



Language, Culture, and Mental Health

Part I: Health Disparities among Individuals with Limited English Proficiency

Problem: Approximately 18% of people in the United States speak a language other than English at home and 8% have limited English proficiency (LEP). In New York State, these numbers increase to 28% and 13%. Effective communication between consumers and providers is essential for good quality mental health care and improved outcome from treatment. Compared with English-proficient individuals, those with LEP have higher rates of medication complications and are less likely to have a regular source of health care, seek preventive care, access mental health services, or adhere to treatment. LEP individuals are also less satisfied with the consumer-provider relationship, have more difficulty developing rapport with providers, and show less understanding of medical diagnoses. Limited health literacy - the degree to which individuals can access and understand basic health information - is common among the LEP population and presents additional obstacles to obtaining health care. Limited health literacy disproportionately impacts racial and ethnic minorities (See Figure 1) and is associated with lower medication-related knowledge, higher rates of medication-related errors, less access to pharmacy services, and worse health outcomes including higher rates of hospitalization and lower use of preventive services.

Due to the limited number of bilingual mental health professionals, language interpretation is often necessary when LEP individuals access mental health services. The use of trained, professional interpreters is associated with improved clinical outcomes for LEP individuals and decreased disparities between LEP and non-LEP groups in the use of and satisfaction with services. Given the large number of languages spoken in the U.S. and the increasing number of LEP individuals, availability of professional interpreters for face-to-face interpretation is often limited. In addition, interpretation in mental health settings poses unique challenges. Certain psychiatric symptoms, such as delusions, hallucinations, and disorganized speech, make accurate interpretation particularly challenging. Individuals may also conceive of their mental health problems as culturally bound expressions of distress which may be difficult to interpret.

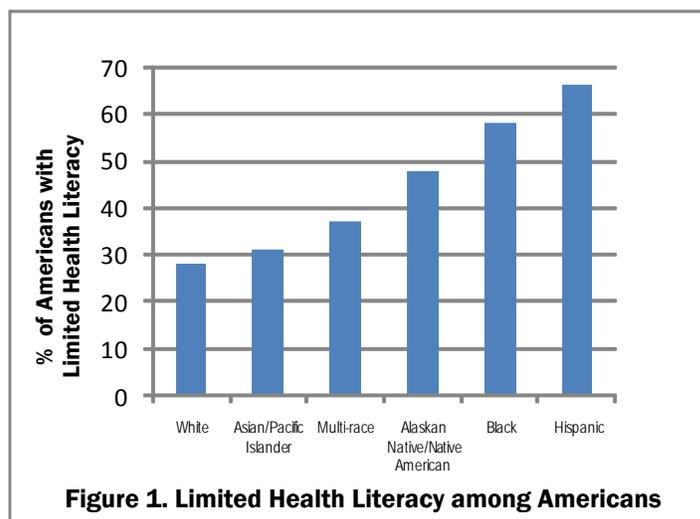


Figure 1. Limited Health Literacy among Americans

Strategies to Decrease Health Disparities among LEP Individuals

Despite federal requirements stipulated by Executive Order 13166 which requires health care providers who receive federal funds to ensure meaningful access to LEP patients in accordance with Title VI of the Civil Rights Act of 1964, health disparities persist between LEP and non-LEP groups. Several strategies reduce these health disparities, including increased access to bilingual, bicultural health professionals, the use of trained, professional interpreters, and the use of cultural brokers. One strategy to facilitate intercultural understanding between consumers and providers is for interpreters to function as cultural brokers. As cultural brokers, interpreters provide not only interpretation services, but also act as a cultural bridge, providing cultural explanations and context in order to facilitate cross-cultural understanding between consumer and provider. The Center of Excellence for Cultural Competence at the NY State Psychiatric Institute is currently developing a manualized method and curriculum for training interpreters to act as cultural brokers in mental health settings. These and other strategies to reduce health disparities confronted by LEP individuals as well as directions for future research will be addressed in our next edition of *Cultural Competence Matters*.

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