Early Intervention in Psychiatry – Manuscript Submission – Brief Report

Examination of cultural competence in service providers in an early intervention programme for psychosis in Montreal, Quebec: Perspectives of service users and treatment providers†

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Abstract

Aim: To better understand cultural competence in early intervention for psychosis, we compared service users' and service providers' perceptions of the importance of providers being culturally competent and attentive to aspects of culture.

Methods: At a Canadian early intervention programme, a validated scale was adapted to assess service user (N = 51) and provider (N = 30) perceptions of service providers' cultural competence, and the importance accorded thereto.

Results: Analyses of variance revealed that the importance of service providers being culturally competent was rated highest by service providers, followed by visible minority service users, followed by white service users. Providers rated themselves as being more interested in knowing service users' culture than service users perceived them to be.

Conclusions: Service users accorded less import to service providers' cultural competence than providers themselves, owing possibly to varied socialization. A mismatch in users' and providers' views on providers' efforts to know their users' cultures may influence mental healthcare outcomes.

KEYWORDS

Cultural competence, culture, early intervention, psychosis, youth mental health

1 | INTRODUCTION

As the "house of difference," (XXXX, 2002) Canada prides its commitment to multiculturalism. This commitment and the country's racial, cultural and linguistic diversity make the preservation of Canadians' ethnocultural identities an imperative. For instance, Canada's Indigenous peoples have posited the restoration of their culture as a means to alleviating their suffering (Chandler & Lalonde, 1998). Preserving and continuing to identify with one's cultural group/framework enhances resilience and predicts better mental well-being (Burgess, Johnston, Bowman, & Whitehead, 2005).

The cultures of service users and treatment providers can shape every aspect of a clinical encounter, including patients' experience and expression of illness and the course and outcome of its treatment (Angel & Thoits, 1987; Kirmayer, 2001; López & Guarnaccia, 2000; Miller et al., 2006). Research consistently shows that vulnerable populations have reduced access to healthcare, receive lower-quality care, are likelier to disengage from care, and experience poorer outcomes (Shah, Gunraj, & Hux, 2003; Tonelli, 2004; Zheng, Poon, & Verma, 2013). Fostering cultural competence in clinicians has been suggested as a way to redress this situation for people from ethnocultural minorities (Brach & Fraser-irector, 2000).

In mental healthcare, the construct of culture is even more important, given how closely intertwined it is with the construct of mind (Sue, Zane, Nagayama Hall & Berger, 2009) and how the ill bear the added burden of stigma (Wahl, 1999).

At the earliest stages of serious mental illnesses like psychosis, patients are often younger, living with families and grappling with identity formation. Cultural competence is therefore, particularly important for the providers of early intervention services if these services are to engage and serve youths with psychosis from varied backgrounds.

Little research has focused on cultural competence in the context of early intervention for psychosis. Seeking to address this gap, the primary aims of our study were to examine and compare:

1. Visible minority service users', white service users' and service providers' perceptions regarding the *importance* of the cultural competence of providers
2. Visible minority service users', white service users' and service providers' ratings of the *attentiveness* of providers to issues of culture, religion, etc.

We specifically explored differences between the opinions of visible minority and white service users, considering that racial identity has been shown to affect patients' perceptions of cultural competence in healthcare providers (Johnson, Saha, Arbelaez, Beach & Cooper, 2004; Pomales, Clairborn, & LaFromboise, 1986).

2 | METHODS

This study was conducted at the Prevention and Early Intervention Programme for Psychosis (PEPP) in Montreal, Quebec, Canada, which serves youths (aged 14-35) with first-episode psychosis. Each PEPP client is closely followed by a case manager and a psychiatrist and receives a range of psychosocial and medical services (Iyer, Jordan, MacDonald, Joober, & Malla, 2015).

Our study used a validated scale measuring patients' perceptions of physicians' cultural competence (Ahmed, 2007), with minor adaptations made with its developer's permission. Modifications included creating a version for service providers; adding a section on "Importance" and translating both versions into French.

Our adapted scale included 16 domains of culture (e.g., racial background, religious beliefs/practices, etc.; Table 2). Each domain was rated on two 5-point Likert scales, one assessing competence (e.g. "My treatment team wants to know about my nationality" in the service user version or "I want to know about the nationality of my clients" in the service provider version) and the other assessing importance (e.g. "How important is it for you that your treatment team knows about your nationality?" in the service user version or "How important is it for you to know about the nationality of your clients?" in the service provider version). As conceptualized in the original scale, wanting to know about/attentiveness to 'aspects of service users' culture were a proxy for the service provider's cultural competence.

We administered the scale and a socio-demographic questionnaire to a convenience sample of service users and providers. Statistics Canada classifications (Visible minority-National Household Survery (NHS) Dictionary, 2016) were used to group individuals as being visible minority or white. The relevant ethics board approved this study and all service users surveyed consented to participating in research.

3 | ANALYSIS

Based on service users' and service providers' ratings of competence and importance, we calculated mean scores across all 16 domains of culture for each participant. We compared service providers', visible minority service users' and white service users' mean ratings of competence and importance via two sets of three way between groups analyses of variance.

4 | RESULTS

Five of the 56 service users approached refused to participate in the study. All service providers approached agreed to participate. Compared to service providers (N = 51), service users (N = 30) were likelier to be male, younger, less educated, poorer and from a visible minority (Table 1). Table 2 presents descriptive statistics for importance and competence ratings across the 16 domains

provided by white service users, service users from visible minority backgrounds and service providers.

Figure 1 graphs the findings of our *main* analyses. Compared to white service users (n = 21, M = 2.14, SD = .66), those from visible minority backgrounds (n = 20) rated as more important (M = 2.89, SD = .87) that service providers know about aspects of their background (e.g, gender, race, religion, language, cultural background etc.). Yet, both white and visible minority service users rated the importance of cultural competency in service providers lower than service providers themselves did (n = 29, M = 3.73, SD = .81) [*F* (2,67) =25.22; P = .001, 95% CI 1.03 to 2.14, 95% CI .28 to 1.40].

Furthermore, service providers (n = 28, M = 4.02, SD = .41) rated themselves as being more interested in knowing their patients' background (e.g, gender, race, religion, language, cultural background, etc.) than both visible minority (n = 23, M = 3.11, SD = .78) and white service users perceived them to be (n = 22, M = 3.13, SD = 1.00). There was no difference between white service users and those from visible minority backgrounds in how culturally competent they perceived service providers to be.

5 | DISCUSSION

Our study addresses an important gap in the understanding of service user and service provider perceptions of cultural competence in the context of early intervention for psychosis.

Service providers thought it more important to know aspects of service users' culture than did service users. Service providers may have come to value being aware of patients' cultural backgrounds because of training, exposure to pertinent research and reflective practice, all of which emphasize cultural competence. Given the emphasis placed on service engagement in early intervention services for psychosis (Iyer & Malla, 2014; Iyer et al., 2015; McGorry, Killackey, & Yung, 2008), service providers may also view showing an interest in their patients' culture and background as a means of engaging them. Moreover, it cannot be discounted that attesting to cultural competence may also be socially desirable among service providers.

In contrast, service users may not have rated service providers' cultural competence as being very important because they viewed other skills and functions (e.g, instrumental support) as being more important. Alternatively, if service users are broadly satisfied with the quality of their care as they tend to be in early intervention services (Iyer & Malla, 2014; Singh, 2010), they may accord less import to a narrower dimension of care like the cultural competence of service providers.

The Quebec context, where this study is based, raises its own particularities. Since the Quiet Revolution (McRoberts, 1988), Quebec has positioned itself as a secular society. Public spaces such as hospitals and schools are permeated by the idea that people should be served the same way

regardless of their cultural backgrounds (Koussens, 2009; Rukavina, 2015; Selby, 2014). In the extreme, this idea has fomented troubling discourse on the limits of "reasonable accommodation for the other"(Bouchard, 2008). Quebec's arguably greater focus on integration rather than multiculturalism may subtly discourage expressions of diverse ethnocultural identities and expectations that such diversity be acknowledged (Wong, 2011). In this milieu, service users may not be socialized into prioritizing service providers' cultural competence.

Service providers reported enquiring about service users' cultural backgrounds much more than service users reported them doing. This mismatch of perceptions between service users and providers may influence mental healthcare delivery and outcomes, potentially impeding service engagement. Our findings suggest that service providers ought not only to make efforts to know about service users' backgrounds, but also to be sensitive to how service users perceive these efforts.

With the benefit of many interactions with numerous patients, service providers can base their self-ratings on their most positive clinical encounters. In contrast, service users rate only their current treatment providers. Service providers may also be rating themselves higher because they often reasonably assume or surmise things about patients' cultural backgrounds, whereas service users may be rating them lower because service providers may not explicitly ask about their backgrounds. Moreover, our finding of a mismatch between service provider and service user ratings is consistent with a similar finding that clinicians often perceive a stronger therapeutic alliance with their patients than their patients do (Ogrodniczuk, Piper, Joyce, & McCallum, 2000).

Because their cultural backgrounds differed from those of the majority, visible minority service users may have felt unable to assume foreknowledge thereof among service providers and may have therefore thought it more important for service providers to know aspects of their backgrounds.

6 | CONCLUSION

Given that early intervention services in various parts of the world serve increasingly diverse populations, the cultural competence of service providers and the perceptions thereof can have significant implications for providing better, more engaging services. In this context, our study makes an important contribution.

Among our study's limitations is its relatively small sample that is not fully representative. Nonetheless, our high survey response rate (91%) suggests that our sample is at least not biased in favour of highly engaged clients. Our assessment of cultural competence was limited to the desire to know aspects of another person's background. Finally, estimating different component scores/factors could have permitted a more refined interpretation based on between-group

differences in specific subdomains of cultural importance and competence. Our small samples size precluded factor analysis of our adapted scale. We intend to undertake such an analysis in the future.

Future qualitative research can unpack various stakeholders' perspectives on the construct of culture in the early intervention service context. Such work should examine perceptions at both the individual levels of the young service user or provider and the systemic level of healthcare institutions and societies.

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TABLE 1 Demographic characteristics of service users and service providers

	Service Users;n (%)	Service providers; n (%)	X^2/ F
Total N	51	30	-
Average Age	M = 25.70	M = 38.67	**47.55*** **
	(SD =6.08, 95% CI 23.97 to 27.43)	(SD = 8.664, 95% CI 34.36 to 42.97)	
Sex			**4.67***
Male	33 (64.7%)	12 (40%)	-
Education Level			**28.03*** **
High school or lower	30 (58.8%)	0	-
Advanced Degrees (Diploma, Bachelor's, Master's, Doctoral etc.)	21 (41.2%)	30 (100%)	-
Visible Minority	25 (50%)	8 (26.7%)	**4.21***
Languages			0.01
English, French or both	23 (45.1%)	13 (46.4%)	-
Multilingual (another language besides English and/or French)	28 (54.9%)	15 (53.6%)	-
Religion			0.29
Not Practicing / No Religious Affiliation	25 (73.5%)	23 (79.3%)	-
Actively practicing a religion	9 (26.5%)	6 (20.7%)	-
Yearly Income			**19.56*** **
Less than $ 10, 000	19 (47.5%)	0	-
Greater than $ 10, 000	21 (52.5%)	30 (100%)	-

* P < .05
*** P < .001

TABLE 2 Ratings of importance and competence accorded by white service users, visible minority service users and service providers across 16 domains

Domain	Importance			Competence		
	White Service users M (SD)	Visible Minority Service Users M (SD)	Service providers M (SD)	White Service users M (SD)	Visible Minority Service Users M (SD)	Service providers M (SD)
Nationality	1.61 (0.89)	2.54 (1.44)	3.63 (1.07)	2.71 (1.37)	2.96 (1.24)	4.37 (0.81)
Racial background	1.61 (0.84)	2.50 (1.53)	3.53 (1.17)	2.79 (1.25)	2.64 (1.15)	4.10 (0.77)
Religious beliefs/practices	2.00 (0.95)	2.42 (1.32)	3.77 (1.04)	3.08 (1.28)	2.68 (1.07)	4.17 (0.80)
Cultural background	2.00 (1.04)	2.78 (1.28)	4.03 (0.89)	3.13 (1.30)	3.00 (1.00)	4.53 (0.51)
Family dynamics	2.17 (0.94)	2.83 (1.20)	3.50 (1.04)	3.38 (1.24)	3.08 (1.18)	3.30 (0.92)
Spiritual beliefs	2.04 (0.98)	2.79 (1.41)	3.77 (1.04)	2.83 (1.31)	2.71 (1.12)	4.17 (0.87)
Values	2.65 (1.37)	3.43 (1.27)	4.10 (0.88)	3.25 (1.29)	3.57 (1.04)	4.53 (0.51)
Food & dietary habits	3.08 (1.25)	3.36 (1.29)	3.37 (1.19)	3.79 (1.10)	3.96 (0.91)	3.45 (1.12)
Preferred address (Ms., Mr., etc.)	1.54 (0.83)	2.00 (1.35)	3.17 (1.04)	2.71 (1.33)	2.46 (1.10)	2.93 (1.05)
Preferred name	2.04 (1.12)	2.17 (1.34)	3.50 (0.90)	3.13 (1.26)	3.13 (1.36)	3.73 (0.94)
Language preferences/skills	2.17 (1.13)	3.00 (1.31)	4.00 (1.08)	3.26 (1.25)	3.50 (1.02)	4.47 (0.68)
Socio-economic situation/background	2.39 (1.20)	2.91 (1.27)	4.03 (0.93)	3.52 (1.08)	3.25 (1.03)	4.47 (0.68)
Sexual orientation	1.78 (1.17)	2.52 (1.44)	3.27 (1.14)	2.67 (1.31)	2.75 (1.11)	3.70 (0.92)
Beliefs about mental illness(es)	2.78 (1.48)	3.59 (1.33)	4.30 (0.99)	3.58 (1.32)	3.79 (1.06)	4.57 (0.73)
Strengths/resources available in community	2.74 (1.36)	3.68 (1.32)	4.13 (0.86)	3.79 (1.14)	3.46 (1.06)	4.47 (0.57)
How gender shapes life experiences and experience of treatment	1.91 (0.90)	2.70 (1.49)	3.37 (1.16)	2.83 (1.09)	2.92 (1.21)	3.90 (0.80)
Total	**34.51 (0.46)**	**45.22 (0.49)**	**59.47 (0.35)**	**50.45 (0.38)**	**49.86 (0.44)**	**64.86 (0.50)**

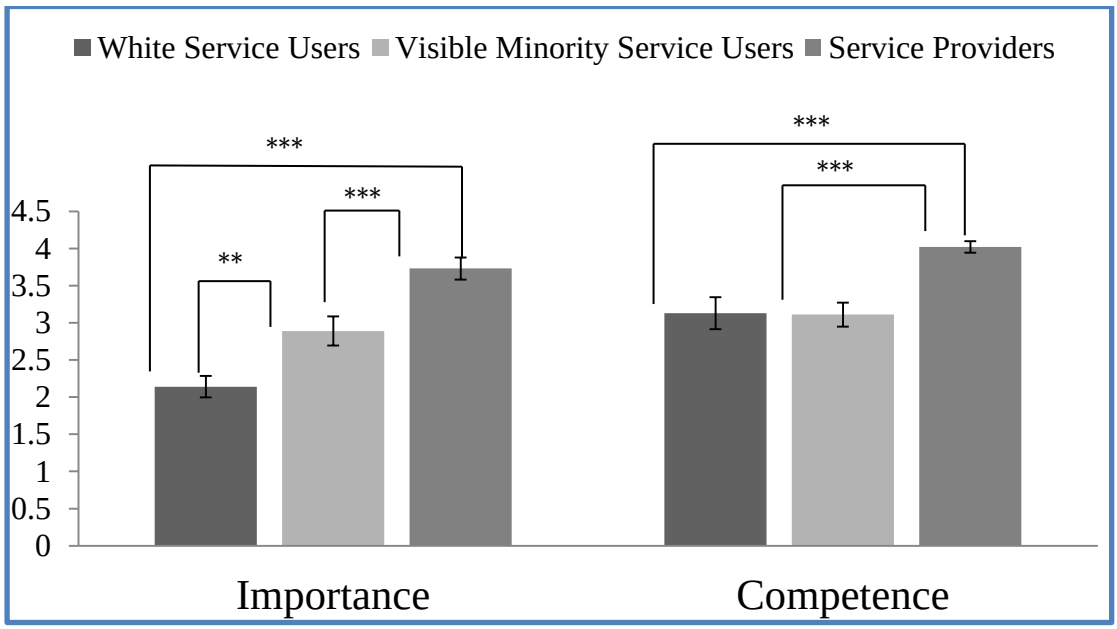

FIGURE 1 The importance of service providers being culturally competent and the cultural competence of service providers, as rated by white service users, visible minority service users and service providers.
***P < .001. **P < .01.