



Cultural Competency Brief

Addressing Indiana’s Mental
Health in Urban and Rural
Populations

1/20/2016

[Edition 1, Volume 1]

Inaugural Issue

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I can think of no better example of cultural destructiveness than the painful experiences shared by Dr. Suzanne Barakat in an interview entitled Living as a Muslim in America Today. Dr. Barakat is the sister of Deah Barakat who was killed in the Chapel Hill shooting in early 2015—a crime speculated to have been fueled by Muslim

evaluations from our programming, many of you have indicated how much you still have to learn about other cultures.

Dr. Barakat mentioned patrons at the hospital where she worked making particularly hurtful comments about her being a terrorist because of her traditional

Muslim headscarf.

This practice, one of many facets of her religious beliefs is no more a symbol of

hate and bigotry. Dr. Barakat, a physician practicing in a San Francisco Emergency Room discussed a series of hateful comments and attacks on her faith in the fallout of terrorist attacks on Paris and San Bernardino. Her interview caused me to pause and first consider what the average American knows about Islam, and even what I know for the matter. In reading over the

Muslim extremism as are rosary beads worn or carried by devout Catholics. Widespread misunderstanding, fear, and resignation to ignorance does more to hurt the citizens of our great country than the hateful terrorist acts of a few. Each of us must take time to carefully explore our conscious and subconscious perceptions about people,

Tips for Engagement



- Avoid stereotyping people. The content of any cultural competency training serves as a starting point, or generalization, get to know the individual you are serving!
- Strive to understand the values of individuals as these will often influence their behavior.
- Be respectful of clients’ religious beliefs; involve clergy in their care when appropriate.
- Practice developing a tolerant and accepting attitude about views different from your own

(Galanti, 2015)

2015-2016 Cultural Competency Training
webinar participant:

“This [training] showed
me how little I know and
how much I must learn”



beliefs, and practices that we do not understand. Working to enhance our understanding and compassion toward those who are marginalized for a myriad of reasons, whether it be race, gender, income, or religion is the responsibility of healthcare providers everywhere. Further, when providing care to immigrant populations it becomes even more important that we seek to advocate for a paradigm of resilience and coping,

amongst our colleagues, rather than the deficits perspective that we unconsciously gravitate toward¹. In a healthcare system comprised predominantly of Caucasian professionals serving diverse clients these tasks take on an increased priority—mental and physical health outcomes are at stake. My heart went out to Dr. Barakat, a provider like many of us, who endured an especially painful 2015 in

the context of heightened fear and media sensationalism regarding Muslim beliefs and culture. You can view Dr. Barakat's interview at the following link www.msnbc.com/all-in/watch/living-as-a-muslim-in-america-today-587950659959

Reflect and apply—What would you do?

“Jane is a psychologist who is an expert in leading substance abuse recovery groups. A large part of her practice includes court-mandated substance abuse recovery groups offered by the county government as an alternative to incarceration. Jane has been asked to run a group for recent Mexican immigrants, many of whom do not speak English. Jane does not speak Spanish and initially declines to run the group, citing her concern that she might not run the group effectively due to her inability to speak or comprehend Spanish and her lack of familiarity with Mexican culture. She later finds out that if she does not run the group, this group of

Mexican immigrants will not be offered alternative diversion programs and will instead be sent directly to jail.”²

Imagine you were Jane, how would being in this situation make you feel? How would you go about meeting the needs of this group?

Follow-up discussion in Volume 2

Do you have a story or expertise to share?

The Cultural Competency Brief welcomes your contribution, please email your inquiry to daniperk@iu.edu

Upcoming Webinars & Events

January 25th Cultural Responsiveness and Professional Issues in Rural Practice, presented by Dr. Barb Pierce, Associate Professor, Indiana University School of Social Work. [Register here](#). FREE!

June 6th Cultural Competence Conference 2016—more details to follow!



Cultural Competency Certificate of Completion

Upon completion of certificate requirements, participants will be able to:

1. Discuss principles of cultural competency practice in mental health settings
2. Describe mental health disparities across populations in the state of Indiana
3. Apply cultural competency principles to provision of care in the mental health setting

In order to earn a Certificate of Completion you must attend at least **6 of 12 webinars (includes recordings) and the 2016 Cultural Competency Conference** (Monday, June 6, 2016 at the IUPUI Campus Center). Please note evaluations must be completed at the end for CEU and credit toward the certificate. All requirements must be completed no later than June 30, 2016.

Interested in more information about the Addressing Indiana’s Mental Health in Urban and Rural Populations webinars, resources, and conference?

Visit our website:

<http://nursing.iupui.edu/development/webinars/mental-health.shtml>

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References

- ¹Constantine, M. G. & Sue, D. W. (2006). *Addressing racism: Facilitating cultural competence in mental health and educational settings*. Hoboken, NJ: John Wiley & Sons.
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- Galanti, G. (2015). *Caring for patient from different cultures* (5th ed.). Philadelphia, PA: University of Pennsylvania Press.