



APAOC's Efforts in Protecting, Promoting, and Advancing Youth Mental Health in Asian Americans

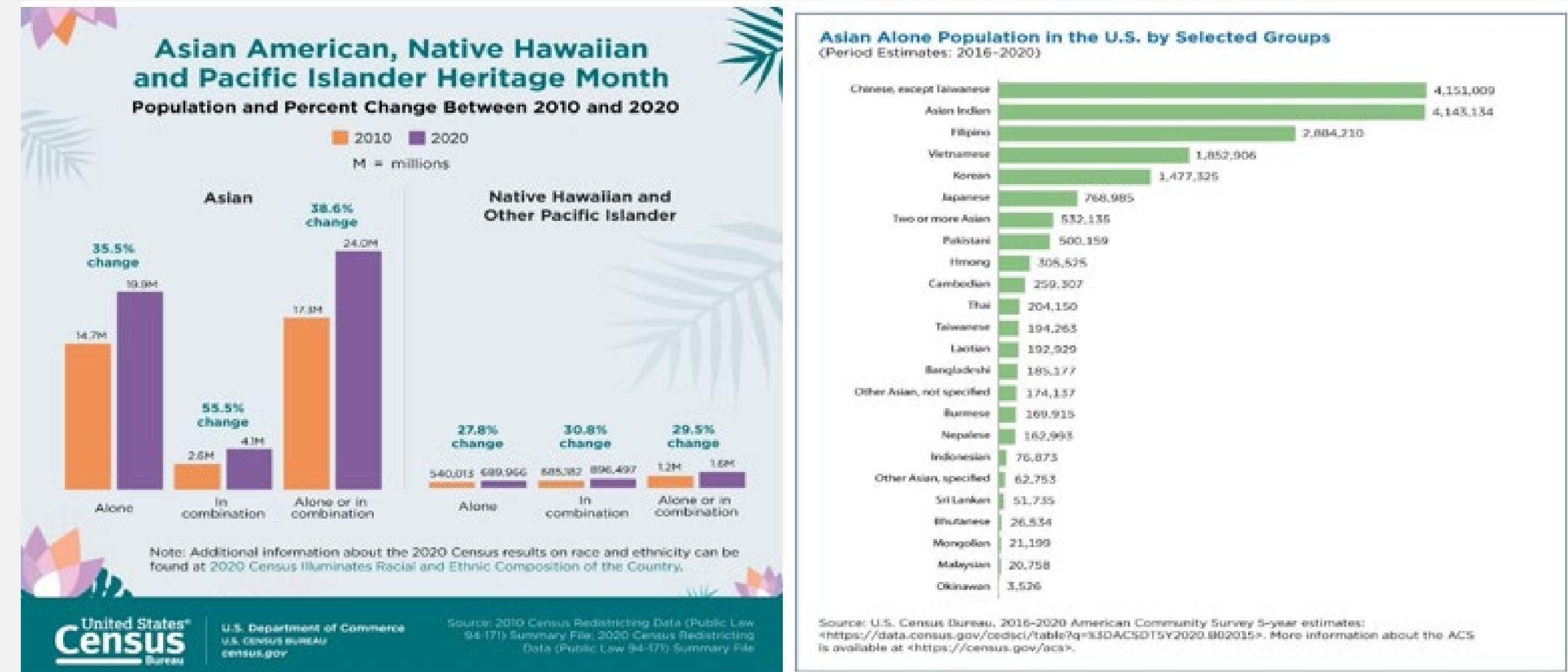
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Background

Youth mental health in the United States (U.S.) continues to worsen significantly. The Centers for Disease Control and Prevention (CDC) 10-year Trends Report in 2021 showed more than 4 in 10 (42%) of 14–19-year-old students continuously felt sad or hopeless, about one-third (29%) experienced poor mental health, greater than 1 in 5 (22%) considered suicide, and 1 in 10 (10%) attempted suicide. Additionally, Asian Americans are three times less likely to obtain mental health services. To address this public health crisis, the Surgeon General (SG) issued his 2021 Advisory on Protecting Youth Mental Health; and youth mental health remains to be one of the SG's priorities. Given the complexity and urgency of the situation, particularly in minorities, healthcare collaboration is imperative. The Asian Pacific American Officers Committee (APAOC) has taken steps to build "the village" of federal, community, and advocacy resources to address youth mental health in Asian Americans. APAOC's recent efforts include applying best practices for the treatment and prevention of mental health and raising awareness of the cultural, social, and other barriers uniquely affecting minority populations to protect, promote, and advance youth mental health.

Introduction

According to the U.S. Census, the Asian American and Native Hawaiian/Pacific Islander (AANHPI) population in the U.S. is increasing and comprises of a wide range of countries, ethnicities, nationalities, and identities. In 2020, over 20.6 million people living in the United States identified as AANHPI, representing 6.2% of the total U.S. population.^{1,2}



Mental Health Disparity in Asian Americans (continued)

A person's social, economic, and physical environment may either increase or decrease the amount of stress in their lives. Those individuals who encounter more obstacles are likely to be at a greater risk for behavioral health problems, for example, depression and substance use than those who have fewer problems and less psychological stress. Studies & recent research show unique sources of stress affect the overall mental health of the AANHPI community.⁵



Acknowledge the bicultural individuals.

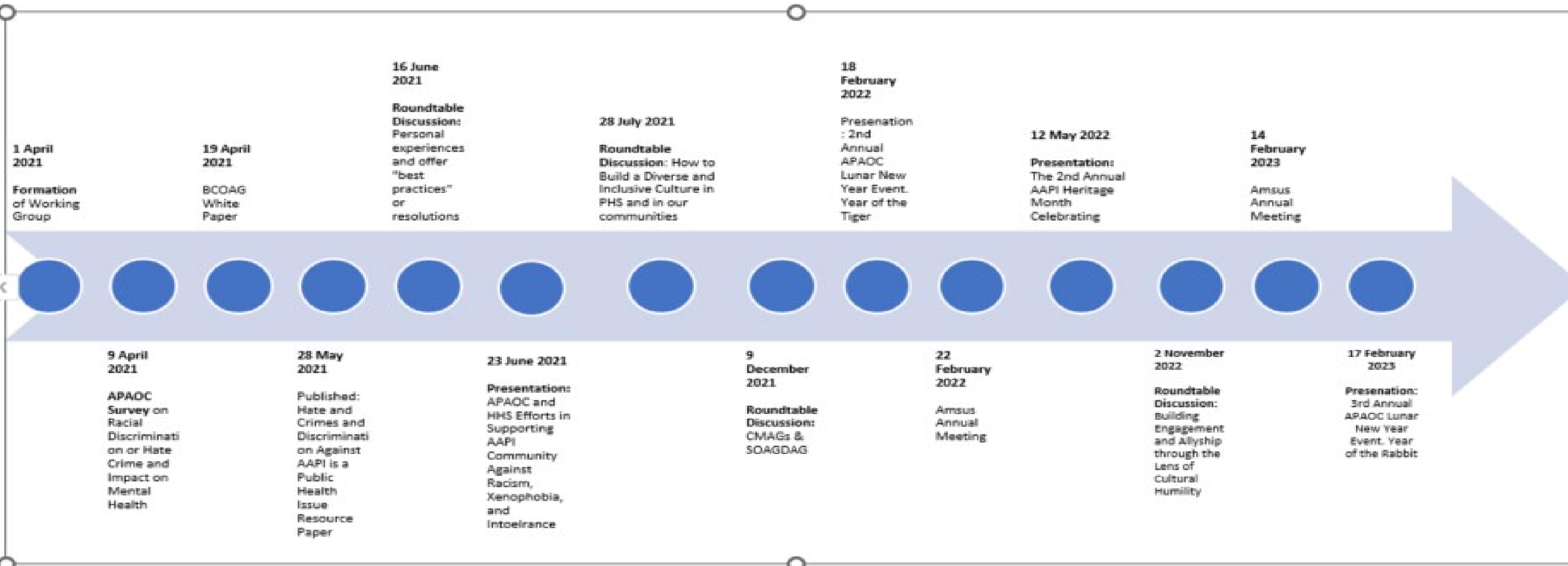
- Second-generation connections to their first-generation parents.
- Second-generation adopting and creating a new culture to the environment they live in.

Some of the 2nd generation struggles include feeling like they must choose one culture over another. However, they should be made aware that being bicultural has advantages that exposes individuals to diverse beliefs and worldviews that enable different cultural perspectives.

Barriers to Optimal Mental Health	Challenges AANHPI might have ⁵	Mental health stigma stemming from a combination of sources
73.1% of AANHPI age 18+ do not seek professional help for their mental health remain vast (vs 56.7% among all races)	Difficulty expressing their challenges due to guilt, shame	The model minority myth places high expectations on Asian Americans, leading to feelings of self-doubt, inadequacy, psychological problems, and suicidality
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	Not being able to speak the same language as other family members for first- and second-generation immigrant families	The perpetual "Foreigner" effect
	No support system	Difficulty in balancing Two different cultures and developing a bicultural sense of self

APAOC's Efforts in Addressing Mental Health Disparities

- **The Healthy Mind Initiative (HMI):**
 - Launched January 2018 to increase mental health awareness and promote suicide prevention of adolescents in AANHPI community.
 - Organized 9 training events with over 104 USPHS officers, in collaboration with 26 national, state, and local partners.
 - Led 30 outreach events or health fairs that reached > 2,000 AANHPI community members.
 - Collaborated with the National Institutes of Health and the Calvin J. Li Memorial Foundation to plan and implement the "Speaking Up About Mental Health! This Is My Story" National Essay Contest with participation of 235 high school students in 2019.
- Collaborating with the **Prevention through Active Community Engagement** Chartered Group to develop the mental health lesson plan for community outreach targeting parents of middle to high school youth in general population.



Lessons Learned to Prepare for Future Initiatives

Summary/Lessons Learned

- Prevalence of mental illnesses is increasing in the AANHPI community, but it continues to have the lowest rate of seeking mental health care due to systemic barriers as well as stigma surrounding receiving treatment.
- APAOC and AAPI Cultural Support Working Group have been actively working on different public health initiatives to support APAOC members, AANHPIs, and other minority communities against mental health disparities.
- APAOC launched the Healthy Mind Initiative to increase mental health awareness and to promote suicide prevention in AANHPI youth.
- Continued education efforts are needed to share resources, remove barriers to treatment, and remove stigma associated with seeking mental health care which can ultimately improve incidence of serious mental illnesses and suicide rates.

Future Initiatives

- Increase community outreach in different parts of the U.S. to promote mental health awareness and to normalize mental health treatment, targeting underserved populations via training in native languages.
- Collaborate with Minority Officers Liaison Council on a cultural mentorship program.
- Hold additional roundtable sessions with other CMAGs and SOAGDAG on relevant topics such as building alliances, cultural humility, and education on different cultures.
- Anticipate in 2023: virtual presentation for AANHPI Heritage Month – May; develop and publish of the Resource Paper on AANHPI Youth Mental Health; create and implement a webinar series on trauma, healing, and resilience in the AANHPI community.

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Disclaimer

All authors are members of the U.S. Public Health Service Commissioned Corps APAOC. The findings and conclusions in this report are those of the authors in their roles with APAOC and do not necessarily represent the views of their respective agencies where they work or the Commissioned Corps.

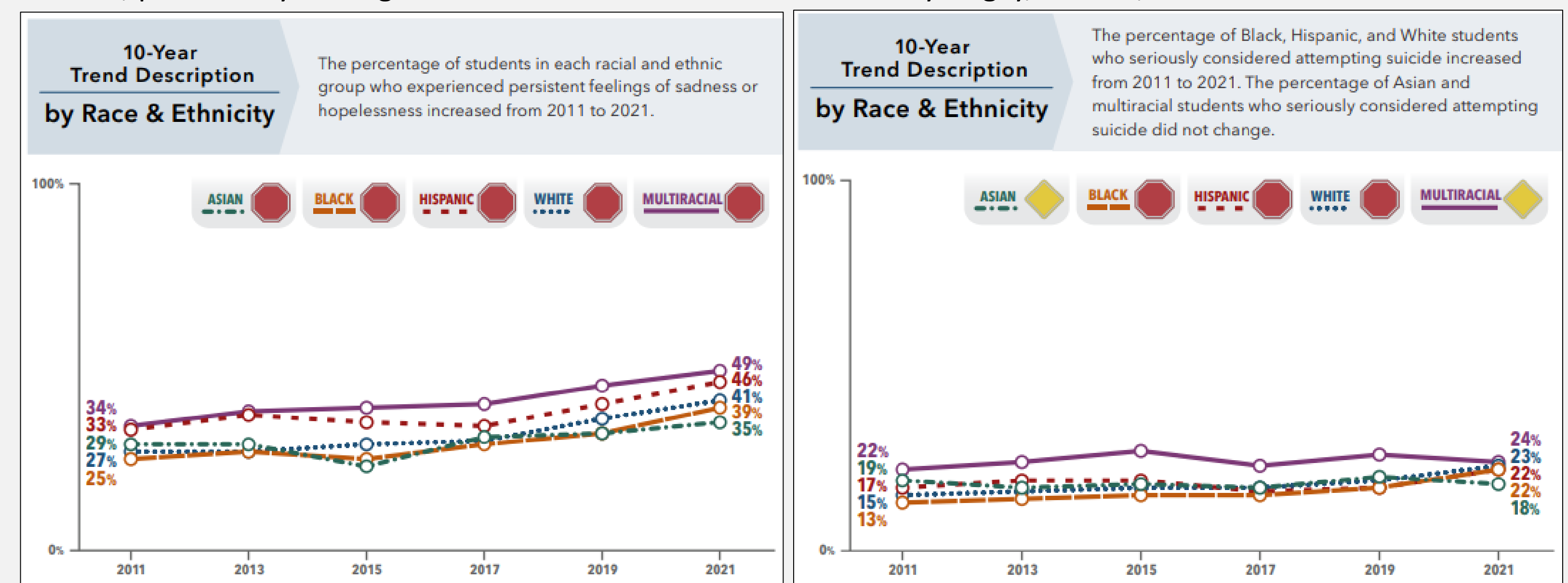
CDC Youth Risk Behavior Survey Data Summary & Trend Report: 2011–2021⁶

The CDC Youth Risk Behavior Survey is a biennial survey that monitors priority health behaviors contributing to the leading causes of death, disability, and social problems among youth in the U.S. This report provides the most recent surveillance data, as well as 10-year trends, on health behaviors and experiences among high school students in the U.S. related to adolescent health and well-being, including sexual behaviors, substance use, experiencing violence, and mental health and suicidality. The survey collects data from high school students in grades 9-12 nationwide.

Under the focus area of mental health and suicidality, the data summary trend report for the years 2011-2021 shows an increase in percentage of high school students of all races in the U.S. who reported:

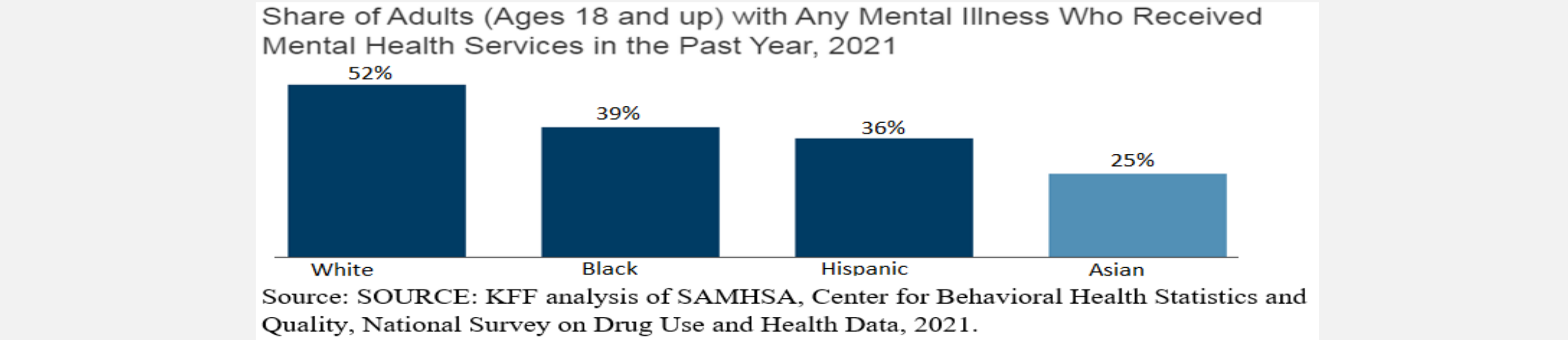
- Feeling sad or hopeless: increased from 29.9% in 2011 to 35.2% in 2021.
- Seriously considered attempting suicide in the past 12 months increased from 14.8% in 2011 to 19.5% in 2021.
- Made a suicide plan in the past 12 months increased from 11.6% in 2011 to 15.9% in 2021.
- Attempted suicide one or more times in the past 12 months increased from 6.3% in 2011 to 9.5% in 2021.
- Of the overall trend, female students reported higher rates of sadness or hopelessness, suicidal ideation, planning, and attempts than male students. Students who identified as gay, lesbian, or bisexual reported higher rates of sadness or hopelessness, suicidal ideation, planning, and attempts than heterosexual students.

These findings highlight the need for continued efforts to address mental health and suicidality among youth in the U.S., particularly among female students and those who identify as gay, lesbian, or bisexual.



Mental Health Disparity in Asian Americans

Asian Americans are less likely to utilize mental health services compared to other racial and ethnic groups based on a 2021 survey by the Substance Abuse and Mental Health Services Administration (SAMHSA). Among adults with any mental illness in the past year, only 25% of Asian adults reported receiving mental health services compared to 52% of White adults.³



Suicide is one of the leading causes of death in the U.S. in all ages and races. According to the CDC statics taken in 2020, suicide is the 2nd and 3rd highest cause of death in all races and affects a wide age range, even as young as 10 years old⁴. For Asian American youth from 10 to 19 years old, suicide is the number 1 leading cause of death.⁴

