Asian American and Pacific Islanders (AAPIs) are the fastest-growing ethnic minority in the United States. But despite their longstanding historical and cultural presence, many AAPIs remain marginalized and continue to face numerous challenges in seeking mental health services in their communities.

In America, one in five adults has a diagnosable mental disorder and one in four families will have a family member who experiences mental illness. The U.S. Surgeon General’s Report on Mental Health, Culture, Race and Ethnicity (2001) underscored the strong influence of culture on the mental health beliefs and practices of racial and ethnic minorities in the United States. The report not only highlighted the low utilization of mental health services among AAPIs, but also stressed the diversity in the presentation and expression of psychological and psychiatric distress.

**Mental Health Rates**

- Three decades of research on mental health show that Asian Americans exhibit high numbers of depressive symptoms, especially when compounded with factors such as war, abuse and stress.

- Suicide is the fifth-leading cause of death among Asian Americans, compared to the ninth-leading cause of death for Non-Hispanic white Americans.

- Older Asian American women have the highest suicide rate of all women over age 65 in the U.S. In 2005, the suicide rate was 1.6 times greater than it was in the non-Hispanic white population.

- Among women aged 15-24, Asian American females have the highest suicide rates across all racial/ethnic groups.

- Southeast Asian refugees are at risk for posttraumatic stress disorder associated with their experiences before and after immigration to the U.S.

- 40 percent of Southeast Asian refugees have depression and 35 percent have anxiety.

- 71 percent of Southeast Asians meet the criteria for a major affective disorder, which includes depression. Hmong (85 percent) and Cambodians (81 percent) showed the highest rates. Moreover, 70 percent of Southeast Asian refugees are found to have posttraumatic stress disorder.

**Risks for Serious Emotional and Behavioral Problems**

- Asian American adolescent boys are twice as likely as whites to have been physically abused, and three times as likely to report sexual abuse.
Mental Health Issues among Asian American and Pacific Islander Communities

• Every seven hours an Asian American child is arrested for a violent crime.11

• Asian American women are at great risk for staying in an abusive relationship due to limited financial and social resources and the common belief in their partner’s promise to change due to their obligation to their family and children.12

Treatment

• Asian Americans have the lowest utilization for mental health services and are more likely to have psychotic diagnoses in inpatient and outpatient settings. Studies further show that Asian Americans have greater disturbance levels than non-Asians clients.13

• AAPIs frequently experience somatic(physical) symptoms and prefer to go to primary care providers rather than mental health specialists.14

• The stigma associated with mental health disorders is a significant barrier among AAPIs in seeking appropriate professional help.15

• As a largely immigrant and refugee population, AAPIs face economic and language barriers that prevent them from accessing health care, making them more vulnerable to advanced depression and other mental health disorders. The presence of stress for AAPIs related to immigration and acculturation may also be a factor in developing depression. For example, suicide rates are higher for foreign-born Asian Americans than for American-born Asian Americans.

Promising Practices

Despite the limited research and data on AAPIs and mental health, there are a number of federally recognized promising practices and service models in the U.S. that have been identified as culturally appropriate to meet the needs of the AAPI community. These include:

• The Charles B. Wang Community Health Center Bridge Mental Health Program in New York City offers mental health services within primary care settings by the “Bridge” team. For more information visit www.cbwchc.org/hcs/mh/mh.asp.

• The Asian Mental Health Partnership Initiative in Chicago provided mental health workshops to Asian American community-based organizations to increase staff’s awareness of mental health issues and strengthen their organizational ability to reduce stigma. For more information visit http://minorityhealth.hhs.gov/templates/content.aspx?lvl=1&lvIID=44&ID=8811

• The Social Adjustment Program for Southeast Asians (SEA) trained bilingual and bicultural counselors in Western mental health practices that provide a variety of services to South East Asian immigrants and refugees of all ages in St. Paul, Minn. For more information visit www.brycs.org/promisingpractices/program.cfm?ID=45
Programs such as these can be a valuable source of ideas and resources that can help address the issues faced by many AAPIs about mental health in their community.

5 Ibid.
6 Center for Disease Control and Prevention National Center for Health Statistics. Health. (US. Dept. of Health and Human Services, 2002).