

SYMPOSIUM 3: BRIDGING DIFFERENCES: A THREE-SITE COMPARISON OF CULTURAL CONSULTATION

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Background: Cultural consultation bridges cultural differences between clinical teams and patients and their families. The cultural consultation model has been adapted to various settings according to clinical, structural and cultural norms.

Objectives: This symposium will consider three such adaptations in Montreal, Durham, and Paris and will compare their aims, procedures, challenges and successes.

Methods: Each author will review site-specific quantitative and qualitative data regarding intake, assessment, procedures and recommendations. Findings will be compared and contrasted among the sites.

Results: The Montreal site conducts a limited number of cultural consultations annually (approximately 40), which consist of a mix of direct patient/family evaluations and consultations to clinical teams, neither of which offer follow up care. The Durham site does not offer direct patient/family evaluations but serves a pool of clinicians that bring clinical cases for consultation. In Paris the focus is on longer term clinical care for a high volume of patient/family referrals from a densely populated catchment area.

Implications: The implementation of cultural consultation varies by site according to context-driven priorities and procedures. Despite their differences, all sites share a person-centred approach with the principal aim to alleviate suffering by paying appropriate attention to the patient/family, the context in which mental health services are delivered, and to the position of the clinician with respect to these services.

Learning Objectives

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

1. Participants will be able to recognize differences in the implementation of cultural consultation among three sites
2. Participants will be able to identify common aspects of cultural consultation across three sites

References

Jarvis, G.E., Larchan  , S., Bennegadi, R. et al. Cultural Consultation in Context: A Comparison of the Framing of Identity During Intake at Services in Montreal, London, and Paris. *Cult Med Psychiatry* 44, 433–455 (2020). <https://doi.org/10.1007/s11013-019-09666-1>

Gabriela A. Nagy, Kelly LeMaire, Melissa L. Miller, Marissa Howard, Kristin Wyatt, Noga Zerubavel. Development and Implementation of a Multicultural Consultation Service Within an Academic Medical Center. *Cognitive and Behavioral Practice*, Volume 26, Issue 4, 2019, 656-675, <https://doi.org/10.1016/j.cbpra.2019.02.004>

20 Years of Cultural Consultation in Montreal

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Background: The Cultural Consultation Service (CCS) in Montreal, Quebec, Canada, was founded in 1999 as a model to improve access to mental health services for immigrants and refugees in multicultural societies.

Objectives: This presentation reviews the evolution of the CCS over the first 20 years that it has provided services.

Methods: The author evaluates CCS intake and chart data to select illustrative clinical examples of how cases are managed and to highlight cultural assumptions and values of the broader society that influence the clinical work.

Results: The Montreal CCS conducts 40 cultural consultations annually, which consist of a mix of direct patient/family evaluations and consultations to clinical teams, neither of which offer follow up care. The CCS operates within a general medical framework to structure its activities while fostering an egalitarian approach among team members (interpreters and culture brokers) and referring clinicians (community case managers, social workers, psychologists and physicians). The CCS empowers referring clinicians by working collaboratively over the course of consultations and ultimately returning patients to mainstream services. The CCS routinely offers interpreter services, works with culture brokers, and favours a person-centred approach that focuses on what is at stake for patients/families. The CCS also pays attention to broad cultural issues that may influence the formulation of cases including the hegemony of medicine, the tension between French and English languages in the clinical interaction, the dynamic between multiculturalism and interculturalism in Canadian/Quebec society, and a general mistrust of religious beliefs and practices in secular mental health care.

Implications: Cultural consultation is framed by the cultural assumptions and values of clinicians and the broader society. Taking these issues into account during consultations throws the culture of the clinic into sharper relief thereby clarifying the origin of divisions between patients and clinicians and fostering a framework of trust and healing.

Learning Objectives

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

1. Participants will be able to recognize how cultural frames influence the procedures of the CCS
2. Participants will be able to extrapolate the influence of cultural frames on psychiatric practice in their own practice settings

References

Jarvis, G.E., Larchanché, S., Bennegadi, R. et al. Cultural Consultation in Context: A Comparison of the Framing of Identity During Intake at Services in Montreal, London, and Paris. *Cult Med Psychiatry* 44, 433–455 (2020). <https://doi.org/10.1007/s11013-019-09666-1>

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Essential components of an effective multicultural peer consultation service

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Background: In the context of growing demand for delivery of culturally conscious care, mental health care clinicians and trainees commonly desire more training than they receive to effectively work with diverse populations. Ongoing multicultural peer consultation offers one route to support clinicians in providing such care.

Objectives: In this presentation, we describe the initial development and 5-year sustainability of a multicultural peer-consultation service located within a psychiatry department at a large academic medical center in the Southern United States. We also intend to (1) describe the “key ingredients” that make this multicultural consultation model effective (e.g., a sense of shared ownership, psychological safety), (2) outline internal threats (e.g., provider competing demands) and external threats (e.g., prioritization of revenue-making clinical activities) to its sustainability, (3) share lessons learned from these efforts, and (4) outline future directions.

Methods: The initial development and sustainment of the service has relied on an iterative and data driven approach whereby the team privileges shared decision-making and co-creation of team structure and strategic planning.

Results: The consultation service is staffed by faculty members, clinical psychology post-docs, clinical psychology interns, social work interns, licensed clinical social workers, clinical psychology Ph.D. students, and professional researchers. Team members seek consultation and provide recommendations to one another. The structure of the weekly team meeting alternates

between didactic presentations to increase multicultural knowledge and clinical consultation to request and obtain feedback on clinical cases.

Discussion: The multicultural peer consultation service enhances the growth and competence of team members and provides a healthy environment to explore cultural dilemmas, successes and challenges. These findings suggest that similar services could be helpful to clinicians from other disciplines, such as psychiatry and family medicine. In this way, multicultural peer consultation could become a key component of mainstream clinical services.

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Learning Objectives

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

1. To understand the structure and function of a multicultural peer consultation service
2. To recognize facilitators and barriers to developing and maintaining such a service

References

Kirmayer, L. J., Groleau, D., & Rousseau, C. (2014). Development and evaluation of the Cultural Consultation Service. *Cultural Consultation* (pp. 21-45). New York, NY: Springer.

Nagy, G. A., LeMaire, K., Miller, M., Howard, M., Wyatt, K., & Zerubavel, N. (2019). Development of a multicultural consultation team in a large medical center. *Cognitive and Behavioral Practice*, 26(4), 656-675. DOI: 10.1016/j.cbpra.2019.02.004

Bridging differences: The experience of Centre Minkowska in Paris, France

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Background: Centre Minkowska is a person-centered transcultural psychiatry clinic catering to migrants and refugees in the Paris region. Beyond offering long-term consultations to patients, it has developed a patient referral unit that supervises clinical teams, along with research, teaching and professional training programs seeking to improve healthcare provision to migrants across institutional settings.

Objectives: This presentation will consider how the French national and public health contexts shaped Minkowska's model of cultural consultation and will identify the recent institutional adaptations that led to the creation of a referral unit in the face of a high volume of referrals.

Methods: The author will review quantitative and qualitative data regarding intake, assessment, and procedures for the clinic and for the referral unit in particular.

Results: The creation of a referral unit has enabled Centre Minkowska to assert its person-centered approach and to identify the underlying motives for an ever-increasing number of referrals. Beyond improving communication with referring professionals and improving intake practices, the referral unit acts as a site of reflexivity for Minkowska's professionals with respect to their clinical/institutional model and as an observatory for discriminatory practices and/or systemic failures in providing mental healthcare to migrants in France.

Implications: While specific to the French context, Minkowska's efforts to adopt a person-centred approach highlights the need for comprehensive mental health services that not only pay attention to the patient but also to the context in which mental health services are delivered and to the position of the clinician with respect to these services.

Full List of Authors

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Learning Objectives

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

1. Participants will be able to identify French-specific aspects of the context of cultural consultation
2. Participants will be able to recognize the relevance of a comprehensive, person-centred approach in promoting equitable and efficient mental health care practices

References

Jarvis, G.E., Larchanché, S., Bennegadi, R. et al. Cultural Consultation in Context: A Comparison of the Framing of Identity During Intake at Services in Montreal, London, and Paris. *Cult Med Psychiatry* 44, 433–455 (2020). <https://doi.org/10.1007/s11013-019-09666-1>

Larchanché, S. *Cultural Anxieties. Managing Migrant Suffering in France*. New Brunswick: Rutgers University Press (2020).

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