



*Family
Service
Agency*

Regional Prevention Provider

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The Challenges of Providing Prevention, Primary and Behavioral Healthcare in a World of Cultural and Service Delivery Barriers

USA: We're #1, BUT.....

- Service Denial
- System Prerequisites
- Racism
- Denial of “MY” Problem
- Service System Incompatibility
- Desensitized Treatment
- Cultural Blindness
- Not Enough \$\$\$\$\$\$
- Not Us, It's Them

Why is it challenging to provide Prevention Services, Mental Health and Substance Abuse Treatment in a diverse America?

S.H.I.E.L.D.

- **Supreme Headquarters, International Espionage and Law-Enforcement Division.**
- **Strategic Hazard Intervention Espionage Logistics Directorate.**
- **Strategic Homeland Intervention, Enforcement and Logistics Division.**

World Health Organization

WHO: depression is the leading cause of disability worldwide. About half of all USA adults will have a diagnosable mental illness in their lifetime.

- Lower life expectancy
- Higher rates of chronic disease,
- Work absenteeism,
- Unemployment, and
- Poverty.

Mental Disorders - 1 of the top 5 most costly conditions. Despite the availability of treatments, only about 45% of individuals in the USA with a mental illness received treatment in 2014.

SOURCE: *Overcoming Barriers to Integrating Behavioral Health and Primary Care Services*/Kyle L. Grazier, Mary L. Smiley, Kirsten S. Bondalapati *J Prim Care Community Health.* 2016 Oct; 7(4): 242–248. Published online 2016 Jul . doi: 10.1177/2150131916656455 PMCID: PMC5932707 PMID: 27380923

In America what is known as the

“Real Thing”?

Coca-Cola, or **Coke**, is a carbonated soft drink manufactured by The Coca-Cola Company. Originally intended as a patent medicine, it was invented in the late 19th century by John Stith Pemberton.



Who is the Target audience for this marketing ad?



Who is this fictional teen and why did he become a issue that was seen as an infringement on the psyche of white America according to B. O'Reilly?



If Prevention or Treatment Services are to be given to O'Reilly or any other customer it is beneficial to recognize the impact of their values, morals, beliefs or ethics (*real or fictional, good or bad*).

Name a fewthat have been positives or negatives in service delivery/treatment?

Universal Frames of Reference

Developed by: Advanced Resource Technologies, Inc., for National Institutes of Health/National Institute on Drug Abuse Community and Professional Education Branch

- **Metaphoric Memory** - Telling anecdotes about births, deaths, celebrations that relay information on other events rather than direct, specific answers. (When your father lost his job, when we had the flood, when John was born). Music, photos, smells etc., ... may trigger a memory. *How can this impact the addict?*
- **Analogic Thinking** - Transferring learned or natural experiences into usable and understandable examples. "I haven't experienced that, but we can talk about losing a loved one", or pain, or love or happiness, addiction etc

Universal Frames of Reference (*continued*)

- **Adaptability and Flexibility** - Providing a variety of proven, unproven, traditional and non-traditional skills to effectively respond to anticipated and unanticipated challenges and dilemmas. These may include everything from music to storytelling to poetry to 'linguistic plurals'. Adapting evidenced-based practice to fit the client (mild deviation from fidelity)
- **Synergism** - Collective resource utilization toward improving one's mental, spiritual, and physical health. Joining together for a common cause is the most important example.

Developed by: *Advanced Resource Technologies, Inc., for National Institutes of Health/National Institute on Drug Abuse Community and Professional Education Branch*

Competence and Humility

- Cultural humility is a humble and respectful attitude toward individuals of other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures, and approach learning about other cultures as a lifelong goal and process.
- It is very important to develop a mutual human-to-human relationship as we deliver services.

Who am I?

Rumored to have had an addiction at one time to crack.



You know you have “arrived” when billion dollar companies use your artistic style or music to promote their products.

Bad Rap/Hip Hop Music

Rap/hip-hop music is often scrutinized as a negative influence on the behavior of young people. It has been said that song lyrics can become embedded in the mind and can unconsciously motivate a listener's actions.

Some lyrics glorify criminal activity and degrade women. Hip-hop has been a source of tremendous controversy and is often cited as the cause of the increase in violence among African Americans.

Many “Gangsta” hip-hop artists justify their music by claiming they are only retelling the experiences of their lives on the streets. According to commentators such as those found on Urban Dictionary.com, many artists have been forced to create artificial “Gangsta” images for the sake of a lucrative career. Many young people idolize these artists and imitate their behavior.

The popularity of music videos has reinforced the overt sexuality found in hip-hop music. Women in many videos are often scantily clothed and promote use their bodies to get material things. Young women are surrounded by these negative images, and many have adapted their lifestyles to fit them.



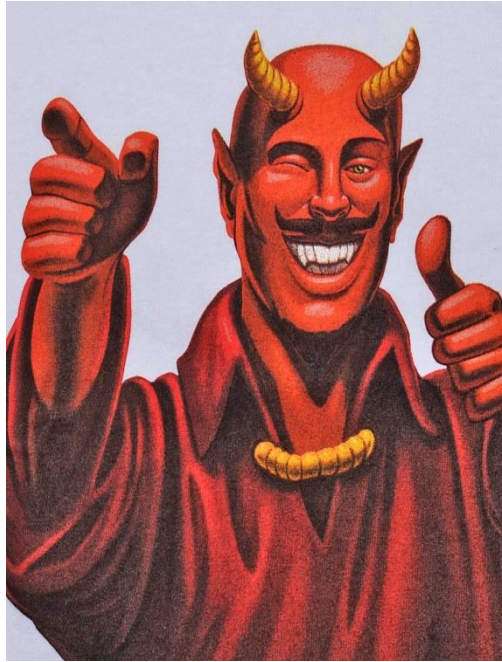
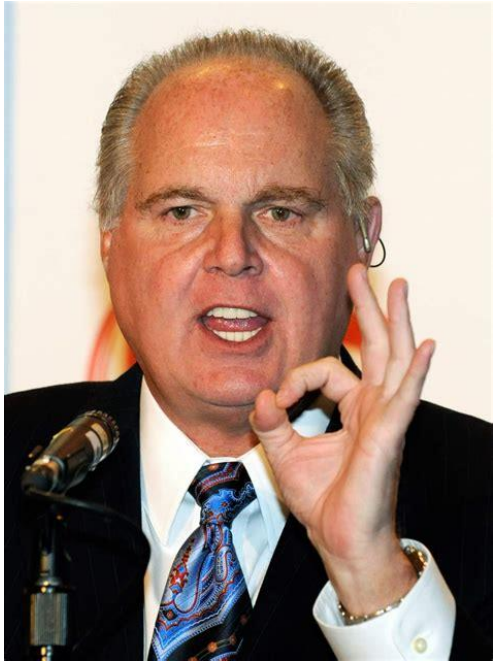
Notable personalities sometime promote Prevention, Treatment and Punishment.

"Drug use, some might say, is destroying this country. And we have laws against selling drugs, pushing drugs, using drugs, importing drugs....

... and so if people are violating the law by doing drugs, they ought to be accused and they ought to be convicted and they ought to be sent up".

Rush Limbaugh Oct. 5, 1995

That's my boy!!!



Prosecutors' three-year investigation of Limbaugh began after he publicly acknowledged being addicted to pain medication and entered a rehabilitation program. They accused Limbaugh of "doctor shopping," or illegally deceiving multiple doctors to receive overlapping prescriptions, after learning that he received about 2,000 painkillers, prescribed by four doctors in six months, at a pharmacy near his Palm Beach mansion. *By JARRETT MURPHY CBS/AP April 28, 2006*

In Rush's defense:

We must understand the disease of Addiction.

Chronic Substance Abuser

An individual with a severe and persistent substance dependence disorder, usually complicated by mental and physical problems, who exhibits emotional and or behavioral functioning which is so impaired as to require intensive supportive treatment and services of a long term or indefinite duration.

Paul Nagy, MS,CSAC, CCS, Dept. of Psychiatry

What makes behavior addictive?

- Excessive: too much of the behavior
- Impulsive: need for immediate gratification.
- Compulsive: has no control of the behavior.

However..... it is important that we as prevention and treatment providers have cultural humility and competence that enhances service delivery regardless of the customers values, morals and other core beliefs.



Crack Epidemic vs Opioid Epidemic

- What groups (races/ethnicity) affected?
- Who suffered most, why and how?
- Areas most affected (rural/urban)?
- Resources used to address issue?
- Number of deaths?
- Rates of incarceration?

Opioid Epidemic

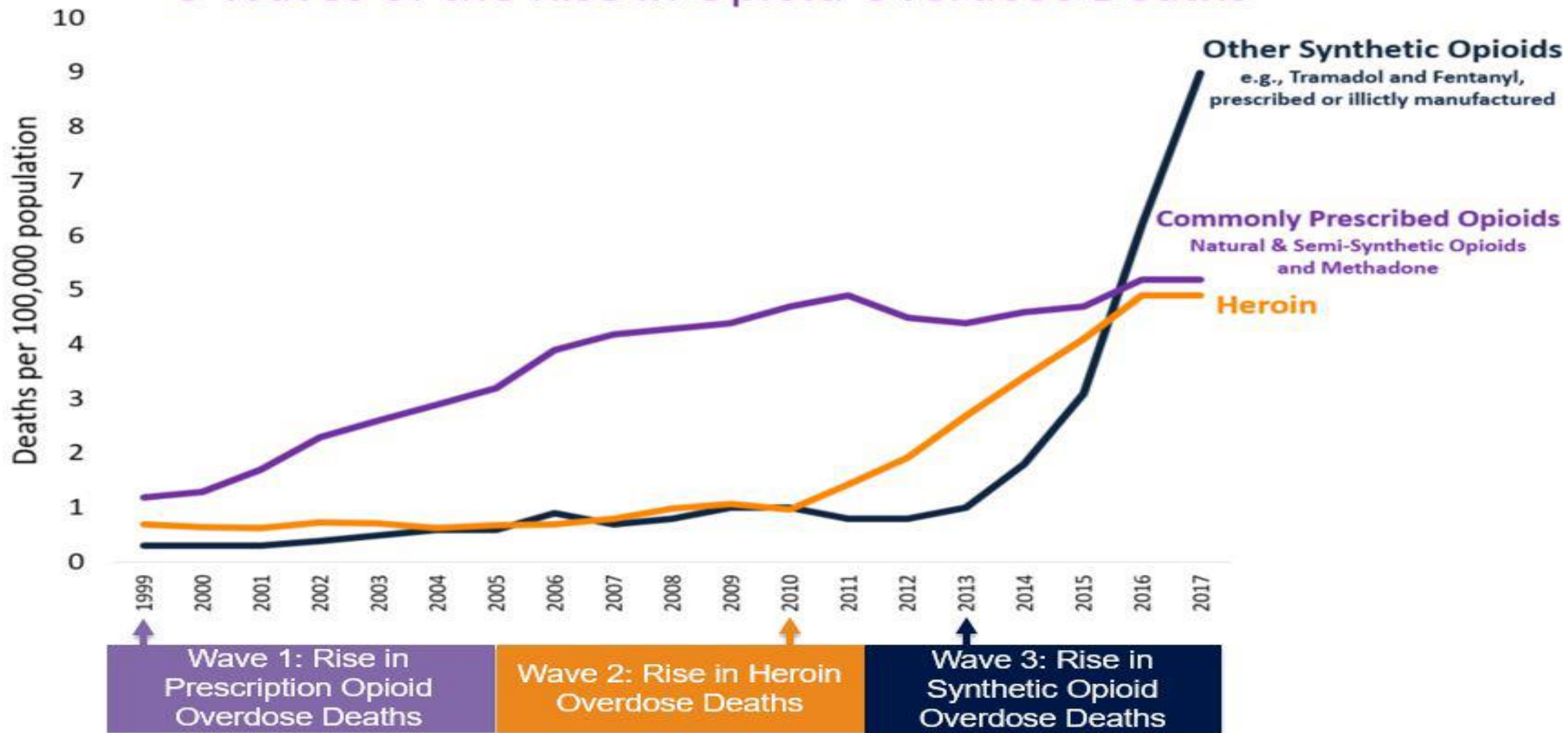
It is difficult to come up with a reasonable argument against declaring a state of national emergency to stop 142 Americans from dying every day from illegal drugs. But let's be honest about what we're dealing with here.

We're talking about **JUNKIES**, or that's how they would be described if they were Black. [Dahleen Glanton](#) Contact Reporter Chicago Tribune



The 'logic' to provide needed services is sometimes driven by America's political, economical and racial landscape. Sometimes we give the right people the wrong service. Haze 'Q'

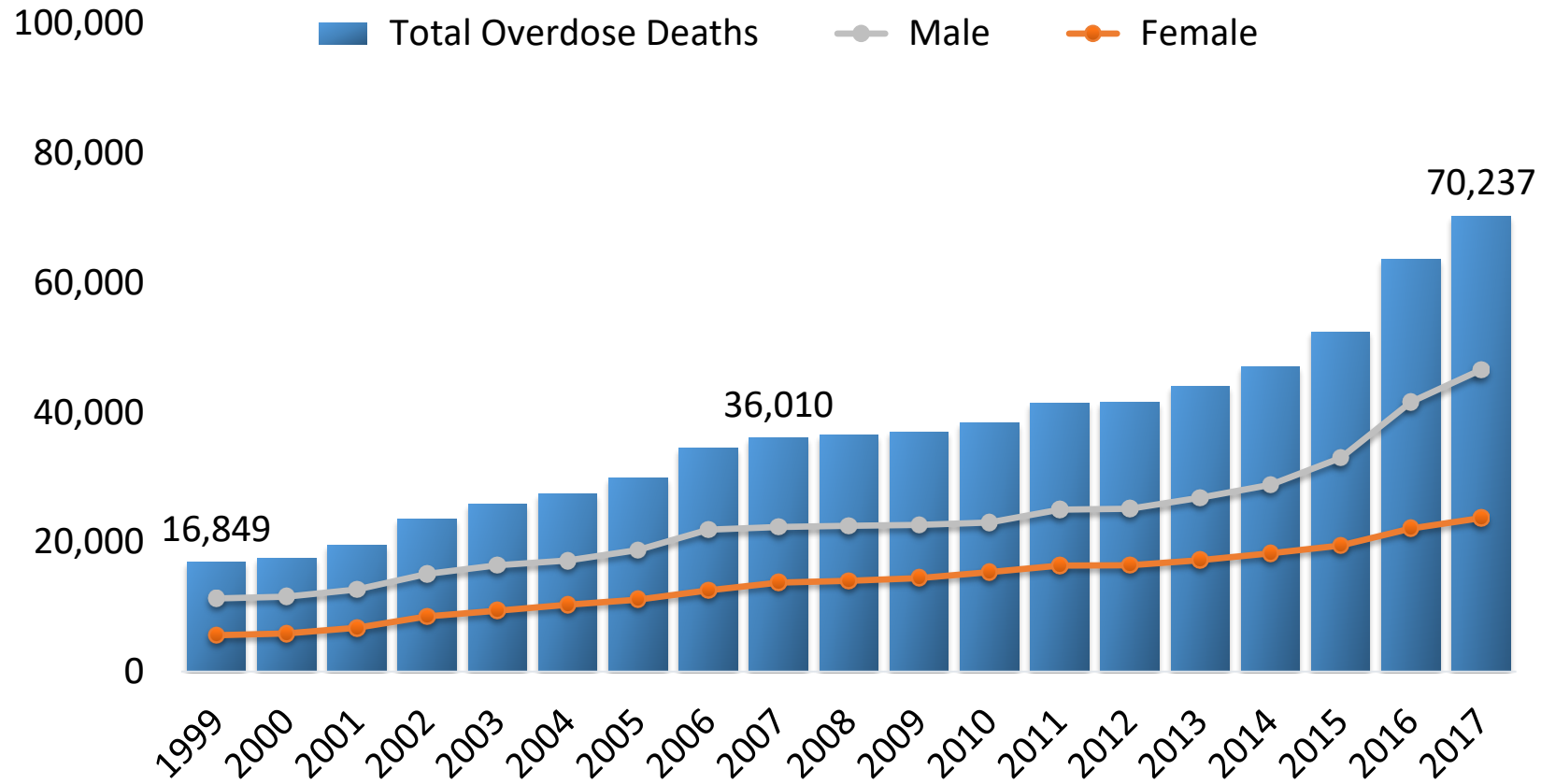
3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

USA: Drug Overdose Deaths

All Ages, by Gender, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

ABC News

- **4/5/2018:** US surgeon general urges more Americans to carry opioid antidote naloxone
- **8/29/2018:** Scientists and drug companies claim progress in developing pain drugs that could lower overdose and addiction risk [*Science magazine*](#)
- **10/3/2018:** Senate passes sweeping legislation to fight opioid crisis [*The Washington Post*](#)
- **3/26/2019:** A pharmaceutical company and Sackler Family Agree to Pay \$270 Million in Oklahoma Opioid Settlement [*Slate*](#)
- **5/15/2019:** Citing opioid ties, the Metropolitan Museum of Art will no longer accept gifts from the Sackler family [*Washington Post*](#)

Zero Tolerance: CRACK

‘Lock them up’: was the tone at the height of the CRACK epidemic, There was a constant demand for harsher criminal sentencing for crack offenses and no focus on prevention, intervention and treatment.

Crack: ZERO TOLERANCE

- In 1986, Congress passed the Anti-Drug Abuse Act establishing, for the first time, mandatory minimum sentences for those convicted of having specific amounts of cocaine. The sentences, however, were much tougher for crack cocaine than powder cocaine cases — which disproportionately affected African-Americans.
- Now, however, even tough-on-crime Republicans are pushing a more sympathetic approach to handling those with opioid addiction, highlighted by President Donald Trump's recent executive action.

Treatment of Crack

- The government's response to the crack epidemic was to double-down on the “War on Drugs”. In 1986, Congress passed the infamous 100-to-1 sentencing law, which treated the possession of 1 gram of crack — not the sale, mind you — as the equivalent of possessing 100 grams of powder cocaine.
- Since black people accounted for 80% of crack arrests, black communities were hardest hit by the ultra-criminalization of crack, which sent young black men to prison at historic rates. The federal prison population swelled from 1985 to 2000 and two-thirds of those convictions were for drug offenses. Studies have shown that although blacks are no more likely than whites to use illegal drugs, they are six-to-10 times more likely to be incarcerated for drug offenses.

Treatment of Opioids

- In contrast to the “tough on crime” response to the crack epidemic, which took its toll primarily on poor black communities, the government response to the opioid crisis — in which more than 80% of overdose victims are white — has been wildly different, particularly in the way that elected officials and law enforcement talk about addiction.
- When President Trump declared the opioid crisis a public health emergency, he talked about his brother who died from an alcohol addiction. Chris Christie, the New Jersey governor who led Trump’s opioid task force, also talks about losing a close friend to opioid addiction.

BY DAVE ROOS NOV 15, 2017

True or False?

The biggest challenge to making health care affordable and accessible for everyone is entrenched conservative opposition. Nowhere is this better exemplified than in Wisconsin where Gov. Scott Walker vowed before and after the Supreme Court decision not to take any steps to implement the health care law.

- *By Robert Kraig, June 30, 2012*

Cross Cultural Barriers to Treatment

Research shows that individuals who have low levels of acculturation may perceive more barriers to seeking help. Cross-cultural barriers to seeking help can be classified in four categories: cognitive, affective, value orientation, and physical or structural.

SOURCE: Leong FTL, Lau ASL. Barriers to providing effective mental health services to Asian Americans. *Mental Health Services Research*. 2001;3:201–214.

New Freedom Commission on Mental Health in 2002

1. Understanding that mental health is essential to overall health,
2. Providing consumer- and family-driven mental health care,
3. Eliminating disparities,
4. Providing early detection, assessment, and treatment,
5. Incorporating research findings into practice, and
6. Using technology in mental health care and information access.

SOURCE: *Cross-Cultural Barriers to Mental Health Services in the United States*

Frederick T. L. Leong, Ph.D. & [Zornitsa Kalibatseva](#)

The New Freedom Commission on Mental Health was established by President George W. Bush through Executive Order 13263 on April 29, 2002 to conduct a comprehensive study of the U.S. mental health service delivery system and make recommendations based on its findings.

Mental Health: Culture, Race, and Ethnicity

A Supplement to Mental Health.

A Report of the Surgeon General.

America draws strength from its cultural diversity. The contributions of racial and ethnic minorities have suffused all areas of contemporary life. Diversity has made our Nation a more vibrant and open society, ablaze in ideas, perspectives, and innovations.

Mental Health: Culture, Race, and Ethnicity A Supplement to Mental Health.
A Report of the Surgeon General.
www.ncbi.nlm.nih.gov

The full potential of our diverse, multicultural society cannot be realized until all Americans, including racial and ethnic minorities, gain access to quality health care that meets their needs.

Racial and ethnic minorities have less access to mental health services than whites. Racial and ethnic minorities are less likely to receive needed care. When they receive care, it is more likely to be poor in quality.

Prevention and Treatment: Service Delivery Roadblocks

- Traditional beliefs should be changed rather than used as protective factors.
- Clients who do not practice healthy behaviors “don’t care about recovery.”
- Fidelity is the only appropriate basis for practice.
- Everyone understands the concept of “chronic illness.”
- Adherence failure is the patient’s problem.
- Health care is equitable and equal for all.

SOURCE: US National Library of Medicine and National Institutes of Health; <https://www.nap.edu/read/10398/chapter/11>

Other Challenges.....

Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health:
A Report of the Surgeon General.

The foremost barriers to treatment include the cost of care, societal stigma, and the fragmented organization of services.

According to current data, individuals with a mental health condition are more likely to encounter law enforcement than receive professional treatment.

Culture, Race, and Ethnicity: A Supplement to Mental Health A Report of the Surgeon General.

Additional barriers include:

- clinicians' lack of awareness of cultural issues, bias, or
- inability to speak the client's language, and
- the client's fear and mistrust of treatment.

Culture, Race, and Ethnicity: A Supplement to Mental Health A Report of the Surgeon General.

More broadly, disparities also stem from minorities' historical and present day struggles with racism and discrimination, which affect their mental health and contribute to their lower economic, social, and political status.

The Right to Refuse

Adult patients have the right to refuse treatment. This may become a major barrier and challenge for parents with adult children who need treatment.

Current laws require an individual to be a danger to themselves or third party in order to qualify for an involuntary committal. Typically, commitment of a mental ill individual is avoided unless a determination has been made declaring them to be dangerous. Unfortunately, loved ones of an individual struggling with mental illness who have refused treatment have very limited options available to them.

SOURCE: US National Library of Medicine and National Institutes of Health; <https://www.nap.edu/read/10398/chapter/11>

Why 'I' will not get Substance Abuse Treatment

- Ain't nothing wrong with me
- I'm having too much fun. And now ain't the time to stop
- Who's going to pay for it, ain't got no money?
- What's going to happen while I'm not working and will I lose my job
- They are always judging me
- Where can I go for help?

Intervention

Some people may give up on pursuing treatment because they don't believe therapy is working for them. Could it be possible the right type of therapy was not introduced to improve their mental health or substance abuse needs? It could happen.

When it comes to mental health treatment, there is no one size fits all treatment, and any wellness plan must be tailored to fit the needs of the individual seeking treatment in order to help them achieve the best outcomes. Before choosing a counselor or therapist, there are many factors to consider before making a decision such as their cultural background, spiritual philosophy, and competencies in order to increase the odds of a better fit.

SOURCE: US National Library of Medicine and National Institutes of Health; <https://www.nap.edu/read/10398/chapter/11>

Cultural Dilemmas and Prompts

There are behaviors that bother us, block communication and cause poor service reception and delivery.

How do we get beyond irritations or differences when encountering differences?

Creating Cultural Communication Dilemmas

What are some negative assumptions made about these people?

- Jehovah's Witnesses
- Women
- Mexicans
- Jews
- Southern Baptist
- Sex Offenders
- White Male Republicans
- Over 75
- Black Males with Sagging Pants
- Facial Tattoos/Piercings
- She has 5 Baby daddies
- White College Professor
- Ex-Cons
- On Welfare

Cultural Prompts

Put a check by any of the cultural triggers that could result in frustration or negative interactions between you and another individual. Then, next to any you've checked, jot down your reaction when you encounter this prompt.

SOURCE: Managing Diversity; Lee Gardenswartz and Anita Bowe; Business One Irwin/Pfiffer & Company

- | | |
|---|--|
| <input type="checkbox"/> Discounting or refusing to deal with women. | <input type="checkbox"/> Standing too close when talking. |
| <input type="checkbox"/> Speaking in a language other than English. | <input type="checkbox"/> Heavy accent or limited English facility. |
| <input type="checkbox"/> Bringing whole family/children to appointments. | <input type="checkbox"/> Coming late to appointments. |
| <input type="checkbox"/> Refusal to shake hands with women. | <input type="checkbox"/> Withholding necessary information. |
| <input type="checkbox"/> No nonverbal feedback (lack of facial expression). | <input type="checkbox"/> Not taking initiative to ask questions. |
| <input type="checkbox"/> No eye contact. | <input type="checkbox"/> Calling/not calling you by your first name. |
| <input type="checkbox"/> Soft, "dead fish" handshake. | <input type="checkbox"/> Emphasizing formal titles in addressing people. |
| | <input type="checkbox"/> Asking for a "Hook-Up" |

Cultural Inclusion

- Encourage and accommodate a variety of learning and participation styles, building on community members' strengths.
- Draw upon the experiences of participants or collaborators to include diverse perspectives in any given intervention.

Implementation

- Encourage and accommodate a variety of learning and participation styles, building on community members' strengths.
- Draw upon the experiences of participants or collaborators to include diverse perspectives in any given intervention.

Evaluation

- Be skeptical about the validity of diagnostic tools applied to people who are culturally different from those upon whom the norms were based.
- Understand, believe, and convey that there are no culturally deprived or culturally neutral individuals or groups, and that all cultures have their own integrity, validity, and coherence, and deserve respect.

6 Shared Practices to Overcoming Barriers for the Delivery of Integrated Behavioral Health into Primary Care

1. Prioritizing Underserved Vulnerable Populations
2. Use of Data-Driven Best Practices
3. Community-Wide Collaboration
4. Support From Influential Leaders and Established Institutions
5. Team Approach That Includes the Patient and Family
6. Diverse Funding Streams

SOURCE: Overcoming Barriers to Integrating Behavioral Health and Primary Care Services
Kyle L. Grazier, Mary L. Smiley, Kirsten S. Bondalapati

Table 1. Case Study Characteristics.

Organization	Location	Organization Type	Scope of Integration ^a
Behavioral Health and Recovery Services	San Mateo, California	Public health entity of San Mateo County	Integration of public mental health and substance abuse services to better treat co-occurring disorders
Community Caring Collaborative	Washington County, Maine	Coalition of state agencies and local organizations	Integrated care to better treat infants and children in households affected by substance abuse
Community Partnership of Southern Arizona	Southern Arizona	Nonprofit agency; State of Arizona Regional Behavioral Health Authority	Integration of behavioral health, medical care, and social services for enrolled members
Denver Health	Denver, Colorado	Public health entity of the City and County of Denver	Integration of behavioral health and medical care for the safety net population
Intermountain Healthcare	Salt Lake City, Utah	Nonprofit health system	Delivery of mental health services in the primary care setting
New Mexico Behavioral Health Collaborative	Santa Fe, New Mexico	State initiative	Delivery of behavioral health services in federally qualified health centers

^a “Scope of Integration” includes a description of integration practices derived from the on-site notes from each site visit.

SOURCE: Overcoming Barriers to Integrating Behavioral Health and Primary Care Services
Kyle L. Grazier, Mary L. Smiley, Kirsten S. Bondalapati

Table 2. Barriers and Accommodations for Barriers.

Barrier	Accommodations
Vulnerable populations	<ul style="list-style-type: none">• Prioritization of vulnerable populations
Patient and family factors	<ul style="list-style-type: none">• Community-wide collaboration• Team approach that includes the patient
Comorbidities	<ul style="list-style-type: none">• Prioritization of vulnerable populations
Provider factors	<ul style="list-style-type: none">• Team approach that includes the patient
Financing and costs	<ul style="list-style-type: none">• Diverse funding streams
Organizational issues	<ul style="list-style-type: none">• Use of data-driven best practices• Presence of a “champion”

Table 2. Barriers and Accommodations for Barriers.

SOURCE: Overcoming Barriers to Integrating Behavioral Health and Primary Care Services
Kyle L. Grazier, Mary L. Smiley, Kirsten S. Bondalapati

Culturally Competent Organizations

**Continually assess
organizational
diversity**

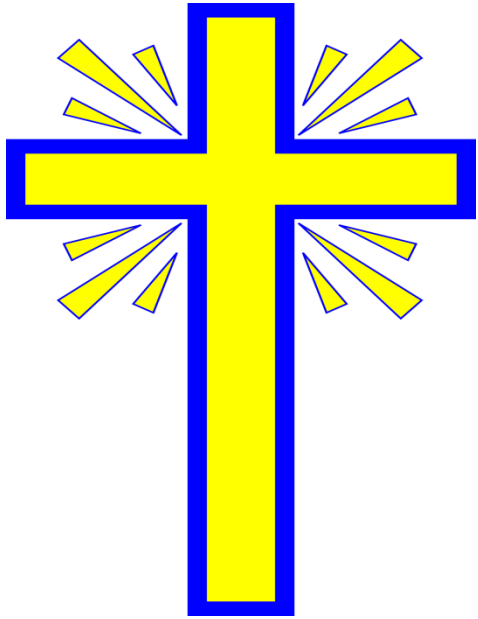
**Build capacity for
cultural
competency**

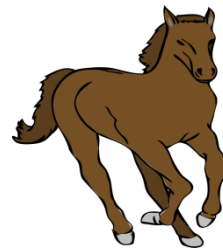
**Implement
strategies using
culture as a
resource**

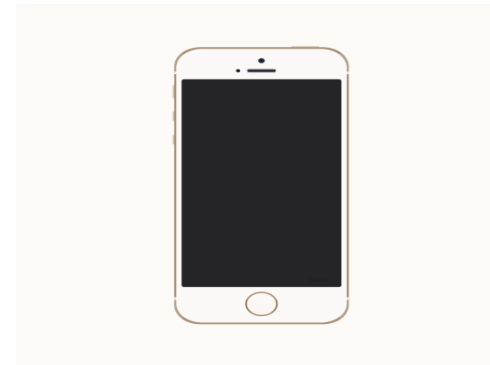
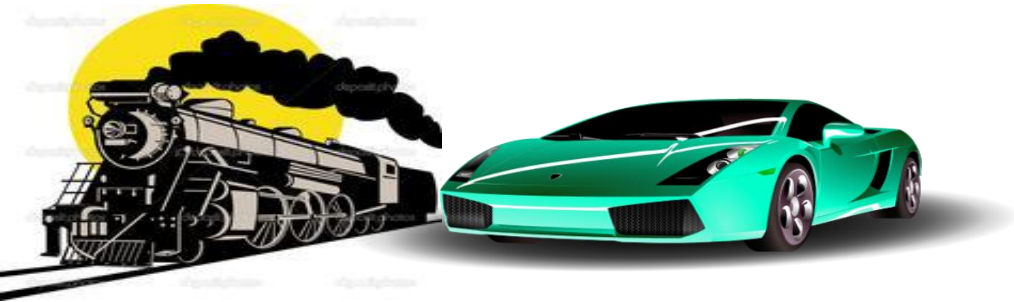
**Incorporate culture
and diversity in
strategic planning**

**Evaluate cultural
competence**

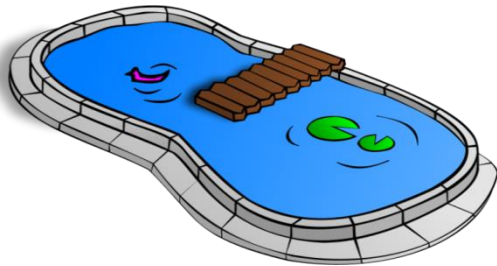
The Contest of *Mime*







This relationship worked well until the days of rapid transit, electronic communications, and integration of social and educational systems.



There was a movement among some of the Jewish people to have Jewish children benefit from attending some of the recreational activities sponsored by Christian groups so that the Jewish children could access the resources provided by the taxes that the Jewish people were consistently contributing.



Among the Christian religious leadership there was a protest that mixing the Jewish children with the Christian children would cause the Christian children to get their Christian values confused with Jewish values.



So some among the Christian leadership suggested that from the money the Jews had contributed in taxes, coupled with some Christian donations, the Jewish community could settle in their independent municipality and live independently from the Christian community.

**MOVE
NOW**

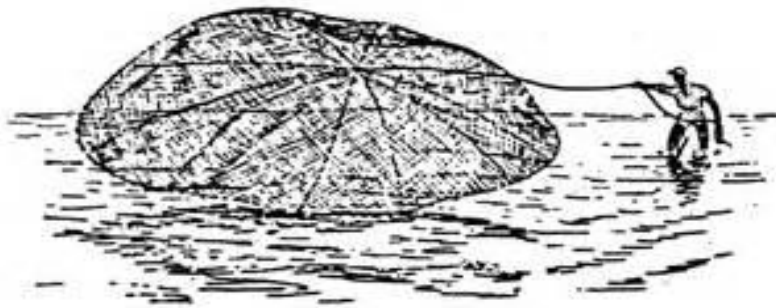


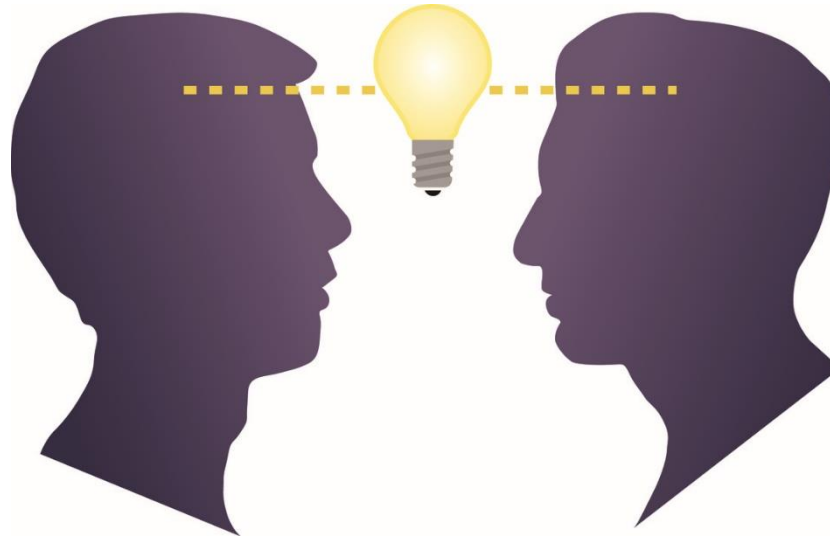


VS

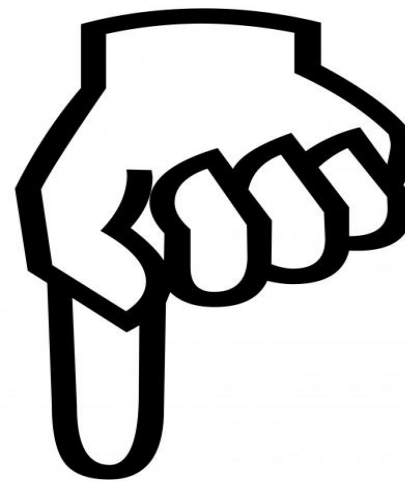






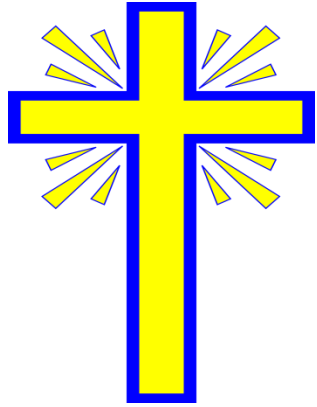


So at High Noon on a Friday, not to disrespect the Sabbath of either faith, the elders from both faiths gathered.



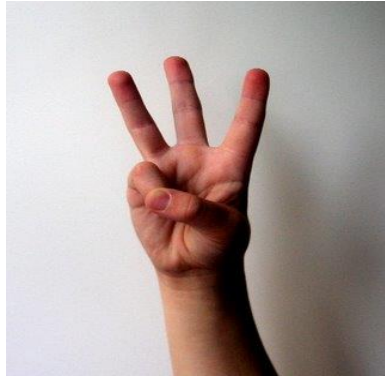






"Your People can stay. You are an honorable scholar and have reminded me of our two faiths' common principles!"



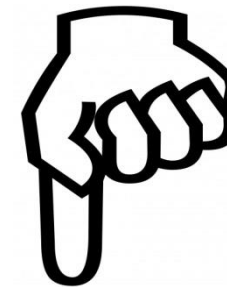


That Jewish man is the wisest person I
have ever met and all the Elder
Christians agreed.





In the Jewish community the scholars were elated,
amazed and puzzled.



Rather than a moral to the story....

- **The moral to the presentation:** We need politicians, legislators, judges, clinicians, law enforcement, doctors, lawyers, therapists and rich companies that are companionate to human suffering. And who refuse to use the complexion of skin, ethnicity, socio-economic status, or political party affiliation to withhold needed prevention, primary and behavioral healthcare services.
- Don't presume you understand all behaviors, values or ethics of any group and that your services are acceptable to all individuals. *Haze Q*
- Be aware that oppression is pervasive in our society, it is part of our history and, as much as we may want to escape that fact, it colors our relationships. *Inca Mohamed*