

BUILDING PARTNERSHIPS:
CONVERSATIONS WITH THE HMONG
ABOUT MENTAL HEALTH NEEDS AND
COMMUNITY STRENGTHS

UC DAVIS
CENTER FOR REDUCING HEALTH DISPARITIES

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AUTHORS

Katherine Elliott, PhD, MPH
William M. Sribney, MS
Cristiana Giordano, PhD
Natalia Deeb-Sossa, PhD
Marbella Sala
Sergio Aguilar-Gaxiola, MD, PhD

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This project conducted by the UC Davis Center for Reducing Health Disparities (CRHD) in collaboration with the California Department of Mental Health represents an effort to reach out, to engage, and collect community voices that have previously not been heard. Through this project, CRHD developed relationships with historically unserved and underserved communities, community-based agencies, and a group of dedicated and passionate community advocates who are serving and understand the needs of these communities. The willingness of these participants to share their perspective was based on the trust that was established and the belief that their message would be presented to mental health decision-makers. We are appreciative and grateful to the individuals and communities for sharing their time and wisdom and hope that they find their voices well represented in this report.

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COMMUNITY ENGAGEMENT WITH THE HMONG

The UC Davis Center for Reducing Health Disparities (CRHD) works on building relationships with communities, conducting research, and working with policy makers to improve the health of underserved groups in California. In 2006, the CRHD launched a project to reach out to communities and find out more about their ideas on mental health, the kinds of mental health concerns they have in their communities, and the types of programs that might help prevent mental illness from developing.

This brief report presents results from our initial community engagement meetings with Hmong community members residing in Sacramento, Fresno, and Merced. Their voices provide first-hand descriptions of the needs of this community and their struggles and accomplishments as members of a community excluded from full participation in society. Their experiences and insight provide invaluable guidance for developing Prevention and Early Intervention (PEI) programs and improving mental health services for this community.

THE MENTAL HEALTH SERVICES ACT

In November 2004, California voters passed Proposition 63, which on January 1, 2005 became state law entitled the Mental Health Services Act (MHSA). The purpose of the MHSA is to provide increased funding to support mental health programs for children, youth, adults, older adults, and families, especially for persons from communities who were not served or not effectively served in the past.

The ultimate goal of the MHSA is to create in California a culturally competent mental health care system that addresses prevention of mental illness, provides early intervention services for those in need, uses state-of-the-art treatment to promote recovery and wellness for persons with mental illness, and eliminates disparities in mental health care across socioeconomic and racial/ethnic groups.



THE MHSA AND COMMUNITIES

The MHSA has created the expectation of a comprehensive planning process within the public mental health system that includes California's most vulnerable populations: the ethnically diverse; the Lesbian, Gay, Bisexual, Transgendered, and Questioning community; the poor; the uninsured; and the geographically isolated. Ethnic and minority communities, clients, family members, community-based agencies, providers, and other stakeholders in the mental health system are encouraged to become key partners in the decision-making process so that the mental health system is successfully transformed to better serve all persons and all communities in the state.

To build a foundation for ongoing outreach and engagement with historically underserved communities, we reached out to develop relationships with Hmong leaders, advocates, community members, and community-based organizations. The findings in this report are a summary of information obtained through focus groups held with newly-arrived refugees, youth, persons with mental illness, and providers, as well as interviews with advocates and professionals serving this community.

THE HMONG COMMUNITY

Hmong refugees began arriving in the United States from Southeast Asia in 1975. During the Vietnam War, Hmong soldiers were enlisted by the US in a secret war against the Pathet Lao, the communist, nationalist political group in Laos. When the US retreated from Vietnam, the Pathet Lao launched a violent campaign against the Hmong, and thousands were forced into hiding or fled to refugee camps in Thailand. Many Hmong refugees remain in Thai camps; however, a significant number have resettled in the US. The 2005 American Community Survey estimated the Hmong population of the US at close to 200,000, with about 70,000 in California. The majority of Hmong refugees in the US arrived between 1975 and 1995, but a second wave of Hmong refugee arrivals began in 2004 and is continuing. In the US, the Hmong continue to face severe social disadvantages including low levels of education, high poverty rates, and linguistic isolation.


We are families of the refugees of 1975, our parents were the ones who helped the CIA back in Laos. We gave our friendship to the Americans. We did not come here to ask for free food and jobs for no reason. We came here according to our refugee rights.

Hmong New Arrival

In Laos we only farm to eat and drink, we had no worries like we do in this country. We came to live in this country of abundance, but we are having heartaches, our sons and daughters don't listen to us, husbands and wives do not know how to love each other to the point of taking different paths in life.

Hmong Refugee Woman





The Communists killed my husband dead, right in front of me ... and I'm very depressed but tried not to think about it, if I think about it, then my heart will stop.

Hmong Refugee Woman

For Hmong kids ... the parents are not really Americanized ... There is that part that we are not comfortable talking to our parents about our issues.

Hmong Youth

I cannot work for myself, my children are all grown up, but they could only work enough to feed themselves, they cannot share anything with me. My heart is aching. I'm thinking, if my life is like my children and can be let go of, then I would have let it go already. This way, I would not be in this much pain from here to the future.

Hmong Refugee Woman

WHAT ARE THE HMONG COMMUNITY'S GREATEST CONCERNS ABOUT MENTAL HEALTH?

For many Hmong in California, adjustment to life in the US is a major source of stress. Hmong who resettled as adults often experience significant adjustment problems. Not only are language barriers considerable, but navigating social services and legal systems, transportation, and finances are also tremendous challenges. Many Hmong elders experience deep social isolation as they have little contact with family, friends, and other Hmong people. Participants in our focus groups talked about the difficulties adjusting to new family roles in the US. These new roles create discord in marital relationships and intergenerational conflict between parents and children. Hmong youth often experience frustration, stress, and depression as they feel caught in the middle of two often conflicting worlds.

Many Hmong refugees have had exposure to war-related atrocities, and the experience of suffering and distress related to these events is common. For Hmong who have had direct exposure to war, there are overwhelming feelings of fear and loss, depression, and anxiety. Difficulties coping with these overwhelming emotions and mental health conditions can lead to spousal conflict, domestic violence, child abuse, parent–child conflict, and suicide.

For the Hmong community members who participated in this project, suicide was a major concern. Several highly publicized suicides and suicide–homicides have shaken the Hmong community in recent years and many participants talked about the devastating effects of these incidents. In addition, some participants talked about their own feelings of despair and depression and shared that they had considered suicide or had made suicide attempts in the past.



WHAT CONDITIONS AFFECT MENTAL HEALTH IN THE COMMUNITY?

Poverty was a significant factor that contributed to the mental illness identified by Hmong participants. The inability to obtain employment and to meet basic needs was a considerable source of stress in their lives. In fact, many participants stated that the most significant factor contributing to mental illness in their community was financial difficulties. Limited English language skills of many in this community exacerbate financial problems, making it difficult to obtain employment and frustrating or impossible to navigate publicly available support systems.

For the Hmong, physical health problems are also a source of stress. Hmong participants explained that chronic illnesses such as diabetes and high blood pressure are very common in their community, and the Western medical approach to these illnesses is new and different for many refugees. Promoting an understanding of these illnesses and ensuring that community members obtain adequate treatment has been challenging in light of different cultural ideas about health and treatment. Many Hmong who suffer from chronic physical illness also experience mental illness. Furthermore, for some Hmong clients, symptoms of physical ailments are considered manifestations of emotional distress.



I believe that the most important thing in this country is the living situation and the daily life conditions. Things such as rent and bills create a massive and major depression. They cause many anxiety and depressive feelings.

Hmong Community Leader

We are having many difficulties and challenges. We are unable to get a secure or good job because of language issue. Many of us are limited with job skills and other necessary skills to obtain a job. Language issue is the hardest one that we have faced so far.

Hmong Community Leader

As many had mentioned earlier, in our country, we have no medical doctor who would give us all kinds of diagnosis or say that you have this kind of illness that kind of illness. When we are ill then we are ill, and when we die then we die. There were no such illnesses as cancer, stroke, liver disease, heart disease, etc. When we got here everything had changed.

Hmong Community Leader



Many take the medications without having any understanding or explanation to them what are the medications for. Instead of helping, it actually destroy them, because many doctors do not take the time to really look deep down what the patient is facing. Many times, the cause of headache, anxiety, or depression is not caused by viruses or diseases. It actually is caused by social anxiety and depression due to job, housing, education, or language issue.

Hmong Community Leader

They don't know where to go. They don't speak the language. ... There is a lack of mental health services that are culturally competent that would meet the needs of the community.

Hmong Community Leader

I'd like to see someone that is a Hmong person that can talk to these people and make sure that what they have is what they have, whether medical problem or mental health problems. So that person would know where to go for services. ... There's a lack of Hmong mental health providers.

Hmong Community Leader

For providers who are not Hmong, there's a lack of education on their part in terms of how to provide culturally sensitive services.

Hmong Community Leader

In Laos, we didn't ever talk about mental health problems. We just talk about pain here, pain there. But here, when we try to explain, there's two types of doctors. One's to cure your physical. The other one's to cure your mind ... They need more education to let them know what is mental health and what's not.

Hmong Community Leader



WHAT ARE THE CHALLENGES FOR THE COMMUNITY IN RECEIVING SERVICES?

For the Hmong that participated in our focus groups, trouble accessing needed care was a prominent theme. Not only was there a scarcity of appropriate and needed services, but community members also had difficulty obtaining services because of lack of transportation and child care. Language barriers are a major factor affecting Hmong community members' ability to access services, preventing them from directly contacting services when help is needed, and hindering their ability to obtain appropriate care due to difficulties communicating their needs adequately.

Participants also pointed to problems with existing services. In particular, participants felt that the Hmong community is not well served by the current system because there are too few Hmong providers. This limits access to culturally appropriate services and makes it challenging to navigate the mental health system. Providers who are not Hmong often cannot provide linguistically appropriate services and lack an understanding of cultural issues that affect mental health for Hmong clients.

Finally, stigma and lack of awareness of mental health problems contribute to the lack of use of services by Hmong individuals with mental illness. For many Hmong it is considered shameful to talk about emotional problems with people outside of the family. Often, people are not aware of the signs and symptoms of mental illness. Those who wish to obtain services often do not know where or how to get care.



WHAT ARE THE COMMUNITY'S STRENGTHS AND ASSETS?

When asked about strengths and assets of the Hmong community, participants overwhelmingly identified the close bonds of family and community. Hmong culture values interdependence among community members and families. Because of this, Hmong families and community members support each other through difficult times. For the Hmong, nourishing children, and encouraging them to obtain higher education and to return to support their family and community are important values.

In addition to cultural values that strengthen the Hmong community, participants described the importance of Hmong community-based organizations, clan leaders, and traditional healers or shamans. Through the leadership and support of key individuals and organizations, progress has been made in addressing some of the issues that afflict the Hmong community. Participants stressed the importance of engaging Hmong organizations and leaders in future prevention and intervention work.

WAYS TO PREVENT MENTAL ILLNESS

For many Hmong participants, prevention of mental illness was viewed as critical. The following programs were recommended by many participants:

- Education/awareness campaigns to inform the Hmong community about mental health issues and ways to access treatment.
- Cultural connection and empowerment programs to mentor youth and build pride in Hmong cultural heritage.

Social groups to decrease isolation and build skills in older and newly arrived Hmong adults. Gardening, crafts, and educational programs were recommended.

- Group therapy to decrease stigma associated with mental health treatment.
- Multi-purpose resource centers to provide the above mentioned services as well as recreational activities for youth and adults.
- Parenting programs to promote positive parenting practices and to assist parents in overcoming issues of intergenerational cultural conflict and stress.

A lot of the cultural leaders, the pastors, and the shamans have started to educate the community on how to be more independent, how to develop coping skills and management skills, and I think that those have given our community skills to manage themselves and I think that that has worked.

Hmong Community Leader

I want you to find a way to help, to have someone teach, so that when we are mentally depressed we can come and talk.

Hmong New Arrival

I think we need just like a place to go. A place that we know that we will feel comfortable and we know that we can trust them. And someone who has been through the problems and will be committed to us. I think that is a solution for our community because not just for the teens, but just for everybody.

Hmong Youth

Many centers or organizations open for those people who are in need to go there daily and weekly. Some people go there to exercise. Some go there to share social issues. Some go there to have fun and to enjoy entertainment. It seems that these activities help to release and reduce their depression. In this community, I think, we are big enough to create such center for us. If the government can fund or help, it would be such big help and release for us.

Hmong Community Leader



BUILDING PARTNERSHIPS: NEXT STEPS

The UC Davis CRHD embarked on the Building Partnerships project to provide a way for the voices of our communities to be heard by policymakers. It was our intent to gather these voices in a way that honors the stories of suffering and pain and the cultural values, beliefs, and practices that form the rich fabric of our many diverse communities.

We hope that the stories shared by community members will have a lasting impact on mental health care in California. In this project, we have:

- Worked with policy makers at state and county levels, informing them of the results of our project and advocating for changes in policy that address the needs of underserved communities.
- Worked with many of the communities who participated in this project to facilitate their involvement in county and state level decision-making processes.
- Collaborated with communities to identify opportunities to build, develop, and obtain funding for programs that stem directly from needs identified in our project.
- Developed a guide to the community engagement process that can be used by county mental health agencies, with this project as an example to be followed.

Moving forward, the CRHD plans to continue this work, connecting communities with county and state mental health policy processes to increase their voice and presence in decision making, policy development, and implementation.

We welcome greater involvement of the Hmong community in our work, and encourage you to contact us with your feedback and ideas, and to let us tell you about additional steps that can be taken to increase your community's role in the future development of California's mental health care systems.



PROJECT STAFF

Sergio Aguilar-Gaxiola, MD, PhD

Project Director
Director, UC Davis Center for Reducing Health Disparities

Natalia Debb-Sossa, PhD

Assistant Professor of Sociology, UC Davis

Katherine Elliott, PhD, MPH

Project Manager, Northern California Region
UC Davis Center for Reducing Health Disparities

Cristiana Giordano, PhD

Postdoctoral Scholar
UC Davis Center for Reducing Health Disparities

Kimberly Reynolds

Assistant to the Director
UC Davis Center for Reducing Health Disparities

Marbella Sala

Director of Operations
UC Davis Center for Reducing Health Disparities

William M. Sribney, MS

Third Way Statistics

Pa Kou Vang, M.S.

Consultant
Hmong Women's Heritage Association

STATE PARTNERS

Nichole Davis

Analyst, Prevention and Early Intervention
California Department of Mental Health

Rachel Guerrero, LCSW

Chief, Office of Multicultural Services
California Department of Mental Health

Vincent Herrera

Staff Mental Health Specialist
State Level Programs
California Department of Mental Health

Barbara Marquez

Mental Health Program Supervisor, Prevention and Early Intervention
California Department of Mental Health

CLINICAL AND TRANSLATIONAL SCIENCE CENTER EDITING CONSULTANTS

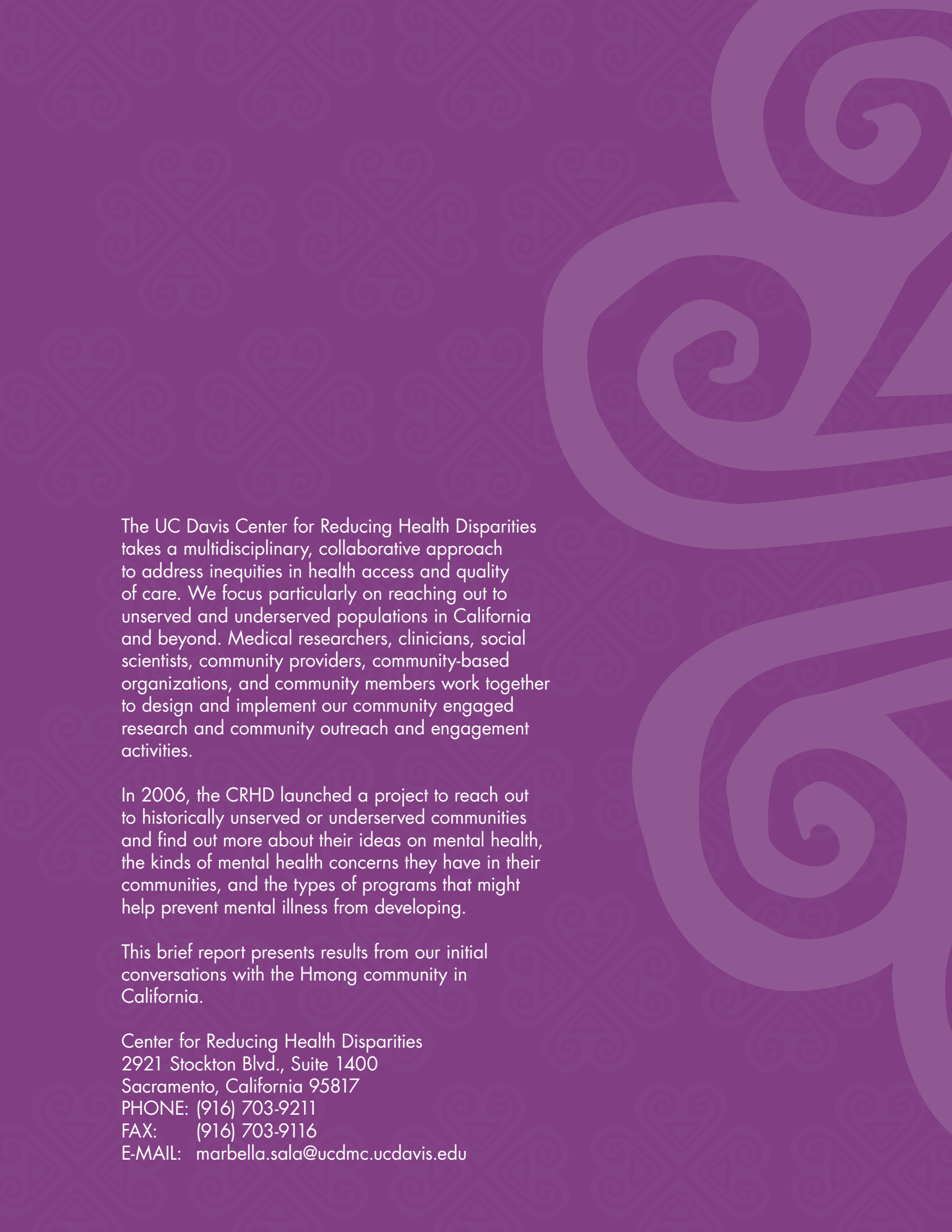
Erica M. Chédin, PhD

Coordination Officer,
Collaborative Research Proposals
UC Davis School of Medicine

Erica Whitney

Coordination Officer,
Collaborative Research Grant Proposals
UC Davis School of Medicine





The UC Davis Center for Reducing Health Disparities takes a multidisciplinary, collaborative approach to address inequities in health access and quality of care. We focus particularly on reaching out to unserved and underserved populations in California and beyond. Medical researchers, clinicians, social scientists, community providers, community-based organizations, and community members work together to design and implement our community engaged research and community outreach and engagement activities.

In 2006, the CRHD launched a project to reach out to historically unserved or underserved communities and find out more about their ideas on mental health, the kinds of mental health concerns they have in their communities, and the types of programs that might help prevent mental illness from developing.

This brief report presents results from our initial conversations with the Hmong community in California.

Center for Reducing Health Disparities
2921 Stockton Blvd., Suite 1400
Sacramento, California 95817
PHONE: (916) 703-9211
FAX: (916) 703-9116
E-MAIL: marbella.sala@ucdmc.ucdavis.edu