



Overview and Current State of Asian-American Mental Health in the United States

Impact, Utilization of Care, and Directions Moving Forward

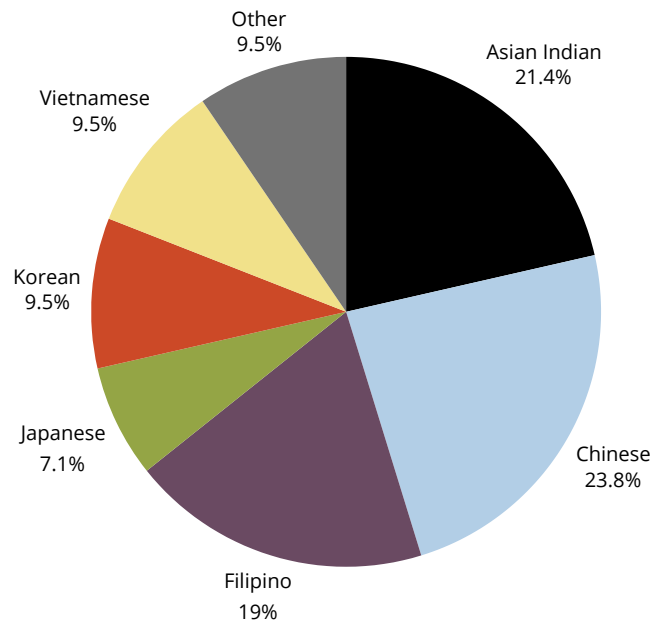
Setting the Stage: Current Asian-American Population ^{1,2}

Approximately 22 million individuals identifying as Asian American reside in the United States, representing origins from over 20 countries across the Asian continent. Within the past ten years, the Asian-American population has grown exponentially and continues to expand rapidly.

Between 2000 and 2015 the total population grew by 72%, and as of 2020 ~22 million self-identify as Asian American

It is important to understand that while “Asian” is used as a general race identifier, there are several ethnicities that comprise this identity including: Vietnamese, Chinese, Indian, Pakistani, Japanese, and Filipino. Many of these groups sustain several unique, cultural ideologies and values that need to be accounted for in terms of ‘why’ mental health problems are experienced between ethnicities. [This interactive map](#) shows the countries of origin for the Asian-American population across the U.S.

Percentage of Individuals Identifying as Asian-American in the U.S.



- Forty-five percent of the nation’s Asian-American population lives in the West, with 30% in California alone
- Twenty-four percent live in the South
- Nineteen percent in the Northeast
- Twelve percent in the Midwest



Limitations in Available Research

Often, research conflates all Asian identifying individuals leading to lack of nuance and specificity in how different ethnicities display health attitudes and perceptions.



There is a need for research to disaggregate between ethnic groups to improve representation and accuracy of research outcomes. Despite generations of Asian-identifying individuals immigrating to the United States, current research and focus on Asian mental health is lacking in both clinical and research representation.

- Majority of published research articles use data derived from the **2002 National Latino and Asian American Study (NLAAS)**. This study serves as a landmark project to increase the representation of Asian populations. The database is widely used to study several health subjects from a national lens; however, it has failed to remain updated to reflect the current population and its needs.
- Other studies demonstrating mental health inequities across Asian-American communities collect data regionally through cross-sectional methods and provide only a snapshot of the needs and barriers at a specific time.
- As mental health and well-being become more of a national priority, it is imperative that additional research be conducted on Asian-American mental health to improve utilization of clinical services and expand clinical training to be culturally responsive and relevant across Asian ethnic groups.

Current State of Asian-American Mental Health

According to the **2021 National Survey on Drug Use and Health (NSDUH)**: The percentage of Asian Americans and Native Hawaiian and Pacific Islanders who reported having any mental illness (AMI) in 2021 was 16% and 18%, respectively.

- Only 25% of Asian Americans received mental health services compared to non-Hispanic Whites (52%).
- Eight percent of Asian Americans and 15.7% of Native Hawaiian and Pacific Islanders reported have a substance use disorder, 11% of Asian Americans reported illicit drug use in the past year, and 7% reported unmet treatment needs.
- Suicide was the leading cause of death among Asian Americans and Pacific Islanders, ages 10 to 19 and the second leading cause of death among those ages 20-34. In 2018, 15.5% of Asian-American males died by suicide.

Cultural Values and Environmental Experiences Impact Mental Health

For many Asian-Americans, cultural values and environmental experiences can impact mental health and the ability to access treatment.

• **Familial structure and pressure**

- Asian families, across ethnicities, operate in a collectivist manner in which each member is involved with familial decisions and held to high expectations of personal obligation. This can lead to immense pressure to succeed in all areas (academics and employment).
- Pressure to fit the 'model minority' stereotype dismisses and neglects adverse experiences and symptoms further invalidates any mental health problems experienced.
- Strong community and cultural values discourage access to treatment due to worry of what others may think if they discover the treatment or illness.
- For individuals new to the U.S., there is risk for isolation alongside difficulty in learning a new language which can impact engagement with their community and knowledge of resources.

• **Discrimination and Racism**

- 1 in 5 Asian Americans who have experienced racism display racial trauma alongside psychological and emotional harm.



- Asian Americans who have experienced racism display prevalent symptoms of depression, anxiety, and stress.
- Difficulty or resistant to acculturation, the process of integrating one's origin culture with the new.
- The COVID-19 pandemic gave rise to skyrocketing rates of hate crimes, discrimination, and racist incidences against the Asian community nationwide, increasing stress, fear, and depression.



- **Different Perspectives and Experiences with Mental Health**

- The definition of mental health and its presentation changes between cultures, often only for severe mental illness and crises.
- A study conducted by US HHS across a diverse Asian population demonstrated beliefs that mental health is something that can and should be individually managed rather than seeking outside care.
- Similarly, the attitude is perpetuated by varying self-perceptions of what it means to experience and struggle with mental health problems.
- A study conducted by U.S. Department of Health and Human Services (HHS) across a diverse Asian population demonstrated beliefs that mental health is something that can and should be individually managed rather than seeking outside care.
- Similarly, the attitude is perpetuated by varying self-perceptions of what it means to experience and struggle with mental health problems.
- This leads to a perpetuation of misinformation and a lack of knowledge and difficulty on how to support mental well-being, validating depression and anxiety.
- Differences between 1st and 2nd generation Asian Americans:
 - 2nd generation Asian Americans are more willing and likely to report experiences with mental health and utilize the care available or other resources.



Utilization of Mental Health Services and Relevant Barriers

Research continuously demonstrates that Asian Americans exhibit a low percentage of mental health service utilization, however, this is not due to a low prevalence of mental health disorders.

- **Lack of Culturally Relevant & Competent Care**

- While there has been a recent rise in the availability of ethnically diverse therapists, there is still a tremendous gap in the administration of culturally responsive care.

- This includes being able to receive treatment in their native language and sharing identities with one's clinician.
 - Individuals who have increased English proficiency and have lived in the United States longer are more willing to use mental health services compared to individuals needing language services.
 - Studies have shown that individuals are more likely to continue a relationship with their therapist when they feel their experiences and hardships are understood from a culturally authentic perspective.
- Ethnicities should not be conflated with each other as experiences and values are vastly different between different regions of Asia. Thus, there is a need for capacity building of ethnically diverse clinicians in the nation.
 - Further disaggregation of data in researching Asian American mental health is necessary to understand the nuances and individualized needs of each ethnicity within this community.
- **Cost**
 - Even with insurance, cost and coverage of mental health care is difficult to come by and can be a challenge to navigate for 1st generation Asian-Americans and elderly individuals.
 - This structural and organizational barrier is another major inhibitor of utilization of mental health care services by Asian-Americans across the country.
- **Stigma & Shame**
 - For some individuals in the Asian-American community, negative constructs of stigma and shame for having a mental health diagnosis or seeking or receiving formalized help can be strong.
 - This could be related to beliefs of parental failure or public/familial scrutiny.



SAMHSA Resource: [TIP 59: Improving Cultural Competence](#)

This guide helps professional care providers and administrators understand the role of culture in the delivery of mental health and substance use services.

- There are limited interventions directed towards Asian-American communities to educate them about mental health and well-being, resulting in a lack of:
 - Knowledge of available resources, especially ones free of cost or more financially accessible.
 - Awareness of what struggling with a mental health issue can look like and how it may impact an individual in the long term.
 - Older generations may have a fear and distrust of medical facilities and institutions.

Directions Moving Forward

As the focus on improving Asian-American awareness about and access to mental health resources increases, improvements in engagement strategies, clinical interventions and research are also needed:



- Develop interventions that are sensitive to cultural nuances and values to help build trust and improve treatment outcomes. This could include improving representation among Asian ethnicities to represent the rapidly growing rate in the U.S. and training mental health professionals to better understand and respect cultural differences.
- Provide resources and therapy in multiple languages to overcome language barriers that many Asian-Americans face. This could include offering bilingual therapists and translating resource materials and offering bilingual therapists.
- Engage with Asian-American community leaders and organizations to help improve mental health literacy, disseminate information, and reduce stigma around accessing care.
- Incorporate traditional healing practices and beliefs into mental health care to make services more acceptable and effective. This could include offering practices like meditation or acupuncture.
- Conduct additional national, disaggregated studies to improve the availability of data and move research forward in identifying challenges and inequities as well as ways to provide high-quality, individualized and culturally responsive care.

Asian-American Mental Health Resources

- **For consumers:**

- [Asian Mental Health Collective](#) - National Asian-American therapist directory.
- [South Asian Mental Health Initiative](#) - South Asian provider network, resources, and events.
- [Pacific Asian Counseling Services](#) - Pacific Islander and Asian mental health educational resources.
- [Safe Project US](#) - Addiction and substance use resources for Asian-American and Pacific Islander communities.



- **For providers:**

- [SAMHSA Office of Behavioral Health Equity](#) - Provides resources to advance behavioral health equity by promoting mental health, preventing substance misuse and providing treatments that foster recovery and improve the lives of underserved communities.
- [SAMHSA: Adapting Evidence-based Practices for Under-resourced Populations](#) - This guide focuses on research supporting adaptations of evidence-based practices (EBPs) for under-resourced populations. Adaptations involve tailoring care, programs, and services to the cultural, social, gender, and demographic contexts of the people served to yield positive outcomes.
- [SAMHSA: Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#) - This guide underscores how the National CLAS Standards can improve access to behavioral health care, promote quality behavioral health programs and practice, and reduce persistent disparities in mental health and substance use treatment for underserved and minority populations.
- [Office of Minority Health](#) - Provides resources to improve the quality of services provided to all individuals, in an effort to reduce health disparities and achieve health equity.

References:

1. Tanqueco R, Patel S. Mental Health Facts For Asian Americans/Pacific Islanders.
2. Schlossberg JA. Confronting Mental Health Barriers in the Asian American and Pacific Islander Community. UCLA Health. May 9, 2023. Accessed August 30, 2024. <https://www.uclahealth.org/news/article/confronting-mental-health-barriers-asian-american-and-2>.
3. Mental and behavioral health - Asian Americans. Office of Minority Health. Accessed August 30, 2024. <https://minorityhealth.hhs.gov/mental-and-behavioral-health-asian-americans>.
4. Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2018.
5. Kim SB, Lee YJ. Factors associated with mental health help-seeking among Asian Americans: A systematic review. *Journal of Racial and Ethnic Health Disparities*. 2021;9(4):1276-1297. doi:10.1007/s40615-021-01068-7
6. Mental health among Asian-Americans. American Psychological Association. Accessed August 30, 2024. <https://www.apa.org/pi/oema/resources/ethnicity-health/asian-american/article-mental-health>.
7. Saw A, Yellow Horse AJ, Jeung R. STOP AAPI HATE MENTAL HEALTH REPORT.
8. McGarity-Palmer R, Saw A, Sun M, Huynh MP, Takeuchi D. Mental health needs among Asian and Asian American adults during the COVID-19 pandemic. *Public Health Reports*. 2023;138(3):535-545. doi:10.1177/003333549231156566
9. Lee M, Bhimla A, Lu W, Ma GX. Correlates of mental health treatment receipt among Asian Americans with perceived mental health problems. *The Journal of Behavioral Health Services & Research*. 2020;48(2):199-212. doi:10.1007/s11414-020-09704-6
10. Lee M, Bhimla A, Lu W, Ma GX. Correlates of mental health treatment receipt among Asian Americans with perceived mental health problems. *The Journal of Behavioral Health Services & Research*. 2020;48(2):199-212. doi:10.1007/s11414-020-09704-6