

Adolescent Health GP Resource Kit

Practice Points

section two - chapter seven

Culturally Competent Practice

CALD Young People

Some important points to consider when treating young people from **Culturally and Linguistically Diverse (CALD)** backgrounds:

- ◆ Be sensitive to cultural influences operating in an adolescent's life and the diversity of ethnic, language and social backgrounds within any given culture
- ◆ Avoid cultural stereotyping – do not assume that people from a particular cultural or language background share the same set of cultural attributes, beliefs and practices
- ◆ CALD young people may have had experiences that adversely affect their health, development, and their identity – e.g. migration; refugee experience; exposure to war and trauma; language difficulties; discrimination; racism
- ◆ Consider how the patient's life experience, ethnicity or religious beliefs are relevant in the case presentation, diagnosis and management
- ◆ The most important source of cultural information is the patient themselves – enquire about the adolescent's cultural background, family history, and how they define their cultural identity

Refugee Young People *see page 78*

- ◆ Refugee young people may be at risk of poor physical and mental health as a result of the stresses associated with their displacement and resettlement, as well as exposure to traumatic experiences
- ◆ Refugee young people (especially new arrivals), should have a thorough physical and psychosocial assessment
- ◆ The HIC has released a new **Medicare item number** to promote comprehensive assessments of newly arrived refugees by GPs

Culturally Appropriate Consultation see page 80

- ◆ Treat each patient as an *individual* first within the context of their cultural background – ask about their cultural beliefs, health practices, and family history
- ◆ Check their understanding of the diagnosis and treatment instructions
- ◆ Where language is an issue – it is important to check out whether the young person/parents have clearly understood the questions/information given to them
- ◆ Be sensitive to gender issues, particularly the needs of young women when conducting physical examinations or investigating sexual health problems
- ◆ When taking a patient history or conducting a psychosocial assessment – enquire about acculturation and identity issues
- ◆ Develop a management plan that addresses the influence of cultural issues and is culturally acceptable
- ◆ Where there are language difficulties, use a professional interpreter – this can be organised through the **Translating and Interpreting Service (TIS)**:

Free GP Priority Telephone Interpreting Service – available 24 hours: **1300 131 450**

Engaging the Family see page 82

- ◆ Engaging the family and gaining the trust of parents is critical in treating young people from other cultures
- ◆ Respect the parents' authority with regard to decision-making while helping them to recognise the young person's growing need for independence appropriate to their age and stage of development
- ◆ Where appropriate, engage the support and involvement of parents/family in treatment – *however never utilise family members as interpreters*

Multicultural Health Services

- ◆ A range of multicultural resources and services are available in each state:
- ◆ The **Diversity Health Institute** offers a wide range of multicultural health information – www.dhi.gov.au
- ◆ The **Transcultural Mental Health Centre (TMHC)** provides consultation, training and information services to health professionals on transcultural mental health, as well as service provision to people from CALD backgrounds – go to Diversity Health website – www.dhi.gov.au (click link to Transcultural Mental Health Centre)

See Section 4 – for contact details of other resources and service providers in multicultural health

chapter seven

Culturally Competent Practice

Young people from **Culturally and Linguistically Diverse (CALD)** backgrounds face the challenge of dealing with the developmental tasks of adolescence while growing up between two cultures. The concept of 'adolescence' – and the expectations, roles and duration of adolescence – may be defined differently in different cultures.

GPs and practice staff need to be sensitive to the cultural influences operating in an adolescent's life and have an appreciation of the range of cultural, ethnic, and social diversity among adolescents.

This does not mean however, that the GP needs to be an 'expert' in cultural awareness. It is important to remember that young people from ALL cultural backgrounds require confidential care and a youth-friendly approach. What is most important is the willingness to engage in a dialogue with the young person about their cultural background and its influence, as well as an awareness of your own cultural biases and perceptions.

Successful engagement with CALD young people may take a little longer, especially in terms of gaining the confidence of the family – however, the principles of youth-friendly consultation and communication (as outlined in earlier Chapters) apply to all young people, regardless of their cultural background.

See also 'Cultural Diversity and Adolescence' – Section One – for further information on culture and adolescent development

- ◆ This section provides **general guidelines** only for working with young people from culturally diverse backgrounds
- ◆ For more in-depth information about working with young people from specific cultural or ethnic backgrounds, contact the following organisations or view their websites:

resources

- ◆ The **Diversity Health Institute** offers a wide range of multicultural health information – www.dhi.gov.au
- ◆ The **Transcultural Mental Health Centre (TMHC)** provides consultation, training and information services to health professionals on transcultural mental health, as well as service provision to people from CALD backgrounds – go to Diversity Health website – www.dhi.gov.au (click link to Transcultural Mental Health Centre)
- ◆ **See also Section Four** – for contact details of other resources and service providers in multicultural health

Cald Young People

Some important points to consider when treating young people from CALD backgrounds:

- ◆ Young people may not only have different cultural backgrounds but also different ethnic, language and religious backgrounds
- ◆ Avoid cultural stereotyping – it is misleading to assume that a definitive set of cultural attributes, attitudes and practices apply to all people from a particular cultural background
- ◆ They may have had experiences that adversely affect their health, development, and identity – e.g. circumstances related to migration or refugee experience; exposure to war and trauma; resettlement difficulties; discrimination; racism
- ◆ These experiences can also lead to the young person developing resilience and coping strategies as a consequence of overcoming adversity
- ◆ Consider how the patient's life experience, ethnicity, religious beliefs or sociocultural background are relevant in the case presentation, diagnosis and management
- ◆ Other factors to consider are:
 - how long the young person and their family have been in Australia
 - how they got to Australia – e.g. migration; via a refugee camp – and the physical/psychological effects of this process
 - physical and mental health issues associated with their pre-migration experience – e.g.

effects of malnutrition; deprivation; oral health; parasitic infections; post-traumatic stress associated with torture or other traumatic experiences; etc.

- experiences of health services in their country of origin
- ◆ CALD young people may be at risk of poor mental health as a result of the stresses associated with the experience of migration, resettlement and acculturation, as well as exposure to traumatic experiences¹
- ◆ These stressors include:
 - difficulties adapting to the way of life, language, values, norms and expectations of the new culture
 - intergenerational conflict related to differences between traditional cultural values and those of the new society
 - poverty in some refugee families
 - non-recognition of parents' overseas qualifications
 - exposure to racism or discrimination and isolation.
- ◆ It is also important to bear in mind that many young people from CALD backgrounds have coped well with the experience of migration and resettlement

Refugee Young People

- ◆ Growing numbers of young people arriving in Australia come from refugee source countries

See Section One – for more background information

- ◆ They may have experienced persecution or prolonged periods in refugee camps, often in transition countries
- ◆ Many refugee young people and their families will have experienced some or all of the following:
 - forced departure from their country of origin
 - conflict, organized violence and human rights abuses
 - a dangerous escape from their country of origin
 - torture and trauma
- ◆ Consequently, the refugee experience is characterized by persecution, displacement, loss and grief, and forced separation from family, home and belongings²

- ◆ For refugee young people the developmental tasks of adolescence are compounded by the traumatic nature of the refugee experience, cultural dislocation, loss of established social networks and the practical demands of resettlement²
- ◆ Refugee young people who do not have family in Australia may be at even greater risk because of their lack of support

Health Issues of Refugee Young People

Young people of refugee background will have typical adolescent health problems. However, they may also have health issues stemming specifically from their refugee experience³. Common health issues for refugee young people include:

- ◆ Nutritional deficiencies and poor overall physical health as a result of living in unsanitary conditions in refugee camps
- ◆ Parasitic and infectious diseases (e.g. intestinal parasites; hepatitis B)
- ◆ Poor oral health due to poor diet and disruption to oral hygiene
- ◆ Limited past exposure to preventative health programs – e.g. immunization; vision and hearing screening
- ◆ Mental health concerns are prevalent arising from the deprivation and loss of extended family, friends and home, and the trauma of the refugee experience
- ◆ Many refugees are recovering from the effects of torture, trauma or witnessing violence or warfare
- ◆ Psychological symptoms – such as depression, anxiety, grief, anger, stress – are often somatized and expressed as physical ailments
- ◆ Whatever the presentation, refugee young people (especially new arrivals), should have a thorough physical and psychosocial assessment³ – focusing on:
 - excluding acute illness
 - immunization status and catch-up
 - symptoms of parasite infection and malaria
 - nutritional status and growth
 - oral health
 - concerns about development, vision and hearing
 - mental health issues

See *Promoting Refugee Health: A guide for doctors and other health care providers – Section 5: Child and Adolescent Health*, P. 143 – for further information on treating refugee young people (see Resources – below)

- ◆ The HIC has released a new Medicare item number to promote comprehensive assessments of newly arrived refugees by general practitioners
- ◆ A collaborative approach is essential – especially in working with the mental health concerns of refugee young people. Use the Medicare Mental Health Item Numbers to prepare a mental health care plan if required

See Chapter 13 – Collaborative Care – for relevant Medicare item numbers

resources

- ◆ **Promoting Refugee Health: A guide for doctors and other health care providers and Caring for refugee patients in general practice: A desk-top guide** – can be downloaded from the **Victorian Foundation for Survivors of Torture** website – www.foundationhouse.org.au
- ◆ The **NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)** provides a comprehensive range of information and services for assisting refugees in their recovery and resettlement – www.startts.org.au
- ◆ Each state has an equivalent service providing assistance to survivors of torture and trauma
- ◆ **Transcultural Mental Health Centre** – go to Diversity Health website – www.dhi.gov.au – click link to Transcultural Mental Health Centre
- ◆ **NSW Refugee Health Service** – 02 87780770 – www.refugeehealth.org.au
- ◆ **Centre for Multicultural Youth Issues** – www.cmyi.net.au

See also Section 4 – for contact details of specialist resources and service providers in multicultural health

Case Study - Refugee Young Person

AM is a 13 year old girl from Southern Sudan, she was accompanied by her parents and a settlement worker to see you because of burn scars on her trunk and limbs. She speaks Dinka (language spoken in Southern Sudan) and doesn't speak any English. AM arrived in Australia as a refugee, with her parents and 3 other siblings, 4 weeks ago. She and her family fled Sudan 5 years ago when their family home was torched and she suffered burns. AM's family spent 4 years in a refugee camp in Kenya with limited safety, health facilities, food and sanitation. AM has problems sleeping and is very self-conscious because of the scars on her body. You conduct a detailed assessment and gather the following history:

History

- ◆ **Social**
 - Born at home
 - Fled under militia attack 5 years ago with family
 - Refugee camp 4 years – Northern Kenya
- ◆ **Medical**
 - Immunised as baby
 - Malaria in past
 - Burns to trunk & limbs when house torched
- ◆ **Psychological**
 - Some sleep disturbance
 - Self-conscious re: scars
- ◆ **Social** – assess AM's school/education level; her peer/family supports or networks

Examination

You also carry out an examination – sensitively explaining the need for this to AM and her parents.

Note: It is absolutely essential for a male doctor to provide a female chaperone if conducting an examination of a young girl, or arrange for the girl to be examined by a female practitioner where possible

The main findings from this are:

- ◆ Tall, thin
- ◆ Well nourished, not pale
- ◆ Moderate scarring arms, trunk
- ◆ Chest, abdomen normal
- ◆ Good teeth
- ◆ Ears, vision normal

- ◆ Also assess pubertal development / Tanner staging if possible – the rapid physical changes of puberty may be a reason for her heightened self-consciousness now, or if her pubertal development is delayed from previous illness or malnutrition it is important to give her/ her parents some information about this

Investigations

- ◆ FBC
- ◆ Malaria, hep B, syphilis, schistosomiasis
- ◆ Vitamin D level

Management

- ◆ Burns – refer to Plastic Surgeon for consultation (bulk billing one)
- ◆ Psychological issues related to the past traumatic experiences/mental health – refer to the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
- ◆ Under-immunisation – Hep B; Boostrix when 15
- ◆ Conduct a family review
- ◆ Arrange a longer consultation for follow-up

Consultation Issues

The following issues are important to consider in your consultation with AM:

- ◆ Language difficulties – if language is a problem, contact the **Telephone Interpreter Service** for assistance. Do not use a family member as an interpreter
- ◆ Enquire about **cultural beliefs and practices** – in particular as they may apply to health and illness
- ◆ **Trust** – gaining the trust of both AM and her parents is essential – take time to build rapport – explain your role as a doctor and answer any questions they may have
- ◆ Explain concepts they may be unfamiliar with – such as:
 - the family doctor and ongoing/preventive care
 - appointments and referral process
 - medical procedures
 - confidentiality and consent
 - the importance of seeing the young person on their own at some point of the consultation (but only after trust has been established)
- ◆ **Refugee status** – it is important to have an awareness that young person has come from a refugee situation – this will sensitise you to

be aware of the possibility of specific health issues – such as violence, torture and trauma

- it is important to be sensitive in exploring these issues and not push the young person to disclose information about these experiences
- the GP's main role in regard to these issues may be to facilitate referral to specialised services
- ◆ **Use the relevant Medicare Item Numbers – Health Assessment for Refugees and Other Humanitarian Entrants – MBS 714 (in surgery) and 716 (home visit)**
 - GPs can use the Medicare item Number (714) for comprehensive refugee health assessments
- ◆ GPs can also access free interpreting through **Telephone Interpreter Service (TIS)**
- ◆ Some ongoing support and advice may be available from specialised refugee health clinics – e.g. **NSW Refugee Health Service** – 02 8778 0770 – www.refugeehealth.org.au (or equivalent organisation in each state)

See Section Four – for contact details of specialist resources and service providers in multicultural health

Cultural Competent Consultation

Cultural competence involves being aware of your own attitudes and beliefs about different cultures and how these impact on the way you perceive and communicate with patients from other cultural backgrounds⁴.

- ◆ While it is useful to have a broad understanding of different cultures, cultural competence is really about the ability to **communicate** with patients across different cultural backgrounds – rather than having an in-depth knowledge of specific characteristics of individual cultures
- ◆ When working with young people from other backgrounds it is important to remember that the most important source of cultural information is the patient themselves⁴
 - enquire about the adolescent's cultural background, family history, and how they define their cultural identity and its relevance to their life

- ◆ Treat each adolescent as an *individual* first within the context of their cultural background – for whom ‘culture’ is another dimension to be taken into consideration.

Tips for Cultural Competency

- ◆ It is helpful to have some awareness of different customs and cultural beliefs in regard to:
 - significant life events/situations – e.g. birth, death, transition to adolescence
 - family relationships and structure – e.g. the role of family authority (e.g. in Vietnamese culture), and decision-making in regard to health care
 - beliefs about illness and the meanings of symptoms; cultural health practices and treatments
 - beliefs around food, use of medications
 - specific cultural or religious practices – e.g. fasting for Ramadan in Moslem cultures
- ◆ Remember, however, that the most important source of cultural information is the young person themselves – *How do they view themselves within the context of their culture?*
- ◆ Be aware that in adolescent patients, culture can impact greatly on developmental issues and vice-versa
- ◆ Cultural competence is about being sensitive to cultural norms and learning to ask the right questions – e.g. *“What’s important in your family/culture?”*; *“How does your family/culture deal with this?”*; etc.
- ◆ Consult with specialist services or workers if unsure about cultural issues in people from another culture
- ◆ Do not use family members as interpreters – if there are language difficulties, use a professional interpreter

Culturally Sensitive Communication

Effective communication is the key to addressing many of the cross-cultural issues that arise with CALD young people^{1,4}. The skills required to communicate in a culturally appropriate manner are the same generic skills that apply to consultation with any young person:

- ◆ Adopt an open, non-judgemental approach
- ◆ Show positive regard and respect for differing values
- ◆ Provide reassurance about confidentiality

- ◆ Conduct interviews in an empathetic, sensitive way
- ◆ Ask questions in an open-ended style
- ◆ Keep language simple and avoid using medical jargon
- ◆ Provide reassurance of normality and allay fears and anxieties

However, GPs also need to consider the cultural context of the young person in order to understand their presenting problems and behaviour, and communicate effectively with them. Practical approaches to consultation with CALD young people include:

- ◆ Ask the young person his or her preferred form of address – do your best to pronounce their name correctly
- ◆ When taking a patient history or conducting a psychosocial assessment (e.g. **HEEADSSS**) – enquire about **acculturation and identity** issues:
 - *How do they view themselves within the context of their culture?*

Example: *“Thuy, you said that your parents were born in Vietnam and that you grew up here in Australia. How do you mostly think about yourself – as Australian or Vietnamese, or both? What is it like to be you, a Vietnamese teenager growing up in Australia?”*

- *In which ways do they follow/not follow the norms of their culture?*
- *How do they feel about their own/parents’ culture/host culture?*
- *What has changed since they became an adolescent? Are they treated differently by parents, siblings, relatives?*
- *Assess whether intergenerational and cultural differences are impacting on their health and development e.g. “What expectations do your parents have for you? How do you see things differently? Who supports you in the family (or outside)? When you feel down, who do you talk to? How do your parents feel about this?”*

- ◆ Engage them in a dialogue about their family history and relevant cultural background:
 - enquire about various roles and responsibilities that a young person may have in their family
 - find out how decisions are made in the family/ community

Cultural Issues around Diagnosis and Treatment⁴

- ◆ Where relevant, ask about beliefs within their culture of origin regarding:
 - their symptoms, its cause and management
 - cultural or traditional health practices
- ◆ Learn which cultural differences might affect treatment (e.g. attitudes to sexuality; mental health issues; eating habits)
- ◆ Find out if there are similarities in ideas and expectations and build on them
- ◆ Accommodate cultural issues in the treatment plan without compromising the quality of care provided to the patient
- ◆ Explain that you will 'give the best medical care possible', but that you are 'not an expert on their culture' so encourage them to explain their cultural perspective to you
- ◆ Check their understanding of the diagnosis and treatment instructions
- ◆ Where language is an issue – it is important to check out whether the young person/parents have clearly understood the questions/information given to them
 - be sensitive to signs of misunderstanding – e.g. a puzzled expression or unusual response
 - check that the patient has understood instructions and ask them to repeat back the key points – e.g. "Now tell what you are going to eat..."
 - clarify what the patient means – e.g. "What do you mean when you say..?"
- ◆ Encourage them to ask questions
- ◆ Where there are language difficulties, use a professional interpreter (*see below*)
- ◆ Be sensitive to gender issues, particularly the needs of young women when conducting physical examinations or investigating sexual health problems
 - where possible provide a female practitioner, or offer to conduct the examination in the presence of a female nurse or family member (*who is acceptable to the young person*)
- ◆ Develop a management plan that addresses the impact of cultural issues and is culturally acceptable
- ◆ Create a 'culturally friendly' practice environment by:
 - educating practice staff about cultural sensitivity

- ensuring that the practice is accessible to people from different cultural backgrounds
- providing multilingual pamphlets on different health topics
- displaying multilingual posters

resources

- ◆ **Translating and Interpreting Service (TIS)** – provides free on site and telephone interpreting can be organised through the – **available 24 hours a day, 7 days a week**
- ◆ This service needs to be booked in advance – **Telephone the doctors priority line – 1300 131450 (also see Section Four for contact details)**

Engaging the Family

- ◆ In many cultures, participation in health care is a family rather than individual responsibility⁴, and it is common for family members to be involved in decision-making
- ◆ Engaging the family and gaining the trust of parents is critical in treating young people from other cultures
- ◆ Respect the parents' authority with regard to decision-making while helping them to recognise the young person's growing need for independence appropriate to their age and stage of development⁵
 - try to find a suitable balance between engaging the family authority system and supporting the young person's ability to make decisions for themselves
- ◆ You may need to explain the role of the doctor, as this may differ in some cultures
 - explain to the family and the young person that your role is not to separate the child from his/her family
 - rather, it is to work together with both to ensure the young person's health
- ◆ Where the young person is accompanied by a parent, try to spend some time alone with the adolescent – explain to the parents your reasons for doing this
- ◆ Understand however, that this may not be possible as it may be culturally inappropriate and disrespectful of the parental role
 - seek parental permission first before you seek the young person's consent

- ◆ Where appropriate, engage the support and involvement of parents/family in treatment – **however never utilise family members as interpreters**

resources

Multicultural Health Services

- ◆ A range of multilingual resources and multicultural services are available in NSW
See Section Four – for list of services and contact details
- ◆ The **Transcultural Mental Health Centre (TMHC)** is a state-wide service that provides clinical, consultation services and education and training programs for professionals working with people of non-English speaking background including children, young people and families. These services include:
 - clinical assessment and short term intervention provided in the language of the client by **qualified bilingual health professionals** who are registered by appropriate professional bodies in NSW
 - over the **phone advice and consultation** on mental health issues as well as information on cultural/religious, and other general health issues
- ◆ TMHC welcomes referrals from GPs and provides reports on the referred case as well as recommendations regarding care plans
- ◆ All TMHC services are free of charge both to the GP (or other referring agency) and the patient
- ◆ TMHC can be contacted on (02) 9840 3800 or Clinical Services 1800 648 911 (toll-free)
- ◆ **Each state has an organisation providing services equivalent to TMHC**

practice points

- ◆ All young people, regardless of cultural background, require confidential care, a youth-friendly approach and routine screening for risk behaviors and protective factors
- ◆ The most important source of cultural information is the patient themselves – enquire about the adolescent's cultural background, family history, and how *they* define their cultural identity
- ◆ Refugee young people may be at risk of poor physical and mental health as a result of the stresses associated with their displacement and resettlement, as well as exposure to traumatic experiences
- ◆ Treat each young person as an *individual* first within the context of their cultural background – enquire about their cultural beliefs, health practices and family history
- ◆ When taking a patient history or conducting a psychosocial assessment – enquire about acculturation and identity issues
- ◆ Develop a management plan that addresses the impact of cultural issues and is culturally acceptable
- ◆ Engaging the family and gaining the trust of parents is critical in treating young people from other cultures
- ◆ Consult with specialist services or workers if unsure about cultural issues, or where there are language difficulties

References:

- 1 Bashir, M. (2000). Immigrant and refugee young people: Challenges in mental health, in Bashir, M, Bennett, D (eds.): *Deeper Dimensions – Culture, Youth and Mental Health*. Transcultural Mental Health Centre, Sydney, p64-74.
- 2 Centre for Multicultural Youth Issues. (2006). *Refugee Young People and Resettlement*. Information Sheet, No. 14. CMYI. September.
- 3 Victorian Foundation for Survivors of Torture. (2007) *Promoting Refugee Health: A guide for doctors and other health care providers*. Foundation House. Melbourne. July.
- 4 Bennett, D., Kang, M., Chown, P. (2006). Cultural Diversity in Adolescent Health Care, in Greydanus, D., Patel, D & Pratt, H. *Essential Adolescent Medicine*. McGraw-Hill. New York.
- 5 Lau, A. (1990). Psychological problems in adolescents from ethnic minorities. *British Journal of Hospital Medicine* 44: 201-205.