ASIAN PACIFIC AMERICAN OFFICERS COMMITTEE

of the

United States Public Health Service Commissioned Corps

NEWSLETTER

Healthy Mind Initiative | **Special Edition 2018**

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Inside This Issue

APAOC Chair's Corner 1
CPO Remark 3
SAMHSA Administrator Remark 5
Asian Americans Health Initiative Remark ... 7
Sikh Community Outreach Event 9
Filipino American Mental Health Forum 10
Maryland's Mental Health First Aid Trainings 11
Youth Mental Health First Aid Training 11
Chinese Community Outreach Events 12
Getting Involved with HMI 13
HMI Organization Chart 14
HMI Partners 15
HMI Resource List 16
Recap of 2018 HMI Articles 18
Support Your APAOC 24

APAOC Chair's Corner

Dear APAOC members,

Mental health has always been a stigmatized issue within the Asian American and Pacific Islanders (AAPI) communities. Even though AAPI is culturally stereotyped as the model minority and being smart, suicide death is sadly the leading cause of death for (AAPI) adolescents 12-19 years old in 2016. The mission of the Healthy Mind Initiative (HMI) is to increase mental health awareness and promote suicide prevention in adolescents in AAPI communities. Since its launch in January 2018, HMI has received strong support from senior HHS and PHS leaders, the local and federal government, and community leaders. With the extraordinary leadership from LCDR Xinzhi Zhang, CDR Ranjodh Gill, CDR Karen Chaves, LCDR Oliver Ou, and LCDR Kelly Leong, HMI has expanded from a handful of officers, to a structured organization with 8 culturally specific teams and 96 members. The goal of this Special Issue is to brief our members on HMI's progress and to encourage more officers to participate in this initiative.

See **CHAIR** *on page 2*

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Interested in submitting an article or volunteering?

Please forward your submissions to LCDR Eric Wong Eric.Wong@ice.dhs.gov or CDR Su-Lin Sun, Su-Lin.Sun@fda.hhs.gov

CHAIR from page 1

THE BEGINNING OF HMI

The idea of HMI started between a brief discussion between LCDR Xinzhi Zhang and myself at the USPHS Scientific Training and Symposium in Nashville, Tennessee, I was brainstorming ideas to launch a community project for APAOC to serve the AAPI community. After considering APAOC's strength and the disease prevention programs that we can make the most impact on the AAPI communities, the initial concept of HMI was formed.

In the early phase of HMI, CAPT Jeanean Willis Marsh, the Chief Professional Officer for the Health Services Officer, provided significant guidance and support to help APAOC jumpstart our initiative. She was instrumental in establishing our partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Asian American Health Initiative (AAHI) of the Montgomery County Health and Human Service in Maryland. In January 2018, APAOC officially established the Community Engagement Workgroup to lead and implement HMI. It is my vision that HMI can establish a successful model for APAOC to engage with AAPI communities nationwide. As the HMI advances to Phase 1B and 2 (**see table below**), APAOC will collaborate with other PHS groups to mobilize officers to promote mental health awareness to their own communities.

THE FUTURE OF HMI

APAOC has made tremendous progress on HMI in partnership, recruitment, training, community outreaching, and visibility in less than a year. HMI has successfully established twenty-six partners and collaborators since our inception. Currently, ninety-six officers from eight professional categories in thirteen states are actively involved in the HMI. SAMHSA successfully developed the education material on mental health for the AAPI communities by working closely with APAOC and AAHI. The education material was translated into Chinese, Korean, and Vietnamese. Fifty-six officers successfully completed the Mental Health First Aid training, and thirty-six officers attended the Train-the-Trainer sessions. Over eighty officers participated in fourteen community outreach events on mental health and educated over six-hundred audience. Finally, HMI team has published eighteen articles on HMI in newsletters and blogs. The HMI has also been commended and supported by senior HHS and PHS leadership.

I want to thank all the officers involved in the HMI team for your strong passion, outstanding leadership, dedication, and determination, and for pledging your unwavering support to make the initiative a success. Your effort has made APAOC more valuable to all our officers and our communities. I would like to extend my appreciation for our PHS senior leadership and HMI partners and collaborators for their leadership, guidance and support so that we can make our vision into reality. The success of HMI would not be possible without you.

I look forward to the future of this initiative.

Eric Zhou
Commander, USPHS
2018 APAOC Chair

Phase	Target Audience	Communities	Location
1A	Parents	AAPI	Nationwide
1B	Parents	General Public	
2	15-18 year old	General Public	

From left to right: CDR Eric Zhou (APAOC Chair), Dr. Matthew Lin (Deputy Assistant Secretary for Minority Health), and Mr. Arne Owens (Principal Deputy Assistant Secretary for the Substance Abuse and Mental Health Services Administration) commended for APOAC's Healthy Mind Initiative at the second APAOC Leadership Summit in Rockville, MD on October, 12, 2018.

"The Healthy Mind Initiative is a model program for collaboration across public and private organizations to address mental health challenges in the AAPI community...I commend APAOC for the tremendous progress this Initiative has already achieved in less than a year."

Dr. Matthew Lin
HHS Deputy Assistant Secretary for Minority Health

CPO Remark

CAPT Brian Lewis
Chief Medical Officer

Dear APAOC Corps brothers and sisters,

I am honored to add my voice as the Physician CPO along with all Corps physicians in support of your Healthy Minds Initiative (HMI). Your initiative addresses not only a priority for our administration and HHS leadership, but also raises awareness and develops strategies to reduce suicide among Asian American and Pacific Islander youth. What a worthy public health partnership and demonstration of leadership! The Physician Professional Advisory Committee (PAC) is happy to have the opportunity to collaborate with APAOC to support HMI.

Like many families in the United States, my family has experienced depression and suicide first hand. This topic is very close to my heart. My 14-year-old and I recently attended a community screening of a powerful film about suicide and we were glad to learn about the abundant resources in our community. We were all encouraged to consider and share the resources we have, so that we can protect those around us before it is too late. Each of us can help prevent suicide in our own communities. Speakers from the National Alliance for Mental Illness (https://www.nami.org/) explained all the various venues for us to seek help, and to offer help such as online resources, telephone hotlines, and volunteer opportunities. We were told about a community hotline for anyone needing help. My son who shares Asian-American heritage with my wife was fired up to join these efforts in some way in the future.

Among those close to me I have also seen greater awareness and willingness to discuss mental illness. I have seen better therapies including whole patient approaches and traditional antidepressants and novel approaches like episodic infusion of ketamine. For me, playing guitar and music has had so much impact that I bring my guitar on deployment. The picture below shows me and a Florida evacuee (not seen) singing together during Hurricane Irma efforts.

I am a cardiologist by training, and have always relied on the expertise of colleagues to understand disciplines beyond my own. To help me connect with you, I asked questions of one of our physicians, a wonderful Corps psychiatrist, LCDR Micah Sickel, to answer some of my questions. Here is our recent conversation about our many opportunities to promote mental health.

LCDR Micah Sickel

LEWIS: Micah, what is your best advice to promote mental wellness?

SICKEL: While many may think there is a magic pill or treatment in psychiatry – a panacea to become happy, productive and fulfilled – there really isn't. I am not even sure I would want one. Like other branches of medicine, psychiatry's solutions are multifactorial. And, we are trying to gravitate toward preventive instead of reactive approaches to decrease risk factors and bolster resistance to diseases such as depression.

LEWIS: So…what can I do today to promote mental wellness?

SICKEL: Here are practical approaches in 3 major areas of life: sleep, physical activity and nutrition based on my psychiatry practice.

SLEEP: At a recent ideas festival in LA, Netflix CEO, Reed Hastings proclaimed that Netflix's main competition is sleep. And, he said, "…we're winning!" There is so much competition for your time, especially your sleep time. Binge watching movies and shows, as well as video games, texting, and social media all compete with sleep time.

See **CPO** *on page 4*

CPO from page 3

Sleep is so important to mental wellness. About 10-18% of adults in the US experience chronic sleep problems. Studies show that adults with insomnia develop depression up to 4 times more often.

What can you do to optimize sleep? Practice good sleep hygiene.

- Put away your screens. Do not bring screens to bed. Take the TV out of your bedroom. Leave the stress of the day (news) outside the bedroom. Make your bedroom a place for relaxation.
- Turn off your lights.
- Minimize "sound pollution". If necessary, wear ear plugs.
- Avoid drinking caffeine in the evening.
- Avoid smoking or drinking alcohol close to bedtime.
- Maintain a consistent sleep schedule.
- The American Academy of Sleep Medicine and the National Sleep Foundation recommend 8-10 hours of sleep for adolescents and 7-9 hours for adults

CAPT Lewis *brings his guitar on deployments.*

PHYSICAL ACTIVITY: Exercise is associated with staving off chronic "physical" illnesses, but not as often with preventing or treating mental illnesses, such as depression and anxiety. Yet regular exercise has been tracked with reduced depressive and anxious symptoms. A meta-analysis from 2018 showed that high intensity exercise (where heart rate is maintained at 60% of maximum predicted for age) reduces symptoms of anxiety. The effects on depressive symptoms are less conclusive but lean toward a positive effect.
I recommend:

- Aim for 30 minutes of daily physical activity (150 minutes of moderate aerobic activity per week). 75 minutes of vigorous aerobic activity works, too.
- Include strength training twice weekly if you can.
- What are examples of moderate aerobic activity? Brisk walking and mowing the lawn.
- Vigorous aerobic activity includes running.
- Strength training includes weight lifting and rock climbing.

NUTRITION: We constantly hear about the virtue of eating healthy foods. Examples include eliminating processed foods and avoiding high fructose corn syrup. Healthy eating can support mental well-being. Meta-analyses from 2017 and 2018 both found that a healthy diet was associated with less depression.
I recommend:

- At least 4 cups of fruits and vegetables each day.
- Fish, especially oily fish like salmon.
- Whole grains (like oatmeal). Avoid processed grains such as in baked goods and cereals.
- Healthy oils such as olive oil.
- Limited "sweets", including fruit juice.
- Limited red meat.

SICKEL: You may think these recommendations are onerous or punitive, but they can powerfully maintain or improve mental well-being. I recommend you try them.

LEWIS: Thank you so much, Micah. It is my hope that we Corps physicians can connect and communicate more with our APAOC Corps brothers and sisters to strengthen our own mental health and the many resources we provide to the country. And again, thank you to APAOC for the opportunity to bring Micah and our perspective and learn from you.

Best,

CAPT Brian Lewis, MD, US Public Health Service
Arrhythmia Cardiologist and Physician Chief Professional Officer

SAMHSA Collaborates with the APAOC to Focus on Mental Health in the Asian American and Pacific Island Community

by Dr. Elinore McCance-Katz
Assistant Secretary for Mental Health and Substance Use

The Substance Abuse and Mental Health Services Administration (SAMHSA) commends the APAOC leadership for prioritizing mental health as an urgent issue in the Asian American and Pacific Islander (AAPI) community and is honored to be a partner in their "Healthy Mind Initiative (HMI)." The HMI is a collaborative effort to improve mental health awareness and literacy and has the potential to engage a wide range of AAPI families and communities and jumpstart critical conversations about mental health and mental illness. The HMI extends the reach of any single agency and SAMHSA is appreciative of the efforts of the APA Commissioned Corps officers in their respective communities.

To underscore the importance of the HMI, I would like to share a few key points about mental disorders and the AAPI population.

The mental health of AAPI populations is often overlooked.

- In data reports, AAPI populations are often combined into one category, which often masks the critical differences within Asian American and Pacific Islander groups.
- AAPIs represent a relatively small portion of the U.S. population accounting for approximately 7% in 2016, oftentimes resulting in AAPIs being left out of data reports due to small sample sizes.

However, despite representing a small percentage of the U.S. population, it is critical to address the mental health of this population for several reasons:

- AAPIs are the *fastest growing minority* population in the U.S.
- Mental health in many of these communities remains a highly stigmatized issue and therefore not talked about, often leading to tragic yet preventable outcomes.
- Recent data reveal increasing mental health problems among AAPI groups but at the same time, they are among the *lowest users* of mental health treatment compared to all population groups.

Data show that mental health problems and lack of treatment for AAPI populations is of significant concern. Data from SAMHSA's annual National Survey on Drug Use and Health (NSDUH) and CDC surveys provide information about the prevalence of mental illness in the AAPI population and the utilization of mental health treatment.

- NSDUH 2017 data show that 18% of the general population of adults, 18 or older, had any mental illness in the past year.
- In comparison, a slightly *greater* percentage of Native Hawaiian and Other Pacific Islanders (NHOPI), 18 or older, had any mental illness in the past year at 19%.
- 14% of Asians, 18 or older, had any mental illness in the past year, which was less than both the general population and the NHOPI population.

The data are more concerning for transition-age youth.

- Key findings from the NSDUH show that transition- age individuals—those who are 18-25 years old—have increasing rates of serious mental illness, major depression, and suicidality.
- In 2017, 24.5% of Asians, 18-25 years old, had any mental illness in the past year compared to 18.7% in 2016. This is an increase of 6% in one year.
- NSDUH data show that for this age group, the rates for those who had serious thoughts of suicide in the past year were *higher among Asians* compared to all other racial/ ethnic minority groups.

What is most concerning is what is going on with AAPI Youth, 12-17 year olds.

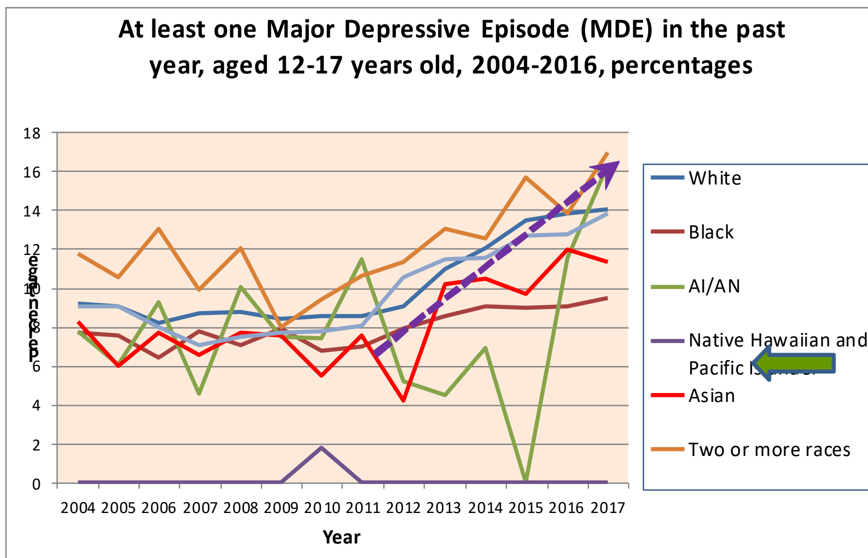
- NSDUH data show that 1 in 9 Asian students, 12-17 years old, had a Major Depressive Episode, compared to about 1 in 8 in the general student population.
- CDC's Youth Risk Behavior Survey (YRBS) shows that in 2017, 31.5% of high school students in the U.S. felt sad or hopeless.
- Similarly, 31.1% of Asian students felt sad or hopeless compared to 27.4% of Native Hawaiian or Other Pacific Islander students.
- Over two-thirds or 69.0% of gay, lesbian, or bisexual Asian students, grades 9-12, felt sad or hopeless compared to 63.0% among the general gay, lesbian, or bisexual high school student population.

What about suicide?

- CDC's data show that 18.4% of Native Hawaiian or Other Pacific Islander students in the U.S., grades 9-12, seriously

See **SAMHSA** *on page 6*

SAMHSA from page 5



considered attempting suicide in the past year, which is higher than the rate for the general student population.

17.4% of Asian students, and 17.2% of the general student population, grades 9-12, seriously considered attempting suicide in the past year.

- CDC's data also show that 20% of Native Hawaiian or Other Pacific Islander high school students made a plan about how they would attempt suicide, compared to 16.1% of Asian students and 13.6% of the general student population, grades 9-12.
- 53.7% of the gay, lesbian, or bisexual Asian high school population made a plan about how they would attempt suicide that was much higher than the 38% rate for the general student population.
- CDC's data show that in 2016, AAPI youth, 12-17 years old, were the only racial or ethnic group among 12-17 year olds that had *suicide as the leading cause of death*.

AAPI populations are less likely to utilize mental health services compared to other racial and ethnic groups.

- Asians, 18 or older, who had any mental illness, were the least likely of all races/ethnicities reported to receive mental health services in 2017.
- Only a fifth (20.2%) of Asians, 18 or older, who had any mental illness, had received mental health services in 2017 compared to 43% of the general population who had any mental illness.
- Only 41.9% of Asians, 18 or older, with Major Depressive Episode received treatment for depression in the past year, which is the lowest rate when compared to the rates of all races/ethnicities reported.
- 66% of the general population, 18 or older, with Major Depressive Episode received treatment for depression in the past year in 2017.
- Asian youth, 12-17 years old, are least likely compared to other races/ethnicities to use specialty mental health services in the past year, including outpatient, and inpatient or residential treatment.

This snapshot of AAPI mental health reinforces the importance of the Healthy Mind Initiative and the need for better understanding, identification and early detection of mental disorders and linkage to treatment. SAMHSA's Office of Behavioral Health Equity will continue to collaborate with the APAOC in conducting community-focused listening sessions and developing culturally specific mental health trainings. With Commissioned Corps officers carrying this training to the community, this makes for an ideal partnership that can spread important and much-needed mental health information and resources to AAPI communities and families.

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Maryland's Montgomery County supports Mental Health Needs for Asian Americans

A Closer Look at the Asian American Health Initiative's Mental Health Project

by Perry Chan

Asian American Health Initiative, Montgomery County Department of Health and Human Services, Maryland

As a part of the Montgomery County Department of Health and Human Services (MCDHHS), the mission of the Asian Americans Health Initiative (AAHI) is to improve the health and wellness of Asian American communities in Montgomery County by applying equity, community engagement, and data-driven approaches.

AAHI has been a tremendous local community supporter of the Asian Pacific American Officer Committee (APAOC) Healthy Mind Initiative (HMI), which promotes mental health and well-being in Asian American communities. AAHI has provided Mental Health First Aid trainings to APAOC officers to prepare them for outreach activities, and has committed to provide future trainings as the HMI expands. AAHI also provided mental health educational materials in various Asian languages for HMI to share with local communities at our outreach events.

AAHI's work revolves around four core areas: *community engagement*, *community empowerment*, *capacity building*, and *system improvement*.

Established in 2005, AAHI was born from a need to address the unique health challenges faced by Montgomery County's burgeoning Asian American population. Historically, AAHI has provided education and resources access for health disparities such as cancer, hepatitis B, osteoporosis, diabetes, tobacco cessation, and heart health. More recently, AAHI has turned its attention to the mental health needs of Asian Americans.

According to the U.S. Department of Health and Human Services Office of Minority (OMH), Asian Americans deal with a myriad of mental health challenges such as post-traumatic stress disorder (PTSD), serious psychological distress, and suicidal ideation.[1] Among Asian Americans, adolescents deal with several mental health challenges. In the last APAOC newsletter, Dr. Victoria Chau expanded on the real SATs which Asian American youth experience – Stigma, Alienation, and Trauma. The consequences of the real SATs can be seen in the high suicidal ideation and suicide rates. In data made available by OMH, it is reported that Asian American students in grades 9 to 12 have consistently higher attempted suicide rates when compared to Non-Hispanic Whites. Asian American adolescent males are 1.4 times more likely to attempt suicide when compared to NHW and adolescent females are 1.1 times more likely.[1]

Despite the pressing need to address mental health concerns in Asian American communities, the subject remains shrouded in taboo and stigma. In response, AAHI launched their *Be The One to Make a Difference* mental health project in 2015. The goals of this project are primarily to educate Asian Americans about mental health, destigmatize the topic, and connect community members to mental health care. Let's take a closer look at AAHI's mental health project and the work they are doing to destigmatize and educate communities on this important topic.

Community Engagement

AAHI employs a robust community outreach and engagement model to reach the multitude of Asian Americans in Montgomery County. By utilizing a community-centered model, AAHI conducts grassroots outreach at the places and locations where Asian Americans congregate such as churches, temples, mosques, weekend schools, small businesses, faith institutions, and more.

Through their community outreach efforts, AAHI aims to raise general awareness about mental health, educate community members on specific mental health issues confronting Asian Americans, and inform them about local resources they can utilize. For those community members who need mental health care and may face barriers to accessing care, AAHI supports them with service connection. Last fiscal year, AAHI educated over 1,500 community members on mental health and distributed over 3,000 pieces of educational literature to the community.

Community Empowerment

To fully confront any public health issue, public, private, and community partnerships are necessary. Similarly, AAHI empowers their community partners to confront and tackle the mental health issues that may exist within their own communities. AAHI works very diligently with local leaders to equip them with the tools and skills they need to address mental health issues in their community. Since 2016, AAHI has provided free Mental Health First Aid trainings for community leaders. After the training,

See **MONTGOMERY** *on page 8*

MONTGOMERY from page 7

participants are requested to educate thirty of their community members on mental health, which subsequently establishes organic community conversations and contributes to the normalization of the topic.

AAHI also provides communities with skills-based trainings on how to navigate and use online search websites for local health resources'. This enables community caregivers and leaders to refer their own community members to local mental health services. Additionally, AAHI has created a series of mental health toolkits which provide community leaders with already-developed, up to date, power point presentations they can download and use in community education efforts.

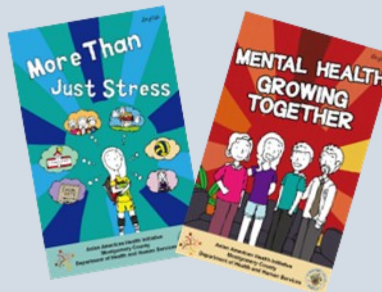
Capacity Building

Few programs and resources exist which tackle mental health in Asian American communities. To support growth in this area, AAHI creates models and tools to demonstrate promising practices. In particular, AAHI has developed several health education materials to bolster the dearth of existing resources,

One of the most popular mental health educational materials AAHI has developed is their series of mental health photonovels. To date, AAHI has developed four volumes of photonovels, all of which are available in the AAHI Resource Library on their website.

In their first two photonovels, *Mental Health: Understanding is the First Step* and *Mental Health: Getting the Care You Need*, AAHI provides an introduction to mental health and therapy.

In volumes three and four of the photonovel series, *More Than Just Stress* and *Mental Health: Growing Together*, AAHI turned their focus to adolescent mental health.



To gain better insight into youth mental health challenges, AAHI utilized a participatory materials development process where they directly engaged members of the intended audience in the production of the materials. AAHI recruited two cohorts of Mental Health Ambassadors, which consisted primarily of Asian American adolescents, who guided the development of both photonovels. From plot, to dialogue, to format and graphics, Mental Health Ambassadors provided critical feedback and support. View this short video about *Mental Health: Growing Together*, to better understand the content of these photonovels.

All photonovels are available in English, Chinese, Hindi, Korean, and Vietnamese.

AAHI has also made the photonovel templates available on their website to allow other communities to develop their own photonovels.

System Improvement

While it is important for individuals and communities to have the information, knowledge, skills, and tools to address their mental health challenges, it is also critical that local health systems are responsive to the needs of Asian Americans. To this end, AAHI works to influence and enhance changes to improve the local mental health care system. Through participation in key workgroups within MCDHHS and strategic partnerships, AAHI advocates for the needs of Asian Americans. AAHI also provides technical assistance, trainings, and workshops to mental health service providers within the county on how to improve cultural responsiveness and serve the diverse Asian American population.

Together To Build A Healthy Community

Using this multipronged approach, AAHI hopes to raise awareness, provide education, and precipitate action around the mental health needs of Asian Americans.

Reference

[1] U.S. Department of Health and Human Services Office of Minority Health. (February, 2017). Mental Health and Asian Americans. Retrieved from: https://minorityhealth.hhs.gov/omh/content.aspx?lvl=3&lvlID=9&ID=6476

Sikh Community Outreach Event

by LCDR Aman Sarai, CDR Simleen Kaur, and CDR Ranjodh Gill

In the Sikh community, mental health is a stigmatized issue, even though many individuals are often singled out or bullied due to their appearance. Most Sikh men maintain unshorn hair and wear a turban as an article of their clothing as part of the religion. The outward appearance of Sikh youth makes them an easy target for bullying in school and other social gatherings. As a result, parents often prioritize their children to focus on academic achievement over their mental health, which can be detrimental to their overall wellbeing. Compounding this issue of identity are parental pressure for academic success placed on Sikh youth by their parents and communities. HMI chose the Sikh Communities to address mental health issues that are often misunderstood in the community, and provided strategies to address some of their challenges.

"The outward appearance of Sikh youth makes them an easy target for bullying in school and other social gatherings."

In September 2018, HMI presented at two Sikh temples in Montgomery County, Maryland. The sessions provided general information on mental health and strategies for parents in the Sikh community to help their children address societal and academic pressures while navigating their cultural identity. Both sessions were led by officers who were members of the congregation and had ties with the community, who naturally connected with the participants before the presentation even started. Each session has an average of 85 participants, and the information was very well-received. Both sessions had a very lively questions & answers segment, fully engaging our audience and community leaders to share their concerns and experiences. Our HMI clinical support team at the event was very helpful in addressing specific concerns on site, provided a great resource for the HMI team.

Our presentations mark a beginning of our Sikh outreach activities, with very positive feedback. The team was even asked to present at other venues in the future. The team was very touched when one of the Sikh youth attendees shared her appreciation of the presentation because of her experience and challenges in her school because of her faith or appearance. The team look forwards to having more collaborations in the future with the Sikh community.

Filipino American Mental Health Forum

by CAPT Josef Rivero

On October 20th, 2018, the Healthy Mind Initiative (HMI) Filipino team was invited to participate at the inaugural National Forum on Filipino American Mental Health, hosted at the Philippine Embassy Consular Affairs Building in Washington DC. This forum is part of a continuous effort to promote mental health among Filipino Americans, since the Substance Abuse & Mental Health Services Administration (SAMHSA) and the White House Initiative on Asian Americans & Pacific Islanders hosted a Filipino American Behavioral Health webinar in 2014.

> *"...the uniqueness of our strategy of primarily using non-mental health officers within the specific ethnic group as "trusted messenger" to promote mental health within their local community..."*

CAPTs Maria Fields and Josef Rivero presented an overview of HMI, as an example on emphasizing prevention efforts and amplifying the experiences of Filipino American community. They explained the uniqueness of our strategy of primarily using non-mental health officers within the specific ethnic group as "trusted messenger" to promote mental health within their local community, while utilizing other PHS officers as behavioral health support at the outreach events. They used the opportunity to detail the support HMI has received from our partners, and necessary trainings to prepare non-mental health professionals to effectively engage in mental health awareness discussion.

The event was well attended by Filipino behavioral health professionals, physicians, and professors from around the country including the Association of Philippine Physicians in America and the City University of New York. This presentation helped HMI established a close working relationship with the Philippine American Foundation for Charities to conduct further presentations in the Washington DC metropolitan area to promote mental health to Filipino Americans.

Finally, the HMI Filipino team is invited back to present to 40+ Philippine embassy staff to take a deep dive on healthy mind initiative and educate staff on the most common mental disorders affecting Filipinos and to identify resiliency factors and mental health resources.

Healing Our Minds, Healing the Nation

by LCDR Gayle Tuckett and CDR Bryna Forson

According to the Centers for Disease Control and Prevention (CDC), an estimated 50% of Americans are diagnosed with a mental illness or disorder at some point in their lifetime. Mental wellness is not frequently discussed until when some tragedy strikes, but then the spotlight on mental health dies down until the next incident. In 2006, depression was the third most common cause of hospitalization in the U.S.. As public health officers, we should find ways to help address the mental health in our nation.

Twenty-three PHS officers attended the MHFA training on November 30, 2018.

The Montgomery County Department of Health and Human Services' Asian American Health Initiative (AAHI) provided two Mental Health First Aid (MHFA) training sessions on October 20th and November 30th in Rockville, Maryland. A total of forty-eight Commissioned Corps officers attended the trainings. The Healthy Mind Initiative coordinated the training with AAHI, and offered it to all interested officers. The training engaged in interactive and stimulating conversations on various topics such as substance use, suicide, anxiety, bipolar disorder, and schizophrenia. Mental health first aid training helps prepare non-mental health professionals to identify signs of people in mental crisis and to stabilize them until they get to a mental health professional.

Twenty-five PHS officers attended the MHFA training on October 20, 2018, presented by course instructors and AAHI coordinator.

Officers were equipped with a 5-step action plan necessary to appropriately help a person in crisis. As a part of this course, officers made the commitment to educate at least thirty individuals on the topic of mental health via either a training workshop or simple discussion with a neighbor, friend, or community member.

It is only by raising mental health awareness that we can overcome the negative stigma. Strategies can be developed to support Individuals to promote mental health wellness and resilience. For officers who may be interested in attending mental health first aid training, they can locate them at http://www.mentalhealthfirstaid.org.

References

[1]https://www.cdc.gov/mentalhealth/data_publications/index.htm

[2]Parks J. et al. Morbidity and Mortality in People with Serious Mental Illness. National Association of State Mental Health Program Directors Medical Directors Council. Alexandria, VA; 2006.

Youth Mental Health First Aid Training

by LT Chaolong Qi

From left to right: LT Chaolong Qi, LCDR Matthew Dahm, and LCDR Catherine Beaucham having a roundtable discussion during the lunch break of the Mental Health First Aid training

While most of the Healthy Mind Initiative (HMI) activities has been focused in the Washington DC metropolitan area, the HMI is officially expanding to Ohio! On November 14th, 2018, the team attended an 8-hour Youth Mental Health First Aid (MHFA) training that was provided by the Youth Mental Health First Aid USA® in collaboration with the Warren County, Ohio, Educational Service Center.

The Youth MHFA training is similar to the MHFA trainings that were attended by officers in the Washington DC metropolitan, with an emphasis on the unique risk factors and warning signs of mental health problems in adolescents. The training provides strategies to identify the signs, stabilize the situation until a mental health professional can provide further

See **YOUTH** *on page 12*

YOUTH from page 11

assistance. Through the training, the officers had the opportunity to participate in a roundtable discussion on the learned topics and shared personal experiences with other participants, most of whom are teachers and school counselors. The discussion provided further insights from professionals who regularly engaged adolescents and helped us better understanding the topics with real-life examples.

Even though the officers attended the training to prepare themselves to conduct local community outreach, they found out that the new knowledge and skills can be utilized at USPHS deployment tasks to support adolescents and their families under stressful situations. This training also provided a unique opportunity to engage potential partners in local communities. The Midwest team lead, LT Chaolong Qi, is planning to reach out to the local Educational Service Center to engage potential partnership with their Project Aware (Advancing Wellness and Resilience in Education), which is designed to build positive mental health practices and help youth develop resiliency.

Chinese Community Outreach Events

by LCDR Jeffrey Basilio

The Chinese Culture and Community Center (CCACC) in Gaithersburg, Maryland hosted their 2018 Fall Health and Mental Health Resource Fair on September 15th, 2018. eight officers participated the event and provided information on mental health awareness and promoted the visibility of USPHS and APAOC to all attendees. These outreach event provided an opportunity for PHS officers to interact with Maryland local Chinese populations to promote mental health awareness activities, especially our Healthy Mind Initiative. The feedback officers received were positive and officers were able to build stronger relationship with local community for future outreach activities.

Eight officers attended the CCACC's Fall Health and Mental Health Resource Fair on September 15th.

In addition, the Chinese Community Outreach team also had two events at Richard Montgomery High School, and Clarksburg High School in Montgomery County, Maryland on October 6th and October 7th. Each event was attended by a group of dedicated officers to have engaging discussions on mental health with enthusiastic participants.

Officers and participants at the Clarksburg High School event on October 7th.

Officers and participants at the Richard Montgomery High School event on October 6th.

A "How-to" Guide for You to Get Involved with APAOC's Healthy Mind Initiative

by LCDR Kelly Leong

APAOC's Healthy Mind Initiative (HMI) was started January 2018, and HMI has made a lot of significant achievements so far. While the initiative has expanded significantly, as the Chief Information Officer for the HMI, I have received a lot of interests from friends and colleagues about the initiative, but are unsure how to get involved. This is the quick reference guide to the basic structure of HMI, and ways to get involved with the initiative.

While all the listed roles are filled right now, we are always looking for more support. Some volunteer roles may require training. I have received multiple inquires on the following specific question. Please review the answer for more information, and you can also contact us if you are still unclear.

Question: I heard about HMI and would like to support the initiative, but am I required to have all those trainings before I can get involved?

Answer: It depends on the role you are interested in.

If you are non-mental health professional and would like to pursue the community outreach roles…

You are required to attend both the *Mental Health First Aid* Training, and the *Train-the-Trainer* training so that you have a good understanding of your role as a community presenter before you can lead any events. While some mental health professionals may have all these trainings through their educational training, if they would like to be a lead community presenter on behalf of APAOC, they still need to attend these trainings so that they can understand the level of trainings other non-mental health professionals colleagues have.

If you are already a mental health professional, and would like to support HMI as a clinical expert…

We can put you in touch with our clinical team leads, depending on your specialty, to discuss how you can join their effort.

If you are interested in being an administrative support…

You are not required to attend all the trainings. We recommend your attendance so that you can understand our structure and better promote the initiative, but you can help with organizing the logistics of the group and the events.

You can send all your inquiries to: HMI.APAOC@gmail.com

Basic HMI Structure

- Initiative Chair
- Senior Advisors
- Training Lead
- Community Events Lead
- Executive Secretary
- Chief Information Officer
- Specific Ethnic Group Leads / Co-leads
- Multi-cultural Ethnic Group Lead / Co-lead

2018 Healthy Mind Initiative (HMI) Leadership Structure

Advisory Board (Senior Advisors)

CAPT Jeanean Willis-Marsh
Chair

CAPT Josef Rivero

CDR Eric Zhou

HMI Executive Leadership

LCDR Xinzhi Zhang
HMI Chair

CDR Ranjodh Gill
Co-chair, Community Outreach

CDR Karen Chaves
Co-chair, Training & Education

Regional Directors
CDR Khang Ngo
CDR Jerry Zee
LT Chaolong Qi
CDR Ranjodh Gill

LCDR Oliver Ou
Co-chair, National Ambassador Program

LT Ruby Leong
Executive Secretary

LCDR Kelly Leong
Chief Information Officer

HMI Community Outreach Teams

Chinese American Team
CDR Sulin Sun
LCDR Nancy Tian

Indian American Team
CDR Simleen Kaur
LCDR Aman Sarai

Filipino American Team
CDR Leo Angelo Gumapas
CAPT Maria Fields

Korean American Team
CDR Yoon Kong
CDR Curi Kim

Thai American Team
CDR Stella Wisner
LCDR Narisa Tappitake

Cross-Culture Team
CAPT Joy Lee
LT Adi Rosario

Vietnamese American Team
LTJG Kevin Khuu
LCDR Dien Nguyen

Sri Lankan American Team
LT Suresh Jayasekara

HMI Suppot Teams

Clinical Support Team
CDR Michelle Tsai (Lead Psychologist)
CDR Indira Harris (Lead Social Worker)
LCDR Micah Sickel (Lead Psychiatrist)

Administrative Support Team
CDR Lisa Lee
CDR Ruiqing Pamboukian
LT Cam-Van Huynh
LT Huan Tran

Our HMI Partner Organizations

HMI National Partners

- DHHS, Office of Minority Health
- The Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Behavioral Health Equity
- National Institute on Minority Health and Health Disparities (NIMHD), NIH
- National Institute of Mental Health, NIH
- USPHS Social Work Professional Advisory Group (SWPAG) from the HSO PAC
- USPHS Psychology Professional Advisory Group (PsyPAG) from HSO and SciPAC
- USPHS Physician Professional Advisory Committee (PPAC)
- USPHS Prevention through Active Community Engagement (PACE) Program

HMI Local Partners

- Asian American Health Initiative (AAHI) of the Montgomery County Department of Health and Human Services, Maryland
- The Federal Asian Pacific American Council (FAPAC) NIH Chapter
- The Federal Asian Pacific American Council (FAPAC) HHS Parklawn Chapter
- Chinese American Parents Association (CAPA), Montgomery County
- Asian Pacific American Student Achievement Action Group
- OCA-DC - Asian Pacific American Advocates
- Calvin J Li Memorial Foundation
- Asian American Studies Program (AAST) at University of Maryland
- Guru Gobind Singh Foundation, Rockville MD
- Guru Nanak Foundation Association, Silver Spring MD
- American Chinese School, Rockville
- Hope Chinese School, Clarksburg
- Chinese American Community Health Services (CACHS)
- Fairfax County Health Department
- Philippine American Foundation for Charities, Inc (PAFC)
- NIH Asian Pacific Islander American Organization (APAO)

Healthy Mind Initiative‡ Resources List

Did you know that suicide has catapulted to the top as the leading cause of death for Asian American and Pacific Islander (AAPI) adolescents 12-19 years old in 2016?[1] AAPI cultures tend to perceive mental health negatively and is considered a topic of taboo. This perception discourages individuals and families from seeking both personal and professional help, further isolating individuals and preventing them from getting the support they need. A list of resources is provided below to aid AAPI youth and families in identifying mental health problems and where to seek additional information on mental health and resources for help and support.

Emergency and Crisis Information

Montgomery County Public Schools (MCPS) School Counseling Services
Certified professional school counselors available at each elementary, middle, and high school within MCPS

Montgomery County Access to Behavioral Health Services
240-777-1770

Montgomery County Hotline (EveryMind)
301-738-2255, 24/7

Montgomery County Text Line (EveryMind)
301-738-2255, Operates Monday-Thursday, 4 PM – 9 PM

National Suicide Prevention Lifeline (24/7, free, and confidential support for people in distress)
https://suicidepreventionlifeline.org 1-800-273-TALK (8255)

SAMHSA Behavioral Health Treatment Services Locator
https://findtreatment.samhsa.gov/

SAMHSA Disaster Distress Helpline
https://www.samhsa.gov/find-help/disaster-distress-helpline

1-800-985-5990, Text "TalkWithUs" to 66746

SAMHSA Referral Helpline
1-800-662-HELP (4357)

‡ The Asian Pacific American Officers Committee (APAOC), administered under the Office of Surgeon General of the United States Public Health Service, established the Healthy Mind Initiative (HMI) to build bridges between available resources and underserved AAPI communities by leveraging cultural ties and multi-language skills to promote mental health awareness among AAPI youth and communities. HMI partners with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Montgomery County Department of Health and Human Services' Asian American Health Initiative (AAHI), and the National Institute on Minority Health and Health Disparities (NIMHD) to leverage their expertise in mental health, outreach, and the professional community network, and to train APAOC officers. The HMI further collaborates with the Scientist Professional Advisory Committee (SciPAC) and the Health Services Professional Advisory Committee (HSPAC), and other educational, cultural, and private organizations to further promote mental health in the AAPI communities. [1]Centers for Disease Control and Prevention (2018). WISQARS Leading Causes of Death Reports, 1981-2016. Retrieved from https://webappa.cdc.gov/sasweb/ncipc/leadcause.html

Federal and Local Mental Health Resources

Asian American Health Initiative (AAHI), Montgomery County, MD
AAHI Resources Library: Photonovels and mental health video available in 5 languages (English, Chinese, Korean, Vietnamese, and Hindi) http://aahiinfo.org/resources/resource-library/

Bullying and LGBTQ Resources
Stopbullying.gov website https://www.stopbullying.gov
White House Initiative on Asian American and Pacific Islanders (WHIAPPI) Bullying webpage https://sites.ed.gov/aapi/appi-bully_ng/
Preventing Bullying http://sites.nationalacademies.org/cs/groups/dbassesite/documents/webpage/dbasse_172341.pdf
SAMHSA LGBT webpage https://www.samhsa.gov/behavioral-health-equity/lgbt
Federal government webpage (youth.gov) on LGBT Youth https://youth.gov/youth-topics/lgbtq-youth

Centers for Disease Control and Prevention (CDC)
Bullying Prevention Online Course https://tceols.cdc.gov/Course/Detail2?activityID2=1156&activityInstanceID2=1156&previousPage=search

Key Findings: U.S. Children with Diagnosed Anxiety and Depression https://www.cdc.gov/childrensmentalhealth/features/anxiety-and-depression.html

Making Sure Children Get the Mental Health Care They Need
https://www.cdc.gov/features/child-mental-healthcare/index.html

Suicide Prevention https://www.cdc.gov/violenceprevention/suicide/index.html

Teens (Ages 12-19) - Risk Behaviors https://www.cdc.gov/parents/teens/risk_behaviors.html

Youth Risk Behavior Surveillance System https://www.cdc.gov/healthyyouth/data/yrbs/

Healthy Minds Fairfax, VA https://www.fairfaxcounty.gov/healthymindsfairfax/

MentalHealth.gov https://mentalhealth.gov/

National Institute of Mental Health (NIMH) https://www.nimh.nih.gov/index.shtml
NIMH Answers Questions About Suicide in Young People https://www.nimh.nih.gov/health/publications/nimh-answers-questions-about-suicide/index.shtml

Depression Basics https://www.nimh.nih.gov/health/publications/depression/index.shtml

Teen Depression https://www.nimh.nih.gov/health/publications/teen-depression/index.shtml

Major Depression https://www.nimh.nih.gov/health/statistics/major-depression.shtml

Anxiety Disorders https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

Suicide in America: Frequently Asked Questions https://www.nimh.nih.gov/health/publications/suicide-faq/index.shtml

Substance Abuse and Mental Health Services Administration (SAMHSA) https://www.samhsa.gov/
https://www.samhsa.gov/behavioral-health-equity/aanhpi
SAMHSA and CMS Roadmap to Behavioral Health https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Coverage-to-Care-Behavioral-Roadmap.pdf

Youth.gov Mental Health https://youth.gov/youth-topics/youth-mental-health

The Journey to Healthy Minds for Healthy Youth

by LCDR Xinzhi Zhang

Repost from NIMHD Blog dated May 18, 2018

LCDR Xinzhi Zhang

Too many stories point to the troubled minds and mental struggles of our youth with the tragic event in Parkland, Florida being one of the latest. Even more saddening, these children's cries for help are often misunderstood or ignored.

Suicide is the second leading cause of death for children between the ages of 10 –24 years old, accounting for 17.6% of deaths in this age group [1] The American Academy of Pediatrics recently updated their guidelines to include universal screening for adolescent depression (youth 12 years of age and older).[2]According to the 2016 National Survey on Drug Use and Health, one in eight youth ages 12–17 years old has had a major depressive episode in the past year, with 70% of them having severe impairment.[3,4]

For young Asian Americans and Pacific Islanders (AAPIs), the suicide rates are also bleak. AAPI adolescent females (15-19 years old) have a higher rate of suicide deaths (21.9%) compared to non-Hispanic Whites, non-Hispanic Blacks, and Hispanics. AAPI males aged 15–19 years have comparable or higher rates of suicide deaths (27.1%) when compared to all other racial and ethnic groups.[1]

"The Model Minority Myth is a stereotype that portrays all Asian Americans as academically gifted and successful."

The Model Minority Myth is a stereotype that portrays all Asian Americans as academically gifted and successful. This myth wrongly portrays AAPIs as a prosperous group who have secured economic and educational success, have fewer health problems than the overall population, and do not need public assistance. In reality, AAPIs are a very heterogenous group with immigration from more than 30 different countries and ethnic groups, hundreds of languages and unique dialects, and varying degrees of economic and academic success.

In the U.S., only half of adolescents with depression are diagnosed,[5] and among them, approximately 60% do not receive appropriate treatment.[4] This situation is amplified in the AAPI community due to stigma and cultural barriers.

Many AAPIs face multiple challenges, including lack of health insurance, limited English proficiency, difficulty of acculturation and lower socioeconomic status. Less than half of AAPIs would seek help for their emotional or mental health concerns than their white counterparts.[6] AAPIs tend to dismiss, psychosomaticize, deny or neglect their depressive symptoms for different reasons, such as different conceptualizations of mental health and illness or avoiding family shame.

These reasons have prevented many AAPIs from seeking mental health counseling or medication. Parental expectations in academic excellence, cultural/family obligations, identity conflicts, societal unconscious bias, and discrimination are some of the daily challenges confronting AAPI youth and young adults.

Parental warmth, family cohesion, and strong intergenerational relationships can help AAPI adolescents in expressing experiences with bullying and minimizing internalizing issues with immigrant parents, teachers, or the education system.[7] It is critical for the AAPI community to continually strengthen family/parenting skills, build resiliency, and reduce risks for adolescent anxiety and depression. Safe, supportive, and nurturing relationships are important to children. Strong and positive self-esteem is extremely vital and can be associated with reduced risk of depression.

See **JOURNEY** *on page 19*

SIGNS OF ANXIETY

- Being very afraid when away from parents (separation anxiety)
- Having extreme fear about a specific thing or situation, such as dogs, insects, or going to the doctor (phobias)
- Being very afraid of school and other places where there are people (social anxiety)
- Being very worried about the future and about bad things happening (general anxiety)
- Having repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, having trouble breathing, or feeling dizzy, shaky, or sweaty (panic disorder)

SIGNS OF DEPRESSION

- Feeling sad, hopeless, or irritable a lot of the time
- Not wanting to do or enjoy doing fun things
- Changes in eating patterns – eating a lot more or a lot less than usual
- Changes in sleep patterns – sleeping a lot more or a lot less than normal
- Changes in energy – being tired and sluggish or tense and restless a lot of the time
- Having a hard time paying attention
- Feeling worthless, useless, or guilty
- Self-injury and self-destructive behavior

JOURNEY from page 18

There is an urgent need to improve the mental well-being of future AAPI generations. Learning how to cope with various stressors that life throws at them, work productively and fruitfully, and contribute to their community and society are key for the younger AAPI generations to actualize the great potential that lies within them. It is equally important to reduce the stigma about mental health among the AAPI community and encourage seeking help and counseling when needed. We have a lot of work to do.

Parents, teachers and friends need to know the signs of anxiety and depression, and "act early." The Centers for Disease Control and Prevention (CDC) offers several suggestions on their Children's Mental Health website.

References

1. Heron M. Deaths: Leading Causes for 2015. *National vital statistics reports : from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.* 2017;66(5):1-76.
2. Zuckerbrot RA, Cheung A, Jensen PS, Stein REK, Laraque D, Glad-Pc Steering G. Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management. *Pediatrics.* 2018.
3. Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being.* 2017.
National Institute of Mental Health. *Major Depression.* Bethesda, MD. See: https://www.nimh.nih.gov/health/statistics/major-depression.shtml: National Institutes of Health;2017.
4. Kessler RC, Avenevoli S, Ries Merikangas K. Mood disorders in children and adolescents: an epidemiologic perspective. *Biol Psychiatry.* 2001;49 (12):1002-1014.
5. Spencer MS, Chen JA, Gee GC, Fabian CG, Takeuchi DT. Discrimination and Mental Health-Related Service Use in a National Study of Asian Americans. *Am J Public Health.* 2010;100(12):2410-2417.
6. Wyatt LC, Ung T, Park R, Kwon SC, Trinh-Shevrin C. Risk Factors of Suicide and Depression among Asian American, Native Hawaiian, and Pacific Islander Youth: A Systematic Literature Review. *J Health Care Poor U.* 2015;26(2):191-237.

Healthy Mind Initiative Addresses Mental Health of Asian American and Pacific Islander Youth

by LCDR Kelly Leong, Victoria Chau, PhD, MPH and David Robles, BA

Repost from NIMHD Blog dated July 16, 2018

July is National Minority Mental Health Awareness (NMMHA) Month—a practical time to highlight the importance of mental health for everyone. In a recent *NIMHD Insights* blog post, Dr. Xinzhi Zhang raised serious concerns about mental health awareness among Asian American and Pacific Islander (AAPI) youth and families. Suicide deaths have catapulted to the top as the leading cause of death for AAPI adolescents 12-19 years old in 2016.[1] AAPI youth are the only racial/ethnic group for whom suicide is the leading cause of death, yet this is rarely discussed. The challenge of raising mental health awareness among AAPI communities is multifaceted but includes two key barriers: language issues and lack of culturally sensitive educators.

"Unique to the HMI is its focus on leveraging APAOC as primarily non-mental health professionals to deliver key mental health messages to AAPI communities with the support of SAMHSA and AAHI."

In response to this urgent challenge, the Healthy Mind Initiative (HMI) was established to create a collaboration across the federal, county, and community sectors with two intents. The first aim is to improve mental health literacy in AAPI communities. The second aim is to address the mental health stigma and cultural barriers to seeking mental health treatment faced by AAPI youth and communities. The HMI is led by the Asian Pacific American Officers Committee (APAOC) of the U.S Public Health Service Commissioned Corps (USPHS), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Montgomery County Health and Human Service's Asian American Health Initiative (AAHI), the National Institute on Minority Health and Health Disparities (NIMHD), and AAPI community organizations.

Unique to the HMI is its focus on leveraging APAOC as primarily non-mental health professionals to deliver key mental health messages to AAPI communities with the support of SAMHSA and AAHI. The mission of the USPHS is to protect, promote, and advance the health and safety of our nation. As America's uniformed service of public health professionals, the Commissioned Corps achieves its mission through rapid and effective response to public health needs; leadership and excellence in public health practices; and advancement of public health science. The APAOC is uniquely positioned to deliver critical, culturally specific information to AAPI communities, as it consists of multilingual "trusted messengers" in their ethnic communities. These messengers also serve as advisors to the U.S. Office of the Surgeon General on AAPI issues. Each partner agency serves a specific role. SAMHSA provides the mental health expertise by developing the educational materials with input from its federal partners and the community organization leaders. These materials serve as a guide for APAOC officers to deliver mental health training modules. AAHI assists as the community outreach

See **AAPI** *on page 20*

AAPI from page 19

expert, trains the APAOC on "Mental Health First Aid" to equip members with the skills to conduct outreach activities, and provides community resources. NIMHD promotes the initiative and is a bridge to the health disparities federal and research community interested in multi-level collaboration.

This model highlights the potentially broad reach to diverse AAPI communities through the trusted APAOC and its partners. From this initiative, four key components to successful collaboration have emerged and include:

1. **Identifying a specific critical issue with partners who share a common vision**
A common purpose among partner agencies and community organizations is most essential to any collaboration and acts as the glue.

2. **Establishing specific roles for each partner** Defining specific roles for each partner agency/organization from the start allows all partners to understand their role and how each complements one another, and prevents duplicating work.

3. **Securing leadership buy-in of each partner** Having supportive leadership at each partner agency/organization help moves the project forward with greater ease and reach.

4. **Leveraging the existing resources from partners** Each partner agency/organization has their own strength and network of resources; leveraging existing expertise and resources reduces time and cost.

The HMI seeks to reach a population that often views mental health negatively or not at all due to stigma, lack of awareness and education, and differences in cultural conceptualization of mental health. Currently being piloted in Montgomery County, Maryland, the HMI model is an example of collaboration working to reach health equity and may be expanded to other areas as needed. As we reflect during this NMMHA Month, it is important to remember that mental health is essential to overall well-being and health. To improve the trajectories of our youth, including minority youth such as AAPI youth, it is crucial for us to increase our understanding of mental health. To learn more about mental health and the HMI partners please visit the sites below.

References

[1]Centers for Disease Control and Prevention (2018). WISQARS Leading Causes of Death Reports, 1981-2016. Retrieved from https://webappa.cdc.gov/sasweb/ncipc/leadcause.html

Mental Health Resources

- Department of Health and Human Services (DHHS) Mentalhealth.gov website: http://www.Mentalhealth.gov
- Interagency Working Group on Youth Programs (IWGYP), Youth.gov Mental Health webpage: https://youth.gov/youth-topics/youth-mental-health

AAPI Mental Health Resources

- AAHI resources webpage: http://aahiinfo.org/resources/resource-library/
- SAMHSA Behavioral Health Equity – Asian American, Native Hawaiian, and Pacific Islander (AANHPI) webpage: https://www.samhsa.gov/behavioral-health-equity/aanhpi
- SAMHSA AANHPI Snapshot of Behavioral Health Boys and Men issue brief: https://store.samhsa.gov/product/A-Snapshot-of-Behavioral-Health-Issues-for-Asian-American-Native-Hawaiian-Pacific-Islander-Boys-and-Men-Jumpstarting-an-Overdue-Conversation/SMA16-4959

HMI and Partner Websites

- HMI: https://dcp.psc.gov/OSG/apaoc/healthy_mind_initiative.aspx
- AAHI: http://aahiinfo.org/
- APAOC: https://dcp.psc.gov/OSG/apaoc/default.aspx
- NIMHD: https://www.nimhd.nih.gov/
- SAMHSA: http://www.samhsa.gov

From left to right: Dr. Victoria Chau, SAMHSA, LCDR Kelly Leong, United States Public Health Service and Mr. David J. Robles, SAMHSA

APAOC's New Healthy Mind Initiative

by LCDR Kelly Leong, LT Ruby Leong, CDR Karen Chaves, CDR Ranjodh Gill, LCDR Xinzhi Zhang, and CDR Eric Zhou

Repost from Commissioned Officers Foundation Frontline August 2018 Issue

On June 27th, 2018, Assistant Secretary for Health and Senior Advisor for Mental Health and Opioid Policy, ADM Brett P. Giroir announced the Community Health and Services Missions (CHASM) initiative to encourage Commissioned Corps Officers to conduct community events in collaboration with local, state, tribal, and non-governmental organizations to provide public health services for underserved populations. One such community engagement is being launched by the Asian Pacific American Officers Committee (APAOC) to address mental health challenges in Asian American and Pacific Islander (AAPI) communities.

From 1999 through 2016, suicide rates rose in nearly every state except Nevada.[1] Meanwhile, suicide deaths have catapulted to the top as the leading cause of death for AAPI adolescents 12-19 years old in 2016. AAPI is the only ethnic group that has suicide as the top leading cause of death in the youth population, while AAPI cultures tend to perceive mental health negatively and is considered a topic of taboo. This perception discourages individuals and families from seeking both personal and professional help. It further isolates individuals and prevents them from getting the support they need.

"...suicide deaths have catapulted to the top as the leading cause of death for AAPI adolescents 12-19 years old in 2016. AAPI is the only ethnic group that has suicide as the top leading cause of death in the youth population..."

In response to this alarming public health threat, APAOC, administered under the Office of Surgeon General, established the Healthy Mind Initiative (HMI) to help build bridges between available resources and underserved AAPI communities through leveraging their existing cultural ties and their multi-language skills to promote mental health awareness among AAPI youth and communities in the Washington, DC metro area. To ensure that APAOC officers are prepared to conduct the outreach, the initiative partners with the Substance Abuse and Mental Health Services Administration (SAMHSA), the APAOC's new Healthy Mind Initiative SAMHSA provided the first Train-the-Trainer session to PHS officers, partners, and collaborators s of APAOC's Healthy Mind Initiative in Rockville, MD on June 15, 2018. CDR Eric Zhou, PhD (Middle), and LCDR Xinzhi Zhang, MD, PhD (Right), reported to ADM Brett P. Giroir, MD (Left), about APAOC's Healthy Mind Initiative at the 2018 USPHS Symposium in Dallas, TX. Montgomery County Health and Human Service's Asian American Health Initiative (AAHI), and the National Institutes of Health's National Institute on Minority Health and Health Disparities (NIMHD) to leverage their expertise in mental health, outreach, and the professional community network, and to train APAOC officers. The HMI further collaborates with the Scientist Professional Advisory Committee (SciPAC) and the Health Services Professional Advisory Committee (HSPAC) of the United States Public Health Service (USPHS), and other educational, cultural, and private organizations to further reach to promote mental health in the AAPI communities.

On June 15 and June 22, SAMHSA and AAHI held Train-the-Trainer sessions to educate officers and leaders of the HMI partners and collaborators in the Montgomery County AAHI office in Rockville, Maryland. Dr. Larke Nahme Huang, the Director of SAMHSA's Office of Behavioral Health Equity and Senior Advisor for Children, Youth, and Families presented on promoting mental health and well-being for AAPI youth highlighting key points and case scenarios for understanding mental wellness in children. The training sessions focused on the mental health of AAPI youth and emphasized the importance of prevention of mental illness (e.g., anxiety, depression), substance misuse (e.g., opioid, alcohol, marijuana), and suicide among AAPI youth. CAPT Samuel Wu, the Asian American, Native Hawaiian, and Pacific Islander Health Policy Lead at the U.S. Department of Health and Human Services Office of Minority Health shared his personal experience as a beneficiary of mental health service and applauded the initiative for addressing the mental health perception in AAPI communities. Approximately thirty USPHS officers and community leaders participated in the trainings. They included officers from APAOC, the Social Work Professional Advisory Group (SWPAG), Psychology Professional Advisory Group (PsyPAG), representatives from the NIMHD, Chinese American Parents Association, Asian Pacific American Student Achievement Action Group, Organization of Chinese American (OCA) Washington DC Chapter, and Federal Asian Pacific American Council (FAPAC). The training prepared APAOC members for future community outreach events scheduled to begin in September 2018. For more information on the HMI, please visit: https://dcp.psc.gov/OSG/apaoc/healthy_mind_initiative.aspx

APAOC Healthy Mind Initiative: How the Real "SAT" (Stigma, Alienation, and Trauma) May Impact Your Child's Mental Health

by Victoria Chau, PhD, MPH, CPH

Repost from APAOC Newsletter Summer 2018 Issue

***Victoria Chau**, PhD, MPH, CPH*

It is all too common to hear about the rigorous academic and extracurricular schedules, as well as the intensive studying for the SAT that some Asian American teenagers experience. Too often, the pressures of performing well academically and fulfilling cultural roles and expectations of one's family, play heavily into the mental health of Asian American youth. Understanding one's own self and beginning to explore one's ethnic identity often occurs during adolescence. Because of this, Asian American youth, parents, and the community should be aware of the importance of family and social support during this time period. Thus, knowing how the real "SAT"—Stigma, Alienation, and Trauma—can affect your own teenager, or one you know, is essential to guiding them towards healthy development.

Navigating Two Cultures: The Real "SAT"

Nearly 3 out of every 5 Asian Americans in the U.S. are foreign-born.[1] As a result, mixed nativity (foreign-born and U.S.-born) households are common. Asian American youth, particularly those born in the U.S. whose parents immigrated to the U.S., may experience the challenging task of straddling two separate cultures—an "Asian" culture and a typical "American" culture—with their contrasting values, priorities and cultural practices. During this critical developmental period of adolescence, like other racial and ethnic groups, Asian American youth experience the regular struggles and pressures of adolescence but with the additional task of fitting into a peer culture, meeting family expectations, and establishing a bicultural identity.

Stigma

Mental health is not a widely discussed topic in Asian American families and communities and utilization of mental health services among Asian Americans is consistently the lowest compared to other racial and ethnic groups. The stigma associated with mental health and the sense of "shame" or "loss of face" may prevent Asian American youth with social or emotional problems—and their families—from seeking help. Additionally, polarizing concepts associated with Asian or American culture may create internal conflict and stress that can result in youth feeling misunderstood by their first generation immigrant parents. Several of these polarizing concepts include Asian traditions of collectivism versus American traditions of individualism. During adolescence, youth begin to experiment with independence, making the push and pull of collectivism versus individualism particularly stressful for Asian American youth. Asian American youth can struggle with meeting the collectivistic approach of their family and culture, where every life decision requires family input, especially the elders, and where each decision carries the weight of one's family image and status. Because of this, stigma manifests in the form of individual shame and family shame brought upon the youth when they do not meet and uphold the expectations of their family. In contrast, Caucasian American friends of Asian American youth may exhibit greater freedoms such as choice in social and academic activities that some Asian American youth do not get, yet desire, and without the burden of family shame. Thus, the social comparison by Asian American youth to their non-Asian American peers can at times be mentally detrimental and can highlight the internal conflict between Eastern and Western traditions that they experience. Due to stigma, Asian American youth who are experiencing social or emotional issues may want to seek help, but may not for fear of bringing shame to their family. Understanding how to reduce stigma associated with mental health and family shame is essential to providing an environment where Asian American youth can even consider seeking help when needed.

Alienation

Navigating a bicultural world, Asian American youth may experience alienation due to the opposing values of two cultures. For example, the deference to elders as commonly upheld in Asian cultures coupled with the notion of youth only speaking up when asked to or when it is culturally appropriate to do so, directly opposes the American culture where speaking one's mind is often encouraged, especially while at school. These concepts are intertwined with many teenagers' natural desire to socialize, date, and make their own choices. Asian American youth may be unable to date or participate in social activities because it does not align with their family's wishes and may result in feelings of alienation from their peers. Additionally, feeling unable to speak up or voice one's opinion to one's parents or elders among Asian American youth can amplify the feeling of alienation

See **SAT** *on page 23*

SAT from page 22

from their non-Asian American friends. Instead of socializing or dating, many Asian American teenagers are expected to spend their time getting good grades, acing the SAT, and excelling at violin, piano and tennis to ensure they get into a top-tier college; or working to help their family financially. Furthermore, some Asian American teenagers are expected to take care of their parents when older and experience this pressure during their adolescence creating stress that non-Asian peers may not be experiencing. The inability to play, socialize, date and be a teenager in American standards may compound the stress that any typical teenager experiences. Similarly, alienation also occurs as experiences of discrimination due to one's race or culture—many times related to stereotypes—from both Asian and non-Asian peers or others and has been shown to be associated with stress and negative mental health outcomes among Asian American youth. These are but a few of the common issues experienced among Asian American youth which may in turn impact their mental health.

Trauma

Emotional trauma due to shaming, loss of face, and social experiences such as bullying, rejection or discrimination experienced by teenagers is often associated with problems such as depression and anxiety. These experiences in conjunction with parenting styles that are typically demanding and less demonstrative of emotion and affection often leave these youth lacking critical family and social support. In these family environments, teenagers may withhold their inner feelings and may not feel comfortable confiding in their parents. Without open communication between parent and child, Asian American youth who are experiencing social or emotional problems are unlikely to share with their parents the pain they may be experiencing. The stigma of mental health in most cultures, but especially in Asian American culture, exacerbates the situation.

Thus, for parents, ensuring your Asian American teenager is emotionally and mentally supported is key to reducing the additional stress that they may be experiencing due to the challenges of navigating two cultures. Assessing your own relationship with your child and making efforts to open the communication between you and your child could place them on a positive trajectory in life. Thus, understanding the real "SAT" may be more beneficial to any Asian American teenager and parent than how to score a 1600.

Reference

[1]López, G., Ruiz, N. G., & Patten, E. (2017). *Key facts about Asian Americans, a diverse and growing population.* Pew Research Center. Retrieved from http://www.pewresearch.org/fact-tank/2017/09/08/key-facts-about-asian-americans/

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