# Mental health narrative essay

Health & Medicine, Mental Health



One of the many challenges that human service professionals e. g. social workers, counselors, and other professional helpers encounter in the practice of their profession is the need to understand the cultural, language, social and economic problems of people and their families in order to extend appropriate and effective services to people especially those who belong to the minority groups.

Any human services worker is bound to meet countless people with diversifiedculture. Regardless of whether they are Asians, Hipics, Europeans, or African-Americans, it is the duty of human service professionals to extend their social services without any regard to the persons' culture or social status. Everyone deserves to be treated equally. Although we may hear stories about the existence of discrimination, we could not attest if such is true or untrue or if social services were denied due to the person's race, sexual orientation, disability or the color of their skins.

If we are in a profession to assist people in coping with unemployment, substance abuse, disability, social problems, child abuse, and spousal abuse among others, our main concern must be in the exercise of our profession and take into consideration our professional ethics and most importantly the welfare of those who are in need of our services. After all, we are all humans in need of basic services. We only differ in our beliefs and cultural background.

### Culture

The expansion of our diverse cultural growth is due to thecivil rightsmovement that began in the 1950s, in which African Americans,

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women, gays and lesbians, people with disabilities and other minority groups alerted the country to their distinct identities and long histories of oppression.[1] The other is the growing number of new immigrants to this country who bring with them unique cultural, language, religious, and political backgrounds as a result of the internal displacement within their own countries, torture, political oppression, and extremepoverty.[2]

These days, people of various races are everywhere. They could be our next door neighbors, seatmates, friends, co-workers, patients, or chatmates in the internet.

Culture is the shared patterns of behaviors and interactions, cognitive constructs, and affective understanding that are learned through a process of socialization which identify the members of a culture group while distinguishing those of another group.[3] For me, culture is our identity. It is what we take with us and what sets our community or race apart from other groups. It may be unique or common, rational or irrational, acceptable or unacceptable but it is something that we have learned, shared and valued.

Challenges of Human Service Professionals

In other families and in most communities, people speak a language, attend religious or traditional ceremonies, adhere to some beliefs, participate in rituals, strictly observe the intake of foods that are acceptable in their religion and wear costumes that identify their culture. I grew up with a set of culture handed down by my parents and I had my share of painful experience brought about by my race.

When I begin my human services practice and meet people with diversified culture, I know that my personal beliefs and culture may either be similar or different from their own beliefs and cultural practices. One of the major problems that human service professionals like me would encounter is the language differences as some immigrants could not speak the English language.

Although there may be interpreters who are willing to assist us as we conduct interviews and accommodate the needs of our diverse clients, there is nothing more comfortable than being able to speak in a language that both my clients and I can speak and understand well. Since there are many languages as there are so much non-English speaking immigrants, a lot of human service professionals may find it difficult to learn a foreign knowledge especially when there are piles of cases, reports, and advocacies to work on. In addition, it takes years of constant practice before one can be fluent enough to speak and understand a native speaker.

Although professionals have good intentions in doing what is best for their clients, some African American families look at professionals who provide parenteducationand support in their homes as taking on roles such as child's aunt or mother's sister.[4] When clients resent the providers' support, trust is no longer built and they may tend to reject any future support or would no longer seek any professional services.

A problem in accepting and understanding the risk factors for the immigrant children and their families is another challenge for the human service professionals. Sleeping arrangements where children sleep in the same bed

or same room as their parents may seem inappropriate in regard to some emotionalhealthand safety issues but typical in terms of custom and nurturance as this risk factor for the majority may be an expression of closeness of kin for the immigrant families. [5]

A lot of human service professionals may not be trusted due to the suspicions and fear of the Latinos and some Asian people that they would be deported since a lot of them entered the country illegally, are overstaying in the host country and have not acquired an immigrant status [6].

## Personal Discrimination

Personally, I feel that discrimination towards another person may be influenced by the negative or painful experience that one has suffered from in the past. For instance, if an African American child was sexually abused by a white American, she may have a personal hated and would resent having a close relationship with white Americans. The hated and negative feelings may only be healed when proper intervention is provided. Hence, without the involvement of any professional help e. g. counseling, discrimination towards a specific race or gender will always remain.

In the practice of my profession, I must be fair to any person regardless of their culture, language, gender, religion, political background and economic status. When I was young, I became a victim of physical abuse by my classmates and schoolmates due to my race. As a result of this experience, it could be possible that I would be bias towards people who are abusive due to the negative experiences that I had experienced in the past or I would be

a good advocate to those who are in a similar predicament. For me, discrimination cannot be totally eliminated. It could only be prevented.

I believethat my deliberate or unintentional practice of discrimination would be prevented if I will examine my own cultural background, become aware of my personal bias and when I am given the proper intervention and the appropriate training so I could accept any person in his or her totality.

Before I become a certified human service provider, I need to understand people's differences in the areas of tradition, values, familysystems, sexual orientations, and spiritual beliefs, and I must be culturally competent to deliver culturally competent services.

In addition to being culturally competent, I must be sensitive and tolerant tocultural diversity and have a wider scope of awareness of how my clients' experience their uniqueness and deal with their differences and similarities as one of the mission of the human service professionals is to enhance people's well being, meet their basic needs and to empower those who are victims of oppression, discrimination, injustice and poverty.

# Conclusion

Human service professionals will always encounter new situations and various clients in the practice of their profession. They also play a great role in providing intervention, economic and social services and linkages in education and training, health, housing and employment. In order to fully address the diverse needs of individuals and families, the human service workers must be culturally competent and open to diversity.

## **BIBLIOGRAPHY**

Boyd-Franklin, Nancy. Black Families in Therapy: Understanding the African American Experience 2nd ed. (New York: Guilford Press, 2003), p. 58.

Center for Advanced Research on Language Acquisition. "Culture and Language Learning" (2008): 1. University of Minnesota. Available from http://www.carla.umn.edu/culture/definitions.html

Diala, Chamberlain C., Muntaner, Carles, Walrath, Christine, Nickerson, Kim, LaVeist, Thomas, & Leaf, Phil. (2001). "Racial differences in attitudes toward professional mental health care and in the use of services". American Journal of Orthopsychiatry, 91, no. 5 (2001): 805-807. Available from http://www.pubmedcentral. nih. gov/picrender. fcgi? artid= 1446685&blobtype= pdf

National Association of Social Workers. "Diversity and Cultural Competence" (2006): 1. Available from http://www.socialworkers. org/pressroom/features/issue/diversity.asp

Woolfolk, Tara & Unger, Donald. "Perceptions of African American mothers involved in Parents as Teachers". Paper presented at the Annual Conference of the National Council on Family Relations Orlando, Florida, November 2004.

[1]. National Association of Social Workers. "Diversity and Cultural Competence" (2006): Available from http://www.socialworkers. org/pressroom/features/issue/diversity.asp. p. 1.

[2]. Ibid. p. 1.

- [3]. Center for Advanced Research on Language Acquisition. "Culture and Language Learning" (2008). University of Minnesota. Available from http://www.carla.umn.edu/culture/definitions.html.p. 1
  [4]. Tara Woolfolk & Donald Unger. "Perceptions of African American mothers involved in Parents as Teachers." Paper presented at the Annual Conference of the National Council on Family Relations, Orlando, Florida. November 2004.
- [5] Nancy Boyd-Franklin. Black Families in Therapy: Understanding the African American Experience 2nd ed. (New York: Guilford Press, 2003), p. 58.
- [6]. Chamberlain C. Diala, Carles Muntaner, Christine Walrath, Kim Nickerson, Thomas LaVeist, and Phil Leaf, "Racial/Ethnic Differences in Attitudes Toward Seeking Professional Mental Health Services" American Journal of Orthopsychiatry, 91, no. 5 (2001): 805-807.

http://www. pubmedcentral. nih. gov/picrender. fcgi? artid= 1446685&blobtype= pdf.