

ST3-AP-FELL-EPA12 – Cultural and linguistic diversity

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| Area of practice | Adult psychiatry | EPA identification | ST3-AP-FELL-EPA12 | |
| Stage of training | Stage 3 – Advanced | Version | v0.7 (EC-approved 06/11/15) | |
| <p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p> | | | | |
| Title | Advanced clinical work with people with cultural and linguistic diversity. | | | |
| Description Maximum 150 words | <p>Core skills, knowledge and attitudes in this area were required for the Stage 2 ‘Cultural awareness’ EPA. For this Stage 3 EPA, the trainee needs to have more sophisticated and extensive competencies in working with patients and families/carers where cultural and linguistic diversity issues are important. This includes skills in carrying out more difficult assessments and working with patients/families where cultural and linguistic diversity issues add significantly to complexity. The trainee is able to show leadership within the team and to work collaboratively in developing complex formulations and implementing multifaceted management plans, especially where there is conflict between the patient/family’s culture and the usual clinical practices of the team. Skills are required in engagement, communication and problem solving in the area of cultural and linguistic diversity, including work with patients/families where religious and spiritual issues are prominent and may affect engagement and management and in traumatised patients/families, eg. refugees.</p> | | | |
| Fellowship competencies | ME | 1, 2, 3, 4, 5, 6, 7 | HA | 1 |
| | COM | 1 | SCH | |
| | COL | 1, 2, 3 | PROF | 1, 2, 3 |
| | MAN | 2 | | |
| Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive. | <p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • In-depth knowledge of the concept of ‘cultural competence’. • In-depth knowledge of the influence of culture on the manifestation and experience of mental illness and its treatment. In particular, knowledge about collectivist vs individualistic cultures and how that affects mental health issues. Knowledge about the particular stresses and traumas affecting immigrants, especially refugees, and how these impact on mental health. | | | |

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| | <ul style="list-style-type: none"> • Knowledge about the particular stressors affecting culturally and linguistically diverse patients/families such as stigma and racism, including institutional racism. • Knowledge of engagement techniques appropriate to culturally and linguistically diverse patients/families. • Knowledge of services available to culturally and linguistically diverse patients with mental illness, including services for the deaf community and for immigrants and refugees. • Awareness of recommended approaches towards engaging patients from commonly encountered ethnic and cultural groups, including literature on mental health promotion and prevention in relevant local cultures and any relevant governmental mental health policies and initiatives. • Knowledge about spirituality as it affects patients' and families' experiences of mental illness and about spirituality in psychiatric work. <p>Skills</p> <ul style="list-style-type: none"> • Appropriate and effective use of interpreters using a variety of languages and for the deaf community. • Collaboration skills with cultural advisors, team-based cultural workers, community elders and spiritual leaders to fully assess patients and provide support and appropriate interventions. • Ability to employ specific engagement skills with culturally and linguistically diverse patients and their families/carers and, where required, to take part in appropriate rituals to facilitate greetings and discussions. • Skills in implementation of management plans relevant to the specific cultural needs of patients/families from culturally and linguistically diverse backgrounds. • Skills in providing education and in teaching problem-solving and communication skills to families of patients from culturally and linguistically diverse backgrounds. • Advocacy and clinical skills in working with traumatised patients/families such as refugees or those who have suffered detention. <p>Attitude</p> <ul style="list-style-type: none"> • Appropriate respect for cultural issues in the conduct of assessments and the implementation of ongoing management. Preparedness to acknowledge lack of knowledge and seek guidance from appropriate advisors, elders or community leaders. • Self-awareness and the ability to reflect on one's own cultural attitudes when working in difficult and complex situations where countertransference reactions may arise. Willingness to seek supervision and cultural advice regarding such matters. |
| Assessment method | Progressively assessed during individual and clinical supervision, including three appropriate WBAs. |
| Suggested assessment method details | <ul style="list-style-type: none"> • Case-based discussion. • Professional presentation. |

- Observed clinical activity (OCA) – where a cultural advisor or language interpreter is present.
- Direct Observation of Procedural Skills (DOPS).

References

Cultural community involvement, visits and engagement is strongly encouraged, as is the undertaking of appropriate locally available courses in cultural competence and in work with immigrants or refugees.

MINISTRY OF HEALTH. *Involving families: guidance notes*. Wellington: Ministry of Health, November 2000. Viewed 19 October 2015, <www.health.govt.nz/system/files/documents/publications/involving-families-guidance-notes.pdf>.

MINISTRY OF HEALTH. *Te Puāwaitanga: Māori mental health national strategic framework*. Wellington: Ministry of Health, April 2002. Viewed 19 October 2015, <www.health.govt.nz/publication/te-puawaitanga-maori-mental-health-national-strategic-framework>.

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. *Aboriginal and Torres Strait Islander mental health*. Melbourne: RANZCP. Viewed 19 October 2015, <www.ranzcp.org/Publications/Indigenous-mental-health/Aboriginal-Torres-Strait-Islander-mental-health.aspx>.

Te Iho. Auckland: Te Iho. Viewed 19 October 2015, <psychtraining.org/telho1>.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar