Vietnamese in Louisiana

Cultural Competency Needs and Potential Challenges

January 2016
Objectives

1. The learner will be able to summarize in three sentences the relevance of the history of Vietnamese migration to the US and where the Vietnamese primarily settled in Louisiana.
2. The learner will be able to describe two important resources/strengths found in the Vietnamese culture.
3. The learner will be able to identify two barriers to treatment.
4. The learner will name three things to be aware of in communicating with Vietnamese clients.
5. The learner will identify one way their agency or practice might change to better serve their Vietnamese American clients.
Vietnamese in Louisiana - Demographics

- Louisiana has the 10th largest Vietnamese population of the US States, with upwards of 28,000. Vietnamese are the largest Asian population in Louisiana.
- The largest populations of Vietnamese are in the southern parishes.
- Vietnamese are the most dominant Asian subculture in Orleans, Jefferson, Plaquemines, and St. Bernard parishes.

US Census Bureau, 2010 Demographic Profile Data  www.census.gov
History and Background - Immigration

• The mental health needs of the Vietnamese may be informed by the fact that a majority entered the US as refugees between 1975-2001. This has changed in the past decade; now Vietnamese refugees are rare and most enter to join family.

• Vietnamese began migrating to the US as refugees following the fall of Saigon in 1975. While the first wave of refugees were connected with the US military and were educated and familiar with American culture, the refugees that followed that 1st wave fled war and persecution in boats. Many were farmers or fisherman, and half died trying to find a safe haven. Those that were allowed to immigrate to the US had few resources.

Hataipreuk Rkasnuam, Jeanne Batalova. 8/25/2014. Vietnamese Immigrants in the United States, Migration Policy Institute
www.migrationpolicy.org
History and Background – Settling in Louisiana

• While there are Vietnamese living inland, a majority of Louisiana’s Vietnamese population live near the water in the parishes along the coast. It is posited that several factors attracted them to this area:
  o The subtropical climate along the Gulf Coast, similar to home
  o Proximity to water – many historically have made their living in some form related to the seafood industry
  o Support of the Catholic community and national Catholic charities

Vietnamese in Louisiana: Demographics

• The 2010 US Census put the population of Vietnamese in the state of Louisiana at 28,352. It is estimated to be over 30,000 in 2015.
  o Approximately 58% were foreign born and 42% born in the US
    • Of those foreign born 79% entered the US prior to 2000
  o The median age is 33, with the population very evenly spread over the age ranges from 0 to 54 with 2,000-2,400 in most of the 5 year age ranges. Approximately 15% of the population is 62 and older.
  o The population is fairly evenly divided between the genders
  o 82% live in family households of 4 family members, with half of these households including children under 18 years old, and 17% including family members over 65.
  o 13% live alone
  o 5% live with non-family members

Vietnamese in LA: Demographics (cont’d)

• Education, of the adults over 25 years old:
  o 62% have graduated high school
  o 19% have a Bachelor’s degree or higher
• Language:
  o 10% speak English only
  o 90% primary language is not English
    o 49% identify that they speak English less than “very well”
• Employment, of population over 16 years old (2013 Census data):
  – 65% are in the labor force
• Median household income for 2013 is $41,094 (down over $7000 from 2008)
• Poverty:
  – 19.8% of families live at poverty level or below
    o 21% of individuals of all ages live at poverty level
    o 25% of those 65 and over live at poverty level
• Health Insurance Coverage (2013 Census Data):
  – 41.9% have private insurance
  – 26.4% have public coverage
  – 34.5% have no insurance coverage (Up 5% from 2010 Census)


• The Vietnamese community in the coastal and New Orleans area suffered devastating losses due to Hurricane Katrina in 2005, but it is has been widely documented that most returned to their communities and rebuilt.

• Possibly a more devastating disaster was the Deepwater Horizon (BP) Oil Spill of 2010, with its negative impact on the livelihood of the 30-50% of the Vietnamese in the Gulf region who work in seafood related industry.

• Although no cause is singled out, negative changes in household income, percent of adults in the labor force, families living at the poverty level, and those without any health insurance can be noted from the 2008 Census data to 2013 Census data.

All these factors impact both the severity and quantity of mental health needs in the Vietnamese community in Louisiana.


Common Mental Health Issues for Vietnamese

There is serious stigma related to mental illness in the Vietnamese community and symptoms are very often somatacized into physical health ailments that are more acceptable. Family members that are mentally ill or have serious substance use issues are often shielded by family and community.  

- Related to this stigma and somaticization of mental health issues Vietnamese that suffer from serious mental illness often are not seen for treatment until the illness requires hospitalization, which leads to even more serious stigma in the community.  
- Data on mental health challenges for Vietnamese are skewed by both the high level of stigma that prevents early intervention and the fact that many are only seen in treatment when their symptoms are very serious.

The following mental health issues have been identified within the coastal Vietnamese community following the impact of the 2010 Deepwater Horizon Oil Spill and the stresses resulting from the economic and environmental impact of this disaster:

- Depression and Anxiety Disorders
- Domestic Violence
- Gambling

Traditionally, family is highly valued, patriarchal, elders are highly valued and extended families live together. Typically individualism is discouraged and decisions are made collectively, with special input from the elder male.

As women have become employed outside the home and gained economic independence and children often act as interpreters, *traditional roles in some families change* and sometimes leave men and elder relatives confused and alienated.

*Dung Pham, Understanding Vietnamese Culture, Vietnamese Social Services of MN, 2009,*

[www.health.state.mn.us/divs/idepc/refugee/gobalbbviet.pdf](http://www.health.state.mn.us/divs/idepc/refugee/gobalbbviet.pdf)
The Vietnamese have a strong sense of community and a willingness to help each other. People are known as having their ‘doors open’ and share whatever they have, even when they cannot afford it.

Vietnamese culture focuses on the Community, not the individual.

- One of the best known examples of this in Louisiana is the rebuilding of the so-called Versailles community after Hurricane Katrina destroyed the low lying neighborhood. The close-knit and homogenous community had a higher percentage of residents return than other communities and rebuilt faster than any other affected area of New Orleans. The strong social network is an important part of the resources that made this possible.

www.pbs.org/independentlens/village-called-versailles/film.html
http://avillagecalledversailles.com/
Spirituality

• Religious affiliations for Vietnamese in Louisiana are primarily Buddhism and Catholicism. Religion is central to communities.
• Both Catholic and Buddhist communities celebrate the Vietnamese holidays and the church/temple is central to language and perpetuation of culture and history.

Beliefs impacting health and health practices:

• Vietnamese may perceive a mental illness as an imbalance that needs to be restored. They may use traditional or Western approaches, or a combination.
• Counseling is not a preferred treatment.

Medical Practices and Alternative Treatments Found in the Vietnamese Community

• Many Vietnamese have been influenced by Chinese medicinal practices and a division of influences based on the four elements or air, fire, water and earth, with ‘hot’ and ‘cold’ being primary. The following practices are commonly found within the Vietnamese community:
  
  o **Coining** – An oiled coin is rubbed across the skin to release excess ‘wind’ from the body and restore balance. A mild dermabrasion may result. Commonly practiced.
  
  o **Cupping** – Small heated glasses are placed on the skin, drawing out bad forces. Less common.
  
  o **Pinching** – Skin is pinched to allow imbalance/force to leave the body.

*Note: When the dermabrasions appear on young children they may be erroneously interpreted as possible abuse or injury unless the practitioner is aware of these traditional practices.*

Alternative Treatments

  o **Herbs, balms, acupuncture, acupressure/massage** are common treatments

*It is worth noting that Western pharmaceuticals are perceived as ‘hot’, very powerful, and sometimes there is concern that there will be long-term harm to the body. It is not uncommon, in fact, for mental health practitioners in Vietnam to use placebos while they attempt to gain their patient’s trust.*
Barriers to Mental Health Treatment
Stigma and Seeking Help

• Mental illness is highly stigmatized and rarely discussed in the Vietnamese culture. Mental illness is considered shameful and is sometimes thought to be connected with bad karma or misdeeds in a past life.
• Acculturation may impact openness to mental health treatment, but it is advisable to use terms such as ‘behavioral health’ rather than mental illness and to move respectfully, slowly and provide translated educational and prescription information.
• Another major barrier is lack of awareness of resources and services available.

LaBorde, P. Vietnamese cultural profile. www.hslib.washington.edu/clinical/ethnomed/vietnam
Views on Medication

• The concept of preventive medicine is not generally recognized, especially if a condition is not accompanied by symptoms. If symptoms are lacking, Vietnamese may discontinue Western medications or self-adjust to smaller dosages.

• Again, it is recommended that translated materials about prescribed medications are provided and that the patient is encouraged to ask questions.
Trauma – Historical and Current

• A majority of Vietnamese immigrants to the US are refugees who have experienced trauma and were housed in refugee camps. 48% of immigrant Vietnamese reported experiencing robbery, rape or torture upon leaving the country. Two-thirds report experiences of discrimination and sometimes violence upon immigration to the US.

• Many Vietnamese living in south Louisiana during Katrina were re-traumatized when they found themselves back in settings similar to the refugee camps they had lived in prior to migrating to the US. In addition the Deepwater Horizon (BP) Oil Spill impacted many of the Vietnamese living along the Gulf coast with lost income, employment, and a long-standing period of high levels of stress, anxiety and depression which may manifest as somatic complaints.

• The American Psychological Association reports that use of cognitive-behavioral therapy focused on easing somatic symptoms applied by psychologists with cultural and refugee training was effective.

Language

• Half of the Vietnamese living in Louisiana identified on the 2010 US Census that they speak English less than “very well”.

• Less than 3% of any of the mental health professionals in the US identify their ethnicity as Asian.

• The availability of mental health providers that speak a Vietnamese dialect is nearly non-existent. This makes the regular use of translators and translated material a priority.
Communication Styles

• Formality and respect are key to communications.

• The Vietnamese seldom use touch as part of communication.

• Vietnamese may not communicate disagreement directly, and indeed may nod and say ‘yes’ to indicate respect and that they are listening, not that they agree.

• Vietnamese convey respect and other traditional values through nonverbal gestures such as gentle bows, smiles, nods, and avoiding direct eye contact.
Non-verbal communication

• Behavioral Health providers should be aware of physical gestures that may be offensive:
  o winking
  o beckoning someone with the index finger
  o placing hands in pockets or on hips while speaking
  o patting a person’s back
  o pointing to other people while talking
  o touching a person’s head (considered a sacred part of the body)
Considerations for Mental Health Providers

- The Vietnamese are both a vulnerable and resilient population in Louisiana. Some important considerations for mental health treatment include:
  - Respect for strong traditional and cultural values
  - Awareness of the prevalence of stigma and shame
    - Adjustment of language to focus on ‘behavioral’
    - Focus on somatic symptoms that may be associated with distress
  - Communicate and respond appropriately within cultural bounds
  - Work in conjunction with community practitioners and Alternative treatments
  - Plan for and ensure translators and translated materials
Summary

A reminder that all the dimensions of Cross Cultural competency are important to cultivate with Vietnamese American clients:

- Awareness
- Knowledge
- Empathy
- Skills
- Flexibility
- Resource Adaptation
- Workforce Diversity

And a reminder that all clients are individuals and must be evaluated and treated according to their individual presentation and needs within a culturally informed context.
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• Provide ongoing education to deliver competent services to people of all cultures, races, ethnic backgrounds, religions, and those with disabilities;
• Provide access to language assistance, including Braille for the visually impaired, and bilingual staff and interpreter services to those with limited English proficiency, during all hours of operation at no cost to the consumer;
• Provide easily understood member materials, available in the languages of the commonly encountered groups and/or groups represented in the service area;
• Provide access to TDD / TTY services for the hearing impaired;
• Monitor gaps in services and other culture-specific provider service needs. When gaps are identified, Magellan will develop a provider recruitment plan and monitor its effectiveness.

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