INVESTIGATING THE USE OF SERVICES FOR VIETNAMESE WITH MENTAL ILLNESS

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ABSTRACT: An ethnographic-based interview was conducted with 324 Vietnamese-speaking adult caregivers living in the New South Wales state of Australia, focusing on types of services used for identifying and/or intervening for binh tam than (mental ill-health), difficulties encountered, and recommendations for enhancing services. Almost one in two interviewees (n = 158) had used such services during the previous twelve months, including those provided by local Vietnamese-speaking doctors (100%), Asian naturalists, spiritual healers, witchcraft doctors, herbalists, and folk healers (>50%), as well as mainstream psychiatric hospital facilities (50%) and community services (>30%). Descriptive data on the difficulties and recommendations were related to four major domains: accessibility, acceptability, accommodation, and affordability, explaining patterns of caregivers' help-seeking behaviors and their choices of services.

KEY WORDS: service utilization; mental health; Vietnamese; traditional healers; culture-specific health seeking.

INTRODUCTION

The present retrospective survey reported here, used an ethnographic framework to explore experiences in the use of mainstream and ethnospecific services for the identification, intervention, and care for Vietnamese-speaking adults with mental illness—binh tam than. The investigation focused on the types of services, concerns and/or difficulties associated with utilization, and preferences for services.

With the extensive pre-migration suffering and the stress associated with refugee flight and migration, the Vietnamese-origin refugee-immigrants (VNRI) have been viewed as being a high risk group for mental health problems. However, the VNRI have also been identified as being underrepresented among consumers of mental health services in western countries of resettlement. In the United States, Holzer et al. reported that utilization of specialist mental health outpatient services was
virtually non-existent among the VNRI, although rates of consultation with general physicians for mental health problems appeared to be high. A similar situation was noted in Canada. Consistently, Steel et al. reported that immigrants born in south-east and north-east Asian countries including Viet Nam displayed the lowest level of hospital separations (discharges) for mental disorders of all immigrant communities in New South Wales (Australia). Earlier statistics were similar, specifying the lowest rates of discharge were for Vietnamese, 0.7% for males and 0.6% for females aged 15 years and over.

Numerous factors have been provided to explain such an underutilization, with a cultural explanation being one of the most plausible ones. The cultural explanation covers factors such as stigma and shame associated with mental illness, and lack of cultural sensitivity by service providers. For example, while noticing that most of his several Vietnamese-speaking patients sought help from mental health services only when their behavior was quite extreme, Ganesan et al. contended that such procrastination in help-seeking was a result of their fear of being stigmatized. Nguyen, a Vietnamese-Canadian psychiatrist also suggested that the use of extended kinship and cultural explanations of mental illness may well account for the underutilization of mental health services by his southeast Asian patients, including those of Vietnamese origin. Similarly, in reviewing mental health services in the United States during the period from 1975 to 1985, Boehnlein highlighted that culture-specificities of the VNRI’s help-seeking behaviors might also have contributed to their scarce use of mainstream services, e.g., the belief and hence practice of not revealing personal or family problems to other members of the community, including health care providers.

The actual causal relationship between cultural factors and the underutilization of mental health service by VNRI was identified statistically in only a few studies, providing useful information to illustrate the vigor of cultural influences. For instance, an examination of rates and the nature of dropout among 300 outpatient visits (with 17% of Vietnamese) to four public community mental health agencies in a metropolitan area in the United States enabled Flaskerud to identify a number of dropout-predictors. Two of three major predictors, language and ethnicity matches between therapists and clients, were culture-specific. This finding was supported by earlier findings, e.g., Kinzie who reported that psychotherapy provided by trained ethnic psychiatric counselors resulted in a more positive response among a sample of 350 Indochinese refugees compared to their response to the clinic’s usual service.

Clearly, knowledge about why certain ethnic groups such as the