Stocktake of Assessment and Screening Tools

Report of a Survey of the Mental Health and Addictions Workforce at Waitemata District Health Board on the Use of Assessment and Screening tools with Asian Clients

Asian Mental Health Working Group

Final Report

November 2011

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Full Report of the Survey of the Mental Health and Addictions Workforce
at Waitemata District Health Board
on the Use of Assessment and Screening tools
with Asian Clients

Executive Summary

Waitemata District Health Board (WDHB) has developed a District Strategic Plan (DSP) for its services for the next ten years (2010-2020). As part of this process, the WDHB Mental Health and Addictions Services have included goals for improving access and outcomes for the Asian clients and their families. One of the goals identified in the Mental Health and Addictions Services Asian chapter is to:

> *Review current assessment tools to ensure that they are appropriate for screening and outcome measurement, culturally sensitive and effective to work through issues such as stigma, language, trauma, culture, financial, transport and access to a continuum of care/services.*

A study, conducted by the Asian Mental Health working group in 2011 surveyed clinicians in WDHB mental health and addiction services about their views on the utility of the assessment tools currently in use, and on the need for new tools to be identified. The purpose of the stocktake was to find out what assessment and screening tools are currently used; how culturally appropriate the assessment and screening tools are and; in what ways the tools could be used more culturally appropriately when working with Asian clients.

The stocktake was conducted the Asian Mental Health working group (see Appendix 2) with mandate from the Asian mental health governance group. The stocktake started with the collection of a range of assessment tools based on the WDHB HCC system[1] and the experience of the Asian Mental Health working group. For the purpose of the survey, assessment and screening tools are defined as objective and standardised psychological instruments that are currently used by WDHB clinicians to measure a sample of behaviour presented in a clinical setting. The survey consisted of 15 questions and was collected anonymously using survey monkey.

[1] *WDHB HCC system is a patient management system used by all mental health and addiction staff for managing patient information from referral or entry to discharge*

There were 50 completed responses to the survey. The majority of respondents worked in Adult Community Mental Health Services. Additionally, there was good representation from Child and Adolescent Mental Health Services. Mental health nurses, social workers and registered psychologists were the largest groups of responders.

Most common screening and assessment tools used

- Eighty four percent of adult mental health workers used HoNOS, 68% used the Adult Assessment form, and 59% used the Risk Assessment and Safety Plan. Eighty–five percent of Child and Adolescent health workers used HoNOS, 62% used the Alcohol and Drug Assessment and Safety Plan.
- When asked which of the common (non-HCC) tools clinician's would use if they were translated, 70% of respondents stated Beck's Depression Inventory; 34 % mentioned the Hamilton Anxiety Scale, 32% mentioned Connor's ADHD questionnaire and 30% the General Health Questionnaire. The tools mentioned reflected the focus of the two services; all those working in Child and Adolescent Services mentioned the ADHD questionnaire and 85% mentioned Beck's Depression Inventory.

Strengths and limitations of assessment and screening tools

- Respondents were asked "From your perspective what are the limitations or clinical challenges of the current assessment and screening tools when working with Asian clients?" A number of clinicians were concerned that the tools in use did not identify culturally specific concerns or norms and that they might be inappropriate for Asian clients.
- Asked "what are the strengths or advantages of using/applying/adopting the current assessment and screening tools when working with Asian clients?" respondents indicated that the main advantages were consistency, familiarity and comparability.
- Asked about the psychometric properties of the tools, the majority of respondents were concerned that the tools were not normed for Asian populations and that they might be invalidated by being used with an interpreter.

- Asked about the challenges of interpreting assessment information, respondents thought that clients may "hear" the questions differently from what the clinician intended due to cultural differences. Further, that clients may give what they thought was a desirable answer for the clinician or for the family and therefore the results of assessments should be used with caution and as a rough indicator of the true situation.
- Some respondents felt that using tools in the client's first language would be an advantage and that clinicians should be trained in using interpreters and in Culturally and Linguistically Diverse (CALD) cultural competencies.
- In response to a question on comfort with current tools when working with Asian clients, 62% of respondents agreed or strongly agreed that they were comfortable but 34% disagreed and 4% disagreed strongly. Clinicians working in Child and Adolescent Services; and social workers and psychologists, were less comfortable with the forms.
- When questioned about the need for more culturally appropriate tools when working with Asian clients 54% of respondents agreed, and 32% strongly agreed that more appropriate tools were required, 14% disagreed.

Introduction

The purpose of this exploratory study of the assessment and screening tools used in WDHB mental health and addiction services is first to conduct a stocktake of the range of tools commonly available to mental health practitioners. Secondly, the stocktake asks the question "Are these assessment and screening tools serving the purposes for which they are designed when used with Asian service users?". Thirdly, the review asks practitioners for feedback on whether the tools are culturally sensitive and effective enough to assess and manage the care of clients from Asian backgrounds. Mental health and addiction assessment and screening tools need to be sensitive to factors such as: the Asian client and their family/community cultural, linguistic and religious background; migrant or refugee experience (including torture and trauma history); settlement issues such as family reunification, employment, housing and transport issues and; barriers to accessing health and mental health care (including mental health stigma).

Asian clients may not present the symptoms of mental illness in the same way as clients from western backgrounds. The psychological tests developed in the West may have limited sensitivity to the signs and symptoms of mental illness in Eastern cultures.[2] Models of assessment and assessment tests developed in the West for western populations need to be assessed for sensitivity to the experience of mental illness for Asian clients.[3]

The stocktake was conducted the Asian Mental Health working group (see Appendix 2) with mandate from the Asian mental health governance group. This stocktake exercise first started with collecting a range of assessment tools based on the WDHB HCC system[4] and the experience of the working group (See Appendix 2). For the purpose of this survey, assessment and screening tools are defined as objective and

[2] Bhui, K. Chandran, M. & Sathyamoorthy,G. (2002). Mental health assessment and South Asian men. International review of psychiatry, 14 (1), 52-59.

[3] Te Pou (2010). *Talking Therapies for Asian People: Best and promising practice guide for mental health and addiction services.* Auckland: Te Pou o te Whakaaro Nui. URL: http://www.tepou.co.nz/page/906-talking-therapies+talking-therapies-for-asian-people

[4] *WDHB HCC system is a patient management system used by all mental health and addiction staff for managing patient information from referral or entry to discharge*

standardised psychological instruments that are used by the WDHB clinicians to measure of a sample of behaviour presented in a clinical setting. Clinicians use screening assessment tools for various purposes. For the purpose of this survey practitioners/clinicians are defined as any professionals who are involved in the mental health care and management of service users. The survey undertaken consists of 15 questions. This study is not about testing the psychometric properties of the psychometric tools, rather it is to gain perspectives from clinicians regarding their experience of using "Western tools" for assessment and screening Asian clients. The purpose of the survey is not to argue as to which is the better tool for the purposes of clinical and psychometric assessment.

Background

Waitemata District Health Board (WDHB) has developed a District Strategic Plan (DSP) for its services for the next ten years (2010-2020). As part of this process, the WDHB Mental Health and Addictions Services have included goals for improving access and outcomes for Asian clients and their families. One of the goals identified in the Mental Health and Addictions Services Asian chapter is to:

> *Review current assessment tools to ensure that they are appropriate for screening and outcome measurement, culturally sensitive and effective to work through issues such as stigma, language, trauma, culture, financial, transport and access to a continuum of care/service.* [5]

[5] WDHB Mental Health and Addictions Service Development Plan (2010-2015) - Asian Chapter, Version 3, March 2009
Note: Asian refers to people who comes from Asia, including people coming from West Asia eg. Afghanistan, Nepal, to South Asia, covering the Indian sub-continent, East Asia covering China, North and South Korea, Taiwan, Hong Kong, Japan and South East Asia, consisting of countries like Singapore, Malaysia, Phillipines, Vietnam, Thailand, Myanmar, Laos, and Kampuchea (Statistics NZ 1995, 1999, 2003).
Allied Health Staff refers to alcohol & drug worker, counsellor, psychologist, psychiatrist, psychotherapists, social workers, occupational therapist, mental health nurses, mental health consumer & family workers, mental health support workers, other cultural support workers.

The first stage of the review was to survey mental health clinicians on their views about the utility of the assessment tools used and on the need for new tools to be identified. The survey was conducted by the Asian Mental Health working group (see Appendix 2). The purpose of the stocktake was to find out what assessment and screening tools are used in WDHB mental health and addiction services; how culturally appropriate the assessment and screening tools are and; in what ways the tools could be used more culturally appropriately when working with Asian clients.

The stocktake of the assessment and screening tools used by clinicians and allied health staff working in WDHB District Mental Health and Addiction Services was conducted in April 2011. The survey consisted of 15 questions and was collected anonymously using survey monkey. This report presents the results of this survey.

Methodology

A working group was formed to conduct this research project (see Appendix 2). A survey questionnaire was drafted in paper format and reviewed by the Asian mental health and addictions governance group. The final survey questionnaire contained 15 items and was set up online using Survey Monkey (see Appendix 3).. The survey was piloted by four of clinicians including Occupational Therapists (OT), Social Workers (SW) and psychologists in CMDHB.

The online survey questionnaire was sent on 2 May 2011 to all managers of WDHB mental health and addiction services (see Appendix 1) with a covering email requesting that they circulate the invitation to participate to all clinical staff.

Results

Participant characteristics

Responses were received from 83 mental health and addiction clinicians, Of these, 50 completed the questionnaire fully and it is on these 50 responses that the report is based. Of the 50, 82% were female and 18% were male. Seventy-five percent of respondents were aged between 40 and 59 years.

Table 1 shows the services that respondents worked in. The majority (n = 28, 56%) worked in the Adult Community Mental Health Service. rhere was also good representation from the Child and Adolescent Mental Health Services (n = 13, 26%).

Table 1. Service within which respondents were working.

	Number
Adult In-Patient Services	2
Adult Community Mental Health Services	28
Community Alcohol and Drugs Service (CADS)	1
Child and Adolescent Mental Health Services	13
Liaison Psychiatry	0
MHSOP In-patient Services	0
MHSOP Community Mental Health Services	4
Regional Forensic Psychiatry Services- Mason Clinic	2
TOTAL	50

The distribution of the respondents' professional roles is shown in Table 2. The largest group represented were mental health nurses (n = 20), followed by social workers (n = 11) and registered psychologists (n = 8).

Table 2. Role of respondents by service.

	All	Adult Community MHS	Child and Adolescent MHS	Other
Alcohol & Drug Worker	1	0	0	1
Counsellor	0	0	0	0
Mental Health Nurse	20	12	3	5
MHConsumer & Family Worker	0	0	0	0
Mental Health Support Worker	1	0	1	0
Occupational Therapist	4	2	2	0
Other Cultural Appointment	0	0	0	0
Other Non-clinical Support	1	0	0	1
Psychiatrist or other SMO	4	2	1	1
Psychotherapists	0[6]	0	0	0
Registered Psychologists	8	6	2	0
Specific Liaison Appointment	0	0	0	0
Social Worker	11	6	4	1
Other	0	0	0	0
TOTAL	50	28	13	9

In the tables that follow, Child and Adolescent Mental Health Services are distinguished; all other responses are included under the label Adult Mental Health Services.

Assessment and screening tools used

Around two thirds of the 50 respondents who completed the full questionnaire used the assessment tools for each of the four purposes offered (establishing a baseline; assisting diagnosis; assisting clinical interviews; and ascertaining the level of function) – see Table 3. Other uses mentioned included: assessing function in the school setting; tracking medication effects; assessing the client's level of care; and level of care and support needs. One respondent indicated that no assessment tools

[6] One psychologist indicated that s/he was also a psychotherapist

were used although guidelines for assessment were used. There were no major differences across services or between professional roles in the use of the tools.

Table 3. Reason to use Assessment Tools

	All	Adult MHS	Child MHS	MHN	SW	Psycho-logist	Other
N =	50	37	13	20	11	8	11
Establishing a baseline to note clinical progress	64%	62%	69%	65%	55%	88%	55%
Assisting diagnosis	64%	54%	92%	65%	36%	100%	64%
Assisting clinical interviews	62%	59%	69%	45%	64%	100%	64%
Ascertaining the level of functioning of the client to assist clinical management planning	64%	65%	62%	75%	73%	38%	55%
Other	8%	8%	8%	5%	18%	13%	0%

Table 4. HCC assessment forms used.

	All	Adult MHS	Child MHS	MHN	SW	Psychol-ogist	Other
N =	50	37	13	20	11	8	11
Adult Assessment	50%	68%	0%	60%	45%	38%	45%
Collaborative Crisis Plan	16%	22%	0%	20%	9%	25%	9%
Alcohol & Other Drug Assessment	28%	16%	62%	35%	36%	0%	27%
Forensic Review	8%	11%	0%	15%	9%	0%	0%
Hamilton Depression Scale	10%	11%	8%	15%	0%	13%	9%
HoNOS	84%	84%	85%	100%	73%	100%	55%
Mini Mental State Examination	20%	27%	0%	30%	9%	100%	18%
Risk Assessment and Safety Plan	60%	59%	62%	65%	55%	38%	64%

Table 4 shows which HCC assessment forms were used. Among all respondents, the three most frequently used forms were: HoNOS (84%); Risk Assessment and Safety Plan (60%), and the Adult Assessment (50%). The frequency with which a tool is used depends on the service to which the respondent belongs. Eighty four percent of adult mental health workers used HoNOS, 68% used the Adult Assessment form and 59% used the Risk Assessment and Safety Plan. Eighty five percent of child and adolescent health workers used HoNOS, 62% used the Alcohol and Drug Assessment form and the same percentage used the Risk Assessment and Safety Plan. Table 5 lists other tools mentioned by respondents.

Table 5. Other Assessment Tools Used (number of mentions)

Addenbrooke's Cognitive Examination (2)	Hazart alert form (2)
AMPS	HONOSCA (3)
BATOMI	Kessler 10 for rating of anxiety and distress (2)
Beck Anxiety	Level Of Care (LOC) needs assessment Plan (2)
Beck Depression (3)	Medication form
Caseload review form	MHSOA NOrth Initial Assessment Letter
Child and Adolescent on HCC forms (3)	Montreal Cognitive Assessment (different languages)
Child initial assessment form	Post Natal Bonding Questionaire
Chinese Geriatric Depression Scale	PHQ 9 for rating level of Depression Psychological Assessment
Chinese Mini-Mental State Exam (CMMSE)	SACS (2)
Choices Assessment Form	SAST - Short Anxiety Test
Client history	SOAP
Collaborative recoverative plan	Strength and Difficulties Questionnaire (SDQ)
Early Warning Signs/Relapse Prevention (2)	Triage form
Edinburgh Post Natal Depression Scale	Yale Brown OCD Scale
GDS - Geriatric Depression Scale	

When asked which of the common (non-HCC) tools they would use if they were available in the patient's own language, 70% of respondents mentioned Beck's Depression Inventory; smaller numbers mentioned the Hamilton Anxiety Scale (34%), Connor's ADHD questionnaire (32%) and the General Health Questionnaire (30%) – see Table 6. The tools mentioned reflected the focus of the two services; all

those working in Child and Adolescent Services mentioned the ADHD questionnaire and 85% mentioned Beck's Depression Inventory.

Table 6. Preferences for tools in patient's own language.

	All	Adult MHS	Child MHS	MHN	SW	Psycho-logist	Other
N =	50	37	13	20	11	8	11
Beck's depressive Inventory	70%	54%	85%	65%	36%	100%	91%
Connor's ADHD questionnaire for teachers, adolescents and parents	32%	8%	100%	20%	45%	38%	36%
General Health Questionnaire (mental health indicator) GHQ	30%	35%	15%	35%	45%	13%	18%
Hamilton Anxiety scale	34%	46%	0%	50%	0%	63%	18%
Hamilton Depressive scale	22%	30%	0%	30%	18%	25%	9%
Organic screening MMSE (Folstein's)	18%	24%	0%	25%	0%	0%	36%
SANS (Scale for Active/negative symptoms)	6%	8%	0%	10%	9%	0%	0%
SAPS (Scale for active psychotic symptoms)	14%	16%	8%	15%	18%	13%	9%

Other tools, listed in Table 7 were also mentioned. One respondent gave a long list of tools (BAI, BHS, DAPS, MCMI3, WAISIV, WMSIV, RBANS, TSI, WASI, ASQ, ADHD V1, YBOCS"), while another mentioned that the Hamilton Scales do not require interpretation as they are a descriptive scale.

Table 7. Other tools respondents would like to have in an appropriate language (N).

Achenbach Child Behaviour Checklist	Multi anxiety scale for children
Addenbrooke's Cognitive Examination (2)	NEPSY (Autism and Foetal Alcohol)
Beck's anxiety inventory (BAI)	ORS/SRS
Child and Behaviour Checklist (CBCL)	Parent Stress Scale
Edinburgh Post Natal Depression Rating Scale (2)	PHQ-9
ELDRS	PSQ-9
EWS/Relapse Prevention Plan	SACS
GDS in other languages	Strengths and difficulties questionaire (2)
Geriatric Depression Scale (2)	Substance and Choices questionnaire
Incredible Years Parenting Programme.	Trauma checklist
Kessler 10	WISC
Lifestyle Assessment Tool (Chat)	Yale Brown OCD Scale
Montreal Cognitive Assessment	

Asked what other language appropriate material they would like to have available, clinicians listed those shown in Table 8.

Table 8. Other forms desirable for Asian patients

Self-care Pamplets	Illness Pamplets	Assessment tools
Alcohol and substance abuse (3)	Alcohol and drugs	Anxiety
Anger management	All/multiple (5)	Depression
CHOICE	Attention Deficit Disorder	Edinburgh Depression
Client rights	Bipolar/affective disorder (5)	HERADSSS assessment
Community resources(2)	Depression (10)	Kessler 10 (2)
Cultural support	Dementia	Lifestyle assessment
Medication (10)	Early Warning/Relapse prevention	PHQ-9 (2)
Mental Health Act	Generalised Anxiety Disorder (6)	Intelligence Memory
Mental Health Services (7)	Psychoses/ Schizophrenia (10)	Neuropsychological
Parenting	Sex and sexuality	R-BANS
Psychotherapy option (2)	Suicide	Clinical documents
Relaxation (2)	Post Traumatic Stress Disorder	Client history
Self harm	Psychoses Depression	COPM
Sleep Hygeine (2)	Children's illnesses	Lab forms
Self esteem and stigma		Level of care assessment

Strengths and limitations of assessment and screening tools

Respondents were asked "From your perspective what are the limitations or clinical challenges of the current assessment and screening tools when working with Asian clients?" There was concern that the tools in use did not identify culturally specific concerns (7)[7] or norms (2) and might be inappropriate (4). They were not normed for Asian people and assumed a Western way of thinking. Sometimes there were generational differences depending on the length of time clients or family members had been living in New Zealand. There was some cultural resistance to the use of tools and scales for Asian clients.

[7] Numbers in parentheses indicate the number of instances of each comment

One respondent mentioned that validation was needed and that straight translation would not be appropriate. S/he indicated that the development of tools would be desirable but noted that this would be a huge task and would require approval from the original developers.

Clinicians were concerned that the language used in the assessment and screening tools may not be appropriate for Asian clients and could lead to misunderstanding and anxiety (13). Further, the use of interpreters made it difficult to develop trust, and translation might obscure the meaning and slow down the consultation. Additionally, some were concerned that interpreters might not understand how to use the tools.

Asked "what are the strengths or advantages of using/applying/adopting the current assessment and screening tools when working with Asian clients?", respondents indicated that the main advantages were consistency (16), familiarity and comparability. Some respondents felt that the assessments improved communication and understanding; others mentioned improved diagnosis and measurement of progress.

Asked about the psychometric properties of the tools, the majority of respondents who answered the question were concerned that the tools were not normed for Asian populations (16) and that they might be invalidated by being used by a translator.

Asked about the challenges of interpreting assessment information, respondents repeated their thoughts expressed above. Clients might not understand the questions in the same way as the clinician due to cultural differences (19); further, they might give what they thought was a desirable answer for the clinician or for the family. Therefore clinicians concluded that the results of assessment and screening should be used with caution and only as a rough indicator of the client's true situation.

Invited to make other comments, individual respondents felt that: using tools in the client's first language would be an advantage; clinicians should be trained in cultural interpretation and understanding; understanding required the development of an on-going relationship; and that research in the area would be useful.

Table 9 shows the distribution of answers to a question on comfort with current tools when working with Asian clients. Sixty-two percent of the 50 respondents agreed or strongly agreed that they were comfortable but 34% disagreed and 4% disagreed strongly. It would appear that those working for Child and Adolescent Services, and social workers and psychologists, were less comfortable with the forms.

Table 9. Comfort with using current assessment and screening forms.

	All	Adult MHS	Child MHS	MHN	SW	Psycho-logist	Other
N =	50	37	13	20	11	8	11
Strongly disagree	4%	5%	0%	0%	9%	0%	9%
Disagree	34%	27%	54%	25%	45%	50%	27%
Agree	60%	65%	46%	70%	45%	50%	64%
Strongly agree	2%	3%	0%	5%	0%	0%	0%

Table 10 shows the distribution of answers to a question on the need for more culturally appropriate tools when working with Asian clients. Fifty four percent of the 50 respondents agreed, and 32% strongly agreed that more appropriate tools were required, and only 14% disagreed.

Table 10. Need for more culturally appropriate assessment and screening forms.

	All	Adult MHS	Child MHS	MHN	SW	Psycho-logist	Other
N =	50	37	13	20	11	8	11
Answer Options							
Strongly disagree	4%	3%	8%	0%	18%	0%	0%
Disagree	10%	8%	15%	15%	9%	0%	9%
Agree	54%	49%	69%	55%	45%	50%	64%
Strongly agree	32%	41%	8%	30%	27%	50%	27%

Of the 48 people who answered the question 46% (N = 22) would like to be involved in the on-going project.

Limitations of the study

The limitations of the study included:

- the limited sample size
- the views expressed are subjective
- the study is not generalisable
- the responses may not apply to assessment and screening for all Asian groups
- how applicable the findings are to Asian clients may depend on their stage of acculturation
- although the survey offers a suite of commonly used tools, the total range of tools available is not known.
- the reliability of the tools is not measured for Asian populations in this study
- the psychometric properties of the tools are not measured in this study
- the tools listed are used by a limited range of clinicians involved in the mental health care and management of the service users.
- there is little commonality in the tools used by clinicians and/or services

Recommendations

The recommendations of the study are to:

- encourage mental health and addiction service clinicians to complete CALD Cultural competency training including CALD 1"Culture and Cultural Competence", CALD 2 "Working with migrant patients", CALD 3 "Working with refugee patients", CALD 4 "Working with interpreters", and CALD 9 (forthcoming) "Working in mental health contexts with CALD clients"
- encourage mental health and addiction service clinicians to become trained in and use interpreters (CALD 4)
- use the learnings from the findings of the stocktake to inform the development of CALD 9: Cultural Competency Training: "Working in mental health contexts with CALD clients"
- ask the responders to participate in the survey monkey questionnaire which will be used in the development of the CALD 9 resource.

Conclusions

The conclusions of the study are that assessment and screening tools need to be used with cultural sensitivity. The tools available have not been tested for their reliability/validity with Asian clients and therefore clinicians need to use additional information to support clinical assessments including cultural information and information from family members. The study shows that the majority of respondents are using psychometric testing as part of the clinical assessment. Clinician's use of and choice of tools depends on their linical training, DHB policies and individual preferences.

Summary

The significance of the findings of quantitative analysis in the study are uncertain as the total expected response rate was not able to be determined. It is not known how many workers there are in respective mental health and addiction services or how many of these would be expected to use the various forms.

It is clear that those who responded were concerned about the validity of using assessment and screening tools normed for Western populations with Asian clients. It was thought that the difficulties may be compounded when interpreters were used.

There was a widespread requests from responders for psycho-educational material for Asian clients and their families including aspects of self-care and the nature of mental illness. While developing valid assessment tools is problematic it was considered that the publication of culturally and linguistically appropriate pamphlets could be achieved.

Appendix 1

List of managers and people to whom the survey was circulated to

Name	**Position**
Alex Craig	Assoc Director of Nursing
Ana Sokratov	Consumer Consultant
Audrey Walsh	Service Manager, Forensics
Blair Nugent	HR Manager
Bruce Levi	Service Manager, Takanga A Fohe (Pacific Services)
Francis Agnew	Service Clinical Director, Takanga A Fohe (Pacific Services)
Helen Wood	General Manager, MHSG
Jeremy Skipworth	Clinical Director, Forensics
Margaret Mitchell-Lowe	Service Clinical Director, Child & Youth
Murray Patton	Clinical Director, Adult Services & Addictions
Nikki Holmes	MH Pharmacy
Noeline Te Pania	Lead Family Advisor
Peter Mccoll	Psychiatrist Taharoto
Robert Steenhuisen	Service Manager, CADS
Stuart Bloomfield	Group Information Manager, Decision Support Group
Susanna Galea	Service Clinical Director, CADS
Timoti George	Service Manager, Whitiki Maurea (Maori Services)
Tina Earl	Professional Advisor, Psychology
Val Sharpe	Professional Advisor, Social Worker
Karla Bergquist	Operations Manager, Adult MH Services
Vicki Collier	Professional Advisor, Occupational Therapy
Don MacKinven	Operations Manager, Adult Services
Fiona Ironside	Operations Manager, Child & Youth
Megan Jones	Clinical Effectiveness Lead
Annemarie Wille	Service Development Manager
Rebecca Zhang	CADS Asian Service Co-ordinator & CADS Counsellor
Patrick Hinchey	Team Manager - WDHB Mental Health Adult North 2

Name	Position
Charles Joe	Pouwhakahaere: Associate Service Manager Mason Clinic
Margaret Mitchell-Lowe	Service Clinical Director – WDHB Child & Youth Service
Lynda McGill	Community Mental Health Nurse – MHSOA North
Heather Stewart	Team Manager - WDHB Mental Health Adult North 1

Appendix 2

Working Group Members

Name	Organisation
Antony Raymont MBBS PhD	Senior Researcher - Awhina Health Campus responsible for the data analysis and analysis write up of the report
Dr Annette Mortensen	Project Manager – NDSA Auckland Regional Settlement Strategy
Dr Elsie Ho	Assoc Professor, Director of Population Mental Health – Social and Community Health – Tamaki Campus, School of Population Health
Dr Sai Wong	Consultant Psychiatrist – WDHB Asian Mental Health Cultural Support Service; - ADHB Asian Mental Health Service; - CMDHB Community Mental Health Services
Kitty Ko	Asian Development Coordinator – CMDHB Mental Health Service
Kelly Feng	Asian Mental Health Cultural Support & Coordination Service Team Leader
Patrick Au	Coordinator - ADHB Asian Mental Health Service; Counsellor (Private Practice)
Patrick Hinchey	Team Manager - WDHB Mental Health Adult North 2
Sue Lim	Service Manager-Asian Health Support Services

Appendix 3

Survey Questionnaire

Section A: About you

1. Please tick the box/es which best describe your role :
   - ☐ Alcohol & Drug Worker
   - ☐ Counsellor
   - ☐ Mental Health Nurse
   - ☐ Mental Health Consumer & Family Worker
   - ☐ Mental Health Support Worker
   - ☐ Occupational Therapist
   - ☐ Other Cultural Appointment
   - ☐ Other Non-clinical Support (for clients)
   - ☐ Psychiatrist or other SMO
   - ☐ Psychotherapists
   - ☐ Registered Psychologists
   - ☐ Specific Liaison Appointment
   - ☐ Social Worker
   - ☐ Other (please specify)_____

2. Gender: ☐male ☐female

3. Age: ☐under 20 ☐20-29 ☐30-39 ☐40-49 ☐50-59 ☐60-65 ☐66 and above

4. Which service are you working in:
   - ☐ Adult In-Patient Services
   - ☐ Adult Community Mental Health Services
   - ☐ CADS
   - ☐ Child and Adolescent Mental Health Services
   - ☐ Liaison Psychiatry
   - ☐ MHSOP In-patient Services
   - ☐ MHSOP Community Mental Health Services
   - ☐ Regional Forensic Psychiatry Services- Mason Clinic

☐ Specialist Mental Health Services (please specify):

_____

Section B: Assessment and Screening Tools

1. What do you usually use assessment tools for:

☐ Establishing a baseline to note clinical progress

☐ Assisting diagnosis

☐ Assisting clinical interviews

☐ Ascertaining the level of functioning of the client to assist clinical management planning

☐ Others please specify:_____

2. Which of the following HCC assessment forms do you use?

☐ Adult Assessment

☐ Collaborative Crisis Plan

☐ Alcohol & Other Drug Assessment

☐ Forensic Review

☐ Hamilton Depression Scale

☐ HoNOS

☐ Mini Mental State Examination

☐ Risk Assessment and Safety Plan

☐ Other, please specify.....

3. Other than the HCC assessment form, which are the THREE other clinical assessment tools (such as Hamilton Anxiety scale) that you use most?

☐ Beck's depressive Inventory

☐ Connor's ADHD questionnaire for teachers, adolescents and parents

☐ General Health Questionnaire (mental health indicator) GHQ

☐ Hamilton Anxiety scale

☐ Hamilton Depressive scale

☐ Organic screening MMSE (Folstein's)

☐ SANS (Scale for Active/negative symptoms)

☐ SAPS (Scale for active psychotic symptoms)

Other, please specify _____

4. Which other additional assessment or screening forms have you used while working with Asian clients please provide 3 examples:
   a._____
   b._____
   c._____

5. From your perspective what are the limitations or clinical challenges of the current assessment and screening tools when working with Asian clients?

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6. From your perspective, what are the strengths or advantages of the current assessment and screening tools when working with Asian clients?

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7. Do you have any concerns regarding the psychometric properties (eg validity and reliability) of the current assessment and screening tools when working with Asian clients?

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8. From your experience, what are the challenges when interpreting the findings from the assessment and screening tools when working with Asian clients?

Section C: How would you rate the following statements?
(1=do not agree; 5= totally agree)

1. I am comfortable using the assessment and screening form(s) when working with Asian clients?

   ☐1_____☐2_____☐3_____☐4_____☐5

2. I need more culturally appropriate assessment and screening tools to assist in the assessment and management of the Asian clients that I work with?

   ☐1_____☐2_____☐3_____☐4_____☐5

3. Any other comments

FURTHER CONTACT

Following this survey, later in the year we will be holding a focus group to further develop the project to look at:

1. Developing culturally appropriate screening tools for working with Asian clients
2. Developing culturally appropriate assessment tools for working with Asian clients

If you would like to be involved in the future with the above, please indicate below:

☐ YES, I would like to be involved and to be contacted in the future

☐ NO, I do not wish to be involved in the future