URBAN HOSPITAL COLLABORATION TO IMPROVE CROSS-CULTURAL CARE

Mark R. Nathanson, MD Columbia University New York, NY

Jennifer L. Traxler, DO Elmhurst Hospital Elmhurt, NY

Dhruv Gupta, MD Icahn School of Medicine at Mount Sinai New York, NY

Anthy Phillips, LCSW-R Elmhurst Hospital Elmhurt, NY

The United States is rapidly diversifying: ethnic and racial minorities form an increasingly larger portion of the population each year. It is projected that by the year 2045, the nation will become "minority white." This makes it particularly important that practitioners are engaging effectively with individuals across varied languages, practices, traditions, and identities. However, despite their best efforts, providers often struggle to communicate with and address these individuals' needs, which may result in misdiagnoses and suboptimal treatment. These disparities highlight the need for providers to carry out culturally-centered evaluations in order to provide the best care.

The purpose of this paper is to describe how two mental health teams--Mobile Crisis Unit (MCU) and Assertive Community Treatment (ACT) Team--providing home based services are working collaboratively to integrate DSM-V Cultural Formulation Interview (CFI) into their practice. Both teams offer in-home evaluations and treatment of a wide range of individuals, in settings where societal norms are less explicit, providing for moments in which people are more closely in touch with their cultural roots. These cultural distinctions have shaped the utilization and delivery of community based services provided by the MCU and ACT. In partnering together to improve clinical understanding, the teams aim to extend this collaborative effort to their work with the individuals served and their families.

In addition to improving care, the outcome of these efforts led to the creation of a video of a simulated interview using the CFI. Although the CFI is readily available, this video is unique in that it illustrates how the interview can be implemented in clinical practice. Looking forward, its

purpose is to be used as a potential training tool for clinicians who wish to gain an understanding of the CFI in daily use.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

- 1. Specify how the CFI can be used clinically to assist practitioners in providing more person centered interviews.
- 2. Participants will be able to identify the benefits of interdepartmental collaboration to improving care.

References

- 1. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: Author.
- 2. Murphy, S. M., Irving, C. B., Adams, C. E., & Waqar, M. undefined. (2015). Crisis intervention for people with severe mental illnesses. Cochrane Database of Systematic Reviews, (12). doi: 10.1002/14651858.cd001087.pub5
- 3. Rotenberg, M., Tuck, A., Ptashny, R., & Mckenzie, K. (2017). The role of ethnicity in pathways to emergency psychiatric services for clients with psychosis. BMC Psychiatry, 17(1). doi: 10.1186/s12888-017-1285-3
- 4. U.S. Census Bureau. (2019, September 4). U.S. and World Population Clock. Retrieved from https://www.census.gov/popclock/