SEVERE MENTAL ILLNESS AND DISMANTLING BARRIERS TO MENTAL HEALTHCARE

CULTURALLY RESPONSIVE STRATEGIES FOR SUPPORTING ASIAN AMERICANS

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Welcome

Land Acknowledgement

Let us acknowledge that we are on the traditional land of the first people of Seattle, the Dkhw'Duw'Absh (Duwamish) People (past, present, and future), and honor with gratitude the land itself and the Duwamish Tribe. We acknowledge the Coast Salish peoples of this land, the land which touches the shared waters of all tribes and bands within the Suquamish, Tulalip, and Muckleshoot nations. Please take a moment to acknowledge the traditional land you are currently located on.

Positionality

- Who I am
- Where I come from
- My perspective
- Humility and collective learning
- Broad context of today's workshop

Agenda

- Overview of severe mental illness
- Barriers to mental healthcare for Asian Americans
- Culturally responsive strategies
- Applications
- Conclusions and resources

Learning goals

- Name distinct symptoms and characteristics of severe mental illness
- Name various barriers to healthcare access for Asian Americans
- List some foundational techniques and strategies for engaging with this population in practice
- Gain tools and opportunities for reflection on culturally responsive approaches to clinical care

Severe mental illness

What is severe mental illness?

- Definition:
  - Any DSM-5 diagnosis categorized as requiring chronic or lifelong treatment
  - Severely impairs an individual's activities of daily living, relationships, life goals, and other dimensions

- Includes:
  - Schizophrenia spectrum disorders (SSD)
  - Bipolar disorders
  - Major depression disorder (MDD)

American Psychiatric Association (2013); World Health Organization (2020)

SMI and Asian Americans

- Although rates of SMI have been increasing annually among Asian Americans, service utilization remains disproportionately low
- Prevailing mental health stigma among this population
- Asian Americans access mental health treatment significantly less than other racial and ethnic groups
- Limited awareness or recognition of mental health conditions among Asian diaspora groups

Li Verdugo et al. (2023); Han et al. (2017); Hong et al. (2023); Yang et al. (2014); SAMSHA (2022); Wong et al. (2018); Maura & de Mamani (2017)

FACT OR MYTH?

People experiencing symptoms of psychosis are usually dangerous or violent.

FACT OR MYTH?

People with psychosis have split personalities.

FACT OR MYTH?

Experiencing psychosis means someone has schizophrenia.

FACT OR MYTH?

Someone who is experiencing psychosis must be hospitalized immediately.

What is schizophrenia?

- Psychosis is:
  - When someone experiences conditions affecting their mind leading to some loss of contact with reality
  - A period when a person's thoughts and perceptions are disturbed, when they may have difficulty understanding what is real

- Schizophrenia is:
  - A diagnosis within the DSM-5 category of schizophrenia spectrum disorders (SSD)

American Psychiatric Association (2013)

DSM-5 criteria for schizophrenia

- 2 or more of the following must be present for at minimum six months, and at least one must be from the first 3 items.
    - Delusions (believing things that are indisputably untrue/false)
    - Hallucinations (seeing or hearing things that others do not)
    - Disorganized speech ("word salad", incoherent, tangential speech)
    - Disorganized or catatonic behavior (very minimal movement, etc.)
    - Negative symptoms (diminished emotional expression)
    - Significant impairment in main areas of functioning since onset of disturbance (unable to work, activities of daily living, relationships, etc.)

American Psychiatric Association (2013)

Considerations about language

- ***Avoid:***
  - “Psychotic”
  - “Schizophrenic”
  - “Crazy”
  - “Insane”
  - “Psychotic break”
  - “Delusional”
  - “Psycho”
- ***Instead, consider:***
  - “Person with schizophrenia”
  - “Person affected by psychosis”
  - “Experiencing delusions / hallucinations / an episode of psychosis”

Schizophrenia & Psychosis Action Alliance (2021)

Schizophrenia terrifies. It is the archetypal disorder of lunacy. Craziness scares us because we are creatures who long for structure and sense…

The words ‘psycho’ and ‘psychotic’ are used to refer to everything from obnoxious ex-girlfriends to bloodthirsty serial killers.”

Esme Weijun Wang
The Collected Schizophrenias (2019)

FACT OR MYTH?

Bipolar disorders are mainly characterized by manic episodes.

FACT OR MYTH?

Drugs can induce psychosis or mania.

FACT OR MYTH?

Manic episodes are fun and help someone be more productive.

DSM-5 criteria for bipolar disorder I

- Mania: A distinct period of unusually and persistently elevated, expansive, or irritable mood and increased goal-directed activity or energy, often lasting multiple days (hospitalization is necessary)
    - Inflated self-esteem or grandiosity
    - Decreased need for sleep
    - Increased talkativeness
    - Racing thoughts
    - Distracted easily
    - Increase in goal-directed activity or psychomotor agitation
    - Engaging in activities that hold the potential for negative consequences

American Psychiatric Association (2013)

Considerations about bipolar disorders

- Hypomania (bipolar disorder II)
- Bipolar disorders can include psychosis specifiers
- Mania can look different for different people
- Important to avoid stigmatizing language
  - "She's so bipolar"
  - "I'm feeling manic"
  - "Insane" / "crazy" / "mental" / "nuts"

Latifian et al. (2023); Schizophrenia & Psychosis Action Alliance (2021)

“The cruelest voice I lived with was my own. During my early teen years, I used to engage in a lot of self-hatred, because I wasn’t perfect.”

Claire Bien
Hearing Voices, Living Fully (2018)

FACT OR MYTH?

If you start taking psychotropic medications, you will be on them forever.

FACT OR MYTH?

Medications will change your personality.

FACT OR MYTH?

Medications will cure the mental health condition.

Westernized barriers to treatment

- Westernized focus of medications and treatment often do not align with various Asian diaspora values
  - Some clients may not agree with DSM-5 language such as “illness” and “disorder”
- Barriers may inform mistrust and misunderstandings of psychotropic medications
- Westernized mental health practices often may not acknowledge homeopathic or non-Western forms of treatment

American Psychological Association (2019), California Health Report (2022); Rashed (2019)

Culturally responsive strategies

What is culturally responsive care?

- Importance of acknowledging broader context of systemic inequality and discrimination and their impacts on our clients
- Recognition that our biases can recreate structural inequalities and impact clinical work
- Ongoing self-reflection, critical self awareness, and cultural humility in practice

Special thanks to Lyrica Fils-Aime and Leah J. Plasse (2023)

Culturally responsive self-reflections

- Modalities: What frameworks do you hold in your practice, and who were those developed by and for? (i.e., “blank slate”, CBT, DBT, ACT)
- Attitudes: How do you and your colleagues speak about clients of varying identities?
- Approaches: When you serve clients who do not share the same identities as you, how do you acknowledge what you don’t know?

Special thanks to Lyrica Fils-Aime and Leah J. Plasse (2023)

Culturally responsive self-reflections

- Beliefs about age: Do you hold any beliefs around treating people who are younger or older than you?
- Beliefs about gender: Do you ask every client their pronouns?
- Beliefs about therapy: Are you conscious of when you are trying to solve someone's problems versus listening to or supporting them? Do you feel superior to your clients?

Special thanks to Lyrica Fils-Aime and Leah J. Plasse (2023)

Culturally responsive self-reflections

- How many clients have you worked with who are not of the same race as you? How often do you consider your race with a client?
- What assumptions do you subconsciously make about your clients based on their intake or demographic information?
- Financial access: What income brackets are your clients in? What insurances?

Special thanks to Lyrica Fils-Aime and Leah J. Plasse (2023)

EXERCISE

How would you approach a first session with a 45-year old, cisgender, immigrant, Chinese woman that you know is diagnosed with SSD and was referred by a family member?

The client is mandated to come to therapy.

Client speaks some English.

Strategies for therapists

- What factors do you consider?
- Know your clinical style
- Check your biases
- Acknowledge insecurities or doubts
- Seek consultation

Kim et al. (2020); American Psychiatric Association (2019)

DO OR DO NOT?

Ask explicitly about the client's cultural background and experiences with their racial identity.

DO OR DO NOT?

Try to relate with the client based on shared identities (i.e., same race, same age, same gender).

Strategies for therapists

- Build trust first and foremost
- The client is always the expert
  - Name your differing identities with honesty
- Ask explicitly about the impact of culture on their mental health
  - Inquire about traditional beliefs (i.e., spiritual connections, yin/yang)
  - Ask about traditional or preferred practices (i.e., acupuncture, herbal medicines)
- Arrange for interpreters if relevant

Kim et al. (2020); American Psychiatric Association (2019)

DO OR DO NOT?

Offer to involve trusted family members or loved ones in treatment process

DO OR DO NOT?

Alter aspects of the session to increase client comfort and based on preferences

(i.e., offer tea, invite client to sit in your chair, offer to sit outside instead of in office)

Strategies for therapists

- Offer to involve (trusted) family members or loved ones in care
  - Collectivist focus and importance of relationships
- Explore culturally responsive ways to increase client comfort
  - Offer a cup of tea, offer to sit outside instead of in office (if able)
- Prioritize client's agency
  - Emphasize that client can choose and has control in the space
- Make intentions clear
  - State your purposes/role, do not contribute to further mistrust

Bae & Brekke (2002); Lee et al. (2016); Asian Mental Health Collective (2023)

Strategies for therapists

- Be accepting/non-judgmental
- Be empathetic
- Be supportive
- Be strengths-based
- Use neutral and non-threatening topics if agitation is present

Lee et al. (2016); American Psychiatric Association (2019); National Alliance on Mental Illness (2022)

DO OR DO NOT?

Provide reality testing with the client (discussing factual evidence for validity of beliefs)

Strategies for therapists

- Stay with the client and remain curious
  - Demonstrate genuine interest (i.e., client is telling a long story during mania)
- If client is silent, remain patient
- Be aware of cognitive impairment or potential distractions (i.e., voices)
- AVOID providing evidence to counter a delusional belief (reality testing)

Michigan Medicine (2022); Mucci et al. (2020); Chien & Yip (2013)

EXERCISE (PART 2)

The client is not interested in discussing symptoms and does not believe they need treatment.

Client answers questions with short, one-word responses.

Client is only attending therapy so family members stop bothering them.

Navigating anosognosia

- Anosognosia: A neurological condition in which the patient is unaware of their psychiatric condition (i.e., no insight)
- Match the client's language and interests
- Focus on basic needs and social connections
- Prioritize trust in your relationship above "progress"
- Don't overstep, but don't give up

American Psychiatric Association (2013); Amador (2012); Suyemoto (2023); Keum et al. (2023)

LEAP Model

Listen

Listen to what they say to understand what they want, feel, and believe in. Listen to learn and gain an understanding.

Empathize

Empathize regarding their experiences and how they might feel, even if their reality is different from yours.

Agree

Agree on common ground while remaining neutral (not biased) to help identify what they would like to work on or address.

Partner

Partner with them to collaborate on accomplishing goals that all parties have agreed on.

Amador (2007)

Priorities for assessment

- Assess for any immediate risk factors
- Assess for safety risk and protective factors
- If remote or over the phone, confirm a physical location
- Honor what the client wants (do not push for medication, hospitalization, treatment, etc. if no immediate safety risk)

Chun & Morrison (2023); Centers for Disease Control and Prevention (2020)

TRUE OR FALSE?

Success with this client means they will start taking medications and acknowledging their diagnosis.

Priorities for treatment

- Collaborative and client-led (shared decision making)
- Transparency and trust
- Involve trusted social supports
- Feasible and relevant goals to the client's interests
- Keep client safe and help client live a meaningful life

Amador (2011); Claire Bien (2020); Lee & Seidman (2013); Maura & de Mamani (2017); Mucci et al. (2020)

Conclusions

On being culturally responsive

- What does this really look like for each of us?
- How do we commit to continued professional development and growth?
- Acknowledging what we do not know and seeking to learn
- Asking peers and those with lived experience
- Not asking our clients to educate us

Special thanks to Lyrica Fils-Aime and Leah J. Plasse (2023)

Strategies for communities

- Anti-stigma campaigns and messaging
- Storytelling: sharing out and breaking the silence
- Create spaces for community-building and relationships
- Connect one another with resources

Lee & Seidman (2013); Lim et al. (2021); Maura & de Mamani (2017)

Strategies for researchers

- Disaggregate data on Asian Americans
- Collaborate with local and community organizations to better understand practice experiences
- Disseminate findings to wide audiences with simple language
- Seek to hear directly from clients and families

Fang (2018); Kim & Lee (2022); Lim et al. (2021) ; Maxwell & Kwon (2018)

Strategies for all of us

- Don’t make jokes about mental illness or suicide
- Positively reinforce discussion of mental health
- Normalize going to therapy
- Check in on loved ones even if they are not in acute crisis
- Remember that we are not the saviors

National Alliance on Mental Illness (2022); Schizophrenia and Psychosis Action Alliance (2021)

Strategies for all of us

- Be kind to ourselves when we make mistakes or do not know the answer
- When in doubt, empathize
  - Even if you do not have firsthand experience, you can imagine how scary or distressing it could be
- Seek ongoing consultation and supervision
- Remain humble and never assume expertise

Di Lorenzo et al. (2021); National Alliance of Mental Illness (2020)

FINAL REFLECTIONS

What does being culturally responsive look like for your practice?

FINAL REFLECTIONS

What makes you most uncomfortable about working with someone with severe mental illness? What can you do about this?

FINAL REFLECTIONS

What are you taking away from today's workshop?

"We may have been taught to save face, the cultural value of maintaining the positive impression or reputation of yourself and your family through our actions and deeds…

We may have been told to hide our emotions, family conflicts, and the messiness of our lives in secrecy and shame, which only further isolates and drives us into hiding the pain."

Dr. Jenny Wang
Permission to Come Home (2017)

Resources

Resources: Websites

- **National Alliance on Mental Illness (NAMI):** https://www.nami.org/
- **Schizophrenia and Psychosis Action Alliance:** https://sczaction.org/
- **Asian Mental Health Collective:** https://www.asianmhc.org/
- **Asian American Psychological Association:** https://aapaonline.org/
- **Inclusive Therapists:** https://www.inclusivetherapists.com/
- **Rest for Resistance:** https://restforresistance.com/
- **Asians for Mental Health:** https://asiansformentalhealth.com/
- **Hearing Voices Network:** https://www.hearing-voices.org/

Resources: Books

- **The Collected Schizophrenias** by Esme Weijun Wang (memoir)
- **Permission to Come Home** by Jenny Wang (nonfiction)
- **Hearing Voices, Living Fully** by Claire Bien (memoir)
- **Tastes Like War** by Grace M. Cho (memoir and anthology)
- **The Woo Woo** by Lindsay Wong (memoir)
- **Everything Here is Beautiful** by Mira T. Lee (fiction)
- **I Am Not Sick, I Don't Need Help!** by Xavier Amador (nonfiction)
- **The Center Cannot Hold** by Elyn Saks (memoir)

Resources: TED Talks and Videos

- *"I'm Not Sick, I Don't Need Help!"* by Dr. Xavier Amador
- *"A tale of mental illness, from the inside"* by Elyn Saks
- *"Changing the perspective of mental illness in Asian culture"* by Timothy Xu
- *"Stigma surrounding mental illnesses"* by Tina Mai
- *"I Am Not A Monster: Schizophrenia"* by Cecilia McGough

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