

Asian American Mental Health Issues: Personal Reflections

**Asian American Center on Disparity Research
University of California, Davis
Department of Psychology
August 17, 2009**

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**Distinguished Investigator, Division of Mental Health and Substance Abuse
Research, National Health Research Institutes (NHRI), Taiwan**

My Own Journey

- ❑ 1972-1974: training in Taiwan
- ❑ **1974-1979: Clinical and research training in Seattle**
- ❑ 1979-2004: Harbor-UCLA Medical Center
 - ❑ Two public mental health centers in Asian American communities
 - ❑ Research Center on the Psychobiology of Ethnicity
- ❑ 2004-2008: National Health Research Institutes (NHRI)
- ❑ 2008-2009: Center for the Advanced Study of Behavioral Sciences at Stanford (CASBS)
- ❑ 2009- ?

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Seattle's International District Health Clinic



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Robert Wood Johnson Clinical Scholars Program (1977-1979)



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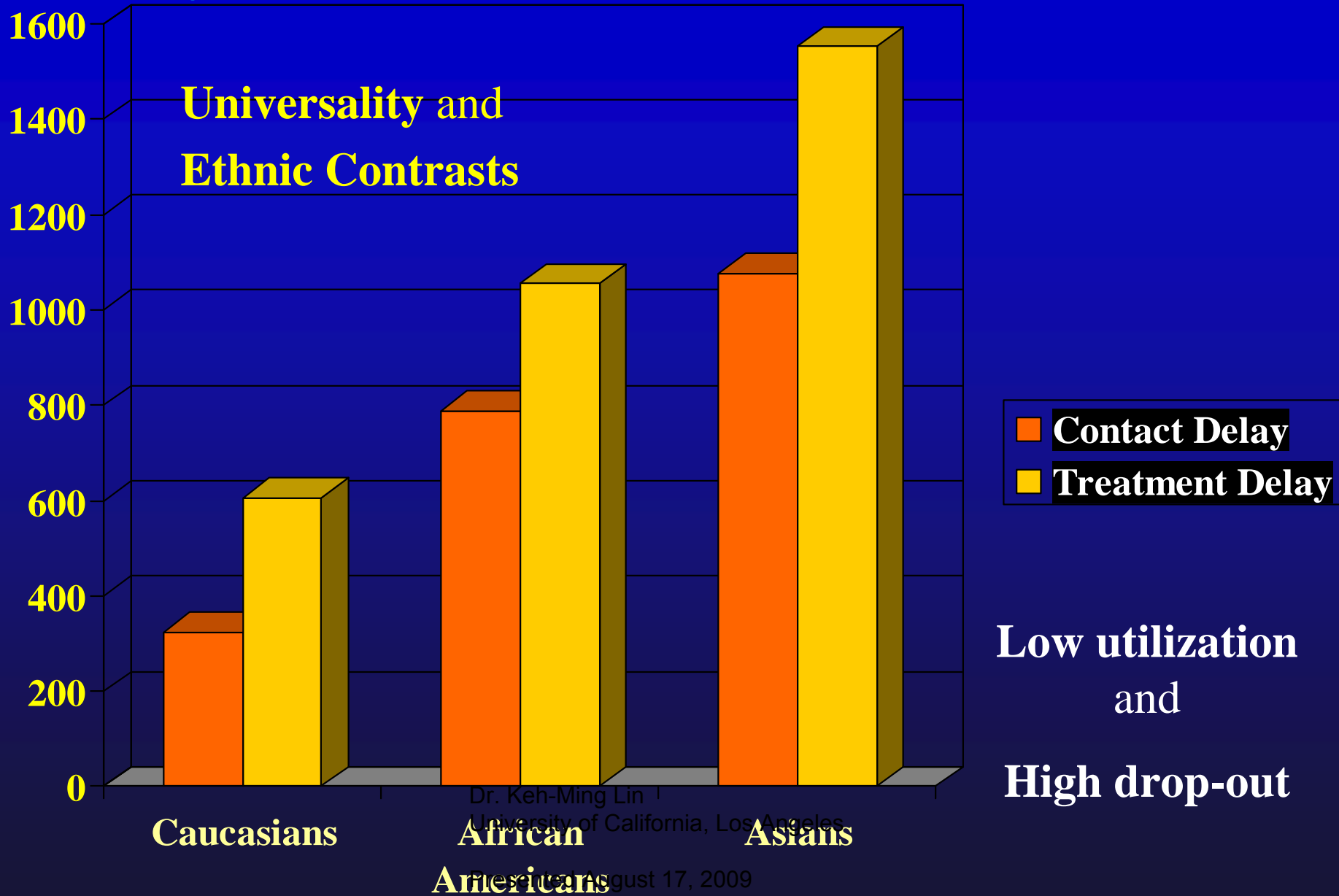


Sophia and Stanley Sue

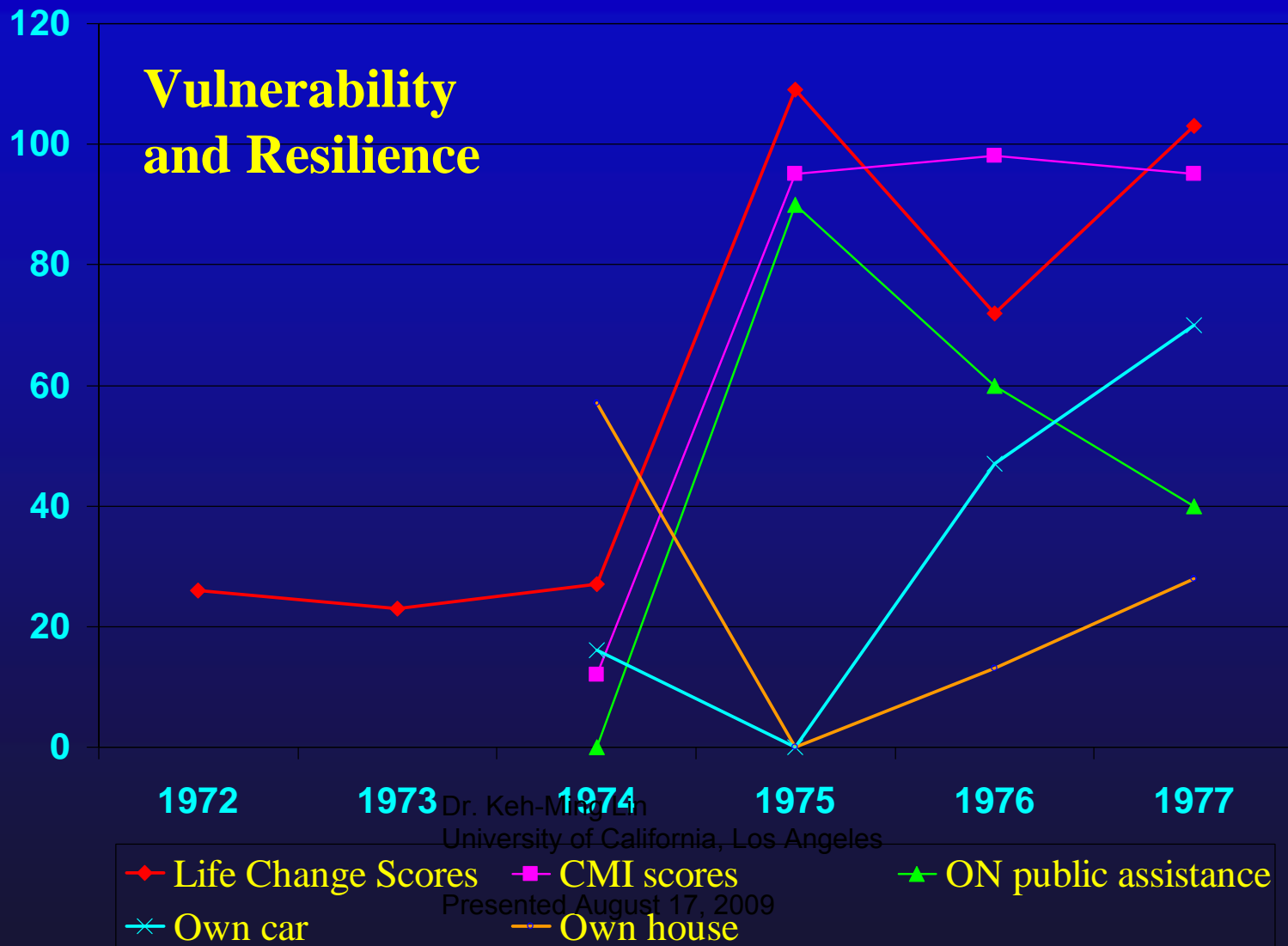
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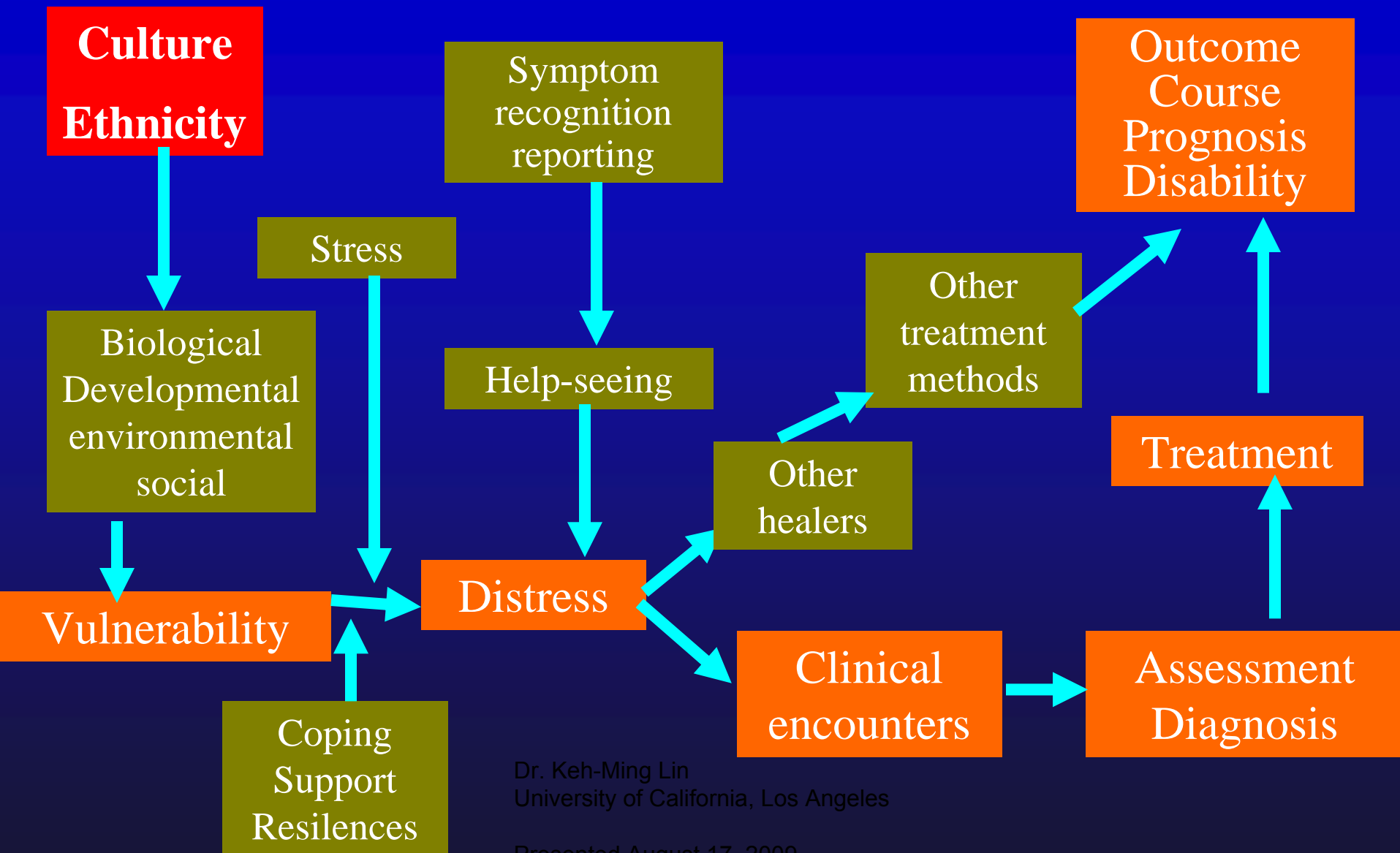
Delays in Help-seeking in Psychotic Patients



Life Change, Health Status and Adjustment in Vietnamese Refugees



Model for Mental Health Research



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Why Study Culture?

- ❑ Influences pervasive
- ❑ Crucial for appropriate care of large segment of humanity
 - ❑ “Minority” populations becoming the majority in the U.S. and other “developed” countries
 - ❑ Majority of the world populations
 - ❑ Bridging disparity in care
- ❑ Crucial for advanced in the understanding of human behavior
 - ❑ Culture-biology interactions
 - ❑ Universality vs variations
 - ❑ **Current theories and practiced biased by their Western roots**

Contemporary Understanding of Mind and Behavior is Culture Bond

- ❑ **Our approach and knowledgebase are culturally biased**
 - ❑ Individualistic orientation: neglect of family and social networks
 - ❑ Concept of self and its boundary
 - ❑ Secularism: avoidance of the “soul” (extending the concept of “self” backward and forward) and associated healing traditions
 - ❑ Artificiality of soma-psyche dichotomy
 - ❑ Reification of diagnostic and classification systems
 - ❑ Specialization, compartmentalization and fragmentation vs integration
- ❑ **Cultural issues at least as important with professionals as with ethnic minority (or “non-Western”) patients**
 - ❑ Importance and danger of the concept of “universality” (放之四海而皆準).

Theories and Observations

- ❑ Theory and observation are Siamese twins, inextricably entwined and continually interacting. One can not perform first while the other waits in the wing (Stephen Jay Gould).
 - ❑ Dialectical in nature
- ❑ The centrality of “cross-cultural” validation.
 - ❑ Cross-cultural, or transcultural, studies represent a powerful tool central to the development of theories.
- ❑ Focus not on proving the prevailing theories right, but to be on the lookout for their limitations, which become more evident across cultures.

Topics for Further Discussions

- ❑ “Somatization” vs “psychologization”
- ❑ “Culture bond syndromes”
- ❑ Clinical relevance of cultural formulation
- ❑ Adherence
- ❑ Effectiveness of culturally-based therapies
- ❑ Healing and other “indigenous” practice
 - ❑ Herbal use in Asian American populations
- ❑ Outcome research

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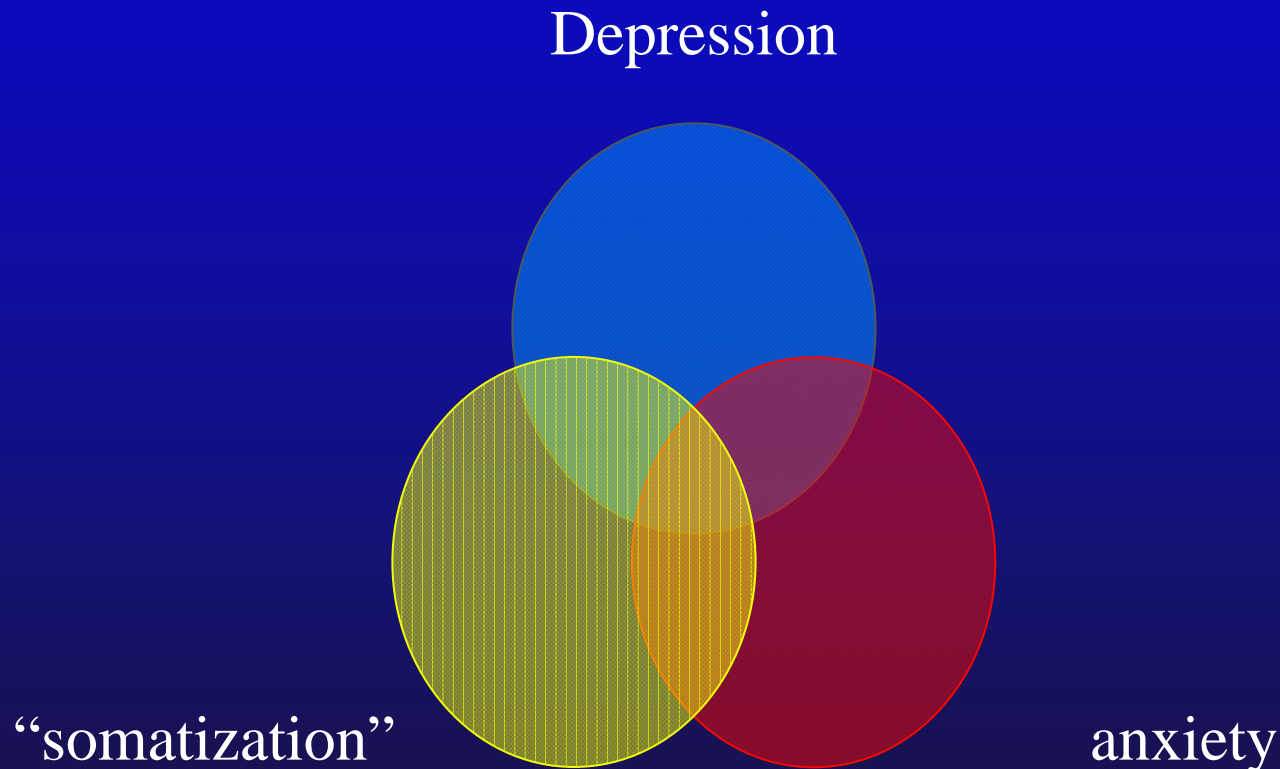
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“Somatization” vs “psychologization”

- ❑ Asian patients rarely express their distress in psychological terms
- ❑ Most present themselves with somatic complaints
- ❑ Aware of their mood states, and able to elaborate when queried, specially not face-to-face
- ❑ Not due to “absence of psychological mindedness”
- ❑ Prevailing “idiom of distress” encompassing both somatic and psychological domains
 - ❑ E.g., “neurasthenia”
- ❑ Rooted in the preference for psyche-soma integration rather than dichotomy
- ❑ Challenge: development of therapeutic approaches de-emphasizing dichotomy and over psychologization

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Overlap among Depression, Anxiety and “Somatization”



**Kirmayer's
Three categories**

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Etymology of ‘Depression’ and Its Translations

- ❑ The term depression has its roots in Medieval Christian beliefs, having to do with inability to lift oneself to close to God
- ❑ When translated into Chinese, the term (憂鬱 or 抑鬱) lost this original connotation, instead conveying a sense of stagnation, perhaps reflecting the deep-rooted beliefs in the pathogenic effect of blockage of Chi circulation)

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“Culture bond syndromes”

□ Koro

- Shrinking of penis (induced by anxiety) leading to intense fear of death
- Reflecting traditional beliefs on the importance of the Yang energy
- Sporadic vs epidemic
- “universal” aspect

□ Hwa-byung

- Lump in chest, suffocated, indigestion, palpitation
- Caused by unexpressed, suppressed chronic anger
- Byung = disease; Hwa = fire and anger
- Reflection of the traditional medical belief of the five elements corresponding internal organs with psychological states

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Clinical relevance of cultural formulation

- ❑ Cultural formulation in psychiatric evaluation
 - ❑ cultural identity
 - ❑ cultural explanations of the individual's illness (**Explanatory Model; EM**)
 - ❑ cultural factors related to psychosocial environment and levels of functioning
 - ❑ cultural elements of the relationship between the individual and the clinician
 - ❑ overall impact of culture on diagnosis and care

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Explanatory Model (EM)

- ❑ Systematic elicitation of patient's beliefs on:
 - ❑ cause, onset, course, severity and possible outcomes
 - ❑ treatment options, both “indigenous” and “biomedical.”
 - ❑ Name or label of the affliction
- ❑ Basis for negotiation

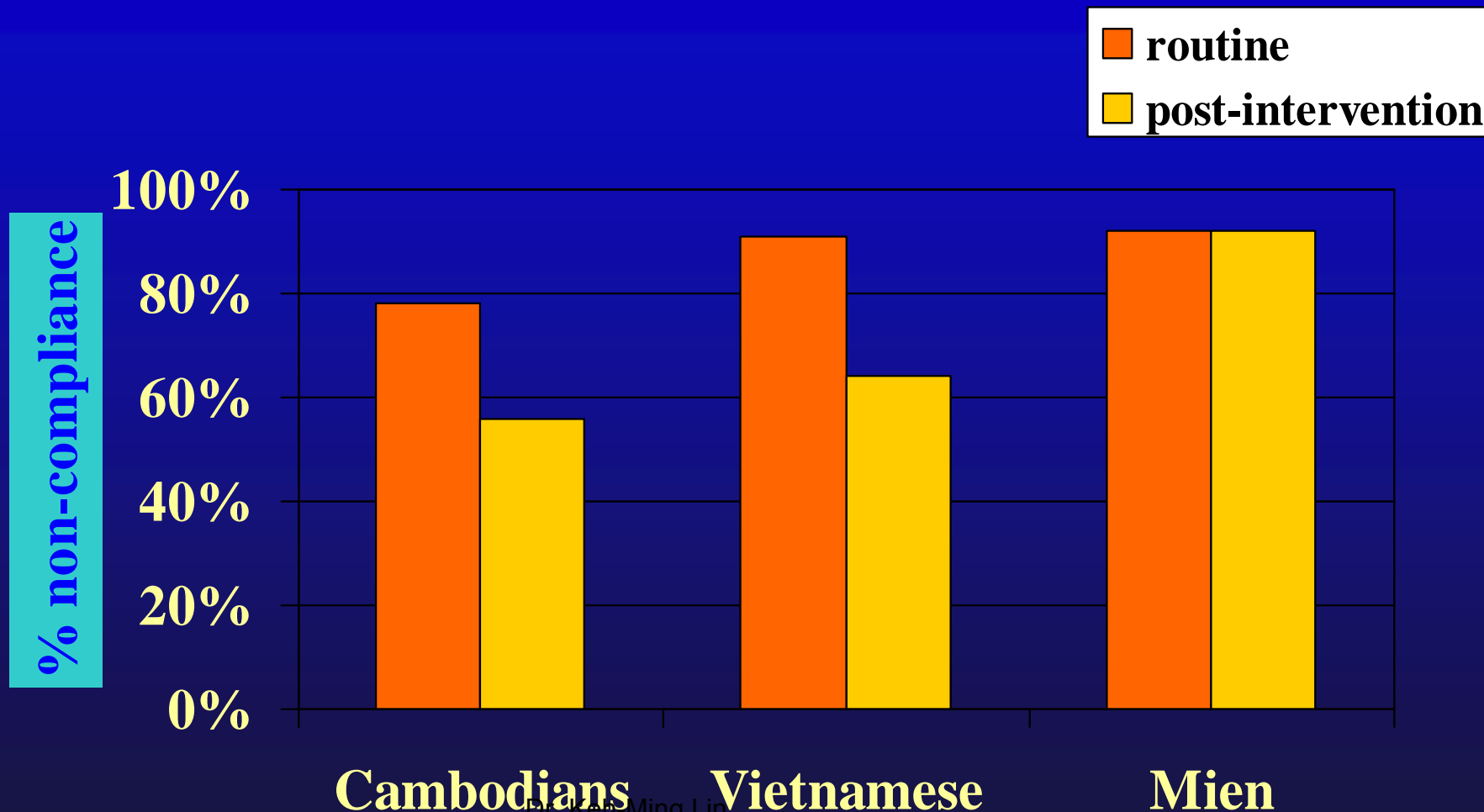
Empirical Support for the Utility of the Approach

- ❑ Clinical utility and effectiveness of the EM model have not yet examined with RCT (current efforts on conceptual development, case reports and training [Lu and Lim])
- ❑ Several on-going studies showing promising results
- ❑ Comparison of treatment including cultural formulation vs TAU (treatment as usual)

Adherence

- ❑ Non-adherence extensive (>50%) and universal, but believed to be even more problematic in Asians
- ❑ Multi-factorial: logistic, SES, financial strains, medication side effects, complexity of treatment regimens, “personality” (not true)
- ❑ Divergence in EM and poor clinician-patient communication at the root of non-adherence

Antidepressant Levels in Southeast Asians (Effect of Intervention)



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Kinzie et al. (1987) *Journal of Nervous and Mental Disease*, 175: 480-485

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THE SPIRIT CATCHES YOU
AND YOU FALL DOWN

A Hmong child,
her American doctors,
and the collision of
two cultures



BY
ANNE FADIMAN

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Effectiveness of culturally-based therapies

- ❑ Morita therapy
 - ❑ Naikan therapy
 - ❑ Tao-based psychotherapy
 - ❑ Meditation
 - ❑ Qi-Gong
-
- ❑ “Dialectic Behavioral Therapy” (DBT): roots in Buddhism and Zen tradition

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Healing and other “indigenous” practice

- ❑ Healing practices universal
 - ❑ E.g., Taiwanese shamanism; psychic healing; Christian healing
- ❑ Indigenous healers: competitors or collaborators
- ❑ Complex, non-linear nature of help-seeking
 - ❑ Family, friends, community opinion leaders, OTC, pharmacies, herbs, healers, religious practices, “alternative practitioners,” biomedical practitioners
- ❑ Prevalence, cultural meaning, role in relieving human suffering

Herbal use in Asian American populations

- ❑ Herbal use extensive in all culture groups
- ❑ Deeply rooted in major cultural traditions: Chinese medicine, Ayurvedic medicine, Islamic medicine, etc
- ❑ Most with active biological effects, could be toxic
- ❑ Claimed efficacy and indications not tested
- ❑ High potential for interacting with prescribed medication

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Herbs: Current Use

National Survey -Prevention Magazine 1997

- ❑ 32 % of the adults spend on average \$ 54 per year
- ❑ Good or better than non herbal remedies
 - ❑ Effectiveness- 65 %
 - ❑ Cost- 58 %
 - ❑ Safety- 53 %
- ❑ 3.24 Billion Dollars per Year Industry

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Unconventional, Alternative or Unorthodox Therapies in the U.S.

Eisenberg et al. 1993, The New England Journal of Medicine

- ❑ More visits to alternative care providers than primary care physicians
- ❑ 1/3 persons in U.S. used alternative medicine in 1990
 - ❑ Anxiety (45), Obesity (41), Back problems (36), Depression (35), Chronic Pain (34)
- ❑ 1/4 of patients with serious medical conditions concurrently use alternative medicine
- ❑ 7/10 do not inform their physician
- ❑ 1/2 without supervision of any kind

Research Agenda for Herbal Use

- ❑ Routine, systematic elicitation of herbs use
 - ❑ “pharmacoepidemiology”
- ❑ Ensure that they are harmless, warn users of potential toxicity
- ❑ Ensure no significant interactions with drugs to be prescribed
- ❑ Instruct patients not to change herbal use without consultations
- ❑ Effectiveness examined against TAU group

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Outcome research

- ❑ Tracking outcome of patients in clinics: symptom improvement, functional levels, drop-outs, adherence, side effects, etc
- ❑ Effectiveness of specific treatment methods
 - ❑ Modified therapeutic methods with proven efficacy in other cultural settings. E.g., CBT, DBT
 - ❑ Culturally based intervention methods
- ❑ Descriptive, case series, open trials, RTC, etc

Intervention Research

- ❑ Efficacy
- ❑ Effectiveness
- ❑ Practice
- ❑ Health services (administrative data)

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Culture-Biology Interactions

- ❑ Intimately linked, but artificially separated
 - ❑ Nature-nurture dichotomy
- ❑ Biology influenced by environmental input
 - ❑ Gene expression and epigenetics
 - ❑ Brain as an open system: shaped constantly by environmental input
- ❑ Cultural influence crucially impact on brain development, especially at crucial stages (e.g., early childhood, adolescence)

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Genetic Variations within and across Populations

- ❑ Variations extremely prevalent
- ❑ Responsible for inter-individual and cross-ethnic variations in biological and behavioral traits
- ❑ Responsible for the risks of all complex health problems, including all psychiatric conditions, as well as most of the chronic medical problems, such as diabetes and hypertension
- ❑ Determines pharmacological treatment response

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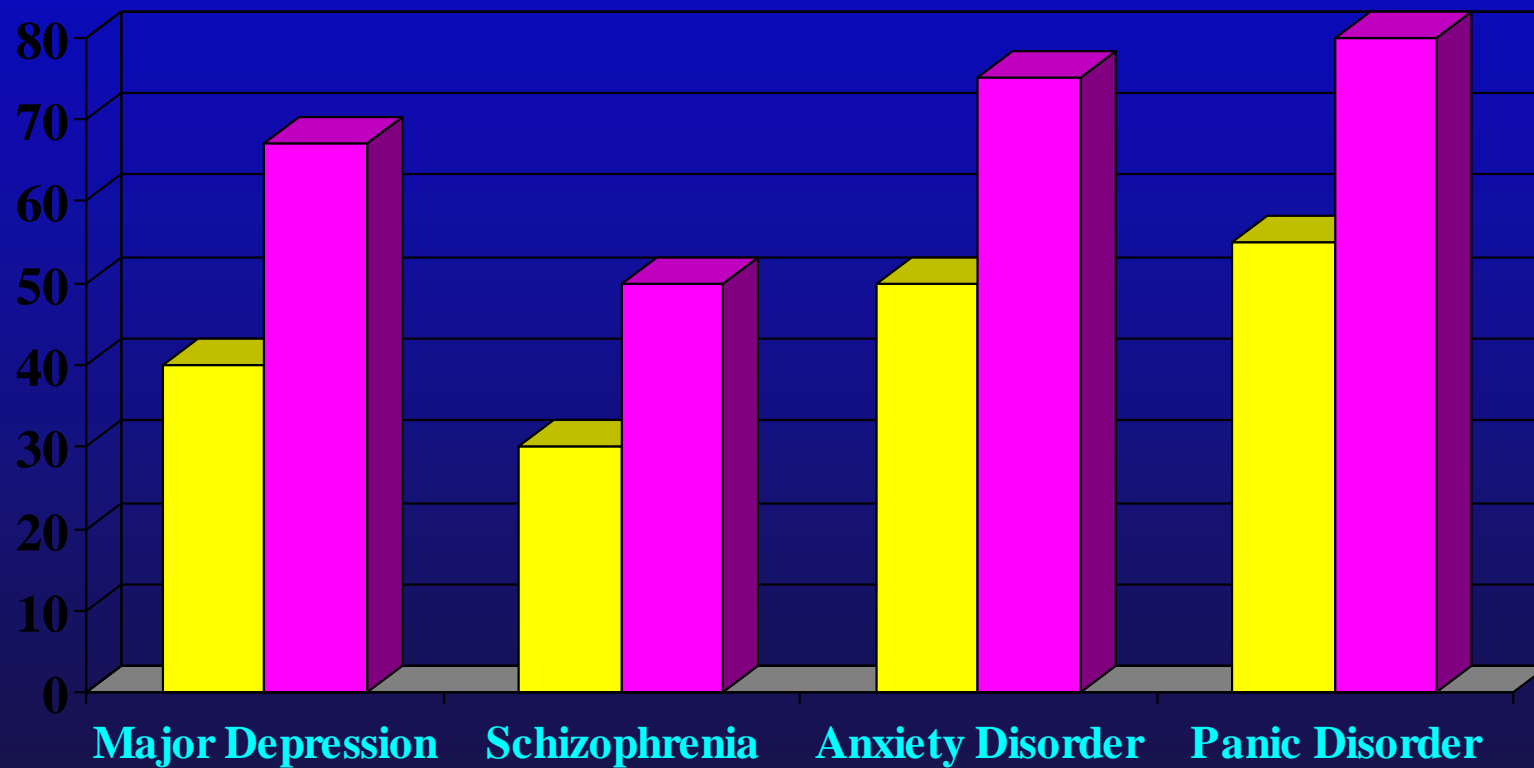
Culture, Ethnicity and Pharmacological Response

- ❑ Symbolic effects
 - ❑ Placebo response
 - ❑ Clinical effects
 - ❑ Side effects
- ❑ Instrumental effects
 - ❑ Ethnicity and genetic variations
 - ❑ Culture, environment and gene expression

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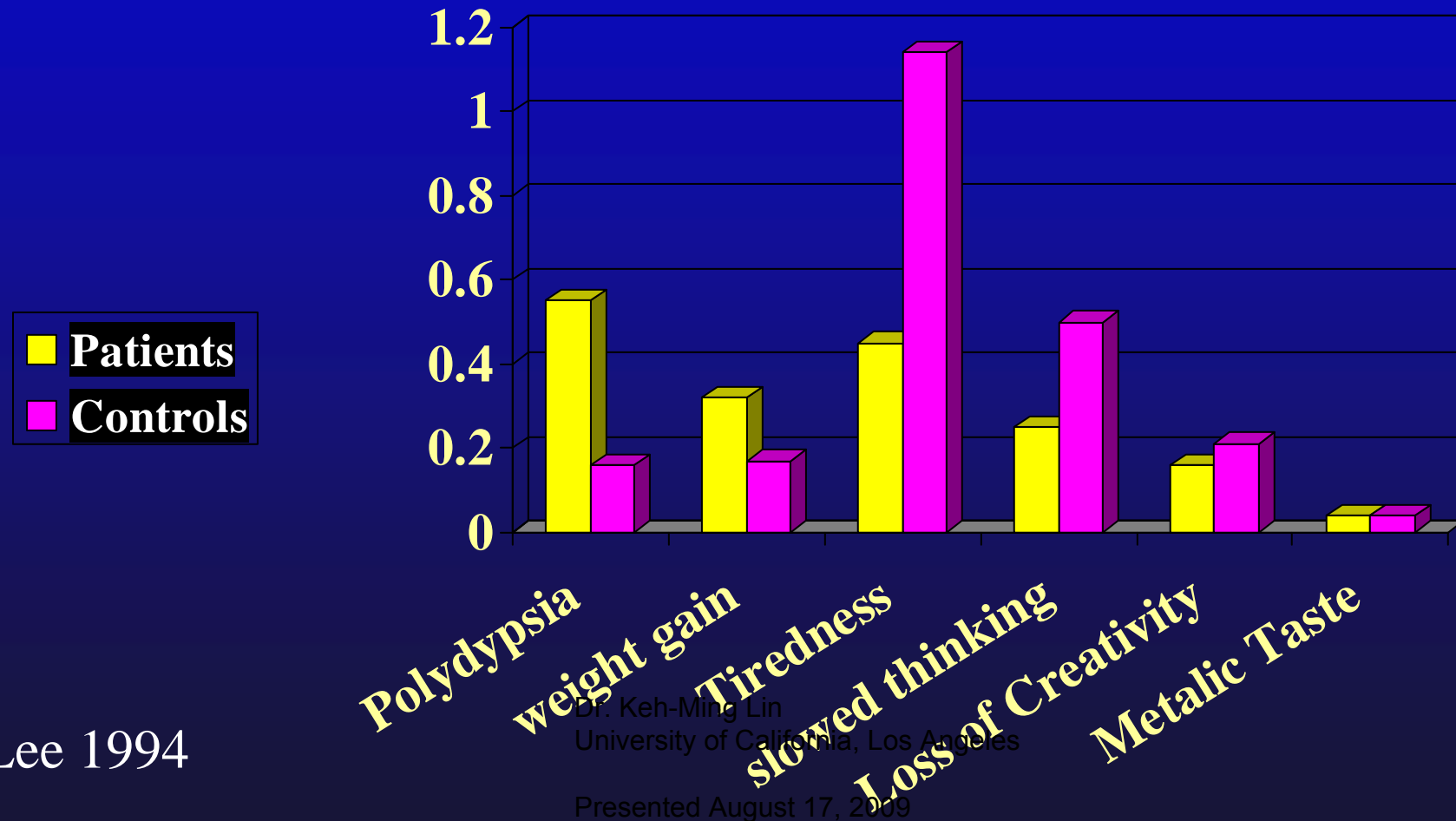
Placebo response in psychiatric disorders



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■ Placebo ■ Drug

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Side Effects of Lithium in Hong Kong Bipolar Patients

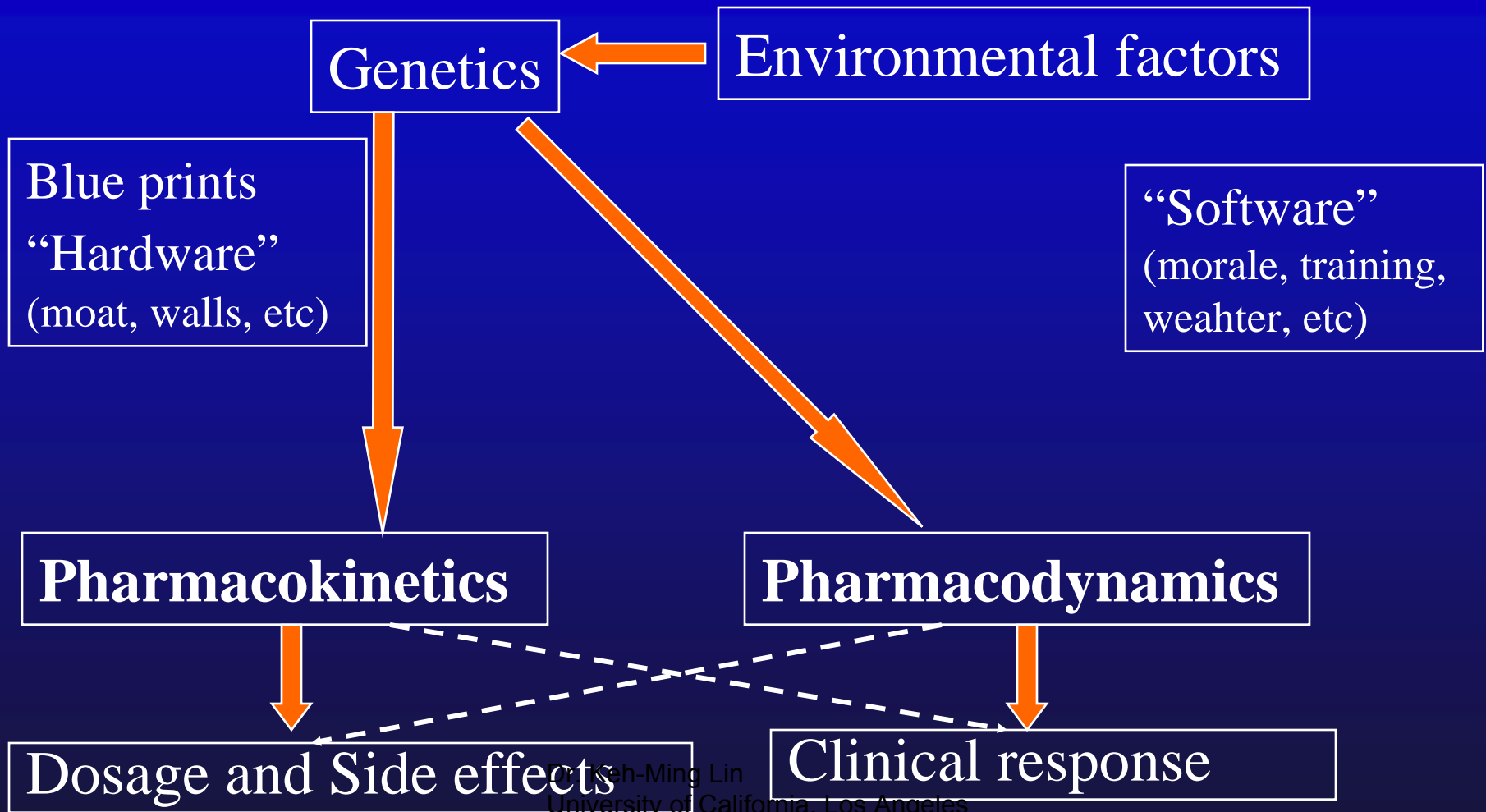


Lee 1994

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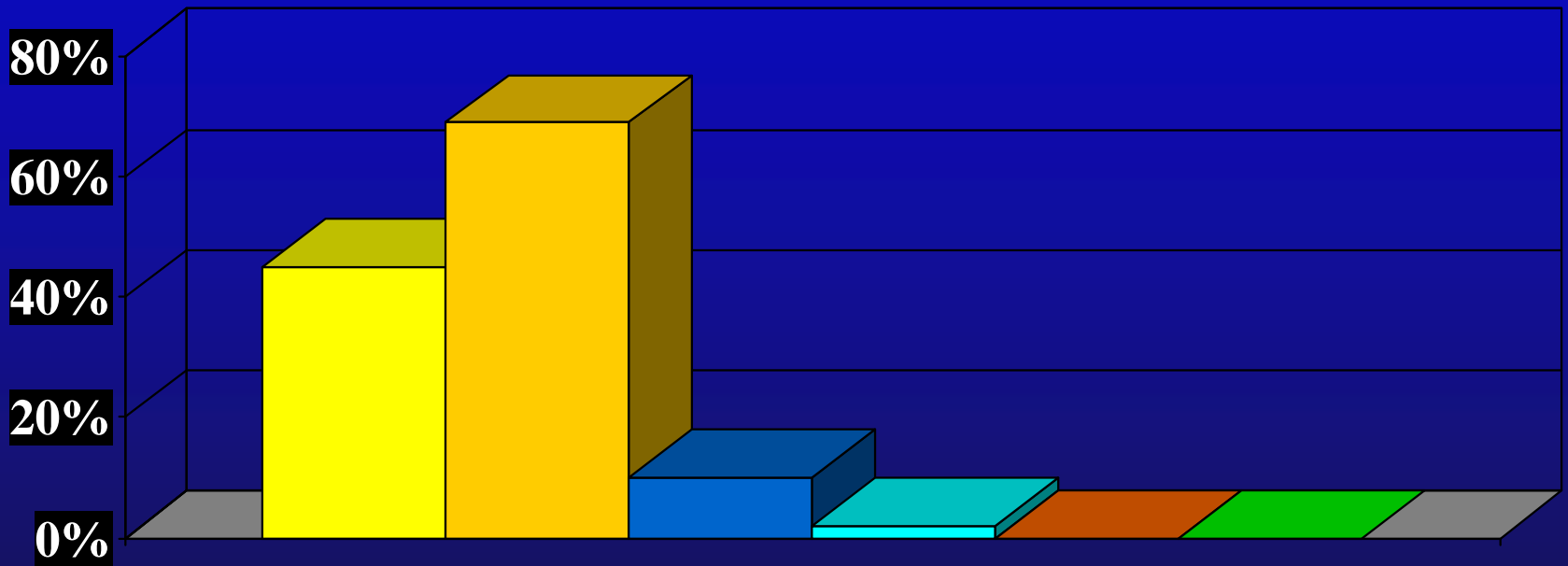
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Factors Determining Pharmacological Response



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PREVALENCE OF ACETALDEHYDE DEHYDROGENASE (ALDH) DEFICIENCY BY ETHNICITY



Asians

Amerindians (South America)

Amerindians (North America)

Mexican Americans

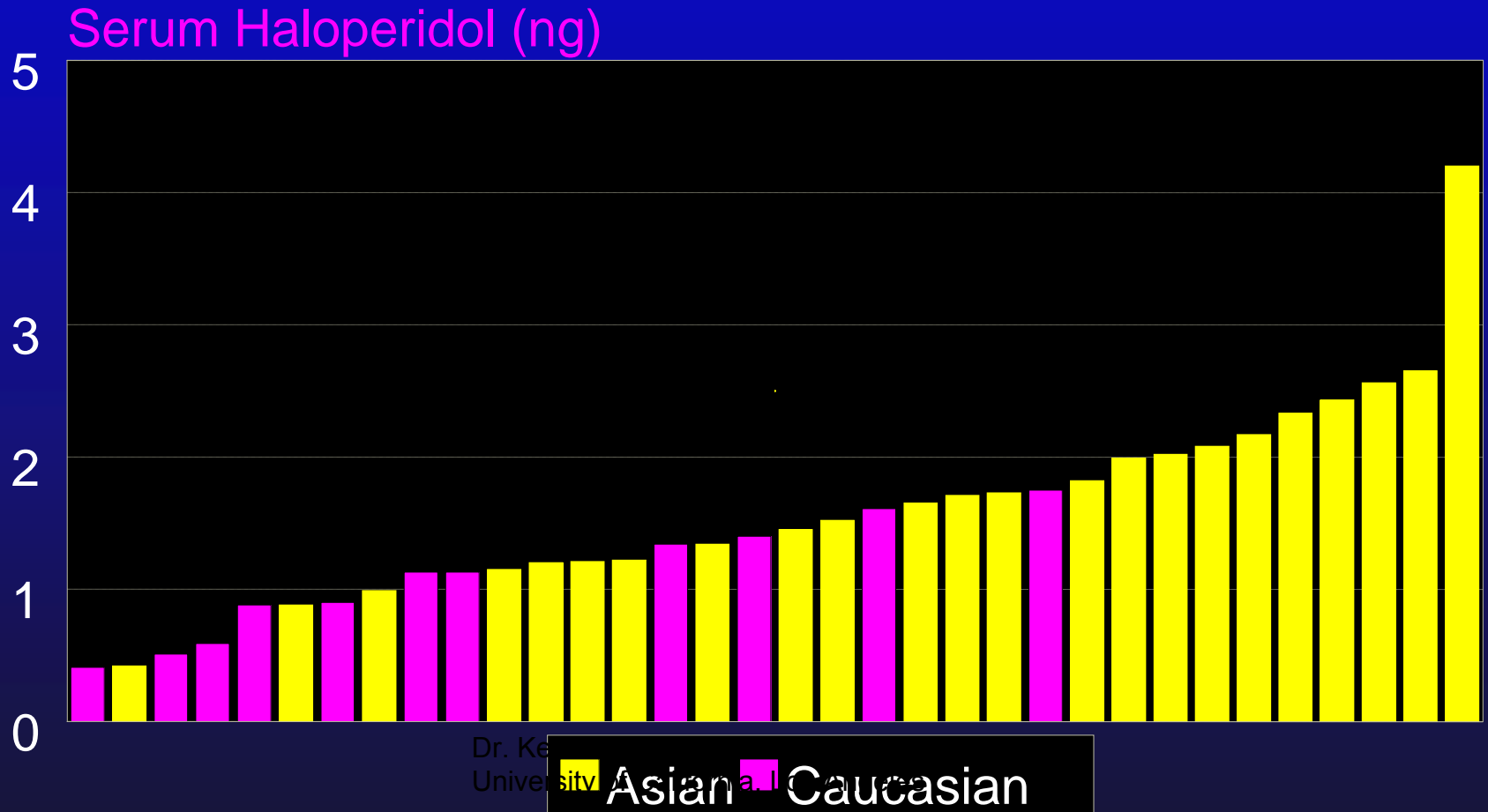
Caucasians

African Americans

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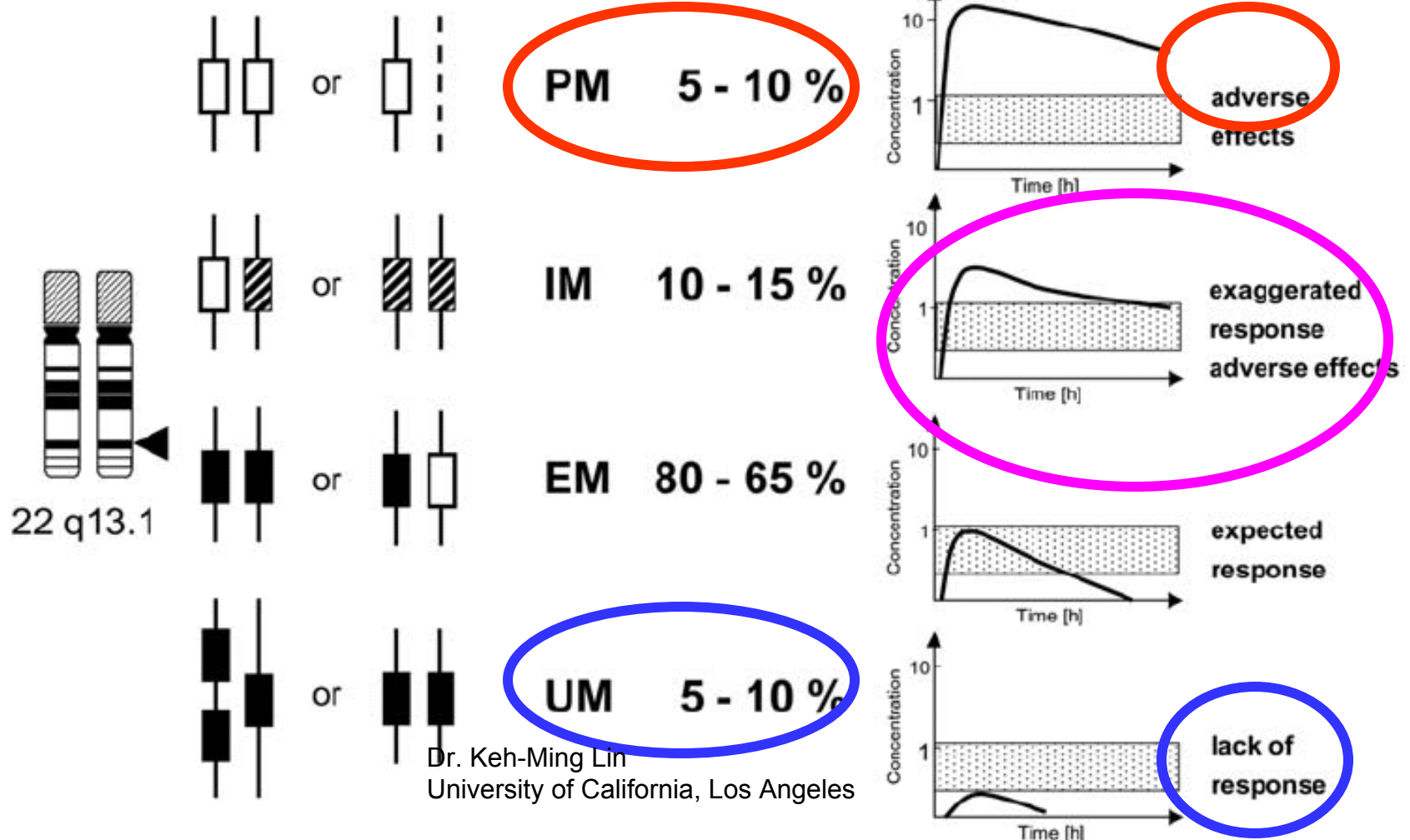
Maximal Haloperidol Concentration After 0.5 mg i.m. Haloperidol



Dr. Ke
University of
Asian Caucasian

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More “Best Kept Secrets” in Medical Practice



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Various Response to Antidepressants

If We Could Know The Response in Advance..

Patients with Depression



Responders



Non-responders



Toxic responders

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EFFECT OF NATURAL SUBSTANCES ON THE EXPRESSION OF “DRUG” METABOLIZING ENZYMES

■ **Inhibition**

- **CYP3A4: Grapefruit Juice**
- **CYP1A2: Coffee; Flavone; Quercitin; Corn**

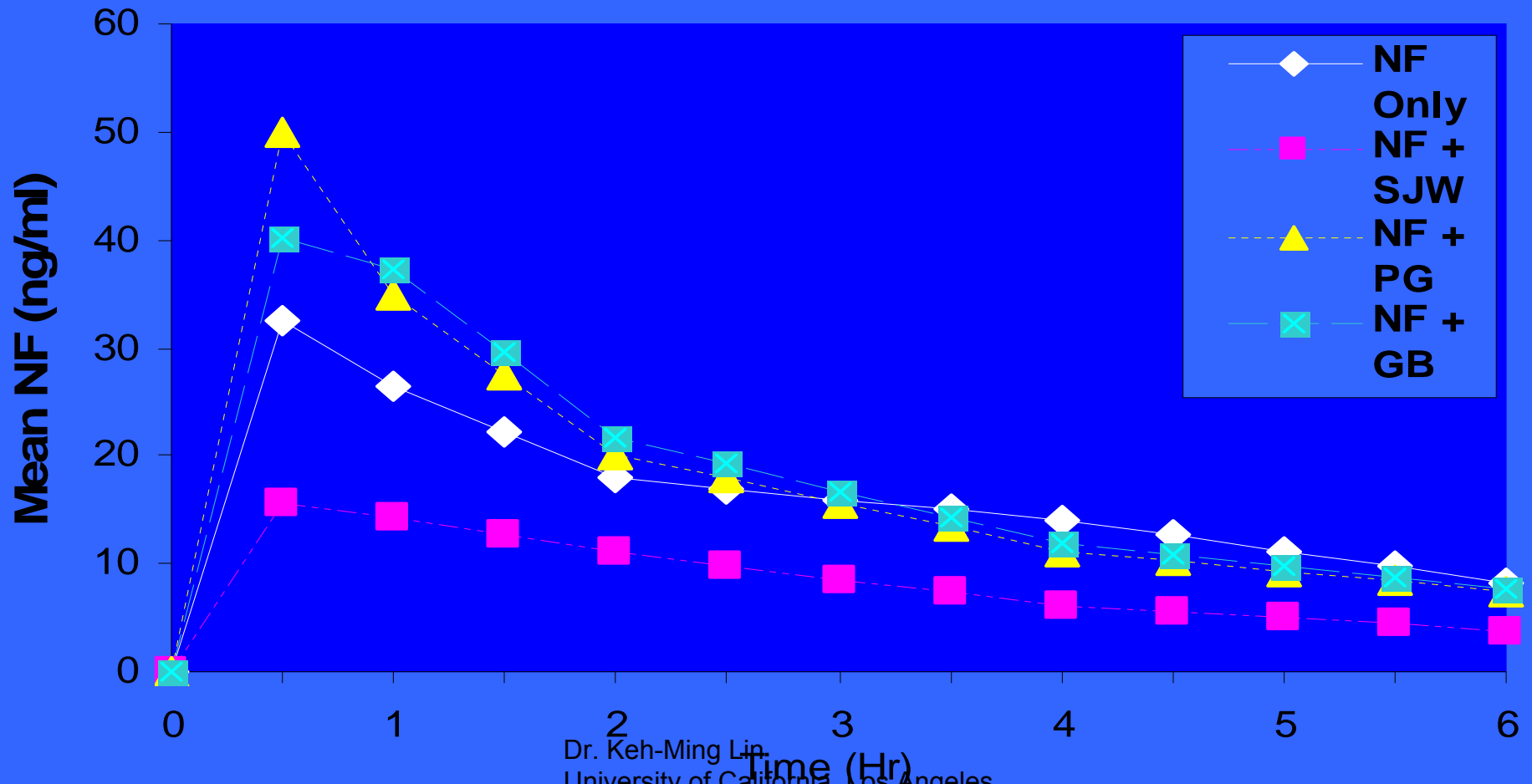
■ **Induction**

- **CYP3A4: St. John's wort**
- **CYP1A2: char-broiled beef; cruniferous vegetables (brocoli, cabbage, sprouts); high protein diet; constituents of tobacco (smoking)**

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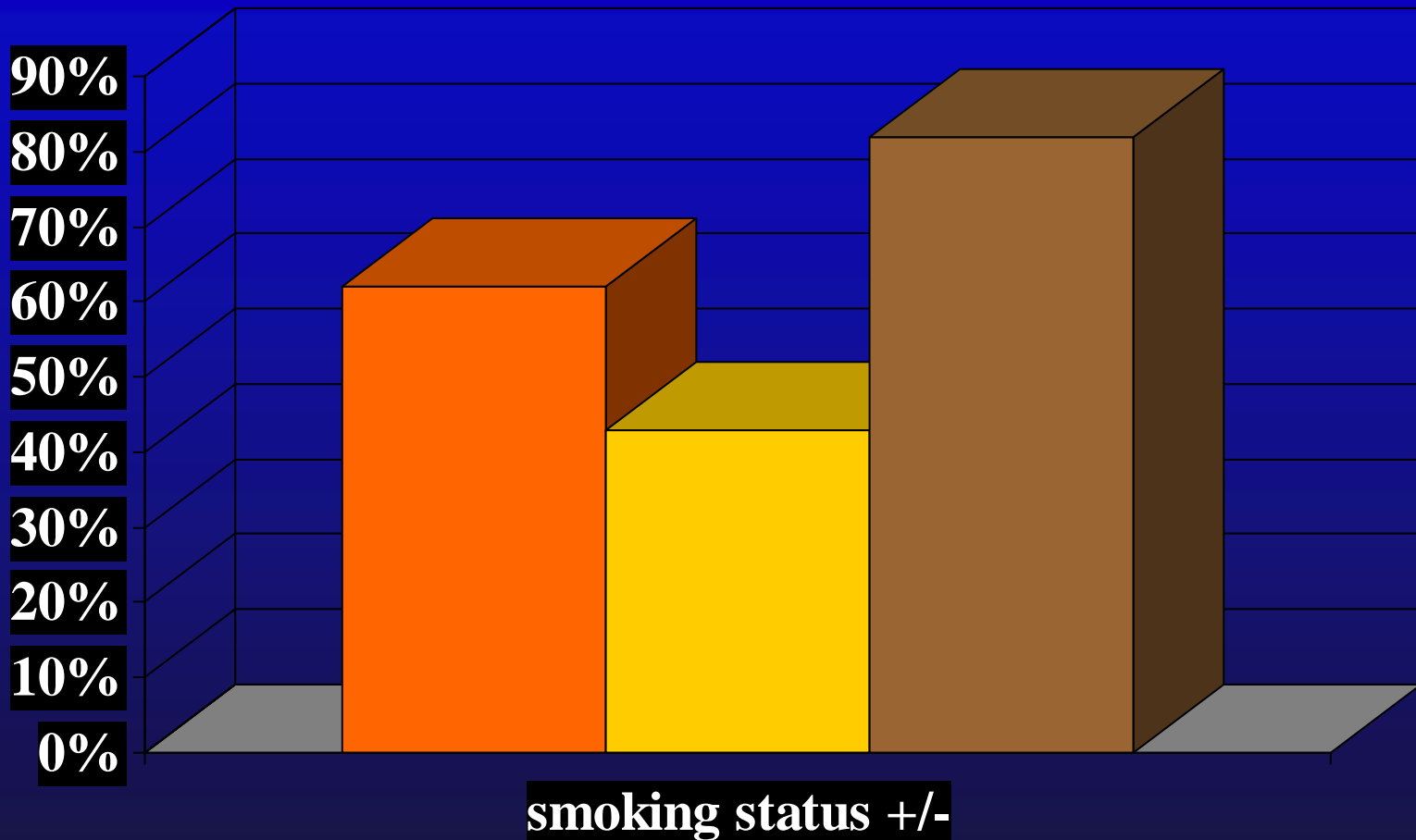
Nifedipine-Herb Interactions: Nifedipine Plasma Levels (ng/ml)



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Smoking and Antipsychotic responses



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Lecturer, Department of Psychiatry, National Sun Yat-sen University
haloperidol **fluphenazine decanoate** **clozapine**

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Challenges in Cultural Research

- ❑ Challenges for effectiveness (real life) research
 - ❑ Lack of clinical base
 - ❑ Complexity
 - ❑ “confounding” variables
- ❑ Infrastructure
 - ❑ Pressure for short-term productivity
 - ❑ Continuity of funding
 - ❑ “Reinventing the wheel”

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“Hypothesis-Driven” Research

- Hypothesis generation
 - Clinical experiences
 - Life experiences
 - Literature
 - “inspirations”
- Hypothesis testing
 - Data collection
 - Instrument development and validation
 - Null hypothesis
 - Data analysis

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Collaborative Research with Clinical Programs

- observational
 - Baseline data
 - Longitudinal data
- Interventional research
 - Least intrusive
 - Comparison with TAU
 - Quasi-experimental
 - Adequate funding for compensation
- Cultivation of trusting long-term relationship

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Possibilities for Collaboration

- ❑ Whole county?
 - ❑ San Francisco
 - ❑ Richmond clinic
 - ❑ Chinatown clinic: Hung-Ming Chu
 - ❑ Chinese Hospital
 - ❑ On-Lok and other elderly care programs
 - ❑ San Mateo
 - ❑ Paul Yang
 - ❑ Nan Du
 - ❑ Sacramento
 - ❑ UC Davis system: Russell Lim, Alan Koike, etc
 - ❑ Los Angeles
 - ❑ Coalition of practitioners?

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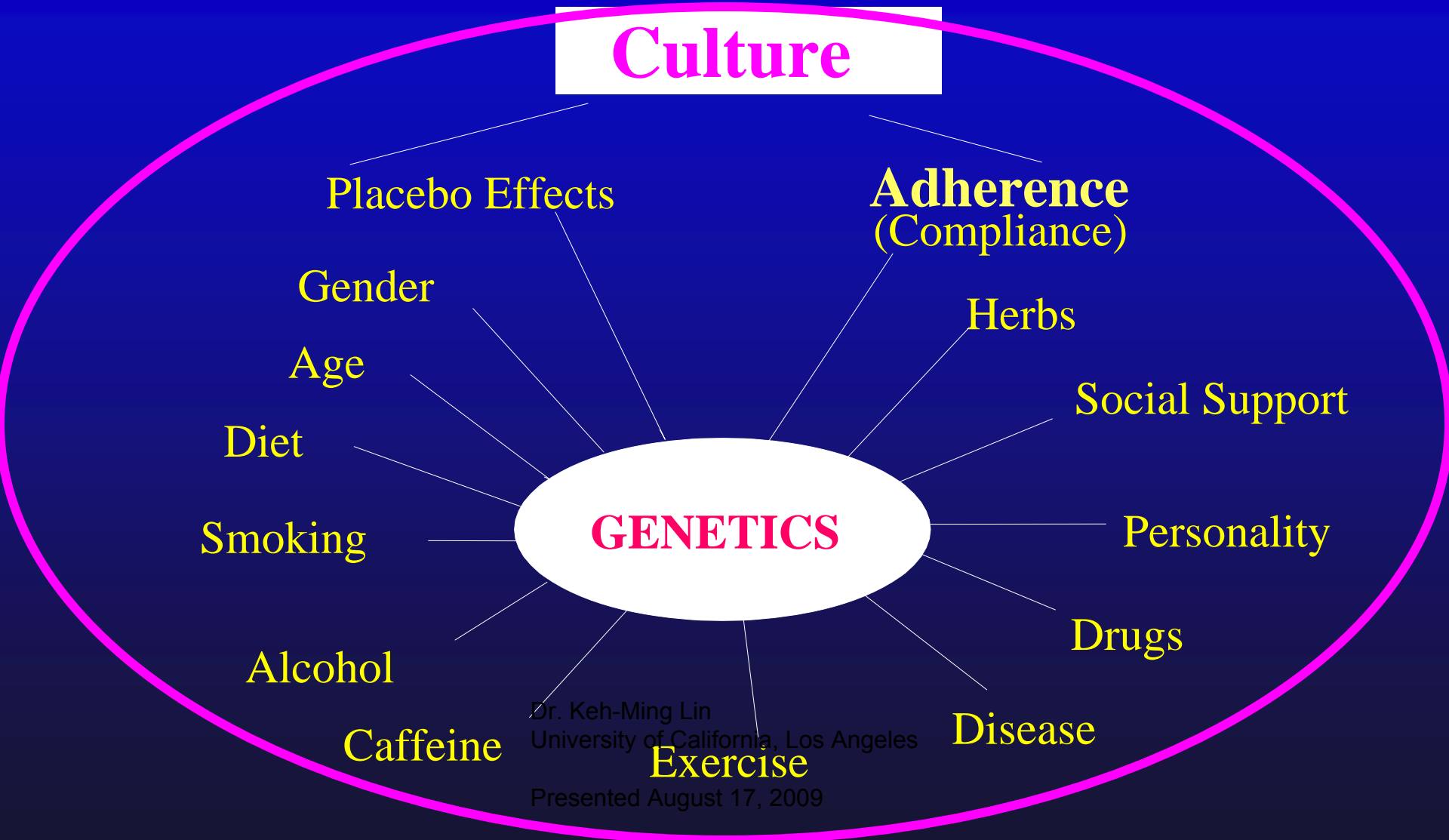
Several Suggestions from the Field

- ❑ CBT/DBT in Asians
- ❑ Collaborative care with primary care physicians
 - ❑ Albert Yeung's model
- ❑ Geriatric care
- ❑ Addiction, dual diagnosis and harm reduction
- ❑ Culturally congruent group therapy – e.g., meditation
- ❑ Application of the recovery model in Asian populations

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FACTORS AFFECTING DRUG RESPONSE



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