



Cultural and Structural Competence: Mental Health Equity

MENTAL HEALTH DISPARITY VS MENTAL HEALTH INEQUITY

- A **mental health disparity** is a difference in mental health status or outcome for a group based on gender, race or ethnicity, education, income, disability, or geographic area. For example, a mental health disparity might include a person living with serious mental illness who has limited access to services because of his/her residence in a rural area.
- A **mental health inequity** refers to the opportunity barriers resulting from systemic, avoidable and unjust social and economic policies and practices. An example of a mental health inequity might be a person whose family, due to historical unjust housing policies, has had to rent a home for years in a geographic location which has no access to mental health services

WHAT IS STRUCTURAL RACISM?

- A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways, to perpetuate racial group inequity.
 - Structural racism identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time.
 - Structural racism is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic, and political systems in which we all exist.
 - Structural mechanisms do not require the actions or intentions of others.¹

HOW DOES STRUCTURAL RACISM CONTRIBUTE TO INEQUITY?

- Unjust Policy (such as the housing policy example above)
- Unjust Distribution of Opportunities (school acceptance, job prospects, and wealth distribution)
- Oppressive Social Norms (“whiteness” desirability, norms which constrict personal expression through hair, dress, or speech)
- Interpersonal Discrimination (derogatory comments, unjust treatment, assumptions made based on race or ethnicity)

*Perceived discrimination is statistically associated with diagnoses of post-traumatic stress disorder, major depressive disorder, generalized anxiety disorder, and alcohol use disorder.

These factors contribute to mental health inequities for ethnic and racial minorities and the LGBTQ+ community. Just as individuals often define themselves using multiple categories; the above factors can simultaneously contribute to one’s experience of mental health inequity. ^{2,3}

CULTURAL COMPETENCE & STRUCTURAL COMPETENCE

Cultural Competence is defined as the ability to gain an understanding of and interact effectively with people of different cultures, ensuring the needs of all community members are addressed. Cultural competence requires “cultural humility,” which includes:

- A commitment to a lifelong process of self-evaluation and self-critique,
- A desire to minimize the power imbalances between providers and clients, and
- Developing community partnerships to advocate within the larger organizations in which we participate. ⁴

Structural Competence refers to a professional’s ability to understand how social or economic factors, such as infrastructure and policies, may impact a patient’s clinical presentation and the subsequent patient-provider relationship. ⁵ For example, clinicians should consider:

- Insurance, hospital, or healthcare administration policies
- Factors impacting prescription choices (brand-name vs. generic, medication co-pay, pharmacy location)
- Biological impacts of patient’s environment (level of stress from racism, repeated exposure to violence or trauma, food desert)



HOW CAN MENTAL HEALTH PROVIDERS ADDRESS MENTAL HEALTH INEQUITIES?

Often mental health professionals provide care, run clinical services, and design health policies without considering the role of social injustice in perpetuating health inequities. Bias and ignorance can sustain inaccurate perceptions about the origins of mental health inequities. Below are a few actions individuals can take to promote mental health equity.

Addressing Public Policy:

- Take action beyond the walls of the clinic, treatment center, or hospital
- Advocate for policies and laws that increase employment opportunities and end institutional and structural racism, improve housing standards, and promote access to mental health care
- Communicate with elected officials
- Foster collaborative relationships across agencies and professions

Changing Social Norms:

- Create social norms of tolerance, acceptance, and inclusion in workplace and community settings
- Partner with communities, with an emphasis on structural competence and cultural humility
- Educate and legislate to change social norms
- Cultivate a culture of social inclusion and speak up when this culture is not respected

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