



# Cultural Competency Brief

Addressing Indiana’s Mental Health in Urban and Rural Populations

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Written by Danielle Perkins, PhD, RN

Making an effort to become more culturally competent is a dynamic and ongoing task. It forces us to confront many uncomfortable truths about the perceptions of ourselves and others. When I was asked to be the director for this year’s grant period, I was up-front about my expertise in this area. The truth is, it’s fairly limited, I’m not all knowing about every culture and subculture that there is in our great big world—but now I

which included felony status. My first experience with cultural differences in my practice as a young nurse was in 2005. At this point in my practice, I had been a nurse for 3 years. I had taken a travel nurse assignment in Daly City, South San Francisco, California. I had no idea what to expect as this was my very first experience in traveling. I arrived to Kaiser Permanente South San Francisco and Daly City to find that the area is predominantly comprised of Filipino (**not** Philippino as I would learn) people.

My first impressions after being unexpectedly immersed in a different ethnic culture was shock and discomfort! I was uncomfortable and I wanted to go home immediately. However, I had signed on for a 13-week contract and I’m not one to back away from an obligation. I stuck it out and to this day it was hands down the best travel experience I ever had!

***Do you have a story or expertise to share?***  
***The Cultural Competency Brief welcomes your contribution, please email your inquiry to daniperk@iu.edu***

realize, I know quite a bit about the experiences of young African American men because I am a Black woman who had a brother who struggled his entire life to get beyond his very troubled past,

## Tips for Engagement



- **Shared by a participant:** In Estonia, a small country in Northern Europe, it is disrespectful to wave at, or speak to someone as you pass them on the street, unless you have already been introduced and learned a little about the person.
- Remember to ask the right questions of all your patients, the 4 C’s:
  - What do you *call* your problem?
  - What do you think *caused* it?
  - What have you done to *cope*?
  - What *concerns* you most?

(Galanti, 2015)



I learned so much about the Filipino people and their culture.

Sad to say, I remember looking on a map to see where the Philippine Islands were because I couldn't make out what exact "race" I was dealing with. I made some pretty inaccurate assumptions of the people and kept my professional distance as best I could. However, it was healthcare culture that necessitated my getting beyond my own discomfort and opening up to the experience and my fellow nurses—most of whom were 2<sup>nd</sup> generation Filipino.

They shared with me insights about their culture, nursing education experience, and their frequent travels home. They helped me improve my interactions with patients by giving me tips to help me avoid cultural snafus. What I learned was that some of the behaviors I observed, including close watch over sick family members by other family, closely resembled the behaviors of many Black families and Southern White families. My attention to their family members made all the difference and I was rewarded with compliments, fine candy, and treats from the Islands

when they visited their families at home!

When I reflect back on the time I spent there, I can recall snide comments made by other nurses about Filipino culture—sometimes those nurses were White and sometimes they were Filipino too. But my takeaway from the experience was a positive one! I learned so much about myself and gained the beginnings of a bit of competency about a different culture.

I hope that is the experience that you all have been having this year with our monthly webinars. I hope that you have been inspired to take action and immerse yourself in different cultural environments, as this is truly the essence of becoming more knowledgeable.

Do you have a story to share about an experience immersed in another culture or making great strides forward because of your experiences in practice? I invite you to share in next month's brief!



2016 CULTURAL COMPETENCY CONFERENCE

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## **Reflect and apply—what would you do? (Case & Response)**

“Audrey is a 25-year-old Asian American woman who presents with relationship issues, family conflict, and low self-esteem. She was reluctant to talk about her family, but generally stated that they were very “traditional” and well integrated into the surrounding Asian community. Audrey has two older brothers and she is the only girl in the family. She has found it difficult to talk with her parents about her current life and feels that they are primarily interested that she find an Asian husband. Audrey does not feel that her family is interested in any other aspect of her life, despite her efforts to talk with them about these other facets. Audrey currently is in a relationship with another woman (Kathy, a 32-year old White woman), although she often spends holidays and other celebratory customs with her family, Audrey does not bring Kathy to family gatherings, leading to tension in this relationship. Although Audrey does not want to lose her relationship with Kathy, she also does not want to be alienated from her family and community”<sup>1</sup>

***As Audrey’s provider, it may be helpful to aid her in articulating and exploring some of the issues within her relationship and her community. She is likely concerned about shaming or embarrassing her family by not adhering to Asian cultural expectations for family and childrearing. Various “-isms” may be at play, including heterosexism and sexism. Lending clarity to these issues may provide some relief to Audrey.***

***Additionally, Audrey may be advised to consider having couple’s counseling sessions in order to strategize how to live in a healthy and satisfying lesbian relationship without alienating Audrey from her family.<sup>1</sup>***

This case and response were written by Constantine & Sue and can be found on page 100 of their book, Addressing Racism: Facilitating Cultural Competence in Mental Health and Educational Settings. See full citation on page 4 below.



## 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.

## Upcoming Webinars & Events

**April 19<sup>th</sup>** [Mental Health Services and Muslim Culture](#), presented by Mr. Muhammad Saahir, Indiana University

**June 6<sup>th</sup>** [Cultural Competence Conference 2016](#)— details and registration on our website!

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>

Indiana University School of Nursing  
Center for Professional Development and Lifelong Learning  
600 Barnhill Dr, NU 209  
Indianapolis, IN 46202  
cenurse.iu.edu  
cenurse@iu.edu

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### References

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