Practice Parameter for Cultural Competence in Child and Adolescent Psychiatric Practice

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The United States faces a rapidly changing demographic and cultural landscape, with its population becoming increasingly multiracial and multicultural. In consequence, cultural and racial factors relating to mental illness and emotional disturbances deserve closer attention and consideration. This Practice Parameter outlines clinical applications of the principle of cultural competence that will enable child and adolescent mental health clinicians to better serve diverse children, adolescents, and their families. J. Am. Acad. Child Adolesc. Psychiatry, 2013;52(10):1101–1115. **Key Words:** culture, ethnicity, race, cultural competence, acculturation

The rapidly changing demographics of the United States are largely the result of 3 major factors: progressive aging and low birth rate of the European-origin population, younger mean ages and increasing birth rates in non-European minority groups, and a significant increase in immigration from non-European countries, especially from Latin America, Asia, and Africa. By 2050, European Americans will no longer constitute the majority, and this will happen by 2030 among children younger than 18 years and is already true among children younger than 8 years.[1] The process of evaluating and treating culturally diverse children and youth and their families can be complex and requires special expertise and unique approaches. Thus, this parameter can be useful for clinicians and, ultimately, for the children and families they serve. Principles in this parameter apply to culturally diverse children and youth younger than 18 years.

METHODOLOGY

In PubMed, the Medical Subject Heading (MeSH) terms *culture, Hispanic, Latino, African American, Asian American, American Indian, child psychiatry, child psychology, adolescent psychiatry, adolescent psychology,* and *United States* were searched. The initial search yielded 2,970 results. Then, the results were limited to *English, human, all child (0 to 18 years),* and *1990 through December 2011.* Additional limits included *classical article, clinical trial, comparative study, controlled clinical trial, evaluation studies, guideline, historical article, meta-analysis, practice guideline, multicenter study, randomized controlled trial, review, twin study,* and *validation studies.* The refined PubMed search yielded 2,268 articles.

In the PsycINFO database subject headings (focused), the keywords *culture, Latino, Hispanic, African American, Asian American, American Indian,* and *mental health* were searched. The initial search returned 40,167 articles and then was limited to *English,* articles in the United States, *childhood: birth to age 12 yrs, adolescence: age 13-17 yrs, peer reviewed journal,* and *1990 through December 2011.* The refined PsycINFO search yielded 2,240 articles.

In the *Cochrane Database of Systematic Reviews,* keywords of culture and mental health were searched without additional limits. The Cochrane search yielded 80 articles. An additional 953 articles were retrieved from the CINAHL database, after excluding Medline articles, by searching *culture, Latino, Hispanic, African American, Asian American, American Indian, mental health,* and *United States* and limiting to *childhood and adolescence, peer-reviewed articles, English language,* and *1990 through December 2011.*

A total of 5,461 articles were identified. After removing duplicate references, the resulting yield from the comprehensive search was 4,391 articles. The titles and abstracts of all articles were reviewed. Studies were selected for full-text review based on their place in the hierarchy of evidence (e.g., randomized controlled trials), quality of individual studies, and generalizability to clinical practice. The search was augmented by a review of articles nominated by expert reviewers and further search of article reference lists and relevant textbook chapters. A total of 163 articles were selected for full-text examination. Principles were identified from the consensus of the American Academy of Child and Adolescent Psychiatry (AACAP) Diversity and Culture Committee and informed by the literature review articles and the *Cultural Competence Standards in Managed Mental Health Care for Four Underserved/Underrepresented Racial/Ethnic Populations.*[2]

DEFINITIONS

- Culture: Integrated pattern of human behaviors including thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social nature.
- Cultural competence: Set of congruent behaviors, attitudes, and policies found in a system, agency, or professionals that enables them to work effectively in a context of cultural difference.[3]
- Acculturation: Process of change in the cultures of 2 or more groups of individuals from different cultures, resulting from their continuous first-hand contact.[4]
- Race: Social classification system based on a set of external physical characteristics that are socially significant within a specific culture.
- Ethnicity: Common historical or geographic heritage shared by a group of people.
- Immigrant: Someone who intends to reside permanently in a new land.

HISTORICAL OVERVIEW

The recent demographic changes in the United States are highly significant for child mental health services. First, the acceptability and use of mental health services are governed strongly by cultural attitudes, beliefs, and practices. Second, the current science base of psychiatric diagnosis and treatment is derived from research primarily involving European-origin populations, so its validity for these emerging populations is not fully established. Third, minority populations face many increasing challenges around mental illness, including different sources of stressors, changing patterns of psychopathology, less access to services and evidence-based treatments, and greater burdens of morbidity and possibly mortality than Euro-Americans. For example, Latino and African American youth have significantly higher rates of suicidal ideation and attempts compared with Euro-Americans.[5]

The current health care system does not effectively address the needs of culturally diverse populations. The recognition of racial and ethnic disparities in general health care has led to increasing recognition of similar disparities in mental health care.[6,7] Obvious examples of mental health disparities are the child welfare and juvenile justice systems. More than 50% of children and youth in the child welfare system are African American, Latino, and American Indian children, and more than 65% of the children and youth in the juvenile justice system are African American and Latino.[1,8] These systems also serve disproportionate numbers of mentally ill children, and their racial ethnic disparities are associated with a lack of early access to mental health services to prevent such outcomes. At the same time, in response to these mounting challenges, *cultural competence* became one of the core principles of the children's community-based systems-of-care movement.[3]

PRINCIPLES

Principle 1. Clinicians should identify and address barriers (economic, geographic, insurance, cultural beliefs, stigma, etc.) that may prevent culturally diverse children and their families from obtaining mental health services.

Non-Hispanic white families are twice as likely as minority families to seek mental health treatment for their children[9-11] despite evidence suggesting the prevalence of psychiatric disorders in children does not appear to vary greatly by race or ethnicity.[12] When minorities seek treatment, they may not remain engaged in outpatient services or use as many service units.[10,11] Multiple systemic and logistical barriers that interfere with timely access to services are disproportionately experienced by racially/ethnically diverse families. These include financial needs, location of services and transportation, lack of adequate insurance, poorly understood bureaucratic

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