Kumusta po kayo: How Filipino Culture and Values shape Wellness, Outreach, and Engagement

*Kumusta po kayo* translates in Tagalog to the greeting “How are you doing?” or “Hello” in a respectful manner.

In honor of October as Filipino American History Month, this slide deck was put together by members of the Filipino Mental Health Initiative of Alameda County (FMHI-AC) in efforts to increase awareness and education of the mental health needs of the Filipino community.

FMHI-AC’s mission is seen through the historical lens of Filipinos’ journey/immigration to the U.S. and how this experience set the stage for sacrifices and challenges to the well-being of our community. Overall, we aim to increase access to culturally linguistic and responsive services and treatment, reduce stigma and empower the community through education, outreach and engagement. We strive to promote the resiliency of our community by building on our strengths and promoting healing and connection.

Note: All images were found under Creative Commons or include a hyperlink in efforts to give credit to where the image was originally found.

For more information, please email [Cheryl.Narvaez@acgov.org](mailto:Cheryl.Narvaez@acgov.org)

Cheryl Narvaez, LCSW, MPA
Program Specialist, Alameda County Behavioral Health MHSA Division, Prevention/Early Intervention Unit
In May to June 2020, Filipino Mental Health Initiative - Alameda County (FMHI-AC) conducted an informal community-based online survey that asked Filipinos about their emotional stress and factors that would help enhance their wellness. FMHI-AC’s hope was to hear directly from the community in order to gain a deeper understanding and awareness of Filipinos' emotional wellness needs and how Filipino culture and values shape their thoughts and actions when seeking support.
Why focus on the Filipino population in Alameda County?

- Second largest Asian population subgroup
- There are **82,406** Filipinos living in Alameda County
- Approximate 1 out of every 5 individuals of Asian decent is Filipino

(Source: Alameda County Public Health Presentation, *Overlooked and Underserved: Problematizing the API Model Minority Myth*)

### Asian Population Subgroups, Alameda County

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>138,824</td>
<td>36%</td>
</tr>
<tr>
<td>Filipino</td>
<td>82,406</td>
<td>21%</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>72,278</td>
<td>19%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>30,533</td>
<td>8%</td>
</tr>
<tr>
<td>Korean</td>
<td>17,464</td>
<td>4%</td>
</tr>
<tr>
<td>Japanese</td>
<td>11,344</td>
<td>3%</td>
</tr>
<tr>
<td>Taiwanese</td>
<td>7,531</td>
<td>2%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>4,325</td>
<td>1%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>4,274</td>
<td>1%</td>
</tr>
<tr>
<td>Laotian</td>
<td>3,674</td>
<td>0.9%</td>
</tr>
<tr>
<td>Burmese</td>
<td>2,369</td>
<td>0.6%</td>
</tr>
<tr>
<td>Thai</td>
<td>1,737</td>
<td>0.4%</td>
</tr>
<tr>
<td>Indonesian</td>
<td>1,066</td>
<td>0.3%</td>
</tr>
<tr>
<td>Nepalese</td>
<td>894</td>
<td>0.2%</td>
</tr>
<tr>
<td>Sri Lankan</td>
<td>495</td>
<td>0.1%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>466</td>
<td>0.1%</td>
</tr>
<tr>
<td>Hmong</td>
<td>344</td>
<td>0.1%</td>
</tr>
<tr>
<td>Bhutanese</td>
<td>316</td>
<td>0.1%</td>
</tr>
<tr>
<td>Malaysian</td>
<td>241</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

*Counts represent persons identifying as a single Asian subgroup only. Source: Census, 2010*
Who took the survey?

Nine hundred and four (n=904) self-identified Filipinos who live in Alameda County completed the survey. Majority of respondents

- Were born outside of a US (83.5%) vs US born (14.7)
- Live in Central/South Alameda County: Union City (19.1), San Leandro (14.3), Hayward (12.1) then Alameda (11.9) Oakland (10.3)
- Are age 60+ (47.5%), then ages 25-59 (26), then 16-25 (23.7)
- Prefer using English (69.2%)
- Chose Female (64.2%) as sex assigned as birth, gender identity as Male or Female, sexual orientation as straight/heterosexual (93.3%)
Survey design

Survey was intentionally written to:

- Be brief, anonymous
- Ask about emotional distress and how culture and values shape access and engagement
- Be non-stigmatizing in language and appeal to broad age range, immigration status, etc.
  - For example, instead of using the term “mental health problems,” “emotional stresses” was used. Likewise, “support” and “help” was used instead of “program” or “services.”
- Community-friendly
- Able to be taken online
- Promoted on social media, personal and professional networks
- Focus on Filipinos who lived in Alameda County

Next slides identify what questions were asked...
Survey Results

**Question 1:** In the past month, have you experienced emotional stresses like feelings of anxiety, sadness, hopelessness, loneliness, very tired, body aches, headache, hard time sleeping, etc.?

64.3% NO
35.7% YES

For LGBTQ population, majority answered YES
For Ages 0-59, over 40+% answered YES
For Ages 60+, 27.67% answered YES

**Question 2:** Do you seek help or support when you experience these types of emotional stresses?

58.5% YES
38.4% NO
Survey Results

**Question 3a:** If you knew there was support in the community that understood your Filipino culture and values, would you be more likely to seek help?

- 61.8% YES
- 24.1% MAYBE
- 3.8% NO

**Question 3b:** If you answered “maybe” or “no,” what keeps you from seeking help? If you answered “yes,” what do you think keeps others from seeking help? (Check all that apply)

- I don’t think I need it. (33.4%)
- I feel ashamed to ask for help or support (27.1%)
- I don’t know where to go for help or support (24.7%)
Survey Results

**Question 4: What types of activities would you participate in support of your wellness?**
(Check all that apply)

- Having someone visit me at my home (or other place in the community) who understands your culture (35.3%)
- Joining a group with others experiencing the same emotional stresses (28.5%)
- Getting a referral from my doctor and help following up with those referrals (27.7%)
- Attending a community events with all ages invited (24.1%)
What do the survey results tell us?

Members of FMHI-AC came together to review these survey results and used their collective wisdom and experiences to make some observations and identify cultural considerations for programming and practice when working with the Filipino population.

The following slides reflect three main cultural considerations:

1. Filipinos may put on a ‘smiling face’ despite experiencing emotional stress and hardship.
2. Filipino-based values inform how Filipinos define access and receive support.
3. Filipino culture, values, and heritage play an integral role in outreach and engagement.
Cultural Considerations

Tip: Look out for the blue hyperlinks. Click on these terms for definitions and additional background information.
Filipinos may put on a ‘smiling face’ despite experiencing emotional stress and hardship.

- Filipinos may be accustomed to high levels of stress and see being stressed as normal. Economic survival may take priority over self-care.
- Filipino values of *utang ng loob* (debt of gratitude) for being in the US and to be able to provide financially for their families abroad may inhibit them from ‘complaining’ about being stressed.
- Another Filipino value of *bahala na* (leaving it up to God) may also contribute to a faith-based passivity that Filipinos do not have control of their fate.
- The increased ability to “connect” with others here and abroad via social media, The Filipino Channel (TFC), WhatsApp, Facebook, etc. may be a mitigating factor in reducing emotional stress, isolation, and homesickness.
Filipino-based values inform how Filipinos define access and receive support.

- Filipinos may utilize coping mechanisms such as: humor, friendship networks, church gatherings/events, family (both here and abroad), texting, local social gatherings rather than seek professional-based services (outpatient treatment, psychotherapy, etc).
- The Filipino value of *hiya* (embarrassment, shame) may contribute to the feelings that Filipinos do not deserve help or that mental health services are not meant for Filipinos. These ideas point to the lack of a mental health system in the Philippines. It was only in 2019 that the Philippines government enacted the first legislation ever regarding mental health.
- Because many Filipino immigrants come to the US in the caregiving or nursing capacity, Filipinos may see themselves only as “helpers” and not receivers of help. Filipino colonial mentality (idea that Filipinos are inferior to the US that colonized the Philippines) may also contribute to this notion.
- Filipinos may experience anxiety and depression as somatic problems. They may seek help only when experiencing physical health problems since there may be less stigma going to see the medical doctor.
Filipino culture, values, and heritage play an integral role in outreach and engagement.

- Since Filipino culture places a high value on social interconnectedness, outreach and engagement may look less formal and more familial and social.
- The Filipino values of *pakikipag-kapwa* (shared sense of self identity and connection to others) and *bayanihan spirit* (communal unity) also reflect Filipinos’ desire for connection, trust, a sense of family and comfort.
- Due to Filipino culture of *hospitality and welcoming others*, Filipinos may feel more comfortable in their own home or community versus the office or clinic. These alternate settings for services may reduce the shame (*hiya*) in asking for help and reduce power dynamics.
How can I support?

Since Filipinos face a multitude of system-related barriers such as the lack of...

- Information and knowledge about the mental health system (in Alameda County)
- Mental health clinicians and/or providers who are of Filipino descent and/or speak Tagalog (and other Filipino dialects)
- Culturally relevant training for practitioners regarding Filipino mental health

...you can support by

- Sharing this slide deck and other resources listed on Slide 14 (next slide) to your staff and other providers
- Hosting a staff training to increase the cultural knowledge base of your agency about the unique history of Filipinos in relationship to the US and the values that shape Filipino mental health
- Integrating some of the cultural considerations in this slide deck in your outreach and engagement programming and practice
To learn more about Filipino Mental Health, check out these resources (hyperlinks)

- Health Beliefs and Behaviors: Health Behaviors (Older Adults)
- How To Care For Older People In The Pandemic (And A Printable Guide!)
- Cultural Considerations: Working with the Filipino Community PPT
- Preventing Filipino Mental Health Disparities: Perspectives from Adolescents, Caregivers, Providers, and Advocates
- Identity, colonial mentality, and decolonizing the mind: exploring narratives and examining mental health implications for Filipino Americans
- Mental Health Care of Filipino Americans
- Mental Health Experiences: Considerations for Cardiovascular Disease PPT
- How To Talk To Filipino Parents About Mental Health: Shots - Health News
- Wikipedia: Mental health of Filipino Americans and Filipino Psychology
- Filipino psychology
- The psychology of the Filipino: navigating the difficult conversation of mental health —
- A Brief Note on Immigration, Colonial Mentality, and Kapwa
- Filipino American Mental Health Blog