Psychiatry Training in the United States: A Chinese-American Resident’s Perspective

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UMass Memorial Medical Center
University of Massachusetts Medical School
Objectives:

- Introduce US medical education and Psychiatry Residency Training
- Raise some of the unique treatment challenges facing Chinese in the United States in regards to mental illness.
- Explain the purpose of the ATTOC project and the importance of tobacco cessation and some strategies to help your patients and colleagues quit smoking.
What I hope to learn in Chengdu:

• How does one become a Psychiatrist in China?

• How do patients get access to mental health care?

• How is mental illness viewed by Chinese society?

• What are the barriers to mental illness treatment in China?
Questions continued...

- What type of treatments are offered - psychopharmacology, psychotherapy, traditional Chinese approaches?
- What are your thoughts about smoking cessation? For yourself? For patients? How can we approach reducing smoking at the mental health center?
Lexington Minuteman
Source: http://yearofloving.files.wordpress.com/2008/12/dsc04395.jpg
US Education - Path to becoming a Psychiatrist

- **Elementary School:** Kindergarten - 5th grade; Ages 5-11
- **Middle School:** 6 - 8th grade; Ages 11-14
- **High School:** 9 - 12th grade; Ages 14-18
- **College (4 years):** Ages 17-22
- **Medical School (4 years):** Ages 22 +
- **Psychiatry Residency (4 years)**
Decision to become a psychiatric doctor

- Is an INDIVIDUAL DECISION:
- Based on interest in Medicine
- Based on interest in Psychiatry
Psychiatry Residency Program
at UMASS

UMass Medical School
UMass Memorial Healthcare
PSYCHIATRY AT UMASS
UMass Adult Program, 2008-9
A Medium-sized Program with a HUGE faculty
PSYCHIATRY AT UMASS

INPATIENT SERVICES

Public Sector 216 Beds
- Worcester State Hospital
- Tewksbury Hospital Consult Service
- Shattuck Hospital Consult Service

General Hospital 127 Beds
- Day Kimball Hospital
- Health Alliance
- Clinton Hospital
- Marlboro Hospital
- UMMHC PTC
- UMMHC 8 East
- UMMHC CL Service

Adcare Hospital *(120 bed teaching affiliate)*

156 Beds

15 Beds

16 Beds

20 Beds

22 Beds

27 Beds

27 Beds

*required training site
Whom Do We Serve?

Caucasian 78%
Hispanic 16%
African American 7.5%
Asian 5%
Other 8%
UMass Psychiatry Programs

- General Psychiatry Program
- Combined Adult/Child Program
- Combined Neuropsychiatry Program
- Career Investigator Track
PSYCHIATRY AT UMASS

PGY-1 Medicine/psychiatry

PGY-2 Inpatient/consultation

PGY-3 Outpatient

PGY-4 Chief/Elective
PSYCHIATRY AT UMASS

PGY-I

ED  | Med for Psych  | ICU  | 3 Med Elective  | 3 Med Wards  | Med  | NPsy  | Inpt Psy  | EMHS

PGY-II

Medicine/Peds  | Adult or Pedi Neuro  | Neuro consult  | Neuro psych  | Geri Psych  | Inpatient Psychiatry  | 5 blocks

PGY-III

Inpatient Psychiatry  | Forensics  | Subst Abuse  | Selective  | Continuing Care 2 blocks  | Consultation 4 blocks  | 4 blocks

PGY-IV

Adult Outpatient Psychiatry (Psychopharmacology & Individual Psychotherapy)

Child Psychiatry

Group & Family Therapies

Community Psychiatry

Adult Outpatient Psychiatry

Chief Residency and/or Elective
PSYCHIATRY AT UMASS
PGY-IV Electives

- Psychotherapy
- Psychopharmacology
- Neuropsychiatry
- Family Therapy
- Geriatric Psychiatry
- Forensic Psychiatry
- Depression Clinic
- Mental Health Administration
- Community Psychiatry
- HIV Clinic
- Homeless Outreach Program
- Addiction Psychiatry
- Mindfulness
- Peripartum Disorders
- Child Psychiatry
- Research
- Design Your Own
Discussion Questions:

• What is the process of becoming a medical doctor in China?
• What is the process of becoming a psychiatric doctor in China?
• What led you to choose the profession of Psychiatry?
• What topics are covered in your training?
Cultural Psychiatry: Asian Americans and Mental Health Care in the US

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Chief Resident of the Psychosomatic Service
APA SAMHSA Minority Fellow
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University of Massachusetts Medical School
My goals:

- Learn how to better serve the Chinese Population in the United States
- Understand the unique idioms of distress for Chinese Patients
- Fight stigma of mental illness among the Chinese population
- Improve access to care
Approximately 5% of the U.S. population - nearly 15 million people - identify themselves as Asian Americans or Pacific Islanders. US Census 2000

Asian mental health in the US: Population statistics:

- More than two-thirds of Asians are US citizens.
- Approximately 3/4 of AA/PI population growth has been due to immigration.
- More than one-third of AA/PIs speak English “less than well”
• Asian Americans overall are better educated, have higher household incomes, and lower poverty rates than whites. However, the opposite is true for Native Hawaiians and Pacific Islanders.

• AA/PIs tend to be healthier than other racial and ethnic groups. Asian American women have the highest life expectancy of any ethnic group in the U.S.
Asian Americans: Mental Health Status, Use of Services, Disparities

- Overall prevalence of mental illness is similar or somewhat lower among Asian Americans as compared to whites. ¹
- Asian Americans are significantly less likely to use mental health services than other populations.²


### Percent Reporting Mental Health Problems

<table>
<thead>
<tr>
<th>Report MH Problems To:</th>
<th>AA/PIs</th>
<th>Caucasians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends/ Relatives</td>
<td>12%</td>
<td>25%</td>
</tr>
<tr>
<td>Mental Health Professional</td>
<td>4%</td>
<td>26%</td>
</tr>
<tr>
<td>Physician</td>
<td>2%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Emotional Distress → Physical Symptoms

- AA/PI’s often consider expression of mental illness a personal weakness and are more likely than Westerners to express emotional distress through physical symptoms.

Among AA/PIs who use services, problems tend to be more severe, possibly because of delay in seeking treatment until symptoms are more severe.

Source:
http://images.inmagine.com/img/inmagineasia/ins004/ins004350.jpg
Shame & Stigma = Barrier to Care

Service Use for Mental Health Problems
Asain Americans: Foreign-born and US-born

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Foreign-born</th>
<th>US-born</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any service use</td>
<td>46%</td>
<td>72%</td>
</tr>
<tr>
<td>Other complementary/alternative medicine**</td>
<td>23%</td>
<td>44%</td>
</tr>
<tr>
<td>Prayer/spiritual practices</td>
<td>13%</td>
<td>27%</td>
</tr>
<tr>
<td>Non-MD clinicians/other human services*</td>
<td>19%</td>
<td>34%</td>
</tr>
<tr>
<td>Any MD or medication</td>
<td>20%</td>
<td>42%</td>
</tr>
<tr>
<td>Medications</td>
<td>14%</td>
<td>24%</td>
</tr>
<tr>
<td>Other medical doctors</td>
<td>7%</td>
<td>23%</td>
</tr>
<tr>
<td>Psychiatrists and hospitalizations</td>
<td>7%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Higher Suicide Rates:

 Suicide rates of Elderly Asian American women and Asian American women 15-24 years old are significantly higher than that of others of the same ages. (1, 2)

Less Substance use disorders

Rates of substance use disorders and alcohol dependence are lower among Asian Americans, particularly women, than among the total US populations.

Other treatment approaches

- Many Asian Americans may seek traditional treatment (e.g., herbal medicine) before seeking help through Western medicine sources.
Discussion Questions:

• How is mental illness perceived in China?

• Do you see the same problems in China, that Asian Americans face in the United States?

• Is it hard to get treatment in China? What are the barriers to mental health care?

• What type of treatments are available? Medicine? Therapy? Chinese traditional medicine?
Discussion continued...

- Are families involved in treatment? Or is the treatment focused on the individual - the patient?

- What supports exist for the mentally ill person in China?

- Have you heard of the concept of Clubhouses? Do you think they would work in Chengdu?
ADDRESSING TOBACCO THROUGH ORGANIZATIONAL CHANGE:
Collaboration with West China Hospital

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University of Massachusetts Medical School
UMass Memorial Health Care
Douglas.Ziedonis@umassmemorial.org
Objectives:

- To review the strategies that UMASS Department Chair, Dr. Ziedonis proposes to help West China Hospital become smoke free.

- Start a discussion on how residents, as clinical providers, think we can achieve this goal together.

- Learn more from the residents what is currently being done in Chengdu for smoking cessation

- Learn what the residents would like to learn from us and the ATTOC model.
Getting Tobacco-Free: What are the Clinical, Program, & System Issues?

- What are the ongoing barriers?
- What are the innovations?
- How do we change our work to better address tobacco use and dependence?
  - **Clinical** - screen, assessment, treatment
  - Program - training, QI, program integrity
  - System - collaboration, networks, financial
Key Questions:

• “Why are we doing this?”
• “Why are we doing this now?”
• “How is this going to impact me and my organization?”
• “How will we work together to make this happen?”
• “What do I need to do to prepare myself?”
Why Address Tobacco Dependence in Mental Health Settings? *US stats

- Most of our mental health patients smoke (50 to 95%)
- Most chronically ill psychiatric patients in the US will die because of tobacco-caused medical diseases
- Tobacco addiction is an addiction:
  - be pro-recovery and wellness
- Second Hand Smoke also kills and worsens health
- Tobacco use is a trigger for other substance use
  - Tobacco Free Grounds
- Tobacco can alter psychiatric medication blood levels
  - non-smokers often need less medication
Why Address Tobacco Dependence in Mental Health Settings?

- Most of our mental health patients in the US smoke (50 to 95%)
- Many of our patients will die because of tobacco-caused medical diseases
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More reasons...

• Second Hand Smoke also kills and worsens health: Tobacco-Free Grounds

• Tobacco use is a trigger for other substance use: Tobacco Free Grounds

• Tobacco can alter psychiatric medication blood levels - non-smokers often need less medication
Tobacco & Psychiatric Disorders

- 44% of all cigarettes consumed in the US are by smokers with a psychiatric disorder
- Most patients are heavy smokers (>25 cigs/day)
- Increased other costs - discretionary, housing, employment, insurance, etc
- Self-medication AND Addiction
- Individual AND Group Rights AND Stigma
- Nicotine Dependence treatment can work/

DISCUSSION: how does this compare to China?
How US Culture Changed: Cigarette Consumption & Smoking / Health Events

- 1st Surgeon General’s Report
- Camel’s 75th birthday
- Minnesota Tobacco Trial
- Surgeon General’s Report on Environmental Tobacco Smoke
- Year of the Camel
- 1st smoking-cancer concern
- Low tar, low nicotine cigarettes
- Filtered cigarettes

Cigarettes (no.)

Year on the X-axis: 1900 to 2000
China and Smoking

- The following information has been taken from the Tobacco Control and Smoking Cessation in China. National Tobacco Control Office, China CDC. By Jiang Yaun
Smoking in China

- 350 Million Smokers
- 1 million deaths due to smoking

How many cigarettes are in a case?
Discussion:
Why the high rate in 1996?

<table>
<thead>
<tr>
<th>Year</th>
<th>1984</th>
<th>1996</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total smoking rate (Aged&gt;15)</td>
<td>33.9%</td>
<td>37.6%</td>
<td>35.8%</td>
</tr>
<tr>
<td>Starting smoking age</td>
<td>23</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Daily number of cigarette consumption</td>
<td>13</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>
Discussion:
How might tobacco contributing to Government revenue influence smoking cessation efforts?
Chinese doctors and smoking!

Discussion: Can you help us understand this trend? Why do you think so many Chinese doctors smoke?
The problem is also MH Treatment System Culture- US perspective:

Tobacco has been ingrained in our culture such that we rarely questioned our assumptions and rationalization about tobacco use in our programs.
ATTTOC strategy to change culture

• We must change the current culture
  • Co-dependency: rationalizing, minimizing, and denial

• Wellness Orientation

• Provide staff with:
  • new information & resources
  • evidence that the intervention will make a difference
  • support to make the changes
  • Clear goals, your leadership, and a due process
  • Role in being Tobacco Free Agency
Addressing Tobacco Through Organizational Change (ATTOC): Model

- Organizational Change
  - Environmental Scan
  - 10 Step ATTOC Strategic Planning, Implementation, & Sustaining Process
  - ATTOC Seven Core Strategies

- Leadership: Roles & Responsibilities
  - Resiliency During Change

- Tobacco Addiction Expertise
  & MH Systems Knowledgeable
ATTOC 3 Phases

1. Planning Phase (Steps 1 - 5)
   - Prepare and Organize

2. Implementation Phase (Steps 6 - 8)
   - Change, Integrate, & Adapt

3. Sustaining Phase (Steps 9 - 10)
   - Document, Monitor, & Sustain
ATTOC 10 Steps for Change

Planning Phase:

Step 1: Establish a Sense of Urgency & Preliminary Organizational Goals

Step 2: Establish a Leadership group and Prepare for Change

Step 3: Assess Organizational Readiness to Address Tobacco

Step 4: Develop Written Change Plan & Realistic Time-Line

Step 5: Develop Written Communication Plan & Materials to Disseminate
Implementing Phase:

Step 6: Implement Patient Goals: Assessment, Treatment, and Empowerment

Step 7: Implement Staff Goals: Training & Staff Recovery

Step 8: Implement Environmental Goals: End or Restrict Tobacco Use
ATTOC 10 Steps for Change

Sustaining Phase:

Step 9: Document Changes in Policies & Standard Operating Procedures

Step 10: Support, Encourage, and Sustain Organizational Change
ATTOC Seven Core Strategies:

1. Preparation activities for the start of the intervention
2. On-Site Consultation: Environmental Scan
3. Formation of the agency’s Addressing Tobacco Leadership Group
4. Formation of Work Groups to address the specific areas of the ATTOC steps
5. Develop Tobacco Treatment Specialists at the local agency
6. Ongoing Phone Consultations / Emails to provide ongoing technical assistance
7. Web-based supports
Discussion

• What do you think of this model?

• How do you think we can help West China Hospital succeed in its efforts to become the first truly “smoke-free” hospital in China?

• What current strategies has your hospital been implementing to encourage quitting smoking?

• What has worked? What hasn’t?
Duties of Doctors

- Do not smoking
- Help patients to quit
- Promote making and implementation of national tobacco control policies
Next Step Plans

- Establish smoke-free hospitals
- Establish a national cessation network
- Provide specific activities
- Work with professional institutions and develop clinical guidelines on smoking cessation
- Add tobacco control to medical education
- Enhance cessation skills of doctors
What smoking cessation efforts have you been involved in?
What efforts has the West China Hospital been participating in?

Cessation Efforts Targeting Medical Professionals
Quit Campaign of Medical Professional, Shanghai 2001

The 1st Quit & Win for CDC Professionals, 2006
210 CDC
5158 smokers take part in