

CULTURAL COMPETENCY AND
DIVERSITY, EQUITY AND
INCLUSION:
A BLUEPRINT FOR NURSES

Nevada State Board of Nursing

Objectives

1. Explain definition relevant to cultural competency, diversity and inclusion
2. Identify various popular religions that exist in the U.S. and discuss some factors that influence healthcare
3. Link healthcare issues significant in the LGBTQ community and define relevant terms related to this population
4. Summarize issues relevant to the pediatric population that can promote cultural competency among healthcare workers
5. Identify significant issues related to the elderly population that are necessary to enhance cultural competency



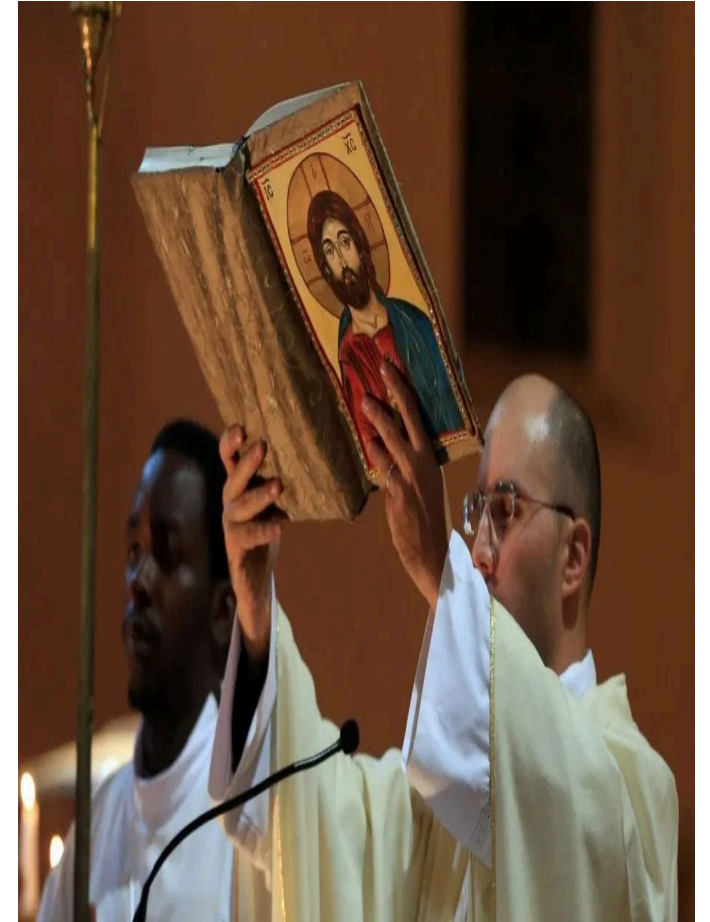
Objectives

6. Define disability and examine barriers that exist in healthcare for those who have a disability

7. Articulate cultural barriers that limit access to care for those who are mentally ill

8. Explain terms that help in developing culturally competent care for veterans

9. Relate cultural competency to hospice care



DEFINITIONS

RACE

Merriam-Webster (2021) dictionary defines race as “any one of the groups that humans are often divided into based on physical traits regarded as common among people of shared ancestry”
According to the US Census, those who identify as multiracial is increasing



ETHNICITY

Ethnicity is defined as a group of people who identify with each other based on common ancestral, social, cultural, or national experiences (dailydot.com)



CULTURE

Culture is defined as the shared patterns of behaviors, affective understanding, interactions and cognitive constructs. Culture is learned through a process of socialization (Center for Advanced Research on Language Acquisition, 2021)



BIAS

Bias is an inclination, prejudice or tendency toward or against something or someone. Biases are often based on stereotypes, rather than actual knowledge of an individual or circumstance. Such cognitive shortcuts can result in prejudgments that lead to rash decisions or discriminatory practices (Psychology Today Staff, 2021)

DEFINITIONS

EQUITY

Equity relates to providing support related to specific needs. It in turn “levels the playing field”, for greater fairness



INCLUSION

Inclusion refers to how diversity is leveraged to create an equitable, fair, healthy and high-performing organization or community. In this community or organization, all individuals are respected, feel engaged and motivated and their contributions toward meeting organizational and societal goals are valued (O’Mara et al, 2014)



DIVERSITY

Diversity is a set of conscious practices that involve:

- Understanding and appreciating the interdependence of humanity, cultures and the natural environment;
- Practicing mutual respect for qualities and experiences that are different from our own; Understanding that diversity includes not only ways of being but also ways of knowing;



DIVERSITY (cont.)

- Recognizing that personal, cultural and institutionalized discrimination creates and sustains privileges for some while creating and sustaining disadvantages for others; and
- Building alliances across differences so that we can work together to eradicate all forms of discrimination





MODELS

Campinha-Bacote

The Process of Cultural Competence in the Delivery of Healthcare Services



Purnell

Model for Cultural Competence

Campinha-Bacote (2002)

The Process of Cultural Competence in the Delivery of Healthcare Services

- Campinha-Bacote's model focuses on understanding the dynamic and diverse relational processes. Her framework theorizes that having continuous encounters with patients contributes to cultural knowledge (Botelho & Lima, 2020)
- The process of becoming culturally competent involves the integration of cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire
- The model has five assumptions:



ASSUMPTIONS

1. Cultural competence is a process, not an event
2. Cultural competence consists of five constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire
3. There is more variation within ethnic groups than across ethnic groups (intra-ethnic variation)
4. There is a direct relationship between the level of competence of health care providers and their ability to provide culturally responsive health care services
5. Cultural competence is an essential component in rendering effective and culturally responsive services to culturally and ethnically diverse clients (Campinha-Bacote, 2002)

PURNELL Model for Cultural Competence

- Purnell's model draws on Leininger's (1991) definition of culture, which is a foundational cultural competency model
- Her model theorizes culture as a "learned, shared, and transmitted values, beliefs, norms, and lifeways of a particular group that guides their thinking, decisions, and actions in patterned ways" (p. 47)
- Purnell recast patients' health within a broader context shaped by race, gender, and class power relations (Botelho & Lima, 2020)
- Purnell's model depicts several assumptions:



- PURNELL (2005)
- **There are core similarities across all cultures**
- **There are differences within, between and among cultures**
- **Cultures are subject to change gradually in a society that is stable**
- **If patients are co-participants in health care and are given the choice in selecting health-related interventions, plans and goals, then, there will be an improvement in health outcomes**
- **Culture exerts a significant impact on a person's interpretation of healthcare and how he/she responds to care**
- **Families and individuals fit in numerous cultural groups**

Assumptions

A photograph of a man and a woman in a professional setting. The man, with curly hair and a beard, is leaning over a desk, looking at a computer monitor. The woman, with her hair in a bun, is sitting at the desk, looking at the monitor. There is a glass of water on the desk. The background is a bright office with windows.

Assumptions

- PURNELL (2005)

- **Each person deserves to be respected for his/her cultural heritage and uniqueness**
- **Caregivers require both specific and general cultural information in order to offer care that is both culturally competent and sensitive**
- **Assessments, plans and interventions that are culturally competent tend to improve patients' care**
- **Biases and prejudices can be lessened through cultural understanding**
- **Effectiveness of care can be improved through reflecting on distinctive understanding of the life ways, beliefs, and values of individual acculturation patterns and diverse populations**
- **Cultural and racial differences need the adaptations of the standard interventions**

ELDERLY

- Older adults persistently face health disparities
- Especially those older adults who are from racial and ethnic minorities
- Older minority Americans have consistently been shown to have worse health than whites of the same age group across, disability, disease and self-assessed health (Dilworth-Anderson, Pierre, & Hilliard, 2012)
- There are clinical barriers to elderly receiving adequate health care
 - One of these barriers include ageism, which is the specific use of negative language, inaccurate stereotypes, and/or discriminatory practices toward a specific age group
 - Other clinical barriers may include conscious and unconscious bias, being deeply entrenched in the culture of biomedicine, and the lack of training in the principles and practice of providing culturally respectful care (Periyakoi, 2019)

ELDERLY

- One thing that it is important to address is how to communicate with older patients
 - Establish respect at the onset of your interactions by using formal language
 - Use Mr., Mrs. Ms. Etc. and the patient's last name
 - Do not use patronizing terms such as "dear" "sweetie", or "honey"
 - Make the patient feel comfortable
 - Take the time to establish rapport
 - Try not to rush
 - Avoid interrupting
 - Use active listening skills
 - Demonstrate empathy
 - Avoid medical jargon
- Ensure an understanding of the health information (what the main health issue is, what the patient needs to do, and why it is important to act)
- Be sure to compensate for hearing deficits (avoid high-pitched voice, talk slowly, as if they have a working hearing aid, face the person directly, be aware of background noise, keep a notepad handy)
- Compensate for visual deficits (make sure there is adequate lighting, make sure the patient has their glasses if worn, make sure font is large enough on written material)

CHILDREN

- There are cultural considerations when it comes to children which extend beyond race, ethnicity, gender, and religion
- Keeping in mind that the race, ethnicity, and religion of the custodial parent do directly impact the culture of the child
- It is also important to understand when caring for children that family is defined differently by different cultures
- Youth want to be seen as individuals
- Asking questions about preferences is paramount
- “The National Health Law Program protects the rights of children and adolescents to receive the health care they need in Medicaid and the Children’s Health Insurance Program (CHIP). Medicaid provides quality coverage for more than 30 million children, including essential medical, vision, hearing and dental screenings and services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit” (National Health Law Program, 2021)
- Fall of 2019, the U.S. Census Bureau released a report sharing that approximately 425,000 more children were uninsured in 2018 than in 2017

CHILDREN

X

- There is a direct relationship between the racism and maternal child health.
 - Infant mortality rates for America's Black babies are more than twice the rate of white babies
 - Black babies are more than three times as likely to die from complications related to low birthweight as compared to white babies in the U.S.

X

- “Embedded within these persistent disparities are the ongoing effects of institutional racism—racism that began with the enslavement of Black people, was embedded in our earliest institutions, and has continued to influence policies and practices ever since” (National Institute for Children's Health Quality, 2021, para 1)

RELIGION

- “The Joint Commission (TJC) requires hospitals to be accountable for maintaining patient rights, including accommodating for cultural, religious, and spiritual values” (Swihart, Yarrahapu, & Martin, 2021, para 1)
 - Although all health care providers may not know all the religious practices and rituals of every religious, respecting the fact that they have an impact is the first step
 - Inquiring about one’s religion is a part of patient intake forms and are not just there for statistical purposes
- Buddhist-
 - Usually vegetarian and avoid alcohol, tobacco, and coffee
 - Blood products are acceptable and avoid mind-altering drugs
 - Unexpected death may require special rituals
 - Christian Science-
 - Avoid food or drink which contains alcohol and sometimes caffeine. avoid tobacco
 - Generally choose spiritual means for preventing and healing disease
 - During pregnancy, labor and delivery they may request a midwife

RELIGION

- Church of Jesus Christ of Latter-day Saints (Mormon)-
 - Mormon garments, also referred to as Mormon undergarments or Mormon underwear, are undergarments worn by members. For most people who wear it, the Mormon garment takes the place of regular underwear and are worn both day and night (Mormon Beliefs, 2021)
 - Alcohol, coffee, tea, and tobacco are discouraged and drugs containing any of these may be avoided
 - Abortion is forbidden except in the case of rape and when the mother's life is in jeopardy
- Eastern Orthodox-
 - Holy Unction anointing is administered to the sick on the Wednesday between Palm Sunday and Easter
 - Fast from meat, dairy, and oil on Wednesdays and Fridays
- Islam-
 - Pork, shellfish, and alcohol are prohibited
 - Only vegetable oil can be used
 - Eat with the right hand and only eat food that is clean, good, pure, nourishing, pleasant, tasteful, and wholesome
 - Custom prohibits handshakes or any contact between genders. Thus, female patients may require female health providers (especially doctors and nurses)
 - Abortion is forbidden except in the case of rape and when the mother's life is in jeopardy
 - Some women are required to wear a burqa, covering the head, face, and entire body, including hands and feet
 - A hijab, which is a veil covering the head, may be required

RELIGION

- Jehovah's Witness-
 - Avoid any food that contain blood and thus meat products must be properly drained of blood
 - Refuse blood or blood products
 - Abortion is forbidden, artificial insemination by donors is forbidden
- Protestant)-
 - There are generally no dietary restrictions based on religion
 - Blood and blood products are an individual choice
- Roman Catholicism-
 - Avoid meat on Fridays, fast and sacramental confession prior to receiving Eucharist (holy communion)
 - Abortion is prohibited
 - Only natural birth control is permitted
 - Sacrament of the Sick by a priest is important (Last Rites)
- Judaism-
 - Orthodox Jews who strictly interpret the Torah
 - Conservative Jews who are conservative but are not as strict as orthodox Jews
 - Reform Jews choose religious observances and have the freedom to interpret the Torah
 - Any may request kosher-certified food
 - May consult a Rabbi regarding the decision to be tube fed or to be placed on life-support
 - Birth control is prohibited, and abortion is allowed to save the mother
 - Many married Orthodox Jewish women observe the modesty code known as *sniut*, which requires married women to cover their hair. Hats, scarves, and wigs are often referred to as *sheitels*

DISABLED

The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity

- “Over 1 billion people are estimated to experience disability. This corresponds to about 15% of the world's population, with up to 190 million (3.8%) people aged 15 years and older having significant difficulties in functioning, often requiring health care services” (World Health Organization [WHO], 2021, para 2).

People with disability encounter a range of barriers when they attempt to access health care including:

Attitudinal barriers

- People with disability commonly report experiences of prejudice, stigma and discrimination by health service providers and other staff at health facilities
- Many service providers have limited knowledge and understanding of the rights of people with disability and their health needs and have inadequate training and professional development about disability
- Many health services do not have policies in place to accommodate the needs of people with disability. Such policies could include allowing longer and flexible appointment times, providing outreach services and reducing costs for people with disability
- Women with disability face particular barriers to sexual and reproductive health services and information. Health workers often make the inaccurate assumption that women with disability are asexual or are unfit to be mothers
- People with disability are rarely asked for their opinion or involved in decision-making about the provision of health services to people with disability

DISABLED

Physical barriers

- Health services and activities are often located far away from where most people live or in an area not serviced by accessible transport options
- Stairs at the entrance to buildings or services and activities located on floors which do not have elevator access are inaccessible
- Inaccessible toilets, passages, doorways and rooms that do not accommodate wheelchair users, or are difficult to navigate for people with mobility impairments, are common
- Fixed-height furniture, including examination beds and chairs, can be difficult for people with disability to use
- Health facilities and other venues for activities are often poorly lit, do not have clear signage, or are laid out in a confusing way that makes it hard for people to find their way around

Communication and Financial barriers

- A key barrier to health services for people who have a hearing impairment is the limited availability of written material or sign language interpreters at health services
- Health information or prescriptions may not be provided in accessible formats, including Braille or large print, which presents a barrier for people with vision impairment
- Health information may be presented in complicated ways or use a lot of jargon. Making health information available in easy-to-follow formats – including plain language and pictures or other visual cues – can make it easier for people with cognitive impairments to follow
- Over half of all people with disability in low-income countries cannot afford proper health care
- Many people with disability also report being unable to afford the costs associated with travelling to a health service and paying for medicine, let alone the cost of paying to see a health service provider

GENDER & LGBTQ

Representation Matters

- “Where there is a lack of gender and ethnic representation, there is also a lack of diverse thought. This can limit the creativity and breadth of ideas and perspectives within organizations” (University of St. Augustine for Health Sciences, 2021, para 16).

Gender bias

- Gender bias is a preference or prejudice against one gender.
- As healthcare providers we must not make assumptions based on traditional gender roles.
 - Who does the shopping, who does the cooking, who is the primary caregiver for the children?
 - All are questions that should be asked when relevant situations arise.

GENDER & LGBTQ

- "About 3.5% Americans identify themselves as lesbian, gay, or bisexual while 0.3% identify themselves as transgender. The LGBT (lesbian, gay, bisexual, and transgender) community belongs to almost every race, ethnicity, religion, age, and socioeconomic group" (Hafeez, Zeshan, Tahir, Jahan, and Naveed, 2017, para 1).

Terms

- L=Lesbian: A woman whose enduring physical, romantic, and/or emotional attraction is to another woman
- G= Gay: People whose enduring physical, romantic and/or emotional attractions are to people of the same sex
- B= Bisexual: Person who has the capacity to form enduring physical, romantic, and/or emotional attractions to those of the same gender or to those of another gender
- T=Transgender: A wide ranging term for people whose gender identity or gender expression differs from the biological sex they were assigned at birth

GENDER & LGBTQ

Terms

- Q= Queer: An adjective used by some people whose sexual orientation is not exclusively heterosexual.
- Q=Questioning: Person who is questioning their sexual orientation or gender identity
- I=Intersex: A person born with biological sex characteristic that aren't traditionally associated with male or female bodies
- A= Allies: A person who is not LGBT but actively supports LGBT
- +=+: not just a mathematical symbol anymore, but a denotation of everything on the gender and sexuality spectrum that letters and words can't yet describe
- Pansexual=Attracted to people of all gender identities
- Cisgender=Gender identity matches the sex they were assigned at birth
Gender nonconforming

Terms

- G.N.C.=Expression of gender outside traditional norms associated with masculinity or femininity
- Nonbinary=Identifies as neither male or female and sees themselves outside the gender binary
- Genderqueer=Gender identity is outside the strict male/female binary
- Gender fluid=Identity shifts or fluctuates
- Gender-Neutral=Preference not to be described by a specific gender; prefers "they" as a singular pronoun. (LGBTQIA Resource Center, 2020)

GENDER & LGBTQ

Youth

- LGBTQ youth are an exceptionally vulnerable population and their fear of coming out can lead to depression, post-traumatic stress disorder, isolation, acting out, substance abuse and suicidal behavior

Health Risk

- Health risk include gay men have increased risk of various cancers including prostate, testicular, anal, and colon, which might be related to limited culturally sensitive screening services
- There is also an increased risk of STDs like syphilis, human papillomavirus (HPV) infections, and hepatitis in MSM (Men who have Sex with Men)
- There is also possibly an increased risk of breast, ovarian, and endometrial cancers in lesbians and bisexual women due to fewer full-term pregnancies, fewer mammograms, and obesity

MENTAL ILLNESS

U.S. Department of Health and Human Services [DHHS], (2001, Chapter 2, Culture of Clinician, para 6) states:

- “when clinician and patient do not come from the same ethnic or cultural background, there is greater potential for cultural differences to emerge. Clinicians may be more likely to ignore symptoms that the patient deems important, or less likely to understand the patient's fears, concerns, and needs. The clinician and the patient also may harbor different assumptions about what a clinician is supposed to do, how a patient should act, what causes the illness, and what treatments are available. For these reasons, *DSM-IV* exhorts clinicians to understand how their relationship with the patient is affected by cultural differences”.

UPenn Collaborative on Community Integration (2006) discusses disparities in behavioral health services for members of racial and ethnic minority populations

- People in these populations:
 - are less likely to have access to available mental health services;
 - are less likely to receive necessary mental health care;
 - often receive a poorer quality of treatment; and
 - are significantly underrepresented in mental health research.

MENTAL ILLNESS

Furthermore, cultural barriers that exist that potentially limit access to care include:

- mistrust and fear of treatment;
- alternative ideas about what constitutes illness and health;
- language barriers and ineffective communication;
- access barriers, such as inadequate insurance coverage; and
- a lack of diversity in the mental health workforce.

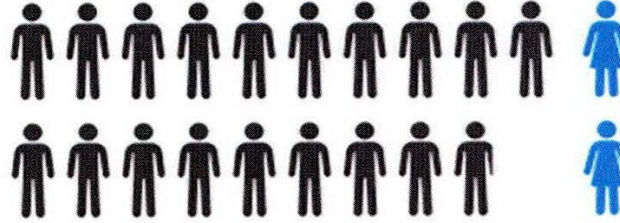
Recommended steps for mental health workers to improve cultural competency

- Use open-ended questions to identify each person's unique cultural outlook
- Re-evaluate intake and assessment documentation, as well as policies and procedures, to be more inclusive
- Employ qualified mental health workers who are fluent in the languages of the groups being served
- Understand the cultural biases of staff and provide training to address educational needs
- Understand the cultural biases in program design
- Identify resources, such as natural supports, within the community that will help an individual recover
- Design and implement culturally sensitive treatment plans
- Evaluate procedures and programs for cultural sensitivity and effectiveness
- Survey clients and workers to elicit their understanding of cultural competence and culturally competent practice

Figure 1: The U.S. Veteran Population

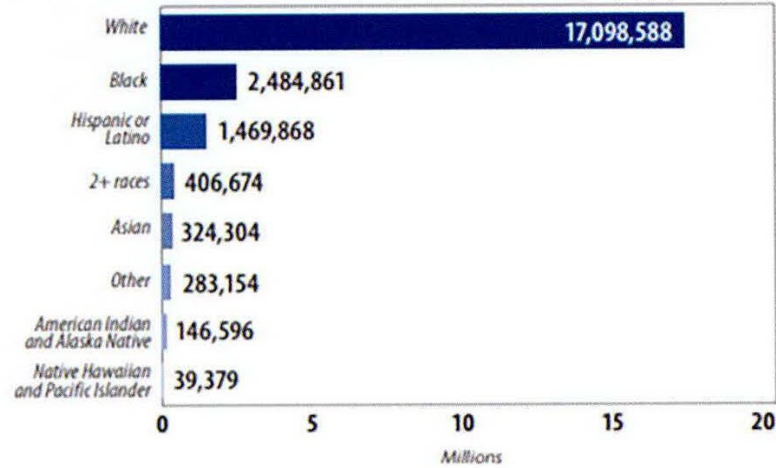
20.7
Million Veterans

18.9
Million Males

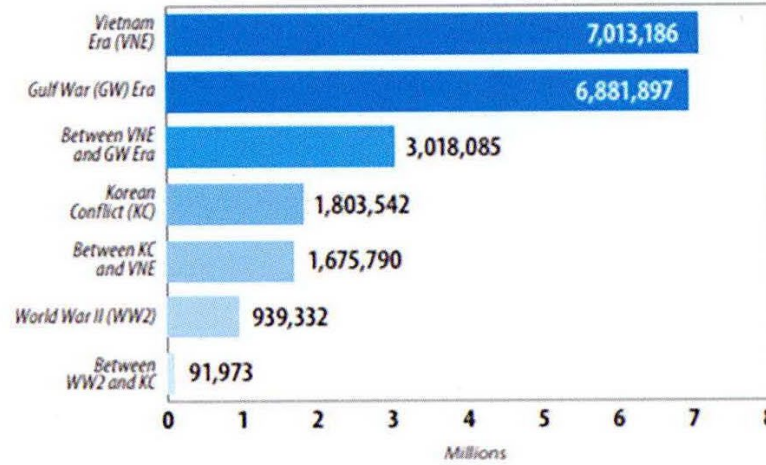


1.8
Million Females

Veterans by Race/Ethnicity



Veterans by Service Era



Of the approximately 20 million Veterans in the U.S. — who include almost 2 million women — less than 10 million³ receive one or more benefits or services from VA. Of these, approximately 6 million receive VA health care, as depicted in Figure 2.⁴

VETERAN

Underutilization

- Veterans, specifically those who have served in combat and/or in situations that were psychologically and physically challenging, have unique backgrounds.
- Because of their experiences, it is a common belief that health care workers, including nurses and providers, with no military background, do not understand their needs.
- This leads to the underutilization of health care by Veterans.

Health Issues

- Infectious diseases
- Musculoskeletal injuries and pain
- Noise and vibration exposure
- Chemical exposure
- Traumatic brain injury (TBI)
- Mental health issues

HOSPICE

Hospice Care

- Hospice care is a model for quality, compassionate care provided to those with terminal illnesses and approaching end-of-life regardless of age, race, religion, etc.
- Patients, families and caregivers increased satisfaction with the quality of care with hospice, better quality of life and reduced health care expenses are benefits directly correlated with hospice enrollment during the final stages of life
- With hospice, the focus switches from curing to caring
- Hospice services are provided where the patient lives such as a home, long-term care facility or hospice facility, hospital, nursing home, or any other place where a patient resides; and most hospice costs are paid by Medicare

Health Disparities

- The most up-to-date information on Medicare decedents shows Native Americans, Asians, African Americans and Hispanics are the racial/ethnic populations of minorities who underutilized Hospice services most
- To improve the quality-of-care minority populations receive at the end of life, inequalities in hospice must be addressed
- One strategy to decrease disparities in health care, which includes hospice care, is cultural competency training
- Lack of cultural competence can be associated with the underutilization of hospice for minority patients

Incompetent vs culturally competent care

<https://www.youtube.com/watch?v=Dx4Ia-jatNQ>





- CASE STUDIES FOR YOUR CONSIDERATION



Case #1

<https://youtu.be/8QScXKtx3zg>

Case #2

<https://youtu.be/OkbcMt48yIg>

Case #3

<https://youtu.be/uwsV09K4n0s>



Potential Contributions to Nursing Practice

Many factors contribute to health disparities, including nurses' lack of cultural competence

- Educating nurses to be culturally competent:
 - Supports one of Healthy People 2030 objectives to eliminate health disparities
 - Helps nurses improve their understanding of complex individuals and issues which influence health
- Increasing knowledge of cultural differences can improve nurses' ability to provide care for diverse populations resulting in the delivery of culturally competent care
- Understanding factors such as cultural barriers can:
 - Raise awareness of difficulties in accessing medical services
 - Be increased through education and used to observe the cultural effects on disease, self-care insufficiencies, and health; thus, allowing nurses to consider the effects of cultural variables on health
 - Can help increase health services, improve the quality of care, and decrease health disparities
- The potential contributions of culturally competent education to nursing practice are culturally competent nurses who integrate cultural beliefs into the care of patients, which bring about positive social change by reducing health disparities for vulnerable populations

Upon completion of this presentation you are eligible to receive 2 CEUs. Please access the link below. You must achieve a minimum of 70% in order to receive the CEUs.

- [NSBN Cultural Competency](#)





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