Addressing the Stigma: Asian Americans, Native Hawaiians, Pacific Islanders and Mental Health

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Hosted by the National Council of Asian Pacific Americans Health Committee

www.ncapaonline.org

@NCAPAtweets
The National Council of Asian Pacific Americans (NCAPA)

- The National Council of Asian Pacific Americans (NCAPA) was founded in 1996 and is a coalition of thirty-five national Asian Pacific American organizations around the country.

- Based in Washington D.C, NCAPA serves to represent the interests of the greater Asian American (AA) and Native Hawaiian Pacific Islander (NHPI) communities and to provide a national voice for AA and NHPI issues.
NCAPA Mission & Vision

Mission
We are a coalition of national Asian American, Native Hawaiian and Pacific Islander organizations striving for equity and justice by organizing our diverse strengths to influence policy and shape public narratives.

Vision
We envision a world where Asian Americans, Native Hawaiians and Pacific Islanders work together to shape our own future as part of the broader racial justice movement and advance our communities and country towards a common purpose of progress, prosperity and well-being for all.
NCAPA Policy Committees

- Civil & Human Rights
- Education
- Health
- Housing & Economic Justice
- Immigration
Living Healthy Lives

- Support the implementation of the Affordable Care Act
  - Focusing on access to culturally and linguistically competent health care and enrollment

- Reduce health disparities and expand access to preventative services

- Advocate for the collection, reporting, and analysis of standardized, disaggregated demographic and health data of AA & NHPIs
NCAPA Health Committee Priorities for 2015

- Opposing Prenatal Nondiscrimination Act (PRENDA)
- Supporting Health Care Access for DACA/DAPA Recipients
- Language Access and the Affordable Care Act
Contacts

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Outline of Presentation

- Introduction of Self and Asian American Psychological Association
- Discuss cultural context of AANHPI communities
- Discuss AANHPI beliefs about mental health and psychotherapy
- Discuss how to address AAPINH mental health issues on individual, community, and federal levels
Asian American Psychological Association (AAPA)

- Founded in 1972 by activist-scholars in the SF Bay Area
  - Derald Wing Sue – 1st President
- History of advocacy
  - Education & training of bilingual bicultural service providers
  - Establishment of ethnic-specific clinics
- Notable leadership
  - Richard Suinn (APA President 1999)
  - Nolan Zane (Asian American Center on Disparities Research, UC Davis)
  - Alvin Alvarez (Dean of San Francisco State Univ)
  - Larke Huang (SAMHSA)
AAPA Current Activities

- Membership: 500
- Divisions
  - Women
  - Students
  - South Asian Americans
  - Filipino Americans
  - LGBTQ

**Asian American Journal of Psychology**
- Established 2009
- Impact Factor: 1.67
- Ranked #1 Ethnic Studies Journal

- Task Forces
  - Practice
  - Ethics
  - Policy

- Factsheet series
  - Trauma/Violence
  - College Students
  - Bullying
  - Suicide
  - Substance Abuse (Forthcoming)

- Website: www.aapaonline.org
“Giving Asian American Psychology Away”

- Joined the National Council of Asian Pacific Americans (NCAPA) in 2014
- Member of the Alliance of National Psychological Associations Promoting Racial/Ethnic Equity
- Facebook “likes” = 2815, Twitter: @AAPAonline
- Released policy statements on #BlackLivesMatter, Chapel Hill Shootings, American Indian Mascots, Undocumented Immigrants, and more.
Who are the Asian Americans?

- The term “Asian American” refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, over 40 distinct ethnicities.
- Asian Americans are the fastest growing racial/ethnic minority group in the United States.
- Currently 4.8% of total U.S. population (14.7 million), with an additional 4 million identifying as multiracial Asian Americans.
- Projected to increase to 40 million by 2050 (or 9% of U.S. population).
- Account for one-third of all immigrant arrivals since the 1970s.
- Largest ethnic groups include: Chinese, Filipino, Asian Indian, Vietnamese, Korean.
Who are the Native Hawaiians and Pacific Islanders?

- The total population of Native Hawaiian and other Pacific Islanders, including those of more than one race, was estimated at 1.4 million of the U.S. population.
  - Native Hawaiian population = 518,000
  - Samoan = 174,000
  - Guamanian or Chamorro = 108,000

- Projected that by 2050, there will be more than 2.6 million Native Hawaiian and Other Pacific Islander individuals in the United States.
Recognition of Heterogeneity of AANHPI communities

- 40+ ethnicities
- Hundreds of religions and spiritual practices
- Multiple generations in the US
- Various immigration experiences (refugees, post–1965 “professionals”, migrant workers, undocumented immigrants, etc.)
- Spectrum of gender, gender identity, & sexual orientations
- Diversity of social class & education (e.g., many Southeast Asians and Pacific Islanders live in poverty)
General AANHPI cultural values

- Filial Piety
- Collectivism
- Respect
- Indirect communication
- Conformity to norms
- Emotional self-control
- Family recognition through achievement
- Humility
Asian American Values Scale

- Collectivism
- Conformity to norms
- Emotional self-control
- Family recognition through achievement
- Humility

(Kim, 2005)
Asian Americans are viewed as the Model Minority, which defines Asian Americans as well-educated, successful/career-driven, and law-abiding citizens.

Problems with Model Minority Myth
- Fallacies of Myth for many AA subgroups
- Assumes that mental health problems are minimal
- Tension w/ other groups of color
- Often, Native Hawaiians and Pacific Islanders are lumped in this myth, despite educational and sociocultural disparities
Mental Health Issues and Treatment
Beliefs about Mental Health

- Cultural stigma/shame is common in most AANHPI communities
- Somatization of physical health issues
- Emotional restriction is common for men and women (in many AA communities)
- Many AANHPIs utilize spirituality and religion in coping with problems
- Many AANHPIs believe in fatalism (i.e., leave it up to God or higher power or fate)

(Nadal, 2011; Sue & Sue, 2012)
Mental Health Treatment

- Common Themes from AANHPI Research from Past 40 years:
  - AANHPIs utilize counseling services least out of all racial/ethnic groups
  - Many AANHPIs seek counseling services when symptoms are most severe.
  - Many providers are not culturally competent
  - Many AANHPIs are often misdiagnosed

(Sue & Sue, 2012)
Asian Americans report lower rates of mental illness than Whites
Asian Americans are less likely to seek help for their emotional or mental health problems than Whites
Asian Americans who were born in the United States or who immigrated at a young age had higher rates of mental illness
Participants who experience more discrimination report higher rates of depression
Vietnamese Americans more likely to seek help
Common Presenting Problems for Asian Americans in Counseling

- academic
- interpersonal
- health
- substance abuse
- dating
- bicultural and biracial issues
- family difficulties due to emerging cultural differences
- marginality
- difficulties relating within various subgroups
- experiences of racism

(Sue & Sue, 2012)
# AANHPIs & Suicide

## Myths about Suicides among Asian Americans

**Myth:** Asian Americans have higher suicide rates than other racial/ethnic groups.

**Fact:** The suicide rate for Asian Americans (6.10 per 10,000) is about half that of the national rate (11.5 per 10,000).

**Myth:** Asian Americans have higher suicide rates than other racial/ethnic groups.

**Fact:** Asian American college students had a higher rate of suicidal thoughts than White college students but there is no national data about their rate of suicide deaths.

**Myth:** Young Asian American women (aged 15-24) have the highest suicide rates of all racial/ethnic groups.

**Fact:** American Indian/Alaskan Native women aged 15-24 have the highest suicide rate compared to all racial/ethnic groups.
AANHPIs & Suicide

- Suicide was 8\textsuperscript{th} leading cause of death for AAs (versus 11\textsuperscript{th} for general US population)
- Asian American women ages 65–84 had highest suicide rate (compared to all US women in same age group)
- U.S. born AA women had higher prevalence of suicidal thoughts than general US population
- AA adults between 18–34 have higher rates of suicidal thoughts, intent, & attempts than other racial groups.
- AA College Students more likely than Whites to have suicidal thoughts or attempts

(AAPA, 2012)
AANHPIs & Schizophrenia

- AANHPIs tend to have similar rates of schizophrenia as the general population (1%).
- However, culture-bound symptoms may affect how schizophrenia manifests:
  - AANHPIs with schizophrenia are more likely to commit suicide than Whites.
  - Auditory hallucinations are more common in Whites.
  - Asians were more likely to show neglect of activities, lose appetite, and be irritable.
  - Whites were twice as likely to have somatic complaints and perform violent acts compared to Asians.
  - Whites were more likely to suggest that others are responsible for the onset of the mental illness of the individual compared to Asians who were more likely to take responsibility for their condition.

(Bhugra, et al. 1999)
Examples of AANHPI Ethnic Groups & Mental/Behavioral Health

• Vietnamese Americans in CA were twice as likely as Whites to report mental health problems but were less likely to discuss such issues with their physician (Sorkin et al., 2008)

• Some studies have found depression to be higher in Filipino Americans than in the general American population and schizophrenia to be more prevalent than other AAs (Nadal, 2011)

  Native Hawaiian youth have highest rates of substance use in Hawai‘i, in comparison to all other racial/ethnic groups. (Mokuau, 2002)
AANHPIs are sometimes diagnosed with schizophrenia; however, oftentimes it may be a normal coping method of dealing with death (e.g., a widow may claim her deceased husband “visits” her).

Some Filipino Americans may suffer from a “Smiling Depression” in which they do not exhibit external symptoms (e.g., difficulty eating, sleeping, functioning) but repress or hide internal symptoms (e.g., sadness, worthlessness).

(Nadal, 2011)
Many AAPINHs defer to authority figures.

Culturally responsive counselors are viewed as more expert, attractive, and trustworthy than culturally neutral counselors.

Counselors who communicate through direct and indirect ways (e.g., body language) are viewed positively.

Directive counselors are viewed as more positive than nondirective/insight-oriented counselors.

Many AANHPIs may prefer counselors to problem solve.

Filipino and Pacific Islander clients may prefer expressive and interpersonal relationships in counseling.

(Nadal, 2011; Sue & Sue, 2012)
How can I address AAPINH mental health issues on individual, community, and federal levels?

- **Individual levels**
  - Normalizing mental health issues and treatment
  - Encouraging others to seek mental health treatment
  - Know your resources

- **Community levels**
  - Discuss mental health issues in your organizations
  - Promote balance & self-care
Conclusion

How can I address AAPINH mental health issues on individual, community, and national levels?

- National Levels
  - Advocate for policies affect people’s access to resources. For instance, the Affordable Care Act expanded the Mental Health Parity and Addiction Equity Act of 2008 to cover those without access to mental health insurance.
  - Become a researcher!
Thank you for listening!

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