

# Using Cultural Awareness to Treat Depression in a 19 Year-Old Nepalese Immigrant

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## Case

A 19 YO Nepalese Buddhist male with no recorded psychiatric history is in the inpatient psychiatric unit for depression. The day of admission, he got into a fight with his family about breaking up with his girlfriend. He has been with her for 5 years, and wants to break up with her. However, his family is not allowing it due to cultural/ community implications. He spends most of his time at home since he quit his job recently, which is further contributing to family stress.

**Depression Symptoms:** Suicidal ideation (w/o plan), lack of interest, guilt, reduced energy, reduced appetite

\*no other significant psychiatric symptoms

**Family Background:** Emigrated from Nepal at age 11 with both parents and 4 siblings

**Other stressors:** Recently quit his job due to being underpaid. Spends most of his time at home with family, which is further contributing to family stress.

**Risk factors:** Smokes cigarettes since age 4

\*Spoke broken English. did not require translator

## Literature Review Search

Key Words: Bhutanese + Nepalese + Mental Health + immigrant + Depression + Suicide + Anxiety

Sources: CDC ; PubMed

## Context

### Suicide

- Since 2009, there have been at least 16 suicides among the Nepali refugee population in the U.S.<sup>1</sup> Per the World Health Organization, the global annual mortality rate is 11.4 per 100,000. The rate of suicides among US-resettled Nepali-Bhutanese refugee communities was 21.5 per 100,000<sup>2</sup>

### Family Involvement

- Shown to improve refugee health outcomes<sup>3</sup>

## Context

### Disease Recognition

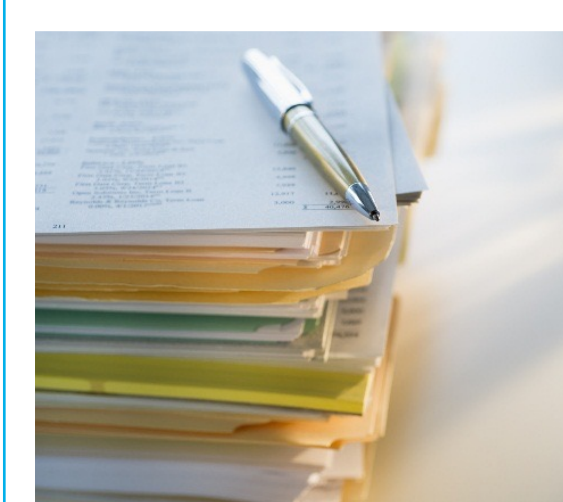
- Studies show that Nepalese communities recognize the physical manifestations of depression more than mental aspects<sup>3</sup>
- Formal mental health diagnoses may cause further anxiety<sup>3</sup>

### Language Barrier

- Burden of acculturation impedes help-seeking behavior<sup>3</sup>
- Many refugees do not seek help due to language barrier<sup>3</sup>
- Some refugees fear that in-person translators are part of the community and may share their personal information<sup>3</sup>

## Steps to Treating the Patient

### Step 1



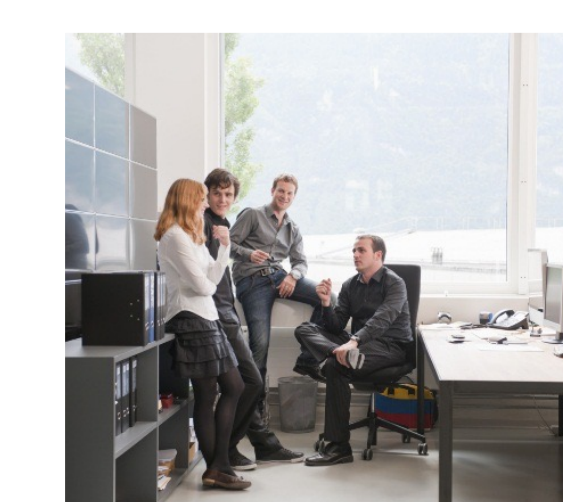
Understand contributing factors (below)

### Step 2



Ensure access to translator

### Step 3



Formalize dx & disease recognition

### Step 4



Involve Family in Care Plan; Accommodate culture

### Family & Community Values:

Multigenerational homes with emphasis on family & community<sup>4</sup>

Marriages are specific – caste + religion + income are all factors<sup>4</sup>

Family status is often deemed more important than monetary wealth<sup>4</sup>

### Religious Beliefs - Buddhism:

Origin of CBT & mindfulness<sup>5</sup>

Prayer can improve depression outcomes<sup>5</sup>

### Age/Gender:

We experience neuromaturation and develop coping skills late into our 20s<sup>6</sup>

Less likely to seek help as a male for mental health issues<sup>7</sup>

Less likely to be open to intervention<sup>7</sup>

## Steps to Treating the Patient

- Ensure access to a translator. Even though he speaks broken English, he or a family member may need assistance with some words. Having a translator there prevents that foreseeable barrier. If possible, offer in-person or tele-translation
- To aid disease recognition, spend time explaining diagnosis, using teach-back method. Ensure that he understands the diagnosis and what the next steps are
- Involve his family, if he is open to it. For family-centric cultures, family support will improve health outcomes
- Examples of accommodating cultural or religious needs include: offer him access to the hospital Chaplain. Ask if we can do anything to accommodate cultural or religious needs

## Treatment Plan

- Gold Standard: SSRI + CBT
- Understand contributing factors through above framework
- Ensure access to appropriate translation services
- Ask whether patient would like to know the formal name of diagnosis
- Be prepared to talk about mental health diagnosis considering physical manifestations
- Involve family in care plan/therapy
- Coordinate with PCP to ensure serial PHQ9's

## Citations

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