

Best Practice Highlights

Asian American Patients

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Origins of Asian Americans



The Asian American Population

Asians are a vast, heterogeneous group. Asian refers to people having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, and the Pacific Islands, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, Vietnam, and Samoa. The 2010 US census estimated that there are 14.7 million Asians in the United States—about 4.8 per cent of the estimated 350 million American population. The three largest Asian groups were Chinese, Filipinos, and Asian Indians.

Each Asian American group has its own history, language, culture, and health beliefs. Within each group, depending on geography, dialect, custom, and subculture, there are also subgroupings. For example, Southern Chinese from Canton speak Cantonese or Toisanese while Mainland Chinese speak Mandarin, and many Southeast Asian Chinese speak the Fookien dialect.

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Significant History - Events which influenced the community and contextualize assessment and treatment

Each Asian group face unique immigration experiences to the US that need to be considered for proper assessment and treatment. For example, following the Indochina and Vietnam Wars, a large number of Vietnamese refugees entered the US. Some were highly educated. But many rural refugees encountered severe traumas such as extortion, rape, and threats to their lives, making them vulnerable to develop PTSD, anxiety, and depression.

Recent highly technical and educated Asians from Southeast Asian countries, the Indian subcontinent, and China recruited to work in the US technological sectors face the stress of the competitive high-

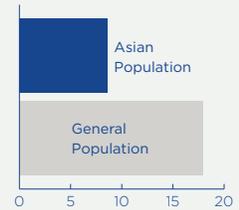
tech sector. Their children are pressured to excel academically. This may contribute to the high rates of suicide ideation and completions among Asian teenagers such as the case among Chinese teenage groups living in the Silicon Valley of California.

Asians are frequently stereotyped as a “model” minority. As a result, their mental health needs are frequently ignored or neglected. Providers should be aware of culture-bound syndromes that can affect Asian American populations:

Name	Asian Country where seen	Features
Amok	Southeast Asia	Violent and aggressive episodic behavior without clear cause, mostly in males
Dhat	South Asia	Anxiety about discolored or lost semen
Hwa-byung	Korea	Related to suppression of anger; insomnia, fatigue, panic, pain, GI distress, fear of death
Koro	Southeast Asia, South Asia, China	Sudden fear of genital retraction into the body and death from anxiety or paranoia
Latah	Southeast Asia, particularly Malaysia, Thailand, Japan, and Philippines	Extreme sensitivity to fright with dissociative or trance like behavior
Qi-gong induced psychosis	China	Episodic psychotic or dissociative reaction after improper practice of Qi-Gong
Neurasthenia	China	Physical, mental fatigue and dizziness, headaches, sleep problems, problems with memory, GI distress
Taijin kyofusho	Japan, Korea	Intense fear that one’s physical features, smell or behavior is displeasing or offensive to others

Source: The Massachusetts General Hospital Textbook on Diversity and Cultural Sensitivity in Mental Health.

Fast Facts



8.6% Number of Asian Americans who seek mental health care, compared with 17.9% of the general population. Stigma may play an important role in willingness to access care.



50 Number of distinct ethnic groups included in U.S. Asian American demographic reporting, stressing the heterogeneity of this population. Using the Cultural Formulation Interview can assist you in understanding a particular patient’s background and needs.



2.6 million Number of people age 5 and older who speak Chinese at home. Having the right interpreter is key to providing culturally competent care.



Future Needs

Epidemiological data on mental illness in US Asian communities are sorely lacking. More research is needed, as well as increased participation of Asians in research studies. Residency programs should also strive to educate their trainees on how to select and effectively use interpreters and treat Asian patients.

Please refer to the APA website for further information on treating Asian patients and resources to help you provide culturally competent care.

A Few Best Practices for Working with Asian Patients

1. Assess the language barrier. Ascertain whether the patient speaks English or not, their native dialect, and the degree of acculturation.
2. Ask about traditional beliefs as part of your cultural formulation. These may influence how the individual expresses mental distress, such as through somatic symptoms. For non-English speaking unacculturated individuals, particularly among the elderly, many hold traditional values and concept of health and disease (e.g., Yin/Yang) that may influence the individual's expression of mental distress such as through somatic symptoms. They may seek traditional healers such as acupuncturists and herbalists. Their ideas about bodily symptoms may affect drug compliance.
3. Many Asian immigrants view physicians and other providers as authority, so encourage patients' participation in their care. Taking blood pressure, checking pulse, and giving advice about diet and foods/use of herbal products can promote rapport.
4. Involve the family in health care decisions. If interdependence among family members is valued, treat the family as a unit.
5. Familiarize yourself with ethnopsychopharmacological research. You may, for example, start with a lower prescribed dosage of psychotropic medications for Asians.
6. Prescribe cognitive behavioral therapy, where appropriate. Talking therapy is foreign to many Asians. If psychotherapy is indicated, and involvement of the family is discouraged in order to maintain confidentiality, explain the rationale and procedure to both the patient and the family.
7. Allow sufficient time for interviews. Translation needs extra time, and it takes time for Asian patients to feel comfortable in sharing very intimate, personal information with outsiders.
8. Be attentive to co-morbid medical problems.
9. Consider traditional interventions, in addition to medication and if indicated, diets, exercises, and other traditional methods (Tai Chi, Breathing exercises) of stress-reduction and relaxation.
10. Ask detailed clinical history with open-ended questions first and be attentive to non-verbal clues (facial expression, tearing, etc).

Health Disparities and Mental Health Stigma

Due to stigma there may be a reluctance to see a psychiatrist early. Hence, Asians are often seen in acute care settings or in crisis. Psychiatrists need to act decisively — hospitalize or re-admit, if indicated, or if in doubt.