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Title: ***Cultural Differences Associated with Mental Illness***

The accompanying research report is submitted to the **University of Wisconsin-Stout**, **Graduate School** in partial completion of the requirements for the

Graduate Degree/ Major: MS Education

Research Adviser: Ruth Nyland, Ed.D

Submission Term/Year: Fall, 2012

Number of Pages: 27

Style Manual Used: American Psychological Association, 6th edition

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Palosaari, Dustyn, A. ***Cultural Differences Associated with Mental Illness***

Abstract

The purpose of this literature review is to gain understanding of the differing cultural perspectives of mental illness and to identify the distinctions amongst cultures. My assertion is that mental disorders are perceived differently depending on the culture one is immersed in. Identical behaviors and symptoms can be interpreted to mean or understood differently based on cultural and/or societal norms, family values and/or religious beliefs. School systems in the United States are becoming increasingly more diverse. My view is that it is the responsibility of teachers and public education staff to have a general understanding of the various cultural perspectives of those we teach and serve in order to greater benefit our students and their families.

This literature review will specifically focus on the cultural perspectives of two prevalent racial/ethnic groups in Wisconsin and Minnesota, namely Hmong and Somali populations. Having an understanding of how these two cultures view mental illness will help public school staff to better support students inside and outside of school. The first step to supporting a family whose child exhibits symptoms of mental illness is to understand the individual's cultural background. I have found that some cultures do not use the term "mental illness" and/or define the emotional and behavioral problems in terms other than what is common in Western cultures and therefore approach healing from other points of view. I will also discuss how family structures operate and how that might play out in a family's participation with the school support systems.

Acknowledgments

I would like to thank my family, particularly, Calvin for all of his support and encouragement along this journey. I would not have made it here without his love and support. I would also like to thank my Professors at UW-Stout for their continued support and guidance.

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Chapter I: Introduction

Mental Illness is any disease that affects the mind or body in regards to emotional or behavioral problems and results in psychiatric intervention (Merriam –Webster, 2012). Mental illness is prevalent in 25% of the adult population in the United States and approximately 50% of adults will develop mental illness at some point in their lifetime (Center for Disease Control and Prevention, 2011). There is a stigma associated with individuals with mental illness not only in the United States but in other countries around the world. In South Africa, a public survey showed that the majority of people surveyed believed that mental illness was controllable with will power, insinuating that the person could change their mental illness if they had the desire. (World Health Organization, 2012). Stigmas have developed based on the worldwide ignorance related to mental illness. These stigmas cause individuals with mental illness to be more isolated and thus, delay or never receive the necessary treatments (Shrivastava, Johnston, & Bureau, 2012).

According to the World Health Organization (WHO), 10 to 20% of children around the world experience mental illness and the most prevalent illness is depression (WHO, 2012). Mental Illness can be the culprit for low academic achievement, suicidal thoughts, substance abuse, violence, and truancy. Children, who grow up in positive, protective, and safe environments, increase their chances of acquiring sufficient coping strategies for life's challenges (WHO, 2012). On the contrary, children who are involved in high risk situations typically lack in their social and emotional development which can lead to mental health issues. Evidence has shown that having protective environments at home, school, and the community, partnered with supportive mental health care, helps improve adolescent development (WHO, 2012).

The United States is a melting pot of races (Keengwe, 2010). The WHO has documented that men, women, and children who migrate to the United States find it difficult to integrate into western society. This transition alone accompanied by the influences they experienced from their home country, produces many children who are vulnerable to mental illness (WHO, 2012). Wisconsin and Minnesota both have a significant number of Somali and Hmong families. This is important to note, because individuals who teach in either one of these states are likely to be assisting multicultural families. It is important for teachers to be aware of their own cultural biases and misconceptions in order to properly education their students about multiculturalism (Keengwe, 2012). This is especially important when dealing with individuals with mental illness. Without knowledge of the family and their belief system, the school and the family could have varying perspectives about what the child is going through and treatment options for that child (Scuglik, Alarcon, Lapeyre III, Williams & Logan, 2007).

With an estimated 32,000 Somali people living in Minnesota, the state has the largest Somali population in the country and it continues to grow (Minnesota Daily, 2011). The Somali population in Wisconsin, as a whole, was unidentifiable. However, it was indicated that there is a large population of Somalians living in Barron, Wisconsin, approximately fourteen percent of the overall population; rather noteworthy considering the overall population consists of only about 3,500 residents. The driving force for the Somali people is a turkey plant that employs a large percentage of people in the town (Swedien, 2011). Minnesota is approximately 90 miles from Barron and this gives the Somali population access to a more diverse religious and cultural environment.

The Hmong population continues to grow in the United States with Wisconsin and Minnesota ranking second and third for having the highest Hmong population in the U.S., behind California (Pfeifer, 2009). According to the Hmong American Partnership, the 2010 census

indicated that Minnesota has a Hmong population of 66,181 and Wisconsin, close behind, with a population of 49,240 (Pfeifer, 2009).

Depending on one's cultural and ethnic background, the avenue one takes to deal with his or her mental illness may differ. According to a recent study conducted by Wilder Research, individuals in the Hmong community deal with mental illness internally and because of this, it is difficult to identify mental illness amongst these individuals (Wilder Research, 2010). A number of factors in the Hmong community make the Hmong people susceptible to mental illness. Many of these factors stem from migration into the United States. The differences in cultural beliefs and practices, violence, stress related to learning a new language, lack of education, racial differences, and acculturation (Wilder Research, 2010).

Many of the same cultural differences put the Somali population at a disadvantage when it comes to mental illness. For generations Somalia has been at war, and in response to that war, the country has seen a large amount of poverty, violence, and destitute. Women and children have been subjected to rape and abuse and children kidnapped (New York Times, 2012). Many of these individuals have fled to the United States in search of a more peaceful life.

Mental illness is a common term used in the United States; however, this may cause confusion for Somalians due to their differing views regarding the symptoms commonly identify in the United States as mental illness (Scuglik et al., 2007). As of 2009, there has been little research done regarding mental health in Somalia (WHO, 2009). When faced with symptoms that people in the United States associate with mental illness, individuals in Somali may go to someone called a "traditional healer" (Mohamed, 2012). Traditional medicine is a compilation of years of practice and knowledge based on theories and beliefs of indigenous peoples. Traditional healers use practices that are specific to their culture and beliefs. These practices aim to help

treat physical and mental illness (WHO, 2008). According to the World Health Organization, 80% of people living in Asian and African countries rely on traditional healers (WHO, 2008).

Statement of the Problem

Mental illness affects 10 to 20% of adolescents (WHO, 2012). School systems are increasingly becoming more multicultural, (Keengwe, 2010) and it is the responsibility of teaching professionals to be prepared to communicate effectively with other cultures about mental illness. The western approach to treatment is often very different from other more eastern points of view. Minnesota and Wisconsin have a high percentage of individuals of Hmong and Somali decent, because of this, it is crucial that teachers have a basic understanding of these cultures' beliefs and attitudes towards mental illness.

Purpose of the Study

The purpose of this study is to comprehensively review the literature that focuses on what mental illness is, the stigma associated with it, and exploring the cultural practices associated with mental illness as they pertain specifically to individuals of Hmong and Somali descent. This literature review will take place during the fall of 2012.

Definition of Terms

To ensure clarity of understanding, the following terms are defined:

Psychosis. "Fundamental derangement of the mind (as in schizophrenia) characterized by defective or lost contact with reality" (Merriam-Webster, 2012).

Psychotropic Medication. "Any medication capable of affecting the mind, emotions, and behavior. Some medications such as lithium, which may be used to treat depression, are psychotropic. Also called a psychodynamic medication" (MedicineNet.com, 2012).

Stigma. "A mark of shame or discredit" (Merriam-Webster Dictionary, 2012).

Traditional Healer. "Someone who uses traditional medicine to cure people who are ill or injured" (Macmillan Dictonary.com, 2012).

Chapter II: Literature Review

This chapter will explain in further detail what the term "mental illness" means. It will break down the term and explain what symptoms are associated with the term "mental illness" and give a brief description of different types of mental illnesses. This chapter will further explore the stigma associated with mental illness. To conclude, different cultural perspectives for dealing with mental illness will be discussed specifically the Hmong culture and Somali cultures.

General Overview of Mental Illness

It is difficult to give a general definition of what "mental illness" means due to the varying views found throughout the world and the many different types of disorders. In the United States, professionals rely on the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM manual is a resource professionals use to classify, diagnose, and help to determine treatment plans for individuals with a mental disorder (American Psychiatric Association, 2012). The Center for Disease Control and Intervention (CDC) defines mental illness as, "collectively all diagnosable mental disorders" or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning" (CDC, 2011, para. 3).

The World Health Organization identifies a person's mental health based on one's ability to cope with life's everyday stressors, community involvement, and how productive the individual is. A mental disorder is characterized as having a combination of abnormal thoughts, emotions, or unusual behavior by an individual. Examples of a mental disorder include but are not limited to schizophrenia, depression, mental retardation, or disorders due to drug abuse (WHO, 2012).

The most common mental disorders found in young children, in the United States, are attention deficit hyper activity disorder (ADHD), depression, and conduct disorder (APA, 2012).

These types of disorders are found in the DSM and it is typical, in the United States, for individuals thought to have a disorder to consult with a mental health professional for assessment (APA, 2012). Depression is also the most prevalent mental health problem in the world with suicide being the second highest cause of death in young children (WHO, 2012). It is not as common around the world to rely on a mental health professional or certified doctor as one's first resource for treatment.

Disorders

ADHD. Attention deficit hyper activity disorder is characterized by a set of symptoms which include one or all of the following: inattentiveness, hyperactivity, and impulsive behavior (Mental Health America, 2012). These symptoms can go unnoticed until the child reaches school-age when a new set of expectations are placed upon the individual. The child is confined to a classroom, responsible for following directions, and bombarded with the distractions of their new environment and classmates. According to Mental Health America (2012), the child must exhibit at least six symptoms of inattention or hyperactivity to be considered as having a disorder. Symptoms may be characterized by difficulty following directions, keeping track of personal items, staying focused on a task, completing homework, playing quietly, staying still, calming down, waiting one's turn, or appropriately playing with others. These symptoms also must be present in two of the child's environments; such as while the child is at school and at home (MHA, 2012).

Aspects of student life can prove to be difficult for children with ADHD. Certain assignments that require an extended amount of focus can be unmanageable or assignments that are timed or extremely lengthy, such as a research paper.

Depression. According the National Institute of Mental Health (NIMH) children with depression may show signs such as refusing to attend school, becoming unnaturally attached to a parent, or having fear that a parent will die. As the child gets older, their symptoms may change, and the child may express their frustration with aggressive behavior or by becoming extremely irritable (NIMH, 2012). Children who suffer from depression may be easily overlooked; parents might think the child is making up certain feelings to get out of something unpleasant, such as school or a certain undesirable activity. If the parent is concerned that the child is exhibiting unusual behavior or the child's mood or actions have changed it is important to consult a pediatrician who can evaluate the child's physical condition and recommend a psychiatrist if that is deemed necessary (NIMH, 2012).

There are different forms of depression: Dysthymic depression typically lasts for two years or longer but is less severe and typically does not disable an individual from performing daily tasks; minor depression usually lasts for two weeks or less but can escalate if it is not treated; psychotic depression is accompanied by severe depression and psychotic episodes and the individual may lose touch with reality; seasonal affective disorder is seen typically during the winter months when an individual has less exposure to sunlight; and bipolar disorder is when an individual's mood fluctuates from being abnormally high to abnormally low (depressed). Different forms of depression can be triggered in different ways such as seasonal depression, triggered from the lack of sun exposure (NIMH, 2011).

Conduct disorder. Children with conduct disorder defy the rules placed on them by society, and they have little regard for authority. Children with this disorder typically make poor choices when it involves dealings with the law, the treatment of human beings or animals, and choices regarding their future. Many of the common characteristics associated with conduct disorder involve some level of aggressive behavior (APA 2, 2012).

According to the American Academy of Child and Adolescent Psychiatry (AACAP), there are a number of contributing factors related to why a person may have conduct disorder. These factors include a gamut of possibilities: one's biological disposition, one's inability to express emotional thoughts or feelings, physical, sexual, or emotional turmoil or possibly undiagnosed disabilities in other areas of learning (AACAP, 2012).

Psychological treatment and behavior therapy is imperative to the child's overall success throughout life (APA 2, 2012). Children with this disorder are more likely to have compounding problems as they move into adolescents and adulthood. The types of problems that are likely to occur include trouble with the law, difficulty in school, problems choosing appropriate relationships, and as an adult, difficulty maintaining a job and health related issues (Frick, 2012).

Stigmas Associated with Mental Illness

The term "mental illness" carries with it a negative connotation. This negative connotation or stigma is seen in many different forms and has been imbedded in history. Individuals labeled with a mental illness are often judged by their label of "mentally ill"; they are avoided, stereotyped, and made to feel embarrassed. Stigma is evident among many social circles including family, friends, co-workers, relatives and even among complete strangers. Although stigma has always been an issue throughout history, one finger points to the separation between traditional health care and mental health care which took place during the 19th century (Shrivastava et al., 2012).

There are two types of stigmas, public stigma and self-stigma. Public stigma is when the population as a whole discriminates a small group (people with mental illness). Self-stigma is when the public's perception about mental illness manifests in one's own view of him or herself and results in negative consequences (Corrigan & Deppa, 2012). In a particular study,

individuals with mental illness internalized the stigma in the form of lower self-esteem and these individuals also said they felt ignored because of their mental illness (Shrivastava et al., 2012).

Studies have shown that the reason for much of the stigma associated with mental illness is due to "lack of awareness, lack of education, lack of perception, and the nature and complications of the mental illness" (Shrivastava et al., 2012, p.71-72). Stigmatizing individuals with mental illness is extremely detrimental and it causes further isolation. Individuals, who think they may need help, sometimes choose not to seek it due to the stigma associated with being labeled. And those who do seek help may be victims of discrimination based off of common stereotypes associated with mental illness (Yau, Pun, & Tang, 2011).

There are many stigmas that exist surrounding the topic of mental illness often due to the unusual or aggressive behaviors that accompany some illnesses (Shrivastava et al., 2012). A common concern is one's personal safety and well-being in the presence of someone with a mental illness. Another common mistake is discrediting an individual's input; this happens because the individual is perceived to be unreliable based solely on his or her illness (Corrigan & Deppa, 2012).

Stereotypes surrounding mental illness are found not only in the United States but all over the world. A major challenge Europe is facing is related to lack of funding for individuals seeking or needing help with their mental illness. The reasoning behind this lack of funding is thought to be associated with the stigmas attached to mental illness and the individuals themselves (WHO, 2011). Some argue that our society and social media perpetuate stigma related to mental illness by portraying individuals with mental illness in a negative light all over the world. A study conducted in Nigeria reported that individuals with mental illness were discussed using derogatory words and also were portrayed to have abnormal physical features and compromised emotional and behavioral states of mind (Shrivastava et al., 2012).

Stigma, no matter how severe, has a huge effect on the outcomes of individuals battling with mental illness. The flow of stigma is pretty universal, beginning with the isolation of an individual, which causes a lower quality of life and the possibility of delayed or no treatment for the individual. The most advantageous way to deal with stigma is to address it in treatment and identify where it is coming from (Shrivastava et al., 2012).

Cultural Perspectives for Dealing with Mental Illness

Depending on one's culture, his or her view of mental illness may be different than what we are used to in the United States. In the United States mental illness has been defined as "Any disease that affects the mind or body in regards to emotional or behavioral problems and results in psychiatric intervention" (Merriam –Webster, 2012). It is important to point out the definition found in a common U.S. dictionary includes "results in psychiatric intervention". For those in the U.S. psychiatric intervention typically means having some sort of consultation with a psychiatrist or doctor who specializes in mental health. For those living in other countries their intervention may depend on a traditional healer instead of a Doctor, and traditional medicines instead of psychotropic medications or anti-depressants.

Somali

Somalians have become prevalent in the mid-west, primarily in Minnesota. A major factor is the long history of conflict in the country of Somalia, Africa that has driven people to flee Somalia. A civil war began in Somalia in 1991; thousands of people have died from war, disease, and famine while approximately 45% of the population fled to other countries (Scuglik et al., 2007). "The first wave of Somali refugees into Minnesota arrived in 1993. Since that time there has been a seventeen fold increase in Somali arrivals" (Scuglik et al., 2007, p. 584). There is a higher prevalence of Somali people living in Minnesota than anywhere else in the United States and approximately 5,000 Somali children who are enrolled in Minnesota's public school

system. These children are sometimes the only individuals in the household who can speak English and they are often the voice for their parents and other family members (Scuglik et al., 2007).

Immigration from Africa has proved to bring with it troubles, particularly, trying to hold on to their culture while fitting into a western society. Because of this, family structures have come at a cost as well as some traditional ways of dealing with family challenges. It is traditional for the oldest male, typically the father, to make most of the family decisions. If the father has died, the eldest son is next in line. It is against traditional belief to have the woman make decisions outside of taking care of the house and the children. Also, traditionally, the emotional health of individual family members is regarded as the responsibility of the whole family. (Scuglik et al., 2007). This type of structure may deem to be difficult when assimilating into western culture.

Traditional Somali people handle emotional and mental health very differently than what is seen in most of the United States. These types of differences may cause barriers in schools when dealing with individuals with mental illness. In a school setting, the student would traditionally be contacted by the school psychologist and parents or guardian if the child exhibits signs of mental illness. This type of approach may seem very intrusive and disrespectful to the Somali family. Being aware of cultural differences can help to build a relationship with the family and approach the situation in a different manner that is perceived as less intrusive to the family.

In the Somali culture there is a lot of shame that surrounds issues related to mental health (Johnsdotter, Ingvarsdotter, Ostman, & Carlbom, 2011). Instances related to mental health are often explained in a traditional way such as the individual is being possessed by a spirit (Scuglik et al., 2007 & Johnsdotter et al., 2011). Typically, if an individual is exhibiting symptoms of

psychosis, the first reaction is to ignore the symptoms in fear of shaming the family. If symptoms are unavoidable, the individual may be labeled as "crazy" and in which case, the individual is blamed for doing wrong and viewed as deserving to be "crazy". It is rare that a traditional Somali person would reach out for help related to mental illness. Because of this, many people are left untreated (Scuglik et al., 2007).

According to the interviews conducted on individuals of Somali decent, Johnsdotter et al. discovered that the Somali people have created terms associated with certain behaviors or symptoms which we in the west would consider "mental illness". The following were the most common terms that were discussed.

"Dhimir", an umbrella term that we, in the United States would define as mentally ill.

"Murug" describes a state of mind that encompasses sadness, worry, concern, or lack of excitement.

"Buufi" is explained as a more severe mental state that includes thoughts of paranoia, often related to thoughts from war and conflicts in their home country.

"Waali" is a state of being when the person acts without consciousness and exhibits behaviors that would deem them "crazy".

"Jinn" is a term that means the person is possessed by "jinni" what the Somali people believe to be an evil spirit.

(Johnsdotter et al., 2011 p. 744)

Somali people tend to rely on traditional medicine when there is a problem within the family, and "beliefs in the supernatural may still carry much more weight than western medicine, science, and technology" (Scuglik et al., 2007 p. 585). It is likely that an individual who is experiencing problems will keep the feelings to him or herself. If an individual does express pain they will likely categorize it as somatic symptoms instead of symptoms associated with their

mental state of mind. One major reason for the disguise may be because mental illness has far more stigmas associated with it than are associated with somatic symptoms. In Somali culture, they believe that feelings associated with depression, such as suicidal thoughts, are sinful and that is against their moral code (Scuglik et al., 2007).

The Somali people may also use the term "illness" differently that we are used to in the United States. For example, "many Somali people believe that illnesses result from spirit possession" (Scuglik et al., 2007 p. 585). Depending on what the individual is afflicted with will depend on which type of spirit possesses him or her. An example of this may be a woman who is upset with her husband and has angry feelings towards him. Somali people may explain this as an "illness" the woman has because she is possessed by "Zar" which is a certain type of spirit that is making her have the negative thoughts and feelings towards her husband (Scuglik et al., 2007). While in the United States we may justify these feelings as just being angry or upset instead of having an "illness".

Hmong

The Hmong people originate from mountain villages in Southeast Asia, including Thailand, Laos, Vietnam, and China (*Merriam-Webster*, 2012). The largest populations of Hmong people, in the United States, currently reside in California followed by Minnesota, and Wisconsin (Lee & Chang, 2012; Helsel, Mochel, & Bauer, 2005). It is estimated that approximately 220,000 Hmong are living in the United States today (Lee & Chang, 2012). The Hmong people originally began arriving in the United States around 1975 (Lee & Chang, 2012). This arrival was due to the recruitment efforts that took place during the Vietnam War; the United States recruited many Hmong men into the United States Army. After the war communist leaders took over the Hmong villages which required the Hmong to flee their country. Relocation

efforts eventually took place and the Hmong were relocated to other countries including the United States (Lee & Chang, 2012).

The move from Southeast Asia to the United States is fairly recent for the Hmong people. So, it is no surprise that the Hmong people experienced culture shock upon arriving in the United States and still may exhibit some symptoms. The way of life for the traditional Hmong people is in many ways drastically different than what we practice in the United States. Traditionally the Hmong people were self – sufficient; living primarily off of the land. Their community was closely connected and families relied on each other for social and emotional support (Lee & Chang, 2012).

The major changes that affect the Hmong people are specifically lingering wartime strife, disconnectedness of family, and the misunderstandings of cultural differences (Lee & Chang, 2012; Johnson, 2002). Many of the men struggle with post- traumatic stress syndrome, and as a whole, the Hmong people struggle from acculturation stress and depression even after becoming American residents. Daily decision making even proves to be difficult, such as where to live or what to meals to prepare (Lee & Chang, 2012).

It may be hard for individuals of Hmong decent to seek help in the United States for a few reasons. Traditionally, the Hmong view illness differently than what is typical in the United States and they have their own traditional views on how to treat the illness. Some of the Hmongs' traditional practices include herbs, massage, or increasing blood flow to certain parts of the body to aid in healing. These types of methods are considered "nonspiritual methods" (Helsel et al., 2005), "illnesses could also have supernatural causes" (Helsel et al., 2005 p. 105) supernatural causes are explained as, "lost souls, offended spirits, and malevolent spirits" (Helsel et al., 2005 p. 105). Illnesses that involve supernatural spirits are deemed to be more serious and typically result in the expertise of a shaman. The term shaman is defined as " a person who acts

as intermediary between the natural and supernatural worlds, using magic to cure illness, foretell the future, control spiritual forces, etc."(Dictionary.com, 2012). Studies have shown that Shamans continue to play a significant role in the health of the Hmong people living in the United States (Helsel et al., 2005). The Hmong people practice different methods to keep the soul in the body, one might notice strings on the wrists of an individual or if seriously ill, the individual will have strings on his or her ankles, waist, neck and wrists, this practice is believed to help keep the soul in the body (Johnson, 2002).

The treatment plan for dealing with an illness differs and so does the process for developing the treatment plan. Traditionally, the Hmong are a patriarchal society and families are grouped into "clans" (Johnson, 2002). The oldest male in the group has authority to make the final decision but he does not reach a conclusion without the consult of his family members. (Johnson, 2002). This may be frustrating for a teacher or health care provider to comprehend or accept. The process of reaching a plan or a conclusion will possibly take longer than was initially anticipated. When confronted with a typical western approach for healing, such as prescription pills, this plan may be feared or disregarded by a traditional Hmong family. The reasons for this include the family's fear that the medicine will not work or fearing that the treatment plan is in the Doctor's best interest and not the patient's interest (Johnson, 2002).

Chapter III: Summary, Critical Analysis, and Recommendations

The purpose of this literature review is to gain a better understanding of varying perceptions of mental illness, some types of mental or emotional illnesses, problems or disorders teachers might see amongst children in a school, stigmas associated with mental illness, and lastly cultural perspectives of mental illnesses. This chapter will address the literature review in summary and put emphasis on the importance for teachers to be cultural sensitive and aware when dealing with students and students' families.

Summary

Mental Illness is found throughout the world and in different countries and cultures; however, how mental illness is defined can be very different which makes information related to mental illness hard to find. In the United States we use the DSM manual as a tool to diagnose individuals with mental illness. In other countries it is more common to depend on the family unit to resolve problems or the use of a shaman or other spiritual leader. It is most often the cultural norm for white people in the United States to regard mental illness as a psychiatric problem while other cultures, such as the Hmong, they may view abnormal behavior as having an experience with the spirit world.

From the information available, depression is the most prevalent mental illness found throughout the world. Each culture has their own explanation for why an individual may be experiencing depression or symptoms identified in the United States as "depression". Some cultures blame the individual, saying it is a controllable illness, while others feel it can be treated with medication, or by riding the body of a spirit.

Stigma is prevalent throughout the world and across cultures; individuals are stigmatized by either the symptoms they present or by the label they are given. Stigmatization is found within the individual themselves (self-stigma) or by environmental forces (public stigma) both

types of stigma can cause negative results. Stigma can prevent individuals from getting the help they need and also cause the individual to become more isolated from society or their families (Corrigan & Deppa, 2012).

Wisconsin and Minnesota have two of the highest populations of individuals of Hmong and Somali descent in the United States. Because of this, it is imperative that teachers and school professionals have a general background of the history of these individuals. The mental illness component is particularly important due to the initial reasoning for these individuals to immigrate to the United States. Both Somalia and the Southeast Asian countries where Hmong reside were troubled with war. Individuals came to the United States in search of a refuge. These individuals were able to leave their home country but they brought with them many mental health issues (Lee & Chang, 2012; Johnson, 2002).

Cultural differences can prove to be a road block when trying to assist multicultural individuals with their mental health problems. Many problems are often dealt with within the family and outside assistance from agencies or teaching professionals could be seen as intrusive. Since the ultimate goal for all who are involved is to help the individual who is suffering, it is advantageous for teaching professionals to be aware of these differences prior to attempting to help the family from a completely western perspective. Being cognizant of the importance of the family unit is especially important to consider along with acknowledging and accepting the importance of their traditional healing practices.

Limitations

This paper is limited by the lack information and systems in place to identify, treat, and study mental illness throughout the world. The United States is one of the few countries that have a system implemented to identify mental illness and a process for recommending treatment methods. It is evident by the research (Johnsdotter et al. 2011; Scuglik et al. 2007; & Johnson,

2002) that much of the information obtained is done through surveys of individuals' experiences versus a compilation of documentation provided by health care professionals.

Recommendations for Analysis

The population of the United States continues to grow and become more culturally diverse which has a direct correlation on the diversity in schools. I believe it is important for teachers to be open to understanding mental illness from varying perspectives. In Wisconsin and Minnesota I feel that increasing our understanding of cultural norms of our Hmong and Somali students and families will prove to be advantageous in the classroom. I recommend that further research be conducted to assess the mental health issues of Somali and Hmong students in the United States, how they may show up at school and effect learning. I feel we need to look at how schools in Wisconsin and Minnesota currently understand and are meeting the mental health and learning needs of our Hmong and Somali students and their families and perhaps what can be done to improve the process.

To gain more accurate and relevant information, it would be advantageous to gather interviewees from the regions discussed in this review; particularly, individuals living in northwestern Wisconsin as well as a sample from the Twin Cities area. It would be interesting to note the differences in perspectives of individuals of the same ethnic background living in rural versus urban settings in the United States. I also believe it would be beneficial to compare and contrast individuals of different generations from the same ethnic background to get a sense of how things have changed from one generation to the next.

I also recommended that research be conducted to gain a better understanding of stigma as it relates to mental health and analyze how we as a culture have progressed or digressed in our views of mental health in the 21st century.

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