Chinese American Mental Health Facts

Demographics

- Chinese Americans currently number 3.64 million, an increase of 33.3 percent between 2000 and 2009. It is the largest ethnic group among Asian American populations.¹,²
- Nearly 36 percent of Chinese Americans are U.S.-born and 64.1 percent are foreign-born. Countries from which the largest portion—84 percent—of foreign-born Chinese Americans originate include China, Taiwan, Hong Kong and Macau.¹,²
- After Spanish, Chinese is the most widely spoken non-English language in the U.S. 2.6 million people over the age of five speak a dialect of Chinese in their homes.¹

Cultural Conceptions and Expression of Mental Illness

- Many Chinese American views of mental health issues are heavily influenced by concepts of health and illness in traditional Chinese medicine, as well as by religious beliefs. Development of mental illness is commonly attributed to the imbalance of yin and yang, disturbed flow of chi (energy), divine punishment due to failure to comply with ancestor worship rituals, karma, genetic vulnerability, physical or emotional strain, organic disorders, and character weakness.³
- Rooted in the doctrines and philosophies of Confucianism, Taoism and Buddhism, Chinese traditional cultural values include family-focused values (manifested in filial piety and family hierarchical structure), maintenance of harmony (intrapsychic harmony, interpersonal harmony and harmony with nature and time) and emphasis on education.⁴,⁵
- Culture-bound syndromes* affecting Chinese Americans:
  - Neuroasthenia, also known as shenjing shuairuo ("weakness of nerves" in Chinese), is characterized by dizziness, mental and physical fatigue, diffuse bodily complaints, concentration problems, difficulty with sleep and appetite. It is an official diagnosis in China and a diagnosis commonly given by traditional healers.³,⁶
  - Qi-gong psychotic reaction results from excess or incorrect practice of qi gong which is a traditional Chinese mind and body practice. It is described in DSM-IV as "an acute, time-limited episode characterized by dissociative, paranoid, or other psychotic or non-psychotic symptoms".⁷ The term "qi-gong deviation" is preferred in China.⁸

*Some illnesses seem to affect only specific ethnic groups. They are referred to as culture-bound syndromes.
Comparative Rates of Mental Health Issues among Chinese Americans

Depression:
Chinese Americans have been found to have the highest lifetime prevalence rate of depression among Asian American groups, with attributed stressors such as social isolation, lowered status, grief, acculturation stress, war trauma and financial problems.\(^3,^9\)

Chinese Americans who are treated for depression may exhibit somatic complaints such as headache, backache and chest pain. This is in part because, for many, physical pain is socially much more accepted than psychological health problems and is also due to the deeply entrenched holistic view of health and illness.\(^3\)

Suicide:
Age and gender groups of Chinese Americans have higher suicide rates than do the same age-gender groups in other ethnic communities:

- In women aged 65 years and older, the suicide rate in Chinese Americans was much higher than among whites.\(^9,^{10}\)
- Among women ages 15-24, Chinese American girls have higher suicide mortality rates than European Americans in that age range.\(^3\)

Foreign-born Chinese Americans have higher suicide rates than do American-born Chinese Americans.\(^11\)

Schizophrenia:
There is no epidemiological data in the United States on schizophrenia prevalence for Chinese Americans. According to the National Institute of Mental Health, schizophrenia affects 1.1 percent of U.S. adult population in a year.\(^12\) The prevalence of schizophrenia in China was 1.77 percent, and was higher in women than men.\(^13\)

Gambling:
Asian Americans consistently show high rates of gambling disorders compared to the general population. About five percent of the general population suffers from a gambling addiction, but one study found that twenty percent of Chinese Americans are problem gamblers.\(^9\)

Considerations for Mental Health Care among Chinese Americans

- Considering Chinese Americans’ family focused values, it is helpful for mental health care providers to identify the decision makers in the family, gain their support for a treatment plan and keep them well-informed of the treatment process when possible.\(^3,^{14,15}\)

- A problem-focused family therapy approach is found to be very effective with many Chinese American families, especially for new immigrant and refugee families who are often overwhelmed by multiple problems. Additionally, the use of educational approaches such as psychoeducation, role play and assignment of tasks at home are also commonly well received.\(^3\)
• It is suggested that providers use an authoritative approach and convey expertise in the therapeutic relationship. Many Chinese American individuals and family members expect providers to behave in a parental manner and will feel uncomfortable if put on peer level with their doctors.³

• Clinicians should respect and creatively use an individual’s cultural strengths in support of recovery such as support from extended family members and siblings, strong sense of obligation, emphasis on education and workplace, the high tolerance for prolonged separation with loved ones and the loyalties of friends.³, 16

• Asian Americans generally need lower doses of psychotropic medications, because of differences in metabolism, body weight, diet and patient expectation of side effects. Since self-adjustment of medication dosage is common among Chinese Americans, clinicians should emphasize importance of joint decision making with prescribing clinician to make safe dosage adjustments.¹⁷

• Indigenous Chinese healing practices include herbal medicine, acupuncture, therapeutic massage, religious faith healing, nutritious diet and health exercises such as tai chi and qi gong.³ Open discussion and flexibility may go a long way in treating Chinese Americans who may prefer these traditional Chinese treatments.¹⁸