



Mental Health Literacy in Southeast Asian Elderly Refugees: How much do they know about Depression?

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Abstract

This qualitative study explored Southeast Asian (SEA) elderly refugees' mental health literacy from the perspective of mental health service providers. A total of 9 mental health service providers were recruited for the study. Focus group data was coded according to Jorm et al.'s (1997) conceptual model of mental health literacy. Findings from data analysis revealed (1) how SEA elderly refugees understand and experience mental disorder of depression, (2) how much SEA elderly clients know about and recognize depression, and (3) how culture impacts their understanding and expression of depression in their daily lives.

Introduction

- Southeast Asian (SEA) populations have a relatively recent history in the United States.
- SE Asians are particularly vulnerable to mental disorders because of their refugee experience..
- They have the least resources to deal with their mental health problems.
- Many experienced trauma and loss caused by the war and forced relocation, death of family members, persistent starvation, extended stay in refugee camps, poverty and unemployment once in the host country, and loss of social network, status and traditional roles.
- SE Asians have the highest rate of limited English proficiency when compared with other Asian American groups.
- SE Asians have the highest poverty rates among all racial groups. For instance, a third of Hmong (or 33%) and one fifth (or 20%) of Laotian and Cambodian are living below the federal poverty line (U.S. Census Bureau, 2000).

Study Aims

The purpose of this study is to explore mental health literacy among SEA elders, particularly focusing on depression. This study aims to examine:

- (1) SEA elderly refugees' mental health literacy
- (2) the role of culture on mental health literacy
- (3) ways to improve the mental health literacy of SEA elderly.

Method

Procedure

- Recruited mental health professionals with an invitation flyer.
- Conducted three focus group interviews with participants ranging from 2 to 3 hours.
- Participants received \$20 compensation.

Participants

- N=9 (4 males, 5 females)
- Mean Age =45.8 years

Data Analysis: Grounded theory approach

- Research team independently open-coded the transcribed text by hand.
- The coded text was entered into the qualitative software MAX QDA2. This software managed, retrieved, and organized the list of codes and selected text.
- To ensure rigor and trustworthiness in this study, the following strategies such as peer debriefing, member checking and auditing (Padgett, 2008) were used.

Conceptual Framework: Mental Health Literacy

- Mental health literacy was defined as "knowledge and beliefs about mental disorders which aid in their recognition, management or prevention" (Jorm, 1997, p. 175).
- Mental health literacy consists of six components: 1) knowledge that allows one to identify specific disorders, 2) knowledge and beliefs regarding causes and risk factors, 3) knowledge and beliefs about self-help options, 4) knowledge and beliefs about professional help, 5) attitudes which affect recognition and help seeking, and 6) knowledge of how to seek mental health information.

Results

Utilizing Jorm's mental health literacy model (1997), four themes emerged from the analysis of the data.

(1) Knowledge that allows one to identify specific disorders

For SEA elders, language was of one of the major barriers preventing them from understanding and expressing their depression.

"...There really wasn't a written language, the current Hmong language is probably 50-60 years old. If it was a language that had been in place and people had access to it, they could have words to describe what their depression is, instead of [expressing as] the chronic aches and pains, the headaches, and the inability to sleep, I think [it] would be a huge difference."

(2) Knowledge and beliefs regarding risk factors

SEA elders believed that environmental factors such as their children and their day-to-day living needs were the causes of their mental illness. Also, they believe in supernatural causes such as spirits of ancestors .

"They tie (depression) to a situation (as a cause), not as a chemical (imbalance) or anything like that. Yeah, that's why they won't agree to medication, because medication's not gonna fix their kids' behavior or anything like that."

(3) Knowledge and beliefs about professional help

SEA elderly refugees often seek professional help for reasons other than treating their mental health problems. Professional help is often sought when they need help managing their day to day stresses. Also, SEAs do not know that mental disorders can be treated and they have a lack of trust in Western medicine and the health care system.

"They don't even know [existing mental health services]. And they don't even know that they can be treated. And then, most of the time, they think that, okay, I have this problem, I have this problem...my in-law, my children, you know, financial, housing...if these can be fixed, I'll be okay. I'll be fine."

(4) Attitudes affecting recognition and help seeking

The stigma attached to mental health problems continues to be a widespread barrier to mental health literacy in many cultures. SEA elderly refugees are hesitant to discuss their problems with others because they are still fearful of the stigma they may experience from others in their communities.

"...Because of the losing face...like you want to save face. You don't want to talk about your problem or problem related to the family to other people...That can be difficult... because they don't feel safe...that their information share how that affect."

Conclusion & Implications

- Defining, understanding, and expressing depression is a major barrier for SEA elderly refugees due to the issue of language because no such term exists nor is there a direct translation.
- Due to stigma in their communities, lack of trust with Western medicine, and their limited knowledge of treatment, SEA elders are not seeking treatment for their mental illness.
- With this new information on SEA elderly refugees' mental health literacy, service providers must work to educate SEA elders about mental health.

