CULTURALLY RESPONSIVE MENTAL HEALTH SERVICES:

ENGAGING DIVERSE POPULATIONS

Center of Hope Family Services

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Abstract

Given the increase of diverse populations in the United States, mental health service providers (agencies, clinicians, counselors, psychiatrists, psychologists, social workers, and therapists) must broaden their skill sets. Notably, the need is for culturally competent mental health service providers to meet the demands of a population that is multilingual, multicultural, and heterogeneous. Therefore, this technical paper aims to discuss the issues and barriers impacting clients of color, specifically Black/African Americans, and strategies to work with clients of diverse backgrounds in mental health services. Last, this technical paper will offer recommendations for engaging Black/African Americans and other clients of color.

Culturally Responsive Engagement Toward Diverse Populations

Now more than ever, individuals in the United States of America are recognizing how various factors are impacting their mental health. Factors such as the COVID-19 pandemic, racism (for some populations), and career issues have increased the need for mental health counseling services (National Institutes of Health, 2023; Patel et al., 2018; Ricci et al., 2023). Moreover, mental health service providers (agencies, clinicians, counselors, psychiatrists, psychologists, social workers, and therapists) have seen an increase in clients being treated for anxiety and depression, specifically Black Americans (Vance, 2019). Given that the United States is very diverse with populations who have different needs, there is a sense of urgency for mental health service providers that can be culturally responsive and engage with individuals from all backgrounds, especially clients who are racially and ethnically diverse.

According to the United States Census Bureau (2022), Whites represent 75% of the population compared to 19% of Latinos/Hispanics and 14% of Black/African Americans. Minority representation in this country has increased; thus, the need to expand not only services for minoritized communities but also have mental health service providers that reflect the race and cultural norms of the U.S. citizenry. Additionally, mental health service providers need to utilize culturally responsive counseling skills and theories and understand how to engage clients from vulnerable populations who may not see mental health services as a first option for coping with various stressors.

This technical paper discusses the issues affecting the mental health of underserved populations, particularly Black/African Americans, and the barriers preventing clients of color from receiving mental health services. Specifically, this paper will use a culturally responsive lens to understand how to work with clients and how mental health service providers can examine themselves to ensure they are providing optimal services. Finally, recommendations for policy and practice are provided in this document.

Black/African Americans and Mental Health

According to the Anxiety & Depression Association of America (AADA), 7 million Black/African Americans experience or deal with a mental health issue (AADA, n.d.). Note that the United States population is a little under 335 million, and 45 million of these individuals identify as Black/African American (AADA, n.d; U.S. Census Bureau, 2023). Moreover, about 20% of Black/African Americans encounter mental health issues that are considered "serious" more than their other racial peers (Health and Human Services Office of Minority Health, n.d.). To exacerbate the problem, Black/African Americans are often misdiagnosed or undiagnosed for other symptoms that are really mental health concerns, such as anxiety and depression (AADA, n.d.; Jones et al., 2018; Schwartz & Feisthamel, 2009). Emphatically, Black/African Americans face a myriad of difficulties that negatively impact their mental health, as detailed in the next section. Historical issues such as slavery, systemic racism, health disparities, and medical mistrust (e.g., Tuskegee experiment, Henrietta Lacks, sterilization of Black women), having to prove that you are as good as your White peers, poverty, and racial violence are impediments that deteriorate the mental health of this population. Black/African Americans have some of the highest unemployment rates, have lower levels of wealth (i.e., the wealth gap) compared to their White peers, and report difficulty obtaining quality jobs (U.S. Bureau of Labor Statistics, 2023; Weller, 2019). Moreover, Black/African Americans experience higher stress levels due to racism and discrimination (White, 2008). Further, the stress levels of Black/African Americans living below poverty tend to be higher than individuals living two times above the poverty line (National Center for Health Statistics, 2018). Black/African American men have the highest homicide rate of any race in the United States, and Black maternal mortality rates are two times higher than Whites (Centers for Disease Control, 2021; Hoyert, 2023).

Currently, Black/African American teenagers are more likely to attempt suicide than their White peers (Mental Health America, 2023). Likewise, Black/African American students enrolled in K-12 schools face stressors that contribute negatively to their mental health and well-being. They encounter low academic expectations from teachers, are suspended at higher rates than their White or other racial peers, and experience opportunity gaps that prevent them from being competitive in postsecondary options (Hines & Owen, 2022). Black/African American children experience adultification, the act of being seen as superhuman or not human, developmentally older, and view them from a deficit paradigm (Dancy, 2014; Epstein et al., 2017; Hines, et al., 2021). For example, Black/African American boys are seen as problematic, abrasive, and aggressive, while Black girls are labeled angry and sassy (Hines et al., 2021; Ladson-Billings, 2011; Mayes et al., 2021). Specifically, Black/African American girls do well academically but often report feeling misunderstood, invisible, and negatively interacting with school personnel (Epstein et al., 2017; Mayes et al., 2021). Also, oppressive school policies such as zero tolerance often do not account for behaviors leading to disciplinary actions resulting from mental health issues. The matters above can cause Black/African American students to disengage from school, behave inappropriately, engage in negative behaviors such as drug use, and succumb to peer pressure, which are all symptoms of poor mental health and well-being.

Barriers

Several barriers hinder mental health service providers from successfully working with clients from diverse backgrounds. First, beliefs and biases play a significant role in how impactful the clinician-client relationship is, as well as how agencies engage their clientele. Beliefs about a client's background can hinder or enhance the therapeutic relationship. For example, if a clinician holds certain stereotypes about a race or gender, it will damage the counseling dynamic because the clinician will see the client from a deficit perspective. These perspectives can lead to mental health service providers blaming clients for their issues rather than looking at the same issues from a systemic or socio-cultural view. Moreover, mental health service providers may not hold the same worldview or have the same lived experiences, which can negatively impact the quality of the therapeutic relationship.

Biases held by mental health service providers can also affect the therapeutic relationship with clients, especially individuals with diverse backgrounds. According to Psychology Today (n.d.),
A bias is a tendency, inclination, or prejudice toward or against something or someone. Some biases are positive and helpful—like choosing only to eat foods that are considered healthy or staying away from someone who has knowingly caused harm. However, biases are often based on stereotypes rather than actual knowledge of an individual or circumstance. Such cognitive shortcuts can result in prejudgments, whether positive or negative, leading to rash decisions or discriminatory practices. (para 1).
As previously mentioned, biases can lead to mental health service providers inaccurately diagnosing clients, readily transferring them to another provider because of an unwillingness to work with clients, and working with clients from a deficit-based rather than an asset-based therapy. Specifically, there are two dimensions of bias, conscious and implicit. Implicit bias (or unconscious) is where unintentional bias occurs about individuals (National Institutes of Health, n.d.; Sue et al., 2019). This can result in consequences for Black/African Americans, such as a woman automatically clutching her purse in an elevator when a Black/African American man is riding it as well, therefore making him feel offended or disappointed and, in turn, translating into a stigma for him.

Stigma

The stigma associated with mental illness or poor mental health is an obstacle that prevents many individuals from seeking help. Borenstein (2020) stated, "Stigma often comes from lack of understanding or fear" (para 1). Perceived public shame to familial beliefs deter individuals from seeking the services needed to address their mental health. For instance, the media can portray a person with mental health issues as crazy, unable to control their behavior or a danger to society. Further, policies or perceptions about stigma at the institutional level can affect the access as well as the decision of individuals to get assistance for their mental health and well-being. Government funding around mental health initiatives, such as lack of resources, can restrict access and send the wrong message that can contribute to stigmas around this topic.

Access to Care

Stigma, biases, and other beliefs impact access to care, particularly for clients from diverse backgrounds, yet other barriers to accessing care abound. In an effort to identify and measure these barriers, Center of Hope engaged 102 members of the Black/African American community in northerwestern Ohio in taking the Barriers to Access to Care survey (BACE v3; Clement et al., 2012). Surveys were administered in-person

at a local Juneteenth celebration event in June 2023 and at the Center of Hope's Navigator's event at the Lucas County Juvenile Court in August 2023. Survey administration and data collection were conducted by Center of Hope staff and volunteers. Measurement Resources Company (MRC) was contracted by Center of Hope to analyze and summarize the survey results. To incentivize participation, survey respondents each received a $25 gift card for their time.

The BACE v3 is a 30-item measure of various stigma-related and non-stigma-related barriers to access to care that asks respondents to report the degree to which barriers "stopped, delayed, or discouraged [them] from getting, or continuing with, professional care for a mental health problem" on a 4-point Likert scale ranging from 0 – Not at all to 3 – Quite a lot. Overall, respondents in the sample reported low average scores by item ranging from 0.4 to 1.1, indicating that most barriers stopped, delayed, or discouraged respondents only "a little" and often "not at all." The most widely reported barriers to accessing care in the sample were (with the percent of survey takers responding "a little", "a lot", or "quite a lot" in parentheses): wanting to solve the problem on my own (62%), dislike of talking about my feelings, emotions or thoughts (58%), thinking the problem would get better by itself" (57%), concern that I might be seen as weak for having a mental health problem (51%), and not being able to afford the financial costs involved (49%). The least prohibitive barriers reported by survey takers included: concern about what people at work might think, say, or do (31%), having no one who could help me get professional care (28%), and problems with transport or traveling to appointments (25%).

Respondents were also asked to elaborate on any of the barriers that they reported as being prohibitive on the BACE v3. Some participants mentioned job-related barriers to accessing care (e.g., "Working in the mental health field can come with a stigma that I don't need support myself", "Sometimes when you work in a professional atmosphere it can be a barrier", and "work gets mad when you need time off for self-care"). Others mentioned preferences to avoid medication-based care and lack of trust in providers (e.g., "I think just growing up I was told you will get put on meds. And I just don't want a stranger in my business"; "Would prefer treatment options w/o medication"). Lastly, some were discouraged from seeking mental health services ("My dad does not want me to go to counseling" and "Not finding the right fit").

Considerations In Culturally Responsive Counseling

Black/African Americans are experiencing the previously mentioned pressures of society and mental health struggles but are less likely to seek out mental health services (Borenstein, 2020; Mental Health America, 2023; Sue et al., 2019). This can be due to the stigma of being "othered" or the privacy norm of "what happens in this house, stays in this house" that so many within this community have grown up with, making it difficult for some to break this cycle of generational trauma. These challenges are why it is imperative for mental health service providers to be culturally responsive and express cultural humility. To note, cultural humility is a willingness to work with clients from diverse backgrounds (Hook et al., 2013; Owen et al., 2014; Sue et al., 2019).

Cultural responsiveness is the act of understanding your own social identity and using the cultural identity and experiences of people of color as a resource to understand how to work with, commune, and interact with historically marginalized groups (Gay, 2018). In other words, mental health service providers who are culturally responsive are aware of the role their own cultural identity has in society and not only acknowledge and understand the cultural diversity of others, but they also utilize this background knowledge to improve the mental health for diverse populations. Additionally, culturally responsive mental health service providers incorporate skills such as advocacy, consulting, and teaching in their therapeutic tool kit to help clients work through their situation (s) (Sue et al., 2019). Taking this proactive approach rather than the traditional passive paradigm of counseling is needed to guide and partner with clients to determine the course of action that will best help them reach their desired therapeutic goals (Sue et al., 2019).

There are several considerations that mental health service providers should be aware of if they want to be culturally competent. First, mental health service providers should become grounded in their own social and personal identities. Social identities include race, ethnicity, age, and native language, while personal identities include favorite foods, hobbies, personal mantras, etc. Through this process, mental health service providers will be able to understand how their identities contribute to who they are as a person, the experiences they have encountered, how they make sense of the world around them, and how they enter professional and personal spaces. Mental health service providers with a strong sense of their own identity will understand how the complexities of a client's identity will show up in the counseling space.

Moreover, mental health service providers must be aware of the socio-political dynamics in which their clients, specifically minoritized individuals, live daily. Some of the dynamics include race, politics, and economics. Another example is mental health service providers understanding how the death of George Floyd may affect Black/African American clients when it comes to interacting with law enforcement. Clients' cultural values and life experiences must also be considered. Mental health service providers must be mindful that many cultures take a collectivist approach to their experience as opposed to the individualism implemented in traditional Western therapeutic approaches. In other words, mental health service providers must acknowledge the role of families, culture, and communities and how integrated it can be in their client's experiences.

Mental health service providers must incorporate an antiracist approach when working with their clients and colleagues. Antiracism is the ability to speak out against racism as opposed to knowing that racism is wrong (Kendi, 2019). Even mental health service providers must create a clinical environment that challenges any racism or discrimination that may impede Black/African American clients and other clients of color from not feeling welcome, intimidate them from seeking services, or develop levels of mistrust that will, in turn, create a lack of access to mental health services. To address this issue, mental health service providers must counteract anti-Black racism as individuals and institutions can reinforce notions that Black/African Americans are responsible for some of the socioeconomic issues and the historical injustices they have experienced. Maharaj and colleagues (2021) suggested having conversations about race, especially between employees and supervisors within the mental health service provider space. Specifically, the authors discuss how structural racism is perpetuated when mental health service providers do not discuss race. Acknowledging a client's race, listening to communities of color, particularly, Black people, and creating an antiracist culture are strategies that can lead to an inclusive and welcoming environment where mental health service providers can adequately provide culturally responsive services (American Counseling Association, n.d.).

Culturally responsive mental health service providers must build relationships with their clients and the communities they reside. Many people of color do not seek mental health services because they mistrust

helping professionals. However, one way to combat this mistrust is by building authentic relationships and caring for clients' well-being. Clients who feel like they can trust their therapist are more likely to open up during sessions and utilize the support offered by their mental health professional. Additionally, mental health service providers should learn about concerns that their client's communities may face. For example, people living in communities considered food deserts lack access to fresh nutritional food, which may negatively impact their mental health. A mental health service provider aware of these types of concerns will be able to connect their clients with resources that will assist them on their mental health wellness journey. Mental health service providers can use non-traditional methods of meeting with clients other than inside of their office (e.g., in the community). Zur (2001) noted that working with clients outside the office can provide effective treatment. For example, meeting Black/African American clients at their local church in the community can be helpful as this is not only a safe space but incorporates many of the spiritual and religious practices that are part of their culture.

Recommendations

Practice

Although not exhaustive, recommendations for working with clients of color around mental health and suicide prevention, especially Black/African Americans, around cultural responsiveness and engagement are outlined below. Mental health service providers should:

1. Develop trust and authentic relationships with clients.
2. Validate clients' experiences with care and empathy.
3. Work with clients to destigmatize counseling and therapy and normalize that seeking help is not an exception but the rule.
4. Incorporate racial identity for clients of color, particularly Black/African Americans, into the therapeutic process because some may see race as salient. In contrast, others may not recognize how important race plays in their mental health concerns or issues (Sue et al., 2019).
5. Seek training or professional development to address any biases and beliefs that will hinder the therapeutic process and cause irreparable damage to the client.
6. Ensure a mental health service provider-client match or fit based on expertise and level of cultural responsiveness.
7. Use an antiracist therapeutic approach which includes ensuring that colleagues and institutions speak up against actions and policies that promote anti-Black racism.
8. Understand that the client's presenting problems may be connected to external factors such as discrimination or racism (Sue et al., 2019).
9. Incorporate strengths-based and asset-based approaches into the therapeutic process. How do family, community resources, and the client's personal strengths help them successfully address their concerns?
10. Engage in community outreach through cultural brokers, such as hosting agency fairs at Black community hubs (churches, parks, community centers, local restaurants, and neighborhood schools).
11. Collaborate with community and cultural brokers to change the narrative about seeking therapy or counseling. The narrative should see treatment as a strength and not a weakness. As noted earlier, some individuals have beliefs about getting help which serves as a barrier to getting mental health services.
12. Understand how family dynamics and ties as well as spirituality play a role in the lives of clients, specifically Black clients and other clients of color. A westernized approach that focuses on individualism and self may not work with some cultural populations that emphasize family a nd community.
13. Use social media to demystify mental health services and provide information on various topics such as anxiety, depression, suicide, and stress that are easily accessible to your clients as well as for public consumption.

14. Provide affordable services through sliding scale fees, obtain grants to offset client costs, and lobby local, state, and federal legislators and agencies to provide more resources to serve communities that cannot afford professional help.
15. Create spaces where survivors of suicide attempts can share their stories and receive resources and support (Ubozoh, n.d.)
16. Provide advocacy tools for Black clients and other clients of color to determine if they will receive or getting the type of treatment they are seeking. For example, mental health service providers can create a document of questions that clients can ask the mental health service provider such as, "Have you work with Black clients? If so, what is your commmunication and treatment style?" or Did the mental health service provider treat me with respect and dignity?" (National Alliance on Mental Illness, n.d.).
17. Individuals who need help due to suicidal ideation can dial 988 on their mobile or landline phone. 988 is the National Suicide Prevention Lifeline (https://988lifeline.org/help-yourself/black-mental-health/).
18. Use a strengths-based approach to assessing and treating clients who have experienced suicidal attempts or ideation. In other words, clients should not be judged negatively but seen as individuals dealing with challenging circumstances (Sommers-Flanagan & Sommers-Flanagan, 2021).
19. Mental health service providers need to help their clients develop a safety plan in the event that they are thinking about suicide or causing detrimental harm to themselves. Flynn (2022) suggests that mental health service providers help clients create a "roadmap" of strategies. This "roadmap" includes whom the client will contact, where they should go not to be alone, and reducing access to substances or weapons, specifically when they want to attempt suicide (Flynn, 2022).
20. For Black/African American youth, issues that can cause suicidal attempts or ideation include trauma, racism, grief, adverse childhood experiences, neighborhood violence, and economic security; therefore, mental health service providers should understand the contexts in which their clients discuss their lived experiences (Lake Washington Institute of Technology, n.d.)

Policy

Local, state, and federal agencies should collaborate with mental health service providers to increase mental health and behavioral care in both urban and rural areas. This approach will not only provide services that target vulnerable and underserved communities but will also educate and incentivize Black/African Americans and other clients of color to seek counseling without stigma. Additionally, it will allow underserved communities to be educated on what it means to receive mental health services and the types of programs (e.g., the Affordable Care Act) that will help them have financial access to counseling and therapy. These agencies should incentivize mental health providers to get training around culturally responsive practices to ensure broader outreach as well as client access to services.

Conclusion

The term "melting pot" has been used to describe the diverse population of the United States. However, a culturally responsive approach is needed to attend to the mental health needs of clients from a vast array of communities and cultures. Prioritizing culturally responsive engagement for mental health care can ensure mental health service providers reach individuals that may not see these services as an accessible or viable option to optimize their wellbeing.

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ABOUT COHFS

Center of Hope Family Services is a leading voice for removing barriers to achievement through culturally relevant and innovative programs and services that close theopportunity gap for those in need. By increasing access to mental wellness services, COHFS elevates life outcomes for low-wealth and marginalized children and adults. Center of Hope Family Services is committed to greater ACCESS, EQUITY and RESULTS in the area of mental health.

MENTAL HEALTH PRIORITIES

- Removing Barriers of Access to Care
- Preserving and Promoting Mental Health
- Strengthening Coping Strategies
- Building Social and Emotional Skills

At Center of Hope Family Services, we are focused on creating stronger families for stronger communities. Families of color today face daunting challenges. As a result, their mental wellness is strained, which is a significant barrier to their ability to thrive.

THANK YOU, SPONSORS.

The success of our report, “Culturally Responsive Mental Health Services: Engaging Diverse Populations,” is a testament to the power of community collaboration and the unwavering support of our valued sponsors. Center of Hope Family Services extends its heartfelt gratitude to the following organizations, whose generous contributions and commitment to our mission have made this endeavor possible:

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Center of Hope Family Services recognizes that it takes a collective effort to break down barriers to mental health and create a more inclusive and supportive environment for all. We deeply appreciate the trust and support of our sponsors, whose partnership enables us to continue our vital work.

Together, we are making strides toward a more accessible, equitable, and resilient community, where mental wellness is a priority for everyone. Thank you for standing with us in our journey to bring hope and healing to those in need.

Center of Hope Family Services
Elevating Lives Through Access, Equity, and Results in Mental Health