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To the Democratic and Republican National Convention Platform Drafting Committees

Thank you for your consideration to address mental health as an action item for the national platform during this important campaign. Mental health frequently receives national attention only when a violent act has occurred and is covered by the daily news. This paints not only paints an inaccurate picture of mental health, it more importantly fails to address the critical issues facing millions of Americans who are not violent and experience mental health problems.

Mental health impacts and is impacted by every aspect of our lives yet fails to receive the type of proper attention and resources it deserves. The World Health Organization reports that mental health issues and substance abuse are the leading causes of disability worldwide. According to the National Institute of Mental Health, approximately \$193 billion in wages is lost each year in this country due to untreated mental illness. A recent study at Tufts University reports that depression alone accounts for a loss of \$44 billion each year.

Research shows a direct correlation between depression, diabetes, cardiovascular disease, obesity, smoking and other health problems. Failure to treat mental health conditions is not only costly it can also have dire consequences. The National Association of State Mental Health Program Directors, NASHMPD reported that individuals with serious mental health problems die 25 years earlier than the general population. 60% - 70% of the deaths are attributed to medical conditions that could have been treated more effectively had the person received proper mental health services as part of their overall health care.

The Patient Protection and Affordable Care Act placed a welcome and much needed spotlight on integrated care and the importance of looking at the relationship between mental health and primary care. While this is clearly a move in the right direction, all mandated dollars, including those for mental health services were allocated to primary care settings which are often ill equipped to handle serious mental health problems. This jeopardizes the survival of community based behavioral health organizations which are often the best equipped to access and treat some of our most vulnerable populations. They have a long standing history of success and are crucial to helping eliminate disparities in care for AANHPIs and other ethnically diverse populations.

AANHPI with limited English proficiency, LEP, are at particular risk for not receiving the quality of care they need. This is primarily due to the serious lack providers who have the capability of providing culturally and linguistically competent care. Asian women over the age of 65 have the highest rate of suicide of any ethnic population in that age range, PTSD represents the most common psychiatric disorder, affecting perhaps 50% to 70% of the refugee population compared to 7.8 – 10% of the general population. AANHPIs are also the least likely to seek care and are often the least likely to feel comfortable with the quality of care they receive in primary care settings that do not understand their mental health needs.

It is imperative that we continue to support the expansion of the ACA but with it comes an additional challenge. The increased eligibility of AANHPIs and others will require an expansion in the current service delivery system. This will require us to broaden the definition of who should be considered a qualified provider and how we identify, train and support all providers.

The following recommendations are made to insure proper and adequate inclusion of Asian Americans, Native Hawaiians and Pacific Islanders. The recommendations are based on input from community based mental health clinics from around the country that work directly with AANHPIs and have a long history of provide culturally and linguistically appropriate care.

RECOMMENDATIONS

- ⇒ Protect culturally competent behavioral health agencies, particularly those with a long history of providing culturally and linguistically competent care to diverse populations including Asian Americans, Native Hawaiians and Pacific Islanders. This can be accomplished by expanding the Mental Health Demonstration Grants (Section 223) of the Protecting Access to Medicare Act passed by Congress in 2014 which will pilot integrated models of care in behavioral health settings. The expansion should allow SAMHSA to administer this as a long term initiative that goes beyond the pilot phase.
- ⇒ Require states to gather granular data on all persons receiving services at the selected Certified Community Behavioral Health Clinic under the Protecting Access to Medicare Act
- ⇒ Increase support to SAMHSA which is the primary federal agency addressing mental health services for all populations, including AANHPIs
- ⇒ Require states to have clearly developed strategy to address cultural and linguistic needs of diverse populations. This may include allocation of additional resources to accommodate for services in multiple language, translation of materials and hiring of properly trained interpreters
- ⇒ Provide adequate workforce development resources to meet the increased demand for services brought on by the success of the Affordable Care Act
- ⇒ Resources must include those designed to meet the unique and unmet needs of AANHPIs and other individuals who are often denied access to care because of cultural and language care.