



# Understanding clinician perception of common presentations in South Asians seeking mental health treatment and determining barriers and facilitators to treatment



Pramit Rastogi<sup>a,b,\*</sup>, Sunil Khushalani<sup>a,c</sup>, Swaran Dhawan<sup>a,d</sup>, Joshana Goga<sup>a,c</sup>,  
Naveena Hemanth<sup>a</sup>, Razia Kosi<sup>a,d</sup>, Rashmi K. Sharma<sup>e</sup>, Betty S. Black<sup>b</sup>,  
Geetha Jayaram<sup>a,b</sup>, Vani Rao<sup>a,b</sup>

<sup>a</sup> Maryland/DC Chapter of the IndoAmerican Psychiatric Association, United States

<sup>b</sup> Johns Hopkins University, School of Medicine, United States

<sup>c</sup> Sheppard Pratt Hospital, University of Maryland, United States

<sup>d</sup> Counselors Helping (South) Asian Indians, Inc. (CHAI), United States

<sup>e</sup> Northwestern University, Feinberg School of Medicine, United States

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## ABSTRACT

**Background:** Little is known about the presentation of mental health symptoms among South Asians living in the US.

**Objective:** To explore mental health symptom presentation in South Asians in the US and to identify facilitators and barriers to treatment.

**Design:** Focus group study.

**Participants:** Four focus groups were conducted with 7–8 participants in each group. All participants ( $N = 29$ ) were clinicians who had been involved in the care of South Asian patients with emotional problems and/or mental illness in the US.

**Approach:** Qualitative content analysis.

**Results:** Key themes identified included: generational differences in symptom presentation, stress was the most common symptom for younger South Asians (<40 years of age), while major mental illnesses such as severe depression, psychosis and anxiety disorder were the primary symptoms for older South Asians (>40 years of age). Substance abuse and verbal/physical/sexual abuse were not uncommon but were often not reported spontaneously. Stigma and denial of mental illness were identified as major barriers to treatment. Facilitators for treatment included use of a medical model and conducting systematic but patient-centered evaluations.

**Conclusions:** South Asians living in the US present with a variety of mental health symptoms ranging from stress associated with acculturation to major mental illnesses. Facilitating the evaluation and treatment of South Asians with mental illness requires sensitivity to cultural issues and use of creative solutions to overcome barriers to treatment.

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## 1. Introduction

As the US population becomes increasingly diverse, health care providers are more commonly caring for patients from a variety of

cultural backgrounds. Asians are currently the fastest growing ethnic group in the US accounting for about 5.6% of the total US population (17 million people) (United States Census Bureau 2010; Humes et al., 2011), of which South Asians (i.e., people from India, Pakistan, Sri Lanka, Bangladesh, and Nepal) are the fastest growing subgroup (United States Census Bureau 2010). Despite the increasing size of the South Asian population in the US, they remain an understudied population in medical research. Since cultural values and beliefs play an especially important role in psychiatric care, increased understanding of mental health perceptions within the South Asian community is needed.

Little is known about symptom presentation and rates of mental illness among South Asians living in the US. Studies from

**Abbreviations:** CHAI, Counselors Helping Asian Indians; MD/DC, Maryland/District of Columbia; IAPA, IndoAmerican Psychiatric Association; YG, younger generation; OG, older generation.

\* Corresponding author at: Division of Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences, The Johns Hopkins Hospital, Bloomberg Children's Center, 1800 Orleans Street/Suite 12314, Baltimore, MD 21287, United States. Tel.: +1 410 614 0889; fax: +1 410 955 8691.

E-mail address: [pramitrastogi@gmail.com](mailto:pramitrastogi@gmail.com) (P. Rastogi).

the United Kingdom (UK) and Canada reveal that South Asians are more likely to present with physical symptoms than Non-South Asians (Cooper et al., 2006; Husain et al., 2006). These studies have also shown that South Asians with mental illness often do not report depressive symptoms, are less likely to be referred by physicians to specialized mental health services, and often do not go to the emergency room for help. Karasz (2005) noted that South Asians often perceive depression as a social/moral problem or as a negative reaction to an adverse situation rather than as a disease that requires professional treatment. These studies underscore the cultural differences in conceptualization of major mental illness and the need for an alternative framework for diagnosis and treatment of mental illness among South Asians in the US.

To better understand mental health issues among South Asians in the US, the members of the Maryland/District of Columbia (MD/DC)/DC chapter of the IndoAmerican Psychiatric Association (IAPA) and Counselors Helping Asian Indians (CHAI) conducted a qualitative ethnographic study of clinicians. The study had two aims: (1) explore the perspectives of clinicians on the presentation of mental health symptoms among South Asians in the US, and (2) identify facilitators and barriers to treatment of South Asians with mental health issues.

## 2. Study design

We conducted four focus groups between March and April 2011 with a total of 29 participants to explore clinicians' perspectives on the management of mental health problems among South Asians living in the US. Study participants were clinicians (physicians, nurses, counselors) who had experience in taking care of South Asian patients with mental health issues. We recruited participants using multiple strategies including the distribution of flyers to clinics, South Asian meeting/conference sites in the MD/DC area, and other locations such as cultural and religious places visited by the targeted clinician population. An electronic version of the flyer was sent to professional organizations for distribution via member list serve and to clinicians involved in the care of South Asian patients. Finally, flyers were distributed via study participants to others who might be interested in participating (snowball sampling). Participants completed written informed consent. Three participants were randomly selected through a raffle to receive a cash award of \$100 each. This study received approval from a Johns Hopkins Medicine Institutional Review Board.

## 3. Participants

Eligible participants met the following inclusion criteria; they: (1) were licensed clinicians, (2) willing and able to engage in conversations about mental health issues, (3) had at least 5 years of experience working as a health professional, and (4) had been involved in the care of at least 5 South Asian patients/clients. Although there are various definitions of the term "South Asian," we defined South Asians as people who trace their origins to the following countries: India, Pakistan, Bangladesh, Nepal, or Sri Lanka.

### 3.1. Focus group sessions

Of the four focus groups conducted, three had 7 participants and one had 8 participants. All groups had both South Asian and Non-South Asian mental health professionals. Sessions lasted for about 90 min each. Two research team members (SK & SD) moderated the focus groups. Prior to the start of the focus group, the moderators gave a brief introduction on the purpose of the study and overview of the format of the session.

## 4. Data collection

A focus group guide was developed after literature review and discussion among the research team members.

The objective of the guide was to ensure that all of the groups were asked questions on the same domains. Based on literature review and the research team members' clinical experience, the following domains of inquiry were created: (1) common types of emotional/mental symptoms among South Asians encountered in practice, (2) factors seen as barriers to treatment, (3) factors seen as facilitators of treatment, and (4) do's and don'ts in the care of South Asian patients with mental illness.

All of the focus group sessions were audio-recorded. In addition, two of the research team members (not moderators) also recorded participant responses electronically and on flip charts. No personal identifiers were included in the flip charts or electronic document. At the end of the focus group sessions, all participants completed a brief questionnaire about their socio-demographic information.

## 5. Data analysis

Digital audio-recordings of the focus group sessions were transcribed verbatim by a professional transcriptionist. The transcripts were verified against the recording by study team members. Participant identifiers were not transcribed. The research team members independently reviewed the transcripts and responses recorded on flip charts. The responses were first coded independently by five of the research team members for thematic content using an editing style analysis (Crabtree and Miller, 2004). Research team members met, discussed the coded transcripts, and finalized themes using a consensus process. All discrepancies were resolved by consensus. Questionnaire data were analyzed using Stata version 11.2

## 6. Results

### 6.1. Study sample

35 clinicians were screened for eligibility, of which 29 clinicians from the Maryland/DC regions were enrolled. 19 of the clinicians were born in India, 6 were born in the US and 3 were born in Pakistan. Of the 6 participants that were US born, 4 were Caucasian, 1 was African American and 1 was South Asian.

Table 1 provides the other demographic description of the participants.

### 6.2. Domains of Inquiry

In this paper, we report the key themes for the following domains of inquiry: (1) symptom presentation and factors affecting treatment, (2) barriers to evaluation and treatment, and (3) facilitators to evaluation and treatment of mental illness. For each domain we have included examples of relevant quotes. Participants are identified by a unique identifying number.

#### 6.2.1. Symptom presentation and factors affecting treatment

The following themes were identified and are described in more detail below: generational differences, gender issues, preferences for decision making, and abuse.

**6.2.1.1. Generational differences.** Most participants agreed that mental health issues differed between the younger (YG) and older generation (OG) of South Asians. Participants described that YG (<40 years of age) patients often presented with stress in several domains: dating, adapting to the western culture, struggling to be accepted by their western peers, struggling to be independent yet

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