

**Mental Health in Vietnamese American Refugees:
Looking at Barriers to Resources and Interventions**
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Introduction

Vietnamese Americans are a fast growing population in the United States. From 1980 to 2010, this population grew from 0.3 million to 1.6 million.¹ The large influx of Vietnamese immigrants comes after the war in Southeast Asia, which ended in 1975. This brief specifically looks at the literature surrounding the state of mental health within the Vietnamese American refugee community in San Jose and Westminister and Garden Grove, California as a consequence of the war in Southeast Asia. Mental health within this community is a widely untreated issue. In reviewing the mental health status of this population, the brief will also identify barriers that deter this community from accessing appropriate resources and interventions. Additionally, the brief will recommend policies for more culturally sensitive resources and care for this population.

Background

In the United States, Vietnamese Americans have formed ethnic enclaves in San Jose and Westminister, California; Falls Church, Virginia; Fort Worth and Dallas, Texas; Seattle; and Boston, Massachusetts.² These ethnic enclaves are essential to how these communities function because they provide a supportive environment that preserves cultural traditions and customs. This mitigates the traumas associated with migration, displacement, acculturation, and war.³ The federal government played an active role in relocating Vietnamese refugees to different parts of the country, thus forcing migrants to specific regions.

According to the 2010 US Census, California has the largest Vietnamese

population: 581, 946.⁴ Within California, the Vietnamese population is most concentrated in San Jose, Garden Grove, and Westminister.⁴ Since the Vietnamese population is so large in these areas, it is pertinent to examine the health issues within these regions in order to address the disparities inherent in migration, being a racially minority population, and living in areas of low socioeconomic status.

Literature Review

State of Mental Health

In order to understand the mental health of Vietnamese American refugees, we need to look at how migration and the war affected their pathway to America. Interviews with Vietnamese refugees have shown that the process of leaving the country poses imminent danger to their physical and mental health – refugee women in particular faced issues of violence, sexual abuse, strain of losing children and family.^{5,6} On top of having those traumas within the country of origin, Vietnamese refugees have the additional strain of acculturating and resettling in a new country. The stress that results from acculturation, ethnic identity compromises, and resettlement can result in depressive effects.⁷ A study on Southeast Asian refugee women noted that the nature of the refugee experience colored the life memories of all participants, even those who were very young during the Southeast Asian wars.⁵

Given the context of the various factors that can lead to mental health issues within the Vietnamese American refugee community, many experience Posttraumatic Stress Disorder with comorbid panic-like attacks

that include culturally-specific symptoms such as fear of death from body dysfunction or somatic symptoms like tinnitus.⁹ A survey of over 14,000 Vietnamese-Americans found that 21% needed help for mental health related problems compared to only 10% for non-Hispanic Whites; Whites were more than twice as likely to have talked about their problems with a health care provider than Vietnamese Americans.⁸

The impacts of these continued mental health issues affect children in immigrant and refugee families in various capacities. Southeast Asian refugee children struggle with formal education - only 5.9% to 14.8% have Bachelor's degrees compared to the 25.2% of the aggregate Asian American population - because their family suffers from mental health illnesses, while also being foreign-born and thus unfamiliar with the American schooling system.¹⁰

Current Policy Efforts and Interventions

Vietnamese refugees face many barriers to using mental health services – among which are stigma, lack of a perceived norm in country of origin for using such services, competing cultural practices, lack of information, language barriers, and cost.^{11,12}

In California, community based organizations and policies such as Proposition 63 (Mental Health Services Act) have attempted to expand and improve public mental health services for immigrant communities. Mental health services and medical training are slowly moving towards a model of culturally competent care. Some models and interventions focus on providing language-specific interpreters, engaging patients as active participants in addressing their own health issues, and developing new intervention models that take into account the patient's racial, cultural, and ethnic background.^{13,14}

Policy Recommendations

Breaking Down Institutional Barriers

Although efforts have been made to expand mental health services, there needs to be a more concerted effort to address the accessibility issues. There are three key primary barriers to focus on: language, cost, and health care professional diversity. Future policies should expand interpreting services – whether that is through incentivizing more people to become interpreters, increasing budgets of hospitals and clinics to hire in-person interpreters, or develop better televisual services. The Affordable Care Act (ACA) has enrolled 16 million new people in health insurance, but many mental health services are not covered.¹⁵ On a national level, health insurance companies need to provide more coverage for mental health services. Specifically with Vietnamese American refugees, as well as other Southeast Asian groups, the ACA and health insurance companies should be mandated to outreach to communities to ensure higher enrollment rates and increased access. To address the issue of diversity within the health professions, medical schools and graduate schools, especially those that are in counties with a large immigrant population, should strive to admit ethnically and racially diverse classes. Vietnamese refugee patients are more likely to feel comfortable with a health care provider who looks like them and can understand their cultural background.

Culturally Appropriate Mental Health Services

Many mental illness diagnoses and paradigms are founded upon Western experiences and values. The approach of those types of mental health services can be culturally incongruent when applied to Vietnamese American refugees.¹⁶ Therefore,

additional psychiatric and psychological models need to be re-designed with the refugee and immigrant population in mind. Mental health care professionals should be trained in working with diverse populations; thus, the need for cultural humility and cultural sensitive training is of utmost importance for cities like San Jose, Westminster, and Garden Grove, California. There needs to be a paradigm shift in how professionals understand Vietnamese American refugees' perception of mental health, which is often not discussed due to stigma and shame.¹¹ Service and interventions need to be designed with involvement from the community. Approaches to solving these issues need to happen from the ground up; the patients should be actively involved in addressing their own mental health needs. By involving the people who are directly affected, health care professionals can design culturally sensitive services that are founded upon a community-based approach.

Links to Additional Resources

- Asian Americans for Community Involvement, a community based organization in San Jose that provides culturally sensitive health services: <http://aaci.org/>
- Southeast Asia Resource Action Center, national advocacy organization: <http://www.searac.org/>
- Vietnamese American history: <http://www.asian-nation.org/vietnamese.shtml>

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