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Title: *“Depression is not an illness. It’s up to you to make yourself happy”*. Perceptions of Chinese health professionals and community workers about older Chinese immigrants’ experiences of depression and anxiety.

Running title: Perceptions of depression and anxiety in older Chinese people

Abstract

Objective(s)

The aim of this study was to improve our understanding of depression and anxiety among older immigrant Chinese Australians.

Method

The study was based on NARI’s Cultural Exchange Model; an iterative process of exchange between researchers and stakeholders. The project involved a range of components including consultations with health professionals and community workers about perceptions of depression and anxiety within the Chinese community. This paper reports on these consultation findings.

Results

Thematic analysis generated five main categories to explain participants’ perceptions of depression and anxiety within the Chinese community. Themes included: lack of knowledge; personal weakness rather than illness; stigma; somatization; and experience of migration in later life. Responses to questions about education and information dissemination were collated separately and reported.

Conclusion(s)

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Views of depression and anxiety among older Chinese people suggest that educating the community may be an important way to improve mental health literacy and help-seeking behaviour.

Key words

- Depression, anxiety, older Chinese immigrants

Introduction

Australia has a large and increasing culturally diverse older population. In 2006, of the estimated resident population of Australia (21 million people), one-quarter (5.3 million people) were born overseas, accounting for 36% of the total older Australian population (1). There are about 400 different languages spoken in homes across Australia and a trend towards fewer Australians speaking only English at home (2).

Depression and anxiety are two of the most common mental health problems among older people. Of those living in the community, between 10-15% experience symptoms of depression (3-5), and approximately 10% have a diagnosable anxiety disorder (6). The prevalence of depressive and anxiety symptoms rises sharply for people living in residential care homes and those in hospitals (7). For example, up to 50% of older people living in residential aged care (8) and 48% of people in hospitals (7) exhibit depressive symptoms.

Despite the numbers of older immigrants in Australia, there are limited Australian data on the prevalence of depression and anxiety in this group. However, there is evidence suggesting that older immigrants might be at higher risk of depression. A recent report by the Australian Institute of Health and Welfare (AIHW) on the prevalence of depression in residential aged care found that among newly-admitted residents (those admitted to permanent aged care for the first time between the study period), the prevalence of depression is higher among those born in non-English speaking countries (9). Similarly, a review of depression among older Asian immigrants in North America found that prevalence ranged from 18% to 31% (10), higher than the 10-15% prevalence rate estimated for the general older population (e.g., Baldwin, 2008). These findings highlight the importance of providing culturally appropriate mental health services to this group.

Health professionals and community workers are front line workers in developing and providing culturally appropriate mental health services to older immigrants. This study explored perceptions of community workers and health professionals about older Chinese immigrants' experiences of depression and anxiety. This study targeted the experience of older Chinese immigrants because they are one of the largest and fastest growing immigrant groups in Australia; these individuals come from mainland China, Hong Kong, Taiwan, Singapore, and other South Asian countries. In 1996, the Chinese languages (including Cantonese, Mandarin, Hokkien, Shanghai and other Chinese dialects) were ranked fourth among languages spoken by older immigrants across Australia (11) but by 2026 these are projected to become the most common languages spoken by older immigrants, representing 10.5% of the Australian older immigrant population (11). The aim of this study was to improve our understanding of depression and anxiety among older immigrant Chinese Australians, so that in turn detection and treatment of these psychological disorders can be improved.

Methods

Design

The study design was based on the National Ageing Research Institute's (NARI) Cultural Exchange Model (12), developed through work with older immigrants. The model includes a framework of exchange between researchers and stakeholders which recognises that knowledge development is not a one-way flow of information from researchers/experts to health professionals or consumers but rather a process of knowledge exchange. Based on this model, the research team established an advisory group, that included academics, health professionals, community workers and advocacy groups, to ensure the knowledge exchange process was undertaken and enable it to occur in this study.

Procedure

Community workers and health professionals were consulted to explore their perceptions of older Chinese immigrants' experiences of depression and anxiety. Ethical approval of the study was granted by the Melbourne Health Human Research Ethics Committee (Ethics ID: 2013.153). We chose to consult with health professionals and community workers rather than older people directly as earlier research with the Chinese

community indicated that there is strong stigma associated with mental health issues (13), therefore older people may not feel comfortable discussing these issues.

For health professionals, all consultations were conducted through individual interviews (including nine telephone interviews and two face-to-face interviews). For community workers, the consultations were conducted through one focus group (n=9), one group face-to-face interview (n=2) and 11 individual interviews (including 10 face-to-face and one telephone interview).

Participants

A total of 33 participants were recruited, including 11 health professionals and 22 community workers. Interviews were conducted with health professionals and community workers between 22nd November 2013 and 24th February 2014. Participants were recruited via the research team's contacts from earlier projects involving the Chinese community, advice from the advisory group, and snowballing.

All participants were from a Chinese background. They were from different disciplines and worked in different organizational settings. Table 1 shows their disciplines and organizational settings.

Among health professionals, there was a range of roles and work settings (see Table 1).

[Please insert Table 1 here]

Among community workers, there was also a range of roles and work settings (see Table 2).

[Please insert Table 2 here]

Measures

Participants took part in an interview structured around questions (developed by the research team and the advisory committee), including (1) perceptions of depression and anxiety among the Chinese community, (2) screening and diagnosis, (3) services for older Chinese people, and (4) education and information dissemination.

Data analysis

Notes were taken during the interviews and the focus group was audio-taped and transcribed; the notes and transcripts were thematically analysed by two project staff who each reviewed the individual transcripts and drew out the major themes. Thematic analysis is a method of identifying, analysing and reporting patterns (themes) within data (14). The themes extracted by the two researchers were then compared for any differences and consensus reached. A series of standard questions was used for each of the groups consulted. Each set included specific questions relevant to each group. As there was a high level of consistency in the themes that emerged from the data relating to perceptions of depression and anxiety, results from community workers and health professionals were grouped together.

Results

Thematic analysis generated five main categories to explain participants' perceptions of depression and anxiety within the Chinese community. These themes included: (1) lack of knowledge; (2) personal weakness rather than illness; (3) stigma; (4) somatization; and (5) experience of migration in later life. Responses to questions about education and information dissemination were collated separately.

Lack of knowledge

Both health professionals and community workers commented that there was a lack of knowledge and understanding among older Chinese people about depression and anxiety. As participants said:

"Many don't have an idea of what depression and anxiety are. Because most Chinese people don't have a concept of mental illness or psychological disorders. If you tell someone they are depressed they think are they crazy. Quite a lot of myths about depression and anxiety and they don't have the concept about this. It's hard for them to understand depression and anxiety because they just don't have that concept." (Health professional 2)

“I think they understand very little about that illness. Usually they would say that I am not interested in anything, I don’t want to eat. I just think about the home countries all the time.” (Community worker 11)

“I think it is more people’s perception. They do not consider depression and anxiety as a common illness and that it is treatable. Therefore, they do not seek treatment for these symptoms, which might lead to very serious outcomes, such as suicide. We need to provide more information to let people know about these mental health problems.”(Community worker 8)

Weakness rather than illness

Participants also commented that many Chinese older people do not consider mental health as an illness but rather as a personal weakness or personality problem. As participants said:

“A lot of them still have this concept that you can deal with this as long as you have a strong mind. Depression is not an illness. It’s up to you to make yourself happy or how you see things differently. ... I think still a lot of people think it’s your personality. If you don’t take it too seriously. They don’t think it’s an illness.” (Health professional 1)

“Some might think it is weakness of themselves, so they do not want to ask for help.” (Community worker 5-6)

Stigma

Participants reported that there is strong stigma associated with mental health problems among older Chinese immigrants, partly due to the perception that these conditions are due to a character weakness, which have a negative impact on their help seeking behaviour. As participants commented:

“Older Chinese people are reluctant/hesitate to admit that they suffer from depression or anxiety, because people with mental health problems are stigmatized. People would think them as crazy or mad person, and avoid contact with them ... Therefore, it is hard for older Chinese people to accept that they might have depression or anxiety.” (Community worker 2)

“One patient told me that she has some tablets for heart, for heartbeat, and that is actually for depression. So until I look at the name of the drug, then I know it was for depression, but I guess the GP did not want to say it.” [probably because of stigma] (Health professional 4)

Somatisation

It was also reported that Chinese older people are more likely to express mental health problems through physical symptoms. As participants said:

“Older Chinese people do not express depression as psychological symptoms. They report more physical symptoms, such as not sleeping well, do not want to go out, or feel sick.” (Community worker 1)

“Somatic symptoms is very common, maybe things like loss of appetite and loss of energy, maybe a lot more common than actually saying that they're sad and hopelessness and helplessness, that might not come through as much.” (Health professional 4)

Impact of experience of migration in later life

In response to questions about perceptions of depression and anxiety, participants also talked about factors that contribute to depression and anxiety among older Chinese immigrants. It was reported that depression and anxiety among this group are often related to their experience as immigrants who may have come to Australia in later life, which

might include language difficulty, knowledge and literacy, and changed role and status within the family and society. As participants commented:

“The other factor is language. In Australia, we receive a lot of letters. When they receive letters, they don’t know what they are about and worry that they might miss or delay something important. So they would be very worried and come here, wanting you to read those letters on the day. In fact, some of the letters were not important. But when you told them that they were not important, they would still be worried. They want you to assure them that they were not important.”

(Community worker 9)

“I think it's a bit different with people who are I suppose, second generation - younger people these days who have been brought up in Australia who have been born here, I think they are probably a bit more familiar and more literate about depression and it's acceptable to have these feelings about not feeling well and being depressed. But I think in typical Chinese culture it's not so much the case. I think we have a mentality, being Chinese myself, to work hard and be stoic and not lose face, and keep going. I think those sort of notions are really good in terms of work ethic and getting through things, but often can be a bit of a barrier to help seeking and admitting that you are depressed and anxious and not dealing with things so well.” (Health professional 8)

Older Chinese immigrants also often experience changed role and status within the family and society. In particular, loss was reported as a key factor seen as contributing to depression and anxiety among this group. This could include loss of job, loss of physical health, loss of friends they had in China or other countries, and changed roles as parents and grandparents, which lead to their feeling of loss of status within the family and society. As participants said:

“Also the changes in family status, they change from a supplier, bread earner to a dependant. These changes present more pressure to their mental health than to young and middle aged people. For young people, they can quickly adjust to a new environment. For middle-aged people, they still need to make a living and can focus their energy in other areas, such as career. For older people, they have no other place to focus their energy and can only stay at home, which puts them in a very vulnerable place. They become dependent, rely on and obey their children. It does not mean that you must listen to or obey them, but your children do not have time to bring you to see the doctor, so you need to see the doctor according to the children’s availability. ... So older Chinese people think the tradition has been lost and they feel lost. They feel hopeless, don’t know what their future would be. Under this situation, they have no choice but to feel depressed. They feel they can’t change their environment.” (Community worker 7).

“No, sometimes I think they do have genuine anxiety and depression symptoms, but then they tend to rationalise it by "we've come from a very difficult country, there is poverty, there is family dysfunction" or whatever. They seem to rationalise it and make it quite difficult to sort out are they just sad because of the circumstances, in terms of truly the clinical manifestation of anxiety or depression.” (Health professional 10)

Preferred modes of education and information dissemination

Participants suggested that education should include information about symptoms and perceptions associated with mental health, relevant services, and particular risk factors amongst older Chinese immigrants.

Suggested delivery methods for educating older people included: working with family members; providing education at groups; and working through the media, such as ethnic radio and television programs. Effective delivery modes to educate health and community workers included: DVDs, network meetings, information sessions, workshops, presentations, handouts and focus groups.

Discussion

This study aimed to improve our understanding of depression and anxiety among older immigrant Chinese Australians and, in turn, to improve detection and treatment of these psychological disorders. This data reported in this paper focused on perceptions of health professionals and community workers about older Chinese people's experiences of depression and anxiety obtained from the study. Five themes emerged from the qualitative data collected: lack of knowledge; personal weakness rather than illness; somatization, stigma, and experience of migration in later life. Overall, this study resulted in better understanding of the issues affecting caring for the older Chinese person with depression and/or anxiety symptoms, as told by the health professionals and community workers who are in direct contact with them.

The data from the interviews revealed that depression and anxiety among this group are often related to their experience as immigrants who may have come to Australia in later life, which might include language difficulties and changed role and status within the family and society. These language barriers can impede access to services, such as mental health services for Chinese Australian immigrants (15). Loss was reported as a key factor seen as contributing to depression and anxiety among this group of people who migrated later in life. This could include loss of job, loss of physical health, loss of friends they had in their home countries, and changed roles as parents and grandparents.

This study highlighted a need for community education - both health professionals and community workers commented that there was a lack of knowledge and understanding among older Chinese people about depression and anxiety, and that many Chinese older people do not consider mental health as an illness but rather as a personal weakness or personality problem. It also suggested that older Chinese people are more likely to express mental health problems through physical symptoms, which is not uncommon for older people more generally (16). This study revealed that older Chinese people view depression differently from the way mainstream health providers do.

Findings also highlighted strong stigma associated with mental health problems among older Chinese immigrants, with evidence of feelings of shame, embarrassment, fear and taboo. These factors lead to a negative impact on help-seeking behaviour for these

symptoms of depression and anxiety (symptoms which are treatable and would significantly improve quality of life if treated) (13).

Overall, these findings suggest that educating the community may be an important way to improve mental health literacy and help-seeking behaviour among older Chinese immigrants. In summary, a key finding of these consultations is that factors contributing to the increased risk of depression among older Chinese immigrants include lack of knowledge of depression among the community and the immigration experience of older Chinese people.

The study resulted in the development of resources to assist clinicians when working with older Chinese people with depression and anxiety; for example, “Screening for depression and anxiety among older Chinese people: a guide for health professionals”. These resources are available at <https://www.beyondblue.org.au/about-us/programs/older-adults-program/aged-care-education/culturally-adapted-screening-tools>.

A key limitation of this study is that it was based on a relatively small convenience sample and, as the consultation used a qualitative methodology, these might affect the generalisability of the findings to the broader population. However, the methodology used has provided a rich account of the issues of depression and anxiety among this group as it draws on a range of sources. The study also did not explore attitudes or preferences towards treatment strategies, which could be explored in further research. Despite these limitations, the project represents an important first step in improving our currently limited understanding of mental health among older immigrant, and provides a better understanding of depression and anxiety among older Chinese immigrants.

Key points

- Older Chinese people often consider mental health conditions and symptoms as a personal weakness and may express them through physical symptoms rather than as emotional or psychological symptoms

- There is strong stigma associated with mental health problems among older Chinese immigrants
- Depression and anxiety among this group often related to their experience as immigrants who may have come to Australia in later life, including language difficulty, knowledge and literacy, and changed role and status within the family and society
- Community education may help improve mental health literacy and help-seeking behaviour.

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Table 1: Health Professionals Roles

Role	Number	Work setting
Nurse	1	Residential care setting
Practice nurse	1	Private medical centre
Psychologist	1	Private practice

Role	Number	Work setting
Dietitian	1	Community health service (2 days per week)
Psycho-Geriatrician / Old Age psychiatrist	1	Private practice/ memory clinic
Psychiatrist	1	Academic/private practice
General Practitioner	2	Private practice
Geriatrician	3	Public hospital (x2); semi-retired/private practice (x1)

Table 2: Community Worker Roles

Role	Number	Work setting
Social support worker	1	Local government
Cultural liaison worker	1	Mainstream welfare organization
Chinese carer group facilitator	1	Ethnic organization
Social workers	2	Community health; Ethno-specific agency
Senior Home and Community Care worker and volunteer coordinator/ Chinese social support program coordinator/ Adult Day Centre coordinator	3	Ethno-specific agency (x2); Ethnic organizations
Settlement officer/senior project officer/ music therapist and project officer	3	Ethno-specific agency (x3)
Manager/Program Manager	3	Ethno-specific agency (x3)

Role	Number	Work setting
Case managers/ senior case manager/ carer care manager	8	Mainstream welfare organization (x1); Ethno-specific agency (x7)

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Author/s:

Haralambous, B;Dow, B;Goh, A;Pachana, NA;Bryant, C;LoGiudice, D;Lin, X

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