



Vietnamese and Chinese Mental Health Focus Group Report

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Facilitators:

Catherine Negus - Research and Intelligence Officer

Chithmini De Silva - Engagement Officer

Contact Details of Healthwatch Southwark:

Healthwatch Southwark, 1 Addington Square, Camberwell, London, SE5 0HF

info@healthwatchsouthwark.co.uk

020 7358 7005

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Disclaimer

Please note that this report relates to discussions that took place on the 21 October 2015. Our report is a summarised account of what was contributed at the time.

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 **Why this focus group?**

The charity Vietnamese Mental Health Services (VMHS), established in 1989, offers holistic support to Vietnamese- and Chinese-speaking mental health patients and their carers/families in London. This includes counselling, family counselling, emotional support, home outreach, welfare benefits and housing support, refugee/asylum help, advocacy, information about healthcare, support to carers and children, supported accommodation, social activities, physical health support such as gardening, information and awareness raising. Most users of VMHS are referred from hospitals as well as Community Mental Health Teams (CMHTs), GPs and Talking Therapies. The organisation has limited funding.

The VMHS publication *Mental Health: A Vietnamese Perspective* provides an overview of the challenges faced by many of its service users:

- Many Vietnamese and Chinese-Vietnamese people are refugees and have experienced trauma and loss in Vietnam, during escape, and in internment camps.
- Among Vietnamese people in the UK, levels of education are comparatively low, unemployment is high, and housing poor.
- Levels of depression and schizophrenia are higher than for the population on average.
- Take-up of NHS services among Vietnamese people is lower than average. Obstacles include not knowing how to approach services, inadequate communication about medications, and language barriers. There is a lack of qualified bilingual Vietnamese/Chinese-speaking counsellors. When interpretation is provided, dialects can be different - this has caused problems for some using Language Line.¹
- In traditional Vietnamese beliefs, there is little vocabulary for mental illness. It may be viewed as an organic imbalance in the brain, best dealt with by food or herbs. Western medicine may be viewed with suspicion and slow-acting drugs seen as ineffective. Treatment prescribed after only an interview may not be trusted.
- Alternatively, mental illness may be seen as a spiritual problem and therefore prayers and exorcism may be used, even alongside professional help. There is a strong stigma attached to mental illness for the whole family - this encourages many to hide the condition of their sick relative. Families play a strong role in determining treatment.
- There is a culture against challenging persons in authority, which can mean medical professionals think their patient is content when they are not. Self-control and hiding one's emotions are valued traits. People will confide mainly in their family, but sometimes Vietnamese workers of a certain age can be accepted as 'family'.

¹ *Improving mental health support for refugee communities – an advocacy approach*, Mind, p17.
http://www.mind.org.uk/media/192447/Refugee_Report_1.pdf

At the 2011 census, 1,662 Southwark residents (0.6% of the local population) described themselves as ethnically Vietnamese, with a further 17 people describing themselves as mixed Vietnamese. Some of the Southwark residents who described themselves as Chinese may be Chinese-Vietnamese. 937 Southwark residents aged over 3 described Vietnamese as their main language. Across England, 42% of people who speak Vietnamese as their main language do not speak English or do not speak it well. If this is also the case in Southwark, we might therefore expect that there are nearly 400 Vietnamese-speaking people in the borough who do not speak English well.²

Aim of the focus group

- To understand the health needs that are specific to this community, and the different cultural needs which need to be met to enable the Vietnamese community to access good health and social care.
- To understand challenges to access and good experience in health services and particularly mental health services.
- To understand the best ways to get information to, and hear information from, the Vietnamese community.

Methodology

Six Southwark residents with mental health problems who are users of the organisation Vietnamese Mental Health Service (VMHS) attended the focus group and were thanked with lunch. The translator/support worker also contributed some of her own experiences in supporting patients and the service manager commented. Translation was provided in Vietnamese, Cantonese, and Mandarin.

Findings

1. About the attendees

Three participants (plus the translator) were Vietnamese and three Chinese (two speaking Cantonese and one Mandarin - the latter was 'from China' but the organisation supports many Chinese-Vietnamese people). Two of the participants spoke good English and another one spoke some.

² Census 2011

There were two male and four female attendees. Ages ranged from 27 to 61. People had been attending VMHS between six months and 25 years.

1.1. Services being used

- All six participants were registered with a **GP**
- All six were under the care of a **Community Mental Health team (CMHT)** and taking **medication** for their mental health problems
- Five had received some kind of **talking therapy**
- Five had attended **A&E** related to their mental health problems
- Five had **stayed overnight** in hospital for mental health problems
- Five had attended **A&E** related to physical health needs
- Three had **stayed overnight** for physical problems

1.2. Cultural context

The group were asked if there were any health related topics that were not openly discussed within their community. People agreed with the service manager's assessment that many topics are not discussed publicly in Vietnamese culture:

- *“We don't talk about mental health. In Vietnam there is bad talk about people with mental health [problems]. They don't want to believe what you say. They laugh behind you”*
- *“We don't like to talk to strangers about our problems such as marriage problems”*
- *“If we have a problem we talk to our family”*

Everyone agreed that the mental health services that they access here in the UK are unavailable in Vietnam.

2. Getting information

The group were asked where they currently get information or advice about health. One person said they get health information from their GP and one said from friends and family. Two people said they didn't know where to get any health information.

Two people relied on VMHS for their health information but said that before they had been referred there, they had not had any help until a crisis happened. One had been referred to VMHS after going to hospital in an emergency, before which there was *“no idea, no help, no contact”*. Another said *“By the time you [get] it is when you're sectioned”*.

It was generally understood that for most people, information in English was not accessible. Only one person wanted information provided online, by email - which they did not have yet, but wanted to learn about - with others vigorously disagreeing [see below for more discussion about digital exclusion.]

One person suggested that text messages would be better than email, a suggestion received with interest by the others. One person suggested 'visits' as a way to get information.

3. Experiences of GP services

There were mixed views about seeing the GP. While four people were positive about the GP - *"the surgery is fine"*, *"GP's understanding is good"* - one person said they felt rushed and not listened to, and another did not feel that white British doctors understood their mental health and culture:

- *"The GP doesn't have enough time to listen to our problems. I feel like they don't want people with mental health [problems]. They think we talk too much silly things, and say 'quickly, quickly'. They give medications and that's it. I feel like I don't have enough time to explain my problem...No, they don't understand."*
- *"I don't think they understand our religious background and problems. They're good at broken arms but not mental health. They give medication that doesn't work...They are understanding, yes, but not for mental health. They can't just section us for months when they don't understand our beliefs."*

One participant said that while the GP appointments and care were helpful, it was hard to arrange to see the doctor in the first place - *"The GP is good. Medication is good for me and everything. But making an appointment is very difficult. You have to make it on the same day, but same day is difficult as I need the support worker [from VMHS] to come and translate. But in advance means a couple of weeks and that is too late. I need it in a few days to arrange translation."* The VMHS service manager said that this is a new system and does not work well. He added that sometimes the receptionist ask why the caller wants to see the doctor, and a doctor will ring back to talk to the patient for triage. This does not work well for people who do not speak English.

The surgery has a Vietnamese doctor, but this patient has to go in at 8am to get an appointment with that doctor - *"They used to give appointments over the phone but now it is very difficult to get through...I come in person at reception and they say 'no appointments this week'. I ask about next week or the week after and they say come tomorrow to find out. I come tomorrow and they say the same thing. But when the support worker rang for me, an appointment was possible!"*

Another participant agreed with these comments, and the translator added that having to call the surgery at 8am or 9am is very difficult as this is the time when support workers are travelling to work so it is hard for them to help/translate.

The manager said that the system is making it hard for workers to plan their work. When asked if they had ever been offered translation at the GP, no one said they had and three explicitly said it was not provided - Falmouth Road Surgery and Maddock Way Surgery were mentioned in particular.

4. Experiences of community/outpatient mental health services

Three people commented on their experience with the Community Mental Health Team (CMHT). They had mixed views:

- *“Not good!”* [See box below for more on this participant’s views].
- *“Good. I have an injection monthly and a medicine review meeting every six months. There is nothing that needs improving.”*
- *“Very good. They make sure I’m ok. We meet every two weeks. I can talk about problems and feelings. They give help with benefits like housing benefits and forms - big problems.”* The Community Psychiatric Nurse (CPN) will sign these forms very quickly for this patient - *“They are a big help on the phone when every year we need to renew [the benefits claim]. The social worker was very good but doesn’t work there now. But they have sent me to the Wellbeing Hub now and I haven’t heard anything yet.”* [This referral was a month ago].

One person’s view on mental health and culture...

One of the attendees was vocal about their dissatisfaction with mental health services in general. Despite speaking good English they were uncomfortable with non-Vietnamese medical professionals or with being placed on a ward with unfamiliar people from different cultures. As well as explaining that they did not feel GPs understood the Vietnamese religion or culture (see above), they elaborated:

“I don’t want to be sectioned ... I want to be among Vietnamese people. They know a Muslim needs a prayer mat and to pray [but]...they don’t understand my religious needs. I need a Vietnamese social worker. They won’t listen when I say I’m not harmful to others...I was one of the boat people. We’ll always be refugees. We are fragile. Don’t judge us straight away. I disagree on medication - I need Vietnamese medication...Need someone Vietnamese to explain the medication. We need a better mental health service for men - talking therapy.”

This person is training as a mental health nurse and feels strongly that more Vietnamese people should be trained in medical work so that they can support fellow Vietnamese people who are unwell.

People shared their experiences of talking therapies, and were asked specifically about the choice in language. One participant said they had had Cognitive Behavioural Therapy (CBT) at the Maudsley Hospital, in English - *“My English is ok but I still need a supporter with me because when I feel unwell I just couldn’t listen and answer the doctor.”*

Another participant was pleased with the support provided when an inpatient, *“I need a Chinese [Mandarin] service. I lived in the Maudsley for one year. The care coordinator was very good. She referred me to VMHS.”*

5. General access to health and care services

The group were asked how easy is it to access other health services and this raised the issue of digital exclusion again in relation to service access in general:

- *“I also have a big problem with housing. Everything is online. It’s not easy. Even when the support worker helps it is complicated because you have to have an email address to register. It’s not easy.”*
- Another person agreed that this is a *“big problem”*.
- Another participant said they do not have internet - others nodded. Asked if they could go to a library they pointed out that doing this and going out in public can be very difficult for people with mental health problems who are shy.

6. Experiences of Vietnamese Mental Health Services (VMHS)

Below is a breakdown of what services the group use from the VMHS:

- Social activities - 5 (not the Mandarin-speaker)
- Application forms for housing, benefits, ‘everything’ - 5
- Translation/interpreting - 4, and 1 ‘sometimes’
- Calling doctor to make appointments - 5
- Gardening - 2
- Help with the hospital and injections - 2

Most people visit the service each Wednesday. Some also go to the other VMHS project in Hackney on Thursday/ Friday.

When asked what they felt was good and helpful about the VMHS, the group were very positive about the support provided saying it was *“very helpful”* and *“everything is good.”*

One participant expanded on this, saying that they find support provided at VMHS much more helpful than mainstream health services, as it is more comforting and culturally appropriate.

When asked if they thought the VMHS could be improved, all agreed that the service all agreed that it was *“very good already”*. Suggestions given were, *“More funding so more activities for us to do”* and *“training us as nurses”*.

The group were asked what they thought would happen if they did not use the VMHS or if the service no longer existed. Two people said that if the service was not there, they would rely on friends, family and word of mouth for help and information. Two said that it would be *“very hard”* or *“very difficult”* and that they did not know where they would be able to get health information. Two said it would lead to crisis for them, *“I’m in hospital, definitely,”* *“Hospital for an emergency”*.

Key issues

Language: Attendees agreed that language is the main barrier for this community in accessing services. Most of the group required a translator to help them participate. Two attendees spoke quite good English, but one of them added that when she was unwell she still needed a support worker to help her communicate with the doctors. Another said that she used to speak quite good English, but because of her mental illness, she lost the ability. Support workers/translators were relied upon by many for arranging and sometimes attending GP appointments. They were sometimes also required during treatments such as talking therapy. Some GP surgeries are not meeting this need for interpretation.

Digital exclusion arose as a theme. People found it difficult to access services and information or apply for help online. Again, this exclusion was compounded by mental health issues, as it meant some people were less likely to access the internet in public places.

Being understood: Participants had mixed opinions about whether or not health professionals understood them. Several said that they felt understood and some appreciated the regular support provided by their CMHT. One felt strongly that their cultural and religious needs and background were not understood by white British professionals, and that it was particularly difficult to be sectioned on a ward without other Vietnamese people. Another said they felt rushed by the GP when trying to talk about mental health problems.

Making GP appointments was agreed to be a problem for many in the group, largely in connection with the language barrier and the system of same-day versus long-term appointments.

Accessing information: Most people had not accessed health information from mainstream sources. Some had not received help until in a crisis because of this. This increased the importance of VMHS' support.

Help from VMHS and by some CMHTs with practical issues such as housing and benefits, particularly with filling in forms, was much appreciated and it seems that having support on these things is an important foundation for people's mental health.