

Research Question 1: What are the barriers in implementing mental health services in the Asian American community?

Research Design: Qualitative, Descriptive

Research Method: Focus groups

Patient Related Barriers

Social Stigma Associated with Mental Illness

“...but also a lot of my patients have a fear of going to psychiatrists because of the **social stigma**” and most of them have financial difficulty and have to pay an additional fee to pay for psychiatry. (DN, pg. 1)

Financial Difficulties

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Characteristics of the Asian patient

Mistrustful of mental health

“I found it easier sometimes to refer them to someone else because a lot of times I find that the **Chinese patients are unwilling to open up or trust.**” (TPW, pg. 2)

“we have to see why Asians go to see a health care provider, forget about whether the mental health profession, or even a regular clinician. Why does the patient see the provider..is it because they have seen a chinese herbalist and have failed and have used their last efforts to see a western doctor, **that will put tremendous expectations on this relationship, as opposed to someone who comes to see the doctor for the first time and has faith that the Western doctor.**” (Anthony, pg. 7)

Don't Ask for Assistance

“**It is hard to get them ask for help** and “ (TPW, pg. 2)

Patient's View of Mental Health Provider as Last Resort

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Service Provider Related Barriers

“Despite all the training I have found that working with Chinese populations there are a lot of **barriers I am finding that it is not as easy working with them.**” (TPW, pg. 2)

“Pass the Buck theme”

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Lack of training/skills/expertise

“...and I find that I **struggle with my own skills and I am trying to get some help in being a better primary care provider and getting my skills more fine tuned for the population that I work with.**” (TPW, pg. 2)

“On the Western provider side, we noticed that when a provider is confronted with a Western patient they are reluctant to enter areas because they are not really sure if that **behavior is natural to that culture so that while they know pathology on the one hand they are not sure if what they are seeing is pathological.** I remember one indian psychiatrist said that a schizophrenic in india is the same schizophrenic in NY but you know there are excuses sometimes and avoidance so **educating the general provider concerning what really can be expected is very important.**” (MAC, pg. 8)

“My comment is very similar, there are very **big knowledge gaps for providers and what providers bring to the situation...**” (JK, pg. 8)

Cultural Assumptions

“well what you have to think about is other areas, our own **cultural biases. There are certain things that I make assumptions on without even knowing it just because of what I know growing up or and I think these are areas we need to address.**” (Ernesto, pg. 7)

Systems Barriers

Primary Care is the Access Point for Patients with Mental Disorders

“...**primary care as sort of the gatekeeper those are the guys that are picking up the symptoms** and so I sort of see that this is a good project to enhance our understanding of this population.” (AN, pg. 2)

Changing Financial Systems

“Another issue is that there are **financial issues** that primary physicians often see that there is **cost shifting going** on that psychiatry or whomever else is telling us to do this new activity that is really shifting a responsibility” (LR, pg. 4)

Changing of Responsibilities

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Professional Medical/Psychiatry Culture

Differing Cultures and Ideologies Within Medical Profession

“one major barrier is that there is a **difference in physician culture** that an internalist perceives a different way of treating a patient than a family care doctor and the pediatrician looks at it differently than an internalist and that certain cultures when they have certain specialty referral systems will feel differently when they specialty referral system is used less frequently, and we have found them being treated much differently” (LR, pg.4)

Miscellaneous

“**we tend to forget that the mental health problems are a spectrum, they may not be necessarily psychosis or dementia, manic depression, they may not be a DSM 4 diagnosis,** they may be life style related , they are a state of flux it is a spectrum, when a women is having infertility when a women loses a pregnancy when a women delivers a baby and it is another girl but she wanted a boy, or when she delivers a baby it is what she wanted but the constraints, but the burden is too much, so it can gyn issues it could be ob issues but they are not dsm categories and I think that a barrier is that we do not acknowledge the existence of these kinds of things...” (IH, pg. 6)

“The other big thing that I think of is the other side of the spectrum which is when we do see these patients and when we do have the luxuries of identifying these issues that I have just outlined that **we try to squeezed these people into the diagnoses** that I just described so we make it into an anxiety disorder or we make it into a depression when it could be just life style related or cultural related..” (IH, pg. 6)