

API Refugee Mental Health: Humanism and Cultural Formulation

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Purpose

- Describe at least 3 potential mental health stressors that API refugees may experience
- Discuss the role of humanism in culturally informed care
- Describe the four dimensions of cultural formulation
- Discuss how attention to two of these dimensions can improve clinical care
- Identify one service delivery model that can support resiliency, wellness, and recovery

Geography

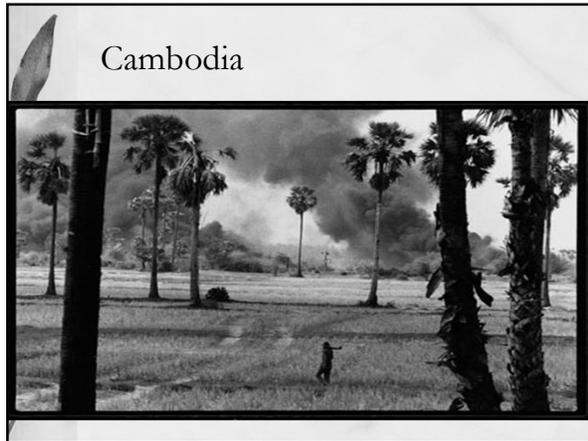


The map displays Southeast Asia with labels for Burma (Mandalay, Aungmye, Bassein, Moulmein, Tavoy), Laos (Vientiane), Thailand (Bangkok), Vietnam (Hanoi, Vinh, Hue, Da Nang, Ho Chi Minh City), Cambodia (Phnom Penh), and the South China Sea. Other geographical features include the Andaman Islands (India), Coco Channel, Gulf of Thailand, Gulf of Tonkin, Hainan Dao, and PARACEL ISLANDS.



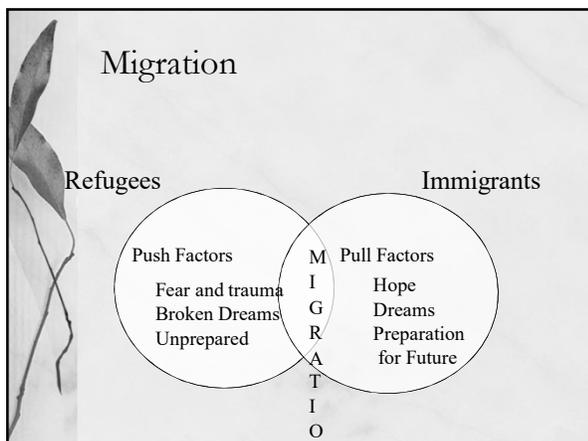






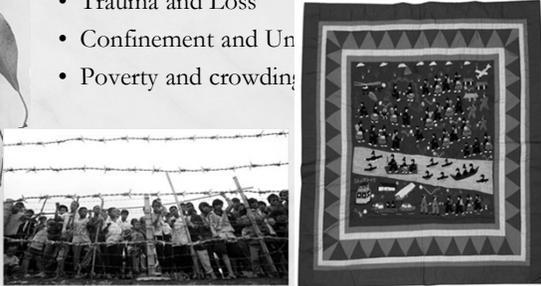
Premigration Stress

- Psychological and Physical Trauma
- Loss
- Survivor's Guilt



Intramigration Stress

- Trauma and Loss
- Confinement and Un
- Poverty and crowding



Resettlement



- Vietnamese Americans : 1,700,000
- Cambodian Americans : 276,000
- Laotian Americans : 232,900
- Hmong Americans : 260,000
- Mien Americans : 50,000*

Source: American Community Survey 2010
*local source

Resettlement Stressors

- Language
- Discrimination
- Family Disruption
- Loss of Role and Identity
- Poverty and access barriers to services

Mental Health

Greatest risk in refugees with age of migration <12 or >41 years old

Depressive Disorders

- Up to 20% of patients in primary care clinics
- Up to 50% of patients in mental health clinics

PTSD

- Up to 40% in general population
- Up to 90% of patient in mental health clinics

Challenges to Mental Health Treatment

- Mental Health Stigma
- Focus on physical symptoms
- Beliefs about Western medications
- Saving face with providers
- Trust and Commitment

A cartoon by Dan Smith from Dan's Cartoons. It depicts a doctor in a white coat and glasses examining a patient who is running away from him. The patient is holding a clipboard and looking back over his shoulder with a pained expression. The doctor asks, "Does it hurt when I do that?!" The cartoon is signed "Dan Smith" and has the website "@DANSCARTOONS.COM" in the top left corner.

Three Forces of Psychology

I did not direct my life. I didn't design it. I never made decisions. Things always came up and made them for me. That's what life is.

Men are more moral than they think and far more immoral than they can imagine.

It is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried.

The sacred is in the ordinary, in one's daily life, in one's neighbors, friends, and family, in one's backyard.

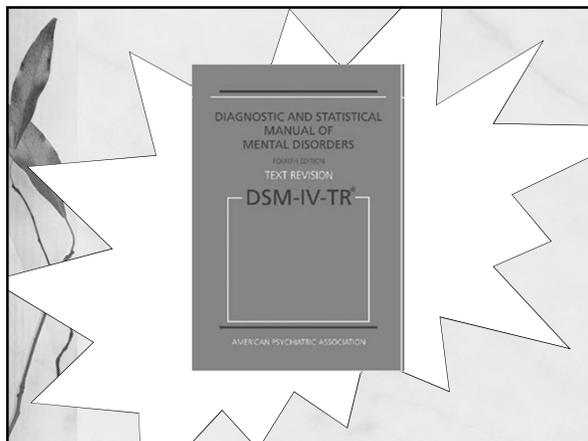
Humanistic Psychology



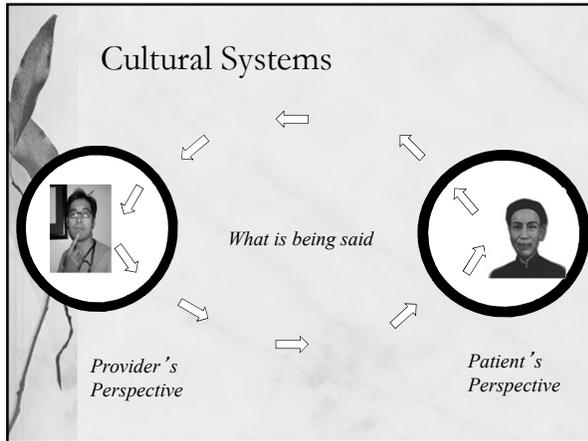
Use the Third Force Luke....

- Meaning
- Relationship
- Growth
- Client-Centered
- Strength-based

"In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: 'How can I provide a relationship which this person may use for his own personal growth?'"



DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS
FOURTH EDITION
TEXT REVISION
DSM-IV-TR
AMERICAN PSYCHIATRIC ASSOCIATION



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- Appendix I: Cultural Formulation**
- A. Cultural identity of the individual
 - B. Cultural explanations of the individual's illness
 - C. Cultural factors related to the psychosocial environment and levels of functioning
 - D. Cultural elements of the relationship between the individual and the clinician
 - E. Overall cultural assessment for diagnosis and care

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- Cultural Formulation**
- 1. **Do I know this patient as a person?**
 - What are his or her roles, values, and ideals?
 - 2. **Can I appreciate his or her beliefs and knowledge about health?**
 - Does the medical treatment make sense in the context of this understanding?
 - 3. **Do I know who is important to them in their lives?**
 - Who is helpful and who is not?
 - 4. **What kind of chemistry do we have?**
 - What is it about me that helps me to connect to the patient?
 - What is it that will make it hard to connect?

Cultural Identity

Cultural Factors

- Ethnicity and nationality
- Spirituality and religion
- Gender, age, and family roles
- Sexual Orientation
- Occupation, education, class
- Other group affiliations

The diagram features a central portrait of a man surrounded by several concentric circles. Above the circles, the words 'Salience' and 'Valence' are written, with vertical lines extending downwards from them towards the circles.

Cultural Identity

- Cultural Identity: understanding group affiliations can help
 - Engagement with patient
 - Highlight areas of strength and vulnerability
 - Develop hypotheses about health beliefs and psychosocial context
 - Identify key role conflicts
- Integrates well with social history

Patient's Understanding

- What problems are most concerning?
- What do you think has caused these problems? What have others told you?
- How do they affect you?
- What treatments have you tried?
- What is your understanding of the treatment offered?
- What do you hope we will achieve with our work together?

The diagram consists of five rectangular boxes stacked vertically. From top to bottom, they are labeled: 'Goals', 'Treatment', 'Impact', 'Cause', and 'Symptoms'.

Health Beliefs

Conflicting Health Beliefs	
Patient-Provider	Miscommunication, Diminished rapport, poor adherence, treatment drop-out
Patient-Family	Lack of support, shame, guilt family discord
Family-Community	Social isolation, stigmatization

Psychosocial Context



Provider-Patient Relationship

- Does my provider understand my situation?
- Provider's cultural identity
- Patient's comfort with medical practice
- Issues of shame and "saving face"
- Issues of control
- Prior experience with racism



Provider Culture: Worldviews

- **Time Orientation**
 - **Future:** Plan for the future, sacrifice today for a better tomorrow.
 - **Present:** The present moment is everything, don't worry about tomorrow.
 - **Past:** Past is important, learn from history.
- **People-Nature Relationship**
 - **Human Dominant:** We control our fate.
 - **Nature Dominant:** Life is determined by external forces.
 - **Nature Harmonious:** People and nature live in harmony.



Provider Culture: Worldviews

- **Social Relations:** When making decisions in life.....
 - **Linear:** "there are leaders and followers in the world."
 - **Individualistic:** "one needs to step up to the plate. To do otherwise would be irresponsible or indecisive."
 - **Collectivistic:** "one needs to defer or consult with others. To do otherwise would be selfish or impulsive."
- **Activity: When faced with an issue.....**
 - **Doing:** "it is important to do something."
 - **Being:** "it is important to be with it"
 - **Being and In-Becoming:** "it is important to change one's perspectives and outlook."



Provider Culture World Views

- **Sexual Orientation**
 - Heterosexuality
 - Homosexuality
 - Bisexuality
- **Gender Identity**
 - Dichotomous
 - Nondichotomous

Cultural Matching- Is it always a good thing?

Cultural Influences		
	Intercultural	Intracultural
Client Pitfalls 	Over-compliance Denial of cultural factors Mistrust Hostility Ambivalence	All-knowing provider The traitor Internalized racism Ambivalence
Provider Pitfalls 	Denial of cultural factors Anthropologist syndrome Guilt or pity Aggression Ambivalence	Over-identification Distancing Its all cultural Ambivalence Anger Survivor's guilt

Source: Comas-Diaz and Jacobsen, 1991

Putting it all together

- Understand cultural identity
 - Helps engagement, identifies role conflicts
 - Informs the rest of cultural formulation
- Develop collaborative explanatory models
 - Improves relevancy of treatment
 - Improves adherence to treatment
- Clarifying psychosocial context
 - Identifies key decisionmakers
 - Clarifies decisionmaking process

Putting it all together

- Provider-Patient Dynamics
 - Appreciate of your own cultural identity and history is the foundation to connect with another's
 - Requires looking at your own assumptions, biases, and stereotypes



Cultural Formulation

1. Do I know this patient as a person?
2. Can I appreciate and incorporate their beliefs and knowledge into the treatment?
3. Do I know who is important to them in their lives?
4. What kind of chemistry do we have?
