

Abstract:

In many Asian countries such as Japan, China, the Republic of Korea, Nepal, Philippines, and Indonesia, governments lack the funding to address mental health, giving rise to scarcities in mental health services and large inequities in resource allocation amongst the socially disadvantaged, which include migrants and those living in rural areas. This study aims to understand the EAP certification program model in ASSIST, a South Korean NGO, to provide an analysis for community-targeted mental health care across intra-continental Asian migrant communities. The first part of the study outlines the deficiencies of current mental health care in various intra-Asian migrant mental health NGOs. By analyzing different NGOs that provide support to intra-Asian migrant communities through treatment, community care, research, training and capacity development, and education, the study aims to identify factors for improvement in providing community-based mental health care. The second part of the study presents a qualitative case study of ASSIST, a South Korean NGO that trains and certifies migrant women to become mental health counselors through an EAP certification program. Our research demonstrated that community integration is a key factor in providing effective mental health care to intra-Asian migrant communities. Specifically, community integration successfully addressed common barriers to effective delivery of mental health care such as language, culture, and societal ties.

Introduction:

Unique Mental Health Risks

* Asian migrants and returnees face unique mental health risks because of the complex ways in which they are isolated and marginalized. For example, female migrants often experience sexual assault as well as other forms of sexual exploitation that manifest through isolation and economic insecurity. A study of Nepalese female migrant factory workers between the ages of 14-19 found that not only had 12% of them experienced sexual harassment, but also that this harassment came from their employers, male coworkers, and partners (Puri & Cleland 2007).

Forced Labor & Exploitation

* Migrant workers also find themselves particularly susceptible to workplace injuries because of the unsafe working conditions. The Korean-Chinese (commonly called Chosun-Jok) are currently the largest group of migrant workers in Korea, and accounted for approximately 45% of migrant workers in 2012.7 While Korean-Chinese experience relatively better conditions compared to other migrant worker groups as a result of their partly Korean ethnicity, they still experience numerous mental health risks such as anxiety and PTSD as a result of exposure to physical and chemical hazards.

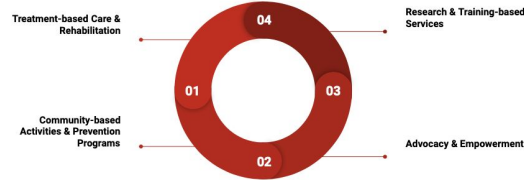
Cultural Values & Barriers

* Migrants are also susceptible to alienation and consequently have higher risks for mental health. An ethnographic analysis of urban migrants in Shanghai found that migrants had difficulty expressing these sentiments. The study also concluded that survey results did not accurately reflect the mental state of Chinese migrant communities as the results indicated that environmental factors did not accurately reflect Chinese migrants' mental state because of both the broader Chinese cultural values of endurance and shame as well as the fact that Mandarin lacks easy-to-use mental health vocabulary (Richard & Amin 2019). Because of cultural expectations, some migrants are expected to rely on their communities rather than seeking out professional treatment (Kirk, 2021).

Methods & Results:

Part 1: Deficiencies of the Mental Health Support System in NGOs

* Categorical Review of Intra-Asian Mental Health NGOs



* Cultural Barriers

Some countries have cultural and historical attitudes that present barriers to recognizing the need for mental health services. Japanese culture has historically stigmatized mental health, something that continues to affect citizens and especially migrants today. Individuals are deterred from seeking professional treatment and are instead expected to rely on their community, including their family and other relatives. In many cases, migrants do not have these strong tight-knit communities that would be expected to support them and suffer greatly from the lack of both governmental and social safety nets. In Nepal, suffering from any sort of mental illness is perceived as a "spiritual dysfunction" leading to individuals with mental disorders, and their families being discriminated against due to the stigma. Mental health literacy is extremely low, resulting in avoidance of treatment.

* Lack of Community-Based Integration

NGOs have initiated community-based mental health programs, focused on establishing trust of local communities through programs ranging from primary prevention (e.g. suicide prevention) to involvement with community clinics. An example of this MHNGO is Basic Needs, an NGO based in Nepal. Through a mental health and development model, Basic Needs focuses on user empowerment, fosters community development, and strengthens the health system to integrate mental health into pre-existing community-based interventions. However, many MHNGOs do not provide integrated community-based care, as there is a clear separation between medical interventions and community-based programs.

* Sustainability

A notable finding drawn from this study demonstrates that both NGO personnel and migrants recognized the need for an integrated approach to providing direct medical access and community-based care. Upon further interviews, however, it was also identified that there were differences in specific integration processes that were thought to be effective. Migrants preferred a community-based approach to accessing medical care. For example, by having community centers provide financial support and connections to medical facilities, migrants would be able to get access and gain support of a larger system. Therefore, it is clear that migrants in this study preferred community-centered provision of care rather than specific community-based activities.

Part 2: Qualitative Case Study of ASSIST, EAP Certification Model

Table 1: Study Design

The sample	Sample size	Method
NGO Personnel	N = 2	A semi-structured interview
Migrants	N = 4	A semi-structured interview

* ASSIST EAP Certification Training

ASSIST takes a unique, innovative approach to help migrants empower their own communities. We offer Employee Assistance Program (EAP) training for migrants to become EAP-certified counselors, since 2019, we have successfully trained over 35 migrant women. Our partnership with EZN Wellness, an EAP training and certification center in Seoul, allows us to provide professional training and certification courses. While some migrants opt to find employment elsewhere following certification, many also choose to stay with us. They become part-time, paid counselors who lead online support groups for migrants.



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