
Preface

Cultural diversity poses many challenges to mental health care. These stem from the ways that culture configures illness experience, contributing to the causes and mechanisms of psychopathology, the modes of expressing suffering, and the strategies of coping, help seeking, healing, and recovery. There is increasing recognition of the importance of culture for mental health services, exemplified by the notions of cultural competence in the training of professionals and the organization of health care institutions. DSM-5 introduced a cultural formulation interview to encourage clinicians to contextualize diagnosis. This book puts flesh on the bones of DSM-5 by showing how knowledge of culture can be applied in everyday practice to produce more refined and effective diagnostic assessments and clinical interventions. The model we propose uses outpatient consultation as a vehicle to deliver cultural expertise throughout the health care system, with an emphasis on supporting primary care through collaboration.

The Cultural Consultation Service described in this volume began as a response to the growing diversity of the catchment area of our hospital. Cultural consultation is a way to bring some of the richness and complexity of the histories and social contexts of mental health problems into clinical work, through reformulating the nature of problems and devising solutions that fit the context. Our approach has been framed within the language of Canadian multiculturalism, inflected by the “intercultural” perspective of Quebec and the cosmopolitan world of Montreal. Every year, Canada receives about 250,000 immigrants and 25,000 refugees so that, at any given time, almost 20 % of Canadians were born outside the country, with a high proportion of newcomers in most metropolitan areas. About 4 % of the population identify as Indigenous peoples, and awareness of historical injustices toward their communities has driven renewed attention to issues of culture to achieve equity in health services.

Our subtitle, “Encountering the Other,” points toward the basic existential fact of alterity—meeting with people with different lifeworlds and geographies of belonging. In a sense, this is always the case; the fact of cultural difference only magnifies or makes it more obvious. We hope our work shows the relevance of a Levinasian ethic of recognition, hospitality, care, and concern for the other in their humanness and difference.

As the subtitle indicates, the focus of this book is on practice: on practical issues in clinical work, both technical and scientific, pragmatic as well as political. We have aimed to describe the process of cultural consultation in

sufficient detail to allow others to develop similar services. In addition to framing guidelines and strategies for consultation, we have tried to bring the work alive through brief clinical vignettes. These are based on cases seen at the CCS and other similar programs, but all have been disguised in ways that preserve their gist and protect patient confidentiality.

Chapter 1 provides an overview of different approaches to addressing diversity in mental health services. There are many clinical strategies and models of service for addressing culture. We show how the particular ways of construing culture and identifying the cultural “Other” as well as the ways of constructing dimensions of social identity like race and ethnicity reflect local demography, histories of migration, ideologies of citizenship, and the dominant paradigms in culture and mental health. One country’s strength is another’s weakness, so we can learn much from looking beyond our borders. We outline the distinctive features of the cultural consultation approach and its fit with multiculturalism. Finally, we discuss some of the ways in which cultural knowledge can enhance empathy, providing a basis for building a clinical alliance in order to deliver effective care.

Chapter 2 describes the history of the Cultural Consultation Service against the backdrop of other intercultural programs in Montreal. This is followed by a description of the key steps in the implementation of the service from identifying the need and choosing the model through assembling resources and training key people. We then present the main findings from formative and outcome evaluations of the service. The initial evaluation of the CCS demonstrated the acceptability of its procedures to clinicians and patients. The service uncovered high rates of misdiagnosis and inadequate treatment among the cases referred to the CCS, which undoubtedly represent only a small proportion of these problems in the general health care system. The majority of referring clinicians found the service helpful and recommended the service to their colleagues.

In Chapter 3, we describe the actual process of conducting a cultural consultation in detail, from initial intake and triage, through assembling the consultation team and the process of interviewing and assessment and working with interpreters and culture brokers, to cultural formulation, case discussion, and the communication of recommendations to referring clinicians. We present the key dimensions of the cultural formulation used by the CCS consultants and culture brokers, which is an expansion of the outline originally developed for DSM-IV as well as templates for recording intake information and presenting consultation reports.

The CCS based at the Jewish General Hospital was developed in partnership with the Transcultural Child Psychiatry Team of the Montreal Children’s Hospital led by Cécile Rousseau. Chapter 4 describes the experience of that service along with a similar program developed by Marie Rose Moro at the Avicenne Hospital in France. The chapter draws out some ways in which approaches to culture reflect local sociocultural contexts while emphasizing the central role of cultural systems of meaning in psychiatric care for immigrant children and their families.

Cultural consultation relies on close collaboration with mental health interpreters and culture brokers. Chapters 5 and 6 discuss ways of working

with these essential resources. Chapter 5 lays out the different models of interpreting and advocates for the use of community interpreters who are trained professionals but able to take on an advocacy role for patients within the health care system. Cultural consultation requires more than linguistic interpretation, however, and Chapter 6 describes the role of culture brokers or mediators who can act as go-betweens in the process of assessment and treatment delivery. Models of cultural mediation developed in various settings are discussed along with the ethical and pragmatic challenges associated with this essential group of health care workers.

Cultural formulations generally involve understanding problems in social contexts, which require systemic thinking. Chapter 7 discusses the relevance of family systems theory to cultural consultation. Cultural variations in family configurations, age and gender roles, developmental trajectories, and expectations can be integrated into a structural and systemic formulation that can guide strategic interventions. Attention to family structure and process is relevant and revealing for most cases but absolutely essential in understanding and intervening with children and adolescents.

Although cultural consultation does not rely exclusively on ethnic matching, bilingual/bicultural clinicians play an important role as consultants and culture brokers as well as in training. However, the presence of a clinician with an identifiable ethnic minority or racialized identity raises complex issues of transference and countertransference. Chapter 8 explores some of the ways that gender and ethnicity interact with hierarchies of power using the example of South Asian consultants working with individuals and families from India, Pakistan, Bangladesh, and Sri Lanka. The ambivalent responses of patients and professionals to female clinicians who are members of minority groups but who embody institutional power and authority can include both resistance and positive expectations. Recognition of these patterns can provide important diagnostic information and therapeutic leverage. However, effective assessment and treatment demand that the clinician be aware of the range of possible responses to their identities and work through their own reactions of internalized racism and gendered hierarchies. Peer supervision through a case conference or reflecting team is essential for the clinician to maintain a therapeutic stance and address gaps in understanding cultural agendas.

Although much of the work described in this volume is based at hospital outpatient clinics, cultural consultation can be delivered in nonclinical settings. Chapter 9 describes consultation for racialized or marginalized groups in contexts that include community organizations, legal and social service institutions, and work-related programs. The identity of the consultant figures prominently in negotiating issues of trust that stem from experiences of systemic racism and discrimination. Models drawn from community development and empowerment, including the work of Paulo Freire, are useful in orienting the consultant toward addressing larger issues of structural violence that are reflected in the struggles of individuals.

Primary care is a major target for cultural consultation which fits well with current models of collaborative or shared care. Chapter 10 describes the principles of collaborative care and the ways that attention to cultural diversity can be integrated into this approach. The authors present their experiences

providing child psychiatric consultation in collaborative care for communities with high levels of immigrant and refugee and families. The chapter discusses the Ethnocultural Toolkit developed by the Canadian Collaborative Mental Health Initiative and the guidelines for prevention of common mental health problems among newcomers developed by the Canadian Collaboration for Immigrant and Refugee Health. Finally, training methods to support collaborative care are summarized.

The CCS is based in an urban center but aims to provide support to a wide region. This can be extended to include rural and remote communities through telepsychiatry. Chapter 11 discusses the particular challenges of cultural consultation work in rural and remote communities. In Canada, the population in remote communities is predominantly indigenous, so the practical issues of providing care to small, distant communities are interwoven with more specifically cultural issues surrounding the history of colonization, sedentarization, and forced assimilation for Indigenous peoples. Examples from work with Inuit in the arctic of Quebec illustrate some of the key principles of culturally safe and competent practice with Indigenous populations.

About one-third of the patients seen by the CCS are refugees and Chapter 12 discusses some of the issues specific to their predicament. People applying for asylum often go through a prolonged period of uncertainty that is enormously stressful. Although the clinicians providing basic medical care at the regional refugee clinic are expert in issues of migration health, some cases pose very complex diagnostic or treatment issues which cultural consultation can help clarify. In some cases, a letter from a psychiatrist or other mental health professional can be helpful in the adjudication of refugee status, and the complexities of preparing such documentation are reviewed. Many refugees have been exposed to high levels of traumatic violence including torture, and this may also make special demands on the clinicians' skill and require additional support.

Migration can have different effects across generations and certain patterns of migration, with family separation and reunification, may put youth at risk for social and mental health problems. Chapter 13 considers cultural consultation for courts and youth protection. These consultations aim to inform the legal and social service system about the impact of culture on adaptation and social integration so that more appropriate sentencing and interventions can be devised. This work requires understanding the specific mandate, skills, and limitations of workers in legal, forensic, and child protection settings. Approaches to training judges, police, and others in these settings are also discussed.

Chapter 14 considers cultural consultation in general hospital psychiatry, including the emergency department and inpatient wards. These settings pose special challenges for cultural consultation due to the acuteness and severity of illness and the time constraints and other pressures. Nevertheless, attention to culture and context can make a major contribution to resolving seemingly intractable problems. Often this involves understanding the systemic issues of the treating team, the ward, or the hospital itself.

These same issues affect general medical care and Chapter 15 broadens the discussion to cultural consultation in general internal medicine and

specialty medical or surgical settings. Examples drawn mainly from the Transcultural Consultation Service of Geneva University Hospitals in Switzerland serve to illustrate how attention to culture can inform the care of patients with complex medical problems and uncover institutional weaknesses in the delivery of care to cultural minority patients.

The final chapter discusses the implications of our experiences with the CCS and similar services for mental health policy, research, training, and practice. The resources needed to set up a service like the CCS are quite modest so that, with a few key people, a similar program can be developed in many settings. The approach is scalable to address any level of clinical need. The service can readily provide a research and training setting, equipping the next generation of clinicians with the tools to improve cultural safety and competence in diverse settings.

Addressing culture in mental health care is not only a matter of accurate and effective person-centered care but also a question of human rights and of the vision of the kind of society and communities we want to create. We believe that cultural consultation provides an important arena for building pluralistic societies and hope that this volume will encourage others to explore this approach.

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Cultural Consultation

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