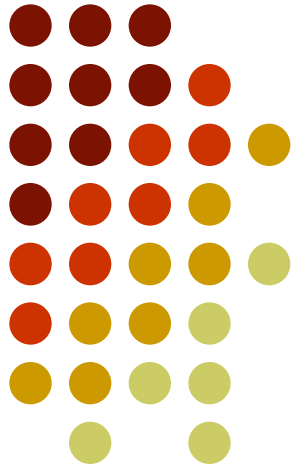
ANHPI Mental Health

Tam Q. Dinh, Ph.D.
Saint Martin's University



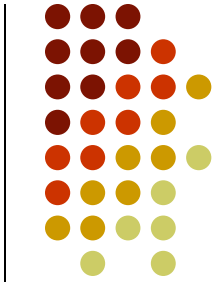
Growing ANHPI Population

- "Asian" is defined as a person having origins in peoples of the Far East, Southeast Asia, or the Indian subcontinent. "Native Hawaiian and other Pacific Islander" (NHPI) is defined as a person having origins in peoples of Hawaii, Guam, Samoa, or other Pacific Islands. In addition to the "Asian Alone" and "Native Hawaiian and other Pacific Islanders Alone" categories, Asians and Native Hawaiian/Pacific Islanders are also captured in the "Asian in combination" and "NHPI in combination" categories when a person is self-identified as multi-racial (Census Bureau, 2010).

- 14.67 million (4.8%) identified themselves as "Asian alone." Another 2.64 million chose the "Asian in Combination" category, bringing the total Asian Alone and Asian in Combination populations to 17.32 million, amounting to 5.6% of the total U.S. population. ***45.5% increase*** since 2000 Census

- 540,000 (0.2%) identified as Native Hawaiians and Pacific Islanders alone, additional 685,000 included in the "NHPI in Combination" category, bringing the total NHPI population in the U.S. to 1.22 million, 0.4% of the total U.S. population. ***40% increase*** since 2000 Census.

Background



- The Surgeon General Report concluded that disparities exist in mental health services in the ethnic populations.

- Such disparities have left ethnic populations with unmet needs, underserved, or un-served (U.S. Department of Health and Human Services, 2001)

Prevalence in ANHPI Community- Mixed But Troubling Findings

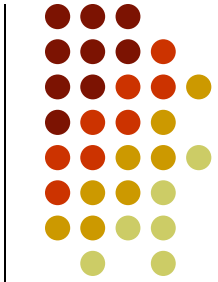
- Asian adults had the lowest prevalence rate for serious mental illness than any other race in the United States (National Institute of Mental Health, 2008)

- Prevalence rates among different ethnic groups
  - Huang, Wong, Ronzio, & Yu (2006) Chinese and Indians were low while Filipinas were high compared to mainstream community.
  - Interviews by Spencer & Chen (2004) of 1,503 Chinese Americans in Los Angeles indicated that 20.5% of respondents reported having experienced an episode of at least one of psychiatric disorders such as affective disorders, anxiety disorders, and substance abuse or dependence.
  - NHPI adults had the highest rate of depressive disorders at 20% among all racial groups, and the second highest rate of anxiety disorders at 15.7%.
  - NHPI high school students ranked the highest at 33.4% to have felt sad and hopeless every day for two or more weeks in a row (Asian & Pacific Islander American Health Forum, 2010; CDC, 2008,2009).

- API women 65 and over consistently had the highest suicide rate compared to all other racial groups at 8.5% in 1990 (non-Hispanic White ranked second at 7%), 5.2% in 2000 (non-Hispanic White ranked second at 4.4%), 6.9% in 2006 (non-Hispanic White ranked second at 4.3%), and 5.2% in 2007 (non-Hispanic White ranked second at 4.4%). API females ages 15 to 24 ranked second among all racial groups in suicide rate at 4% and 3.8%, respectively in 2006 and 2007. 19.2% of NHPI adolescents had suicidal ideation, 13.2% made suicide plans, and 11.9% attempted suicide in the previous year (CDC, 2008, 2009)

- In 2007, suicide was the third leading cause of death for APIs ages 10 to 14 and the second leading cause of death for ages 15 to 34 (CDC, 2008,2009).

Factors Impacting Mental Health



- Pre-migratory and Migratory Stressors

- Acculturation Stressors
  - Changing family dynamics
  - Financial stability
  - Health related issues

Existing Issues and Challenges

- Stigma and Lack of Awareness and Education on Mental Health Issues
  - No proper translation for “mental health” without negative connotation
  - Gatekeepers and community partners also need to be educated on MH issues
- Lack of Access to Care
  - Transportation
  - Lack of culturally appropriate services
    - Cultural appropriate services often not billable
    - Quality of care may not be adequate, MH profession is not popular career choices for APA youth
    - Current training model often does not include ANHPI paradigm
- Language barrier
  - Not enough interpreter with adequate knowledge of mental health terminology
  - Interpretation services often not billable
  - Informational materials not translated
- Lack of Data and Outcome Evaluation
  - Lack of disaggregated data
  - Conventional assessment tools not suitable for ANHPI community

Underutilization of Traditional Services

- Spiritual leaders
- Traditional medicine
- Community-based organizations
- Friends and families
- Physicians

Moving Forward

- Changes and support need to be on provider level, agency level, and systems level
- Culturally appropriate professional skills
  - Linguistic capacity
  - Respect for and understanding of cultural/historical factors, values, practices
- Capacity building, community relations and advocacy
- Flexibility in program design and service delivery
- Data collection and research