

CULTURAL COMPETENCY AMONG BILINGUAL BICULTURAL
MENTAL HEALTH WORKERS IN THE CENTRAL VALLEY

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CULTURAL COMPETENCY AMONG BILINGUAL BICULTURAL
MENTAL HEALTH WORKERS IN THE CENTRAL VALLEY

A Project

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Abstract

of

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This study explored the cultural competency among bilingual bicultural mental health workers functioning within California's Central Valley. Qualitative interviews were conducted as a means to provide an in-depth look and understanding of the struggles that bilingual, bicultural mental health workers face. Participants were recruited from Solano County's Mental Health Department, and eight interviews were conducted. Themes resulted from the study included, clinical practice, social awareness, and cultural competency as significant determining factors in service provision. Participants identified lack of knowledge, understanding and value to be key components in creating the barriers and limitations that they face within mental health. Further research with a larger number of participants is necessary to further explore and address the needs of mental health workers within California's Central Valley.

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Date

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TABLE OF CONTENTS

	Page
Acknowledgments.....	v
Chapter	
1. INTRODUCTION	1
Purpose of Study	1
Background of the Problem	3
Statement of the Problem.....	9
Definition of Terms.....	10
Theoretical Framework.....	11
Assumptions.....	13
Limitations	14
2. REVIEW OF LITERATURE	15
Hispanic or Latino	16
Demographics of Social Workers	18
Cultural and Linguistic Assessment Tools	21
Legislation.....	25
3. METHODOLOGY	29
Study Design.....	29
Study Subjects and Protection of Human Subjects.....	30
Instruments and Procedures	32
Data Collection	34
Data Analysis	35
4. DATA ANALYSIS.....	36
Profile of Participants	36
Clinical Practice	37
Social Awareness	39
Cultural Competency	41

Conclusion	43
5. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	44
Summary	44
Implications for Social Work Practice.....	45
Recommendations.....	49
Appendix A. Consent to Participate in Research.....	52
Appendix B. Question for Qualitative Interview Cultural Competency.....	54
References.....	57

Chapter 1

INTRODUCTION

Purpose of the Study

The purpose of this study is to explore the position of Hispanic/Latino bilingual/bicultural mental health workers within mental health agencies and the impact this has on service delivery to Hispanic/Latino consumers.

The information for this study was collected through qualitative interviews. A total of 25 questions were asked. These questions ranged in topics from introductory questions to exploring each individual's clinical practice, level of social awareness and their level of cultural competency. Eight to ten interviews were conducted in a public place and lasted between 30 to 60 minutes. Interviews were conducted to address the position of Bilingual/Bicultural mental health workers and their views on how this impacts their ability to provide services to the Hispanic/Latino population of California's Central Valley.

The researcher's belief regarding cultural competency is that most if not all of those interviewed have been affected by the lack of cultural competency training within mental health agencies, therefore limiting their work as mental health workers. An exploratory qualitative approach was done where questions were asked that addressed clinical practice, social awareness and cultural competency among bilingual/bicultural mental health workers.

The goal of interviewing Latino bilingual/bicultural mental health workers within California's Central Valley is to understand how their own level of cultural

competency informs their clinical practice, social awareness and how they understand the importance of cultural competency within their agency. The data gathered from these interviews will determine how cultural competency among Latino bilingual/bicultural mental health workers not only impacts the aforementioned areas of clinical practice, social awareness and cultural competency, but will also provide this project with information regarding barriers, limitations, and possible solutions to the gaps regarding mental health utilization among Latinos within California's Central Valley.

It is important to note and understand that there has been extensive research regarding appropriate service strategies and cultural competency since the United States Surgeon General's Report in 1999. This project hopes to contribute to the existing research in cultural competency. The data collected during this project is unique as it explores the cultural competency of Latino bilingual/bicultural mental health workers and how it impacts their work within the Latino population and the field of mental health. The understanding and knowledge of how cultural competency impacts Latino mental health workers will provide possible solutions that may address the gaps that have been identified.

Cultural competence is important to understand and explore as the increasing population of minorities increases in California. As reported by Pumariega, Rogers and Rothe, (2005) the minority population has increased within the last 20 years at a faster rate than that of White-ethnic groups. Understanding the rise in minority,

specifically that of Latinos, populations within the United States important when attempting to bridge the gaps that the United States Surgeon General's Report (1999) identified. Of these gaps one of the most important is increasing the diversity among mental health workers as a means to understand and provide culturally competent services. The importance of increasing such diversity can decrease disparities in availability, access, and improve the quality and increase the cultural competency among mental health workers (OMH, 2010)

Background of the Problem

The changing demographics in the United States are greatly impacting how services are being delivered among mental health agencies. According to the United States Census Bureau minorities make up one-third of the United States population (www.census.gov,2009). Furthermore, Hispanics' population within the United States will triple between the years of 2008-2050 (www.census.gov,1997). These changes in demographics not only change the number of persons being served but also impacts how agencies deliver appropriate services to consumers.

According to the United States Surgeon General's Report of 1999 the United States mental health system is not equipped to serve racial and ethnic minorities (www.surgeongeneral.gov, 2009). This impacts how minorities seek help and how service providers assist consumers. According to the Center for Mental Health Services (CMHS, 1998) cultural competent services encompasses respect and understanding of the histories, traditions, values and beliefs of racial and ethnic

minorities. With the many reports that identify the need for more cultural competent services, many agencies are finding it difficult to recruit, and maintain staff that can provide these services. In 2002 the National Association of Social Workers' (NASW) Practice Research Network (PRN) conducted a research survey of 2,000 NASW members. The results of this study showed that of the registered members only 2% were of Hispanic/Latino and 1% of Mexican American origin. This is compared to the overwhelming 87% of White members. This number is significant as it shows the disparity among practitioners and how this may impact the overwhelming need to have diverse staff to meet the cultural needs of consumers. Again, it is important to note that the demand for social work services will increase due in major part to the changing demographics within the United States. (NASW, 2006).

Another study done by the NASW in 2006 reported on the lack of diversity among social workers. The lack of diversity impacts consumers; since social workers are unable to match the need of the population they serve. For example, the percentage of licensed social workers among Whites, non-Hispanics is 86% and the United States population is 68% (NASW, 2006). This can be compared to the 4% of Hispanic/Latino licensed social workers and 14% of the United States population that is Hispanic/Latino (NASW, 2006). There is a lack of minority social workers that contributes to the need of creating more cultural competent programs among mental health agencies. With the increase in diversity and representation among

minorities the quality and access to services can be improved, as well as increasing better communication and understanding among mental health professionals that lack the knowledge regarding minorities (OMH, 2010). As previously mentioned, Pumariega, Rogers and Rothe, (2005) identify how in the past 20 years minority groups have increased in population at faster rates than that of White-ethnic groups. Understanding this increase in population is important when attempting to develop a program that will integrate cultural diversity and mental health services.

In the United States Census Report on population projections in 1997, California was the most populous state with 12 percent of the nation's population. This study also predicts that California will have the largest number of immigrants almost 8 million within the next thirty years (United States Census Report, 1997). This rapid growth in population among minorities is one that cannot be ignored. The lack of services that are developed for minorities is a barrier to many. The inability to access services, and having staff that is culturally unaware of their needs, many minorities, especially Hispanic/Latinos refuse to seek help. These barriers contribute to the misdiagnosis, mistrust, and the low levels of satisfaction that Latinos have when entering the mental health system (OMH, 2010).

NASW's 2006 report on licensed social workers states that most of the social workers surveyed were happy with how they were able to engage and address cultural differences, yet almost a quarter of those also reported being frustrated with the inability to influence service delivery. The lack of influence that social workers

have on complex issues such as cultural competency and the need for changes in services delivery continue to create barriers for minorities. NASW's Standards for Cultural Competence (2001) states that there must be encouragement and development for standards that address the complex range of needs of a diverse consumer population. Therefore it can be assumed that since there are no standards in providing cultural competent services, social workers are finding it difficult to provide services to consumers such as Hispanics/Latinos.

The lack of standards impacts how social workers who are bilingual and bicultural approach services. The increasing demographics of the United States is growing rapidly that services providers are unable to meet this demand. Although there are plenty of service providers the under-representation of minorities within mental health is significant. In a survey done by the NASW in collaboration with Center for Health Workforce Studies (2006) it was reported that only White non-Hispanic social workers were over-represented when compared to the national population. This is also evident in the President's New Freedom Commission on Mental Health (2003) report where mental health services were evaluated. It states:

Racial and ethnic minorities are seriously under-represented in the core mental health professions, many providers are inadequately prepared to serve culturally diverse populations, and investigators are not trained in research on minority populations (p.50)

This is evidence that there is a need for better outreach and recruitment of staff that is cultural diverse and competent. Not only is there a need but the lack of those that are in the field suggests that the burden of such responsibility of providing culturally competent services falls on only a few. Therefore, the goal becomes too big to bear, creating more barriers in accessing services to minorities and in this case Hispanic/Latinos.

The need for culturally competent services is one of the many goals that the United States Surgeon General, President George W. Bush and the State of California have identified as a way to bridge the gaps in services among minorities. The need to close the gap among Hispanic/Latinos and other ethnic groups is imperative due to the changes in United States demographics. The need to provide linguistic and culturally diverse services is key in meeting these goals. Language, culture, values, beliefs, are all-important as part of the process where consumers and staff can understand, respect and collaborate with each other.

The overall goal of these three major reports is to close the gap among minorities. The need to provide services that support and encourage minorities, especially Latinos in accessing services are crucial in closing the gap within mental health. Within the United States Surgeon General's report (1999) the solutions focus on increasing awareness and knowledge surrounding the key barriers in accessing services.

Furthermore, the President's New Freedom Commission (2003) outlines the difficulties that many minorities face in regards to accessing mental health services. Among these are differences among cultural ideas regarding health and mental illness, differences in help-seeking behaviors, and the overall feelings of discrimination and racism (President New Freedom Commission, 2003).

The need to recruit and maintain Bilingual/Bicultural staff is necessary to meet the need of those that are underserved. One county within the Central Valley is that of Solano County. Solano County has a population of 424,258 this is divided into two regions the North and South Regions (Solano County, 2006). The overall percentage of Hispanic/Latinos in Solano County is 22.4% (n= 95,033) this does not include migrant and seasonal farm workers which account for 2% (n=5,000). This number also does not include those that are undocumented and may be afraid to participate in any local or state survey.

Of this 22.4% of Hispanic/Latinos in Solano County, 30.8% receive Medical services, (Solano County,2006). Although there is an 8.4% over-representation in Hispanic/Latinos that are receiving services, there is a -16.3% disparity among mental health services (outpatient, inpatient, day treatment, and crisis intervention) provided to the Hispanic/Latino population (Solano County,2006). Language is no exception, with a -17.3% of services are provided in Spanish, making this the most underserved language in Solano County (Solano County, 2006). This makes the

Hispanic/Latino population the most under-served and under-represented in Solano County.

Due to the lack of services, and the lack of representation of Hispanic/Latinos in Solano County this study will explore how mental health workers that are of Hispanic/Latino origin provide services, and the barriers they continue to face in providing services. The outcome of this study hopes to provide more insight in the area of cultural competency, not just in the areas of language and cultural background but that of ethnic differences, cultural beliefs and values that exists among the Hispanic/Latino community and how mental health workers provide services.

Statement of the Problem

The lack of diversity within the mental health field is impacting how services are providing to under-served communities within California, especially Latinos. The problem explored in this research project is how the level of cultural competency among Latino bilingual/bicultural mental health workers impacts their clinical practice, social awareness and the level of cultural competency experienced within their workplace. It is the belief of this researcher that the data collected will display themes related to barriers in service, limitations to services, and how the participants' role as a bilingual/bicultural mental health worker impacts their position among other non-bilingual/bicultural mental health workers. The understanding of this research data is of value to agencies as they are first-person accounts of Latino

bilingual/bicultural mental health workers who may identify stressors, beliefs and possible solutions that may decrease the number of under-served Latino families within the Central Valley of California.

Definitions of Terms

To assist the reader in understanding the terms discussed in this project the following terms used in this project have been defined.

Hispanics/Latinos- Are members of the American population who classify themselves among one the specific Spanish, Hispanic, or Latino categories listed on the Census 2000 questionnaire –‘Mexican, Mexican Am., Chicano,’ ‘Puerto Rican’, or ‘Cuban’ -as well as those who indicate that they are ‘other Spanish/Hispanic/Latino.’ Persons who indicated that they are ‘other Spanish/Hispanic/Latino’ include those, whose origins are from Spain, the Spanish-speaking countries of Central or South America. (United States Census Bureau, 2009)

Culture- is the combined pattern of human behaviors surrounding thoughts, beliefs, forms of communication, actions, values and customs within a racial or ethnic group (California Department of Mental Health, 2002).

Bilingual- the ability to facilitate and understand a conversation in more than one language.

Bicultural- having knowledge and understanding of one’s own culture, as well as engaging in societies dominate culture.

Cultural Competence- integration and transformation of knowledge regarding differences among individuals and groups into policies, standards and attitudes, thus creating a better quality of care and understanding in services or treatment (NASW,2001).

Mental Health Worker- Solano County Employees or other central valley county workers ranging from a variety of degrees (ASW, LCSW, MFTI, LMFT and paraprofessionals with BA/BS or no degree at all) and years of experience working with the Hispanic/Latino population.

Theoretical Framework

To understand cultural competency and the impact this may have on service delivery two theories were explored, systems/ecological theory and Miller's Relational Cultural Theory.

Systems/ecological theory.

To better understand the role of Latino bilingual/bicultural mental health workers the systems/ecological theory provides a basis to study human behavior (Blanco-Vega, Castro-Olivo and Merrel, 2008). These behaviors happen at many different levels and are influenced by the environment in which they happen. These interactions may happen in one of the four following spheres: micro, mezzo, exo and macro. Micro refers to direct interactions with another person in one's environment. Mezzo refers to interactions that are influenced by one's community, for example living in a home association. Exo is a sphere where the person is not present but is

influenced by the decisions that are made, for example identifying with a particular political party. Finally, macro refers to the larger environment and the influence it has on human interactions, such as living in the United States (Blanco-Vega, Castro-Olivo and Merrel, 2008).

Due to the many spheres that the systems/ecological theory provides it allows a mental health worker to develop a comprehensive cognitive map of a person within their social environment (Organista, 2009). The systems/ecological theory provides practitioners the ability to consider, identify and explore different problems as well as develop and explore alternatives to such. This framework allows not only practitioners to explore the many facets of the consumers' needs, but also provides a collaborative approach within services.

Miller's relational cultural theory.

This second theory contributes to the notion of human interactions and how these impact ones' behaviors. Relational Cultural Theory (RCT) was developed in response to Jean Baker Miller' (1976), *Toward a New Psychology of Women*, where she suggested that it was the lack of understanding regarding contextual and relational experiences among, women, minorities and marginalized groups that led mental health practitioners to pathologize and devalue these interactions and the impact this had on the psychological development and well-being (Comstock, Hammer, Strentzsch, Cannon, Parson, and Salazar, 2008). Therefore, RCT compliments the notion of how the environment and the interactions taking place in

such affect not only the overall well-being of a person, but how one develops psychologically as well.

RCT aims to dismantle traditional psychotherapy that negates differences among consumers (Comstock, 2005). It is this theory that has become an alternative among mental health workers that are working among minority populations, and in this case Latinos. RCT complements the strides that many bilingual/bicultural mental health workers are making in regards to engaging the under-served.

RCT's framework identifies the contextual and sociocultural challenges that limit an individuals' ability to create, sustain and participate in relationships that foster growth where it be in therapy or life (Comstock, Hammer, Strentzsch, Cannon, Parson, and Salazar, 2008). Secondly RCT shines light on the difficulties of human development in regards to relational competencies along a life span. It is with RCT's framework and ability to look at how relationships impact an individuals' development that provides mental health workers, specifically those working with minorities, the ability to assist consumers in rebuilding healthy and reciprocal relationships.

Assumptions

The assumption of this research is that cultural competency among Latino bilingual/bicultural mental workers allows for a better understanding when attempting to identify barriers and limitations regarding mental health services. The second assumption related to this research is how the lack of understanding and

knowledge regarding the needs of Latinos within mental health increase the barriers to services, but also places pressure and stress on bilingual and bicultural mental health workers.

Limitations

The limitations found during this explorative research are related to the small pool of participants, the location and the agency's role. The limited number of participants was due to the fact that they were recruited from only one Central Valley County. This limits the information gathered and cannot be generalized due to the small number of participants, the limited location and because of a convenience sampling approach. Due to only conducting the research in one of California's Central Valley counties, rural and more urban areas were not researched or explored. Another limitation to this research is that it was conducted with the assistance of local government employees, therefore the information is not relevant to the pressures that non-profits or another organizations may experience regarding cultural competency among bilingual bicultural employees. Although, there are limitations the information provided by this research can serve as a foundation for more extensive research in regards to differences among several of California's counties.

Chapter 2

REVIEW OF LITERATURE

In attempting to better serve minorities within the mental health field it is important to understand culture, barriers and appropriate interventions as a means to decrease the disparities in this field (Department of Health and Human Services, Office of the Surgeon General [DHHS], 1999). Many factors affect the accessibility of services for minorities from language, ethnic identification, acculturation, as well as discrimination and the lack of culturally diverse mental health providers, (OMH 2010, DHHS 2009, Shattell, Hamilton, Starr, Jenkins, and Hinderliter 2008).

Furthermore, the effects of these factors on the Latino community is of great importance as the Surgeon General identified in the supplement to 1999's Mental Health Report that, " Very few providers identify themselves as Hispanic or Spanish speaking. The result is that most Hispanic Americans have limited access to ethnically or linguistically similar providers." (p.8, 2009). The importance of understanding cultural competency, barriers to services and the impact this has on mental health workers is the focus of this research. This research hopes to explore and understand the role of bilingual and bicultural mental health workers and the impact that this role has on their understanding of being culturally competent.

The Hispanic/Latino population is the fastest growing minority; the United States Census Bureau predicts that by 2050 the Hispanic/Latino population will have tripled in size from 46.7 million to 132.8 million (United States Census Bureau,

2008). The United States Census Bureau (1996) predicts that by 2025 California's Hispanic/Latino population will nearly double to 21 million about 36% of the Hispanic population. These numbers indicate significant increase in population, and also create new challenges to the already limited resources available.

The rapid growth among Latinos is one of the major challenges when attempting to reduce the disparity in services. The lack of ethnically diverse staff within mental health is just one of the resources that is lacking. The lack of bilingual and bicultural clinicians, the increasing recession and the slow process of changing policy are some factors that contribute to the barriers that Latinos face when attempting to access services. As identified by the Surgeon General's Report (1999), the need to expand science or evidenced-based interventions, access to services, reducing barriers, increasing quality of services, increase recruitment of ethnically diverse staff, and the promotion of mental health will greatly decrease the disparities among minorities and the utilization of mental health services. Of these recommendations the most pertinent to this study is the need to increase recruitment of ethnically diverse staff.

Hispanics or Latinos

The term "Hispanic" is one that brings much discussion when attempting to identify such an ethnically diverse community. According to the United States Census "Hispanic/Latino" refers to a person who identifies with one of the three major categories of Spanish speaking countries: Mexican, Puerto Rican or Cuban.

Others may identify with other Hispanic or Latino countries from Central or South America (United States Census, 2009). This is often difficult to understand, as Hispanic/Latino is not considered a race, therefore those that identify as Hispanic or Latino often have to identify with one of the five races identified within the Census.

In 1997 the Office of Management and Budget made revisions to standards collecting data on race and ethnicity. These revisions included separating Asian or Pacific Islander into two racial categories, Asian and Native Hawaiian or Pacific Islander, as well as adding “Latino” as an ethnicity within Hispanic/Latino identification (Office of Management and Budget [OMB], 2010). Many confuse Hispanic or Latino to be a race, yet as a culture this too has become a question. The reality is that Latinos are rapidly becoming one of the fastest growing minorities and the identification for many is more than just a name. This creates complexities such as stereotypes, which generalize the many differences within Hispanic/Latino ethnicities.

Stereotypes and the lack of understanding of the difference within Latinos is a major barrier when attempting to seek services. The need to understand and address the needs of this complex group is one of the many areas that both the Surgeon General’s Report (1999,2000) and the President’s New Freedom Commission Report on Mental Health (2003) attempt to address. Although there are many differences within Latinos, such as cultural identification, migration history, socioeconomic status, and level of acculturation, there are shared values that are core

to Latinos (Añez, Silva, Paris, Bedregal, 2008). These core values are *personalismo* (interpersonal relationships), *respeto* (respect), *familismo* (family orientation), *confianza* (trust), and *aguantarse* (ability to withstand stress) (Añez, Silva, Paris, Bedregal, 2008). These core values are what many Latinos focus on within their daily interactions, yet these are also very important when attempting to develop a therapeutic relationship.

To understand a community that is diverse is a challenge, yet this challenge becomes more evident when there is a lack of diversity among social workers. The ability to understand and engage with such a diverse community is the goal of many reports. The development of culturally and linguistic competent trainings as well as assessment tools are many of the resources that are available to address this need. Yet, the biggest asset is having staff that is ethnically and linguistically similar to those being served.

Demographics of Social Workers

As of 2004 there were approximately 840,000 social workers, 310,000 of these were licensed social workers (NASW, 2006). Due to the lack of a clear definition of the term social worker the number of social workers in the United States may actually vary. In 2006 the NASW along with the Center for Workforce Study conducted a survey of licensed social workers, this survey explored the characteristics of social workers and how it is compared to the overall United States population. The results of this study point to the desperate need to reach out to

minorities, as social workers are not as diverse as the national population (NASW, 2006). Of the 310,000 licensed social workers, 266,600 are White, non-Hispanic compared to 12,400 licensed social workers that are Hispanic/Latino (NASW, 2006). This means that there is 21.5 White, non-Hispanic social workers for every one licensed Hispanic/Latino social worker. The overwhelming disparity among social workers is significant as it points to the tremendous need for Latino social workers.

The need for ethnically diverse staff can be seen in all areas of employment, yet it is significant with the areas of management and professional occupations. The United States Bureau of Labor Statistics [BLS] (2008), reports that Hispanics are less likely to be in high paying occupations such as management or professional occupations. For both males and females in these categories, Latinos are the lowest percentage; 15% for men and 24% for women (BLS, 2008). According to the BLS (2008) factors contributing to this disparity within higher paying occupations are the lower averages of schooling, being employed in occupations with high unemployment rates, residing in urban areas with limited employment opportunities, and the high likelihood that some may have experienced some form of discrimination in the work place. These disparities can also be seen within the area of social work of the average number of social workers in 2008, 76% was White non-Hispanic, compared to the 10% that were Hispanic/Latino (BLS, 2008). Similar to NASW's study in 2006, the numbers provided by the BLS point to the overwhelming gap among social workers and the persons they serve.

Although the numbers within these reports indicate a low level of social workers among Latinos, there have been significant gains as well. In 2002 the Practice Research Network [PRN], conducted a survey of 2,000 NASW members. The outcome of this study indicated that of the 1,560 responses that were received the majority identified as White/Caucasian 87%, while only 2% identified as Hispanic/Latino (PRN, 2003). These numbers continue to point to the overwhelming gap among social workers, yet gains have been made. In NASW's 2006 survey 4% of all licensed social workers identified as Hispanic/Latino (NASW, 2006). Although this increase may seem insignificant when compared to the overall need of Latinos in social worker, it does provide some hope for change.

Changes are inevitable, the change in population, the increase in age within the population and the increase of Latinos as a minority are just some of the changes that will occur within the next ten years. The 2010-11 Bureau of Labor Statistics *Occupational Outlook Handbook* predicts that there will be a 16% increase in 2008 to 2018 of social workers (BLS, 2010). Social work is predicted to be one of the fastest growing professions due to the changes in demographics, especially among the elderly in the United States population. Within mental health, the BLS predicts an overwhelming increase of 20% within social workers in the decade of 2008 to 2018 (BLS, 2010). This increase is due in part to the overwhelming discharge of prisoners who are paroled and placed in treatment facilities, as well as legislation requiring mental health coverage to employees from the employers. Overall the

profession of social work will see an increase within the coming years, yet the one question that still remains is how it will target and recruit social workers that are minorities, especially Latinos. One suggestion by the NASW's 2006 is, "social work must position itself within diverse communities as a viable career choice in a changing world" (NASW p.34, 2006). There is no dispute that there will be changes in demographics, yet the question becomes how and when will those being underserved receive services and treatment.

Cultural and Linguistic Assessment Tools

Culture is defined in many ways; for the purpose of this research culture will be defined as outlined by the California Department of Mental Health (CDMH). Culture is the combined pattern of human behaviors surrounding thoughts, beliefs, forms of communication, actions, values and customs within a racial or ethnic group (California Department of Mental Health, 2002). Culture is impacted by other factors such as ethnicity, race, language, county of origin, acculturation, socioeconomic status, among others. Competency is the ability to function and understand the cultural patterns of a particular cultural group (Cross, Bazron, Dennis and Isaacs, 1989). Therefore, being culturally competent is an integral component in attempting to close the disparity among services provided within mental health (www.minorityhealth.hhs.gov, The Office of Minority Health, 2009).

Since identifying the need to close the gap among minorities and access to mental health services, the Surgeon General's report outlined several

recommendations, among these was increasing capacity development by encouraging minorities to enter the field of mental health (Department of Health and Human Services, Office of the Surgeon General [DHHS], 2009). The Office of Minority Health also created and outlines 14 recommendations known as *National Standards on Culturally and Linguistically Appropriate Services* (CLAS) as a means to begin the process of reducing the disparities among minorities (www.minorityhealth.hhs.gov, OMH, 2009).

These standards are divided into three themes, Culturally Competent Care, Language Access and finally Organizational Support for Cultural Competence (www.minorityhealth.hhs.gov, OMH, 2009). Within these themes all of the standards share the commonality of attempting to address the needs of consumers by increasing the importance towards culture and sensitivity to differences. This is identified within the first theme as focusing on how a consumer is treated and how their own cultural beliefs are respected. In the second theme language is addressed, just as identified within CDMH, the CLAS reinforce the importance of providing services in the consumers' preferred language. This not only means linguistically but also providing written documents in the consumer's language. Finally, the third theme addresses how organizations will implement and create policies that address the needs of culturally diverse consumers, and encourages organization to research and maintain notice of the demographics of the community they serve. This is

important to understand as these standards have impacted how organizations serve racially and ethnically diverse consumers.

Many of the recommendations cite the need for more culturally diverse staff and how to increase staff trainings that increase awareness. Among these the California Mental Health Planning Council (2003) encourages policy makers such as the Governor and the Legislature the following four recommendations: allocating resources to secondary and post-secondary institutions so they may train bilingual and bicultural staff, providing funds to forgive loans taken by those that are recruited into bicultural/bilingual training programs, encouraging counties to seek, hire and retain bicultural/bilingual staff and finally provide funds so that agencies may have ongoing trainings regarding cultural competency. Among these recommendations it is important to note the emphasis on bilingual/bicultural staff. In order to begin bridging the gap between racial and ethnic minorities, many of the reports identify the need for culturally competent staff, yet the need and availability of such staff is limited therefore creating a bind which many agencies face.

The need for bilingual and bicultural staff is needed as a means to increase the access to those that are under-served and under-represented. The importance of being a bilingual and bicultural staff is evident in the many recommendations already reviewed in this paper. The recommendations state the importance of such staff, yet there is a lack of tools or resources that assess staff and their level of competence.

The National Center for Cultural Competence created an assessment tool known as the Cultural and Linguistic Competency Policy Assessment (CLCPA) as a means to further explore and enhance services within public health services. The CLCPA was created as a means to improve health care access and utilization, increase the quality of services among those that are underserved and cultural diverse, and promote the notion of cultural and linguistic competence is the key factor in eliminating health disparities in the United States (www.gucdc.georgetown.edu/nccc, National Center for Cultural Competence, 2009). This tool serves as a way to measure personal, professional and organizational awareness regarding one's cultural and linguistic competency. The CLCPA explores seven areas from *Knowledge of Diverse Communities*, *Organizational Philosophy* to *Clinical Practice and Engagement of Diverse Communities* (www.gucdc.georgetown.edu/nccc, 2009), the outcome of this tool is not only for personal growth, but to assist organizations in developing policies or strengthen those in place to better serve a diverse community of consumers.

Another significant assessment tool that can assess and determine the level of staff's competency is one that was developed by Maryland's Mental Hygiene Administration (MHA) and Maryland's Health Partners (MHP), where a Cultural Competency Advisory Group (CCAG) was created (Arthur, Reeves, Morgan, Cornelius, Booker, Braithwaite, Tufano, Allen and Donato, 2005). The purpose of this advisory group was to provide recommendations and activities that would

support Maryland's Public Mental Health System (PMHS) in becoming more culturally competent. This advisory group was comprised of consumers from different racial/ethnic groups that were in recovery, clinicians who provided culturally sensitive services, administrators experienced in developing culturally diverse programs and finally advocates who specialized in cultural diversity. Again the significance of having experiencing, knowledge and skills among diverse communities is the key component of this advisory group.

In the end the assessment tool was comprised of 52-item scale and an 8-question client satisfaction questionnaire. The analysis of the pilot test among several different counties in Maryland, found four core factors that impact the cultural competency of a mental health providers; ability to identify psychosocial, medical and spiritual needs; accessibility of services and willingness to negotiate care; reaching out towards diverse communities; and willingness to listen to and respect consumers in recovery from diverse communities (Arthur *et.al* 2005). The significance of identifying and knowing how one's views are relevant when attempting to lessen the disparities among minorities in public health, especially within mental health. This is also key when attempting to understand how legislation impacts one's role as a bilingual, bicultural mental health worker.

Legislation

Finally, many reports, laws and recommendations have been made due to the rise in Latinos within the United States. Of the many reports the United State's

Surgeon General's Report (1999), and the President's New Freedom Choice (PRNC) (2003) point to the barriers that minority groups face. Of these barriers the most common is the lack of ethnic and racially diverse staff (Surgeon General, 1999; PRNC 2003, OMH 2010). Other barriers include: stigma, fear, mistrust, differences in ideas about mental health illnesses, differences in help-seeking behaviors, racism, discrimination and cost, (Surgeon General, 1999; PRNC 2003, OMH 2010). All these factors contribute to the lack of services and utilization among Latinos and other minorities. Service utilization among minorities is low when compared to White non-Hispanics due partly because of the commonality that is found between clinicians and those that they serve. As it was stated previously there are 86% White, non-Hispanic licensed social workers, and overwhelming representation when compared to the 4% of Latino licensed social workers. With such disparities among professionals many of the reports again recommend the increase in recruitment and retention of ethnically and racially diverse staff.

In response to the need of those being under-served, California in 2004 passed Proposition 63 also known as the *Mental Health Services Act* (MHSA). The purpose of this act is to increase funds, personnel and resources to county mental health programs. The ability to increase funds comes from the 1% income tax imposed on those that earn more than \$1 million dollars (Department of Mental Health [DMH], 2010). These funds are to be dispersed among the 58 counties in

California, and used to create and implement new treatment and employ programs that address the needs of those being most under-served.

With the passage of MHSA, counties have been given the opportunity to expand and reach out to those they may have not been able to in the past. Along with the increase of funds, MHSA promotes the need to rethink how persons with a mental illness are treated and viewed. The Recovery and Wellness Model is one that MHSA encourages counties to explore and begin implementing. The principles guiding the Recovery and Wellness Model are those of hope, recovery, collaborative relationships, designing unique treatment consistent with a consumer's cultural values and norms, respect and dignity, and finally consumer driving treatment (www.uspra.org, 2009). MHSA is the groundbreaking legislation within California that can begin to address the needs of Latinos.

Of the many counties within California, Solano County is one that is attempting to meet the needs of the under-served, specifically the needs of Latinos. Located in what is considered the East Bay (Northeast of San Francisco and Southwest of Sacramento), Solano County has identified Latinos as the most under-served community. Unfortunately, due to the many obstacles related to meeting the needs of Latinos, Solano County similar to many other counties is finding it difficult to meet these needs.

Conclusion

The Office of Minority Health (OMH) along with the National Resource Center for Hispanic Mental Health announced the development of the Alliance for Latino Behavioral Health Workforce (OMH, 2010). This alliance looks to implement recommendations and statements that are key in attempting to bridge the gaps that Latinos face within mental health. As demonstrated the barriers of access, language and diversity in staff continue to grow; yet the population of Latino mental health workers remains the same. This disparity among the number of Latinos nationwide versus those in the mental health is significant. The needs and barriers will continue to exist unless the statements, recommendations and suggestions given by those that are experts in the fields are taking into account. The hope of all is to bridge these gaps that exist and create better opportunities for consumers and professionals alike.

Chapter 3

METHODOLOGY

This chapter presents the study design conducted to obtain exploratory data using a qualitative method. This chapter outlines the process, and the plan of analysis of the data obtained during this project.

Study Design

An exploratory design was used to produce a comprehensive and qualitative analysis of Solano County's bilingual/bicultural mental health workers and their understanding of cultural competency. This was implemented by conducting individual qualitative interviews with 8 to 10 Solano County employees. The participants ranged from a variety of degrees (ASW, LCSW, LMFT and paraprofessionals), differences in years providing services to the Hispanic/Latino population, ethnicity, and employment position (administrative, direct services, and rehabilitation). The interviews were scheduled after work-hours as to not interfere with consumer appointments. The interviews were conducted in a public place where the participant felt comfortable and the interviews lasted between 30 to 60 minutes.

The questions explored during these interviews were divided into three themes clinical practice, social awareness and cultural competence. These themes were chosen as a means to explore perception of services being provided, barriers to services, and evaluate the level of understanding regarding cultural competency. This qualitative approach was chosen as a means to have a deeper understanding of

the values and beliefs that Bilingual/Bicultural mental health worker have within their own practice, and how this impacts the therapeutic relationship (Reupert, 2007).

Study Subjects and Protection of Human Subject

The researcher submitted an application of Protection of Human Subjects to the Human Subject Review Committee at the Division of Social Work at California State University Sacramento. The application was approved in December of 2009.

The subjects of this study consisted of Solano County Health and Social Services, Mental Health Department employees. The convenient sample included therapists, mental health specialists, and administrators all of whom have worked directly and indirectly with the Hispanic/Latino population of Solano County. A list of participants was obtained, as well the time of a meeting place for these participants. Contact was made by attending this meeting and informing the participants of the upcoming study. A list then was generated of those participants that were interested in this study. A phone call was made to set up an interview time in a public place where the participant felt comfortable. Once the interview was scheduled the participant was given a copy of the Consent to Participate Form (Appendix A).

The participant's right to privacy and safety were protected by the written and verbal consent. Participants were given a copy of the Consent to Participate Form (Appendix A) and verbal consent was recorded onto an audio recorder prior to the interview beginning. Within the Consent to Participate Form confidentiality,

purpose of study, and the destruction of audio recordings and transcripts was outlined. Furthermore, identifying information would be kept confidential as random numbers would be assigned to consent forms, audio recording and transcripts, ensuring that no participant information could be identified.

The participants were informed about the purpose of the study, the time length of the interview and ensured that no identifying information would be disclosed with anyone who inquired about their participation. In addition, a letter was provided by the clinical supervisor of Solano County's Bilingual Unit, ensuring that participants were participating voluntarily and during their own time. This ensured that participants would not feel pressured to disclose or answer any questions related to this study if asked at their place of work. Participants were compensated for their participation by providing them with a choice of gift cards from Starbucks Coffee or Peets Coffee. There was minimal risk of psychological harm and no risk of physical harm during this process of this study.

Eight to ten employees from various positions within Solano County's Health and Social Services, Mental Health Department were conveniently selected and their interviews were analyzed and coded regarding their understanding of cultural competency, the impact their status as a bilingual/bicultural mental health worker impacts services to the Hispanic/Latino population, and barriers to services. Participation for the qualitative interviews was completely voluntary.

Instruments and Procedure

The instruments and procedure for this study was a 30 to 60 minute qualitative interview. An outline of 25 questions (Appendix B) was used when interviewing the participants. The open-ended questions were divided into three themes: clinical practice, social awareness and cultural competency. Open-ended questions were utilized as a means to explore in-depth the perceptions, opinions of the participants' views regarding their level of cultural competency, and the impact this has on providing services towards the Hispanic/Latino community.

During the first stage of the interview, introductory questions were used to gather information regarding the participants' age, gender, and ethnicity. It was of great importance to gather information regarding their ethnicity due to the diversity among the Hispanic/Latino population, and demonstrate how this diversity may or may not impact services provided to the Hispanic/Latino community in Solano County. Participants' were also asked to describe their years in the mental health field and the years they have worked directly or indirectly with the Hispanic/Latino population. Finally, participants were asked to identify if they considered themselves bilingual/bicultural.

The second stage of the interview consisted of exploring their clinical practice. The information gathered in this section determined if and how the participants' ethnicity and level of proficiency within the Spanish language affected their collaboration with Hispanic/Latino consumers. Participants were asked to

elaborate on their personal values, and own culture and explain how this may impact their partnership with Latino consumers. Finally, participants were prompted to explore their own clinical style and how this differs when working with Latino consumers.

When exploring social awareness, participants were asked to evaluate, institutional, social and policy barriers that may affect providing services to Latino consumers. Due to the range of experiences and degrees among the participants this section also provided participants the time to elaborate on their own experiences regarding possible barriers they may have faced.

The final section was outlined to explore each participant's level of cultural competency. Participants were prompted to identify their own level of cultural competency by exploring how they viewed cultural diversity and the limitations that their agency may have regarding this subject. These questions were designed to explore their perception of cultural competency and to explore what barriers they view within the current policies regarding cultural competency. The final question during this interview was geared towards seeking recommendations regarding increasing cultural competency and how they would implement such policy. The effort made by the participants during this interview is of great importance to understand the level of cultural competency from the perspective of minorities that are providing services to the Latino consumers and community of Solano County.

Data Collection

When conducting a literature review on the subject of cultural competency among mental health workers, the researcher found several areas and themes necessary to explore as a means to understand and have a comprehensive understanding of the subject. The areas that were explored were those of cultural competency within mental health, language, Hispanic/Latino culture, and legislation attempting to meet the needs of minorities within mental health. Secondly this research conducted a literature review regarding assessment tools used by state and local agencies that explored workers' level of cultural competency. This was important to explore as assessment tools can provide an in-depth look at mental health workers personal views on cultural competency but also assess organizational policies and standards.

Another area that was researched was the demographic changes within the United States, specifically regarding the Hispanic/Latino population. This review of literature was important to note due to the impact these demographic changes have on policy and provided concrete evidence of the need for services, as well as barriers towards services for the Hispanic/Latino population.

Articles were gathered from a variety of sources. These included mental health journals; professional journals of social work, psychology, psychiatry, state and local government reports, as well as national reports regarding the needs of the Hispanic/Latino population within mental health. Additional data was gathered from

the United States Census Bureau regarding California's Hispanic/Latino population. Finally, data was collected, analyzed and coded from the participants' interviews regarding their opinion on cultural competency as mental health workers.

Data Analysis

In analyzing the data collected, content analysis was done to obtain themes within the participants' responses. Recordings of the interviews were transcribed and analyzed for such themes. The variables found in this exploratory research were that of job position, years of experience within Mental Health, and gender. The dependent variable in this study was the perception of cultural competency among mental health workers. For the purpose of this project, cultural competency will be defined as the integration and transformation of knowledge regarding differences among individuals, creating a better quality of treatment service.

In defining themes, coding was done within the three sections of clinical practice, social awareness and cultural competency. Themes were defined identifying the majority among the responses and doing a content analysis among those responses.

Chapter 4

DATA ANALYSIS

The chapter presents the study findings that emerged from this project.

Findings are organized in the following: profile of participants, barriers to clinical practice, impact of social awareness on service, and the influence of cultural competency within clinical practice.

Profile of Participants

Interviews were conducted with the assistance of eight Solano County Mental Health employees. Seven of the participants were women and only one male. Five of the participants had a professional degrees ranging from Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW) and Associate Social Worker (ASW). Three of the participants were Mental Health Specialists; these participants had on average 13 years of experience within mental health but did not have a professional degree or a college degree. On average the participants had a fifteen years of experiences, with one of the participants have twenty-two years in the field to one participants having nine years of experience. This range in years of experience provided a broad range regarding experiences and perceptions regarding needs and barriers within mental health. In regards to ethnicity, seven identified as Mexican or of Mexican descent, one participant identified as Peruvian and one although bilingual and bicultural identified as Caucasian.

These participants answered questions related to three sections: clinical practice, social awareness and cultural competency. These sections provided the researcher to explore barriers, needs and limitations to the position that these participants have within mental health being bilingual and bicultural.

Clinical Practice

Clinical practice was explored as a means to obtain information regarding barriers, limitations, hardships, but also advantages that the participants have experienced based on their interactions working with Latino consumers. As reviewed in the literature there is an under-representation of minorities in mental health impacting the availability and access that many, especially Latino consumers, have to services (OMH, 2010). Although barriers were identified, participants also identified positive and beneficial aspects of being bilingual and bicultural when interacting with Latino consumers.

Among the benefits that participants identified, many explained the importance of understanding culture and values regarding the family structure among Latinos. One participant expressed how sharing perhaps a similar experience opens the process of developing the therapeutic alliance with Latino consumers,

I believe that it allows me to be more empathic to the clients that I work with.

I believe that they identify with me, I think not only that I'm Latino, I share similar experiences, I come from the same community and I've overcome

similar adversaries that they're going through and I think that they recognize that.

Although this is true for some, one participant did identify how differences among ethnicity and levels of acculturation can impact the relationship one may develop with Latino consumers. One participant stated how their similarities and differences impact their relationships with consumers,

My clients and I come from the same or similar I wouldn't say the same background, because I am from Peru and my clients come from Mexico, there are similarities. But at the same time I am more acculturated than they are, so I have to keep that in mind. So I constantly have to put myself in their shoes, I am only human and get angry and put myself in their shoes, and keep my values in check.

Although there are benefits to being bilingual and bicultural it is important to note how differences among ethnicity and acculturation impact how one develops the relationship with consumers. As these participants noted, it can become a benefit in understanding cultures and values, yet there are personal values that also impact how as mental health workers one interacts with consumers.

In exploring the barriers within clinical practice the majority of the participants identified the lack of knowledge and understanding they felt in regards to the increased demand and work placed on them. One participant, expressed her

frustration regarding the lack of understanding among administration and how this impacts how they view Latino consumers,

The biggest challenge that I faced and I think continues with current bilingual staff, is having administration acknowledge the difficulty of and complex issues with working with the Latino population, it is above and beyond what our English speaking counterparts are working with.

Other barriers impacting clinical practice that were identified are stereotypes, lack of knowledge and value regarding the work that is done and required for Latino families. Although barriers were identified the benefits of being bilingual and bicultural and implementing this within their clinical practice to the participants outweighed the negative, "I think the biggest is the empathy being in someone else's shoes and being able to identify with that because I've been there."

Social Awareness

When exploring the factors related to social awareness and the barriers and impact on service utilization, participants were asked to identify social and institutional components that impact their work as bilingual bicultural mental health workers.

Social barriers were identified by many of the participants to be immigration status, acculturation level of consumers, access to services, language and cultural barriers. When describing how the impact of immigration has on their work, one participant identified how non-bilingual or bicultural employees often negatively

target Latinos based on their immigration assumptions, “I think from professionals, depending on who you are talking to or looking at, there’s varying camps of “well if they are undocumented they are draining our system”, “if they are undocumented we shouldn’t provide services”, and especially given our budget issues, Latinos are the first to be scapegoated”.

Another social barrier identified addressed the level of acculturation and how this impacts access to services. The majority of participants identified this when they described the importance of networks and community and how this impacts consumers,

There isn’t a whole sense of community, there is a lot of isolation, except for Healthy Start there isn’t much else. These people culturally are use to having a big support network that gets lost when you get here, that is the one missing part there’s no agency no place where families can gather, there aren’t any.

The lack of networks and cultural understanding are just some of the few social barriers that participants identified.

Other barriers were related to the lack of knowledge and understanding within institutions. For this study the institution that was identified by many of the participants was the local county mental health department. One participant identified the lack of value that Solano County’s Mental Health Department has,

I think from the top up, there isn’t the value of cultural competency is not valued to the extent that I would like it to be valued within Solano County. I

think it's something that it's a mandate that we're suppose to have, but I feel based on actions there's a lack of commitment towards cultural competency and so the institutional barrier is that lack of value and commitment.

Other participants voiced this same concern in regards to the lack of cultural understanding that this agency demonstrates, "first of all the lack of understanding that this population is not a trusting population and it takes longer to engage them. I am working in a system that is not very culturally aware of the needs of this population." This lack of cultural competency is just one of the many institutional barriers that is evident not only in Solano County but nationwide. The United States Surgeon General's Report (1999) clearly identified how the lack of cultural competent services increases the disparities in services, especially among Latinos, yet it is also clearly evident among the answers from these participants that this need has not been met.

Cultural Competency

Finally, factors impacting cultural competency, such as trainings, level of competency and recruitment of diverse staff were explored when interviewing the participants. One of the themes that emerged was the lack of policy and implementation of policy related to cultural competency. This is clearly captured in the response given by one of the participants when asked about opportunities related to the expansion of diversity among staff, she answered:

There isn't training that's mandatory other than the cultural competency training, which I honestly I don't know if it's once every two years, or once every four years or even just once. Which every staff person is mandated to attend, very basic nothing specific. I would like to see more training and not just to bilingual staff, often I feel we are preaching to the choir, and again I think there's a lack of value so non-bilingual staff don't place value on cultural competency. It's a trickle down effect if administration doesn't value it then line-staff aren't going to value it, non-bilingual line-staff aren't going to value it so I would like to see more training and an emphasis on valuing those trainings and putting forth really good trainings, where you have experienced trainers who come in and have the experience who again are identified by leaders in the Latino community or profession as leaders, and being so close to the bay area and such a diverse area I know they are out there.

This frustration among the participants was evident. The lack of value placed on the need for cultural diversity and competency was one of the many barriers that were identified. This can also be seen at the national level, the Office of Minority Health's report of 2010 also identified the need for better trainings, and high-quality research as a means to bridge the disparities among Latinos.

One final factor that impacts cultural competency is the lack of recruitment and maintenance of Latino bilingual bicultural staff. One of the reasons the majority of participants provided was the lack of applicants and the overall under-representation of Latino professionals. One participant expressed their concern with the lack of Latino professionals,

I don't think there are enough Latino bilingual professionals in the system, we are very, very minute percentage, and I think the Latinos one of the most un-represented and statistically is the most un-represented population in the system, because we don't serve them we don't understand because we are not these positions of leadership in this system, we are unable to educate others and I think that the more of us that navigate through this system, I think that we owe it to our community to educate others and let them see and experience us and not the stereotype.

Conclusion

In exploring the cultural competency among Latino bilingual bicultural mental health workers it is evident that the barriers that exist for the Latino population impact and create similar barriers to Latino professionals within mental health. In understanding these themes it is important to note how this is only relevant to Solano County. Therefore, additional data must be obtained from other counties and regions within California's Central Valley to fully understand and identify barriers that can be generalized.

Chapter 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This project sought to explore the impact of cultural competency among Latino bilingual bicultural mental health workers within California's Central Valley.

Qualitative data was analyzed to extract themes that were common to the eight participants' answers. Clinical practice, social awareness and cultural competency were explored using 25 open-ended questions. Barriers, limitations and factors impacting these three areas were identified when transcribing and coding these interviews.

Of the factors that impacted clinical practice lack of knowledge and understanding of the needs within the Latino population created barriers in delivering services. Although participants identified the negative aspects of being bilingual bicultural mental health workers, the majority expressed how beneficial it was to be in their position as it allowed for many Latinos, especially undocumented ones, to have access to mental health services.

In exploring social awareness and how this impacts cultural competency the participants identified the lack of value, and implementation of policy within administration. They expressed frustration towards the lack of understanding and value in regards to the differences that Latino consumer's experience. Furthermore,

participants identified the difficulty it is in implementing policy that will address the needs of Latinos due to the lack of value and knowledge from administration.

In the final theme of cultural competency participants identified the small pool of applicants that apply for jobs related to the mental health field, this impacts the workforce as brings pressure to the few that are available. The lack of recruitment and availability limits the ability of those that are in mental health who are bilingual and bicultural. Many of the participants also identified the lack of training and opportunities to educate and provide information regarding the needs of Latino consumers to non-bilingual bicultural employees.

The themes that emerged from these interviews are just a glimpse into the overall themes that are identified in the United States Surgeon General's Report (1999) and the Office of Minority Health's report (2010). The areas of clinical practice, social awareness and cultural competency are impacted not only in California's Central Valley, specifically Solano County, but are being impacted nationwide. These interviews identify just some of the few limitations and barriers that many bilingual and bicultural employees face.

Implications for Social Work Practice

Practice.

In reviewing the literature and taking into account the interviews that were conducted for this project, there are significant implications for social work practice. In the themes that were identified within the interviews, and among the literature, the

area of clinical practice is one that is greatly impacted by the lack of knowledge, understanding, and value in regards to the needs of Latino consumers. Understanding how these differences impact access, therapeutic engagement and the therapeutic alliance are important due to the vast differences in ethnicity, socioeconomic statuses and level of acculturation that Latino consumers have (Furman, Negi, Iwamoto, Rowan, Shukraft, and Gragg, 2009). Not only are differences important to identify and acknowledge among Latinos, the values and cultural differences are also important to understand. It will be important to create and implement recommendations that are unique to the Latino population (OMH, 2010, Andrés-Hyman, Ortíz, Añez, Paris, and Davidson, 2006).

The findings from this project demonstrate the need for greater understanding, and increased knowledge in regards to the unique needs that Latino consumers face when entering into the mental health system.

Research.

In regards to research much has been done to identify the deficits that the mental health system has regarding minority mental health. The barriers and limitations were identified and highlighted in chapter two, yet research is still limited in the area of appropriate interventions, and how to incorporate cultural values and beliefs into treatment. This research is imperative, as it will begin the process of further understanding the complexities that Latinos face, not only within mainstream society but also among their own communities.

One of the major deficits within research is the lack of creating effective policies that address the needs of Latino consumers, and mental health workers. The lack of knowledge and value placed on bilingual bicultural mental health workers creates a ripple effect when attempting to alleviate the needs of Latino consumers. This is evident with the low representation of Latino mental health professionals. The lack of value placed the importance of cultural diversity, and cultural competency impact those that are identified as such. Therefore, this creates further tension, stress and limits the resources that consumers have. The process of creating effective policies, and treatment begins with the ability to collaborate and fund programs that will conduct research in the areas of needs, limitations, and appropriate interventions with the assistance of the community being served (Goode, Dunne, Bronheim, 2006).

Policy.

Policy is one of the major parts that needs to be addressed by social workers. As participants in this project identified there is a lack of appropriate policies that address, the recruitment, maintenance of diverse staff, as well as the lack of policy surrounding issues such as cultural competency trainings, and understanding the needs of Latino consumers. Similar to the implications regarding research, more collaboration with the communities that need to be served will yield better results than just making assumptions regarding the needs. Research and policy go hand in

hand and provide the roadmap for those that will provide clinical interventions (Livingston, Holley, Eaton, Cliette, Savoy, and Smith, 2008).

Policy is important due to the principals of advocacy and integrity that as social workers one has. These roles of advocate and practitioner are the main roles that many bilingual and bicultural clinicians face. They advocate for their consumers, but they also need to advocate for themselves as they often lack the support, and understanding from management and administration regarding the needs of the consumers being served. The findings of this project showed how the participants voiced their frustration and sadness in regards to the lack of value and collaboration that they feel in regards to the implementation of policies within their agency. Therefore, more collaboration among communities and providers to develop and implement policies will benefit not only the community, but also those that are bilingual and bicultural providers.

The National Council of La Raza conducted a study (as cited by Gardner 2006) where several recommendations were identified especially within public policy, health-care, educational systems and media outlets. In exploring these areas, the goals is to integrate mental health service within all of these areas as a means to collaborate with community based organizations and ensure that services can be improved towards increasing mental health utilization (Gardner 2006).

Behavior.

Social workers engage with consumers on a daily basis, whether it be using a clinical intervention or providing case management, social workers become an integral part of someone's recovery. Therefore, the increase in knowledge and understanding of the needs of minority consumers, and in this case Latino consumer, allows social workers to provide and engage in an authentic and genuine partnership.

Recommendations

The issue researched in this project was cultural competency among bilingual and bicultural mental health workers. It was assumed that the lack of understanding and knowledge in regards to cultural competency increase the barriers and limitations that bilingual and bicultural mental health workers face. An exploratory method was used to conduct qualitative interviews. Within the themes of clinical practice, social awareness, and cultural competency, the consensus among participants was that because of the lack of value and knowledge that as an agency is placed on cultural competency they are faced with increased barriers, burnout and stress when attempting to serve Latino consumers. Participants also identified the need to better implement and understand cultural competency in relation to how policy is developed and implemented within their agency. The findings in this study point the many needs that as a community Latinos face. Of these needs, the one that is important to identify and note is the lack of bilingual and bicultural mental health workers. The under-representation among Latinos in mental health is just one of the

barriers that consumers face. Participants identified and expressed a strong sense of frustration in terms of the lack of recruitment and maintenance of bilingual bicultural staff, again limiting the availability of resources for consumers.

Although this study's findings were limited due to the number of participants and the location, the findings are important as they have the ability to provide a better understanding of the needs that mental health workers have when working with Latino consumers. Better policies, collaboration and interventions can stem from further research, resulting in a better representation of bilingual and bicultural mental health workers, and eliminating the disparities among Latinos in mental health.

APPENDICES

APPENDIX A

Consent to Participate in Research

(Purpose of Research) You are being asked to participate in research, which will be conducted by Mara León graduate student of Social Work at California State University Sacramento. The purpose of the study is to explore the expectations of cultural competency on bilingual/bicultural mental health workers and the services they provide to Latino families.

(Research Procedures) You will be interviewed and asked questions in regards to your attitudes/beliefs toward and experiences with Latino families, cultural competency, and barriers to services. This interview will be conducted within a public place of the participants choice and will require 30-60 minutes of your time. The interview will be audio taped and verbal consent to be recorded will be obtained when the researcher presses record on the audio-recorder.

(Risks) Some of the questions could make you feel uncomfortable or upset due to the nature of the topics being discussed in the interview. You are free however, to decline to answer any questions you do not wish to answer or stop the discussion at any time. If you experience any psychological discomfort during the study, and want help at that time or any time after completing the research, you may call Solano County's Employee Assistance Program at 1-800-242-6220, and the 24-hour Crisis Hotline in Solano County at (707) 428-1131.

(Benefits) The interview may increase your awareness surrounding cultural competency, expectations due to being a bilingual/bicultural worker, and barriers to services due to cultural competency expectations or you may not personally benefit from participating in this research. The information you provide may help social work professionals to better understand how cultural competency influences the way services are provided and to what extent it creates barriers to those that are providing services.

(Confidentiality) All results obtained in this study will be confidential. Consent forms, audiotapes and transcripts will be kept separate from each other so no identifying information can be linked. Consent forms will be given a random number for organization purposes, and will be kept in a locked file cabinet, which will be in a locked office. Audiotapes will also be assigned a random number for organization purposes only and will be kept in a separate cabinet. Transcripts will also be assigned a random number and will be kept separate from both the consents and audiotapes. Once the audiotapes are transcribed they will be destroyed, and in any event no later than one year after they were made.

Until that time all research records, including these consent forms, audiotapes and transcripts, will be stored in separate locked cabinets within a locked office at the researchers home. No individuals will be identified in any reports or publications that may result from this study.

(Compensation) To compensate you for your time in the interview, you will receive a gift card from Starbucks Coffee or Peets Coffee in the amount of \$10 immediately following the interview.

(Contact Information) If you have any questions about this research, please ask now. If you have any questions at a later time, you may contact Mara León MSW II at (562) 587-7409 or by e-mail at Maparapa22@aol.com. You may also contact this researcher's project advisor, Dr. Susan Taylor at (916) 278-7176 or by email at Susantaylor2131@att.net.

Your participation in this research is entirely voluntary. You may decide not to participate in this study without any consequences. You may also change your mind and stop participating in the research at any time without any consequences. Your signature of your first name or initials only indicates that you have read and understood this consent form and agree to participate in the research.

Printed Name of Participant

Date

Signature of Participant

Date

Signature of Researcher

Date

APPENDIX B

Questions for Qualitative Interview Cultural Competency

Introductory Questions

1. Do you identify as a Latino/a?
2. Do you identify with any other racial or ethnic group?
3. Would you agree that by identifying as a Latino/a, you are bilingual and bicultural?

Clinical Practice

1. Do you believe that your ethnic identification impacts your role as a clinician/administrator?
2. Does your ethnicity influence how you choose to interact in your position as a clinician or administrator?
3. How do you feel being of an ethnic minority impacts your role as a clinician that works with under-served populations?
4. How does your ethnic identification assist you in working with consumers?
5. How does your ethnic identification limit your work with consumers?
6. How does being a bilingual/bicultural clinician make you an effective clinician?
7. What are negative aspects of being a bilingual clinician?

8. How do you feel consumers respond to a bilingual clinician that is not of their ethnicity?
9. How do personal and cultural values influence treatment within minority consumers?

Social Awareness

1. What are some of the institutional barriers that limit your role as a bicultural/bilingual clinician?
2. What are some of the social barriers that limit your role as a clinician?
3. How do these social barriers affect the therapeutic alliance that one may develop with consumers?
4. How does policy impact the way treatment is provided for those that are under-served?

Cultural Competence

1. Where do you see cultural competency heading with the budget crisis and the limited amount of resources?
2. Why is cultural diversity important?
3. Are you actively involved within your own ethnic community?
4. Do you embrace the values and cultural beliefs that your ethnicity encompasses?
5. Do you believe that your ethnicity determines what consumers are assigned to you?

6. If the budget was not in turmoil, how could your current agency reach out to the underserved within the community?
7. Are there policies in place to support the expansion of cultural diversity among clinicians?
8. Is there active recruitment for ethnically diverse clinicians?
9. Do you believe that cultural competency is often “boiled down to” the use of language and ethnicity, neglecting other factors such as spirituality, religion, and sexual orientation?

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