



Filipino-American Voices:

*Community Narratives about
Mental Health in Solano County*



Introduction

The University of California, Davis, Center for Reducing Health Disparities (UC Davis CRHD) is providing consultation, training, evaluation, and technical assistance services to the Solano County Behavioral Health Division (SCBHD) and community providers through the Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (Cultural Transformation Project). The goal of this collaboration is to improve access to, and utilization of mental health services by individuals from the Filipino-Americans, Latino, and LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer) communities with serious mental health conditions.

This report includes experiences shared by the Filipino-Americans community in describing their access to, and utilization of mental health services in Solano County. Furthermore, these narratives provide insights into potential Filipino-American community-defined solutions to improve mental health service delivery in Solano County. According to the Solano County 2017 Annual Report, of the total 436,023 Solano County population, Filipino-Americans make up the largest Asian-American group living in Solano County making up 12.4% of the total 14.8% of Asian population¹. According to data from the Solano County Health & Social Services, Behavioral Health Division, in 2015 Filipino-Americans represented only 3% of the Medi-Cal consumers utilizing behavioral health services, despite constituting more than 11% of the total population. In 2014, neither Filipino-Americans children, transition-age youth, nor older adults received services through Full Service Partnerships (FSP).

In the first phase of the project, the UC Davis CRHD collected hundreds of stories using qualitative research methods. Our team spoke with a range of Filipino-Americans individuals knowledgeable about the current state of mental health care and access in Solano County. We began by interviewing Filipino-Americans staff from the SCBHD, who worked regularly with community-based organizations and had unique insights into the larger context of mental health care in Solano County. Next, we spoke with “on the ground” key informants (e.g., consumers, volunteers, advocates, and directors of community-based organizations [CBOs]) who serve key roles within the Filipino-Americans community and are engaged in the promotion of community mental health. Finally, the CRHD team presented preliminary results of these interviews with key informants and county staff to community members at a Filipino-Americans community forum held in Vallejo. Community forum participants provided feedback on these results and identified additional priorities, gaps, strategies and solutions to increasing access and utilization of mental health services in the Filipino-Americans community. Many of the participants’ comments are incorporated in this report

¹ Solano County 2017 Annual Report. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=27869>



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Filipino-Americans in Solano County

Filipino-Americans make up 12.4% of the total Solano County population.² Additionally there are substantial Filipino populations in Vallejo, Benicia, and Suisun.

Filipino-American communities have had a long-standing presence in Solano County since the early 1900s. Many Filipinos who resided in the city of Vallejo worked at the Mare Island Naval Shipyard.

Filipino-Americans are a diverse community. In fact, there are over 175 ethnolinguistic groups in the Philippines.³

Kapwa, meaning shared inner-self, is a fundamental part of Filipino psychology and can be used to describe Filipinos' strong sense of connectedness and duty to their family and broader community.



Sampaguita (the national flower of the Philippines) is representative of devotion and dedication



Dancers perform the Tinikling, a Filipino folk dance, at the Travis Air Force Base



Mare Island shipyard in 1946



Rendering of the Vallejo Filipino-Americans Mural

- 2 Solano County 2017 Annual Report. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobload.aspx?BlobID=27869>
- 3 Summer Institute of Linguistics (2012) Ethnologue
Retrieved from http://www.ethnologue.com/show_country.asp?name=PH

What are the Mental Health Priorities of the Filipino-Americans Community in Solano County?

Participants described a broad range of mental health concerns affecting the Filipino-Americans community in Solano County, including depression, threats of suicide, and addictions to gambling. There is also the concern that legal drugs, like Suboxone (a treatment for opioid dependence), that are consumed by Filipino-Americans are even more addicting than illegal substances and adversely affect mental illness.

Participants also described the devastating effects of stigma associated with mental illness in the Filipino-Americans community. Filipino-Americans shared that, traditionally, they deal with mental illness within the confines of the family unit and are reluctant to seek the help of mental health professionals. Providers described the difficulty of treating individuals suffering from mental illness in a culture of silence, which prevents acknowledgement of mental health concerns. Cultural beliefs about the causes of mental illness add to the stigma; providers, community leaders, and consumers felt that receiving appropriate education about mental health care was critical to improving treatment options.

Filipino-Americans are often reluctant to talk about suicide or other mental health problems—often not until tragic events occur, or conditions become associated with physical health issues. There is no specific word in Filipino languages for mental health. “Hiya” is the word for shame in Tagalog that can be associated with mental health, and the community is reluctant to use Western labels.

Filipino-Americans are taught to be self-sufficient, expressed as a “survivor mentality.” Poor mental health can also be seen as the result of war trauma and/or of addictive behaviors in Filipino immigrants. These conditions all contribute to stigma around mental illness, the avoidance of open discussions about mental health disorders, and the refusal to seek help outside of the family. Participants emphasized the importance of addressing stigma in the community through the lenses of other sociocultural diversities, such as class, generation, region of origin, and skin color.

I would say primarily depression symptoms...There's a lot of mood things, mood disorders, behavioral issues, angry outbursts, emotional dysregulation.

—PROVIDER

I remember my mom was alive, and we were trying to do family therapy. We even had a Filipino therapist, but my mom was so like keeping all her issues in the family, she didn't want any help...She just didn't want the treatment. My mom escaped through different ways. She handled her stuff through gambling. She was addicted to gambling.

—CONSUMER

In fact, on a personal note, I had someone that committed suicide, a family member, a week and a half ago. I know it exists out here. I think, in observation, obviously, the critical ones obviously are—there's a "stigma" approach to it.

—CBO STAFF MEMBER

I've also heard/seen, and then, in my own experience, have seen that—well, specifically, in the Filipino community, that there is this element of believing that someone is "doomed"...because a "spirit" has bad hold of them. It's almost like this "fatalistic" point of view.

—CBO STAFF MEMBER

Barriers To Accessing And Receiving Quality Services

The Importance of Language, Culture, and the Immigration Experience

Language and interpretation were identified as priorities for the Filipino-Americans community for the successful access and utilization of mental health services. Specifically, participants recommended more Tagalog-speaking staff and clinicians to welcome and assist individuals and families who are especially seeking services for the first time, as well as a greater proficiency in Filipino languages to facilitate outreach and treatment efforts. Knowing medical terminology in Tagalog is also a critical skill for interpreters. Participants explained that, even though most Filipino-Americans are bilingual, some are better able to express themselves in their native language, which could be Tagalog or a number of other languages indigenous to the Philippines.

In terms of culture, participants shared how shame can be a barrier for those who consider mental health services. The reluctance to acknowledge mental illness as a health problem led to calls for greater community outreach and education around improving mental health care and access for Filipino-Americans. Additionally, traditional Filipino culture often reinforces one-way communication with providers. In other words, clinicians are viewed as experts who should not be challenged or questioned. While pastors are viewed as important allies in conversations about mental health, there is need for more training in mental health counseling within the faith community's leadership. Filipino-Americans informants are also very concerned about the potential lack of confidentiality in any communications around mental health—more specifically, communication with pastors, counselors, or other community members. Informants indicated that perhaps the biggest obstacle in destigmatizing mental health, is that it tends to be less prioritized than physical health—it's often seen as being untreatable.

Participants also noted how important it is for providers to understand Filipino-Americans' cultural and immigration experience. For example, knowing what types of psychosomatic cues are associated with mental health concerns, along with other cultural dimensions, such as a person's place within the family and his or her age group, are important cultural factors. Participants also cited the need for including holistic and herbal remedies, as well as group and social activities, as practices for maintaining mental wellness.

The staff needs to be equipped. It is important for any provider to understand what generation of Filipino they are working with, what is their position in the family? Find out who is the one that makes the decisions. It is important to understand the relationship within the family. It is relationship-based, and the authority figures are given high regard.

—SOLANO COUNTY LEADER

Workforce Development

A challenge to building a more knowledgeable workforce is the relatively limited opportunity to finding work and training for Filipino-Americans clinicians in Solano County (the Bay Area, Contra Costa, and Sacramento being better known). Filipino-Americans providers felt a strong need to help both consumers and future providers by building stronger networks within the larger Solano County community. Some staff felt that the best way to reach out to Filipino-Americans with mental health messages, was through referrals from priests, teachers, doctors, social workers, or through small groups, since Filipino-Americans are not likely to refer themselves for treatment. Other aspects of trust-building for Filipino-Americans consumers include providers who are willing to share aspects of their own lives.

Law Enforcement

While crimes are perceived as often being related to mental health, participants mentioned that law enforcement is not always aware of this and, thus, criminalize individuals suffering from mental health issues rather than referring them for treatment. This was particularly true for the homeless population in Solano County, although there were mixed responses as to whether homelessness is prevalent in the Filipino-Americans population.

When we ask ‘what is your preferred language?’ Filipinos would say ‘English,’ especially when they’re speaking to somebody that speaks English, because they want to be polite and they actually don’t want to burden the other person by doing a little bit more for them when they are already being served. Be aware that most [Filipino-Americans] are bilingual, but they’re most comfortable in their language. Sometimes there is a lot of reading non-verbal cues. They might say ‘yes,’ but actually mean ‘no.’

—PROVIDER

‘No, we can handle it. He’s really okay. He can do this. He’ll be fine. I don’t really see a need.’ There’s a denial aspect of the severity of the circumstances. Then, of course, there’s the stigma of, ‘What’s it gonna look like that we’re accessing these services? We can handle this as a family. We can handle this as a group or community.’

—PROVIDER

[Filipino-Americans] worry so much about confidentiality. It’s really like Confession when you confess to a priest. The other part of it’s the shame. It’s complex, but I think the cultural aspect of it, of shame and weakness that are associated with coming to therapy. You really have to be soft and accommodating.

—CBO STAFF MEMBER

Barriers To Accessing And Receiving Quality Services *continued*

Transportation, Housing, and Location of Services

The lack of adequate transportation networks within and between Solano County towns and cities was identified as a perennial impediment for Filipino-Americans that seek help for mental health services, especially among seniors and youths. Additionally, participants noted that services are not located where there are the greatest mental health needs. The scarcity of convenient service locations was felt to be compounded by a lack of Filipino-Americans providers and affordable housing.

If they are teenagers and are reliant on their parents for transportation, even though they want to come here, they can't. My office is very close to the bus stop. It's still really challenge for them. I have to explain that to the parents that—especially male teenagers—that sometimes you have to drive them to come here.

—CBO LEADER

Filipino Youths

Participants pointed out that schools, particularly middle and high schools, need more counselors and clinicians to address safety, bullying, sexually transmitted infections (STIs), depression, drugs, poverty, and violence—all of which contribute to poor mental health.

Participants felt that the younger generations are better at speaking up about mental health problems and demonstrating compassion for suffering. American-born Filipino youths were seen as the group that would reduce stigma in the community, since they

I think so far the folks that we've been speaking with from the Filipino community...are the elders in the community, and they keep telling us that the key is in the youth, to engage the youth, that really they're going to be the ones to kind of promote these messages, or take them and be able to spread them into the community. Then, we've been having trouble capturing the youth at the same time.

—CBO LEADER

are not as burdened with classism and a colonial mentality. In addition, these youths don't share the preference for Western features and indigenous social norms (e.g., exposure, family pressures, etc.) that developed as a result of colonial rule and historical oppression. However, participants also reported a cultural disconnect between the younger and older Filipino generations, especially related to Filipino-Americans youths' mental health needs. Participants acknowledged the need to engage youths in conversations about specific risk factors that impact their lives and well-being. Additionally, participants recommended empowering the younger Filipino-Americans generations, so that they feel a sense of community and take a role as agents of change.

LGBTQ Filipino

While participants felt discrimination against LGBTQ individuals was not as prevalent among Filipino-Americans as other communities, there was also belief that mental health outreach and treatment of queer Filipino-Americans individuals could be improved.

For [Filipino-Americans] LGBTQ, it's, again, lack of resources. I would want to refer for groups or something like that in Vallejo and even here in Vacaville, and there's no groups in these towns. The only group for LGBTQ youth is in Fairfield. Well, most of our Medi-Cal families don't have a car, or can't make it there because of the cost of gas.

—PROVIDER

Filipino-Americans Strengths and Assets

Filipino-Americans described the importance of being seen as a “whole person.” Mental illness may be part of a person, but it does not impede a person’s ability to be a helpful part of social and familial networks.

Filipino-Americans in Solano County are seen as very active in their communities, generally well-educated, eager to learn, and comparatively well-represented politically. Even though pastors may need additional training in mental health approaches, they are viewed as a tremendous resource and support for those suffering from mental illness.

Families occupy a complex social space in Filipino-Americans culture. They can be essential in supporting a person with mental illness. However, traditional culture often denies mental health as a problem, and discourages the admission and discussion of problems. As a result, participants identified the need to develop materials and marketing approaches around specific mental health messages for the Filipino-Americans community. Messages should include: how to recognize mental health problems, the importance of getting help before it’s too late, how to talk to mental health providers about problems and be assured confidentiality, and the effects of substance abuse on Filipino-Americans families, as well as treatment options.

My parents were always there to support me. Family [has] always been a strong thing.
—CONSUMER

There are people who are passionate about improving mental health in the Filipino community, who can reach out to the community, and who should be trained in mental health outreach.
—CBO COMMUNITY/LEADER

I think the Filipino community is pretty welcoming of anybody that they see wanting to come help. I think they’re actually proud of people that are out there in the community doing things. Very encouraging.
—CBO/COMMUNITY LEADER

The Filipino-Americans community leaders and providers indicated a willingness to work with other communities of color (including the Latino community among others), about giving a voice to the Filipino-Americans community through integration into political systems. The diversity of Solano County is a real strength that can be leveraged.

The city council, the mayor, there’s like, I think, four Filipinos on city council. We have a Filipino mayor now. I’m quite surprised about how active people are here, and I’m talking about even in the Filipino community, the elders are really active.
—CBO/COMMUNITY LEADER

I grew up in the Philippines, and I don’t remember there being a stigma attached [to LGBTQ individuals]. I didn’t see it being a hidden thing where people were ostracized and disowned by their families. I think we’re a little bit more accepting of it.
—CBO/COMMUNITY LEADER

Filipino-Americans Community-Defined Solutions to Improve Mental Health

Participants shared numerous attitudinal, therapeutic, and policy-related approaches that would help prevent mental illness or improve mental health. Many participants mentioned that building trust was intimately bound to workforce training issues. If providers and staff were familiar with language, cultural practices and norms, Filipino-Americans individuals with mental health challenges would be much more likely to access services. For example, knowing linguistic and cultural cues is key to signaling a safe and supportive environment. Other approaches that were viewed as appropriate for Filipino-Americans included some level of self-disclosure on the provider behalf, and story-telling—in dyads, small groups, or digitally. Moreover, providers and staff should work to respect the privacy of both, the Filipino-Americans individuals they are treating, as well as their families. Some participants also mentioned that empowering consumers with strategies to better communicate with both providers and clinic staff is important to both access and retention goals.

In our discipline, we are taught to establish boundaries. That's good [but] sometimes when they get very comfortable, they start asking you very personal questions. A little self-disclosure [can be] very good to establish connection and trust. Sharing stories is very healing.

— SOLANO COUNTY STAFF MEMBER

I'm big at doing what I call 'dual visits'—I have individuals here who are not social workers. I've got what are called 'home visitors,' to be honest with you. Part of our services is to just go where individuals can't access our services because they can't get to us. Say, mom just got out of the hospital with a medically fragile baby, and she needs diapers, and maybe food and public benefits assistance. We will go and get those things underway.

— PROVIDER

Filipino America Community-Defined Solutions to Improve Mental Health *continued*

Further suggestions on how mental health services could be improved were centered around creating unique outreach approaches, increasing access to information about mental health, and working with community partners (faith-based groups, schools, transportation and housing agencies, community advocates, and others) in order to identify a network of effective practices and programs that the Filipino-Americans population deems culturally and linguistically appropriate. Finally, participants suggested collaborating and sharing resources with other county agencies to implement the most promising practices identified by the community.

I liked that once I was able to feel safe, and knew that they were there to help me, and they got to know me, and talk to me, I knew that I was okay, and I just started trusting in somebody. They just made me feel like I could trust. I could make that bond with the staff [because] we would all eat together, eat dinner together...it was like a family.

—PROVIDER

That is my interest. Ensuring if and when we have access services, when they call, they are talking to someone that speaks their language or have an interpreter, and if they are referred to services, that the services they receive is from someone that understands the culture, the practices, the norms of the Filipino culture and also speaks their language.

—SOLANO COUNTY STAFF MEMBER

Spiritual faith-based groups with the Filipinos [are] really important, because so many people in that community will go to their faith leaders if they are experiencing a mental health problem... and also reaching out to public health and other doctors because of the somaticizing... you know the “my heart hurts” when they are experiencing chronic depression... so educating non- Filipino doctors on ‘this is the language you may hear, this is what it may look like, and here’s where you can connect people to services.’

—SOLANO COUNTY STAFF MEMBER

Next Steps

Our purpose in asking Filipino-Americans behavioral health experts, community members, and consumers about their opinions on the current state of mental health care and access in Solano County, was ultimately to inform and foster the transformation of the various systems charged with delivering mental health care. The next step is working with members of these communities to identify creative solutions, based on the issues raised and suggested recommendations for improvement, all to be emergent from the first phase of the project. This second phase will be accomplished through the UC Davis Culturally and Linguistically Appropriate Services (CLAS) Transformational Leadership Program. This program's framework is based on the National CLAS Standards, which consists of 15 standards in four main categories:

- Governance, Leadership and Workforce;
- Communication and Language Assistance;
- Engagement with Youths, LGBTQ, and Faith Leaders;
- Continuous Improvement and Accountability.

Through the CLAS program, we will continue working collaboratively with our partners from the critical health, social service, educational, governmental, and structural sectors of the county in order to improve the mental health of those Filipino-Americans who have been underserved in the past. We welcome feedback from the Filipino-Americans community on both these efforts, as well as on additional steps that can be taken to make sure all voices are heard.

Acknowledgements

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