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# Characteristics of contrasting Chinatowns

## 2. Oakland, California

An old and larger ethnic community, this center needs bicultural, bilingual caseworkers to encourage residents to seek assistance

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For many mental health professionals in the United States, Asian Americans are an enigma in the mental health field.[1] While there has been rising interest in the benefits of mental health services, Asian Americans have remained distant from and suspicious of such services. The clinic and hospitalization rate of psychiatric services for Asian Americans is very low.[2] Such statistics are often interpreted as a sign that Asian Americans have few mental health problems or that there is a well-organized system of mutual help within the Asian American community. These interpretations are largely unsubstantiated and have been challenged by increasing numbers of Asian American scholars and community leaders who say that the traditional mental health institutions and services are not utilized because there is the barrier of language and culture which can be overcome only by providing bilingual, bicultural services located in the community.

However, when attempts are made to develop community-based programs staffed with bilingual personnel, such proposals are often rejected for lack of substantiating data based on the hospitalization rate or the clinic population. This lack of data on Asian Americans other than the traditional hospitalization rates prompted a study in mid-1974 of the mental health and social service needs of one segment of the Asian community.

### Nature and purpose of study

Because of the high concentration of residents in a core city area, the decision was made to focus on the Chinese population in Oakland's Chinatown. The primary purpose of the study was to explore the nature and degree of problems within the community and the attitude towards resources offered. The approach taken in the study was similar to one conducted by Gerald Gurin et al.[3] on the general American population, in which an attempt was made to explore subjective perceptions of the respondents on a number of areas thought to be related to mental health.

[1]Agencies involved in this article have reviewed it, but opinions expressed here are exclusively those of Dr. Homma-True. The author acknowledges the special assistance granted her by both the Chinatown Family Outreach Center and the Asian Community Health Service, as well as the many dedicated community workers in Oakland's Chinatown.

[2]California State Department of Mental Hygiene, Bureau of Biostatistics, 1950-1964.

[3]Gerald Gurin, Joseph Veroff, and Sheila Feld, *Americans View Their Mental Health* (New York: Basic Books, 1960).

They asked their respondents to discuss their sources of happiness or unhappiness, worry, and self-perception, and their attitudes toward work, marriage, and parenthood.

The study carried out in Chinatown was jointly sponsored by a newly created Asian Community Mental Health Services program in Alameda County and the Chinatown Family Outreach Center, a state-funded mental health outreach program that has been in existence since July 1973.

## Characteristics of Oakland's Chinatown

According to the 1970 census, 1,600 individuals (570 families) out of 11,335 Chinese living in Oakland were thought to be living in the Chinatown core area. However, because of the language barrier, it is assumed that this figure is a low estimate.

As the census data reveal, the residents of Chinatown are largely immigrants, who work mostly in restaurants and sweatshop factories for low wages. Thus the median income in the Chinatown area is $6,690 as compared to $9,626 for Oakland as a whole. The amazing fact, however, is that only 13 percent of Chinatown's residents receive public assistance of any kind, although 22 percent of these residents are classified as being below poverty level. In contrast, the statistics for the city as a whole show that 44.4 percent of the population receive some form of public assistance, with only 13 percent of Oakland's residents classified as below poverty level. Cultural and language factors seem to be at work in determining the low numbers of Chinese receiving public assistance despite the high percentage of poverty families.

## Methodology

Using the stratified, random sampling method, 100 households were selected from the census tract maps of Chinatown blocks. Three teams of two bilingual interviewers each were sent to households. They introduced themselves as representatives of the Chinatown Family Outreach Center. The interviewers spent a half hour to an hour with each interviewee, inquiring about problems in the community and among their family and friends, and their means of coping with various problems. The questionnaire was designed to reduce anxiety: general questions at the beginning led to more personal questions toward the end. Despite this, the rejection rate for interviews was 24 percent, which is acceptable although on the higher range of permissible limit for a study. Thus there was some confirmation of fears that Chinese Americans are very reluctant to confide any area of personal problems to strangers. Even among those who allowed interviews, the "no response" category is high in response to questions in the area of personal problems.

## Summary of findings

When we look at the demographic profile of the respondents, they are largely foreign-born immigrants (99 percent), whose length of stay in the United States varies greatly, from less than five years to over sixty years. However, the majority (63 percent) have been in this country for less than ten years. The two sexes were nearly equally represented in the study. As for generational groups, the majority of the respondents were adults (64.5 percent; 25 percent of this group was composed of the elderly).

### *Identification of problems*

In analyzing the responses obtained, respondents were more likely to answer the general questions and respond quickly in the negative to questions such as "Do you know of anyone who has problems?" Later on in the questioning, however, respondents who at first said they knew no individual with problems would later proceed to describe such an individual. Thus, 11.8 percent of the respondents answered negatively to the direct questioning in the area of personal problems, but made references to those problems in other contexts. For example, in response to the question of adjustment problems for immigrants in general, one woman re-

sponded, "My son is mentally ill." Another woman responded, "I'm so lonely—I wish I had some activities besides housework." Still another woman responded, "I don't know anything . . . I cannot go out." When these responses were added together, between 46.1 percent and 44.7 percent acknowledged knowing people with problems, including problems within their own families.

When the question was asked concerning the problems of Chinese residents as a group, the concerns focused mainly on the areas of employment, health, housing, and immigration. Only 2.6 percent referred to interpersonal and psychological problems. On the other hand, when the question was asked in reference to their own immediate families, 19.6 percent expressed concerns related to interpersonal problems. Examples of these responses were: "My family is always too busy to take care of me or take me out; they don't want me to go out at all" (elderly woman); "I am lonely" (housewife); "I have no family"; "I have trouble sleeping and worry a lot about my job"; "My son has hallucinations," and so forth. Concerns regarding employment (10.5 percent) and health resources (9.2 percent) were brought up, while direct references to financial problems were very few (2.6 percent). This is an interesting contrast to the general feelings of Americans, nearly 60 percent of whom expressed financial and material worries as their main concern in the Gurin study. Thus, despite the fact the 22 percent of Chinatown residents are below the poverty level, only 2.6 percent of the respondents were willing to mention financial problems as a major concern. We surmise that a cultural taboo is operating here, that is, that the discussion of financial problems with strangers is not appropriate.

In their perception of the advantages of living in the United States, it appeared that many Chinese Americans came to this country seeking to improve their living conditions (32.9 percent), educational opportunities (31.6 percent), and employment opportunities (31.6 percent). However, in discussing the disadvantages and adjustment problems in this country, many acknowledged the struggles resulting from their language problems, which lead to limited employment opportunities. Others were frustrated because of cultural differences in lifestyles, and their experiences with racism.

*Attitudes toward seeking help*

In discussing their attitudes toward seeking help for their problems, a majority of respondents (59.2 percent) indicated that they would seek the informal resources of family, relatives, and friends. Only one respondent indicated that he would not seek help from any source, while others (11.8 percent) did not comment on this topic. While 14.5 percent indicated willingness to seek help from social workers at Chinese agencies, only 3.9 percent indicated that they would approach a minister or a physician.

When we compare the results with the Gurin findings, it appears that the general American population relies almost as much as the Chinese on the help of family members and friends (56 percent), while a large number would either do nothing or pray because of worries (34 percent). Only a few Chinese interviewed explicitly stated such a passive posture. It is interesting to note that while the rate of response for seeking help from clergy and physicians was about the same for both samples, the Chinese expressed greater preference for social workers. It is difficult to speculate on what this may mean—whether it means greater acceptance of social workers, or their greater availability to the Chinese in a core city area.

When asked if they would consider using the services of the Chinatown Family Outreach Center, nearly all of the respondents (97.4 percent) responded positively. Four respondents who were concerned about the mental health of one of their family members were referred immediately to the Center. The overwhelmingly favorable response may reflect the bilingual services offered by the Center and may also reflect in part the desire of

the person interviewed to be gracious to a guest in the house, in this case the interviewer who is from the Chinatown Family Outreach Center. A follow-up study of the utilization rate of the Chinatown Family Outreach Center will give some answers to the relevance of the overwhelmingly favorable response in this study.

When the findings were cross-tabulated in terms of sex, age, and length of stay in this country, the researchers did not find significant differences among them, except that more females expressed their sense of isolation. In the Gurin study of the general U.S. population, a similar trend was reported among women respondents.

Statistical results of the questionnaire are summarized in the following tables.

Table 1. Adjustment problems for immigrants as viewed by themselves

| | Number | Percent |
|---|---|---|
| Language | 28 | 36.8 |
| Custom/lifestyle | 13 | 17.1 |
| Employment | 6 | 7.9 |
| Racism: conflict in a multiracial society | 6 | 7.9 |
| Other (health, education, transportation) | 6 | 7.9 |
| Interpersonal problems | 1 | 1.3 |
| Financial | 1 | 1.3 |
| No problems | 7 | 9.2 |
| No response | 8 | 10.5 |
| Total | 76 | |

Table 2. Type of problems in own family

| | Number | Percent |
|---|---|---|
| Employment | 8 | 10.5 |
| Health | 7 | 9.2 |
| Interpersonal problems | 6 | 7.9 |
| Family relationships | 3 | 3.9 |
| Personal/psychological | 3 | 3.9 |
| Language | 3 | 3.9 |
| Other (child care, and so forth) | 2 | 2.6 |
| No response | 44 | 57.9 |
| Total | 76 | |

Table 3. Sources of help

| | Number | Percent |
|---|---|---|
| Friends or relatives | 45 | 59.2 |
| Social workers | 11 | 14.5 |
| Clergy | 3 | 3.9 |
| Physicians | 3 | 3.9 |
| Other | 4 | 5.3 |
| None | 1 | 1.3 |
| No response | 9 | 11.8 |
| Total | 76 | |

## Conclusions

In reviewing these findings, the researchers were more than encouraged that the stereotypical image of the Chinese, particularly the traditional image of them as distrustful and hostile to the outreach effort, is not accurate. Some of the distrust was alleviated by the fact that the interviewers were bicultural, bilingual people from the community. Although a blunt, direct inquiry about problems will meet with immediate denial, results of the survey have indicated that a sensitive, indirect inquiry will often open up a significant amount of confidential information. It was also evident from the responses that there is considerable distress in the community.

The survey further shows that a majority of the Chinatown residents have difficulty communicating in English, and that the availability of bilingual staff is a key element in the successful utilization of a program, particularly a program offering exploration of complex interpersonal and personal problems. The survey also revealed that a number of residents have transportation problems or are afraid to leave the boundaries of Chinatown.

Gurin et al. have noted in their study that, of all the variables involved, the level of education was the greatest determining factor for readiness in seeking professional help for psychological problems. In considering that so many of the residents of Oakland's Chinatown have received even

less than primary school education, is it any wonder that their attitude toward psychological problems and their knowledge and ability to seek traditional resources in the majority culture is limited? However, this should not be summarily dismissed as an indication of lack of motivation. The fact that many of the Chinese Americans interviewed came to this country because they were seeking better educational opportunities suggests their strong motivation to improve their present status.

For the above reasons, if more attention and effort are given to community education for the prevention of crises and the promotion of mental health, it is very likely that the Chinese residents will respond positively to these mental health outreach programs. Although the present study was focused on the attitudes of Chinese immigrants, the findings of the study may also be applicable to other Asian American immigrant groups. It appears that a successful program in the Chinese and possibly in other Asian American communities will require considerable change in the existing mental health delivery system to relate more directly to Asian Americans.

Some of the ingredients for change should include: (1) emphasis on community-based operation; (2) staffing by bilingual, bicultural professionals and paraprofessionals; and (3) involvement of key community leaders and members in the program planning and management.