

Culturally competent HIV mental health care in minority communities: Promising practices from a Center for Mental Health Services (CMHS)/Substance Abuse Mental Health Services Administration (SAMHSA) demonstration project

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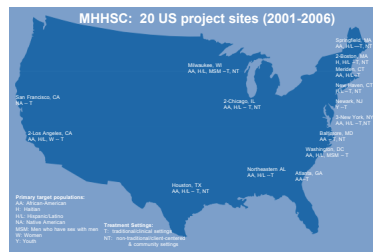
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I. Project Description:

- Development of culturally competent mental health HIV services in traditional clinical & non-traditional client-centered settings for underserved U.S. minorities at 20 Mental Health HIV Services Collaborative (MHHSC) project sites
- **Cultural competence framework:**
 - Applies awareness, knowledge, and skills about culture in services and is a process and not a static outcome
 - Requires on-going acquisition of knowledge about the role and impact of culture on the client and provider
 - Requires the provider and institutions to identify their own cultural views, values, attitudes and practices that affect design, development, implementation and evaluation of intervention services

• Issues and challenges:

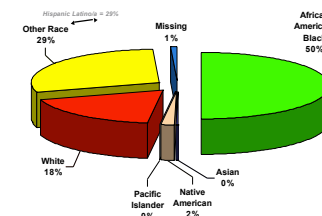
- **Discovery:** Was there a consensus among project sites on what culturally competent mental health care is or is not?
- **Assessment:** Define and allow freedom to define cultural competence; identify promising practices & highlight potential benefits of culturally competent services
- **Outcomes:** What impact have culturally competent practices had on client recruitment, retention & satisfaction? What have sites learned about cultural competence?



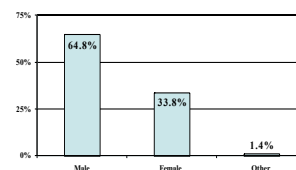
II. Findings

- Descriptive data from 20 MHHSC project sites
- Lessons learned & promising practices from interviews with project staff and consumers
- **MHHSC client population: n=5,861**
 - Eligibility criteria: HIV-positive with DSM IV-R primary mental health diagnosis
 - Diagnoses: 52% depressive disorder, 7% bipolar disorder, 5% schizophrenia, remainder had anxiety & adjustment disorders

MHHSC Clients: Race / Ethnicity



MHHSC Clients: Gender



III. Lessons Learned

- **Understanding cultural competence & diversity**
 - Cultural competence in clinical services must address multiple factors such as race, ethnicity, age, gender, sexual orientation, substance use, incarceration, and health beliefs
 - A homogeneous staff does not guarantee a culturally competent practice
- **Staff skill development**
 - Staff may require training and TA to provide culturally competent care for PLWHA with co-morbid conditions
 - Substance-induced behaviors among African-American males may be misconstrued as mental illness by practitioners who lack cultural competence
 - Clinician discomfort with client risk behaviors may negatively impact client self-reporting
- **Consumer input in services**
 - Consumer recommendations enhance the environment in which services are provided
 - Strategies such as "mystery shopping," client satisfaction surveys, key informant interviews and focus groups maximized consumer input and project ownership
- **Collaboration**
 - Collaborative partnerships between sites & other services increased client access.

IV. Promising Practices

- **Interdisciplinary & integrated treatment approaches**
 - Interdisciplinary treatment teams enhance service delivery (e.g., psychiatry, social work, pastoral counseling)
 - Peer support through outreach and transportation successfully involve consumers in client recruitment and retention
 - Balancing medication management with psychotherapy is a promising practice for psychiatry
- **Treatment planning**
 - Using flip charts and white boards to develop treatment plans with client increases client understanding and participation
 - Allowing clients to define family in their own terms (e.g., sibling, parent, significant other) increased family participation in client care and treatment
 - Exploring issues related to early trauma, violence, and domestic violence afford a more realistic estimation of client progress and attainment of treatment goals

• Client-centered approaches & enablers

- What works in one locale or with one ethnic group may not work in, or with, another
- Engaging Latino(a)s in one-on-one clinical interventions and engaging African Americans in group interventions was preferable to clients at one site
- Latino males responded well to *narrative therapy* at one site, where clients tell their stories rather than respond to lengthy questions
- Professional boundary setting that involves more sharing and openness by clinicians than traditional client-provider relationships was preferable to Latino(a) clients at one site
- Consistently educating and preparing clients for neuropsychological examinations improved no-show rate
- Providing childcare helps recruit & retain women in services

• Evaluation

- Regular meetings with evaluators and clinicians, and regular phone/email contact with project managers enhanced outcomes

V. Recommendations

- Successfully engaging underserved PLWHA in culturally competent mental health care requires serious commitment and considerable effort by providers and institutions:
 - Assessments of clients' and clinicians' needs should be conducted to inform service delivery and identify training/TA needs, rather than relying on assumptions.
 - Delivery of culturally competent clinical services requires ongoing training on and exposure to diverse cultures, and requires time and practice that ultimately results in an atmosphere of inclusion.
 - Client-centered recruitment to, and retention in, clinical services must consider multiple aspects of cultural competence and requires an openness to "meeting clients where they are" rather than where providers think they should be.
 - Providers and institutions should seek and respond to consumer input through multiple avenues – Consumer Advisory Boards, satisfaction surveys, key informant interviews & informal feedback.
 - Optimal communication and learning among diverse clinicians of varying skill levels can only occur once an atmosphere of trust and safety has been developed – especially when the mode of communication is audio teleconferencing.
 - The time needed to develop the necessary infrastructure for capacity expansion can not be underestimated. The MHHSC project confirmed that CBOs took longer than anticipated for recruitment, retention, evaluation and culturally competent service delivery.

Acknowledgements

The authors thank the MHHSC project staff, consumers, TA partners, & funders for their support.

The views expressed in this poster do not necessarily reflect the official policies of the Department of Health and Human Services.