NURSING PRACTICE & SKILL

Patients of Puerto Rican Heritage: Providing Culturally Competent Care to Patients with Mental Health Disorders

What is Providing Culturally Competent Care to Patients of Puerto Rican Heritage who have Mental Health Disorders?

› The term cultural competence (also known as cultural responsiveness, cultural awareness and cultural sensitivity) refers to a person's ability to interact effectively with persons of cultures different from his/her own. With regard to health care, cultural competence is a set of behaviors and attitudes held by clinicians that allows them to communicate effectively with patients of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and the individual

› Mental health disorders are chronic medical conditions that can cause alterations in mood, thinking, perception of reality, and/or ability to relate to others that are severe enough to result in diminished ability to cope with ordinary demands of daily life. Symptoms typically cause significant functional impairment at home, with peers, and at school and/or work. Mental health disorders include schizophrenia, depression, bipolar disorder, anxiety disorders (including post-traumatic stress disorder), substance abuse disorders, and personality disorders. (For information regarding specific mental health disorders, see related *Quick Lessons* and *Evidence-Based Care Sheets*)

- *What:* Culturally competent (CC) care for patients of Puerto Rican heritage who have mental health disorders is holistic and incorporates Puerto Rican cultural beliefs, attitudes, and traditions. The information that follows regarding patients of Puerto Rican heritage refers to persons who were born in Puerto Rico and to persons of Puerto Rican descent who are living outside of Puerto Rico. CC care for patients of Puerto Rican heritage who have mental health disorders involves promoting rapport and demonstrating respect for the patient and family members and asking about the use of traditional Puerto Rican medical remedies and folk medicine interventions (e.g., "e*spiritismo*" a folk intervention based in spiritualism) for treatment of mental health disorders. Care involves promoting social and spiritual support for the family and encouraging visitation by family members and friends. (For more information about Puerto Rican culture and caring for patients of Puerto Rican heritage, see the series of related *Nursing Practice & Skills*)
- *How:* CC care for patients of Puerto Rican heritage who have mental health disorders is provided based on information from patient/family interviews, completed written questionnaires, if available, and facility protocols regarding CC care for patients of Puerto Rican heritage. Interventions involve face-to-faceinteraction with the patient and family members, providing written information and/or electronic sources of information to reinforce verbal patient education, communicating with other members of the healthcare team regarding patient/family preferences, and making telephone calls to reserve a room where the family and visitors can meet and schedule visits by the family clergyperson or other spiritual leader
- *Where:* CC care can be provided for patients of Puerto Rican heritage who have mental health disorders in any healthcare setting, including inpatient and outpatient settings and in the home

Author
Nathalie Smith, RN, MSN, CNP
Cinahl Information Systems, Glendale, CA

Reviewers
Darlene Strayer, RN, MBA
Cinahl Information Systems, Glendale, CA
Sara Richards, MSN, RN
Cinahl Information Systems, Glendale, CA
Nursing Executive Practice Council
Glendale Adventist Medical Center, Glendale, CA

Editor
Diane Pravikoff, RN, PhD, FAAN
Cinahl Information Systems, Glendale, CA

August 4, 2017

- *Who:* CC care can be provided for patients of Puerto Rican heritage who have mental health disorders by any appropriately trained healthcare clinician. These duties cannot be delegated to unlicensed clinical staff members (e.g., nurses' aides). It is appropriate for family members to be present during the provision of CC care for patients of Puerto Rican heritage who have mental health disorders because family members can provide essential information regarding Puerto Rican cultural beliefs, attitudes, and traditions

What is the Desired Outcome of Providing Culturally Competent Care to Patients of Puerto Rican Heritage who have Mental Health Disorders?

› The desired outcome of providing CC care for patients of Puerto Rican heritage who have mental health disorders is that the patients
- understand what to expect, experience reduced anxiety, and become comfortable participating in and adhering to the individualized CC plan of care
- feel satisfied with the care received and when asked, state that the care provided appropriately incorporated Puerto Rican cultural beliefs, attitudes, and traditions
- experience no interactions between traditional Puerto Rican medical remedies, folk medicine interventions, and conventional Western medical treatment for mental health disorders
- take all psychiatric medications as prescribed

Why is Providing Culturally Competent Care to Patients of Puerto Rican Heritage who have Mental Health Disorders Important?

› Providing CC care for patients of Puerto Rican heritage who have mental health disorders is important because it
- promotes clear communication and effective interaction between patients of Puerto Rican heritage and members of the healthcare team
- allows for planning and delivery of appropriate, individualized, and effective care for patients of Puerto Rican heritage who have mental health disorders
- promotes the safe use of traditional Puerto Rican medical remedies and folk medical interventions in combination with conventional Western medical treatments for patients with mental health disorders
- promotes patient compliance with the prescribed medication regimen

Facts and Figures

› Puerto Ricans are a Hispanic minority group that originated from the Caribbean. Puerto Ricans often refer to themselves as "*Boricua*," which is a traditional Puerto Rican word meaning "people of the noble and valiant lord" (Torres, 2012)
- Historically, Puerto Rico was populated by indigenous people and was claimed by Spanish explorers as a part of in 1493. During the subsequent 400 years of colonial rule, the indigenous people were nearly exterminated and many Africans were brought to as slaves. The island became a territory of the in 1898 when it was ceded to the at the end of the Spanish-American war. Puerto Ricans were granted citizenship in 1917, and have been self-governed by popularly elected governors since 1952 (Central Intelligence Agency, 2017)
- An estimated 5 million Puerto Ricans and persons of Puerto Rican descent currently live in the (Brown et al., 2013)
- The ethnic origin of Puerto Ricans is primarily White (76%, who are mostly of Spanish origin), followed by Black (7%), mixed race (4%), and Native American (less than 1%)
- Roman Catholicism is practiced by the majority (85%) of Puerto Ricans
- Primary languages spoken in are Spanish and English, and the majority (90%) of Puerto Ricans are literate in one or both languages (Central Intelligence Agency, 2017)

› The prevalence of mental health disorders in the U.S. is approximately 6% (National Alliance on Mental Illness, 2014). Although the prevalence of mental health disorders among persons of Puerto Rican heritage has not been extensively studied, findings of existing studies suggest that their prevalence is comparable to that of the general population, with the exception of drug abuse disorders, which are significantly less common among persons of Puerto Rican heritage (Canino et al., 1997)

› Few studies have been published regarding issues related to mental health in patients of Puerto Rican heritage. Results of some existing studies have identified the following:
- Stigma and shame regarding mental health disorders are common among persons of Puerto Rican heritage (Rojas-Vilches et al., 2011)

- Puerto Rican women experience high rates of adverse birth outcomes, including one of the highest infant mortality rates in the U.S. Among Puerto Rican women, depression during pregnancy is associated with increased risk for small-for-gestational age births, which in turn increase risk for infant mortality. Screening and treating Puerto Rican women for depression during pregnancy could therefore decrease risk for adverse birth outcomes, including infant mortality (Szegda et al., 2017)
- The presence of supportive relationships with many family members has been identified as a possible protective factor against development of substance abuse disorders among persons of Puerto Rican heritage (Canino et al., 1997; Canino, 2007)
- Parental divorce is associated with depression and anxiety among children living in Puerto Rico, but not among those with Puerto Rican heritage living in the U.S. (Santesteban-Echarri, 2016)
- Persons of Puerto Rican heritage often believe that seeking treatment from a mental health professional indicates inherent weakness and is indicative of a severe mental health disorder (Rojas-Vilches et al., 2011)
- Persons of Puerto Rican heritage typically use mental health services less frequently than the general U.S. population, and often consult family members, family religious leaders, and folk healers such as practitioners of "e*spiritismo*" regarding treatment of their symptoms before consulting a conventional Western clinician for treatment of mental health disorders (Rojas-Vilches et al., 2011)
- Depression is common among people experiencing chronic illnesses. Depression symptoms can however, be reduced by regular aerobic exercise. Older Puerto Ricans with diabetes mellitus type 2 (DM2) also experiencing depression reported significant reduction in depressive symptoms after 16 weeks of high-intensity aerobic exercise training (Lincoln et al., 2011)
- Obesity is correlated with increased incidence of depression among persons of Puerto Rican heritage, particularly among those who are extremely obese or who are also female, poor, or have low levels of education. Patients of Puerto Rican heritage who are obese should be screened routinely for depression (Laborde et al., 2013)
- Asthma has been correlated with increased incidence of depression and anxiety disorders among persons of Puerto Rican heritage who are 10−19 years of age. Adolescents of Puerto Rican heritage who have asthma should be screened routinely for depression (Acosta-Perez, et al., 2012)
  - Researchers exploring symptoms of depression among adolescents of Puerto Rican heritage reported that the symptoms of depression that were noted most commonly were not the symptoms that are most commonly associated with depression in the general U.S. population. In the general U.S. population, symptoms of depression include lack of pleasure in activities that were previously enjoyed, feelings of sadness, difficulty concentrating, fatigue, and overeating or lack of appetite. The most common signs and symptoms of depression in adolescents of Puerto Rican heritage are the following (American Psychiatric Association, 2013; Rivera-Medina et al., 2010):
    - Nightly insomnia
    - Lack of friendships
    - Difficulty with motivation to complete homework for school
    - Decline in school performance

› The following physical syndromes have been identified in results of anthropologic studies as being culturally-based conditions that occur only in the Puerto Rican culture (Compton et al., 1991; Department of Health and Human Services, Office of Minority Health Resources, 1992):

- "Ataques" (attacks), which is a syndrome involving acute anxiety that can include seizures. This is referred to by some Puerto Ricans as "the Puerto Rican syndrome"
- "Susto" (fright), which occurs as a result of a frightening event that is believed to cause the person's spirit to leave his/her body and results in listlessness, paleness, and anorexia

› "*Espiritismo*" is both a religion and a folk medicine intervention that is often used by persons of Puerto Rican heritage of all socioeconomic levels for treatment of many health conditions, including mental health disorders. *Espiritismo* is used alone or in addition to conventional Western medical treatment for mental health disorders (Nunez Molino, 2001)

- The belief system underlying *espiritismo* is as follows:
  - Physical, spiritual, and mental function cannot be separated, and factors that affect one will invariably affect the others
  - Everyone is fated before birth to experience "*pruebas*" (i.e., certain types of suffering and illness) in order to pay a spiritual debt related to a past life. If the experience of *pruebas* is endured with resignation, spiritual purification is experienced
  - At birth, everyone receives a guiding spirit that provides protection from harmful spirits. This guiding spirit can be contacted with the help of a spiritualist and is expected to provide guidance, spiritual support, and assistance when each person is in trouble (e.g., when experiencing a mental or physical disorder)

- Approximately 18% of the population of Puerto Rico uses *espiritismo* as a treatment for mental health disorders and other emotional problems (Nunez Molino, 2001)
- *Espiritismo* interventions for persons with mental health disorders typically involves the use of a spiritualist to advise about harmful spirit(s) that are believed to be causing the mental health disorder and how to cure the disorder by appeasing these spirits (Nunez Molino, 2001)
- Based on findings from several research studies, some investigators have concluded that *espiritismo* can provide effective treatment for mental health disorders, including schizophrenia and disorders involving psychosis (Moreira-Almeida et al., 2009)

What You Need to Know Before Providing Culturally Competent Care to Patients of Puerto Rican Heritage who have Mental Health Disorders

› Cultural competence is a key aspect of nursing practice because nurses care for patients and families of many different cultural backgrounds. Nurses should have knowledge of cultural beliefs, attitudes, and traditions of the patients and families they serve so that they can communicate effectively and plan and provide appropriate, individualized patient care. In addition to asking the patient/family verbally about Puerto Rican beliefs and traditions related to care of persons with mental health disorders, relevant cultural background information can be obtained by asking the patient/family to complete a written questionnaire, if available

› After information about cultural beliefs, attitudes, and traditions is obtained, clinicians use it as a basis for planning culturally appropriate patient care strategies. The following cultural beliefs, attitudes, and traditions are common among Puerto Rican populations:

- General Puerto Rican cultural beliefs, attitudes, and traditions include the following:
  - The nuclear family and members of the extended family are important in Puerto Rican culture and play an important role in healthcare decision making. Illness of a family member is considered to be a family issue and not just an individual concern
    - Decisions regarding the health and care of family members are often influenced by members of the extended family, which includes grandparents, aunts, uncles, godparents, in-laws, and certain close family friends
    - Because of the importance of nuclear and extended family, patients of Puerto Rican heritage often receive many visitors when they are hospitalized
  - The concept of "*respeto*" (respect) is important in Puerto Rican culture and other Latin American cultures, and is a pervasive concept that affects all personal interactions, including those related to health care
    - Treating others with respect and being treated respectfully are deeply held values. The value of the self is traditionally held very highly as well, and a perceived lack of respect on the part of others is often taken very seriously and can have long-lasting effects on interpersonal relationships with peers, healthcare providers, and others
    - Healthcare providers can demonstrate respect to patients of Puerto Rican heritage by addressing adult patients as Miss, Mrs., Mr., or Dr., as appropriate, followed by the patient's surname unless the patient asks the healthcare provider to address him/her by a first name or another name
    - Traditional Puerto Ricans expect healthcare providers to project a traditional professional image (e.g., by being well groomed and well dressed and wearing a white lab coat or another appropriate uniform), and may be less compliant with the treatment regimen prescribed by a clinician who does not project this type of traditional professional image because they do not respect him/her
    - Appropriate touch (e.g., a handshake when meeting, a touch on the arm or on the back during conversation) can promote positive rapport with Patients of Puerto Rican heritage because it is perceived as demonstrating warmth and respect
  - Illnesses are traditionally believed to have natural causes (e.g., cold air, cold water, polluted air) or supernatural causes (e.g., evil spirits, witches)
  - One of the basic health principles held by traditional Puerto Ricans is the belief in a hot-cold theory of disease and its treatment, which is prevalent in almost all Latin American countries. The hot-cold theory is derived from the Hippocratic humoral theories of disease, which were brought to Latin American countries by Spanish and Portuguese explorers and conquerors during the 16th and 17th centuries. The hot-cold theory of disease and its treatment is summarized as follows:
    - Health is believed to be a state in which four body humors—phlegm, blood, yellow bile, and black bile—are in balance in the body. These humors, which are thought to vary in temperature and degree of moisture, are ideally in a wet and warm state in the body
    - Disease is a state in which one or more of the four body humors is out of balance (e.g., present in excessive amounts in the body compared with other humors; not in the ideal wet, warm state in the body)

- According to the Puerto Rican variation of the hot-cold theory of disease and its treatment, diseases are classified as either hot or cold and foods that are used to treat illness are classified as cold, cool, or hot. Descriptions of foods as cold, cool, or hot refers to the inherent healing influence of the food rather than its physical temperature

– Two types of healers exist in traditional Puerto Rican medicine: traditional healers who treat illnesses caused by natural causes and traditional healers who treat illnesses caused by supernatural causes
  - *Curandero* is a general term for traditional healers who treat illnesses that result from natural causes. These healers most commonly use herbal therapy, massage, and healing touch, an intervention in which touching by the healer is believed to promote healing and reduce pain. *Curanderos* commonly treat illnesses such as arthritis and mild digestive and respiratory conditions
  - *Espiristas, brujeras,* and *santeros* are folk healers who provide folk medicine interventions for illnesses that are thought to be due to supernatural causes or to a combination of supernatural and natural causes. Common reasons for seeking care from these 3 types of traditional healers include insomnia, anxiety, depression, nightmares, relationship problems, and chronic or terminal medical conditions (e.g., end-stage cancer) that other types of healthcare providers have not been able to cure

– Traditional Puerto Rican medical remedies are widely used by Puerto Ricans, and are often used concurrently by patients seeking care from conventional Western clinicians. Traditional Puerto Rican medical remedies that are commonly used include the following:
  - Orange-flower water and linden blossom tea are used as remedies for anxiety
  - Peppermint, star anise, and chamomile are used as remedies for digestive disorders
  - Licorice root is used as a laxative
  - Ginger root tea is used with lemon juice as a remedy for viral upper respiratory infections
  - Soursop (*Annona muricata*) is used as an herbal remedy for depression, stress, and anxiety

– Religious faith and faith in the ability of the healthcare clinician or traditional healer to cure the patient are believed by Puerto Ricans to be essential to recovery

• Puerto Rican cultural beliefs, attitudes, and traditions that relate specifically to the care of persons with mental health disorders include the following:

– Persons of Puerto Rican heritage often believe that seeking treatment from a mental health clinician specialist indicates inherent weakness and is indicative of a severe mental health disorder, and often resist seeking treatment for mental health disorders unless their symptoms are severe

– Stigma and feelings of shame regarding mental health disorders are common among persons of Puerto Rican heritage, and can cause them to deny that they have mental health disorders and to be noncompliant with the prescribed treatment regimen

– Persons of Puerto Rican heritage often consult family members, religious leaders, and folk healers such as practitioners of e*spiritismo* regarding treatment of their symptoms before consulting a conventional Western medical clinician for treatment of mental health disorders

– Puerto Ricans have a holistic conception of mental health and believe that physical, spiritual, and mental functioning cannot be separated, and that factors that affect one will invariably affect the others

› Necessary nursing knowledge prior to providing CC care for patients of Puerto Rican heritage who have mental health disorders includes the following:

• Principles of effective communication with patients/family members

• Principles of standard care for the patient who have mental health disorders

› Preliminary steps that should be performed before providing CC care for patients of Puerto Rican heritage who have mental health disorders include the following:

• Review the facility-wide and/or unit-specific protocol for providing CC care for patients of Puerto Rican heritage who have mental health disorders, if available

• Review the treating clinician's orders related to providing CC care for patients of Puerto Rican heritage who have mental health disorders

• Verify completion of facility informed consent documents

– Typically, the general consent for treatment executed by patients at the outset of admission to a healthcare facility includes standard provisions that encompass providing CC care for patients of Puerto Rican heritage who have mental health disorders

• Review the patient's medical history/medical record for information about

– any allergies (e.g., to latex, medications, or other substances); use alternative materials, as appropriate

– the patient's cultural beliefs, attitudes, and traditions related to mental health disorders and their treatment

- Gather the following supplies:
  - Personal protective equipment (PPE; e.g., sterile/nonsterile gloves, gown, mask, eye protection); PPE is routinely used during the provision of CC care for patients of Puerto Rican heritage who have mental health disorders if exposure to body fluids is anticipated
  - Equipment for taking vital signs
  - A facility-approved pain assessment tool
  - Medications (e.g., psychiatric medication and/or pain medication), if prescribed, and appropriate means by which to administer them (e.g., a glass of water for administration of oral medications)
  - If available but not completed during the admission process, a facility-approved questionnaire for assessing patient/family cultural beliefs, attitudes, and traditions related to health care and treatment of mental health disorders
  - Written information and/or Internet sources for information in the patient's and family members' preferred language, if available, to reinforce verbal education

How to Provide Culturally Competent Care to Patients of Puerto Rican Heritage who have Mental Health Disorders

› Perform hand hygiene and don PPE as appropriate

› Identify the patient according to facility protocol

› If the patient is in the hospital setting, establish privacy by closing the door to the patient's room and/or drawing the curtain surrounding the bed. If in the outpatient setting, establish privacy by closing the door to the examination or conference room

› Introduce yourself to the patient and family members, if present, and explain your clinical role

- Promote trust and rapport with patients of Puerto Rican heritage by performing the following interventions:
  - Demonstrate respect for adult patients by addressing them as Miss, Mrs., Mr., or Dr., as appropriate, followed by their surname unless they ask to be addressed by their first name or another name
  - Project a professional image that is traditionally associated with healthcare clinicians by being well-groomed,well-dressed, and wearing a white lab coat or an appropriate uniform to promote the patient's respect and acceptance of you as a healthcare provider
- Provide appropriate touch (e.g., a handshake on meeting, a touch on the arm or on the back during conversation) to demonstrate a warm welcome and respect for the patient
- Determine whether the patient/family members require special considerations regarding communication (e.g., due to illiteracy, language barriers, or deafness); make arrangements to meet these needs if they are present
  - If a language barrier exists, follow facility protocols for using professional certified medical interpreters, either in person or by telephone
- Explain that you will be providing care for the patient and that you would like this care to be consistent with the patient's cultural beliefs, attitudes, and traditions
- Assess the patient and family for knowledge deficits and anxiety regarding provision of CC care to patients of Puerto Rican heritage with mental health disorders; provide emotional support and additional information, as needed
- If requested by the patient, ask family members and other visitors to leave the room to promote privacy

› Perform a thorough assessment of the patient's general health status, including taking vital signs and evaluating for pain using a facility-approved pain assessment tool

- If the patient is in pain and/or other distress, defer the planned CC care, proceed with the physical assessment, and provide prescribed analgesia and other treatment/patient care, as appropriate
  - Allow a therapeutic level of analgesia to be reached before proceeding with the CC care
  - As appropriate, initiate assessment/verification of cultural identity and cultural beliefs, attitudes, and traditions by talking with family members

› Initiate assessment/verification of cultural identity and cultural beliefs, attitudes, and traditions of the patient and family members with regard to mental health disorders and their treatment

- If a written questionnaire has been completed, initiate a discussion to verify and enhance the individualized patient/family member input
- If a written questionnaire is available and not yet completed, provide the patient/family with the tool and assist in its completion, as appropriate
- If a written questionnaire is not available, initiate a discussion of Puerto Rican cultural factors related to mental health disorders and associated patient care by asking the patient following questions:
  - "Which family members are involved in caring for you and in making decisions about your health care?"

- "How are you currently being treated for your mental health disorder? For example, are you taking medication and scheduling regular visits with a mental health professional?"
- "Are you using any traditional Puerto Rican medical remedies to treat your mental health disorder or for any other reason?"
- "Are you using any folk medicine interventions (e.g., *espiritismo*) to treat your mental health disorder?"
- "Are you currently taking all medications that have been prescribed for you for treatment of your mental health disorder, and are you taking them at the prescribed doses? If you are not taking your medications as prescribed, why is this so?"
- Ask the patient whether he or she would like to speak with a social worker about how to contact a community support for patients of Puerto Rican heritage who are experiencing mental health disorders
- "Are there any other cultural factors or beliefs you or your family members would like to explain before proceeding with CC care related to your mental health disorder?"
- "Would you like to have the facility chaplain or the family clergyperson or other spiritual leader visit while you are in the hospital?"
- "Do you expect to have a large number of visitors while you are hospitalized?"

› Provide individualized CC care for Puerto Rican patients who have mental health disorders, which typically includes the following:

- Provide psychiatric medication (e.g., an antidepressant agent) to the patient as ordered by the treating clinician
- As much as possible, include all family members who are involved in caring for the patient and in making decisions about care when providing education about his/her medical condition and related care
- If the patient is using traditional Puerto Rican medical remedies or folk medicine interventions, verbally express acceptance of the patient's decision to do so. Explain that the treating clinician needs to know of all traditional Puerto Rican medical remedies and folk medicine interventions used in order to evaluate for potential adverse interactions with any medications being prescribed
  - Notify the treating clinician if the patient reports using any Puerto Rican medical remedies or folk medicine interventions
- If the patient states that he or she has not been taking all medications prescribed for the mental health disorder and/or does not take them at the prescribed doses, educate that psychiatric medications must be taken consistently and as prescribed in order to successfully prevent or minimize symptoms related to the mental health disorder
  - If the patient states that he or she is not following the prescribed medication regimen because of side effects, explain that he or she should discuss this with the treating clinician so that adjustments can be made in the medication regimen
- If the patient states that he or she would like to receive information about how to join a community support group for persons of Puerto Rican heritage who have mental health disorders, request referral to a social worker for information about community support group

› If the patient and family desire, promote spiritual support by arranging for the facility chaplain or family clergyperson or other spiritual leader to visit during the hospitalization

- Arrange for the availability of a conference room or other large room, if possible, where the patient's family and other visitors can gather to avoid crowding the patient's room

› Remove PPE if used, discard appropriately, and perform hand hygiene

› Update the patient's plan of care, as appropriate, and document the following in the patient's medical record:

- Date and time the CC care was performed
- Description of the specific interventions provided during CC care, including the following as appropriate:
  - Education regarding the use of traditional Puerto Rican medical remedies and folk medicine and potential risk for interventions with conventional Western medical treatment of the patient's mental health disorder
  - Administration of psychiatric medication to the patient as prescribed by the treating clinician
  - Education regarding the importance of taking all medications as prescribed to prevent or minimize symptoms related to the mental health disorder
  - Encouragement to attend a support group for Puerto Rican patients with mental health disorders and referral to a social worker, if appropriate
- Patient assessment findings, including the patient's level of pain, analgesia given, and treatment efficacy
- Patient/family member response to the CC care provided
- Any unexpected events, interventions performed, whether or not the treating clinician was notified, and patient outcome
- All patient/family member education, including topics presented, response to education provided, need for follow-up education, barriers to communication, and techniques that promoted successful communication

Other Tests, Treatments, or Procedures That May Be Necessary Before or After Providing Culturally Competent Care to Patients of Puerto Rican Heritage who have Mental Health Disorders

› If available, written assessment of patient and/or family member satisfaction with the CC care provided is requested using a questionnaire to evaluate the degree to which the care provided reflected and incorporated the patient's and family's cultural beliefs, attitudes, and traditions. The gathered information can be used to revise the facility protocols for providing CC care for patients of Puerto Rican heritage, as appropriate

What to Expect After Providing Culturally Competent Care to Patients of Puerto Rican Heritage who have Mental Health Disorders

› After receiving CC care for mental health disorders, patients of Puerto Rican heritage will
- understand and cooperate with all aspects of the CC care provided
- experience reduced anxiety related to receiving care for their mental health disorder
- feel satisfied with the care they receive and when asked, state that the care that was provided appropriately incorporated their cultural beliefs, attitudes, and traditions
- experience no interactions between traditional Puerto Rican medical remedies folk medicine interventions, and conventional Western medical treatments

Red Flags

› If the patient states that he or she is taking traditional Puerto Rican medical remedies or folk medicine interventions, document the type and dosages of remedies he or she is taking, as applicable. Provide this information to the treating clinician immediately so he or she can evaluate the patient's existing medications for potential interactions with remedies and can avoid prescribing any medications that could interact with them

› If the patient requires a translator, follow facility protocol to engage the services of a professional certified medical interpreter who is fluent in the patient's preferred language. Do not ask family members (other than parents in the case of patients who are under 18 years of age) to translate during conversations with healthcare personnel because this violates patients' right to privacy of medical information

› If the patient states that he or she is not following the prescribed medication regimen because of side effects, inform the treating clinician so that he or she can adjust the patient's medication regimen as needed to minimize side effects

What Do I Need to Tell the Patient/Patient's Family?

› Provide the following information:
- Educate regarding what to expect during and after receiving CC care regarding mental health disorders. Encourage questions
- Explain how to contact the treating clinician if questions or problems arise
- Provide written information, if available, to reinforce verbal education regarding the CC care and treatment related to the patient's mental health disorder, including the importance of taking all medications as prescribed to prevent or minimize the patient's symptoms related to the mental health disorder
- Encourage adhering to the schedule for continued medical surveillance. Provide written instructions with dates and times of scheduled appointments, if available
- Encourage attending a community support group for contact with other patients of Puerto Rican heritage who have mental health disorders and their families

References

1. Acosta-Perez, E., Canino, G., Ramirez, R., Prelip, M., Martin, M., & Ortega, A. N. (2012). Do Puerto Rican youth with asthma and obesity have higher odds for mental health disorders?. *Psychosomatics*, *53*(2). doi:10.1016/j.psym.2011.07.011 **(R)**
2. American Academy of Nursing on Policy. (2015). American Academy of Nursing on Policy: Implementing culturally competent care. *Nursing Outlook*, *63*(2), 227-228. doi:10.1016/j.outlook.2015.01.008 **(G)**
3. American Psychiatric Association. (2013). Depressive disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed., pp. 155-188). Arlington, VA: The American Psychiatric Association. **(GI)**
4. Brown, A., & Patten, E. (2013). Hispanics of Puerto Rican origin in the United States, 2011. Retrieved June 23, 2017, from http://www.pewhispanic.org/2013/06/19/hispanics-of-puerto-rican-origin-in-the-united-states-2011/ **(GI)**

5. Canino, G., Bird, H., Rubio-Stipec, M., & Bravo, M. (1997). The epidemiology of mental disorders in the adult population of Puerto Rico. *Puerto Rico Health Sciences Journal*, *16*(4), 117-124. **(R)**
6. Carpenter-Song, E., Nordquest Schwallie, M., & Longhofer, J. L. (2008). Using care with culture. In *Diversity issues in the diagnosis, treatment, and research of mood disorders* (pp. 3-15). New York, NY: Oxford University Press. **(GI)**
7. Compton, A. B., & Jones, F. D. (1991). Clinical features of young adult Hispanic psychiatric in-patients: The so-called "Puerto Rican syndrome". *Military Medicine*, *156*(7), 351-354. **(RV)**
8. Department of Health and Human Services, Office of Minority Health Resources. (1992). Common Health care beliefs and practices of Puerto Ricans, Haitians, and low income Blacks living in the New York/New Jersey Area: A training module developed for the Public Health Service Region II. Retrieved June 23, 2017, from https://archive.org/details/commonhealthcare00uspu **(GI)**
9. Douglas, M. K., Rosenkoetter, M., Pacquiao, D. F., Callister, L. C., Hattar-Pollara, M., Lauderdale, J., & Purnell, L. (2015). Guidelines for implementing culturally competent care. *Journal of Transcultural Nursing*, *25*(2), 109-121. **(G)**
10. Canino, G. (2007). 25 years of child and adult psychiatric epidemiologic studies in Puerto Rico. *Puerto Rico Health Sciences Journal*, *26*(4), 385-394. **(GI)**
11. HealthCare Chaplaincy. (2013). Handbook of spiritual and cultural values for health care professionals. Retrieved June 23, 2017, from http://www.healthcarechaplaincy.org/userimages/Cultural%20Sensitivity%20handbook%20from%20HealthCare%20Chaplaincy%20%20(3-12%202013).pdf **(G)**
12. Hohmann, A. A., Richeport, M., Marriott, B. M., Canino, G. J., Rubio-Stipec, M., & Bird, H. (1990). Spiritism in Puerto Rico. Results of an island-wide community study. *British Journal of Psychiatry*, *156*, 328-335. **(R)**
13. Johnson, J. Y. (2014). Overview of transcultural nursing. In J. L. Hinkle & K. H. Cheever (Eds.), *Brunner & Suddarth's textbook of medical-surgical nursing* (13th ed., pp. 95-106). Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins. **(GI)**
14. The Joint Commission. (2010). Advancing effective communication, cultural competence, and patient- and family-centered care. A roadmap for hospitals. Retrieved June 23, 2017, from https://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf **(G)**
15. Laborde, J. E., & Saez-Santiago, E. (2013). Association between obesity and symptoms of depression of adults in Puerto Rico. *Puerto Rico Health Sciences Journal*, *32*(3), 132-137. **(R)**
16. Lincoln, A. K., Shepard, A., Johnson, P. L., & Castenada-Sceppa, G. (2011). The impact of resistance exercise training on the mental health of older Puerto Ricans with type 2 diabetes. *Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, *66*(5), 567-570. doi:10.1093/geronb/gbr034 **(RCT)**
17. Moreira-Almeida, A., & Koss-Chioino, J. D. (2009). Recognition and treatment of psychotic symptoms: Spiritists compared to mental health professionals in Puerto Rico and Brazil. *Psychiatry*, *72*(3), 268-283. doi:10.1521/psyc.2009.72.3.268 **(R)**
18. Nunez Molino, M. A. (2001). Community healing among Puerto Ricans: Espiritismo as a therapy for the soul. Retrieved March 13, 2017, from http://uprm.edu/socialsciences/SOULHEAL.pdf **(GI)**
19. Purnell, L. D. (2013). People of Puerto Rican heritage. In L. D. Purnell (Ed.), *Transcultural health care: A culturally competent approach* (4th ed., pp. 407-425). Philadelphia, PA: F. A. Davis Company. **(GI)**
20. Purnell, L. D. (2014). People of Puerto Rican heritage. In *Guide to culturally competent health care* (3rd ed., pp. 335-357). Philadelphia, PA: F. A. Davis Company. **(GI)**
21. Rivera-Medina, C. L., Bernal, G., Rossello, J., & Cumba-Aviles, E. (2010). A study of the predictive validity of the Children's Depression Inventory for Major Depression Disorder in Puerto Rican adolescents. *Hispanic Journal of Behavioral Sciences*, *32*(2), 232-258. doi:10.1177/0739986310361919 **(R)**
22. Rojas-Vilches, A. P., & Reig-Ferrer. (2011). Attitudes toward seeking therapy among Puerto Rican and Cuban American young adults and their parents. Retrieved June 23, 2017, from http://dps.ua.es/es/documentos/pdf/2011/attitudes-toward-seeking-therapy-among-puerto-rican-and-cuban-american-young-adults-and-their-pare.pdf **(GI)**
23. Santesteban-Echarri, O., Eisenberg, R. E., Bird, H., & Duarte, C. S. (2016). Family structure, transitions, and psychiatric disorders among Puerto Rican children. *Journal of Child and Family Studies*, *25*, 3417-3429. doi:1-.1007/s10826-016-0498-2 **(R)**
24. Szegda, K., Bertone-Johnson, E. R., Pekow, P., Powers, S., Markenson, G., Dole, N., ... Chasan-Taber, L. (2017). Depression during pregnancy and adverse birth outcomes among predominantly Puerto Rican women. *Maternal and Child Health Journal, 21*(4), 942-952. doi:10.1007/s10995-016-2195-6 **(R)**
25. Torres, K. (2012). Puerto Rican culture and healthcare. Retrieved June 23, 2017, from http://prezi.com/mlrulakvidpx/puerto-rican-culture-and-healthcare/ **(GI)**
26. The world factbook: Puerto Rico. (2017). *Central Intelligence Agency.* Retrieved June 23, 2017, from https://www.cia.gov/library/publications/the-world-factbook/geos/rq.html **(PGR)**