

A MENTAL HEALTH APPROACH TO CLINICAL CULTURAL COMPETENCE: CULTURAL TOOLKIT AND CULTURAL FORMULATION

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Grand Rounds, St. Mary's Hospital
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Disclosure

- Nothing to report

Culture



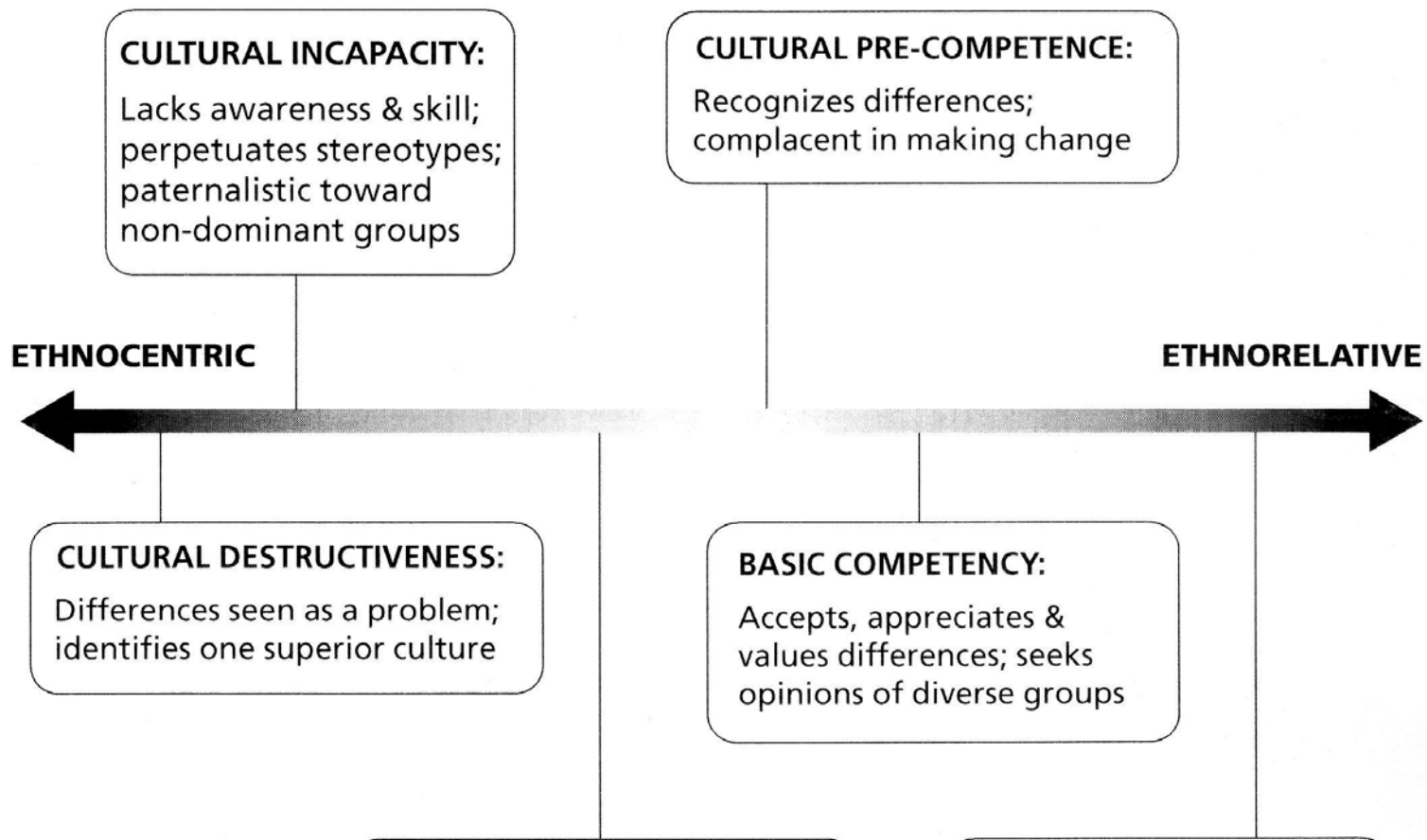
Cultural Competence

“A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations”

Terry Cross et al (1988)



Continuum of Cultural Competence



An Integrative Approach to Cultural Competence in the Psychiatric Curriculum

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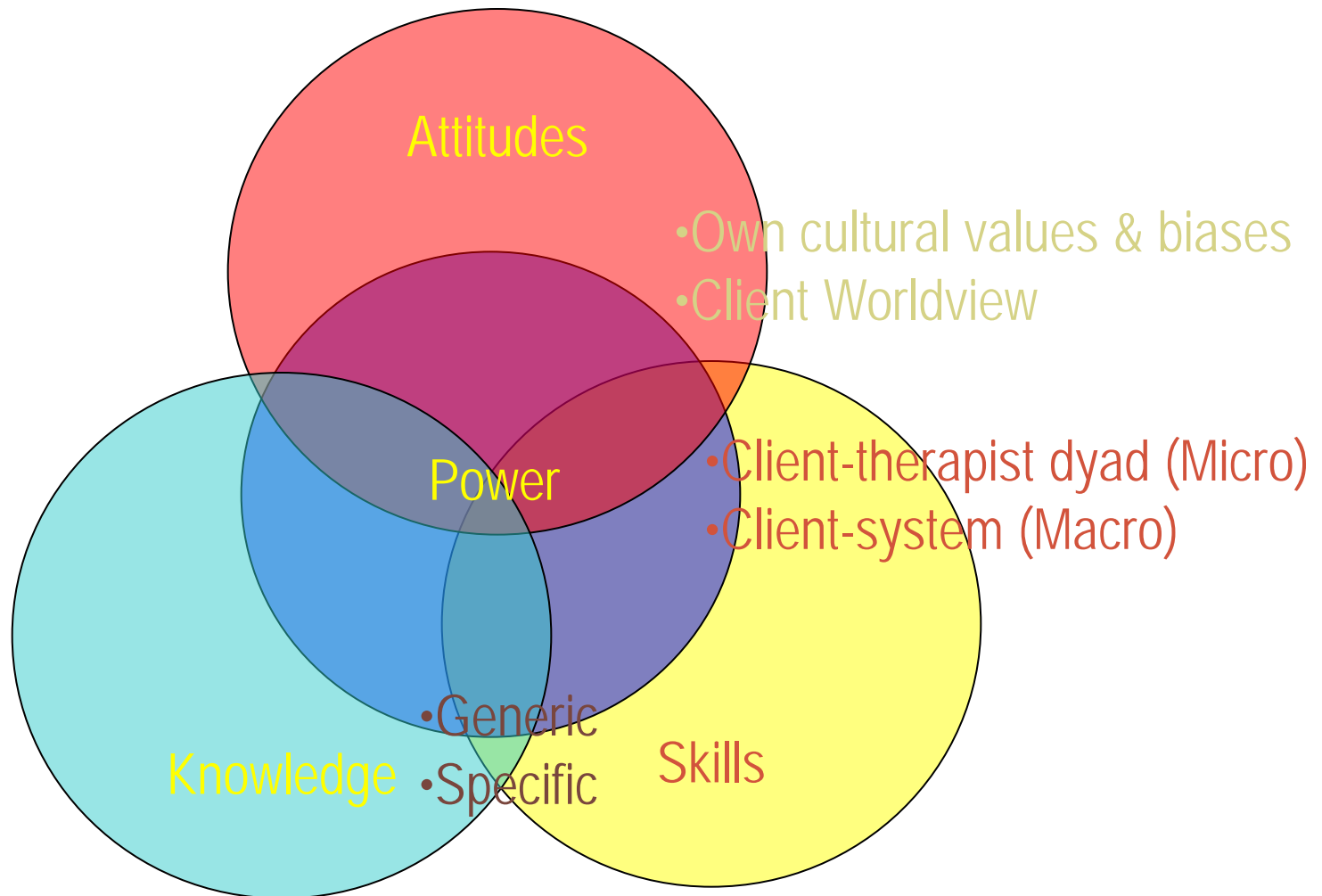
Hung-Tat Lo, M.B.B.S., F.R.C.P.C., M.R.C.Psych

Objective: *As it is increasingly recognized that cultural competence is an essential quality for any practicing psychiatrist, postgraduate psychiatry training programs need to incorporate cultural competence training into their curricula. This article documents the unique approach to resident cultural competence training being developed in the Department of Psychiatry at the University of Toronto, which has the largest residency training program in North America and is situated in an ethnically diverse city and country.*

back and blueprinting. Course evaluations of the core curriculum from the first group of residents were positive.

Conclusion: *The authors propose that these changes to the curriculum may lead to enhanced cultural competence and clinical effectiveness in health care.*

Cultural Competence Components



Vision of Integration

Content

- Attitudes / Skills / Knowledge
 - Tripartite model
- Across CANMEDS Roles:
 - Define programmatic /teaching objectives
 - Enable evaluation

Process

- Across disciplines:13 dept / programs
 - Generic vs Specific
- Across Time: From PGY-1 to PGY-5
 - Future integration with clerkship and CE

Education Strategies

- Core Seminars
- Cultural Psychiatry Rounds
- Clinical Rotations
- Cultural Psychiatry Day
- Conferences
- Clinical and Research Electives
 - Cultural Consultation Clinic (Generic)
 - Ethnospecific Services – e.g. Asian, Portuguese, Italian, Hispanic (Specific)
 - Toronto Addis Ababa Psychiatry Project (TAAPP)
 - Other CCHS electives

Cultural Psychiatry Day

- Sushrut Jadhav (2006) *Cultural Formulation*
- Kwame McKenzie (2008) *Culture & Psychosis*
- Nel Weiman (2009) *Aboriginal Mental Health*
- Debra Stein & Cecile Rousseau (2010) *Refugee Mental Health*
- 3-way UBC, McGill, Toronto videoconference; Kanae Kinoshita, Andrea Grabovac and Sharon Smith *Spirituality*

A Multisite Videoconference

Montreal & Toronto

March 17, 2010

13:30 - 16:30 EST

Partners and Sponsors:

Culture, Community and Health Studies Program, University of Toronto

Division of Social & Transcultural Psychiatry, McGill University

Multicultural Mental Health Resource Centre, Mental Health Commission of Canada

Transcultural Section, Canadian Psychiatric Association

Cultural Psychiatry Day 2010

Mental Health Care for Refugees:
Clinical, Legal and Ethical Issues



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Donald A. Wasylenki Award for the Best Sociocultural Psychiatry Grand Rounds

The Soul of Restraint:
race and the use of force
in psychiatric facilities

Grand Rounds Presentation

Priyadarshani Raju
PGY-3

Friday, April 16th 2010

Crossing Borders in Health

Immigration Status and our
Invisible Patients

*"There are none who are voiceless, just those
who are the preferably unheard, or the
deliberately silenced."*

Arundhati Roy

Dr. Michaela Beder
May 14, 2010

Winner

International Medical
Graduate Residency Training:
Gaps & Bridges

Manar Elbohy MD, PGY2
Resident in Psychiatry
Discussant: Eileen La Croix MD, MSc, FRCPC
Staff Psychiatrist

Between the Dragon and the Lotus:

Feminine Gender Role Conflict & Suicidal
Behaviour
in Chinese and Chinese-Canadian Women

Juveria Zaheer, PGY3

Beyond Booking an
Interpreter

Developing Cultural Competence in a
Collaborative Care Setting

Dr Julie Henderson MD
PGY-5 Resident in Psychiatry

Supervisor: Dr Nadiya Sunderji MD FRCPC
Staff Psychiatrist, Women's College Hospital

<http://cchs-psychiatry.med.utoronto.ca/>



**Culture, Community and Health Studies
Department of Psychiatry
University of Toronto**

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Web Resources

Cultural Psychiatry Links

Academic Institutions

Canada

- [Cross-Cultural Psychiatry, University of British Columbia, Canada](#)
- [Division of Social and Transcultural Psychiatry, McGill University, Canada](#)

UK

- [Cultural Psychiatry, King's College of London, UK](#)

Organizations

- [The Society for the Study of Psychiatry and Culture \(SSPC\)](#)
- [World Association of Cultural Psychiatry \(WACP\)](#)
- [World Psychiatric Association Transcultural Section \(WPA-TPS\)](#)



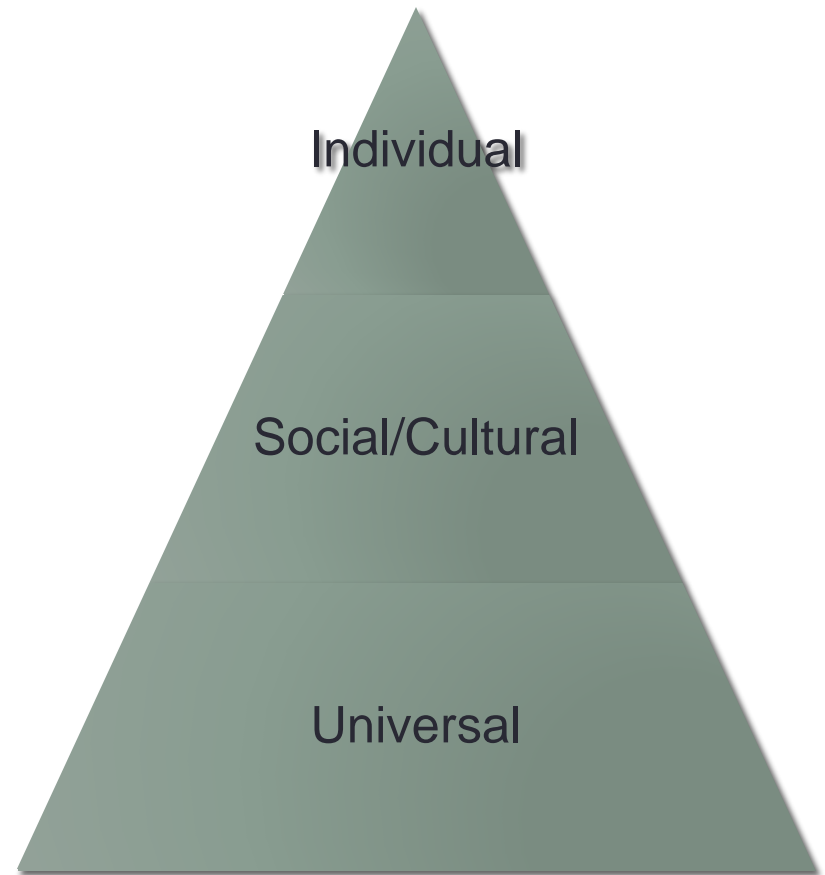
Every Man is in Certain Respects:

Like all others

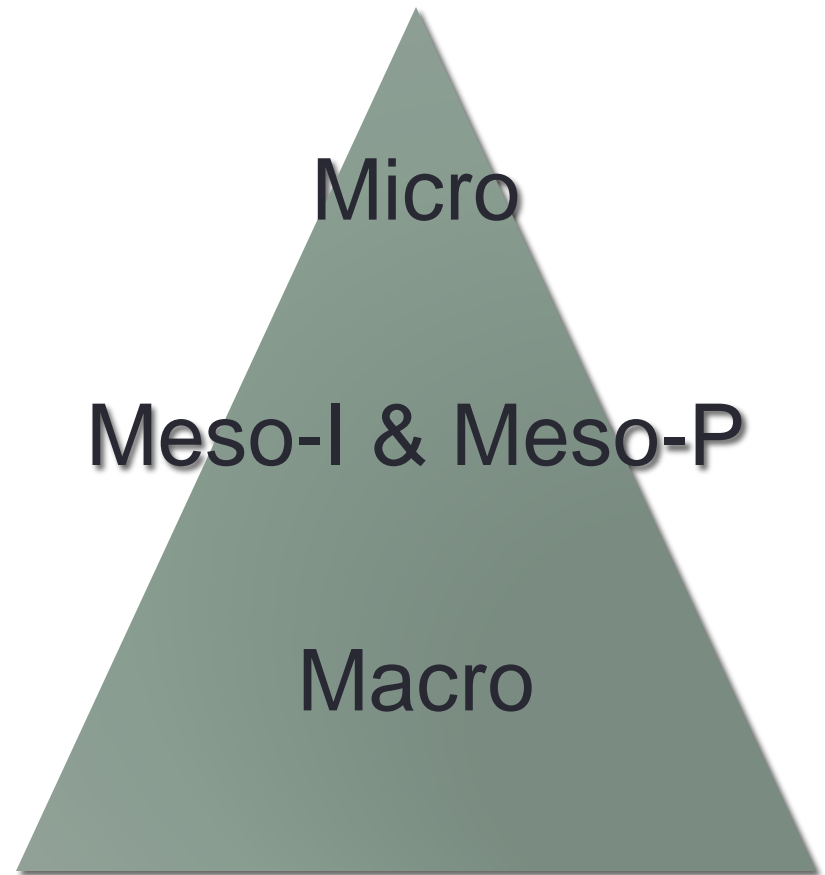
Like some others

Like no others

Kluckhohn and Murray, 1954
Personality in Nature, Society and Culture



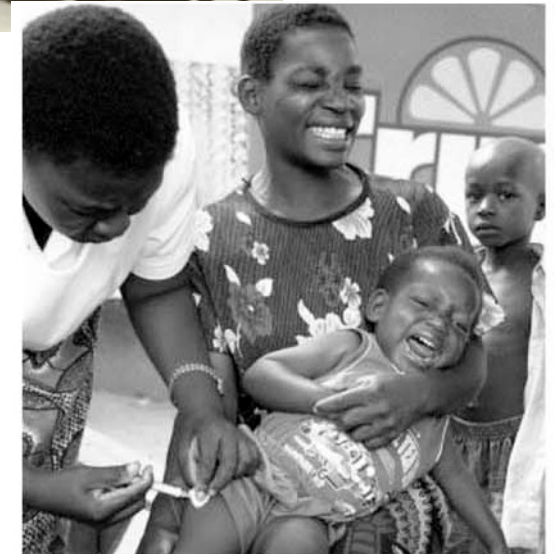
Levels of Cultural Competence





**We all come from
Somewhere...**

**We all have experience
and ideas about health**



Cultural Identity Exercise

- What was your first experience of feeling different?
- What are your earliest images of race or colour? What information were you given to deal with racial issues?
- What are your feelings about being white or a person of colour? How do you think others feel about their colour, identity?
- Consider your experiences as a person having or lacking power in relation to: ethnic identity, racial identity, within the family, class identity, sexual identity, professional identity.

Cultural Identity Exercise

- What is your ethnic background? How would you describe your sense of belonging to one or more ethnic groups. What do you like about your ethnic identity? What do you dislike?
- Where did you grow up, and what other groups resided there?
- What are the values of your ethnic group? How do they differ from “mainstream” Canadian values?
- How did your family see itself, as similar or different from other ethnic groups?

Cultural Identity Exercise

Self Other

- 1. Did you have a nickname?
- 2. What is your ethnic background?
- 3. Where were you born?
- 4. Where were your parents born?
- 5. What is one tradition your family practices, if any?
- 6. ***How might these issues interact with psychotherapy or your clinical practice?***

What is culture?

- Meanings, values and behavioural norms
- Learned and transmitted within social groups
- Influences cognitions, feelings and self-concept

• NIMH Culture and Diagnosis Group, 1993

What is culture?

- “An historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge and attitudes about life”
 - The Interpretation of Cultures, Geertz, 1973

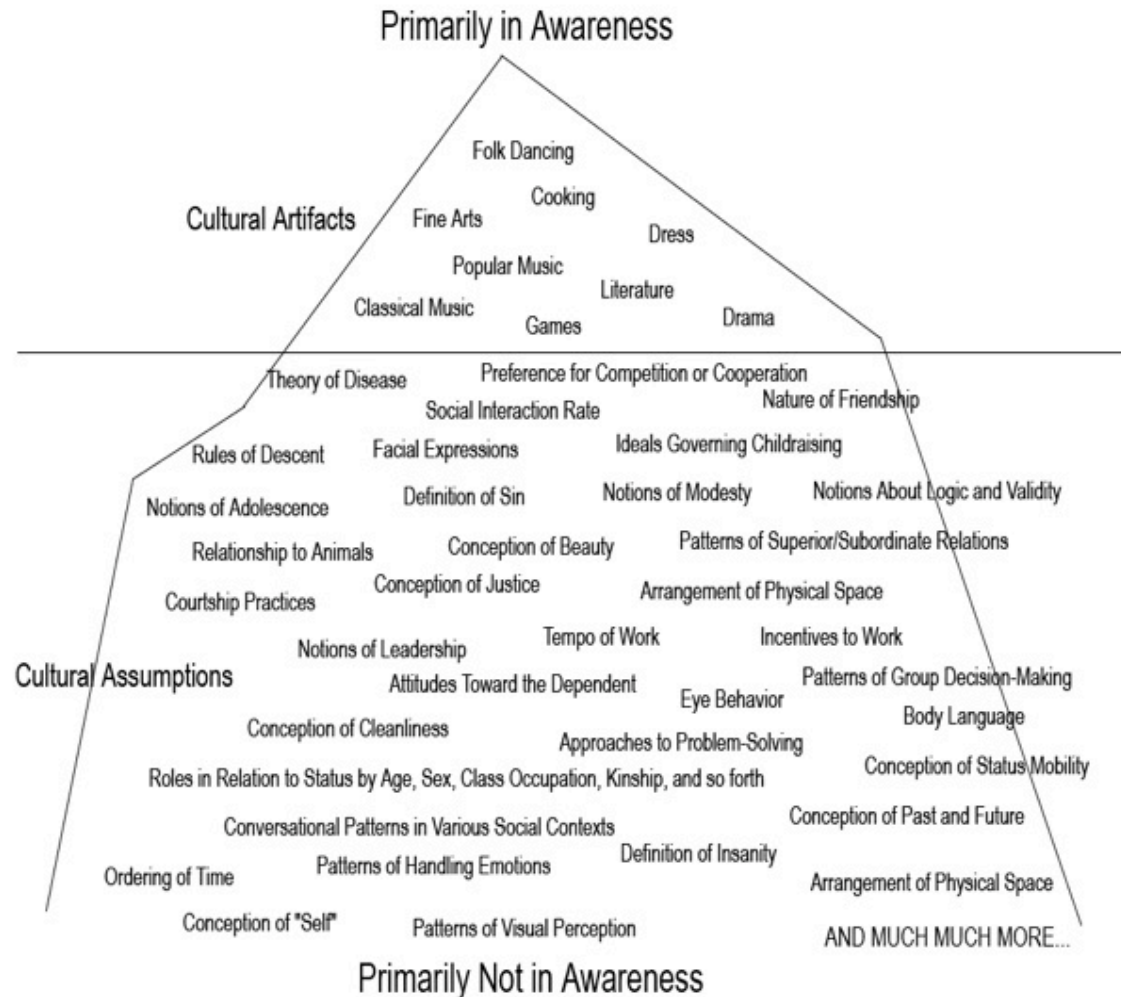
Dimensions of Culture

Culture shapes:

- Communication style (direct, indirect, eye contact, gestures, verbal, nonverbal)
- Family roles (marriage, gender)
- Eating behaviours
- Beliefs and rituals
- Child rearing and sexual practices
- Ways of regulating aggression and punishment
- Pretty much everything we use to determine if someone is functioning 'normally' in a psychiatric assessment!

D. Iceberg Analogy

This tool can assist in discussing the immediately apparent and not so immediately apparent characteristics of one's culture



[\(d-link\)](#)

Discussion Questions for Iceberg Analogy

- Where are the most of the differences between people?
- Are they immediately apparent?
- What does this analogy suggest?
- What attributes do we have most control over?

Ethnicity

- A sense of belonging to a group of people sharing a common origin and history, along with similar cultural and social beliefs
- Shared descent and aspirations
- National and geographical origin
- Religious beliefs
 - Incorrect assumptions about ethnicity, based on language or appearance alone, can lead to misunderstanding and misdiagnosis
 - Lu, 1995

Assessment of Ethnicity

- Describe parents' and grandparents' country of origin, religion, language, traditional roles and skills
- Mixed marriages
- Patient's own experiences with: socialization, acculturation, rites of passage, religious and cultural observances
- Level of contact with relatives and ethnic community organizations
 - Lu, 1995

Race

- Biologically determined similarities of a group
- May affect interactions with others when perceived differences lead to value hierarchies embodied in bias or prejudice
- Can lead to stereotypes
- Race “has social meaning, assigns status, limits opportunities, and influences interactions between patients and clinicians”
 - Pinderhughes, in Lu, 1995

Berry Model of Acculturation

Acculturation Attitudes		- Is it considered to be of value to maintain cultural identity and characteristics?	
		Yes	No
- Is it considered to be of value to maintain relationships with other groups?	Yes	Integrated	Assimilated
	No	Separated	Marginalized







The Bridge

A full moon is visible in the upper left quadrant of the image, set against a dark, starry night sky. Below the moon, a body of water reflects the moon's light, creating a shimmering path that leads towards the bottom center of the frame. The overall scene is serene and contemplative.

“Immigration is like entering a bridge, when you get onto a bridge, you know there is an entrance and an exit. My problem is that I got onto the bridge, however I don't know whether I am at the beginning, the middle or the end of the Bridge. I also don't know where the bridge will take me, I feel anxious, I don't know how much longer I have to keep going I can't tell if I am just at the beginning or if I am almost out of the bridge, my only hope is to reach the end; this is what keeps me moving but this is such a hard process I never thought the bridge was this long...”

Maria Eugenia explained to the group how she understood her immigration process; she spoke in Spanish with an interpreter. *Women's Health in Women's Hands, Immigrant Women's Health Promotion Project*, D. Gastaldo, ed., 2004.

A full moon is visible in the upper left quadrant of the image, set against a dark, starry night sky. Below the moon, a body of water reflects its light, creating a shimmering path that leads towards the bottom center of the frame. The overall scene is serene and evocative, with a deep blue and black color palette.


I Was Very Important

I remember my country, my last job I was very important if one day I did not go to work, people would say Mrs. Jean Charles, we missed you, Mrs. Jean Charles we needed you yesterday, Mrs. Jean Charles you have to do that today, I was really appreciated. But here I don't have anything like that. Here I don't feel important, I can't do the same job. But in my country I used to be important.

Maggie used to be an accountant in Haiti. After 2 years in Canada, she is now taking a personal support worker course. Women's Health in Women's Hands, Immigrant Women's Health Promotion Project, D. Gastaldo, ed., 2004.

Family Matters

*Women's Health in Women's Hands, Immigrant Women's Health
Promotion Project, D. Gastaldo, ed., 2004.*



I don't worry about getting shot
I left the country
I feel safe even to walk at night
Kind of safe and good
transportation
Easily accessible
Free medical treatment
Free education
I don't have to worry about
money for the kids schooling
And even myself
At least I can find a way
somehow...
To study
Negative things...too much work
There is always too much work
You work too hard

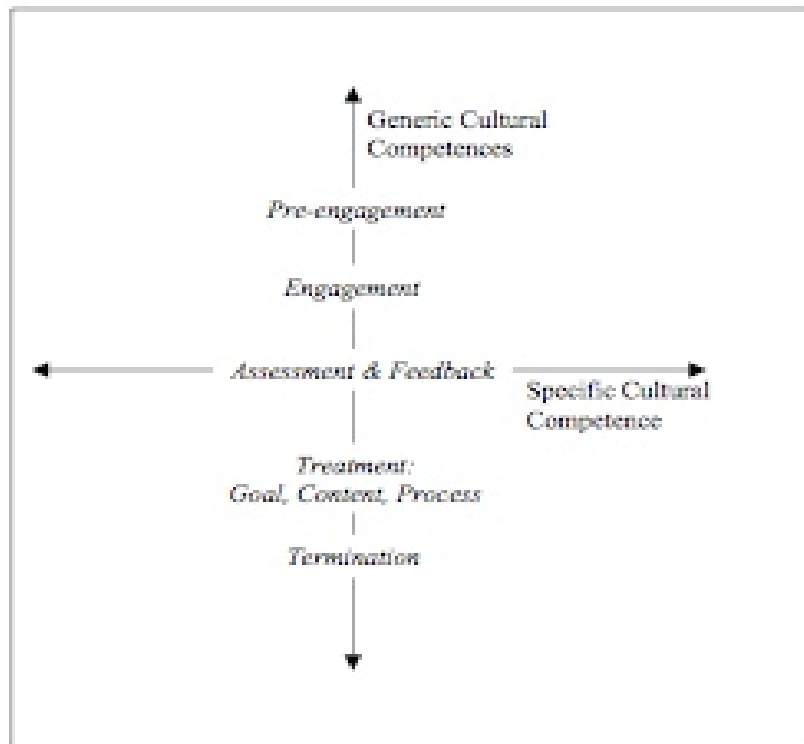
Time is so fast
Everything is too fast
You have no time to relax
It makes you tired
You don't enjoy even the good
things
There's no time
No family time
You're always running
And eventually you find that
families break up
That one makes me sad
So, what is life all about?
So there are good things
But if the family is breaking up
I get puzzled
And I don't feel happy at all
I feel like I hate Canada so much
for that

Generic vs. specific

✦ Can J Psychiatry, Vol 48, No 3, April 2003

The Canadian Journal of Psychiatry—In Review

Figure 1 Generic and specific cultural competence in psychotherapy



Generic: Being able to work across cultures using general principles

Specific: Having knowledge of specific groups

Lo and Fung, 2003

L-E-A-R-N Model of Cross Cultural Encounter Guidelines for Health Practitioners

- Listen with sympathy and understanding to the patient's perception of the problem
- Explain your perceptions of the problem
- Acknowledge and discuss the differences and similarities
- Recommend treatment
- Negotiate agreement

• Berlin EA. & Fowkes WC, Jr.: A teaching framework for cross-cultural health care--Application in family practice, In Cross-cultural Medicine. West J. Med. 1983, 12: 139, 93~98

Explanatory Models (Kleinman)

- 1. What do you think caused your problem?
- 2. Why do you think it started when it did?
- 3. What does your sickness do to you? How does it work?
- 4. How severe is your sickness? How long do you expect it to last?

Explanatory Models (Kleinman)

- 5. What problems has your sickness caused you?
- 6. What do you fear about your sickness?
- 7. What kind of treatment do you think you should receive?
- 8. What are the most important results you hope to receive from this treatment?

DSM-IV Cultural Formulation

- I. Cultural identity: Ethnicity, Language, Involvement with culture of origin and host culture
- II. Explanatory Model- Cultural explanations of the illness; Help seeking experiences and plans
- III. Cultural factors in the psychosocial environment: Stressors and supports
- IV. Cultural elements of the clinician-patient relationship
- V. Overall Cultural Assessment

Culture Matters DVD Series

- I. Passion
- II. Clinical Vignettes



Vignette: A Faithful Treatment

Description:

This vignette portrays a patient from a Muslim background brought to ER. The psychiatrist took her religious beliefs into consideration when developing a treatment plan.

Vignette: A Faithful Treatment

Micro Level

- How do you acquire specific cultural knowledge in your clinical practice?
- Discuss the interface of spirituality, religiosity and treatment. How does one best incorporate questions on these subjects in the assessment?
- How do you approach conflicts that can occur between mainstream treatment and religious beliefs?

Meso Level

- How and when do staff in your department learn about persons of diverse cultures, their beliefs, customs and norms?

Think about a child, adult or family you have assessed recently...

- Where culture played a role in your assessment/treatment
- How did you deal with culture in the office?
- What worked or didn't?
- Do you feel comfortable working with cultural differences?
- *Please share some clinical vignettes for discussion!*