

WAVES Research Insights (July 2024)

What Are the Data Telling Us?

Asian American and Native Hawaiian/Pacific Islanders (AANHPI) faces unique barriers to mental health care, including language barriers, stigmatization of mental illness, a perceived lower need of mental health care, a shortage of clinicians with diverse racial/ethnic backgrounds, and the lack of culturally competent providers (White House, 2023). One of the challenges in addressing mental health challenges and promoting Asian American mental health is a severe shortage in relevant data and research for and from the community. Between 1992 and 2018, clinical research studies focusing on AANHPI participants composed only 0.17% of the total NIH budget (Doan, Takata, Sakuma, & Irvin, 2019). That makes it hard to collect high quality data on Asian Americans, especially around health disparities and treatment efficacy. Mental health research on Asian Americans is sparse compared to other racial and ethnic groups (Yu and Change, 2022). Asian Americans have the least representation in data and are under-reported, under-represented, and often incorrectly aggregated (The Satcher Health Leadership Institute, 2022). For example, factors related to mental health and help-seeking behaviors could be understudied (Terlizzi & Norris, 2020). There is also a lack of evidence on interventions, especially the role of community as an informal network and how they contribute to formal mental health services (Chen, 2024).

In 2023 and part of 2024 (January to April), the United Chinese American (UCA) Youth Mental Health Collaborative (**WAVES**, Wellness, Advocate, Voices, Education, Support) conducted a survey during the registrations for the Mental Health First Aid (MHFA) training funded by Substance Abuse and Mental Health Services Administration

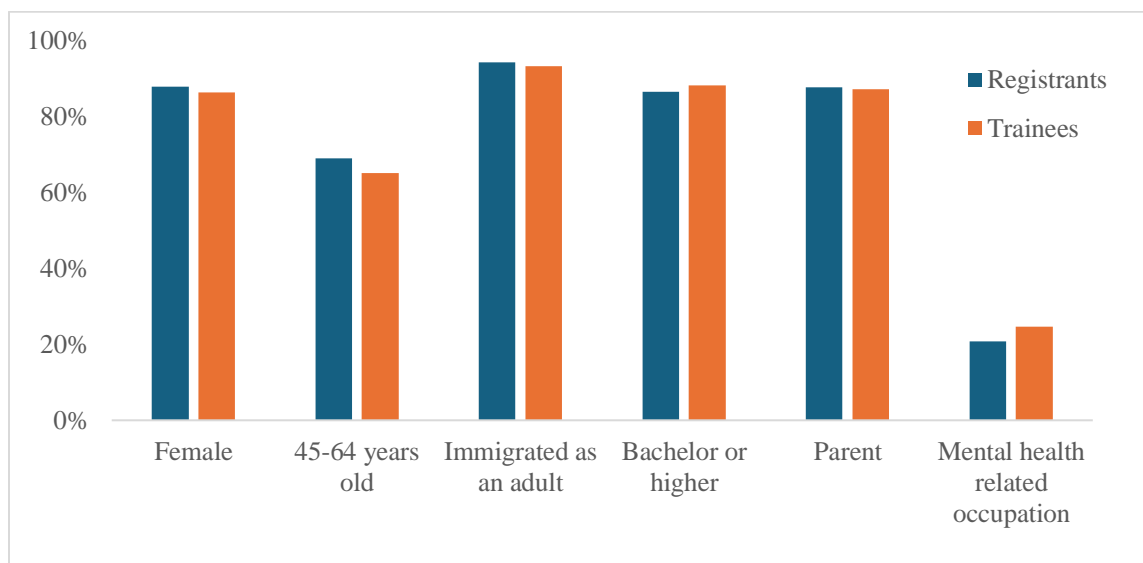
(SAMHSA). Most of the participants were from Chinese American community. The survey consisted of questions about demographics, mental health experience, and behaviors. This report presents preliminary findings from the survey which could, to some degree, reveal mental health challenges facing the community and shed light on mental health equity for the community.

Discovery #1 – Demographics of the Participants

The demographics for the people who registered and who participated in the MHFA training are presented in Figure 1. The 203 trainees represented the 631 registrants well in terms of their demographics. Most of the registrants and trainees were females with at least a bachelor's degree. Most of them were also parents and immigrated to the US as adults.

Figure 1

Demographics of The Registrants and Trainees

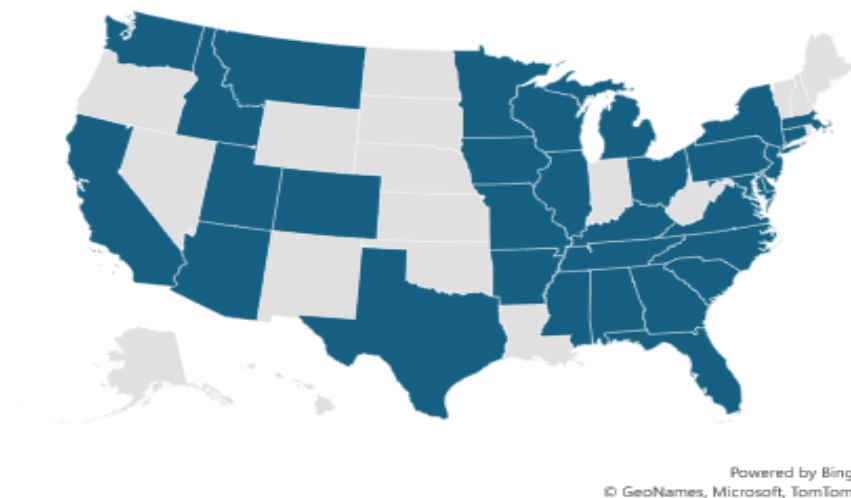


Discovery #2 – Community Needs and Hidden Stigma

Figure 2 highlights the states where the registrants came from. They represented a total of thirty-six states. There was a total of 1,013 people who *attempted* to register for one of the fifteen training sessions in 2023 and part of 2024. However, due to several reasons only a fraction of them (259) were trained. About 93% of the trainees received the MHFA certificate. The factors contributing to the gap between the registration and training participation include a lack of funding and resources (e.g., trainer availability), MHFA course pre-requisites, participants' schedules, etc.

Figure 2

Registrant State Representations



One of the notable findings from the registration data was that about 35% of the people who attempted to register for the training stopped their registration process when being asked to fill in their names as required by the MHFA training program to be certified. There could be multiple reasons including stigma towards mental illness which

could prohibit people from taking mental health trainings or seeking treatments. Since those people did not want to fill in their names they were not able to attend the training which challenges our out-reach efforts. Moreover, a 35% data loss could also impact the representativeness of the study sample. A low participation rate of Asian Americans in mental health research is another factor contributing to the lack of quality AANHPI data.

Discovery #3 – Experiences with Mental Illness and Treatments

When being asked “have you or someone close to you experienced a mental illness within the last twelve months,” 66% of the registrants chose “Yes” or “Maybe” (see Figure 3). However, some people chose not to answer that question, which may or may not be related to stigma towards mental illness. It should be noted that these numbers were from the people who were interested in taking the MHFA training and they may not represent the mental health status of the entire community.

Figure 3

Percentages of People Experienced or Witnessed Mental Illness

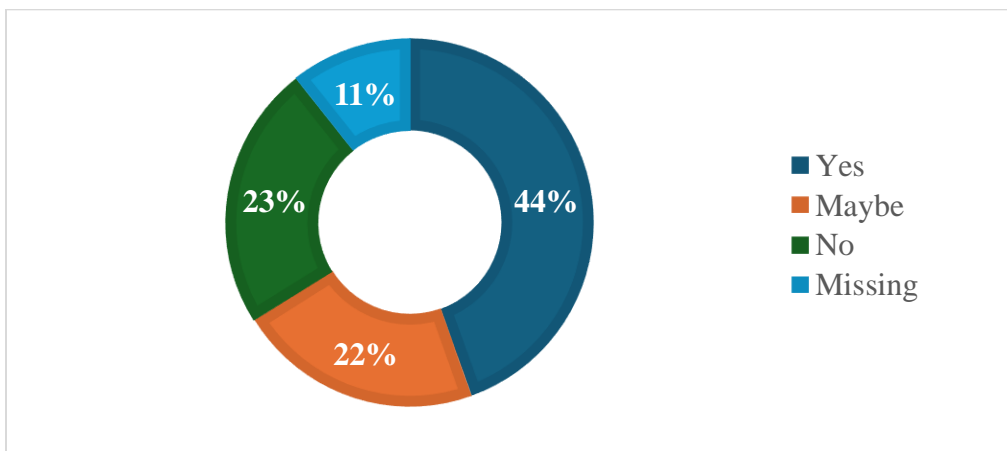
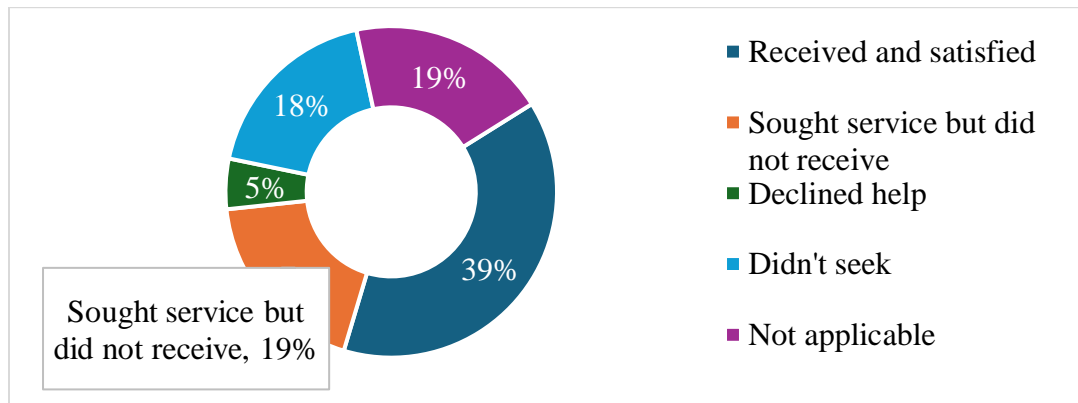


Figure 4 below presents the percentages of seeking professional help/treatment for mental illness. About 19% of the people sought treatment but did not receive one.

Figure 4

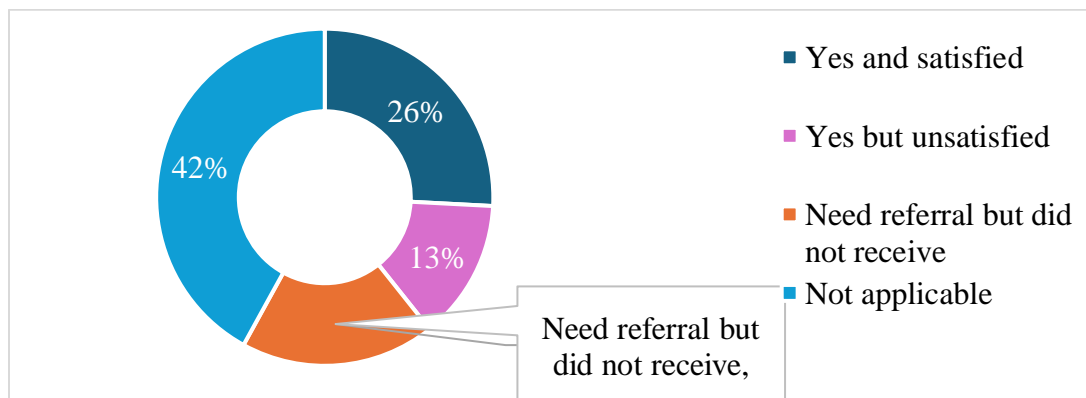
Percentages of People Sought Treatment



Moreover, when being asked “have you or someone close to you ever received a referral to mental health service before” 19% of the people answered “need referral but never received one” while 13% received referrals but they did not work out well (see Figure 5). When being asked to explain why the referrals did not work well, some participants reported cultural and language barriers, issues with availability and affordability of the services, and personal beliefs or stigma, among other factors.

Figure 5

Percentages of People Received Referrals



The above findings indicate potential barriers for our community members to access mental health referral and treatment services and the need for developing culturally competent mental health workforce.

Discovery #4 – Help Seeking and Support Resources (2024 data only)

According to the 2024 registrants' responses (*note: the 2023 survey did not have this question*), about 53.7% who or someone they knew experienced mental health challenges received some types of referrals. Among them, 37% were referred to hospitals and clinics, 41% to private non-profit or for-profit facilities while 11% to community facilities (see Figure 6).

Figure 6

Percentages of People Referred to Various Service Organizations

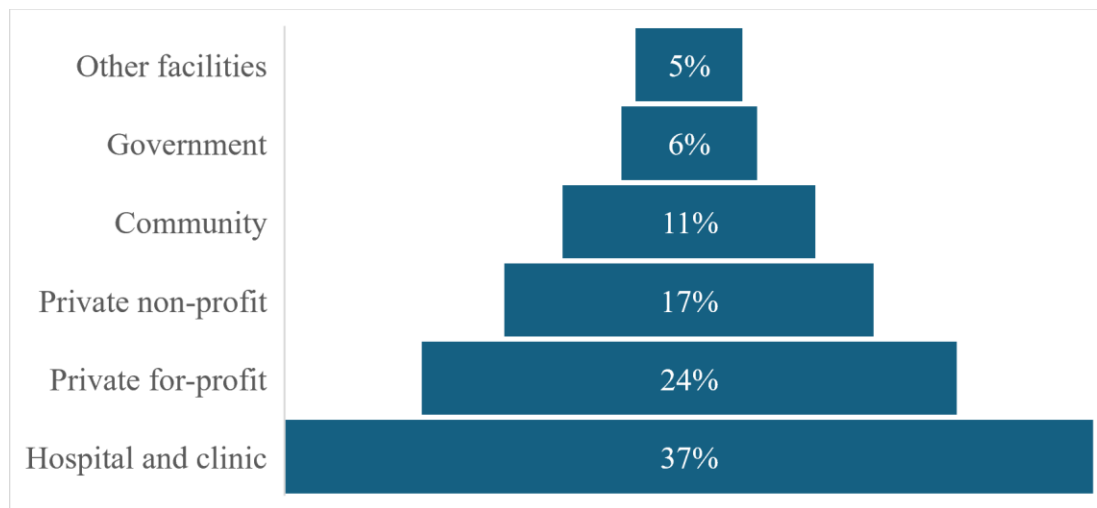
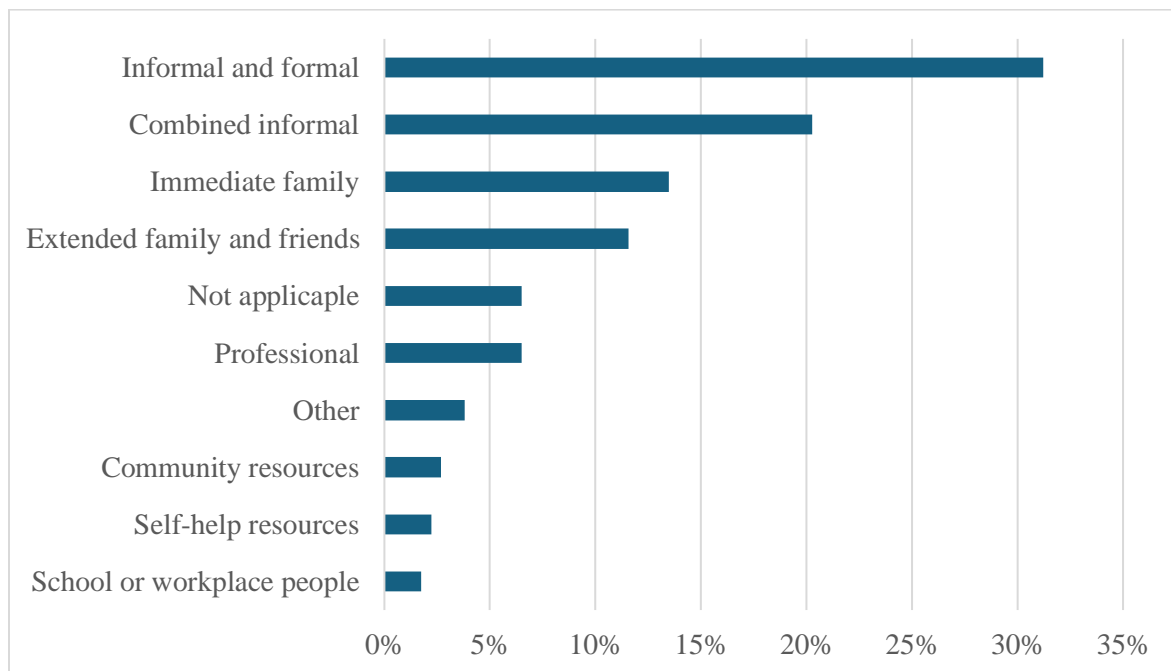


Figure 7 summarizes the percentages of help-seeking sources. When being asked “who did you go to for advice, support, and/or treatment when experiencing mental health challenges,” most people sought help from one or more informal sources. Among them, 16% only sought help from people close to them including immediate or extended family members, friends, colleagues, or church leaders etc. Others also sought informal

help from schoolteachers, counselors, academic advisors, colleagues, supervisors, coaches, as well as community resources such as training and support groups. A small percentage of people only sought formal help from licensed professionals. 31% of the people sought both informal and formal help.

Figure 7

Percentages of Help-Seeking Sources



Conclusive Comments

The findings from the registration data demonstrate the great community needs for mental health educational resources and services as well as accessibility challenges for our community members and hidden stigma in our community. The results indicate the importance of advancing culturally competent and equitable supporting services including community-based support networks to advance mental health equity and

accessibility. Moreover, they also revealed challenges in data collection and research in AANHPPA communities.

Although the data were collected from those who were interesting in taking the MHFA training and may not represent the entire Chinese American population and we need to be cautious in their generalizability, the findings did provide some much-needed AANHPPA data in mental health and contribute to our understanding of mental health in our community.

References

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