

CULTURAL CONSULTATION SERVICE (CCS)



This nationally unique and innovative service aims to provide consultations to mental health professionals who may wish to seek advice on *any* cross-cultural encounter with their patients that generates a challenge for providing clinical care. The service is available for all C & I Trust mental health clinicians. Consultations can take place over telephone for quick advice or face-to-face for a detailed case discussion. Out of Trust referrals are also accepted subject to funding.

Cultural Consultation Service (CCS) Summary

This service aims at providing clinical consultations to all staff in Camden and Islington NHS Foundation trust. This is **not** a parallel out-patient service. Instead, it will focus on consultations with clinic staff who wish to seek advice on cultural issues affecting patient care or their own clinical service. Consultation include issues that might arise from **any cross-cultural encounter** between clinicians, patients, and carers. Please also note this service is **not** focussed on Black & Minority Ethnic patients. Referrals may well include clinicians from any Black & Minority Ethnic group who may encounter clinical challenges with patients from White European background.

Objective:

Provide clinical cultural consultations for Camden & Islington Trust staff. Referrals will be received from any clinical service in the Trust. This includes in-patient, out-patient including CMHT services, planned MHA assessments, team conflicts over cultural issues, etc.ⁱ

Staffing & Venue:

Dr Sushrut Jadhav; Lead Clinician, CCS; Consultant Psychiatrist, Focus Homeless Outreach Service; & Senior Lecturer in Cross-cultural Psychiatry, University College London. Consultations can be held at any place that is convenient and safe for the patient.

Referral policy:

RMO consent must be sought by referrer. Completed Referral form (see attached template), to be sent to the CCS. Upon receipt of the referral, we will make telephone contact with the referrer within 3 working days and allocate a time slot based on mutual convenience. For in-patient referrals, the pending outcome of the cultural consultation should not delay discharge.

Operation:

Primarily meeting with clinician(s) to provide a clinical consultation. In some situations, to meet with the patient and care co-ordinator &/or RMO. In other situations, clinical issues or information needed could also be discussed over telephone.

Time line:

No fixed days for service and could also include out of hours emergency referrals. The consultation will aim to accomodate the schedule of referrer and Lead Clinician, CCS.

Outcome:

The service will aim to empower clinicians in addressing cultural issues, and to enhance their clinical competency. A follow up with reach referrer will aim to address initial reasons for the referral and desired outcome(s).

Monitoring:

The service will be monitored through an evaluation & feedback form, Trust Audit officer, and senior clinical line managers.

ⁱ For referral please contact: Dr Sushrut Jadhav, Lead Clinician, Cultural Consultation Service, 4 Greenland Road, London NW1 0AS. Tel 020 3317 6590, Fax 020 7813 8720, E-mail <s.jadhav@ucl.ac.uk>

Cultural Consultation Service Referral Form

Date of Referral:	Urgent <input type="checkbox"/> Not urgent <input type="checkbox"/>
Name of Referrer:	Telephone:
Referrer E-mail:	Fax:
Referrer's professional title:	
Postal Address:	

This section to be completed for patient related matters only. Please skip to question number 1 for any other professional consultation, for example clinical training or teaching on specific topics, pharmacy and medication, team related issues, etc.

Care Coordinator:	Care Coordinator Tel:
Name of RMO: (RMO permission must be sought for referral)	RMO Tel/e-mail:

1. How did you hear about this service?

For professional consultation related matters, please skip to Question No. 7.

2. Briefly detail the patient's demographic and cultural background:

Family Name:	First Name:
Address:	Age/DOB:
Gender:	Occupation:
Marital Status:	Country of origin:
Ethnicity:	Religion:
Language(s) spoken:	Is an interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient status: Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/>	Mental Health Act Status:

3. Please detail the main reason for the referral including, where applicable, discharge summaries, CPA forms, risk assessments (please attach).

4. What is the referrer's clinical understanding of the problem?

5. What attempts have already been made to resolve the problem(s)?

6. Any other important factors that might be helpful?

7. What do you expect the cultural consultation to provide you? If this matter is not directly patient related, please briefly describe the nature of the issue(s) to be discussed. Please use additional pages if necessary.

Signature :

Date:

Please e-mail, post or fax the referral to:

Dr Sushrut Jadhav, Cultural Consultation Service, 4 Greenland Road, London NW1 0AS

Tel 020 3317 6590, Fax 020 7813 8720, E-mail <s.jadhav@ucl.ac.uk>

CULTURAL CONSULTATION SERVICE EVALUATION FORM

YOUR NAME (OPTIONAL):

DATE:

1. How easy was it to :

- a. Contact the service? Easy Difficult
- b. Arrange an appointment? Easy Difficult
- c. Obtain a report of the consultation? Easy Difficult

2. The consultation **was** or **was not** helpful. Please briefly state why:

3. Do you have any comments about the consultation? (please write on the reverse of this form if necessary)

4. Was sufficient time allocated? Yes No

5.. Did you learn anything from the consultation?

6. Do you think you could apply learning from the consultation in your routine clinical work?

7. Were there any changes to the patients' treatment, care plan, and/or diagnosis as a result of the consultation?
For example: better engagement, early discharge, change of diagnosis, medications, carer involvement, etc.
Please note this is not an exhaustive list.

9. Would you consider approaching the service in the future? Yes No

- a. If so, for what kind of problems?
- b. If no, why not?

10. Do you have suggestions for improving the service in any way?

Your profession:

Date:

Team/service:

Please mail to:
Dr Sushrut Jadhav
Cultural Consultation Service, 4 Greenland Road, London NW1 0AS
Tel: 020 3317 6590
Fax: 020 7813 8720
Email: s.jadhav@ucl.ac.uk