

Working with Asian American Youth and Families: Using a Culturally Informed Approach

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November 8, 2017

Massachusetts Mental Health Center Grand Rounds



Acknowledgement

- All staff at PREP
- All staff of Commonwealth Research Center
- Special thanks to Drs. Keshavan, Friedman-Yakoobian, Berkowitz, and Findeisen
- In loving memory of Dr. Larry Seidman

Grants

I have no disclosures to make!

Presentation Outline

- Background Information
- Values and Mental Health
- Explanatory Models of Mental Illness
- Treatment Challenges and Strategies

Background Information



The Terms

- Asian Americans
- US Asians
- Asians in US
- Asian immigrants in US

Fastest Growing Race/Ethnic Group

Key facts about Asian Am x

→ ↻ ⓘ www.pewresearch.org/fact-tank/2017/09/08/key-facts-about-asian-americans/

The 19 largest origin groups together account for 94% of the total Asian population in the U.S. New fact sheets for each of these Asian origin groups **accompany this blog post**. Each describes key demographic and economic characteristics of each group.

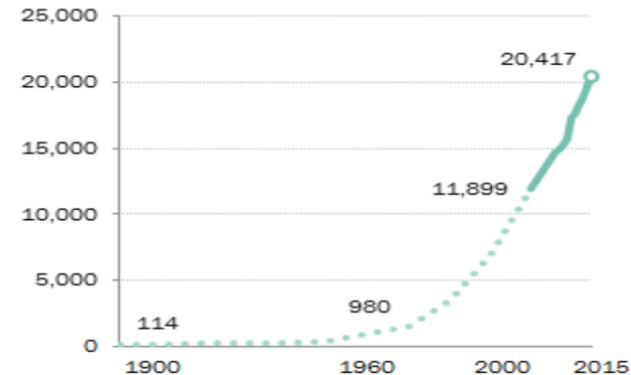
Here are some key findings about the nation's Asian-origin population:

The U.S. Asian population grew 72% between 2000 and 2015 (from 11.9 million to 20.4 million), the fastest growth rate of any major racial or ethnic group. By comparison, the population of the second-fastest growing group, Hispanics, increased 60% during the same period.

Population growth varied across the 19 Asian origin groups in this analysis. Roughly half of the 19 groups more than doubled in size between 2000 and 2015, with **Bhutanese-, Nepalese- and Burmese-**origin populations showing the fastest growth over the period. Meanwhile, **Laotians and Japanese** had among the slowest growth rates among U.S. Asians in the past 15 years.

The Asian population in the U.S. has grown 72% since 2000

In thousands



Note: In 2000 and later, Asians include the mixed-race and mixed-group populations, regardless of Hispanic origin. Prior to 2000, the census only allowed one race category to be selected. Asians include Pacific Islanders in 1980 and earlier years. Source: 2000 and 2010 population estimates from U.S. Census

Major Asian Groups in the U.S.

← → ↻ www.pewresearch.org/fact-tank/2017/09/08/key-facts-about-asian-americans/

The modern immigration wave from Asia has accounted for one-quarter of all immigrants who have arrived in the U.S. since 1965. Today 59% of the U.S. Asian population was born in another country. That share rises to 73% among adult Asians. Yet, when and how Asian immigrants arrived in the U.S. varies, which helps explain why some groups have greater shares of U.S. born or foreign born among their populations. For example, only 27% of Japanese, who began arriving in the 19th century as plantation workers in what is now the state of Hawaii, are immigrants. By contrast, many Bhutanese arrived recently as refugees, and nearly all (92%) are foreign born.

Fast population growth suggests they will eventually be the nation's largest immigrant group. Looking forward, Asians are projected to become the largest immigrant group in the country, surpassing Hispanics in 2055. In 50 years, Asians will make up 38% of all U.S. immigrants, while Hispanics will make up 31% of the nation's immigrant population.

Bhutanese (92%) and Nepalese (88%) have the highest foreign-born shares, followed by Burmese (85%), Malaysians (83%) and Sri Lankans (78%). At the other end of the spectrum, Hmong (39%)

Asian groups in the U.S., 2015

Population estimates for the 19 largest Asian-origin groups in the U.S. (based on self-described race or ethnicity)

Population Totals

Selected Characteristics

All U.S. Asians – 20,416,808

TOTAL		
	Chinese	4,948,000
	Indian	3,982,000
	Filipino	3,899,000
	Vietnamese	1,980,000
	Korean	1,822,000
	Japanese	1,411,000
	Pakistani	519,000
	Cambodian	330,000
	Hmong	299,000
	Thai	295,000
	Laotian	271,000
	Bangladeshi	188,000
	Burmese	168,000
	Nepalese	140,000
	Indonesian	113,000
	Sri Lankan	60,000
	Malaysian	30,000
	Bhutanese	24,000

Religious Composition of Asian Americans

	U.S. Asians	General public
	%	%
Christian	42	75
Protestant	22	50
Catholic	19	23
Other Christian	1	2
Buddhist[^]	14	1.0-1.3
Hindu[^]	10	0.5-0.8
Muslim[^]	4	0.8
Sikh (vol.)	1	n/a
Jain (vol.)	*	n/a
Other religion	2	4
Unaffiliated	26	19
Atheist/Agnostic	8	5
Nothing in particular	17	13
Don't know/Refused	<u>1</u>	<u>1</u>
	100	100

2012 Asian-American Survey. Q30. Figures may not add to 100% due to rounding. General public numbers are based on aggregated data from surveys conducted by the Pew Research Center for the People & the Press in 2011, except where noted.

[^] Figures for U.S. Buddhists and U.S. Hindus are Pew Forum estimates. Figures for U.S. Muslims are Pew Research estimates.

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U.S. Asians have a wide range of income levels

U.S. Asians have a wide range of income levels

Median annual household income, 2015

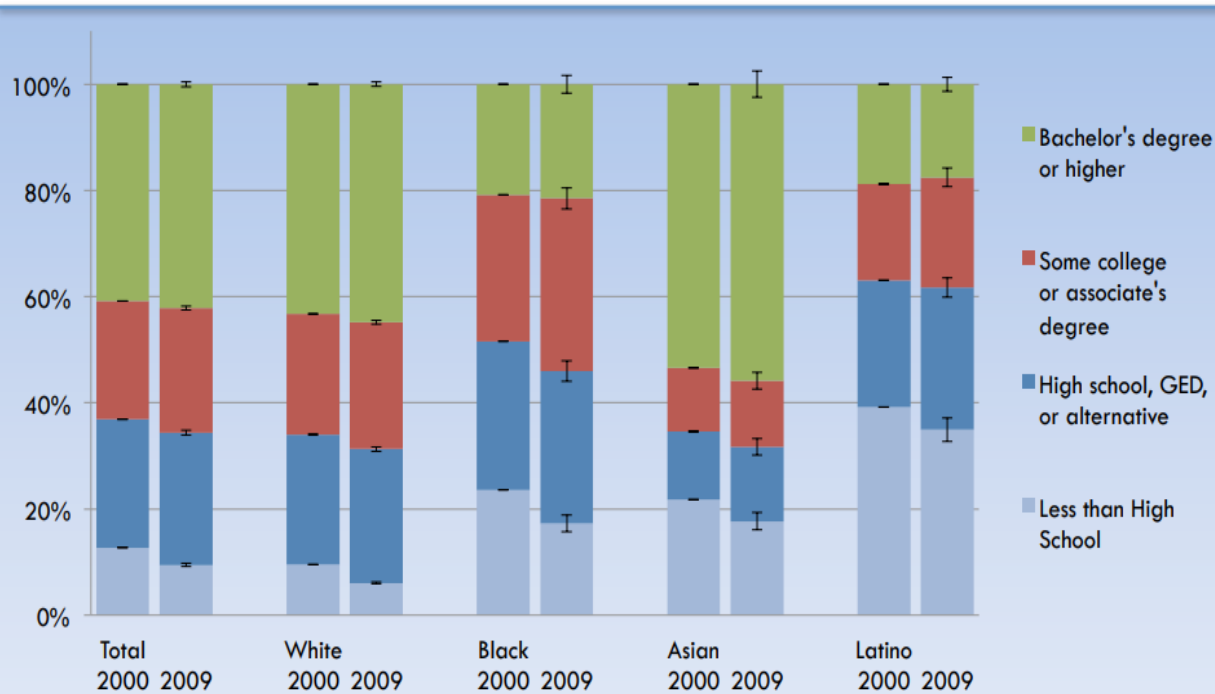


Note: It was not possible to reliably estimate the median annual household income for households headed by a Bhutanese, Malaysian or Mongolian individual. Figure for all Asians based on mixed-race and mixed-group populations, regardless of Hispanic origin. Chinese includes those identifying as Taiwanese. Due to data limitations, figures for some groups are based on single-race population only, regardless of Hispanic origin. See methodology for more detail. The household population excludes persons living in institutions, college dormitories and other group quarters. Households are classified by the race or detailed Asian group of the head.

Source: Pew Research Center analysis of 2013-2015 American Community Survey (IPUMS).

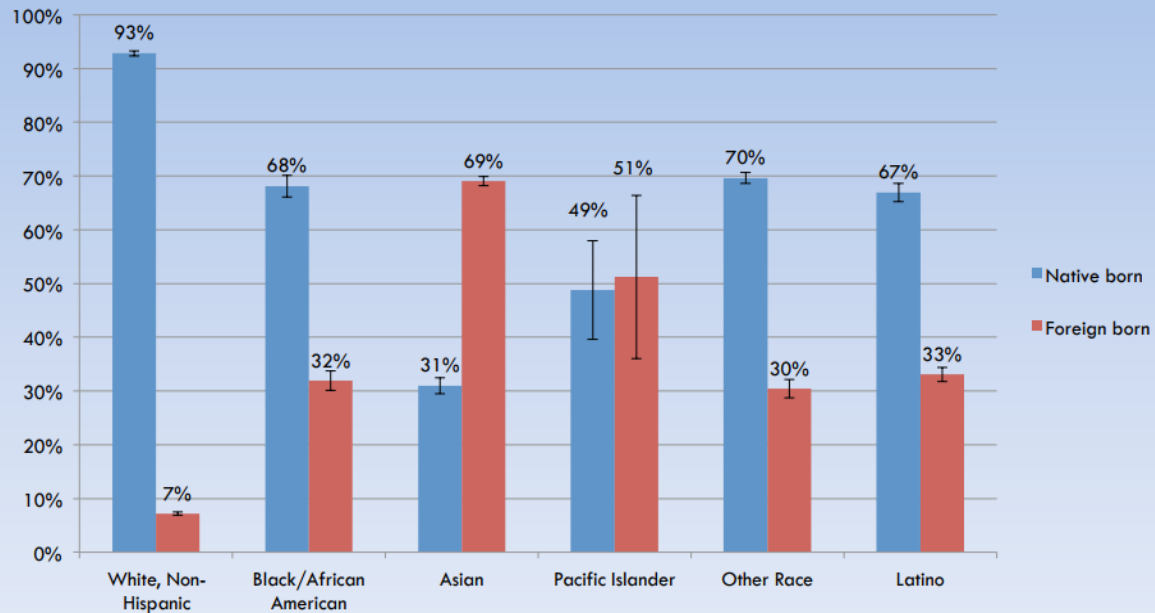
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Racial/Ethnic Disparities in Educational Attainment, Population 25 and Above



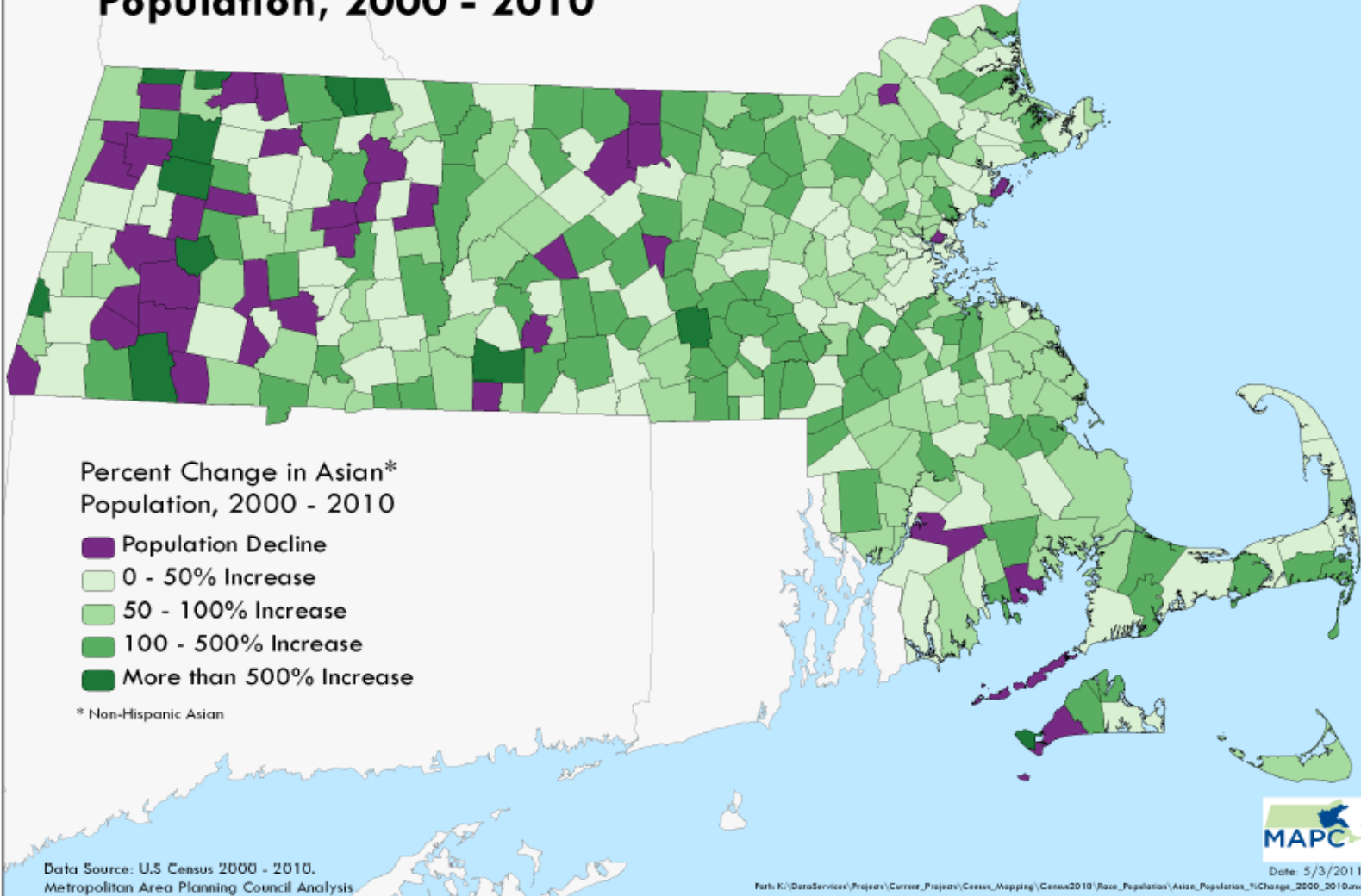
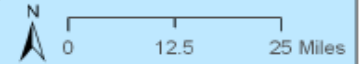
Source: Census 2000 Metro Boston PUMAS and ACS 2009 Boston Metropolitan Statistical Area (MSA).
 Black bars depict the 90% confidence interval of the estimate.

Place of Birth by Race/Ethnicity



Source: American Community Survey 2009, 1-year Estimates for Massachusetts residents.
Black bars indicate 90% confidence interval. Note: All racial categories except for White, Non-Hispanic may include individuals who also identify as Latino.

Massachusetts Asian Population, 2000 - 2010



Percent Change in Asian* Population, 2000 - 2010

- Population Decline
- 0 - 50% Increase
- 50 - 100% Increase
- 100 - 500% Increase
- More than 500% Increase

* Non-Hispanic Asian

Data Source: U.S. Census 2000 - 2010.
Metropolitan Area Planning Council Analysis



Date: 5/3/2011

Path: K:\DataServices\Projects\Current_Projects\Census_Mapping\Census2010\Race_Population\Asian_Population_1\Change_2000_2010.mxd

Communities with Large Asian/Pacific Islander Populations 2010



Rank	City or Town	API (%), 2000	API (%), 2010
1.	QUINCY	15.4%	24.0%
2.	LOWELL	16.5%	20.1%
3.	MALDEN	14.0%	20.0%
4.	LEXINGTON	10.9%	19.9%
5.	ACTON	8.7%	18.5%
6.	WESTBOROUGH	8.1%	17.4%
7.	BOXBOROUGH	8.5%	16.3%
8.	BROOKLINE	12.8%	15.6%
9.	SHREWSBURY	7.6%	15.3%
10.	CAMBRIDGE	11.9%	15.1%



In Brief Summary

- Fastest growing racial group
- Wide range of languages
- Linguistically isolated
- Concentrated at high and low ends of education spectrum

Values and Mental Health



Main Asian Cultural Values

- Family and collective responsibility
- Emphasis on the parent-child bond
- Emphasis on emotional control and morality
- **Value of education, employment, and achievement**

Parenting Styles

- Parents show acceptance and care through instrumental support rather than verbal expressions (e.g., “I love you”).
- Parental sacrifice is central to parental support

Parenting Styles

- Chinese parenting practices of “Jiao Xun” (to train/coach) and “guan” (to govern and to love)
- Heavy involvement in training/coaching children
- Show high expectation and concern

Parental Pressure to Succeed

- Many Chinese American parents have specific expectations of academic degrees for their children (Li et al., 2009; Li & Li, 2012; Li & Li, 2016).

Parental Pressure to Succeed

- “They expect their children to succeed in everything. Sometimes they are a little unreasonable. They are good at making nerds, because they think academic success are more important (than anything else)” (15 year old girl) (Qin et al., 2008)
- “A” blindness phenomenon

Value of Education

- “Education in my family was not merely emphasized, it was our raison d'être. Virtually all of our aunts and uncles had Ph.D.'s in science or engineering, and it was taken for granted that the next generation of Chu's were to follow the family tradition. When the dust had settled, my two brothers and four cousins collected three MDs, four Ph.D.s and a law degree. I could manage only a single advanced degree.”

Steven Chu

- **The Nobel Prize laureate in Physics 1997, Secretary of Energy of Obama Administration**



Parental Expectation Conveyed in Our Names

- Li, Huijun (Intelligent Person)
- Li, Yue (Excel the younger)
- Li, Chao (Excel the elder)

Parental Pressure to Succeed and Mental Health

- Parental pressure to succeed, difficulty in balancing two different cultures, family obligations based on strong family values ...are major sources of stress that affect mental health (Lee et al., 2009).

Parental Pressure to Succeed and Mental Health

- Parental pressure to succeed contributes to deteriorating parent–child relationship and increased anxiety and depression (Tomiki, 2000)

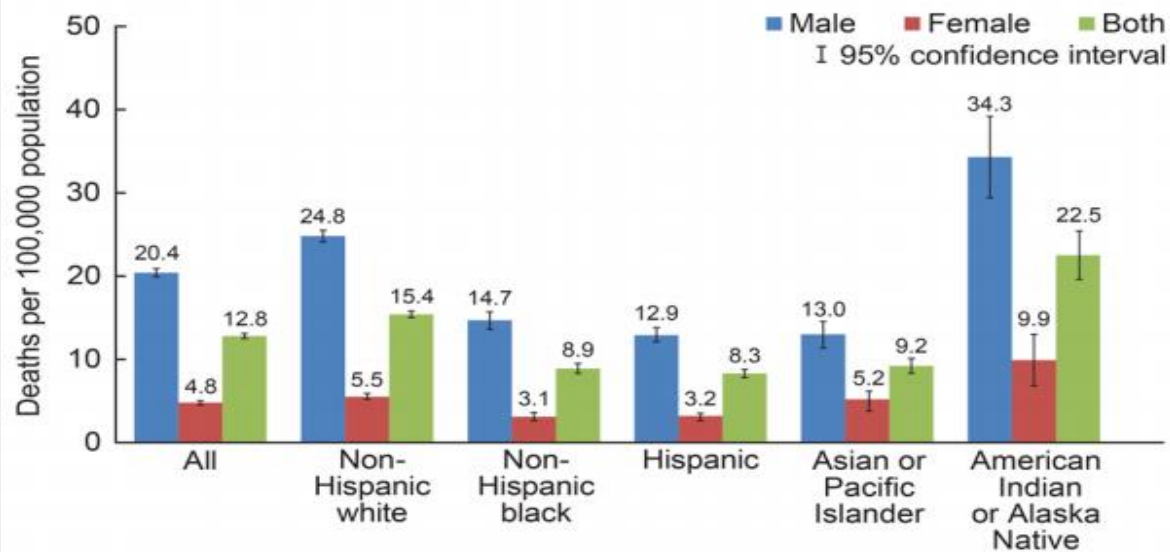
Intergenerational Family Conflict and Mental Illness

- Family conflict was found to be a significant predictor of low self-esteem and higher depression Asian immigrants (Lee & Liu, 2001)

Intergenerational Family Conflict and Mental Illness

- In Chinese American youth, harsh parental disciplinary practices were significantly associated with depressive symptoms (Kim & Ge, 2000).
- Korean American adolescents reported low in parent warmth and high on parent control, and more conflicts with parents (Kim & Cain, 2008).

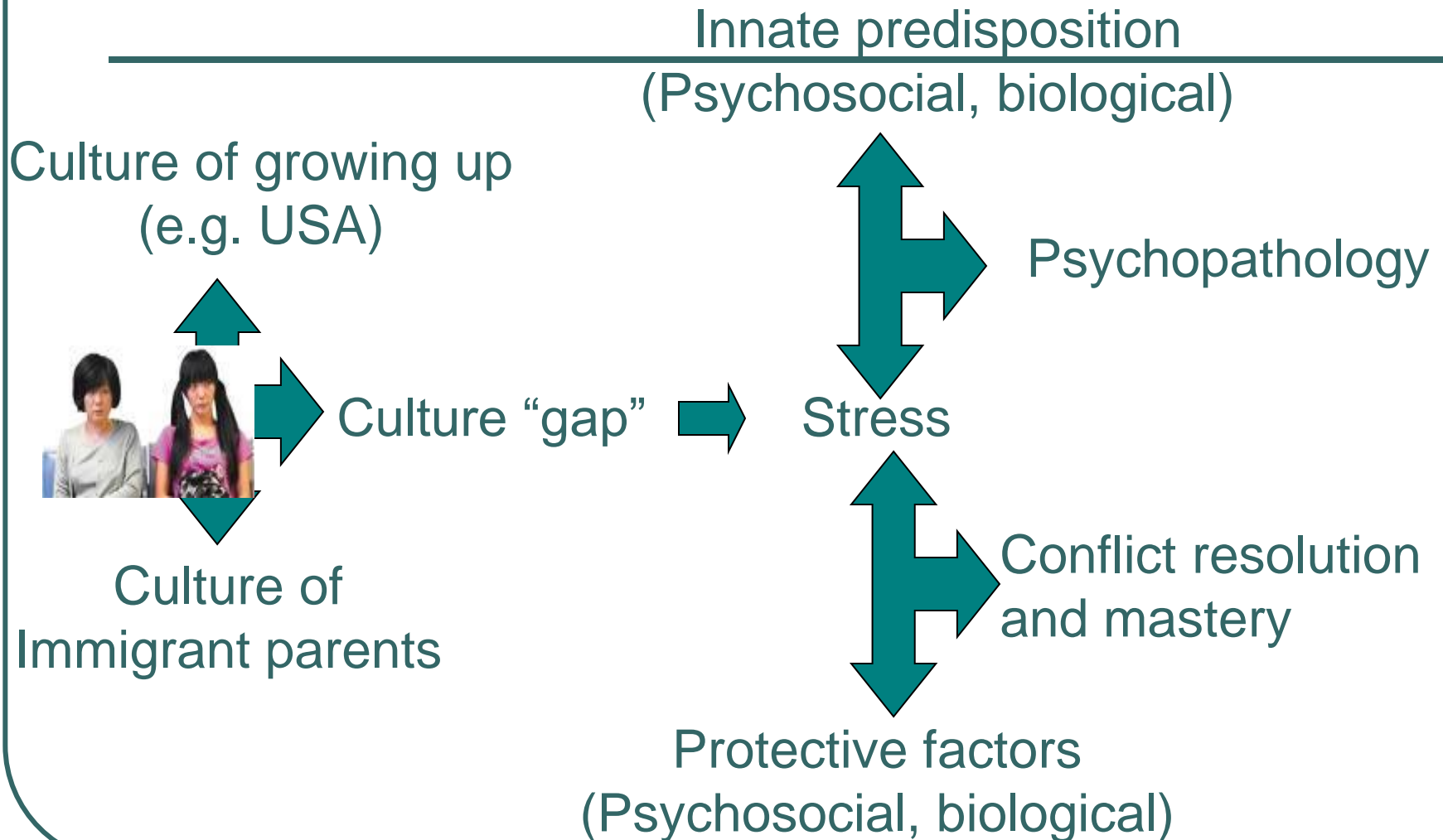
Figure 1. Suicide rates among young adults aged 18–24, by race and Hispanic origin and sex: United States, 2012–2013



NOTES: Suicide deaths are identified with ICD–10 codes U03, X60–X84, and Y87.0. Deaths for the American Indian or Alaska Native population may be underreported by 30%, for the Asian or Pacific Islander population by 7%, and for the Hispanic-origin population by 5%. For more details, see Technical Notes in *National Vital Statistics Reports*, vol. 63, no. 3, “Deaths: Final data for 2011”; also see *Vital and Health Statistics*, Series 2, no. 148, “The validity of race and Hispanic origin reporting on death certificates in the United States.”

SOURCE: CDC/NCHS, National Vital Statistics System mortality data, 2012–2013. Available from CDC Wonder online database: <http://wonder.cdc.gov/ucd-icd10.html>.

Psychopathology and Asian American Youth



***Asian American
Explanatory Models of
Mental Illness***



Explanatory Models of schizophrenia (2004a) Four Ethnic Groups

McCABE & PRIEBE

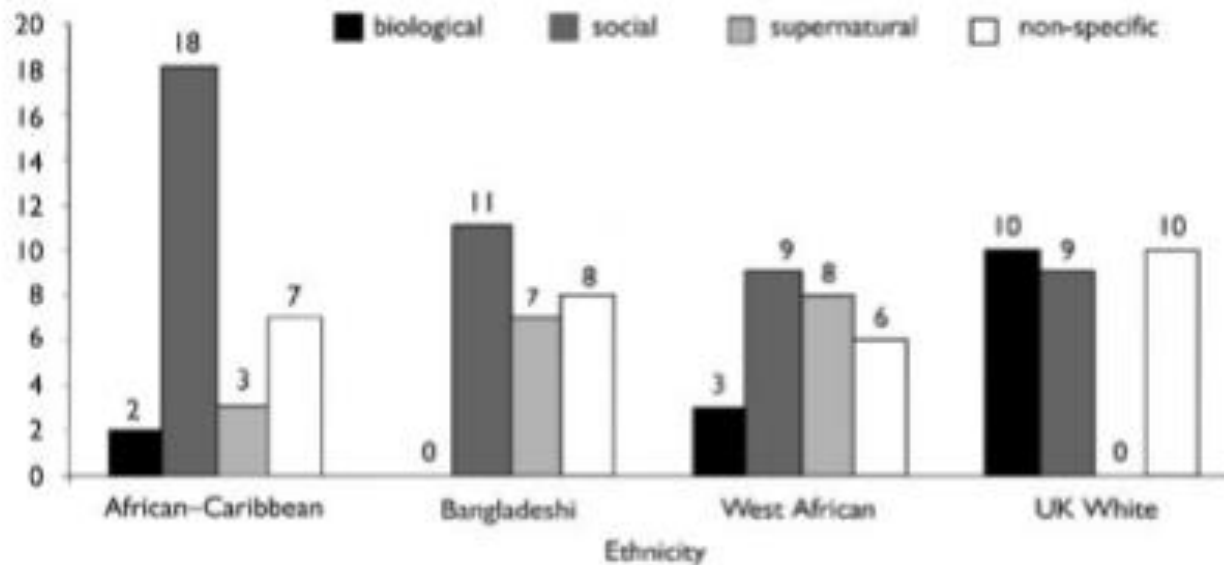


Fig. 1 Cause of illness by ethnic group.

Explanatory Model of Schizophrenia

- “...His parents (Vietnamese) had a poor understanding of schizophrenia and were extremely **distrustful** of mental health providers. They thought that his psychosis was caused by **mental weakness and poor tolerance of a recent heat wave**. They believed that they themselves could help by providing him with their own **food and making him return to school**. These...differences in beliefs caused the parents to avoid the use of mental health **services.**” U.S. Department of Health and Human Services (2001a, b: 118)

Explanatory Model of Schizophrenia: New Terms

- In Hong Kong, Excessive thinking, “si jue shi tiao”— thought and perceptual dysregulation (Yang et al., 2010)
- In Japan, integration disorder, “Togo Shitcho Sho” (Soto, 2006)
- To replace “Mind Split Disease”

Illness Beliefs of Chinese American Immigrants with Major Depressive Disorder in a Primary Care Setting

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Abstract

Underutilization of mental health services in the U.S. is compounded among racial/ethnic minorities, especially Chinese Americans. Culturally based illness beliefs influence help-seeking behavior and may provide insights into strategies for increasing utilization rates among vulnerable populations. This is the first large descriptive study of depressed Chinese American immigrant patients' illness beliefs using a standardized instrument. 190 depressed Chinese immigrants seeking primary care at South Cove Community Health Center completed the Explanatory Model Interview Catalogue, which probes different dimensions of illness beliefs: chief complaint, labeling of illness, stigma perception, causal attributions, and help-seeking patterns. Responses were sorted into categories by independent raters and results compared to an earlier study at the same site and using the same instrument. Contrary to prior findings that depressed Chinese individuals tend to present with primarily somatic symptoms, subjects were more likely to report chief complaints and illness labels related to depressed mood than physical symptoms. Nearly half reported they would conceal the name of their problem from others. Mean stigma levels were significantly higher than in the previous study. Most subjects identified psychological stress as the most likely cause of their problem. Chinese immigrants' illness beliefs were notable for psychological explanations regarding their symptoms, possibly reflecting increased acceptance of

Table 5

Perceived cause (multiple responses allowed)

	N	%
Psychological stress	130	68.4
<i>Problems with romantic relationship or marriage</i>	47	24.7
<i>Work/job problem</i>	28	14.7
<i>Problems with family relationship other than spouse</i>	22	11.6
<i>Financial problem</i>	19	10.0
<i>Family illness-bereavement</i>	16	8.4
<i>Immigration problems</i>	15	7.9
<i>Problems with in-law</i>	6	3.2
<i>Lonely/social isolation</i>	6	3.2
<i>Acculturation/language problems</i>	6	3.2
<i>School/study problems</i>	3	1.6
<i>Family-child care</i>	3	1.6
<i>Housing</i>	3	1.6
<i>Personal illness</i>	2	1.1
<i>Interpersonal conflicts</i>	2	1.1
<i>Other</i>	4	2.1
Medicinal (<i>injury/surgery, virus-germs-infection, physical-biochemical, etc.</i>)	37	19.5
Psychological (<i>minds-thoughts-worry, personality, family upbringing</i>)	32	16.8
Ingestion (<i>food-water, malnutrition, alcohol smoking, drugs, medicine, etc.</i>)	3	1.6
Don't know	3	1.6
Congenital/hereditary (<i>heredity, congenital defects</i>)	1	0.5
Other	14	7.4

Explanatory Models of Mental Illness

- Many Chinese American immigrants do not report
 - feeling sad, but rather express boredom, meaningless, discomfort
 - feelings of inner pressure
 - symptoms of pain, dizziness, and fatigue
- Diagnosis of depression is “morally unacceptably and experientially meaningless.”

(Kleinman, 2004)



Explanatory Models of Mental Illness

“I will first talk with the child myself to see what the causes are. For example, are there any **hardships** in his/her life? Given the age of the child, maybe **romantic relationships**? If not, is it because of **academic problems**? Maybe he got frustrated with a **bad exam score**? Or maybe **conflict with classmates**? **Bullied** by others in school?”

(Liu, Li, Wu, & Tong, under review)

Explanatory Models of Mental Illness

“The causes could be due to **changes and conflicts in the relationship between the parents**...If there are fights at home, it will not only threaten the safety of the child, but could also disturb her sleep/rest.” (Liu et al., under review)

Explanatory Models of Mental Illness

- Specific personality characteristics are said to be associated with social anxiety.

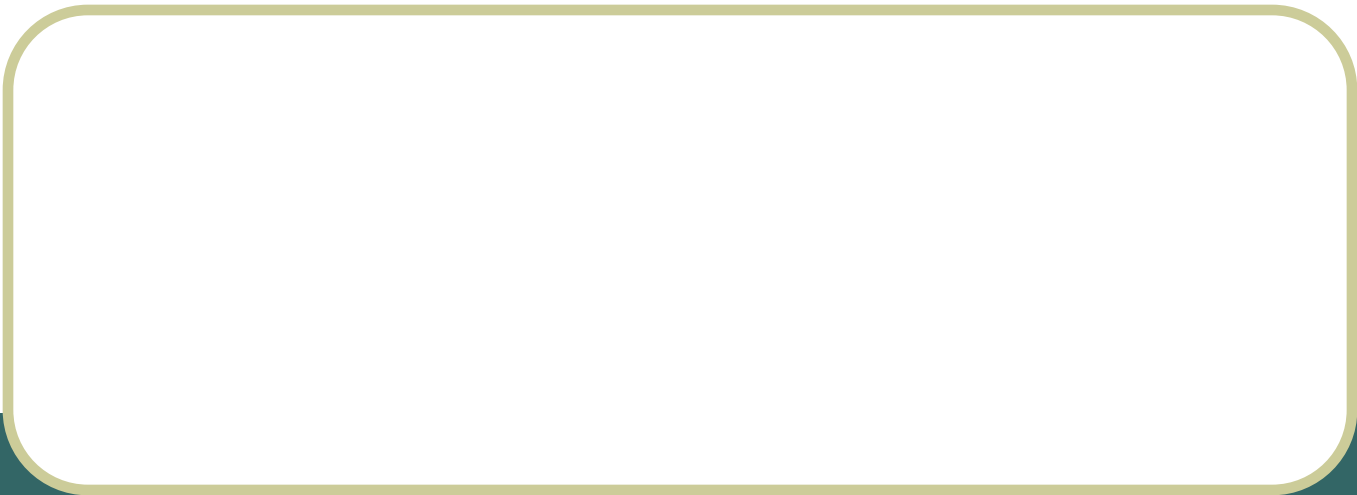
“I don’t think the child has any problems. It seems like her parents raised her up as a nerdy child who is timid and does not know how to deal with people. She does not know how to be confident in front of strangers.”

(Liu et al., under review)

In Brief Summary

- Culture is embedded in explanatory models of illness, which affects help-seeking and interaction with the therapist.

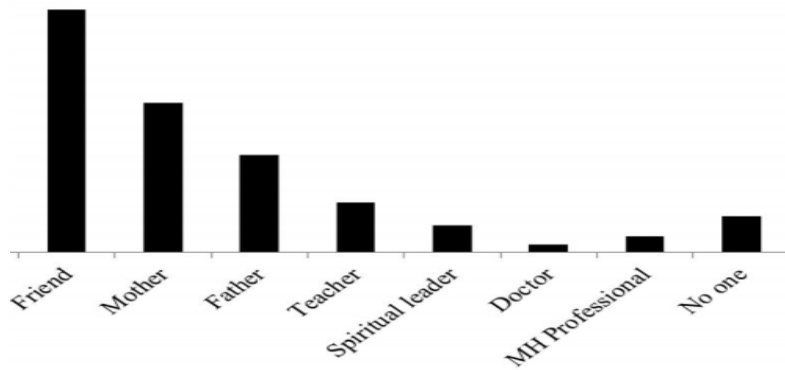
Treatment Challenges and Strategies



Mental Health Service Utilization

- Asian Americans have the lowest rates of utilization of mental health services of any ethnic population.

Help-Seeking Behaviors



of help-seeking by sources of support.

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ncbi.nlm.nih.gov/pmc/articles/PMC4605858/pdf/nihms694485.pdf



HHS Public Access

Author manuscript

J Couns Psychol. Author manuscript; available in PMC 2016 October 01.

Published in final edited form as:

J Couns Psychol. 2015 October ; 62(4): 682–693. doi:10.1037/cou0000094.

Linkages between mental health need and help-seeking behavior among adolescents: Moderating role of ethnicity and cultural values

Treatment Challenges and Strategies

- Mental illness is considered a family problem.
- Decision to seek treatment is not solely made by the afflicted individual (Li et al., 2013)
- Family support and involvement can hinder timely treatment.

Treatment Challenges and Strategies

- Language barriers is an important factor to consider (Sentell et al., 2007).

Treatment Challenges and Strategies

- Expect quick fix —**in ONE session**
- Take the intake session as treatment session
- Conduct a suicide/homicide risk assessment
- Consider using solution- focused therapy and take a more direct role

Strategies at In-Take: Addressing Youth's Problems and Parent Concerns – Use Their Language

- -What do you call your child's problem/experience? What do others call it?
- -What do you think caused it?
- -Why do you think it has started now?
- -How does it affect you/your child?
- -How does it affect others?
- -What kind of problems does it cause?
- -How serious do you think it is?
- -Do you think it will have a long course?
- -What do you fear the most about your child's symptoms/difficulties?
- -Do you think it needs treatment/intervention?
- -Do you think treatment/intervention will help?
- -What results do you think will emerge?

Adapted from Kleinman (1980), "Patients and Healers in the Context of their Culture." University of California Press.

Treatment Strategies

- “Clinicians may explain symptoms as difficulties with the way the **brain processes information**, and note that these difficulties could **worsen over time especially if treatment interventions are not implemented**. Whether or not these difficulties would, in fact, become worse, learning about the symptoms and strategies for managing them could play an important role in prevention” (Li, Friedman-Yakoobian, Min, Granoto, & Seidman, 2013)

Treatment Strategies

- Highlight that treatment can help school and work performance
- Honor the importance of the family in the client's life
- Help to improve treatment engagement
- Realize “yes” or nodding does not always mean agreement and follow-through.

Faith-Based Intervention Methods

● Buddhist Methods

- think kindly, behave kindly & speak kindly
- let go one's ego, attachment, discrimination
- let go one's desire, anger, ignorance, & arrogance
- set animals about to be killed free
- gratitude
- meditate

Gratitude Notes



- Write about 2-3 things that you are grateful for
- Make them recent (e.g., last 24hrs)
- Make them specific

YANG

heaven

masculine

rational

hardness

lightness

sun

fire



YIN

earth

feminine

emotional

softness

heaviness

moon

water

Cultural Relevant Treatment

- Asian Americans as slow metabolizers of several medications for psychosis and depression
 - Dosage adjustment needed on individual basis
 - Prescribing medication for Asians with mental disorders

-
- Start with half the usual recommended starting dose because of possible side effects
 - Explain that medications exert their full effects in weeks and not days and that adherence is important in achieving and maintaining positive results
 - Minimize the use of benzodiazepines as monotherapy; if they are used jointly with another agent, taper dosage completely after several weeks or taper to the lowest effective dose
 - Explain medication treatment using a model that describes the relationships between the brain, brain chemicals, and the restoration of balance to improve symptoms
 - Although evidence of the effectiveness of herbal treatments is scant, allow use of some forms (eg, teas, soups) during continuation treatment if patients insist. Caution them, however, about possible interactions between herbs and medication

Take-Home Message



- Cultural factors impact illness interpretation, seeking patterns as well as psychiatric care.
- Be careful not to overgeneralize.



THANK YOU