



Policy Brief
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Mental health disparities among Asian American and Pacific
Islanders in California: An update

by

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(CNN News 2007)¹ “Eliza Noh hung up the phone with her sister. Disturbed about the conversation, Noh immediately started writing a letter to her sister, a college student who was often depressed. ‘I told her I supported her, and I encouraged her,’ Noh said.

But her sister never read the letter. By the time it arrived, she’d killed herself.”

Moved by her personal tragedy, Noh, a professor of Asian American Studies at California State University started doing research on Asian American mental health issues.

This is one of many stories illustrating how mental illness can affect people. Other cases, although not as tragic, carry a special burden as mental health problems affect approximately one in five Americans every year,² and the resulting disability is no less than other major systemic diseases like cancer and heart disease.

Asian Americans and Pacific Islanders (AAPIs) in California and Mental Health

Historically, California has been the state with the largest population of Asian Americans³ and the second largest population of Native Hawaiians and Pacific Islanders.⁴ Asian Americans are the only racial group that has a higher proportion of individuals born outside the United States than inside.⁵ Thus, Asian Americans encounter many challenges when adjusting to American life. In particular, second-generation Asian Americans are an emerging population who face difficulties since their family members are more likely immigrants and thus may not be as familiar with American culture.

Several previous studies have shown disparities in mental health status and access to mental healthcare among Asian Americans.⁶ A recent California-based study also pointed out that AAPIs are less likely to have mental health insurance than other racial groups.⁷ Also, many Asian cultures adopt a unified, mind-body concept and view mental illness as a physical dysfunction, which may prevent them from seeking the help of mental health professionals.⁸ Ethno-cultural factors (such as trust and treatment receptiveness, stigma, and culturally distinctive beliefs about mental illness and mental health) interacting with provider factors may also be responsible for racial and ethnic disparities in initiation and continuity of mental healthcare.⁹

Recently, efforts have been made to enhance access to, and cultural competency in, mental health services. An example of such efforts includes mandates requiring state Medicaid programs to offer culturally competent services.¹⁰ However, little is known about what disparities in mental health services remain after these programs.

AAPI Disparities in Mental Healthcare

Using data from the 2005 California Health Interview Survey,¹¹ our study shows evidence of mental health disparities among Asian Americans and Pacific Islanders (AAPIs): after adjustment for mental health condition and preferences, the odds of AAPIs using mental health services is significantly lower than non-AAPIs.

Figure 1 shows that:

- AAPIs have similar levels of psychological stress (15.4%) as non-Hispanic Whites (14.1%).

- The self-reported need for (14.7%) and the use of (3.9%) mental health services are significantly lower in AAPIs than in non-Hispanic Whites (18.4% and 11.0%, respectively).

In our study, psychological stress and self-reported need are both associated with mental health service use. However, for people with similar levels of psychological stress and self-reported need for mental health services, the odds of mental health service use for an AAPI is 43% lower than if he or she were not an AAPI. Thus, controlling for mental health condition and preferences to use mental health services, the odds of using mental health services among AAPIs is significantly lower than non-AAPIs.

These results counter previous theories that differences in mental healthcare were due to lower psychological distress among AAPIs and provide evidence of disparities in use of mental health services for AAPIs.

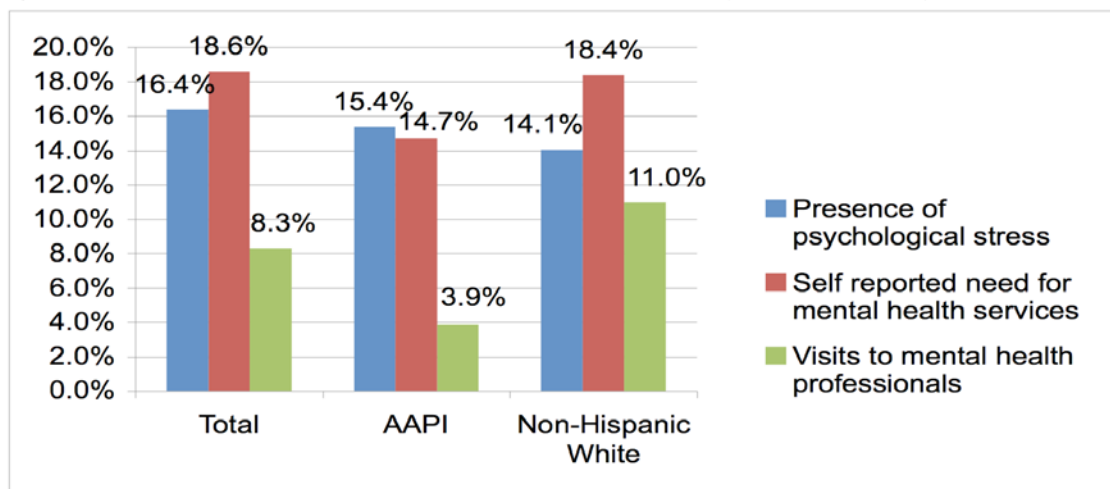
Policy Implications and Recommendations

- Asian Americans and Pacific Islanders in California should not be regarded as a group that has less need for mental health services.
- Efforts should be made to increase access to mental health services for Asian Americans and Pacific Islanders.

- Increase linguistically and culturally appropriate mental health services for AAPIs.
- Eliminate the financial and geographic barriers for mental health services for AAPIs.
- More research should be conducted to understand the causes of mental health problems among AAPIs and the barriers to receipt of mental health services.

This analysis adopts the recent racial disparity model proposed by the Institute of Medicine¹² and provides evidence of disparities in mental health service utilization among Asian Americans and Pacific Islanders in California employing the most recent data available. These results can inform stakeholders and health workers in the field of health promotion, community intervention, and program evaluation on evidence-based decision-making and resource planning in mental health in California. Because California has the largest population of non-White ethnic groups in the U.S., and, according to recent projections, the nation will resemble the present diversity of California within 30 years,¹³ this study will also become an important reference for national policy makers.

Figure 1: Needs for and use of mental health services in California by race and ethnicity



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