

Division of Mental Health and Hospitals  
Administrative Bulletin Memorandum

August 2, 1993


**Subject:** Administrative Bulletin 7:17  
Multicultural Services for Clients Admitted to  
State Psychiatric Hospitals

As you are aware, demographic trends are dramatically changing the character of our state. As the number of people from other countries increase in New Jersey, issues of culture, ethnicity and language have assumed paramount importance and must be addressed in making the public mental health system accessible and responsive to each individual.

The Division of Mental Health and Hospitals places value on recognizing cultural and ethnic sensitivity and is committed to provide services that are appropriate to the ethnic, cultural and language needs of the people receiving services.

The purpose of this administrative bulletin is to promulgate policy and procedures to ensure that mental health services and treatment modalities address cultural and linguistic needs of clients admitted to state psychiatric hospitals.

Where necessary or appropriate, administering institutions may promulgate additional policies and procedures which exceed or elaborate on, but in no case conflict with, the Divisional standards set forth in this document.

  
Alan G. Kaufman, Director  
Division of Mental Health  
and Hospitals

AGK:jg  
Attachment

**DIVISION OF MENTAL HEALTH AND HOSPITALS  
ADMINISTRATIVE BULLETIN 7:17**

Date: August 2, 1993

**Subject: Multicultural Services for Clients Admitted to State Psychiatric Hospitals**

**I. Purpose**

To ensure that services and treatment modalities address cultural and linguistic needs of clients admitted to state psychiatric hospitals.

**II. Policy**

It is the policy of the Division of Mental Health and Hospitals to ensure that each person admitted to a New Jersey state psychiatric hospital shall have access to appropriate services based on his/her individual needs. Hospital client treatment procedures and individual discharge goals shall take into account and encompass cultural differences and language/linguistic ability, as they impact on the mental health of the client.

**III. Authority**

This Bulletin is being issued in accordance with Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. Section 794, the Equal Protection Clause of the Fourteenth Amendment to the Constitution of the United States, and the Civil Rights Act 42, U.S.C. 1983.

**IV. Scope**

This policy applies to clients being admitted to, and residing at, State psychiatric hospitals as specified in N.J.S.A. 30:4-160:

- A. Greystone Park Psychiatric Hospital;
- B. Trenton Psychiatric Hospital;
- C. Marlboro Psychiatric Hospital;
- D. Ancora Psychiatric Hospital;
- E. The Forensic Psychiatric Hospital;
- F. The Senator Garrett W. Hagedorn Center for Geriatrics and
- G. Arthur Brisbane Child Treatment Center.

**V. Definitions**

The following words and terms, when used in this bulletin, shall have the following meaning.

**Accommodated Services** - Services that are specific to clients with diverse cultural and linguistic backgrounds which are equal to the quality of services generally available to other clients.

**Bilingual** - Refers to the ability to speak two languages with nearly equal facility.

**Culture/Cultural** - The ideas, traditions, customs, skills, arts of a particular group of people.

**Hospital Language Bank** - A roster of foreign language speaking staff employed at any of the psychiatric hospitals designated to be utilized for patient translation and/or interpretation services.

**Immigrant** - A person from a foreign nation who voluntarily chose to migrate to America.

**Interpreter** - A person who can objectively bridge the obvious communication barrier that occurs when a client who speaks little or no English seeks a particular service.

**Multilingual Documents and Forms** - Documents that are written in the native language of the user to enable non-English speaking clients to comprehend information, understand rights or obligations.

**Non- English- Speaking Client** - A person receiving mental health services who, (1) is unable to readily understand or communicate in the English language, (2) is unable or appear to have limited ability to speak English or to comprehend what others say in English, and (3) is unable to use English effectively as a functional tool of communication for giving and receiving information.

**Refugees** - People from foreign nations who take refuge in the United States to escape cultural, religious or political persecution.

**Translator/Translate** - A person who can convert written or spoken information from one language into another.

## **VI. Procedures**

### **A. Admission to a State Psychiatric Hospital:**

As soon as hospital staff are made aware that they will be admitting a client whose cultural background and language comprehension might limit a complete and accurate assessment and/or limit the necessary treatment regimen, the hospital staff shall initiate necessary procedures to resolve the communication barrier.

1. Staff completing discipline-specific assessments for the Comprehensive Treatment Plan shall be knowledgeable about the client's culture and be bilingual in the client's language. Otherwise, an appropriate consultant/interpreter shall be part of the assessment process. Contact with the Hospital Language Bank shall be made for assistance.
2. Special efforts shall be made to have clients who cannot speak English assigned to professional staff or treatment teams that have employees who can speak the language of the client.
3. Arrangements for the assessment and treatment planning process shall be completed within the time frames established by each hospital in compliance with JCAHO and HCFA standards and prior to development of the Comprehensive Treatment Plan.
4. As part of the assessment process for those clients who have or appear to have limited ability to speak the English language, an evaluation of English language comprehension shall be completed. The evaluation shall include recommendations as to what cultural and linguistic accommodations will be necessary to provide the client with equal access to mental health services necessary to address his/her mental illness.
5. The Comprehensive Treatment Plan shall include appropriate accommodation of the client's special cultural and language needs based upon the assessment process.

B. Treatment Programs:

During the treatment process, clients with diverse cultural and linguistic backgrounds shall be provided reasonable access to treatment programs.

1. Treatment Team meetings shall be scheduled to allow for the client's attendance and participation. Provision for interpretation shall be made for non-English or limited speaking clients.
2. If the clinical condition permits and the need exists, clients may be referred to the Adult Education Department of the hospital or other resources for specialized programs such as E.S.L. (English as a Second Language) designed to address basic English language comprehension.

3. Provision shall be made to have clinical staff who are routinely assigned to non-English speaking or culturally diverse clients, trained in the impact of language and cultural differences on mental health.
4. Special efforts shall be made to secure an interpreter whenever a non-English speaking client is placed in seclusion or restraints. It is important that clients in those situations can communicate their basic personal needs (using the bathroom, food, water, pain).

Staff should also be sensitive to the needs of bilingual clients (especially immigrants and refugees) who are in seclusion or restraints. Individuals who normally have some ability to communicate in English may revert under stress to their native language and begin to function, in effect, as non-English speaking clients. Some immigrants and refugees are at risk of post-traumatic stress disorder (PTSD). These conditions may include returning veterans and prisoners of war, concentration camp internees, survivors of disasters, etc.

C. Clients' Rights:

It is the Division of Mental Health and Hospitals' policy to assure that all clients' rights are protected. With respect to clients with diverse cultural and linguistic backgrounds, additional efforts may be required on the part of hospital staff.

1. An initial court review hearing is typically scheduled and conducted within 20 days of the client's admission. The client's ability to communicate at the hearing must be assured and an interpreter shall be present. (NJSA 2b: 8-1, which states that each county shall provide necessary interpreter services). Arrangements can be made by contacting the Court Interpreting, Legal Translating and Bilingual Services Section of the Administrative Office of the Courts.
2. Documents and policies such as the Patient's Bill of Rights; Medication Fact Sheets; Right to Refuse Medication; patients' consent agreements; fire evacuation plans; advocates services; how to access legal representation and the Elderly Ombudsman's program shall be communicated orally and in written form to clients as needed and appropriate. These documents should be in the language(s) of the predominant population group(s) served by the hospital. An interpreter shall be available for non-English speaking clients and documentation of this noted in the individual's chart.

3. When a multicultural and/or non- English speaking client is undergoing diagnostic testing, evaluation and/or examination, every effort should be made to provide an appropriate assessment. In particular, the client's ability to communicate and participate in the process shall be accommodated. An interpreter shall be made available to the client and clinician to explain the purpose, process, procedures, and to facilitate communication between the client and the clinician.

D. Recreation/Leisure:

In addition to the hospital's regularly offered recreational, and leisure time programs, activities shall be offered which are designed to accommodate clients with various cultural and linguistic backgrounds. The hospital should use established cultural organizations in the community as an appropriate resource for recreational and leisure time programs and activities.

E. Life Safety:

Each hospital shall include within its fire and evacuation procedures specific instructions on how to assure the safety of all clients in emergency situations. Translated visual and/or oral instructions in the language(s) of the predominant population group(s) served by the hospital shall be displayed where needed. To the extent possible, staff on each shift shall be assigned specific responsibility for individual clients in the case of emergencies.

F. Staff Training:

The hospital administration shall make use of existing organizations specializing in providing services to clients with diverse cultural and linguistic backgrounds as a resource to sensitize and educate staff to the needs of, and ways of interacting with, culturally diverse population.

1. Most organizations provide guidelines, pamphlets, directories, etc., to aid staff in meeting the needs of such clients. Updated resources should be routinely made available to staff.
2. Hospitals shall develop and implement an annual in-service orientation program concerning cultural awareness for all staff. Advanced cultural training should be developed for clinical staff working with clients with various cultural and linguistic backgrounds. The training would include as one of its goals the development of cultural competence and

language communication skills in both the professional and direct care staff assigned to the non English speaking client.

G. Staff Recruitment:

Hospitals' Office of Human Resources should be proactive in recruiting professional and direct care staff who are experienced in working with clients of diverse cultural and linguistic backgrounds and/or represent diverse cultural backgrounds.

1. Efforts shall be made to strategically place bilingual and/or multicultural professional staff throughout the hospital in order to maximize their cultural and linguistic skills. Such individuals should also be included in advisory and planning boards, special needs and/or committees dealing with multicultural concerns.

H. Hospital Operational Procedure:

Each hospital shall develop and implement appropriate local operational procedures within ninety days of the effective date of this policy to assure local compliance with the provisions of this policy. The hospital operational procedure shall be approved by the Assistant Division Director responsible for hospital operations and a copy forwarded to the Assistant Director for Quality Improvement and Specialty Services.

  
Alan G. Kaufman, Director

8/10/93  
Date