Many Asians believe that mental illness is contagious, says psychologist Jorge Wong, PhD. He's living proof that it's not. His mother experiences delusions and mood dysregulation, yet Wong has neither of these difficulties and has been able to pursue a successful and satisfying career.

To help battle stigma within the Asian-American community, Wong shared his family's story as part of a DVD shown to students, community members and other audiences. That's just one of the many ways he's helping to confront stigma and improve the health and well-being of Asian Americans in Santa Clara County, California, and beyond.

As director of clinical and regulatory affairs at Asian Americans for Community Involvement (AACI) in San Jose, Wong works to ensure that members of this often-underserved population gets the treatment, services and policies they need to flourish.

“I never thought about private practice,” says Wong, who was born in Cuba before coming to the U.S. at age 12. “I did think about working in some sort of organization or larger system.”

Culturally competent care

Community leaders founded AACI more than four decades ago as Southeast Asian refugees – many with post-traumatic stress disorder – began resettling in northern California. “People in mental health services didn’t really know how to work with them,” says Wong. “They didn’t speak the language and didn’t quite understand some of the symptoms they were expressing.” Families were also being accused of child abuse by school personnel who misinterpreted the bruises left by cupping and other traditional Asian health practices.

While AACI started as a mental health agency, its mission has expanded dramatically. Today the organization also has a federally qualified health-care center, specialty mental health services, substance abuse prevention and treatment program, problem gambling program, HIV prevention efforts, a center for torture survivors, youth leadership development, older women’s program, domestic violence shelter and more, plus nearly 200 employees, 60 to 70 of them in behavioral health. The agency serves multiculturally diverse patients with a staff who speak more than 40 languages and dialects. Many of the immigrant and refugee patients often have no conception of what behavioral health services are and may feel that any problems they have are the result of karma.

Wong began working at AACI’s adolescent day treatment program before heading to grad school at Palo Alto University, where he earned a doctorate in clinical psychology in 2002. After a stint coordinating mental health services for correctional facilities across four midwestern states, he returned to AACI in 2003 to head the mental health department’s quality improvement and compliance efforts. In that role, he tackled such tasks as training staff, complying with auditors’ requests and liaising with courts around such issues as staff subpoenas.

Since then, Wong has seen his responsibilities expand. He next became director of behavioral health services, to include substance abuse treatment and then added community services to his roster. He was promoted to his current role last year overseeing enterprise-wide service delivery.

“Now my duties are more agency-wide rather than me being assigned to one particular program,” says Wong, who sees patients himself only if there’s a problem or his linguistic expertise – he speaks Spanish, Cantonese and Toishanese – is needed. (He also takes on a few pro bono cases.) He spends most of his time now ensuring that the organization complies with contractual and regulatory
obligations, supervising students and their training, writing grants and making presentations to potential funders, other providers and the public.

Wong has also overseen the integration of AACI’s behavioral and physical health care – a task made challenging not just by the medical providers’ unfamiliarity with psychologists but also certain Asian beliefs. In Asian cultures, for example, the older you are, the more respect you deserve. “All the psychologists we were hiring were new, younger folks coming out of integrated care training,” says Wong. It took a long time for the physicians and nursing staff to learn to trust their younger psychologist colleagues.

Patients had to be educated, too. Asians can have a fatalistic approach to their health, says Wong, contrasting that world view with the western emphasis on improvement and recovery. Cambodians, for example, may be Buddhists who believe they should simply accept what is and await their next reincarnation.

Time and positive outcomes of the five-year integration effort are helping to change those attitudes, however. Data shows that patients who see one of the psychologists embedded in primary care four times have, on average, a 60 percent reduction in depression, anxiety and acute stress. After six to eight visits, symptom reduction averages 80 percent.

Also, says Wong, patients are learning to manage their own symptoms rather than looking to their providers for relief. “The idea that patients drive their treatment is still foreign to many Asians,” he says. “Changing that concept has taken a bit of time.”

Advocacy efforts
Another part of Wong’s job is advocacy. He represents AACI at policy-related meetings, for example, and also works with policymakers and their staff. Government officials may call him for information about particular issues or constituents with problems. When groups are pushing a particular policy or piece of legislation, Wong may also be asked to testify or give an expert opinion. And he alerts the county’s board of supervisors when new needs arise and pushes them for funding or new programs.

Wong isn’t just an advocate for the county’s Asian Americans. He’s also an advocate for psychology.

As the current president of the California Psychological Association, for instance, he is making sure that members not only understand how advocacy works but get out there to explain what skills psychologists bring to the public sector and other arenas.

“Right now systems can choose cheaper master’s-level clinicians and exclude psychologists because they’re more expensive,” says Wong. However, he says, psychologists are the professionals best suited for developing programs and models, designing outcome measures, choosing evidence-based practices, and training and supervising other clinicians to ensure patients get optimal care. Last year, the association helped to defeat a state bill that would have allowed more marriage and family therapists into federally qualified and rural health-care centers, depriving more qualified psychologists of jobs.

Wong is also encouraging psychologists and psychology students to think beyond clinical service provision. To help achieve that goal, he is working to update the California Psychological Association’s mission statement, which he feels is too focused on private practice and doesn’t reflect the wide range of skills psychologists develop in their training.

Wong also emphasizes that message with his students, whether they’re the master’s and doctoral-level students at AACI or his students at Palo Alto University, where he is a clinical faculty member as well as a trustee. “I teach students to really think about being an organizational leader rather than just a clinician,” says Wong.

Even when trainees do think beyond service provision, says Wong, they often don’t think big enough. They might think about being a supervisor or head of one small department, for example.

“I keep challenging them: How about being the head of a hospital system? The Surgeon General? Secretary of the U.S. Department of Health and Human Services? How about the President?” says Wong, who muses about running for public office himself one day. “Why can’t we be in those situations affecting population change rather than seeing one patient at a time!”