

Mental Health Needs within Asians

Mental health needs are not generally recognised or acknowledged within Asian communities living in Great Britain. I know this is a contentious statement, and perhaps a gross generalisation. However, one cannot deny that when depression or anxiety is talked about with first generation Asian migrants, a look of bewilderment fills their faces. 'What is there to be depressed about?' is often the question asked. 'What is this depression anyway – we never heard of it back home' is often the follow-up remark. Then it develops into an analysis of the fact that the community now has nice homes, good food to enjoy and adequate means of transport – how then can anyone feel depressed?

Perhaps it's something to do with the fact that when people of my parents generation moved to England, they came out of economic need. Back 'home', there were daily struggles for many with basic day to day needs, but families stayed close together, and made the most of what little they had. When food, clothing and shelter are not guaranteed, there is no time to reflect on emotional needs. Navel gazing would not fill anyone's stomach, and survival depended on hard work. It's no wonder then that there is surprise and confusion, when everything is available and provided for, yet people talk of feeling worried, or low in mood. This is a concern, because we cannot seek appropriate help for problems until we recognise there is a need.

Whilst the Asian community itself may hold back from recognising mental health needs, there is a prevalent belief amongst support professionals (such as GP's, health visitors and so forth) that Asians function well in society and have few emotional adjustment problems. These beliefs may stem from the fact that Asians have tended to live in supportive enclaves and extended family networks. Furthermore, they have tended to gain support from religious networks, and have generally enjoyed good educational and occupational status.

Then, we have the research evidence which indicates that Asians are psychologically robust. Asians have been found to endorse fewer items relating to psychological symptoms on self report measures, as compared to their Caucasian counterparts (Durvasula & Mylvaganam, 1994). They have been cited to report lower rates of mental disturbance and the fact is they have fewer admissions to mental health hospitals than either the host population or other ethnic groups (Crowley, 1991). Furthermore, whereas suicide rates for most immigrants in Britain are greater

than the British born, this does not seem to be the case for Asian populations (Littlewood & Lipsedge, 1989).

These findings beg the question - are Asians bewildered by talk of mental health problems because they really don't experience such needs? Are Asians underrepresented in mental health services because they have less cause to use them? I seriously doubt it. Stress and emotional fatigue are universal experiences. We all need to feel secure, loved and appreciated. We all have some degree of hang-up about being approved of, being seen to be successful and well-balanced. Where these needs are present, anxiety and depression cannot be far behind.

It is important at this point to make a critique of the prevalence data that has been outlined. In reality it is difficult to evaluate the extent of psychological needs in any group. Inpatient status at a mental health hospital or indeed referral rates to outpatient mental health services are very blunt instruments for measuring rates of psychological distress in populations. Not all individuals who are distressed seek help, or gain appropriate referrals to secondary agencies. Furthermore, to measure prevalence we need precise operational definitions of the disorder concerned, together with valid measures for its ascertainment. We also need to define the population to be studied. Clearly, there is potential for methodological shortcomings at each level described, and prevalence statistics need to be viewed with extreme caution. Disorders can be difficult to define within cultures, let alone across them. In respect of 'depression', Rack (1982, p.105) states that "reports of the incidence of depression in various cultures are unreliable", and contends that depressive illness exists wherever it is looked for, if the questions are rightly framed.

There may be various factors which influence the degree to which immigrant groups consult services for help. These may be intrinsic to the community (e.g. alternative sources of support, shame associated with mental health problems, differential means of expressing and dealing with distress and so on). There may also be other, more external factors (e.g. service related barriers, difficulties that medical practitioners may have in detecting mental health concerns etc.). It is known that Asians can consult alternative practitioners (e.g. Vaidis, Hakims etc.). In a study by Aslam (1979), the work of a visiting Hakim was followed over a four day period in London. 96 patients were seen, some travelling from great distances, and according to the classification system of the Hakim a range of complaints were 'diagnosed'. Mental difficulties were diagnosed most frequently, followed by nutritional, circulatory and genito-urinary complaints. It is not unlikely that some of the patients had psychological components to these conditions. As Rack

(1982, p.188) puts it, “in respect of mental illness, the evidence suggests that Hakims deal with a great many cases of neurosis and psychosomatic illness, in which communication and cultural sensitivity are vital, and they offer a specific service for sexual dysfunction. These are areas in which the British practitioner has relatively little to offer”.

I would suggest therefore, that Asians do indeed suffer mental health needs, but may need additional help to recognise or talk about them. Support professionals also need training in how to ask the right questions, and understand the particular ways in which Asians express their needs.

This article has been followed up by others, in a series on mental health within Asian communities. If you wish to have the other articles, please email me, by visiting my website (www.clinicalpsychologydirect.com)