Clinicians’ and Bicultural Workers’ Views on Co-Assessment to Improve Mental Health Assessments in Multicultural Clients

A/Prof Saras Henderson
PhD, MEd, RN, FACN
Authors

- A/Prof Saras Henderson (Menzies Health Institute QLD, School of Nursing and Midwifery, Griffith University) (Presenter)
- Ms Vivienne Braddock (Queensland Transcultural Mental Health Centre (QTMHC)-Metro South Health
- Mr Andres Otero Forero (QTMHC)
- Mr Dragos Ileana (QTMHC)
- Ms Ruth Hills (RA) (Griffith University)

- Research funded by: Queensland Health Practitioners Research Scheme for a funding grant and Griffith University Population and Social Health Program Seeding Fund
- The authors declare no conflict of interest
Learner Objectives

1. To gain knowledge about how co-assessment closes the cultural barrier and provides accurate data that is reflective of cultural norms in multicultural clients with mental health problems.

2. To gain an understanding of an alternative approach to mental health assessment in multicultural clients that facilitates an holistic assessment outcome.
Background/Problem

- Mental health services provide clinicians with interpreters to overcome language barriers that may not necessarily address cultural barriers.

- Overcoming cultural barriers is more complicated but understanding how culture impacts on mental health and help seeking behaviour can improve mental health outcomes for multicultural communities.
Aim

- To explore clinicians’ and bicultural workers’ views and experiences of the co-assessment model

- A bicultural worker (BW) has English as a second language and co-assesses the client with a clinician
Clinician with Bicultural Worker
Qualitative Study: Focus group interviews

Sample

- Clinician: n=9 attended the focus group out of cohort of 21.
- Bicultural worker: n=9 attended the focus group out of cohort of 25.
- The bicultural workers were all born overseas, an average of 19 years in Australia; Spoke 2-3 languages each.

Ethics: Approval obtained from the University Human Research Ethics Committee.
Background of Sample

**Bicultural Worker Sample Professions**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Medical officer</td>
<td>1</td>
</tr>
<tr>
<td>Psychologist</td>
<td>3</td>
</tr>
<tr>
<td>Social worker</td>
<td>3</td>
</tr>
<tr>
<td>OT</td>
<td>2</td>
</tr>
</tbody>
</table>

**Clinician Sample Professional Background**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>3</td>
</tr>
<tr>
<td>Medical officer</td>
<td>3</td>
</tr>
<tr>
<td>Psychologist</td>
<td>4</td>
</tr>
<tr>
<td>Social worker</td>
<td>3</td>
</tr>
<tr>
<td>OT</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>
Questions for Focus Group for Clinicians/Bicultural Workers included perception on:

- Initial experiences with co-assessment
- Distinction between co-assessment and the use of interpreters
- The co-assessment process
- Training for co-assessment
- Benefits of co-assessment & challenges
- Suggestions for improvement of the model
Results: Clinicians-Benefits and challenges of co-assessment

- Connecting with someone in own language
- Connection with BW helps client feel more at ease
- Feeling validated in the assessment process
- Degree of engagement, warmth, reassurance for client with BW
- Clarifying diagnostic issues-impact on treatment options

- Time constraints with the model
- Clients may be less trusting of bicultural workers than interpreters
- Developing positive collaborative working relationships with BW
- Bicultural workers’ capability and objectivity can vary
- Bicultural workers skills need to be enhanced on ongoing basis
- Lack of awareness in mainstream mental health of value of cultural perspective
Clinician Comments:

- “The most rewarding experiences have been where we've been able to go to an assessment and come out understanding that what was looking like psychosis was not, it was a cultural norm, it was not pathological and we could then put that in the report to the referrer and that would help guide them so I think that's the real value of this model”.

- “I liked the interaction with the bicultural worker in terms of gaining more knowledge and understanding about the culture and the language and them putting information into context”.

- “I felt there was actually a large sort of cultural distance between me and the client, there wasn't a gender match, there wasn't a culture match, age wasn't close, so... I felt really grateful to have that worker, rather than just an interpreter for instance because I felt like... that sort of helped me have a bit of credibility ... with the client”.

Results: Bicultural workers—Benefits & challenges of co-assessment

- Rapport with client, same language & culture
- Bridge between client & clinician perspective
- Cultural perspective, assessment bedrock of understanding
- *Addressing stigma*
- *Facilitate increased client trust to better engage with clinician*

- Negotiating BW role & working relationships with clinician
- Building relationship and explaining role to client
- Time pressures in assessment
- Being familiar enough with MH system and options to offer best help to client
- Client trust issues, embarrassment, cultural inhibitions
Bicultural worker comment:

“*The whole idea of this co-assessment, bicultural formulation is very important because mental health is something that we should see from the broader perspective. It's not just the physical aspect, it involves all other issues so mainly the culture of the individual because some things which are considered normal in some societies may not be considered ... normal in others*.”
Bicultural worker comment:

- "..if these bicultural workers for this sort of co-assessment were absent the professionals will not be able to make a proper diagnosis in the first place and their interventions will ultimately be inappropriate and the clients will not comply with whatever has been said".
Distinction from Interpreter Role

- More than an interpreter, harder than interpreter role
- Provides a link between client & clinician
- Cultural worker assists cultural understanding
- Interpreters not given briefing on client
- Can depend on particular clinician
- Co-written cultural notes
Suggestions for improvement of the model

**Clinicians**
- Improved and ongoing training for bicultural workers
- Concern about how better to utilise the skills and experience of bicultural workers
- Promotion of cultural perspective in training of mainstream mental health practitioners
- More research

**Bicultural Workers**
- More time for assessment process
- Options for ongoing work with clients
- Training about written reports on cultural assessment
- Feedback to BW re own effectiveness
- Help develop greater understanding of MH issues and treatment options in multicultural communities.
Conclusion: Our findings suggests:

- That the co-assessment model may help to increase cultural understanding and sensitivity in mental health assessments on multicultural clients.
- The co-assessment model has applicability to mental health nurses and health professionals to enhance optimum assessment outcomes for multicultural communities.
- That further research using a wider sample is needed.
References

Thank you for Listening