

Mental Health in Asian American and Pacific Islanders

Asian Americans and Pacific Islanders are diverse in ethnicity and in their cultural and historical experiences. There are many Asian Americans and Pacific Islanders who have lived in the U.S. for several generations, but there also are a high number of recent immigrants who contribute to a great diversity in language and culture among this group.

Reports indicate that half of all Asian Americans and Pacific Islanders have difficulty accessing mental health services because of economic barriers, social and cultural differences, language disparities, and the lack of culturally competent providers.

Among all ethnicities, Asian Americans and Pacific Islanders are the least likely to seek help for mental disorders. Asian cultural values of self-reliance and reservation, and fear of shaming the family, keep many from seeking assistance with emotional problems.

Rate of Mental Disorders

A study has not yet been conducted to determine the rate of mental disorders among Asian Americans and Pacific Islanders. However, researchers have examined mental health problems by measuring the prevalence of symptoms. In these studies, Asian Americans and Pacific Islanders appear to have an increased risk of depression with Chinese Americans reporting the highest lifetime prevalence rate of depression.

Symptoms of social anxiety, social phobias, and trauma-related disorders also occur at high rates among Asian Americans, especially among second-generation Asian Americans. This may be attributed to conflict caused by their strong identification with mainstream culture.

Some studies have indicated that Asian Americans and Pacific Islanders who use mental-health services are more severely ill than other groups. Evidence suggests this is because many Asian Americans and Pacific Islanders delay seeking treatment because of the stigma associated with using mental health services and cultural and linguistic barriers to access.

Mental Health Issues

Despite being sometimes portrayed as a model community, Asian Americans and Pacific Islanders face many of the same mental health problems as other groups. Evidence

shows high rates of addiction, gambling, and family violence among some groups of Asian Americans and Pacific Islanders compared to the general population.

- * **Substance Abuse**—While Asian Americans overall had the lowest rate of drug use among all groups, the illicit drug use rate for Pacific Islanders, in contrast, is 9.1 percent higher than any other ethnic or racial group. In addition, treatment admissions for stimulant abuse among Asian Americans and Pacific Islanders are nearly four times higher than total admissions for this condition.
- * **Gambling**—Asian Americans show high rates of gambling disorders compared to the general population. For example, about five percent of the general population suffers from a gambling addiction, but in the Chinese American community, 20 percent are problem gamblers. Reportedly Southeast Asian Americans have the highest lifetime prevalence of pathological gambling—one study reported that 59 percent of Southeast Asian refugees were pathological gamblers.
- * **Domestic Violence**—Until recently, Asian Americans and Pacific Islanders were thought to have lower than normal incidents of domestic violence. One study dispelled that notion by finding that 38 percent of Asian Americans surveyed knew a woman who had been injured by a partner. Family violence may be tolerated to maintain the family, avoid conflict, and avoid dishonor—this is especially true in the Cambodian and Vietnamese communities.

Culture-Bound Syndromes

In addition to Western psychiatric disorders, Asian Americans also may experience culture-bound syndromes, such as **shenjing shuairuo** and **hwa-byung**. These syndromes may draw upon Asian patients' mind-body connection. In many Asian cultures, mental illnesses are so stigmatized, that sufferers may experience their anxieties as physical aches and pains.

- * **Shenjing shuairuo**, or neurasthenia, is a mental disorder triggered by stress. The symptoms include sensations of pain or numbness, chronic fatigue, weakness, anxiety, and fainting. Neurasthenia is an

acceptable medical diagnosis because it conveys distress without the stigma associated with a psychiatric diagnosis.

- * **Hwa-byung**, or “fire-illness,” is a Korean folk illness. Sufferers report such symptoms as a heavy feeling in the chest, sleeplessness, hot flushes, cold flushes, and blurred vision. It is thought that hwa-byung might serve to provide sufferers with a way to conceptualize and resolve emotional distress.

Youth

While little is known about the mental health needs of Asian American and Pacific Islander youth, studies that examine mental symptoms indicate that there are high rates of depression, anxiety, and suicide among this group. The conflict between traditional family values and mainstream culture may cause additional stress and exacerbate anxiety for some Asian youth.

Older Asian Americans and Pacific Islanders

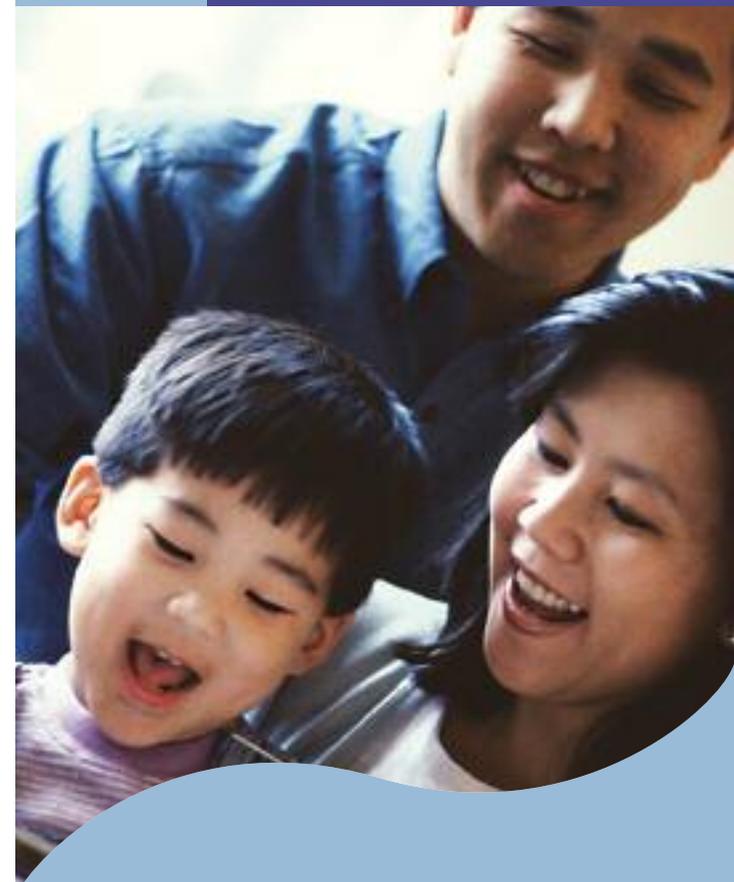
Four small sample studies have examined the mental well-being of older Asian Americans. One study found that older Asian American women have the highest suicide rate of all women aged 65 and older, and the suicide rate among elderly Chinese American women is 10 times higher than the rate among white elderly women. Older Asian Americans also show a greater prevalence of dementia than the general population.

High Need Groups

Many Asian Americans are at risk for post-traumatic stress disorder because of trauma suffered before immigration. During the 1970s, Southeast Asian refugees fled war-torn countries and the ravages of the cruel dictatorships. National trauma and repeated exposure to catastrophic events, such as combat, forcible detention, and torture, as well as the stressors associated with relocation, continue to affect the emotional health of many Southeast Asian refugees.

Mental Health in Asian American and Pacific Islanders

LET'S
TALK
FACTS
ABOUT



Healthy Minds. Healthy Lives.

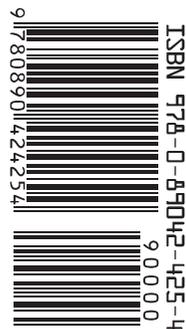


AMERICAN
PSYCHIATRIC
ASSOCIATION

www.healthyminds.org

AMERICAN
PSYCHIATRIC
ASSOCIATION

1000 Wilson Blvd., Suite 1825
Arlington, VA 22209-3901



ISBN 978-0-89042-425-4
9 00000
9 780890 424254

Conclusion

With the proper treatment, most symptoms of mental illnesses can be controlled. If the possibility of mental illness is a concern for you or someone you care about, there is no shame in seeking treatment. Mental health information is available in many Asian languages and can be obtained through physicians, clinics, or online. Culturally and linguistically competent mental health professionals also are available and can be reached by contacting your physician and asking for a referral.

Resources

For more information, please contact:

American Psychiatric Association (APA)

1000 Wilson Blvd.
Suite 1825
Arlington, VA 22209
703-907-7300
www.healthyminds.org

National Asian American Pacific Islander Mental Health Association (NAAPIMHA)

1215 19th Street, Suite A
Denver, CO 80202
303-298-7910
www.naapimha.org

National Alliance on Mental Illness (NAMI)

Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201
703-524-7600
Information Helpline:
800-950-NAMI (6264)
www.nami.org

National Asian Pacific American Families Against Substance Abuse

340 East Second Street,
Suite 409
Los Angeles, CA 90012
213-625-5795
www.napafasa.org

Mental Health America (formerly NMHA)

2000 N. Beauregard Street
6th Floor
Alexandria, VA 22311
800-969-NMHA (6642)
www.nmha.org

Ordering Information

Brochures may be ordered by visiting www.appi.org or calling 800-368-5777. The brochures are sold by topic in packets of 50 brochures for \$29.95 each. Discount pricing is available for bulk quantities of five or more packets. Please email bulksales@psych.org for more information.

APA physician members receive a 10% discount.

One in a series of brochures designed to reduce stigma associated with mental illnesses by promoting informed factual discussion of the disorders and their psychiatric treatments. This brochure was developed for educational purposes and does not necessarily reflect opinion or policy of the American Psychiatric Association. For more information, please visit www.healthyminds.org.