



Health Beliefs Toolkit

*Developed by Covian Consulting, Inc. in partnership with the Cultural and Linguistic Competence Hub
of the Technical Assistance Network for Children's Behavioral Health.*



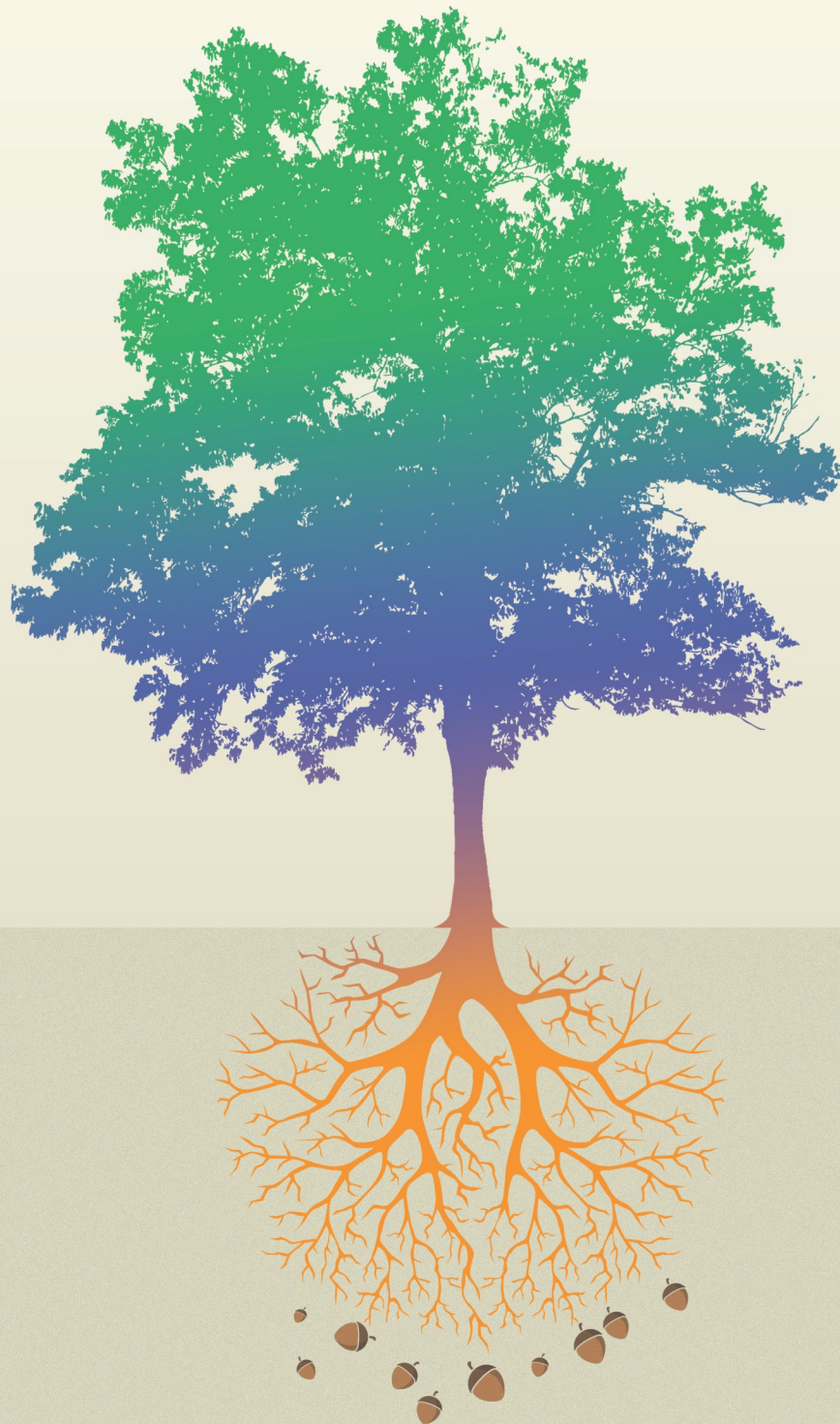
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A Core Partner of
THE TA NETWORK

the technical assistance network for children's behavioral health



Health Beliefs Tool Kit



Our beliefs are the seeds of our behaviors

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PREFACE

Current and anticipated demographic changes in the US encourage a renewed focus on addressing racial and ethnic disparities in behavioral healthcare (BH). The incorporation of behavioral health beliefs is an important part of behavioral health services in systems of care. In order to be effective, medical practitioners, therapists, caseworkers, administrators, and others working with individuals seeking BH services must be conscious of how cultural health beliefs affect disease, treatment, and health practices, as well as how culture influences health and healing practices (Vaughn, Jacquez, & Baker, 2009).

A growing body of research acknowledges standards by which to meet family and community needs in the BH setting. Nevertheless, achieving these standards, utilizing recommended strategies and obtaining required information from individuals seeking BH remains a challenging task for those who provide behavioral health services to individuals and their families.

This toolkit provides behavioral health agencies and their partners a guide to taking the individual and family cultural perspective when delivering BH. There is no “one size fits all” method that is culturally relevant for all individuals and treatments. However, this toolkit is a step towards a more culturally competent perspective in approaching and treating individuals seeking BH. This culturally appropriate approach may include addressing the religion and faith of the individual, as well as support networks, attitudes on causes and treatment of illness, language barriers, and socioeconomic status (Matsumoto & Juang, 2008).

This toolkit is intended for behavioral health specialists, peer specialists, community health workers, service coordinators, nurse practitioners, and administrators in the BH setting. Therefore, the toolkit focuses on service delivery. Through the introduction of a Behavioral Health Belief Assessment, Behavioral Health Practitioner Reflection Tool, Community Support Checklist, Policies and Procedures Checklist, and Vignettes, behavioral health providers can enhance service delivery and provide a more holistic approach to BH.

If you are interested in learning more on health beliefs, a recorded webinar and online course are provided. The webinar guides the reader through utilization of the toolkit and the online course offers an in depth look at the main aspects covered in this toolkit.

1. Introduction

1.1 Importance of cultural beliefs within the CLAS framework and US governmental policies

Acknowledging and understanding cultural beliefs has become an essential practice in the delivery of behavioral health services. Research has shown that incorporating positive health beliefs in the treatment plan of individuals seeking BH can help reduce health care disparities, enabling individuals seeking BH to achieve desirable health outcomes (U.S. Department of Health and Human Services, 2014; Schawarzer, 2008). Research has also shown that perceptions about behavioral health conditions can alter or influence an individual's willingness to seek services as well as their adherence to a treatment plan (Ajzen & Fishbein, 1980; Prins, Verhaak, Bensing, & Van de Meer, 2008). Policy makers recognized this need, and in an effort to provide culturally and linguistically appropriate services, the Office of Minority Health at the U.S. Department of Health and Human Services developed the National Standards for Culturally and Linguistically Services (CLAS) in 2000. The standards were further enhanced in 2013.

The National CLAS standards are designed to advance health equity, improve quality and eliminate disparities by establishing a blue print for health care organizations to:

“Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.” (U.S. Department of Health and Human Services, 2013, p. 13)

This Principle Standard guides the rationale for the development of this tool kit. It highlights among many other things, the need for care that is responsive to the diverse health beliefs and practices of individuals seeking BH. There is a great need in behavioral health for this responsive approach. The following statistics illustrate this point:

- Approximately 43.7 million adults 18 or older have reported a mental health illness.
- The percentage of adults aged 18 and older who reported having serious thoughts of suicide was 3.3% among Asians, 3.5 % among Hispanics, 3.6% among blacks, 4.0 %

among whites, 5.5 % among persons reporting two or more races, and 5.9 % among American Indians or Alaska Natives.

- However, the mental health service usage rates among adults aged 18 or older by race or ethnic group indicate a lower usage rate by members of racial or ethnic minorities. These usage rates are as follows: 4.4% for Asians, 5.3 % for Native Hawaiians or Other Pacific Islanders, 7.1 % for Hispanics, 10.2% for blacks, 14.2 % persons reporting two or more races, 15.4% for American Indians or Alaska Natives, and 17.8% for whites.

Source: Mental Health Services Administration (2012)







In other words, usage rates among these ethnic and racial groups do not match the numbers showing the need for behavioral health services. In reality, most often due to cultural beliefs, mental illness is under reported. Underreporting can result when individuals forego behavioral services in traditional settings and attempt to solve behavioral health problems on their own or via family or community support such as preachers or spiritual healers (Scheppers, Van Dongen, Dekker, & Geertzen, 2006). Therefore, this tool kit seeks to provide the necessary tools for BH practitioners to recognize health beliefs and attitudes of potential individuals seeking BH in order to:

- Increase access, acceptance and adherence of behavioral health support services tailored to meet their unique needs.

1.2 From one size fits all to individualized cultures

There is a vast list of available resources related to the culture of specific ethnic groups, including discussions of their main attitudes and beliefs. Although this information may provide basic knowledge on how to address the cultural needs of specific groups, the “one size fits all” approach has limitations. One size fits all is a way to explain the general attitudes and beliefs that characterize an ethnic community.

However, attitudes and beliefs may vary in each culture based on:

	Socio-cultural factors
	Educational factors
	Geographic locations
	Health related topics
	Family members
	Religious Affiliations



Keep in mind that...

There is not a one size fits all approach in understanding BH beliefs; we need to address the unique characteristics of each individual and his/her approach to behavioral health illness.

1.3 Recognizing Generational Differences among Health Beliefs

Behavioral health beliefs may vary greatly between individuals in the same community or ethnic group. In fact, health beliefs may differ within the same culture or family. This is because beliefs are quite precarious in nature, as they are fluid, changing throughout an individual's lifetime. In other words, what an individual believes in his 20s may be different from what he believes when he gets older. In fact, research in behavioral health has shown that emphasis must be placed on an individual's age, as it has shown to be a significant predictor of behavioral health symptoms (Yeh, 2003). All generations of individuals, even those in the same culture, may have very diverse behavioral health beliefs. Therefore, when attempting to capture an individual's behavioral health beliefs, the age of the individual may influence his or her beliefs. This toolkit recognizes and acknowledges these differences among individuals, and thus stresses the importance of an individualized approach to health beliefs.

1.4 Achieving recognition and validation of individuals' values and beliefs

When individuals seeking BH decide to request behavioral health services, it is the role of behavioral health practitioners to provide a welcoming and understanding environment to meet the unique needs of the individual. Some areas to consider when offering and providing behavioral health services are:

- Holistic views of behavioral health issues by incorporating body, mind and soul;
- The belief that behavioral health issues may be caused by family relationships or childhood experiences;
- The belief that behavioral health issues may be caused by supernatural or spiritual factors;
- There may be cultural taboos associated with disclosing behavioral health issues and seeking professional health; and
- Knowledge of the individual regarding their behavioral health illness and how their his or her values and beliefs either interfere or promote desirable health behaviors.

Source: Scheppers et al. (2006)



Did you know...

Literature shows religious beliefs and practices help people cope and deal with stress and are good for mental health (Verghese, 2008).

1.5 Purpose of this tool kit

The purpose of this tool kit is to help behavioral health practitioners recognize and acknowledge the health beliefs and values of individuals in order to:

- Increase access to behavioral health services;
- Obtain buy-in of prospective individuals;
- Provide unique service delivery plans according to the beliefs and attitudes of individuals;
- Assess the individual's knowledge of behavioral health illness; and
- Reduce health care disparities.

In order to accomplish this, this toolkit will provide the following tools and resources:

- Behavioral health beliefs assessment tool;
- Practitioner reflection assessment tool;
- Community assessment check list;
- Organizational policies and procedures check list;
- Action and implementation plan;
- Access, planning and service delivery plan vignettes; and
- Community resources.

1.6 Audience of this toolkit

This tool kit is designed for the following audiences:

- Behavioral health practitioners (Psychologists, social workers, nurses, case managers, counselors, family intervention specialists, etc.)
- Community health practitioners (Community health workers, community educators, community advocates, community leaders, etc.)
- Administrators (program managers, program directors, board members, etc.)

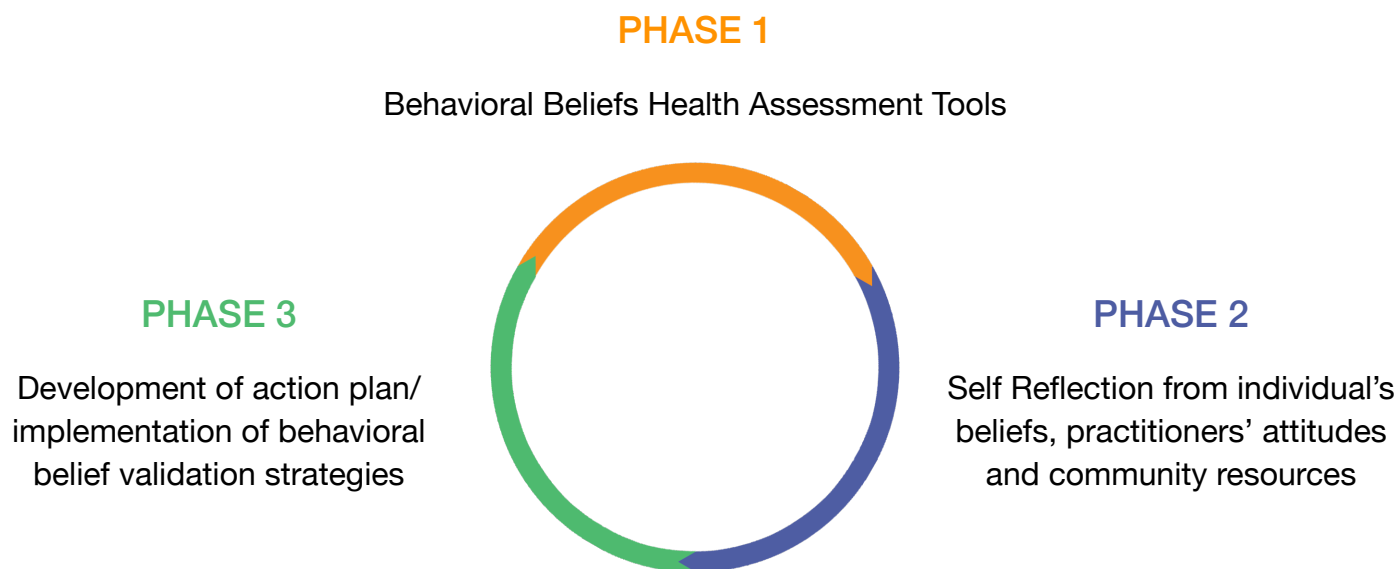
It can be used by the following organizations:

- Governmental behavioral health care centers
- Non-Governmental behavioral health care centers (e.g., community-based organizations)
- Professional education (non-credit college programs) community based organizations)
- Professional education (non-credit college programs)

2. Continuum of understanding health beliefs

Understanding health beliefs is a process that needs to be explored to effectively incorporate the beliefs of individuals seeking BH during treatment. This process is cyclical as cultural beliefs may change over time, depending on the health topic that the individual is currently facing, education level, immigration status, community, family, or other situational factors. This process is illustrated in figure 1.

Figure 1. Continuum of understanding health beliefs



After assessment and reflections are completed, the action and implementation plan will detail specific steps to identify what attitudes can be used to obtain desirable behavioral health outcomes and which ones need to be addressed during group or individualized interventions.

REMEMBER THAT THIS PROCESS CAN BE REPEATED AS NEEDED.

3. Continuum Phase 1: Cultural/ Behavioral Health Belief Tools/ Assessments

3.1 Behavioral Health Beliefs: Addressing Socio-Cultural barriers

Satisfying the needs of individuals in terms of providing a holistic approach in BH delivery is a challenging task. Steps have been made to break some of the Socio-Cultural barriers that exist between diverse communities and service delivery staff at the organizational, structural, and clinical level (Betancourt et al., 2003).

What's being done to address Socio-Cultural barriers:

- Recruiting minorities into health professions
- Educating workers on language appropriate services
- Providing education on cross-cultural issues

What we must do now to continue to address Socio-Cultural barriers:

- Expand what we know and what others know about behavioral health
- Improve access to treatment
- Reduce barriers to treatment
- Improve quality of care
- Support capacity development
- Promote behavioral health

(Surgeon General's Report, 2001).

3.2 The role of cultural competence in Socio-Cultural barriers

Cultural Competence is understanding, adapting, and being responsive to individuals from other cultures with different belief systems than own own.

- According to the NIH, cultural competency positively impacts care through service delivery that is “respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients.” (National Institute of Health, 2014)
- A lack of cultural competence may create barriers to the use and availability of mental health services. Barriers may include, but are not limited to: stigmas, mistrust, conflicting ideas on behavioral health issues, historical oppression, lack of insurance, and discrimination (NKI Center for Excellence in Culturally Competent Mental Health, 2014)



Did you know...

We never achieve complete understanding of others’ behavioral health beliefs. Rather, we must constantly strive to learn, acknowledge, and be responsive to their beliefs and attitudes.

3.3 Behavioral Health Values and Beliefs: Guiding Questions

We must provide an individualistic approach for service and treatment delivery. However, providing services and treatment delivery for specific individuals and families is much more difficult than targeting communities or ethnic groups as a whole. In order to facilitate this process, a Behavioral Health Values and Beliefs Guiding Questions tool is available to address individual dimensions that could inform practitioners about the behavioral health beliefs of individuals seeking BH. This tool will help you gather information on the following:

- Individual, family, spiritual beliefs, community, knowledge of illness, service delivery preference, immigration, and perception of BH professionals



Did you know...

That culture is fluid, complex, multi-faceted, and pervasive, and includes much more than race or nationality but is intimately related to beliefs (Vaughn et al., 2009).

The *Behavioral Health Values and Beliefs Guiding Questions* tool is a guideline for caseworkers, counselors, and other intake specialists and therapists to help start conversations with individuals seeking BH. When using this tool, keep in mind the following:

- The questions should come up fluidly throughout the conversation with the individual.

- A learning stance, as opposed to a message-delivery stance or questionnaire, should be used to approach these questions. Using a learning stance, you may ask questions like: “Please explain what you mean”.
- Do not assume answers to questions. Instead, ASK without judgment.
- The practitioner can build on or fill in these questions as he or she sees necessary.
- To gauge a person’s culture, it is not inappropriate for the behavioral health specialist to ask the individual further questions about the person’s culture if the answers are not clear.



Note that...

Asking individuals conversational questions such as “What do you think is wrong?” and “Why do you think this is happening?” can help the practitioner see how individuals interpret their situation. Responses could provide numerous clues that help understand the point of view of individuals and help the practitioner be more effective in building a relationship and treating an illness (Galanti, 2008).



Keep in mind that...

There is no right or wrong answer to the questions so you must keep an open mind.

Behavioral Health Values and Beliefs Guiding Questions

Inform the individual that the conversation is confidential. The individual may choose to not answer or discuss. Keep in mind that the responses to these questions, or the decision not to answer questions, will not affect the care that the individual receives.

Personal

1. Please tell me why you came here today and what you hope to accomplish in order to improve your situation?
2. How do you feel about getting the kind of services we provide here?
3. Do you think you will be able to resolve your situation and the problems that brought you here today? Can you do it on your own or do you feel you need professional help?

Familial

4. Were you taught about <reason you are here> growing up? What were you told about it?
5. Does your family support you in your decision to seek help for this situation?
6. What is most important to you and your family? Think of material things as well as family values.
7. Who lives at home with you? Which of these persons provide you with support? Are there people that don't live with you that also provide support?
8. Does anyone among your friends and family also share the same issues as you? Did they seek help? What was the result?

Spiritual

9. Is religion important to you? If so, how?
10. Would you consider yourself a spiritual person? If yes, explain.
11. What things are meaningful in your life?
12. What role do your spiritual beliefs play in regaining your health?
13. Have you ever received services from natural healers (preachers, shamans, etc.) or other complementary health approaches?
14. Do you meditate? What else do you do to help your own spiritual and behavioral health and wellness?

Community

15. What type of social and support networks do you have besides your family? Explain.
16. What do people in your community think about your situation (probe for stigma, stereotypes and prejudice)? Do you think the community discriminates against people with similar issues as you?
17. How would you describe the people that live in your community? Are most people in your community similar to you? (Probe: country of origin, language, customs, culture, etc.).
18. How do people in your community talk about behavioral health issues? (Probe for specific cultural beliefs such as ataque de nervios, amok and mal de pelea, dhat, falling out, ghost sickness, hwa-byung, koro, pibaloktog, taijin kyofusho, mal puesto, hex, root-work, and voodoo death, susto, espanto, espasmo, and miedo).
19. Do you think that what you are dealing with has to do with that (refer to answers above)? If so, explain.

Knowledge of Illness

20. When you hear the term "behavioral health", what does it mean to you? What about "mental illness"? (or specific diagnosis if relevant).
21. What do you know about your current issue(s) that brought you here today?
22. How different is the perception of your health issue in the American culture compared to the culture from your country of origin?
23. Do you think you could get better without professional help?

Service Delivery

24. What do you hope to get from your visit with a behavioral health specialist?
25. Would you rather receive services individually or in a group with other people going through the same situation?
26. Would you rather meet with your service provider alone or with your family?
27. Do you feel comfortable speaking openly with your doctor or caseworker in English? Or would you feel more comfortable with an interpreter?

Immigration (If applicable)

28. How old were you when you moved to the U.S.? (Only if not born in the U.S.)

29. Do you identify more with U.S. culture or the culture of your home country?

30. Have you ever been discriminated against for being “different”? How did you react?

Perceptions of Healthcare Professionals

31. How do you want a behavioral health care specialist to treat you?

32. How do you want your behavioral health care provider to perceive you?

33. Have you had any negative experiences with a behavioral health professional? Explain. What about positive experiences?

3.4 Addressing Behavioral Health Practitioners’ Own Cultural Beliefs and Attitudes






How we were raised and the culture in which we were raised affects our attitudes, values and behaviors. In addition, our own thoughts and beliefs affect how we understand others. Therefore, we must recognize what we bring to the table when interacting with diverse individuals. According to Health Care Chaplaincy Network (2009), in order to provide effective, sensitive care to individuals from other cultures, we must:








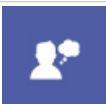
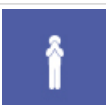
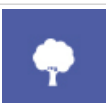


- Be aware of our own cultural values and beliefs and understand how they affect our attitudes and behaviors.
- Understand others’ cultural beliefs and values and how individuals are influenced by those beliefs and values.

3.5 Behavioral Health Practitioners Values and Beliefs Checklist

The following checklist is designed for behavioral health practitioners. The purpose of the checklist is to gauge how open-minded practitioners are when assimilating their beliefs. A good practice is to review this checklist before meeting with new individuals.

A. Look internally by acknowledging....

	Your socioeconomic status
	Your political affiliations
	Your race
	Your religion
	Your gender

	Your role in your family
	Your job
	How you describe yourself
	What is important in your life
	What helps you find meaning
	What helps you cope
	How you take care of yourself
	Your beliefs
	Your spiritual practices
	Your cultural heritage
	If you have been discriminated against
	How you grew up

B. Think about cultural habits (actions) you may have:

- How do you greet others?
- What is a safe, appropriate space for conversation?
- How do you dress?
- Do you practice religion in any way?
- Who do you consider family?

- Who participates in major decisions in your family?
- What kind of learner are you (spatial, verbal, etc.)?
- Are you confrontational?

C. Checklist

After reflecting on personal and shared values, consider the following checklist. How many statements are true for you?

- I am prepared to accept the cultural differences that there may be between the individual and myself.
- I understand spirituality and religiosity may be important to the individual's physical and mental well-being.
- I respect that the individual may have different beliefs than me and I will not impose my beliefs on him or her.
- I agree to address the beliefs of the individual during visits and follow-up visits, as appropriate.
- I understand that there are circumstances when the individual may need to include family members during visits.
- I understand that natural healers may be important during treatment and recovery.
- I understand that chaplains, preachers and other spiritual leaders may be important during treatment and recovery.
- I understand my own spiritual beliefs because I realize that my beliefs can impact my actions and make the experience with the individual more humanistic.
- I understand that what is important in the life of the individual may not be important in my life.
- I understand that the individual may have cultural habits that are different from my own.

**Adapted from Puchalski & Romer (2000)*

3.6 Identifying Resources for Individuals Seeking BH: A Community Check List

Part of building rapport with different individuals and engaging in a respectful and warm atmosphere is determining the resources available to the individual and his or her family (Saldana, 2010).

Table 1. Community Checklist

Does my organization have the following:

Resources	Yes	No	In process
1. A list of alternative medicine (acupuncturists, herbal medicine, etc)			
2. A list of certified interpreters			
3. A list of certified translators			
4. Currently or previously collaborated with community health workers			
5. Currently or previously collaborated with community health brokers			
6. A list of indigenous healing resources in the community, including clergy, folk healers such as curanderos or elders in a tribal group			
7. Community transportation options in the target area to address some of the transportation barriers many ethnic groups face			
8. List of possible day care centers in your area to oversee children under 6 years of age, for when individuals seek treatment.			
9. Trained practitioners in wraparound and family center practices			
10. Currently or previously collaborated with community leaders			

3.7 Organizational Policies and Procedures for Behavioral Health Beliefs Check List

Incorporating behavioral health beliefs into organizational policies is vital for attaining the most effective service planning and treatment. The following is a checklist to be completed by program managers and service delivery staff to ensure that policies and procedures are in place and disseminated throughout the organization.

Please read the following statements and check whether your organization has the following:

At the management level

Statements	Yes	No	In process
Acknowledgement of cultural differences and behavioral health beliefs in the organization's mission, vision and values.			
Design of programs/committees/task forces to address behavioral health beliefs across different cultures in the organization's target area.			
Organizational support of local, regional, and national resources that promote cultural competence, and identify behavioral health beliefs.			
Pursue research projects that will include topics related to behavioral health beliefs.			
Organization promotes personal dignity and respect inclusive of behavioral health beliefs.			
Organization lists behavioral health beliefs as a priority in treating individuals.			

At the staff capacity level

Statements	Yes	No	In process
Hiring and recruiting practices that promote cultural diversity			
Training practices that include topics related to behavioral health beliefs such as spiritual beliefs, barriers to access and individualistic approaches to behavioral health issues			
Resources on community background, historic and specific behavioral health issues are provided to health professionals			
Resources are provided for cross-cultural communication (interpreters, translation resources, community partners)			
Staff members are acknowledged and encouraged to participate in cultural and spiritual celebrations because of their beliefs.			

Hiring and recruiting practices are systematically reviewed to ensure ethnic and diversity is appropriately addressed.			
Training practices are systematically reviewed to ensure ethnic and behavioral health belief diversity topics are appropriately addressed.			

At the service delivery level

Statements	Yes	No	In process
Service delivery is routinely and systematically reviewed to ensure individuals' health beliefs are being appropriately addressed.			
Establishment of partnerships with ethnic communities in the organization's target area (such as natural healers, community based organizations, etc.) to incorporate knowledge and behavioral health beliefs in planning, education and services.			
Cultural bias of service delivery staff is considered when planning and implementing service delivery treatment.			
Services are modified based on individual feedback related to his/her behavioral beliefs and approaches to mental health.			
Create service delivery processes that ensure equity in voice, responsibility, and visibility for the individual and his/her family			
Organization agrees to home visitations or community-based meetings when possible.			

(Association of University Centers on Disabilities, 2004; Harper et al., 2006; Work Group for Community Health and Development, 2013)

4. Continuum Phase 2: Practitioners' Reflections

4.1 Understanding the information gathered

Most of the time, practitioners and even researchers tend to get overwhelmed with the information obtained from assessments. In order to get the most of the information collected, you should:

- Use categories to highlight beliefs addressed by the individual; and/or
- Use graphics such as tables or figures to accentuate attitudes that influence health behaviors



Keep in mind that...

You can select any method to analyze and reflect on the information you collected

4.2 Reflecting on Behavioral Health Values and Beliefs: Guiding Questions

Results from the Behavioral Health Values and Beliefs Guiding Questions can be analyzed in different ways. One way is to evaluate the responses using the Health Belief Model. The Health Belief Model was developed to explain and predict health behaviors (Hochbaum, Rosenstock and Kegels, 1952). Originally the model was used to understand why people did not accept disease preventions or screening tests (Janz & Becker, 1984). Since then, it has been used to understand individuals' responses to symptoms and used with prescribed medical regimes (Janz & Becker, 1984). The model is comprised of the following dimensions:

Table 1. Dimensions of the Health Belief Model

Dimensions		Definitions
Perceived Susceptibility		An individual's perception of his/her chances of getting the disease
Perceived Seriousness		An individual's knowledge related to the severity of the disease
Perceived Benefits		An individual's opinion of desirable behavioral health beliefs that need to be taken into consideration during treatment plans.
Perceived Barriers		An individual's opinion as to what will stop him/her for seeking behavioral health services and returning for continued services.
Self Efficacy		An individual's belief that he or she can do something to improve current situation

Using the Health Belief Model, we can reconsider how the behavioral health values and beliefs guiding questions are relevant to: an individual's perception of his or her chances of getting the disease (perceptive susceptibility), an individual's knowledge of illness (perceived seriousness), the use of health beliefs as benefits or barriers to seek and receive services (perceived barrier and perceived benefit) and personal beliefs related to self-improvement (self-efficacy) of each individual. The following figure breaks down the questions by model dimensions.

Figure 2. Reflecting Behavioral Health Values and Beliefs: Guiding Questions using Health Belief Model (continued on next page)

Perceived Susceptibility	Perceived Seriousness
<ul style="list-style-type: none"> • Please tell me why you came here today and what you hope to accomplish to improve your situation? • Were you taught about <reason you are here> growing up? • Does anyone among your friends and family also share the same issues as you? Did they seek help? What was the result? • What role do your spiritual beliefs play in regaining your health? 	<ul style="list-style-type: none"> • When you hear the term “behavioral health”, what does it mean to you? What about mental health? Mental illness? • What do you know about your current issue that brought you here today? • How do people in your community talk about mental illness? • How different is the perception of your health issue in the American culture compared to the culture from your country of origin? • Do you think you could get better without professional help?
Perceived Benefits	Perceived Barriers
<ul style="list-style-type: none"> • How do you feel about getting the kinds of services we provide here? • Does your family support you in your decision to seek help for this situation? • What type of social and support networks do you have besides your family? Explain. • Is religion important to you? If so, how? • Would you consider yourself a spiritual person? If yes, explain. • What things are meaningful in your life? • What role do your spiritual beliefs play in regaining your health? • Have you ever received services from natural healers (preachers, shamans, etc.) or other complementary health approaches? • Do you meditate? What else do you do to help your own spiritual and mental wellness? • Have you have any position experiences with a behavioral health? Explain. 	<ul style="list-style-type: none"> • Do you think you will be able to resolve your situation and the problems that brought you here today? Can you do it on your own or do you feel you need professional help? • Does your family support you in your decision to seek help? • What type of social and support networks do you have besides your family? Explain. • What do people in your community think about your situation (probe for stigma, stereotypes and prejudice)? Do you think the community discriminates against people with similar issues as you? • How do people in your community talk about mental illness? • How old were you when you moved to the U.S.? (only if not born in the U.S.) • Do you identify more with U.S. culture or the culture of your home country? • Have you ever been discriminated against for being different? How did you react? • Do you feel comfortable speaking only with your doctor or caseworker in English? Or would you feel more comfortable with an interpreter? • How do you want a behavioral health care specialist to treat you? • How do you want your mental health care provider to perceive you? • Have you had any negative experiences with a behavioral health? Explain. What about positive experiences?
Self Efficacy	
<ul style="list-style-type: none"> • Do you think you will be able to resolve your situation and the problems that brought you here today? Can you do it on your own or do you feel you need professional help? • Does your family support you in your decisions to seek help? • What is most important to you and your family? Think of material things as well as family values • What role do your spiritual beliefs play in regaining your health? • What type of social and support networks do you have besides your family? Explain. 	

The behavioral belief model will assist you in:

- Understanding potential for success in treatment for the individual;
- Identifying behavioral health beliefs of individuals could be a detriment to access and continue seeking treatment; and
- Acknowledging how you can use the behavioral health beliefs of the individual to improve his or her chance to adherence and treatment completion.

Another way to analyze the guiding questions is by understanding what factors may influence different types of access to BH. Access can be defined in multi-dimensional terms (Anderson, 1995), which could also influence health behaviors. Think about access in these terms, using questions from the Behavioral Health Values and Beliefs Assessment:

- Potential Access (Presence of Enabling Resources)
 - May include family support or other support systems such as teachers, mentors, or pastors.
 - Think about this question: “Does your family (or other system of support) support you in your decision to seek help for this situation?”
- Realized Access (Actual use of behavioral health services)
 - Does the individual feel he or she needs help?
 - Think about these questions: “Does anyone among your friends and family also share the same issues as you? Did they seek help? What was the result?”
 - And this question: “Do you think you could get better without professional help?”
- Equitable Access/Inequitable Access (Which predictors of realized access are dominant is in the eye of the beholder)
 - It could be family, religion, community factors, etc.
 - Think about these questions: What type of social and support networks do you have besides your family? How do you feel about getting the kinds of services we provide here? What things are meaningful in your life? How different is the perception of your health issue in the American culture compared to the culture from your country of origin?
- Efficient Access (Increasing health status and consumer satisfaction)
 - Think about this question: “What do you hope to get from your visit with a behavioral health specialist?”

**Adapted from Anderson (1995)*



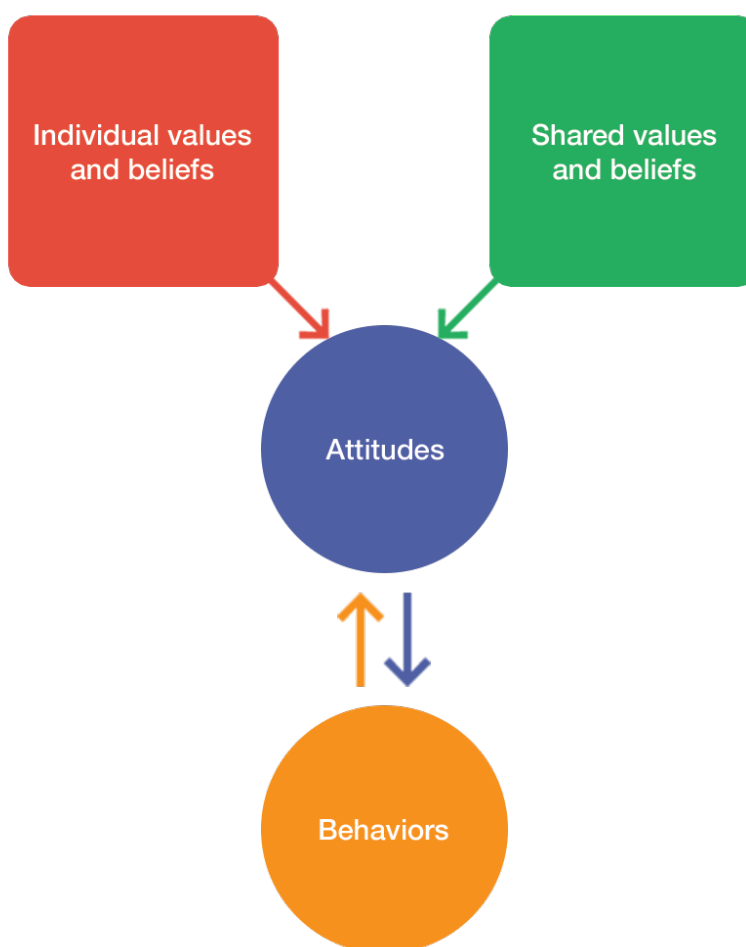
Keep in mind that...

You can also use demographic information from your organizational intake to complement your reflections on the behavioral health beliefs of individuals seeking behavioral BH.

4.3 Reflecting on the Behavioral Health Practitioner Values and Beliefs Checklist

After completing your practitioner checklist, you should review your answers and determine what factors influence your attitudes. Using this checklist, you will be able to see how your individual and shared values (family, community, etc.) determine your attitudes. These attitudes shape your behavior toward specific issues related to behavioral health illnesses or beliefs. This idea is shown in figure 3.

Figure 3. Attitudes and behavior model





Keep in mind that...

Individual and shared values and beliefs may influence your attitudes and shape a particular pattern of behavior. For example, you may shake hands with a person you are just meeting. If the person does not shake your hand when you reach out, how do you feel? It is natural to assume your customs and values are more sensible or appropriate. Understanding who you are may help you comprehend your behaviors and actions. The first step to becoming more culturally sensitive is being aware of cultural assumptions.

In order to be more receptive to the individual's behavioral health beliefs, you have to:

- Become self aware of your own biases and stereotypes
- Realize that what is “normal” to you may be strange to others and vice versa.
- Have good communication skills
- Be aware of cross-cultural issues
- Compromise to find satisfactory solutions
- Understand and manage your own emotions

4.4 Reflecting on Community Check List

Reflect on the community resources you did not check in the Community Check List. What is keeping you from checking all items? Try to get out in the community and observe cultural habits. In your path to do this, consider doing the following:

- Ask people from the community or from other organizations about resources they have found useful;
- Look at what other programs are doing to accommodate the cultures and beliefs of individuals;
- Stretch beyond your comfort zone, how do people from different groups feel in your community?
- Try to identify the cultural healers in your community;
- Ask people who they see as cultural brokers? Who explains American culture to them?



Keep in mind that...

This is a self-reflection exercise and not a test. This check-list will assist you in obtaining resources needed to better understand the behavioral beliefs of individuals.

4.5 Reflecting on Organizational Policies and Procedures for Behavioral Health Beliefs Check List

Organizations should include the use of the Behavioral Health Beliefs Checklist in their policies and procedures. They should include the behavioral health beliefs of individuals seeking BH in their targeted service area at different organizational capacities. Incorporating behavioral health beliefs into policies and procedures provides organizations with a culturally competent approach to addressing the unique needs of individuals, which can help in removing some of the barriers that minority populations face when seeking and receiving behavioral health care. In addition, a culturally competent approach can help organizations provide more effective and equitable services. After completing the check-list, consider doing the following:

- Get together with your managers and program director to discuss your findings. (Do not assume that all staff will understand the policies and procedures the same way);
- Elicit discussion about what policies and procedures are in place and determine what needs to be done to address unchecked items;
- Build a task force with community members and other stakeholders to see how policy areas could be improved;
- Set priorities on the items that have not been checked and incorporate them in the organization's strategic plan;



Keep in mind that...

A manager's perception on policies and procedures may be different than the perception of service deliver staff. Incorporating more staff members will paint a more realistic picture of the organization's policies and procedures. It is important to include more than 4 members of staff.

5. Continuum Phase 3: action plan/ implementation of behavioral belief validation strategies

After you reflect on the findings of the Behavioral Health Assessment Tools, such as:

- Behavioral Health Values and Beliefs Guiding Questions,
- Behavioral Health Practitioner Values and Beliefs Checklist
- Community Resources Checklist
- Organizational Policies and Procedure Checklist

The next step is to create an action and implementation plan tailored to the unique needs of the individual. In this plan, you will be able to:

- Address results from the needs of individuals seeking BH, using the Health Belief or Health Access Model
- Identify the statements you did not check from the Practitioner Behavioral Health Values and Beliefs checklist and determine how these values and beliefs are similar or different from the individual; and
- Identify which community resources you need to have in place to better serve the individual based on his or her unique behavioral health beliefs.



Note that...

Two templates are provided in the Appendix Section for this tool kit to assist you in developing your action and implementation plan. The first template includes an Action/Implementation Plan for the use of Behavioral Health Values Guiding Questions, Behavioral Health Practitioner Checklist and Community Resources Checklist. The second template is for you to develop your action/implementation plan related to your organizational policies and procedures



Keep in mind that...

The first three assessment tools (Behavioral Health Values and Beliefs Guiding Questions, Behavioral Health Practitioner Values and Beliefs Checklist, and Community Resources Checklist) should be used every time you see a new individual seeking BH because...

As we have seen in this tool kit...

There is no one size fits all approach to health beliefs but rather we need to address the unique characteristics of each individual and his/her approach to behavioral health issues.

6. Access, Planning, and Service

Delivery Vignettes



Assessing, acknowledging and incorporating the behavioral health beliefs of individuals seeking BH is a difficult task. Every individual and situation is different. ***Culture is fluid and ever-changing***. However, using the tools within this toolkit presents service providers with a method to approach services in a culturally appropriate way.

The following vignettes are presented to elicit thought and discussion on behavioral health beliefs to provide individualized behavioral health services. After each vignette, there will be reflection questions to do in group or pair discussions.

Vignette A

Ibrahim is a 17-year-old high school student. Over the past year he has had difficulty controlling his thoughts. Over the past few weeks he has begun to hear voices, even though he knows he is studying and working alone. He prayerfully addresses his worries multiple times a day. He has even been fasting. Nevertheless, over the past few weeks he has noticed the voices more frequently. Sometimes he becomes very suspicious of his friends and teachers and is now having difficulty distinguishing these voices from reality. He is starting to think this is punishment from God. He has skipped classes at school go to a quiet place and pray that these voices go away. His friends have noticed that he has started to go for long periods without bathing or taking care of himself. He has seen “mental health” signs at school for who to call if you need help. He never imagined it would come to this, but he’s finally given in to talking to someone. Ibrahim knows that he must seek help and that he has a serious problem. He can't talk to his family. Ibrahim's family does not believe in behavioral health problems or agree with western medicine. Ibrahim is hesitant to even go to a doctor.

Questions to consider:

1. What may be the perceived benefits of and barriers (if applies) seeking help in this example?
2. Based on what you know, what are some of the spirituality questions you should ask?
3. What non-judgmental questions would you ask? Refer to the Behavioral Health Values and Beliefs Guiding Questions?
4. What would you recommend that may be acceptable to Ibrahim? What topics would you be careful with?
5. What personal beliefs of yours conflict with his perception of the problem? How would you deal with this?
6. What community resources do you need to have in order to provide a culturally appropriate treatment?

Vignette B

Wanzhu is a 14 year-old Chinese female. Her mother takes her to meet with a behavioral healthcare intake specialist because she has been suffering from extreme stress and anxiety problems. She has felt an extremely high level of stress from her schoolwork and is also responsible for taking care of her two younger siblings when they get home from school. Her grandmother has stayed with her family for the past six months to help with her two younger siblings, but her grandmother has just left the family to return to China. When Wanzhu meets with the intake specialist she explains that her family does not practice any complementary and alternative medicine (CAM). After probing her, however, the intake specialist finds out that Wanzhu often walks around the lake at her condo when she feels very angry with her younger siblings and that helps her calm down and feel better. Wanzhu also walks with two other youth on Saturday mornings, which she always looks forward to. The intake specialist also finds out that after the walks, the group plays board games and share stories from their past week. The group also will meet for prayer time before school. Meeting with friends seems to help Wanzhu feel better.

Questions to consider:

1. What may be the perceived benefits of and barriers (if applies) seeking help in this example?
2. Based on what you know, what are some of the questions you should ask Wanzhu about stress relief practices in her culture?
3. What non-judgmental questions would you ask? Refer to the Behavioral Health Values and Beliefs Guiding Questions?
4. What would you recommend that may be acceptable to Wanzhu and Wanzhu's family? What topics would you be careful with?
5. What personal beliefs of yours conflict with his perception of the problem? How would you deal with this?
6. What community resources do you need to have in order to provide a culturally appropriate treatment?

Vignette C

Background: Oria is a 7-year-old individual from Laos. She moved to the US 3 years ago with her parents, who at the time were employed on a special project by the US government. She is coming in to see a behavioral health specialist because she is having difficulty coping with her mother's death.

Behavioral Health Practitioner: Hello, Oria.

Oria's father: Hello. We've come to see you today because Oria has been finding it very difficult to cope for the past year. Her mother has died and there is an ongoing criminal investigation about how she died. We were both suffering greatly in the beginning, and I was managing. But lately, Oria is finding it very unbearable. She feels so angry. Sometimes she just gets very mad and throws things. I can't calm her down and she just cries for her mother. I know she is suffering from amok. And we just need to speak with someone because she is finding it very hard to cope. In Laos we had so much community support. Here in the US everyone just thinks she is depressed. No one helps her here. We are desperate. So I'm coming here wondering if you can help Oria at all. She does not want to get up in the morning. What child is like that? She will not eat. She refuses to go to church with me. She begs me to let her stay in bed. My extended family do not live in this country so I don't have any support. I feel as if she has lost everything, and she is only 7. She just really misses her mother, and I don't know what to do for her.

Remember: Amok (also known as mal de pelea): is a term used in Malaysia, Laos, Philippines, Polynesia, Papua New Guinea, and Puerto Rico. It refers to a dissociative disorder involving outburst of violent or homicidal behavior directed at people or objects.

Questions to consider:

1. What may be the perceived benefits and barriers (if applicable) for Oria's father to seek help in this example?
2. Based on what you know, what are some spiritual beliefs in her culture?
3. What non-judgmental questions would you ask Oria's father? Refer to the Behavioral Health Values and Beliefs Guiding Questions?
4. What would you recommend that may be acceptable to Oria and Oria's father? What topics would you be careful with?
5. What personal beliefs of yours conflict with her father's perception of the problem? How would you deal with this?
6. What community resources do you need to direct her family towards in order to provide her with culturally appropriate treatment?

Vignette D

Background: Leizl is 9 years old and has just moved from Ethiopia to the US with her brother and father for her father's work. Her father brought her in to see a psychiatrist because he felt she was having extreme anxiety. Her father noticed that she was so anxious before the school bus came that she would get sick every morning. She was becoming so withdrawn that she would not eat. Recently, any open spaces seemed to cause Leizl extreme anxiety. The doctor decided after several visits to prescribe Leizl with a medication that she could take orally. At the most recent visit, her father did not feel comfortable talking with the doctor about her prescription at the time, but he has strong feelings against prescription drugs. Her father decides to call her nurse back before giving Leizl the prescription.

Leizl's Father: Hello, my daughter came in to see someone recently who gave her these poison drugs for her anxiety. She will not take them. My daughter will not be poisoned.

Nurse: What prescription was she given? Did she have a reaction?

Leizl's Father: I do not know. But I do not want to give her pills. They give people pills to poison them in the US.

Nurse: Yes, we can help you with a different prescription.

Leizl's Father: We do not want a prescription. I want someone to help her naturally. Do you do that here?

Questions to consider:

1. What may be the perceived benefits and barriers (if applicable) for Leizl's father in seeking help in this example?
2. Based on what you know, what are some of the stereotypes or stigmas about prescription drugs in Leizl and her father's culture?
3. What non-judgmental questions would you ask Leizl's father? Refer to the Behavioral Health Values and Beliefs Guiding Questions?
4. What would you recommend that may be acceptable to Leizl's father? What topics would be careful with?
5. What personal beliefs of yours conflict with his perception of the problem? How would you deal with this?
6. What community resources do you need to have in order to provide a culturally appropriate treatment?

Vignette E

Javier is a 35 year old Cuban male. Over the past few years his health has slowly been declining. He found out that HIV/AIDS had affected numerous people in his close circle of friends but he decided to not get tested for the disease. In his mind, if he was not diagnosed with anything he was healthy, although it was very apparent that his body was declining. His friends and family were very concerned for him because he was always very sick. He was constantly getting colds and migraines. When he began to develop ulcers around his mouth and waking up with night sweats, he decided it was time to go to the doctor. The doctor told him that he waited too long to be diagnosed with AIDS for any treatment to be effective, and gave him only a short period of time to live. He decided to see a babalao in addition to the doctor's advice. He feels that he cannot tell the doctor nor the babalao that he is receiving services from the other. He feels he cannot tell them because they would try to tell him the other one is bad for him. He is stuck in the middle of two approaches to get better. He feels going to both will increase his chances of survival.

Questions to consider:

1. What may be the perceived benefits of and barriers (if applicable) for the consumer seeking help in this example?
2. Based on what you know, what are some of the stereotypes or stigmas about HIV/AIDS in his culture?
3. What non judgmental questions would you ask? Refer to the Behavioral Health Values and Beliefs Guiding Questions?
4. What would you recommend that would be acceptable to Javier? What topics would be extra careful about?
5. What personal beliefs of yours conflict with his perception of the problem? How would you deal with this?
6. What community resources you need to have in order to provide a culturally appropriate treatment?

Vignette F

Background: Dimitri is a 65 year old male who emigrated from Russia and now lives alone. He was just convicted for DUI for the third time and has received court-ordered alcohol abuse treatments. Besides the DUIs, he has also had to visit the hospital for alcohol poisoning after his neighbor found him unconscious on his porch one morning. On several occasions, Dimitri mentioned to the judge that in his community, they drink all the time. In his culture, it is customary to have several shots of vodka when getting together with family and friends. He has scheduled an intake appointment with a counselor to discuss his treatments. Dimitri must complete his treatment if he wants to avoid prison time.

Counselor: Good afternoon, Dimitri, why are you here?

Dimitri: Honestly, this is a mistake. I do not have an alcohol problem. I drink just like everyone else from my community. Yes, I've got behind the wheel after drinking too much, but I do not have a problem. I can handle my drinking. I've always been able to drink like this in Saratov and I can do the same thing here.

Counselor: When did you begin drinking?

Dimitri: My father and I had vodka together as far back as I can remember.

Counselor: You need to change this behavior as it can affect not only you but also people around you.

Dimitri: I drink every day and it is my personal decision. I do not see how it can affect others.

Questions to consider:

1. What may be the perceived benefits of and barriers (if applies) for the consumer seeking help in this example?
2. Based on what you know, what are some of the behavioral health beliefs related to alcohol consumption?
3. What non judgmental questions would you ask? Refer to the Behavioral Health Values and Beliefs Guiding Questions?
4. What would you recommend that would be acceptable to Dimitri? What topics would be extra careful about?
5. What personal beliefs of yours conflict with his perception of the problem? How would you deal with this?
6. What community resources you need to have in order to provide a culturally appropriate treatment?

Vignette G

Yveline is a 30 year old female who immigrated to the US from Haiti. She is having difficulties at work with her supervisor and has been suffering from terrible headaches. Yveline went to visit her brother, who lives nearby, but her sister in law would not let her visit. She has never got along with her brother's wife. Yveline believes she is a very dark, evil person. Yveline has also received calls from several of her son's teachers about his disruptive behavior at school. Some of the teachers have asked if he has been tested for ADHD. Yveline has also been told by her son's soccer coach that he should be tested for ADHD. Yveline tells her son's teachers and coach that there is someone wishing evil on her family. Yveline believes that her sister-in-law is wishing evil on her family and causing her all of these problems.

Questions to consider:

1. What may be the perceived benefits of and barriers (if applicable) for the consumer seeking help in this example?
2. Based on what you know, what are some of the behavioral health beliefs related to voodoo or other spiritual practices?
3. What non judgmental questions would you ask? Refer to the Behavioral Health Values and Beliefs Guiding Questions?
4. What would you recommend that would be acceptable to Yveline? What topics would be extra careful about?
5. What personal beliefs of yours conflict with his perception of the problem? How would you deal with this?
6. What community resources you need to have in order to provide a culturally appropriate treatment?

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Appendix A

Action/Implementation Plan for Behavioral Health Values and Beliefs Guiding Questions, Behavioral Health Values and Beliefs Checklist, and Community Checklist

Instructions

As stated previously, the Action Plan for the Behavioral Health Values and Beliefs Guiding Questions, Behavioral Health Values and Beliefs Checklist, and the Community Checklist is intended for use by the behavioral care practitioner each time an individual seeking BH is seen. There is only ONE Action and Implementation Plan for all three tools.

A) Behavioral Health Values and Beliefs Guiding Questions

- Use the Behavioral Health Model to identify issues related to the individual's knowledge of his or her chances of getting the disease (perceptive susceptibility), knowledge of illness (perceived seriousness), the use of health beliefs as benefits or barriers to seeking and receiving services (perceived barrier and perceived benefit) and self-efficacy.
- Identify the initial date of assessment of the individual.
- Write the follow-up date and observations on each finding.

B) Behavioral Health Values and Beliefs Checklist

- Each of the checklist items should be related to items on the Behavioral Health Model. For instance if the individual has stated a strong tie with a specific religious faith, then evaluate yourself by identifying and acknowledging that the role of spiritual and religious leaders may be important during treatment and recovery. The main point here is that the needs or health beliefs of the individual should not be undermined by your personal beliefs and attitudes.
- Identify the initial date of assessment of the individual.
- Write the follow up date and observations on each finding.

C) Community Checklist

- The Community Checklist items should also be related to the Behavioral Healthcare Model. For instance, after the individual has stated a strong tie with a specific religious

faith, which explains his chances of getting a disease, you should list community resources that the individual may utilize as a support system, such as priests, pastors, folk healers, etc., located within the community.

- Identify the initial date of assessment of the individual.
- Write the follow up date and observations on each finding.

D) Results

- Indicate one of the following options after the Service or Treatment Plan has been provided:
 - Individual has completed the treatment,
 - Individual has completed 75% of the treatment, or,
 - Individual withdrew from the treatment.

Behavioral Health Values and Beliefs Guiding Questions

Fill in the items that must be addressed with the corresponding date. Identify the initial and the follow-up date

Findings		Initial Date of Assessment	Follow-Up Date and Observations
Example	<i>Perceived susceptibility - Client has identified that he is Catholic and has strong religious beliefs that explains his chances of getting a mental health illness. He has also identified that he sometimes visits natural healers for health related issues.</i>	5/1/14	7/1/2014 After the assessment, the individual continues to list the role of his religion as important in understanding of mental health illness
Perceived Susceptibility			
Perceived Seriousness			
Perceived Benefits			
Perceived Barriers			
Self-Efficacy			

Behavioral Health Values and Beliefs Checklist

Identify the areas from the Health Values and Beliefs Checklist that you have not checked

Findings		Initial Date of Assessment	Follow-Up Date and Observations
1	<i>1. I understand that chaplains, preachers, and other spiritual leaders may be important during treatment and recovery</i>	6/1/14	7/15/2014 I understand now more about spiritual leaders and the role they have in the individual's treatment and recovery
2			
3			
4			
5			

Community Checklist

Identify which areas you have not checked from the Community Checklist

Findings	Initial Date of Assessment	Follow-Up Date and Observations
1. A list of natural healers in your target area; 2. A list of indigenous healing resources in the community, including clergy, folk healers, or elders in a tribal group; 3. Currently or previously collaborated with community leaders.	8/1/2014 I have made contacts with indigenous healers in my community	7/15/2014 I understand now more about spiritual leaders and the role they have in the individual's treatment and recovery
1		
2		
3		
4		
5		

Results

Indicate one of the following options

1. Individual completed treatment; **2:** Individual completed 75% of treatment; **3:** Individual withdrew from treatment

<i>Example 1</i>	1
1	
2	
3	
4	
5	

Appendix B

Action/ Implementation Plan for Organizational Policies and Procedures in Behavioral Health Beliefs

After reflecting on the findings, please complete the following information:

A. Select if you are:

Service Delivery level

Management level

Program Director

B. List policies and procedures you have not checked or need to be further revised:

At the Management Level

Policies and Procedures	Exist and no changes are needed. (Check if applies)	Exist but needs further revision. (Check if applies)	Needs to be developed. (Check if applies)	What do you need to do to develop and implement these policies?

At the Staff Capacity Level

Policies and Procedures	Exist and no changes are needed. (Check if applies)	Exist but needs further revision. (Check if applies)	Needs to be developed. (Check if applies)	What do you need to do to develop and implement these policies?

At the Service Delivery Level

Policies and Procedures	Exist and no changes are needed. (Check if applies)	Exist but needs further revision. (Check if applies)	Needs to be developed. (Check if applies)	What do you need to do to develop and implement these policies?

C. Have you met with other members of the staff to discuss this further?

Yes No

If yes to whom? _____

If yes, have you reached to a consensus?

Yes Not yet

E. List any other observations or comments you may have.

Appendix C

Glossary of Terms

Acculturation: The adoption or modification of cultural traits or beliefs after meeting or integrating with a new culture.

Behavioral Health: An individual's emotional, psychological, and social state and/or choices and actions that affect well-being. Types of behavioral health issues include psychological distress, mental illness, drug and alcohol abuse, and suicide, among many others (SAMHSA, 2011).

Behavioral Health Beliefs: The ideals and attitudes one has based on past or current situations, which influences their behavior and well-being. Behavioral health beliefs may be implicit or explicit, and may affect behavior in different ways.

Culturally Bounded Health Topics: Problems, issues or health practices that vary in meaning or acceptance across cultures. For example, condom use may be a culturally bounded health topic.

Cultural Brokers: Those individuals who bring together people from different cultures to reduce conflict or create change.

Community Health Workers: Community members who provide basic health or medical care awareness and education to other community members. Although more prominent in developing countries, the US does use community health workers in rural communities where access is sparse. Community health workers may serve as an important bridge between individuals seeking BH and behavioral health specialists.

Culturally Related Syndromes (also known as culturally-bound syndromes): Specific symptoms or issues that may only be recognized as a certain disease in specific cultures. Some culturally related syndromes include:

Amok and Mal de pelea: in the following cultures, Malaysia, Laos, Philippines, Polynesia, Papua New Guinea, and Puerto Rico, this refers to a dissociative disorder involving outburst of violent or homicidal behavior directed at people or objects recognized.

Ataque de nervios: Latinos refer to this as a neurotic or psychotic episode from a traumatic event.

Dhat: in Indian, Chinese, and Sri Lankan communities, this syndrome refers to extreme anxiety associated with a sense of weakness, exhaustion, and the discharge of semen.

Falling out: in African American communities this refers to seizure-like symptoms resulting from traumatic events.

Ghost sickness: in American Indians this refers to weakness or dizziness from actions of witches or evil forces.

Hwa-byung: in Asian communities this refers to pain in upper abdomen, fear of death, or tiredness from imbalance between reality and anger.

Koro: in Asian communities, this refers to a man's desire to grasp his penis resulting from fear that it retract in and cause death.

Pibalok: in individuals from Arctic and subarctic Eskimo communities, this refers to excitement, coma, and convulsive seizures resembling an abrupt dissociative episode, frequently associated with amnesia, withdrawal, and irrational behaviors.

Togtaijin kyofusho: In Asian communities, this refers to guilt about embarrassing others and timidity resulting from feeling like ones appearance, odor, or expressions are offensive to others.

Mal puesto, hex, root-work, and voodoo death: in African American communities and Latino communities, this refers to unnatural diseases and death from evil spirits.

Susto, espanto, espasmo, and miedo: In Latino communities, this refers to tiredness or weakness from frightening experiences (Hogg Foundation for Mental Health, 2001).

Cultural Taboos: An idea or action that is seen as culturally improper or unacceptable. For example, some US cultures may have the following as cultural taboos: tattooing, polygamy, or abortion.

Holistic View: In behavioral health, the treatment of a behavioral health issue considering the individual as a whole, physically, psychologically, and spiritually in the diagnosis and treatment.

Perceived Barriers: An individual's opinion as to what will stop him/or her for seeking behavioral health services and returning to complete services.

Perceived Benefits: An individual's opinion of desirable behavioral health beliefs that need to be taken into consideration during treatment plans.

Perceived Seriousness: An individual's knowledge relating to the severity of his or her disease.

Perceived Susceptibility: An individual's perception of his/her chances of getting a certain disease.

Self-Efficacy: Personal belief that an individual can do something to improve his or her current situation.

Supernatural Beliefs: A belief that exists that may go beyond the laws of nature and physics. Supernatural beliefs may include religious beliefs, the practice of voodoo, etc.

System of Care: Involves the collaboration across professional, natural and community members to improve access and culturally and linguistically appropriate behavioral health care services for those with behavioral health issues.

Appendix D

Community Resources

Electronic Resources

U.S. Department of Health and Human Services, Office of Minority Health <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11>

National Network to Eliminate Disparities in Behavioral Health <http://www.nned.net/index-nned.php/>

The Reports of Surgeon General. <http://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/NNBBHS>

Mental Health: Culture, Race, and Ethnicity <http://www.ncbi.nlm.nih.gov/books/NBK44243/>

Oak Ridge Institute for Science and Education http://www.ornl.gov/cdcynergy/soc2web/Content/activeinformation/resources/Health_Behavior_Factors.pdf

Multicultural Mental Health Center Canada <http://www.multiculturalmentalhealth.ca/>

Multicultural Mental Health Australia <http://www.mhima.org.au/>

Academic Articles

Vaughn, L., Jacquez, F; & Baker, R. (2009). Cultural Health Attributions, Beliefs, and Practices: Effects on Healthcare and Medical Education. Retrieved from <http://benhamopen.com/tomededuj/articles/V002/SI0016TOMEDEDUJ/64TOMEDEDUJ.pdf>

Sheikh, S., & Furnham, A. (2000). A cross-cultural study of mental health beliefs and attitudes towards seeking professional help. *Social Psychiatry and Psychiatric Epidemiology*, 35(7), 326-334.

Puchalski, C., & Romer, A. L. (2000). Taking a spiritual history allows clinicians to understand patients more fully. *Journal of Palliative Medicine*, 3(1), 129-137.

Corrigan, P., & Gelb, B. (2006). Three programs that use mass approaches to challenge the stigma of mental illness. *Psychiatric Services*, 57(3), 393-398. Retrieved from <http://journals.psychiatryonline.org/data/Journals/PSS/3667/393.pdf>