



# NAMI

## Korean American Community Mental Health Fact Sheet

National Alliance on Mental Illness

- ***Demographics of the Korean American population:***
  - The Korean American population in the U.S. is 1,076,872, an increase of 1500% since 1970 (U.S. Census, 2000; Jang, Kim, Chiriboga, 2005).
  - The cities with the highest Korean American populations in the U.S. (highest to lowest) are: Los Angeles, New York City, Washington DC, San Francisco, and Chicago (U.S. Census 2000).
  - 70% of Korean American households speak Korean at home (U.S. Census 2000).
- ***Cultural differences in conception and expression of mental illness within the Korean American population:***
  - The body and mind are more closely linked in many Asian cultures than in Western cultural philosophies. Korean Americans are not likely to distinguish psychological from physical symptoms and tend to regard both as signs of physiological disharmony and sickness (Shin & Lukens, 2002).
  - Culture-bound syndromes common among the Korean American population include:
    - *Shin-byung* (신병) – Characterized by anxiety and physical complaints, such as weakness, dizziness, poor appetite, and insomnia. This syndrome is attributed to possession by ancestral spirits.
    - *Hwa-byung* (화병) – “Anger sickness” common in middle-aged Korean women. Thought to be due to suppression of anger, disappointment, grudges, and unfulfilled expectations. (APA, 2000).
- ***There are many barriers in Korean American culture affecting the mental health help-seeking behaviors of this community:***
  - Korean American families experience strong feelings of family shame and social stigma associated with mental illness. The family system enforces pressure to hide a family member’s mental illness (Donnelly, 2001).
  - The concept of sharing one’s problems outside the family is unfamiliar to Koreans. Help-seeking is commonly a family venture rather than a personal decision (Lin & Cheung, 1999).
  - Many Korean Americans delay seeking help until in a state of crisis (Shin & Lukens, 2002).
  - It has been found that Korean Americans with emotional problems are likely to turn to mental health services as a last resort, preferring to first seek assistance from family and friends, informal social networks, and community-based organizations including traditional healers or folk medicine (Akutsu, Castillo & Snowden, 2007).
  - There is a lack of culturally appropriate day treatment programs, adult homes, and other community health services for Korean Americans with mental illness. Further, Korean American consumers discharged from inpatient treatment programs frequently have difficulty obtaining appropriate referral services (Donnelly, 2001).

• **Considerations for mental health care among Korean Americans:**

- Clinicians and researchers need to be aware of the importance of family and close-knit ties among family members when working with Korean Americans (Kim, Kim, & Kelly, 2006).
- Three core cultural concepts among Koreans:
  - *Haan* (한) - Suppressed anger, unexpressed grievance, resentment
  - *Jeong* (정) - Strong feeling of kinship/interpersonal trust, emotional bonding
  - *Noon-chi* (눈치) - A capacity to quickly evaluate another person or social situation

Cultivating jeong in the consumer-provider relationship, practicing noon-chi, and acknowledging the presence of haan is a good start for clinicians who wish to increase their cultural competence with Korean American clients (Kim, Kim & Kelly, 2006).

- Korean Americans respond well to family and group psychoeducational interventions. Studies show a consistent and significant decrease in stigma, decreased symptom severity, and increased coping skills (Shin & Lukens, 2002).
- Asian Americans (including the Korean American subpopulation) often respond to substantially lower doses of medications for psychiatric disorders (Lim & Lu, 2005). Side effects are experienced with greater severity or at a higher rate if treated with doses commonly used for Caucasians (Lin & Cheung, 1999).
  - For example, one third of Asian Americans have a pharmacokinetic mutation that makes it difficult to metabolize diazepam (Valium), as compared to 3% of Caucasians with this mutation (Liang, 2004).

• **Age-related studies of Korean American mental health:**

- In a study of Asian American students utilizing university counseling services, Korean American students scored the highest on the Diagnostic Severity Ratings Scale and were more likely than other groups to prematurely drop out of treatment (Kim, 1998).
- In a similar study of university students, findings indicated that Korean American men reported relatively high levels of state and trait anxiety and that the overall sample reported a relatively high level of depression (Hovey, Kim & Seligman, 2006).
- A University of South Florida study of older Korean Americans showed that those with lower levels of acculturation had higher scores of depressive symptoms (Jang, Kim, & Chiriboga, 2004).

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