MENTAL HEALTH IN ASIAN AMERICAN COMMUNITIES

Introduction

In 2001, the US Surgeon General called attention to striking mental health care disparities for racial and ethnic minorities (Substance Abuse and Mental Health Services Administration [SAMHSA], 2001). Over a decade later, Asian Americans still face significant disparities in accessing and receiving mental health care. There is debate about the accuracy of prevalence data on mental health problems in the Asian American community; however it is becoming increasingly clear that Asian Americans in need of mental health assistance are underutilizing mental health services. New research in the last decade sheds light on the cultural, socioeconomic, and immigration-related factors that impact help-seeking behavior and access to mental health care. Better understanding of these challenges has helped spur innovations in addressing treatment disparities among Asian Americans with mental health and substance abuse needs. Still, there is a lack of clinically-proven outreach and treatment models for the Asian American population.

This paper aims to present recent data on the profile of Asian Americans in the US, summarize the extent of mental health need and utilization by this population, discuss barriers to mental health care, and present community-driven recommendations for improving mental health access and treatment with cultural and linguistic considerations. Where possible, information about specific ethnic groups and segments of the population will be presented to reveal the diversity of experiences and needs of this heterogeneous group.

Profile of Asian Americans

Asian Americans refer to a diverse group of people whose roots span across Asia. There are over 17 million Asian Americans currently living in the US, constituting nearly 6 percent of the country's total population (US Census Bureau, 2012a). Since 2000, the Asian population

increased by 46 percent, growing more than four times faster than the US population, making Asians the most rapidly expanding racial group in the nation over the last decade. The majority of Asian Americans reside in California (5.6 million) followed by New York (1.5 million) and Texas (1.1 million). However, according to the 2010 Census, the fastest Asian population growth was seen in Nevada, Arizona, North Carolina, and North Dakota (US Census Bureau, 2012b). Asian Americans represent a diversity of ethnicities, cultures, and immigration history, and speak over 100 languages and dialects (SAMHSA, 2001). The 2010 US Census reported that the Chinese population made up the largest Asian ethnic group (3.8 million) followed by Filipinos (3.4 million), Asian Indians (3.2 million), Vietnamese (1.7 million), Koreans (1.7 million) and Japanese (1.3 million). It is estimated that 67 percent of Asian Americans are foreign-born compared to 38 percent of Latinos, 8 percent of African Americans, and 4 percent of non-Hispanic Whites (Asian American Center for Advancing Justice, 2012). Approximately three out of four Asian Americans speak a language other than English at home. While English proficiency varies by Asian group, nearly one-third of Asian Americans experience difficulty communicating in English. Among Asian American ethnic groups, over half of Vietnamese and nearly half of Bangladeshi Americans are limited-English speakers (Asian American Center for Advancing Justice, 2012).

Despite the challenges of immigration, Asian Americans tend to fare better socio-economically than other racial groups. The poverty rate for Asians in 2011 was 12.3 percent compared to 25.3 percent for Hispanics, 27.6 percent for Blacks, and 9.8 percent for non-Hispanic Whites (US Census Bureau, 2012c). While some Asian ethnic groups experience relative financial stability, others face harsher economic conditions. For example, the poverty rates of Bangladeshi, Hmong, and Cambodian Americans are similar to those of Latinos and African Americans. In fact, Hmong have the lowest per capita income of any racial or ethnic group in the US (Asian American Center for Advancing Justice, 2012). These differences illustrate how data that treat Asian Americans as one homogenous group can conceal the needs of the most disadvantaged segments of the population.

The data presented here highlights distinct characteristics of the Asian American population – rapid growth of the population, ethnic diversity, large proportion of foreign-born individuals, low levels of English proficiency, and significant poverty among some groups – that inform the discussion about Asian American mental health status, challenges, and recommendations.

Mental Health Status

Mental health disorders affect over 45 million people and are major public health concerns in the US (SAMHSA, 2012a). The percentage of adults with serious mental illnesses increased from 2008 to 2011 for almost all racial groups (SAMHSA, 2012a). However, Asian Americans present with the lowest prevalence of mental health disorders (2.9-3.4 percent), compared to blacks (3.5-3.5 percent), Hispanics (4.0-3.7 percent), American Indians (4.2-12.4 percent), and Whites (4.7-5.5 percent) (SAMHSA, 2012a).

Concerns about the accuracy of the national surveys have spurred some debate about whether Asians are underreporting mental health problems (Sue et al., 2012). Research indicates that trends vary greatly among different segments of the population, especially when immigration is taken into account. One study reported that elderly Asian American women have the highest suicide rate of all women age 65 and older, with elderly Chinese American women 10 times more at-risk than white elderly women (American Psychiatric Association, n.d.). Asian Americans experience high levels of post-traumatic stress disorder (PTSD) in communities with significant exposure to trauma before and after immigration to the US, as illustrated by a study that reported PTSD in up to 70 percent of refugees from Vietnam, Cambodia, and Laos relative to the 4 percent rate in the general American population (US Department of Health and Human Services, Office of Minority Health, n.d.). Southeast Asian refugees are also at higher risk for gambling addiction, as illustrated by a Connecticut study that found nearly 60 percent of immigrant respondents met the criteria for the disorder compared to the national rate of 1 percent (Petry et al., 2003).

While mental health research among Asian Americans remains limited, evidence indicates that certain groups within the Asian American population are at heightened risk for mental disorders. Despite the increase in awareness of risk factors and vulnerable populations, mental health service utilization by Asian Americans remains a challenge.

Mental Health Need & Utilization

It is well-documented that Asian Americans are less likely to engage mental health services than the general population. Even though the rate of mental health service use by Asian Americans has increased since 2008, Asians continue to have the lowest utilization rate among all racial groups. In 2011, only 6.5 percent of Asians used mental health services compared to the national rate of 13.6 percent (SAMHSA, 2012a).

Data showing low rates of mental health disorder suggest little need for mental health services and may help explain the low level of participation in mental health services. However, an analysis of the survey data by Sue, Cheng, Saad, and Chu concluded that Asian Americans still exhibited the lowest rate of utilization with respect to their prevalence rate of mental disorders compared to all racial groups (2012).

Important to the discussion about Asian American mental health is the effect of immigration on help-seeking behavior among the Asian American population. Disparities in the use of professional mental health services appear to exist between more acculturated individuals and those who are less acculturated. A survey of Asian American college students found that highly acculturated respondents were more likely to seek professional psychological help for interpersonal issues than their less acculturated counterparts. Alternatively, those who were less acculturated tended to seek help from community-based sources such as student organizations, religious groups, and community elders (Solberg et al., 1994). The phenomenon of Asian Americans deferring to support systems other than the professional mental health sector suggests that Asian Americans are more willing to seek help than previously thought.

However, knowledge and perceptions of professional mental health care among the less acculturated requires further examination.

There is some evidence that markers of acculturation such as generational status and English proficiency may influence service utilization. For example, a study indicated that third-generation individuals were almost three times more likely to use mental health services than first- and second-generation Asian Americans (Ta et al., 2010). Additionally, it appears that limited English proficiency is associated with lower rates of mental health use and negative interactions with mental health providers, and is a critical barrier to mental health care access for ethnic minorities (Snowden et al., 2011).

Barriers to Mental Health Care

Many factors contribute to low mental health care utilization within the Asian American population. This section highlights some of the major barriers: cultural belief systems, high levels of stigma associated with mental illness, lack of culturally and linguistically appropriate providers, and systemic problems with accessing care.

Belief Systems

While perceptions about mental illness vary among Asian Americans, it is still commonly believed that mental illness, substance abuse, and addiction are issues of self-control and willpower (Yu et al., 2009). Among those who believe in reincarnation and karma, philosophies associated with eastern spirituality, mental illness may be seen as a consequence of an individual's conduct in a past life and therefore unavoidable in his or her current life. Some associate mental illness with possession by evil spirits (Wynaden et al., 2005). These beliefs about mental illness may preclude Western, professional mental health treatment. Asian respondents from a California study reported that mental health was a Western concept, with no such term in their culture (API Health Parity Coalition, 2012). For serious cases, many Asians

prefer to seek help from trusted community resources such as family members, spiritual or religious leaders, and medical doctors (Wynaden et al., 2005; API Health Parity Coalition, 2012).

Stigma and Shame

The collectivist nature of Asian communities, emphasizing family and group harmony rather than individualistic values, contributes to the attitude that mental illness is a deviation from social norms that brings shame to the family (API Health Parity Coalition, 2012; Ting & Hwang, 2009). Often, protecting the reputation of the family and saving face take priority over self-disclosure of personal problems and seeking help (Africa & Carrasco, 2011). A respondent from an Australian study explained, "For Chinese people, shame is a very deep meaning. It means that you can't go out and face other people," (Wynaden et al; 2005). These feelings can lead to isolation from family and society at large. Participants of focus groups conducted in California expressed that mental health agencies were viewed as places for "crazy people," and this led them to feel afraid or embarrassed that friends would label them as "crazy" or that "something is wrong with them" if they sought services (API Health Parity Coalition, 2012). Addressing the stigma and shame associated with mental health remains a significant barrier to caring for the Asian American population since both concepts are interwoven with the values of Asian culture (Africa & Carrasco, 2011).

Lack of Culturally & Linguistically Appropriate Services

Another critical challenge preventing Asians from utilizing mental health care is the lack of availability of culturally and linguistically appropriate practitioners in the mental health field. In general, Asian Americans are underrepresented in the mental health workforce. The US Surgeon General's Report estimates there are 70 mental health providers for every 100,000 Asians in the US compared to 173 per 100,000 Caucasians (SAMHSA, 2001; NAMI, 2003). Approximately two thirds of the Asian Americans are foreign-born and three out of four struggle to communicate in English (Asian American Center for Advancing Justice, 2012). Asian Americans in the US speak over 100 languages and dialects; interpretation services and translated materials are not always sufficient and available (Africa & Carrasco, 2011). Previous

reports have indicated that people with poor English speaking skills are more likely to avoid public health services and experience negative interactions with mental health providers (Snowden et al., 2011). A qualitative study noted that limited English proficient patients felt embarrassed speaking English to their health provider and feared being perceived as an outsider. A Cantonese speaker shared, “It may take a long long long time for professional to know and understand you, don’t want to wait that long, finding a friend [to help] is easier” (API Health Parity Coalition, 2012).

Difficulty Navigating Complex Health Systems

For the majority of Asian Americans who are foreign-born and speak limited English, navigating a complex health system is a considerable challenge. Long wait times, confusing insurance policies, limited high-quality interpretation and translation services, complex eligibility rules, and high costs of services and medications are additional reasons why Asian Americans report not seeking care or delaying care for health problems, including mental health and substance-related conditions (API Health Parity Coalition, 2012; Masson et al., 2012). According to the US Department of Health and Human Services, 18 percent of Asian Americans were uninsured compared to 12 percent of Caucasians (2010). Of those who have insurance, many are underinsured, with health benefits not adequately covering their medical expenses. In California, Asian Americans, Hispanics, and adults with the lowest incomes and education levels are the most likely to be uninsured or underinsured for behavioral and mental health coverage (Lee & Foster, 2008). Plans often demand high out-of-pocket expenses and do not cover traditional, alternative, or culturally-based medicine such as acupuncture (Africa & Carrasco, 2011).

Recommendations

Research is lacking on evidence-based practices for dealing with mental health issues in Asian American populations. However, community-driven efforts and practice-based research have led to valuable insights to addressing the mental health needs of Asian Americans. In 2011, the

National Alliance on Mental Illness (NAMI) published a report on the topic of Asian American mental health from a listening session with Asian American leaders and stakeholders nationwide (Africa & Carrasco, 2011). The report identified key themes for broad-level change, which included strengthening the workforce pipeline, increasing culturally competent care, integrating services, addressing stigma, improving outreach and education, and producing more research on Asian Americans. These themes will serve as the framework for the discussion of system-based recommendations to improve mental health care for Asian Americans.

Workforce Development

Developing a culturally responsive and linguistically diverse mental health workforce is imperative to serving the diverse needs of Asian Americans. A number of studies suggest that language- and ethnic-matching between client and provider increases service utilization and treatment outcomes, indicating that workforce diversification is critical to improving Asian American mental health (Yeh et al., 1994; Snowden et al., 2011; Liao et al., 2010).

Since one-third of Asian Americans do not speak English proficiently, ensuring high-quality language assistance is a major priority. A study by Snowden and colleagues (2011) found that providing mental health services in the native languages of Vietnamese, Cantonese, Hmong, Cambodian speakers in California improved mental health service utilization. Specifically, the implementation of threshold language policy, which "mandates language assistance to Medicaid enrollees whose primary language is other than English once their population size reaches a designated level," increased the utilization rate of public mental health services by two-folds (from 8.75 percent to 17.3 percent) among the study population living in regions lacking language assistance programs.

Provider Training in Culturally Competent Care for Asian Americans

Improving the cultural competency of providers delivering mental health services to Asian American clients is critical. Increasing cultural competency can include expanding multicultural knowledge, increasing awareness and respect for traditional or indigenous health practices, and

deepening one's understanding of personal biases and how they impact one's work with multicultural clients (Africa & Carrasco, 2011).

Park and colleagues (2011) interviewed mental health providers who worked with Asian American patients and identified three key characteristics of culturally competent care for working with this population:

- *Cultural brokering*: "Providers reported that they often assisted patients and their families in understanding the Western model of mental health. These opportunities helped patients ascertain similarities and differences between their perspectives and the providers' professional viewpoint, which enabled them to make informed decisions about their care."

- *Supporting families:* "Asian families actively engage in the care of their loved ones, accompany them to appointments, communicate with providers, help with medication management, and monitor treatment outcomes. Thus, providers remarked that including family members in the illness management process was often crucial to a patient's recovery… Because of family members' guilt for utilizing mental health services instead of caring for their loved ones independently, providers have counseled families on how to get help and maintain personal boundaries."

- *Using cultural knowledge to enhance care*: "Flexible attitudes, the ability to identify cultural issues relevant to the contextual situation, and incorporation of cultural solutions to mental health care were important factors in delivering culturally responsive care. Providers understood that culturally responsive care was context-specific and nuanced, at times requiring an exploration of cultural meanings with patients and their families as well as negotiation of different cultural norms in creative and practical ways."

As highlighted in Park et al.'s research, providers should also be trained in adapting treatments to better resonate with Asian American cultural beliefs and practices. For example, psychotherapy continues to adopt predominantly Western values, most notably the notion of individualism, which contrasts with the collectivist values found in many Asian American cultures (Griner & Smith, 2006). Effective engagement with Asian American clients should integrate cultural values like family cohesion and avoidance of shame into mental health care practice. Furthermore, the diversity of experiences, language, ethnicity, immigration history, acculturation, socioeconomic status, cultural traditions, spiritual/religious beliefs, and value systems within the Asian American population should be acknowledged and incorporated into the treatment paradigm (Africa & Carrasco, 2011).

Cultural adaptations of evidence-based practices have emerged over the last decade to meet the needs of Asian Americans living with mental illness. Compared to other Western psychotherapy modalities, the problem-solving and action-oriented method of cognitive behavioral therapy (CBT) appears to be more compatible with Asian values, thus CBT has been culturally and linguistically adapted to treat a variety of mental disorders among Asian Americans (Sue et al., 2012). Hinton and colleagues (2006) utilized a culturally-modified version of (CBT) to treat Cambodian refugees with psychosomatic symptoms of post-traumatic stress disorder (PTSD), which included headaches, blurry vision, shortness of breath, ringing of the ears, dizziness, and heart palpitations (Sue et al., 2012). While adhering to the core CBT principles, the intervention reframed relaxation techniques as a form of mindfulness, a concept salient in Buddhist practice and some Asian traditions, and incorporated culturally appropriate imagery, such as the visualization of the lotus bloom that spins in the wind at the end of a stem. Recipients of this form of therapy experienced 37-50 percent reduction in depression and anxiety symptoms.

In addition to culturally adapted therapy, many Asian Americans would also benefit from mental health providers trained in trauma-informed care (Africa & Carrasco, 2011). For Asian Americans coming to the US as refugees, the experience of leaving their home country under

stressful circumstances and, in some cases, witnessing and/or living through war, torture, and the death of loved ones may contribute to mental health issues as they adjust to living in a new country.

Integration of Services

A key recommendation from the NAMI listening session and Asian American focus groups in San Francisco was to strengthen meaningful partnerships with primary care clinics and providers. The integration of mental health and primary care services would be an important step towards improving overall access to mental health services for Asian Americans. Integration of services could mean establishing a "one-stop shop" model in which primary care and mental health services are located in the same facility, making it more logistically convenient and possibly more culturally acceptable for patients (Africa & Carrasco, 2011). Alternatively, primary care providers could build their capacity to screen for mental health issues and make appropriate referrals (API Health Parity Coalition, 2012). Furthermore, it would be advantageous to extend culturally competent services to other levels of care, including crisis centers, inpatient rehabilitation, and residential treatment (Yu et al., 2009). In order for the integration of services to be effective, case management should be emphasized to help patients navigate the complex health system (Yu et al, 2009).

Addressing Stigma

Stigma and shame associated with utilizing mental health services within the Asian American community is a crucial challenge to address. Feedback from community members suggested that mental health should be framed within other related and more culturally acceptable issues such as physical health, seeking help from traditional healers and spiritual leaders, educational success, work productivity, spirituality, and family harmony (Africa & Carrasco, 2011). For example, mental health services should be integrated with familiar activities like cultural or spiritual forms of healing (i.e. Christian prayers and Buddhist blessings), gardening, and dancing (API Health Parity Coalition, 2012). A Laotian woman from a focus group in San Francisco suggested, "Maybe just go out for tea, just a gathering (with the therapist). Just like problem

solving like usually you talk about your problems and (then) people start talking about their problems" (API Health Parity Coalition, 2012). Participants from the same focus group expressed a desire for more group discussions in a safe environment even though they acknowledged the stigma around mental health.

To lessen the stigma of mental health issues, campaigns should feature role models of Asians living with mental illness and success stories, highlighting the qualities of strength and resilience (Africa & Carrasco, 2011). Testimonials from respected members of the community living with mental illness could serve to increase the acceptability of mental health issues and its discussion in the public arena (API Health Parity Coalition, 2012). Additionally, messages should be crafted to resonate with common Asian American values, such as family connectedness, and holistic approaches to well-being (Africa & Carrasco, 2011). Hope and recovery should also be emphasized.

Community Collaboration

Effective engagement with Asian American communities requires building trust and credibility through persistent presence in the community. Specifically, collaboration with influential community leaders and local organizations could aid in the promotion and delivery of mental wellness, strengthen referral networks, and expand outreach and education efforts through cultural festivals, health fairs, religious centers, libraries, schools, and community centers (Africa & Carrasco, 2011; API Health Parity Coalition, 2012; Yu et al., 2009). Ethnically-targeted media outlets, such as radio, newspapers, magazines, and TV shows can serve as powerful platforms to raise public awareness about mental health and promote mental health services, especially in hard-to-reach populations (Africa & Carrasco, 2011; API Health Parity Coalition, 2012).

Increasing Research and Data

Advocacy for culturally and linguistically appropriate survey instruments and obtaining more accurate representation of Asian Americans in study samples is imperative to addressing

mental health care inequities among Asian Americans. Epidemiological information collected from large-scale surveys is used to estimate the mental health needs of communities, form public policy, and allocate resources for prevention and treatment programs. Given the stakes, some critics have argued that the methodology and analysis of such surveys create an inaccurate picture of mental health in Asian American populations. Surveillance reports mask the needs of specific segments of the Asian American population by categorizing people from different Asian American ancestry into a single racial category. Additionally, surveys conducted in English exclude Asian Americans with limited English proficiency, a group that makes up one-third of the Asian American population. Thus surveys that do not provide language assistance for Asian American participants are likely to be drawn from an overrepresented sample of more acculturated Asian American individuals, which may not accurately represent trends in more vulnerable Asian American populations.

Conclusion

Asian Americans are a fast-growing segment of the US population, with a high level of in-group diversity. While many Asian Americans have high incomes and levels of education and achieve good health outcomes, there are vulnerable populations, such as immigrants and limited English proficient individuals, for whom mental health disparities persist. Research shows that Asian Americans underutilize mental health services for a variety of reasons, including their cultural belief systems, stigma, inability to find culturally and linguistically appropriate services, and difficulties navigating complex health systems. In order to address mental health disparities, each of these barriers must be addressed by providers, organizations, public health officials, and policy makers, in close collaboration with the communities they seek to serve. In addition, research must be designed and conducted to capture the complexity and diversity of the Asian American population.

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