Client Culture: Continuing the Effort

Santa Clara County Behavioral Health Services Department

Jennifer Jones, MA, ASW
Health Care Program Manager II
Office of Consumer Affairs

Eddy B. Alvarez
Associate Training and Staff Development Specialist I
Welcome & Introductions
Objectives

By the end of this training, participants will:

1. Demonstrate a higher level of awareness and understanding of client culture.
2. Identify the significance of the multilayered complex challenges that clients’ experience, through the shared lived experiences.
3. Demonstrate better understanding that people with mental health concerns can and do recover and live fulfilling and meaningful productive lives.
4. Prepare participants to promote hope to their clients that wellness and recovery is possible.
hope ~ recovery ~ resiliency
What is Client Culture?
Psychiatric Survivors Movement
(more broadly consumer/survivor/ex-patient movement)\(^1\)
Grew Out of Struggle for Rights & Empowerment\(^2\)


Image: http://static1.1.sqspcdn.com/static/f/784909/22686661/1368549604063/VOCAL+presentation+by+Joseph+Rogers+052113.pdf?token=g1kBXZ9oONUmmwRQBcpjd69fUg%3D
“Mental health clients bring a set of values, beliefs, and lifestyles that are molded, in part, by their personal experiences with a mental illness, the mental health system and their own ethnic culture... When these personal experiences are shared, mental health clients can be better understood and be empowered to effect positive system change.”

DMH Info Notice 02-2003

Source: www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice02-03_Enclosure.pdf
hope ~ recovery ~ resiliency
The definition of the term “Client Culture” incorporates how a client’s experience of a psychiatric distress and of interacting with the mental health system will be used to develop a competent service provider system that is sensitive to the “client culture”.
Impacts on the Quality of Life

- Diagnosis/Labeling
- Medication
- Hospitalization
- Stigma
- Economic Impact

- Housing
- Feeling Different
- Culturally & Linguistically Incompetent Services
- Forced Treatment
- Incarceration

Image: https://twitter.com/active_minds/status/542015564777271296
What is Stigma?
In the Media

Parents of Mentally Unstable Woman Killed by San Jose Police Criticize Report Clearing Officer
By Josh Koehn / josh_koehn June 5, 2015

Roasted Nuts
General-alarm fire at Trenton Psychiatric
By Tom Baldwin / jscalavine

Are You Normal or Nuts?
Your Quirks, Dreams, Anxieties Explained

Reader's Digest

When Our Mental Health System Falls

Budget

SANTA CLARA COUNTY
Behavioral Health Services
Consider This...

- **DON'T focus on a disability.** Focus instead on issues that affect the quality of life for everyone, e.g., accessible transportation, housing, affordable health care, etc.
- **DON'T portray successful persons with disabilities as superhumans.** This carries expectations for others and is patronizing to those who make various achievements.
- **DON'T sensationalize a disability.** This means not using terms such as “afflicted with,” “suffers from,” “victim of,” and so on.
- **DON'T use generic labels** such as “the retarded,” “our mentally ill,” etc.
- **DON'T use psychiatric diagnoses as metaphors for other situations.** E.g., “a schizophrenic situation.” This is not only stigmatizing, but inaccurate.
- **Do put people first, not their disabilities.** Say, for example, “person with schizophrenia” rather than “schizophrenic.”
- **DO emphasize abilities, not limitations.** Terms that are condescending must be avoided.
# Person-First Language

<table>
<thead>
<tr>
<th>Label</th>
<th>People-First Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crazy/Psycho</td>
<td>She has a mental health condition (or diagnosis)</td>
</tr>
<tr>
<td>Insane/Lunatic</td>
<td>He has a lived experience of a mental health condition</td>
</tr>
<tr>
<td>Normal/Sane</td>
<td>She doesn’t have a mental health condition</td>
</tr>
<tr>
<td>Paranoid schizophrenic</td>
<td>He has paranoid schizophrenia</td>
</tr>
<tr>
<td>Anorexic</td>
<td>She has anorexia nervosa</td>
</tr>
<tr>
<td>Depressive</td>
<td>He has major depression</td>
</tr>
<tr>
<td>Obsessive-compulsive</td>
<td>She has obsessive-compulsive disorder</td>
</tr>
<tr>
<td>Emotionally disturbed</td>
<td>He has a serious emotional disturbance</td>
</tr>
<tr>
<td>Special education student</td>
<td>She’s a student receiving special education services</td>
</tr>
<tr>
<td>Addict/Substance abuser</td>
<td>He has a substance use disorder</td>
</tr>
<tr>
<td></td>
<td>She has a lived experience of substance use</td>
</tr>
<tr>
<td>Mentally ill</td>
<td>She has a mental health condition (or diagnosis)</td>
</tr>
<tr>
<td></td>
<td>He has a lived experience of a mental health condition</td>
</tr>
</tbody>
</table>

Source: [www.hogg.utexas.edu](http://www.hogg.utexas.edu) Hogg Foundation for Mental Health “Language Matters in Mental Health”
hope ~ recovery ~ resiliency
Definition of Stigma

noun  stig·ma  \ˈstig-mə\  : a set of negative and often unfair beliefs that a society or group of people have about something

“An attribute, behavior, or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted ‘normal’ one.”

Image: http://jessicamaccormack.com/category/medium/drawing/
Source: http://www.merriam-webster.com/dictionary/stigma
5813.5 (d) Planning for services shall be consistent with the philosophy, principles and practices of the Recovery Vision for mental health consumers.

(3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.
hope ~ recovery ~ resiliency
The 10 Guiding Principles of Recovery

1. Self-Direction
2. Individualized and Person-Centered
3. Empowerment
4. Holistic
5. Non-Linear
6. Strengths-Based
7. Peer Support
8. Respect
9. Responsibility
10. Hope

Complementary Behavioral Health Services

- Self-Advocacy
- Self-Help
- Peer Advocacy and Support
- Education
- Political Activism
- Empowerment
- Spirituality
Self-Advocacy

“Knowing what’s right for me, and being able to say so.”
The drop-in API Adult and Young Adult Peer Support Group meets every 1st and 3rd Thursdays in a family members' living room since its inception in March 2010.
Peer Advocacy and Support

- Understanding
- Acceptance
- Empathy
- Caring
- Building Skills
- Sharing Knowledge
Education
Political Activism
Empowerment
hope ~ recovery ~ resiliency
Self-Help and Peer Support

- Hearing others have been through what I have been through
- Helping someone navigate the system and avoid heartache
- Learning that I am not alone
hope ~ recovery ~ resiliency
Advantages of Having Peers within the Behavioral Health System

- They have experience, exposure and understanding of the MH system
- It’s a way for them to give back
- They can be role models
- It builds their skills
- It increases their standard of living since they earn incomes
- It decreases stigma through the relationships they build
- It decreases the “us versus them” mentality
Advantages of Having Peers within the Behavioral Health System

- Increases personal experience of the process of recovery
- Reduces discrimination and stigma
- Increases success in engaging some clients who may be hard-to-reach
- It somehow encourage providers to focus more on:
  - Wellness instead of the Illness
  - Success vs. Failure
  - Abilities vs. Disabilities
Bringing It All Together
A Belief in Wellness & Recovery

“Recovery from a mental illness is not only possible, it is to be expected.”
[type panelist’s name here]