

## TRANSCULTURAL ASSESSMENT CHECKLIST (TAC)

A practical guide for cultural assessment

- The TAC is a guide to conducting culturally accurate clinical and psychosocial assessment of mental health clients. It is intended for use at assessment and clinical review and promotes culturally appropriate and effective formulations and care plans.
- Information collected using the TAC should be documented in the appropriate mental health clinical documentation module.

## PRINCIPLES OF CULTURAL AWARENESS IN ASSESSMENT

- Consider the impact of your own ethno-cultural background (i.e. language, specific knowledge of the consumer's culture; any links between your own and consumer's culture of origin). The collaborative, consumer-centred approach may be puzzling to members of many communities.
- Recognise differences in clients' expectations. Depending upon past experiences with health and welfare services, consumers will have different expectations of you and your service. Explain who you are, what your role is and what you can offer (this may need to be repeated or explained several times).
- Confidentiality is not understood in many communities. This may need to be explained in several ways and may not be readily appreciated.
- Establish rapport. Allow opportunity for the consumer to express idioms of distress. The meaning of their story is best understood when expressed in their own words and at their own pace. Allow yourself and the consumer time to explore the situation and the meaning of the problem for the consumer.
- Listening to the story is the key to identifying core concerns for the consumer, coping styles and problem solving capacity. Assess the broader systemic and social context which may be contributing to the problem or maintaining it.
- Don't assume anything. Inform the person that you will be asking questions. Delve further when you get a response, to check you have the correct understanding of the description of the problem and the impact the problem has on the consumer and relevant others. Be cautious how you ask – some consumers prefer direct questions while others may be more accustomed to indirect questioning.
- Never assume people from the same cultural heritage are similar to each other. There is great diversity within all cultures.
- Signs and symptoms may be expressed in somatic, spiritual or behavioural ways.

### Helpful websites

Transcultural Mental Health Centre: [www.dhi.gov.au/tmhc](http://www.dhi.gov.au/tmhc)

Culturally and linguistically appropriate assessment: <http://internal.health.nsw.gov.au/policy/cmh/mhoat/education.html>

Diversity Health Institute: [www.dhi.gov.au](http://www.dhi.gov.au)

Healthcare interpreters: <http://internal.health.nsw.gov.au/health-public-affairs/interpreter/>

Diversity Health Institute Clearinghouse: [www.dhi.gov.au/clearinghouse](http://www.dhi.gov.au/clearinghouse)

NSW Multicultural Health Communication Service: [www.health.nsw.gov.au/mhcs](http://www.health.nsw.gov.au/mhcs)



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MENTAL HEALTH

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## CULTURAL IDENTITY

- Country / place of birth
- Preferred language
- Ethnic, cultural and/or religious affiliations of client and family [reflect in a genogram]
- Involvement with cultural group(s) (friends, social activities, return visits)
- Importance of culture / religion in client's daily life
- Culturally determined roles and expectations

## MIGRATION HISTORY

- When they left country of origin
- Reason for leaving
- Family members left behind. Plans of reunification
- Time spent in refugee camp or detention centre
- Current residency status
- What they were seeking in Australia
- Time of arrival in Australia
- Current involvement with Australian culture
- Consider distress associated with any differences in cultural morals or values
- Changes in activities, diet, socialisation with other cultures, use of English
- Use of traditional health practices and providers

## CULTURAL PERCEPTION OF MENTAL ILLNESS

- Client description of the illness
- Cultural 'meaning / perception' of this illness
- Perceived cause / explanation for mental health problems
- Perceived role of social and familial stressors; consider distress associated with differences in cultural morals or values to perceived Australian norms
- Traditional treatment options
- Perceived cultural aspect of gambling, substance use or other co-morbid issues (if applicable)
- Perceived impact of mental illness on child rearing (if applicable)

## CULTURALLY INFORMED FORMULATION / CLINICAL IMPRESSION

- Cultural explanation of the illness; meaning and severity within cultural norms
- Idioms / expressions of distress
- Consider cross-cultural concerns and intergenerational issues
- Consider ability to fulfil any culturally determined roles [bread winner, homemaker, student]

## MANAGEMENT / CARE PLAN

- Identify need for routine interpreter use with client or family
- Collaborate with client and family about practicality of treatment plans within cultural expectations and practices
- Cultural concerns that may interfere with treatment (e.g. stigma)
- Need for culture specific community services
- Consider specialist language / culture matched mental health or trauma service for assessment, psychoeducation or family intervention
- Consider liaison or referral with spiritual leaders or family GP
- Consider client's, family's understanding of the management/care plan and readiness for help