**Meekyung Han interview**

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**AD: Tell me bit about yourself and your work.**

MH: I came to this country to study social work at the Masters level at Washington University in St. Louis, Missouri. Before that, I got my undergraduate degrees in South Korea. I have two degrees. The first one was from Chemistry. When I was studying chemistry, I got involved in multiple extracurricular activities. One of them was a kind of volunteer work, working with people with disabilities. And that was the first time for me to hear about the concept of social welfare. In my country, social work has a very short history. I became interested in social work, but there's not many people actually studying social work in Korea. But I got so fascinated about what social workers can do, and what kind of impact they actually have on the individual human being, so I wanted to study social work. So I actually have my second degree in Social Work. In South Korea, most social work practice knowledge and class materials were adopted from either Japan or England, as well as America. So, I decided to come to United States because I wanted to study social work where it actually originated and developed. So that's how I came here. When I came to this country, my interest was working with children. I ended up working in the child welfare system. And when I was doing my second year internship at Child Protective Services, I realized that while I might know some policy and have some idea about what to do, I was really lacking in actual practice skills. So instead of going into the PhD program - that was my original plan - I decide to apply for a social work job and I got hired. And I was the first non-U.S. citizen social worker hired in my unit in St. Louis, Missouri. So I worked there for two years before I came to UC Berkeley in 2000 to get a PhD. And then here I am, so it has been eight years.

**AD: What have been some of the highlights of your time here at San Jose State so far?**

The first thing that comes to my mind is - wonderful colleagues. These great people I met. This is a great feeling to have very insightful and brilliant researchers to work with and have as mentors. And they became more than just colleagues. Especially for someone like myself - as a first generation immigrant, I do not have any family members here, you know - my colleagues and my friends become my family. So it's very, very meaningful to me to have these great people and to work in such a supportive and positive environment. So that's my first highlight. And a second one is - as time goes by, I'm more amazed and impressed by my students. I'm teaching undergraduate classes. When I went to study in South Korea, most of the time, financially I was supported by my family and my parents. My students, most of them, are working. They are working, they have families to take care of. They have a job. And they are doing internships. They are taking classes as a full-time student. So looking at them juggling several (things) and then thriving - and then how much effort and time they put into their education, that impressed me. Whenever I look at them, --they inspire me to be a good teacher because they are here in spite of so many struggles they may have in their lives. And they are here because they want to get a degree. Why? Because they want to help people. So, my students become my teachers and are an inspiration to me.

**AD: What has been your main line of research?**

MH: My research has focused on two things. The first is better understanding immigrants and refugees - their families, dynamics and well-being. The second is, how to provide more culturally competent practice to them. So that's two main lines.

But when I think of my research, it's really evolved. At first I was working with children who are abused and neglected. These kids, because of abuse, because of severe neglect and abandonment, they are in so much pain. And most of my cases had some kind of mental health issues, usually have multiple diagnoses like depression, oppositional defiant disorder and PTSD, posttraumatic stress disorder. And they were taking multiple medications. And I wondered why. To me, it was because the trauma they experienced. When I was working for my mentor at Berkeley, I got a chance to work with Southeast Asian populations, because that was one of her areas of interest at that time. And I saw a lot of similarities - in terms of the impact of trauma on these Southeast Asian parents. But more than anything else, I was very surprised to see the children who were born in this country or came to this country at a very young age seem to have similar types of mental health issues. So, I started getting really interested in trauma transmission, and that became my dissertation topic. And then, when I was studying for my dissertation and collecting data, interviewing people and collecting surveys, I learned the second generation's mental health issues might not be coming from the parent's trauma itself. Maybe it's through family dynamics - how parents have been *dealing* with their trauma. Many of these parents didn't have a chance to process or heal the trauma. They came to this country as refugees, and because of a different cultural background, they struggled to adjust to American life. So there is acculturative stress on top of the war-related trauma. So, I thought that was more compounding trauma. And then, because of that, likely their parenting has been impacted negatively – there is this negative consequence on dynamics and functioning. So to me, the second generation's children and their mental health issues might be coming from these family dynamics and acculturation issues between them and their parents.

Right now, I'm very interested in anti-stigma programs aimed at ethnic minority populations. And I'm also very interested in family caregivers - the well-being of those who care for people with serious mental illness. When I say serious mental illness, I'm referring to schizophrenia or bipolar or major depression. Because the illness is severe and persistent, and it's cyclic and unpredictable, family members who care for and love people with mental illness are oftentimes hugely impacted. But whenever a crisis occurs, these caregivers do not have time to look at their own well-being because there is a crisis and they basically have to handle that. In my opinion, family is very important. In order for somebody who has serious mental illness to be healthy and have a good recovery process, the family members have to be healthy as well.

**AD: If I can just go back a little bit - you talked just now about your interest in the mental health of caregivers of folks who have serious mental illness. Just before that you mentioned anti-stigma programs. Can you talk a little bit about what is the stigma is about, and how that relates to the population?**

MH: There is stigma attached to mental health issues, especially in Asian immigrant populations. Oftentimes the prevalence of mental health issues and mental illness among Asian-American immigrants and families is very high. But a lot of studies and government reports show a discrepancy between the high prevalence of mental illness, and the under-utilization of mental health services. Many scholars, including myself, try to identify the barriers for people to seek help. After controlling for structural issues such as transportation, language issues, ethnic background of the therapist, psychologist, or psychiatrist - *stigma* has been always the most prominent factor for people not seeking help. In Asian cultures, there is a deeply rooted cultural value of saving face. You really need to save face with your families and with extended family members in your community. It's coming from these cultural values which are bound by Confucianism, emphasizing the value of harmony and the value of collectivism. So, if somebody has a mental illness, many family members and many (mentally ill) people themselves think – “It’s probably something I did wrong in a past life, or in this current life.” Parents may think it’s something they did wrong in terms of parenting. There's a lot of blame and a lot of shame. And then they try to save face as much as possible. So, they are going out to the healers, ethnic healers or to other culturally sensitive support groups. Professional help is always the last resort for them. Oftentimes people's symptoms get overlooked, or the diagnosis is delayed. What that means is treatment is also delayed. Because of these cultural values, and the strong stigma attached to mental health issues, people are not seeking help in a timely manner. So I became interested in anti-stigma programs and what's out there. Most anti-stigma programs have been focusing on the mainstream culture, and very little seems to be really culturally sensitive. In order for anti-stigma programs to be successful, we really need to work with the community first. And then work at the individual level.

One of the studies I am doing right now is actually applying this concept of community readiness - to assess the level of readiness for a community to receive these anti-stigma programs. Another anti-stigma program I evaluated in collaboration with another agency was developed at a national level and has been provided to majority populations, but not often to Asian populations. I was curious whether this national program was culturally sensitive. So far, feedback I'm receiving from participants suggests their knowledge levels and awareness about mental health itself has increased. So that's positive, and indicates the program is potentially effective. But at the same time, there are not many cultural components that Asian family members or Asian consumers can relate to. And so, hopefully, my next project is proposing some culturally sensitive anti-stigma programs for Asian populations.

**AD: What research approaches or techniques do you use to pursue your research questions?**

MH: I have been really lucky to have great mentors who emphasized the importance of utilizing conceptual and theoretical frameworks. So all of my studies come from a framework - multiple theories but really bound by one big conceptual framework. So for example, when I did my dissertations on trauma transmission, I used a framework similar to this one: 

So starting with parent trauma -- I was looking at Southeast Asian refugee families, and they have gone through this whole trauma, and then they came to this country - so they have acculturative stress. This parental trauma impacts all of this. The model is based on Shattered Assumption theory. When a person experiences extreme trauma like a war, their basic assumptions about human beings and safety and their self-worth have been shattered. Cognitive functioning has been damaged in a way. Because of that, they may have a very hard time adjusting to new environments, which impacts their acculturation process, and also their interactions with their children. The interaction with the children plays a significant role on child well-being according to attachment theory. Attachment theory outlines how secure relationships with caregivers are crucial for toddlers and infants, because that's the time young children are developing a sense of security and safety and trust. When parents are not available to provide nurturing environments to children, basic nurturing feelings and sensations, then that impacts the child’s life not only while the child is young, but in the long run as well - their ability to build relationships with significant others.

Another theoretical framework I use is acculturation theory. There are a lot of studies showing that people have different stages of acculturation. One, is integration - which means people are becoming bicultural. They accept and adapt into two different cultures. Some people are becoming segregated. That means they are holding their ethnic values more strongly, and they have hard time adjusting into the mainstream culture. And the other side of the spectrum is assimilation. Assimilation is when they basically do not value their own ethnic culture, and they just assimilate into American culture. Some studies say that's good, because self-esteem and mental health can be enhanced. But studies coming out now show is that when a child is assimilated into the American culture, often times refugee parents or immigrant parents are more segregated. That means they are holding onto their ethnic cultures and there is a clash, a cultural conflict (between parents and child). Then the last category is marginalization. It's pretty much: “OK. I don't like American culture. I don't like my ethnic culture.” So feeling lost, constantly trying to figure out who they are. Identity confusion, regardless of age group. So, that's acculturation theory.

So much depends on the parents’ trauma and how much they process it and how much their cognitive functioning has been healed. I thought that probably has significant impact on their acculturation process. Our ultimate goal is seeing everybody integrated and bicultural but that's not going to happen (for everyone). When it doesn’t, it impacts family dynamics, and ultimately influences child well-being.

The literature has really focused on risk factors, but rarely on protective factors. As a social worker myself, I really value several theoretical frameworks of social work. One of them is ecological, the person in environment theoretical framework. We are looking at a person from various lenses, and how the person's behaviors and well-being are impacted by multiple layers. The second one is the strength-based approach. Because we as social workers are not looking only at problems, at pathological perspectives - we are looking at what strengths this person has and what resources this person has. We try to maximize and utilize those, so that we can eventually empower our clients. Those frameworks are why I fell in love with social work. Any research I do, I try to have those frameworks in mind. And I thought, ok, what would be the protective factors? It's not everybody, all children of refugee parents who end up having psychological problems or behavioral issues. Can it be personal factors? Some children may have a sense of resiliency and a sense of coherence, and also probably some social support groups like their friends or schools or non-family adult figures who become their mentors ,and things like that. So I was trying to look at the risk factors but at the same time, I was also trying to see the protective factors of child resiliency and external resources as a strength.

Another thing I am currently working on is looking at a family caregiver's well-being, and how self-care practices positively affect that, using socio-cultural stress-and-coping models. Family caregivers who reside with a person who has mental illness. have caregiving-related distress. Many of them have very similar symptoms which can be categorized as vicarious trauma or secondary trauma or even PTSD. Many studies show they have this kind of emotional distress; it's very natural to see this stress, and this stress has negative impacts on their health and mental health. But I also see a lot of family caregivers are very resilient. And the more I looked at them and the more I talked to them, I found self-care practices they had been doing on a personal level. Utilizing social supports, either formal or informal, seemed to play a significant role. Many of them become advocates for their family members they love. And many of them volunteered to provide services to others. So in general there's a lot of great things we can talk about, in regards to these family caregivers and their well-being, and how their self-care practices play a role. But very little research has been done on the topic, and ethnic minorities have not been part of studies that do exist. So my current study is looking at this from a cultural perspective, so that eventually we can develop culturally sensitive programs for family caregivers of persons who have mental illness.

**AD: What would you say are some of the most compelling findings of your research so far?**

MH: Most interesting to me are the projects which are more practice-based. One thing I really want to do in terms of those two areas -- understanding the family dynamics and well-being of Asian families, and culturally competent practice -- is link evidence-based practice, and practice-informed research. There is a lot of emphasis on evidence-based practice -- which is great because you want to see the cost effectiveness and cost efficiency, everything -- but when you're working with ethnic minorities, oftentimes the agency has to modify their models to provide more culturally sensitive and tailored programs to Asian populations. That then means it's no longer an “evidence-based practice.” They are losing the rigor of being evidence-based. But at the same time I see anecdotal evidence suggesting these modified interventions are effective. So, for the past several years I've been working with several agencies in this community. They're really trying to link those two– aiming toward evidence-based practice, but at the same time using practice-informed research. And so far, this appears to be potentially effective for these programs. It's really exciting to me. These programs are usually designed by experts who are providing services to this population, and the services are received very well by the community. Then I'm doing a little bit of a research on that, and showing: OK, it’s potentially effective. So, I hope to see these programs replicated with a larger Asian population in other areas. Working with these service providers and documenting those programs in writing and then publishing the results - it's one way for me to disseminate this culturally sensitive approach. People who read the article might get curious, contact the agency and learn about the program, and potentially it could become available to other people.

**AD: What kind of challenges have you run into doing your research?**

MH: Well, time. It's not easy to balance research and teaching. As we all know, the teaching load is heavy – and the service you are supposed to do for your students, for the school and the university and all. So, time management is always challenging. I think I'm learning about what I like and how I can do better in terms of balancing those things. Sometimes my research can come first because that's my desire. But most times it's really balancing. Looking at what resources I have, and about how much time I have, and what I need to do first, what priorities, and things like that. Another concern is utilizing GIS - the software is not available to me. The university has it, but I need to go to the lab to use that program. And obviously during the weekdays and day time, students have classes in the lab. So, in order for me to use that kind of software, I need to visit the lab in the afternoon or some other time. So that's been challenging. So hopefully that type of thing can be resolved. And then in terms of doing research, finding funding resources in a timely manner is another challenge. You really need to have good financial support to conduct the study the way you want. I’m learning it more and more and more. Money is needed not only for hiring research assistants or the language issues (requiring translation) but also there's a lot of logistics involved. Without financial support, it is very difficult to have to time to coordinate everything.. Finding funding resources in a timely manner is a problem. Sometimes I get the information but the proposal is due just the next month and there's no way I can put everything else aside and work on it. So it would be great if the university or the school could identify some potential funders and then come up with a schedule - so around this time of year, for the past 3 years, this has been funded. And this is the topic they funded for so far. Having this information would be very beneficial.

**AD: OK, I can work on that! Are there other questions you're looking forward to pursuing that you want to mention?**

MH: I have several! One is utilizing GIS to map out immigrant communities, regarding income and other social issues, so we can have a little bit better understanding about that. And then, developing culturally competent and anti-stigma programs - that's what I really want to do in the future. People really have to understand that mental illness is part of a brain disorder. And it's nothing they need to be ashamed of. So, --we need really good anti-stigma programs to provide to Asian populations so that we can reduce stigma -affiliated stigma or internalized stigma or public stigma - so that people will seek out help, and . get treatment and understand that recovery is feasible and possible.

In the last year, I started working with other scholars in Asian countries. I have one project working with another professor in CASA, and working with scholars in Japan, South Korea, Hong Kong, and China. All are very interested in mental health issues. I’ve learned many of these countries don't have laws to protect persons with mental illness. So I'm becoming more interested in working with international scholars in Asian countries. I think it's really feasible because of globalization. I can talk to them by Skype, I can talk to them on WebEx. So, technology makes us feel much closer. We’re developing papers out of the data we collect. Eventually, I want to be a leading scholar in the field of mental health with Asian populations. So, that's what I want to do in the future.