

The Mental Health Needs of Chinese People in England

A Report of a National Survey

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Summary

Despite being the third largest ethnic minority community in Britain, the Chinese are one of the least researched groups.

In the light of this lack of good epidemiological information, in 1996 the NHS Ethnic Health Unit commissioned the Chinese National Healthy Living Centre to undertake a survey looking at the mental health needs of the Chinese community in England. The aim was not to look at the prevalence of mental health problems but rather to highlight the main barriers to Chinese people accessing services.

Among those who took part in the survey were Chinese individuals with mental health problems, Chinese community workers and a range of NHS and social services professionals who deal with Chinese people in the course of their work.

The survey findings challenge the view that the Chinese in this country are in relatively good health. Certainly when it comes to mental health, the survey highlights a number of issues that need to be addressed.

What came over very strongly was the considerable stigma attached to mental illness by the Chinese community and this, combined with limited knowledge about the condition, was identified as the cause of widespread discrimination experienced by the interviewees. The stigma may lead to reluctance on the part of Chinese people to come forward with psychiatric problems. But the survey found that even when they did try to access services, over two thirds encountered difficulties. Respondents felt that health and social services staff were often unhelpful, insensitive and did not understand their culture. Because of the shame attached to mental illness, people would delay presenting with symptoms which often led to a psychiatric crisis.

Many of those who took part in the survey reported that their mental health deteriorated because of the long waiting time between being referred by a GP and actually seeing a psychiatrist.

The main barriers to accessing services were language problems and lack of access to bilingual health professionals and interpreters, interviewees' perceptions of symptoms as physical rather than psychiatric in origin and lack of knowledge about statutory services. Doctors, particularly GPs, were pivotal in the management of respondents' conditions. The majority were prescribed psychiatric medication with only a small number in contact with community psychiatric services.

Those working with the Chinese community estimated that between 80% and 90% of their clients would need an interpreter to consult an English speaking clinician. The shortage of interpreters meant that many contacts with professionals were a wasted opportunity.

Another finding was that unemployment, social exclusion and poverty were common. The responses shattered the stereotypical image of caring and supportive extended families in this group. Most respondents either hid their problem from their family or were shunned by them because of it.

The report's authors conclude that the mental health needs of the Chinese community are not being adequately met by health and social care staff.

Improved training for health and social services professionals is essential as is more access to health advocates who can speak both Chinese and English. Individual respondents complained that the current system meant they had to seek treatment locally within defined geographical boundaries and so were not able to access care from Chinese speaking health professionals in other areas. The report's authors call for more flexibility in the system

The need for the promotion of better understanding of mental illness by the Chinese community is also highlighted.