

Understanding Differences in Customs and Patterns of Thinking

By Judy Leaver, MA, and Catherine Huynh, MSW
Closing the Gap, Cultural Competence • January 2000

The National Mental Health Association (NMHA) has launched a multi-year initiative to increase the organization's cultural competence at the national, state and local levels. The NMHA Board of Directors convened a task force on diversity in 1998, which produced a Cultural Competency Planning Guide to assist Mental Health Associations (MHAs) throughout the country.

This effort is driven by the reality of rapidly changing demographics that require non-profit groups to move aggressively to reflect the communities they serve. Organizations that fail to do so risk becoming ineffective. This means that boards, volunteers and staff should be representative of diverse groups in their communities.

The NMHA task force determined that cultural competence more inclusively reflects the goals of the organization than does diversity. NMHA's statement of cultural competence includes race, ethnicity, religion, sexual orientation, gender, social groups and disabilities. As the organization moves toward its goal of cultural competence, NMHA's values demand that consumers be significantly represented on boards, staff, and in volunteer pools of MHAs, making real the phrase "nothing about us without us."

Diversity is embedded in the goal of cultural competence, but is just one component of it. Accepting and understanding differences in customs and patterns of thinking in other cultures are tangible ways in which diversity is valued. NMHA and its affiliates are working toward becoming a system that responds to the unique needs of populations whose cultures are different from that which is currently "dominant" or mainstream America.

Mainstream America will very shortly look quite different than it does now, providing the major impetus for organizations and systems

to become culturally competent. For example, Asian Americans and Pacific Islanders are the fastest growing segment of the U.S. population and will reach 12 million by the year 2000. In 2005, ethnic minorities will account for 47 percent of the nation's population. Eighty-five percent of those entering the work force will be women, people of color, and immigrants. Non-Hispanic whites, presently 75 percent of all Americans, will shrink to a bare majority by 2050.

NMHA has adapted 14 guiding principles from the Substance Abuse and Mental Health Administration's (SAMHSA) Center for Mental Health Services to provide a context for becoming more culturally competent. These principles guide our organizational goals and recommendations and also provide a framework for what to advocate for in a culturally competent service system.

Over the next three years, NMHA will provide regular trainings on cultural competence to assist MHAs to prepare them for this new requirement in the reaffiliation process beginning in 2002. In addition, its Consumer Supporter Technical Assistance Center has put out a call for proposals on cultural competence. This involves making cultural competency more representative of the local or regional community. Proposals that address cultural competence with the mental health service delivery system will also be accepted. Each grant recipient will become a study site that will provide other organizations and service providers with models for replication and information about what can be learned and tested.

Judy Leaver and Catherine Huynh work within the National Mental Health Association's Consumer Supporter Technical Assistance Center.

For a copy of the Request for Proposals, contact the Consumer Supporter TA Center at (800) 969-6642, or visit NMHA's Web site <http://www.nmha.org/ncstac>. ❖

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