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28th Annual Research Day

May 2nd, 12:00 AM

Spot the Signs- 防范未然,及时干预- 培训

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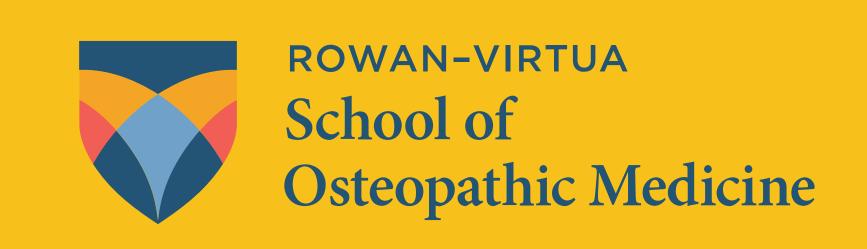
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Leng, Kenny Kah-Keng; Murray, Victoria Wong; Weatherspoon, Alexus; Palen, Amy; Stagliano, Kenneth W.; and Scheinthal, Stephen M., "Spot the Signs- 防范未然,及时干预- 培训" (2024). *Rowan-Virtua Research Day*. 164.

https://rdw.rowan.edu/stratford_research_day/2024/may2/164

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Spot the Signs- 防范未然,及时干预- 培训

Kenny Leng, OMS-II; Victoria Wong Murray, MHS, OMS-II; Alexus Weatherspoon; Amy Palen; Kenneth Stagliano, PhD; Stephen Scheinthal, DO Department of Psychiatry, Rowan-Virtua School of Osteopathic Medicine

Introduction

Opiate use disorder is a major challenge in New Jersey, which ranks tenth in the nation for deaths from opiate overdose. Patients who visited an emergency department after an opiate overdose were 18 times more likely to die by suicide than the general population in the year after their visit. As a result, the Department of Psychiatry at Rowan-Virtua School of Osteopathic Medicine initiated the SPOT the Signs project to apply recommendations from the New Jersey Suicide Prevention from Opiates Collaborative to focus on education of groups in the community that have direct contact with people who use opiates, including addiction treatment providers, individuals in recovery and their family, emergency medicine physicians, officebased opioid treatment providers, pain management physicians, first responders, and teachers, parents and teens in high-risk communities.

Chinese is the second most commonly spoken language other than English in New Jersey, with a reported number of speakers close to 120 thousand in the census period 2016-2019¹ Behavioral health continues to be a major issue in the community; suicide was the leading cause of death for young Asian/Pacific Islander males 15-24 in 2019², and Asian/Pacific Islanders are three times less likely to seek mental health services compared to White individuals. Although community stigma can contribute to an unwillingness to disclose in the setting of familial opposition, the same closeness of familial bonds makes it a powerful opportunity to leverage for increased surveillance and early intervention.

Our focus counties include Camden, Gloucester, Atlantic, Burlington, and Ocean counties in Southern New Jersey, which together report an estimated 13,830 ethnically Chinese individuals¹. Additionally, we are adjacent to Philadelphia, which hosts a dense Chinatown. As a result, we considered it imperative to develop a Chineselanguage curriculum to address mental health concerns.

Figure 1: Distribution of Chinese speakers by county in New Jersey US Census Bureau American Community Survey 2021.

Example Slides

You can make a difference

- Depression is a major risk factor and may be displayed as sudden distress
- Talking directly or indirectly about death, dying, or leaving
- Sudden cheerfulness in someone who is seriously depressed may mean they have decided to die by suicide
- Alcohol and other drug use impairs thinking and judgment and increases impulsivity
- Acquiring means of suicide such as a gun, pills, etc.
- Loss of major relationship, onset of serious illness, or financial security

Figure 1: English-language slide

你有能力为他人带来更好的改变

- 忧郁障碍是个具有危害性的因素,它带来的苦恼会以突发性的形式呈现
- 直接或间接性地在谈话当中融入有关死亡、轻生、或离世的主题
- 重度忧郁障碍者突发其然地过度开朗极有可能代表他(她)已决定轻生
- 服用酒精以及毒品会影响个人的判断能力以及使人丧失理性而呈现得极度冲动与鲁莽
- 轻生的方式如拥有枪械, 服食药丸(处方药物或毒品), 等等
- 重要关系的结束(分手, 离婚), 被诊断重症, 或失去经济来源或经济稳定

Discussion

Increasing rapport when discussing culturally stigmatized topics through concordance of the identity of the speaker with that of the target audience, as well as matching home language, can amplify the impact of patient education. Additionally, the delivery of patient education in the home language can reduce misunderstandings and allow for culturally specific analogies and mnemonics. Our original study in English demonstrated an 89% improvement in over 600 individuals, and we anticipate similar results in Chinese speakers.

Challenges to localization

There are many dialects of Chinese, which can be roughly split along regional lines into 10 groups. Although they typically use one of two closely related written languages – Simplified or Traditional – the spoken languages may not be mutually intelligible between different dialects. Also, vernacular Cantonese is poorly mapped to standard written Chinese, although written Chinese vocabulary is fully integrated into Cantonese. As a result, it is important to match the presenter dialect with that spoken by attendees. Additionally, different areas of Chinese diaspora have differences in

vocabulary, often adopted from other languages common in those areas, such as Malay or English. Several hotlines only offer oral services in Mandarin with some also offering Cantonese; other language families are rarer, although prerecorded video or audio-only resources regarding depression or opiate overdose may be available in China for other dialects. However, these remain

Dialect	Terminology	Reasoning	
English	Major Depressive Disorder (MDD)	Standard term according to DSM V	
Mandarin (现代标准汉语)	重度忧郁障碍	This is less stigmatizing and more acceptable by the general public.	
Cantonese (廣東話)	抑鬱症	The colloquial term used for "Depression Disorder" in Hong Kong.	
Singaporean Mandarin (新加坡华语)	忧 郁症	Singaporean Mandarin uses simplified characters but colloquial vocabulary	
Taiwanese (臺灣國語)	抑鬱症	The spoken form is different though the same characters as Hong Kong are used	
Malaysian Mandarin (马来西亚华语)	忧 郁症	The term used means "Depression Disorder". The spoken form differs from Singaporean somewhat.	

Figure 2: Traditional Chinese slide

NEW JERSEY

Suicide Hotline Resources



SUNSHAI A Boost For Your Mental Health! 陽光小愛,為你的精神健康充電!

Asian LifeNet Hotline 全美亞裔生命熱線 1-877-990-8585 *熱線提供粵語,普通話,福建話

Figure 3: Chinese-language resources

Spot the Signs



References

