

# Improving the utilisation of bilingual counsellors within a public sector mental health service

MARGARET TOBIN, LUXIN CHEN, JULIE L EDWARDS,  
AND STELLA CHAN.

Margaret Tobin is the Area Director of Mental Health, South Eastern Sydney Area Health Service, and a Conjoint Lecturer, School of Psychiatry, University of New South Wales. Luxin Chen is Manager, and Julie L. Edwards and Stella Chan are Project Officers with the Mental Health Service Evaluation Research Unit, South Eastern Sydney Area Health Service.

## Abstract

*An urban, public sector Area Mental Health Program reviewed its own bilingual counsellor program as part of an Area-wide quality improvement project, and found that the counsellors' roles needed to be better defined; that mainstream staff needed to have more access to their expertise as cultural consultants; and that their function as an Area team, rather than as service based staff, needed to be encouraged. The bilingual counsellors decided to take up this challenge, and with the support of the Area Director of Mental Health, worked together to redefine their roles.*

## Introduction

Access of the non-English speaking population to mental health services is a matter of concern, with research undertaken both in Australia and overseas showing differing patterns of mental health service utilisation among English speaking and non-English speaking communities (Pedersen, Sartorius & Marsella 1984; Minas 1990; Jerrell 1995; Trauer 1995; Stuart *et al.* 1996; Bruxner *et al.* 1997; van Os, McKenzie & Jones 1997; Henderson, Thornicroft & Glover 1998). In general, it was found that people who speak a language other than English tend to underutilise mental health services, with those who do attend services more likely to be experiencing acute stages of illness, and having poor rates of treatment completion (Pedersen, Sartorius & Marsella 1984; Jerrell 1995; van Os, McKenzie & Jones 1997; Henderson, Thornicroft & Glover 1998). This appears to be particularly marked in the case of those with poorer English skills, and with respect to participation in community based programs (Minas 1990; Stuart *et al.* 1996). Voluntary inpatient admissions were shown to be consistently lower for non-English speaking psychiatry patients when compared to rates for English speaking patients (Trauer 1995; Bruxner *et al.* 1997). It is considered that this may indicate a reluctance to access services which may not be perceived as culturally relevant.

Attempts to increase the cultural sensitivity of mental health services have been made along two main directions: the development of culturally and linguistically specific services; and the cultural competence training of mainstream professionals.

Culturally specific programs, where clients are matched with service providers according to their cultural and linguistic backgrounds, have achieved a reduction in drop-out rates and are highly regarded by most of the clients attending them. The ability of these services to improve clinical outcomes is inconclusive (Bhui, Christie & Bhugra 1995; Jerrell 1995; Silove *et al.* 1997), although there is some evidence to show that clients attending these services have fewer psychiatric emergency presentations (Jerrell 1995; Snowden, Hu & Jerrell 1995).

Training mainstream mental health service providers to become more culturally competent (Sue, Arredondo & McDavis 1992; Arredondo *et al.* 1996) has also achieved some success, with course participants subsequently reducing the drop-out rates of their culturally different clients, and reporting that skills learnt have been sustained over time (Lefley 1984; Neville *et al.* 1996).

While the provision of culturally matched services and the cultural sensitivity training of mainstream staff are often undertaken independently of each other, they can be complementary. It is important that clients have a choice of service provider, as it has been found that some clients object to seeing a mental health professional from their own cultural background. This is particularly the case if they fear negative judgement for having transgressed cultural taboos, or a lack of confidentiality if they belong to a small, closely-knit cultural community (Bhui, Christie & Bhugra 1995). There are also issues of practicality. Area Health Services with great cultural diversity would find it difficult to employ sufficient culturally and linguistically competent mental health professionals to meet demand.

Cultural consultancy is an emerging concept in mental health care, which simultaneously addresses both issues of culturally matched care and enhancing the competency of mainstream mental health professionals. Instead of assigning culturally and linguistically matched mental health service providers to clients, clients are primarily managed by mainstream professionals, working in consultation with culturally and linguistically appropriate professionals.

The role of the cultural consultant is to assist the treating mental health professional to provide culturally appropriate care to clients (Budman, Lipson & Meleis 1992). This may include assisting in areas such as assessment and diagnosis (for example, to determine whether a client is delusional or is describing culturally appropriate beliefs) and treatment planning (for example, to determine appropriate rehabilitation goals for an older, Arabic man who may be offended by learning household tasks). This partnership should benefit clients, as culturally and linguistically specific mental health professionals working in the cultural consultancy role should be available to work with a larger client group than when undertaking a clinical case management role. Mainstream mental health professionals should also learn more about working with culturally diverse clients as they work closely with cultural consultants in resolving issues.

The Bilingual Counsellor program is one example of a culturally specific service. It began in New South Wales (NSW) in 1989, with the aim of improving access to mental health services for people of non-English speaking backgrounds, and providing a culturally and linguistically appropriate service to this population. 30 positions were created statewide, covering 16 language groups. The Program was reviewed in 1996. The recommendations of this review included: improving the fairness of workload size and distribution for individual bilingual counsellors;

greater sharing of bilingual resources throughout Areas; an increase in the cultural consultancy, community development and health promotion roles of bilingual counsellors; and the provision of improved formal and informal support mechanisms (Mitchell, Malak & Small 1996).

In 1997, a metropolitan Area Health Service commenced the first phase of a quality improvement project which aimed to increase the overall cultural sensitivity of the mental health service. The first stage involved conducting an analysis of levels of service delivery provided to clients of culturally diverse backgrounds. Exploring the role of the bilingual counsellors was an integral part of this process, and included an examination of their roles and functions.

The project used quality improvement theory as its framework, as this has been previously demonstrated to be effective in achieving sustainable changes in mental health services (McFarland *et al.* 1996; Sluyter, 1996). The theory indicates that in order for meaningful organisational change to occur, several processes should be present. These include strong leadership, a continuous process of improvement, action based on data and their analysis, and ensuring that staff play a key role in identifying and addressing the issues (Troy and Scheuman, 1992; Sluyter, 1996).

## Service context

South Eastern Sydney Area Health Service (SESAHS) employs eight bilingual mental health counsellors. Together, they speak Arabic, Cantonese, Mandarin, Greek, Russian, Macedonian and Spanish. These counsellors are based within community mental health teams in four locations. The counsellors have a variety of mental health related professional backgrounds, including nursing, social work, welfare and psychology. One is an overseas trained medical practitioner, another has recently achieved registration as a psychologist.

These bilingual mental health counsellors are employed within an Area Health Service with a population of approximately 750,000, of which 31% were born overseas. The majority of those born in non-English speaking countries come from China, Greece, Italy, Lebanon and Macedonia. Almost 25% of the Area's population speaks a language other than English at home, with over 120 languages spoken. There are significant communities both of long standing and new immigrant groups (Australian Bureau of Statistics 1996). As these eight bilingual counsellors could not be expected to meet all the mental health needs of such a diverse population, new solutions to meeting these needs were required.

## Methodology

Data were assembled from three sources: clinical files, mental health staff (including bilingual counsellors), and consumers and their carers. Triangulation of the data was thus achieved, which improved its validity.

Clinical files from eight sites (four inpatient units and four community mental health teams) were randomly selected for all clients who had received mental health care in the previous six months. The random selection continued until 103 files pertaining to services provided to clients from a non-English speaking background and 101 files pertaining to services provided to English speaking clients were obtained. The files were examined for evidence of client clinical and social demographic data and for details of all mental health services received.

The perceptions of mental health staff on the quality of care provided to non-English speaking clients were sought through two methods: a series of highly structured workshops; and a structured, self-report questionnaire. A separate workshop was held for the bilingual counsellors, due to their specific role in culturally sensitive service provision.

Feedback from clients and carers on the services received was obtained through a focus group. This was facilitated by one of the authors (LC) through professional interpreters.

The data obtained from these three sources were analysed in clusters, as small samples became available. This was progressively discussed by a steering committee which had the task of making sense of the data, and driving organisational change in response to it. An essential component of this method was that action in relation to service change was integrated simultaneously with the analysis of the findings.

The steering committee comprised bilingual mental health counsellors; mental health service directors (or delegates); and representatives of the SESAHS Multicultural Health Unit, NSW Transcultural Mental Health Centre, and NSW Department of Health, Centre for Mental Health. This group was chosen as it had the influence to lead the organisational change process.

Three major areas for service change emanated from this project. These were: policy and procedure modifications; a comprehensive staff development program; and a revision of the role and function of the bilingual counsellors. This paper will examine only the latter aspect; the others are the subject of reports elsewhere (Tobin *et al.* 2000).

### **Bilingual Counsellor Role Revision**

The steering committee decided to undertake a revision of the bilingual counsellors' roles to determine if more widespread utility could be achieved. The counsellors were encouraged to meet as a group.

At that stage, the bilingual counsellors were employed by different services and with varying job descriptions. Despite this, they were able to work together as a team to analyse their different roles and functions. They agreed on a framework for this analysis, which was based on the recommendations of the *Review of the New South Wales Bilingual Counsellor Program* (Mitchell, Malak & Small 1996), the *National Standards for Mental Health Services* (Mental Health Branch, Commonwealth Department of Health and Family Services 1997), and *Caring for Mental Health in a Multicultural Society* (NSW Health Department 1998), the policy document of the NSW Centre for Mental Health. This framework ensured that their resulting proposal was comprehensive, and met national and state directions.

The bilingual counsellors group was assisted by one of the authors (JE) who compared and contrasted the revised job description subsequently developed with those currently available in other metropolitan health services in NSW. Over a period of 12 months the bilingual mental health counsellors made progress in developing and extending the definition of their roles, and provided the Area Mental Health Executive with directions for change. One of the significant differences from their previous role was a greater emphasis on the provision of cultural consultancy to mainstream mental health staff.

## Results

From the file audit it was noted that 39% of all non-English speaking clients had a bilingual counsellor as their primary case manager. 56% of these clients were rated by staff as having poor English skills.

The workshop held with bilingual counsellors revealed frustrations including feelings of isolation from the rest of the clinical team and a perception of being misunderstood in their roles. Concern was expressed about the high proportion of their time consumed by routine clinical case work, at the expense of community development, health promotion, or cultural consultancy.

Two main issues were noted from the results of the general mental health staff survey: a perception of too few bilingual counsellors employed within the Area, and many mental health professionals having inadequate levels of skill and knowledge in working with people of diverse cultures. Comments from the client and carer focus group highlighted access difficulties; inadequate information provided about mental illness, treatments and side effects; and a perceived variability in the quality of bilingual assessment available to them.

## Discussion

The results obtained from this project were consistent with the statewide view expressed in the report by Mitchell, Malak & Small (1996). The local confirmation, however, provided justification for the Area Health Service to take action.

The revised bilingual counsellor job description and the attitudinal and cultural changes achieved through this process are an example of using qualitative data to identify and address organisational issues (Sluyter 1996). Prior to the availability of these data, neither the direction of nor the impetus for change were available.

Through the quality improvement process, members of the bilingual counsellor group were able to provide leadership for change, rather than having it imposed upon them. The ownership achieved through working to identify and address issues as a group has enabled the counsellors subsequently to represent themselves at an Area level, and to engage in implementation.

The involvement of mental health service directors was crucial and complementary. Without their support, there would not have been the opportunity to identify pertinent issues or to have these issues raised at the Area Mental Health Executive level. The bilingual counsellors were thus encouraged to continue to work together as a group, and to maintain their interest.

The work described here is an important first step toward achieving greater cultural sensitivity of mental health services. Improving the accessibility of linguistically and culturally specific services is one aspect of providing appropriate mental health services within a diverse community (Budman, Lipson & Meleis 1992; Jerrell 1995; Silove *et al.* 1997).

This project also began to address the issue of developing the competencies of mainstream staff in working effectively with culturally and linguistically diverse clients. Considering the Area's demographics, the bilingual counsellors' ability to fill a cultural consultancy role is important, as the Area will never be able to provide an individual language service for all cultural groups. Cultural consultants can be a valuable resource for mainstream mental health professionals.

Through working in partnership with cultural consultants, health professionals develop increased cultural competency as part of their clinical work. To be confident in performing in this role, the bilingual counsellors need to demonstrate skills and competencies in this function. Merely speaking a relevant language does not equip them to provide such consultancy. The product of their group work is a first step in this direction.

In summary, the quality improvement methodology undertaken by the South Eastern Sydney Area Mental Health Program to increase the cultural sensitivity of its services has been successful in achieving attitudinal and behavioural change amongst the bilingual counsellors. Translation of this into differences in clinical practice both in bilingual and mainstream mental health staff is the important next step.

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