

Youth Friendly General Practice: Advanced Skills in Youth Health Care

Unit Three - Transcultural assessment checklist



TRANSCULTURAL ASSESSMENT CHECKLIST (TAC) A practical guide for cultural assessment	M
<ul style="list-style-type: none"> • The TAC is a guide to conducting culturally accurate clinical and psychosocial assessment of mental health clients. It is intended for use at assessment and clinical review and promotes culturally appropriate and effective formulations and care plans. • Information collected using the TAC should be documented in the appropriate mental health clinical documentation module. 	
PRINCIPLES OF CULTURAL AWARENESS IN ASSESSMENT	H
<ul style="list-style-type: none"> • Consider the impact of your own ethno-cultural background (i.e. language, specific knowledge of the consumer’s culture; any links between your own and consumer’s culture of origin). The collaborative, consumer-centred approach may be puzzling to members of many communities. • Recognise differences in clients’ expectations. Depending upon past experiences with health and welfare services, consumers will have different expectations of you and your service. Explain who you are, what your role is and what you can offer (this may need to be repeated or explained several times). • Confidentiality is not understood in many communities. This may need to be explained in several ways and may not be readily appreciated. • Establish rapport. Allow opportunity for the consumer to express idioms of distress. The meaning of their story is best understood when expressed in their own words and at their own pace. Allow yourself and the consumer time to explore the situation and the meaning of the problem for the consumer. • Listening to the story is the key to identifying core concerns for the consumer, coping styles and problem solving capacity. Assess the broader systemic and social context which may be contributing to the problem or maintaining it. • Don’t assume anything. Inform the person that you will be asking questions. Delve further when you get a response, to check you have the correct understanding of the description of the problem and the impact the problem has on the consumer and relevant others. Be cautious how you ask – some consumers prefer direct questions while others may be more accustomed to indirect questioning. • Never assume people from the same cultural heritage are similar to each other. There is great diversity within all cultures. • Signs and symptoms may be expressed in somatic, spiritual or behavioural ways. 	

Helpful websites

- Transcultural Mental Health Centre: www.dhi.gov.au/tmhc
- Culturally and linguistically appropriate assessment: <http://internal.health.nsw.gov.au/policy/cmh/mhoat/education.html>
- Diversity Health Institute: www.dhi.gov.au
- Healthcare interpreters: <http://internal.health.nsw.gov.au/health-public-affairs/interpreter/>
- Diversity Health Institute Clearinghouse: www.dhi.gov.au/clearinghouse
- NSW Multicultural Health Communication Service: www.health.nsw.gov.au/mhcs



TRANSCULTURAL ASSESSMENT CHECKLIST (TAC) A practical guide for cultural assessment	
CULTURAL IDENTITY	
<ul style="list-style-type: none"> <input type="checkbox"/> Country / place of birth <input type="checkbox"/> Preferred language <input type="checkbox"/> Ethnic, cultural and/or religious affiliations of client and family [reflect in a genogram] <input type="checkbox"/> Involvement with cultural group(s) (friends, social activities, return visits) <input type="checkbox"/> Importance of culture / religion in client's daily life <input type="checkbox"/> Culturally determined roles and expectations 	
MIGRATION HISTORY	
<ul style="list-style-type: none"> <input type="checkbox"/> When they left country of origin <input type="checkbox"/> Reason for leaving <input type="checkbox"/> Family members left behind. Plans of reunification <input type="checkbox"/> Time spent in refugee camp or detention centre <input type="checkbox"/> Current residency status <input type="checkbox"/> What they were seeking in Australia <input type="checkbox"/> Time of arrival in Australia <input type="checkbox"/> Current involvement with Australian culture <input type="checkbox"/> Consider distress associated with any differences in cultural morals or values <input type="checkbox"/> Changes in activities, diet, socialisation with other cultures, use of English <input type="checkbox"/> Use of traditional health practices and providers 	
CULTURAL PERCEPTION OF MENTAL ILLNESS	
<ul style="list-style-type: none"> <input type="checkbox"/> Client description of the illness <input type="checkbox"/> Cultural 'meaning / perception' of this illness <input type="checkbox"/> Perceived cause / explanation for mental health problems <input type="checkbox"/> Perceived role of social and familial stressors; consider distress associated with differences in cultural morals or values to perceived Australian norms <input type="checkbox"/> Traditional treatment options <input type="checkbox"/> Perceived cultural aspect of gambling, substance use or other co-morbid issues (if applicable) <input type="checkbox"/> Perceived impact of mental illness on child rearing (if applicable) 	
CULTURALLY INFORMED FORMULATION / CLINICAL IMPRESSION	
<ul style="list-style-type: none"> <input type="checkbox"/> Cultural explanation of the illness; meaning and severity within cultural norms <input type="checkbox"/> Idioms / expressions of distress <input type="checkbox"/> Consider cross-cultural concerns and intergenerational issues <input type="checkbox"/> Consider ability to fulfil any culturally determined roles [bread winner, homemaker, student] 	
MANAGEMENT / CARE PLAN	
<ul style="list-style-type: none"> <input type="checkbox"/> Identify need for routine interpreter use with client or family <input type="checkbox"/> Collaborate with client and family about practicality of treatment plans within cultural expectations and practices <input type="checkbox"/> Cultural concerns that may interfere with treatment (e.g. stigma) <input type="checkbox"/> Need for culture specific community services <input type="checkbox"/> Consider specialist language / culture matched mental health or trauma service for assessment, psychoeducation or family intervention <input type="checkbox"/> Consider liaison or referral with spiritual leaders or family GP <input type="checkbox"/> Consider client's, family's understanding of the management/care plan and readiness for help 	

MENTAL HEALTH

TRANSCULTURAL ASSESSMENT CHECKLIST (TAC)

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Case studies – Culturally and linguistically diverse (CALD) young people

Nathan

Nathan is a 16 year old male from an Aboriginal background who has been brought to see you by a local youth worker. Nathan is living with his mother, who is not Aboriginal. He and his mother do not really get along, although they tolerate each other. He only occasionally see his father (who is Aboriginal) but has a good relationship with him.

Nathan is not working and receives youth allowance. He spends most of his days at home watching TV. He dropped out of school when he was 15. He has very few friends but has reconnected with his cousin who is a bit older than Nathan and has a good job and recently married. Nathan finds that spending time with his cousin helps him to see that there is hope that he can turn his life around and make a positive start. He is very interested in cars and likes to help his cousin work on his car.

Nathan drinks alcohol on weekends and smokes cannabis on a daily basis. He has also tried a number of other drugs. Nathan says he feels a bit depressed and sometimes feels “spun out” after binge usage.

What are some of the cultural issues to consider in engaging and providing treatment to Nathan?



What are some of the important things to do in conducting a culturally sensitive consultation with Nathan in terms of communication strategies, attitudes and approach?



Hoang

Hoang is a 15 year old boy of Vietnamese background. Hoang is brought in to see you by both his parents, as well as his older brother, who are concerned that he is becoming increasingly difficult to deal with at home. Hoang's parents arrived in Australia in the late 1980s. They have 3 children, of whom Hoang is the youngest. He was born in Australia. Hoang's father speaks English well while his mother can understand some English but speaks only Vietnamese. They complain that Hoang has become difficult to manage at home. He refuses to do his household chores, spends most of his time in his bedroom playing on his computer and doesn't want to participate in family activities. He complains of being tired all the time. He has also been fighting with his older brother who is angry at Hoang for being disrespectful to his mother. The brother says that Hoang is hanging around with a group of 'bad' kids who use drugs. Hoang's grades have dropped recently but he is still doing fairly well at school. While his parents and brother are explaining all of this, Hoang sits there silently looking at the floor.

What are some of the cultural issues to consider in engaging and providing treatment to Hoang?



What are some of the important things to do in conducting a culturally sensitive consultation with Hoang in terms of communication strategies, attitudes and approach?



Amira

Amira is a 13 year old girl from Southern Sudan, she was accompanied by her parents and a settlement worker to see you because of burn scars on her trunk and limbs. She speaks Dinka (language spoken in Southern Sudan) and doesn't speak any English. Amira arrived in Australia as a refugee 4 weeks ago, with her parents and 3 other siblings. She and her family fled Sudan 5 years ago when their family home was torched and she suffered burns. Amira's family spent 4 years in a refugee camp in Kenya with limited safety, health facilities, food and sanitation. Amira has problems sleeping and is very self-conscious because of the scars on her body. You decide it is important to take a detailed history, as well as carrying out a physical examination.

What are some of the cultural issues to consider in engaging and providing treatment to Amira?



What are some of the important things to do in conducting a culturally sensitive consultation with Amira in terms of communication strategies, attitudes and approach?



What specific health issues might you consider exploring further in Amira's case?


