

Mental Health Awareness Week: Top 10 Myths about Asian Americans and Mental Health

October 11, 2013



[In 1990, Congress declared the first week of October to be Mental Health Awareness Week](#); today marks the final day of Mental Health Awareness Week 2013. In honour of this week, here are the top 10 myths about Asian Americans and mental health that remain pervasive in our community.

1. Mental health isn't an Asian American issue.

In several studies that specifically examine the incidence of suicide among Asian Americans have found a far greater incidence among Asian Americans than many other ethnic groups. Most notably, [Asian American women at multiple ages have higher suicide rates than the national average](#). In particular, [both elderly Asian American women \(>65\) and men \(>85\) have the highest suicide rates](#) compared to non-Asians. [Suicide is the 8th leading cause of death for Asian Americans, \(compared to 11th for the national population\)](#). These data strongly suggest a specific and under-addressed disparity in mental health awareness and treatment in the Asian American community.

2. Depression and mental illness is rare in the Asian American community.

Few studies have specifically examined the incidence of depression in the Asian American community, and those that have show some conflicting results, but in analysis of the National Latino and Asian American Survey, [depression-related symptoms is reported in approximately 10% of Asian Americans. 15.9% of young Asian American women report suicidal thoughts](#) (which is comparable to the national average).

3. Alternatively, Asian/Asian Americans are more biologically or culturally prone to depression, which explains the high rates of suicide.

Despite some studies showing higher rates of depression in Asian Americans compared to Whites, the NLAAS concluded that rates of depression and related symptoms are similar to, or lower than, that of other ethnic groups ([for a full review, see here](#)). Yet, in a separate study (also reviewed in the link provided), US-born Asian Americans also report far higher rates of depression (~22%) compared to foreign-born Asians Americans (~8%), indicating that genetic/biological factors are unlikely to blame: instead, these data combined with the higher incidence of suicide among Asian Americans suggest a disparity in Asian Americans seeking out or receiving appropriate treatment for mental health concerns

4. The early signs of clinical depression are obvious.

Depression can affect everyone differently — some people feel unmotivated and lethargic, while others become angry and aggressive. Some sleep all the time while others have difficulty falling asleep. Sometimes, the early signs of depression aren't obvious, but [there are a few common warning signs](#):

- **Feelings of helplessness and hopelessness.** A bleak outlook—nothing will ever get better and there's nothing you can do to improve your situation.
- **Loss of interest in daily activities.** No interest in former hobbies, pastimes, social activities, or sex. You've lost your ability to feel joy and pleasure.
- **Appetite or weight changes.** Significant weight loss or weight gain—a change of more than 5% of body weight in a month.
- **Sleep changes.** Either insomnia, especially waking in the early hours of the morning, or oversleeping (also known as hypersomnia).
- **Anger or irritability.** Feeling agitated, restless, or even violent. Your tolerance level is low, your temper short, and everything and everyone gets on your nerves.
- **Loss of energy.** Feeling fatigued, sluggish, and physically drained. Your whole body may feel heavy, and even small tasks are exhausting or take longer to complete.
- **Self-loathing.** Strong feelings of worthlessness or guilt. You harshly criticize yourself for perceived faults and mistakes.
- **Reckless behavior.** You engage in escapist behavior such as substance abuse, compulsive gambling, reckless driving, or dangerous sports.
- **Concentration problems.** Trouble focusing, making decisions, or remembering things.
- **Unexplained aches and pains.** An increase in physical complaints such as headaches, back pain, aching muscles, and stomach pain.

5. Depression is a character weakness, and means there's something wrong with me.

Scientists are at a consensus that chronic and/or clinical depression — while capable of being triggered by environmental stresses — are [primarily a result of biological and/or genetic factors that predispose a patient to depression](#). Depression is a mental illness, but depressed people are no weaker than people battling cancer. People who battle mental illness are sick, not weak.

6. Fixing racism (or other social/cultural stresses) will cure our community's mental health problems.

Environmental stressors can expose underlying depression, but do not alone cause depression. Depression is biological and genetic. While racism and stereotyping can contribute to the stress that might trigger a

depressive episode in a patient, “fixing” racism — while a worthy mission — will not alone fix our community’s high incidence of depression and suicide, because they do not address either the underlying biological causes for depression or the cultural obstacles and stigmas that discourage patients from seeking treatment.

7. Asian Americans are equally as likely as other ethnic groups to report mental illness and depression.

Several studies document that Asian Americans [are less than half as likely than our non-Asian counterparts to report mental illness to their friends and/or to seek treatment](#). Specifically, [only 2% of Asian Americans will mention symptoms of depression to their doctor](#), compared to the national average of 13%.

8. Mental illness is embarrassing, and I can treat my depression on my own.

Some symptoms of depression can sometimes be managed with lifestyle changes, [including exercise](#), but it’s a myth to think that clinical depression can go largely undiagnosed or treated by a medical profession. Depression has biological components that are best treated through medical care, and on occasion and under appropriate medical supervision, anti-depressants.

9. My primary care physician is fully equipped to treat my depression.

[Few primary care physicians are fully trained in depression and related spectrum disorders](#), and although some symptoms can be managed with your primary care physician, primary care physicians may not be fully equipped to diagnose or treat more severe forms of depression. That being said, it is always better to discuss potential symptoms of depression with your doctor than to hide it — they can either help treat your depression if it is mild or refer you to a specialist if it is severe. So, talk to your doctor!

10. Other Asian Americans don’t/won’t understand me and my depression.

Check out [Hyphen Magazine’s Ask an Asian American Suicide](#).

And, here are a few other resources for you if you are an Asian American who is, or thinks you might be, battling depression and/or other mental health concerns:

- [APIAHF: Resource List](#)
- [NAAPIMHA: Resource List](#)
- [NAMI’s: Resource List & Asian Language Fact Sheets](#)

If you or someone you know is contemplating suicide, call:

- 1-800-273-8255 (TALK), 24hr National Suicide Prevention Hotline, >150 languages available
- 1-877-990-8585, 24hr Asian LifeNet Hotline, Cantonese, Mandarin, Japanese, Korean, Fujianese available