; 506 were reported as other, and 401 individuals reported as transgender.

- 5% or nearly 8,000 patients who were served throughout the system self-identified at lesbian, gay or bisexual. Another 400 identified as transgender, a population that had not been represented in mental health statistics, until now. Their numbers were evenly distributed throughout all regions of the state.

- LGBT patients also identified in equal numbers from diverse racial or ethnic backgrounds and accessed emergency, impatient, outpatient, and support services in equal numbers throughout the state.

- Reporting rates of lesbian, gay, bisexual or other appear to be higher in the PCS than in some national studies. Rates of reporting of transgender were comparable to national studies.

- According to a Kaiser Family Foundation study, 2.3% of adults 18 and older identified as lesbian, gay, or bisexual. Gallup data found between 3.4% and 3.6% of adults 18 and older identified as LGBT, compared to 5.4% of mental health clients in New York State reported as lesbian, gay, bisexual, or other (LGBO).

(Continued on next page)

• This Gallup data allows OMH to compare PCS and national rates of LGBT across age groups. Younger adults aged 18 to 29 years old were more likely to identify as LGBT (6.4%) than older people aged 65 and older (1.9%). Compared to 9.7% for clients in the PCS aged 18 to 29 and 2.6% for clients aged 65 and older.

• According to the Gallup Data, 4.0% identified as Hispanic LGBT and 3.2% identified as non-Hispanic LGBT. Compared to 6.0% of LGBO (and 0.3% transgender) PCS clients reported as Hispanics. PCS found 5.9% of LGBO (and 0.3% transgender) PCS clients reported as non-Hispanic.

• Distribution by region served displays positive percentages for LGBT estimates across regions.

• 6.2% of outpatient programs reported clients as LGBO; the highest of all the other program categories in the PCS.

• 6.7% of clients who identified as multi-racial identified as LGBO (and 0.5% as Transgender) in the PCS.

Excluded were 179 clients who identified gender identity as "unknown," and 12,559 who identified as "unknown" in sexual orientation.

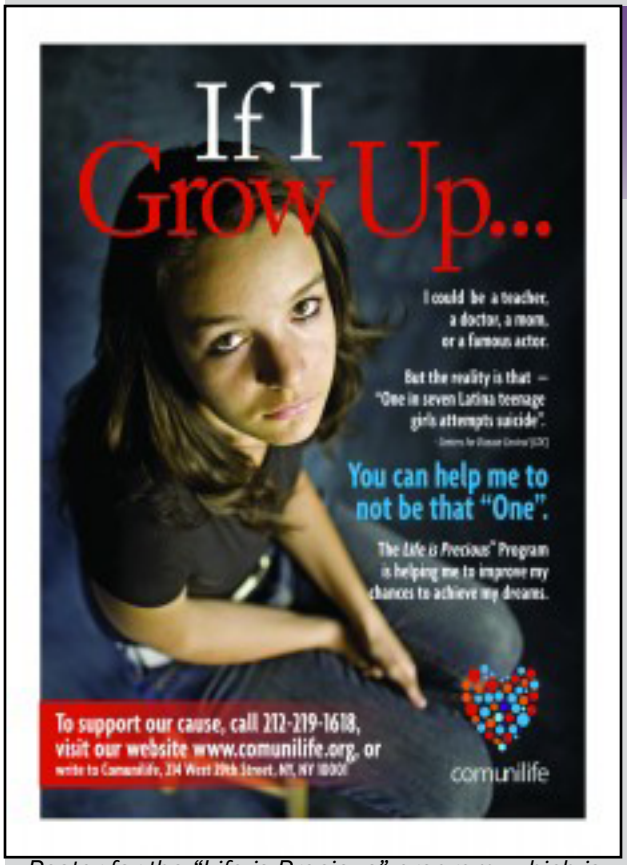
Started in 2011, this initiative involved collaboration between OMH's Bureau of Cultural Competency, its stakeholder advisory group, the Multicultural Advisory Council, and the OMH Office of Performance Measurement and Evaluation. In 2013, sexual orientation and gender identity questions were added to the PCS.

The PCS is conducted by OMH every two years, and collects demographic, clinical, and service-related information for each person receiving a public mental health service during a specified one-week period. PCS receives data from more than 5,000 mental health programs providing direct services to 175,000 people during the survey week. All programs licensed or funded by OMH are required to complete the survey. The PCS is the only OMH data source that describes all the public mental health programs in New York State.

"This initial data collection and report serves as an important foundation upon which OMH will continue to build capacity to focus in more depth on LGBT patient mental health service utilization, outcomes, and emerging needs, to better serve these communities, and will serve as a model for other state agencies to do the same," Pabon said.

The Patient Charactertistics Survey is available to policymakers, researchers, advocates, and consumers at the OMH website.

# Reducing Suicidal Behavior in Latina Adolescents




*Poster for the "Life is Precious" program, which is working to reduce the incidence of suicide among Latina teens.*

A program in New York City is showing how culturally sensitive care can successfully address the mental health needs of a specific population.

"Life is Precious" was started in 2008 to reduce suicidal behavior in Latina adolescents. It was developed by Comunilife, a not-for-profit organization in New York City that helps people in need – including persons living with HIV/AIDS and mental illness.

"We know from studies that there is a higher rate of suicidal behavior among adolescent Latinas than for non-Latina blacks and whites," said Jennifer Humensky, Ph.D., of the Center of Excellence for Cultural Competence (CECC) at the New York State Psychiatric Institute, which conducted an evaluation of the Life is Precious program.

"We know from studies that there is a higher rate of suicidal behavior among adolescent Latinas than for non-Latina blacks and whites," said Jennifer Humensky, Ph.D., of the Center of Excellence for Cultural Competence (CECC) at the New York State Psychiatric Institute, which conducted an evaluation of the Life is Precious program.

In the United States, more than one in four Latinas in grades 9 to 12 seriously considers suicide. In New York City, Latinas in this age group have about twice as many suicide attempts as non-Hispanic blacks and whites.

"Latina girls face issues that are common among adolescents – such as self-esteem, forming their identity, and relationships," Humensky said. "But studies have also identified unique pressures. Some Latinas may feel conflict between cultural values at home and at school. The culture at home may value a strong obligation to the family and expectations to uphold traditional gender roles. This conflict can cause tension between adolescents and their families and lead to depression and thoughts of suicide."

"This was a problem that we needed to address urgently," said Dr. Rosa M. Gil, founder and CEO of Comunilife. "But there wasn't a great deal of research on creating evidence-based practice for ethnic and racial communities – and specifically for adolescent Latinas considering suicide." So Comunilife conducted its own study and built a program from the bottom up. They started by meeting with Latina girls and their mothers.

(Continued on next page)

“They told us: ‘life is precious,” Gil said. “They said that we needed to create a program that provides a safe environment for girls. They said this program had to provide academic help for girls who feel left behind.”

“They said most of the outpatient mental health services weren’t helpful and were more concerned about pushing pills,” Gil added. “Neither were the school systems. If a child showed signs of distress, the schools called in the mothers, who were embarrassed. Then the girls would have to deal with the consequences at home later.”

Now in its seventh year, Life is Precious is helping to reduce suicidal behavior in Latina teens by decreasing risk factors and increasing protective factors. The program focuses on expressive art therapy, a music education program, family mediation, academic support, healthy initiative and case management. This allows teens to externalize feelings in a non-traditional way, rather than internalize them – which is a risk factor for suicidal behavior. Mothers and daughters learn new ways of communicating, to understand each other's perspective.

Life is Precious operates on Saturday mornings and as an after-school program on weekdays in the Bronx, Brooklyn, and Queens. Participants come from several schools and neighborhoods. They can be referred from outpatient mental health clinics, schools, hospitals, or be self-referred. Life is Precious requires the participants to also be in mental health treatment.

Preliminary findings from the CECC evaluation of the Life is Precious were promising. During the evaluation period, no participants attempted suicide. Participants also have statistically significantly fewer suicidal thoughts and depressive symptoms during participation. Participants report better communication and relationships with family and peers.

“This is exciting,” Gil said. “It’s very satisfying to know we’re saving lives and helping girls handle stress in a different way. This is the first step toward increasing our knowledge of how to create a mental health program that addresses the need of a specific population. We hope this experience can be useful in developing programs to help other groups.”


*Conducting a recent visit to the offices of Communilife, sponsor of the “Life is Precious” program, are OMH Commissioner Dr. Ann Marie T. Sullivan; Lt. Gov. Kathy Hochul, Dr. Rosa M. Gil, Founder and CEO of Comunilife; State Senator Gustavo Rivera*

## Developing an Accurate Picture of Mental Health Disparities in New York ”Granular-Level Data” is the Key

A crucial part of addressing disparities in mental health care is pinpointing where they are. To do this, researchers need finely detailed, reliable information.

“We call this type of information ‘granular-level data,’ because it gives us precise details on a client’s demographic factors,” said Hextor Pabon, Director of the OMH Bureau of Cultural Competence (BCC). “Granular data can be used to help us address develop culturally appropriate programs and services, reduce the potential for errors, and improve consistency across systems.”

New York is the second state, behind New Jersey, to start integrating such questions into its Mental Health Automated Recordkeeping System (MHARS). In New Jersey, the system was successful in helping that state to take steps to improve access, change policies, and promote diverse programs. Other states will soon be following in our steps as the Joint Commission is now requiring states to add new culturally relevant items to their mental health data-collection systems.

**Questions included in New York’s MHARS are designed to obtain information on a client’s:**

- **Race or ethnicity**
- **LGBT status**
- **Religion**
- **Level of acculturation**
- **Language**

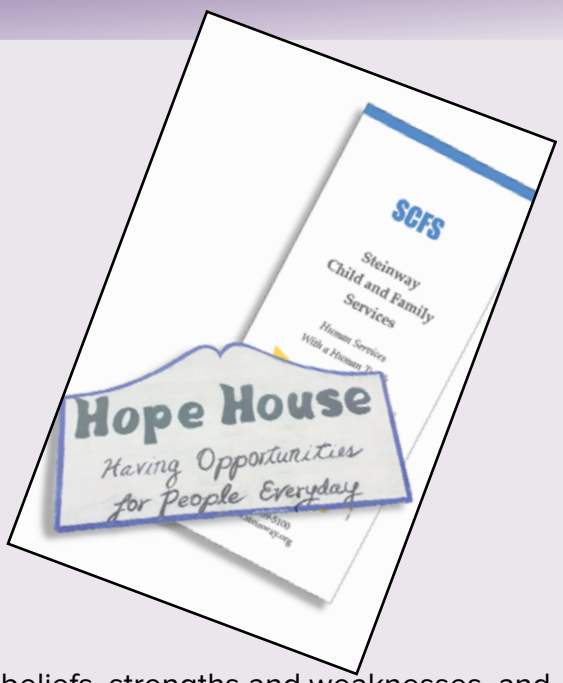
“We start collecting this information by asking questions during the admission process,” Pabon said. Several new questions were first included in the MHARS admission form in August 2013. Modifications were made in March 2015 to collect geographic and further Hispanic and African-American demographic information starting in January 1, 2016.

Other uses for this data include:

- Supporting the implementation of statewide cultural competency policies;
- Introducing new services, such as interpretation;
- Developing more specific training materials;
- Ensuring appropriate representation of cultural groups on advisory committees;
- Selecting of cultural resources of specific relevance to a facility;
- Selecting of quality assessment and improvement projects; and
- Improving services for specific client populations, such as depression support groups for recent; and Russian immigrants.

The BCC and Centers will continue to explore how OMH can use granular data collection to identify and measure disparities and seek solutions for addressing those disparities over time.

## Innovative OMH Training Programs Increases Employee Cultural Awareness




"In order to provide the best service for people, you need to gain an understanding of who they are, where they come from – in short, their culture," said Kelly Darrow, LCSW, Directory of Recovery Services for Human Development Services of Westchester (HDSW).

HOPE House, a program of HDSW, is a peer-support program for people recovering from mental illness. Hope House is one of the community programs that has worked with the OMH Bureau of Cultural Competence (BCC) to develop innovative cultural sensitivity training for peers and employees. BCC collaborates with agencies to evaluate their needs and tailors training just for them. The training program asks staff to:

- Examine their own cultural competency, values and beliefs, strengths and weaknesses, and communication styles.
- Discuss the roles that racism, oppression, and systemic barriers play in access to and use of mental health services.
- Determine how to apply the principles of cultural competency to their interactions with peers, colleague, and collaborators.

Contributing resources, tools, and information to development of this program were the Centers of Excellence in Cultural Competence at Nathan Kline Institute in Orangeburg and New York State Psychiatric Institute in Manhattan. The two centers conduct community research that focuses on disparities in service delivery for marginalized groups and racial and ethnic minorities.

Hope House, a clubhouse model, is a member-driven program. BCC staff were invited to present for its 80-hour Peer Case Management Training program. Hope House members and staff openly discussed the rewards and challenges to providing culturally competent care. "Training helped our members and staff to appreciate that culture is more than where you were born, your language, or the food you eat," Darrow said. "It's where you've been and who you are."

Steinway Child and Family Services in Long Island City has a multicultural staff that works, in turn, with a multicultural population. "We were already doing a good job in understanding the various cultures of our clients, but we wanted to do a better job," said Pasquale DePetris, Ph.D., Steinway Vice President and Chief Operating Officer. All 120 plus of members of our staff wanted to be involved in this project because they understood the value."

OMH BCC staff visited the program's five sites and spoke with the staff, to determine areas in which the agency could improve. As a result of the BCC's evaluation and subsequent training, Steinway started stocking more pamphlets to address client health needs, such as depression or diabetes.

(Continued on next page)

Steinway has plans to remodel its playroom to make the center more child-friendly. Its bulletin boards will include announcements for the Women, Infants, and Children (WIC) Special Supplemental Nutrition Program; local pantries: and other community resources in languages used in the communities it serves. The BCC also took steps to ensure that Steinway's interpreter and translation vendors met its language needs.

Steinway staff discussed how they could make better use of their personal office space and how they should prepare for each patients' language and cultural needs. "By including staff, we created an atmosphere in which they started to think about their own cultural competency," DePetris said. "This caused people to take a broader view and take personal ownership of their relations with clients."

"Now we want to take it further and integrate these principles even more," DePetris added. "We want poll the clients and ask if there is something our staff can do to make them more comfortable. When the client comes off the elevator, what is the attitude of the person at the desk? Is there a poster explaining their rights in their language?"

"To provide culturally competent care, it takes an open mind and flexibility," Darrow said. "Becoming familiar with a client's culture can break down the walls. It can encourage clients to accept services and help. It confirms that someone is indeed taking an authentic interest in them."

## Supporting Spirituality's Role in Recovery

"Spirituality can be an important part of a patient's cultural identity," said Frances Priester-Moss, Advocacy Specialist with OMH's Bureau of Cultural Competence (BCC). "Many patients draw on their spiritual resources to deal with the problems of daily living. They find it serves as motivation to meet the challenge of moving toward a stable and gratifying life."

To help support spirituality's role in their recovery, Priester-Moss provides training for staff on conducting multicultural spirituality groups at OMH-operated Psychiatric Centers and at local behavioral health provider agencies licensed by OMH.

Rochester Psychiatric Center started conducting spirituality oriented support groups on a regular basis after one such workshop.

"A few years ago, a chaplain's role in the mental health system was to only perform religious services," said Rev. James Widboom, Chaplain at Rochester Psychiatric Center. "But that's changed over the past few years. Rochester Psychiatric Center management understood the value of conducting spiritual assessments. Now chaplains here are considered part of the treatment team. We encourage clinicians to consider spirituality as a part of the patients' experience and as a viable resource in coping with mental illness."

"Patients themselves will tell you how important their spiritual lives are to them," Widboom said. He cited one recent study that found that 30% of mental health patients surveyed indicated that their spiritual life is important. Another 7% said they were struggling with their spirituality. "They said this struggle caused them to lose faith, to lose their center of meaning."

(Continued on next page)

Six counselors are involved in the Rochester program. The group format is designed to focus on how members can identify their own inner strengths and values – ones compatible with their cultural, ethnic, and faith backgrounds.

"Our groups aren't for a specific religion," Widboom said. "We make an effort to be responsive to each patient's spiritual life." To ensure consistency, Widboom determined the standards of knowledge and skills required for spiritual group leaders and supervisors and is currently working with the BCC on the next phase of training.

Between 2013 and 2015, training was given at 20 of the 24 OMH Psychiatric Centers and more than 20 behavioral health provider agencies licensed by OMH. The BCC estimated that 500 community service provider staff have taken this training.

If your organization wants to schedule a training session, please contact Priester-Moss at (518) 473-4144 or send her an e-mail.

*Rochester Psychiatric Center has started conducting its own program of spirituality mental health counseling. Counselors are: from left to right: Brian McNulty, Chaplain; Dr. Jillian Bowden, Psychologist; Patrick Bailey, Peer Advocate; Jim Widboom, Chaplain; and Greg Sweet, Allied Rehab Counselor. Not pictured are Dr. Louise Sundararajan, psychologist; Jeanette Wilson, MHTA; Rabbi Lowy, Chaplain; and Neil Hertzler, Chaplain intern.*

*The primary resource for providing group training on spirituality and its role in mental health recovery is this manual developed by the Nathan Kline Institute's Center of Excellence in Culturally Competent Mental Health.*