



Clinical efficacy of cultural formulations in an acute mental health setting: a randomized controlled intervention trial and a hospital ethnography

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History and development

3 streams that fed into the development of this research:

- 1) Personal experience
- 2) Tensions between Academic vs Health Services
- 3) Research on the CF approach

1) Personal experience at the clinic: a psychiatric intensive care unit

Guarded & hostile patients, majority Black
Difficult to assess, failed consultations and
interactions, staff unable to appreciate how
culture shaped the clinic





Experience at the clinic: a psychiatric intensive care unit

Pill talk

Will you let me date your sister?

The Grunt.

The Algerian

Nurse arrives at work wearing the Hijab.

Guarded & hostile patients, majority Black.

Difficult to assess, failed consultations and interactions,
staff unable to appreciate how culture shaped the clinic.

So how can cultural dialogues be developed with acutely
psychotic patients?

Outdated ideas about cultural competency that
are still in practice!

Diet

Ethnicity

Etiquette

Beliefs

Dress code

Language

.....of patients.

*Static and stereotyped notions of culture
(reification & essentialising); one that is located
exclusively within the patient's world*

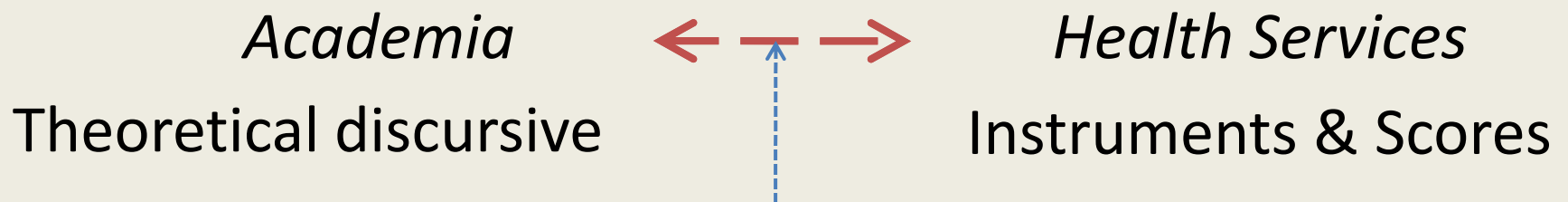
2) Experience in the academia

Inter-disciplinary insights from social sciences unavailable to the clinic

Taught programmes broadly skewed in two directions:

a) social science discourse that shun clinically applied challenges,

b) clinical staff and management expecting technical fixes to address culture



Language to bridge the two?

3) Published Research so far

Clinical efficacy of cultural interventions are undocumented, no literature for acute psychiatry

Social epidemiology research continues to compare disparities between various ethnic groups, increasing demand for EBM

DSM V white paper on Cultural Formulation calls for urgent research to make a case for the relationship between culture and mental health

The North American approach

Cultural formulation for DSM-IV

Framework for clinical assessment

- Cultural identity of the patient
- Emic account (explanatory model) of the patient's illness
- Stressors and supports in the social and cultural environment
- Intercultural relationship between the clinician and the patient

* American Psychiatric Assoc. *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Ed. Washington, DC: Amer Psychi Press, 1994, Appendix I: Outline for cultural formulation and culture-bound syndromes.



Adapting the cultural formulation interview for acute psychiatric setting

Emphasise dynamic nature of cultural identity, local history & geography, informed by previous work on generating clinical ethnographies including the UK EMIC, relationship between overseas doctors and indigenous white patient, and with marginal groups in India

Use tools to engage: country maps, body maps, story of migration, meaning of name and other markers of identity, import of ideas from South Asia

Focus on illness meaning & experience

Lead to dissemination of above narratives to patient, and clinical team caring for the patient, for their response & then deployed as interventions

Final version integrated with case notes





Jadhav, S

Adapted for use in an acute psychiatric setting (Adult PICU)

- Emphasis on dynamic nature of cultural identity, local history & geography, informed by previous work on generating clinical ethnographies
- Use of tools to engage: country maps, body maps, story of migration, meaning of name and other markers of identity, import of ideas
- Illness meaning, experience, micro-politics of admission and delayed transfer out, relationship with health care providers, preventive services?
- Dissemination to patient, MDT in PICU for their response & interventions
- Final version shared with sector team, GP and others



Elements of the British Cultural Formulation approach (one hour)

- Sharing cultural worlds and story of personal journeys into the ward
- Narrative account of suffering in patients own vocabulary
- Markers of ethnic and cultural identity
- Degree of assimilation, experience of stigma and discrimination
- Personal explanations of illness with reference to cultural background, including ideas of ethnophysiology and ethnopsychology, spiritual and religious dimensions of suffering and care
- Ideas of help seeking and cultural relationship with providers of care

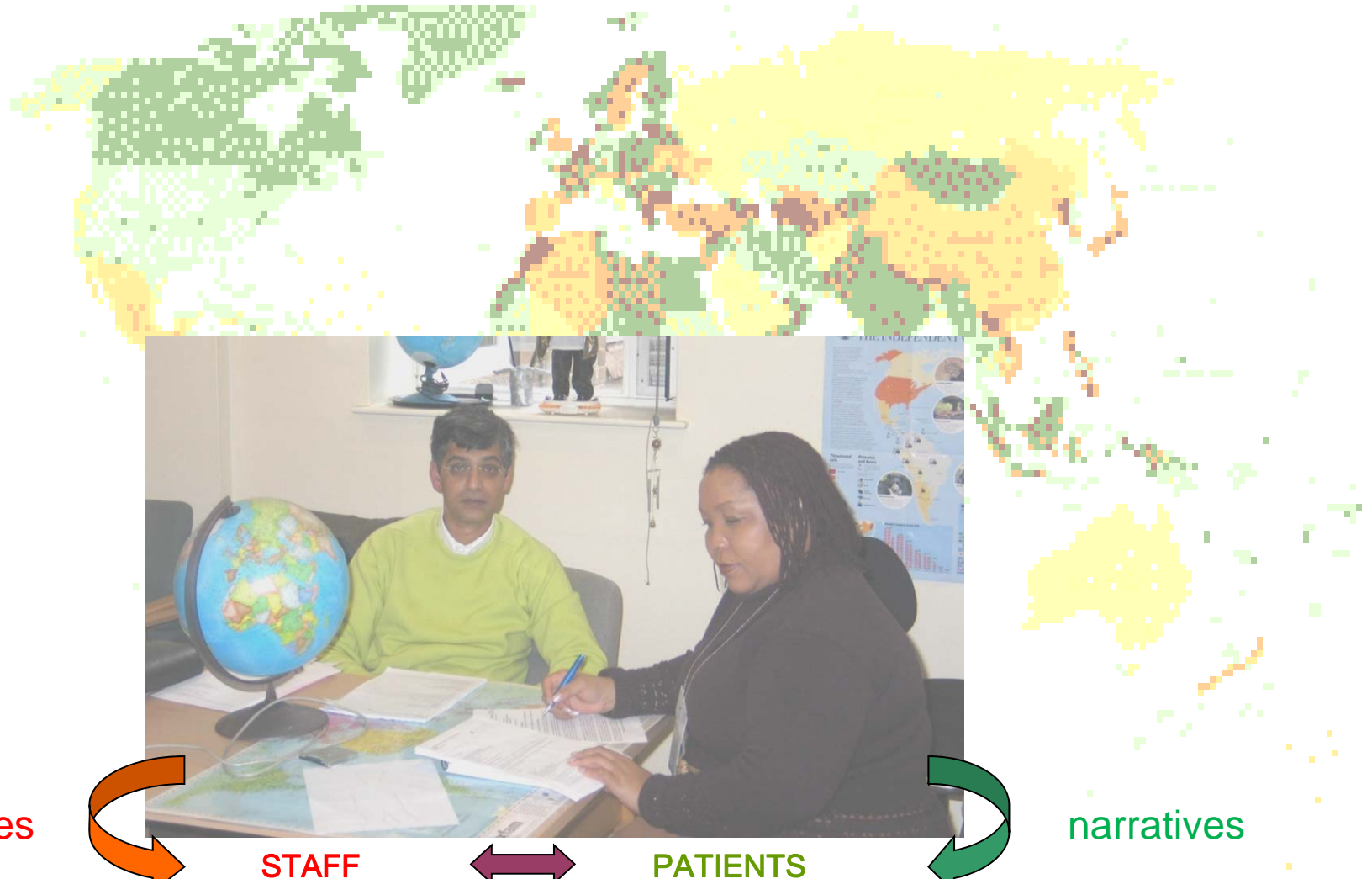
Elements of the Cultural Formulation approach in acute psychiatry (one hour)

How does it differ from the existing CF?

1. Captures cultural identity in a different way as you will watch in the role play that will follow
2. For all ethnic groups, not exclusively for minority ethnic groups
3. A clinical interactive use of the CF: narratives from CF interview are circulated both to patient and carers, to the clinical team; and developed further as well as integrated into clinical care



World Map of the World - 2018



narratives

STAFF

PATIENTS

narratives

Narratives

Skeletal narratives: symptoms, clinical history, mental state, & diagnosis

Skeletal narratives feed into risk assessments & management plans

What about 'deep narratives' of suffering?

What did pilot interviews reveal? (n=20)

Element of surprise

‘Deep’ narratives provided fresh insights of value to both clinicians and patient, leading to:

- *improvement in clinical assessment, culture masks psychopathology*
- *change in diagnosis and management plans*

Enhanced rapport and engagement, nourishing to staff and patients

Helped ‘actualise’ culture (CF intervention to FC intervention) and reproduce wider societal conflicts

Conclusions from the pilot

- Culture is a crucial metaphor and currency to engage with patients when they are acutely unwell.
- Cultural formulations operationalise patient's concept of culture not clinician's assumption of culture.
- Cultural interventions were effective, practical and rewarding to both patients and clinicians.
- The approach warranted urgent evaluation by an intervention study designed to further test its clinical efficacy.

Medication, leave



Experience of suffering

Policy

Delivering Race Equality (DRE), Dept. Of Health:

better, more responsive services

better engagement of services with their local communities

better information

What is missing?

Sometimes well meaning policies from the top fail be because they translate into a technical fix on the ground.

UCL-C & I NHS Foundation Trust collaboration

Principal Investigator: Dr Sushrut Jadhav

2 clinicians trained in social science methods recruited for the study: Dr Sengupta & Ms Bloomfield (left July 2008), Dr Jane Derges

Consultants/Supervisors: Prof. Roland Littlewood, Anthropologist, & Dr Scott Stevens, User Consultant.

Statistician: Ms Lynda Stevens

Project duration: March 2007- August 2008, extended to March 2009. Dr Jane Derges joined in October 2008

Funded by UK Department of Health, NIHR CNR 5251.

Role play



Clinical Efficacy of Cultural Formulations

A Randomised Controlled Trial

&

Ethnography of an Adult Psychiatric Intensive Care Unit

Research Objectives

1. Demonstrate the clinical efficacy of Cultural Formulations for 30 randomly selected individual patients in a secure psychiatric setting (PICU), **regardless of their ethnicity**
2. Generate a clinical ethnography of the lived experience of patients, carers and providers, within a secure psychiatric unit over a 12 month period.
3. Identify processes that impede or enhance culturally sensitive provision of care in this secure unit.
4. Operationalise results in the form of a clinical intervention ('tool') for culturally sensitive service delivery, across all ethnic groups, to front line mental health clinicians.

TESTING CLINICAL EFFICACY OF CULTURAL FORMULATIONS & ETHNOGRAPHY

CF INTERVIEWS,
RANDOMISED INTERVENTION
& CONTROLS

ETHNOGRAPHY

Participant
observation: how is
culture actualised?

QUANTITATIVE

New info.,
BPRS, Pt.
Satisfaction

QUALITATIVE

Themes, from
staff &
patients

Quantitative data



Exploring Beneath the Surface in Acute Psychiatric Care

Qualitative analysis

Acknowledgements

Camden and Islington NHS Foundation Trust,
and especially Mornington Unit patients and
staff

National Forensic Mental Health Programme &
Department of Health, United Kingdom

Discussion

Putting the Individual back into Psychiatry

Cost benefit analysis

Where next?

Service

Training

Research

CULTURAL CONSULTATION SERVICE

CULTURAL CONSULTATION SERVICE (CCS)
FOR ALL CAMDEN AND ISLINGTON
CLINICAL STAFF



This service aims at providing clinical cultural consultations to all health professionals in Camden and Islington NHS Foundation Trust. It will focus on consultations for clinical staff, in a safe therapeutic setting, to seek assistance on cultural issues shaping clinical care of their patients.

Further details including how to make a referral, contact Dr Sushrut Jadhav, Lead Clinician
CCS or Brigid Geist at St Lukes Woodside Hospital on 0208-219 1817

TRAINING

FOR RESEARCHERS

FOR CLINICIANS

RESEARCH

RCT AT AN IDENTIFIED CMHT TO REDUCE
ADMISSION & RELAPSE RATES BY 20%

RECENT NICE GUIDELINES