HMONG PARTICIPATION IN MENTAL HEALTH SERVICES

A CONTENT ANALYSIS

A Project

Presented to the faculty of the Division of Social Work

California State University, Sacramento

Submitted in partial satisfaction of the requirements for the degree of

MASTER OF SOCIAL WORK

by

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SPRING
2016
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Division of Social Work
Abstract

of

HMONG PARTICIPATION IN MENTAL HEALTH SERVICES

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Mailao Vue

Studies show that compared to other Southeast Asians, the Hmong report higher mental health symptoms, however they are also the least likely to seek mental health services. This research utilized the inductive content analysis research method to analyze how existing literature depicts the Hmong and their participation in mental health. The data sources for this research included academic journals, dissertations and newspaper articles. The results of this content analysis research found that existing literature portrays the Hmong and their mental health concerns to be greatly linked to their refugee experience and their level of acculturation. Additionally, current literature supports the need for cultural competent practice that incorporates culturally relevant services to encourage underserved communities to participate in mental health services.

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ACKNOWLEDGEMENTS

Thank you Sunny Chinn and Chanton Sitandon for going the extra mile. Without both your support in my first year, this program would not have been possible for me.

I want to thank my aunts for listening to me even when I no longer made sense and continuing to encourage me to keep fighting. Thank you to my parents, David Ntxoov Lis Vue and Chinda Lee for teaching me the value of obtaining a higher education. Dad, you continue to inspire me through your hard work. A special thank you to my grandma, Yeng (Yeeb) Lee. If I learned resiliency from anyone, I believe I learned it from you. Your love, kindness, strength and will power are what make you such a wonderful person. I am so happy my daughter, your great granddaughter, will grow up to know you as I did.

My greatest debt of gratitude goes to my husband, Phai Lor. Your knowledge, patience, love, support and encouragement guided me through my struggles. I am so grateful to have you by my side. I would not have made it this far without you. My little love bug, Hailey Kabyeb Lor, you played a pivotal role in this process. Thank you for coming into our lives when you did and helping us understand a new meaning of life and love. Thank you to my dogs, Keeper and Aria, all those late nights spent writing papers didn’t feel as lonely with you both near by. I feel complete with you all in my life and I am so ready give the attention you all deserve.

I love you all so much!! Completing this degree would not be possible without all the love and support from family, friends, colleagues & professors. I am forever grateful.
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Chapter 1

INTRODUCTION

Although the mental illness rate is high in the Hmong population, their participation in mental health services is low. According to Gensheimer (2006), the Hmong population in America has “experienced trauma related to war and the refugee experience, as well as adjustment issues related to resettlement in the United States” (p. 1). With these events as the precursor for the Hmong population in the United States, it is not a surprise that many suffer from mental illnesses. Research has found that the Hmong are twice as likely to be diagnosed with a mental health disorder, with a 43% diagnosis rate compared to the Western population at a diagnostic rate of 15% to 20% (Tatman, 2004). In addition, when compared to their Southeast Asian counterparts, the Hmong population reports higher mental health symptoms (Kroll et al., 1989; Mouanoutoua et al., 1991; Collier et al., 2012). A study by tracking depressive and anxiety symptoms of 404 Southeast Asian patients found that 80.4% of the Hmong participants reported symptoms of depressive disorders compared to Cambodians (70.7%), Laotians (59.29%), and Vietnamese (54.1%) (Kroll et al., 1989).

Statement of the Problem

Studies show that a low 17.9% of the general population in the United States seek mental health treatment; however, help seeking trends among Asian Americans are even lower at 8.6% (Nguyen, 2011). Of the Asian subgroups, Hmong-Americans are even less likely to seek mental health treatment (Collier et al., 2012). A study conducted by The Hmong Mental Health Planning Committee found that when Hmong people sought
mental health services, it was for situations of severe psychosis or active suicidality (Collier et al., 2012). Preventative care was not pursued and these patients sought care as a last resort (Collier et al., 2012). As evidenced by studies conducted in the past, there is a need for mental health services in the Hmong community, however, there is an underutilization of mainstream mental health services within this community (Collier et al., 2012; Kroll et al., 1989; Tatman, 2004).

**Background of the Problem**

The origins of the Hmong remain a mystery to this day. There are arguments that they previously lived in China, Siberia, Southern Russia and Iran (Quincy, 1988). Though it is unclear where they lived initially, they eventually settled in the highlands of Laos, Thailand and North Vietnam (Tatman, 2004). The Hmong were an agrarian group and their livelihoods depended largely on agriculture, hunting and raising livestock (Tatman, 2004). Historically, the Hmong did not have a written language. Hmong history and culture were passed down from one generation to the next through their spoken words. It was only recently, in the 1950’s that a written language was developed for the Hmong people (Quincy, 1988).

Prior to the Vietnam War, the Hmong lived peaceful lives in the mountains of Laos and were often referred to as the ‘mountain people’ (Tatman, 2004). The Hmong were heavily recruited by the United States Central Intelligence Agency (CIA) to fight the Secret War, guerrilla warfare against the communist Pathet Lao, during the Vietnam War (Tatman, 2004). After the US withdrew from Vietnam, the Hmong people were left to fend for themselves. They faced genocide from the Laotian government for their role
in the Secret War. This resulted in the death of an estimated half of the Hmong population (Lee, 2013). This prompted the Hmong to flee Laos and seek refuge in the neighboring country of Thailand. From there, Hmong refugees were dispersed to different parts of the world, to Australia, France, South America, Canada and the United States. In the United States, in an attempt to ‘encourage more rapid acculturation’, Hmong people were evenly scattered throughout the country (Tatman, 2004).

The first Hmong refugees left for the United States in 1975 after the fall of Saigon (Lee & Chang, 2012). The Hmong population is one of the fastest growing Asian populations in the United States (Xiong et. al., 2006). According to the 2010 US Census, the Hmong population is approximately 260,073; up 39% since the 2000 US Census (Hoeffel et al., 2012). This near 40% increase in population can be attributed to a contribution of both childbearing and additional immigration. The Hmong people value big families and encourage couples to have large families (Conroy, 2006). In addition, resettlement of the Hmong in the United States was in two waves; from 1976 to 1993 and from 2004 to the present (Collier et al., 2011).

The Hmong are not the only community wrestling with mental health issues. According to the National Institute of Mental Heath (2014), 18% of adults in the US and 20% of children in the US have a diagnosable mental health disorder. In the United States prior to the 1950s, individuals with mental illnesses were kept in state operated mental institutions, far away from communities (Frank & Glied, 2006). During the 1950s, there was a shift in resources from state operated mental hospitals towards community-based outpatient mental health clinics (Frank & Glied, 2006; Herman, 2014). This increase in
community-based treatment, or de-institutionalization, was driven by the idea that it would help reduce the cost of mental health treatment by eliminating the expense of operating mental hospitals (Frank & Glied, 2006).

Over the past fifty years, the visibility of mental illness has increased due to deinstitutionalization; however, it did not improve the lives of the mentally ill (Frank & Glied, 2006). “Homelessness and social exclusion, frequent re-hospitalization, and elevated risks of morbidity and mortality continue to define the lives of persons living with severe mental illness as they try to make a life for themselves in our communities” (Herman, 2014, p. 556). Despite “significant policy and research efforts to improve attitudes” (Eisenberg et al., 2012, p. 1122) regarding mental illness in the United States, public attitudes and stigma towards the mentally ill did not show any significant decline (Eisenberg et al., 2012). Deinstitutionalization reintegrated the mentally ill back into the community, but it did not result in public acceptance and inclusion of this population (Eisenberg et al., 2012).

In addition to the stigmatization and cost of mental health treatment that the general population face, there is low utilization of mental health services amongst Asian American and Pacific Islanders (AAPI) due to language barriers. It is estimated that 1 out of 2 AAPIs have difficulty accessing services because they do not speak English and/or are unable to find providers that meet their language needs (Collier et al., 2012). This is an area of concern for the Hmong community as well as, according to Lee & Chang (2012), even after decades of resettlement in the United States about 41% of Hmong Americans still speak English less than very well.
In addition, researchers suggest that mental illness is under-diagnosed in these communities due to differing conceptualizations of psychiatric symptoms (Chung & Lin, 1994; Collier et al., 2012; Lee & Chang, 2012). Most Southeast Asian refugees are still greatly influenced by cultural beliefs, which affect their presentation, conceptualization and their help-seeking behavior (Chung & Lin, 1994). The Hmong, for example, may conceptualize psychiatric symptoms as a lack of role fulfillment and social support and/or relate their symptoms to more physical ones such as pain, dizziness and fatigue as opposed to the clinical psychiatric symptoms of hopelessness, anhedonia and suicidal ideation (Chung & Lin, 1994; Danner et al., 2007). The Hmong will often attribute their illnesses to being brought on by ‘soul loss’, which is a spiritual approach to conceptualizing their symptoms (Danner et al., 2007). Western clinicians are unfamiliar with these conceptualizations, which makes it difficult for them to diagnose as symptoms of mental health disorders.

There are many complexities when trying to assess the current mental illness rate among the Hmong population in the United States, as extensive research data is not currently available (Lee & Chang, 2012). However, it is estimated that there is a prevalence of mental health disorders among 40% to 85% of the Hmong population (Meschke and Juang, 2013). With their experience of trauma related to war, resettlement and adjustment, the most common mental health disorders diagnosed are post-traumatic stress disorder (PTSD), major depression, anxiety disorders, somatoform disorders and severe social stress and adjustment disorders (Collier et al., 2011; Mouanoutoua et al., 1991; Postert et al., 2012; Gensheimer, 2006).
In a study of help-seeking behavior among Southeast Asian refugees, specifically comparing help seeking trends among the Vietnamese, Cambodian, Laotian, Hmong and Chinese-Vietnamese refugees, Chung and Lin (1994) found that the Hmong were least likely to utilize Western medicine and/or mainstream services. From the study, 88% of Cambodians, 86% of Laotians, 76% of Vietnamese, 69% of Chinese Vietnamese and 56% of Hmong sought mainstream medical care (Chung & Lin, 1994). In comparison, 39% of Hmong, 25% of Chinese Vietnamese, 16% of Vietnamese, 7% of Lao, and 5% of Cambodians reported continued use of traditional medicinal practices (Chung & Lin, 1994). Their study suggests that greater exposure to Western culture prior to resettlement in the US may be an influence in mainstream treatment seeking behavior, as the Hmong lived in rural mountainous Laos and, compared to the others, had very little to no contact with Western culture prior to the Vietnam War (Chung & Lin, 1994).

The Hmong community is a community of people who have struggled through war and displacement. When compared to other Southeast Asian refugee groups that arrived in the United States after the Vietnam War, the Hmong reported the highest percentage of mental health disorders (Chung & Lin, 1994). However, of the Southeast Asian refugees, they were also the least likely to seek mental health services (Chung & Lin, 1994; Collier et al., 2011). There are many factors that contribute to the low rate of treatment seeking behavior in the Hmong population. This researcher is interested in the Hmong community’s participation in mental health services.

This researcher’s interest in studying this problem is a direct result of her experience growing up in a Hmong community. Over time, the researcher noticed the
need for mental health treatment and the lack of treatment seeking among community members. Time and time again, mental health symptoms went unaddressed. As a result, the researcher heard stories of mental health crisis situations and/or resulting tragedies due to under utilization of intervention strategies.

**Study Purpose**

This researcher will utilize the content analysis research method to examine existing data sources in regards to the Hmong community and their participation in mental health services. This researcher will do so by reviewing existing information in data sources such as past research studies, journal articles, newspaper articles and other media sources. By reviewing past studies, the researcher hopes to uncover trends that may help to better illustrate the Hmong community’s participation in mental health services. The purpose of this research is to gain a better understanding of mental health participation in the Hmong community by reviewing existing knowledge on the subject matter. Secondly, the study will also look for information regarding how various journal articles and media sources have depicted the Hmong community and their participation in mental health services. By conducting an in depth analysis of the current state of knowledge, the researcher also hopes to uncover ways to encourage greater participation in mental health services from the Hmong community.

**Theoretical Framework**

This research project utilizes the ecological systems perspective and strengths perspective as its theoretical frameworks. The ecological systems perspective posits that the interface between the client system and the environment is bidirectional. “Human
beings are conceived as evolving and adapting through transactions with all elements of their environments. In these adaptive processes the human being and the environment reciprocally shape each other” (Gitterman & Germain, 1976, p. 602). The environment affects people and people affect the environment; to understand one, you have to understand the other. In order to understand the Hmong community’s pattern of participation in mental health services, we have to first understand the different environmental influences. The researcher will utilize the contract analysis method to analyze literature pertaining to the Hmong community’s participation in mental health services by reviewing the macro, mezzo and micro level influences to treatment seeking behavior.

The strengths perspective in social work values the empowerment of clients and advocates a relationship of collaboration between social worker and client (Grant & Cadell, 2009). Instead of a relationship where the social worker is the expert and authority figure, the strengths based approach values the knowledge, strengths, interests and abilities of the individual. This theoretical framework is relevant for the Hmong community. “The strengths perspective focuses on the proposition that helping can proceed effectively from identification, use, and enhancement of strengths and resources in the person and environment” (Chapin, 1995, p. 507). The purpose of this research is to better understand how literature portrays the Hmong community and their participation in mental health services. The researcher hopes to establish a better understanding of how to increase utilization of existing resources.
The Hmong population in the United States has undergone the trauma of war, displacement and adjustment (Gensheimer, 2006). The wounds from those experiences have yet to heal, but the Hmong community has strengths that can be incorporated into culturally sensitive services to help the community heal. For example, “the value placed by the Hmong on family and sense of community can be defined as the most important dynamic within their culture” (Tatman, 2004, p. 224). The Hmong community has a strong sense of family and community support. This is a quality that, when combined with available mental health services, can greatly benefit Hmong clients seeking treatment.

**Study Limitations**

This study seeks to understand the Hmong community’s participation in mental health services by conducting a content analysis of existing research. The study is therefore limited to the parameters of existing research at the time of its culmination. This study does not seek to generate any tools to be used in mental health treatment in the Hmong community. However, this research will serve as a reference guide for future research in regards to mental health services in the Hmong community. This research will analyze and review existing research and it will also generate an annotated bibliography of the data being reviewed.

**Definition of Terms**

Provided in this section are the definitions for the terms mental illness and mental health. For the purpose of this research, the terms mental illness and mental health will be used interchangeably throughout.
**Mental illness.** According to the Center for Disease Control (2013), mental illness is defined as “collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.”

**Mental health.** The World Health Organization (2014) defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

**Assumptions**

This study is utilizing content analysis of secondary data as its research method. Since it is analyzing existing data, this research assumes that current existing research will provide adequate knowledge of the subject matter. It also assumes that the data collected will be representative of current existing knowledge.

This study also assumes that mainstream mental health treatment methods are more effective and should be utilized. The study will assume that the Hmong community is not adequately addressing their mental health needs. Past research data has only indicated low utilization of mainstream mental health services. This research, along with previous research conducted, does not take into account the fact that the Hmong community may view their utilization of other alternative healing practices as effective methods of addressing their community’s mental health needs.
Chapter 2

LITERATURE REVIEW

There are many different barriers to the Hmong community’s participation in mental health services. Hmong Americans first arrived in the United States in 1976 and have been in the United States for about 40 years (Lee & Chang, 2012; Mouanoutoua, 2015). The Hmong community experienced a great deal of trauma leading up to their resettlement in the United States. There have been extensive research and literature completed in reference to Hmong history and culture. Research and literature regarding mental health in the Hmong community has not been as extensively documented; however, research in this particular area of study continues to grow (Lee & Chang, 2012).

This chapter will present three levels that contribute to the treatment seeking behavior of the Hmong community. Different systemic forces influence the Hmong community’s participation in mental health services. The ecological systems perspective will provide a lens to review the different layers of influence to treatment seeking behavior and participation in mental health services. The different layers of influence include the macro, mezzo and micro. This chapter will first review the macro level institutional and systemic influences by exploring the history of mental illness in the United States. The researcher will discuss how mental illness has evolved over time by reviewing the treatment of mental illness, the criminalization of individuals with mental illness, individual access to services and the stigma attached to mental illness. Next, the researcher will review mezzo level social influences to mental health participation. Mezzo level influences at the community level include factors such as the Hmong family
and clan system, mental health in the Hmong community, methods of healing and stigma. A portion of this section will focus on the Hmong community and the different factors that contribute to their perception of mental illness and their mental health treatment seeking behaviors. Lastly, the researcher will review micro level cognitive factors. This will be a review of how individuals understand mental health symptoms and how this may affect participation in mental health services.

**Macro Level Institutional and Systemic Influences**

In order to understand the Hmong community’s participation in mental health services, it is important to first examine the United States’ general population’s participation in mental health services. As there are institutional and systemic influences that may affect an individual’s treatment seeking behavior. The Hmong community is not separate from the United States therefore are also affected. This means reviewing the history and progression of mental health treatment modalities in the United States, the population’s ability to access care and the stigma attached to mental illness in America.

**Mental Illness in the United States**

Mental illness in the United States has changed dramatically since de-institutionalization in the 1950s and with the development of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Tang & Duffin, 2014). According to the National Institute of Mental Heath (2014), 18% of adults in the US and 20% of children in the US have a diagnosable mental health disorder. Some scholars say the increase in diagnoses is due to an increase in psychological distress among members of the population (Lurigio, 2011; Mojtabai, 2005; Rohde & Kauer-Sant’Anna, 2013). While
others attribute some of the increase in diagnoses to an increase in diagnosable categories (Frank & Glied, 2006; Lacasse, 2014).

According to Rohde and Kauer-Sant’Anna (2013), the DSM was developed from clinical observation of syndromes and understanding their pathophysiology. The DSM is designed for use as a guide to clinical practice as well as a tool for collecting and communicating accurate mental health statistics. The DSM continues to be the best available evidence-based tool for the classification and description of mental disorders and has been used in clinical settings since its first publication in 1952 (Rohde & Kauer-Sant’Anna, 2013). While the DSM continues to be used in clinical settings, critics like Lacasse (2014) argue that the rise in mental illness diagnosis may be attributed to a shift in defining and understanding mental illnesses. Lacasse argues that there were concerns regarding false-positive diagnoses with the DSM-IV, “the DSM-5 has expanded the boundaries of mental disorder and medicalized many more human problems” (Lacasse, 2014, p. 5).

Frank & Glied (2006) state that it is difficult to measure the prevalence of mental illness over time because what is considered to be or not to be a mental disorder can dramatically affect the prevalence rate over time. They gave us the example of the diagnosis of attention deficit hyperactivity disorder (ADHD). “Prevalence rates for ADHD have skyrocketed over the past decade, but some critics argue that current diagnostic criteria ‘medicalize’ what are otherwise normal variations in child behavior or appropriate response to disturbing environments” (Frank & Glied, 2006, p. 17). They argue that changes in the construction and definition of what mental illness is over time
has a lot to do with the effect on the number of individuals diagnosed with the mental illness because as the scope of diagnoses widen, the overall prevalence of mental illness is affected as well (Frank & Glied, 2006).

In order to understand the prevalence of mental illness, the study by Frank & Glied (2006) cross-referenced mental illness diagnoses with age, gender, race and socioeconomic status. The strongest relationship found was the prevalence of mental illness among those in the lowest socioeconomic status groups (Frank & Glied, 2006; Lurigio, 2011). It is not always clear which one came first, mental illness or poverty. According to Lurigio (2011), living in poverty can lead to mental illness. Mental illness can also lead to poverty because it can interfere with the ability to attend school or maintain employment (Lurigio, 2011, p. 72S).

**Deinstitutionalization**

Prior to the 1950’s and deinstitutionalization, treatment for the mentally ill was the responsibility of state and county operated mental hospitals (Gronfein, 1985; Klerman, 1977; Wright et al., 2000). Klerman (1977) states that the historical goal of developing mental hospitals was to establish an asylum, a protective setting for the mentally ill where they would be offered humane treatment and rehabilitation. Although, the development of these institutions led to what developed into human warehouses that produced humiliation, degradation and rebellion rather than treatment and rehabilitation (Klerman, 1977).

Deinstitutionalization has two goals: the depopulation of state and county mental hospitals and the shift of care for the mentally ill to community-based institutions.
(Gronfein, 1985; Klerman, 1977; Lurigio, 2011; Wright et al., 2000). In 1955, mental hospitals housed approximately 560,000 patients and by 1977, they contained 160,000 (Gronfein, 1985). Gronfein (1985) argues that the rapid release of mentally ill patients from mental hospitals in such a short time span was due to other factors different from what was commonly understood. These factors, Gronfein (1985) state, was the idea that increasing negative public depiction of mental hospitals helped to pave the way for public and political support of deinstitutionalizing. Additionally, others argue that the introduction of psychotropic drugs in the 1950s allowed for the possibility of deinstitutionalizing, but Gronfein (1985) states otherwise. Initial clinical trials of psychotropic drugs were enthusiastic, as after administered to patients, hospital staff noted big changes in patient behavior as the patients with the most violent behaviors became calm and compliant. However, Gronfein argues that the trend of deinstitutionalization had begun prior to the introduction of the drugs. “The drugs, then, were an opportunity, not an imperative” (Gronfein, 1985, p. 450).

Klerman (1977) argues that while mental health institutions did more harm than rehabilitate, deinstitutionalization did not fix what it intended to fix; which was to improve the lives of the mentally ill. “Mental institutional censuses did drop coincident with the development of community programs, but this was probably because the widespread practice of rapid discharges shortened hospital stays even faster than the unfavorable consequences of deinstitutionalization raised admission and readmission rates” (Klerman, 1977, p. 624). He argues that the quick jump to associate deinstitutionalization with mental hospital censuses contributes to the romanticized
notion that chronic deterioration was due to institutionalization. As a result, once the mentally ill were taken out of institutions, they thrive as indicated by mental hospital censuses. Supporters who continue to argue that deinstitutionalization is working, would point to mental hospital censuses and the decreased cost because high cost of operating mental hospitals had been eliminated.

Klerman (1977) continues by stating that indeed the cost to the state has decreased because they no longer had to operate costly mental hospitals, however that cost did not disappear, but only shifted to the Federal government. Klerman (1977) states that there has not been much research that follows the lives of mentally ill individuals in the community to gain a better understanding and assessment of their lives, however there have been a few studies. From these studies, about 50% of these patients that are living in the community are socially isolated and living in disabled states. They live in boarding care homes, nursing homes or foster care facilities and have minimal opportunities to socialize. They often live with minimum supervision and poor drug management, which can either leave them under drugged and symptomatic or over drugged and heavily sedated. Klerman (1977) continues by saying that these individuals receive inadequate follow-up care, which results in the revolving door care of frequent admissions, discharges and readmissions to the hospital.

**Legal System**

With deinstitutionalization came another problem. Individuals with severe mental illnesses (SMI) were released from mental hospitals and sent back into their communities. However, they were sent back without adequate resources to assist them in
reintegrating into their communities. Without adequate mental health services to assist them in managing their mental illness symptoms, these individuals are more likely to encounter law enforcement (Lurigio, 2011). As a result, upon deinstitutionalization, this population suffered under the hands of a different institution, that of the criminal justice system.

In 2011, an estimated 11.5 million individuals over the age of 18 years old had a severe mental illness, which is approximately 5% of the adult population in the United States (Matejkowski & Ostermann, 2015). Compared to the general population, people with SMI have a higher rate of involvement with the criminal justice system and are overrepresented in US prisons, jails and community correctional systems (Matejkowski & Ostermann, 2015; Morgan et al., 2010; Pope et al., 2013). It is estimated that more than 350,000 inmates are persons with SMI (Lamb & Weinberger, 2014). According to Lamb and Weinberger (2014), the number of available beds went from 339 persons per 100,000 to 14 persons per 100,000 due to deinstitutionalization in the 1950s. Mental hospitals are no longer able to accommodate most referrals from mental health professionals (Lamb & Weinberger, 2014). As a result persons with SMI, who in a previous era prior to deinstitutionalization would have been sent to a mental hospital, now face arrest and incarceration (Lamb & Weinberger, 2014).

Lurigio (2014) states that deinstitutionalization is not to blame for the increase of individuals with SMI in the criminal justice system, but rather it is a combination of unmet mental health needs and the increase in criminalizing behavior.
The absence of emergency psychiatric services in the community can lead to more people with SMI being arrested and detained. The limited availability of community-based care also affects the ability of jails to comply with court orders that require the release of mentally ill detainees with a comprehensive discharge plan. (Lurigio, 2011, p. 67S)

Despite the fact that jails and prisons are separate entities from mental health facilities, what happens in one system tend to affect the other (Lurigio, 2011).

**Access to Care**

One of the biggest barriers to seeking mental health services is the cost of seeking treatment as the cost of health insurance is not cheap and for many obtaining health insurance is something they cannot afford (Mojtabal, 2005). The Affordable Care Act, attempted to rectify this problem of uninsured individuals by providing no cost or low cost health insurance plans. Mental illness can be just as disabling as any other physical illness, however, many individuals continue onward without receiving the medical attention that they need. “In fact, three out of five adults with a recent mental health disorder did not receive care from either a general medical provider or a mental health specialist” (Rowan et al., 2013, p. 1723).

Rowan, McAlpine and Blewett (2013) examined the access to specialty care by comparing the perceived cost barriers between the privately and publicly insured and the uninsured. Their study was conducted after the Affordable Care Act was passed in 2009. They found that people with moderate mental illness who had public insurance increased from 25.9% to 34.5% and those with private health insurance decreased from 50.2% to
39.8% (Rowan et al., 2013). Their research showed that individuals with moderate levels of mental illness were most likely to be uninsured. “In 2009-2010, 64.0% of the uninsured with serious mental health problems reported a problem accessing care as a result of costs, compared to 18.2% of those with public insurance and 30.3% with private insurance” (Rowan et al., 2013, p. 1727).

By 2009, Medicaid was the largest payer towards behavioral health at 30% (Mechanic, 2014; Rowan et al., 2013). Despite the huge spending proportion from Medicaid, there are still many individuals who are uninsured (Mechanic, 2014; Rowan et al., 2013). The Affordable Care Act was passed to decrease the number of uninsured individuals. However, in 2013, only twenty-four states had implemented health insurance expansion, twenty-one states had decided not to do it and five states were still weighing their options (Rowan et al., 2013).

The groups left behind in these states that opt out of implementing health care expansion are low-income adults without children (Han et. al., 2015). This is counterproductive because this group is in greatest risk for serious mental illnesses compared to the general population. Han, Gfroerer, Kuramoto, Woodward and Teich (2015) stated that in 2012, there were approximately 4.1% of adults with a serious mental illness and of these individuals only 62.9% received mental health treatment. Of the remaining, 70.7% reported that they did not seek treatment because they could not afford the cost of treatment (Han et al., 2015). Without the expansion of Medicaid to provide health insurance for the single adult population, many continue to be uninsured and untreated. They are less likely to have private health insurance because they are likely to
be unemployed due to their unmanaged mental illness symptoms. They also do not qualify for safety net medical insurance because they have no dependent children.

**Stigma**

The treatment of individuals with mental illness has made significant progress since the 1950s; however, the stigmatization of mental illness is still pervasive today. Mental illness stigma refers to a multitude of negative stereotypes of mental illness and prejudices towards individuals with mental illnesses. Stigma is associated with negative views of treatment seeking behavior and decreased use of mental health services and it also contributes to the underfunding of mental health services and mental health programs (Eisenberg et al., 2012).

Past studies have found that increased interpersonal contact with individuals with mental illness showed the most promising approach to reducing stigma; however, Eisenberg, Downs and Golberstein (2012) argue that this is not always accurate. They argue that it depends on a multitude of factors at the individual, the social network and macro-social levels; therefore increased exposure to the mentally ill does not necessarily reduce stigma in all social contexts (Eisenberg et al., 2012). Past studies conducted were done by individuals who self-selected to be in contact with mentally ill individuals. Eisenberg, Downs and Golberstein (2012) argue that these individuals who self-selected to participate were likely to already start off with lower levels of stigma towards the mentally ill. There are other studies where individuals did not self-select to participate; however once they participated, the experiments were controlled either by time and/or
activity; therefore was not a natural environment for interacting with individuals with mental illness.

Eisenberg, Downs and Golberstein (2012) conducted their research by surveying freshmen college roommates residing in campus housing at two different universities. Participants in their study were individuals who were assigned roommates. The researchers did not control any activity regarding the study participants. Their study relied on the fact that the participants were assigned college roommates that were living in close quarters and were bound to interact with each other. Their research method allowed for a more naturalistic contact without any intervention strategies from the researchers. From their study, they found that ‘being assigned to a roommate with a history of mental health treatment or diagnosis cause a statistically significant increase in personal stigma’ (Eisenberg et al., 2012, p. 1125).

In the fifty years since the mentally ill were reintegrated back into communities, the general population’s treatment towards them has yet to be completely inclusive of them. The study done by Eisenberg, Downs and Goberstein (2012) indicates that although society is more exposed to individuals with mental illness, the stigma attached to the mentally ill still exists. The stigma that is still attached to mental illness is one contributing reason why individuals do no participate in mental health services.

**Mezzo Level Social Influences**

In order to understand the Hmong community’s participation in mental health services, it is important to understand the context in which they are expected to participate. Since the researcher’s specific interest is of the Hmong in America, it is
important to understand the mental health system in the United States. To understand this, the researcher reviewed macro level influences by reviewing the historical treatment of mental illness, access to treatment and stigma in America.

After reviewing macro level influences, it is also important to understand mezzo level influences on the Hmong community and their participation in mental health services. In reviewing mezzo level influences, the researcher will review literature specific to the Hmong community and their understanding of mental health. In doing so, the researcher will review literature regarding Hmong family structure, their belief system and how they understand health and healing.

**Family Structure**

Hmong families are organized into patrilineal clans (Cerhan, 1990; Franzen-Castle & Smith, 2013). Traditionally, Hmong culture grants respect and status to large families (Conroy, 1990). Sons are encouraged to marry early and start having their own large families. When a woman marries, she joins her husband’s clan. Clans consist of both the immediate and extended family. They provide close ties, material and emotional support (Cerhan, 1990). Clan leaders play a crucial role in the Hmong community. The Hmong community avoids social and legal systems because they have clan leaders to serve as their mediators (Conroy, 2006). Both the family and the clan are considered the most important aspects of Hmong social structure and the good of the clan takes precedence over individual wants and needs (Tatman, 2004; Cerhan, 1990; Conroy, 2006). Clan leadership has a tremendous amount of influence to clan members. Important
decisions to family problems and decisions of individual problems are decisions advised by the clan.

The level of importance that Hmong families assign to their clan is the reason why immigration policies had such a negative impact on Hmong families after the Vietnam War. The number of extended family members allowed by government policy to immigrate together was limited to eight people (Conroy, 2006). With the limit set at eight, even with just the immediate family, many Hmong families already exceeded the limit. United States immigration services attempted to scatter the settlement of Hmong immigrants evenly throughout the country in hopes that it would help them adapt faster (Tatman, 2004). It actually had the opposite affect. In response, Hmong families reconnected after being settled and moved themselves across the country to live in communities with their clans (Tatman, 2004).

According to Conroy (2006), one of the Hmong community’s greatest strengths is their commitment to family and clan members. The clan is potentially the greatest support system for individual clan members as they live in close-knit communities and provide one another with emotional and financial support. The Hmong community’s collectivism, however, can also hinder individualism. If acts of individuality do not coincide with the morals and beliefs of the clan, then the interest of the individual comes second to the interest of the clan. As a result, an individual’s ability to participate in mental health treatment is not solely an individual decision (Conroy, 2006).
Healing

Seeking mainstream mental health services is currently not the Hmong community’s first response to mental illness due to their religious beliefs. As stated by Pfeifer & Lee (2005), many Hmong families have converted to Christianity since their immigration to the United States. However, the majority of the Hmong community continues to practice their traditional religious beliefs. They estimate that 70% of Hmong Americans have retained their traditional beliefs of animism and ancestor worship (Pfeifer & Lee, 2005).

Gerdner (2012) states that traditionally, the Hmong’s spiritual beliefs are animism and ancestor worship. Animism is the belief that all natural entities have spirits that may have a neutral, positive, or negative impact on a person’s well-being. Ancestor worship is the belief of the strong interdependence between the living and those that have passed (Gerdner, 2012). Central to their religious practices are shamans. Shamans serve as the connection between the two worlds and it is their job to restore balance to both (Capps, 2011).

The Hmong community’s ideas of health and healing are greatly intertwined with their religious practices. The Hmong believe that individuals have a number of souls and when their souls are compromised the body succumbs to illnesses. “If the soul leaves the body, it may not be able to reunite with its owner, causing the person to experience symptoms of depression, difficulty sleeping, and loss of appetite” (Capps, 2011). Illnesses, whether it is physical and/or mental, are associated with either a wandering soul, loss soul, sad soul, evil spirits or a life visa that was expiring and needed extension
(Helsel et al., 2004). Spiritual explanations are used to explain the symptoms of physical illness and/or mental illness and as a result, the instinctual response is to enlist help from a shaman.

Many researchers have found that the Hmong community sought out mental health treatment, but only as a last resort (Collier et al., 2012; Gensheimer, 2006; Helsel et al., 2004). Gensheimer (2006) suggests that a possible way to increase Hmong participation in mental health treatment in its earlier stages would be to incorporate some traditional Hmong practices into the treatment process and make them reimbursable mental health services. This is because research shows that it is not because Hmong community members are not seeking treatment, but that they are seeking alternative healing methods prior to seeking mental health services. By offering these alternative treatment methods along with mental health services, mental health providers would be able to start treatment with these clients at a much earlier stage.

**Micro Level Cognitive Factors**

This section will include literature in regards to the micro level cognitive factors. An individual’s treatment seeking behavior is influenced on many different levels. This will include literature regarding mental health literacy and self-stigma. The third level of influence to individual decision-making stems from the self. Evaluating from the micro level is to acknowledge that the individual can account for his/her own cognitive influences that may affect treatment-seeking behavior. In evaluating micro level cognitive factors, the researcher will review self-stigma and the affect it has on the individual.
Lack of Mental Health Literacy

A common problem when it comes to mental health treatment in diverse communities is the under diagnosis and/or misdiagnosis of symptoms due to different cultural understandings of what mental health is. “Somatization, materialized as numbness, weakness, and troubled breathing, is the leading cultural-bound expression of mental health symptoms in the Hmong” (Collier, Munger & Moua., 2012). (Collier, Munger & Moua., 2012) in their survey research, found that when they mentioned ‘mental health’, many individuals did not know what that entailed nor did they know what would quantify as mental illness. Feelings and symptoms are a combination of a descriptor and then something physical. Therefore, the description of symptomology, often time does not translate correctly. For example, feeling of being ‘tu siab’ which means ‘sad’ (Collier et al., 2012). A literal translation would be ‘broken liver’ and has very little to do with mental illness symptoms. Similar to other Asian groups, expressions of mental health symptoms manifests itself as physical symptoms in the Hmong. As a result, when Western medicine is sought, Hmong patients end up at their primary care physicians instead of in the office of mental health professionals (Collier et al., 2012).

Self-stigma

According to Livingston (2012), self-stigma is highly used in reference to individuals with mental illness. Self-stigma is linked to feelings of hopelessness, poor self-esteem, decreased empowerment, reduced treatment adherence and increased symptom severity. Livingston’s study was a study of correlation between self-stigma and quality of life. His findings did not show significant correlation between self-stigma and
quality of life. This does not necessarily mean that self-stigma has no effect on individuals with mental illness. It means, that self-stigma does not predict poor quality of life but it still does affect individuals with mental illness in other ways (Livingston, 2012).

Wright, Gronfein & Owens (2000) state that individuals with mental illness suffer a double burden. “A person diagnosed with a major mental illness often must cope with the rejection, avoidance, and even physical violence brought on by the negative cultural meanings associated with mental disorders and those who have them” (Wright et al., 2000, p. 69). These individuals not only suffer from the illness itself, but they also suffer from the negative effects of being labeled as mentally ill. Wright et al. A longitudinal study of a cohort of newly released patients from a mental hospital (Wright et al., 2011). They found that once these patients were out of the hospital and in the community, their subsequent experiences of rejection increase and crystalize their self-deprecating feelings (Wright et al., 2011). Their findings show that continued exposure to stigmatizing experiences, even for individuals who have identified themselves as ‘mentally ill’, caused chronic stress and had long term affects on the individual’s ability to function in society (Wright et al., 2000).

Summary

The Hmong population in America experienced a great deal of trauma due to their experience of fleeing a war torn country and their refugee experience. It is no surprise that the most common mental health disorders diagnosed among the Hmong are post-traumatic stress disorder (PTSD), major depression, anxiety disorders, somatoform
disorders and severe social stress and adjustment disorders (Collier et al., 2011; Mouanoutoua et al., 1991; Postert et al., 2012; Gensheimer, 2006). Among their Southeast Asian counterparts, the Hmong were found to have the highest prevalence of mental illness, yet they were also the least likely to seek Western mental health services (Chung & Lin, 1994).

This research project seeks to further understand the Hmong community’s participation in mental health services by utilizing the content analysis research method. This study will review previous research and other existing media sources as the data to be examined. There are many different factors that influence an individual’s participation in mental health services. These existing factors are layered and range from individual beliefs to societal influences. As a result, this research will be conducted under the framework of the ecological systems perspective. This theoretical framework understands the interface between the client system and the environment, which offers a unique framework in understanding the different factors that affect individual participation in mental health services.

Macro level institutional and systemic influences set the foundation and facilitate the arena in which individual actions take place. In reviewing macro level, the researcher will review historical aspects of the mental health system in the United States as these factors set the framework for how mental health services are delivered and utilized by its people. This included a review of mental health service delivery in deinstitutionalization, the increasing trend in criminalization of the mentally ill, ability to access care due to cost
and social acceptance of individual with mental illness as stigmatization continues to plague the mentally ill.

Secondly, mezzo level social influences are where interpersonal relationships and the community experience take place. For the Hmong, they not only have to navigate strong macro level influences, they also had to navigate strong influences of their own community as well. In reviewing mezzo level influence, the researcher will review the Hmong family structure as the value placed on the importance of family unity plays a huge role in individual decision-making for the Hmong.

Last but not least, micro level influences are where individual development of cognitive understandings influence behavior. In reviewing micro level influences, the researcher will review factors such as the lack of mental health literacy and self-stigma. For the former, the individual’s understanding of what constitutes as mental health is limited and may not recognize symptoms as mental health symptoms. For the latter, social rejection and social stigmatization can affect individual self esteem which may result in denial of symptomology and decrease participation in mental health services.
Chapter 3

METHODOLOGY

The purpose of this study is to examine journal articles and media sources (newspapers, blogs and published interview transcripts) for information on how they address the Hmong community’s participation in mental health services. This will be done with the goal of advancing a deeper understanding of how literature sources depict the Hmong community and their participation in mental health services. This research can provide important insights for future research and mental health service approaches to providing care to this population.

Research on this topic will be of benefit to society in several ways. First, it will provide generalizable information regarding how information has been presented in journal articles and various media sources concerning the Hmong community’s participation in mental health services. Second, the study will provide recommendations regarding how information about the Hmong community’s participation in mental health services appears in these different documented sources, which can assist social workers and other helping professionals.

Study Design

This research is a qualitative study and will utilize the inductive content analysis method in its data review. “Content analysis is a particularly useful method for examining how professional journals shape the dialogue, content, theories, methods and intentions of professional intervention” (Marshall et al., 2011, p. 204). This research will be a systematic exploration of journal articles and applicable media sources (newspapers,
reports, blogs, and published interview transcripts) and their inclusion of information related to the Hmong community’s participation in mental health services.

The content analysis research method has developed into a central method in communication research (Lacy et al., 2015). The use of this research method is relevant to the research problem, as past studies have indicated that there is a need for mental health services in the Hmong community, but there is an underutilization of mainstream mental health services among members of the Hmong community. An analysis of the existing literature pertaining to mental health in the Hmong community may generate new insights regarding their participation patterns in seeking mental health services. “All human verbal and mediated exchanges involve messages (content), content analysis is particularly important for the study of communication. Moreover, content analysis complements studies of the antecedents and effects of communication in a variety of fields” (Lacy et al., 2015, p. 807). Content analysis will not provide an answer as to why the Hmong community is not participating in mainstream mental health services, per se, unless the literature states why. However, by utilizing the content analysis method to review existing literature, this research may generate new insight in terms of how the existing literature depicts the Hmong community and their participation in mental health services.

From the sources used for data collection, the writer will also compile an annotated bibliography. The annotated bibliography will include a detailed summary of each article, as well as the qualifications of the author, the purpose/scope, the intended audience, the bias or standpoint of the author, comparisons or connections to other
relevant work, and the findings/results of the data source. This will serve as a useful reference tool for future researchers, as it will provide complete summaries of sources relative to the topic of Hmong and mental health services.

**Sampling Procedures**

Lacy, Watson, Riffe & Lovejoy (2015) states that a best practice model for content analysis research would include a sample that addresses data validity and generalizability. “Because the goal of social science is to build generalizable theory, scholars should use as representative a sample from as large a population of content as the study will allow” (Lacy et al., 2015, p. 803). The authors do, however, take into consideration that a limitation to content analysis research is how much it costs to run these studies (Lacy et al., 2015). Although, the goal of this researcher is to establish valid and generalizable knowledge, this researcher also has to take into account her study’s limitations when it comes to funding, resources and the fact that this research was completed as a solo research project. Despite the limitations, this researcher’s utmost goal will be to prepare as comprehensive and reliable a study as is feasible.

Lacy, Watson, Riffe & Lovejoy (2015) discusses the benefits and limitations to conducting a random sampling of data or a sampling by keyword searches. Random sampling allows for greater probability sampling because the sampling pool is much bigger; however they argue that with the World Wide Web there is more ‘noise’ from spammers and fake accounts, which can cloud the data sample. On the other hand, there is sampling by keyword searches. This method can either cast too wide a net or too small a net, therefore the researcher must pay attention to identifying precise terms to search in
order to retrieve relevant data (Lacy et al., 2015). For this project, this researcher will utilize a sampling method by keyword search in the electronic database of California State University, Sacramento.

This researcher is interested in mental health services participation in the Hmong community and will search for literature related to the stated topic. A search in regards to the topic of mental health is too wide a scope and will generate an overwhelming amount of literature. The source list will be narrowed down by target population, topic of interest and publication date. The sampling will look specifically at literature regarding the Hmong community and mental health. In gathering sources, this researcher will review data sources that contain “Hmong” in their title, as there is no better indicator of specific mental health relative to the Hmong community than to have “Hmong” in the title of the data source. The term “mental health” must also be contained in the title or must be mentioned in the full text of the data source.

The Hmong community has been a presence in the United States for about forty years, however this researcher is interested in gaining a more in depth understanding of how literature currently depicts the Hmong community’s participation in mental health services. As a result, this research will only draw on recent literature/media sources relative to the Hmong community and mental health. Therefore, data sources will only include those that have been published within ten years prior to the culmination of this research.
Data Collection Procedures

In using the research method of content analysis, this researcher will conduct an inductive review of the data sources as opposed to a deductive review of data. A deductive method is usually used when the researcher wishes to retest existing data, concepts, models or hypotheses (Elo & Kyngas, 2008). Instead of a deductive review, this researcher will utilize an inductive approach to reviewing the data because this researcher is delving into the data without any preconceived notion of how the literature depicts Hmong participation in mental health services. This researcher is interested in finding out if existing literature depicts any trends in Hmong participation in mental health services in. Which is why the inductive approach will be used.

The inductive data collection process will include open coding, creating categories and abstraction (Elo & Kyngas, 2008). “Open coding means that notes and headings are written in the text while reading it. The written material is read through again, and as many headings as necessary are written down in the margins to describe all aspects of the content” (Elo & Kyngas, 2008, p. 109-111). Once this process is completed, all the notes and headings that are written in the margins will be collected and placed on coding sheets. “The purpose of creating categories is to provide a means of describing the phenomenon, to increase understanding and to generate knowledge” (Elo & Kyngas, 2008, p. 111). The categorization process will be done according to this researcher’s interpretation of which items are similar and dissimilar.

The data collected from external sources will be coded, categorized and analyzed by this researcher to identify themes. This last process is the abstraction process. After
the open coding process and general categories are generated, then the list of categories will then be grouped into similar and/or related categories. According to Elo & Kyngas (2008), the abstraction process continues as far as it is reasonable and possible. The aim is to reduce the categories down into broader concepts or themes (Elo & Kyngas, 2008). The resulting themes will be the findings of this inductive content analysis research showing how literature depicts the Hmong community’s participation in mental health services.

**Instruments**

This research study is an inductive content analysis of literature and other media sources related to the Hmong community and their participation in mental health services. The data used for this study is considered secondary data as the data already exists in its many forms and the study does not involve any human subjects. For example the content themes (the data) are extracted from existing sources, such as journals, articles, and other various media sources. In this way, the only instruments that will be used in the data collection process are the data sources and the coding sheets. The coding sheets will develop freely during the coding process and will be used to group, categorize and abstract the content themes from the data sources.

**Protection of Human Subjects**

In order to conduct any research, this writer had to apply for research approval by submitting the human subjects research application to the Institutional Review Board (IRB). It is the IRB’s duty to assess the proposed research’s benefits and risks of harm to human subjects. In order to qualify to apply for the human subjects research, this
researcher first had to complete the training by the Collaborative Institutional Training Initiative (CITI Program) under learner group: undergraduate or masters student. This researcher completed the required training and received her CITI certificate in February 2015. This certificate is valid for three years from the date that the training was completed; therefore it was not necessary to complete a new training, as the previously earned training certificate was still valid.

This researcher submitted the human subjects research application to the IRB under exempt status in February 2016. The IRB application was approved under the project title: Hmong Participation in Mental Health Services: A Content Analysis. The data for this research will be collected from existing journal articles and media sources. This data set is considered secondary data and will be analyzed without any interaction with human subjects. As a result, this research poses no risk and/or harm to human subjects as no human subjects are used for the purpose of this research. Informed consent is also not needed to conduct this research.

**Data Analysis**

This researcher will be analyzing secondary data by reviewing existing literature and media sources on the subject matter of the Hmong community and their participation in mental health services. In doing this, this researcher hopes to gain more in depth knowledge and insight into existing literature on the subject. By utilizing the content analysis research method, the writer hopes to uncover trends in how current existing literature and media sources depict mental health participation in the Hmong community. This researcher is solely responsible for analyzing the data. After selecting the data
sources to be included for analysis, this researcher will read through the different sources, code, group, categorize and abstract themes as part of the analysis process. The findings of this research are the themes found during the analysis process.

Content analysis like any other qualitative study will need to take into additional consideration the validity and reliability of the research (Elo & Kyngas, 2008). “The analysis process and the results should be described in sufficient detail so that readers have clear understanding of how the analysis was carried out and its strengths and limitations” (Elo & Kyngas, 2008, p. 112). In the process of analyzing the research findings, this researcher will describe the data analysis process as much as possible, make inferences based on valid and reliable data and use citations to increase the trustworthiness of the data by allowing readers to have transparent knowledge of where the data came from.
Chapter 4

STUDY FINDINGS AND DISCUSSION

As refugees of the Vietnam War, the first Hmong refugees arrived in the United States in 1976 (Collier et al., 2012). Today the Hmong are one of the fastest growing Asian populations in the United States (Xiong et al., 2006). According to the latest US Census (2010), the Hmong population is at approximately 260,073, up 39% since the 2000 US Census (US Census). The Hmong community is a community that has struggled and endured through war, displacement and resettlement. Despite the forty years since their resettlement in the United States, the effects of their traumatic experiences during the Vietnam War continues to plague their lives and functioning.

Research has found that the Hmong population reports higher mental health symptoms compared to Western population and other Southeast Asian refugees, such as Cambodians, Laotians and Vietnamese (Kroll et al., 1989; Mouanoutoua et al., 1991; Collier et al., 2012). The Hmong are also the least likely to seek mainstream mental health services (Chung & Lin, 1994; Collier et al., 2012; Tatman, 2004). This research examined existing literature on the Hmong community and their participation in mental health services. In conducting an in depth inductive content analysis of current literature, this researcher further understood how current literature depicts the Hmong community and their participation in mental health services. This in depth analysis uncovered trends in current literature and shed light on areas that need further research.
Overall Findings

For the purpose of this research study, this researcher attempted to find and analyze scholarly literature relative to the Hmong and their participation in mental health services. This researcher reviewed twenty peer reviewed journal articles and ten other sources that included dissertations, newspaper articles and other journal articles (See Table 1). This researcher’s findings relative to available literature, was consistent with Lee & Chang (2012). They stated that, “the only comprehensive research project pertaining specifically to the Hmong and their mental health status was conducted by the world-renowned psychiatrist, Joseph Westermeyer” and published in the 1980s (Lee & Chang, 2012, p. 5). This study was outside of this researcher’s target timeframe, however this researcher did not find any other large-scale studies regarding the Hmong and their mental health.

Utilizing the databases available and accessible to this researcher, twenty peer reviewed journal articles were chosen to be coded along with ten other literary pieces. An annotated bibliography of the sources used in the data collection process can be found in the appendix of this research. It was not easy to get to twenty peer reviewed journal articles, especially those published within the past ten years and were directly related to Hmong and mental health. Nevertheless, this researcher was able to find twenty peer reviewed articles for content analysis coding. This researcher used her own knowledge of Hmong names and Google to determine that, more than half of these research articles were either conducted solely by a Hmong researcher and/or a Hmong researcher was part of the research team.
Table 1

Literary Sources Pertaining to the Hmong and Mental Health

<table>
<thead>
<tr>
<th>References</th>
<th>Year Published</th>
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<tbody>
<tr>
<td>Alexander, K.</td>
<td>2011</td>
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<td>Anderson, B.</td>
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<td>Brown, P.</td>
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<td>Grigoleit, G.</td>
<td>2006</td>
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<tr>
<td>Jesilow, P. &amp; Xiong, M.</td>
<td>2008</td>
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<tr>
<td>Koumpilo, M.</td>
<td>2015</td>
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<td>Lee, K. Y. &amp; Clarke, K.</td>
<td>2013</td>
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<td>Lee, S. C.</td>
<td>2007</td>
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<td>Lee, S.</td>
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<td>Lee et al.</td>
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<td>Meschke, L.L. &amp; Juang, L. P.</td>
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<td>Mouanoutoua, A.</td>
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<td>Postert, C.</td>
<td>2010</td>
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<td>Rosenblum, G.</td>
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<td>Simons, A.</td>
<td>2013</td>
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<td>Snowden et al.</td>
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<td>Sonethavilay, et al.</td>
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<td>Southwick et al.</td>
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<td>Supple et al.</td>
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<td>Van der Meer, L.</td>
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<td>Vang, K. M.</td>
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<td>Vang, P. &amp; Bogenschutz, M.</td>
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<td>Xiong et al.</td>
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<td>Totals (N=30)</td>
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Specific Findings

This researcher utilized an inductive method of content analysis that allowed for open coding of the text. From the coding, similar codes were grouped together into categories. Then from the categories, themes were developed. After a careful content analysis of current literature pertaining to the Hmong and their participation in mental health services, the following themes emerged: the refugee experience, acculturation and the need for cultural competent practice (See Figure 1). Each of the following sections will summarize the major findings within each theme.

![Figure 1. Coding for themes.](image-url)
The Refugee Experience

After careful review of the existing literature, mental health in the Hmong community is greatly depicted as stemming from the refugee experience. N=23 of the data sources referred to war and immigration as having profound effects on the mental health of the Hmong. The majority of the studies conducted in the reviewed literature were studies that pertained to the first generation of Hmong refugees.

It is estimated that there is a prevalence of mental health disorders in about 40% to 85% of Hmong Americans (Meschke & Juang, 2014). The first generation of Hmong refugees experienced war trauma, loss of loved ones, their homes, their belongings, their way of life and their social networks. Subsequently, they also experienced the culture shock of resettlement in the United States. Due to their traumatic experiences, a higher rate of first generation Hmong refugees, as the literature states, suffer from of anxiety, depression, PTSD and other somatic symptoms.

Acculturation

Acculturation refers to the extent that an individual is able to retain their indigenous culture when living in an alternate/host country verses adopting the culture of the alternate/host country (Landrine & Klonoff, 2004). According to Landrine and Klonoff (2004), the bidimensional acculturation model involves two distinct behavioral changes from the individual of the minority culture. This individual is losing behaviors, beliefs, practices and values of their minority culture and at the same time acquiring the behaviors, beliefs, practices and values of the host culture. The amount of loss and gain of the two different cultures is a bidimensional acculturation. “Ethnic minorities can
remain immersed in their indigenous culture (separated, traditional), can fully adopt Anglo culture (acculturated, assimilated), can be immersed equally in both cultures (bicultural), or in neither culture (marginalized)” (Landrine & Klonoff, 2004, p. 528).

Categories of acculturation, as coded for the purpose of this research, were discussed in N=27 of the data sources. These categories include discussions regarding socioeconomic status, language barriers, role loss and generation gap. There are many different factors that come into play to facilitate acculturation levels such as ties to a home country, ties with a host country, personality and personal choice, socioeconomic status upon arrival and age at arrival (Vang, 2012). Researchers posit that higher levels of acculturation leads to higher employment rate, increased success in school, higher ease of communication, greater levels of self-efficacy and feelings of acceptance by dominant culture which can result in more positive mental health (Lee, 2007; Vang, 2012). However, according to Vang (2014), neither her research nor others have found any significant relationship between acculturation and mental health symptoms. Nevertheless, from reviewing the literature, acculturation is commonly used to explain the causes of mental health symptoms in the Hmong community.

**Socioeconomic status.** The Hmong compared to other Southeast Asian refugees who immigrated to the United States at about the same time, experienced a greater struggle adjusting to life in the United States (Goodkind, 2006). Researchers attribute this to the fact that the Hmong lived an isolated agrarian lifestyle prior to immigration compared to other Southeast Asian groups (Danner et al., 2007; Goodkind, 2006; Snowden et al., 2011). Therefore the Hmong had limited education prior to immigration
and had limited transferrable occupational skills that did not translate into employment opportunities once in the United States (Danner et al., 2007; Goodkind, 2006; Vang, 2014). This contributed the Hmong community’s disadvantage when it came to establishing meaningful roles and obtaining higher paying jobs.

Members of the Hmong community report lower educational attainment and lower levels of income compared to the general US population. Only 14.5% of Hmong Americans report having earned a college degree, compared to 31% in the general US population (Vang, 2014). “Compared to 11.3% of all US families who live in poverty, more than twice the number of Hmong families (27.4%) live under the Federal Poverty level which is $39,630 for a family of eight and $23,550 for a family of four” (Vang, 2014, p. 2). Many researchers found that financial insecurity is a common psychological stressor among members of the Hmong community (Grigoleit, 2006; Lee, 2007; Nguyen & Seal, 2014; Vang, 2014).

**Language barriers.** Researchers point to language barriers as one of the main reasons why many members of the Hmong community struggle to adapt to life in the United States (Goodkind, 2006; Meschke & Juang, 2014; Nguyen & Seal, 2014; Snowden et al., 2011; Southwick et al., 2013). Even after decades or resettlement in the United States, nearly 41% of the Hmong in America still speak English less than very well (Lee & Chang, 2012). Due to their lack of English proficiency, especially among first generation Hmong refugees, many are unable to access resources, be successful in education attainment and continue to struggle with obtaining employment (Danner et al., 2007; Goodkind, 2006; Snowden et al., 2011).
Not only does a lack of English proficiency hinder first generation Hmong refugees’ adaptation to life in the United States, but now it also hinders their ability to communicate with their English-speaking children. “I’m closer to my dad because he speaks English. My mom doesn’t. When I talk to my mom I would have a really hard time communicating with her because I can’t really speak the Hmong language correctly” (Meschke & Juang, 2014, p. 151).

**Role loss.** Prior to immigrating to the United States, the Hmong lived in agrarian and patrilineal communities. The Hmong people were not prepared for resettlement in the high tech and industrial United States. Their skills and their social roles no longer applied to life in the United States. Cultural uprooting, role discontinuity, identity crisis and unemployment all contributed to the exacerbation of self-rated depressive symptoms for the Hmong refugees (Poster, 2010). “Initially, symptoms tended to be more pronounced among men and employed women” (Postert, 2010, p. 182). They attributed their stressors to a loss of meaningful social roles and the inability to adequately care for their families (Danner et al., 2007; Goodkind, 2005). Many Hmong male refugees “admitted to suffering from a loss of status, control over their lives and feelings of inferiority” (Grigoleit, 2006, p. 19) upon resettling in the United States.

**Generational conflict.** The mental health status of first generation Hmong refugees are well explored and depicted by literature in association with depressive symptoms, PTSD, anxiety, loss and grief (Lee & Clarke, 2013). There continues to be a lack of studies exploring the mental health and well-being of the 1.5 (those born abroad and immigrated to the US as children) and second (those born in the US) generation
Hmong refugees (Lee, 2007; Lee, 2012; Lee & Clarke, 2013; Vang & Bogenschutz, 2011). Existing literature on the children of first generation Hmong refugees associate their psychological distress to the cultural gap between parent and children (Supple et al., 2010).

Hmong parents are portrayed as providing low warmth, affection and outward expressions of love yet they exhibit high behavioral control on their children (Supple et al., 2010). Hmong parents value children who respect their elders and communication as one-way, outflow of directives from parent to child (Supple et al., 2010). The parent-child relationship is characterized with conflict and poor communication lines (Jesilow & Xiong, 2008; Lee, 2007; Meschke & Juang, 2014). First generation parents show their love and affection by working long hours to meet the economic needs of their family (Meschke & Juang, 2014). Upon adapting to the dominant culture, the 1.5 and 2\textsuperscript{nd} generation’s attempts to express their emotions and seek parental approval, but their attempts are received by judgment and negative feedback from their parents (Meschke & Juang, 2008). Both parties are expressing love, but neither party understands the other’s intent to mean love.

Personal self-discovery was a struggle for these 1.5 and 2\textsuperscript{nd} generation Hmong refugee children as they attempt to balance a bicultural identity. Lee (2007) found that all the respondents in his study of social well-being, appeared to present a risk for mental health concerns. For these two generations, the main stressor is family conflict due to cultural gap and intergenerational conflict (Jesilow & Xiong, 2008; Lee, 2007; Lee & Clarke, 2013; Lee et al., 2009; Meschke & Juang, 2014; Supple et al., 2010). A study
done by Lee, Jung, Su, Tran and Bahrassa (2009), found that intergenerational conflict led to daughters consuming more alcohol. In comparison, sons were less likely to use tobacco in response to family conflict (Lee et al., 2009).

Due to the extensive suffering and struggles that the first generation Hmong refugees experienced, Lee & Clarke (2013) state that there is also significant impact on the upbringing, personal relationships and perspectives on the lives of their children. Lee & Clarke (2013) explored the secondary trauma that 1.5 generation experienced.

Secondary traumatic stress is defined as the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other-the stress resulting from helping or wanting to help a traumatized or suffering person. (Lee & Clarke, 2013, p. 165) They found that tales of wartime hardships and experience were not shared with their children through open communication, but rather as cautionary tales and discipline. Many of the respondents in their study did not learn details of the Secret War until they actively sought out information from their elders or were advancing to higher education (Lee & Clarke, 2013).

**Cultural Competence**

Many researchers argue that service providers need to be culturally competent and that there is a need to provide culturally relevant services. Meeting the language services for clients does not mean culturally competent service. In fact this is what often leads to misdiagnosis (Sonethavilay et al., 2010). Culturally competent practice encompasses much more than language services alone. It means understanding the diverse values and
beliefs and tailoring services to meet the needs of the clients’ social and cultural needs in addition to clients’ linguistic needs (George, 2012). Categories of cultural competence, as coded for the purpose of this research were discussed in N=26 of the data sources. These categories include discussions regarding symptomology, stigma and the need for culturally relevant practices.

**Symptomology.** There is a need for culturally competent mental health services because unfortunately, refugees are often subject to misdiagnosis (Sonethavilay et al., 2010). This is a result of client’s understanding and expression of their symptoms and the provider’s lack of culturally competent practice. Different understandings of symptoms create a barrier to effective assessment of mental health concerns (Danner et al., 2007). For the Hmong, mental illness symptoms are often described through complaints of physical ailments (Danner et al., 2007), ‘lost soul’ (Danner et al., 2007; Southwick, 2013; Van Der Meer, 2013) or casting a spell (Rindlfeisch, 2001). “The experience of depression is physical rather than psychological among many Asian populations, with the expression of multiple symptoms of pain, dizziness, and fatigue” (Danner et al., 2007, p. 152). Without fully understanding their symptoms and no knowledge of existing mental health providers, the Hmong seek out medical services through their primary physicians. After examining and finding no physical explanations to these patient’s complaints, it is the physicians who make referrals to mental health providers (Sonethavilay et al., 2010).

**Stigma.** The Hmong are a close knit and clan-based community. They are more likely to turn to family for assistance before they disclose to friends, neighbors and coworkers (Xiong et al., 2006). Goodkind (2006) states that refugees and ethnic
minorities are unlikely to seek help from mental health providers because of the stigma attached to seeking psychological help. There is a shared belief that revealing one’s psychological and familial problems to those outside the family, such as mental health workers, would bring shame to oneself and one’s family (Xiong et al., 2006). The Hmong therefore are unlikely to disclose what they consider as family secrets to counselors.

“An additional reason for not seeking help from nonfamily members was perhaps due to an either real or imagined fear of the intervention of the legal system” (Xiong et al., 2006, p. 232). The fear of legal repercussions from contacting police and human service workers along with the fear of losing face and bringing shame to their families for seeking mental health services deters Hmong individuals from actively participating in mental health services (Vang and Bogenschutz, 2011). “Intentionally concealing, shameful family problems from persons outside the family, however, may isolate the family from appropriate sources of support, which, in turn, prolongs the problem” (Xiong et al., 2006, p. 237).

**Culturally relevant practice.** Studies have shown higher psychiatric disorders among members of the Hmong community at 43% (Danner et al., 2007; Lee & Clarke, 2013). The Hmong also score the lowest average on the ‘happiness scale’ (Lee & Clarke, 2013). Yet, members of the Hmong community continue to have the lowest utilization rates of mainstream mental health services (Lee & Clarke, 2013). Researchers attribute this to the fact that mainstream mental health practices are not culturally relevant for the Hmong community. If the practices are not culturally relevant, community members see
no benefit to seeking out services that they feel are not going to help them (Goodkind, 2005).

Therapy is a Western concept and unfamiliar to immigrant/refugee families (Brown, 2013). In an effort to meet the mental health needs of immigrants and refugees, a program in Fresno, CA received funding to maintain a community garden where clients are allocated space to garden. Gardening is a non-traditional approach to providing mental health services; however gardening is familiar to the Hmong people and by utilizing a familiar and non-stigmatizing approach, mental health service providers can reach underserved populations and encourage participation in mental health services (Anderson, 2011; Brown, 2013).

Culturally relevant practice is understanding the Hmong community’s assets and needs and utilizing both to better the well-being of its community members (Goodkind, 2006). By understanding that the Hmong community are the experts to their experience and have knowledge to give as well as receive, participants and service providers both engage in mutual learning. According to Goodkind (2006), refugees’ well-being is greatly affected by their ability to access resources, therefore it is important to encourage advocacy and give the community the necessary skills to advocate for themselves.

Additionally, culturally relevant practice means incorporating the healing practices of the Hmong community and gathering healers as advocacy to mental health. For the Hmong Outreach Center in Olivehurst, CA, that means training shamans to identify symptoms of mental illness in Hmong patients and to advocate for further mental health services (Van der Meer, 2013). Other counties such as Fresno, approved plans to
open a holistic wellness center that will employ alternative healers such as Shamans, medicine men and other spiritual leaders (Alexander, 2011). “The idea is that spiritual leaders will succeed where Western medicine hasn’t, particularly when it comes to getting those who are wary of modern-day therapists to acknowledge their problems and get treatment” (Alexander, 2011, p. A1).

**Interpretations to the Findings**

After an in depth inductive content analysis of existing literature pertaining to the Hmong community and their participation in mental health services, the existing literature seem to suggest that mental disorders among the Hmong greatly stems from their refugee experience. This researcher read through and coded the literature for categories, which were then grouped into themes. From the literature, the researcher found three themes that appear and continue to reappear throughout the different journal articles. Those three themes are as follows: the refugee experience, acculturation and cultural competence.

The last comprehensive study of the mental health status of the Hmong was study conducted by Westermeyer in the 1980s. Studies since then have been smaller in scale with the majority of studies pertaining to the mental health status of first generation Hmong refugees. The literature seems to suggest that first generation Hmong refugees’ mental health status is directly related to their experience of wartime trauma, as well as their inability to adapt to dominant culture. According to the literature, these factors are what continue to affect their psychological well-being.
Literature that studied the mental health status of the children of the first generation Hmong refugees, the 1.5 and 2\textsuperscript{nd} generations, depicted their mental health status in relation to acculturation and the cultural gap between parent and child. The literature attributed the children’s psychological distress to their struggled to balance their parents’ expectations and the expectations of dominant culture.

Lastly, the final theme that continued to appear throughout the literature is the need for culturally competent practice. As the literature states, cultural competence is to understand the history, cultural values/practices and provide culturally relevant services. The literature suggests that culturally competent practices have come a long way by providing language services. However, culturally relevant changes are needed in order for services to appeal to underserved communities like the Hmong community.

The Hmong have been determined by previous research to have higher rates of mental disorders compared to the general United States population as well as other Southeast Asian refugees who immigrated around the same time as the Hmong. The mental health status of the Hmong is depicted relative to acculturation. Acculturation theory suggests that over time, from one generation to the next, individuals will become assimilated to dominant culture thereby shifting their cultural beliefs and values to the dominant culture. With that in mind, if as the literature depicts, the mental health status of the Hmong community is due to acculturation issues, then does that mean that over time, the rate of mental disorder among the Hmong community will decline on its own as well? If programs are developed to assist in assimilating the Hmong to dominant culture, will this help to decrease mental disorders among the Hmong population?
Summary

This researcher conducted an inductive content analysis of literature pertaining to the Hmong and their participation in mental health services. This researcher coded, categorized and found three themes in relation to the Hmong and their mental health status. The mental health status of the first generation Hmong refugees is greatly attributed to their refugee experience and war trauma. Secondly, the Hmong mental health status is also greatly attributed to their level of acculturation. Categories that made up this theme included discussions of socioeconomic status, language barriers, role loss and generational conflict. Lastly, when discussing the Hmong and their mental health needs, researchers reiterated the need for more cultural competent practices. This included discussions regarding symptomology, stigma and culturally relevant practices.
Chapter 5

SUMMARY AND RECOMMENDATIONS

The following chapter summarizes the findings of this research. This research utilized inductive content analysis to understand how existing literature depicted the Hmong community and their participation in mental health services. The researcher used academic articles and other media sources to code, categorize and find themes. From the data collected, the following three themes emerged: the refugee experience, acculturation and the need for culturally competent practices. This research also generated an annotated bibliography of all literary sources used in the data collection process (see appendix).

Summary of Study

This researcher’s interest in studying the problem was a result of growing up within the Hmong community and her careful observation of the gross underutilization of mental health services within her community. The first purpose of this research was to gain a better understanding of the Hmong community’s participation in mental health services. Another purpose of this research was to gather information on how existing literature depicts the Hmong community and their participation in mental health services. This study was an exploratory and inductive study therefore this researcher did not know what themes would emerge from coding. This researcher used an open coding system that allowed for themes to develop organically from the literature. According to the results of this research, existing literature portrays the Hmong community’s participation in mental health services relative to the following three themes: the refugee experience, acculturation and the need for cultural competent practice.
After a careful review, existing literature attributes the Hmong community’s mental health concerns to stem from their refugee experience. N=23 of the data sources referred to the Hmong’s traumatic experience during the Vietnam War as having profound effects on their mental health status. Secondly, the Hmong community’s mental health status was portrayed with strong connection to their level of acculturation. N=27 of the data sources discussed topics relative to acculturation. These topics included language barriers, role loss, low socioeconomic status and generation gap. For example, the literature pointed to role loss as a source of psychological stress because upon resettling in the United States, their agrarian skills did not translate into the industrial work force in the United States. Many lost their social status due to their resettlement. In addition, many were unable to find high paying jobs, therefore were not able to support their families. Another example of Hmong mental health being linked to acculturation is the generational and cultural gap between first generation Hmong refugees and their 1.5 and second generation children. As portrayed by the literature Hmong children, specifically the 1.5 and second generation children experience a great deal of psychological distress due to parent-child conflict stemming from cultural clash.

Lastly, as depicted by the literature, Hmong participation in mental health services is greatly linked to the lack of culturally competent services. N=26 of the data sources discussed the topics relative to symptomology, stigma and culturally relevant practices. The literature suggested that the lack of the Hmong community’s participation in mainstream mental health services was due to the lack of culturally relevant practices. Since they do not view and understand mainstream mental health practices as helpful,
they therefore are unlikely to utilize these services. The literature suggested ways in which to incorporate alternate healing methods to encourage participation from underserved populations like the Hmong.

In summary, this research uncovered three themes to the Hmong community’s participation in mental health services. As portrayed in the literature, the understanding of the Hmong community’s mental health status is greatly explained by their refugee experience and acculturation level. What was also reiterated throughout the different literary pieces is the need for culturally relevant practices.

**Implications for Social Work**

One of the themes uncovered in this research is the need for cultural competent practices by providing culturally relevant services. Social workers provide direct services to clients, therefore it is important that social workers are trained to be culturally competent. It is also important that socials workers advocate for culturally competent services to be available for clients.

In 2004, voters in California approved Proposition 63, the Mental Health Services Act (MHSA), which designated additional tax dollars for mental health services. This proposition was passed in efforts to increase services to underserved communities like the Hmong community and other minority groups. Under direction from the California State Department of Mental Health (DMH), counties that received MHSA funding must develop plans to incorporate five essential concepts to their mental health service plans. Development of culturally competent services was one of those concepts along with community collaboration; client/family-driven mental health system for older adults,
adults and transition age youth and family-driven system of care for children and youth; wellness focus, which includes the concepts of recovery and resilience; and integrated service experiences for clients and their families throughout their interactions with the mental health system.

The Proposition passed in 2004. Literature pulled for the purpose of this research was published after 2004 and yet efforts to provide culturally relevant services are still not readily available to underserved communities as the Hmong community. This research revealed that according to existing literature, one of the main reasons the Hmong community do not utilize mainstream mental health services is the fact that they do not see any benefit to engage in these types of services. Community mental health agencies should work towards meeting the demands of its clients by providing culturally relevant services. Mainstream mental health agencies provide medication and therapy services. These practices are often not culturally relevant and not viewed as helpful. So until mental health services adapts to become more inclusive of providing culturally relevant therapeutic services to its clients, the majority of facilities will not be culturally competent in meeting the needs of underserved communities like the Hmong community.

**Recommendations for Future Research**

This research was conducted using an inductive content analysis to see how existing literature depicted the Hmong community and their participation in mental health services. This research was able to conclude that current literature depict the Hmong community and their mental health in relation to the refugee experience, level of
acculturation and the need for culturally competent services. From the experience of conducting this research, the following are some recommendations for future studies.

This research reviewed literary pieces regarding the Hmong community and their participation in mental health services and three main themes emerged from the literature. A consideration for future research should be a content analysis of interviews pertaining to the Hmong community and their mental health services participation. It would be interesting to see the results. As that it would allow for the comparison between literary portrayal and real life experience and whether or not one matches the other.

For this research, the time frame for literature selection was a period of ten years; however the Hmong have been in the United Stated for about forty years. Future content analysis of literature should consider reviewing literature dated back to when the Hmong first arrived in the United States. It would be interesting to see whether or not themes have changed over time or if they have remained the same. That comparison would be interesting to see, as it would show the depiction of the Hmong community’s mental health status dating back to their arrival in the United States.

As other researchers have mentioned, the last time a comprehensive study was conducted on the mental health status of the Hmong was Westermeyer’s study in the 1980s, (Lee, 2013; Lee & Chang, 2012). A lot has changed for the Hmong community in the United States. It will be great to see another comprehensive study regarding the mental health of the Hmong in the United States.
Study Limitations

Even though careful consideration was part of this coding process, there are still limitations to this study. First, due to the limitations of this being a graduate student research project, this research is the product of a sole researcher. As a graduate student research project, graduate student researchers are allowed to partner up with one other researcher, however this researcher did not have the opportunity to partner up. As a result, this researcher solely conducted this research project. This researcher received advice and guidance from a faculty research advisor. This research did not have additional readers for the coding process. This researcher read, coded, categorized and come to a conclusion on the themes. These themes were then submitted to the faculty advisor for approval.

A limitation is the fact that this research was conducted alone. It would have been beneficial to have two readers in order to decrease bias when it come to coding, categorizing and developing themes. Having two readers would allow for comparison of developed themes from the different readings.

Secondly, another limitation is that some results may have been eliminated during the categorizing phase of the data collection process because it did not fit into the common themes. Stray items that did not show up enough throughout the different texts were dropped since they did not fit the categories and did not appear enough to be considered themes themselves.

Lastly, the small sample size of the literature may not be representative of available literature. This researcher only utilized databases that were available to her
through California State University, Sacramento. This researcher only pulled the academic journals, newspaper articles and dissertations that were published within ten years and so the sample size was small. This may led to the exclusion of some articles.

**Conclusion**

This research utilized the method of inductive content analysis to understand how existing literature depicted the Hmong community and their participation in mental health services. The research resulted in the following three themes: the refugee experience, acculturation and the need for cultural competent practice. The literature greatly linked mental health concerns in the Hmong community to the refugee experience and level of acculturation. The literature also discussed a great deal regarding the lack of culturally competent service providers, which is one of the factors that affected the Hmong community’s participation in mental health services. The majority of past research focused on first generation Hmong refugees. There were minimal research regarding 1.5 and second generation Hmong.

At the start of this research project, this researcher stated that in order to understand mental health in the Hmong community, it was important to understand the history of mental health in the United States. This researcher also understood and saw from her own personal experience of being part of the Hmong community that mental health concerns were not being adequately addressed. Seeking mainstream mental health services was a last resort (Collier et al., 2012). This researcher did not understand why individuals in the Hmong community did not seek assistance when clearly they needed
assistance. This researcher also did not understand why family members do not help seek assistance when clearly the individual needed assistance.

Upon completing the data collection for this research and analyzing the findings, this researcher realize that providers must adjust their service delivery model to meet the needs of those they serve in order to encourage participation from underserved communities in mental health services. Individuals in the Hmong community are not utilizing mainstream mental health services because the strategies are foreign and they do not believe it works. Similarly mainstream American would view the Hmong community’s cultural practices as foreign and strange. How, then do we balance the two? Individuals need their medications, but they are unlikely to come in for medication because they feel they can resolve their mental health needs spiritually and culturally. Many researchers suggest incorporating culturally relevant aspects into mainstream mental health agencies. By doing so, individuals that would normally reject mainstream mental health services are drawn into the agencies. This allows for better opportunities to meet both their spiritual needs as well as their medical needs and encourages preventative measures instead of just utilization of crisis intervention.
Appendix

ANNOTATED BIBLIOGRAPHY


This newspaper article announces Fresno County’s approval of alternative mental health healers and the benefits the decision will bring to underserved minority populations. These alternative mental health healers will get those who are wary of modern-day therapist to acknowledge their problems and seek treatment. Hmong Americans keep their problems within their communities, and see mental illness as a spiritual matter. The use of shamans would be a way towards getting help for people who need it and to reducing mental illness in the community. Fresno County giving the ok to use alternative healers in mental health practices is a step in the direction of being culturally competent and providing culturally relevant services to meet the needs of the community they serve.

The purpose of this article is to highlight the reasoning involved with Fresno County’s promotion of their community gardens. Mental health officials say that the gardens help to reduce depression and isolation among refugee groups. It also provides a natural place for mental health support groups. The gardens are paid through tax collections from millionaires collected by the state and distributed to the counties thus this article may be of interest to these taxpayers as well as advocate of mental health projects within communities. The use of gardens for mental health practice may seem unorthodox, however it is familiar to groups like the Hmong, and encourages their participation in mental health services.


The purpose of the article is to highlight the plausible mental health benefits that are associated with community gardens in Fresno, California. These community gardens help provide a sense of purpose for refugees, especially older ones, who are often isolated by language, poverty and exhibit depression and post-traumatic stress. The gardens provide a therapeutic escape for many refugees and offer a sanctuary for many to congregate and converse of old times, which may have positive effects of alleviating mental health symptoms. Similar to Anderson (2011), this is a step in the direction of being culturally competent and providing culturally relevant services to encourage participation in mental health services.

The author explains the sense of duality that Hmong Americans growing up in America face and the medium of communication to which they channel their thoughts and stories. Hmong Americans growing up in America use poetry as a way of dealing with the many challenges of growing up in America as children of Refugees. The audience that this article was written for is the general public. As pointed out in this research study, this article refers to the cultural gap between first generation Hmong refugees and their children that leads to the children’s psychological distress. As a result of this stress, these children find positive coping strategies in poetry.
Danner, C. C., Robinson, B. C., Striepe, M., Rhodes, P. F. Y. (2007). Running from the
demon: Culturally specific group therapy for depressed Hmong women in a
The authors have extensive work experiences in the areas of human sexuality,
family psychology, family medicine and community health, and behavior and
family health. The authors understand that cultural differences can create
significant barriers to effective assessment and treatment of refugees, therefore set
out to create therapy group intervention designed specifically for its study group
of Hmong women. The group intervention was well designed and the findings
provided valuable insight into providing culturally relevant practices. They argue
that therapists can better improve their services by addressing the culturally
specific needs of the diverse populations they serve. By doing so the services
provided are perceived as understanding and helpful. The therapist must be able
to serve in “multiple helping roles” to build rapport with the traditional Asian
populations. One limitation of the intervention was the lack of feedback and
support of the husbands of these women, as they were likely uninformed of their
wives’ participation in these intervention groups.

The authors discussed the development of many complex mental health symptoms facing refugees in adapting to their new home in America. The purpose of the study was to understand the experiences of Southeast Asian refugees and their resettlement in the United States during the 1970s and 1980s through their personal narratives of escape. The narrative of the elders provided valuable insight into their traumatic experiences prior to resettlement in the United States. The authors suggest that these traumatic experiences contributed to the underlying mental health symptoms that impeded successful adaptation into American society. With these findings, the authors expressed that those who work with Southeast Asian population would benefit greatly by understanding the different characteristics of their escape, as the nature of the escape became part of the contextual background of these refugee families. The article discusses the main themes found in this research; mental health in relation to the refugee experience, acculturation or lack thereof, and the need for culturally competent practices.

Jessica R. Goodkind is a professor of sociology with research emphasis on refugee resettlement primarily in the area of mental health well-being of refugees. The author sets out to test the effectiveness of a community-based advocacy and learning intervention by creating a collaborative setting that provided refugees the opportunity to share their knowledge and cultures, learn English and relevant skills, and obtain access to different resources. The qualitative findings of the study indicate that the intervention had many positive effects on the Hmong participants, although the intervention did have its limitation. In any case, the study suggests that for interventions to be successful it must heed to the particular attributes of the participant’s cultures and be developed collaboratively with the participants in mind. Goodkind’s study is an example of utilizing culturally relevant practices. The interventions established a learning environment where both parties can learn from each other, problem solve, and encourage continued participation.

Jessica R. Goodkind is a professor of sociology with research emphasis on refugee resettlement primarily in the area of mental health well-being of refugees. The purpose of the article was to examine the findings of the Refugee Well-Being Project, a study design to promote Hmong mental health and well-being in the US, through the use of mutual learning between Hmong adults and undergraduate students. The author stated that effective intervention should not only consider the traumatic circumstances that refugees endured prior to their resettlement in the US, but also focus on the difficulties refugees face in their daily lives as they assimilate into American society. Only through mutual learning, where emphasis is on the experiences, knowledge and contribution of the refugee group to society, instead of highlighting their needs and vulnerabilities can practitioners hope to gain insight into how to best diagnose and treat these refugee population. Similar to her earlier study, this study is another example of utilizing culturally relevant practices to address the needs of the participants.

Dr. Grit Grigoleit is a research professor at Helmut Schmidt University whose research interest is international immigration, ethnic minorities and ethnic and racial studies. She has written numerous papers on Hmong refugee resettlement and acculturation in the United States. The author states that the transition of Hmong Refugees into the Minneapolis/St. Paul Hmong-American community was not an easy transition as first was thought. Decades of separation between the new wave of refugees and their predecessors, along with differences in cultural and social adaptation of American culture, had lead to significant cultural changes between the two waves of Hmong refugee. Although, the new refugees benefited from an already established Hmong American community, this established Hmong-Americans had assimilated social values and behavior that was in contrast to traditional Hmong values. Ideas of what consisted of Hmong behavior and tradition varied greatly between the two groups.

The authors convey that the primary causes of Hmong teen suicide from the public’s viewpoint was due to the difficulties faced by Hmong refugee in the U.S., the clash of culture between Hmong and American values and poor communication between Hmong parent and child due to language barrier. The purpose of the study was to show that the suicides by the Hmong teens provided a good opportunity for those outlets pushing social change to convince the Hmong Community to seek and utilize western mental health services. The author concludes that the teenage Hmong suicides were viewed as a problem that could not be addressed within the Hmong Community, and thus schools and mental health facilities were identified as the appropriate institutions to deal with such a problem. This pushed acculturation on Hmong parents and encouraged them to utilize mental health services and prevention programs outside of their immediate community. This article highlights the generational/cultural gap between first generation parents and their second generation children and their participation in mental health services.

The article was about an event held by a Somali community non-profit. It examined the rise of Hmong Americans from refugees to leaders within their communities and used the Hmong as role models for Somali refugees. Hmong refugees experienced culture shock upon arrival in the United States in the 1970s, but has since successfully acculturated into American Culture. The author mentions how mental health services have progressed for the better as translation services are now offered. Language barriers were once a hindrance to the Hmong receiving mental health services, however, the author notes that the relationships between the Hmong and health care practitioners have improved. The article is a prime example of the indication that increased level of acculturation leads to increase mental health well-being.

Kham Lee and Kris Clarke provide an intriguing qualitative study of Hmong Americans deem as the 1.5 generation, by highlighting the mental health and social issues that they face in their journey in America, particularly in their pursuit of higher education. Lee is himself a 1.5 generation Hmong American therefore his insights on the issues were taken consideration. The 1.5 generation is Hmong-Americans born abroad who immigrated to the U.S. before reaching their teen years. The authors discusses the different barriers to communication between parent and child and suggest that understanding the traumatic experiences of the Secret War would provide an effective understanding to diagnosing those older Hmong Americans who may be suffering in silence. The study concludes that the 1.5 generation of Hmong Americans are still struggling to understand their self-identity and cultural history, as well as finding a sense of belonging in America. This article highlights the link between mental health of the Hmong to the refugee experience, the cultural gap between first and 1.5 generations, and the 1.5 generation’s identity struggle due to acculturation.
Lee, R. M., Jung, K. R., Su, J. C., Tran, A, Bahrassa, N. (2009). The family life and adjustment of Hmong American sons and daughters. *Sex Roles, 60*(7), 549-558. The authors’ areas of expertise are in psychology and clinical psychiatry with emphasis on ethnic and minority experiences in the U.S. and how it relates to mental health. The purpose of the study examined how gender differences within intergenerational family conflict between mother and father affected academic and psychological adjustment of Hmong men and women as they enter college. The authors hypothesized that women would report higher levels of family conflict with both parents as compared to men, and that family conflict would contribute to psychological maladjustment, as well as lower academic performance for both Hmong male and female students. The findings of the study found that for Hmong college men, higher family conflict led to lower rates of smoking and higher rate of completing the first year of college. Meanwhile, for Hmong women, higher family conflict was associated with a greater likelihood of alcohol consumption in their lifetime. This article highlights the psychological distress of the children of first generation Hmong refugees to the cultural/generational gap.

Serge Lee is a Hmong social work research professor at California State University, Sacramento and has written numerous articles relating to Hmong and their experiences in the United States. His research assessed the social well-being of Hmong College Students based on their acculturative experiences in the United States. Social well-being as defined by the author is the “state of social and cultural adaptive functioning, and includes concepts as feeling prosperous, being healthy and being happy”. The acculturative experiences of Hmong College Students in America were the factors that molded their perception of social well-being. The author finds that although acculturation has been difficult, the majority of Hmong College Students were optimistic about their future in America. A limitation that the author noted was that the study population was very small and that it should not be taken as a whole for Hmong students in general. Similar to Lee et al. (2009), this article highlights the psychological distress of the children of first generation Hmong refugees to the cultural/generational gap.

Song Lee is a professor in Counselor Education at California State University, Fresno and has published several papers on the well-being of Hmong American. In her research, Lee analyzed academic journals studies of relevance to mental health in Hmong Americans, and to highlight trends that are exhibited in these studies. Lee mentioned that academic journals with regards to mental health related studies of Hmong Americans were limited. A total of forty-eight articles of relevance were chosen for analysis. The author’s research revealed numerous themes important to understanding the psychological well-being of Hmong Americans. The study found that research literature on Hmong mental health focused primarily on depression, adjustment, anxiety and adult population, with only a few articles focusing on other prominent issues facing the Hmong Community, and very few studies focused on family issues. This study utilized the content analysis method to analyze literature relevant to the Hmong and mental health, similar to Lee’s study. However the timeframe of literature analyzed are different.

The authors’ interests are in the areas of adolescent development of immigrants, parent-adolescent relationship, and mental health services for ethnic minorities. The objective of the author’s study is to examine the parent-adolescent communication of refugee families by examining the obstacles to effective communication between parent and adolescent. The finding is that a decreased communication between Hmong parent and adolescent is intensified by family member’s experiences of acculturation in the U.S. and past traumatic experiences as refugees. The authors’ states that decrease communication do not occur in isolation but are influence by the community of that population. It is within the community level that future interventions should concentrate on in improving the parent-adolescent relationship. This applies to Hmong Americans, as they have traditionally emphasized strong community ties and hence involving Hmong Community leaders should help to identify the conditions for improved parent-adolescent communication. This article is another example that discusses the refugee experience affecting the mental health status of the first generation Hmong. This in turn affects their children’s mental health due to a lack of acculturation and the cultural gap.

The first author’s area of research is in the area of successful aging while the second author’s expertise is in intervention research within a multicultural community framework. The authors’ research methodology and use of cross-cultural comparison was invaluable in reaching their objective. The objective of the study was to find the definitions of successful aging according to Chinese and Hmong elders living in Milwaukee, Wisconsin. Successful aging refers to the factors that promote a healthier old age. The study found that although, Chinese and Hmong elders have similar definitions of successful aging, there are unique cross-cultural differences that exist. The study suggest that these cross-cultural differences in definition of successful aging are influenced by socio-economic factors and the acculturation of American values on the specific individuals; therefore the authors suggest that care should be taken to not generalize these culture-specific values across ethnic groups. In relation to this research, the article points out that the lack of acculturation in Hmong elders affects their mental health therefore their idea as to how attainable health aging is for them.
Postert, C. (2010). Moral agency, identity crisis and mental health: An anthropologist’s plight and his Hmong ritual healing. *Culture Medicine Psychiatry, 34*, 169-185. The author is an anthropologist and psychiatrist thereby uses anthropology and psychiatric rhetoric to illustrate how Hmong perceptions of their cosmological surroundings affect their mental health and identity. The strong use of anthropology and psychiatric concepts does not make the material easy to comprehend, if not well verse in these two areas of study. The ritual exchanges of the Hmong in Laos, in which individuals transform from a state of “other”; state of flux, to a state of “self”; state of identity, is unable to perpetuate in America as the ritual cycle of exchanges is by compounded by multiple stressors caused by acculturation into American society. Postert notes that the Hmong concept of the person is severely challenged and transformed due to changes in their new cosmological surroundings in the West, and that psychiatric services must accommodate for these differences in the “concept of the person” when treating Hmong migrants. Postert highlights acculturation as a factor to poor mental health status and the need for cultural competent services.

The author provides a resonant view of post-partum depression and gives the audiences a glimpse of the consequences of post-partum depression when improperly diagnosed and treated. Post-partum is not often considered a serious form of mental illness as recovery is often quick and treatment unnecessary. However, for refugees, post-partum depression poses challenges and barriers to recovery. Cultural differences, stigma and language barriers prevent Southeast Asian refugees from seeking outside help, as symptoms of post-partum are often left for shamans to diagnose. The author provides excerpts from a Hmong female community advocate who states that cultural competence by western mental health providers and community involvement of community leaders can help to alleviate the stigma and barriers involved for seeking such services for refugees. The suggestion offered is a theme found within the findings of this researcher and seems to be the direction that mental health is headed with this particular group of people.

The author points out that $100,000 is a small number in the context of multibillion-dollar state budgets; however it is a welcome sight for Hmong and Lao residents of Minnesota. The appropriation is a first step to recognizing the mental health needs of the Southeast Asian population, as many suffer from stress, depression and trauma long after the Secret War in Vietnam. The grant would allow for culturally specific treatment for Hmong and Lao vets who felt stigmatized when seeking out traditional treatment programs. This newspaper article was written for the general public. Relative to this research, the author of this article discussed the mental health of first generation Hmong, their mental health needs and the need for culturally relevant services.

A few of the authors have published papers on the access and effectiveness of care for minority and underserved populations and understand the difficulties in mental health utilization. The authors’ objective was to understand the role of language barriers in receiving timely and effective mental health services.

Language barriers present a critical barrier to mental health service access for minority ethnic groups, as low mental health utilization is often associated with limited proficiency in English. The findings of the study suggested that California’s implementation of a threshold-language policy initially increase the utilization rate of Limited English Proficient Asian Americans, however the increased was seen to diminish over the long run. The unexplained diminishing returns in the long-run could not be explained, however, the authors suggest that implementation of a threshold-language policy should still serve as a model for increasing the mental health utilization rates of immigrants in host countries.

The authors wanted to highlight the unmet mental health needs of Southeast Asian refugees in the United States and to emphasize the cultural barriers that can lead to the misdiagnosis of this population group. The unique experiences of refugees require mental health services that can address the traumas related to being displaced by war. The main point of the article suggests that cultural misunderstanding, cultural miscommunication and language barriers increased the prevalence of misdiagnosis of these minority group. To reduce misdiagnoses, practitioners should be aware of the different histories related to this refugee group by keeping in mind that that every person holds their own unique experiences. The authors reaffirms Detzner, Senyurekli and Xiong’s study, “Escape from Harm’s Way: The Experiences of Southeast Asian Elders and Their Families, in which they suggest that practitioners would benefit greatly by understanding the circumstances of the escapes of refugees.

The authors state that culture is one of the many unique factors that must be considered when providing services that serve the individual customer. However, the challenge comes with the manner in which groups are organized and individuals classified for data collection purposes. This study identified the ways in which cultural competency can vastly improve how vocational rehabilitation counselors serve their customers. The authors combined two existing cultural competency models to highlight the blend of general skills necessary to understanding cultural competency across different cultures, as well as skills that will enhance the effectiveness of a particular culture. This study is similar to other studies regarding culture gap between Hmong and American values, in that it recognizes that mental health services should be catered to not only a particular group but to the individual, as even within every group there are individual differences and needs. Similar to other studies, Southwick, Duran and Schultz pushed the need for culturally competent practices.

The authors are from UNC Greensboro’s Human Development and Family Studies program and all have expertise in quantitative social research and developmental psychology. Focus groups were established to understand the perspective of Hmong students and the way in which academic success is influenced by cultural values and acculturative stress. The authors state that Hmong students struggle to balance the challenges of adhering to parental and cultural beliefs, all the while trying to adapt to mainstream American culture. This was the main source of acculturative stress for these students; however, the findings suggest that despite the culture gap, Hmong students viewed their parents as supportive and feel a sense of obligation to their parents to succeed in school.

The researchers point out as a limitation to this research, but a suggestion for future research is to find how achievement motivation is developed and influenced, as many students do not succeed academically even though they feel a sense of obligation to their parents. Similar to Lee et al. (2009) and Lee (2007), this research highlights the psychological distress of the children of first generation Hmong refugees to the cultural/generational gap and acculturation.

The purpose of the article is to reflect on the history of the Commission on Asian Pacific American Affairs (CAPAA). The mission of CAPAA was to improve the lives of Asian Pacific Americans and to give them a voice in government. The Commission has helped Refugees deal with many of the social challenges of adapting to life in the United States and has helped to informed communities of the lack of mental health services for APA members. The author does not identify which ethnicities as being of Asian Pacific Americans and the ethnicity of the 100 community volunteers that have served as commissioner for CAPAA in the last 40 years.

The purpose of the article is to highlight the important role that Hmong Shamans have within the Hmong community. A program developed at Sutter-Yuba Mental Health Services in Olivehurst, CA trains Hmong Shamans to identify signs and symptoms of mental illness. The hope is that projects like this will be more widespread across California and pave the way for increased participation in mental health services. The audiences for this newspaper article are the policy makers and mental health facilities that have a stake in how widespread the use of shaman can become in the realm of mental health. In relation to this research, this move to integrate alternative methods of healing and healers into mainstream mental health treatment services, increases cultural relevancy and encourages participation by underserved communities.

Vang studied the barriers to mental health utilization among Hmong American, especially college students. Hmong Americans are more at risk for mental illnesses due to their historical background; however, studies on mental health amongst Asian American often do not include Hmong American. The study found that Hmong youth were mainly bicultural and is successfully balancing the American culture with Hmong culture. Doing so has shown to mediate stigmatization surrounding western mental health and improved attitudes towards using mental health services. Again, the psychological distresses of the children of first generation Hmong refugees are spoken in relation to the cultural/generational gap and acculturation.

Pa Der Vang’s expertise is in the experiences of Hmong refugees and their acculturation into American society. The article explores the role that culture plays in the mental health of Hmong women, as it pertains to marriage and depressive symptoms. The findings suggest that women who married in their teens may have done so due to lack of the support from social and community. These women were more likely to experience marital abuse. In comparison, un-abused Hmong women who married later on in adulthood, likely had great support from the community that emphasize adolescent identity and development so they put marriage off until after education attainment. A study limitation is that the selected age range is from 18 to 27 years only so it does not reflect the older Hmong population that have more mental health stress than their younger counterparts as a result of their traumatic refugee experiences. As point out by Vang, lack of acculturation led to early marriages, which increased the likelihood of poor mental health status due to marital abuse.

The authors are research professors with research interest in social and health care services for immigrants and therefore have an understanding of the socio-demographic factors unique to Hmong women. The objective of the article was to solicit information about marital factors, presence and amount of depressive symptoms, and to understand the socio-demographic circumstances faced by Hmong women living in the United States. The study suggest that women who marry young are more likely to experience marital abuse, and marital abuse in turn is related to increased reports of depressive symptoms. Hmong cultural factors such as gender role and male dominated patriarchal system, which place less value on women, may result in a higher tolerance for abuse towards women. The study is a disclosure for mental health practitioners that work with clients with various backgrounds other than their own, specifically that of Hmong American women. Similar to Vang (2014), lack of acculturation led to early marriages, which increased the likelihood of poor mental health status due to marital abuse.

Many of authors’ main area of research are in the contemporary issues facing families particularly those of Southeast Asian families. The objective of the study was to examine the issues that Hmong immigrants considered family secrets and whom they disclose these secrets to when they become problematic. The study aims to provide insight for mental health service policy planning and scholarly research and literature on family studies by clarifying which family problems are kept secret and recognizing the recipients of disclosure. The use of content analysis, found that more than half of the participants consider marital issues to be secrets, while qualitative analysis found that spousal arguments regarding family chores were the most secretive, followed by arguments about children, and financial matters. Relatives on the husband’s side, spouse and family members were amount the most frequent recipients of disclosure. This study assists in understanding cultural practices that are conducive to cultural competent practice.
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