

Providers Perspective on SEA Mental Health Services

Differences between White and SEA Providers

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Background

SEA is one of the fastest growing Populations in the US and in Minnesota

- Asian populations increased by 72% between the 1990 and 2000 Censuses, while the total U.S. population increased by only 13% during the same period.
- In MN, Asian populations increased by 116% between the 1990 and 2000 Censuses.
- SEA populations are the major Asian groups in Minnesota. The 2000 Census counted 45,443 Hmong, 20,570 Vietnamese, 11,516 Laotians, and 6,533 Cambodians.
- Most of SEA populations are living in Hennepin and Ramsey Counties: 92% Hmong, 64% Vietnamese, 62% Laotians, and 53% Cambodians.

Asian children in Minnesota are least likely to receive any Mental Health treatment

- Results from the 2007 Minnesota Student Survey shows that Asian children are more likely to be at risk of mental illness than white students.
- Among students who are at risk of mental illness, Asian students are least likely to receive any treatment (62% less than White students).

About half of children entering the child welfare system need mental health services.

- Most children who enter the child welfare system have experienced significant trauma. They have a high prevalence of mental health needs.
- A review of the research literature by Landsverk and colleagues suggest that between 50% and 75% children entering foster care exhibit behavior or social competency problems that warrant mental health care.
- There is also evidence that this high rate of need may be anticipated for children served by child welfare who remain in their own homes.
- The National Survey of Child and Adolescent Well-Being determined that 48% of the children ages 2 to 14 with completed child welfare investigations had clinically significant emotional or behavioral problems.
- The study also found that only 25% of these children with mental health needs received any specialty mental health care during the previous 12 months.

Methods

Overall Objectives

- To reduce mental health disparities among minority and immigrant populations through research and education.
- To improve mental health care for minority and immigrant populations in various public human services sectors, such as child welfare, education, adult protection, and elderly services.

Research Questions

- To understand how culture affects the perception of MH needs and barriers to MH services for SEA patients between White and SEA MH services providers.
- To understand how culture affects the perception of effectiveness of MH interventions for SEA patients between White and SEA MH services providers.

Research Methods

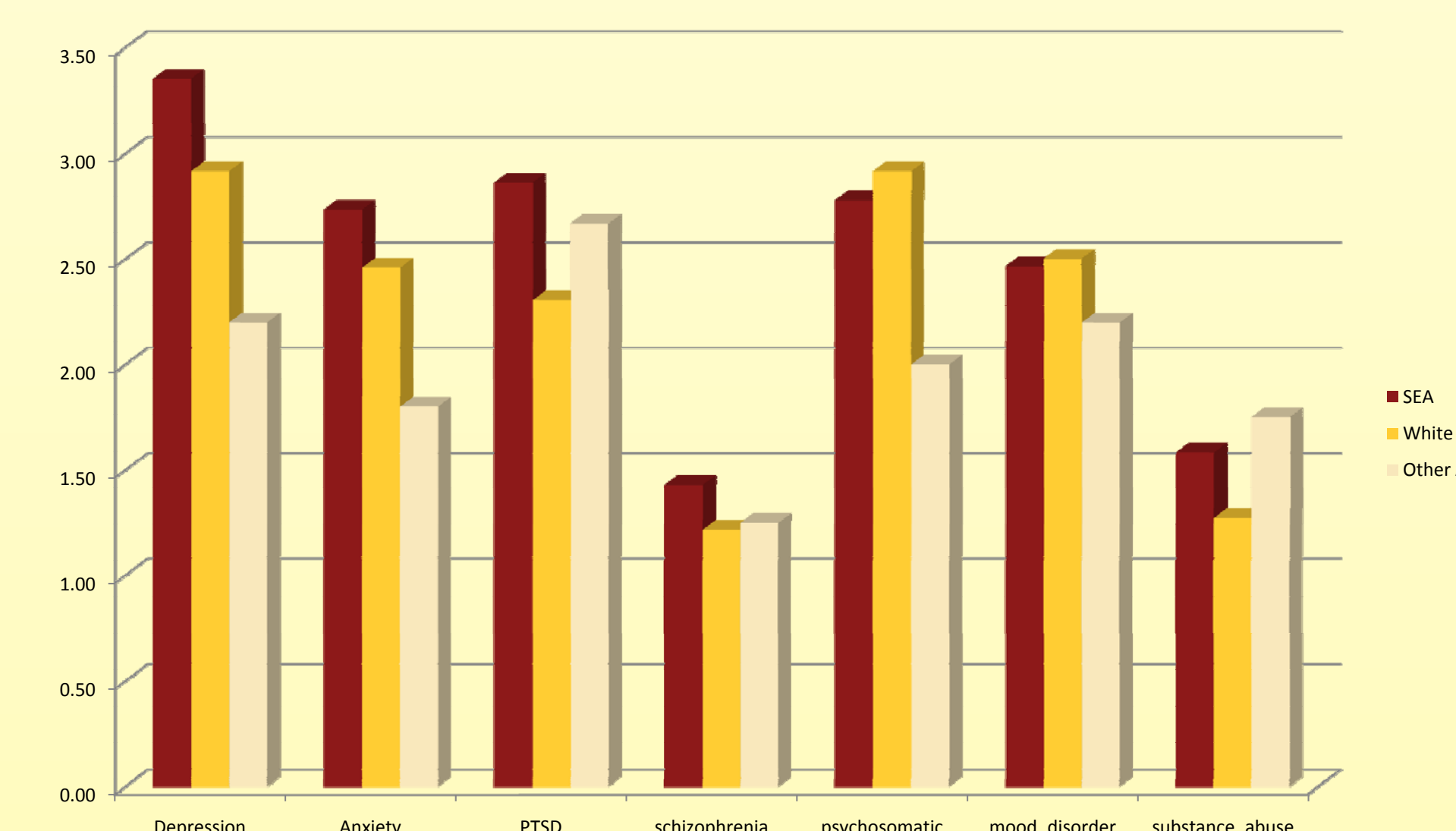
- Mixed methods approach.
- In-depth interview with 11 mental health services providers (both White and SEA providers).
- Survey Study with 66 mental health services providers. Survey instrument asked questions in the following domains: Demographic; training / education; experience with SEA patients; barriers to services utilization; effective intervention; and levels of acculturation

Provider Survey Sample

Demographic variables	All	SEA	White	Other Asian
Number of interviews	62	32	25	5
Percentage	100	52	40	8
Age (mean, in years)	43	37	52	36
Gender				
Female	48	50	44	60
Male	52	50	56	40
Immigrant status				
Refugee	48	88	0	40
Immigrant	13	13	12	20
Native born	39	0	88	40
Education				
High School	2	3	0	2
Some College	3	6	0	3
College	21	38	4	21
Graduate Degree	74	53	96	74
Provider Position				
Medical Doctor	24	9	44	20
Social Worker	21	25	20	0
Case Manager	18	25	0	60
Therapist	15	19	8	20
Psychologist	6	0	16	0
Nurse & other medical	13	19	8	0
Other	3	3	4	0

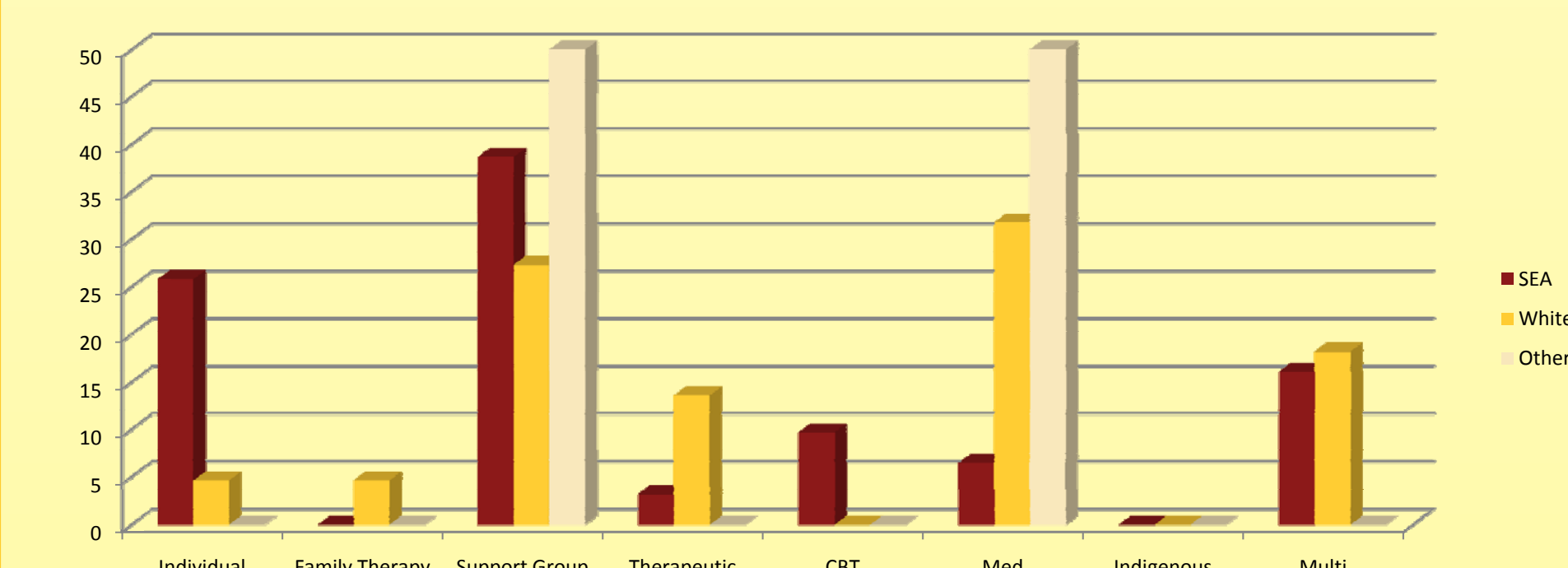
Preliminary Findings

White and SEA providers perceived different level of MH needs among SEA patients.

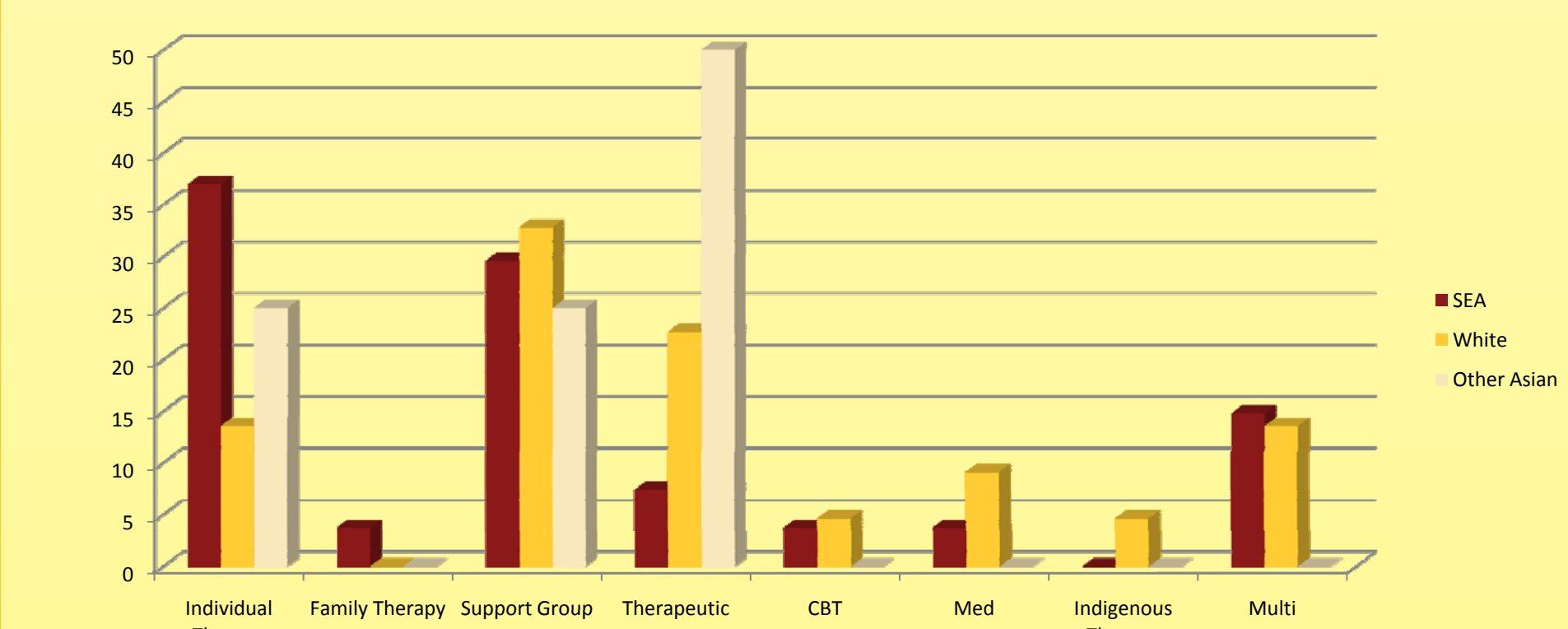


They also have different view on effective interventions

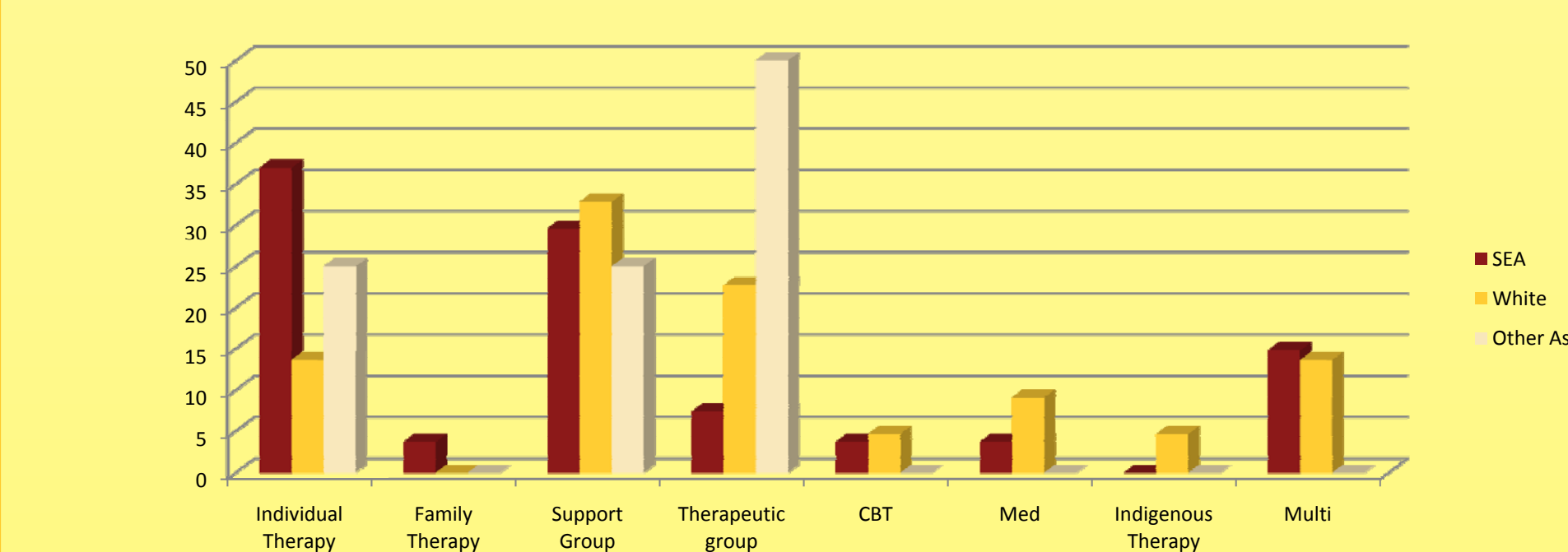
Depression



Anxiety



PDST



Preliminary Findings

They have different perceptions on barriers to MH services.

	SEA	White	Other Asians
English ability	3.5	3.4	3.6
Finance	3.2	3.0	3.6
Transportation	3.4	3.2	3.2
Lack childcare	2.8	3.0	3.4
Don't understand MH needs	3.5	3.2	3.0
Don't know western MH services	3.3	3.2	3.2
Distrust western MH services	3.2	3.5	2.4
Prefer indigenous methods	2.7	2.8	2.0
Fear stigma & shame	2.0	2.0	2.0
Lacks family support	1.8	2.1	2.4
Lack clan support	2.9	3.3	3.0
1 Not a barrier, 2-minor barrier, 3-important barrier, 4-major barrier			

Implications

- Study found that Asian children and youth at risk of mental disorders in Minnesota are significantly less likely to receive MH intervention than their white counterparts.
- We know very little about causes of such disparities, but research on mental health services utilization suggest that culture affects how MH needs are identified, barriers to services, and types of intervention being provided.
- We found significant differences in perceptions between SEA and White MH professionals on the MH needs, barriers to services, and effectiveness of interventions for SEA mental health patients.
- The differences are troublesome as they suggest that even among trained MH professionals with many years of working experience with the SEA populations, there is little consensus on these issues.
- Minnesota statute requires county to provide mental health screening to a child receiving child protective services or a child in out-of-home placement. If the screen indicates a need for assessment, the statute requires that the child's family or local social services agency should have conducted a diagnostic assessment.
- There is not enough evidence to point to any best practice model to provide MH screening or MH services to SEA families and children.
- More research and education are needed to build consensus on evidence based practice model to provide MH screening and MH services for children in the child welfare system .