

# DOCUMENTING OUR PRESENCE *ASIAN IMMIGRANT COMMUNITIES & MENTAL ILLNESS*

Improving Treatment Quality Through Cultural Competence  
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# Overview of Workshop

- ⦿ **What is cultural competence?**
- ⦿ **Introduction to Goals & Objectives**
- ⦿ **Documenting Our Presence: Video Presentation**
  
- ⦿ **I. Demographics**  
*Who are we talking about?*
- ⦿ **II. Family Structure & Values**  
*What is the cultural background of the people we serve?*
- ⦿ **III. Disparities in Mental Health care**  
*Why are we here?*
- ⦿ **IV. Culture Specific Barriers to seeking help**  
*What we can tell you about cultural matters in access & utilization*
- ⦿ **V. Consumer and Family needs**  
*What families tell us they need?*
- ⦿ **VI. What NAMI NJ offers**

# What is Cultural Competence?

- A group of skills, attitudes, and knowledge that allows persons, organizations, and systems to work effectively with diverse racial, ethnic, and social groups.
- *"Ask. Don't assume.\*"*  
*-Attitude of humility & skill of self-reflection*
- Knowing that we don't know everything about all cultures, rather than making assumptions.
- Knowing our own biases and prejudices, either intentional or unintentional.
- Making efforts to understand the worldview and cultural background of the client and applying this understanding to interactions with the family and client.

# Goal & Objectives

- Goal:  
To gain an understanding of issues surround mental health access and treatment for Asian Americans
  - Objective 1:  
Understand diversity of Asian American population in New Jersey.
  - Objective 2:  
Identify cultural and social barriers to accessing services
  - Objective 3:  
Learn what will help clients stay in treatment.

# Section I

## Demographics

*Who are we talking about?*

Statistics are collected for  
“categories” of people.

We will be focusing on the category:

**Asian American and Pacific Islander**

# ASIAN AMERICAN



A HUGE UMBRELLA TERM FOR THE MOST DIVERSE GROUP OF PEOPLE IN THIS COUNTRY. THERE ARE OVER 30 DIFFERENT NATIONALITIES AND ETHNIC GROUPS AMONG THE ASIAN AMERICAN COMMUNITY. WE ARE NOT JUST CHINESE, JAPANESE AND KOREAN. WE ARE SAMOAN, PAKISTANI, MALAY AND KHMYU AS WELL.

SO WHY BOTHER WITH THE TERM ASIAN AMERICAN? HAVN'T IT A BROAD TERM USED TO CREATE AN ARTIFICIAL BOND BETWEEN CULTURES THAT HAVE NOTHING TO DO WITH EACH OTHER EXCEPT CLOSE GEOGRAPHIC PROXIMITY? WHY GIVE STRENGTH TO A LABEL THAT WE SHOULD BE TEARING DOWN?

<http://www.secreasianman.com/>

# Diversity behind Labels

- ◎ The demographic category of **Asian Americans and Pacific Islanders** refers to 43 ethnic groups, including 28 Asian groups and 15 Pacific Islander groups.
  - *South Asian population* includes people of Indian, Pakistani, Bangladeshi, Sri Lankan, Nepali, Afghan and Bhutanese origin.
  - *Chinese population* includes people from mainland China, Hong Kong, Taiwan, Singapore, Malaysia, Indonesia, and other East Asian countries.

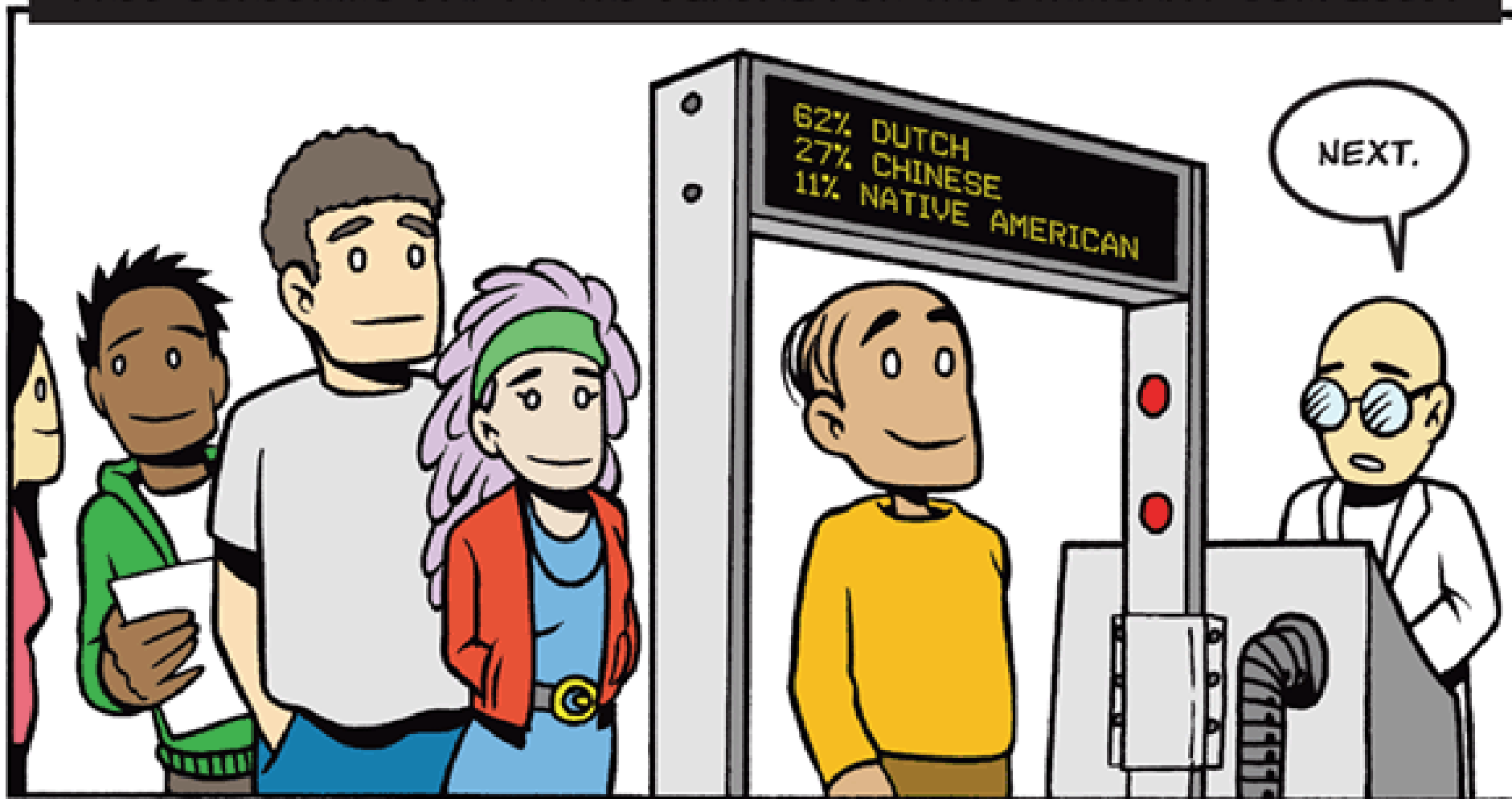
# Exercise 1: Who are we?



# SECRET ASIAN MAN™ By Tak

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FREE SCREENING DAY AT THE BUREAU FOR THE ETHNICALLY CONFUSED.

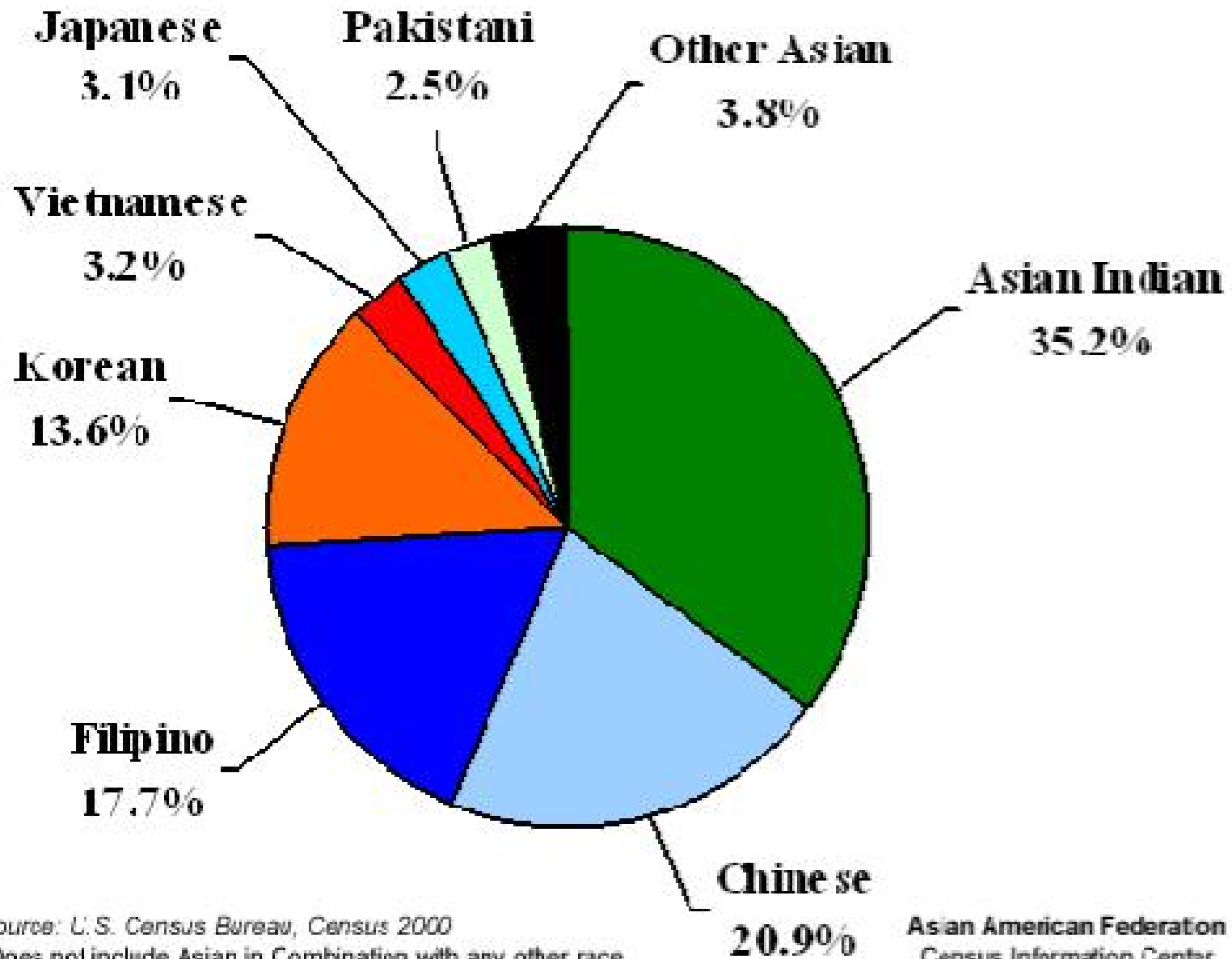


# Statistics

*The Asian American population in New Jersey grew by 77.4% from 1990 to 2000, and by 35% from 2000 to 2007.*

# New Jersey - Asian Groups (2000)

TOTAL ASIAN POPULATION: 430,376

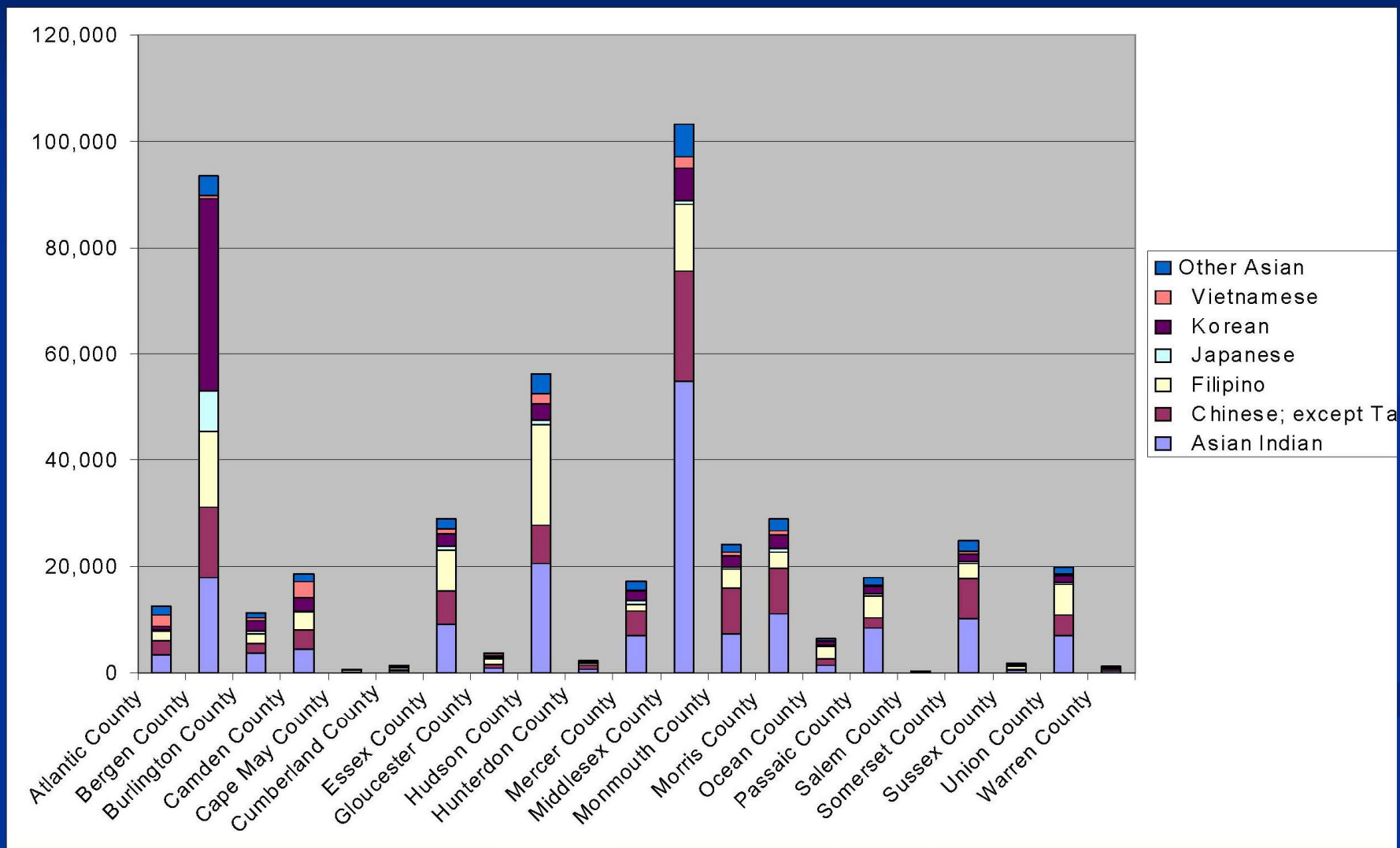


Source: U.S. Census Bureau, Census 2000

\*Does not include Asian in Combination with any other race.

Asian American Federation  
Census Information Center

# Asian Subgroup Composition of Asian Americans in New Jersey Counties



# South Asian Population

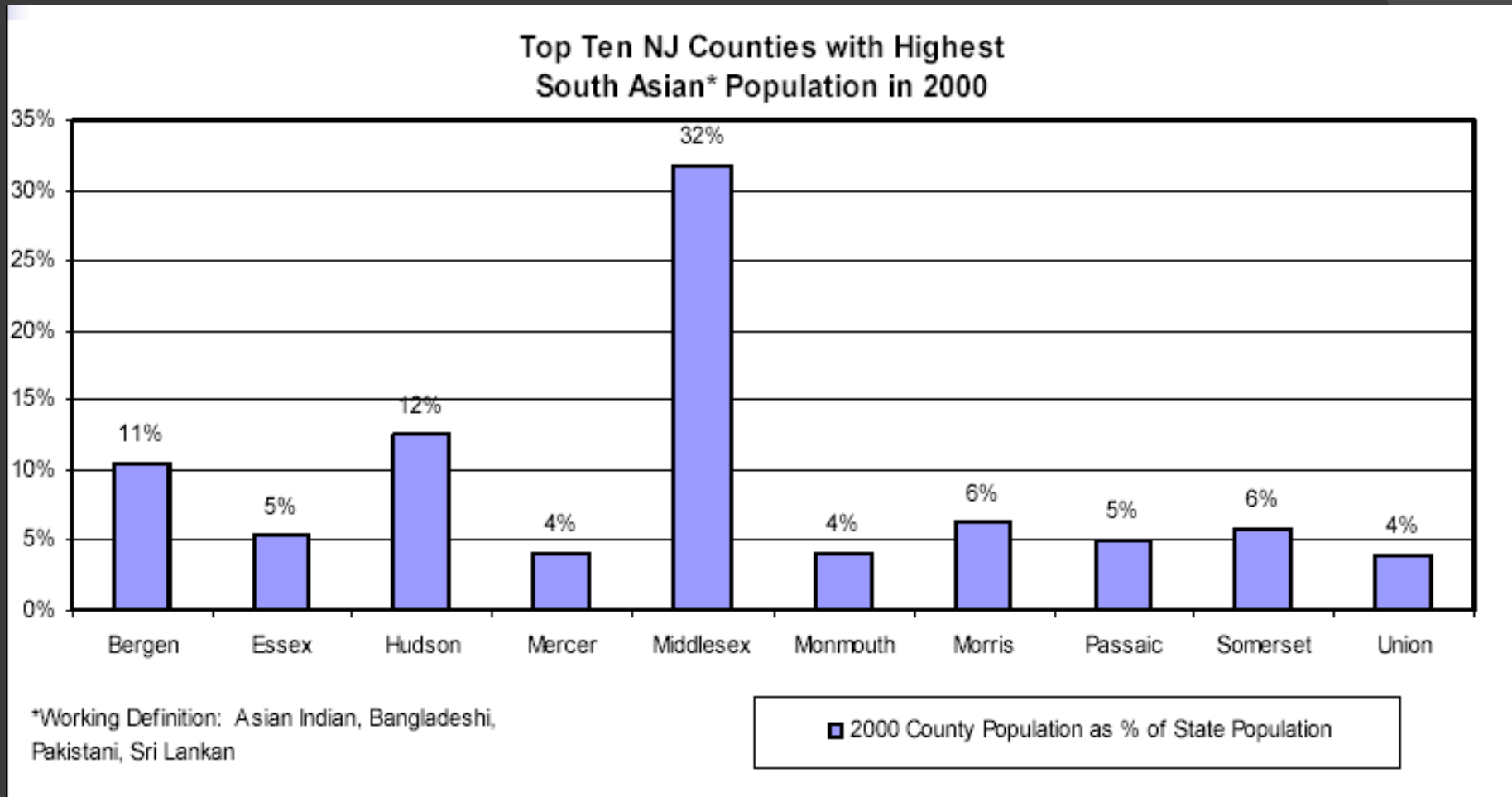
*Working Definition:*

*Asian Indian, Bangladeshi, Pakistani & Sri Lankan*

- |   |   |
|---|---|
| ■ Census 2000 US:<br>281 Mil. Total Pop.<br>1.9 Mil. South Asians<br>279.5 Mil. Non-S. Asians | ■ Census 2000 NJ:<br>8.4 Mil. Total Pop.<br>184.5 Thou. S. Asians<br>8.2 Mil. Non-S. Asians |
| ■ Growth 2000/1990 US:<br>13% Total Pop.<br>106% South Asians<br>13% Non-S. Asians            | ■ Growth 2000/1990 NJ:<br>9% Total Pop.<br>113% South Asians<br>8% Non S. Asians            |

# South Asian Population

## *New Jersey Counties*

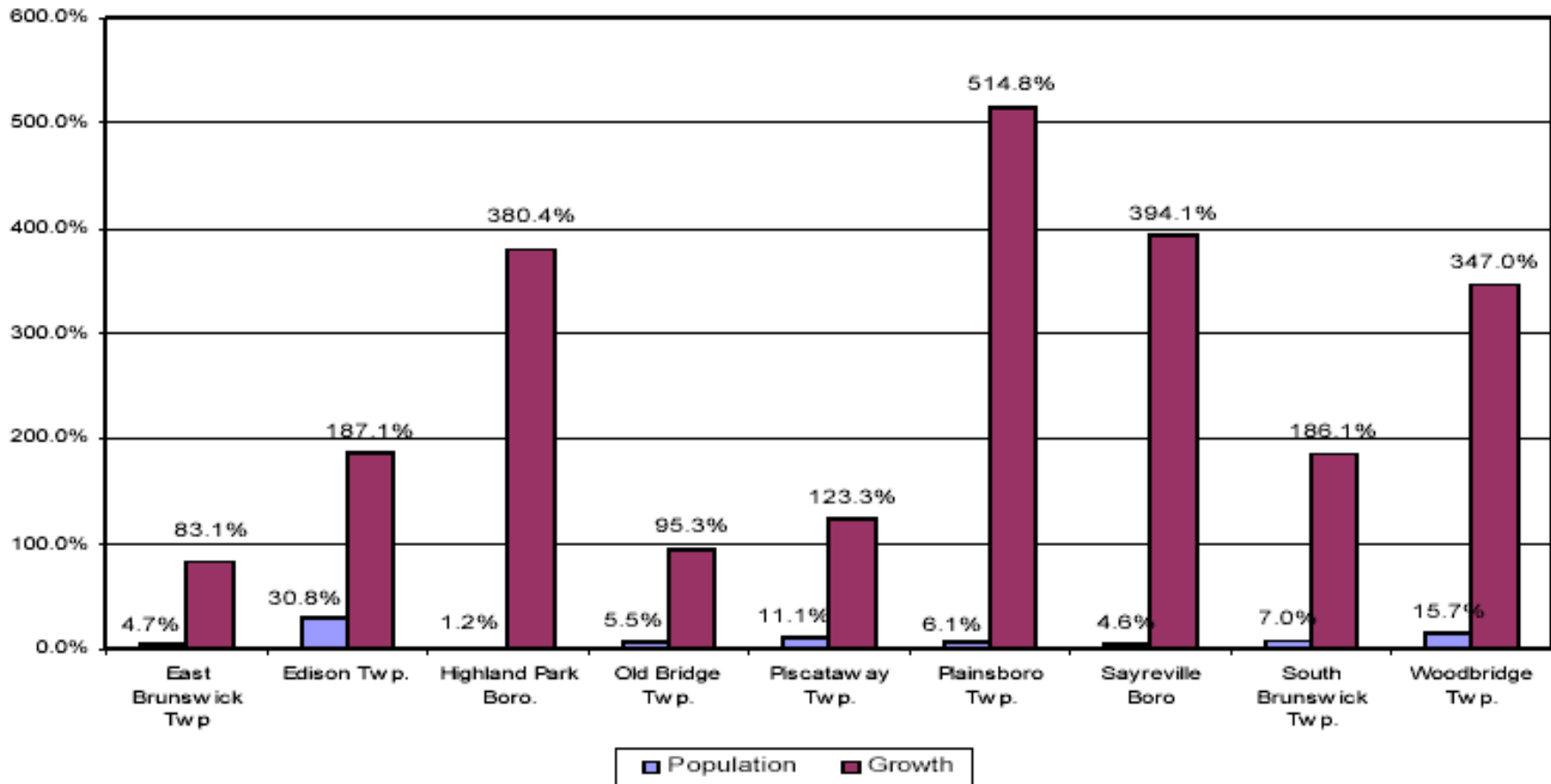


Source: U.S. Census 2000, UMDNJ Office of Multicultural Affairs

# Asian Indian Population & Growth

## *Middlesex County Municipalities - NJ*

Asian Indian\* Population in 2000 and Growth 1990 - 2000 top Municipalities in Middlesex

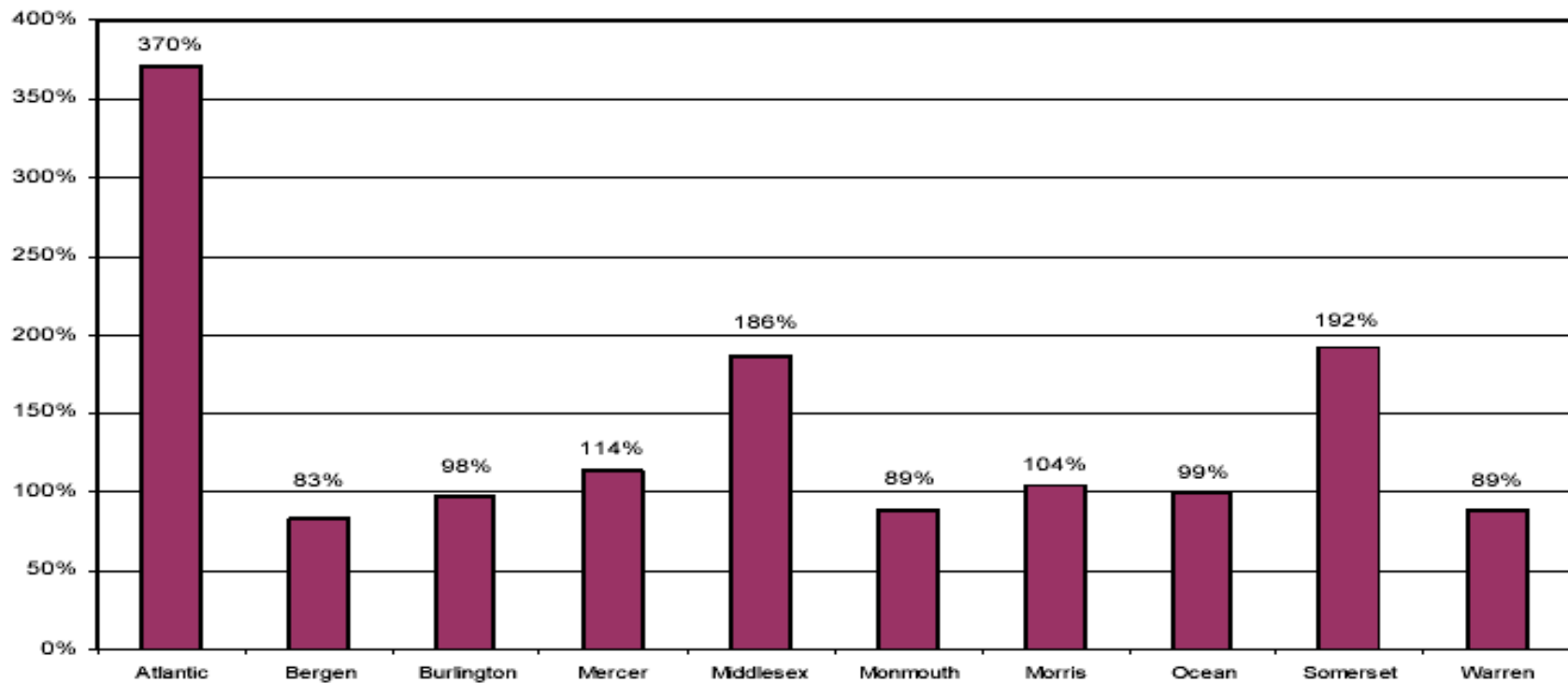


Source: U.S. Census 2000, UMDNJ Office of Multicultural Affairs

# South Asian Population Growth

## *New Jersey Counties*

Top Ten NJ Counties with Highest Growth  
South Asian\* Population 1990 - 2000



\*Working Definition: Asian Indian, Bangladeshi, Pakistani and Sri Lankan

■ Top NJ Counties Highest Growth 1990 - 2000

Source: U.S. Census 2000, UMDNJ Office of Multicultural Affairs



# South Asian Languages

- ⦿ English is widely spoken in South Asian countries by the urban population.
- ⦿ India: Official language – Hindi; 22 recognized languages; over 800 dialects.
- ⦿ Bangladesh: Official language – Bangla
- ⦿ Sri Lanka: Official language – Sinhalese  
Tamil is also widely spoken.
- ⦿ Pakistan: Official language – Urdu;  
Punjabi & Sindhi are widely spoken.

# The Chinese Population

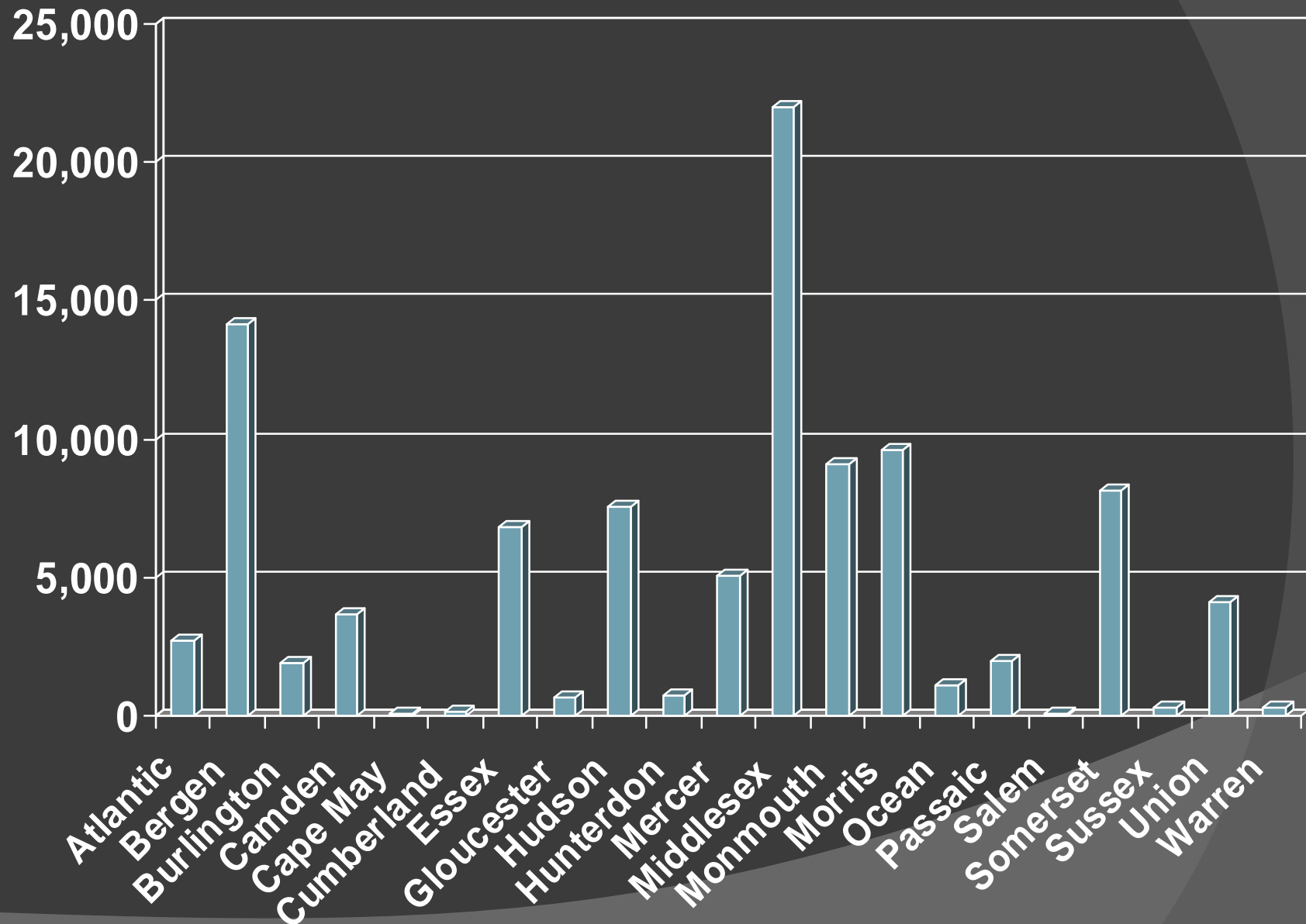
- The South Asian population consists of relatively recent immigrants (hence there are mostly foreign born and first generation South Asians with a second generation which is small in number and young in age)
- The Chinese diaspora currently contains first, second, third, fourth and fifth generation immigrants. Clearly, acculturation over generations adds another level of diversity to this group.

# The Chinese Population

- There are over 3 million Chinese nation wide; growth rate was 15% from 2000 to 2004.
- There are over 160,000 Chinese residents NJ. In Middlesex County alone, there were an estimated 40,000 Chinese residents in year 2004.
- Growth rate from 1990 to 2000:
  - Somerset County: 128.0%;
  - Middlesex County: 107.9%
    - Edison Township: 133.8%;
    - East Brunswick Township: 91.2%

*Source: Census 1990; Census 2000; 2004 American Community Survey; NAMI NEW JERSEY*

# Chinese Population - *New Jersey Counties*



Source: U.S. Census 2000; NAMI NEW JERSEY

# Chinese Languages

- ◎ 57% of Chinese speakers in the U.S.A speak English less than “very well”.

(2004 American Community Survey)

- ◎ Main Chinese dialects spoken:

Mandarin, Cantonese, Taiwanese, Hakkanese, Shanghainese, Toishanese

- ◎ Written forms:

- Traditional Chinese
- Simplified Chinese

# Religion

South Asian religious backgrounds include:

Hinduism

Islam

Jainism

Zoroastrianism

Sikhism

Christianity

Buddhism

Chinese religious backgrounds include:

Buddhism

Atheism

Christianity

Islam

Section II

*Family Structure &  
Values*

# Degree of Acculturation

- The immigrant populations we are discussing consist of relatively recent immigrants, who have lived in NJ for the past 15 years or less. Most Asian immigrants are foreign born, with an American born first generation which is smaller in number and young in age.
- There are large numbers of undocumented immigrants in the state.



# Asian Immigrant Family Structure

- Basic family unit: Grandparents (usually father's parents); parents, children.
- "Joint family" households are common- i.e. extended family, including father's siblings and/or cousins, and their spouses and/or children live together.
- Ties to family members in native countries are very strong.
- "Aunties" and "Uncles" are not necessarily family members!

# Asian Family Values & Impact on Mental Illness Help Seeking

- In Asian families, each family member is connected to and dependant on every other family member so that their decisions, actions and behavior deeply affect others.
- Therefore, a “defect” such as mental illness reflects poorly on the entire family. Not only is the individual shamed but it causes shame for all. Parents may blame themselves for the child’s limitations. Families may fear a reduction in their perceived “status” in the community.
- Seeking help for family problems can mean acknowledging the “defect” and families tend to fear the consequences, which can create pressures on the family to hide the “defect”.

# The Asian Child & Her Family

- Children as old as second graders are sometimes still handfed by mothers, and have difficulty adjusting to eating independently at school.
- Children often co-sleep with parents till age 6 or later.
- Parents have very high expectations of their children's academic achievement -sports and other extracurricular activities are always secondary to academics.
- Families are usually socially conservative, and the degree of social freedom allowed depends on gender.
- Corporal punishment is more common than in the U.S.



# The Child

- Children often straddle two worlds, and two different sets of expectations.
- Having to “choose” between these worlds can cause confusion and distress, which is usually not resolved until adulthood.
- Using children as interpreters in schools for parents or other caregivers with limited English skills places them under tremendous stress, and creates rifts in family hierarchy.
  - Title VI, 42 U.S.C. § 2000d et seq., was enacted as part of the landmark Civil Rights Act of 1964. It provides standards for oral interpretation, and specifies that it is not acceptable for agencies to rely upon an LEP individual’s family members or friends to provide the interpreter services.

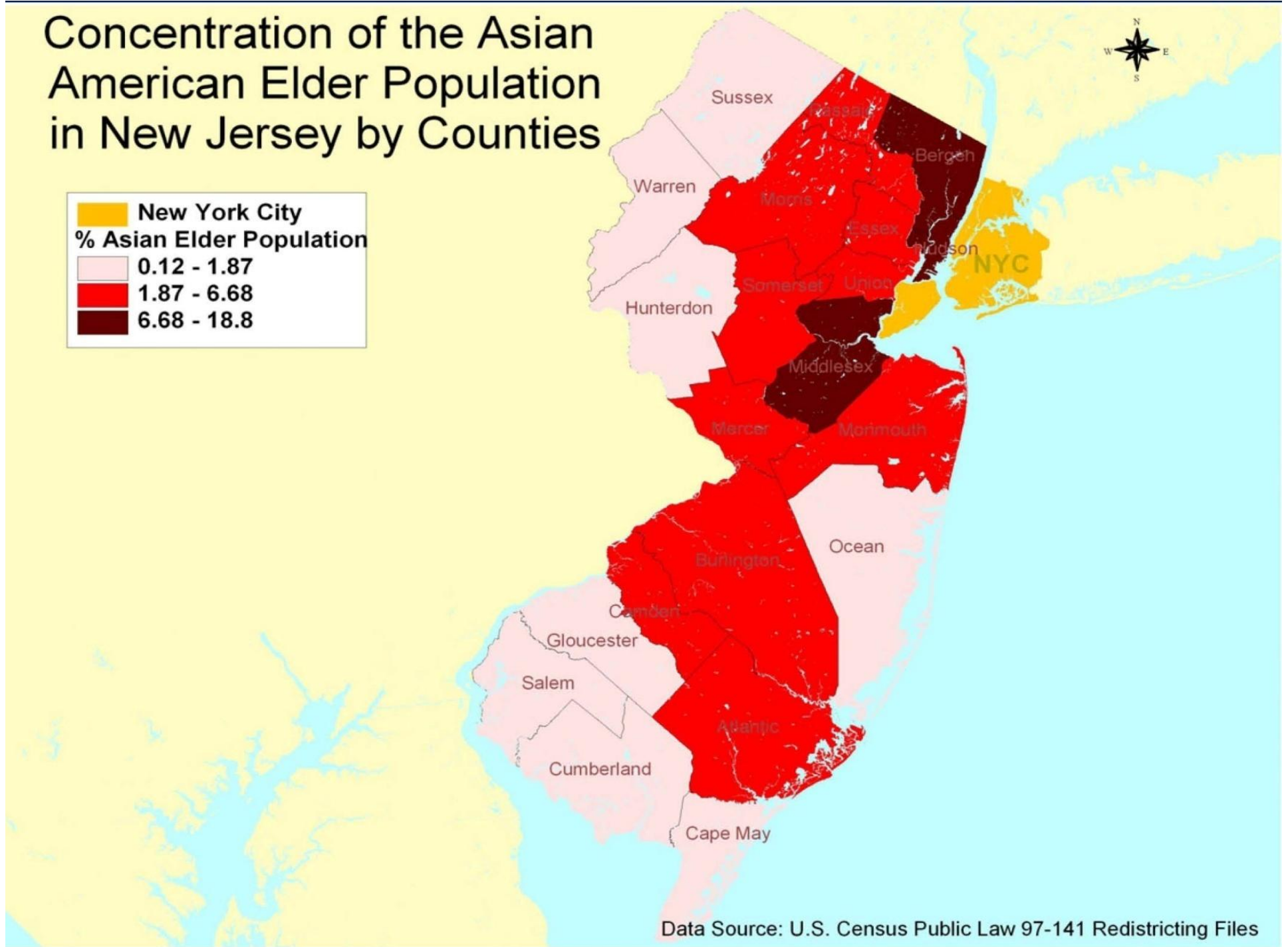
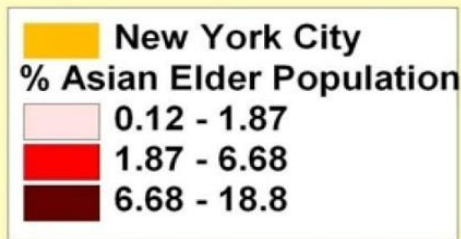
# Asian American Adults

- The majority of Asian immigrants are between the ages of 25-34.
- The single population is mostly male.
- Young married couples experience a great of stress due to the lack of family and social support.
- Domestic violence rates are high.

# Gender Roles & Immigration

- ⦿ Transitions in gender roles due to immigration
- ⦿ Dual roles to shoulder:  
Traditional & Westernized role
- ⦿ Reduced authority of men in household.
- ⦿ The mother-in-law / daughter-in-law relationship in South Asian culture is an especially volatile one.

# Concentration of the Asian American Elder Population in New Jersey by Counties



Data Source: U.S. Census Public Law 97-141 Redistricting Files



# Secret Asian Mom



Excuse me, where is the Subway station?



Excuse me, where is the Subway station?



Excuse me, where is the Subway station?



# Limited English Proficiency

- “Limited English Proficiency” (LEP) is defined as speaking English “Not well” or “Not at all”.
- 12.8% of the general Asian population face LEP.
- 41.8% of the Asian elder population face LEP.
  - 95.3% of Asian Seniors in NJ are immigrants.

# Disability Levels

- ① 37% of Asian seniors face at least some kind of disability.
- ① Physical disability is reported most often, followed by sensory and mental disability.
- ① 1.1% of elderly Asian women report mental illness problems
- ① 0.4% of elderly Asian men report mental health problems.
- ① Mental disability level is likely to be higher, since Asian families do not address mental illness in the elderly due to stigma and accepting deterioration of health in general.

# Section III

## *Mental Health Disparities by Race/Ethnicity/Culture Why we are here*

# *According to the Surgeon General's report (and supplement):*

- ⦿ The “overall annual prevalence of mental disorders is about 21% of adults and children” in the US.
- ⦿ “The prevalence of mental disorders for racial and ethnic minorities in the US is similar to that for whites.”
- ⦿ However, there exist “several disparities affecting mental health care for racial and ethnic minorities compared with whites.”
- ⦿ A lack of adequate, appropriate and high quality treatment for disabling conditions create a condition that “**minorities suffer a disproportionately high disability burden from unmet mental health needs.**”

# Barriers to Access to Care

According to the Surgeon general's report:

- All Americans face the following barriers:
  - Cost of care
  - Fragmentation of services
  - Lack of availability of services
  - Societal stigma toward mental illness
- However, racial and ethnic minorities face additional barriers:
  - Mistrust and fear of treatment
  - Racism and discrimination
  - Language difficulties
  - Differences in Communication Patterns

# Culture Matters

In addition to the Surgeon General's study, our consumers and other experts in the field report that many more barriers that stem from:

- The cultural meaning of mental illness
- The traditionally acceptable methods of coping
- The traditional methods of treatment
- The immigrant status of many
- The lack of information/knowledge/awareness of mental illness, modes of treatment, availability of services, systemic supports etc.

Section IV

# **Culture Specific Barriers**

*What we can tell you*



# Research Suggests...

According to the literature:

- ⊙ Underutilization of mental health services as compared to whites and other minority groups is characteristic of AA/PI groups regardless of gender, age, and geographic location.
- ⊙ Among those who use services, the severity of their condition is high  
This suggests that they delay using services until problems become very serious – they tend to use mental health services as a “**last resort.**”
- ⊙ Stigma and shame are major deterrents to their utilization of services.

# Stigma

- Stigma takes on a particular meaning in Asian families.
- As in other cultures – the idea that mental illness is a “defect” and therefore, a cause for shame also exists in Asian cultures.
- However, social pressure to be a model minority and immigration add complications and intensify experiences of shame.

# Cultural Meanings of Mental Illness:

- Character flaw or weakness
- Physical and emotional strain & exhaustion
- Supernatural intervention
  - witchcraft; evil eye
- Religious beliefs
  - Spirit possession
  - Karma which may assign “fault” to the person/family and mental illness may get defined as destined “just punishment”
- Imbalance of Yin and Yang and the disharmony in the flow of chi
- Disorders of the vital organs

Clearly, these suggest non-medical coping mechanisms and treatment strategies as follows.

# Preferred Treatment Methods

- Primary care
- Supernatural intervention – Exorcism, Astrology
- Balancing energies
- Homeopathy – a method using natural substances in micro-doses to stimulate the body's natural defenses.
- Yoga
- Use of traditional medicine
  - Herbal remedies
  - Massage & acupuncture/acupressure
  - Ayurvedic medicine – South Asian healing method

# Coping Strategies

- ⦿ Denial
- ⦿ Religion & Faith
- ⦿ Character flaw – Need to improve character by hard work or rigorous discipline
- ⦿ Dietary restrictions
- ⦿ Fatalistic acceptance that prevents seeking help to change what is perceived to be a “lost cause.”

# Burdens of Immigration

The literature supports the assertion that the **level of acculturation** is an important determinant in the consumer/families ability to access care.

While more acculturated consumers and families also experience barriers in their ability to access mental health care, recent immigrants experience additional difficulties due to:

- Lack of **awareness** due to little or no access to services in their native countries
- Lack of **knowledge** and support in the immigrant community that they have joined
- **Negative impression** of mental health services in native countries
- **Distrust** of psychotherapy efficacy, due to lack of familiarity with it from their native country
- Lack of familiar **support** systems left behind in home country
- **Language barriers** and lack of linguistically matched providers

# Burdens of Immigration

- Fear of creating problems in the **immigration process**
- Fear that their culture/perspective will not be understood or **respected**
- Fear that they will be “converted” or “**influenced**” by the ambient culture, especially that children will lose cultural connection
- Fear of **racism** and discrimination
- Fear of **failing** in the immigration “success” dream
- Fear that non-consumer children and family members will be **shamed** and ridiculed in the new immigrant community on whom they are very dependent

# Cost & Insurance Issues

- While the per capita income for Asian Americans is almost as high as that for whites there is a tremendous variability between and within subgroups and overall above average poverty rates are also found in some Asian American subgroups.
- Asian groups also suffer from the myth of **model minority** i.e. they are perceived as relatively successful and well adapted ethnic groups who have no economic and mental health needs. However, there is great economic variability within this group and mental illness is as prevalent as in any other minority or majority group. Typically, each successive generation (3<sup>rd</sup> vs. 2<sup>nd</sup> vs. 1<sup>st</sup>) tends to be more acculturated and more financially successful.
- 21% of AA/PI are uninsured but again, there is considerable variability between and within AA groups.



# Fragmentation of Services

- Like Latino groups, South Asians and Chinese groups find it more acceptable to express distress in terms of physical symptoms and may be more willing to seek services from a primary care physician.
  - **Somatization** i.e. *the process of experiencing and expressing emotional stressors and mental illness through bodily complaints* can mean that mental health problems go undiagnosed
  - Lack of familiarity with the system for immigrants can be debilitating. To the extent that services are not integrated, consumers find it difficult and discouraging to know about the availability of services and negotiate different systems to co-ordinate services such as primary care, psychotherapy, medication, support groups, housing, social services etc.

# Language Barriers

Despite the myth of the model minority, many recent immigrants from South Asian and China (and related countries) are not proficient in English and 1/2 of AA clients report difficulty in access to care due to language issues (especially difficulty expressing personal and emotional material in English).

- Ethnic matching of therapists, especially with the less acculturated Asian clients, has been found to increase the use of mental health care by Asian clients.
- Agencies continue to remain understaffed by ethnically diverse providers and have limited, if any, interpretation services available for Asian clients.

# Communication Issues

- ⦿ Lack of linguistically and culturally competent providers makes it difficult for Asian clients to feel understood. Communication is the hallmark of mental health treatment and if they fear that their will not be respected, understood, or reciprocated, mistrust can set in.
  - Indirect style of communication
  - Respect for hierarchy – which forbids confrontation and challenge and encourages agreement and compliance
  - Formalities in addressing each other
  - Different vocabulary for mental illness
  - Emotionally restrained expression

# Session V

*What Consumers & Families need*

# Consumer and Family Needs

- ⦿ Linguistic needs:
  - Bilingual staff
  - Interpretation services as appropriate
  - Brochures/literature/educational material in several languages
- ⦿ Cultural Competence:
  - Agencies need to hire diverse staff
  - Support continuing education for those working with minority cultures
- ⦿ Referrals to community support groups.
- ⦿ Information about services available and how to access them

# Systemic Needs

- Integrated treatment

To the extent possible, primary care, psychotherapy, medication, support services etc. should be closely connected with cross referral possibilities

- Ensure confidentiality

- Consistent contact with same practitioner

# Needs from Providers

- Respect for family hierarchy

*Identify the person who has the most influence in the decision-making of family matters and make that person an ally.*

- Accommodations to family involvement

*Personal autonomy is not the norm. Family tends to be very much involved in treatment.*

- Immediate support & assurance

*Seeking help is last resort behavior, and consumer has battled overwhelming stigma to be there. Therefore they need to be assured that seeking help is the right thing to do.*

- Interventions based on Acculturation level

*Interventions should be based on an assessment of the consumer and family's acculturation level since their needs, beliefs, language proficiency, familiarity with the system and a host of other factors are influenced by it. For example, assuming lack of knowledge and awareness can be insulting to a highly acculturated consumer but essential for a less acculturated family.*

# Needs from Providers

## ● Education

*Providing psychoeducation on the process of psychotherapy, role of medication, side effects of medication can go a long way in building trust and an alliance as well as treatment compliance*

## ● Respect

*is critical and mental health treatment relies on communication of understanding and respect. Providers should take the time to understand the communication style and cultural embeddedness of the consumer and family. It is important to not rush through important alliance forming interpersonal interactions and formalities.*



# **Session VI**

## **What NAMI NJ Offers**

# What NAMI NJ Offers

## ◎ NAMI NEW JERSEY

- Educational programs
  - Family to Family Education/ NAMI Basics
  - In Our Own Voice Program
  - Hearts and Minds
  - Educating the Educators/ Every Mind Matters
  - Law Enforcement Education Program
  - Multicultural Outreach Programs
- Advocacy
- Support in every county
- Educational activities, conference, seminars, and literature

# What NAMI NJ Offers for Asian Americans

## ◎ CAMHOP-NJ

(Chinese American Mental Health Outreach Program in NJ)

- Initiated in August, 2003
- Increasing awareness within the community to combat stigma
- Chinese "Mental Health Mailbox" Column in media
- Free referral to bilingual providers
- Phone support
- Self-help groups

*For information, contact Maggie Luo at 732 940 0991  
e-mail: [mluo@naminj.org](mailto:mluo@naminj.org)*

# What NAMI NJ Offers for Asian Americans

## ◎ SAMHAJ

(South Asian Mental Health Awareness in Jersey)

- Initiated in 2001
- Increasing awareness within the community to combat stigma
- Free referral to bilingual providers
- Phone/e-mail support
- Self-help groups

*For information, contact Anu Singh at 732 940 0991  
e-mail: [samhaj@naminj.org](mailto:samhaj@naminj.org)*

*Thank you for listening!*



**Any Questions?**