

Hmong Mental Health Executive Summary

The Children and Family Services (CFS) division of the Amherst H. Wilder Foundation and Ramsey County’s Children’s Mental Health Services (CMHS) have partnered for many years to provide mental health services within Saint Paul, Minnesota and the surrounding east metro area. They are committed to increasing access to culturally competent services and reducing health disparities.

Over the last 30 years, Saint Paul has become home to a large Hmong community. Most Hmong resettled in the United States as refugees in the 1980s as a result of the “Secret War” in Laos; however, a wave of Hmong refugees arrived in the mid-2000s due to the closing of the Wat That Krabok refugee camp in Thailand.

As direct service providers, Wilder’s CFS and Ramsey County’s CMHS programs have observed particularly low mental health service use rates among the Hmong. However, it is unclear whether this low service use reflects a lack of need for mental health services, or if the Hmong face significant barriers to accessing services. To learn more, Wilder’s CFS and Ramsey County’s CMHS commissioned Wilder Research to explore the mental health needs of the Hmong community, and to identify mental health service needs for Hmong youth and adults.

About the assessment

The assessment included a comprehensive literature review to explore mental health issues within the Hmong community, interviews with local professionals (n=35) working with the Hmong community to gain insight into mental health service delivery, and interviews and focus groups with Hmong community members (n=137) to hear from the community itself. Professionals who participated in the interviews represented a variety of roles, including public health

and mental health workers, community-based service providers, community leaders, school personnel (principals, social workers, and counselors), probation officers, child welfare and protections workers, and administration staff from Wilder’s CFS and Ramsey County.

Almost all those interviewed were Hmong (97%). About one-quarter of the community members (N=39) were currently receiving, or previously received, mental health services through Wilder’s Southeast Asian Services or Ramsey County Children’s Case Management services. Community members ranged in age; however, two focus groups specifically targeted young adults age 18 to 30 (N=32) and three focus groups targeted youth age 13 to 18 (N=35).

For the purposes of the assessment, “mental health services” refers to formal, Western mental health services through a direct service provider.

Key findings

The scope of mental health issues

Compared to the general United States population, the Hmong are at least twice as likely to experience some kind of mental health issue, such as major depression, general anxiety disorder, and post traumatic stress disorder.

Comparison of mental health prevalence rates

	General U.S. population	Hmong population
Any diagnosable mental health disorder	20% to 26%	40% to 85%
Major depression	7%	15% to 75%
General anxiety disorder	3%	35% to 45%
Post traumatic stress disorder	4%	15% to 35%

Note: Prevalence rates were gathered from existing research.

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War trauma, migration, and acculturation experiences contribute to these high prevalence rates. In addition, social and family stressors often impact the mental well-being of Hmong youth and adults, such as socioeconomic issues, intergenerational conflict, family instability and infidelity, and changing gender roles and expectations.

It is common for Hmong individuals to express mental health issues through somatic symptoms and internalized behaviors. Somatic symptoms (i.e., physical symptoms of psychological distress such as body aches, stomachaches, and lack of sleep) are a result of suppressing feelings and emotions. Suppressing emotional issues is particularly common among elementary school-aged Hmong girls. They often conceal psychological distress by being shy, quiet, and obedient in the classroom and at home, making it difficult to identify mental health issues.

Access to mental health support and services

Within the Hmong community, one's family and clan serve as a guiding and protective source of support. Community members often seek counsel from their family/clan to talk about issues or problems. However, Hmong men are generally resistant to discuss personal problems because they perceive it as a sign of weakness. Furthermore, Hmong youth often feel uncomfortable seeking support from their parents, believing parents would not acknowledge or understand their issues.

Hmong community members also commonly turn to traditional health and healing practices, such as spiritual ceremonies, herbal medicine, and dermal abrasion treatments. Spiritual ceremonies are practiced by those who follow Shamanism; Christian Hmong community members often attend church and seek help from their priest or pastor to relieve their stress and problems.

Mental health services are often the last resort for support, used only when mandated or in response to a crisis. When professional help is needed, it is common for Hmong community members to first seek help from primary medical doctors. Preferences to use traditional practices or mental health services

vary among community members. Overall, there is a sense that acculturated and educated individuals within the Hmong community are more likely to use mental health services. Christian Hmong may also be more likely to use services through their church and be more accustomed to seeking help from outside the family/clan than those who follow traditional Shamanism beliefs.

Typically, older and more traditional adults are likely to prefer traditional practices over formal mental health services, citing trust and confidence in treatments that lie within their cultural beliefs. Youth and young adults born in the United States prefer mental health services, but will often use traditional practices first to satisfy their parents' preferences. More recently-arrived Hmong youth are open to using mental health services, but are unaware of available services and cite language barriers.

Access barriers to mental health services

Cultural and community barriers. Cultural and community barriers impact awareness of mental health and available services, as well as willingness to use services. There are varying mental health conceptions within the Hmong community, as well as mental health definitions. Many Hmong community members are unaware of mental health and mental health services, and how to access such services. Furthermore, stigma and shame around mental health issues are prevalent. Within the closely-knit Hmong community, confidentiality is a major concern when disclosing mental health issues or seeking services as it may negatively impact one's family reputation.

Systematic barriers. Systematic barriers impact eligibility and entry into services. During the referral process, wait times to see a mental health professional can be long, especially if a Hmong provider is preferred. Intake processes into services can also be daunting and uninviting as there is paperwork to complete and little time to build a relationship with the provider. The mental health system also lacks culturally relevant mental health screening and assessment tools for the Hmong. Available assessments may not accurately identify mental health concerns and issues within a cultural context.

Practical barriers. Practical barriers are also prevalent for the Hmong community, as it is for many other populations as well. Barriers, such as language barriers, lack of transportation, and lack of health insurance or ability to pay for services inhibit access to services. Hmong youth, in particular, cite practical barriers to accessing services because of their dependence on their parents.

Appropriate mental health support and services

Within the mental health service system, there are some types of services and service components that are effective for Hmong families.

Case management services. Case management services include a variety of services specifically tailored to a client's needs and coordinated by a case manager. While this is an appropriate approach for the Hmong community, there are service gaps. Because Hmong families typically require a great deal of assistance and time from case managers, they can easily become dependent. Hmong families often rely on their case manager to educate them about available services and help them physically access services. Needed auxiliary support and some types of services, such as alternative therapies, are limited for Hmong families within case management due to state and federal regulations in what types of services are billable. Additionally, the intake process does not include enough time to build a trusting relationship with case managers, which is important to help families understand and be receptive to services. The use of alternative funding streams may help to provide Hmong families with needed support that falls outside of billable services, and to support the appropriateness of a flexible service delivery system.

Co-location of primary health care and mental health services. Primary health care providers serve as an entry point into mental health services. They are often the first formal service contact with Hmong families and are key referral sources within the mental health system. Integrating primary health care and mental health services can help reduce access disparities by increasing follow through with referrals, decreasing wait time between referrals, and reducing mental health stigma.

Talk therapy. Talk therapy is effective when professionals are able to build rapport and trust with clients. Talking about one's issues is familiar within the Hmong community; however, it is atypical to talk to someone outside one's family/clan and to pay to talk to someone. Group and family therapies are particularly successful with the Hmong community as they align with cultural and collectivistic values. Women and youth are most receptive to talk therapy within a group setting.

Alternative therapies, psychosocial activities, and social adjustment services. The current mental health system does not align with the holistic health beliefs of the Hmong community, including mind, body, and spirit. Alternative therapies, psychosocial activities, and social adjustment services are needed to complement mental health services to meet the needs of the Hmong community. These types of services help address somatic symptoms and lesson adaptation stressors. Some examples include: acupuncture, tai chi, farming, gardening, *paj ntaub* (Hmong cross stitching), English language classes, and job skills training.

Medication. While the Hmong community is familiar with the medication model and prefer medication as a form of treatment for somatic symptoms, psychotropic medications are viewed negatively as "*tshuaj vwm*" (crazy drugs). There is a lack of knowledge about how psychotropic medications work. Parents and older adults are especially skeptical of psychotropic medication, feeling it would only worsen an individual's health. Overall, psychotropic medication is usually accepted only for severe mental illness or symptoms, such as schizophrenia and suicidal ideation.

Available services

There are a number of available mental health services in Ramsey County. However, for the Hmong community, language and cultural needs may limit which service providers they feel comfortable seeking support from. Thus, it is important for service providers to create a welcoming environment, employ bilingual staff, and show openness for cultural diversity.

Gaps within service delivery

Lack of early intervention and prevention services.

Early support services are needed to reach out to youth and adults before symptoms are severe and intensive services are needed. School-based mental health and parenting programs can provide support as well as opportunities to identify mental health issues and needs early.

Lack of culturally competent services. Within the Hmong community, there is a sense that mental health services are not culturally appropriate unless provided by a Hmong professional. Language barriers continue to be an issue within service delivery, and mainstream providers may lack the cultural knowledge to engage Hmong families and understand their issues. Alleviating these issues and concerns may help service providers improve the cultural appropriateness of services.

Lack of bilingual and bicultural Hmong mental health providers. There is a shortage of bilingual and bicultural Hmong mental health providers to meet demand. With few available, Hmong mental health professionals have a high volume of referrals and high caseloads, resulting in long wait times for Hmong families. Service providers rely on Hmong paraprofessionals and interpreters to eliminate language barriers, but to be effective, it is important that paraprofessionals and interpreters have the appropriate mental health training and Hmong language skills to translate and interpret within a clinical setting.

Recommendations

Given the findings of this assessment, the following are recommendations to support the mental health needs of the Hmong community and to ensure access to appropriate mental health services.

- Increase school-based mental health programming
- Increase access to case management services
- Consider alternative funding streams to meet the needs of Hmong families
- Develop mental health services in partnership with the Hmong community
- Increase the availability and use of group and/or family therapies
- Increase the availability of alternative therapies and culturally relevant activities within the mental health system
- Increase the number of bilingual and bicultural Hmong professionals within the mental health workforce
- Provide mental health training and support to Hmong paraprofessionals and interpreters.
- Provide mental health outreach and education to the Hmong community and those serving the Hmong Community

Limitations

- The community members who participated in this assessment are not a representative sample of the Hmong community
- Available research on mental health issues and the Hmong community is limited

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For more information

This summary presents highlights of the report, *Hmong mental health: An assessment of mental health needs and services for the Hmong community in Ramsey County*. For more information about this report, contact Julie Atella at Wilder Research, jka2@wilder.org or 651-280-2658.

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