

A cross-cultural East-West appraisal of mental health curricula: Harmony or Hegemony?

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Summary: This paper considers findings from a cross-cultural project comparing mental health curricula across three schools of social work located in both China, specifically Shanghai, Hong Kong; and finally, Omaha, USA. Chinese philosophies and belief systems are reviewed as they pertain to mental illness and well-being. Additionally, the influence of dominant discourses informing professional practice and the development of indigenous social work practice are considered. Findings indicate that in the Chinese universities mental health social work curricula appears to balance pedagogical approaches towards providing students with up-to-date knowledge on psychopathology and psychiatric social work, while offering significant weighting to traditional philosophies and belief systems. The discussion revolves around the issue of developing Chinese practitioners equipped to work within medicalised, health settings but with sufficient indigenous knowledge to offer culturally congruent practice to local populations.

Key words: mental health; social work; pedagogy; Chinese; indigenous

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Introduction

This paper discusses findings from a cross-cultural project funded by the International Association of Schools of Social Work (IASSW). This sought to compare mental health curricula across three schools of social work, two of which were located in China, Shanghai and Hong Kong, Special Autonomous Region (SAR) respectively, with the final higher education institution (HEI) located in Omaha, USA.

A wide spectrum of diversity is expected within academic (and vocational) disciplines in HEIs at given levels both nationally, and particularly internationally, where it is anticipated that curricula is developed to conform to both cultural and social norms, and needs. Nonetheless, despite such differences it can be argued that a certain level of mimetic isomorphism (replication of successful models) can also be detected in higher education internationally (Dingwall, 2008). Two examples that come immediately to mind is the redesign of the traditional British academic calendar from those of 'terms' to the American 'semester'; and the widespread adoption of 'Intended Learning Outcomes' (ILOs), which have spread across the West and beyond. The benefits and disadvantages of these specific isomorphs for particular institutions can be endlessly debated. However, in the case of ILOs, these can be viewed as an isomorphism designed to allow national and international comparison of curricula, as part of the globalised approach to higher education with the effect of privileging instrumental rather than deep approaches to learning.

Nevertheless, what is apparent is that academic models and paradigms are both tangible resources that can be exported; but also carry the ideological values and cultural assumptions of an assumed superior pedagogy that is open to analysis and contestation. Commensurately, Midgeley's (1981) seminal argument concerning the cultural imperialism of Western social work theories and practice may have due application to the issue of the development of social work curricula globally.

Accordingly, an examination of the three curricula discussed here, takes into account the issue of pedagogic hegemony in the analysis of how socio-cultural values and conceptualisations of normative behaviour influence constructions of mental illness as they are expressed in mental health curricula across the three social work programmes studied here.

Context: The three schools of social work

Participating HEIs were selected for participation in the study due to key factors relating to geographical location and demographics, the establishment of sustainable social work educational provision, diverse socio-historical developments viewed as typical of the specific region; and finally, the pragmatics of accessibility for data collection methods.

The East China University of Science and Technology (ECUST) is located in Shanghai, which is a close rival to Hong Kong, as an epicentre of finance and fashion in the region. Historically, however, Shanghai has always carried panache: in the 1920s and 30s the city gained fame for embracing foreign ideas, values, practices and cosmopolitan living. Today the population of Shanghai is 17 million and it is without doubt the hub of China's post-Mao economic and cultural boom. A powerhouse of higher learning in modern China, Shanghai universities boast high standards and academic rigour. Historically, ECUST specialised in chemistry although in 1993 the university expanded its curriculum to include other sciences and humanities, with social work education incorporated into the fold in 1996. At present, there are 14 social work academics and 140 undergraduate students. ECUST offers only one course in mental health, straightforwardly translated as 'Social Work in Mental Health'.

The Chinese University of Hong Kong (CUHK) is considered one of the two best HEIs in Hong Kong, which in general carries formidable, world-class academic standards. Britain formally returned Hong Kong to China in 1997, after which it assumed the status of 'Special Autonomous Region', permitting it to have its own legislative and social policy frameworks. Although the prominent international heritage of Shanghai was eclipsed in the Mao era, postcolonial Hong Kong has always prided itself on its continuing international profile that created a modern city/state that was a uniquely successful conflation of cultures. Today, Hong Kong continues to be a thriving centre of capitalism, supporting an enduring social welfare safety net, with a population of 6.9 million.

In 1958, Sir Robert Black, the governor of Hong Kong, welded CUHK together from a collection of separate colleges, becoming its first Chancellor until 1964. Among its earliest programmes was the Department of Religious Studies and Social Work, although by 1964 the

religious nomenclature had been dropped. The Social Work Department at CUHK offers a very extensive and flexible social work programme at undergraduate and postgraduate level whereby in 2006, as an average example, there were 164 undergraduates and 610 postgraduates. The department's mission is 'To provide quality professional and academic training in social work, to develop knowledge related to social welfare and social work, and to contribute to the social development of Hong Kong'. The department accordingly offers several courses in mental health.

The University of Nebraska at Omaha (UNO) is a public institution located in America's heartland. The culture is deemed to be mainstream, reflecting middle American values and cultural perspectives, and is characterised by a strong, competitive work ethic. The state's largest city is Omaha, a metropolitan area with a population of 400,000. UNO first offered undergraduate social work education on a limited basis beginning in 1908. By 1934 a comprehensive undergraduate curriculum was developed, and in 1974 Masters in Social Work (MSW) degrees were first conferred. The School's current mission statement 'Is to educate students to become highly qualified social workers who serve people of all ages and influence the systems that affect them, to advance knowledge through teaching and research, and to engage with diverse communities to promote socially just societies.'

The UNO program is the only school to offer the MSW degree in Nebraska and enrolls international students as well as local ones. In 2006-07 the undergraduate programme had 50 students, with 250 at postgraduate level. Both programmes offer courses in mental health, of which 'Social Work in Mental Health and with Intellectual Disabilities' is offered at undergraduate level and 'Social Work in Health and Mental Health' at postgraduate level.

Mental health in social work literature: A cross-cultural review

Social work has traditionally drawn heavily from a psychiatric perspective for educational purposes, typified by the influential writings of Maida H. Solomon in the mid-twentieth century in America

(Gussman, 2004); or at a later date in Britain, ubiquitous approaches to social work interventions for clients with psychopathologies (Butler and Pritchard, 1983). Nevertheless, there has been a strong critique levied against the apparent paradox of social work inculcation into the discourses of psychiatry with its focus on individual pathology, seen as being at odds with social work's focus on ecological perspectives and the discipline's emancipatory aims (Deweese and Lax, 2008). In addition, the recovery model offers an acknowledgement and acceptance of mental illness as pivotal to the individual's ability to reclaim control (Davidson, et al., 2008).

In Britain, however, social work has benefitted from a growing body of critique from within the discipline of psychiatry towards racist assumptions and cultural blindness (Fernando, 2010). However, here it is argued that social work literature in the USA has paid less attention to mental health, where the authors' review of the *Journal of Teaching in Social Work* and *Journal of Social Work Education* reveals scant attention to this topic over the past two decades. Of those few that are published most emphasise American social work education, excluding international and cross-cultural influences.

Nevertheless, there is a growing focus questioning the issue of the fit of so-called Western models of social work and other dominant (or well established) cultures, such as China (Chung, Y.M. and Sheng-li, 2009). Accordingly, there is a quest to nurture and promote indigenous and authenticised emerging models of social work. In the first instance these may be adapted from Westernised models to fit the local culture; or otherwise are developed within the socio-cultural context independently, and are therefore entirely culturally congruent with local populations (Cheung and Liu, 2004; Sung-Chan and Yuen-Tsang, 2008; Yan et al., 2009). To this end, Confucian principles with its emphasis on interpersonal harmony have been viewed by social work students in China as both compatible with universal social work aims, and conversely by the same token, owing to the centrality of *familism*, incompatible (Yan et al., 2009). While Miu Chung and Cheng-li (2009: 10) note that in mainland China social work students regards the fledgling profession as integral to the building of a 'harmonious society'; and that the role of social workers is to support the State in achieving its political and economic aims. The utility of social work as form of vocational lubrication to be applied to abrasive social problems

is by no means an unfamiliar, if contested, idea in the West of course. Additionally, the transmission of dominant social work models and discourses have long been viewed as invasive; and to some extent potentially ineffective and possibly harmful. The significant corpus of *universal* social work theories and concepts imported internationally may also inhibit the legitimisation of indigenous models among social work academics and students, where we learn that Chinese traditional pedagogy tends to build on perceived accepted wisdoms, rather than challenge them (Bond, 1991). However, critique of social work is increasingly evident; for example, through collaborative action research studies by Hong Kong and mainland Chinese social work educators reflecting on attitudes towards the 'backwardness of the indigenous practice' resulting in a dramatic appreciation of its utility (Sung-Chan and Yuen-Tsang, 2008: 59).

Such debates carry significant importance in terms of mental health where the context-embedded nature of social constructions of mental health and conversely, mental illness inform questions of definitions and treatments (Connor-Greene, 2006). These are not only context specific to time and place, they are also in transition due to global influences, in which one may include social work education, dominant discourses and hegemonic, 'universal' professional values (Razack, 2009: 12).

In this vein, Sim and Hu (2009) observe that although Westernised family therapy has made inroads into mainland China, assisted by the global influences of politics and economics, there has been little critique of such therapy as applied to Chinese populations. Furthermore, Lee (2005: 3) refers to the 'daunting question' of the indigenisation of clinical social work for Hong Kong Chinese clients, which needs to take account of and work with a sophisticated schema of values and philosophies. Equally, in mainland China, Tong (2007) is sceptical towards the successful adaptation of his knowledge of Western social work intervention (received in Hong Kong HEIs) for the social work education of local students, adding that

I came to realize that social work practice is a cultural event and process and needs to be viewed from a cultural perspective. (Tong, 2007: 647)

Arthur et al. (1999) note in their study of mental health nurses in Hong Kong that although Western concepts and theories are inculcated

as professional training, daily practice incorporates observance of the social constructions of health and disease pertaining to mental health, as understood and referred to by patients. Parallel diagnostic and healing perspectives are not necessarily mutually incompatible, it would seem, but rather provide additional resources for practitioners to access and select.

An attempt to encapsulate a mental health schema from the Chinese perspective clearly lies beyond the scope of this paper. Nevertheless, we can begin to crudely explore the rich but enmeshed diversity of philosophies that are embraced by the heterogeneous population that make up the 'Chinese'. Lee (2005), in reference to psychiatric social work in Hong Kong, refers to a need to address the meaningfulness of Confucianism, Buddhism and Taoism in the lives of clients for effective, indigenised practice. In relation to the health needs of Chinese migrants, Chan and Parker (2003) writing from the Australasian context, consider the importance of ancestor worship and filial piety, the latter directly linking to Confucian principles governing interpersonal relations. Where individuals are unable to meet these strict filial obligations satisfactorily, the result can be intense, culturally-informed feelings of *shame* leading to psychological distress for the individual and the family unit (Hsiao et al., 2006; Chan and Parker, 2003). Ashencaen Crabtree (2003) in turn considers the Buddhist issue of *karma* that is ascribed as the aetiology of mental health problems by Chinese psychiatric patients and their relatives in Southeast Asia. Additionally, Arthur et al (1999: 30) refer to the issue of *face* (*gei mianzi*) (Kleinman and Kleinman, 1995); and *feng shui* (wind and water), as important to mental health. *Feng shui* is tied to Taoist conceptions of *yin* and *yang*, governing the essential health-sustaining need to be in equilibrium with minimal interference with the natural world and its processes, of which humans are an integral part (Chan and Parker, 2003; Yip, 2005; Lee, 2005). *Face*, however, in all its distinct but intermeshing constructions, is strongly tied to the highly complex Chinese norms governing social relations, in which the reputation of the family is a paramount concern, upheld by family individuals in the need to avoid any disrepute (Yang, 1995). The public and private face of the Chinese individual are two separate aspects of the personality, each with a role to play, and are not expected to be welded into a consistent and congruent entity in thought and practice, unlike in much Western thinking (Yang, 1995).

Somatisation of psychological distress has often been attributed to

Chinese patients (Millar, 2006). This, however, has been contested by Cheung (1995) where studies of Chinese patients in China, Hong Kong and Taiwan indicate that medical assistance is more likely to be sought for physical conditions, whereas the first resource of help-seeking for psychological distress is the normally the family. In reference to this Chan and Parker (2003) comment that physical symptoms are likely to be prioritised for medical care, over psychological symptoms. However, Kleinman (1988: 70) draws attention to the manifestations of distress - moral, spiritual, emotional, physical – in indicating how ‘how cultural idioms orders the interpretation of distress’. In later work, Kleinman (1995; 1988; Kleinman and Kleinman 1995) considers how the idiom of suffering of Chinese patients deeply traumatised by the Cultural Revolution, convey this pain through the culturally understood condition of neurasthenia – a diagnosis not recognised in the DSM-III.

The memory of bodily complaints evoked social complaints that were not so much ‘represented’ as lived and relived (remembered through experience) in the body. (Kleinman, 1995: 143)

Finally, what then constitutes mental health and steps towards that state in the Chinese worldview? In contrast to the Cartesian mind-body dualism underpinning Western philosophy and consequently biomedical conceptualisations, Ng et al. (2008: 1), elaborate on a holistic perspective that is claimed to underpin the principles of traditional Chinese medicine in restoring ‘a harmonious dynamic equilibrium’ in the patient. An excess of emotion, whether anger, sorrow or joy is viewed as disturbing to this balance, resulting in illness in commensurate organs. Thus to summarise, anger affects the liver, for example, and grief the lungs (Ng et al., 2008). Herbal medicines restore internal imbalance, acupuncture/acupressure stimulate *qi* (energy/life force) and exercise disciplines, like *Tai Chi*, both train the body and therapeutically focus the mind (Ng et al., 2008). Confucian and Tao principles mandate the avoidance of interpersonal conflict in the pursuit of order and harmony (Yip, 2005; Yang, 1995).

Methods

Following university research ethics scrutiny, strategies were implemented in the data gathering process. Firstly, mental health syllabi from the three participating HEI were gathered and subjected to content analysis in which coding mechanisms identified common terms and principles (Fortune and Reid, 1999). Semi-structured interviews were conducted with course instructors at each institution, using face-to-face interviews and via long distance media. The transcribed interviews were then subject to a thematic analysis in which phenomena are coded at various levels of complexity, where single and recurrent instances are noted (Hammersley and Atkinson, 2010). These form emerging themes, which are basis of the findings.

Interviews with faculty staff at CUHK and UNO were conducted in English. However, both the syllabus at ECUST and the interviews required translation and interpretation from Chinese to English. This issue therefore carries implications for the study in terms of the accuracy of translation, given that this could not guarantee 1:1 correspondence of meaning. In terms of the ECUST syllabus, the closest approximation to the original meaning was required where words were taken at their face value. For example, the ECUST phrase 'basic idea' was understood to mean an introductory level and to refer to things rudimentary. A limitation of the study is that owing to language barriers interview responses tended to be truncated and lacking in the depth than those garnered from the CUHK interviews, for instance. A further limitation must be inferred regarding the depth of the authors' shared and nuanced understandings of the culture and context of educational delivery in China and Hong Kong, SAR, and the USA, sufficiently so to be problematic in making comparisons as exacting and illuminating as could be desired.

Findings

The criterion for selecting syllabi involved inclusion of those course units, at undergraduate or postgraduate level, with a focus on mental health. The number of units overall with any reference to mental health across the three HEI is comparatively large as the two tables below indicate.

Table 1
Undergraduate courses with indirect reference to mental health issues

The Chinese University of Hong Kong	East China University of Science and Technology	University of Nebraska at Omaha
Social Welfare and Social Problems in Hong Kong	Social Work in Mental Health	Social Work in Mental Health and with Intellectual Disabilities
Discrimination and Bias in Contemporary Society		
Clinical Social Work Theories and Practice		
Risk and resilience in life		
Economic insecurity and social security		
Social Aspects of Health and Illness		
Mental Disorders		
Individual Mental Health and Healthy Families		

Table 2
Postgraduate courses with indirect reference to mental health issues

The Chinese University of Hong Kong	University of Nebraska at Omaha
Advanced Clinical Social Work 1	Social Work in Health and Mental Health
Advanced Clinical Social Work 2	Clinical Seminar in Mental Health
Mental Health and Mental Disorders	Research Methods in Clinical Practice
Marriage and divorce counselling	Social Work with Addictive Disorders
Clinical social work practice with children & youth with mental health problems	Family Analysis and Treatment
Clinical social work practice with adults with mental health problems	Advanced Social Work Practice in Health Settings
	Advanced Group Psychotherapy
	Analysis & Treatment of Sexual Problems
	Marriage, Divorce & Remarriage Therapy

Owing to the unevenness of relevant units at both undergraduate and postgraduate level across the three HEIs, ultimately, for the purpose of this paper only those undergraduate units with a specific reference to mental health/illness were included for detailed analysis through an examination of their articulated objectives. These were Mental Disorders and Individual Mental Health and Healthy Families (CUHK); Social Work in Mental Health (ECUST); and Social Work in Mental Health and with Intellectual Disabilities (UNO).

Syllabi were organised into a number of categories relating to theoretical knowledge; ethics and principles; social, cultural and ecological; assessment and intervention; and finally, delivery of services (see Table 3). However, other units at both undergraduate and postgraduate level with a clear implication for mental illness, are considered in the broader discussion where these are perceived to shed light on a comparative understanding of the treatment of mental health curricula across the three institutions.

In terms of 'Theoretical knowledge' all participating HEIs focused on imparting key theories underpinning mental health diagnoses. The use of the term 'perspectives' as one of CUHK's objectives in Mental Disorders, implies a conscious foregrounding of mental health terrain that is open to interpretation and contestation. Furthermore, in the CUHK unit 'Individual Mental Health and Healthy Families', the promotion of mental health falls between some interesting category stools. It is firstly viewed as theoretical knowledge; yet, arguably this also carries an ethical enterprise, as well as a socio-cultural one. That equally this objective could also be viewed in terms of 'Delivery of services' indicates the problems of attempting to 'shoe-horn' items into an uneasy fit of classifications.

The objectives offered by ECUST and CUHK, however, both stand in contrast to the more sharply delineated and therefore less open objectives articulated by UNO, where the DSM-IV appears to be offered as the tool of diagnosis that is not open to critique, or is at least not described as such in the objectives. Equally, aetiology of mental illness is similarly treated. An interesting point to note is that mental illness and learning disabilities are both covered in the undergraduate unit at UNO, indicating that this offers broad and foundational knowledge, rather than an in-depth focus.

In reference to the second category, 'Ethics and principles' ethics are referred to by ECUST in reference to ethnicity but without elaboration

Table 3
Undergraduate course objectives

Category	ECUST (Social Work in Mental Health)	CUHK (Mental Disorders)	UNO (Social Work in Mental Health and with Intellectual Disabilities)
Theoretical knowledge	Understands basic idea of mental disorders	Develop a critical understanding of the basic concepts and perspectives on mental health and mental illness.	Explain the etiology of mental illness in relation to the diagnostic classification of mental illness. Explain the various levels of intellectual disability and related diagnostic tools of assessment.
Ethics and principles	Ethnic morals	To develop awareness of own attitude to mental health issues.	Explain the symptoms of psychopathology, as outlined in the DSM-IV Critique legal and moral aspects of mental health service delivery in relation to a continuum of care.
Social, cultural and ecological	Briefly introduce development of American mental health Cultural discussion of mental health: Confucianism, Daoism, Buddhism. Spiritual influences on cultural practice	To understand the impact of mental health problems on individuals, families and communities, particularly in the Hong Kong context	Explain the historical events shaping attitudes and behaviors towards the treatment of persons with a mental illness or intellectual disability. Explain the historical relationship between the community mental health movement and contemporary service delivery.

Assessment And intervention	Understand relevant psychosocial intervention models	To understand the classification, assessment and implications of mental disorders.	Explain the process of assessment and symptom identification.
Delivery of Services	Acknowledge significance of social work in mental health services Influences of cultural factors on mental health services Students will have a direct perception of services for serious mentally ill patients.	To understand the social work role in the management of mental health issues at the individual, family and community level.	Explain various forms of treatment and models of care
Category	Individual Mental Health and Healthy Families. Generic		
Theoretical knowledge	N/A	To introduce different theoretical perspectives in understanding individual and family mental health. To help students acquire knowledge in promoting and maintaining individual and family mental health	N/A
Ethics and morals Social, cultural and ecological		To help students examine the impact of economic, social and cultural changes on individual and family mental health.	
Assessment and intervention		To inform students about ways of preventing mental health problems at the individual and family levels	
Delivery of services			

on this point. The reflexive and reflective objective in the CUHK unit 'Mental Disorders' relates to social work principles referring to empathy and non-judgemental acceptance and therefore constitutes an ethical position. At UNO this category is occupied by an articulated critique of both legal systems and moral attitudes, rather than professional ethical conduct, over and above the individual nexus containing concepts of morality.

The category: 'Social, cultural and ecological' is rich in nuance. For UNO this is located in historically based information relating to the changing mores of society towards those with perceived mental illnesses. It also appears to chart the development of 'care in the community' movements, which presumably, commences with an understanding of early institutional care, but this remains an inference only. There is no indication in the UNO objectives that the specificity of psychiatric care is explored as a cultural construct. However, CUHK and ECUST both articulate objectives that seek to develop an understanding of mental health issues within the *locus* of culture and society, particularly in the case of the ECUST objectives, which overtly explore many of the underpinning philosophies of Chinese culture, although these are also juxtaposed with that of 'American mental health'. These issues serve to underpin the highly relevant and contentious issue of indigenisation and the fault lines that occur between hegemonic 'biomedicine', to adopt Kleinman's useful term (Kleinman, 1988: 6) and the traditional conceptualisations of mental health/illness in Chinese culture. To expand further: this concern frames an ethical dilemma in relation to the pedagogic transference of normative, but culturally derived, Westernised, concepts and theories of psychiatric diagnoses, in respect of equipping social work students with culturally congruent knowledge and practice skills sufficient for work with indigenous populations, a topic we shall return to.

This has further resonance in terms of the ECUST objectives categorised within 'Assessment and intervention', in relation to 'psychosocial interventions'. As Sim and Hu (2009) point out, psychotherapeutic interventions have received some acceptance in China; despite the cultural roots of such interventions being premised on very different values at odds with those of collectivism. CUHK by contrast defines its mental health objectives in relatively conservative terms, as do UNO, in terms of the nosologies of mental health. CUHK go a further step, however, in considering both the implications of

mental illness, in addition to preventative factors.

In relation to 'Delivery of services' UNO focuses on the objective of explaining treatment models, CUHK and ECUST explicitly highlight the importance of the social work role in this regard. Although social work has been regarded as a respectable profession for many years in Hong Kong it has yet to gain a fully secure professional foothold in mainland China (Sung-Chan and Yuen-Tsang, 2008; Yan et al., 2009). Accordingly, the rationale for this emphasis in the syllabi may well stem from different social attitudes towards social work. Nonetheless, the conclusion for students is apparent: psychiatric social work is very important in relation to prevention and intervention of mental health problems. However, such assumptions may not need to be asserted in stated objective at UNO in a national context where social work roles in mental health are established and varied, and where much service delivery takes place in the private sector.

Finally, ECUST returns to the issue of culture in this last category, in reference to how this impacts on services. As (Arthur et al., 1999) comments, the variance of many of the cultural roots of social work with Chinese culture, requires professional practice to be adapted to and enacted congruently within the schema of beliefs and shared understandings underpinning social assumptions, in addition to the cognitive, embodied and enacted.

With respect to the other mental health syllabi offered by UNO and CUHK in Tables 1 and 2, these, to reiterate, have not been subject to close analysis, however, some interesting implications are nonetheless apparent. Apart from the single undergraduate units analysed here, all other mental health courses at UNO stand at postgraduate level. The majority of these are specialist courses focusing on one specific area, such as addiction or sexual problems, or otherwise offering a particular modality of intervention, such as psychotherapy. One explanation could be that undergraduate social work courses at UNO are not regarded as sufficient to equip social work students to work with mental health problems in themselves; and that increasing specialisation rather than generic skills are viewed as the route to professional competence and kudos. An alternative explanation could be that these programmes are more geared towards experienced practitioners wishing to specialise. Finally, the external context of society is not overtly addressed as a factor in mental health problems, but that rather the emphasis is narrowed down to the individual pathology.

By contrast, CUHK offers a number of undergraduate and postgraduate courses at both a generic and specialist level, based on the premise that social work students should achieve a level of competence to practice upon graduation at either level. Furthermore, the 'pressure cooker' ecological context of Hong Kong appears to be regarded as a contributory factor in the development of mental health problems, judging from many of the unit titles in Table 1. The focus is therefore on the overarching structural and collective social experience, rather than solely individual propensity. However, equally for those who wish to specialise in intervention models with specific groups, such opportunities are provided for at postgraduate level.

Thematic findings

Semi-structured interviews were sought with academics teaching mental health courses at the three HEI. This enabled a deeper understanding to be developed of how mental health issues were constructed by instructor and conveyed to students; together with further insights into the pedagogical approaches employed by individual instructors. Three main questions were asked: 'how is mental health defined on this course?'; 'Describe the pedagogical strategies used to teach mental health? Finally, 'What are the specific ways you include the historical and cultural conceptualisations of health and mental health in your course?'

Defining mental health

In relation to CUHK and UNO it was made apparent in interview that WHO definitions were relied on to provide the basic parameters for health. However, the articulated objectives of a UNO instructor in this regard was a concern to offer a 'critical of history of Cartesian dualism as it relates to privileging the physical over and against psychic concerns'. Such distinctions would probably be of less importance to CUHK and ECUST instructors, given the traditional Chinese emphasis on the enmeshed connection between the physical and the mental.

Yet, Westernised concepts are apparently promulgated at ECUST

where the lecturer in response to this first question referred only to those concepts outlined by Roberta Sands' (2001) textbook, *Clinical Social Work Practice in Behavioral Mental Health*, which appears to constitute one of the main social work text books used on this social work programme, as well as at UNO. ECUST's adaptation of Sands' text is therefore a direct form of Western knowledge transfer. Although these readings require Chinese students to contextualise American thinking and practice, it unintentionally discourages development of indigenous forms of social work and mental health knowledge. The text is unabashedly American, feminist, and post-modern in perspective. Out of necessity, ECUST students must re-interpret the American experience of mental health to the Shanghai context.

A CUHK instructor described their course as primarily addressing psychiatric/medical social work tasks, including public assistance help for unemployed/homeless clients. Mental illness is also associated with disorders that involve violence and personality problems exemplified by aggressive or inexplicable behaviour. It is therefore interesting to note that the main texts used at CUHK were Alloy et al. (2004) *Abnormal Psychology: Current Perspectives* and Carson et al. (2000) *Abnormal Psychology and Modern Life*.

It was pointed out by another CUHK instructor that translation cannot necessarily render the nuances of words with sufficient accuracy. In the West, a term like 'crazy' could be used in a condemnatory fashion, but is equally likely to be a colloquial denoting admiring acknowledgement of someone's distinctive individuality. In Chinese culture, the latter connotation would be unfamiliar, and instead terms indicating mental abnormality viewed as deeply pejorative and damaging. To reinforce this impression, another CUHK instructor added that personally he would 'advise students to be careful not to allow their personal behaviour to be skewed towards the unconventional or non-conformist to avoid being seen as having a mental health problem themselves', adding that once labelled as mentally ill, a person is labelled for life

Pedagogical strategies in teaching mental health topics.

In response to this question, the ECUST instructor referred to three main pedagogical components: developing material drawn from established literature on the subject; systematically analyzing key cultural concepts

and finally, arranging field visits by students to relevant sites of interest. As such, this approach is generally immediately recognisable as fitting into some conventional ways of linking theory to practice. However, once again it is interesting to note that a focus on cultural precepts and conceptualisations is integrated into the unit material, despite the apparent anomaly therefore of reliance on any particular American social work text.

Student trips are also a feature of education at UNO as stated by this instructor: 'We visit health clinics and interact with health care personnel'. Within and beyond the classroom it would seem that active student participation is encouraged and expected. For example, at UNO a student-lead discussion on examples of popular culture in relation to mental health or intellectual disability is required. A main pedagogic goal claimed is to emotionally and intellectually engage students in course material, with the 'hope that they in turn pursue careers in mental health'. Therefore, although mental health services may not need promotion as a role for social work *per se* (unlike the implicit message from CUHK and ECUST), the implication is that UNO students may perceive psychiatric social work as a less attractive area of practice than others and duly need encouragement to consider this option. It was also asserted in interview that cultural, ethnic and racial disparities in health and mental health care are used to promote the pursuit of culturally competent practitioners at UNO, although this is not apparent in relevant stated objectives at undergraduate level.

In terms of teaching strategies, according to instructors at CUHK, a largely didactic lecturing style are used in mental health units, where more interactive or deep learning modes of teaching are of necessity curtailed by time constraints and the students wish to imbibe factual information. Such considerations appear to be very much in keeping with teaching styles favoured in Hong Kong at secondary school level, as well as at tertiary university level (Bond, 1991).

Including historical and cultural conceptualisations of health and mental health

This question generated some interesting responses from instructors at CUHK in interview. An examination of units indicates that teaching material contextualises Chinese attitudes and philosophies by exploring

what constitutes mental well-being in Chinese societies, including *others*, such as notably a lecture on African perspectives in 'Mental Health and Healthy Families'.

At CUHK, like ECUST, Chinese concepts of mental health are explored in some detail in at least one undergraduate course: 'Mental Health and Healthy Families'. Here explanations of established psychiatric diagnoses congruent with the DSM-IV are counterbalanced by teaching material on Confucian principles for harmonious relations and well-being.

However, according to one candid participant neither depression nor stress are considered to represent mental health problems in specifically in Hong Kong Chinese culture. They are merely regarded as the normal unpleasantness of every day Hong Kong life, where workloads and associated pressures are very high and not easily open to negotiation. The general insecurities of life may lead to a feeling of helplessness, according to this participant rhetorically commenting 'if you don't do what you are told you'll be fired.'

Based on this account a normal existence, as Freud might posit, is a fairly unhappy one; however, to be unhappy and anxious most of the time would not necessarily imply a mental health issue; and nor would interpersonal conflict or dissatisfaction with life, according to this account. In terms of phobias, most individuals, it is claimed, would be more likely to use avoidance tactics than seek professional help, a strategy by no means uncommon in the West.

Because mental health problems are deeply stigmatising in Chinese culture – and equally so at least in Hong Kong, despite the sophisticated social work infrastructure – the repercussions can be extremely serious for the individual and their family in terms of social exclusion and unemployment. Understandably, therefore the emphasis in the Hong Kong syllabus is on prevention as well as treatment.

Concluding discussion

This limited exploration of mental health syllabi provides some interesting preliminary insights into the issue of relevant social work education between three regions in two superpowers, the USA and China, and in so doing raises some interesting issues for further

consideration of relevance to not only social work practitioners, but in the wider domains of health and social care.

Without question the USA has a longer history of social work education than either ECUST or Hong Kong, SAR; nonetheless it is interesting to see complexity employed by the Chinese universities in the manipulation of up-to-date, DSM-ratified, psychiatric knowledge, as evidenced in the teaching objectives and interview findings; but without losing sight of the local socio-cultural context.

By contrast, although, as seen, the articulated goal of one UNO instructor is to explore the parameters of culture, this is not stated in course objectives as such. It would appear that in general the undergraduate mental health unit at UNO is considerably more inward looking than those offered by ECUST and CUHK, where in the latter an awareness of the dominant discourses is balanced by a focus on the wisdom of established Chinese culture. Yet, the predominance of American texts in the teaching of mental health at the Chinese universities is indicative in itself. This raises the question of how far an hegemony of paradigms in terms of a dominating Westernised construction of mental illness, values and attitudes, is constituted and transmitted through taught dissemination.

Nonetheless, the limited evidence tends to belie this impression. A high level of sophistication is seen in the management of a dual acknowledgement of Chinese knowledge and philosophies relating to mental health, which implicitly recognises the universalised categories of psychopathology, albeit and rightly so, as cultural constructs. This can serve the purpose of assisting to equip Chinese social work students with both the abilities to comprehend and practice within a medicalised professional discourse and setting, while retaining authentic knowledge and flexible practice skills enabling them to relate to and work with local populations.

However, caution should be urged in terms of homogenising Chinese universities where significant historical and social differences exist across regions, as exemplified by the two cosmopolitan territories of Shanghai and Hong Kong. If, as the CUHK instructor asserts, stress and anxiety is so commonplace in Hong Kong that it does not specifically qualify as a form of mental distress, then this constitutes some departure from Chinese philosophies of well-being. In such a scenario this creates an ideological and conceptual fracture between local populations, as well as international audiences. It also serves to divert an attempt to

create more complementary, cross-cultural explanations of mental health across an East-West axis, which instead must be viewed as a considerably more contested and complex enterprise. However, such discrepancies are already recognised in relation to Cartesian dualism underpinning the mind-body dichotomy of Western philosophy, which stands in direct opposition to the Chinese emphasis on organic holism.

In conclusion, the diversity of culturally constructed perspectives in mental health issues remains obscure in terms of pedagogy both intra- and internationally. However, this is a topic that extends beyond China and the USA and impacts on all societies that hold parallel or divergent philosophies and belief systems regarding human well-being than those endorsed by psycho-biomedical schemas. Those that seek to educate in the sciences of dominant etic discourses, but equally wish to retain an authentic grounding in indigenous concepts and theories must develop teaching strategies that both adequately address and theorise these differences, in order to create synergies that inform social constructions and extend theoretical and practice knowledge beyond national boundaries.

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