Revisiting 37 Years Later: A Brief Summary of Existing Sources Related to Hmong and their Mental Health Status

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Hmong Studies Journal, Volume 13(2),
2010 Census Issue, 13 Pages

Abstract

This paper discusses the complexities of assessing the current mental illness rate of the Hmong in the United States utilizing existing refereed journal articles as well as other sources. It is not intended to discuss mental health cultural competency practices with Hmong patients, an issue that has been addressed in other articles. The present article aims at assessing the current status of mental illness-related research data among Hmong Americans with the goal of encouraging researchers to develop research designs that will provide more substantive data related to Hmong mental health conditions as well as other correlated variables.

Keywords: Hmong Americans, mental health incidence rate, mental health status, mental health issues

Research has yielded inconsistent results related to ethnic identity, resettlement stress, and depression and how these factors have significantly affected the mental health status of the Hmong in America. This ethnic group, now known as Hmong Americans, was once commonly referred to as the Hmong Vang Pao, and followed the late General Vang Pao to the U.S. after the fall of Saigon in 1975 (Hamilton-Merrit, 1993). After the U.S. withdrew its military forces from Southeast Asia (Cambodia, Laos and Vietnam) and the repercussions of persecution followed, the Hmong fled their native homelands and resettled throughout various host countries including

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the U.S. (Quincy, 2000; Detzner, Senyurekli, & Xiong, 2008). Among the resettlement and acculturation variables that the Hmong have encountered over the past three decades, this paper explores the complexities of gathering relevant statistical data, and the necessity to reassess the mental illness rate among Hmong Americans. Numerous recent publications have discussed best practices and strategies for working with Hmong clients in mental health treatment settings. Goh, Dunnigan, and McGraw-Shuchman (2004) discuss common biases among mainstream practitioners counseling Hmong clients with limited English proficiency; Danner, Robinson, Striepe, and Rhodes (2007) explore culture-specific group therapy for depressed Hmong women; and Postert, Dannlowski, Müller, and Konrad (2012) share a qualitative study of cross-cultural correlations pertaining to Hmong and depression. Lee et al. (2010) suggest methods that service providers could use to improve the mental health literacy rate of their Hmong clients and Fjuii, and Vang (2011) describe Hmong American cultural beliefs pertaining to mental health conditions and neuropsychological issues. The briefings of this paper do not focus upon cultural competency practices and/or mental health service delivery targeted towards the Hmong. Rather, the present article addresses the lack of statistical data that is available pertaining to the mental health status of Hmong Americans.

Unclear Mental Health Incidence Rates of Hmong and other Southeast Asian Groups

The primary author of this paper, along with the multitude of ethnic Hmong refugees, experienced positive moments of change when the U.S. and other foreign governments provided assistance for them to move out of Thailand to other countries (Denger, 1979). Of the individuals who arrived in the U.S., the majority readjusted and obtained full-time employment, developed fluency in English, and participated in civic duties (Lee, 1993; Bosher, 1995). Some, however, did not experience a smooth transition to the United States, and developed significant

mental health issues (Cooper, 1979; Faderman, 1989; Mote, 2004). In a historical context, their native lifestyle was purely agrarian with years impacted by territorial warfare, which prompted many to experience a chronic state of abrupt changes followed by sudden immersion in a westernized modern economy (Mounoutoua & Brown, 1995). One of the earliest assessments of these conditions appeared in the article, "The Hmong: Dying of Culture Shock," by Marshall (1981), who documented the experiences of the refugees who became victims of Sudden Unexplained Nocturnal Death Syndrome, in addition to exhibiting other posttraumatic symptoms. Bliatout (1982) and Adler (1991) also wrote that the nocturnal syndrome experienced by these refugees contributed to sleep paralysis, nightmares and the shock of cultural changes. A decade later, Nicholson (1997) studied the direct and indirect effects of pre- and post-emigration factors on 447 Southeast Asian refugees; Hmong subjects were included in the study cohort. In this study, Nicholson determined that acculturation stress was the strongest factor that impacted these refugees' mental health status. Although a small number of studies have been published over the years that touch upon the mental health concerns of Hmong Americans, the specific mental health incidence rates of Hmong have not been identified nor consistently researched in the past three decades.

Among the early research that focused on Southeast Asian refugees, mental health issues and resettlement factors specific to ethnic groups were rarely discussed. Throughout the early resettlement stage, primarily in the late 1970s and early 1980s when scholars began to document the mental health needs and provide diagnostic information related to the refugees, the Hmong were collectively and categorically clustered with the Vietnamese, native ethnic Laotians (in Laos, the Hmong who resided in Laos were known as rural Laotians due to their residencies in the mountains), and Cambodians; each ethnic refugee group was not differentiated. An example

of this broad categorization transpired in 1987, with the report that 50% of Southeast Asian refugees were diagnosed with a prevalence rate of posttraumatic stress disorder (PTSD), and another 71% with a prevalence rate of mixed anxiety and depressive disorders (Mollica, Wyshak, de Marneffe, Khuon, & Lavelle, 1987). In Minnesota, Kroll et al (1989) tracked the depressive and anxiety symptoms of 404 Southeast Asian patients, of whom 255 were identified as Hmong. They found that the Hmong continued to have higher proportions of depressive disorders (80.4%) in comparison to Cambodians (70.7%), Laotians (59.25%), and Vietnamese (54.1%). Then, Kinzie et al. (1990) also found that 71% of the Southeast Asians in their study were diagnosed with PTSD, and 81% were diagnosed with other depressive disorders.

Due to the lack of disaggregated information for each ethnicity, it is still unclear whether Hmong refugees exhibited mental health issues at differential and substantial rates. In the large Hmong communities of St. Paul, MN and Sacramento, CA, important research investigations are currently in progress to track specific mental health incidence rates among Hmong populations. In the context of the maladaptive experiences described above, many Hmong individuals were plagued by mental health issues, some of which made headlines across national media sources. An initial incident occurred in 1998 and involved a Hmong man in California who murdered his five children and committed suicide shortly thereafter (Kou Yang, 2003). It was later acknowledged that the deceased caregiver exhibited chronic adjustment difficulties, which significantly limited his employment abilities and contributed to his mental distress. Similarly again that year, the media profiled Khoua Her in Minnesota, who strangled her six children to death as a result of her lifelong oppression, struggle with mental illness and the gender inequities of a hierarchal culture (Johnson, 1998). Another well-publicized incident occurred again in 2000 when a Hmong man displayed outrage related to denied benefits and shot and killed a security

guard at a Social Security Administration office in California (Montano, 2000). The convicted individual was known to display bizarre behavior along with heightened emotional reactivity, and his actions were accumulative of the refugee experience as well.

Samples of Hmong-Specific Research Findings

The only comprehensive research project pertaining specifically to the Hmong and their mental health status was conducted by the world-renowned psychiatrist, Joseph Westermeyer. His primary work began with the Hmong in Laos, when he followed 102 individuals who were less than 16 years old from refugee camps to the U.S. from 1977 to 1985. After resettlement, 97 of the subjects continued in the study, and their adaptive processes and acculturation responses were tracked over time. A second comparative sample of 51 Hmong mental health patients was recruited from University Hospital in Minneapolis, MN from 1977 to 1982. Westermeyer (1986) found that the two groups had substantial issues or episodes related to downheartedness, described as low spirits, crying spells, decreased libido, bouts of fatigue, and suicidal ideation.

In 1988, Hirayama and Hirayama (1988) sampled 25 Hmong men (heads-of-households), out of a population of approximately 250 in the Memphis, TN area. The purpose of the study was to examine the participants' stress levels and their linkages to social support systems. The stressors were identified as car malfunctions, homesickness, dealing with personal medical issues, job loss or a lack of job-seeking abilities, the necessity of income tax preparation, communication issues with supervisors at work, home appliance failures, as well as unpleasant work-related experiences.

In a recent research project, Futterman-Collier, Munger and Moua (2011) interviewed 36 Hmong individuals and 28 social service providers in Eau Claire, WI. The Hmong participants mentioned various problems related to intergenerational communication, marital

discord, domestic violence, child abuse and issues related to mental illness. The issues related to mental illness included a lack of knowledge and defined concepts of mental health, preconceived notions of severe stigma associated with a mental illness, psychiatric symptoms, cognitive decline among the elderly, and developmental disabilities along with general medical conditions. Subsequently the researchers did not provide specific information about mental health under each category.

Discussion

We, the authors of this paper, reviewed various refereed journal articles published between 1987 and 2012 that addressed research pertaining to Hmong mental health. Also, a wide array of health-related articles were searched in the collections of the *Hmong Resource Center Library* at the Hmong Cultural Center in Saint Paul, MN. Majority of the publications focused on perceptions and concepts of physical and mental health, and proposed cultural competency practices for working with the Hmong. In our professional capacities, we concluded that the Hmong endured significant mental health conditions from the 1970s to the 1980s and that it was likely that many of them did not seek treatment. It is still not possible to sufficiently document the specific domains of mental health issues of Hmong Americans throughout the 1990s to the present time, in a manner that would provide any statistics that is comparative to what is accessible for the general U.S. population. To supplement these limited resources, mental health administrators and bilingual clinicians were also contacted to share anecdotes about Hmong mental health consumers in Sacramento, CA. Inconclusively, our colleagues also shared the synchronous difficulties of locating such information as well.

For this reason, it is practical to consider the historical background of the Hmong and their accumulative war-related traumas, pre- and post-migration stressors, and adjustment

challenges within mainstream society. As noted by Westermeyer (1986), the overall "mental health consumer rate" among Hmong Americans from 1977 to 1988 ranged from 35% to 42%. So, by using Westermeyer's findings and pairing them with estimates made by the U.S. National Institutes of Mental Health (NIMH), that about a quarter of Americans suffer from a diagnosable mental health disorder in a given year, we equated a plausible equation to support such an inference (42 [Westermeyer's data] + 25 [NIMH] divide it by 2, multiplied by 100% = 33.5%) and estimated that the current mental health incidence status for the Hmong is about 33.5%. Even though this is a premature statement, it can be partially supported by the following statistics:

(1) Ying and Akutsu (1997) noted that on a happiness scale with ranges from 0 - lowest to 5 - highest the Hmong (1.87) have the lowest arithmetic scores when compared to Cambodians (2.53), Vietnamese (3.05) and Chinese (3.39).

(2) Chung and Lin (1994) found that Hmong participants in their study had lower help-seeking behaviors in utilizing Western medicine practices at 11%, with 68% observed for Vietnamese, 53% for Laotians, and 44% for the Cambodians and Chinese.

(3) Culhane-Pera (2003) shared that when enduring a serious illness, Hmong Christian families preferred to use prayers and congregational support as opposed to customary Hmong healing rituals.

(4) Mouanoutoua and Brown (1991) found strong correlations of major distress that included a loss of libido and irritability (56%), a sense of failure and pessimism (50.41%), sadness and helplessness (49%), work difficulties (47.61%), and somatic preoccupations (10.24%).

(5) Even after decades of resettlement, nearly half of the Hmong in America (41%) still speak English less than very well. According to the 2010 American Community Survey, 7.6% of Hmong Americans (non-institutionalized) possess a disability, compared to 12% of the general U.S. population, and Hmong elders are more at risk for disability (50.7%) compared to the U.S. elderly population (37%). In confidence, we posit that many Hmong elders may have defined their own disabilities in terms of their physical health status as opposed to their trifling mental health conditions.

Local Sources

As previously discussed, the current mental health status of Hmong Americans in each locale, based on national demographics, is still unknown. The authors of this article exhausted various academic-related sources including the *Hmong Studies Internet Resource Center's* Hmong Bibliographies, and the Academic Research Premiere database, and were still unable to find recent research projects or scholarly publications that contained in-depth information related to Hmong mental health. Several mental health providers in Sacramento, CA were interviewed during the compilation of this article. They included a psychiatrist, two therapists (LCSW, MFT), and professionals at a mental health agency that directly serves Asian Pacific communities. These colleagues experienced similar difficulties in locating current literature related to Hmong mental health, and they stated that there was no known entity that tracked the mental health incidence rate of Hmong consumers. A tertiary therapist also relayed information about her work with the Hmong population. Her current caseload includes Hmong clients who are actively diagnosed with depression and PTSD. Although these providers are a direct bridge to Hmong clients, each professional was unable to provide statistics about the Hmong and their participative rates in mental health programs. The authors of this article found only a brief report

from Sacramento County (2003), focused on the Phase II Consolidation of Medi-Cal Specialty Mental Health Services, which indicated that from 2001 to 2002, the Laotian category (presumably Hmong, Mien, and Laotian consumers) increased to 22.2%, compared to 22.7% for the Vietnamese, and a reduced rate of Chinese clients to 4.5%.

Practical Implications

Although viable extensive data is still not available about Hmong Americans' mental health status, we encourage entities to develop research protocols that will provide more depth and insights into this population. And on a continuum, this may also allow transformational progress to be tracked throughout generations, and show how it may differ on a paradigm shift. On a consumer level, more aggressive developments are still needed to help the Hmong access mental health care. It is recommended that community-based organizations continue to provide strong advocacy and resources to their community members, and link them to mental health services. This is particularly necessary in states such as Alaska, North Carolina, South Carolina, Arkansas, Missouri and Oklahoma with growing and, or emerging Hmong populations. Providers in these aforementioned states are encouraged to contact established Hmong professionals and clinicians in states such as California and Minnesota for possible information on practices and resources. Culturally-specific preventive and educational services are still necessary to keep the Hmong abreast of their mental health needs on a fundamental level. In conclusion, a true statistic that represents the Hmong in America's mental health status incidence is still difficult to assess at this time. More groundwork will need to occur at future intervals, with the anticipation that additional research will be provided to advance the Hmong community and their mental health status.

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