

CareCertify LLC

Behavioral Health Series

BHS-005

Cultural Competency in Behavioral Health

Participant Guide

Group: Group 1: Foundations | Credit Hours: 1.0

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

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Learning Objectives

Upon completing this course, you will be able to:

- Explain the difference between cultural competency and cultural humility
- Identify how culture shapes beliefs about mental health and help-seeking
- Describe the impact of language barriers on behavioral health care
- Apply culturally responsive communication strategies in direct care
- Recognize how bias can affect the quality of care provided
- Describe considerations for providing culturally sensitive behavioral health support to LGBTQ+ clients

Section 1: Culture, Health, and Behavioral Health

Culture profoundly shapes how people understand health and illness, what they consider "normal" behavior, when and whether they seek help, and how they respond to care. For behavioral health specifically — an area already laden with stigma — cultural context can be decisive.

KEY CONCEPT: Culture Is More Than Ethnicity

Culture includes ethnicity, race, and national origin — but also religion, language, gender identity, sexual orientation, age, socioeconomic class, immigration status, and regional background. Every client brings a complex cultural identity. Effective culturally responsive care acknowledges this complexity.

In many cultures, mental health conditions are understood very differently than in Western medical frameworks. Some communities explain behavioral health changes through spiritual, religious, or community frameworks. Some cultures carry significant stigma around mental illness, making it harder for clients and families to acknowledge or discuss behavioral health needs. Understanding these dynamics helps you provide care that respects clients' worldviews.

Section 2: Cultural Humility vs. Cultural Competency

Cultural competency has long been used as the goal of multicultural training in health care — building knowledge about specific cultural groups. However, this concept has limitations: it can lead to overgeneralization, stereotyping, and a false sense of "knowing" a culture.

Cultural humility is a more current and effective framework. It involves a lifelong commitment to self-reflection and self-critique, recognizing and correcting power imbalances, and developing partnerships with people and communities characterized by respect.

CULTURAL HUMILITY IN PRACTICE

Cultural humility says: "I don't know everything about your culture, and even if I did, you are an individual who may or may not conform to cultural norms. Please help me understand your perspective." This approach invites partnership rather than presuming knowledge.

✓ DO	✗ DON'T
Ask open-ended questions about a client's beliefs and preferences	Assume you know a client's beliefs based on their ethnicity
Learn about the communities you serve without stereotyping individuals	Use family members, especially children, as interpreters for health information
Acknowledge when you don't understand and ask for guidance	Dismiss traditional or spiritual beliefs as unscientific
Respect traditional healing practices alongside medical care	Stereotype clients based on cultural background
Use professional interpreters when language barriers exist	Ignore your own cultural biases and how they affect your care

Section 3: Common Cultural Considerations in Behavioral Health

Stigma and Help-Seeking

Mental health stigma varies significantly across cultures. In some communities, having a mental health diagnosis brings shame not just to the individual but to the entire family. Clients from these communities may minimize symptoms, avoid discussing mental health concerns, or refuse services they genuinely need. Understanding this context helps you approach conversations with additional sensitivity and respect.

Family and Community Roles

In many cultures, decisions about health care — including behavioral health care — are made collectively by families rather than by individuals alone. A client who defers to family members on care decisions may be operating within a culturally appropriate framework, not demonstrating a lack of capacity. Understand the role of family and community in each client's life and work with rather than against these structures.

Spiritual and Religious Frameworks

For many clients, spiritual and religious beliefs are central to how they understand behavioral health challenges and what gives them hope for recovery. These beliefs deserve respect, not dismissal. Work with chaplains, community leaders, or spiritual advisors as part of the care team when appropriate.

Section 4: Language, Communication, and Behavioral Health

Language barriers create serious risks in behavioral health care. A client who cannot fully communicate their thoughts, feelings, or concerns cannot receive fully informed, responsive care. Behavioral health assessments depend heavily on nuanced communication — asking about mood, thoughts, feelings — and this is deeply compromised when language barriers exist.

INTERPRETER USE IN BEHAVIORAL HEALTH

When a client has limited English proficiency, use qualified professional medical interpreters — not family members, friends, or children. Using family members creates conflicts of interest, privacy violations, and the risk of miscommunication on sensitive topics. Your agency should have interpreter services available. Know how to access them.

Even when clients speak some English, the stress of illness and the complexity of emotional experience can exceed their comfortable language capacity. Watch for signs that a client is struggling to express themselves, and give extra time, patience, and openness.

Section 5: Bias, Equity, and Culturally Responsive Care

Implicit bias — unconscious attitudes or stereotypes that affect our decisions and behaviors — exists in all of us. In health care, implicit bias has been documented to affect diagnosis, treatment recommendations, pain management, and quality of care across race, ethnicity, gender, age, and other dimensions.

Culturally responsive care actively works to counteract these biases through self-awareness, ongoing reflection, and commitment to equitable treatment. Ask yourself: Am I treating this client the same way I would treat someone who looked or sounded like me? Am I making assumptions based on appearance or background?

LGBTQ+ Clients and Behavioral Health

LGBTQ+ individuals experience significantly elevated rates of depression, anxiety, and substance use disorders — largely due to minority stress, which includes discrimination, rejection, and the ongoing challenge of navigating a world that may not affirm their identity. Many older LGBTQ+ adults have lived through eras of explicit medical pathologization of their identities.

Provide affirming care by: using clients' preferred names and pronouns, never assuming sexual orientation or gender identity, creating a non-judgmental environment, and being aware that family relationships may look different than you expect. We will cover this topic in more depth in BHS-026.

AFFIRMING CARE BASICS

Use the name and pronouns a client prefers. If you're unsure, ask respectfully: "How would you like me to address you?" Do not share a client's sexual orientation or gender identity with others

without explicit permission — this information is private and its disclosure can have serious consequences.

Section 6: Applying Cultural Responsiveness in Daily Care

Cultural responsiveness is not a checklist — it's an ongoing practice of curiosity, humility, and respect. In daily care, it looks like: asking rather than assuming, listening more than talking, adapting your approach to fit the individual rather than the stereotype, and actively reflecting on your own biases.

SCENARIO

Your client, an elderly Somali woman, refuses to discuss her feelings or mental health concerns with you and becomes uncomfortable when you try to ask about her mood. Her daughter usually speaks on her behalf.

Response: Respect her communication style and cultural norms. Do not push for individual emotional disclosure if it is culturally uncomfortable. Work through the daughter as an appropriate cultural liaison — while being mindful about using her for sensitive health translations (access a professional interpreter for clinical conversations). Report to your supervisor and document the client's communication preferences for the care team.

Remember: your goal is not to impose a specific framework of health and healing. Your goal is to provide care that is effective, dignified, and aligned with the client's values and worldview. That requires curiosity, flexibility, and humility.

Quick Reference Summary

Cultural Competency	Building knowledge about specific cultural groups — useful but has limitations
Cultural Humility	Lifelong commitment to self-reflection, recognizing power imbalances, inviting partnership
Implicit Bias	Unconscious attitudes/stereotypes affecting decisions — present in everyone
Minority Stress	Unique stress experienced by marginalized groups from stigma, discrimination, and rejection
LGBTQ+ Affirming Care	Using preferred names/pronouns, non-judgmental environment, private information protection
Professional Interpreter	Qualified language interpreter — ALWAYS use instead of family or children for health

	info
Stigma	Negative attitudes and discrimination toward people with mental health conditions
ACE Study	Research documenting lifelong health effects of childhood adversity
Spiritual Frameworks	Respecting clients' spiritual/religious explanations of behavioral health
Co-regulation	Calming another's nervous system through your own regulated presence