



2023 AMSUS Annual Meeting
“Healthcare Collaboration:
Meeting the Challenges of Today and Tomorrow”
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Gaylord National Resort Convention Center

It Takes a Village:

Changing the Narrative of Youth Mental Health in Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Populations



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Learning Outcomes

1. Identify the challenges regarding mental health in minority populations, such as the AANHPI community.
2. List three best practices for the treatment and prevention of mental health challenges as described in the Surgeon General's Advisory on Protecting Youth Mental Health.
3. Describe examples from Asian Pacific American Officers Committee (APAOC) on successful partnerships and collaborative efforts to raise awareness of and overcome the cultural, social, and other barriers unique to minority populations.





1. Identify the challenges in mental health in the Asian American and Native Hawaiian/Pacific Islander (AANHPI) community

The Mental Health Impact

- Rate of AANHPI developing mental illness & other mental health issues increased.¹
 - Serious Mental Illness: 2.9 % → 5.6%
 - Major depressive episodes: 10% → 13.6%
 - Suicidal thoughts: 7.7 % → 8.1%
- Suicide is the first leading cause of death among AANHPI youth² and the second/third leading cause of death for American youth.³



¹ SAMHSA (2018) National Survey on Drug Use and Health: Asians/Native Hawaiians and Other Pacific Islanders (NHOPI). https://www.samhsa.gov/data/sites/default/files/reports/rpt23248/3_Asian_NHOPI_2020_01_14.pdf

² U.S. Department of Health and Human Services Office of Minority Health (2021). Mental and Behavioral Health - Asian Americans. [Mental and Behavioral Health - Asian Americans - The Office of Minority Health \(hhs.gov\)](https://www.hhs.gov/omh/health-topics/mental-behavioral-health-asian-americans/)

³ CDC (2022) Facts About Suicide. <https://www.cdc.gov/suicide/facts/index.html>



Leading Causes of Death, United States – All Races

5 Leading Causes of Death, United States
2020, Both Sexes, All Ages, All Races

| | <u><1</u> | <u>1-4</u> | <u>5-9</u> | <u>10-14</u> | <u>15-19</u> | <u>20-24</u> | <u>25-34</u> | <u>35-44</u> |
|----------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | Congenital Anomalies 37.1 % | Unintentional Injury 50.9 % | Unintentional Injury 46.8 % | Unintentional Injury 38.2 % | Unintentional Injury 45.3 % | Unintentional Injury 53.6 % | Unintentional Injury 57.5 % | Unintentional Injury 46.1 % |
| 2 | Short Gestation 28.9 % | Congenital Anomalies 16.9 % | Malignant Neoplasms 26.1 % | Suicide 25.2 % | Homicide 25.0 % | Homicide 19.9 % | Suicide 15.5 % | Heart Disease 18.1 % |
| 3 | Sids 12.8 % | Homicide 13.7 % | Congenital Anomalies 11.7 % | Malignant Neoplasms 17.8 % | Suicide 21.5 % | Suicide 19.7 % | Homicide 13.1 % | Malignant Neoplasms 15.9 % |

CDC WISQARS™ — Web-based Injury Statistics Query and Reporting System. Retrieved on Dec 14, 2022, <https://www.cdc.gov/injury/wisqars/>

Leading Causes of Death, United States – AANHPI

5 Leading Causes of Death, United States

2020, Both Sexes, All Ages, Asian/PI

| | <u><1</u> | <u>1-4</u> | <u>5-9</u> | <u>10-14</u> | <u>15-19</u> | <u>20-24</u> | <u>25-34</u> | <u>35-44</u> |
|----------|------------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | Congenital Anomalies 44.5 % | Unintentional Injury 41.6 % | Malignant Neoplasms 36.2 % | Suicide 30.7 % | Suicide 42.6 % | Unintentional Injury 44.7 % | Unintentional Injury 41.7 % | Malignant Neoplasms 28.4 % |
| 2 | Short Gestation 28.1 % | Congenital Anomalies 23.4** % | Unintentional Injury 22.4** % | Unintentional Injury 25.3** % | Unintentional Injury 36.1 % | Suicide 32.7 % | Suicide 25.3 % | Unintentional Injury 25.8 % |
| 3 | Maternal Pregnancy Comp. 12.0 % | Malignant Neoplasms 14.3** % | Congenital Anomalies 19.0** % | Malignant Neoplasms 24.0** % | Malignant Neoplasms 11.5 % | Homicide 8.4 % | Malignant Neoplasms 14.0 % | Heart Disease 19.7 % |

CDC WISQARS™ — Web-based Injury Statistics Query and Reporting System. Retrieved on Dec 14, 2022, <https://www.cdc.gov/injury/wisqars/>



Barriers to Optimal Mental Health

- 73.1% of AANHPI age 18+ do not seek professional help for their mental health remain vast (vs 56.7% among all races)¹
- Most young Asian-Americans tend to seek out support from personal networks such as close friends, family members and religious community members rather than seek professional help for their mental health concerns
- **Challenges AANHPI might have:**
 - No support system
 - Difficulty expressing their challenges due to guilt, shame
 - Not being able to speak the same language as their other family members for some first- and second-generation immigrant families

¹ SAMHSA (2018) National Survey on Drug Use and Health: Asians/Native Hawaiians and Other Pacific Islanders (NHOP). https://www.samhsa.gov/data/sites/default/files/reports/rpt23248/3_Asian_NHOP_2020_01_14.pdf

² Murjani, M. (2014). Breaking Apart the Model Minority and Perpetual Foreigner Stereotypes: Asian Americans and Cultural Capital. *The Vermont Connection*, 35(1). <https://scholarworks.uvm.edu/tvc/vol35/iss1/10>

Unique Sources of Stress for AANHPI

Studies & recent research show unique sources of stress affect overall mental health of AANHPI community²

Mental health stigma stemming from a combination of sources¹

1. The **Model** minority myth
2. The perpetual “**Foreigner**” effect
3. Difficulty in balancing **Two different cultures** and developing a bicultural sense of self

¹ Murjani, M. (2014). Breaking Apart the Model Minority and Perpetual Foreigner Stereotypes: Asian Americans and Cultural Capital. *The Vermont Connection*, 35(1). <https://scholarworks.uvm.edu/tvc/vol35/iss1/10>



The Model Minority Myth

- Inaccurately portrays AANHPI as:
 - Successfully integrating into mainstream culture
 - Overcome the challenges of racial bias
- Individuals who identify as AANHPI may feel pressured to meet these cultural expectations.
- This stereotype paints a misleading picture about the AANHPI community that doesn't align with current statistics.



The Perpetual “Foreigner” Effect

- Suggests that members of ethnic minorities will always be **seen** as the “**other**” in the White Anglo-Saxon dominant US society¹
- US is historically an immigrant nation with ethnically & culturally diversity - there is a denial of the American identity for the AANHPI community
- Perpetuating this stereotype include:
 - “Where are you from?”
 - “Where are you really from?”
 - “How do you say (or write) xyz in your language?”

¹ Devos, T., & Banaji, M.R. (2005). American = White? *Journal of personality and social psychology*, 88 3, 447-66.



Balancing Two Different Cultures and Developing a Bicultural Sense of Self



Acknowledge the bicultural individuals.

- Second-generation connections to their **first-generation** parents.
- Second-generation **adopting and creating a new culture** to the environment they live in.



Youth Mental Health Prior to COVID-19

2013-2017

Kids at risk

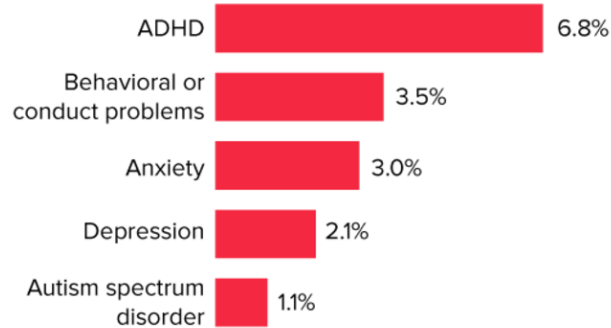
Suicide is the second leading cause of death among young people, aged 10 to 24

1 in 5, or 15 million, American children and young adults up to age 25 struggle with a mental illness or learning disorder

And 2/3 or 10 million are undiagnosed or untreated



Children ages 3-17 diagnosed with:



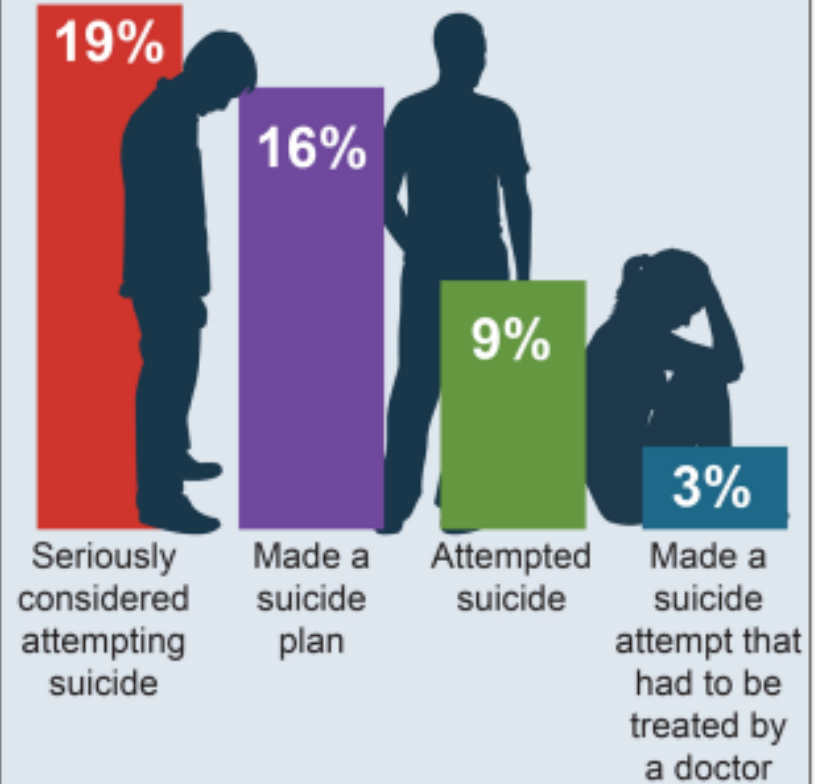
Source: Centers for Disease Control and Prevention



Centers for Disease Controls and Prevention (CDC). Retrieved on Dec 1, 2022: <https://www.cdc.gov/childrensmentalhealth/features/understanding-public-health-concern.html>

2019

PREVALENCE OF SUICIDAL THOUGHTS AND BEHAVIORS AMONG HIGH SCHOOL STUDENTS (2019)



Source: 2019 United States Youth Risk Behavior Survey

CDC 2019 YRBS. Retrieved on Dec 1, 2022: <https://mantracare.org/ocd/ocd-symptoms/homicidal-thoughts/>



COVID-19 Impacting Youth Mental Health

Emergency department visits for suspected suicide attempts among U.S. girls ages 12–17 have increased during the COVID-19 pandemic*

February–March 2021

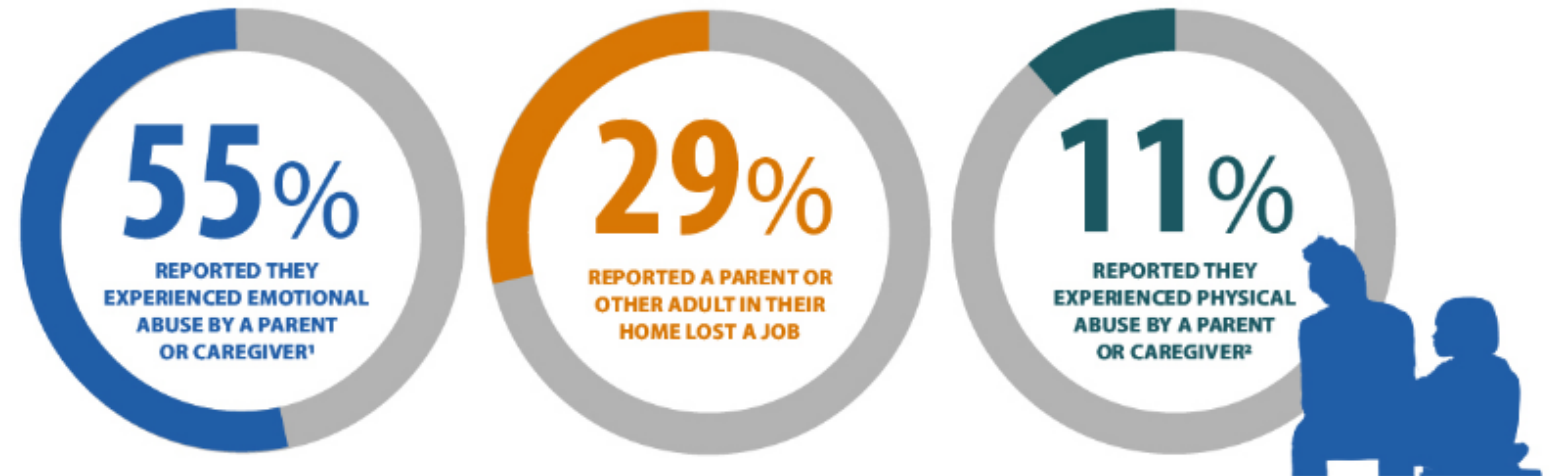
51% ↑

From the same period in 2019

* After an initial drop

CDC.GOV

CDC DATA GIVE MORE INSIGHT INTO SEVERE CHALLENGES U.S. YOUTH HAVE ENCOUNTERED DURING COVID-19



¹ Parent or other adult in the home swearing at, insulting, or putting down the student

² Parent or other adult in the home hitting, beating, kicking or physically hurting the student

CDC. Retrieved on Dec 1, 2022, Dec 1: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm>



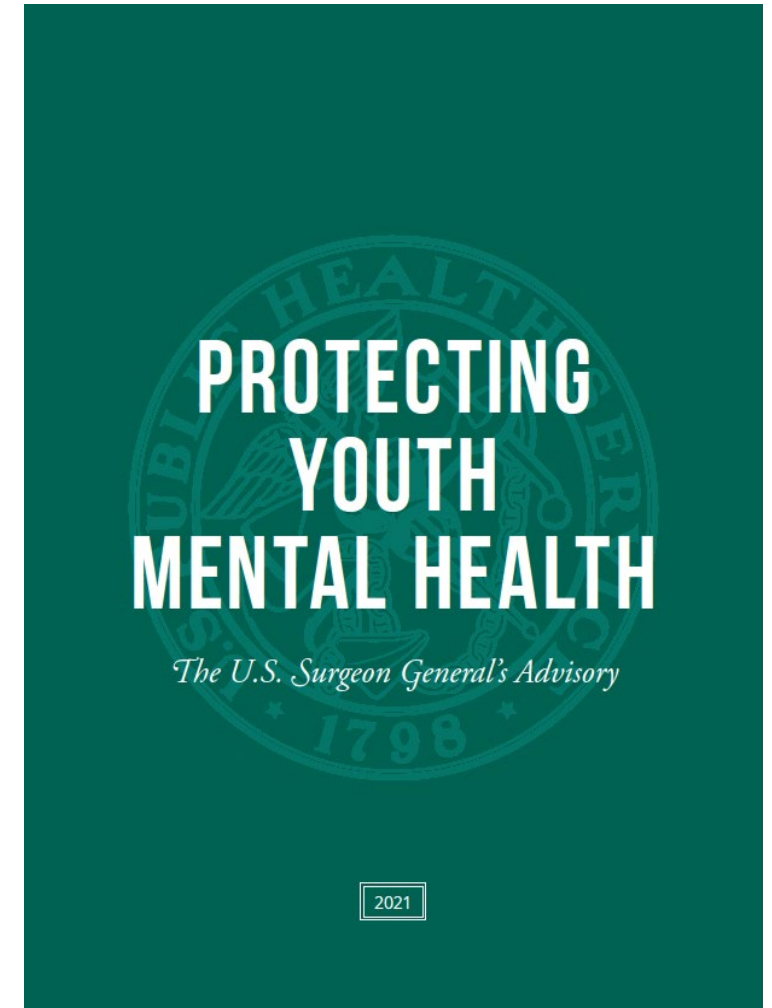


2. Best practices for the treatment and prevention of mental health challenges as described in the Surgeon General's Advisory on Protecting Youth Mental Health

The U.S. Surgeon General's Advisory

- Surgeon General's Advisory published a call to action to address the urgent issues of youth mental health in 2021
- Recommendations on how to support youth mental health

Supporting the mental health of children and youth will require a whole-of-society effort



Key takeaways from the Surgeon General's Advisory:

Mental health is an essential part of overall health

Mental health conditions are real, common, and treatable. People experiencing mental health challenges deserve support, compassion, and care — not stigma and shame.

Mental health is shaped by a combination of factors

Mental health conditions can be shaped by biological factors, including genes and brain chemistry and environmental factors, including life experiences.

COVID-19 added to pre-existing challenges that youth faced

Since the pandemic began, rates of psychological distress among young people have increased. The pandemic is most heavily affecting those who were already vulnerable. This includes youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, and other marginalized communities.

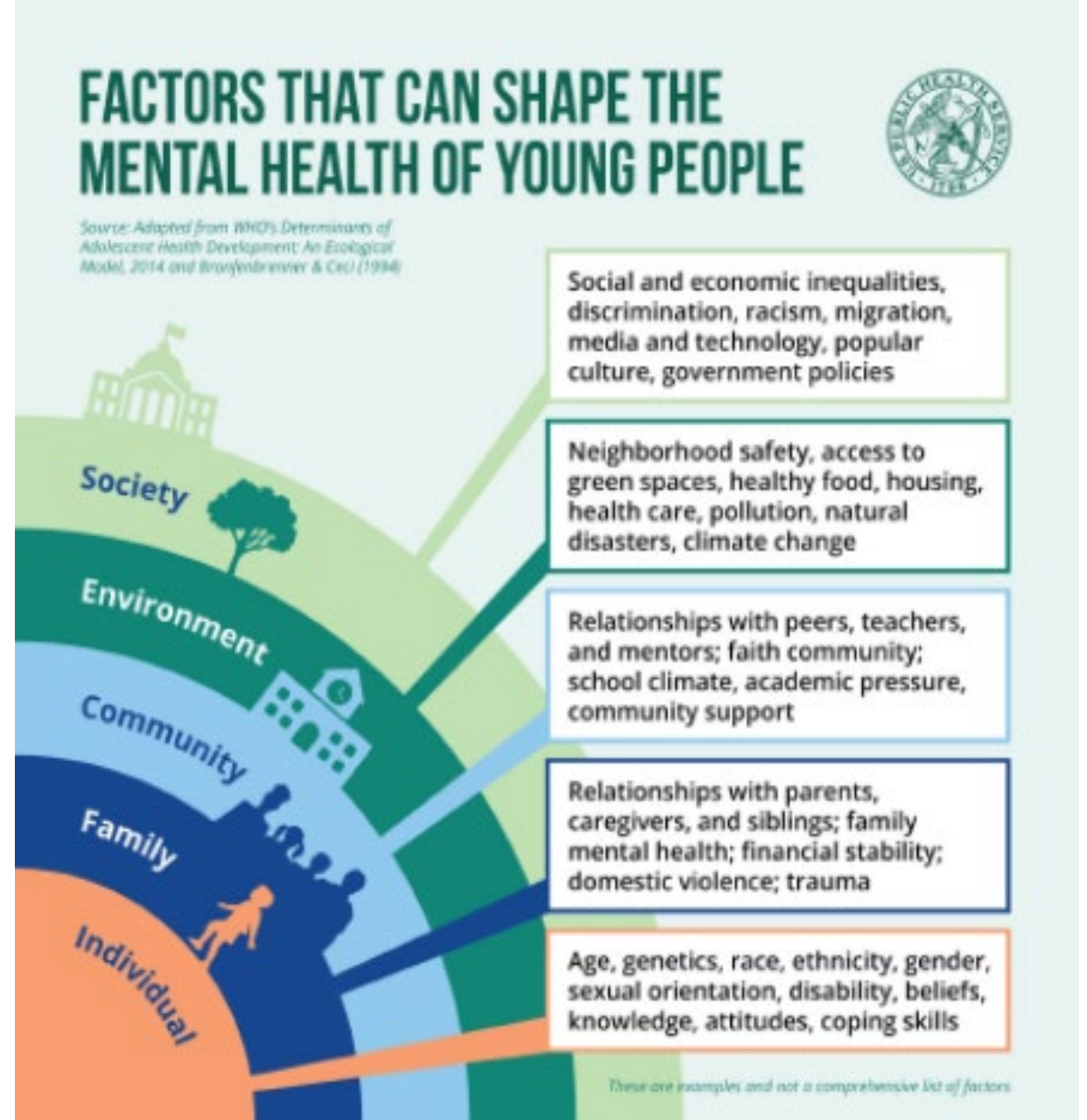
Focusing on youth mental health now is critical

We all have a role to play in supporting the mental health of children and youth. Find actionable steps and resources on our priority webpage: <https://hhs.gov/surgeongeneral/priorities/youth-mental-health/>



Factors Shaping Youth Mental Health

- Society
- Environment
- Community
- Family
- Individual



Best Practices: Individual Youth



Learn to ask for help

Learn & practice techniques to manage stress & difficult emotions

Invest in healthy relationships

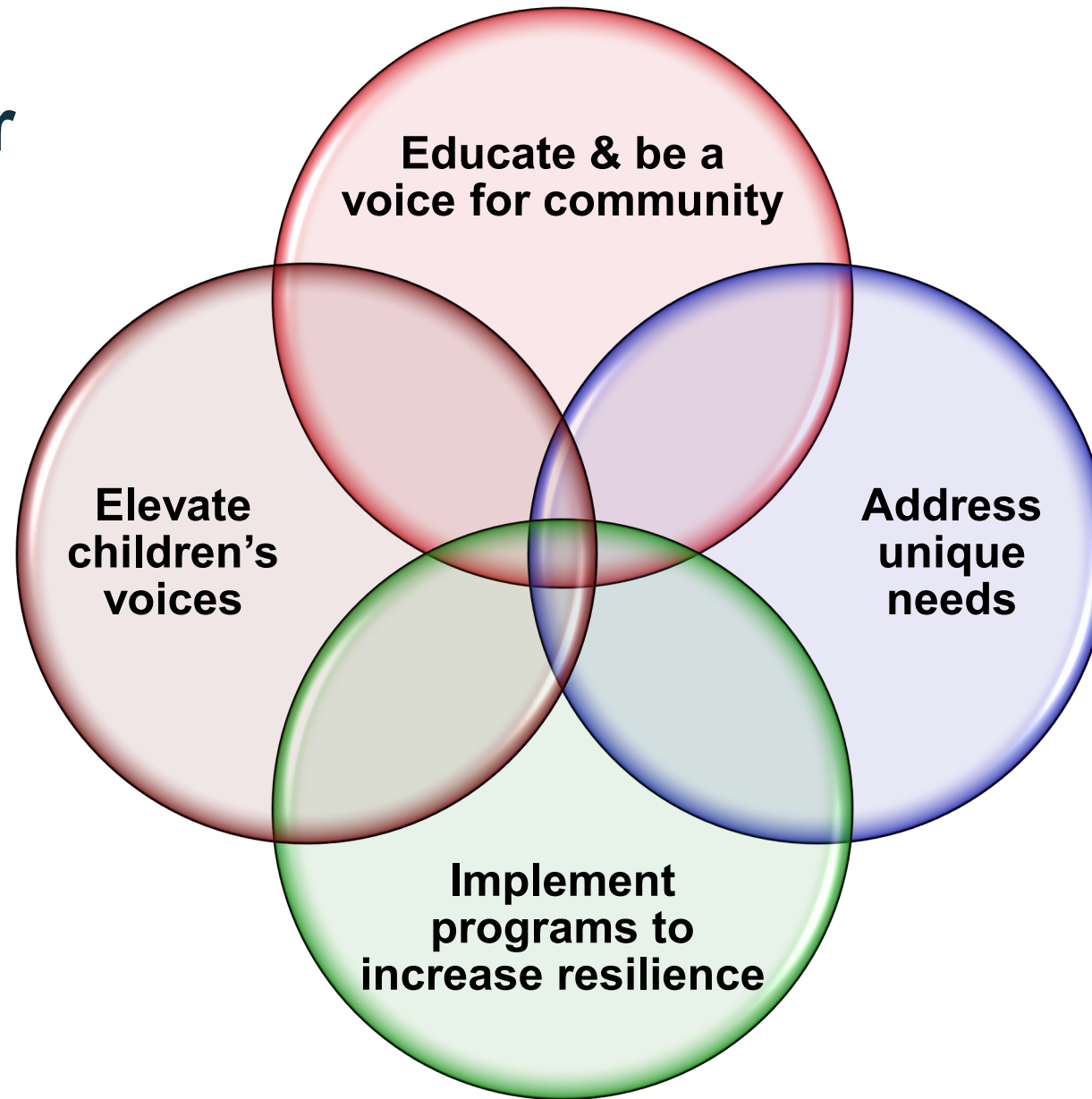
Take care of body and mind

Be a source of support for others

Be intentional about using social media, video games, & other technologies to reduce negativity



Best Practices for Prevention of Youth Mental Health : Community



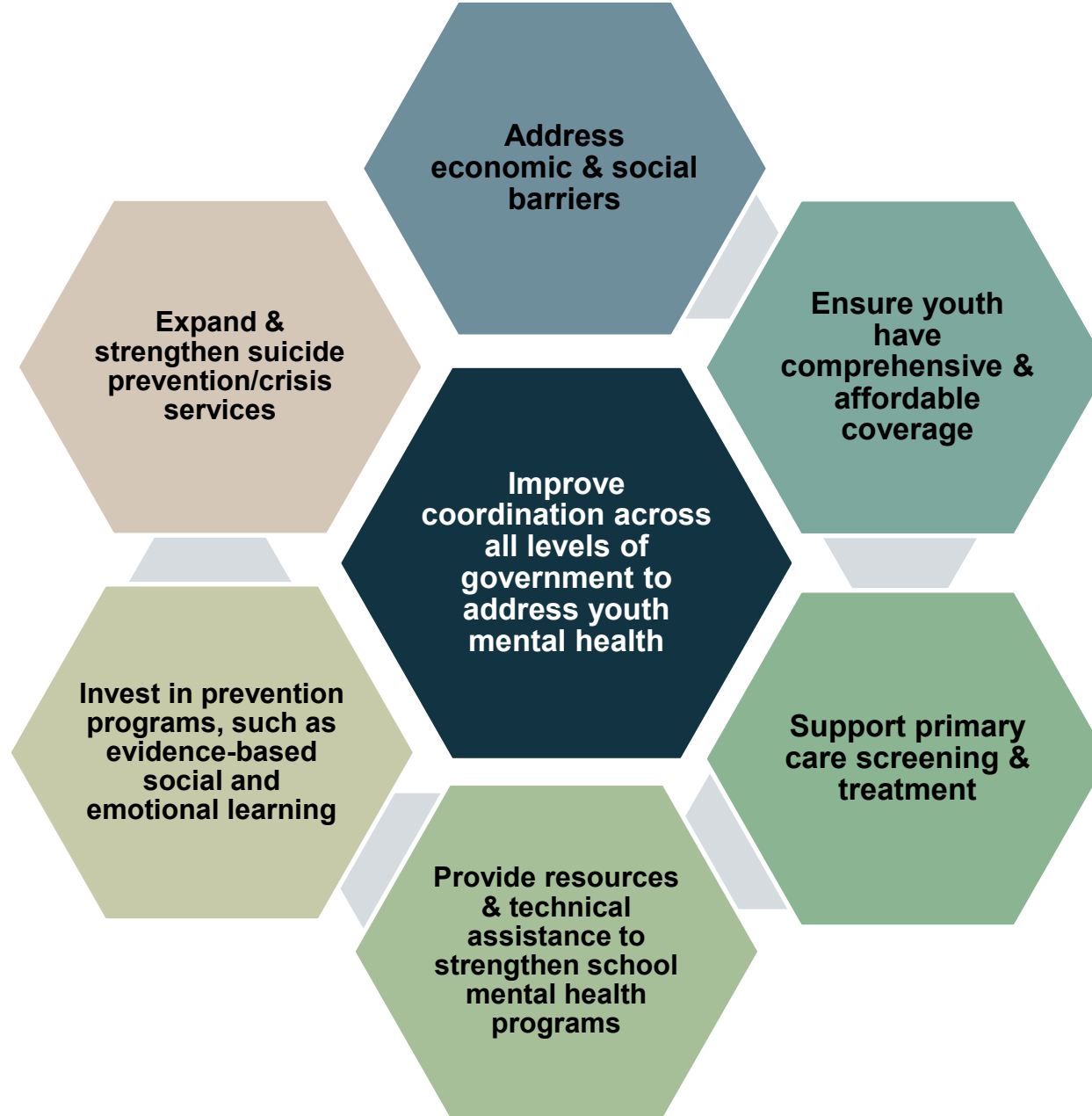
Best Practices for Treatment and Prevention of Youth Mental Health: Health Professionals

- Implement trauma-informed care principles and preventive strategies
- Routinely screen youth for mental health challenges & risk factors
- Identify & address mental health needs of parents, caregivers, and family members
- Build multidisciplinary teams to implement tailored services



CDC. Retrieved on Dec 1, 2022: <https://www.cdc.gov/childrensmentalhealth/features/health-care-transition-gaps.html>

Best Practices for Prevention of Youth Mental Health: Local, State, and Federal Government



3. APAOC's successful partnerships and collaborative efforts to raise awareness of and overcome barriers unique to minority populations

APAOC's Healthy Mind Initiative (HMI)

- Established in 2018 to raise awareness on mental health issues of youth through community engagement events^{1,2}
- Partnered with 8 USPHS categories and 7 federal agencies
- **Accomplishments**
 - **9** training events to **100+** USPHS officers
 - **80** USPHS officers led **30** community engagement events
 - **8** articles published to promote mental health awareness nationwide
 - Reached **2000+** individuals in AANHPI communities nationwide
 - HMI Lesson Plan approved in 2022 by Office of the Surgeon General (OSG) for nationwide implementation through Prevention through Active Community Engagement (PACE)
 - Launched HMI Lesson Plan at a community engagement event with 350 attendees

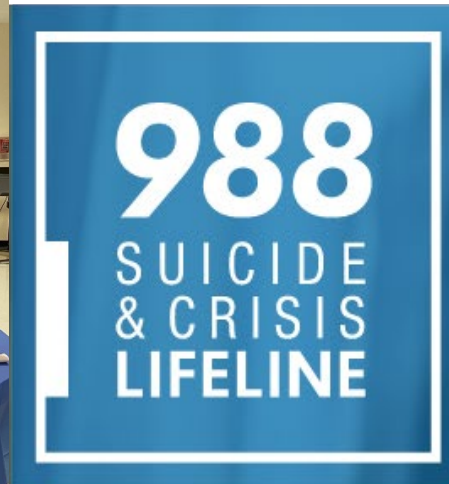
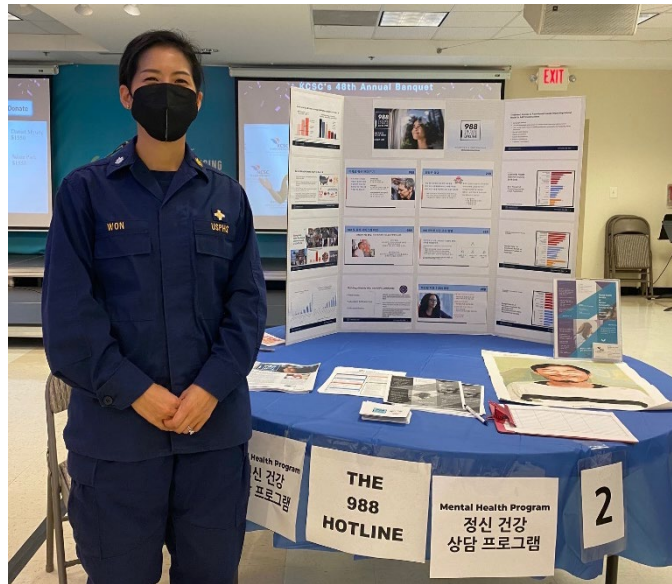


¹ Zhang, X (2018, May 18). The Journey to Healthy Minds for Healthy Youth. NIMHD Insights. <https://nimhd.blogs.govdelivery.com/2018/05/18/the-journey-to-healthy-minds-for-healthy-youth/>.

² LCDR Kelly Leong, LT Ruby Leong, CDR Karen Chaves, CDR Ranjodh Gill, LCDR Xinzhi Zhang, and CDR Eric Zhou. APAOC's new Healthy Mind Initiative. COA Frontline. 2018;56(6):11,23.

988 Suicide & Crisis Lifeline

- Partnered with SAMHSA, Asian American Health Initiative (AAHI) of DHHS in Montgomery County MD, and PACE-DC
- Conducted **6** virtual and in-person community events in September and October 2022
- **600+** individuals attended from Chinese, Korean, Filipino and other AANHPI communities



Mental Health Resources

- National Asian American Pacific Islander Mental Health Association (NAAPIMHA) (naapimha.org)
- Surgeon General's Advisory on Protecting Youth Mental Health (2021)
 - <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- MentalHealth.gov

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Thank You!

