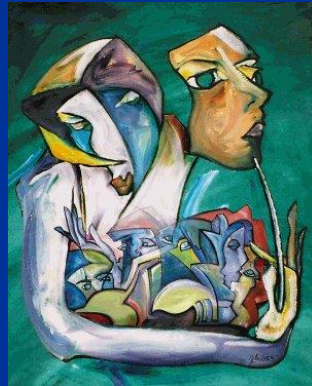


Help Seeking Behavior in the Chinese Community in Greater Vancouver



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VGH Cross Cultural Outpatient Psychiatry Program

- 1988 – set up at Vancouver General Hospital

Mandate :

- To provide culturally sensitive and language specific comprehensive psychiatric assessment for psychotic and nonpsychotic individuals

Services provided:

- Ethnically matched psychiatrists provide
 - Diagnosis
 - Medication recommendations
 - Treatment
 - Consideration of other resources in both hospital and community

VGH Cross Cultural Psychiatry Outpatient Clinic (Chinese)

Mok H. et. al., BCMJ Vol. 45:2 March 2003

- Retrospective chart review of 370 Chinese Canadians who attended clinic between 1998-2001
- Data were statistically analyzed with significant level of $p < 0.05$

VGH Cross Cultural Psychiatry Outpatient Clinic (Chinese)

Demographic Profile of Chinese Patients: (n=370)

- Age: 10 – 89 years (mean 42.5 years)
- 65% Females, 35% males
- 60% married
- 32% employed, 22% unemployed, 46% others (homemaker, retired, students)

VGH Cross Cultural Psychiatry Outpatient Clinic (Chinese)

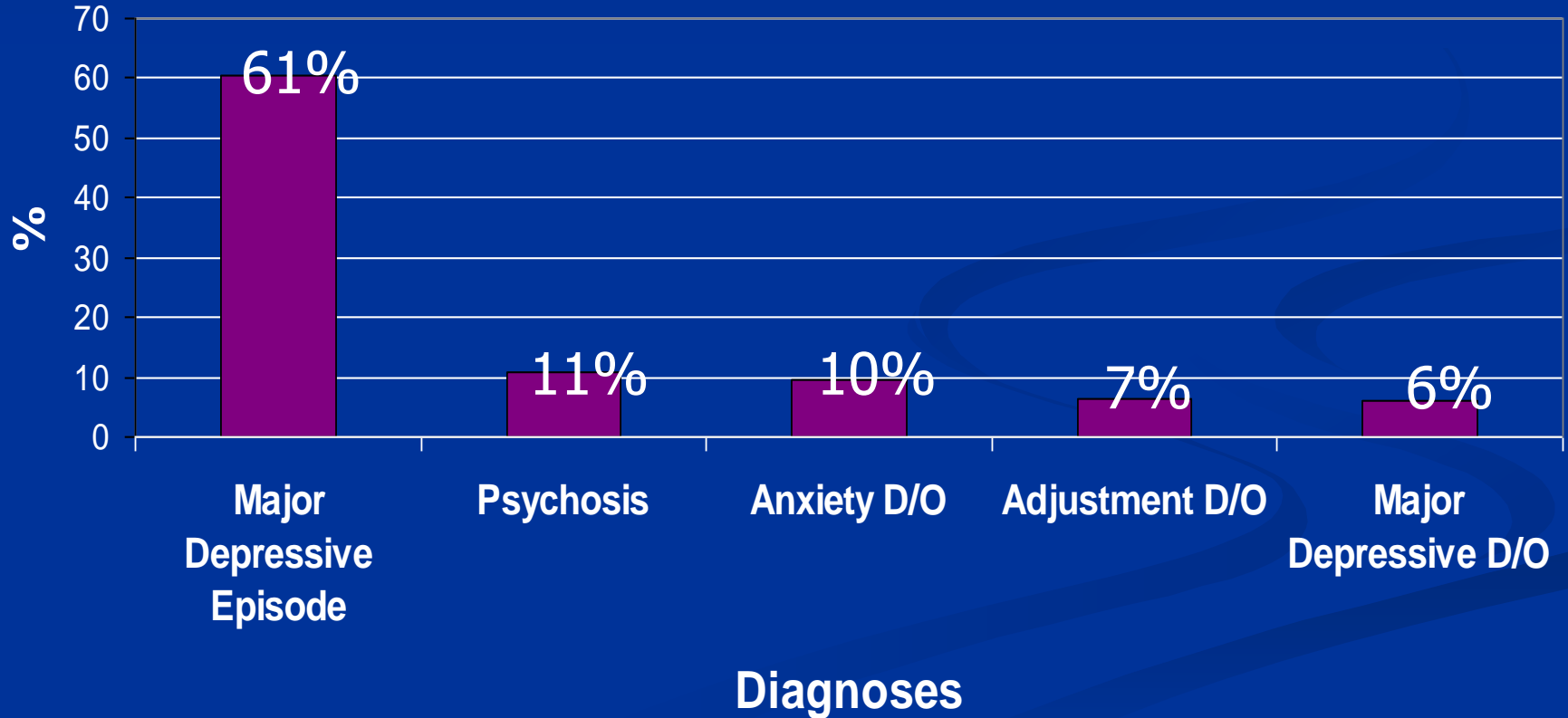
Cultural characteristics of Chinese patients (n=370):

Country of origin:

Hong Kong	50%
Taiwan	11%
Mainland China	30%
Canadian born	9%

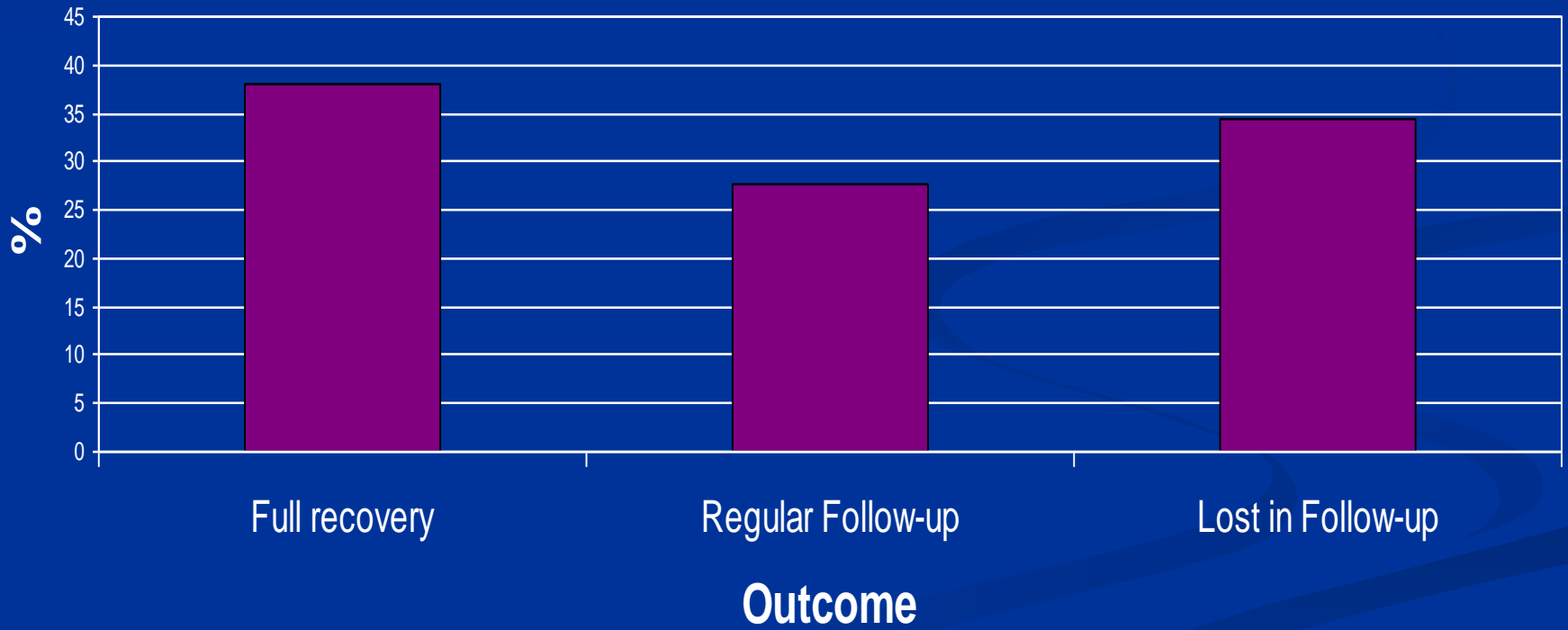
VGH Cross Cultural Psychiatry Outpatient Clinic (Chinese)

DSM IV Diagnoses (n = 370)



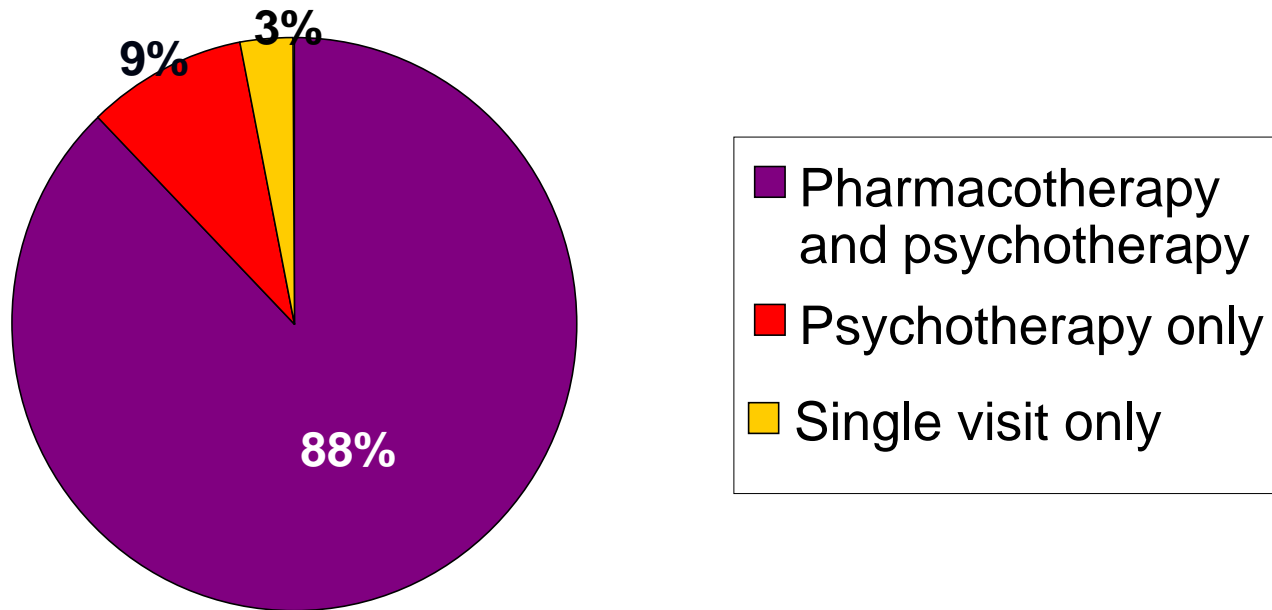
VGH Cross Cultural Psychiatry Outpatient Clinic (Chinese)

Treatment Outcome (n=370)



VGH Cross-Cultural Psychiatry Outpatient Clinic (Chinese)

Treatment (n = 370)



Associated Findings

- Mandarin-speaking patients, especially females, from Mainland China and Taiwan reported higher drop-out rates
- English-speaking Canadian born patients reported the lowest drop out rates. They tend to be younger and present earlier for treatment with Adjustment Disorder, with psychotherapy alone being the more common treatment modality

Cultural Patterning of Psychological Disorders

- “Language of Distress” by way of diffuse and often changeable physical signs & symptoms (fatigue, weakness, headache, palpitations, dizziness, bowel problems, aches and pains).
- Impoverishment of words referring to psychological states in the Chinese culture. Often words meaning “troubled” or “anxious” are expressed in terms of bodily organs.
- In Taiwan (Kleinman & Tseng), self-scrutiny is not encouraged and hence difficult to elicit personal ideas and feelings.

Traditional Chinese Medicine (TCM) & Psychiatry

- Not dualistic and does not separate emotions from physical functions. Both are seen as part of the same phenomenon
- Emphasis on physical symptoms and treatments rather than psychological ones. Practitioners are able to “read” these somatic symptoms as essentially an emotional message and thus identify the underlying psychological problem
- Organ-oriented concept of pathology (liver/heart/kidney). These diagnoses must be understood as not referring to an actual physical disease but to “metaphors” for certain emotional states

Traditional Chinese Medicine Nosology & Treatment

Metaphors: Liver=Anger
Heart=Anxiety
Spleen=Depression
Kidney=Reproductive function

- “Liver-Yang flaring up”= patient suppressing his anger affecting his liver
- If untreated, it can lead to “liver attacking spleen”, ie, Anger turned inwards might eventually cause depression
- Cultural norms would not permit treatment with psychotherapy. Instead one can “harmonize the emotion by harmonizing bodily functions””Liver Anger” is treated by a combination of 10 to 15 herbal medicines

Ethnocultural Barriers

- **Stigma & Shame:** Collective loss of face for the family...scapegoating and rejection
- **Disbelief in Western Medicine (TCM)**
- **“Mingyun” (Destiny):** Pre-determined life of hardship
- **Stoicism & Tolerance:** Culturally valued traits in terms of personality development

Other Ethnocultural Issues

- Problems with acculturation
- Expectations versus reality / role reversal
- Intergenerational and cross-cultural adjustment issues (interracial marriages)

Study of TCM use in the VGH Cross-Cultural Clinic

Objective:

Preliminary study to gain a general idea of TCM use in Asian patients being seen at the cross-cultural clinic

Methods:

61 patients attending appointments at the VGH Cross-Cultural clinic were interviewed over 3 months (December-February) using a standardized survey

The Survey Questions:

A. Demographics

- Age
- Gender
- Country of origin
- DSM-IV



B. TCM Use

1. Have you used TCM prior to seeking psychiatric treatment?
2. Are you using TCM concurrently?

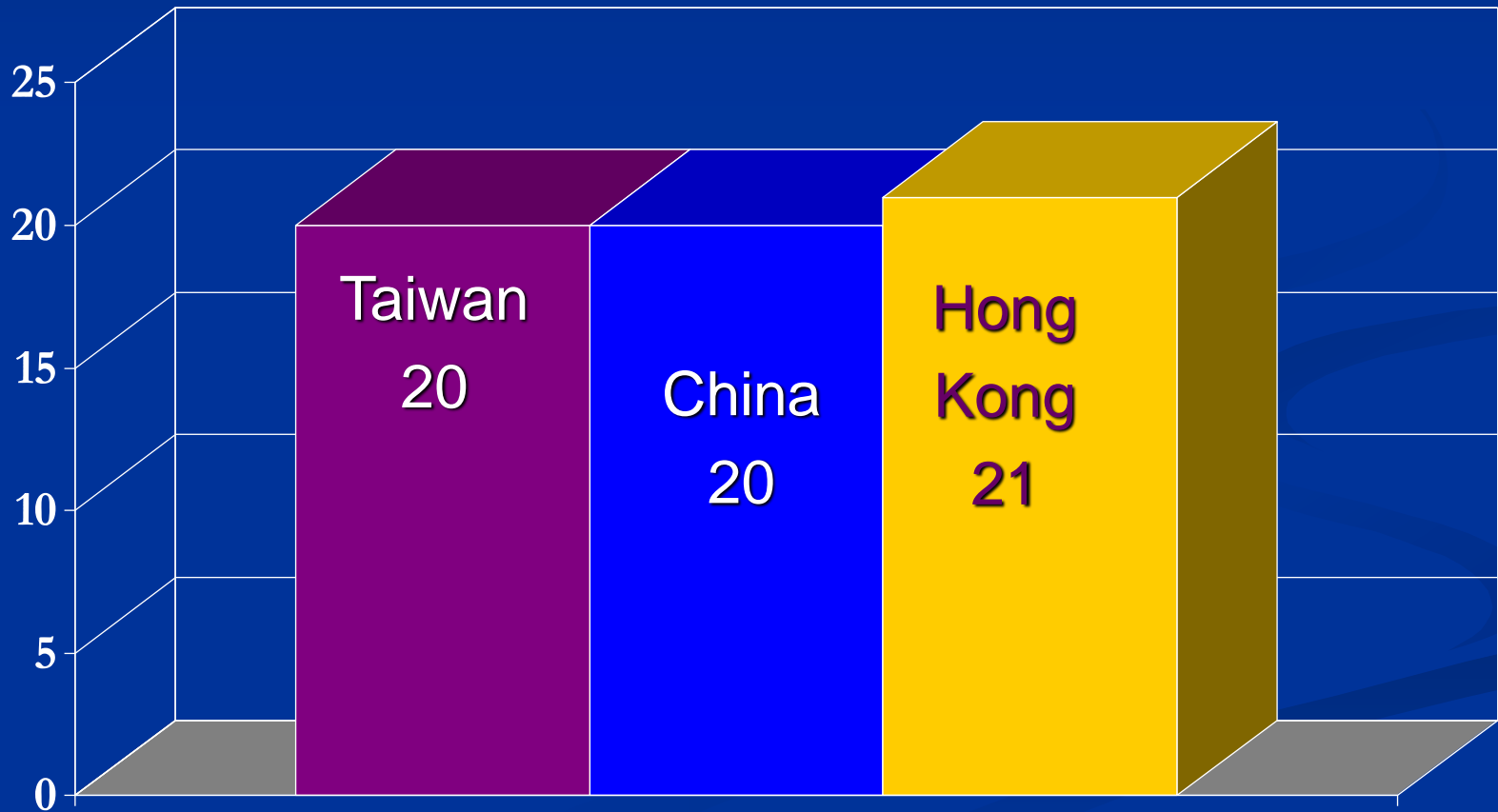
The Survey Questions:

C. Attitudes towards psychiatry & psychotropic medications

1. What is your understanding of your emotional difficulties?
2. What are your expectations to the types of treatments you'll receive in this clinic?
3. What are your attitudes/concerns about psychotropic meds? Psychotherapy?
4. Is your family/significant other aware that you are receiving treatment here?

Results

Country of Origin:

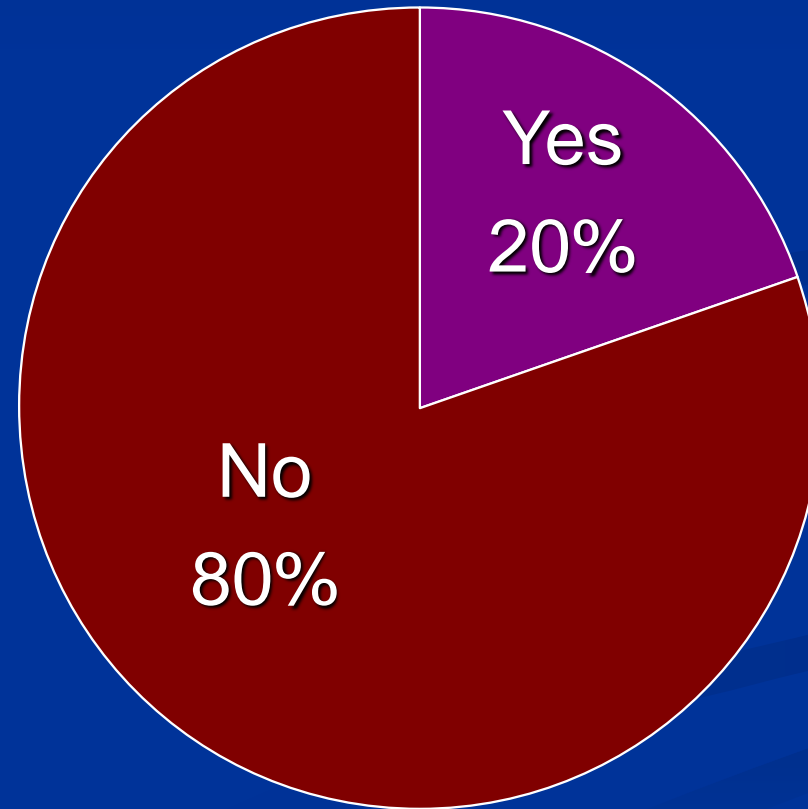


Breakdown of DSM-IV Diagnoses

Depression	42
Depression + Anxiety	9
Generalized Anxiety Disorder	5
Chronic Schizophrenia	2
Delusional Disorder	1
Depression + Bulimia	1
Depression + Alcohol Abuse	1
TOTAL	61

Have you used TCM prior to seeking treatment?

(n=61)



Have you used TCM prior to seeking treatment?

Of the 12 “yes” responses:

- 10 did not know the name of the TCM they had taken
- 1 took *san qi shan yao pian* to improve circulation
- 1 took *xia yao san*
- 5 said they took TCM for somatic symptoms such as insomnia or pain due to car accidents
- 1 took TCM for “energy”
- 1 took TCM for “anxiety”

Are you using TCM concurrently?

Yes : 5 patients

No: 56 patients

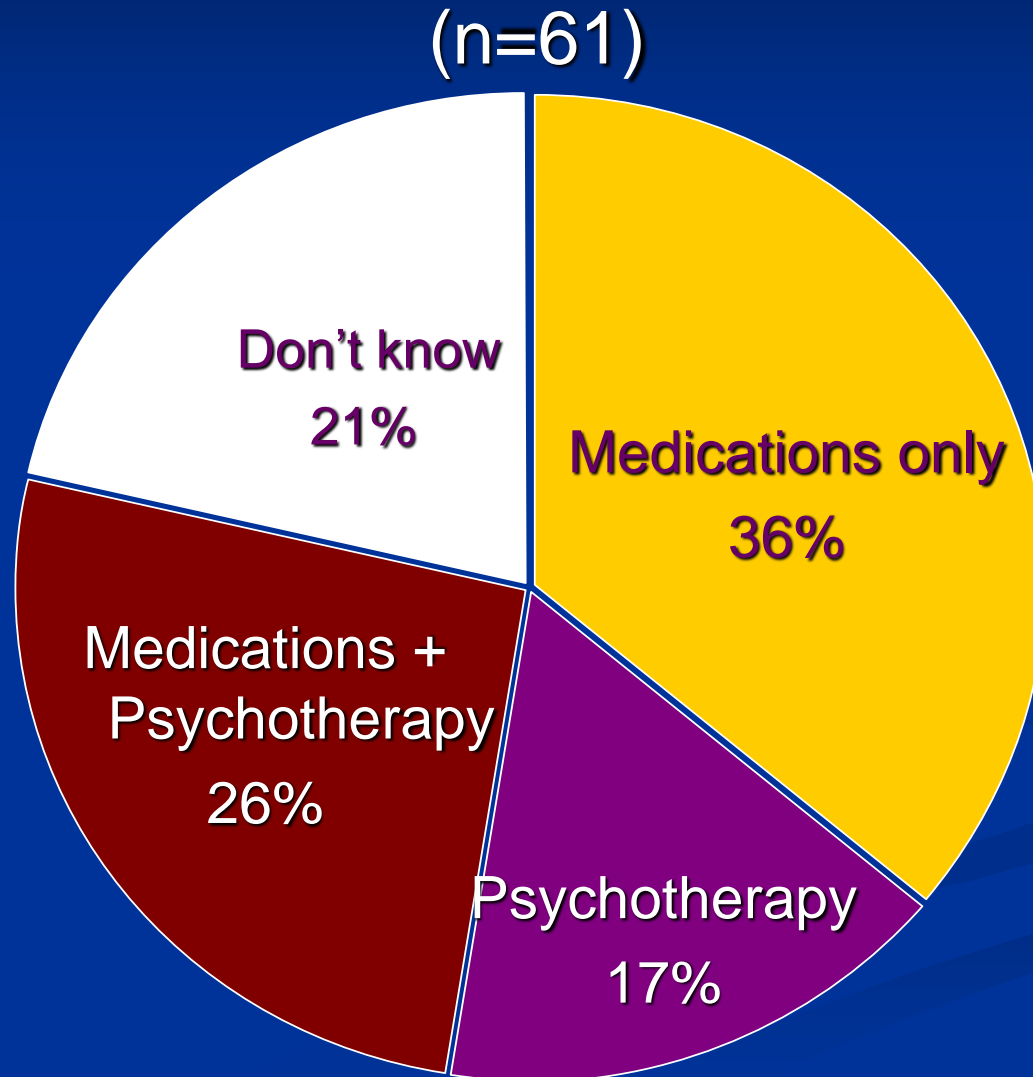
- Most patients taking TCM concurrently said it was for colds, energy, other health conditions
- Many previously on TCM stopped as advised by psychiatrist

What is your understanding of your emotional difficulties?

Examples of answers:

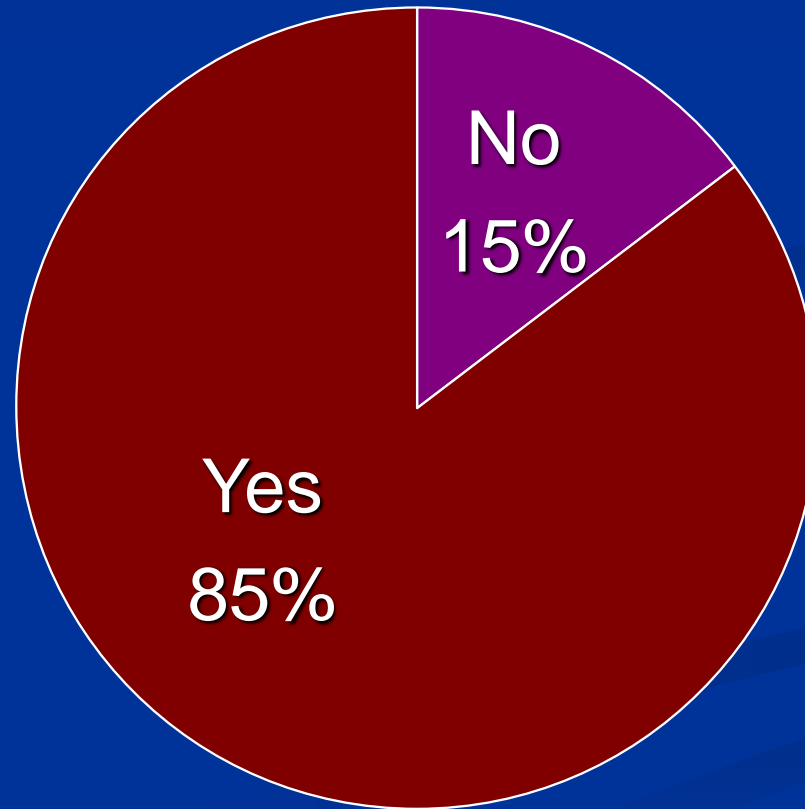
- Difficulty controlling thinking, constant negative thoughts
- Due to sleeping problems
- Due to car accident
- Stress from family, school, work, circumstances
- Chemical imbalance in the brain
- Anxiety due to personality, normally a “very nervous person”
- Chronic worrier
- Feels lonely
- Problems in “the way I think”
- Don’t know

What are your expectations to the types of treatments you will receive in this clinic?



Is your family/significant other aware that you are receiving treatment here?

(n=61)



Is your family/significant other aware that you are receiving treatment here?

Of patients who answered “Yes” (85%)

- most family were supportive but concerned about side effects of medications

Of patients who answered “No” (15%)

- Reasons included:
 - “doesn’t sound good”
 - “wants to keep it a personal issue”
 - “just didn’t want them to know”

What are your attitudes/concerns regarding the following?

Medications

- Majority (80%) felt medications were helpful
- Concerned about side effects - *especially wt gain, sleepiness*
- Concerned about “shorter life-span due to medicine”

Psychotherapy

- Majority (67%) felt psychotherapy was helpful, no concerns
- Helpful to “hear psychiatrist’s opinion”
- Some “did not like to share thoughts”

Summary

- No formal regulatory process regarding safety & post-marketing surveillance for TCM & CAM (unknown potential drug interactions)
- In this pilot study, only 9% used TCM to treat physical symptoms, 85% had support from family & the majority held positive attitude towards medications & psychotherapy
- Larger scale qualitative studies involving other Canadian centers required

Treatment Principles

Pharmacotherapy:

- Genetic variations in 2D6 & 2C9 are responsible for differences in drug metabolism (< 10% Caucasians vs. up to 33% Chinese)...higher plasma levels & greater side effect burden
- Interethnic and individual differences variation in metabolism

Treatment Principles

- Engage patient's family in diagnosis and management
- Engage patient & maintain an attitude of wanting to learn more about patient's culture and experiences
- Be aware of the "hot & cold" properties of certain food in balancing the excesses of perceived Yin-Yang disturbance in the body
- Advise against concurrent use of TCM with psychotropics
- "Talking Cure" psychotherapy is alien to most Chinese Canadians and its application may require some education