

## Development and policy

# Look, listen and test: mental health assessment: the WONCA *Culturally Sensitive Depression Guideline*

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### ABSTRACT

The World Organization of Family Doctors (WONCA) published the *Culturally Sensitive Depression Guideline* in 2004. This guideline recognises the difficulties faced by family physicians in the recognition and management of depression in patients from diverse cultural backgrounds. It explores the metaphor used by patients from different ethnic backgrounds when describing psychological distress. It recognises the importance of a longitudinal

approach to history taking in general practice, recommends the use of interpreters to aid communication and proposes 'look, listen and test' as a schema for mental health assessment in primary care.

**Keywords:** culture, depression, mental health assessment, primary care

## Introduction

The World Health Organization (WHO) predicted that, by the year 2020, depressive illness would be the second most common cause of disability worldwide, after ischaemic heart disease.<sup>1</sup> As patients suffering from a depressive disorder often make their first presentation to their family physician, there are a number of guidelines available emphasising a variety of aspects of the care and management of this condition. In the UK, the 2004 National Institute for Clinical Excellence (NICE) guideline for the management of depression in primary and secondary care, focuses on a stepped care approach to the recognition and treatment of depressive disorder.<sup>2</sup>

With globalisation and urbanisation, there is an increasing need for the family physician to acknowledge the cultural dimension in the presentation and management of a depressive illness. In recognition of this, the World Organization of Family Doctors (WONCA) *Culturally Sensitive Depression Guideline* produced in 2004, focuses primarily on the difference cultural diversity makes to the presentation of the core symptoms of depression.<sup>3</sup> This guideline brings together research evidence and clinical practice, in the management of cultural diversity and depression.

## WONCA *Culturally Sensitive Depression Guideline*: what are the challenges?

The WONCA *Culturally Sensitive Depression Guideline* recognises that family physicians have a long-term relationship with their patients through short, multiple encounters focused on a variety of medical and social reasons.<sup>3</sup> Due to time constraints and training issues, the family physician may have difficulty carrying out a full mental state assessment. The guideline recommends a number of key principles that support a holistic approach to the recognition and management of depression in primary care (Box 1).

### Box 1 Key principles supporting the recognition and management of depression

- 1 A longitudinal approach to history taking
- 2 Information gathering in the context of an individual's cultural and religious beliefs and taboos
- 3 The use of appropriate healthcare workers and interpreters to understand the individual's culture
- 4 The use of 'look, listen and test' schema for mental health assessment in the primary care setting

## History taking

The WONCA guideline recommends a longitudinal approach to history taking when managing depressive illness. The individual's history can be obtained either during one session or through multiple consultations. This history should cover neonatal and early childhood experience, including family, educational, employment, relationship, substance misuse, medical and psychiatric history.

The guideline recognises that there are difficulties obtaining histories from patients whose culture may differ from that of the attending physician. Patients may describe their feelings and symptoms through the use of metaphors that may be alien to the assessing family physician. In such circumstances it recommends the use of experienced interpreters and healthcare workers who may have some knowledge of the individual's culture to aid communication. As family physicians provide continuity of healthcare over time, they may have access to useful information contained in the patient's previous case notes.

## Mental health assessment: 'look, listen and test'

It is estimated that approximately 60% of cases of depression in the community present to primary care, and approximately 60% of these cases remain unrecognised by the family physician.<sup>4,5</sup> Some of the reasons suggested to account for this lack of recognition include the milder nature of illness patients present to primary care with, and the fact that many presentations of depressive disorder are somatic in nature. The WONCA guideline recognises this difficulty and supports the use of the framework provided by 'look, listen and test' to enable the family physician to more effectively assess the presenting patient's mental health.

### Look

Assessment begins from the moment that we first meet the patient, and does not require any specific probe. It is simply a description of what we, as the physicians, or the long-term carers have observed. The family physician can describe the mood, and the affective response that the patient shows. *Look* at the patient in a holistic way. We may observe depressed mood on the face, restricted affect, which refers to an observed behaviour rather than the patient's subjective experience. The patient's face may be expressionless or unchanging. The process of looking continues throughout the consultation, and an emotionless expression when emotional material is being discussed may be observed. Alternatively we may notice tearfulness, crying or even normal mood. We notice the person's style of dressing, noting if they have taken care of their appearance. The patient's body language may show evidence of agitation, reduction in movement, restlessness, slumped shoulders or lack of eye contact.

The WONCA *Culturally Sensitive Depression Guideline* recommends that any inference made from the information obtained from looking, be interpreted in the context of the patient's cultural, social and religious beliefs. It is important to distinguish a reduction in emotional range from normal reticence in the presence of strangers, which may be culturally determined.

### Listen

Language is the mirror to our inner lives. *Listen* in a non-judgemental, empathic way to your patient from the first moment that you meet them, noting

the metaphors that they use. Note the volume, speed, inflection of speech and sighs, which may all be clues to low mood. When you listen you will be able to note response latency and poverty of speech. The content of speech should be noted and this may be persecutory or suspicious. We may hear the patient describe hopelessness, lack of feeling or feelings of guilt and self-blame. In severe cases, we may be faced by a mute individual.

Listening can be a passive process during which we do not probe, or an active process, during which we clarify what the patient has said through direct and indirect questioning. If we are not fluent in the same language as the patient, it is important to use a trained interpreter in order to minimise the loss of meaning. Such interpreters require regular supervision in order to maintain and improve their competence when interpreting predominantly feeling and emotion-based communications. The quality of our information gathering depends on our interpreter's competence and skills.

## Test

The testing phase covers psychological functioning and physical assessment. The *WONCA Culturally Sensitive Depression Guideline* suggests that the family physician should be able to routinely *test* attention, concentration and memory through the consultation, including where possible the use of accredited screening tools where they are available. It strongly recommends that all patients suspected of suffering from depressive disorder, even with a predominantly somatic presentation, should be actively tested for the presence of suicidal ideas, suicidal intent and hopelessness. Common physical causes of low mood, such as hypothyroidism, anaemia, long-term (chronic) illnesses and substance misuse, should also be actively tested for. The family physician should bear in mind that such physical conditions may also occur co-morbidly with depressive disorder.

## Conclusion

The *WONCA Culturally Sensitive Depression Guideline* recognises that many depression guidelines have been produced worldwide and, many are similar in nature, as they recommend a variety of evidence-based treatment interventions. The *WONCA guideline* bears a number of similarities to these guidelines,

but differs in two key areas. It recognises the different use of language and metaphor across diverse populations in the description of psychological states, providing a tool that family physicians can refer to when trying to understand the metaphor used by their patients. It also proposes the system of 'look, listen and test' as a framework to aid the increased recognition of depressive disorder. This simple but comprehensive framework can be used in all primary care settings. The *WONCA Culturally Sensitive Depression Guideline* is available at [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com).

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## CONFLICTS OF INTEREST

None.

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