



National Asian American Pacific Islander Mental Health Association

ASIAN AMERICAN, NATIVE HAWAIIAN, PACIFIC ISLANDER MENTAL HEALTH & HEALTH

- Individuals with serious mental health problems die 25 years earlier than the general population: primarily due to related health conditions impacted by lack of mental health care¹
- The burden of disease from mental disorders for countries like the U.S. exceeds that of any other health condition.²
- Mental illness represents four of the top six sources of disability from medical causes for Americans ages 15-44.³
- Mental illnesses and substance use disorders resulted in \$193 billion in lost productivity in 2002. By 2013 this loss is estimated to rise to more than \$300 billion⁴
- One in five adults has a diagnosable mental disorder⁵
- People of color, including Asian Americans, Native Hawaiians and Pacific Islanders have less access to care and receive poorer quality of care when it is available⁶
- Research shows a direct correlation between mental health, diabetes, cardiovascular disease, obesity and other health conditions⁷.
- Asian Americans, Native Hawaiians and Pacific Islanders are all but missing in clinical trials and research efforts⁸

Asian American, Native Hawaiians and Pacific Islanders are the fastest growing ethnic minority group in the country, yet the availability of culturally and linguistically appropriate mental health care has not kept up with the increase in need. Contrary to the belief that AANHPIs have few, if any problems, many experience serious mental health problems including high rates of depression, post traumatic stress disorder and thoughts of suicide. The stigma associated with mental health, the serious lack of trained bilingual, bicultural providers, the lack of affordable insurance and a system that fails to provide equitable resources for mental health services all contribute to an environment that is not conducive to an individual receiving they help they need. Mental health disparities have been highlighted in the President's New Freedom Commission on Mental Health (2003)⁹, the Surgeon General's Report on *Culture Race and Ethnicity*⁸ and the Institute of Medicine's Report on *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*.⁶

Mental health impacts every aspect of a person's life including their physical health, their ability to maintain healthy relationships, being able to maintain steady employment or do well in school. Foreign born individuals, particularly those who have experienced the traumas of war, individuals with limited English proficiency, youth, and the elder are particularly vulnerable populations. They experience isolation brought on by language and cultural barriers, adjusting to life in a foreign country, intergenerational conflict, anti-immigrant bias, lack of adequate employment, pressures to excel in school and the impact of reduced services brought about by cuts in funding for direct services. For many, their mental health problems may go underreported or undetected as they frequently seek help from primary care physicians and healthcare workers who are not trained to recognize mental health disorders.¹⁰ A major challenge facing advocates and policy makers is the lack of accurate data^{11,12} which takes into consideration differences in ethnicity, language, place of birth, generational status, historical trauma, and other critical variables that impact mental health/health outcomes for AANHPIs. Data that does exist most likely under represents the true level of mental health needs.

ISSUE: There continues to be a serious lack of quality data reflecting the mental health needs of Asian Americans, Native Hawaiians and Pacific Islanders. Lack of accurate data:

- ❖ Makes it difficult to know the magnitude of the problems
- ❖ Masks real differences between the different ethnic groups among AANHPIs
- ❖ Increases likelihood of poor assessment and misdiagnosis resulting in poorer health outcomes
- ❖ Can lead to loss of resources due to lack of “proof” of the problem
- ❖ Makes it difficult to develop best practices models that reflect cultural and language needs of AANHPIs

ISSUE: The current workforce is ill equipped to provide quality care that reflects the cultural and linguistic needs of AANHPIs.

- ❖ Only 1.5% of psychologists, 2% of social workers, 0% of psychiatric nurses and .01% of marriage and family therapists are AANHPI¹². There is no data on number who are also bi-lingual
- ❖ AANHPIs and other communities of color have less access to quality of mental health services^{6,8,9}
- ❖ AANHPIs have the lowest utilization rate for mental health services among all populations, regardless of gender, age, and geographical location.¹⁰
- ❖ Standard diagnostic tools frequently do not lend themselves to accurate diagnosis in evaluating psychiatric disorders such as neurasthenia.^{14,15}
- ❖ AANHPIs frequently somatize their problems, preferring to go to their primary care physician who may not be trained to address mental health problems^{10,14}
- ❖ The inappropriate use of interpreters, including the use of children, can seriously compromise the quality of services^{16,17}

ISSUE: AANHPI Youth are at risk for emotional and behavioral problems.

- ❖ AANHPI females have among the highest rates of suicide ideation of any ethnic group between the ages of 15-24^{18,19}
- ❖ AANHPI females have among the highest suicide ideation of any ethnic group between the ages of 15-24^{18,19} and the highest rates of depressive symptoms¹⁹ (Native American youth are missing from the data)
- ❖ 30% of Asian American females in grades 5 through 12 reported depressive symptoms, as compared to Non-Hispanic Whites (22%), African American (17%), or Hispanic females (27%)²⁰
- ❖ Every 7 hours an Asian American child is arrested for a violent crime²¹
- ❖ In the city of Westminster in Orange County California, approximately 17% of all juvenile delinquency and 48% of all Asian delinquency involve Asian gangs.²²

ISSUE: Native Hawaiians are at increased risk for serious emotional and related problems.

- ❖ Native Hawaiian youth have significantly higher rates of suicide attempts than other adolescents in Hawaii.²²
- ❖ Six month prevalence rate of major depression among Hawaiian youth was found to be 8.5%²²
- ❖ 61.9% of child abuse and neglect cases in Hawaii were Asian/Pacific Islander²³

ISSUE: Southeast Asians are at particular risk for serious emotional/behavioral problems

- ❖ Cambodian youth refugee camps reported somatic complaints, social withdrawal, attention problems, anxiety, and depression²⁴ and high rates of community violence witnessing and victimization²⁵
- ❖ In one study in Boston, 92% of Hmong outpatient clients met the criteria for PTSD.²⁶

- ❖ PTSD represents the most common psychiatric disorder, affecting perhaps 50% to 70% of the refugees in a psychiatric clinic.²⁷
- ❖ 98% of Cambodians experienced near-death due to starvation, and 90% had a family member or friend murdered, and experience high rates of PTSD (62%) and major depression (51%)²⁸

ISSUE: Domestic violence is an increasingly serious problem in the AANHPI communities, affecting all family members, including children

- ❖ In a report on domestic violence in Massachusetts, 39% of the Vietnamese respondents and 47% of Cambodian respondents reported that they know a woman who has been physically abused or injured by her partner²⁹
- ❖ Asian American women are at great risk for staying in abusive relationships due to obligation to family and children, limited financial and social resource and partner's promise to change.³⁰
- ❖ A review of the literature points to high prevalence of domestic violence rates in AANHPI homes with 41–61% of respondents reported experiencing intimate, physical and/or sexual, violence during their lifetime³¹

ISSUE: Asian American elderly are at high risk for dementia and depression

- ❖ Asian American elders show a greater prevalence of dementia than the general population.³¹
- ❖ Asian American women over the age of 65 have among the highest rates of suicide for women in that age group³².

**Recommendations:
There is no health without mental health**

- Improve data collection that disaggregates data for AANHPIs
- Include AANHPIs in clinical trials and research efforts
- Develop a public health promotion campaign that addresses mental health and recovery in the different AANHPI languages
- Improve provider workforce that will recruit and retain individuals who reflect the cultural and language backgrounds of Asian Americans, Native Hawaiians and Pacific Islanders
- Provide resources for the development, implementation and evaluation of training models that integrate primary health, mental health and substance abuse
- Implement services that are strength based and consumer/family centered
- Implement a bi-directional approach that supports integration of health services in community based organizations as well as placing behavioral health services in health care settings.
- Increase resources for prevention and early intervention activities
- Use health information technology to collect data, increase access to services and improve training and supervision activities
- Support the use of health technology that includes access to information in languages other than English
- Increase numbers of providers to include para-professionals, consumers, family members, natural healers and trained interpreters.
- Train interpreters to work specifically in the mental health/substance abuse arena
- Require training on cultural and linguistic competence as part of certification process for service providers
- Expand mental health network to reflect public health model that also addresses housing, education, labor, and immigration.

1. "Morbidity and Mortality in People With Serious Mental Illness," National Association of State Mental Health Program Directors (NASMHPD) 2006.
2. *The World Health Report 2001 – Mental Health: New Understanding, New Hope*, World Health Organization, 2001
3. The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability from Diseases, Injuries, and Risk Factors in 1990 and Projected to 2020 by Christopher J. L. Murray, Alan D. Lopez, Harvard School of Public Health, World Health Organization, World Bank.
4. Individual and Societal Effects of Mental Disorders on Earnings in the United States: Results from the National Co-morbidity Survey Replication, Kessler, RC, et al, *American Journal of Psychiatry*, 165: 703-711, June 2008
5. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and co-morbidity of twelve-month DSM-IV disorders in the National Co-morbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 2005 Jun;62(6):617-27
6. Institute of Medicine. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, D.C.: National Academy Press; 2002
7. National Institutes for Mental Health
8. U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity – a supplement to mental health: A report of the Surgeon General* (DHHS Pub. No. SMA-01-3613). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health
9. New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America, final report* (DHHS Pub. No. SMA-03-3832). Rockville, MD: U.S. Department of Health and Human Services.
10. Lu, Francis G. (2002) The poor mental health care of Asian Americans. *Western Journal of Medicine vol. 176*
11. White House Initiative on Asian American and Pacific Islanders, Interim Report to the President, January 17, 2001.
12. Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement (2009)
13. Center for Mental Health Services *Mental Health, United States, 2002* Manderscheid, R.W., and Henderson, M.J., eds. DHHS Pub No. (SMA) 3938 Rockville, MD: Substance Abuse and Mental Health Services Administration, 2004
14. Chung, H. (2002). The Challenges of providing behavioral treatment to Asian Americans: identifying the challenges is the first step in overcoming them. *Western Journal of Medicine vol. 176*.
15. Zheng YP, Lin KM, Takeuchi D, Kursaki KS, Wang Y, & Cheung F. (1997). An epidemiological study of neurasthenia in Chinese-Americans in Los Angeles. *Comparative Psychiatry vol 38*
16. Lee, E. (1997). The Assessment and Treatment of Asian American Families in E. Lee (ed) *Working with Asian Americans: A guide for clinicians*. New York: Guilford Press.
17. Ida, D; Yang, P., Working with Southeast Asian Children and Families (2003). In Taylor-Gibbs, J. & Huang, L (Eds) *Working with Children of Color*.
18. Center for Disease Control and Prevention National Center for Health Statistics. *Health* Washington, D.C.; US. Dept. of Health and Human Services 2002.
19. Lester D. Difference in the epidemiology of suicide in Asian Americans by nation of origin. *OMEGA* 1994; 29-89-93
20. The Commonwealth Fund Survey of the Health of Adolescent Girls. The Commonwealth Fund, 1998.
21. Children's Defense Fund: Special Report: Sizing up the Odds. CDF Reports, March 1999, Vol 20, 13 Number 3
22. U.S. Dept of Justice of Juvenile Justice and Delinquency Prevention, Fact Sheet February 2000 #1.
23. Yuen, N.D., Nahulu, L.B. Hishinuma, E.S., & Miyamoto, R.H. (2000). Cultural identification and attempted suicide in native Hawaiian adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, Vol 39 (3), 360-367*
24. Mollica, R., Poole, C., Son, L., Murray, C. & et al. (1997). Effects of war trauma on Cambodian refugee adolescents' functional health and mental health status. *Journal of the American Academy of Child & Adolescent Psychiatry, Vol 36(8), pp. 1098-1106*
25. Ho, J. (2008). Community violence exposure of Southeast Asian American adolescents. *Journal of Interpersonal Violence, Vol 23(1), pp. 136-146*.
26. Du, N. and Lu, F. (1997) Assessment and Treatment of Posttraumatic Stress Disorder among Asian Americans. In *Working with Asian Americans: A Guide for Clinicians*. In E. Lee (Ed.) Guilford Press, New York.
27. Kinzie, J.D., Leung, P.K., & Boehnlein, J.K. (1997). Treatment of Depressive Disorders in Refugees. In E. Lee (Ed.) *Working with Asian Americans: A Guide for Clinicians*. Guilford Press, New York.
28. Marshall, G., Schell, T., Elliott, M., Berthold, M. & Chun, C. (2005). Mental health of Cambodian refugees 2 decades after resettlement in the United States. *Journal of the American Medical Association, Vol 294(5)*
29. Yoshioka, M.R., Dang, Q., Shewmangal, N., Chan, C., & Tan, C.I. (2000). *Asian family violence report: A study of the Cambodian, Chinese, Korean, South Asian and Vietnamese Communities in Massachusetts*. Boston, MA: Asian Task Force Against Domestic Violence, Inc.
30. Tran, C.G. & Des Jardins, K. (2000) Domestic violence in Vietnamese refugee and Korean immigrant communities. In J.L. Chin (Ed.) *Relationships Among Asian American Women*. Hamilton Printing, New York.
31. Yoshihama, M; Dabby, C. Domestic Violence in Asian, Native Hawaiian and Pacific Islander Homes , Asian & Pacific Islander Institute on Domestic Violence | APIA Health Forum (2009)
32. Browne, C, & Broderick, A (1994) Asian and Pacific Island Elders: Issues for Social Work Practice and Education. *Social Work Vol 39(3) 252-259*.