Meeting the Psychosocial Needs of Asian and Asian American Students: Challenges and Opportunities

Henry Chung, M.D.
Assistant Vice President, Student Health
Clinical Associate Professor of Psychiatry
New York University
Mounting Student Depression Taxing Campus Mental Health Services

Rebecca Voelker

ANN ARBOR, MICH—The scenario is becoming all too common across college campuses today. Students face not only the time-honored ritual of leaving family and longtime friends, but a host of other pressures. New relationships can send students on an emotional roller coaster, while parents in the throes of divorce may add to the anxiety. The pressure to succeed academically perhaps has never been higher, and at the first sign of falling grades, even students who excelled in high school may wonder if they are really college material. And as college costs continue to climb, students approaching graduation with substantial loans to be repaid face the gloomiest job market in the past decade.

Against this backdrop, growing numbers of students are seeking help for depression and other psychiatric disorders. But student health services and campus counseling centers often have not kept pace with the increased demand for treatment.

At many student health centers, “the pattern still tends to be not to ask about years. But for most students, a diagnosis will not be made until many years later. The average age at diagnosis for unipolar depression is 27 years and 21 years for bipolar disorder, according to the Depression and Bipolar Support Alliance, a national mood disorders advocacy group.

Kadison, MD, chief of the Mental Health Service at Harvard’s University Health Services in Boston, Mass, offered what he called some “scary” statistics.

Citing a 2000 survey by the American College Health Association, Kadison said that within the last school year, 61% of college students reported feeling hopeless, 45% said they felt so depressed they could barely function, and 9% felt suicidal. The National Mental Health Association’s College Student and Depression Hotline Initiative lists suicide as the second leading cause of death among college students.

Another survey by researchers at Kansas State University in Manhattan has shown that from 1988-1992 to 1996-2001, the proportion of students who came to its counseling center with depression increased from 21% to 41%. A 1990 survey by researchers at the University of California, Los Angeles, reported that 30% of college freshmen felt overwhelmed by the transition to campus life, compared with only 16% in 1983. The US Surgeon General’s report on mental health in 1990 indicated that about 20% of US adults will experience depression at

# Asians in Ascent in NYC

<table>
<thead>
<tr>
<th>Asian Group</th>
<th>Total</th>
<th>% of Asians</th>
<th>% Growth from 1990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Indian</td>
<td>170,899</td>
<td>21.7%</td>
<td>80.7%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>19,148</td>
<td>2.4%</td>
<td>286.4%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>1,771</td>
<td>0.2%</td>
<td>-31.0%</td>
</tr>
<tr>
<td>Chinese (w/o Taiwanese)</td>
<td>357,243</td>
<td>45.4%</td>
<td>53.4%</td>
</tr>
<tr>
<td>Filipino</td>
<td>54,993</td>
<td>7.0%</td>
<td>27.2%</td>
</tr>
<tr>
<td>Hmong</td>
<td>8</td>
<td>0.001%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Indonesian</td>
<td>2,263</td>
<td>0.3%</td>
<td>56.8%</td>
</tr>
<tr>
<td>Japanese</td>
<td>22,636</td>
<td>2.9%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Korean</td>
<td>86,473</td>
<td>11.0%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Laotian</td>
<td>234</td>
<td>0.03%</td>
<td>-36.1%</td>
</tr>
<tr>
<td>Malaysian</td>
<td>1,368</td>
<td>0.2%</td>
<td>61.9%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>24,099</td>
<td>3.1%</td>
<td>78.5%</td>
</tr>
<tr>
<td>Sri Lankan</td>
<td>2,033</td>
<td>0.3%</td>
<td>150.7%</td>
</tr>
<tr>
<td>Taiwanese</td>
<td>4,288</td>
<td>0.5%</td>
<td>-28.7%</td>
</tr>
<tr>
<td>Thai</td>
<td>4,169</td>
<td>0.5%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>11,334</td>
<td>1.4%</td>
<td>34.9%</td>
</tr>
<tr>
<td>Other Asian</td>
<td>24,088</td>
<td>3.1%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>787,047</td>
<td>3.1%</td>
<td></td>
</tr>
</tbody>
</table>

Source: US Census Bureau, Census 2000   Analysis by: Asian American Federation Census Information Center
Agenda

- Epidemiology and Indicators of need
- Persistent Stigma and Underutilization
- Psychosocial Risk Factors
- Improving Coping Skills and Starting a Dialogue
- Providing Access to Treatment: Multiple Pathways
API Rates for Suicide, Female Age 15-24 Remain High

Detailed Race, Hispanic Origin: United States, Selected Years 1990-2001

* Fewer than 20 deaths reported in these years for American Indian or Alaska Native females.

Suicide In China

Rates of suicide in China, 1995–99

Suicide deaths per 100,000 population

- Rural women
- Rural men
- Urban women
- Urban men

Age (years)
Suicide as a leading cause of death
NYC 2002

# Prevalence and Recognition of Depression in Low Income Asians & Latinos in Primary Care

<table>
<thead>
<tr>
<th></th>
<th>Asian (n=91)</th>
<th>Latino (n=133)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>Mean</td>
</tr>
<tr>
<td>Sig Depressive Sx</td>
<td>41.6</td>
<td>47.3</td>
</tr>
<tr>
<td>Physician ID of a problem**</td>
<td>23.6</td>
<td>43.8</td>
</tr>
<tr>
<td>Accurate Diagnosis</td>
<td>17.2</td>
<td>30.3</td>
</tr>
<tr>
<td>Female **</td>
<td>53.8</td>
<td>72.9</td>
</tr>
<tr>
<td>Language Congruence**</td>
<td>90.1</td>
<td>64.7</td>
</tr>
<tr>
<td>CES-D Score</td>
<td>16.16</td>
<td>17.90</td>
</tr>
<tr>
<td>Age (yrs)</td>
<td>52.34</td>
<td>49.82</td>
</tr>
</tbody>
</table>

**p<.01.

Chung et al., Community Mental Health Journal, 2002
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Stigma and Shame

The reluctance to use services is attributable to factors such as the shame and stigma accompanying use of mental health services, cultural conceptions of mental health and treatment that may be inconsistent with Western forms of treatment, and the cultural or linguistic inappropriateness of services (Sue & Sue, 1999).

CULTURAL FACTORS THAT OPERATE TO PROMOTE STIGMA

- STIGMA AND SHAME: FAMILY UNIT vs INDIVIDUAL AUTONOMY; TREATMENT vs INSTITUTIONALIZATION; EMPLOYMENT vs LOSS OF PRIDE AND FUTURE; GENES vs ENVIRONMENT and WEAKNESS

- SYMPTOM PRESENTATION: SOMATIZATION; MINIMIZATION OF PSYCHOLOGY/EMOTION

- CULTURAL BIND in PATIENTS and HEALTH PROFESSIONALS
Symptom Presentation:
Somatization

- Asians are thought to deny the experience and expression of emotions. These factors make it more acceptable for psychological distress to be expressed through the body rather than the mind.

- Attention to the emotional and interpersonal symptoms or concerns are positively correlated with increased acculturation (Chen at al, 2003)

Perceived Causes of Depressive Symptoms among Chinese American Patients in Primary Care

Asian Americans Constituted 8.7% of Los Angeles County Population, But Only 3.1% of Mental Health Service Clients in Los Angeles County (Sue, et al. 1983-1988)

Asian Americans Constituted 9.1% of San Diego County Population, but Only 3.6% of Mental Health Service Clients in San Diego County (Chen, et al. 1991-1994)
NYS Public Mental Health System Service Use

Service Use Rates per 1000 in Year 2000

- Black: 55.81
- Other/Multiracial: 53.95
- White: 26.39
- Asian: 7.74

Greater Delay of Treatment: Increased Severity

- Many studies demonstrate that Asian Americans who use mental health services are more severely ill than white Americans who use the same services. This pattern is true in many community mental health centers (Brown et al., 1973; Sue, 1977), county mental health systems (Durvasula & Sue, 1996 for adults; Bui & Takeuchi, 1992, for adolescents), and student psychiatric clinics (Sue & Sue, 1974).

- Alternative pathways to care including primary care, spiritual care and informal networks linked to treatment systems are recommended

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Adolescent and College Age Asian American Psychosocial Factors

- Generational/Acculturation
- Immigration and Nativity
- Globalization
- Gender/Sex Role Expectations
- Career Choices
Study Design and Sample – 99 AA and 90 EA from same public high school (9th – 12th grade) in Los Angeles completed valid measures. 80% ethnic Chinese, 20% Korean, South Asian

GPA similar, but demographics different, place of birth (50% non US); income, parental unit, and religious affiliation

Social factors: AA students less comfortable in emotional expression, openly questioning parental decisions; less open to interracial dating

Family factors: AA students more difficulty communicating w parents and showing overt affection, less honesty, and perceive greater criticality

Self esteem: AA students had less self esteem, although strong direct correlation with acculturation

- Regression Analysis for self-esteem; predictors incl communication w parents, acculturation, age, and w exception of number of siblings, all in the positive direction

- Implications?
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Coping styles among Asian Americans

- Social support networks are most common (friends, family)
- Psychological problems are seen as “situational”. To view otherwise, incurs tremendous shame and implication of weak will or personality
- Korean Americans tend to utilize religious practices more often as a coping strategy
- Working harder……..
Primary prevention: improving coping

- Use a biopsychosocial paradigm to explain the need for “balance” and “success”, not simply QOL

- Encourage a “working through” process; personal problems that are resistant to change need a different approach – problem solving workshops that are blended into other wellness topics (nutrition, exercise, healthy studying)

- Using primary language handouts and pamphlets

- Develop Asian American and international leader corps in specific in alliance with natural social networks on campus
Beginning the dialogue and getting to results ....requires a systematic effort

- Focus groups and surveys about campus climate; adjustment, supports and access
- Engage interested stakeholders and experts – form a Asian wellness initiative
- Recruit staff/faculty (internally and externally) who can play strong balanced mentoring roles and train them to recognize warning signs
- Recruit health and wellness staff who are Asian American as well as those who can converse bilingually if necessary
Decreased Stigma\(^+\) of Korean-American patients with schizophrenia in Psychoeducation

Culturally appropriate psychoeducational group treatment

<table>
<thead>
<tr>
<th>Scale score</th>
<th>Experimental group (N = 24)</th>
<th>Control group (indiv tx) (N = 24)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Before treatment</td>
<td>18.54</td>
<td>2.40</td>
</tr>
<tr>
<td>After treatment</td>
<td>39.42</td>
<td>2.57</td>
</tr>
</tbody>
</table>

\(^+\) The Stigma-Devaluation Scale contains 12 items scored on a scale from 1, strongly disagree, to 4, strongly agree; higher scores indicate lower levels of stigma and devaluation.

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The Importance of Ethnic Specific Service (ESS) Programs

- LA County study of 60000 clients: ethnic match associated with increased utilization and decreased premature termination (Sue et al, 1991), especially among non English speaking

- Ethnic Clients attending ESS programs had higher retention rates than those attending mainstream programs

- Asian clients who were racially matched had higher consumer satisfaction scores and child clients had higher functional scores
What about Primary Care?

- Mental Disorders May Be Difficult to Recognize in busy primary care practice
- Lack of Training and Expertise with Mental Health Issues
- Encountering Patient and Family Stigma
- Somatic Problems that often Mask Psychiatric Difficulties

BUT

OPPORTUNITY FOR EARLY ENGAGEMENT and INTERVENTION!!
3 Question Depression Screen

During the past two weeks, did you often feel that you…

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had little interest in doing things</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Felt down, depressed or hopeless?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Had difficulty sleeping or felt tired?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
9 Questions Survey PHQ

**Over the last two weeks, how often were you bothered by any of the problems listed below?**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not At All</th>
<th>Several days (1-3 days)</th>
<th>More than half the time (4 days or more)</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trouble falling/staying asleep or sleeping too much</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Feeling tired or having little energy</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Poor appetite or overeating</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>No interest or pleasure in doing things</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Feeling bad about yourself; that you are a failure or have let yourself or your family down</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Trouble concentrating on things, such as, reading the newspaper or watching television</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Moving or speaking so slowly that other people have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Thoughts of hurting yourself in some way or that you would be better off dead</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
Prevalence of Depression in Chinese patients in Primary Care

- Using structured diagnostic interviews, 20% of 503 consenting Chinese adult patients met criteria for major depression (Yeung et al, 2004)

- CBWCHC experience: using 2 stage depression screening and confirmation, at least 14% of patients had mild to moderate depressive symptoms (N=4000) (Chen T et al. unpublished)

- NYU experience: 17% of 4000 students (all students) screened in primary care and women’s health had at least sadness or anhedonia
Help-Seeking Strategies Used by Depressed Chinese Americans in Primary Care

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>General hospital services</td>
<td>69</td>
</tr>
<tr>
<td>Lay help</td>
<td>62</td>
</tr>
<tr>
<td>Provider-admin alternative treatment</td>
<td>55</td>
</tr>
<tr>
<td>Spiritual treatment</td>
<td>14</td>
</tr>
<tr>
<td>Self-admin alternative treatment</td>
<td>10.5</td>
</tr>
<tr>
<td>Mental health care</td>
<td>3.5</td>
</tr>
</tbody>
</table>

A Bridge Between…

…Primary Care and Mental Health

- Training and Supporting Primary Care Physicians to Provide Mental Health Care
- Early Detection and Treatment of Mental Health Problems
- Providing Mental Health Care in a Primary Care Setting
- Helping Patients Engage with the Specialty Mental Health System, when Necessary
THE RESULTS

- Increased Mental Health Utilization
- Detection Of Early Treatable Conditions
Positive Screening Rates for Adolescents

- Social Phobia: 7.2%
- Agoraphobia: 4.1%
- Depression: 16%
- PTSD: 1.4%

N=420
Treatment Acceptance Rate

N=176

<table>
<thead>
<tr>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed for treatment</td>
<td>15.9</td>
</tr>
<tr>
<td>Refused treatment</td>
<td>14.8</td>
</tr>
<tr>
<td>Other</td>
<td>69.3</td>
</tr>
</tbody>
</table>

Percent
Reasons for lack of treatment adherence

- Stereotypic concept of mental health
- Parental Objection and/or Teenagers reluctance to tell parents
- Teenager refusals: feel that there are no problems
- Teenagers have other sources for counseling
- PCP does not think the teenager needs MH services currently: school issues, family & social issues, recent immigration
WELLNESS INITIATIVE

- Asian American specific access?
- Interactive Internet health website with confidential questions directed to Asian American professionals
Community Health Education

- **Academic Initiatives**
  - Culture and History classes should incorporate discussion of formal and informal resources for personal discussion

- **Parents workshop**
  - Discuss importance of open communication and expectations
  - Decrease critical comments in favor of reinforcing ones

- **Outreach**
  - Peer educators (formal and informal, ie student club officers, Bible study peers)
  - Career Center activities
  - Academic Advising
  - Tailored Pamphlets and Fact Sheets (in different languages?)
Components of Culturally Competent MH System (Friedman M)

- Access to state of the art services
- Organize services in ways which engage, and are effective with cultural minorities
- Build a culturally competent workforce
- Set research priorities that will result in state-of-art practices relevant to cultural minorities
- Establish a leadership structure to have a voice to influence the systems through which clients are served