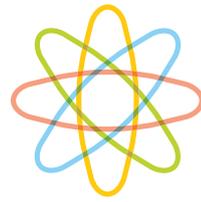




Ariennir gan
Lywodraeth Cymru
Funded by
Welsh Government



diverse
cymru

Promoting equality for all
Hyrwyddo cydraddoldeb i bawb

Cultural Competency Toolkit

A Practical Guide for Mental Health professionals, other professionals and front-line staff working within the Mental Health, Health and Social Care sector in Wales.

diverse cymru

307-315 Cowbridge Road East
Cardiff
CF5 1JD

029 2036 8888

diversesecymru.org.uk

Foreword

As part of my work for the Welsh Government Section 64 contract, I was required to design/develop a Cultural Competency Toolkit for mental health practitioners in Wales.

As part of my research I looked at the work of lots of other practitioners in the United Kingdom and the United States of America.

I was impressed with the Toolkit produced by the California-based Industry Collaboration Effort (ICE) - 'Better Communication, Better Care' and contacted them to ask if I could use their work and adapt it for the Toolkit. To my delight they agreed and so I would like to acknowledge and credit them for the template and the largest part of the information contained within.

The remainder of this Toolkit was produced from using other reports from Awetu's 'See Me, Hear Me, Count Me' report, and reports from the USA and UK to yield the best information and to provide best practice guidance for practitioners in Wales.

I would also like to express my gratitude and specifically acknowledge the individuals and organisations listed below for the knowledge they shared and dedicated in the creation of the materials for the Toolkit. Each member contributed their time, experience and skills to the process of developing and testing the resources contained in this kit.

- Dr Charles Willie – Retired
- Dr Rosalind Warden, Service User Involvement Officer - Diverse Cymru
- Dr Roiyah Saltus, Principal Research Fellow - Faculty of Life Sciences and Education, University of South Wales/Prifysgol De Cymru
- Keithley Wilkinson, Equality Manager - Cardiff & Vale University Health Board
- Kate Chatterjee Williams, Programme Manager – Stonewall Cymru
- Emily Wooster, Head of Development, Wales – Mental Health Foundation
- Alun Thomas, Chief Executive – Hafal
- Nicola Thomas, Director of Corporate and Public Affairs – Hafal
- Sue Wigmore, National Mentoring & Youth Manager – Bipolar UK
- Lynne MacIntyre, Learning and Development Manager - NHS Centre for Equality and Human Rights
- Jayne Tottle, Director of Nursing for Mental Health Services - Mental Health Clinical Board Cardiff & Vale UHB
- Wales Alliance for Mental Health (WAMH)

I hope that this Toolkit provides you with some of the relevant techniques and interventions to deliver an effective culturally competent, patient centred service.

Suzanne Duval, Director of Participation and Well-being

Table of Contents

Content	Page
Background to developing the Toolkit	5
Legislative Frameworks	7-9
<ul style="list-style-type: none">• Mental Health & Wales• Together for Mental Health – High Level Outcomes• The Public Sector Equality Duty• More than Just Words – Strategic Framework for Welsh Language Services in Health, Social Services and Social Care	
Introduction to the Toolkit	10-12
How the Toolkit can help your practice	13-15
<ul style="list-style-type: none">• Becoming/Being culturally competent• Essential knowledge, skills and attributes to developing cultural competence	
Toolkit Section Descriptions	16-17
Section 1 - Resources to assist communication with a diverse patient population base	18-32
Section 2 - Resources to communication across language barriers	33-37
Section 3 - Resources to increase awareness of cultural background and its impact on mental health/health care delivery	38-40
Section 4 - Reference resources for cultural & linguistic services; equality & mental health services	41-43

Background to developing the Toolkit

Concerns have been expressed over a number of years that services are not being delivered to people from Black, Asian and Minority Ethnic (BAME) communities experiencing mental illness and distress in a way that meets their needs.

BAME people with specific mental illnesses are often over-represented and, at times, misdiagnosed in certain sections of mental health services. There is also an under-utilisation of service provision due to the low take-up rates of minority groups. The impact of terminology (i.e. ethnicity, 'culture bound disorders') has become evident through national surveys on health and mental health across different ethnic groups, and exploration into the development of anti-racist health promotion and practice¹.

- Studies suggest that people from minority ethnic backgrounds fare less well in the mental health systems in the UK, the rest of Europe and America².
- The way in which services are used and experienced by individuals from different minority ethnic and migrant groups is just as much a product of their own beliefs, needs, social experiences and expectations as it is a product of the attitudes and perceptions of service providers³.
- Studies by Stonewall suggest that although the lesbian, gay and bisexual (LGBT) population is ethnically diverse, many gay people report it is only the colour of their skin that doctors see and that individuals from BAME communities are not seen as having multiple identities. For example, services need to recognise that people can be both black and gay. This is the notion of multiple identities⁴.
- There is limited empirical research and evidence on the care pathways of people from BAME groups and their experiences of mental healthcare provision in Wales⁵.

1 Awetu, Developing Cultural Competence - A Toolkit for the Mental Health Sector (2002)

2 Roiyah Saltus, Carmel Downes, Paul Jarvis, and Suzanne Duval, Inpatients from black and minority ethnic backgrounds in mental health services in Wales: a secondary analysis of the Count Me In census, 2005-2010, vol 10, (Diversity and Equality in Health and Care, 2013) 165–76.

www.diversecymru.org.uk/wp-content/uploads/Count-Me-In_published-version-Aug-2013.pdf

3 Ibid

4 April Guasp and James Taylor, Stonewall Health Briefing (Stonewall Ethnicity, 2012) 3-4.

www.stonewall.org.uk/sites/default/files/Ethnicity_Stonewall_Health_Briefing__2012_.pdf

5 Roiyah Saltus, Carmel Downes, Paul Jarvis, and Suzanne Duval. - Op. Cit

The studies on the previous page, as well as reports such as: 'Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities'⁶, 'The David Rocky Bennett' report⁷, 'Breaking the Circles of Fear'⁸, BE4 Project report, 'Count Me In Census' reports 2005- 2010⁹, 'In-Patients from Black and Minority Backgrounds in Mental Health Services in Wales: A secondary analysis of the Count Me In census, 2005-2010'¹⁰ and Ethnic Inequalities in Mental Health: Promoting Lasting Positive Change 2014¹¹ have all shown that BAME people are more likely to:

- Fare less well in the mental health systems in the UK, the rest of Europe and America
- Experience problems in accessing services
- Have lower satisfaction with services
- Experience cultural and language barriers in assessments
- Have lower GP involvement in care
- Experience inadequate support for community-based initiatives
- Face an aversive pathway into mental health services
 - » higher compulsory admission rates to hospital
 - » higher involvement in legal system and forensic settings
 - » higher rates of transfer to medium and high secure facilities
- See higher non-voluntary admission rates to hospital
- Have lower satisfaction with hospital care
- Have lower effectiveness of hospital treatment
- Have lower access to talking treatments

6 National Institute for Mental Health in England, Inside Outside Improving Mental Health Services for Black and Minority Ethnic Communities in England, (National Institute for Mental Health in England, 2013). www.webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4019452.pdf

7 Inquest, Inquest Briefing: The restraint related death of David 'Rocky' Bennett (Inquest, 2004). www.inquest.org.uk/pdf/rocky_bennett_briefing_0204.pdf

8 The Sainsbury Centre for Mental Health, Breaking the Circles of Fear A review of the relationship between mental health services and African and Caribbean communities, (The Sainsbury Centre for Mental Health, 2002). www.offtherecordcroydon.org/media/4901/breaking_the_circles_of_fear.pdf

9 Care Quality Commission and National Mental Health Development Unit, Count me in 2010, (Care Quality Commission. 2011) www.cqc.org.uk/sites/default/files/documents/count_me_in_2010_final_tagged.pdf

10 Royyah Saltus, Carmel Downes, Paul Jarvis, and Suzanne Duval. - Op. Cit

11 Rob Fitzpatrick, Sarabajaya Kumar, Ohemaa Nkansa-Dwamena and Laura Thorne, Ethnic Inequalities in Mental Health: Promoting Lasting Positive Change Report, (LankellyChase Foundation, Mind, The Afiya Trust and Centre for Mental Health, 2014). www.lankellychase.org.uk/wp-content/uploads/2015/07/Ethnic-Inequality-in-Mental-Health-Confluence-Full-Report-March2014.pdf

Mental Health and Wales

Wales has a long established history of migration from diverse societies. Consequently, there is considerable variety with regard to histories, settlement patterns, residential status, and occupational profiles within the population, which makes Wales markedly different from other countries in the UK, particularly as there is an absence of politicised collectives providing a strong voice as to the needs of minority ethnic groups.

However, in Wales there is very limited empirical research and evidence on the health and social care of minority ethnic groups in general, not least the mental health of people from racialised population groups and their experiences of mental healthcare provision.¹²

Together for Mental Health: A Strategy for Mental Health and Well-being in Wales

At the heart of the Strategy is the Mental Health (Wales) Measure 2010, which places legal duties on health boards and local authorities to improve support for people with mental ill-health.

The Strategy focused around 6 high level outcomes:

- The mental health and well-being of the whole population is improved.
- The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced.
- Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.
- Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.
- Access to, and the quality of preventative measures, early intervention and treatment services are improved and more people recover as a result.
- The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved¹³.

12 Roiyah Saltus, Carmel Downes, Paul Jarvis, and Suzanne Duval. - Op. Cit

13 Welsh Government, Together for mental health - a strategy for mental health and wellbeing in Wales (Welsh Government Website, 2015) gov.wales/topics/health/nhswales/mental-health-services/strategy/?lang=en

The Public Sector Equality Duty

The Equality Duty came into force on 5 April 2011 and is set out in section 149 of the Equality Act (2010). It ensures that all public bodies, including others carrying out public functions, play their part in making society fairer by tackling discrimination and providing equality of opportunity for all.

It ensures that public bodies consider the needs of all individuals in their day to day work – in shaping policy, delivering services, and in relation to their own employees. The new Equality Duty supports good decision making – it encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all, and meet different people's needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people's opportunities, public bodies are better placed to deliver policies and services that are efficient and effective. The Equality Duty therefore helps public bodies to deliver the Government's overall objectives for public services.

The new Equality Duty replaces the three previous public sector equality duties – for race, disability and gender. The new Equality Duty covers the following multiple identities and protected characteristics:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race – this includes ethnic or national origins, colour or nationality
- Religion or belief – this includes lack of belief
- Sex
- Sexual orientation

It also applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to eliminate discrimination. The new Equality Duty is designed to reduce bureaucracy while ensuring public bodies play their part in making society fairer by tackling discrimination and providing equality of opportunity for all¹⁴.

14 Equality and Human Rights Commission, Public Sector Equality Duty (Equality and Human Rights Commission website, 2016) www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty

More than Just Words – Strategic Framework for Welsh Language Services in Health, Social Services and Social Care

The Welsh Government is committed to delivering high quality health, social services and social care services that are centred on users' needs. This strategic framework is built on the values that all users should be treated with dignity and respect, and should receive accurate assessments and appropriate care.

It is important for people working in health, social services and social care to recognise that many people can only communicate their care needs effectively through the medium of Welsh. For many Welsh speakers the ability to use your own language has to be seen as a core component of care, not an optional extra.

Many service users are very vulnerable, so placing a responsibility on them to ask for services through the medium of Welsh is unfair. It is the responsibility of service providers to anticipate these care needs. Organisations are expected to mainstream Welsh language services as an integral element of service planning and delivery¹⁵.

We have found this is also true for speakers of other languages. Please see Section 2 (P33) for more information.

15 Welsh Language Policy Unit, Department for Health, Social Services and Children, Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care 2016 – 2019 (Welsh Government, 2016) . www.gov.wales/topics/health/publications/health/guidance/words/?lang=en

Introduction to the Toolkit

The Toolkit is designed for mental health professionals and other professionals that work with BME communities in Wales to improve the accessibility and quality of mental health and social care services. It provides tools and resources to help practitioners provide a culturally appropriate service.

The cultural appropriateness of mental health and health services may be the most important factor in the accessibility of services by BME communities. Developing culturally sensitive practices can help reduce barriers to effective treatment.

Race, ethnicity, beliefs, norms and values determine culture. Culture involves the history leading to a group's economic, social and political status. It defines roles and behaviours. All of this affects families' willingness to seek and receive mental health services for themselves and their children.

Their emphasis on treatments, including ceremonies and rituals, will be helpful for you to know to provide culturally appropriate services. When mental health services are culturally competent in approach and delivery, the services are more effective.

Culture governs people's ideas of what constitutes normal and abnormal behaviour. It also shapes people's understanding of the cause of certain disturbances in behaviour and emotion and how they describe those disturbances¹⁶.

Cultural knowledge, cultural awareness, and cultural sensitivity all convey the idea of improving cross-cultural capacity, and leading to cultural competence as illustrated in the following definitions:

- **Cultural awareness** involves identifying individual and organisational values that inform the practice of caring for people from minority ethnic groups.
- **Cultural knowledge** is crucial to an understanding of the client, causes and experience of mental illness and mental health system.
- **Cultural sensitivity** relies on a range of interpersonal and communication skills. This can only be achieved if service users/clients are true partners. Thus, the foundation of cultural sensitivity is mutual trust, respect and empathy. It involves knowing that cultural differences as well as similarities exist, without assigning values, i.e., 'better or worse', 'right or wrong', to those cultural differences.

16 B. Collins, Cultural Competency Toolkit: Good Practice Guide in ethnic minority mental healthcare (West London Mental Health Trust, 2007) www.better-health.org.uk/resources/Toolkits/cultural-competency-Toolkit-good-practice-guide-ethnic-minority-mental-healthcare

- **Cultural competence**, however, is the capacity to provide effective services taking into account the cultural beliefs, behaviours and needs of people: it is therefore made up of cultural awareness, knowledge and sensitivity as well as the promotion of anti-oppressive and anti-discriminatory policies¹⁷.

On an organisational level, cultural competence is defined by a variety of information resources as a set of compatible behaviours, attitudes and policies that come together in service or among professionals and enables that service, agency or those professionals to work effectively in cross-cultural situations. Thus, cultural competency emphasises the idea of effectively operating in different cultural contexts, taking on board both the individual members of staff as well as the organisation/service.

To move into competency is to go beyond knowledge, awareness or sensitivity.

Terms for identifying minority ethnic groups

Throughout the document and having widely engaged with diverse communities, a variety of terms are used to refer to particular groups of people from minority ethnic communities or cultures.

BME/BAME

Black and Minority Ethnic or Black, Asian and Minority Ethnic is the terminology normally used in the UK to describe people of non-white descent¹⁸. Both terms are widely used within organisations and policy literature¹⁹.

The term BME has been adopted throughout the document, except where quoting sources which have used BAME.

Black

The way that people of African descent describe themselves in countries such as Great Britain, South Africa, the US and parts of Europe. In the UK the term was also used (and can still be) in a political sense by other minority ethnic groups, especially Asians, who feel that their common experience of racism outweighs cultural differences²⁰.

17 Community Toolbox, Cultural Competence Section 7. Building Culturally Competent Organizations, Chapter 27 (Community Toolbox, 2016). ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culturally-competent-organizations/main

18 Institute of Race Relations, Definitions (Institute of Race Relations website, 2016) www.irr.org.uk/research/statistics/definitions/

19 Rob Fitzpatrick, Sarabajaya Kumar, Ohemaa Nkansa-Dwamena, and Laura Thorne, Ethnic Inequalities in Mental Health: Promoting Lasting Positive Change (2014) lankellychase.org.uk/wp-content/uploads/2015/07/Ethnic-Inequality-in-Mental-Health-Confluence-Full-Report-March2014.pdf

20 NHS Health Scotland, Race and Ethnicity (NHS Health Scotland website, 2014) www.healthscotland.com/equalities/race/index.aspx

Ethnicity

Ethnicity refers to the social group that a person belongs to or is perceived to belong to, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race²¹.

Race

The term 'race' refers to a group of people defined by their race, colour, nationality (including citizenship), ethnic or national origins²².

21 NHS Health Scotland, Race and Ethnicity (NHS Health Scotland website, 2014) www.healthscotland.com/equalities/race/index.aspx

22 Ibid

Becoming/being culturally competent

Expanding your understanding of the social context in which you work, community profiling or having knowledge of the demographics in your area will be an important asset to help you develop a holistic service.

To expand your organisation's outreach, it is vital to recognise culture's profound effect on services/support/treatment outcomes and your willingness to learn more about it. Assess your own organisation for strengths and begin to:

- Gather background information about the communities you serve
- Establish contacts e.g. by holding informal 'Information Days' about your services in a diverse area of the city, find out who the Vicar, Priest, Imam or holy man etc. is in your area, attend local festivals to relay information about your services and also to learn the communities' concerns and priorities
- Develop relationships with the BAME community groups, Imam or community leaders so you can build trust with the community
- Lead or participate in training to help develop cultural competence skills

Rapport building is a critical component of competency development.

Knowing who the client perceives as a "natural helper" and who they view as traditional helpers (such as elders, the church etc.) can facilitate the development of trust and enhance the individual's investment and continued participation in treatment²³.

Both Wales' settled population as well as its immigration population, which is made up of asylum seekers, refugees and migrants are ethnically diverse.

Shifts in ethnic diversity are not just about numbers, but also the impact of cultural differences. New approaches are needed in service development and delivery to address cultural differences among clients.

23 Delia Saldaña, Cultural Competency. A Practical Guide For Mental Health Service Providers (Hogg Foundation for Mental Health, 2001) www.psyrehab.ca/files/documents/Hogg_Foundation_for_MentalHealth.pdf

Essential Knowledge, Skills and Attributes to Developing Cultural Competence

Ensuring the provision of culturally competent services to clients, places a great deal of responsibility upon the mental health/health professional. In particular, there are a number of generally expected levels of knowledge, skills and attributes that are essential to providing culturally competent mental health/health services.

Knowledge

- Knowledge of clients' culture (history, traditions, values, family systems, artistic expressions).
- Knowledge of the impact of racism and poverty on behaviour, attitudes, values, and disabilities.
- Knowledge of the help-seeking behaviours of ethnic minority clients.
- Knowledge of the roles of language, speech patterns, and communication styles in different communities.
- Knowledge of the impact of the mental health and social service policies on BAME clients.
- Knowledge of the resources (i.e. agencies, persons, informal helping networks, research) available for ethnic minority clients and communities.
- Recognition of how professional values may either conflict with or accommodate the needs of clients from different cultures.
- Knowledge of how power relationships within communities or institutions impact different cultures.
- Knowledge of sexual orientation and of gender identity issues as well as other multiple identity issues²⁴.

Professional Skills

- Techniques such as studying and/or mixing with diverse communities for learning the cultures of ethnic minority client groups.
- Ability to communicate accurate information on behalf of culturally different clients and their communities.
- Ability to openly discuss racial and ethnic differences/issues and to respond to culturally based cues.
- Ability to assess the meaning that ethnicity has for individual clients.
- Ability to discern between the symptoms of intra-psychic stress and stress arising from the social structure or racism.
- Interviewing techniques that help the interviewer understand and accommodate the role of language in the client's culture.

24 Mental Health Peel, Op. Cite.

- Ability to utilize the concepts of empowerment on behalf of culturally different clients and communities.
- Ability to use resources on behalf of ethnic minority clients and their communities.
- Ability to recognize and combat racism, racial and other identity stereotypes, discrimination and myths among individuals and institutions.
- Ability to evaluate new techniques, research, and knowledge as to their validity and applicability in working with BAME people²⁵.

Personal Attributes

- Ability to self-reflect. Self-awareness is one of the important components in nurse client relationship. Nurses spend most time with the patients than of any other health care professionals so self-awareness is considered as an important tool to develop a therapeutic relationship with the client²⁶.
www.internationaljournalofcaringsciences.org.
- Personal qualities that reflect “genuineness, empathy, non-possessiveness, warmth,” and a capacity to respond flexibly to a range of possible solutions²⁷.
- Acceptance of ethnic differences between people²⁸.
- A willingness to work with clients of different ethnic backgrounds²⁹.
- Articulation and clarification of the worker’s personal values, stereotypes, and biases about his/her own and others’ ethnicity and social class. Also, recognising ways that these views may accommodate or conflict with the needs of clients from different cultures³⁰.

25 Mental Health Peel, Op. Cite.

26 Subia Parveen Rasheed, Self-Awareness as a Therapeutic Tool for Nurse/Client Relationship, Vol 8, Iss 1, (International Journal of Caring Sciences, 2015) 211.

27 Mental Health Peel, Op. Cite.

28 Ibid

29 Ibid

30 Ibid

Toolkit Section Descriptions

The Toolkit provides information on three specific topics:

1. **Interaction with a diverse patient base:** encounter tips for providers and their staff, help in identifying literacy problems, and an interview guide for selecting and employing staff to ensure that there is an awareness of diversity issues.
2. **Communication across language barriers:** tips for working with interpreters.
3. **Understanding patients from various cultural backgrounds:** tips for talking with a wide range of people across cultures and information about different cultural backgrounds.

These are organised into four sections:

1. Resources to assist communication with a diverse patient population base
2. Resources to communicate across language barriers
3. Resources to increase awareness of cultural background and its impact on mental health/health care delivery
4. References resources for cultural & linguistic services & mental health/health services.

Section 1

Resources to assist communication with a diverse patient population base

A Guide to information in Section 1

- Working with Diverse Patients: tips for successful patient encounters
- Partnering with Diverse Patients, Carers & Families: tips for office staff to enhance communication
- Non-verbal Communication and Patient Care
- "DIVERSE": a mnemonic for patient encounters
- Tips for Identifying and Addressing Mental Health/Health Literacy Issues
- Interview Guide for Selecting Staff with Regard to their Diversity Awareness

Section 2

Resources to communication across language barriers

A Guide to Information in Section 2

- Tips for Communicating Across Language Barriers
- 10 Tips for Working with Interpreters
- Helpful Tips for Locating and Working with Interpreter Services

Section 3

Resources to increase awareness of cultural background and its impact on mental health/health care delivery

A Guide to Information in Section 3

- Discussing and Understanding the Needs of BAME Patients
- Talking about Mental Illness/Mental Health
- Patient Assessment: Incorporating Cultural Factors
- Incorporating Faith and Spirituality

Section 4

Reference resources for cultural, linguistic, equality and mental health services

A Guide to Information in Section 4

- UK Equality Legislation
- Equality Legislation
- Equality Organisations
- The 9 Protected Characteristics
- Mental Health Legislation in Wales
- National Mental Health Organisations
- Bibliography

Section 1

Resources to assist communication with a diverse patient population base.

We recognise that every encounter is unique and every patient is different in gender, age, sex, ethnicity, culture, religion or sexual preference and will bring their unique perspectives and experiences. This factor will always impact communication, compliance and outcomes. We are also mindful that as professionals you bring your own set of perspectives, experiences and values which influence the way you develop a relationship with your patients and the way in which you deliver your services.

The suggestions below are intended to help build sensitivity to differences and styles, and foster an environment that is non-threatening and comfortable to the patient³¹.

This information may assist you to:

- Improve mental health/health/social care delivery and outcomes
- Identify opportunities to improve office staff cultural and linguistic competency
- Increase adherence to culture and understanding its influence upon patients' behaviour and understanding
- Decrease repeat visits
- Avoid litigation

31 Santa Clara Family Health Plan, Cultural Competency & Disability Training: Toolkit to Serve Diverse Populations, (Santa Clara Family Health Plan, 2013) www.scfhp.com/sites/default/files/scfhpccToolkit032013env1.pdf

The following materials are available in this section:

Working with Diverse Patients: tips for successful patient encounters

- A quick reference sheet designed to help providers enhance their patient communication skills.

Partnering with Diverse Patients: tips for staff to enhance communication

- A quick reference designed to help staff enhance their patient communication skills.

Non-verbal Communication and Patient Care

- An overview of the impact of non-verbal communication on patient-provider relations and communication.

“DIVERSE”: a Mnemonic for Patient Encounters

- A mnemonic to help you individualise care based on cultural/diversity aspects.

Tips for Identifying and Addressing Health Literacy Issues

- An overview on the signs of low mental health literacy and how to address them.

Interview Guide for Taking on Staff with Regards to Diversity Awareness

- A list of interview questions to help determine if a job candidate is likely to work well with individuals of diverse backgrounds.

Working with Diverse Patients

Tips to enhance patient/provider communication and to avoid being unintentionally insulting or patronising:

Styles of speech: People vary greatly in length of time between comment and response, the speed of their speech, and their willingness to interrupt.

- Tolerate gaps between questions and answers, impatience can be seen as a sign of disrespect and also make the person feel self-conscious so that they won't fully disclose and may not continue to engage with services.
- Listen to the volume and speed of the patient's speech as well as the content. Modify your own speech to more closely match that of the patient to make them more comfortable.
- Rapid exchanges, and even interruptions, are a part of some conversational styles. Don't be offended if no offence is intended if/when a patient interrupts you.
- Stay aware of your own pattern of interruptions, especially if the patient is older than you are.

Eye Contact: The way people interpret various types of eye contact is tied to cultural background and life experience.

- Most British people expect to look people directly in the eyes and interpret failure to do so as a sign of dishonesty or disrespect.
- For many other cultures direct gazing is considered rude or disrespectful. Never force a patient to make eye contact with you.
- If a patient seems uncomfortable with direct gazes, try sitting next to them instead of across from them.

Body Language: Sociologists say that 80% of communication is non-verbal. The meaning of body language varies greatly by culture, class, gender, and age.

- Follow the patient's lead on physical distance and touching. During an interview if the patient moves closer to you or touches you, you may do the same. However, stay sensitive to those who do not feel comfortable, and always ask permission first to touch them.
- Gestures can mean very different things to different people. Be very conservative in your own use of gestures and body language. Ask patients about unknown gestures or reactions.
- Do not interpret a patient's feelings or level of pain just from facial expressions. The way that pain or fear is expressed is closely tied to a person's cultural and personal background. Ask patients about their feelings or reactions.

Gently Guide Patient Conversation: English predisposes us to a direct communication style; however other languages and cultures differ.

- Initial greetings can set the tone for the visit. Many older people from traditional societies expect to be addressed more formally, no matter how long they have known their doctor/psychiatrist etc. If the patient's preference is not clear, ask how they would like to be addressed.
- Patients from other language or cultural backgrounds may be less likely to ask questions and more likely to answer questions through narrative than with direct responses. Facilitate patient-centred communication by asking open-ended questions whenever possible.
- Avoid questions that can be answered with "yes" or "no". Research indicates that when patients, regardless of cultural background, are asked, "Do you understand," many will answer, "yes" even when they really do not understand. This tends to be more common in teens and older patients.
- Steer the patient back to the topic by asking a question that clearly demonstrates that you are listening. Some patients can tell you more about their health through story telling than by answering direct questions^{32 33}.

Visiting people at home – a few examples

- Be mindful of people's cultural and religious calendars which can affect appropriate times to visit.
- When you enter into a Muslim home, often they will take off their shoes at the door or before they walk on carpet (often in their living room). Ask them if you should take off your shoes. If they do, then you should too.
- When you arrive to a traditional Muslim home, generally men will not touch women (usually no handshakes or greeting with kisses). Rather saying "a-sa-laam-a-lei-kum" (peace be upon you) is sufficient. If the women of the house are present and they extend their hand, then of course a visitor (even if they are male) can shake it. When female visitors enter a home, if the man of the house or men present extend their hand, then it is fine to shake it as well. Be aware of your surroundings and interactions.
- If your patients/clients are Orthodox Jews, don't expect handshakes from the women, because of the possibility of "menstrual uncleanness." For the same reason, if you are a woman, do not expect handshakes from Orthodox men³⁴.

NB above are just a few helpful suggestions and are things to be aware of and are not a recipe book approach as people from the same cultural background may still have different preferences.

32 Santa Clara Family Health Plan, 2013 Op. Cite.

33 Industry Collaboration Effort (ICE), Cultural and Linguistics Provider Toolkit (ICE website, 2010) www.iceforhealth.org/library/documents/ICE_C&L_Provider_Toolkit_7.10.pdf

34 Mark Cannon Madrid, 10 Things to Know When Visiting A Muslim Home , (Mark Cannon Website, 2014). <https://mark-cannon.com/2014/12/05/10-things-to-know-when-visiting-a-muslim-home/>

Partnering with Diverse Patients, Carers and Families

Tips for staff to enhance communication with patients, carers and families

Throughout the appointment/interview always enquire if the patient/client has questions. Do they understand? Would they like further information?

1. Build rapport with the patient.

- Ask, "How would you like to be addressed?" if the patient's preference is not clear.
- Focus your attention on patients when addressing them.
- Learn basic words in your patient's primary language, like "hello" or "thank you".
- Recognise that patients from diverse backgrounds may have different communication needs.
- Explain the different roles of people who work in the office.
- Check if they have any other questions or concerns.

2. Make sure patients know what you do.

- Take a few moments to prepare a handout that explains office hours, who to contact when the office when is closed etc. in the common language(s) spoken by your client base.
- Explain who their CPN, Psychiatrist, Care Co-ordinator, Social Worker is or other appropriate staff
- Have instructions available in the common language(s) spoken by your client base.

3. Keep patients' expectations realistic.

- Inform patients of delays or extended waiting times. If the wait is longer than 15 minutes, encourage the patient to make a list of questions for their doctor, Care Co-ordinator etc.,

4. Work to build patients' trust in you.

- Inform patients of choices around psychological as well as medication treatments, what they can expect, side effects of medication, give written information if appropriate, how appointments are scheduled and routine waiting times.

5. Determine if the patient needs an interpreter for the visit.

- Document the patient's preferred language.
- Have an interpreter access plan. A professional interpreter with a mental health/ medical background is preferred to family or friends of the patient.
- Assess your bilingual staff for interpreter abilities.

6. Give patients the information they need.

- Have topic-specific mental health/health education materials in languages that reflect your patient base.
- Offer handouts such as factsheets about their condition, useful organisations, support groups, benefits advice, screening guidelines, and culturally relevant dietary guidelines for diabetes or weight loss (this list is not exhaustive).
- Is there any other information they may want?

7. Make sure patients know what to do.

- Review any follow-up appointments/procedures with the patient before he or she leaves your clinic/office.
- Confirm call back numbers, contact names, the locations for any follow-up services or appointments.
- Develop pre-printed simple handouts of frequently used instructions, and
- Translate the handouts into the common language(s) spoken by your patients wherever possible/appropriate.

Non-verbal Communication and Patient Care

An overview of the impact of non-verbal communication on patient-provider relations and communication.

Non-verbal communication is a subtle form of communication that takes place in the **initial three seconds** after meeting someone for the first time and can continue through the entire interaction. Research indicates that non-verbal communication accounts for approximately **80%** of a communication episode. Non-verbal communication can impact the success of communication more acutely than the spoken word. Our culturally informed unconscious framework evaluates gestures, appearance, body language, the face, and how space is used. Yet, we are rarely aware of how persons from other cultures perceive our non-verbal communication or the subtle cues we have used to assess the person.

The following issues around eye contact and touch/use of space provide examples of non-verbal miscommunication that can sabotage a patient-provider encounter. Note that broad cultural generalisations are used for illustrative purposes around these two issues. They should not be mistaken for stereotypes. A **stereotype** and a **generalisation** may appear similar, but they function very differently.

A stereotype is an ending point: no attempt is made to learn whether the individual in question fits the statement. A **generalisation** is a beginning point: it indicates common trends, but further information is needed to ascertain whether the statement is appropriate to a particular individual. Generalisations can serve as a

guide to be accompanied by individualised in-person assessment. As a rule, ask the patient, rather than assume you know the patient's needs and wants. If asked, patients will usually share their personal beliefs, practices and preferences related to prevention, diagnosis and treatment.

Eye Contact

It is rude to meet and hold eye contact with an elder or someone in a position of authority such as health professionals in most Asian, and many Arab countries. It may be also considered a form of social aggression if a male insists on meeting and holding eye contact with a female.

Touch and Use of Space

Talk the patient through each examination so that the need for the physical contact is understood, prior to the initiation of the examination. Ease into the patient's personal space. If there are any concerns, ask before entering the three-foot zone. This will help ease the patient's level of discomfort and avoid any misinterpretation of physical contact. Additionally, physical contact between a male and female is strictly regulated in many cultures. An older female companion may be necessary during the visit³⁵.

35 SCAN Health Plan, Communication: Category: Multi-Cultural Resources, (SCAN Health Plan Website, 2016).
www.scanhealthplan.com/providers/information-for-office-staff/multi-cultural-resources/communication/

“DIVERSE” - A Mnemonic for Patient Encounters

A mnemonic which may assist you in developing a comfortable relationship and/or a personalised care plan based on cultural/diversity aspects³⁶.

Demographics

Ideas

Views

Expectation

Religion

Speech

Environment

Demographics

Explore regional background, level of – acculturation, age and sex as they influence health care behaviours.

- Where were you born?
- Where was “home” before coming to the UK?
- How long have you lived in the UK?
- What is the patient’s age, sexual orientation and gender identity?

Ideas

Ask the patient to explain his/her ideas or thoughts of mental health and illness.

- What do you think keeps you healthy?
- What do you think makes you sick?
- What do you think is the cause of your illness?
- Why do you think the problem started?

Views of mental health/healthcare treatments

Ask about treatment preference, use of home remedies, and treatment delay/avoidance

- Are there any mental health care treatments that might not be acceptable?
- Do you use any traditional, spiritual or home health remedies to improve your mental health?
- Who do you speak to about this?
- What have you used before?
- Have you used alternative healers? Which?
- What kind of treatments do you think will help?

36 Industry Collaboration Effort (ICE), Cultural and Linguistics Provider Toolkit (ICE website, 2010) www.iceforhealth.org/library/documents/ICE_C&L_Provider_Toolkit_7.10.pdf

Expectations

Ask about what your patient expects from their doctor/nurse/clinician?

- What do you hope to achieve from today's visit?
- What do you hope to achieve from treatment?
- Do you find it easier to talk with a male/female?
- Someone younger/older?

Religion

Ask about your patient's religious and spiritual traditions.

- How important is religion/spirituality in your everyday life?
- Will religious or spiritual observances affect your ability to follow treatment?
How?
- Do you avoid any particular foods/drinks?
- During the year, do you change your diet in celebration of religious and other holidays?
- Does your diet affect which medication you can take? (e.g. are you vegetarian, avoiding alcohol or avoiding beef/pork/gelatine)
- Do you receive any support from members of your faith community?
- Are there practices or rituals that help you cope?
- Has your illness affected your ability to practice your religion or spirituality?

Speech

Identify your patient's language needs including language, literacy levels, BSL or other. Avoid using a family member as an interpreter.

- What language do you prefer to speak?
- Do you need an interpreter?
- What languages do you prefer to read?
- Are you satisfied with how well you read?
- Would you prefer printed or spoken instructions?

Environment

Identify patient's home environment and the cultural/diversity aspects that are part of the environment. Home environment includes the patient's daily schedule, support system and level of independence.

- Do you live alone?
- How many other people live in your house?
- Do you have transport?
- Do you get out and meet people?
- Who gives you emotional support?
- Who helps you when you are ill or need help?
- Can you get yourself washed and dressed?
- Do you have the ability to shop/cook for yourself?
- What times of day do you usually eat?
- What is your largest meal of the day?

Acculturation

Acculturation explains the process of cultural change and psychological change that results following meeting between cultures. The effects of acculturation can be seen at multiple levels in both interacting cultures. At the group level, acculturation often results in changes to culture, customs, and social institutions. Noticeable group level effects of acculturation often include changes in food, clothing, and language. At the individual level, differences in the way individuals acculturate have been shown to be associated not just with changes in daily behaviour, but with numerous measures of psychological and physical well-being. As enculturation is used to describe the process of first-culture learning, acculturation can be thought of as second-culture learning³⁷.

37 David L. Sam and John W. Berry, Acculturation: When Individuals and Groups of Different Cultural Backgrounds Meet, vol. 5, no.4 (Association for Psychological Science, 2010) 472-481. pps.sagepub.com/content/5/4/472

Cultural Competence in Pr

D

Explore regional background, level of acculturation, age and sex

- Where were you born? • Where was "home" before coming to the UK?
- What is your age? • What is your sexual orientation and gender identity?

I

Ask the patient to explain their ideas or thoughts of mental health

- What do you think keeps you healthy? • What do you think makes you unwell?
- What do you think is the cause of your illness? • Why do you think you are ill?

V

Ask about treatment preference, use of home remedies, and treatment history

- Are there any mental health care treatments that might not be acceptable to you? • How can we improve your mental health? • Who do you speak to about this? • What kind of treatments do you think will help?

E

Ask what your patient expects from their doctor, nurse or clinician

- What do you hope to achieve from today's visit? • What do you hope to learn? • Do you find it easier to talk with a male/female? • Someone your own age?

R

Ask about your patient's religious and spiritual traditions:

- How important is religion/spirituality in your everyday life? • Has your religion/spirituality affected your mental health? • Will religious or spiritual observances affect your ability to follow medical advice? • Does your diet affect which medication you can take? • During the illness, do you receive any support from members of your faith community?

S

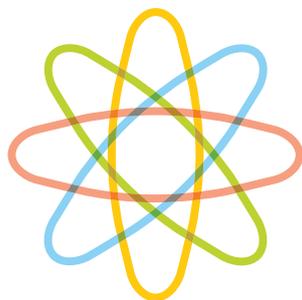
Identify your patient's communication needs (including language)

- What language do you prefer to speak? • Do you need an interpreter? • Are you satisfied with how well you read? • Would you prefer print or audio materials?

E

Identify patient's home environment and the cultural/diversity aspects of the patient's daily schedule, support system and level of independence

- Do you live alone? • How many other people live in your house? • Do you have emotional support? • Who helps you when you are ill or need help? • Can you cook for yourself? • What times of day do you usually eat? • What



as they influence health care behaviours:

the U.K.? • How long have you lived in the U.K.?
identity?

h and illness:

do you get sick?
When did the problem start?

tment delay/avoidance:

is it acceptable? • Do you use any traditional, spiritual or home health remedies to
What have you used before? • Have you used alternative healers?

an:

What do you hope to achieve from treatment?
Are you younger/older?

Has your illness affected your ability to practice your religion or spirituality?
Does your treatment? How and why? • Do you avoid any particular foods/drinks?
In the year, do you change your diet in celebration of religious and other holidays?
Community? • Are there any practices or rituals that help you cope?

e, literacy levels, BSL or other):

How do you read? • What language do you prefer to read?
Written or spoken instructions? (Avoid using a family member as an interpreter.)

pects that are part of this (home environment includes the

ce):

• Do you have transport? • Do you get out and meet people? • Who gives you
? • Can you get yourself washed and dressed? • Do you have the ability to shop/
What is your largest meal of the day?

Tips for Identifying and Addressing Mental Health Literacy Issues

Information elaborating on the signs of low mental health/health literacy and how to address them.

Low mental health literacy can prevent patients from understanding their mental health/health care services.

Mental health literacy has been defined as:

Knowledge and beliefs about mental disorders which aid their recognition, management or prevention. Mental health literacy includes the ability to recognise specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatments, and of professional help available; and attitudes that promote recognition and appropriate help-seeking³⁸.

This includes the ability to understand written instructions on prescription medication bottles, appointment slips, mental health information leaflets, doctor's directions and consent forms³⁹.

Mental health literacy is not the same as the ability to read and is not necessarily related to years of education. A person who functions adequately at home or work may have marginal or inadequate literacy in a health care environment⁴⁰.

Approaches to improving mental health literacy

A number of approaches have been tried to improve mental health/health literacy, many of which have evidence of effectiveness. These include:

- 1. Community campaigns and projects.** Time to Change, Hafal/High Needs Collaborative national campaigns.
- 2. Training programs for individuals.** These include Mental Health First Aid training and training in suicide prevention skills (ASIST).
- 3. Information for the public.** Websites and books have been proven to improve mental health literacy. However, the quality of information available, particularly

38 Anthony F. Jorm, Ailsa E. Korten, Patricia A. Jacomb, Helen Christensen, Bryan Rodgers and Penelope Pollitt, "Mental health literacy": a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment, vol.166, no.4, (Medical Journal of Australia, 1997) 182-186.

39 Joint Committee on National Health Education Standards. National health education standards: Achieving health literacy, (Atlanta, GA: American Cancer Society, 1995).

40 Agency for Healthcare Research and Quality, Health Literacy Interventions and Outcomes: An Updated Systematic Review, no. 199, (AHRQ Publication, 2011) <https://nmlm.gov/outreach/consumer/hithlit.html>

on websites, can sometimes be poor⁴¹.

Barriers to Mental Health Literacy

- The ability to read and comprehend information is impacted by a range of factors including age, socioeconomic background, education and culture. Example: Some seniors may not have had the same educational opportunities afforded to them.
- A patient's culture and life experience may have an effect on their mental health/health literacy. Example: A patient's background culture may stress verbal, not written, communication styles.
- An accent, or a lack of an accent, can be misread as an indicator of a person's ability to read English. Example: A patient, who has learned to speak English with very little accent, may not be able to read instructions on a medicine bottle.
- Different family dynamics can play a role in how a patient receives and processes information.
- In some cultures it is inappropriate for people to discuss certain body parts or functions leaving some with a very poor vocabulary for discussing health issues.
- In adults, reading skills in a second language may take 6–12 years to develop.

Possible Signs of Low Literacy

Individuals may frequently say:

- I forgot my glasses.
- My eyes are tired.
- I'll take this home for my family to read.
- What does this say? I don't understand this.

The individual's behaviour may include:

- Not getting their prescriptions filled, or not taking their medications as prescribed.
- Consistently arriving late to appointments.
- Not turning up to appointments.
- Returning forms without completing them.
- Requiring several calls between appointments to clarify instructions.

41 Kathleen M Griffiths and Helen Christensen, The quality and accessibility of Australian depression sites on the World Wide Web, no. 176, (Medical Journal of Australia 2002), pp.97-S104. www.mja.com.au/journal/2002/176/10/quality-and-accessibility-australian-depression-sites-world-wide-web

Tips for Dealing with Low Literacy

- Use simple words and avoid jargon, and never use acronyms.
 - Avoid technical language (if possible).
 - Repeat important information – a patient’s logic may be different from yours.
 - Ask patients to repeat back to you important information.
 - Ask open-ended questions.
 - Use medically trained interpreters familiar with cultural nuances.
 - Give information in small chunks.
 - Articulate words.
 - “Read” written instructions out loud, speak slowly (don’t shout).
 - Use body language to support what you are saying.
 - Draw pictures, use posters, models or physical demonstrations.
- Use video and audio media as an alternative to written communications⁴².

Interview Guide for Selecting Staff with Regard to their Diversity Awareness

A list of interview questions to help determine if a job candidate is likely to work well with individuals of diverse backgrounds

The following set of questions, are meant to help you determine whether a job candidate will be sensitive to the cultural and linguistic needs of your patient population. By integrating some or all of these questions into your interview process, you will be more likely to hire staff that will help you create an atmosphere of openness, affirmation, and trust between patients and staff. Remember that bias and discrimination can be obvious and flagrant or small and subtle. The employment and selection practices should reflect this understanding.

42 SCAN Health Plan, 2016. Op. Cite.

Interview Questions

Q. What experience do you have in working with people of diverse backgrounds, cultures and ethnicities? The experiences can be in or out of a mental health care environment.

The interviewee should demonstrate understanding and willingness to serve diverse communities. Any experience, whether professional or volunteer, is valuable.

Q: Please share any particular challenges or successes you have experienced in working with people from diverse backgrounds.

You will want to get a sense that the interviewee has an appreciation for working with people from diverse backgrounds and understands the accompanying complexities and needs in an office setting.

Q. In the mental health care field we come across patients of different ages, language preference, sexual orientation, religions, cultures, genders, and immigration status, etc. all with different needs. What skills from your past experience do you think are relevant to this job?

This question should allow a better understanding of the interviewee's approach to customer service across the spectrum of diversity, their previous experience, and if their skills are transferable to the position in question. Look for examples that demonstrate an understanding of varying needs. Answers should demonstrate listening and clear communication skills.

Q. What would you do to make all patients feel respected?

The answer should demonstrate an understanding of the behaviours that facilitate respect and the type of prejudices and bias that can result in substandard service and care⁴³.

43 SCAN Health Plan, 2016. Op. Cite.

Resources to communicate across language barriers

A Guide to Information in Section 2

This section offers resources to help mental health care providers identify the linguistic needs of their **Limited English Proficient (LEP)** patients and strategies to meet their communication needs.

Research indicates that LEP patients face linguistic barriers when accessing mental health/health care services. Other communication barriers may be, for example, to do with being deaf or hard of hearing and so the use of British Sign Language (BSL) will need to be considered.

These barriers have a negative impact on patient satisfaction and knowledge of diagnosis and treatment. Patients with linguistic barriers are less likely to seek treatment and preventive services. This leads to poor mental health/health outcomes and longer hospital stays.

This section contains useful tips to help remove the linguistic barriers and improve the linguistic competence of mental health/health care providers. The tools are intended to assist mental health/health care providers in delivering appropriate and effective linguistic services, which leads to:

- Increased patient mental health/health knowledge and compliance with treatment
- Decreased problems with patient-provider encounters and increased patient satisfaction
- Increased appropriate utilisation of mental health/health care services by patients

The following materials are available in this section:

Tips for Communicating Across Language Barriers

Suggestions to help identify and document language needs.

10 Tips for Working with Interpreters

Suggestions to maximize the effectiveness of an interpreter.

Helpful Tips for Locating Interpreter Services

Information to help you when locating interpreter services together with a list of links to interpretation and translation services.

Tips to Communicating Across Language Barriers

- Use simple words; avoid jargon and acronyms.
- Limit/avoid technical language.
- Speak slowly (don't shout).
- Articulate words completely.
- Repeat important information.
- Provide educational material in the languages your patients read.
- Use pictures, demonstrations, video or audiotapes to increase understanding.
- Give information in small chunks and verify understanding before going on.
- Always confirm patients' understanding of the information - patient's logic may be different from yours⁴⁴.

Limited English Proficient (LEP) patients are faced with language barriers that undermine their ability to understand information given by healthcare providers as well as instructions on prescriptions and medication bottles, appointment slips, mental health information leaflets, doctor's directions, and consent forms. They experience more difficulty (than other patients) processing information necessary to care for themselves and others.

10 Tips for Working with Interpreters

Note: When working with interpreters, reassure the patient that the information will be kept confidential.

1. Choose an interpreter who meets the needs of the patient, considering age, sex and cultural background.

A patient might be reluctant to disclose personal and sensitive information, for example, in front of an interpreter of a different sex or with someone they know well from their family or community.

2. Hold a brief introductory discussion with the interpreter.

If it is your first time working with a professional interpreter, briefly meet with the interpreter first to agree on basic interpretation protocols. Let the interpreter brief the patient on the interpreter's role including confidentiality issues.

3. Allow enough time for the interpreted sessions.

Remember that an interpreted conversation requires more time. What can be said in a few words in one language may require a lengthy paraphrase in another.

4. Speak in a normal voice, clearly, and not too fast or too loudly.

44 SCAN Health Plan, Language Barriers: Category: Multi-Cultural Resources, (SCAN Health Plan Website, 2016). www.scanhealthplan.com/providers/information-for-office-staff/multi-cultural-resources/language-barriers/

It is usually easier for the interpreter to understand speech produced at normal speed and with normal rhythms, than artificially slow speech.

5. Avoid acronyms, jargon, and technical terms.

Avoid idioms, technical words, or cultural references that might be difficult to translate. Some concepts may be easy for the interpreter to understand but extremely difficult to translate (i.e. positive test results).

6. Face the patient and talk to the patient directly. Be brief, explicit and basic.

Remember that you are communicating with the patient through an interpreter. Pause after a full thought for the interpretation to be accurate and complete. If you speak too long, the interpreter may not remember and miss what was said.

7. Don't ask or say anything that you don't want the patient to hear.

Expect everything you say to be interpreted, and everything the patient and their family says.

8. Be patient and avoid interrupting during interpretation.

- Allow the interpreter as much time as necessary to ask questions, for repeats, and for clarification.
- Be prepared to repeat yourself in different words if your message is not understood. Professional interpreters do not translate word-for-word but rather concept-by-concept. Also remember that English is a direct language, and may need to be relayed into complex grammar and a different communication pattern.

9. Be sensitive to appropriate communication standards.

- Different cultures have different protocols to discuss sensitive topics and to address clinicians.
- Many ideas taken for granted in the UK do not exist in the patient's culture and may need detailed explanation in another language. Take advantage of your interpreter's insight and let the interpreter be your "Cultural Broker."

10. Read body language in the cultural context.

Watch the patient's eyes, facial expression, or body language when you speak and when the interpreter speaks. Look for signs of comprehension, confusion, agreement, or disagreement.

Helpful tips for locating and working with interpreter services

First, assess the oral linguistic needs of your Limited English Proficient (LEP) patients. Secondly, assess the services available to meet these needs.

Assess the language capability of your staff by keeping a list of available bilingual staff who can assist with LEP patients on-site.

Assess services available

- Ask other organisations that you work with if and when they provide interpreter services, including British Sign Language interpreters, as a covered benefit for their members.
- Identify the policies and procedures in place to access interpreter services for each plan you work with.
- Keep an updated list of specific telephone numbers and contacts for language services.
- Ask the agency providing the interpreter for their training standards and methods of assessing interpreter quality.
- Don't forget to inquire about services for the deaf or hard of hearing.
- Welsh language services also available from contacts below⁴⁵.

List of Interpreters/Translation Services

For further information, you could contact:

- Language line - www.nhs24.com/contactus/otherlanguages/language/line/
- Wales Interpretation and Translation Services (WITS) - www.wits.uk.com
- 'the big word' – used by asylum seekers and maternity services. <https://www.thebigword.com/en-gb/solutions/translation/1>

Working with Interpreter services

Improving Mental Health Support for Refugee Communities – an Advocacy Approach - www.mind.org.uk/media/192447/Refugee_Report_1.pdf

Race Equality in Practice Resource Pack – Supporting Advocates working with Cultural Diversity - www.better-health.org.uk/resources/Toolkits/race-equality-practice-resource-pack-supporting-advocates-working-cultural-divers

Working with people who are Deaf British Sign Language (BSL) users, oral deaf, Deafened, Deafblind and Hard of Hearing - www.nwppn.nhs.uk/index.php/our-work/supporting-clinical-excellence/mental-health-deafness

45 Anthem, Caring for Diverse Communities: Better Communication, Better Care: A Toolkit for Physicians and Health Care Professionals, (Anthem, 2004). https://www.anthem.com/ca/provider/f3/s1/t0/pw_b144192.pdf

Tips to Identify a Patient's Preferred Language

- Ask the patient for their preferred spoken and written language. Display a poster of common languages spoken by patients; ask them to point to their language of preference.
- Post information relative to the availability of interpreter services.
- Make available and encourage patients to carry "I speak...." or "Language ID" cards.

Tips to Document Patient Language Needs

- For all Limited English Proficient (LEP) patients, document preferred language in paper and/or electronic medical records.
- Post coloured stickers on the patient's chart to flag when an interpreter is needed. (E.g. Orange = Arabic, Red = Somali, Green = Bengali etc.).

Tips to Assessing which Type of Interpreter to Use

- Telephone interpreter services are easily accessed and available for short conversations or language requests.
- Face-to-face interpreters provide the best communication for sensitive, legal or long communications.
- Trained bilingual staff provide consistent patient interactions for a large number of patients.
- For reliable patient communication, avoid using minors and family members.

Section 3

Resources to increase awareness of cultural background and its impact on mental health/health care delivery

A Guide to Information in Section 3

Everyone approaches mental illness/illness as a result of their own experiences, including education, social conditions, economic factors, cultural background, and spiritual traditions, sexual orientation and gender identity, among others. In our increasingly diverse society, patients may experience mental illness in ways that are different from their health professional's experience. Sensitivity to a patient's view of the world enhances the ability to seek and reach mutually desirable outcomes. If these differences are ignored, unintended outcomes could result, such as misunderstanding instructions and poor compliance.

The following tools are intended to help you review and consider important factors that may have an impact on mental health/health care. Always remember that even within a specific tradition, local and personal variations in belief and behaviour exist.

Unconscious stereotyping and untested generalisations can lead to disparities in access to service and quality of care. The bottom line is: if you don't know your patient well, ask respectful questions. Most people will appreciate your openness and respond in kind⁴⁶.

Discussing and understanding the needs of BAME patients

Talking about mental illness/mental health

- Ask the patient how they understand their own mental health/health problems in terms of their background, culture and individual identity
- Use this information to improve the formulation and delivery of care and treatment
- Record this information in care plans, case notes and other related documents
- Where appropriate, use clear and non-technical language when communicating important information⁴⁷.

46 Industry Collaboration Effort (ICE), Cultural and Linguistics Provider Toolkit (ICE website, 2010)

www.iceforhealth.org/library/documents/ICE_C&L_Provider_Toolkit_7.10.pdf

47 The Royal College Of Psychiatrists, Improving In-patient mental Health services for BBlack and minority ethnic patients: Recommendations to inform accreditation standards, (The Royal College Of Psychiatrists, 2010). www.merseycare.nhs.uk/media/1857/bme-inpatient-review.pdf

Patient assessment: Incorporating Cultural Factors

Ensure that standards are put into place which will document whether patient assessment at the first appointment and at the point of admission takes account of cultural factors, as well as the basic mental and physical needs of the patient. Following admission, any further patient assessments should also take account of cultural factors and cultural needs.

- Ensure that ethnicity and other multiple identity issues are always included in patients' assessment and care planning
- Ensure that staff are aware of what is meant by cultural needs; how this differs from ethnicity and the range of issues that need to be considered.
- Ensure that all staff are aware and understand, what is meant by 'cultural need' and also know that different BAME groups will verbalise distress and underlying mental conditions in different ways⁴⁸.

Incorporating Faith and Spirituality

Issues of faith, spirituality and religion are important considerations when thinking about a patient's 'culture' in general and even more so in relation to BAME groups where a range of beliefs may be held and practised by large numbers of patients.

- Ensure a system for dealing with faith/spirituality issues as well as the conflict that may occur between faith/spirituality and sexual orientation and gender identity. This should be integrated into the care planning process and reflected in a standard⁴⁹.
- Ensure access to relevant faith-specific support through someone with an understanding of mental health issues⁵⁰.
- Ensure consideration of faith and spiritual needs as part of the initial appointment/admission/assessment process, and appropriate linkage to services in the community which can address any relevant need⁵¹.
- Ensure a standard which determines whether staff, have the skills to explore spirituality or faith issues during the assessment process and if so, whether they have the skills to enquire about and deal with conflicting beliefs to their own⁵².

48 The Royal College Of Psychiatrists, Improving In-patient mental Health services for BBlack and minority ethnic patients: Recommendations to inform accreditation standards, (The Royal College Of Psychiatrists, 2010). www.mersecare.nhs.uk/media/1857/bme-inpatient-review.pdf

49 Ibid

50 Ibid

51 www.mersecare.nhs.uk/media/1857/bme-inpatient-review.pdf Op. Cite.

52 Ibid

- If a patient has been admitted to an inpatient setting, ensure a standard that gauges the extent to which Chaplaincy or other religious staff are effectively engaged in ward-based work^{53 54}.

53 www.mersecare.nhs.uk/media/1857/bme-inpatient-review.pdf Op. Cite.

54 Royal College of Psychiatrists, Improving in-patient mental health service for Black and minority ethnic patients (Royal College of Psychiatrists website, 2010) www.rcpsych.ac.uk/usefulresources/publications/collegereports/op/op71.aspx

Section 4

Reference resources for cultural, linguistic, equality and mental health services

A Guide to Information in Section 4

Equality Legislation

- The Human Rights Act 1998
- The Equality Act 2010
- Mental Health (Wales) Measure 2010
- Welsh Language Act
- Welsh Language (Wales) Measure 2011
- More Than Just Words
- The Welsh Language Standards (No. 2) Regulations 2016
- www.equalityhumanrights.com/legal-and-policy/legislation/equality-act-2010/what-equality-act
- <https://www.gov.uk/guidance/equality-act-2010-guidance>
- www.legislation.gov.uk/ukpga/2010/15/contents

Some key Equality Organisations

- Diverse Cymru – www.diverseecymru.org.uk
- Equality & Human Rights Commission (EHRC) - www.equalityhumanrights.com
- The NHS Centre for Equality & Human Rights - www.equalityhumanrights.wales.nhs.uk/home
- Human Rights in Healthcare - www.humanrightsinhealthcare.nhs.uk/AdviceAndSupport/UsefulLinks.aspx

The 9 Protected Characteristics

- Age
- Disability
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race
- Religion & Belief
- Sex
- Sexual Orientation

The EHRC has links to local organisations around these protected characteristics

Mental Health Legislation in Wales

- www.gov.wales/topics/health/nhswales/healthservice/mental-health-services/strategy/?lang=en
- www.gov.wales/topics/health/nhswales/healthservice/mental-health-services/measure/?lang=en
- www.mentalhealthwales.net/mhw/mental_health_measure.php
- [www.mentalhealthlaw.co.uk/media/Implementing_the_Mental_Health_\(Wales\)_Measure_2010.pdf](http://www.mentalhealthlaw.co.uk/media/Implementing_the_Mental_Health_(Wales)_Measure_2010.pdf)
- www.mentalhealthwales.net/mhw/act.php
- www.wales.nhs.uk/sites3/page.cfm?orgid=816&pid=33955
- www.mentalhealthcare.org.uk/mental_health_act

Other key Legislation

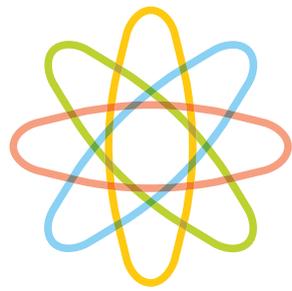
- The Social Services and Well-being (Wales) Act 2014
- Well-being of Future Generations (Wales) Act 2015

National Mental Health Organisations

- Hafal - www.hafal.org/contact-us
- Gofal - www.gofal.org.uk/contact-us
- Mind Cymru - www.mind.org.uk
- Diverse Cymru (BME Mental Health Projects) – www.diverseecymru.org.uk
- The Mental Health Foundation - www.mentalhealth.org.uk
- Bipolar UK Wales/Cymru - www.bipolaruk.org.uk/wales
- Beat the UK's Eating disorder charity - www.b-eat.co.uk
- Anorexia and Bulimia Care - www.anorexiabulimiacare.org.uk
- Mental Health Matters Wales - www.mhmbcb.com
- Samaritans Cymru - www.samaritans.org
- Mind Cymru - www.mind.org.uk

Further reading

- Toolkit for Modifying Evidence-based Practices to Increase Cultural Competence - www.calmhsa.org/wp-content/uploads/2013/10/ToolkitEBP.pdf
- Awetu See me, Hear me, Count me Report on the findings of the Awetu BME mental health community engagement events 2010-2011 - www.diverseecymru.org.uk/bme-mental-health/resource-library/awetu_events_report_august_2012/



diverse
cymru

Promoting equality for all
Hyrwyddo cydraddoldeb i bawb

Diverse Cymru is a unique Welsh charity committed to supporting people faced with inequality and discrimination because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

diverse cymru

307-315 Cowbridge Road East
Cardiff
CF5 1JD

029 2036 8888

diversesecymru.org.uk