Asian Community Health Workers for Mental Health: A Frontier to Explore

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From the Barefoot Doctor program in China to the promotores model in the United States, community health workers (CHWs) have supported public health for almost half a century (1). Their efforts, especially in health education and making referrals, have helped to prevent, treat, and manage chronic as well as infectious diseases. However a relatively new field must be explored: the potential of CHWs in mental health.

Asians and Asian Americans require special attention in this area. According to the California Health Interview Survey [2] 2009, more than half of the state’s Asian American population who needed help with mental/emotional/substance abuse issues did not receive treatment. Latinos have a very similar profile. The ethnicities with the lowest rates of treatment are Vietnamese (34.2%), Koreans (18.3%), and other (6%). The last category may include Hmong, who have been depicted in recent journal articles as having high prevalence of depression yet with severe lack of mental health literacy and of accessing “Western” healthcare (2,3).

There is a great need for discussion, planning, and action around the mental health needs of Asian communities, especially for those who encounter linguistic and cultural barriers. I once observed firsthand the crucial role of an Asian physician assistant in a rural clinic: he was often called in by doctors to be an interpreter. One can then imagine how much more helpful, efficient, and productive that clinic could be with the utilization of CHWs.

Current research on the topic of CHW and mental health may not necessarily target Asians/Asian Americans, but can be applied to address the mental health disparities among this population. A search through PubMed [3] for articles regarding CHW, helplines, and mental health sheds light on the effectiveness of such community-based strategies:

- Recent studies conducted in India demonstrate the feasibility of CHW-based interventions for people living with schizophrenia, depression, and anxiety disorders (5,6). One of the effects observed was more productivity among clients in their respective workplaces.
- CHW can assist refugees and calamity survivors to recover from post-traumatic stress disorder (7, 8, 9, 10).
- According to a US study, suicide helpline counselors can accurately judge youth for the risk of suicide-related behavior (11). Note: Services in certain other languages may be available depending upon the area.
- The SONRISA program in the US has helped CHW address depression among Latino clients with diabetes (12). Note: The epidemic of diabetes affects many Asian ethnic groups, including South Asians and Hmong (13, 14). Therefore, adopting this program or a similar one that is culturally/linguistically appropriate for the specific target population would provide great benefit.

In addition, since 2003, the United Kingdom’s National Health Service has employed thousands of “support time recovery workers” to handle the issue. According to the Nursing Times [4], the experiences reported by both these workers and their clients were positive (15).
How can CHW promote positive mental health? At least three main roles exist for the CHW:

- A peer who provides psychosocial support particularly through listening
- A culturally competent health educator and/or interpreter
- A referral specialist to link clients to appropriate [mental and/or physical] health professionals/services

CHWs often encounter stigma among mental health clients, including Asians/Asian Americans. But culture competency and establishing a rapport can still be used to overcome the challenge. Hence, by tackling the issues of stigma and mental health literacy through collaboration with CHWs, the increasing sense of awareness can improve at least the general access to mental health services. Lay mental health workers need not have experienced mental illness in order to be peer leaders in the field, but they should make clients feel welcome and equal. This is necessary in the global society.

The trend in healthcare today moves toward more utilization of CHWs – why not implement this system further in mental health? What advantages and disadvantages would be involved?

References:

5. Balaji, M et al. (2012). The development of a lay health worker delivered collaborative community based intervention for people with schizophrenia in India. BMC Health Services Research, 12:42.