

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

"Investigating White Culture": a Phenomenological Study on How Culture Shapes Behavioral Health Processes in Primary Care

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Integrated Primary Care (IPC) has increased due to increased demand for behavioral health services. Researchers have sought to develop culturally sensitive approaches in IPC to meet behavioral and socioeconomic needs of racially and ethnically marginalized populations, who are overrepresented in behavioral health diagnoses and underrepresented in services in the US. However, which approaches are optimal remains unknown. Further, culture in the context of IPC and how cultural context shapes behavioral health processes is understudied. Objective: Thus, we explored how Behavioral Health Consultants (BHCs) defined culture and how it shaped screening, assessment, and treatment of behavioral health conditions in racially and ethnically marginalized patients in IPC settings.

Design/Instrument: This qualitative phenomenological study included piloted semi-structured interviews. Data were analyzed using NVivo 14, with researchers using reflexivity to identify, process, and bracket biases and preconceived notions. Setting/Population: Data were collected from IPC sites with an assigned BHC and support personnel. IRB-approved materials were used to recruit volunteers. Respondents were four BHCs at three IPC sites.

Outcome Measure: The outcome was the lived experiences of how culture influenced screening, assessment, and treatment. Results: Seven themes were identified: Eurocentrism-Americanism, cultural alignment, structural inequity, patient-first wellness-centered approach, cultural framework, relationship dynamics, and systemic outlook. White, cisgender, male, heteronormativity was described as a philosophy and framework in assessing behavioral health conditions in IPC. Universal screening tools were contributors to disparities in identifying, diagnosing, and treating behavioral health concerns in racially and ethnically marginalized populations. A person-centered approach and cultural humility were described as essential in building rapport to learn about patients' cultures and adapt existing approaches to increase engagement and improve clinical outcomes. Conclusions: To promote equity and improve total health outcomes, a multilevel approach is required to decolonize behavioral health practices in IPC. Research is needed to

identify and measure a culturally-sensitive and responsive framework in IPC to improve total health outcomes by tailoring behavioral health screening, assessment, and treatment for racially and ethnically marginalized populations.

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