



Consumer Quality Initiatives, Inc.

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Cambodian-American Cultural Competency Focus Group Report

INTRODUCTION

The Massachusetts Department of Mental Health (DMH) contracted with CQI to conduct a series of focus groups with adult and youth mental health consumers and family members across the state to help inform their Unified Behavioral Health planning process.

One area of interest for DMH is cultural competency. This report presents common themes from a focus group with Cambodian-American adult consumers on their experiences with the mental health system.

EXECUTIVE SUMMARY

- Stigma is a major issue in the Cambodian-American community. People who talk about their mental health problems risk being ostracized by their family and social network. Seeking professional counseling or help is not encouraged by the community.
- Clubhouse membership was valued for the opportunity to talk openly with other members and staff about issues. While participants valued the opportunity to discuss and experience work, several wanted a job that would provide them with greater autonomy.
- People who had a case manager were pleased with those services. Having a DMH case manager who is Cambodian is not critical (for those who speak some English), but translation services are needed and helpful when meeting with other service providers and doctors.

FOCUS GROUP PARTICIPANTS

CQI held a focus group on April 13, 2006 at Renaissance Club. There were 6 consumer participants, 5 males and 1 female. Participants' first language was Khmer, but they all spoke English as well¹. We used a certified translator hired by DMH to assist; often the

¹ The focus group did not include anyone who spoke no English, so the perspective of non-English speaking people is not directly represented.

participants spoke in English, but when talking about more personal or difficult issues, participants would speak in Khmer and the translator assisted.

Most had DMH case managers, and all were members of the Renaissance Club. Most people said that they go to see doctor for psychiatric medications once per month.

THEMES

Stigma in Cambodian community

Most participants agreed that Cambodian attitudes about mental illness were poor.

Comments included:

“People look down on you, put you down, turn away”

“They think we are possessed by demons.”

“They feel disgusted.”

Several participants said that many in the Cambodian community believed that a person would get worse if they engaged in counseling or psychiatric treatment. Several said that it was an isolated life for those with mental illness within the Cambodian community.

“It’s hard to tell them about mental health problems.” Thus, they risk being ostracized by their family and social network if they seek counseling.

Most people had limited knowledge of DMH and the services that it offers. One person said: *“They work with the mind and talk about mental health. They deal with ‘crazy people’.”*

Participants said it would be helpful if there was a plan to address stigma².

Relations with DMH and provider staff

Many participants identified case managers, supported housing staff and clubhouse staff as being helpful. Most participants believed that staff understood them because staff helped them with setting up appointments, transportation to the doctor, and with solving problems. *Several participants stated that they could go to staff with questions or problems.*

Most participants had a DMH case manager who spoke Cambodian. They stated that their DMH case manager translates for them and goes with them to doctor’s appointments.

Most participants did not believe that it was too important that their DMH case manager to be Cambodian, as long as a translator was available when dealing with providers. As one person noted: *“As long as the person helps me it doesn’t matter about race.”*

Getting needed help

² The translator reported after the meeting that Cambodian men generally do not speak up and share their thoughts in a group. People get referrals for mental health issues, either through their primary care doctor or very informally, by talking to people they know. She also shared that sometimes people will talk to other people in their temple or church about their mental health struggles to find out what to do, but they will generally not go to a monk or priest to discuss the issues.

Most people felt that they were getting the help that they needed, especially from their DMH case manager, supported housing and the clubhouse. Several people reported that when they needed help, they turned to their case manager first.

Most had been referred to the clubhouse by their DMH case manager. When asked why they attended the clubhouse, participants mentioned the following: to get help with work, learn the English language, use the computer, and socialize. As one person said, *“I feel isolated from people. I come here to socialize and meet people. Coming here is one way to relieve my anxiety.”* Several mentioned that they worked together in the kitchen, and were particularly appreciative about a Tuesday meeting on working.³

Several participants expressed a desire for help finding a job that would provide them with greater personal autonomy. As one person noted: *“I want to work to make money.”* Greater control over money was a concern for several participants. A few were frustrated with finding appropriate housing.

Several mentioned that medication was helpful to them. However, some people wanted more time with their doctor. They expressed frustration with the limited time they get with their doctor and the infrequency of appointments.

CONCLUSION

This focus group demonstrated in strong ways the level of stigma (regarding mental illness and help-seeking) experienced by consumer members of the Cambodian-American community.

It is otherwise very difficult to generalize from this group, which may represent to a degree Cambodian-American males who speak English, live in the Northeast area of Massachusetts and attend a clubhouse.

It is clear that this group valued greatly both “community” (cultural, consumer) and employment.

We recommend that additional focus groups be held with Cambodian-Americans who don’t speak much English, who do not belong to a clubhouse and/or who are female. There should be a particular strategy to learn more about the stigma issue, while creating opportunities in the community for Cambodians to learn more about the mental health system as a whole and DMH in particular.

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³ Some participants were frustrated with their observation that the sickest people at the clubhouse were not getting help and that other members looked down on them.