

LACDMH UsCC API Project Summary Report

“Our Stories, Our Journey”

I. OBJECTIVE

This project proposed to compile helpful information related to mental health wellness and resources, as well as personal stories of recovery and resilience, to be shared in audio-visual format with various Asian communities (e.g., Cambodian, Chinese, Filipino, Korean, South Asian, and Vietnamese). The audio-visual presentations, such as narrated power-point presentations that include audio and video segments, would be shared via social media such as YouTube and WeChat, and in the waiting rooms of clinics, in order to demystify mental health issues.

This project resulted in making helpful information on mental wellness and relevant community resources accessible to Asian community members in their own languages and voices. In addition, the project’s audio-visual format of information delivery expanded access to those who do not read their own languages. Asian community members were able to access the information in their own languages regardless of their level of literacy. Asian community members are more receptive and feel the materials are more relevant to them as the information is shared by people in their own community. This serves to address common cultural myths and stigma associated with mental health issues by members of their own community.

II. PROGRAM DESCRIPTION

“Our Stories, Our Journey” was selected by the API Underserved Cultural Communities (UsCC) subcommittee to be implemented from 2021 to 2022.

This project targeted Asian communities in the following language groups: Chinese (Mandarin), Hindi, Khmer, Korean, Tagalog, and Vietnamese. The Consultant interviewed five family members and one staff member from each of the six language groups. Their experiences in dealing with stigma, myths, and stress, as well as their efforts to stay hopeful in the journey of supporting their loved ones or other community members in mental health recovery were documented via in-person and online interviews. Interpreters were employed in interviews with individuals who did not have a language in common with the Consultant. Most of the interviews were video-taped, one was audio-taped.

Quarter 1 (October to December 2021): During this first quarter, the Consultant focused on developing informational fact sheets, consent forms, and surveys. They were developed in English and then translated into the relevant six Asian languages: Chinese, Hindi, Khmer, Korean, Tagalog, and Vietnamese. These translated documents were reviewed and verified by community members to ensure the accuracy of the translation.

Quarter 2 (January to March 2022): In this quarter the focus was on reaching out to community agencies for collaboration in recruiting interpreters and interviewees (family members and staff). The communities quickly responded to the Consultant, and relationships with five agencies were initiated: the Asian Pacific Family Center (Chinese and Vietnamese), SIPA (Filipino), Saahas for Cause (Hindi), Cambodian Town, Inc. (Khmer), and APCTC (Korean). Due to the COVID-19 pandemic, most groups were apprehensive about in-person interviews and events so it was agreed that interviews would be conducted online and that the format of the community events (in-person or online) would depend on the pandemic situation at the relevant time. The interviews were mainly conducted through the communication software Zoom. Agencies chose Zoom over MS Team because most community members were familiar with Zoom and not with MS Team.

Quarter 3 (April to June 2022): This quarter focused on interviewing family members and providers from each of the six communities. Each interviewee was invited to an hour-long interview and received a compensation of \$50 as a token of appreciation for their time and effort in sharing their stories. Cambodian Town, Inc. could not provide the necessary support for the project in Q3-Q4, so the Consultant reached out to Long Beach API Family Mental Health and individuals from the Khmer community for help in identifying Khmer-speaking interviewees.

A power-point template covering the key points about the project and mental health conditions was developed and then translated into the six Asian languages. The interviews were conducted in English and various Asian languages, and due to the COVID-19 pandemic, all but one interview was conducted and recorded online via Zoom. One small group interview with three Khmer family members was conducted in-person due to their unfamiliarity with Zoom.

Quarter 4 (June to July 2022): During this last quarter of the project, clips from the interviews were reviewed, selected, and added to the power-point files, and then videos were made of them. Narrations in the six languages were made of the content of the power-point presentations to make them accessible to community members regardless of literacy skills. The draft videos were shown to focus groups to solicit feedback for modifying the videos. Many family members asked that their faces be blurred in the final videos and the Consultant honored their wishes.

After the final drafts of the videos were completed, the Consultant worked with each agency to host community events to showcase the video. United Cambodian Community in Long Beach also hosted an event for the Cambodian community. A total of seven community events were conducted to showcase the videos. Some of the agencies chose to integrate the video into their regular program events:

- The Chinese group incorporated watching the video into their monthly NAMI support group meeting and invited more family members to attend.
- The Khmer group integrated the video into their social service component that helps people enroll for government benefits.
- The Korean group chose to integrate the video event into their monthly outing in a local park. The draft video was uploaded to a YouTube channel as an unlisted video and the link was shared so they could watch it prior to the picnic. Later, some Korean parents attended an additional meeting to focus on watching the video.

Overall, these videos were received with enthusiasm. Many community members reported that such videos will encourage people to seek the relevant services when they are needed.

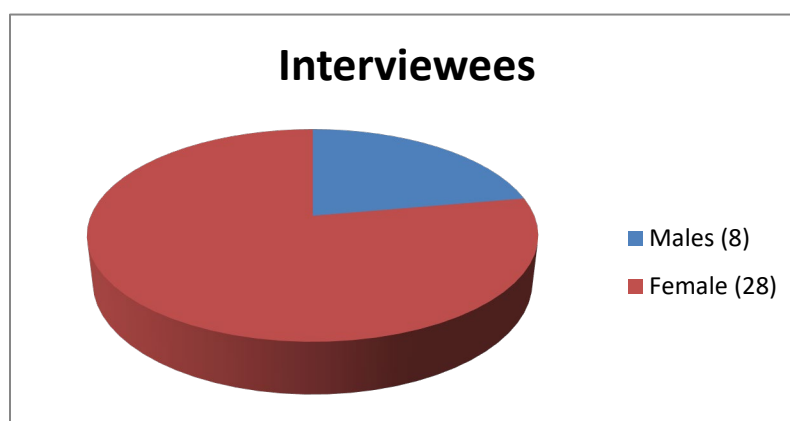
III. PROJECT OUTCOMES

A. Demographics of interviewees: There were 36 adults who participated in the interviews, six from each language group. Most of them were females; there were 8 males and 28 females. Table 1 displays the gender and ethnic distribution of the 36 participants.

	Cambodian	Chinese	Filipino	Indian	Korean	Vietnamese	Total
Male	3	1	1	1	1	1	8
Female	3	5	5	5	5	5	28
Total	6	6	6	6	6	6	36

Table 1. Demographics of the 36 interviewees.

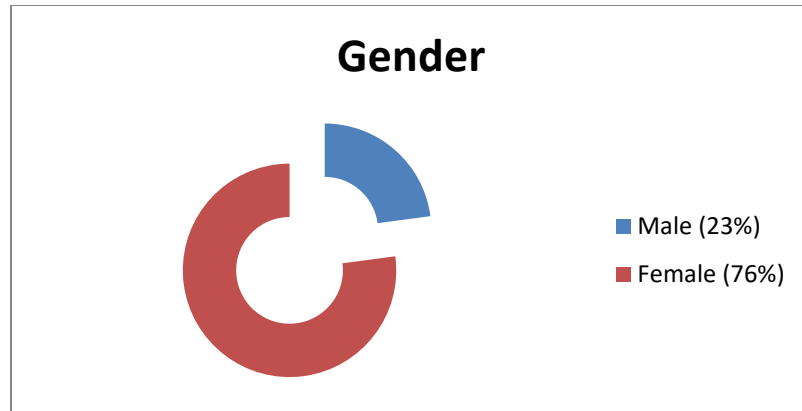
Graph 1 below illustrates the gender of the 36 participants who were interviewed. There were 8 male (22%) and 28 female (78%).



Graph 1. Interviewees by Gender

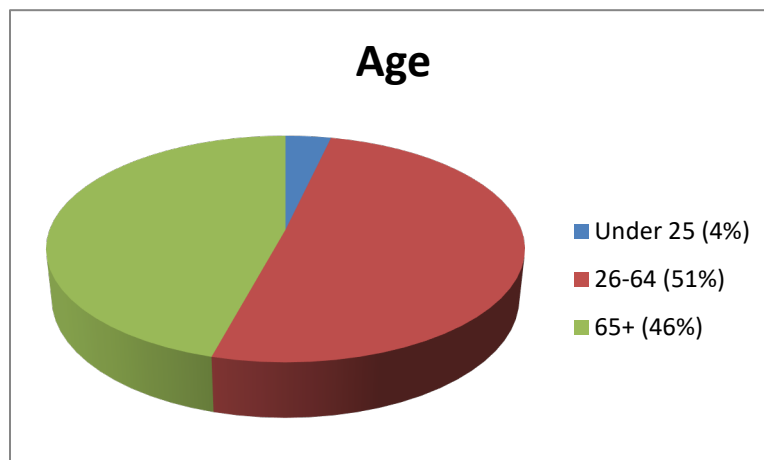
B. Community Event Feedback Form: In total, there were about 117 participants in the seven (two for Korean) community events of the fourth quarter. Due to the COVID-19 pandemic, two communities (Filipino and Indian) chose to do online events, two chose to do in-person events (Khmer and Vietnamese), and the Chinese and Korean communities chose a combination of in-person and online events.

A total of 83 attendees (71%) returned the community event feedback form of five questions (Attachment 1). The form was returned by 19 males (23%) and 64 females (76%).



Graph 3. Gender Distribution of Those Who Returned Feedback Forms

In terms of age distribution, most of the respondents were adults between 26 to 64 years of age (n=42; 51%), or older adults 65 or above (n=38; 46%), while the remaining 3 (4%) were under 25 years of age.

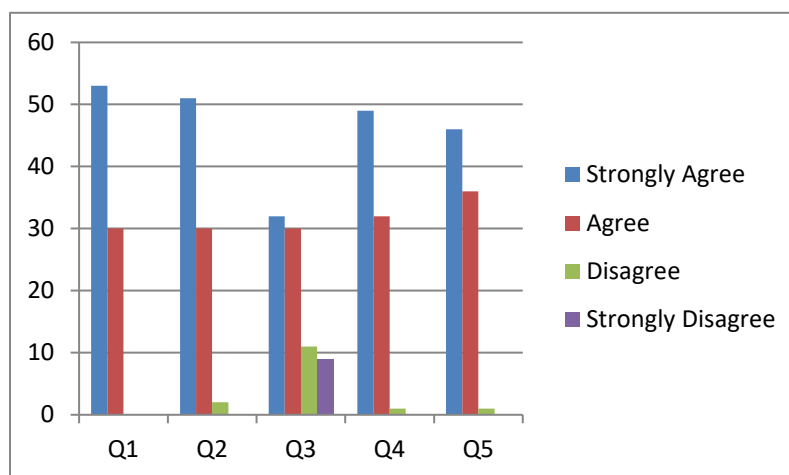


Graph 4. Age Distribution of Those Who Returned Feedback Forms

The results of their responses are listed in Table 2 and illustrated in Graph 2.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I learned about the signs and symptoms of mental health conditions	53	30	0	0
2. I have a better understanding of what it's like to live with mental health conditions	51	30	2	0
3. I learned that negative thoughts/feelings about mental health condition can make it difficult for people to seek help	32	30	11	9
4. I learned that people with mental health condition can recover from these conditions	49	32	1	0
5. I learned how and where people with mental health condition can find help	46	36	1	0

Table 2. Summary of Responses from Community Event Feedback Form.



Graph 2. Responses from Community Events Attendants

Community event attendees reported overall agreement with these statements, indicating a favorable response to the program. This meant they became more aware of the negative effect of stigma associated with mental health conditions and learned that individuals with mental health conditions CAN get help and recover.

There was one item (#3) that had a rather unexpected outcome. Some people disagreed or strongly disagreed with the statement that, “negative thoughts/feelings about mental health condition can make it difficult for people to seek help.” This result was unexpected, but from other comments and the context we can understand it to mean that they have overcome the stigma enough to find mental health services they and their loved ones need. A larger sample of survey respondents that included more people less directly interested or involved with mental health issues would probably be more inclined to agree that negative thoughts and feelings about mental health conditions deter people from seeking help.

C. Testimony of participants about the impact of being interviewed: Several people expressed that they learned more about mental health issues and resources through their search for professional help for their family members. Many of them commented that it would be very helpful to have such information presented in their own language so they would understand the important messages despite their literacy level. These family members had overcome the challenges and stigma associated with mental health conditions and witnessed the benefits of receiving professional help. Thus, they wanted to give back to the community by sharing their experiences, despite still being concerned about the stigma associated with mental health concerns. Here are some comments from the participants:

“Thank you for giving me an opportunity to share my experiences. It was not easy to deal with the stigma [associated with mental health condition]. I felt my experiences were validated and I am grateful for this opportunity. I hope other families will face fewer challenges.”

“We need to fight hard, as they do not have anyone else to turn to. We are family and we will not give up on them.”

“I know it is important to have hope and to stay hopeful about the future.”

“Thank you for making the video in our language so our people understand important information.”

D. Testimony of attendees from the community events: Most people complimented the project and the accomplishments of these videos. They shared that they got the messages in the video. Overall, the events were successful, and people were happy that they had attended them. They reported that the videos helped them better understand mental health issues and the stigma and discrimination often associated with mental health conditions. Participants were very appreciative of this project and the opportunity to raise their awareness in a language they understand. Many of them commented that presenting such information in their own language helped them better understand the important messages. The consensus was that people who needed help would be more likely to seek it after watching the videos.

“I was touched watching the video, as I have shared the experience of having to deal with a mental health condition and people’s reaction to it, including bullying and discrimination.”

“I can relate to the videos as I went through a similar process.”

“I am impressed with the videos. They will be good educational materials for the public to gain a better understanding of mental health issues and their challenges.”

“We should make these videos widely available to the public and as educational materials to foster better understanding and discussion of mental health issues and how to support people who are struggling with these issues. We should use them more than just showing them in the waiting room or on social media. We should contact the media to let more people learn about mental health issues.”

IV. LESSONS LEARNED

There were a few challenges during the implementation of the project. The major difficulties involved collaborating with community agencies with limited capacity and human resources, and the stigma and discrimination experienced by the family members.

A. Limited agency capacity: The project required targeted outreach to specific API communities such as the Hindi and Khmer-speaking communities. It was challenging for the Consultant to reach out to some groups. Many of the organizations contacted were very small agencies with very limited staffing and were thus often unavailable or unresponsive. For one particular community, it took several weeks for the Consultant to finally receive a confirmation. It might be beneficial to work with more than one agency in the future to avoid delays due to limited agency capacity.

B. Stigma and discrimination experienced by family members: While many family members were courageous enough to share their personal stories in private interviews, several family members declined or cancelled the interview at the last minute. Many others were willing to share their experiences in private but did not want their identity to be known and asked that their face be blurred in the final videos. This suggests that stigma is still a significant challenge in the Asian communities. Even when family members were relatively “successful” in overcoming challenges and helping their loved ones, they still did not want people to identify them. Apparently, more works needed to be done to provide education and information to combat stigma.

V. RECOMMENDATIONS

While this project made progress in sharing personal stories of mental health experiences via audio-video presentation, more work still needs to be done to overcome the stigma associated with mental health conditions. The Consultant was successful in integrating a psycho-educational component into the final video-watching events. These events became like a workshop with questions and answers. Family members really liked it and felt they got more information from these events. The videos can continue to be used as an introduction to learn more about mental health conditions, including the stigma associated with them. The video can also be used in advocacy efforts to call for more attention and support needed in the Asian communities. As one Korean mother suggested, the video should not just stay in the waiting room or on social media, it can be used on ethnic media to draw more attention to mental health conditions and the need to support families dealing with them. It was suggested that these videos be used to inform ethnic elected officials so they can be more attentive to getting of the more resources needed in the Asian and ethnic communities.

With regards to collaborating with underserved community agencies, we should consider their capacity. While small agencies may have interest in collaborating, they may not have the necessary infrastructure to carry out an event outside of their regular operation. Thus, it is important to consider the community infrastructure when designing a project.

While many individuals were willing to be interviewed and video-taped, many of them did not want their identity or face to be shown to the public. They understood the importance of advocacy in fighting stigma but were still hesitant to be identified. Perhaps there can be a forum for the Consultant to train a small group of ambassadors and spokespeople so they can share their personal stories in their entirety and publicly like a TedTalk. Seeing such a courageous “real” person without their face blurred could encourage more people to come out and seek the help they need.

Attachment 1 Event Feedback Form

Thank you for coming to the “**Our Stories, Our Journey**” event. We would like to ask you few questions regarding your experience with this event.

You are: ____ Male; ____ Female Your age: ____ under 18; ____ 18-25; ____ 26-64; ____ 65+

After the event: (Please circle one that reflects your experience)	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I learned about the signs and symptoms of mental health condition.	SA	A	D	SD
2. I have a better understanding of what it's like to live with mental health condition.	SA	A	D	SD
3. I learned that negative thoughts/feelings about mental health condition can make it difficult for people to seek help.	SA	A	D	SD
4. I learned that people with mental health condition <u>can</u> recover from these conditions.	SA	A	D	SD
5. I learned how and where people with mental illness <u>can</u> find help.	SA	A	D	SD

Thank you again for your help!

