



Mental Health a Vietnamese perspective



A report by the

Vietnamese
Mental Health Services

Serving the mental health needs of people from Vietnam
Hội Tâm Thân Việt Nam 越南心理保健服務



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Serving the mental health needs of people from Vietnam

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Foreword

Those of us working the mental health services of London have been increasingly involved, over the last few years, with a wide range of cultural groups. From diverse countries and communities, they have presented a unique challenge to traditional psychiatric practice. Twenty five years on from the Vietnam War, it is particularly poignant to consider the plight of those who have struggled to make a new life for themselves out of the tragic history of Vietnam. Not only have they had to contend with an arduous and complex refugee process, but also (one suspects) a rather suspicious and uncertain attitude within Great Britain.

To a unique extent, however, the Vietnamese community has been energetic and organised in developing support for those of its members with mental health problems. The active development of the Vietnamese Mental Health Services (VMHS), thanks to the enthusiasm of a number of key individuals, is especially admirable. Amongst the many refugee support groups in London they stand out, from the health and social services perspectives having led the way in the development of ethnically and culturally sensitive services for their own people.

This booklet contains valuable information summarising the conditions faced by refugees from Vietnam and outlining their understanding of mental health issues. As well as having quite specific and traditional views about mental illness, views which often are very different from Western perspective, Vietnamese people derive much of their strength from a personal stoicism and extended family ties. These have been severely tested by their recent history. The break up of families as people fled into exile, and the difficulties of life in this country, have led to a breakdown of traditional structure. It is not surprising that some two third of the 300 or so patients identified by the VMHS should be in the younger age group (26-40) and suffer from schizophrenia or depression.

Perhaps most striking about VMHS is the model they have established of providing care and support. Not only have they helped individual families, but also carers (especially if they are children). They are developing a day centre and drop-in centre, and working hard on the interaction with regular social and health services. They have certainly highlighted, for me and my colleagues, the vital importance of understanding cultural views on mental illness, and have shown how that can improve treatment approaches, and bring about patients' well being and the development of more effective services.

I feel honoured to have been asked to write a foreword, and hope the perspective outlined here can provide a model for further developments in this field, something I know that will be welcome by all those who embrace the rich diversity of working in London.

Dr. Trevor Turner
Consultant Psychiatrist,
East London & the City Mental Health Trust

Executive Summary and Recommendations

Introduction

To become a refugee is to suffer loss. Thousands of refugees fled Vietnam, in dangerous journeys that many did not survive. Many then found themselves intended in Hong Kong camps, in appalling conditions. Those who reach the UK were dispersed around the country to areas where they were isolated and without support. They gradually moved to London and the Larger cities. Despite some notable success stories, and the formation of strong and supportive community organisations, unemployment remains high and the Vietnamese have to cope with considerable disadvantages.

The impact on mental health of so much change, loss and vulnerability can be great. Moreover, individuals and families struggling with mental health difficulties had been isolated and misunderstood.

The majority of Vietnamese people had no experience of Western culture and its medical practice on arrival in the UK. Their understanding and beliefs about mental health were completely different: this report outlines some of the values and traditions underpinning the Vietnamese concept of health.

At the Vietnamese Mental Health Services (VMHS) we have made an enormous effort to educate and support people in gaining understanding and confidence in the ideas and methods on offer in the UK. It has meant asking both young and old to re-examine their values and beliefs. It has involved changing not only the attitudes of the 'patient or client' but often—and more significantly—those of their relatives or carers. The traditional Vietnamese ways can still offer comfort and support, but for many, access to appropriate mental health services has been a doorway out of suffering and isolation.

VMHS is here to bridge, we are a community organisation. Our staff and Board of Management include medical professionals and social workers, as well as community

workers. We work in partnership with statutory agencies to provide a culturally and linguistically appropriate psychiatric and social care programme. We work to ensure that Vietnamese families and communities can communicate in their own language and, more importantly, that their cultural beliefs and practices are acknowledged and shared.

We hope that the facts and ideas presented in this report will help mental health service providers be more aware of Vietnamese perspective and beliefs in mental illness. We also hope that the recommendations provided can lead to more culturally sensitive services for this group of refugees.

Developing appropriate mental health services

VMHS has developed a model which enables Vietnamese in distress to gain access to mainstream services and receive adequate health and social care.

The primary methods of the VMHS model are:

- ⇒ **Outreach support services:** offering care and support including home visit in order to monitor patient's mental state and help to sort out other social problems i.e. welfare benefits; housing; reading letters, and provide information to promote mental wellbeing;
- ⇒ **Services in hospital:** in acknowledgement of cultural differences; using the specific skills and expertise of Vietnamese workers in assisting in the assessment, diagnosis and treatment;
- ⇒ **Drop-in Day Centres:** providing culturally appropriate leisure activities; English and craft work classes, helping users and carers with socialisation, the gaining of self esteem, and working to reduce stigma;
- ⇒ **A Services for Vietnamese community:** providing training and education about mental health issues and the health/social care system, publishing English—

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Vietnamese Glossary of Medical Terms, booklets/leaflets and a Health Newsletter in Vietnamese and Chinese;

- ⇒ **An information services:** raising awareness of Vietnamese culture and beliefs in mental health, and explaining the needs of Vietnamese clients to mainstream professionals, in order to bridge the cultural gaps;

Recommendations for good practice and service development

Through our experience, we have concluded that specific services need to be provided for members of Vietnamese community who are in distress, and their families. Even good quality mainstream services have found that they need this specialist support in order to offer effective services to the Vietnamese community.

We believe the VMHS model could also be applicable for other groups of refugees who have settled in the UK.

VMHS has proved that it can add value in term of access to services for Vietnamese people in distress. If you are a mental health provider and have a substantial Vietnamese community within your constituency, there are three areas in which VMHS encourages you to work in partnership with it or a local community group:

1. Providing services

Service provision needs to be flexible at all levels. Close partnerships should be established between different departments (such as health, social services, housing, benefits agencies), VMHS and Vietnamese community organisations.

VMHS is able to work in direct partnership with local services, or to support Vietnamese community organisations to develop partnerships with relevant departments.

We can work in a variety of ways:

- ⇒ Exploring service provider and service user needs to identify new services, or assist with the modification of existing services so they are more effective in reaching and helping Vietnamese clients;
- ⇒ Sub-contracted by purchasers and providers to deliver services in hospital and community facilities;
- ⇒ Set up and running culturally sensitive and appropriate day centres;
- ⇒ Other initiatives based in the community, voluntary or public sector as appropriate.

2. Offering education, information and training

High quality education, information and awareness training is necessary both for members of the Vietnamese community and non-Vietnamese professionals. VMHS is able to provide and work alongside others to provide:

- ⇒ **For the Vietnamese community organisations and individuals,** health workshops about mental health issues and information about service providers and care systems, organised at such meeting points as drop-in centres, community group centres.
- ⇒ **For non-Vietnamese professionals,** awareness training about Vietnamese culture and beliefs about mental health. This includes helping professionals to challenge common misconceptions such as that members of extended families can look after each other (for Vietnamese in the UK this no longer the case).
- ⇒ **For Vietnamese communities and health and social care professionals,** developing or collaborating in producing booklets and leaflets about mental health issues, including translating into the Vietnamese and Chinese languages.

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⇒ With Health Authorities, Social Services Departments and other statutory services, advising on implementing Equal Opportunities policies in distributing resources and determining staffing level; finding ways to improve services qualitatively and quantitatively.

These approaches need to be offered on a continuing basis in order to reach members of the community and changing personnel in professional services. These needs to be more funding from the government to support these initiatives.

3. Developing new projects and services

The VMHS' direct work with Vietnamese in distress and with the services which should be supporting them gives insights into the developments which are necessary next steps.

There are number of areas in which pilot projects clearly need sponsorship and funding. Three of the most urgent are outlined here.

⇒ A Vietnamese Drop-in Centre

VMHS runs drop-in sessions in two London Boroughs, one is using the premises of City and Hackney Mind and the other use its main office in Southwark. The drop-in are offered once every week.

A full-time Vietnamese drop-in is needed in London to provide respite for carers and entertainment, socialisation and therapy for patients. Mainstream day centre services are usually not appropriate because of language and culture barriers.

⇒ A project for children

Children of mentally ill parents and children suffering from mental illness or learning difficulties require specific help and assistance.

A special project should be set up to meet the particular needs of these children:

- Working in partnership with health professionals, social workers, teachers and other agencies;
- Giving advice, information and counselling where necessary to families of children suffering from mental disorders and learning difficulties;
- Organising cultural and social events, and outings for children and their families;
- Providing additional tuition for children who are backward in schooling;
- Home visit for emotional and practical support to parent and their children.

⇒ Training for Vietnamese workers

Vietnamese workers in local authorities and refugee community organisations need training commensurate to that of their counterparts in mainstream organisations, and appropriate to the complexity of work which they do. Funding is needed to develop an appropriate programme for this training in conjunction with a relevant training or counselling agency.

When I think about what will happen to my mother if she forgets to take her medicine, if her mood becomes low, I am very worried. I do everything at home when returning from school. Sometimes I escort her to GP surgery or to the Vietnamese Drop-in Centre, I realise that I am behind with my schooling, but because I love her, I want to be with her and look after her.

I talked to the VMHS project worker about my problem and she arranged a befriender to come to help my mother—who is quite happy with this. The befriender also liaise with my teacher so now I get more help and understanding at school and with my schoolwork.

The Vietnamese Mental Health Services

The Vietnamese Mental Health Services (VMHS) was set up in 1989, as the result of a two-year research programme into mental needs among refugees from Vietnam living in London. The organisation has developed considerably, and now employed 8 members of staff and provides a range of services to people from Vietnam with mental health difficulties as well as their families.

Since 1989, the Vietnamese Mental Health Services has identified and provided care and support to over 500 refugees from Vietnam in the London region. Outside London, we are working with clients, communities and professionals in Manchester, Birmingham, Leicester, Cambridge, Sudbury, Woking, Farnborough and Brighton.

Aims

To preserve and protect the good mental health of persons from Vietnam and their dependents in the UK

Services provided:

- Working in partnership with Health/Social Care professionals and other agencies to provide culturally sensitive mental health services to people from Vietnam
- Provide advocacy & language support at initial assessment/review meetings with psychiatrists or CPA review and joint visit with Care Co-ordinator
- One to One Support by using Recovery Star approach to support clients to build a satisfying and meaningful life
- Outreach support; advice/information; assist with welfare benefits; housing and GP's appointments
- Drop-in Day Centres with culturally appropriate leisure activities to reduce social isolation and to promote mental wellbeing
- Support accommodation for Vietnamese male clients
- Training/Education/Information/Health Workshop about health/mental health and social care issues for people from Vietnam
- Training to non-Vietnamese professionals about Vietnamese culture and beliefs in mental health
- Publishing booklets/leaflets in Vietnamese and Chinese on health/mental health issues, and Bimonthly Health Newsletter



Introduction

Refugees are vulnerable and disadvantaged when they arrive in Britain. They have to cope with what is new and often alien, including:

- Language barriers
- Cultural barriers
- Isolation
- Depression
- Lack of understanding of health, social care and other services

Most painful of all, they are often tormented by feelings of anger and guilt at leaving behind their loved ones; by their loss of identity, their roles and status; by thinking about how long they are going to be in Britain and about whether there will be any chance for them to return to their homeland.

Vietnamese refugees share this experience of loss and vulnerability. They were forced to flee Vietnam because of their fear of the oppressive regime there. They fled in an attempt to save their own lives and the lives of their families.

Many Vietnamese refugees have experienced the loss of relatives and friends, through the war; through the post-war policy of arrest and

imprisonment; through drowning as they tried to escape; through illness, or as victims of Thai pirates.

The Vietnamese, like other refugees, experience a mixture of hope, despair and uncertainty, of unmet expectations and harsh realities. This experience is a predisposing and precipitating factor for a higher incidence of mental disorders compared with that of indigenous people. Within London, for instance there are around 8,000 Vietnamese aged 15 to 50—the group most affected by schizophrenia. At international level, it is expected that 1% of this age cohort will suffer from schizophrenia, yet the official rate among the Vietnamese is 1.31%. Vietnamese Mental Health Services knows the true figure to be much higher than this, as many Vietnamese do not seek help from GPs or hospital.

The roles of mental health services

If they are to help, mental health services must respond to the needs of the individual refugee. Through individual attention, people in need can be helped to lead active and fulfilled lives as members of the community. These needs are multiple, often immediate and may be long-term.



Users of mental health services need:

- Information about their illness;
- Access to appropriate support and treatment;
- Adequate housing and finances;
- Employment (or purposeful occupying activity);
- Links with persons of similar race and culture

Thus services should be flexible, responsive and comprehensive.

Carers need advice and support in understanding the nature of the illness of the users and how they can best support them. They also need support in their own right as individuals who are under emotional, physical and financial stress associated with their caring responsibilities.

Services should therefore focus on the specific needs of refugees with particular attention to equal opportunities policies and issues of discrimination. Services should be delivered in partnership with their community organisations working in mental health, to secure the most effective results.

At first I felt ashamed about what was going on in our family. My brother had been suffering for a long time from mental illness. We were living with our elderly mother, who has chronic arthritis, and I was practically the only support for him. The pressure was too much to bear alone, as I had my own family to look after.

Then I met the Vietnamese Mental Health Services workers at a meeting for users and carers at a Drop-in Centre. They helped arrange new accommodation for my brother close to my home. They made visits to sort out all his benefits, including arrangements to get him a regular home help. Hopefully there will be opportunities for me and my mother to take time off from caring. I very much appreciate the services of the VMHS which have enabled me to cope with looking after my brother.



Background information

History of Exodus

Vietnamese people come from country that has been torn apart by war for many decades. Between 1975 and 1990, in the aftermath of the war between North and South Vietnam, over 2 millions Vietnamese people fled to 69 countries across the world.

Saigon fell to the Communist regime on 30 April 1975. Hundreds of thousand of people escaped from Saigon. These were the first refugees; they were mainly Vietnamese and many were civil servants, or has served in the military of South Vietnamese government. Many feared reprisals because of their close contact with American during the war.

The second wave of people fled the country because of the tyranny of the new regime. From 1976 onwards the authorities undertook a systematic process to identify any Vietnamese person who had had any connection with Western society, especially anyone who had links with American. Having been reported to the 'local authority' the next step was seizure. People were taken during the night, packed into lorries and driven to 're-education camps' These were in fact hard labour camps, purposefully sited

in remote and unmapped areas of the country. Here individuals could be detained for years.

At the same time anyone who had been in business in Saigon had all their business and property confiscated. The currency was changed so people became penniless overnight, increasing their powerlessness and vulnerability.

Seizure and internment operations expanded to include almost anyone who had received a formal education: teachers, office workers, nurse and doctors. Night-time curfews meant people could not run away during the hours when the arrests were usually carried out. Those targeted were taken to New Economic Zone, remote parts of the country, often dense forest areas that had never been cleared or used for any purpose before. The city-dwellers were left to find their own means of survivals—inevitably under these conditions vast numbers of people died.

People had every reason to fear for their safety with the prevailing instability. Eventually individuals were being indiscriminately labelled as 'counter revolutionary' if they were not members of the communist party. Some suffer physical torture and incarceration, while others were subject to extreme forms of control and



Background information

surveillance—for example, having the food the family was eating checked every day, and being forced to attend daily meeting organised by the new authorities.

At this stage the so call ‘boat people’ began to leave the country, using fishing boats to escape across the South China Sea to neighbouring countries such as Thailand, Malaysia, Singapore, Indonesia, the Philippines and Hong Kong.

The outpouring of Vietnamese and ethnic Chinese people from both North and South Vietnam continued to rise through 1977 and 1978, reaching a peak in 1979 when the border war broke out between Vietnam and China. Thousands of ethnic Chinese people were detained in Vietnam without trial as the process of expelling ethnic Chinese from Northern Vietnam got underway. The ethnic Chinese people were forced out of Vietnam over the border into China or across South China Sea. In the first seven months of 1979 approximately 66,000 refugees reached Hong Kong. By end of 1979, the number of boat refugees reaching South East Asia countries were totalled 292,315.

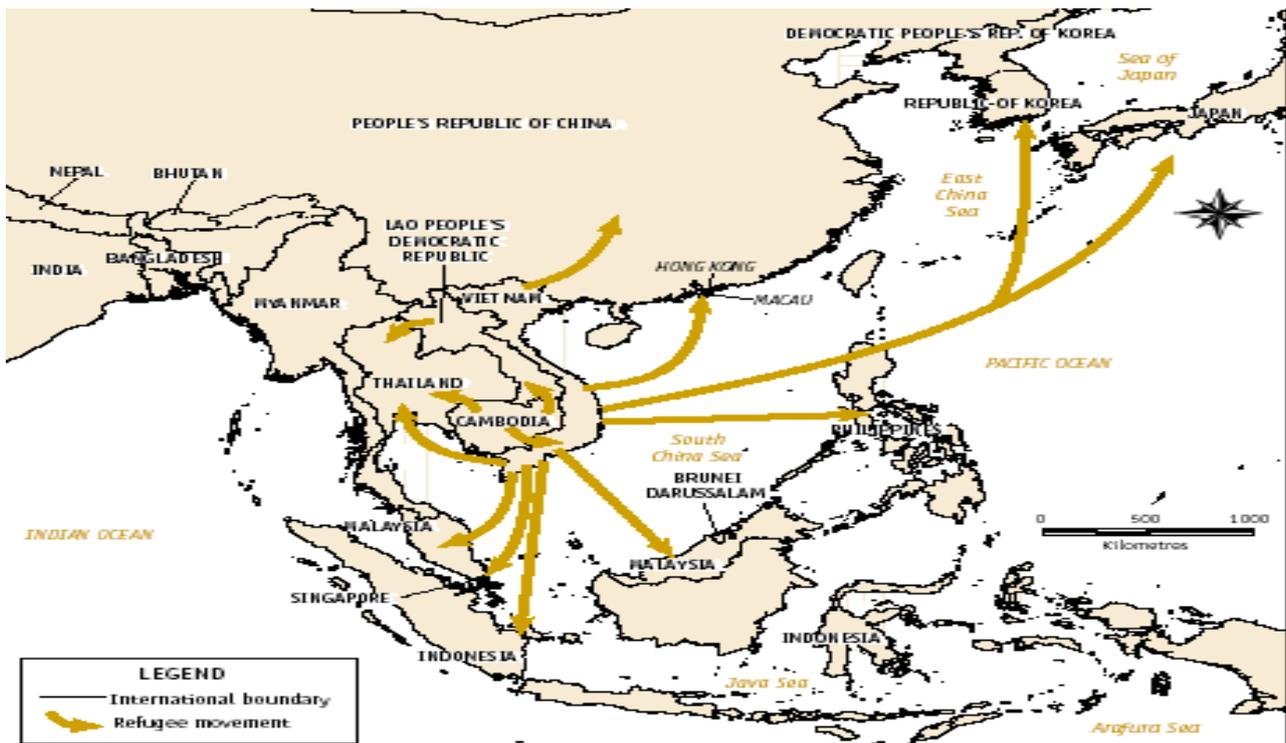
The Vietnamese in the United Kingdom

In July 1979 the first *Meeting on Refugees and Displaced Persons in South East Asia* was convened in Geneva under auspices of the United Nations. It was here that countries in the area, including Hong Kong, agreed to provide first asylum until the refugees offered permanent resettlement outside of the region, primarily to the major immigration country in the West.

The British government initially invited 11,000 refugees from Vietnam to settle in the UK. At the second United Nations conference in 1989, the British government agreed to admit a further 2,000 people.

Since then more Vietnamese from Hong Kong and South East Asia camps have been accepted. Together with those who came via the Family Reunion Programme, the Vietnamese refugee population in the UK is currently estimated to be 28,000, with 16,000 living in the Greater London area.

The majority of Vietnamese in the UK come from North Vietnam (70%). 60% of the population here are ethnic Chinese and 40% are Vietnamese. Most of the ethnic Chinese are from families which lived in Vietnam for many generations and most speak Vietnamese as well as Cantonese.



Impact on mental Health

The Vietnamese Mental Health Services, through its work with the Vietnamese people in London and through contact with the community across the UK, has identified many mental health problems relating to the particular circumstances of refugees.

In many cases mental health problems may not emerge for sometime. Refugee children can be particular at risk because families have been split up at the time of leaving Vietnam. Many people still find difficult to cope with unfamiliar experiences.

Some of the influences on mental health are summarised below.

- **Long term exposure to violence and insecurity**
Almost every family in Vietnam has been victimised through the long warfare between 1945 and 1975. For 30 years people lived daily with the terror: of oppression; of the widespread killings and imprisonment without trial; of physical and mental torture; of loss of home and property and frequent evacuation. Many people witness execution of relatives and friends.
- **Traumatic escape from Vietnam**
The journey out of Vietnam - for most undertaken by boat - was very dangerous. Many had not enough food and drink and at constant risk of attack from Thai pirates. There are many account of rape and massacre.
- **Internment in detention camps**
The tragedy did not end when people reached other countries. Life in detention camps in Hong Kong and South East Asia was harsh and inhumane. Thousands of people were confined in a cramped conditions, with inadequate food rations. Under these conditions aggression and violence happened every day and substance abuse, gambling and crime thrived. The problems worsened when children were drawn into participating in these activities.
- **Dispersal on arrival to the UK**
The culture shock experienced by refugees reaching the UK was made worse by the British government dispersal strategy, which scattered the Vietnamese people across the UK. Isolated families found themselves living in parts of the country where there was no minority ethnic community. As a result, many migrated to London and bigger cities. This slowed the process of adjustment and resettlement.
- **Learning to survive**
It has been a huge challenge for refugees from Vietnam to learn a new language, to adapt to the education and employment system and to adjust to living in a very different climate and environment.
- **Breakdown of traditional family structure**
Vietnamese people had been used to living in an extended family, with many generations under the same roof offering mutual support. This traditional family structure is now broken down. The elders suffer most from this: they find their family roles compromised, and they experience the so called 'empty nest syndrome'. From being respected and obeyed without challenge by virtue of their wisdom and experience, they are now no longer value in the same way by their children/grand children and are sometimes seen as liability rather than an asset.
- **High Unemployment**
Another major barrier to social integration has been high unemployment. The reason for this is that the majority of Vietnamese lack of marketable skills. Refugees from rural background had no experience of 'city industry'. For many their command of the English language puts them at a

disadvantage. Discrimination can be added factor. Many have been overwhelmed by all these difficulties.

➤ **Low educational attainment**

Most of the Vietnamese refugees in the UK originate from North Vietnam. Long-term instability meant that children and young people did not have regular access to education, and there were few opportunities to go on to higher education. As result, most Vietnamese have had only limited formal education, and this has proved to be another disadvantage. Although people did try on arrival to learn English, many gave up. More difficulties have arisen because people have not been able to make themselves understood. This is a particular problem when trying to communicate with family doctor.

➤ **Housing conditions**

The original settlement programme usually housed people in 'hard to let' properties, often in inner city areas where housing conditions could be of a very poor standard and local communities were sometimes hostile. After resettlement many people migrated from rural areas of the UK to join the Vietnamese communities in London or other major cities, usually moving into sub-standard accommodation. Poor housing conditions and overcrowding have exacerbated the difficulties of acculturation.

➤ **Low take-up of health services**

The language barriers, unawareness of health/social care system and radically different health beliefs all contribute to the low take-up of health and mental health services provided by National Health Services



Vietnamese concept of mental illness and health

Historically, Oriental and Occidental approaches to health care have been entirely different. The Vietnamese culture and concepts of health care have been directed at harmonising with nature, by contrast with the Western approach of overcoming and mastering nature.

Vietnamese culture has maintained for generations the belief that there is no such thing as 'illness of the mind' and therefore no language exist to describe a condition in this way. What follows are some of the main ways of understanding this area, which form part of the traditional belief system.

➤ **Organic impairment of the brain**

If person viewed as having mental health problems it is perceived as being caused by an organic impairment of the brain - a nerve becomes 'weak', or the blood circulating in it becomes 'too turbulent and hot' to the point where 'a flame will burst out'.

Traditionally the best remedy for this situation is to take some special food or simply to use some herb which can neutralise the 'flame' or build up 'nerve strength'. Western medicine is considered to be no avail and is sometimes though to be harmful.

➤ **Balance of hot and cold**

To explain this organic dysfunction in mental illness the Vietnamese have the concept of 'hot' and 'cold' elements inside the body. For them, there is a physiological and natural harmony between these elements and a loss of balance between the two will result in illness. Therefore people become mad when a excess of the hot element exists within the brain; in reverse, depression is the manifestation of a predominating cold element. Through this concept, neuroleptics (drugs used to treat psychotic disorders) with their many side effects are considered as hot for the body, thus working against nature. A patient may well decide to reduce the dosage of medication, or cease or

temporarily suspend taking it in order to give the body time to 'readjust and recover the balance'.

Similarly, people suffering from depressive illness may want medication that has a rapid effect, because a delay will be thought of as giving time for the cold element to become stronger. It is to be noted that anti-depressants are slow to take affect.

➤ **Spiritual and supernatural factors**

Aetiological factors, whether biological or psychosocial, have not been recognised by the Vietnamese. Instead they strongly believe in spiritual factors influencing mental illness.

Mental impairment is interpreted as a punishment imposed by supernatural powers on their relatives for sins committed in the past by their ancestors. Thus no mode of management is effective except praying or seeing a medium to evict the 'bad spirit' from the patient's mind.

Because of this, families do not seek help early on from professionals but resort to prayers to their ancestors or to the 'absent person'. Even after receiving care from professionals, they still continue to appeal to the ancestor with the hope that they [the ancestors or absent persons] can make the illness less severe and the treatment more effective.

Another consequence of this belief is that some carers prefer to confine patients at home rather than take them out, for fear of being haunted by spirits who will exacerbate the illness.

➤ **The important of self-control**

Self-control is a strong traditional value. People typically keep any expression of emotional feelings to themselves. They may be in pain, distraught or unhappy but they will rarely complain. People restrain and repress their emotions so they can try not to show 'weakness' of mind.

Neither is hostility usually expressed towards persons who are considered superiors or benefactors, such as parents, teachers, doctors and nurses. Therefore a Western professional may easily be persuaded to interpret their patient's behaviour as indicative of the person feeling reasonably content. Outwardly a patient may be seen as frequently smiling and seldom complaining or demanding. They are apparently 'good patients' who stoically accept the situation.

➤ **Belief in destiny**

In pain or in despair, the Vietnamese always try to restrain themselves through a special form of rationalisation, 'pre-destination'. They say it is destiny that they had unexpectedly to flee Vietnam and live abroad. It is also destiny when misery is prolonged for some but shorter for others, or when they are successful in business. However, although accepting one's destiny means resignation it also suggests hope—things may improve any time, if it is one's destiny for events to change at that particular moment.

There is a belief that the destiny of a person could be influenced by the time, day, month and year of birth. It is believed that a person born at a bad astrological time should expect misfortune including illness. The direction or position of someone's house and the location of the burial site of their ancestors are also thought to impact on their future.

➤ **The stigma of mental illness**

Mental illness is seen as a disease of disgrace bringing a strong stigma to the whole family. The family will be viewed as bad and as one that has not followed a virtuous path. The family future may be affected since people avoid marrying the other members of fear they may carry the same 'bad blood' as the patient. It is therefore not uncommon for many severe cases of mental illness to be concealed and sometimes the problems are only discovered when neighbours inform the police.

➤ **The importance of family**

Traditionally, there has been a strong attachment between members of Vietnamese families where by virtue of their age and experience, grandparents and parents are accepted by others as having wisdom, and therefore the right to take decisions in all matters. Filial piety means that children must consider their elders as person of authority and obey orders without comment.

As a result, families often take health care decisions without involving the patient in the decision-making process. In most cases, it is the relative more than the patient who needs to be convinced before the patient can start or continue a therapeutic programme.

➤ **Techniques for diagnosis and speed of treatment**

Western medicine is valued as magic and therefore it is expected to be effective within a few days or not at all. Thus long-term treatment will automatically be seen as wrong. Also the method used by Western professionals when approaching a psychiatric patient – relying on interview rather than palpation (touching the body or auscultation with a stethoscope) - is not seen by Vietnamese people as an effective way of reaching correct diagnosis. Treatment prescribed or instructions given as a result of interview only may not be fully trusted or strictly followed.

➤ **Keeping problem in the family**

There were no formal psychological treatment in Vietnam and patients or carers are not familiar with this mode of management. They do not like to talk to a stranger about their personal feelings, preferring to speak to someone they trust and can confide in for emotional support and advice. It is only relatives and friends, or Vietnamese workers of a certain age whom they can assimilate as members of their family, who they therefore will trust to provide counselling, advice and emotional support.

Obstacles for Vietnamese in gaining access to services

Refugees are entitled in the same way as the indigenous population, to a range of statutory services, including health and social care. The principle of equality in access to these services for everyone was highlighted in the Patients Charter

However, several obstacles still exist for many Vietnamese, preventing them from accessing services.

- **Inability to speak English or understand its written form**
Lack of interpreting and translation services means users sometimes have to rely on their children or family members. Even if interpreting and translation services do exist, users are often dissatisfied with patronising attitudes, the lack of consideration of privacy and confidentiality and sometimes, the lack of advocacy.
- **Unfamiliarity with the complex British health and social care systems**
This includes not knowing when and how to approach services; who to address matters to; and unsolved cases – where to go next and through what procedures.
- **No knowledge about relevant social welfare allowances**
Users of mental health services may be entitled to benefits or allowances, but the system is very complex. Information about these issues for Vietnamese is non-existent: most leaflets and booklets on welfare benefits are published in English only.
- **Cultural beliefs**
Differing cultural perceptions can be a difficult problem to get over but not impossible if adequate information and continuing support is provided, and if the approach to users and carers is friendly, non-judgemental and supportive.

- **Mainstream approach**
A mainstream approach can result in a lack of cultural understanding by the mainstream services. For example, inquiring about sexual life of a Vietnamese women is an insult, and mainstream Day Centre services usually don't benefit Vietnamese patients because many Vietnamese cannot communicate with the centre workers and others attending.
- **Lack of sympathy and support from professionals**
One example of inadequate support is not giving information to patients about their illness or medication prescribed. This is often due to an inability to communicate clearly, but can sometimes be compounded by unfriendly or thoughtless attitudes.
- **Financial difficulties**
Financial hardship can often be a problems for patients and/or carers, along with unfamiliarity with benefit forms, giro cheques or handling money in general.



Day Centres:

Day centres are provided in 2 locations in London, they offer an informal therapeutic and culturally appropriate leisure activities, a place where service users and carers can socialise and provide mutual support.

Activities: social and leisure, outings; ESOL class; Painting class and Healthy Cooking class

Locations:

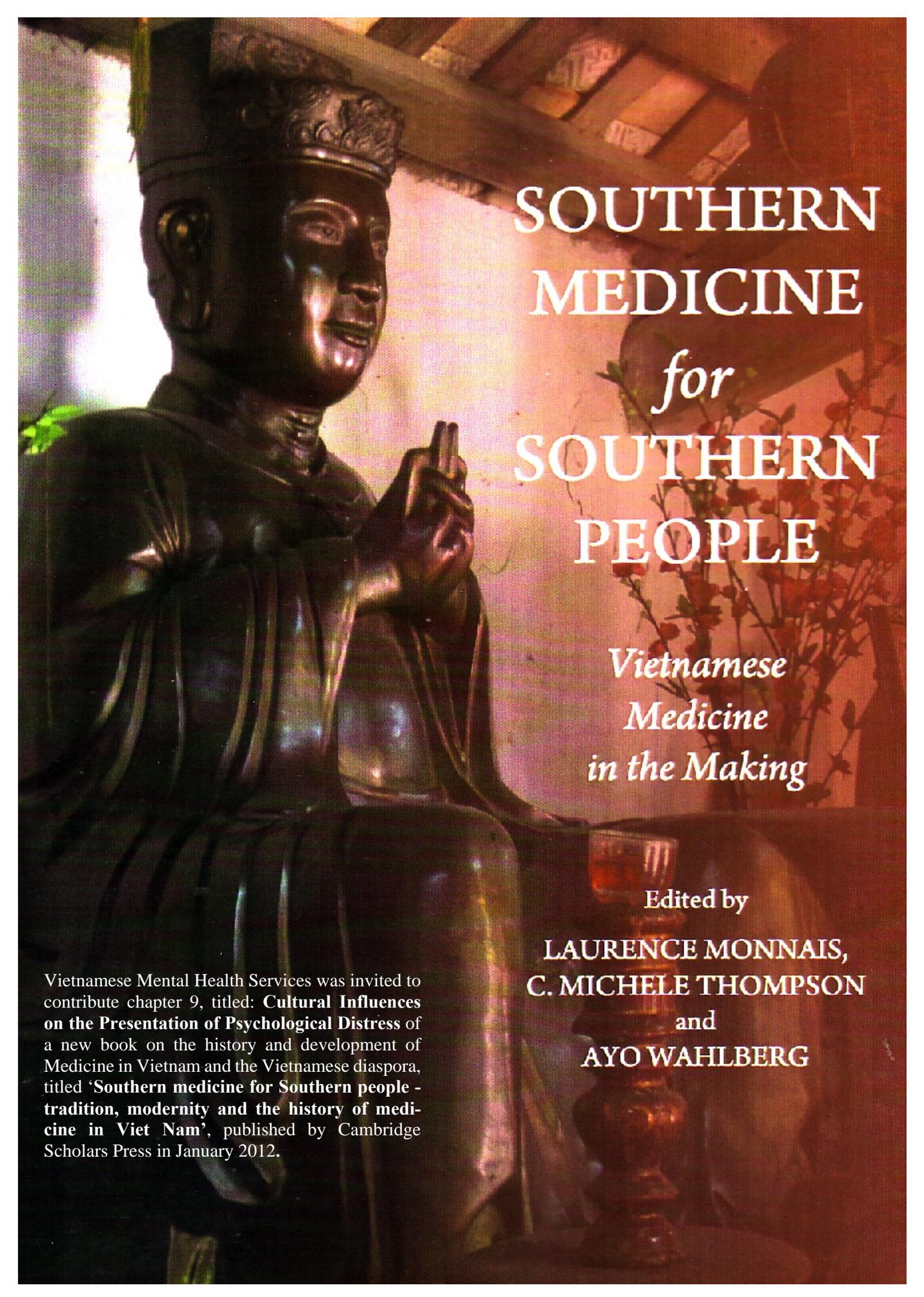
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Bibliography

- Abott, M. (1987) 'Indo-Chinese refugees in new Zealand, *Mental Health news*
- Bell, J. et al (1992) *The Unheard Community, Refugee Action*
- Chan K.B. and Christine K. (1994) *Refugees from South East Asia - a review essay*
- Community Care Plan, Lambeth (1995) *Services for people with mental health difficulties*
- Evelyn Oldfield Unit (1995) *Mental Health Seminar –report*
- Hillier, S. (1991) *The health and health care of ethnic groups, Bailliere Tindall*
- Home Office (1995) 'Refugees and Asylum, with special reference to the Vietnamese' *Home Affairs Committee Report, Vol. 1*
- Lam, Tom et al (1992) *Primary health and the Vietnamese Community in Greenwich, Glendon Health Project*
- Lien, M.H. (1989) *Coping with trauma, loss and exile, Mental health Foundation of New Zealand*
- Lien, Dr. O. et al (1992) *Concept of mental illness of Vietnamese and the attitude towards psychiatric services, Victorian Transcultural Psychiatric Unit, Health Dept. Victoria, Australia*
- Littlewood, R. and Lipsedge, M. (1993) *Aliens and Alienists –Ethnic Minorities and Psychiatry*
- Nguyen, A.T. et al (1988) 'Mental Health needs of Vietnamese Refugees', *Hospital and Psychiatry, Vol. 39*
- Nguyen. Duong (1993) *Cultural shock: a review of Vietnamese Culture and its concept of health and disease, CDTNVN/VQA*
- NHS Executive Mental health Task Force (1993) *Black Mental Health –a dialogue for change*
- Perrotto, R.S. (1993) *Exploring Abnormal Psychology*
- Scambler, G. (1991) *Sociology as applied to medicines, Bailliere Tindall*
- Dr. Turner, S. (1992) *Therapeutic approach with survivors of torture*
- Westermeyer, J. (1984) 'Psychiatric care of refugees', *Medical Care of Refugees, N.Y. Sandler, R.H. Oxford University Press*



SOUTHERN
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*Vietnamese
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Edited by

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and
AYO WAHLBERG

Vietnamese Mental Health Services was invited to contribute chapter 9, titled: **Cultural Influences on the Presentation of Psychological Distress** of a new book on the history and development of Medicine in Vietnam and the Vietnamese diaspora, titled 'Southern medicine for Southern people - tradition, modernity and the history of medicine in Viet Nam', published by Cambridge Scholars Press in January 2012.