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Indochinese Mental Health In North America: Measures, Status, and Treatments

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The massive influx of Indochinese refugees and immigrants to North America since the end of the Indochina war, especially to the United States of America, has resulted in numerous multi-disciplinary efforts to document and study their mental well-being. As a group, Indochinese Americans arrived from war-torn countries where many had experienced various forms of trauma, poverty, and oppression. Their pre-migration experiences, and experiences in adjusting and adapting to the new life in the host society have influenced their mental health status and overall quality of life in various ways. This paper analyzes and synthesizes a wealth of multi-disciplinary research on the mental health of Indochinese Americans over the course of two decades. The content of the paper encompasses three important dimensions: measures, status, and treatment. Practical implications are presented and discussed around each dimension of mental health research.

Introduction

The end of the war in Indochina in April 1975 resulted in a mass exodus of Cambodians, Laotians, and Vietnamese to the United States of America. The Office of Refugee Resettlement reported that, by the end of 1993, the Indochinese American population had reached 1,072,471 persons. We use the term Indochinese Americans to refer to the people of Cambodia, Laos, and Vietnam who arrived in the United States since 1975 as refugees from refugee camps in Southeast Asia or those who arrived to this country through special immigration programs. However, several authors who are cited in this article have used the term Southeast Asian refugees instead of Indochinese refugees or

Indochinese Americans. These authors refer to Cambodians, Laotians, and Vietnamese refugees who were admitted to the United States from several refugee camps in Southeast Asia. Geographically, the term Indochinese is more accurate than Southeast Asian because Indochina is comprised of the three nations of Cambodia, Laos, and Vietnam. From 1975 to 1979, Vietnamese have made up 90% of the Indochinese American population. During the 1980's and the 1990's, the Indochinese American population has become more diverse because of the arrival of a large number of Cambodian and Laotian refugees. By 1993, the Vietnamese made up 59 percent of the total Indochinese American population, 21 percent were Laotians, 13.6 percent were Cambodians, and 6.4 percent were Amerasian and others (Office of Refugee Resettlement, 1993). Most Indochinese Americans were admitted to the United States as political refugees. Prior to 1970, no Indochinese were admitted to this country as refugees. However, between 1971–80, about 8 thousand Cambodians, 22 thousand Laotians, and 150 thousand Vietnamese refugees had arrived in this country. These populations of refugees have increased.

With the current level of growth in population, Indochinese Americans will soon become one of the largest groups of Asian Americans (Gardner, Robey, & Smith, 1985). While other Asian American groups have achieved high levels of acculturation, Indochinese Americans are still struggling to make their transition to their host society. Among recently arrived refugee groups, Indochinese refugees had a poorer record of economic independence than non-Indochinese refugees. For example, among refugees who arrived in the United States between 1988–1993, 47 percent of Indochinese totally depended on public assistance compared to 29 percent of non-Indochinese refugees (Office of Refugee Resettlement, 1993). Nevertheless, several studies in the past have revealed that the Indochinese have made progress in their economic adjustment and identified factors that contributed to their economic adjustment (Caplan, Whitmore, & Bui, 1984; Strand & Jones, 1985).

Interest in the mental health status of Indochinese Americans has proliferated among academics, social services professionals, and others in the last two decades. Research on the mental health of Indochinese Americans started when the first wave of refugees

arrived in the United States from Vietnam in the mid 1970's. Since then, this population has increased rapidly in both Canada and the United States. Researchers from different disciplines have studied the status of mental health of this population. However, there has been no effort to synthesize existing published literature into a systematic and coherent theoretical framework. In response to the growing demand for knowledge on this issue, we have put together an analysis of the best papers published in several journals from different disciplines that reflects the state-of-the art in the field of mental health of Indochinese Americans.

The selection of papers for inclusion in this analysis was based on many criteria. It was decided that the analysis would focus on Indochinese Americans; that it would address several areas in mental health; and that it would include only journal articles. In order to provide a broad overview of the topic, an historical perspective, and recent developments in the field, a twenty year time frame was chosen. The materials that are analyzed were published between the years of 1975 and 1994. Once the parameters were defined, the next step was to identify what resources would be used to locate the necessary information. A combination of electronic sources including the Internet and paper abstracts and indexes were chosen. Before the research was conducted, appropriate terminology for the field of mental health had to be selected. This was accomplished through the use of electronic and paper thesauri. After all of the components were gathered and combined, resources in the disciplines of social work, psychology, sociology, medicine, social sciences, education, political science, and law were researched. The documentation that was retrieved was once again checked to make sure that it complied with all the established criteria. The results were then scrutinized even more closely and narrowed further before being selected for inclusion in this article.

This paper is organized around four major topics: Measurement Issues of Mental Health and Psychiatric Disorders, Mental Health Status of Indochinese Adults, Mental Health Status of Indochinese Children, and Issues in Mental Health Treatments. We provide a critical in-depth analysis of the content of each section and offer our suggestions for future research or services in mental health among Indochinese Americans.

Measurement Issues of Mental Health and Psychiatric Disorders

In cross-cultural comparative research, the issues of measurement equivalence are of great importance. Mental health researchers or evaluators must assure that diagnostic measures of mental health status inventory scales and indexes used in a research or evaluation project must have cross-cultural reliability and validity. Establishing both valid and reliable measures of mental health status is the fundamental step in all research or evaluation projects. In the past two decades, many attempts have been made to develop measures of mental health for Indochinese Americans. The work by Eyton and Neuwirth (1984) raises a serious question on the fundamental task of cross-cultural research in health and mental health among Vietnamese Americans. That is the cross-cultural validity of research instruments and measures. Researchers should pay more attention to their efforts to develop cross-cultural measures of health and mental health among recent immigrant and refugee communities.

The work by Fabrega and Nguyen (1992) reveals that good psychiatric diagnoses must take cultural and social structure of patients into consideration. They used a case study of a Vietnamese patient to illustrate how the cultural background of the patient and his social structure contributed to his psychiatric disorders. In making diagnoses for patients from different cultures, clinicians should always pay attention to their patients' cultural background and social systems. Furthermore, Eisenbruch (1991) asserted that clinicians should not use Western categories in diagnosing psychiatric disorders among non-Western refugees. The Western criteria of psychiatric disorders may not be culturally appropriate in making a valid diagnosis of psychiatric disorders among non-Western patients. His work with Cambodian refugees suggests that clinicians should consider their patients' cultural definitions of mental health as important in the diagnostic process. Krener and Sabin (1985) also raised serious questions on the application of DSM-III diagnoses to Indochinese immigrant children. They asserted that DSM-III diagnoses lack cultural comparability and they should be refined to improve their cross-cultural comparability. Kinzie and associates (1982) made a first serious attempt to construct a depression scale for

Vietnamese refugees. They took cultural definitions of depression into consideration in the process of instrument construction. Nevertheless, they administered their Vietnamese depression scale to a relatively small sample of patients and a comparable small sample of non-patients. Thus their findings on some psychometric properties of the scale are not sufficient to consider it as a good standardized measure of depression for Vietnamese Americans. Beiser and Fleming (1986) developed a measure of psychiatric disorder for Indochinese refugees. They selected items from previous scales which were developed for non-Indochinese populations. Although their data revealed the selected items of psychiatric disorders had high internal consistency reliability, their methods of cross-cultural validating need further improvement. Another important attempt was made by Mollica and his associates to develop a measure of torture, trauma and posttraumatic stress disorder in Indochinese refugees (Mollica, Caspi-Yavin, Bollini, Truong, Tor, & Lavelle, 1992). They named the measure the "Harvard Trauma Questionnaire." Although the researchers were thoughtful in their attempt to make the scale culturally valid and reliable, its efficacy remains questionable and requires further refinement and data collection on the scale items.

One major problem of previous studies is the lack of a systematic procedure to develop or to apply an existing measure of mental health among Indochinese populations. We suggest that future studies should take the following points into consideration in developing instruments.

1. Researchers should involve prospective Indochinese subjects in conceptualizing a research variable or defining psychiatric disorders.
2. Researchers should be aware that the Indochinese American population is culturally diverse. Each group has its own culture, history, language, and unique experience of acculturation. Therefore, one should not view this population as homogeneous. Cultural comparability of research instruments should be achieved if one plans for a comparative analysis among these groups.
3. If an existing instrument or diagnostic procedure is used, then it should be evaluated for its cross-cultural comparability with each Indochinese culture.

4. Researchers should not depend solely on the use of traditional back-ward translation procedure. A good cross-cultural translation team must involve an equal number of female and male translators who have some training in mental health. A translation must be evaluated by prospective subjects through in-depth interviews or focus groups before it can be used.
5. A research team should have trained Indochinese persons as co-investigators or consultants to improve the project's cross-cultural efficacy.

Authors cited in this section have raised important questions on cross-cultural comparability and validity of measures and diagnostic procedure of psychiatric disorders used among Indochinese Americans. Their concerns, however important, should not be used to discredit previous studies of mental health of Indochinese Americans.

Mental Health Status of Indochinese Adults

This section includes an analysis of papers on various aspects of the mental health status of Indochinese American adults. The selected papers represent efforts of researchers from different disciplines who were interested and concerned about the mental well-being of Indochinese refugees. Several of the selected authors had first-hand experiences with Indochinese as clinicians or mental health services providers. This section does not intend to provide an historical view of mental health research on Indochinese adults, but to present to the readers major mental health problems commonly found in this population. Our goal was to select papers representing all Indochinese ethnic groups. Unfortunately, researchers have not given equal attention to all Indochinese groups. Therefore, the readers may find more research on one group than others.

It appears that the two major typologies of psychiatric disorders commonly found among Indochinese patients are post-traumatic stress disorder (PTSD) and depression. Kinzie and associates (1990) found that Indochinese patients had the highest rate of PTSD compared with other groups that were reported

in the literature. Females and older patients had more psychiatric disorders. This study of a sample of psychiatric patients reveals that psychiatric disorders varied among the patients' ethnic groups. For example, highland Laotian (Mein) patients had the highest rate of PTSD and the Vietnamese had the lowest. This fact should refute any assumptions about the homogeneity of psychiatric disorders among Indochinese groups. The authors also acknowledged problems of collecting data on traumatic experiences from the patients because of cultural differences.

In a study with a small sample (52) of Indochinese psychiatric patients, Mollica and associates (1987) found that Indochinese patients often experienced multiple traumatic events. The majority of the patients experienced affective disorder and PTSD. Spouseless Cambodian women experienced more psychiatric disorders and social impairments than other Indochinese patients. This also pointed out cultural diversity in Indochinese patients. For example, Cambodian patients had fewer informal supports than other Indochinese patients.

In a small but not-clinical survey of randomly selected 50 Cambodian refugees, Carlson and Rosser-Hogan (1991) found that a significantly high proportion of respondents experienced PTSD and clinical depression. More specifically, Cambodian respondents who experienced multiple and severe traumas tended to have more severe psychiatric symptoms. The findings suggest that many refugees who suffered from PTSD have not been treated. One may argue that the absence of treatment for many refugees with severe psychiatric disorders can be attributed to cultural differences, language, social barriers, and lack of community mental health services.

Westermeyer, Neider, & Callies (1989) reported findings from the only longitudinal community survey of a sample of 100 Hmong refugees. Overall, Hmong refugees interviewed in the study have made substantial changes in their acculturation and mental health status. Unlike other groups of Indochinese refugees, the Hmong came to the United States from a tribal society with an extremely high rate of illiteracy. However, within a period of between 7 to 10 years, they have acquired more acculturative skills such as education and English language ability. Many reported fewer psychological problems and psychiatric

symptoms. Nevertheless, depressive symptoms remained considerably high among individuals who were unemployed, older, widowed, divorced, uneducated, socially isolated and had no English speaking ability. This study revealed important findings concerning the Hmong's ability to acculturate into mainstream American life. It also indicates that the majority of Indochinese refugees have made an extraordinary effort to adjust and adapt to American society even among those who came with obvious social and cultural disadvantages such as the Hmong.

Hinton and associates (1993) conducted health screenings with a sample of 201 newly arrived refugees from Vietnam. The screenings reveal that as a group, Vietnamese refugees tended to be resilient to traumas because only 18% experienced one or more DSM-III-R disorders. The authors were aware of the fact that although Chinese-Vietnamese and Vietnamese refugees shared historical and geographical similarities, the two groups do have different cultures and even languages. They found ethnic Vietnamese refugees had a relatively higher rate of psychopathology such as depressive symptoms than ethnic Chinese-Vietnamese. Ethnic Chinese-Vietnamese refugees were immigrants in Vietnam or descendents of immigrants. As a group, they have had more experiences of coping with uprooted situations than their ethnic Vietnamese counterparts. This study also found that refugees who had traumatic events, were married, and veterans were more likely to have one or more psychiatric disorders. Although this non-clinical survey reveals a small proportion of Vietnamese refugees suffering from psychiatric disorders, its findings confirmed that traumatic experiences are associated with psychiatric disorders. Therefore, mental health screenings and services should be available to newly arrived refugees from war-torn or disaster areas.

One issue that has raised concerns among clinicians and services providers is whether stress resulting from living conditions and length of confinement in refugee camps would cause psychological disorders among refugees when they are resettled in the host society. Interestingly, findings from a community survey of Indochinese refugees in Canada, by Beiser, Turner, & Ganesan (1989), reveal that refugee camp stress was associated with psychiatric symptoms among recently arrived refugees. However the

association diminished with time of resettlement. That is after the initial phase of resettlement, refugees tended to forget or cope with the past successfully. This should be noted that many Indochinese refugees risked their lives to seek freedom and a better life outside their homelands. These people were very selective and willing to accept hardships and even death to find a better life. As a result, many should be able to overcome stressful experiences from refugee camps after arriving in a safer society.

In another paper, Beiser, Johnson and Turner (1993) found that unemployment and underemployment are risk factors of depression among Indochinese refugees. More important is the link between depression and employment. Although job loss is a significant risk of depression, individuals who were depressed were less likely to hold on to their employment than non-depressed individuals. The authors also noted for non-refugee Cambodians, job loss often led to lower self-esteem and loss of social contacts. However, for Indochinese refugees, the major stressful consequence of job loss was the loss of income. This is typical among recently arrived immigrants and refugees. Among other things, financial stability is one of the most important protective factors of psychological distress. For most refugees and immigrants, their major source of financial support is their job.

Chung and Kagawa-Singer (1993) found in a large sample of non-clinical respondents that Indochinese refugees who had pre-migration traumas were more likely to experience a higher level of psychological distress controlling for the length of residence in the United States. They noted that pre-migration traumas still had an inverse effect on psychological well-being after the initial phase of a refugee's resettlement. Similarly to other studies, this study found that Cambodian refugees were more likely to report higher levels of psychological distress than their Laotian and Vietnamese counterparts.

The papers selected for this section are about the mental health status of both clinical and non-clinical populations of Indochinese refugees. The major risk factor of psychiatric disorders and psychological distress found in both clinical and non-clinical studies has been the refugees' traumatic experiences. The good news is that many refugees were able to overcome their traumatic experiences after a few years of arriving in their host communities.

For the most part, beside premigration traumatic experiences, researchers have focused on risk factors of psychiatric problems including the lack of acculturative skills (e.g., English language ability, education), marital status, age, employment, and ethnicity. It should be noted that most studies were local in terms of sample selection. Researchers used translated versions of measures of psychiatric disorders or psychological distress as outcome measures. By doing so, researchers have assumed that concepts of psychiatric disorders and psychological distress were equivalent in American cultures and Indochinese cultures. In reality, one would argue that these concepts might not have cross-cultural comparability. Moreover, cultural diversity among Indochinese refugee groups was not addressed sufficiently in most studies. We suggest that future studies should consider the following points:

1. Attempts should be made to gather data from various mental health clinics or institutions that have provided treatments and services to Indochinese refugees. This kind of information is useful for researchers and service providers to identify common typology of mental disorders and treatments among Indochinese refugees.
2. Key concepts related to mental health or refugees such as acculturation, adjustment, adaptation, and acculturative stress should be developed and made standardized for future studies.
3. There is a need to conduct a nationwide need assessment of mental health services to determine the needs for mental health services among Indochinese refugees and the availability of appropriate mental health services and their quality.

Mental Health Status of Indochinese Children

The selected papers in this section are concerned with the mental health status of Indochinese children. We found previous studies did not give adequate and equal attention to all Indochinese groups. More studies were conducted with Cambodian and Vietnamese children but not with the Laotian. We want the readers to know this fact because it is not our intention to exclude any group from this article.

Clarke, Sack and Goff (1993) reported a study of a non-clinical sample of 69 Cambodian adolescents who were survivors of the Pol Pot regime. Their study revealed that traumatic events were associated with resettlement stress and PTSD. However, the authors found that recent stressful events were more likely to associate with the children's depression. This finding in a sample of adolescents is similar to findings among Indochinese adults. It appears that premigration traumatic experiences have left a prolonged negative impact on the mental well-being of both refugee adults and children. Another non-clinical study of 47 Cambodian adolescents revealed that a high proportion of Cambodian children suffered from PTSD. The study also found that older children tended to report more traumatic life events and no gender difference was found in the recollection of trauma exposure (Realmuto, Masten, Carole, Hubbard, Groteluschen & Chhun, 1992). Sack and associates (1993) reported findings from a follow-up study of Cambodian refugee adolescents. They noted that PTSD persisted overtime, but depression was decreased. An important finding of this study was the influence of time on the intensity of PTSD. Although the children continued to suffer from PTSD, its intensity tended to be weakened over time. Furthermore the children did not suffer from comorbid conditions of PTSD and depression. Nevertheless, children with PTSD tended to suffer from other forms of stressful life events.

The process of refugee resettlement involves at least three phases: flight from home country, temporarily living in a refugee camp, and arriving in a host society. The length of living in a refugee camp varies among refugees. Not all refugees left their home country with family members or significant others. A noticeable number of Indochinese refugees, especially Vietnamese refugees, were adolescents or young adults who arrived in refugee camps without accompanied parents or relatives. Felsman and associates (1990) reported a study of psychological distress in a sample of Vietnamese unaccompanied minors, adolescents who arrived in refugee camp with parents and young adults. All three groups of young Vietnamese refugees experienced high anxiety and poor health status. However, young Vietnamese adults experienced a significantly higher level of depression and anxiety than other groups. These findings are understandable because both

adolescents and unaccompanied minors received formal social service programs in refugee camps. Many young adults arrived in refugee camps without parents or relatives. They were not eligible for many services designed for adolescents and unaccompanied minors. Moreover, many faced an uncertain future of being on their own in a strange environment. No follow-up study was reported on this sample to determine change in psychological distress after the subjects had arrived in their host society. Fortunately, findings among adult refugees have revealed that stressful events in refugee camps tended to diminish after refugees were in their host society for a period of time (see Beiser et al., 1989, Chapter II). For Vietnamese unaccompanied minors who were placed in foster homes after arriving in the United States, Porte and Torney-Purta (1987) found that those who were placed with their own ethnic foster homes experienced lower depression and had better academic performance than those in Caucasian foster homes or group homes.

The selected papers in this section indicate the paucity of research and knowledge on mental health among Indochinese American children. For the most part, previous studies were more concerned about premigration experiences and current psychological status. There are several timely and important issues that remain to be examined. The following is a list of a few urgent issues that demand attention from both researchers and services providers:

1. There is an urgent need to study the impact of family conflicts on psychiatric disorders of Indochinese children. Many Indochinese American families are faced with conflicts due to differential acculturation between parents and children. Indochinese parents, especially those who are less acculturated, often feel powerless in their relations with their children. The inevitable crash between traditional and host culture has led many families to the brink of disruption and distress.
2. Many Indochinese teenagers who grow up lacking appropriate role models in their family and community find themselves alienated from their own culture and the host culture.

3. Acculturation stress related to school and socialization can lead to psychiatric disorders among Indochinese adolescents and young adults.
4. Parental premigration stress and PTSD can affect family relations and the psychological well-being of children.

In designing future research on Indochinese children, researchers must take cultural differences among different ethnic Indochinese groups into consideration. Although we do not advocate that researchers must develop new measures or diagnostic tests of psychiatric disorders and related concepts in studying Indochinese children, it is, however, imperative to develop standardized procedures to evaluate the cultural appropriateness of research instruments developed in other cultural groups. Longitudinal study of acculturation and mental health is an ideal design to study the causal relationship between acculturation and psychiatric disorders among Indochinese children. A study should follow children long enough to examine interaction effects between maturation and acculturation on psychiatric disorders. Because there are several waves of Indochinese arriving in America at different times, researchers also need to distinguish between American born-children and Indochina born-children.

Issues in Mental Health Treatments

The papers selected for inclusion in this section represent various efforts to treat psychiatric disorders among Indochinese patients. Niem (1989) reported his experiences in treating psychiatric disorders among Vietnamese refugees. As a Vietnamese himself, Ton was able to address the important roles of a psychiatrist as perceived by Vietnamese patients. The author discussed a combination of psychotherapeutic and pharmacotherapeutic treatments for Vietnamese patients. Moore and Boehnlein (1991) acknowledged that psychotropic medications were not effective in treating the Mien refugees from highland Laos. This group of Indochinese refugees often experienced major depression and PTSD. They suggested clinicians use psychosocial and psychotherapeutic treatments for this group. In addition clinicians may combine Western treatments and patients' traditional healing approaches in treating major depression and PTSD among Mien

Laotians. Lin and Shen (1991) raised several important issues in providing psychiatric treatment to Indochinese patients. They warned clinicians of the difficulties of making valid clinical evaluations of Indochinese patients due to their cultural and language barriers. The communication between clinicians and patients, the compliance of patients to treatment requirements, cultural belief of treatments, influences of family and social network, and ethnic differences in psychotropic responses can interfere with the outcome of psychiatric treatments. Clinicians also need to pay attention to the use of drugs in psychiatric treatments for Indochinese patients. Kinzie and Leung (1989) reported the effectiveness of using Clonidine to treat PTSD among Cambodian patients. They noted that the drug did have a promising outcome in the treatment of severely depressed and traumatized patients. Frye and McGill (1993) offered their suggestions to mental health nurses who provide mental health services to Cambodian refugees. The authors emphasize the need to be culturally competent among psychiatric nurses. Psychiatric nursing interventions should consider the cultural aspects of equilibrium and harmony among Cambodian patients. They suggested that group therapy may not be appropriate for treating PTSD among Cambodian patients. Bemak (1989) stressed the importance of cultural sensitivity in providing family therapy to Indochinese patients. The author suggests that therapists should avoid using the Western frame of reference in working with an Indochinese family. Therapists should be willing to accept non-traditional healing approaches in working with Indochinese patients. Nishio and Bilmes (1987) pointed out some differences between Western values and Indochinese values that are considered to be important in working with Indochinese clients. For example the American value of independence can make it harder for the therapist to accept the importance of interdependence and dependence among Indochinese patients. Ko H.Y. (1986) made suggestions on how to work with a Chinese-Vietnamese family to cope with its problem in the new environment. The author emphasized the importance of involving the client's family system in problem solving. Therapists should help the client to discover his/her family and cultural values that can help the client to cope with problems. The extended family should be con-

sidered in planned therapeutic efforts. In addition, the therapists should make efforts to understand the cultural background of the client.

There are two important issues in the treatment of psychiatric disorders among Indochinese patients that are medication compliance and the match between patient-therapist (clinician) ethnicity and language. Current literature reveals that Indochinese patients have a low level of compliance toward medication use and the match between clinician-therapist ethnicity and language does not effect positive outcome. Authors of the two selected papers in this section suggested that cultural background, belief, and attitudes toward psychiatric disorders among Indochinese patients influence their medication compliance and the effectiveness of matching therapist-client ethnicity and language. Nevertheless, both studies were local in terms of sampling and had small sample sizes (Kroll et al., 1990; Flaskerud & Liu, 1990).

Conclusions

Two decades is a reasonable time frame to evaluate and synthesize the research on mental health of Indochinese Americans. This review of the literature shed lights on the status of research, mental health conditions, and treatments of mental health problems among Indochinese Americans. Although previous researchers have paid attention to the issues of developing and using appropriate diagnostic procedures, and research measures in the study of mental health of Indochinese people, this area of interest needs further developments and concerted efforts among researchers from different disciplines. There is a need to conduct a nationwide survey on the mental health status of Indochinese Americans. This survey should provide researchers and practitioners reliable and valid information on the prevalence of mental illness, coping behaviors, availability of culturally sensitive community mental health services, and mental health services utilization among Indochinese Americans. Clinical research should be undertaken to evaluate the effectiveness and efficacy of different types of psychotherapy for specific mental disorders among Indochinese clients.

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