

Cultural Risk and Protective Factors.....briefly

Concurrently with the pandemic, a great importance and requirement to address racial and ethnic inequalities is now in the forefront. Cultures are diverse and there are significant differences that are fundamental to take into consideration in our interactions and in providing services. As service providers on a continuum, we are encouraged to take a holistic approach in understanding inequalities and avoid the dangers of attributing or adhering to a narrow perspective that may further lead to stereotyping.

Established professional mental and behavioral health organizations recommend eliminating race-based disparities in mental health status and mental health care by using psychological and behavioral research and services that are culturally and linguistically competent.

Mental health, psychological problems or suicide and suicide attempts need to be understood within the context of the person's culture, subculture, generational differences, social position, language, religion/spirituality, cultural characteristics, gender identity, values, and beliefs that can create or function both as risk factors in seeking help for mental health/psychological problems as well as function as protective factors that provide support and encourage help seeking behaviors and attitude.

For purposes of increasing awareness and application, let us consider briefly, some of the more commonly identified risk and protective factors within the context of 'Cultures'.

Risk factors are those that increase the likelihood that a person will develop a problem behavior or would hesitate to seek help. These factors are not static, and can change over time and here are a few examples of 'risk factors' embedded in some cultures are:

Cultural/social stigma where seeking help is seen as a sign of weakness or shame or exposing one's own family dynamics, thereby disrespecting family, or parents.

Perceived or real fear of losing personal, social, work, relationships, job, and financial loss.

Cultural, linguistic differences and exposure to racial discrimination, trauma - unconscious bias, micro-aggression, lack of cultural sensitivity can act as risk factors creating barriers to acknowledge the need to recognize and seek help or discontinue counseling or therapy.

Loss of face, college problems can precipitate or lead to suicidal thoughts in Asian communities (Leong et al 2017, Wong 2015)

Acculturative stress risk factors for Latinx youth (Zayas et al 2018)

Experiencing racial discrimination places African American youth at risk (Walker, et al 2017)

Protective Factors are characteristics that help youth or adults adapt to different levels of hardships. Protective factors promote a sense of social connectedness at individual level through social connections, friends, family, and acquaintances and at a community level by living in socially cohesive community. Exploring and connecting with protective factors can help decrease the risk factors and in combating stigma. A few examples of 'protective factors' embedded in some cultures are:

Strong familial support/relationships: Family represents the value of close family interaction and emotions. Affection, loyalty, unity, and clear lines of emotional attachments are part of what add to the protective factors

Religious and spiritual engagement: Religious beliefs that discourage suicide or one's personal beliefs about the value of living are protective factors.

Community, social support and 'significance': When people care about what you think, they care about what you say and care about how you feel builds trusting relationships, and motivation.

When you feel like you make a difference in the lives of others (who may be different from oneself), adds value to social connections.

When people are glad when you are successful and sad when you fall, or when others depend you communicates that you 'matter' or 'needed'.

To the degree to which people feel like they do not matter is the extent to which they feel marginalized.

Personal factors – positive self-esteem, emotional well-being, strong academic performance factors such as stable family housing and employment all function as protective factors and build resilience.

Identify and address barriers: There are significant racial/ethnic disparities in use of mental health treatment due to structural barriers and social determinants of health. A few examples are as follows:

Distrust and Miscommunication. Fear/discomfort of the notion of 'difference' can be a major barrier in communication and building relationships. Practicing Carl Roger's Person-Centered skills of active listening, respect, being genuine, extending unconditional positive regard can be found equally helpful in establishing trusting relationships with culturally different population.

Build connections by learning the value of different perspectives on wellness/mental health.

Focus on discussing common goals in relation in succeeding in college as an example.

Learn some simple basic words – the various ways people socially greet each other.

Develop "cultural humility" - Cultural humility involves an awareness of another person's cultural background and experience. Manifested in a level of healthy curiosity to learn more about various points of view, helps develop the ability to maintain an interpersonal stance that is "other-oriented" (or open to the other) with respect, openness, consideration, humility and interest regarding the client's cultural identity and experiences. Asking genuine open-ended questions of the people we encounter is a good start.

Reframe help seeking: Different cultures may use different metaphors but with a same goal of needing help or behavior change such as "family problems" or "difficulties", "want to do better" etc.

Good News! Change is possible!

What was learned can be unlearned through new experiences and because our brain is amiable our responses to 'unconscious biases' can change with increased self-reflection.

Engaging in critical self-reflection is effective and important for personal and professional development.

Invest in your own education, training and expand perspective

Seek consultation and supervision from trained competent professionals and peers.

In closing, let us be sensitive to and celebrate the spirit reflected in the words of Clyde Kluckhohn - American Social Anthropologist –

"Every human is like all other humans, some other humans, and no other human." –

Similarities Differences and Uniqueness

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