Addressing Cultural Diversity in Children’s Mental Health Services

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Introduction and Overview

As the United States becomes increasingly more diverse, it is critical for our health care system to respond to the needs of our culturally-diverse society. This response includes integrating culturally-relevant practices into our health care system, including health care provided by mental health practitioners. Fortunately, the fields of psychology and psychiatry have attempted to more thoroughly address this issue over the past few decades. These efforts have sparked significant discussion among mental health practitioners. Many support these efforts, but others have raised disagreements. These discussions have also highlighted the ways in which our definitions of mental health issues, including diagnostic classifications in the Diagnostic and Statistical Manual (DSM), have failed to adequately incorporate issues of cultural diversity.

Effectively attending to cultural diversity in mental health care is particularly important given the cultural disparities that persist in our health care system. It is well known that mental health services are less available and more difficult to access for cultural minorities, making it less likely for these individuals to obtain necessary mental health treatment. Furthermore, individuals from cultural minority populations who are able to access mental health services are more likely to receive lower quality care and have poorer outcomes, suggesting that current mental health services for cultural minorities are not effective.

Also of concern is the fact that cultural minority youth are under-treated with psychotropic medication when it is indicated. However, overall, psychotropic medication is being increasingly prescribed to youth within our country, suggesting that cultural minority youth remain disproportionately under-treated when medication is indicated. Research indicates that there is not a significant variation in pharmacological responses to psychiatric medications among youth of various cultural backgrounds which, again, suggests that differential access to appropriate psychiatric care is the underlying cause for these disparities.

Multiple factors may perpetuate the disparities within the health care system in general, and in mental health care in particular. For example, cultural barriers, such as language, can negatively impact communication between a health care provider and the patient, satisfaction with health care services, and an individual’s utilization of needed health care services. Diverse cultural beliefs and values regarding mental health issues are not always reflected in Western health care settings, creating even more barriers for some cultural groups who attempt to obtain treatment. In addition, certain cultural groups, such as African Americans, Latinos, American Indians, and certain Asian American populations (ie, Cambodian, and/or Samoan) are significantly underrepresented among health care professionals. This may create a gap between mental health professionals and diverse children and families in need of treatment.

Given these disparities, it is imperative that mental health practitioners, including psychologists, psychiatrists, and other behavioral health clinicians, actively integrate culturally-informed conceptual frameworks and practices into our clinical services, our research, and the infrastructure of our mental health settings and services. Such efforts will help to
promote the positive well-being of diverse individuals, including children and families. The purpose of this article is to: (1) review the existing literature on culture and cultural competence as it relates to health care, and to mental health care in particular; (2) highlight ways in which cultural diversity can be integrated into clinical practice for children and families; (3) review challenges associated with cultural diversity in research, including evidence-based practices; and (4) offer recommendations for increasing culturally-relevant practices into the professional activities of mental health professionals.

**Culture and Cultural Competence**

A number of terms and models are present in the scholarship of culture and diversity. Although these various definitions have some commonalities, there are also differences, which can create confusion. Therefore, establishing a shared definition of culture for a particular professional community is a first step to design culturally-relevant services for psychologists and psychiatrists.

Kreuter et al write:

“Although no single definition of culture is universally accepted by social scientists, there is general agreement that culture is learned, shared, and transmitted from one generation to the next, and it can be seen in a group’s values, norms, practices, systems of meaning, ways of life, and other social regularities.”

For mental health practitioners, it is imperative to emphasize that the definition of culture must encompass multiple cultural variables, including race, ethnicity, socioeconomic status, gender, immigration status, language, sexual orientation, and ability. Wasserman and Flannery also highlight the importance of attending to the social and historical context of cultural groups when defining culture. While some progress for social equity has been made, a history of oppression, racism, and/or discrimination remains for some cultural groups; therefore, it has the potential to continue affecting the experiences of these diverse children and families—including their experiences within the mental health care system.

Various conceptualizations have also been used to describe the efforts that attend to cultural issues, including “cultural sensitivity,” “cultural responsiveness,” “multicultural competence,” “cultural targeting,” and “cultural tailoring.” While all of these terms attempt to describe a similar effort, cultural competence has been advocated as a particularly meaningful conceptualization for mental health practitioners to embrace. Cultural competence, as a concept, highlights the need for practitioners to develop skills for effectively working with diverse individuals, not simply taking an already established area of competence (eg, a particular evidence-based psychotherapy treatment) and applying it from one cultural group to another. Cultural competence has also been defined in multiple ways, and these definitions have similarities as well as differences.

Whaley and Davis offer a definition of cultural competence that attempts to include major commonalities that are offered from various scholars:

“...we view cultural competence as a set of problem-solving skills that include (a) the ability to recognize and understand the dynamic interplay between the heritage and adaptation dimensions of culture in shaping human behavior; (b) the ability to use knowledge acquired about an individual’s heritage and adaptational challenges to maximize the effectiveness of assessment, diagnosis, and treatment; and (c) internalization (ie, incorporation into one’s clinical problem-solving repertoire) of this process of recognition, acquisition, and use of cultural dynamics so that it can be routinely applied to diverse groups.”

Culturally-minded mental health professionals should strive to gain cultural competence to more effectively work with culturally-diverse children and families. In order to do so, these professionals should ascribe to a conceptual framework of cultural competency to guide their practice. This is particularly important given the various ways in which the construct has been defined. The model often referenced includes 3 components that every therapist should possess:

1. **Cultural awareness and beliefs:** understanding that one’s personal values, biases, and overall worldview may impact the therapeutic relationship.
2. **Cultural knowledge**: understanding about an individual’s culture, worldview, and belief system.

3. **Cultural skills**: ability to work with an individual in a manner that is attentive to and respectful of cultural issues.

Psychologists, psychiatrists, and other mental health clinicians should receive on-going training to develop strategies for increasing cultural competency in each of these 3 areas. Training in these areas has been proposed as a strategy for improving overall patient care, reducing errors when providing care, and ultimately reducing the cultural disparities that exist in our health care system.21

**Integrating Cultural Diversity into Clinical Practice**

While the implementation of culturally-competent practices has been promoted as a way to reduce health disparities that exist among culturally-diverse populations,22 determining exactly what culturally-competent practices should be implemented and how to do so in an effective manner remains challenging. These challenges are impacted by the limited amount of empirical data available regarding cultural competence and cultural issues in mental health practice.8 As a result, it is difficult to determine what culturally-competent practice looks like, and how to systematically assess the impact of such practices on clinical care for diverse children and families.22 Fortunately, scholarship addressing these challenges is growing, and a number of topics in the literature serve as a guide for developing mental health services for children and families that attend to issues of cultural diversity.

**Using a Bioecological Framework for Approaching Mental Health Treatment**

While it is largely understood that culture must be taken into consideration when providing clinical care, culture is often assumed and not fully assessed to inform mental health treatment.7 Furthermore, while it is important to have knowledge about different cultural groups, it is imperative not to over-generalize this knowledge in a manner that disregards individual variation within cultural groups. Rather, it is important to use a middle-ground approach that recognizes characteristics often typical of cultural groups, while also exploring individual differences.2 In order to consider cultural characteristics while also attending to the uniqueness of each individual, it is recommended that mental health practitioners use a culturally-appropriate conceptual framework as a starting point—one that allows for effective assessment of cultural issues, conceptualization of patient concerns, and guidance of treatment planning for children and families. Using such a framework is particularly important because practitioners have traditionally conceptualized mental health issues as being a result of individual characteristics, such as behavioral and/or psychological factors. As a result, traditional mental health treatments and theories of psychotherapy often assume the culture of middle-class, European American individuals, thus utilizing a Eurocentric worldview.21,24 These approaches are often rooted in European American values, such as “optimism, individualism, egalitarianism, glorification of social mobility, and encouragement of personal change.”24 These values may not be congruent with the values that comprise the worldview of each child and his or her family. Some traditional mental health treatments also place a great deal of emphasis on internal factors, and assume that the individual has a high degree of control over change. Furthermore, there is often an assumption that individuals have access to resources and are willing and able to join the mainstream culture.25 These notions, however, are not necessarily true for all individuals.

A conceptual framework that can be helpful for mental health practitioners striving to provide culturally-competent care is the bioecological model, such as that proposed by Bronfenbrenner26,27 This model allows for the integration of cultural and contextual factors (eg, ethnicity, social class, race, gender, sexual orientation, language, ability, and immigration status) when assessing the worldview of a child and his or her family, and when developing interventions that attend to these cultural factors. A bioecological framework posits that an individual’s behavior and psychological well-being results from the dynamic interactions between the individual and multiple cultural factors, including larger social, institutional, and historical contexts. This framework departs from a deficit model because it conceptualizes that change processes within mental health treatment do not lie solely within the individual, but also within his or her context. Importantly, the bioecological model integrates multicultural practices and recognizes how
one’s psychological well-being is highly impacted by one’s race, ethnicity, and cultural values, as well as experiences of oppression, privilege, racism, and discrimination.

By applying a bioecological perspective to the delivery of mental health services, we can strive to implement culturally-relevant treatments in order to meet the specific needs of diverse children and families.

Mental health professionals may also want to consider developing a more formalized tool to guide assessments that are consistent with the bioecological framework, such as the Sociocultural Assessment Protocol (SCAP) proposed by Yamada & Brekke. The SCAP assesses for a number of factors that may be impacted by a child or family’s culture (e.g., social stressors and social support network, life control, change of environment, and/or language/communication). Another useful tool is the Cultural Formulation Interview (CFI) included in the DSM-5. The CFI is a set of 16 questions that mental health providers can use to guide a diagnostic assessment that includes attention to important cultural factors. The CFI includes questions that assess the following areas: one’s cultural identity, cultural conceptualization of distress, psycho-social stressors and cultural features of vulnerability and resilience, cultural features of the relationship between the individual and the clinician, and overall cultural assessment. Such tools allow for assessment of culturally-diverse children and families by helping to understand their goals for mental health treatment and their unique cultural experiences that can inform treatment planning.

Cultural Tailoring

Another concept that can be used in conjunction with a bioecological model of practice is “cultural tailoring.” This involves recognizing that cultural variables may be salient to an individual, and therefore are important to address when providing culturally-appropriate mental health care. However, individual assessment must also take place to determine how relevant these characteristics are to each individual, which can ideally be completed using the bioecological framework. For example, if an individual’s cultural background includes a high value placed on religion, specific individual assessment should take place to examine if and how religion is relevant to the particular individual. Results from this assessment will help to inform case conceptualization and treatment planning. Cultural tailoring allows mental health practitioners to pay particular attention to salient cultural factors that are most important to children and families, and in turn help to develop effective interventions.

Cultural Adaptation

While a significant amount of literature exists about the theoretical underpinnings of culturally-appropriate mental health services, the most effective way to deliver culturally-adapted mental health interventions is less clear. Furthermore, although studies support the effectiveness of some mental health treatment in general, such as psychotherapy, this research does not adequately address how various cultural factors play a role in the effectiveness of the psychotherapeutic process. Scholars suggest that existing mental health interventions should be adapted for culturally-diverse individuals. For example, Griner and Smith reviewed the literature and identified 4 common themes about how to deliver mental health interventions using cultural adaptations: (1) actively identifying and integrating the cultural values of the individual into the therapeutic process; (2) when possible, matching individuals with mental health clinicians that have similar cultural characteristics (e.g., race, ethnicity, or language); (3) providing mental health interventions in a manner that is accessible and readily available for culturally-diverse individuals (e.g., offering community mental health services directly within the neighborhood of a particular cultural group); and (4) including supportive individuals and resources that are important to the individual and his/her cultural background (e.g., extended family members, or religious/spiritual leaders).

Following their review of the literature, Griner and Smith conducted a meta-analysis of 76 culturally-adapted mental health interventions to determine the effectiveness of these treatments. Empirical studies were included in the meta-analysis under the following guideline: “The manuscript had to explicitly state that the adaptations were based on culture, ethnicity, or race.” Results from this meta-analysis identified an average effect size of .45 across studies (d=.45, SE=.04, p<.0001), suggesting a moderately strong benefit for these types of interventions. Furthermore, mental health interventions delivered to specific cultural groups were 4 times more effective than those
interventions provided to groups of individuals from differing cultural backgrounds. Griner and Smith also reported that when interventions were delivered to non-native English speakers in an individual’s native language, they were 2 times as effective as interventions delivered in English. Other research has demonstrated that language-based interventions (eg, oral interpretation) are related to better patient experiences, improved patient comprehension, and more appropriate use of health care services. These findings provide some insight into the ways in which mental health interventions can be effectively adapted for culturally-diverse individuals.

In an effort to look more closely at evidence-based treatments for culturally-diverse youth in particular (individuals ages 18 and younger), Huey and Polo reviewed 25 available research studies relevant to mental health care. They applied the definition of treatment as defined by Weisz and Weiss (1995): “any intervention to alleviate psychological distress, reduce maladaptive behavior, or enhance adaptive behavior through counseling, structured or unstructured interaction, a training program, or a predetermined treatment plan,”. Results from Huey and Polo’s meta-analysis suggest a moderate benefit of these interventions (d=.44, SE=.06, p<.01). They concluded that there were no well-established treatments in their review, but they did identify probably efficacious and possibly efficacious treatments for ethnic minority youth with anxiety problems, attention-deficit/hyperactivity disorder, depression, conduct problems, substance use problems, trauma, and other clinical problems. Based upon this review, cognitive-behavioral treatments demonstrated the most positive outcomes with ethnic minority youth in general. Furthermore, certain therapeutic treatments were identified as more effective for particular cultural groups. For example, using cognitive behavioral therapy or interpersonal process therapy may be more effective for depressed Latino youth than other types of treatment. Family systems treatments, including Brief Strategic Family Therapy, Multidimensional Family Therapy, and Multisystemic Therapy appear effective for culturally-diverse youth with conduct and drug-related problems.

While many psychotherapy interventions attempt to include cultural adaptations, there is limited empirical evidence to date that demonstrates if and how these adaptations actually improve psychotherapy outcomes. Despite this, evidence from the broader literature maintains that culturally-competent treatment interventions are valuable and needed. As a general guideline, it appears that certain psychological theories are broadly applicable to human behavior and emotional functioning. However, we need to consider these universal theories using a culturally-specific lens, and effectively adapt interventions to provide culturally-diverse individuals with quality mental health treatment. Additional research is needed to better understand the impact of cultural modifications.

Cultural Leverage

Another useful conceptualization for translating multicultural principles into action is cultural leverage. This concept is particularly useful for mental health professionals in the health care setting, and has been described as:

“…a focused strategy for improving the health of racial and ethnic communities by using their cultural practices, products, philosophies, or environments as vehicles that facilitate behavior change of patients and practitioners. Building on prior strategies, cultural leverage proactively identifies the areas in which a cultural intervention can improve behaviors and then actively implements the solution. Cultural leverage is a process whereby the principles of cultural competence are deliberately invoked to develop interventions; it has the potential to operate at multiple levels throughout the health care delivery process. As we consider individuals, their communities and the means by which they access the health care environment, culture becomes central: factors such as language, family norms, and sexuality shape the framework through which health care is accessed.”

Fischer and colleagues applied their conceptualization of cultural leverage to determine its impact on decreasing health disparities. Multiple health care providers, including nurses, counselors, and community health care workers delivered health information in culturally-relevant ways. The interventions utilized in these studies integrated cultural factors into the following types of interventions: (1) changing health behaviors of individuals within communities, (2)
increasing access to mental health services/systems, and (3) making changes within health care systems to improve services provided for racial/ethnic minority patients. Results from this review suggest that these interventions show promise for reducing cultural disparities that exist in our health care system by increasing patients’ knowledge for self-care, reducing barriers to receiving health care services, and increasing the cultural competence of health care providers.

Given the promising results regarding the potential benefit of strategies based on the concept of cultural leverage, it is important to consider how these strategies might be translated to mental health interventions for children and families in particular. When doing so, it is important to consider how strategies grounded in cultural leverage can be used in combination with “generic” health care strategies to optimize efforts. It is not necessarily the case that one set of strategies should be used over the other, but rather they should be used in combination. For example, when working with a particular child and family in need of mental health services, the following strategies may be used: community outreach to identify culturally-relevant mental health resources (cultural leverage strategy), providing information regarding mental health care using language that fits within the cultural worldview of the child and the family (cultural leverage strategy), advocating for the child and family to obtain services—particularly when cultural barriers may interfere with accessing these services (cultural leverage strategy), and tracking the child and family’s utilization of recommended mental health services (generic strategy).

Fisher et al propose several recommendations to continue making changes and to promote culturally-relevant care using cultural leverage as a guiding framework:

1. Health care communities need to continue involving culturally-diverse communities in efforts to reduce health care disparities. This type of collaboration will help to identify more effective and culturally-relevant strategies, and will give voice to the representative community, bridging the gap between health care and the surrounding community members.

2. It is imperative for multidisciplinary collaboration to take place between physicians, mental health professionals, nurses, and community members when designing and implementing culturally-relevant health care strategies.

Attending to Cultural Diversity in Mental Health Research

When considering the methodology of mental health research, of particular concern is the lack of attention paid to recruiting individuals who are culturally-diverse. Furthermore, when examining the literature regarding evidence-based treatment, it is unfortunate and concerning that most evidence-based treatments are supported by research that has not adequately taken cultural characteristics into consideration. Given the lack of culturally-diverse individuals represented in existing mental health research, these findings may not be applicable to certain cultural groups. It has been suggested that cultural minorities are less willing to participate in research—a notion that may create further divide between scholars and culturally-diverse children and families. However, data has refuted this claim, suggesting that willingness to participate in research investigations is not significantly different among different cultural groups. Therefore, the responsibility lies upon researchers to actively increase accessibility for cultural minorities to participate in research, rather than changing the attitudes or beliefs that diverse individuals have about research. Furthermore, a call has been made to involve culturally-diverse communities in the development of investigations that examine mental health topics to encourage collaboration, and to better understand the experiences of diverse children and families.

Other methodological challenges also complicate research in this field. First, because cultural competency has been defined in multiple ways, it is a challenging construct to study due to a lack of appropriate measurement and research designs. Second, it is imperative for more rigorous research investigations to examine the effectiveness of culturally-adapted mental health interventions. Finally, it is important for health care systems to develop systematic efforts for gathering data about cultural variables, and examine this data to inform the development of effective mental health interventions for children and families.
Recommendations

Addressing Cultural Diversity in Children’s Mental Health Services

As previously discussed, a number of strategies should be implemented by mental health professionals to more effectively address issues of cultural diversity in the delivery of mental health services. These strategies are summarized as follows:

1. **Strive to Enhance Understanding of Culture and Cultural Competence**
   
   It is important to ensure that mental health practitioners understand their professional community’s definition of culture. This will serve as a foundation for enhancing efforts to attend to cultural diversity. Furthermore, it is critical that mental health providers engage in on-going training and professional development opportunities to strengthen cultural competence (eg, training, workshops, and feedback during annual professional reviews). Finally, it is imperative that mental health providers have adequate education regarding the resources that are available in their organization that can assist them with attending to important issues of cultural diversity when working with patients and their families (eg, interpreter services or community resources), and each mental health provider should strive to utilize these resources as needed.

2. **Utilize a Bioecological Framework to Guide Practice**

   Mental health providers should be cognizant of utilizing a culturally-appropriate framework, such as the bioecological model, for providing culturally-sensitive care and adequately assessing for cultural factors that can inform development of interventions. Clinicians should receive on-going training and professional development in using such a culturally-informed framework for delivering mental health treatment.

3. **Maintain a Commitment to Using Culturally-Competent Practices when Delivering Mental Health Interventions**

   Mental health providers should continue to use evidence-based treatments (eg, CBT) for treating culturally-diverse youth, while being mindful of tailoring these treatments to the cultural needs of individual children/families. When appropriate, clinicians should consider matching children and families with mental health providers who have similar cultural factors (eg, race, ethnicity, or language) when this has the potential to increase the effectiveness of interventions. Furthermore, mental health interventions should be offered in a way that makes these services as accessible and readily available to children/families as possible (eg, offering community mental health services/outreach directly within the neighborhood of a cultural group). Finally, when working with patients and families, mental health clinicians should consider using assessment tools (eg, SCAP, CFI) to assist with gathering culturally-relevant information about patients and families that can inform treatment goals and interventions.

4. **Utilize Cultural Leverage Strategies**

   Mental health providers should strive to engage culturally-diverse communities in creating strategies for reducing health care disparities. This type of collaboration will help to identify more effective and culturally-relevant strategies for children and families, and will help give voice to the representative community. Such strategies will help to bridge the gap between health care and the surrounding community members. When possible, mental health providers should actively participate in advocacy and outreach efforts to reach culturally-diverse children and families in the community, and create partnerships with the community to obtain direct input about development of culturally-appropriate mental health services for children and families.

5. **Develop Strategies for Gathering Data about Cultural Issues**

   Mental health providers should work to develop a comprehensive data collection mechanism for capturing cultural variables (race, ethnicity, language, etc) about children, adolescents, and families in the community. This data can be used to understand the cultural make-up of the surrounding community and what mental health services are needed, and to develop effective programs for addressing health care disparities that are present in the community.

6. **Increase Access and Availability of Culturally-
Appropriate Mental Health Services
Mental health providers can implement a number of strategies to help increase access to mental health services to culturally-diverse individuals. For example, it is important to offer written and spoken language services, and ensure that children and families are aware of the opportunity to access these services. Mental health providers should also consider developing culturally-appropriate written materials about mental health services for children and families.

7. Conduct Culturally-Appropriate Mental Health Research
Mental health providers should make efforts to engage in research relevant to providing culturally-appropriate services. For example, it would be important to routinely examine differences among cultural variables and mental health outcomes in children and families who receive mental health services. Mental health scholars should also make an effort to recruit culturally-diverse youth and families into research studies to ensure that culturally-diverse individuals are represented in research studies. Finally, there is a need for additional research that examines what mental health interventions are particularly effective for various cultural groups, and takes important cultural characteristics into consideration when understanding psychological health in children and adolescents.

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