Overcoming Challenges to Mental Health Services for Asian New Yorkers

Asian American Federation

Introduction

The Asian American Federation was among one of the first organizations to spotlight the mental health issues impacting the Asian community in New York City. Our 2003 study on the needs of Asian seniors, titled *Asian American Elders in NYC: A Study of Health, Social Needs, Quality of Life and Quality of Care*, showed that 40 percent of Asian seniors reported experiencing depression, with Asian women ages 65 and older having the highest suicide rate across all racial/ethnic groups. More recently in 2014, we reported in *The State of Asian American Children* that Asian American adolescent girls have the highest rates of depression among all racial/ethnic groups in the U.S., with young Asian American women ages 15-24 having some of the highest rates of suicide across all racial groups. Our 2015 report on *Analysis of City Government Funding to Social Service Organizations Serving the Asian American Community in New York City* then showed that the Asian community only received 0.2 percent of contract dollars issued by the New York City Department of Health and Mental Hygiene from 2002 to 2014.

According to a 2015 report from the NYC Mayor's Office, mental illness is among the leading contributors to the disease burden for New Yorkers, where at least one in five New Yorkers experiences a mental health disorder in any given year (Office of the Mayor, 2015). On average, mental illness reduces an individual's life expectancy by approximately eight years, as it is linked to increased likelihood of developing additional physical illnesses such as diabetes, hypertension, and high cholesterol. Mental illness also has a significant impact on a variety of societal costs, including health care, criminal justice, and lost productivity. Depression alone accounts for roughly $2.4 billion in citywide economic productivity losses every year.

In New York City, where there are now 1.3 million Asian New Yorkers comprising 15 percent of the total population, Asians are the only racial group for which suicide was one of the top 10 leading causes of death from 1997 to 2015 (Office of Vital Statistics and Epidemiology, 1997-2015). In New York State, suicide is the second leading cause of death for Asian Americans ages 15-24 and the third leading cause for those ages 10-14 and 25-34.

Furthermore, even though a higher percentage of Asian American high school and college students report experiencing depressive symptoms compared to their White counterparts, Asian Americans are the least likely of groups to report, seek, and receive medical help for depressive symptoms due to a lack of knowledge, cultural stigma, insurance limits, and a dearth of linguistically and culturally competent service providers (Abe-Kim et al, 2007).

Specifically, only two percent of Asians will mention symptoms of depression to their doctor, compared to the national average of 13 percent (Office of the Surgeon General, 2001). Another study found that most young Asian Americans tend to seek out support from personal networks such as close friends, family members, and religious community members rather than seek professional help for their mental health concerns (Spencer et al, 2010). Participants in that study stated that the biggest deterrent in seeking professional help was the deep stigma surrounding

mental health issues, as well as a general lack of awareness about resources and services available to them. That study also found that most Asians had difficulty accessing mental health services because of language barriers. These results suggest a need for more bilingual, bicultural services and greater collaboration between formal service systems and community resources.

In order to avert what is quickly becoming a public health concern in the pan-Asian community, we must work to build the capacity for linguistically and culturally competent mental health services using evidence-based methods for Asian communities. With increased access to appropriate mental health services, Asians can receive proper treatment for mental health conditions that encumber them from achieving socioeconomic stability. Concurrently, we must work to raise awareness of the growing mental health problems among this population. The yawning gap between the Asian community's high depression rates and low service utilization rates is significant. Depression is the single most robust risk factor for suicide, yet there is no citywide linguistically and culturally competent community education program on how to identify and treat depression in the Asian community.

With the increasing visibility of mental health care needs in the Asian community and our 65 member and partner agencies having severely limited resources to meet the mental health care needs of the community, we knew that we needed more information on the mental health service capacity needs of the Asian community in New York City.

This white paper, *Overcoming Challenges to Mental Health Services for Asian New Yorkers*, is one of the first of its kind to survey the pan-Asian community's mental health service needs in New York City and to provide policy recommendations to address those needs. The findings reported here are the culmination of a year-long study that was conducted through two data collection methods: a series of focus groups and interviews conducted with front-line staff and mental health providers from the Asian community, as well as several convenings of an Asian American Mental Health Roundtable. The focus groups and interviews discussed mental health issues encountered in the communities that participants served and the challenges faced by Asians in accessing and using mental health services. The focus groups were asked the same set of questions and were moderated by a volunteer mental health professional. In addition to these focus groups and interviews, we convened the Asian American Mental Health Roundtable, which included approximately 17 Asian-led and Asian-serving community-based organizations in New York City providing direct or indirect mental health services. The Roundtable played an important role by providing context for the mental health situation across the pan-Asian community and feedback on the findings and policy recommendations that came from the focus groups and interviews.

We also surveyed the organizations that participated in the Roundtable, focus groups, and interviews regarding their mental health service capacity. The survey asked about the number of staff who were part of mental health programs, whether the staff was credentialed, whether services were clinical or non-clinical in nature, and data on the demand for services. The survey

was voluntary and was meant to provide some basic measures of the gap in mental health capacity in the community.

Key Findings and Recommendations

Through the series of focus groups, interviews, and Roundtable discussions conducted from September 2016 to September 2017, we found that four major challenges to mental health services exist in the Asian community:

1. Building awareness and acceptance of mental health as a health concern;
2. Increasing capacity of linguistically and culturally competent mental health services;
3. Increasing access to mental health services; and
4. Supporting research into mental health care needs and service models.

For each of these major challenges, we provide a list of recommended solutions to address each one in the sections that follow.

One challenge to mental health care among Asian New Yorkers is the lack of linguistically and culturally competent programming that is available to build awareness and acceptance of mental health as a health concern. Mental health is a Western concept to many Asian New Yorkers, particularly new immigrants (Office of the Surgeon General, 2001). The belief that mental health care is only for the seriously ill and the cultural stigma associated with mental illness in many Asian cultures often drive Asians to seek alternative methods for dealing with stress and depression (Le Meyer et al, 2009). Asian New Yorkers need more readily available access to other models of mental health care, particularly preventive care, support groups, and psychoeducation workshops – all models being offered on a limited scale by a small number of Asian-led and Asian-serving community-based organizations in New York City. Focus group participants attested to the success of these models in providing a more comfortable platform for clients to learn about and share mental health issues.

In addition to the shortage of community education programs, a second challenge to mental health care is the virtual lack of mental health services themselves that exist for Asian New Yorkers. The language and cultural diversity within the Asian community, in particular, points to the need to accommodate many different groups in order to tackle the burgeoning mental health care need. According to participants in the focus groups, the lack of capacity is particularly acute among specialists dealing with issues such as drug or alcohol abuse, gambling addiction, domestic violence, and LGBTQ topics and challenges in the Asian community. In addition to the longer-term solution of training new mental health practitioners who are culturally competent, it is critical that we invest in building and supporting a network of Asian-serving program staff and mental health practitioners to share knowledge about available resources.

The lack of access to mental health services is a third challenge for Asians. Even if we were to increase awareness about mental health and build service capacity to address those needs, there are no clear entry points for Asian New Yorkers to access care. Going straight to mainstream service providers for one-on-one therapy is a very large leap for many Asians, many of who have yet to accept mental health as a concept. We need to invest in more innovative approaches to mental health care that have been designed by Asian-led and Asian-serving community-based organizations. This would introduce mental health care concepts through other social service programs that Asians are comfortable accessing for their other needs, such as integrated healthcare navigation and youth leadership programs. This model of utilizing trusted community-based organizations to connect the Asian community to mental health care services has been the most effective approach.

The last major challenge to improving mental health care among Asian New Yorkers is the lack of research focused on Asians. For one, data tracking of mental health needs for Asians in most survey instruments often lumps this population into an "Other" category. In reality, the diversity of the Asian communities in New York City requires that data be disaggregated into Asian ethnic groups in order to track the various trends and needs of each group. We also need investment in research efforts to adapt evidence-based interventions that identify the most promising alternative mental health care delivery models being developed by Asian-focused service providers. In particular, funded partnerships between researchers and community-based organizations creating these new models will be critical in generating the needed research. These relationships will provide the platform to share and replicate best practices for serving the fastest-growing population in New York City.

To address these four major challenges, the Asian American Federation proposes the creation of a partnership or network of key stakeholders in the Asian-led and Asian-serving mental health field to share resources and knowledge across the communities and help advance the recommendations laid out in this white paper.

Factors Affecting Mental Health in the Asian Community

To date, government and mainstream nonprofit organizations have not invested adequate resources to providing services that accommodate the linguistic, cultural, and religious diversity of New York City's Asian communities. The service needs of Asian New Yorkers are especially critical because poverty in New York City's Asian communities is higher than other racial/ethnic group. According to New York City's Center for Economic Opportunity, Asians had the highest poverty rates among the major racial and ethnic groups in the city for eight out of the last 10 years, with approximately one in four Asians living in poverty (Mayor's Office for Economic Opportunity, 2017). Poverty in the community brings a whole host of challenges that impact mental health. For example, lack of affordable housing forces many extended families to live under one roof, which often creates stressful situations due to complex family dynamics. The sheer lack of space, privacy, and quality-of-life conditions can impact interfamily relations as

well as children's performance in school (Solari & Mare, 2012). Pressures to work long hours to support an extended family also lead to stress and depression, which can result in people seeking ways to self-medicate, such as through drug or alcohol abuse, or taking their stress out on others, as evidenced by the high rate of domestic violence in Asian communities (Fuchs, 2015).

Government and funders' historic lack of investment has virtually ignored the needs that come with the diversity of ethnicities in New York City's Asian communities, which include 16 ethnicities as defined by the U.S. Census Bureau. These ethnicities include Bangladeshi, Burmese, Cambodian, Chinese, Filipino, Indian, Indonesian, Japanese, Korean, Malaysian, Nepalese, Pakistani, Sri Lankan, Taiwanese, Thai, and Vietnamese. We also include the Tibetan community, which is not counted as separate from the Chinese community but has significant numbers in New York City. Additionally, even though the government currently categorizes the Arab community as White, we included the Arab community in our discussions because they face similar challenges as South Asian Muslims, as evidenced by organizations based in each of these communities that often serve both groups.

Neither has government nor have funders made investments to address the diversity of languages spoken in these Asian communities, many of which have high rates of limited English proficiency. Over 36 Asian language groups are tracked by the U.S. Census Bureau, and these numbers do not include the various dialects spoken within New York City, like Fujianese and Assamese (U.S. Census Bureau, 2017a). Considering that half of all Asian New Yorkers have limited English proficiency, this dearth of linguistically competent services translates into a significant portion of our population not having access to services that could potentially impact their mental health (U.S. Census Bureau, 2017b). The numbers of Asian New Yorkers with limited English proficiency are much higher in different parts of the community. For example, nine in 10 Chinese, Korean, and Vietnamese seniors in the city have limited English proficiency, meaning that a high number of our seniors cannot access mainstream services (Asian American Federation, 2016).

According to participants in the focus groups and interviews, many of the factors that influence mental health in Asian communities stem from the challenges of adapting to life in America. The immigrant experience, with its array of socioeconomic and acculturation challenges, was often cited by participants as one of the primary stressors causing mental health issues among their clients. Nearly 70 percent of Asians in New York City are immigrants (U.S. Census Bureau, 2017b), and 90 percent of Asian children have at least one immigrant parent (Asian American Federation, 2017). These figures, coupled with the scarcity of linguistically competent mainstream services, mean that at least half of the Asian population in New York City are not receiving the services they need to address the socioeconomic and acculturation challenges that may be contributing to the state of their mental health.

The current anti-immigrant, anti-Muslim political climate has compounded those challenges and led to an increase in stress, anxiety, and fear in the Asian community, particularly for the Muslim community which experienced the same backlash after 9/11 (Sheehy, 2016). The participants in

the focus groups and interviews all indicated that the changing climate, in which immigration policies and social service programs are under constant threat and in which immigrants face verbal and physical harassment or assault in public spaces, was impacting the mental well-being of their clients. The majority of their clients, as compared to before President Trump was elected into office, reported being "worried," "stressed," and/or "scared."

Asians also face similar mental health challenges as other immigrant and refugee groups that can stem from an uncertain immigration status and/or reliance on others for their visa status. However, there are a number of factors specific to the Asian experience.

One factor is the social isolation that many Asian immigrants face in building new lives in New York City. While men work long hours outside the home and children are in school for most of the day, those remaining at home are generally the mothers and grandparents, who feel socially isolated and disconnected from a larger community. Many have left behind rich social supports in their country of origin and struggle to find new social connections in America. In particular, the small size of emerging Asian communities and the dispersal of the Asian population away from traditional enclaves mean that finding a supportive social network is that much more difficult. These feelings of isolation have led to rising depression rates, especially among Asian seniors (Asian American Federation, 2016).

For Asian American youth, the pressure to succeed academically is immense and can lead to a host of mental health issues when trying to navigate those pressures. In Asian cultures where the definitions of success and acceptability are narrow, any deviation from the path of success is viewed as a failure and a poor reflection on the family itself. Growing up in collectivist cultures where family bonds and family honor are regarded as highly important, Asian American youth are reluctant to disappoint their families. They often choose to hide their struggles rather than sharing them with their parents. For youth growing up bicultural in the U.S., these pressures can be compounded by self-discoveries about sexual orientation or gender identification.

According to the U.S. Justice and Education Departments, nearly 10 percent of Asian American youth experience bullying and harassment based on their immigration status, limited English proficiency, cultural stereotypes, and religious attire (U.S Department of Education et al, 2016). Studies have shown that young people who are exposed to pervasive violence, such as bullying, have an increased risk of having elevated depressive symptoms and anxiety (Sigurdson et al, 2015). Currently, Asian American students are more likely to report experiencing depressive symptoms than their non-Asian peers (Kim & Yeh, 2002). These numbers, coupled with the fact that the Asian community has a low utilization rate of mental health services, may correlate to the growing rates of suicide among Asian American youth.

Finally, a particular example that emerged from the poverty discussion with focus group participants was the growing phenomenon of "satellite children" in the Asian community, particularly in the Chinese community. Satellite children refer to American-born Asian babies who are sent to be raised by relatives in the family's country of origin because immigrant parents

work long hours and cannot afford childcare services. When the children reach school-age, they are sent back to live with their parents in America, torn from their primary caregiver and placed with people who are virtual strangers to them. By that time, both parents and children have missed out on key developmental years during which children develop emotional bonds with their parents and parents learn how to raise their children. This phenomenon has resulted in mental health challenges for satellite children, manifesting in behavioral and academic issues in school (Bernstein, 2009).

The following four challenges faced by the Asian community were common themes that emerged from the focus groups and interviews that we conducted with mental health experts in the Asian community.

Challenge 1: Building awareness and acceptance of mental health as a health concern

A prevalent theme that emerged from the focus group discussions and interviews was the great need for community education on mental health due to the Asian community's lack of understanding and misconceptions about the Western concept of mental health. However, there has been little investment made in linguistically and culturally competent programs to provide community education on mental health for the Asian community. Among the participants in the focus groups and interviews, at least half worked in organizations that had developed a community education model whose goal was to remove the stigma of mental health in Asian communities. However, it was primarily unfunded work, with staff often working long hours to create a curriculum to pro-actively address the factors contributing to the mental health issues they were observing in their clients. The lack of funding support meant that organizations could not prioritize a preventive approach that was critical to tackling the growing mental health needs of Asian communities. It would not be a stretch to say that the lack of investment to date has contributed to the growing depression and suicide rates among Asian New Yorkers.

Because mental health is viewed as a Western concept and almost exclusively for the seriously ill, when Asians are presented with mental health services, their reaction is most often, "I'm not crazy." Other forms of mental health care, particular preventive care, are unknown. As a consequence, Asians will more often go to primary care physicians to deal with physical symptoms of underlying mental health issues, not realizing their symptoms are likely psychosomatic, or they will only seek out mental health services when a problem has reached the most severe stage.

This lack of awareness and understanding in the Asian community also extends to trusted sources in the community, which may include religious leaders, primary care physicians, and staff at community-based organizations. Community members often seek out these sources for help with their mental health problems but are rarely connected to needed services because these

sources are not aware of mental health resources. In several examples cited in the focus groups and interviews, religious leaders who do not have additional training in mental health or have not been exposed to mental health first aid training end up recommending prayer or building a stronger relationship with God as a solution to community members feeling depressed or stressed. Investing in programs to provide culturally competent mental health first aid training would help these trusted sources distinguish whether an individual simply needs someone to talk to or is in need of professional mental health care.

Furthermore, because most Asians do not seek out mental health services, oftentimes their first interaction with the field is through government-mandated referrals, such as through the Administration for Children's Services, the Department of Education's treatment for children with behavioral problems, or court-ordered domestic violence or DUI treatment. Mental health care then becomes associated with these negative experiences, rather than a positive benefit to help families dealing with life issues.

Another cultural factor that reduces acceptance of mental health services in the Asian community is cultural stigma associated with mental health problems. The power of shame in Asian cultures prevents many from reaching out for help or even acknowledging that they have a problem to family and friends. Even those that are open to mental health services feel that they must hide it from family and friends. This impact may even go beyond the patient. A whole family may be ostracized by one member's mental health issue. The community comes to question whether other family members may become stricken, making finding jobs or spouses more difficult. Social bonds may become broken as other families seek to avoid the "curse" or embarrassment of mental illness.

The Asian community's perception that mental health care and services are exclusively Western is accurate; the foundation of mental health therapy remains fundamentally based on theories and models rooted in Western culture. Much of mental health care practices are focused on the individual and founded on one-on-one treatment models, which Asian clients find foreign and have been ineffective in treating the general Asian population, according to the participants in the focus groups and interviews. Due to the collectivist mindset of many Asian cultures, Asians are much more accepting of peer support and program-based models of mental health services.

The following solutions discuss needed investment in community-based organizations providing linguistically and culturally competent programming or are well-positioned to develop this kind of programming.

Solutions to lack of awareness and acceptance of mental health as a health concern

- **Invest in Asian-led and Asian-serving community-based organizations to create community education programs to introduce the concept of mental health in a linguistically and culturally competent manner.** These programs will be the first important step to establishing a preventive approach to mental health in the Asian

community and can be expanded and replicated to serve other Asian communities based on their success. The outreach for these programs must be designed to reach hard-to-access populations, such as working adults or isolated seniors. Outreach efforts must also include partnerships with the faith-based community to get buy-in from faith leaders and reach significant segments of the Asian population that attend a religious institution. Furthermore, these programs must leverage ethnic media; both traditional print, radio, and television; and social media, using platforms specific to the community being served (e.g., WeChat for the Chinese community and KakaoTalk for Koreans).

These programs also need to create targeted messaging to reach the whole family. Different generations will have different levels of acceptance and awareness of mental health. Messaging for each demographic must support the messaging to others to encourage internal family discussions.

Community education will also include workshops and presentations at community events and gatherings that focus on topics that are of interest to the community that touch on mental health. For example, parenting skills workshops, leadership programs for youth, and art therapy classes are all opportunities for trained staff to present preventive mental health skills and outreach to individuals who may benefit from additional support.

- **Invest in Asian-led and Asian-serving organizations to build relationships with and provide mental health training for trusted voices and leaders in the community**. Provide funding support to organizations that can build and leverage an expansive network of front-line staff, religious leaders, primary care physicians, home care attendants, and alternative medical providers, all of who have a natural point of entry to address mental health with their clients. These appointed organizations can provide mental health first aid training to help these community members more readily identify people in need and connect them with resources.

Challenge 2: Increasing capacity of linguistically and culturally competent mental health services

One of the most common refrains during the focus groups and interviews was the chronic shortage of linguistically and culturally competent mental health practitioners. The shortage is even worse when trying to find specialists dealing with drug or alcohol abuse, gambling addiction, domestic violence, and LGBTQ topics and challenges in the Asian community. Community-based organizations have very limited resources when trying to refer their clients to mental health services, an obstacle that can exacerbate their clients' mental health issues due to long wait-times or from receiving care that is either not culturally competent or not appropriate for their mental illness.

This finding was confirmed by the survey results we collected from Asian-led and Asian-serving organizations about their mental health service capacity. Of the organizations that responded, less than 20 percent said that they received funding to provide clinical mental health services, even though nearly 65 percent of respondents had credentialed mental health staff members. All organizations reported that they provided non-clinical mental health services, such as referrals, emotional support groups, mentoring, youth leadership groups, and community education around mental health. However, only 35 percent received funding to provide those services.

The importance of culturally competent services is highlighted by examples of cultural biases of mainstream practitioners that can create discord with Asian clients and turn them off from mental health services overall. In one example, a mental health provider made assumptions that a South Asian Muslim female client was oppressed due to her ethnic and religious background, which angered the client to the point of terminating any further sessions. These experiences reduce the probability that Asian clients will receive timely professional help for their mental health issues. Practitioners need to receive training to check their implicit biases and listen to their clients to understand why they are seeking mental health services.

Another example of the importance of cultural competence is around suicide. Suicide in some Asian cultures is seen as an acceptable alternative to being a burden on family and friends. In addition, the casual reference to suicide practiced in some cultures to express stressful situations may be misinterpreted by mainstream health providers as serious expressions of suicide ideation and can lead to unnecessary hospitalizations. Part of culturally competent care involves learning to distinguish between cultural shorthand and real suicidal thoughts.

Another challenge for Asian-serving mental health practitioners is the need for a network of like-minded practitioners to share knowledge and resources about best practices and available services. Many focus group participants highlighted the isolation of their work. Many serve as the one ethnically relevant practitioner who is relied upon to know the "whole culture" despite the incredible diversity within each community. There is undue pressure to become an "expert" in all aspects of mental health care. Without a supportive network, these factors can lead to burnout for the limited number of mental health practitioners serving the Asian community.

The following solutions are ways in which investments can be made to build the internal and external capacities of Asian organizations providing mental health services.

Solutions to increase capacity of linguistically and culturally competent mental health services

- **Provide funding support for Asian-led and Asian-serving organizations to hire culturally competent mental health providers and to train mainstream mental health providers to develop their cultural competency.**

- o Provide support for Asian organizations to hire mental health providers who have the linguistic and cultural competence to serve their clients. All the participants in the focus groups discussed the need for more funding to build their internal service capacity, such as hiring recent graduates of social work schools who already possess the linguistic and cultural competence to serve Asian clients but who often end up working for mainstream organizations due to the lack of adequately-paying job opportunities at Asian-led and Asian-serving organizations.

- o Provide support for Asian organizations to develop and provide cultural competency trainings to mainstream mental health service providers who serve Asian clients. These partnerships to develop trainings for mainstream staff on the issues that Asian New Yorkers face and on best practices to reach and serve the whole range of communities can open up a rich source of mental health services for Asian communities.

- o A longer-term solution is to grow the pipeline of mental health professionals by supporting programming that allow Asian-led and Asian-serving organizations to provide scholarships and training opportunities for Asian students to enter and remain in the mental health field.

- **Fund initiatives to create networks of mental health program staff and practitioners to share knowledge and resources regarding best practices and available services.** Support organizations that are well-positioned to create and run these mental health networks, which will break down silos and allow practitioners serving Asian clients to refer their clients to appropriate specialists, identify trends emerging in the community, and work together to develop best practices. Making these interactions a professional requirement would help reduce isolation among in-culture practitioners, who may have blind spots and implicit biases.

Challenge 3: Increasing access to mental health services

In parallel to creating awareness of mental health issues and increasing the availability of services, investments must be made to allow a much greater number of Asians to access mental health care services. This ranges from creating multiple entry points for accessing mental health services to making services more affordable in general.

Beyond individualized therapy, there are no clear entry points to accessing preventive mental health services. Current funding priorities emphasize building access to those individualized services, which is of little help to Asian communities that rarely utilize one-on-one therapy sessions or other individualized services. The majority of focus group and interview participants agreed that preventive programs that use a programmatic model to help people develop coping skills and peer support networks are the most needed assets in the community. Additionally,

more educational groups or class formats would be less intimidating or offer a more appealing introduction to mental health services compared to individualized therapy sessions. According to the participants, having these programs integrated into existing services that Asians utilize are the most effective way to reach populations that continue to have reservations toward mainstream mental health care models.

For instance, many of the most active community-based organizations in the focus groups and interviews have incorporated mental health care into their programs. Once clients become more comfortable discussing stress or depression, staff are trained to identify those who need professional care. These community-based organizations have also built relationships with a variety of mental health providers to refer those clients to. For example, one youth-serving organization has an arts therapy program to create a safe space for youth to think about and become comfortable with discussing their feelings. The program staff are trained to identify those who would benefit from mental health services. One of the key techniques shared in the focus groups is motivational interviewing to create buy-in from the client to follow through on seeking mental health services.

Also, connecting Asians to mental health services requires building a network of connections to mental health services. The capacity and connections built through addressing Challenge 1 will help to increase connections between the initial touch points, such as primary care physicians, home attendants, staff of community-based organizations, immigration lawyers, and religious leaders.

Even after connecting with mental health services, many Asian patients have challenges in continuing treatment. One concern is being able to pay for services. Asians who do not have insurance coverage or are undocumented must pay out of pocket. About 14 percent of Asians in New York City do not have health insurance coverage, with a huge variation among Asian ethnic groups. For instance, one in four Koreans do not have health insurance coverage and one in 10 Filipinos and Vietnamese is uncovered, compared to one in eight non-Asians being uncovered in New York City. Another challenge to accessing health insurance for mental health exists for Asian youth, who may not want parents to know they are seeking treatment but need their permission to access services since their parents are the primary insured.

Even if payment is not an issue, many Asian clients may not continue treatment. Suspicion of medication leads many to stop medication once symptoms subside. Some parents will only send children to mandated sessions and stop once they satisfy authorities' requirements. Overcoming the cultural stigma of mental illness will ultimately require the patient and their families to buy into the treatment rather than comply out of compulsion.

The following solutions suggest ways in which we can sustain and replicate culturally competent models for mental health service delivery for the Asian community.

Solutions to increase access to mental health services

- **Fund Asian organizations' efforts to engage community members at the places where they seek help.** Asian-led and Asian-serving organizations are developing programming by leveraging their networks of trusted sources in the community to address emerging mental health needs. One community-based organization started a parental support group led by a parent volunteer who was a trained therapist. The volunteer had found that parents who were bringing their children to the programs at the organization were eager to find other parents to talk about the challenges they faced in raising their children. As trust and friendships were built among the parents, a more formal parental support group emerged from the initial group and word-of-mouth kept the program growing. Ultimately, the expansion of the program required the organization to devote staff resources to sustain the program.

- **Support programming that integrates mental health services through other services.** Nearly half of the participants in the focus groups and interviews said that their organizations had found culturally competent ways to address mental health through their other programs. For example, one participant uses an arts program run by counselors to provide a community of like-minded people a safe space to open up. Other groups use psychoeducation workshops on life skills, such as parenting skills or leadership skills for youth, to provide an entry to talking about preventive mental health concepts.

- **Invest in support groups run by Asian organizations for clients who are receiving treatment and/or are on medication.** Focus group and interview participants talked about the primarily unfunded work of running support groups for people with similar mental health issues to help them stay in treatment and on medication. They reported that the peer support network was integral for keeping their clients on track and removing the stigma of being in treatment or on medication. Since peers are also the first to notice when someone displays a change in behavior, they have also served as invaluable sources of information for staff in trying to help their clients.

Challenge 4: Supporting research into mental health care needs and service models

In general, mainstream funding sources for mental health services will only fund "evidence-informed" practices. The current lack of research on both the mental health status and needs in Asian communities and alternative modalities for providing services best suited for Asian populations has had a negative impact on funding for Asian-focused mental health services and formal adoption of best practices. One common theme from the focus groups and interviews has been anecdotal information about the effectiveness of group-based, community-building models of mental health delivery over traditional, individual therapy-based models. Evidence-based

research of these alternative models would greatly enhance the ability for Asian-focused providers and programs to pursue funding. In addition, research publications are important for the sharing and spreading of the most effective practices.

Another research gap is in existing health and mental health data sources. These sources often incorporate data from Asian communities as part of an "Other" category. With Asians comprising 15 percent of New York City's population, there is a need for disaggregated data not only for Asians but also for Asian ethnicities. Particularly given the diversity of experiences and cultures within the Asian community, having quality data for the different groups is especially important to be able to design culturally competent programs and advocate for resources.

The following solutions discuss investments needed in the areas of research and data collection to advocate for increased mental health service capacity for the Asian community.

Solutions to research into mental health care needs and service models

- **Funders need to provide broader proposal criteria for research opportunities in order to increase access for Asian organizations.** In order to allow Asian organizations to access funding for preventive program-based models, funders need to have broader proposal criteria until evidence-based research catches up, or they need to tie research and program funding together to prove what works for Asian communities.

- **Invest in research projects that would serve to build mental health service capacity in the Asian community.** Additionally, there should be incentives to encourage the academic community to conduct mental health research that focuses on Asian ethnic groups. These incentives could lead to supporting efforts to build bridges between researchers and community groups to create partnerships for research. The research topics that were consistently suggested by the focus groups were:

  - A study of the impact of social stigma on mental health in Asian communities and the kinds of programs and approaches that are most effective in helping people overcome the stigma;

  - A study of the most effective outreach methods to increase acceptance of mental health services, including a survey of commonalities across Asian groups; and

  - A study of how language is used to describe mental health issues in Asian communities (particularly as concrete mental health vocabulary often does not exist) and how providers can help to develop appropriate vocabulary for mental health to eradicate stigma.

- **Support policies to implement the disaggregation of data for the Asian community.** Disaggregated data on Asian ethnicities is vital due to the diversity of groups and

experiences in the community. Government should enforce the collection of disaggregated administrative and survey data on Asian ethnic groups.

Conclusion and Next Steps

Only a coordinated partnership among all the stakeholders in the Asian-led and Asian-serving mental health field can tackle the major challenges to increasing mental health care for Asian New Yorkers. To reach this goal, we propose the following next steps:

1) Disseminate these findings to city and state officials and funders in the mental health arena. In addition, we will share our findings with mainstream mental health organizations to determine how linguistically and culturally competent services for the Asian community can be incorporated into the larger framework of mental health services.

2) Identify specific mainstream and ethnic media with which to share key findings of the white paper and policy agenda as needed to build community awareness and interest in the capacity-building phase of the project.

3) Reach out to existing networks of mental health practitioners serving Asian populations to connect them into a wider network of resource- and knowledge-sharing.

4) Systematically catalogue the models of mental health service delivery that have been most effective in overcoming the four major challenges. This catalogue will be a resource for both the wider network in how to deliver mental health services and for researchers looking for programs and models to evaluate.

5) Identify community-based organizations motivated to expand their mental health services and connect them with the resources they need to implement their plans, such as models for implementation, funding sources, and mental health practitioners to partner with.

6) Follow up with focus group, interview, and Roundtable participants regarding specific projects in the community that need funding and resources and come up with specific asks to take to government and private funders. For example:

   a. Support an existing effort to create a single referral database with all the Asian-focused mental health practitioners and services available in the city. The project needs assistance and funding to create an online portal to make the database publicly accessible and to create a support structure to sustain and update the database.

b. Create a mental health glossary for English Language Learners to help build a community vocabulary that is neutral in meaning and helps people express their mental health needs.

Acknowledgements

Focus Group Participants:

Adhikaar	India Home
Apex for Youth	Indo-Caribbean Alliance
API PFLAG NYC	Kalusugan Coalition
Apicha Community Health Center	Korean Community Services of Metro. NY
Arab American Association of New York	Mekong NYC
Arab American Family Support Center	NYC Commission on Human Rights
Center for Family Life	Sakhi for South Asian Women
The Child Center of New York	South Asian Youth Action
Chinese American Sunshine House	Turning Point for Women and Families
Creedmor Psychiatric Center	University Settlement
Hamilton-Madison House	Womankind

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