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Mental Health Aspects of Diabetes in Elders from Diverse Ethnic Backgrounds

Hmong American Elders

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Background

- ❑ Laotian Hmong practiced an undisturbed agricultural, nomadic lifestyle prior to the mid-1900s.
- ❑ A third of the Hmong population was displaced between 1961 and 1973 as a result of military conflict with Laotian and Vietnamese Communist forces, including fighting in American-backed special forces.
- ❑ In 1977, Hmong began an exodus to Thailand – two-thirds of those survived.

Early Resettlement

- ❑ While the first Hmong families arrived in the U.S. in 1976, the majority of Hmong spent five to ten years in Thai refugee camps before resettlement in the U.S.
- ❑ Extended families and clans re-grouped after coming to the U.S., following key Hmong leaders to California, Wisconsin, and Minnesota.
- ❑ The 2000 U.S. Census counted approximately 186,000 Hmong in the U.S. - 65,000 of those in California.

Realities of Resettlement

- ❑ Hmong elders entered the U.S. with traumatic and multiple losses, including deaths of many family members, and losses of home, way of life, status, and ancestral connections.
- ❑ Radical and enormous changes in the U.S. included a new language, uncertain roles, difficulty in practicing traditions, lack of understanding of laws, disintegration of Hmong values, and intergenerational conflict.

Rise of Chronic Illnesses, Including Diabetes and Mental Illness

- ❑ Stroke, diabetes, hypertension, mental illness and cancer have all been on the rise among Hmong in the U.S.
- ❑ Diabetes rates for Hmong in Fresno, California, are 17 times greater than for Thai Hmong; mental illness is 19 times greater among Fresno Hmong than among Thai Hmong.*
- ❑ Mental illness among Hmong elders has remained consistently high as a result of the severe psychological impact of past war, loss, trauma, and uncertainty as well as great difficulties in adaptation to a different language, roles, rules, and expectations. Family instability, intergenerational conflict, and poverty have also influenced mental status.

Understanding Diabetes

- ❑ Misconception and lack of accurate information about diabetes, its cause and treatment, is prevalent within the Hmong community. Hmong elders did not have symptoms before coming to the U.S. and question why diabetes exists in the U.S.
- ❑ There is no term for diabetes in the Hmong language. Diabetes is translated “sweet blood” and high blood sugar is translated “high sweet blood.” Since high blood pressure is translated as “high blood,” confusion adds to difficulties in understanding the condition.*

*Peterson, K.A., M.L. Vang, and Y.M. Xiong. Type 2 Diabetes Mellitus in the Hmong community. In K.A. Culhane-Pera, D.E. Vawter, P.O. Xiong, B. Babbitt & M.M. Solberg (Eds.) (2003) Healing by heart: clinical and ethical case stories of Hmong families and western providers. Nashville: Vanderbilt University Press.

Assessment and Treatment

- ❑ Many Hmong elders do not readily seek treatment for diseases that do not present acute symptoms and do not believe they are at risk. Further, it is “bad luck” to talk about an illness hypothetically.*
- ❑ Hmong elders may wait until their conditions are severe before seeking help.
- ❑ A barrier to dietary change, in the case of diabetes, is the cultural significance of food preparation and consumption, including the importance of rice and negative association to loss of weight.

Traditional View of Illness and Health

- ❑ Traditional Hmong are animists who believe that the harmony and integration of souls in the body maintain health.
- ❑ The shaman, or primary Hmong healer, performs preventive, diagnostic, and healing ceremonies to re-establish balance and harmony.
- ❑ Hmong may utilize both shamanic treatments and bio-medical care - consecutively or concurrently - to address physical and mental symptoms.

Depression - Risk

- ❑ History of severe psychological impact after years of war, loss, trauma, and uncertainty.
- ❑ Mental illness rates for Hmong have remained consistently high
- ❑ Highest for Post Traumatic Stress Disease and depression of all refugee and immigrant groups

Source: Mouanoutoua (2003)

Depression - Culturally

Appropriate Diagnosis & Treatment

- ❑ Therapeutic and educational goals to help the individual regain functional status
- ❑ Interventions - coping with grief, depression, and trauma.
- ❑ Create a meaningful life in the U.S.
- ❑ Case management to include primary doctors with shamans and herbalists.
- ❑ Involve family members

Interviews with Informants

- ❑ *Diabetes* term created confusion about disease.
- ❑ Diabetes vs. hypertension, “high blood sugar” vs “high blood pressure”
- ❑ Hmong believe diabetes symptoms indicate “soul loss”. Need Shaman “soul caller.”
- ❑ Use of herbal remedies (dragon herbs) to cure diabetes.

Interviews with Informants (cont.)

- Problems with Western biomedical treatment and healthcare.
 - Non holistic components
 - Doctors' directness of treatment needs
- Prevention and treatment problems
 - Few cases of diabetes in Laos therefore not serious
 - Do not want to change eating habits

Interviews with Informants (cont.)

- ❑ Depression was a serious concern
 - ❑ No specific translation of depression
 - ❑ Time restraints to break emotional barriers
 - ❑ Non communication of depression
- ❑ Family caregiver stress
 - ❑ Domestic violence
 - ❑ Not working - social isolation leads to depression

Interviews with Informants (cont.)

- ❑ Memory loss is considered a natural result of aging
 - ❑ No direct translation for cognitive loss.
 - ❑ Similar to diabetes, not a problem in Laos due to short life span.