Mental Health Act 2000 (Qld)

Involuntary Patients

• Engagement, Contracting and Assessment
• Cultural Sensitivity
• Indigenous and CALD populations
Case Management

- Psychiatric hospital admission almost always a crisis.
- Engagement a challenging process
- Also opportunity to work with client in the moment with what matters to client.
- Comprehensive assessment requires attention to specifics of involuntary situation (Moore 2009)
Engagement, Contracting and Assessment of Involuntary Clients.

Evidence based practice model:
• Based on scientific knowledge.
• process involves practice question;
• search for best evidence,
• critical evidence appraisal
• and action based upon client preferences, practice experience and best evidence.

Research findings are a primary source of information for practice. (Trotter 2006)
Engagement

• Start where the client is, paying close attention to the client's own understanding perceptions, who the client is as a person and what their needs are (Moore 2009).
• Establish collaborative relationship based on trust and rapport and establish the client in the role of the client.
• Client perceptions about treatment and the practitioner are initially negatively weighed.
• Empathy and genuineness may be overwhelming in early stages of treatment for clients suffering from major mental disorders and anti-social personality disorder.
• Displays of closeness and warmth by practitioner may be aversive.
Approaches that work

• Easily understood, honest and frequent discussions
• When mental health clients are assisted in their understanding of each person’s respective roles, outcomes are improved.
• Pro social actions and values are those which are supportive, tolerant and caring of others.
• Worker models pro social values in their own behaviours and purposefully uses praise and other rewards to encourage the client when they are seen to be acting pro socially (Trotter 2006).
• Collaborative problem solving: identifying and working with the client’s definition of problems which may be unsuitable: cognitive behavioural interventions often have strategies to address distorted and unproductive thinking assisting client to redefine goals (Trotter 2006).
Contracting

- Involuntary clients difficult to negotiate a contract with: either they don’t see there is a problem or don’t see that the practitioner can help.
- The terms of legal arrangement must be distinguished from the terms of the worker/client contract.
- By emphasising client choice and fostering client control, some feeling of personal autonomy over the change process may mitigate involuntariness (Rooney 2009).
- Through an informed consent strategy, involuntary clients may choose not to comply with the legal and non negotiable requirements of their treatment and accept the repercussions of their choices. (Rooney 2009)
Assessment

• Initial assessment usually in context of pressured contact; client behaviour in these conditions is indicative of behaviour under pressure (Rooney 2009, p.135).
• Negative response predictable in situations involving a threat to valued freedoms. Avoid premature labelling, these are normal responses; can be reduced by expressing empathy.
• Employ selective confrontation around non negotiable items.
Indigenous and Torres Strait Islanders
Issues to be aware of

- Lack of information and support for both worker and client.
- Historical and past experiences may hinder communication and impact on indigenous lives.
- Inpatient/outpatient ITO’s enforced with little regard to culture.
- Client difficulties in attending appointments due to geography and lack of support.
Gaining cultural knowledge

• Value the individual and community cohesion.
• Gain sound knowledge of kinship and dreaming with relevance to indigenous belief in alternate reality. It may be culturally determined which brings individual and group understanding and social cohesion.
• Be mindfulness of cultural beliefs in the land, spirituality and mythology.
Communicating with Indigenous and Torres Strait Islanders

- Have a ‘yarn’.
- Use clear simple language.
- Be mindful of body language and eye contact.
- Ensure the clients comfort, respect and feelings (make use of feelings and behaviours rather than label illnesses' to prevent shame).
- Learn and understand cultural beliefs and rituals to rule out misdiagnosis.
Overview of Culturally and Linguistically Diverse (CALD) clients within Gold Coast community mental health services

• In a 2007/08 analysis of inpatient databases, Gold Coast mental health statistics identified 93 CALD consumers, including 26 consumers who did not state their country of birth.

• CALD consumers were largely born in Asian (N=30) and European countries (Western Europe N=24, Eastern Europe N=23).
Culturally Sensitive Clinical Practice

Awareness of own attitudes and the effect on service delivery

• ‘practitioners to attend to (a) their attitudes and feelings about clients (b) their clients’ attitudes and feelings toward them, and (c) the degree of synergy that results when these are expressed within the clinical setting ‘ (Ridley et al., 1998 quoted MCMH 2002, p. 19).

• Obstacle: medical ethnocentrism: biomedical beliefs dominate manifesting in practitioners responses of surprise, incomprehension, anger etc. resulting in a client perception of threat or reluctance to disclose information.

• Cultural relativism: promoting mutual understanding and negotiation requires an understanding of the client within the clients culture rather than the clinicians culture (MCMH 2002).
Culturally Sensitive Clinical Practice

Awareness of the specific client cultural experience

• Culture influences the way individuals label illness, identify normality, symptoms, seek help, define expectations for therapists and clients, create personal identity and states of consciousness. (Ridley et al., 1998).
Culturally Sensitive Clinical Practice

The individual must be treated within the context of their cultural influences; some common issues are:

- Western individualistic medicine versus holistic cultural knowledge systems.
- Importance of family inclusion in consultations
- Value differences: pride, self reliance, and emotion control versus submission, conformity or emotional displays.
- Gender issues, role changes and status
- Refugee stress from intolerable suffering, reticence to open discussion, shame, loss and grief, fear of authority figures.
- Competing desires of western culture versus traditional.
- Stigma of mental illness, differing terminology of symptoms and attitudes to medical treatment, suspicion of talk based therapy.
Cultural Competence

• Understand the concept of culture, and how this manifests between intercultural interactions.

• Demonstrate a willingness to explore the perspective of

• and identify culturally appropriate strategies for working with people from CALD backgrounds (Fitzgerald et al., 1996, MCMHA 2002).
Specific Areas Of Cultural Competence

Acceptance of Diversity
• open to cultural differences
• respect diverse practices and requests

Equity and Access
• recognise that cultural and linguistically diverse clients require equality of care
• accommodate clients’ care choices
• awareness of the sources of extra social support, community organisations and resources available to CALD clients to overcome barriers facilitate access.

Communication
• non reactance to accent.
• use simple language, avoiding terminology, jargon, colloquialisms, slang and metaphors?
Specific Areas Of Cultural Competence

• use an interpreter when English proficiency is inadequate and aware of liability for non use when one is necessary.
• encourage the interpreter to refrain from inserting his interpretations, or omitting information.
• check understanding and accuracy of the translation by repetition in his or her own words, facilitated by the interpreter.
• look at and speak in the first person directly to the patient, not the interpreter.
• notice nonverbal communication that indicates emotion associated with the topic.
References


Gold Coast Mental Health Rehabilitation Services 2010, *CALD Statistics*, Author: Queensland Health and Multicultural Coordinator, Southport.


