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Lancashire Care NHS Foundation Trust

Introduction to  
**Cultural Competence**

### Programme

• 9:30 – 9:35	<b>Introduction</b> Why culture competence	Dr Imran Chaudhry
• 9:35 – 9:55	<b>Focus on explanatory models</b>	Aqeela Bhikha
• 9:55 – 10:15	<b>Cultural adaptation of Psychosocial Interventions</b>	Clair Press
• 10:15 – 11:00	<b>Human Souls amongst Ghosts and Spirits: A holistic Approach</b>	Ayatollah S. Ali H. Al-Hakim
• 11:00 – 11:15	<b>Tea/coffee Break</b>	
• 11:15 – 12:00	<b>Working with interpreters</b>	Dr Waqas Waheed
• 12:00 – 12:15	<b>Use of Cultural Formulation Feedback and evaluation</b>	Dr Imran Chaudhry

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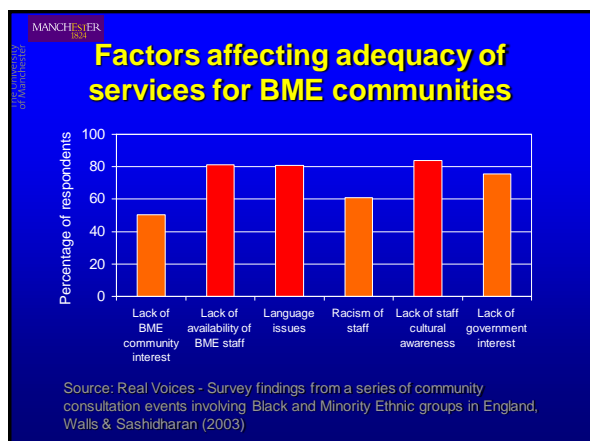
Lancashire Care NHS Foundation Trust

**The Importance of Culture**

Dr Nusrat Husain  
&  
Dr Imran B Chaudhry

### The Importance of Culture

- Culture and social contexts shape individual's mental health
  - symptoms, presentation and meaning
  - coping styles
  - family influences
  - help seeking
  - stigma
  - trust



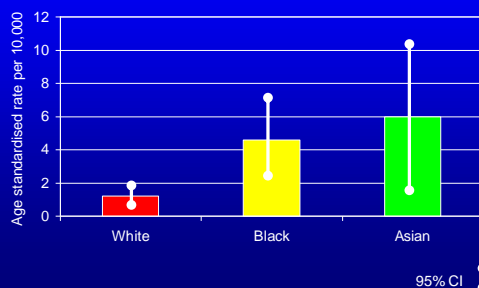
### Lost in Translation

- The analysis of the transcripts of 143 questions and answers (Ebdem, P., Carey 1988)
- Simple questions had a best mistranslation rate of 16% and a worst of 39%.
- Questions that are more complex had a best mistranslation rate of 25% and a worst of 82%.
- More than half contained **mistranslated** or **misunderstood** words.
- Cultural notions about what is appropriate to discuss within the household or outside it and embarrassment at having to translate questions about personal bodily functions (such as bowel movements/sexual side effects).

## Diagnosis

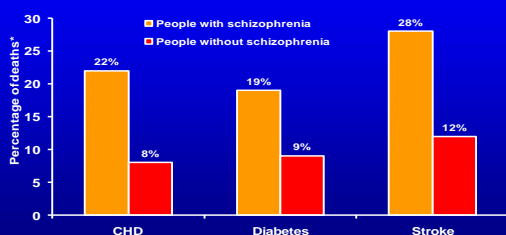
- Afro-Caribbeans & Asians were more likely to be diagnosed as experiencing psychotic disorders. (Perkins, R.E. and Moodley, P. 1993, Commander 1998 )
- Afro-Caribbeans were more likely than other groups to consider that they had no problems at all and to be compulsorily admitted to services.

## Incidence of schizophrenia in London King et al (1994)



## Physical health-related mortality in people with schizophrenia

Five-year survival rates are lower for people with schizophrenia than for the rest of the population



\*after 5 years and adjusted for age

Hippisley-Cox J et al (2006) A comparison of survival rates for people with mental health problems and the remaining population with specific conditions. Disability Rights Commission. Equal treatment: closing the gap, July 2006

## Cultural Competence

- WHAT IS CULTURAL COMPETENCE?

## What Is Cultural Competency ?

**Cultural competence is a set of culturally congruent beliefs, attitudes, and policies that make cross cultural work possible (TL cross et al, 1989).**

### Cultural destructiveness:

- Exemplified by institutionalized or personal racism, where access to resources is denied on the basis of race and other aspects of cultural identity.

### Cultural incapacity:

- It can present itself in any helping relationship when an authority figure (teacher, supervisor, and therapist) has biased and lowered expectations of minority clients.

### Cultural blindness:

- This manifests itself in the "melting pot" attitude that "all people are the same" and that culture makes no difference in either their patients or clinicians lives or experience". The clients are judged by the majority standards of performance and blamed if they are unable to accomplish the goals of majority culture.

## Culture Competence:

### Cultural Precompetency:

- The agency realizes its weakness in serving minority groups and attempts to improve some aspects of its service.

### Culture competence:

- This is marked by the genuine and informed acceptance and respect of cultural differences. To achieve this, clinicians should have done a self analysis of their cultural identity and biases, should become aware of the dynamics of difference inherent in working with minority patients and must seek additional knowledge and resources to work with patients.

### Cultural proficiency:

- Agencies and individuals who are adding to the knowledge base of culturally competent practice through research and other activities.

## Cultural Formulation

## Cultural Formulation?

The cultural formulation highlights the effect of culture on the expression of symptoms, definition of illness and treatment.

1. Cultural identity
2. Cultural explanations for illnesses
3. Cultural factors related to the psychosocial environment
4. Impact of culture on the clinician patient relationship

## CULTURAL IDENTITY

- GENDER
  - Gender issues & sexuality
  - Cultural values & tradition
  - Inter-generational conflict
- AGE
  - Powell (1983) observed that African American children are affected by racist beliefs that they are sub standard human beings, Asian children find differing sets of expectations from their white teachers and their parents.
  - Elderly > leave behind more memories > less able to acculturate > fears of being abandoned in nursing homes.
- SEXUAL ORIENTATION

## Multicultural Cube

(Cultural Identity Development Ivey et al, 1993)

This refers to how a culturally diverse individual sees himself or herself in respect to the host culture

- **Acceptance or conformity:** Least developed level which describes a compliant position.
- **Dissonance:** The individual is in conflict with his or her own identity and that of the society.
- **Resistance:** The individual rejects all that is the host culture.
- **Introspection:** This implies that both cultures can coexist, but that the host culture is irrelevant.
- **Integrative awareness:** The individuals can accept the best and worst aspects off both cultures.

## MIGRATION HISTORY

- **Premigration History**
  - Country of origin, family, education, socioeconomic status, community & family support, political issues, war, trauma.
- **Experience of migration**
  - Migrant Vs refugee: why did they leave? Who was left behind? Who paid for the trip. Means of escape, trauma.
- **Degree of Loss**
  - Loss of family members, relatives, friends
  - Material losses: business, careers, properties.
  - Loss of cultural milieu, community, religious, spiritual support.
- **Traumatic Experience**
  - Physical: Torture, Rape, starvation, imprisonment.
  - Psychological: Rage, depression, guilt, grief, PTSD.
- **Level of Acculturation**
  - First or second generation..

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### Cultural Factors Related To The Psychosocial Environment

- Note culturally relevant interpretations of social stressors, available social supports, and level of functioning and disability.
- Need to learn the host language and customs and the tasks of procuring housing, transportation and child care.
- In addition new immigrant must cope with losses, the sequelae of traumatic experiences and experiences with racism, sometimes without the benefit of their family support.
- Asking for help > Failure > Failure of the family > losing of face

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### Impact Of Culture On The Clinician Patient Relationship

- Indicate differences in culture and social status b/w the individual and the clinician and the problems these may cause in diagnosis & Rx e.g., difficulty in communicating in 1st language, in eliciting **symptoms** or understanding their **cultural significance**, in negotiating an appropriate **relationship**, in determining whether a **behaviour** is normative or pathological.
- It is important for providers to realize that they bring their personal beliefs, attitudes, experiences and biases to the health care setting.

### Ethno cultural Transference

#### Interethnic Transference:

- Over compliance & friendliness.
- Denial of ethnicity and culture.
- Mistrust, suspicion and hostility.
- Ambivalence.

#### Intraethnic Transference:

- Omniscient-omnipotent therapist
- The traitor.
- The auto racist.
- Ambivalence.

### Ethno cultural Counter transference

#### Interethnic Counter transference:

- Denial of ethno cultural differences.
- Clinical anthropologist syndrome.
- Guilt.
- Pity.
- Aggression.
- Ambivalence.

#### Intraethnic Counter transference:

- Over identification.
- Us and them.
- Distancing.
- Cultural myopia.
- Anger.
- Survivor guilt.
- Hope and despair.

### **ETHNIC** (devised by Levin, Like, and Gottlieb): This technique involves:

- **Explanation**—Listen to the patient's story, beliefs about what causes a particular problem, why the patient thinks he or she has the problem, whether the patient thinks it is contagious, and how the patient thinks it can be prevented.
- **Treatment**—Ask the patient what types of treatments, including pharmacologic, herbal, and nutritional treatments, have been tried.
- **Healers**—Ask the patient what other healers and health aids have been used.
- **Negotiation**—Develop a therapeutic alliance with the patient.
- **Intervention**—Mutually develop medical, spiritual, psychosocial, or education interventions.
- **Collaboration**—Ask yourself, "Whom else do I need to work with in this person's family or community?"

### **EIS Culture Consultation Services**

This new service development will aim to improve the accessibility and cultural appropriateness of mental health services for the multi-cultural population of the Northwest of England, including immigrants, refugees and ethno-cultural groups.

### **EIS Culture Consultation Service**

- It is intended to develop a **specialised multidisciplinary cultural consultation** specialised mental health service, which will.
- Incorporate the use of **trained interpreters, culture link person** and **culture consultant** to develop treatment plans for individual patients.
- This will take into account the patient's cultural identity, cultural explanation of illness, cultural factors in the psychosocial environment and elements of the relationship between patient and clinician .

### **EIS Culture Consultation Service**

- Review cultural competency training models, develop teaching materials and in-service training activities for mental health and social service professionals.

### **EIS Culture Consultation Service**

- Assessment of service user by a cultural consultant and by a culture link worker preferably with the participation of the referring person. Some form of matching of the consultant's background (language, ethnicity or religion) with that of the service user will be attempted.
- Assessment will involve meetings with the service user, the family, any others involved, a clinical presentation/ward round to give the team an opportunity to discuss the case and finally a written report with recommendations.

### **EIS Culture Consultation Service**

- **The unit will function strictly as a consultation service (mainly diagnostic assessment and treatment planning) and not a treatment service.** It will not be able to provide emergency intervention, comprehensive primary care or transfer of care for long-term management.

The family is concerned کیا فیملی فکرمعطل ہے	_____	
Excess use of alcohol شراب کے استعمال میں زیادتی	_____	
Use of street drugs (including cannabis) عالمی دوائیوں کے استعمال بشمول گیہاؤ	_____	
Arguing with friends and family دوستوں اور رشتہ داروں سے جھگڑنا	_____	
Spending more time alone تنہا رہنے میں زیادتی ..... One point each	Subtotal	
Sleep difficulties سوئے میں مشکلات	_____	
Poor appetite بھوک کا کمی	_____	
Depressive mood افسوس	_____	
Poor concentration توجہ مرکوز کرنے میں کمی	_____	
Restlessness بے آرامی	_____	
Tension or nervousness جھنجھٹ یا نروس ہونا	_____	
Less pleasure from things عام چیزوں میں خوشی کا کمی	_____	
Feeling people are watching you محسوس کرنا کہ لوگ لہنگہ لہنگہ ہیں	Two points each	
Feeling or hearing things that others cannot چیزیوں کو سمیٹنا یا محسوس کرنا جو دوسروں کو سمیٹ سکتے	Subtotal	

اگر کسی خاص حالت میں سوچا جائے تو کسی بھی چیز کو دو یا تین پوائنٹس دیا جائے گا۔  
 اگر کوئی خاص حالت ہو تو کسی بھی چیز کو دو یا تین پوائنٹس دیا جائے گا۔  
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چیک لسٹ میں پوائنٹس (Scoring)	اسکورنگ / اسکورنگ
Three points each	
Ideas of reference لوگوں کی باتوں کو حرکت کرانے کا خیال کرنا	_____
Odd beliefs غیر منطقی عقائد	_____
Odd manner of thinking or speech صوفیہ یا لٹیکائی کے خیالات یا زبان	_____
Inappropriate affect غیر مناسب مزاج	_____
Odd behaviour or appearance غیر مناسب رویہ یا ظاہر	_____
First-degree family history of psychosis سائیکوسس کا فیملی کے بہت قریبی افراد میں زیادتی	_____
Five points each	
Subtotal	_____
Final total	_____
REFERAL FOR ASSESSMENT دوسروں کو سمیٹنے یا لہنگہ لہنگہ کرنے کے صورت میں مریض کو مکتبہ معائنہ کے لئے روانہ کریں	_____

Prognosis score

First episode

Clearly first-episode psychosis

Sub-threshold/unstable diagnosis

It is immediate risk

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MANCHESTER

The University of Manchester

# Thank You