

Tips for clinicians when screening older people from a culturally and linguistically diverse (CALD) background



As a clinician, you will come across older people from many different cultures who may require mental health screening. Most mental health screening tools were developed and validated in Western countries with English speaking people and may not reflect how people from other cultures understand and experience mental health disorders. Although some tools may have been translated into other languages, often the translation and validation process occurred in a non-English-speaking country and may not reflect the changes in language and culture that can occur over time when people migrate to another country.

This tip sheet covers the following points with reference to examples from the *beyondblue* Chinese study.

- Choosing a translated tool
- Diversity in language – both written and spoken
- Translating a tool
- Using an interpreter
- Assessing mental health

It is always preferable to use a translated and validated tool to ensure consistency in the administration of the tool. If one is not available, you can use an interpreter, have the tool translated or translate the tool yourself if you are bilingual.

This tip sheet was developed to guide clinicians when choosing and using a mental health screening tool for older people from a variety of CALD backgrounds. Examples from the *beyondblue* Chinese study conducted by the National Ageing Research Institute (NARI) will be provided to illustrate each point.

Background information: the *beyondblue* Chinese study

This tip sheet is one of the resources developed as part of a study funded by *beyondblue* and conducted by the National Ageing Research Institute (NARI) which investigated the usefulness of the Geriatric Depression Scale (GDS) and the Geriatric Anxiety Inventory (GAI) in detecting late life depression and anxiety in community dwelling older Chinese migrants.

The GDS and the GAI were the tools chosen for this study as they are:

- designed specifically for older people
- well validated in the general older population
- among the most commonly used tools by researchers and clinicians.

NARI undertook an extensive process to ensure these two tools were culturally appropriate and valid for screening in older Chinese people.

The tools were translated, back translated and tested with community workers, health professionals and the older people from that cultural group to ensure they were valid for the older people they were supposed to be testing. The revised translated tools were then trialled with older Cantonese and Mandarin speaking people in Melbourne.

We want to share the lessons learned from this project via this tip sheet with health professionals working with other older CALD populations who may not have access to tools that have been culturally validated and tested.

Choosing a translated tool:

- Identify translated version/s of the screening tool you wish to use – preferably one that has been designed for and trialled with older people. You can do this by searching databases through a university or hospital library, or Google Scholar.
- It is preferable to use a translated version that has been validated with immigrants in Australia or another Western country.
- It is recommended that the translated version be reviewed by bilingual health professionals and checked with older people for cultural appropriateness for older people living in Australia.

beyondblue study – Choosing a translated tool

In the *beyondblue* study, the literature review identified two versions of the GDS-15 that had been translated in Chinese and used with older Chinese immigrants living in Western countries (but not in Australia). This included the standard GDS-15 and the Mui (1996) version. Both versions share 10 similar items from the GDS30, but the Mui version includes five different questions for the GDS30 that the author found more relevant to Chinese older people. Only one study used the translated GAI and it was conducted in mainland China.

Diversity in language – both written and spoken

- One language can contain many dialects, which will impact upon understanding.
- There can also be differences in written and spoken language.
- You need to confirm the spoken and written language of the older person so that you can access the correct translated tool.

beyondblue study – Diversity in language

There is great diversity within the Chinese language. As a written language, it has simplified and traditional Chinese. As a spoken language, it has Mandarin, Cantonese, and other less common dialects. Commonly, older people from mainland China speak Mandarin and read and write in simplified Chinese; older people from Hong Kong speak Cantonese and read and write in traditional Chinese; and older Chinese people from Singapore and other East Asian countries speak Mandarin and write in traditional Chinese.

The two translated versions of the GDS-15 were based on Cantonese and written in traditional Chinese, whereas the translated GAI was based on Mandarin and written in simplified Chinese. To reflect this diversity, the translated tools were prepared in both simplified and traditional Chinese.

Translating a tool

- Use a bilingual clinician or professional translator to translate the tool and check the translation with other bilingual clinicians and older people from the target community.
- When using the translated tool, note any difficulties with the questions in the tool and obtain suggestions for modifications; this will help to further refine the translation.

If you are a bilingual clinician from the same cultural background, feedback from older people is still important because your language, definitions, conceptualisations and experiences of mental health may be different from older people.

beyondblue study – Translating a tool

The translated tools were reviewed by a group of health professionals and community workers who suggested a number of minor changes which were adopted. For example:

- The GDS item “Are you in good spirits most of the time?” had been translated into “Are you often in very good spirits” in the translation obtained from early studies. However, some community workers suggested using “Are you often in not bad spirits” because the Chinese community prefer to express their emotion in more moderate terms.
- The GAI item “I often feel like I have butterflies in my stomach” was translated into “I often feel seven up and eight down in my stomach”. The bilingual health professionals and community workers confirmed that “butterflies in the stomach” is not a meaningful phrase in Chinese and that “seven up and eight down in the stomach” is a common Chinese phrase for feeling uneasy or unsettled.





Using an interpreter

- When booking an interpreter you need to consider if a specific language or dialect is required and whether there are any religious, cultural or political issues or gender preferences.
- You need to ensure that the older person will relate well to the interpreter's country of origin.
- Brief the interpreter before the session with the client (what is expected of them) and clarify any terms to be used (e.g. depression, anxiety).
- Direct the conversation to the client, not the interpreter.
- Explain the role of the interpreter to the client and that the assessment is confidential.
- Debrief the interpreter after the session (discuss any issues that arose and how they might be dealt with in the future).

***beyondblue* study – Using an interpreter**

One Mandarin speaking participant involved in the *beyondblue* study was referred to a Mandarin speaking psychologist. She reported that although she could communicate to the psychologist in Mandarin, they were from different cultural backgrounds. She was from mainland China and the psychologist was from Malaysia. There were also different terms used to describe the same concept. Due to these cultural and linguistic differences, she felt that she could not establish rapport with the psychologist and so ended the sessions.

Assessing mental health

- Some cultures may not be willing or may be uncomfortable discussing mental health issues because of stigma. Awareness and sensitivity to cultural factors are important when assessing mental health.
- Relevant ethnic associations can help you understand cultural beliefs that may impact upon the mental health assessment and any preferred terminology for mental health in the relevant community.
- You can find out more information about cultural beliefs in relation to depression and anxiety by speaking with workers from that same cultural group or searching on the internet through organisations such as Transcultural Mental Health.

***beyondblue* study – Assessing mental health**

It was identified through discussion with older Chinese people and Chinese community workers or health professionals that in Chinese culture, depression and anxiety are regarded as weaknesses rather than health conditions. Stigma was also a significant issue that impacted upon access to services. It was useful therefore to discuss mental health conditions along with physical health conditions and discuss how they both impacted on each other.

Summary

It is preferable to use a translated mental health screening tool that has been validated in Australia or another Western country as it is more likely to reflect the definitions, concepts and experiences of immigrants. Using a translated tool also ensures consistent administration, whether you are a bilingual clinician or using a professional interpreter. Whether using a translated tool or an interpreter, cultural awareness and sensitivity are important when dealing with older people from other cultural groups.

Useful resources

Assessing the Geriatric Depression Scale and the Geriatric Anxiety Inventory and education about depression and anxiety amongst the older Chinese community in Australia study (NARI, 2014)

- Translating and culturally adapting depression, anxiety and other mental health screening and assessment tools for older people from CALD communities: a practical guide.

Available at: www.nari.unimelb.edu.au

- Screening for depression and anxiety among older Chinese people: a guide for health professionals.

Available at: www.nari.unimelb.edu.au and www.beyondblue.org.au/resources

Australian Chinese versions of the GDS and GAI (including instructions and scoring)

Available at:

- web.stanford.edu/~yesavage/GDS.html
- www.gai.net.au

Victorian Transcultural Mental Health

www.vtmh.org.au

The assessment of older people with dementia and depression of culturally and linguistically diverse backgrounds: A review of current practice and the development of guidelines for Victorian Aged Care Assessment Services study (NARI, 2011)

- Tip Sheet 1: Assessment and people from culturally and linguistically diverse (CALD) backgrounds (discusses person centred care and assessment, communication and good practice and tips for bilingual assessors although the focus is more on cognitive assessment)
- Tip Sheet 2: Working with interpreters
- Tip Sheet 6: The Geriatric Depression Scale (GDS)-15

Available at: www.nari.unimelb.edu.au/nari_research/nari_research_mental-health.html

Where to find more information

beyondblue

www.beyondblue.org.au

Learn more about anxiety and depression, or talk it through with our Support Service.

☎ 1300 22 4636

✉ Email or 💬 chat to us online at www.beyondblue.org.au/getsupport

mindhealthconnect

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Access to trusted, relevant mental health care services, online programs and resources.



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