

Partners In Recovery

Mental Health Transcultural Checklist

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People Present
Services Involved
Person's and Family Cultural Identifier (s) (e.g. country or place of birth, ethnicity/ cultural groups, religion)
Communication Issues (e.g. preferred language and dialect, proficiency in English, interpreter needed, consider potential gender, hierarchy, cultural, social communication barriers between client and health professionals)
Cultural Involvement/Activities (e.g. social, cultural and religious activities, practices, family role and expectations)
Migration History (e.g. when they left their home country, reasons for migration, who was left behind, migration route, time of arrival in Australia, perception of migration process, refugee camp stays)
Acculturation (e.g. balance and/or conflict between culture of origin and Australian culture, residency status, migration intentions, involvement with and perception of Australian cultural environment, changes in activities, diet, socialising with other cultures, use of English)
PIR Organisation _____ Signature: _____ Date: / / _____

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Cultural Perception of Mental Illness (e.g. description of illness, terms used, causes, impact and meaning of problem to client family)				
Traditional Treatment (s) and Approaches to Illness (e.g. traditional treatment options and/or services, experiences with traditional approaches, views of public mental health services and readiness for mental health care)				
Implication for Formulation (consider cultural explanation of the illness, meaning and severity within cultural norms, idioms of distress, acculturation, stressors, ability to fulfil culturally determined roles)				
Overall Impression (e.g. cultural match between client, therapist and mental health services)				
Cultural Implications for Action/Support Plan (e.g. referral to bilingual worker, involvement of traditional, alternative healers, cultural impact on mental health service delivery)				
Contacts (e.g. interpreter, community cultural service, bilingual worker, community aid/welfare, religious, cultural, legal and alternative healers)				
Communication undertaken with		Nome	Contact details	Comments
Yes <input type="checkbox"/>	Primary carer/family			
Yes <input type="checkbox"/>	General practitioner			
Yes <input type="checkbox"/>	Other (specify):			
Yes <input type="checkbox"/>	Other (specify):			