



A NOVEL STIGMA REDUCTION INTERVENTION FOR CAREGIVERS OF CHINESE IMMIGRANTS WITH PSYCHOTIC DISORDERS

Problem: Chinese Americans constitute the largest Asian American group. New York State is home to the second-largest Chinese immigrant population (second to California), and the number of Chinese immigrants has been increasing since 1960¹. Members of this ethnic group who develop a psychotic disorder are particularly susceptible to treatment disruption as a result of culturally elevated stigma. Because family members play a key role in this group's help-seeking process, decreasing stigma among caregivers is a critical step toward improving treatment seeking and engagement among Chinese consumers.

Approach: An innovative, short-term intervention to decrease stigma among family caregivers was recently developed and pilot-tested. Based on previous work on types and roots of stigma and on methods for stigma reduction, the intervention consists of three 90-minute group psychoeducation sessions designed for relatives of Chinese immigrants with psychotic disorders. The intervention consisted of one session per week, for a total of 3 weeks. Sessions were conducted in Mandarin Chinese by a team with two co-leaders: a clinician and a trained relative caregiver. Lawrence Yang, PhD, a faculty member at the Columbia Mailman School of Public Health, led the study, in collaboration with the NYS Center of Excellence for Cultural Competence at the New York State Psychiatric Institute. Caregivers' level of internalized stigma was assessed one week prior to the intervention and immediately post intervention. They were also asked for their feedback at the conclusion of the study with the following questions: "What did you find most helpful about the intervention?" and "What would you change about it to better address stigma?"



Findings: A total of 11 caregivers participated in the pilot intervention. The mean age of the caregivers was 59 years; 10 participants were the parents and one was the spouse of a Chinese immigrant with psychosis. Results showed that caregivers who did not endorse internalized stigma prior to the intervention did not evidence a change in their stigma scores. However, the subgroup of 6 caregivers who endorsed pre-intervention stigma showed a significant reduction post intervention in their internalized stigma scores. Evaluation of the sessions also found that the caregiver co-leader and the group participants were able to share emotional support with each other and come up with concrete strategies for coping with stigma, thereby improving caregivers' understanding of the illness, instilling hope, and augmenting their strategies in dealing with discrimination.

Caregivers reported that the most helpful aspect of the intervention was the way professional and peer co-leaders complemented one another. Participants noted how the caregiver co-leader supplemented the information provided by the clinician co-leader with concrete problem-solving strategies and actual experience. Several participants suggested improving the intervention by providing even more time to process information and to share experiences with one another. For example, one relative suggested extending each session to two hours and expanding the number of meetings from three to five. Another suggested scheduling follow-up sessions 3 to 6 months after the end of the intervention in order to review the material and how they had applied it in their lives.

Implications: The next step is to expand the evaluation of the intervention to a larger and more diverse group of Chinese American caregivers. In addition, the number of sessions will be increased to five, as suggested by participants, in order to allow more time to process the course material. We will continue to evaluate the feasibility of other suggestions provided by participants. After further refinement of the intervention, we will test its efficacy in a larger randomized clinical trial. If successful, our approach could be disseminated to Chinese immigrant groups nationally, and possibly adapted for other racial/ethnic groups.

This initial pilot study shows that it is feasible to reduce stigma among Chinese immigrant caregivers with a relatively brief, peer-co-led intervention. Reducing stigma can make it easier for caregivers to help their relatives access needed mental health care and thereby support their recovery.

References:

- McCabe, K. "Chinese Immigrants in the United States." *Migration Policy Institute*, January 2012. Available at <http://www.migrationinformation.org/USfocus/display.cfm?ID=876#3>