Queensland Transcultural Mental Health Centre Addiction
& Mental Health Services | Metro South Health

Outline for Cultural Formulation (OCF)

– A Quick Reference Guide

Queensland Government

Why use the OCF?

Understanding the sociocultural context of individuals from culturally and linguistically diverse backgrounds is essential to engagement, assessment, formulation, diagnosis and care. The Outline for Cultural Formulation is a tool that can help mental health practitioners gather information about an individual to understand how culture affects and is affected by mental illness. This information can be incorporated into a broader mental health assessment, formulation and care planning.

What is culture?

The DSM-5 defines culture as:

- The values, knowledge and practices that individuals derive from membership in diverse social groups (such as ethnic, faith, occupational groups).
- Aspects of an individual's background, developmental experiences and current social context(s) that influence their perspectives (such as geographical origin, religion, sexual orientation, ethnicity.)
- Influences from family, friends, and other community members on the individual's experience of mental illness.

Most individuals and groups are exposed to multiple cultures, which they use to fashion their own identities and make sense of experiences.

When to use the OCF:

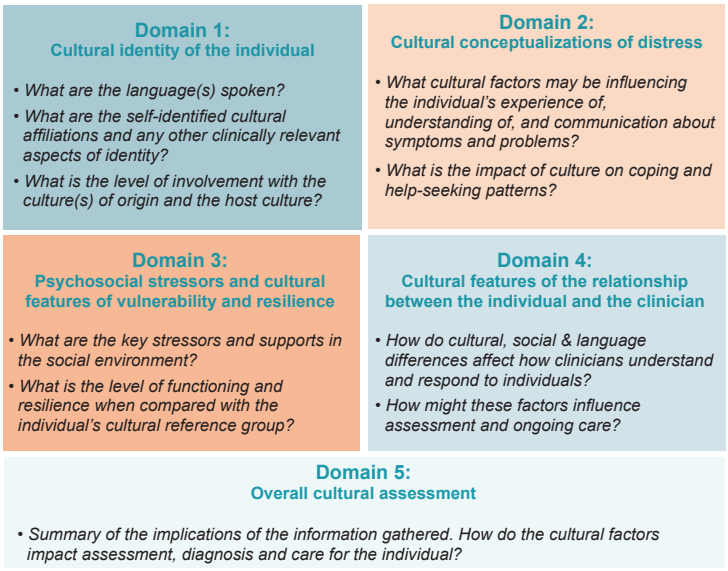
The Outline for Cultural Formulation (OCF) is relevant for all mental health practitioners when conducting an assessment. It is particularly indicated when there are significant differences in the cultural, spiritual or socioeconomic backgrounds or beliefs of the clinician and the individual, or where there are challenges with assessment, engagement, or diagnostic uncertainty.

The OCF helps mental health practitioners gather information that will inform hypotheses about factors associated with and mediators of an individual's presenting issues. Using the OCF will also enhance engagement with individuals from culturally and linguistically diverse backgrounds and ensure that assessment and treatment planning is culturally-informed and responsive to needs.

How to use this guide:

This quick reference guide to using the OCF provides a summary of the key areas and questions that mental health practitioners can explore in order to obtain information about the impact of culture on an individual's presentation and care. The information obtained using this guide is an integrated part of a broader mental health assessment. This guide is based on the OCF in the DSM-5 and includes some additional material that is not included in the original framework.

The Queensland Transcultural Mental Health Centre has also produced a lanyard tag (see copy below) which outlines the five domains of the OCF to help facilitate easy use of the OCF tool. This quick reference guide can be used in conjunction with the lanyard tag.



Mental health practitioners wanting to use structured questions as part of the assessment can use the Cultural Formulation Interview (CFI). The CFI is a brief semi-structured interview for systematically assessing cultural factors in assessment. Further information regarding the CFI can be found in the DSM-5.

When to seek input:

It is important for mental health practitioners to ensure that all individuals seeking mental health services have appropriate access to avenues for communication, including offering accredited interpreters. Mental health practitioners also need to understand the sociocultural and spiritual context to an individual's presenting issues and be aware of the potential impact sociocultural differences between a practitioner and individual may have on the clinical encounter.

Further input from specialists may be required to help mental health practitioners identify and respond to sociocultural factors. Please contact the Queensland Transcultural Mental Health Centre (statewide) or the local Multicultural Mental Health Coordinator (available in some Hospital and Health Services).

Queensland Transcultural Mental Health Centre
Monday to Friday 8:30am- 4:30pm
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OUTLINE FOR CULTURAL FORMULATION – 5 DOMAINS

1. CULTURAL IDENTITY

An individual's cultural identity can influence symptom expression and interpretation. Directly enquiring about these aspects of identity with the individual helps the mental health practitioner to avoid stereotyping or simplifying sociocultural phenomena.

a) Cultural reference group(s)

- ☐ Individual's cultural/racial/ethnic/spiritual/language identification(s)
- ☐ Cultural identity of key members of social network
- ☐ Aspects of cultural identity most important to the individual and whether this has changed over time
- ☐ Individual's views on how others perceive them
- ☐ How cultural identity relates to the presenting problem
- ☐ Characteristics of culture of origin and differences from receiving culture
- ☐ Other important aspects of personal or cultural identity

b) Language

- ☐ Language preference(s)
- ☐ Language(s) in which individual is literate
- ☐ Fluency in language of receiving culture
- ☐ Consideration of the need for an accredited interpreter
- ☐ History of language acquisition and setting(s) of use

c) Involvement with culture of origin & receiving culture

- ☐ Degree and nature of involvement with culture of origin/receiving culture/other(s)
- ☐ Elements of culture of origin that an individual yearns for or are relieved to have left
- ☐ Individual's perceptions of receiving culture (including experiences of racism or cross-cultural differences in values)

d) Migration history

- ☐ Timeframe and reasons for leaving
- ☐ Route/mode for leaving
- ☐ Visa status and implications for the individual
- ☐ Journey experiences

- ☐ Hopes, expectations and concerns (including concerns about migration issues or for people left behind)
- ☐ Family or social supports left behind

Some example questions:

- *What language(s) do you speak?*
- *What language(s) do you prefer to speak at home?*
- *What ethnicity do you identify yourself as belonging to?*
- *What are the most important aspects of your background or identity?*
- *How did you come to Australia?*
- *How have you been affected by moving to Australia?*
- *What were your expectations about coming to Australia?*
- *What are your hopes regarding the future?*

2. CULTURAL CONCEPTUALISATIONS OF DISTRESS

Consider the ways in which culture may influence the individual's experience of, understanding of, and communication about symptoms and problems. Understanding an individual's explanatory model (including their ideas about causes, mechanisms, onset, course and treatment expectations) will help to improve treatment outcomes.

a) Experience and expression of illness in relation to cultural and individual norms

- ☐ Expression of distress in relation to norms of identified cultural reference group/s
- ☐ How individual describes problem to social network
- ☐ How current social networks/culture of origin describes problem
- ☐ Most troubling aspect of problem for individual
- ☐ Individual's views of causes, what makes it worse/better
- ☐ Social network/culture of origin's views of causes, what makes it worse/better
- ☐ Illness prototypes (knowledge of others with similar experience or own past experiences)

b) Meaning of symptoms in relation to cultural and individual norms

- ☐ Individual's explanatory model relative to their cultural reference group(s)
- ☐ Social network's explanatory model regarding the individual's symptoms and problems
- ☐ Individual's explanatory model and expression of distress relative to their beliefs and behaviours prior to experiencing problems or becoming unwell

c) Help-seeking experiences and plans

- ☐ Treatments sought or planned
- ☐ Most useful treatment received
- ☐ Help or treatment in country of origin
- ☐ Use of traditional or other complementary treatments
- ☐ Treatment expectations (preferred treatment, concerns) of individual
- ☐ Treatment expectations of key supports

Some example questions:

- *Why do you think this is happening to you? What do you think are the causes of your problem?*
- *What do others in your family, or your community think is causing your problem?*
- *What kind of treatment do you think would help?*
- *Are there any concerns you have about the treatment or plan we've discussed?*
- *How has this problem impacted you?*

3. PSYCHOSOCIAL STRESSORS AND CULTURAL FEATURES OF VULNERABILITY AND RESILIENCE

The lived experience of an individual, including their stressors and supports, and their social network's response to mental health problems is influenced by cultural factors. An individual's level of psychosocial functioning, vulnerability and resilience needs to be viewed within the family, community and cultural context.

a) Social stressors and supports

- ☐ Stressors and supports that are impacting on the individual (psychological, sociocultural, practical, physical or other)
    - o Relationships with significant others
    - o Role of religious/spiritual factors
    - o Role of local social networks
- ☐ Social network's perception of stressors
- ☐ Barriers to receiving support
- ☐ Current supports in place

b) Level of functioning

- ☐ Impact of level of functioning/impairment on family, work, and social roles and responsibilities
- ☐ Cultural context of the individual's level of impairment or resilience (consider cultural norms)
- ☐ Views of key supports or identified cultural reference groups on the individual's level of functioning/impairment

Some example questions:

- *How does your problem affect your everyday life?*
- *What are your main sources of support?*
- *How does your problem affect your relationship with others?*
- *How do you think people in your family or community expect you to behave or cope?*
- *What would people in your community usually do in the same situation?*
- *What are the stressors in your life now?*
- *What would be helpful to you at the moment?*
- *What are the things that you do now to help you cope?*

4. CULTURAL FEATURES OF THE RELATIONSHIP BETWEEN THE INDIVIDUAL AND THE PRACTITIONER

Cultural, social & language differences between the individual and the practitioner may affect how a practitioner understands and responds to individuals. This can influence assessment, diagnostic conclusions, engagement, and effectiveness of ongoing care. It is vital that mental health care is not influenced by stereotyping, overgeneralising, discrimination, or other forms of bias.

a) Clinician's views of the relationship

- ☐ Views regarding the quality of the communication during the interview
- ☐ Awareness of impact of own cultural background and beliefs on approach to interview and interpretation of behaviours and responses
- ☐ Impact of cross-cultural differences and similarities on engagement and assessment/formulation of case

b) Individual's views of the relationship

- ☐ Views regarding the quality of the communication during the interview
- ☐ Topics important to the individual not covered by the practitioner
- ☐ Individual's views regarding the patient-practitioner relationship and the impact of this on the clinical encounter
- ☐ Preferences of the individual regarding the cultural/gender/linguistic match with the practitioner

c) Impact of cultural features on the therapeutic relationship

- ☐ Impact of cultural features on establishing and maintaining rapport
- ☐ Impact of cultural features on engagement with individual and their key supports in treatment planning and ongoing care

Some example questions:

Questions to ask the individual:

- *Is there anything you think is important that you would like to talk about?*
- *Do you feel that I have understood your situation or problem?*

Questions for the practitioner to reflect upon:

- *What was rapport with the individual like?*
- *What has made it difficult/easy to build rapport with the individual?*
- *Seek feedback from the individual about the proposed treatment plan.*

5. OVERALL CULTURAL ASSESSMENT

Provide a summary of the implications of the information gathered, including consideration of the cultural factors that are hypothesized to impact on assessment, diagnosis, treatment planning and ongoing care for the individual.

A SUMMARY OF CULTURAL CONSIDERATIONS USING THE OUTLINE FOR CULTURAL FORMULATION – A CASE EXAMPLE OF 'SONIA'

Domain 1	• *37- year old woman, mother of two female children (aged 14years and 8months).* • *Punjabi ethnicity, Sikh religion. Speaks English and Punjabi. Punjabi preferred language at home. Requires a Punjabi interpreter, preferably female.* • *Upbringing in northern India, remains connected with family of origin.* • *Educated in India and worked as a Teacher prior to migration. Qualifications not recognised and has not worked as a Teacher in Australia.* • *Migrated to Australia 2 years ago with her husband and first child. Wanted to seek better social and economic opportunities.* • *Role as a mother and wife is strongly influenced by her identification with Punjabi culture.*
Domain 2	• *5- month history of pain symptoms in her back, limbs and head with no identified cause by GP.* • *On further assessment, reported low mood, disturbed sleep, social withdrawal and sense of hopelessness about her future without current suicidality.* • *Believes symptoms are the result of a curse that has been placed upon her.* • *Further collateral clarified these beliefs as a common Punjabi cultural explanation of ill health.* • *Believes that traditional methods may help remove the curse.* • *Stigma about mental illness is significant in Punjabi culture. Husband not supportive of Sonia accessing mental health services.*
Domain 3	• *Identified pressures of caring for her infant without extended family support.* • *Conflict with husband about having a second daughter rather than a son. Lack of practical and emotional support from husband who is experiencing work and financial stressors.* • *Intergenerational conflict with daughter as Sonia perceives her daughter to have a lack of identification with traditional Punjabi culture.* • *Misses family in India. Recent social withdrawal from local Punjabi community due to feelings of shame related to difficulties fulfilling wife and mother roles. Loss of occupational status since arriving in Australia.*
Domain 4	• *Practitioner-patient differences noted in terms of language and socio-cultural background.* • *Use of accredited interpreter facilitated communication.* • *Initially uneasy and expressed concern that she was being asked many questions. On further discussion, practitioner established that Sonia did not have a previous experience of seeking mental health support and was unaccustomed to personal questioning. Acknowledgement of this concern and explanation of process and purpose of questioning helped facilitate remaining interview.*

Domain 5	• *Focus on somatic rather than psychological symptoms may be common phenomena in Punjabi culture – need further exploration of this. This may impact on ongoing reporting of depressive symptoms. Need to ensure depressive symptoms continue to be proactively and sensitively explored and addressed.* • *Belief regarding being cursed consistent with explanatory model of illness in culture of origin (which Sonia remains strongly connected with). Noted absence of psychotic symptoms.* • *Stigma within her culture regarding mental illness may impact on presenting concerns, engagement in assessment and care, and level of family and cultural community support.* • *Presenting symptoms linked to a range of acute and long standing psychosocial and cultural stressors: postnatal period, role and responsibilities as wife and mother within Punjabi culture, acculturation stressors, limited supports, marital and intergenerational conflict.* • *Keen to pursue traditional treatments. Remains open to ongoing engagement with mental health services despite concerns about stigma.*

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