# Research information about the study entitled "Does the DSM-5 Cultural Formulation Interview mean better transcultural psychiatric diagnostics?"

## **Background and purpose**

Expectations of help from psychiatric care can be mixed. Poor mental health can also be felt and expressed in many different ways. Before start of psychiatric treatment, an assessment is made of the patient's mental health and, if relevant, a diagnosis of illness.

In order to understand the individual patient's experience and understanding of his or her problems, a new interview has been included in a manual for psychiatric diagnosis entitled DSM-5. This interview is intended for use in psychiatric diagnostics and is called a Cultural Formulation Interview. At the interview patients are asked how they view and can explain their problems, and what are their expectations of help. The interview also includes questions regarding the significance of the patient's social and cultural environment.

The purpose of this study is to assess whether the new Cultural Formulation Interview as described in DSM-5 can improve the understanding and assessment of a patient's mental health problems.

### Invitation to participate

Patients who have come into contact with Järvapsykiatrin or who live in Järvapsykiatrin's catchment area during the period August 2015 to May 2017, are being invited to participate in the study.

### How will the study work?

All those participating in the study will be given the standard form of psychiatric assessment and a treatment plan at the clinic and on the ward. As well as this, half of the participants will be questioned using the new Cultural Formulation Interview. Those who are questioned using this new interview will be selected at random. The interview takes approximately 20 minutes and is carried out at the time of an ordinary appointment at the outpatient clinic.

The study will compare the details of psychiatric assessment to the group where the new interview was used with the details relating to the group where it was not. The comparisons will be made anonymously.

### What are the risks?

There may be a risk that the questions asked in the new interview will be seen as difficult to understand or will make the interviewee feel uncomfortable. If so, the interview can be terminated immediately and the opportunity given at the same time to address this with the staff in charge of treatment.

### Are there any advantages?

One advantage of participating in the study is that the questions asked in the new interview may give the case worker a better understanding of the patient's problems, needs and wishes.

### How about the handling of data and secrecy?

Most of the information gathered in conjunction with the study is documented in the patient's ordinary medical records. The body responsible for the personal details of the participants is Stockholm County Council. The details and answers provided by the participants will be processed in a way that ensures they cannot be accessed by an unauthorised person.

The extraction of details from the records will be done without revealing the identity of the individual participant. Details will be stored for ten years after publication of the study results in scientific journals. Thereafter, the details taken from the medical records will be destroyed.

## How will I be informed of the study results?

The study results will be presented as a comparison between the group where the new interview was used and the group where the new interview was not. The results will be presented at research conferences and published in international scientific journals. The results will be presented at group level, and will not make clear which individuals have participated in the study.

### Insurance, remuneration

All those participating in the study will be covered by patient insurance. Those participating in the study will receive no financial or other form of remuneration for their participation.

### Participation is voluntary

Those participating in the study do so voluntarily, and may end their participation at any time and without explanation. Those ending their participation will not be affected by the treatment. The details and answers from those who end their participation in the study will not be included in the analysis or presentation of the study results.

Those who have chosen to participate in the study but wish to end their participation can contact the doctor in charge of their treatment or: Kersti Gabrielson, Operations Manager at Järvapsykiatrin, tel. 123 384 52.

# Consent.

Participation in the study requires the patient's oral consent and is documented in the patient's medical records. Also documented are the details of which body has provided information on the study, the time at which consent was given, and whether a participant has chosen to end his or her participation.

### The parties responsible

The principal body for the research is Stockholm County Council, Box 22550, 104 22 Stockholm. The personal data officer in charge of the details relating to the researchers and participants is Sofie Bäärnhielm, Transcultural Centre, Solnavägen 4, 113 65 Stockholm. Tel. 08 123 486 79, mobile 070 484 61 62, email <u>sofie.baarnhielm@sll.se</u> Ethically approved Registration number 2015/243-31/2 Regional Ethical Review Board in Stockholm.