

# 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



# War



# Vietnam





# Laos



# Cambodia



# Premigration Stress

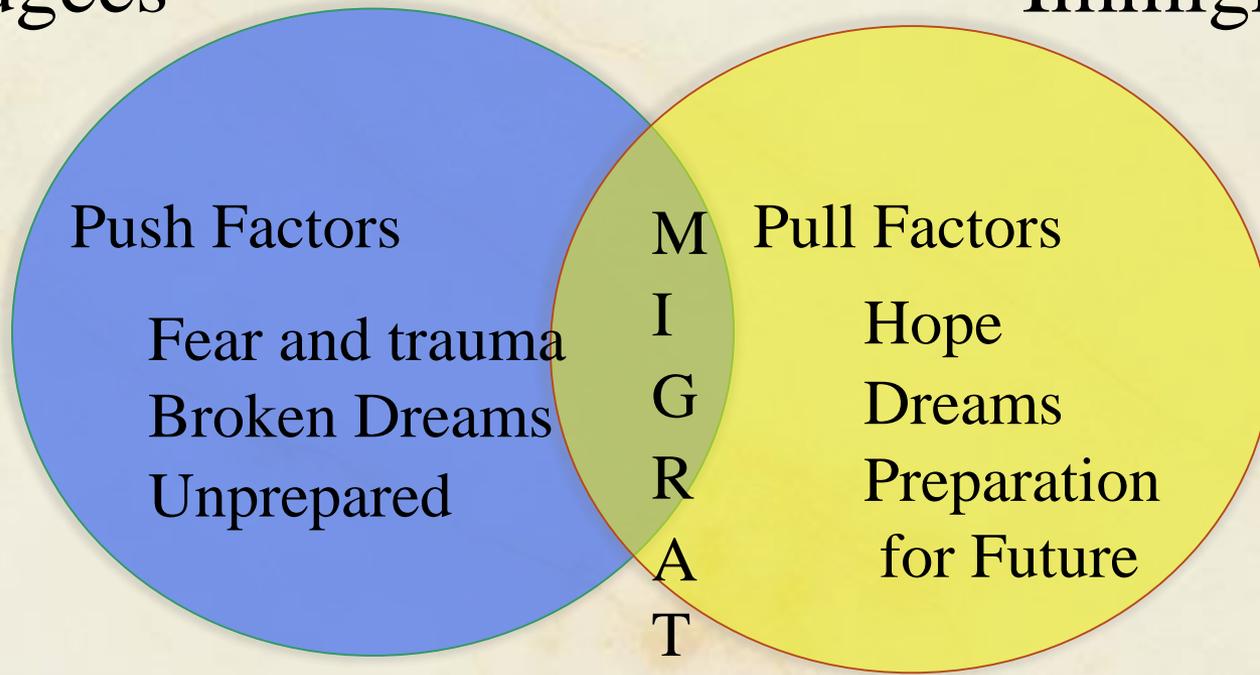
- Psychological and Physical Trauma
- Loss
- Survivor's Guilt



# Migration

Refugees

Immigrants



Push Factors

Fear and trauma  
Broken Dreams  
Unprepared

M  
I  
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O

Pull Factors

Hope  
Dreams  
Preparation  
for Future

# 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

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**“Does it hurt when I do that?!”**



# 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?’”

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DIAGNOSTIC AND STATISTICAL  
MANUAL OF  
MENTAL DISORDERS

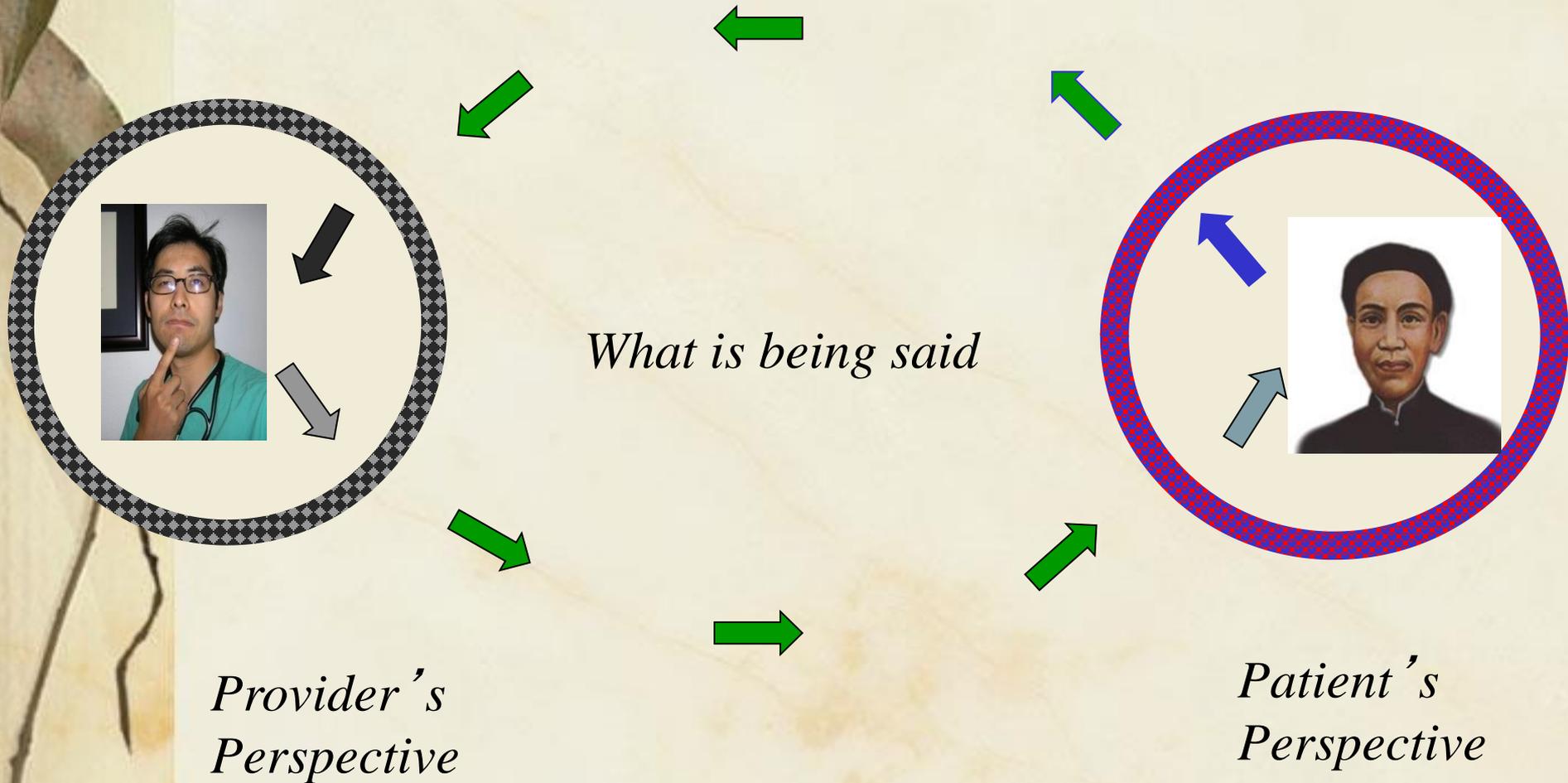
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AMERICAN PSYCHIATRIC ASSOCIATION

# Cultural Systems





# 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



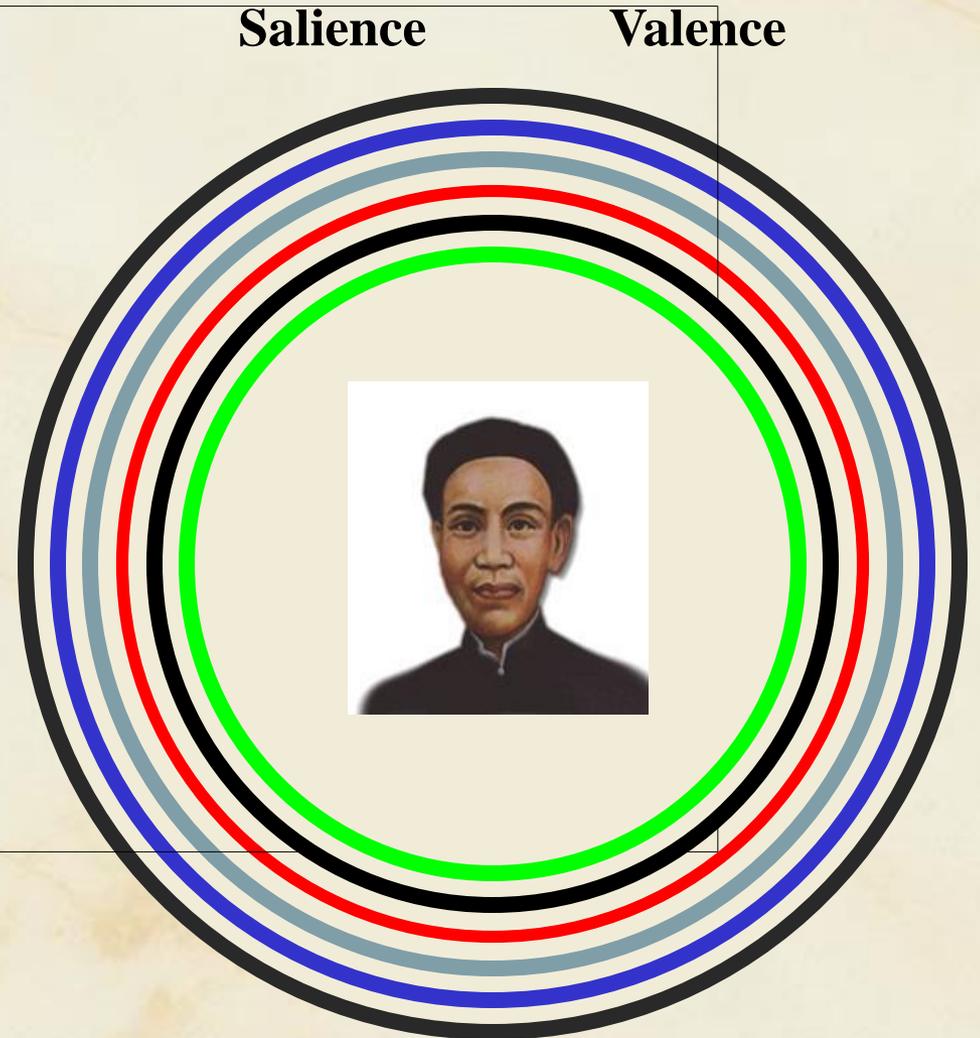
# Cultural Formulation

- 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



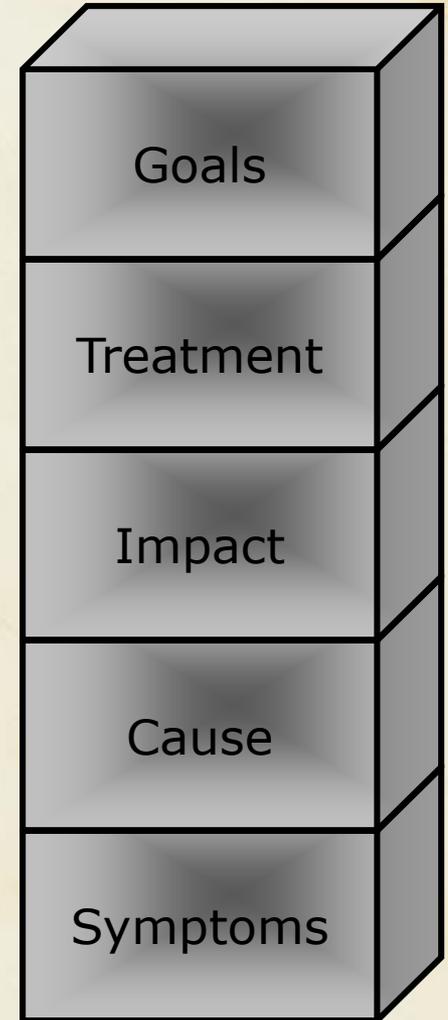


# Cultural Identity

- 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

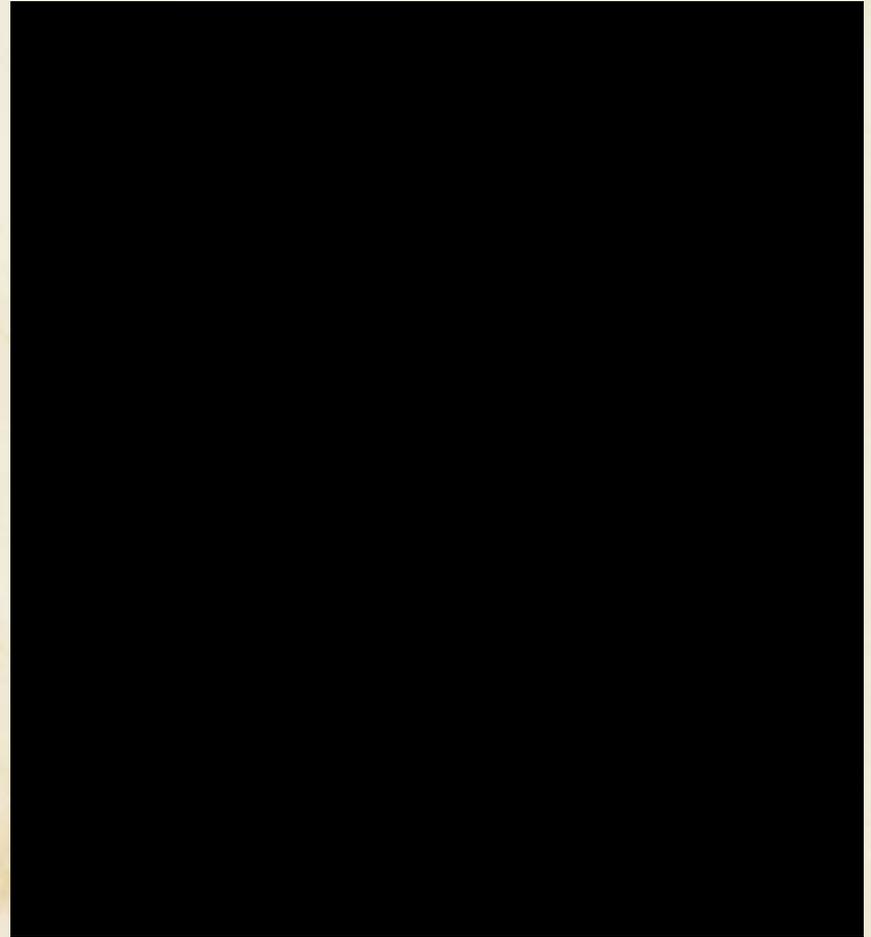
- What problems are most concerning?
- What do you think has caused these problems? What have others told you?
- How do they affect you?
- What treatments have you tried?
- What is your understanding of the treatment offered?
- What do you hope we will achieve with our work together?



# Health Beliefs

<b>Conflicting Health Beliefs</b>	
<b>Patient-Provider</b>	Miscommunication, Diminished rapport, poor adherence, treatment drop-out
<b>Patient-Family</b>	Lack of support, shame, guilt family discord
<b>Family-Community</b>	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



# 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?**