

Working with Chinese migrant students: Mental health issues and guidelines for counsellors

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Introduction

This chapter serves to produce some ideas as to how mainstream counsellors can work more effectively with migrant students of Chinese origin. Chinese are a diverse group, and the chapter focuses mainly on the young Chinese migrant population. Although having practised counselling for more than five years, my practice in working with the Chinese young person is still evolving. This chapter is by no means my last version. This guideline is a summary of my perusal of literature and a collation of my counselling experiences. It is not the purpose of this chapter to offer a different view or to challenge the current counselling practice of my colleagues.

Neither is it advocating for a new theory. I believe that there are no major differences between working with Western students and their Eastern counterparts. Rather, I aim to start a discussion process and request my fellow colleagues, be they Easterners or Westerners, to practise these guidelines on their Chinese clients and offer me their feedback. Alternatively, I encourage my fellow counsellors to talk and share with me their expert opinion as to how

we can work better with Chinese students, based on their own experience.

In this chapter, I define a young migrant student as someone of intermediate age (around 10 years) to 17 years before entering a tertiary education institution. Seventeen years is about the cut-off age that the public health system uses to separate between a youth and an adult. In Chinese culture, young people belonging to this age group are still dependent on their parents. This is the age when young people go through major developmental and educational processes. Statistically, they have a high rate of suicide and have a high tendency to develop emotional disturbances. For young migrant people, they face additional challenges in life such as the process of migration, being torn between two cultures and a change in peer groups.

I would like to introduce this chapter by addressing the concept of mental health as perceived by Chinese people, and then look at the Chinese way of seeking help. Following that, I shall share my views on the common causes of mental ill health among young Chinese migrants. I will finish this chapter by

proposing guidelines on how to work with Chinese students.

The concept of mental health and mental ill health

The presentation of mental health problems by young people is different from that of adults (American Academy of Child and Adolescent Psychiatry, 1997; Bell & Brookbanks, 1998; Glombek & Kutcher, 1990). Chinese people identify mental illness as “madness”, irrespective of differences between forms of disturbance, and avoid talking about it in most circumstances. A mental health problem is considered to be a “family shame” and Chinese people will react to it with denial, anger and rejection. Owing to their lack of knowledge in the mental health area, and refusal to discuss and share with other family members, mental health symptoms are often overlooked.

Most mental health symptoms are expressed in the form of physical complaints because that is more culturally acceptable. When Chinese people are confronted with mental health symptoms by counsellors, they will typically react with disagreement. They may report that the counsellor is insensitive to their cultural needs or that the counsellor does not understand their culture. Some mental illnesses such as Attention Deficit Hyperactivity Disorder (ADHD) and depression are relatively more acceptable because they are “treatable

with medications”. For those mental illnesses that require purely psychological interventions, it is more difficult for the parents to accept.

Treatment seeking patterns

As far as tolerance to mental health symptoms at home is concerned, my fellow counsellor colleagues may be surprised by some Chinese parents’ and young people’s high threshold of tolerance (Lee, 1997). Although noticing and being concerned by a change in the young people’s behaviour, some parents will take no action, hoping that one day the symptoms will go away, and their children will “grow out of the symptoms”. Other parents may respond by becoming angry towards the young person, by giving the children “layperson explanations” about the problem such as “having too much heat inside the body”, and by offering them traditional remedies. Some parents respond by blaming the other parent or his/her extended family. Seeing that their children are behaving somewhat differently, some parents may use other traditional coping means such as herbal medicine, praying or some “supernatural” interventions. In the extreme, some parents may exert extra control and pressure over the young person, hoping that this use of authority can help him or her recover earlier. Young people will usually try to live with the problems until they have some form of “instructions” from their parents.

Most of the time, therefore, other professionals pick up mental health symptoms or evidence of disturbed behaviour. It is not unusual for teachers to pick up symptoms and report this to other professionals such as the school guidance counsellor, Child Youth and Family, or the general practitioner. Sometimes, for severe and out-of-control disruptive behaviour, it is front-line mental health workers who pick up cases and refer the young person to the appropriate agencies. This includes the community mental health centre and the crisis team. Sometimes, police will be called if the behaviour becomes unmanageable. On rare occasions, some young people, after they have committed an offence, are legally required to attend counselling. Overseas research reveals that young offenders have a significant rate of mental health problems, and it is no different with Chinese people.

In addition to the above cultural views of mental health that makes engaging Chinese people difficult, there are other practical issues that need to be kept in mind which may deter the help-seeking process. A delay in seeking help may be related to a lack of understanding about mental health, about what counselling means, about not having resources available or having financial problems. Other deterring factors can arise if the origin of the problems is from the parents or the person who has the main position of authority in the family. It

may then be harder for the young person to seek help early, given the lack of support and the induced helplessness. In conclusion, seeking voluntary help in case of emotional disturbance or mental illness is relatively uncommon compared with that of seeking help for physical illnesses. Mostly it is through other agencies that problems come to light.

The first contact: the initial presentation

Whether it is a matter of cultural attitude or of lack of knowledge, there is a tendency to procrastinate in seeking help until the last minute. In most situations, then, there is a delay in the beginning of any treatment process. It is not uncommon for Chinese students to present for help only when they are already quite sick or in a critical situation.

Chinese young people seldom seek counselling help of their own accord. Most of the time, help would be sought through their parents. This is related to part of Chinese culture in that, unless children are married, they are still under the care of the parents. From the Western point of view, they may perceive Chinese students as being over-dependent and immature. However, it is this dependence that may contribute to keeping Chinese young people mentally healthy (Bond 1991). It is my opinion that, most of the time, it is because of

a premature independence from the parents that most of the mental health problems become obvious.

Some students, however, may knock on the counsellor's door voluntarily. Their complaints, instead of relating to their mental health, are typically focussed on their studies (Tracey, Glidden & Leong, 1986) and other practical issues such as financial and relationship problems. In addition, Chinese are not fond of expressing their feelings, especially in front of people with authority. Little wonder, then, that most mental health symptoms are expressed in somatic terms.

Possible causes of mental health problems for Chinese young persons

The literature I have read so far has little discussion of the causes of mental health problems in young Chinese migrant students. Thus, I would like to put forward some of my thoughts in this area based on my experience. Such causes include:

1. Family relationship issues. As discussed earlier, the family plays a major part in a Chinese person's life. As far as a Chinese young person's well-being is concerned, parents play a major role in contributing to their problems. Young people are more vulnerable and their difficulties are more likely to be the symptoms of a family problem (Bell & Brookbanks, 1998). Possible causes of family-related problems include family violence (mainly physical and psychological), from parents to children or between parents; gambling; parenting style (being too harsh and strict); and marital discord between the parents.
2. Issues related to the young person, such as a change in the family power structure as a result of migration (especially "absent father symptoms" or "astronaut family symptoms"); lack of peer support; the cultural expectation to suppress any expression of feelings; and the young person's struggle to become free and independent of their parents' control (as part of the individuation process). Most important of all, for many, is being torn between two cultures.
3. High self and parental expectation to be successful in studies; and being over-worried or over-stressed that they may become a failure, which brings shame to the family.
4. Issues around their studies. Chinese parents tend to compare the school performance of their children with other students', which indirectly encourages competition among Chinese students. Most Chinese students have extra tutorials beyond their normal school work, and they are normally enrolled in all forms of extra-curricular activities. As well as creating extra stress for the children, it also limits their social life. Some students also struggle hard with the language. I have

seen a few young people developing mental health problems as a result of such over-work.

5. Substance-abuse issues. Illicit drugs are easily available in schools and partying places. In Auckland, there are a few Asian party places that supply illicit drugs. While some of these illicit drugs are obtainable from gang-related members, other recreational drugs such as marijuana are available for a lower price than in their country of origin. Taken together, parents' lack of understanding of New Zealand mainstream culture and its social problems, trust in their children, peer group influences, the lack of boundaries in astronaut families, and the affordability of drugs (most of the Chinese families are relatively wealthy) combine to render Chinese young people more susceptible to substance-abuse habits.

6. Bullies and gang affiliation. As with their Western counterparts, those who have difficulty coping with their schoolwork and meeting their parents' expectations tend to associate with friends of a similar background. These vulnerable young people tend to bully other children, mostly of the same ethnicity. Sometimes such bullying extends to the young people from the mainstream culture for the sake of "defending racism". These bullying and disruptive young people are often prospective members of Chinese

gangs. Gang fights and car racing are increasingly popular among this population.

7. A lack of support systems in New Zealand.

There are also some young people who have had pre-existing mental health needs before coming to New Zealand. Their mental symptoms may be triggered or aggravated by the process of migration and become unmanageable.

Some guidelines for counsellors working with migrant Chinese students

Rapport-building and initial issues in counselling

- The credibility of the counsellor is a major factor that can help engage the young person in the counselling process (Lee, 1997). A counsellor who has a good reputation, has high academic qualifications, possesses the relevant experience, and who is introduced by someone of good standing (such as a psychiatrist) will be better accepted.
- Considering the close family ties, the young age and the issues of family shame, it is usually preferable and beneficial to involve the parents while working with a Chinese migrant student. Some young people may refuse their parents' participation due to shame and not meeting parent's expectations. In this case, provide help in dealing with the presenting problem first.

- Assess who has the main position of authority – this is usually the father. This person's participation determines the success of counselling. Parents will be very upset if they are not informed of their children's participation and progress in counselling.
- If language is an issue, use interpreters with precaution given the small community. Assure clients about confidentiality.
- Counsellors are usually perceived as friends, experts, teachers and advisors. Professional boundaries have to be established clearly. Some self-disclosure would be helpful, even essential. Chinese prefer value for money. The earlier they can complete the counselling process the better, from their point of view.
- Bear in mind that counselling may involve sharing of family secrets, so asking questions that are related only to the presenting problems in the first few sessions could avoid loss of face and aggravating feelings of shame. Deeper issues should be inquired into at a later stage after rapport has been established.
- Show cultural empathy in acknowledging the issues of shame and helplessness while in a foreign country.
- Hear the problem and collect as many facts as possible. Most parents tend to be defensive and protective of children and tend not to report completely.
- If possible, start with a family meeting, and then separate the parents and the young person.
- Explain long-term consequences of leaving problems untreated. Chinese parents want the best for their children. If they are well informed about possible consequences, they will be more responsive and more fully engaged.
- Give the young person and the family the necessary advice and support in relieving or reducing symptoms.
- Educate about mainstream culture, about legal issues, about parents and children's rights, about financial support via the appropriate systems, and about the process of counselling.

Further issues in counselling

- After rapport has been built, address wider aspects of the presenting problem by exploring the family and migration history, pre-migration family functioning and the current family situation.
- If parents are the primary source of the problem, use the counsellor's authority to advise the parents to seek help in dealing with their own issues. Explain to them their contribution to the children's problem.
- Explore support systems for both parents and the young person.
- Provide parents with support and education on parenting issues.

- Some literature suggests that Chinese people tend to listen to advice from experts. This suggestion should be taken with caution, especially by Chinese male professionals, who may have a tendency to be too authoritarian. This may deter and scare the clients away, or make them defensive. This is not always the case, however.
- Consider the use of other cultural resources such as temple, church and social clubs, youth groups, women's safe house and traditional healers.

Conclusions

Most psychological and counselling models are applicable to Chinese people. The same rule applies to the young person's mental presentation and mental health needs. From my work experience, these are similar to most of the young people from the mainstream culture. While working with Chinese migrant young people and their families, the most challenging issue appears to be establishing a working rapport. It is my hope that this chapter can give some guidelines to my fellow colleagues to help them resolve this problem.

Mental health is usually a sensitive subject for discussion with Chinese people. I believe that it is our role as counsellors to inform our clients and educate their families on when, where and how to access the existing services. Chinese young people are undergoing multiple challenges. Apart from their

normal developmental challenges, they are also subject to changes as a result of migration and starting their new life in New Zealand.

It is also my experience that these guidelines could be extended to other Asian ethnic groups such as Korean, Japanese and Vietnamese. Most Asian ethnic groups share similar cultural values (Lee, 1997). These guidelines are by no means exhaustive. There is bound to be more information that I have missed and overlooked. I encourage my fellow colleagues to give me their feedback.

Case illustrations

Having discussed the above "ideal way" of working with Chinese students, it is appropriate to illustrate them by using two case studies.

John's story

John was a third-year university student from Taiwan. He presented himself to the Counselling Centre for study-related problems. He lived on his own although both his parents were in New Zealand. After attending a few sessions, he disclosed that he also had a relationship break-up. He further offered somatic complaints such as persistent headache and backache, and said he had been using sleeping pills for some time. As rapport developed further, John started sharing that he had lost interest in continuing his university studies. On further discussion

it was found that John had never enjoyed the subject he was studying at university, and that he did it mainly to satisfy his father's requirements. He admitted he had been struggling in his studies. After a few family meetings, John's parents agreed that he should change his subject of study. The physical symptoms gradually disappeared.

Jack's story

Jack was a small and slimly built high school student from Hong Kong. His dean referred him to the school counsellor, because he was found to have carried a butter knife with him in his school bag. Jack was referred to see a Chinese psychiatrist as part of his school management plan. No prior contact with his parents had taken place until this point, when a cost became involved in seeing a psychiatrist. Jack was cleared of having any mental health symptoms; rather, he was diagnosed as having adjustment problems as a result of being a target of bullying at school. Jack was then referred to the writer for counselling. His parents expressed intense frustration at not being involved in the management plan, since referral to see a mental health professional was a disgrace to the family. In addition to doing some assertiveness training with Jack, I also helped his parents to write a letter to the school to express their point of view.

How can we learn from these two cases? How can my Western colleagues help their students and families, in order to facilitate a healing process? Are Chinese clients different from Westerners? I hope that this paper has given some guidelines for our practice.

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