Tip Sheet

Systems and Psychosocial Advances Research Center
SPARC
Improving Mental and Behavioral Health Services for Better Lives and Stronger Communities

Vol 14 Iss 5
May 2017

A Publication of the Systems and Psychosocial Advances Research Center
A Massachusetts Department of Mental Health Research Center of Excellence

Tips for Mental Health Providers Working with Southeast Asian Immigrants/Refugees

Cultural Brokering is the "...bridging, linking or mediating between groups or persons of different cultural backgrounds to effect change".[1]

Racial and ethnic minorities, immigrants and refugees are less likely to receive adequate mental health care than native citizens.[2-5] Considerable research has documented the historical, cultural, and contextual challenges that are unique to immigrant and refugee populations, which create barriers to finding and accessing mental health services.[6-10] In addition, many immigrants and refugees struggle with the effects of trauma experienced prior to leaving their home country.[7]

Findings from a recent study of Worcester, Massachusetts' providers indicate that immigrants and refugees from Southeast Asian countries, specifically Vietnam, Cambodia, and Laos, often do not recognize symptoms of stress as psychological in origin.[11]

This tip sheet is a collaborative effort between the Systems and Psychosocial Advances Research Center at UMass Medical School and the Southeast Asian Coalition of Central Massachusetts, Inc. (SEAC). SEAC was founded in 1999 to address the lack of culturally and linguistically appropriate support services for Southeast Asian Immigrants in Central Massachusetts, which includes Laotians, Cambodians, and Vietnamese. SEAC provides training to mental health providers who work with immigrants and refugees from these countries. SEAC employs Cultural Brokers, who are tasked with linking persons served with mental health professionals as well as facilitating community connections to meet other identified needs. For individuals starting therapy, Cultural Brokers attend initial sessions to support clients and mental health providers to help build trust and educate and address any cultural issues as necessary.

Common mental health conditions experienced by Southeast Asian immigrants/refugees are:

- Depression
- Anxiety
- Post Traumatic Stress Disorder
- Adjustment Disorders

Mental health conditions among individuals from Southeast Asia often present as physical ailments including:

- Headaches
- Sleep Disorders
- Backaches
- Stomach aches
- Digestive disorders[7]

Southeast Asian immigrants/refugees do not talk about mental health conditions easily, as stigma and superstition about mental health and illness are pervasive. Due to cultural beliefs about mental health conditions, fears of stigma, and repercussions to one's family, Southeast Asian immigrants and refugees do not often seek professional help, often resulting in increased symptom severity and decreased functioning.[11] Developing trusting and respectful relationships is critical to best addressing the mental health needs of Southeast Asians. Below are some culturally-informed strategies mental health providers can use to build strong therapeutic alliances with their Southeast Asian clients.

Be Culturally Sensitive

- Limit physical contact. People from Southeast Asia are often not comfortable with physical contact. Handshaking with a male client may be acceptable, but it may be better to ask before offering a handshake. A small respectful bow is acceptable to all genders. Touching the head is particularly offensive to this population.

- Minimize eye contact. Maintaining consistent eye contact, while valued in American culture, is often considered inappropriate and disrespectful by many Southeast Asian cultures.

- Be mindful of nonverbal communication, such as winking, the "Ok" symbol, putting one or both of your hands in your pockets or on your hips while talking. A variety of common gestures that are fine in American culture can be seen as offensive or misinterpreted in Asian cultures and vice versa. For example: the "OK" symbol many Americans make with their fingers is offensive to individuals from Southeast Asian countries. Winking is considered indecent; and putting your hand in your pockets or on your hips shows arrogance and disrespect. In Vietnamese culture smiling shows respect and can convey an apology for a small offense (e.g., being late) or show embarrassment.[12]

- Acknowledge the importance of family. Traditionally, family is the primary social unit in Southeast Asian culture.[7] Each family member has a specific role and position within their family unit,[7] and family is usually the first place a person goes for help.[13] Due to the importance of family, offering extended family counseling is a way to engage your client in treatment.[7]

- Recognize that mental health symptoms may be described as physical ailments. Be aware that Southeast Asian clients may have a different way of describing their mental health condition. Unlike Americans who may describe depression as feeling "sad" or "down," a Southeast Asian client may report somatic issues.

- Use reliable and culturally validated screening and assessment tools (e.g., Hopkins Symptom Checklist and Harvard Trauma Questionnaire).[7]

Build Trust

- Take your time. This may be the first time your patient has seen a mental health care professional, so don't be in a hurry. You many need to use a long-term supportive treatment approach instead of a time-limited psychotherapy approach.[14]

- Focus on education. Educate your client about the process of mental health treatment, so they are informed and know what to expect.[7]

- Be aware of any potential language barriers. A Cultural Broker may accompany your client to the first few sessions and may act as an interpreter. However, there needs to be care with using interpreters, especially family members, as they may have biases about mental health treatment, which can lead to misinterpretation and miscommunication. A professional interpreter, familiar with mental health care is best.

- Be mindful of the impact of authority figures. Health care professionals are often seen as authority figures and many Southeast Asian immigrants/refugees do not want to question or contradict what you are saying, even if they don't understand what you are saying. One strategy to address this, is to ask your clients to repeat back what you have said to them in their own words to confirm that they understand what you've said.

- Acknowledge fears about seeking mental health treatment. Explore and acknowledge your client's feelings about seeking professional help, especially his or her fears and anxieties related to seeking mental health help and treatment.[13] This may help reduce your client's discomfort and increase their level of trust in getting treatment.[13]

- Understand your client's history. You need to gather information on pre-migration stressors, trauma, refugee

camp experience, separation from and loss of significant others, post-migration stressors, cultural identity, and acculturation.[15-16]

- Understand your client's environment. Find out if your client's basic needs (e.g., housing, food, employment) are being met.[14] If not, work with your client and the Cultural Broker to find assistance.[14]

- Treat each client as an individual. Do not assume that all Southeast Asian clients will have the same symptoms and react the same. You should tailor your treatment to each client's unique needs.[7]

Acknowledge and Learn About Southeast Asian Remedies and Beliefs

- Learn about traditional medical approaches. Be respectful if your client talks about Traditional Chinese Medicine (e.g., yin and yang, hot or cold, imbalance in one of the Five Elements, etc.). Educate yourself on some of the basics of Traditional Chinese Medicine, so you can better understand your client's view of his or her mental health symptoms and try to view these treatments as complementary in your client's overall treatment plan. Your client may be receiving some form of treatment from a traditional healer, some of which have little chance for harm (e.g., cupping, diet change, and acupuncture). However, they may also be using certain herbs or teas, some of which could cause interactions with psychiatric medication.

- Consider religious beliefs. Be aware of your client's religious beliefs. For example, some Buddhist concepts such as karma and a prohibition against suicide can be protective factors.[7] But other aspects of Buddhism can have a negative aspect, such as feelings of fatalism, that can dissuade a person from seeking help.

- Medication education may be needed because medication noncompliance is frequent among Asian clients.[15] The reasons for stopping early can be side-effect intolerance; feeling better and thinking they can stop the medication; the medication not working fast enough.

If you want to work with this population, take the time to educate yourself about the Southeast Asian immigrant/refugee subgroup populations. Practicing culturally competent care will encourage your clients to seek out and participate in mental health treatment. Partnering with Cultural Brokers, culturally competent social workers, patient advocates, and organizations like the Southeast Asian Coalition of Central Massachusetts, Inc., can assist you in building a trusting relationship with your new client. Building these bridges will not only benefit your current clients, but clients may share with others that you are a mental health provider that is adept at working with Southeast Asians, which could help others take steps to access to mental health care.

For further assistance, contact the SEAC by phone at 508-791-4373 or visit www.seacma.org to learn more about available resources and supports.

Suggested Citation: Southeast Asian Coalition of Central Massachusetts & Logan, D. (2017). Tips for Mental Health Providers Working with Southeast Asian Immigrants/Refugees. Worcester, MA: University of Massachusetts Medical School, Department of Psychiatry, Systems and Psychosocial Advances Research Center (SPARC).

Tips for Mental Health Providers Working with Southeast Asian Immigrants/Refugees was made possible by a collaboration between the Southeast Asian Coalition of Central Massachusetts, Inc. (SEAC) and the Systems and Psychosocial Advances Research Center (SPARC). SPARC is located in the Department of Psychiatry at the University of Massachusetts Medical School.

References

1. Jezewski, M. A. (1990, August). Culture brokering in migrant farm worker health care. *Western Journal of Nursing Research, 12*(4), 497–513.
2. Gonzales, J. J., & Papadpoulos, A. S. (2010). Mental health disparities. In B. L. Levin, K. D. Hennessy, & J. Petrilla (Eds.), *Mental health services: A public health perspective, 3rd edition* (pp. 443-464). New York, NY: Oxford University Press.
3. Kessler, R. C., & Wang, P. S. (2008). The descriptive epidemiology of commonly occurring mental disorders in the United States. *Annual Review of Public Health, 29*(1), 115-129.
4. Snowden, L. F. (2012). Health and mental health policies' role in better understanding and closing African American–White American disparities in treatment access and quality of care. *American Psychologist, 67*(7), 524-531.
5. Berdahl, T., & Torres Stone, R. (2009). Examining Latino differences in mental healthcare use: The roles of acculturation and attitudes towards healthcare. *Community Mental Health Journal, 45*(5), 393-403.
6. Cardemil, E. V., Adams, S. T., Calista, J. L., Connell, J., Encarnación, J., Esparza, N. K., … Wang, E. (2007). The Latino mental health project: A local mental health needs assessment. *Administration and Policy in Mental Health, 34*(4), 331–341. doi:10.1007/s10488-007-0113-3
7. Hsu, E., Davies, C. A., & Hansen, D. J. (2004). Understanding mental health needs of Southeast Asian refugees: Historical, cultural, and contextual challenges. *Clinical Psychology Review, 24*(2), 193-213.
8. Bernal, G., & Saéz-Santiago, E. (2006). Culturally centered psychosocial interventions. *Journal of Community Psychology, 34*(2), 121-132.
9. Hays, P. A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy, 2nd ed*. Washington, DC: American Psychological Association.
10. Sue, S. (2003). In defense of cultural competency in psychotherapy and treatment. *American Psychologist, 58*(11), 964-970.
11. Cardemil, E. V., Torres Stone, R., & Keefe, K. (2016). *Worcester community mental health assessment.* Worcester, MA: University of Massachusetts Medical School, Department of Psychiatry, Systems and Psychosocial Advances Research Center. Retrieved from https://www.umassmed.edu/globalassets/systems-and-psychosocial-advances-research-center/news-folder/community-mental-health-assessment.pdf
12. Vietnamese non-verbal communication. (n.d.). Retrieved April 24, 2017, from http://www.vietnam-culture.com/articles-55-6/Non-verbal-communication.aspx
13. Nguyen, Q. C. X., & Anderson, L. P. (2005). Vietnamese Americans' attitudes toward seeking mental health services: Relation to cultural variables. *Journal of Community Psychology, 33*(2), 213-231. doi:10.1002/jcop.20039
14. Kinzie, J. D. (1989). Therapeutic approaches to traumatized Cambodian refugees. *Journal of Traumatic Stress, 2*(1), 75–91. doi:10.1002/jts.2490020108
15. Du, N., & Lu, F. G. (1997). Assessment and treatment of posttraumatic stress disorder among Asian Americans. In E. Lee (Ed.), *Working with Asian Americans: A guide for clinicians* (pp. 275–294). New York: Guilford Press.
16. Tanaka-Matsumi, J., Seiden, D. Y., & Lam, K. N. (1996). The culturally informed functional assessment (CIFA) interview: A strategy for cross-cultural behavioral practice. *Cognitive and Behavioral Practice, 3*(2), 215–233. doi:10.1016/S1077-7229(96)80015-0