

Break the Silence:

Bridging Mental Health Disparities among Asian Americans through Culturally Competent Services

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Outline

- Context: Health Care Disparities among Asian Americans (AAs)
- Mental Health and Asian Americans
- OntrackNY: FEP Services
- Cultural Considerations for Working with AAs with FEP
 - Outreach and Engagement
 - Interventions and tools

Healthcare Disparities

Definition:

- **“Health care disparity”** - refers to differences between groups in health coverage, access to care, and quality and provision of care.

Why Health Care Disparity in Asian Americans Matter

- AAs most rapidly growing ethnic minority group in the U.S.
- 6% of the general population, expected to triple by 2050 (Census Bureau)
- Significantly under-represented in mental health research
- Less likely to have access to available mental health services and to receive needed mental health care compared to other minority groups

Defining Asian Americans





Defining Asian Americans



What Comes to Mind?

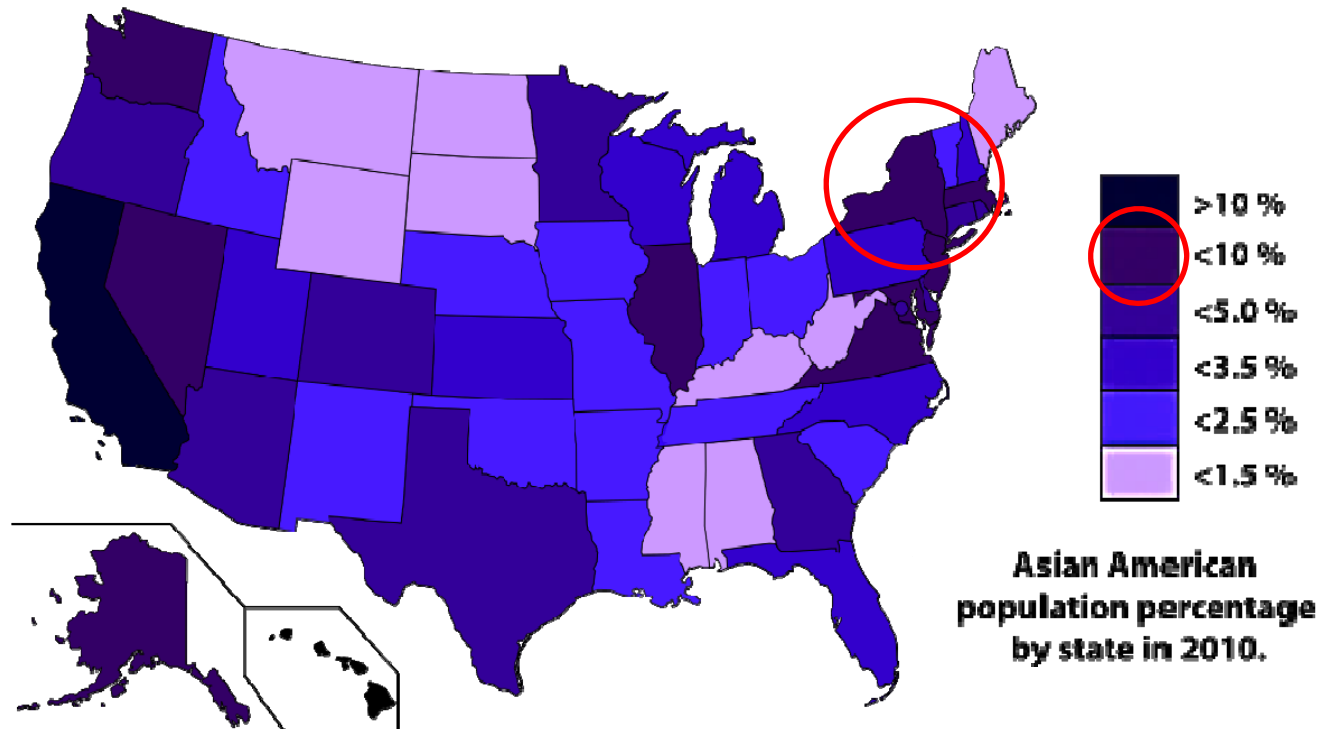
- Stereotypes
- Model Minority Myth

Defining Asian Americans

- Diverse groups of people (e.g., race, ethnicity, language)
 - Many subgroups and ethnicity
- Diversity within groups (e.g., migration history, religion, socioeconomic status)
- Family cultures and individual experiences

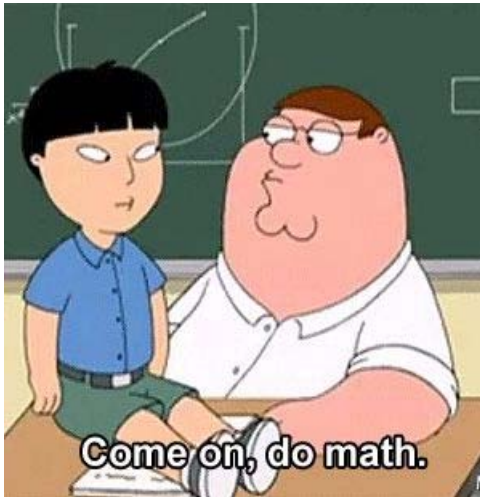


AAs in the USA



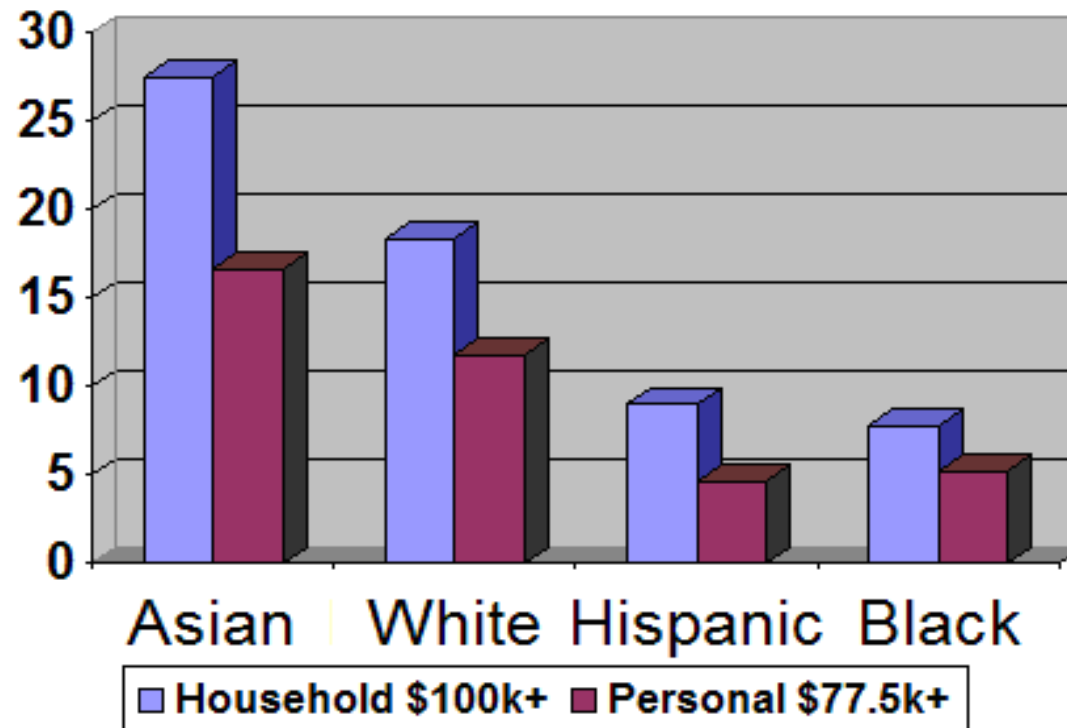
Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes people who indicate their race as "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses. – US Census

Model Minority Myth



Model Minority Myth

Pew Research Study (2005):

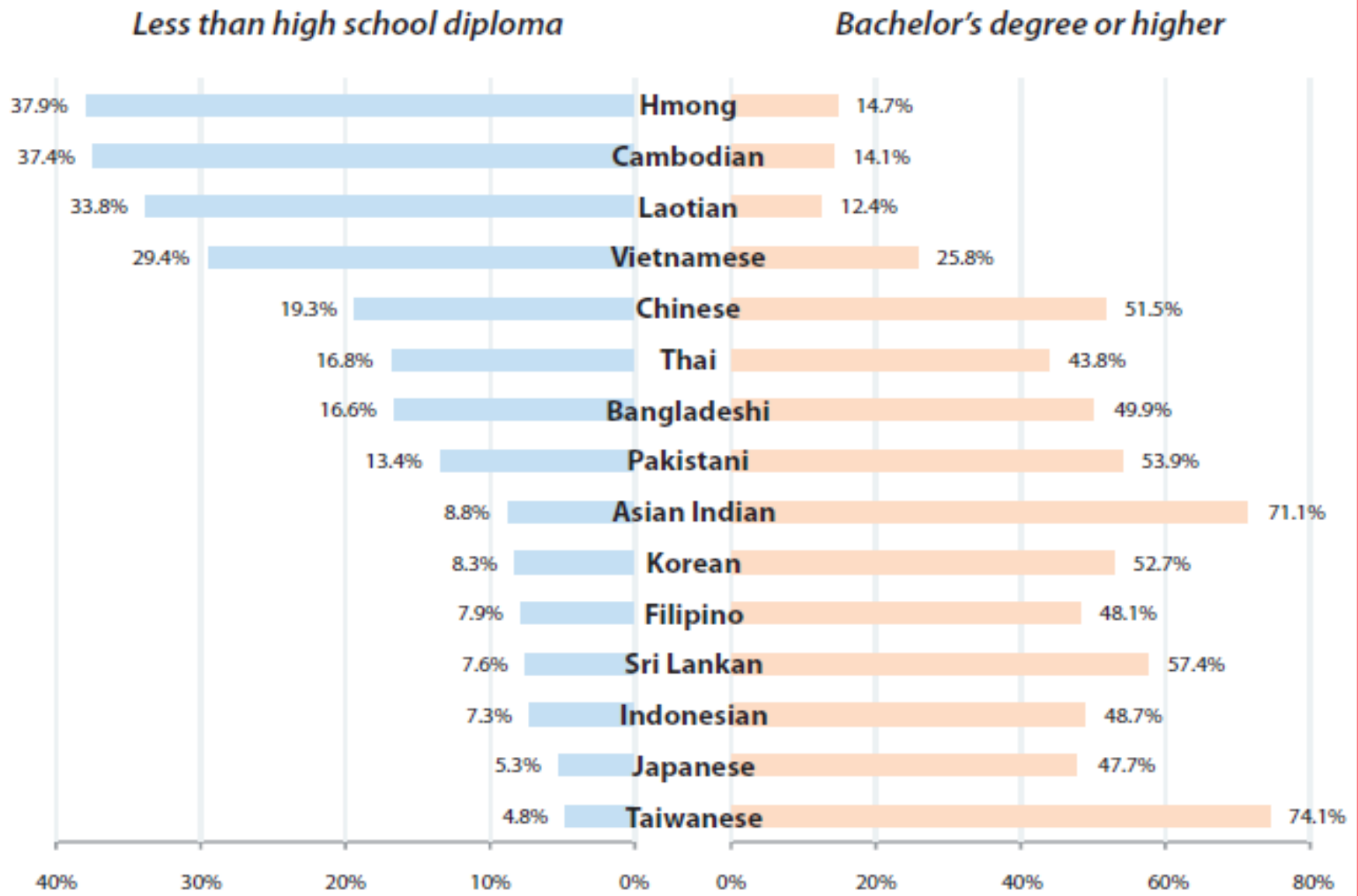


Model Minority Myth

And yet....

- Asian Americans (26.6%) have the highest poverty rate in NYC
- Poverty rates remain higher despite having higher level of education
- Despite poverty rate, receive few resources in NYC. From 2002 to 2014 — a 13-year period — they received 1.4% of the city's social service funds

Figure 2: Educational Attainment for Asian American Sub-Groups, 2008-2010



Data Source: U.S. Census Bureau, American Community Survey

Model Minority Myth

- Negatively affects Asian American students experiencing challenges in school
 - “I didn’t like myself because I thought I wasn’t like other Asian-Americans”
- Misperception that they don’t suffer from mental illness.



AAs in New York State



19.3 million
total pop. NYS (Census 2016)



1.7 million (8.9% of total in NYS)
Asian American pop. NYS (Census 2016)



1 million (11.8% of total in NYC)
Asian American pop. NYC
(2010 Census most recent data)

AAs in New York State: Ethnic Groups



Largest Asian Ethnic Groups by Region

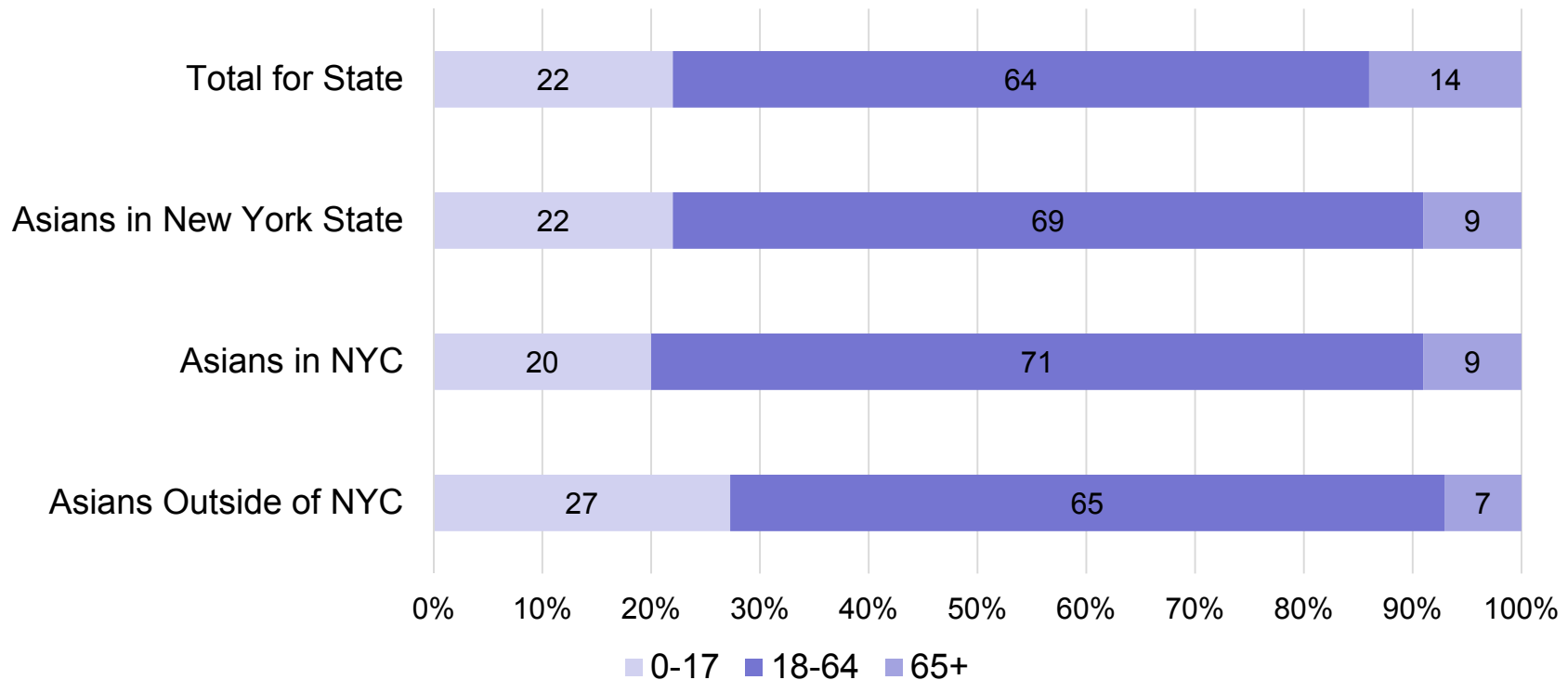
Ranking	New York City	Suburban Counties	Upstate Counties
1	Chinese, except Taiwanese	Indian	Indian
2	Indian	Chinese	Chinese
3	Korean	Filipino	Korean
4	Filipino	Korean	Vietnamese
5	Bangladeshi	Pakistani	Filipino
6	Pakistani	Japanese	Burmese

AAs in New York State: Age



Asians as a group were younger (median age 34.4) than the general NYS population (38.0 years).

Age Group Distribution by Region, 2010



AAs and Psychosis

- The prevalence rate of non-affective psychoses in the USA is between **0.5% and 1.5%**
- Extrapolation: there may be ~55,000 and ~200,000 Asian Americans with a psychotic disorder

AAs and First Episode Psychosis (FEP)

- Annual incidence rate is 15.2 per 100,000 in general population
 - ~258.4 incidences of psychosis for AAs in NYS
 - ~152 incidences of psychosis annually for AAs in NYC
- But studies designed exclusively for Asian Americans are lacking

Why Health Care Disparity in Asian Americans Matter



- AA are 3 times less likely to seek mental health services than whites (NLAAS Survey)
- Compared to general population:
 - Longer delay between onset of psychiatric illness (including psychosis) and first contact with mental health system (Takeuchi & Kramer, 2002)
 - Underutilize services (8.6% versus 18% general pop.) and premature termination (Jackson et al. 2011)

Cultural Considerations

- Core Lived Values and “What Matters Most”:
 - What is important to one’s identity, concept of self-worth, and personhood?
- Centrality of work and family in Asian Americans

Core Values and What Matters Most

- ❑ Filial piety and filial reciprocity
- ❑ Employment: achieve financial independence and gain resources to support family
- ❑ Marriageability: perpetuate the familial lineage by marrying and producing offspring

Core Values and What Matters Most

- ❑ Role of Alternative Medicine and “Traditional Chinese Medicine
- ❑ Legal status: for immigrants, an important marker for family’s increased social standing that allows sponsorship of future generations to the U.S.

Core Values and What Matters Most

- Upholding one's social face or social standing
- Lose face” if unable to engage in social relationships (importance of community*)

Cultural Considerations and Role of Stigma

- Family or “Courtesy” Stigma (Goffman, 1963)
- Stigma from their communities
- Anticipated stigma and its impact on core lived values and “what matters most”
- Lack of culturally appropriate treatments

Cultural Considerations Exercise

TT is a 28/yo single, Hmong female living with her parents. She joined an FEP program in March 2017 and was diagnosed with schizophrenia. Team described TT as being “non-compliant” with medications.

Team reported observing that mom has been “verbally abusive” toward TT. During a family meeting, the clinician told mom to stop being verbally abusive to TT. TT defended her mom in the meeting, and TT and her family have not returned since.

Cultural Considerations Exercise

Questions:

1. What are specific issues to consider?
2. In what ways can the team be more culturally competent?
3. How would you have addressed this?

Cultural Competence in FEP Services for Asian Americans

Early Intervention Services

- Assertive outreach and engagement
- Team-based phase-specific treatment
- Empirically-supported interventions
 - Low-dose antipsychotic medications
 - Cognitive and behavioral psychotherapy
 - Family education and support
 - Educational and vocational rehabilitation
 - Peer services

The Big Picture: Rationale

- Specialized early intervention services* (EIS) superior to usual care for individuals with “first episode psychosis (FEP)”

The Big Picture: Rationale

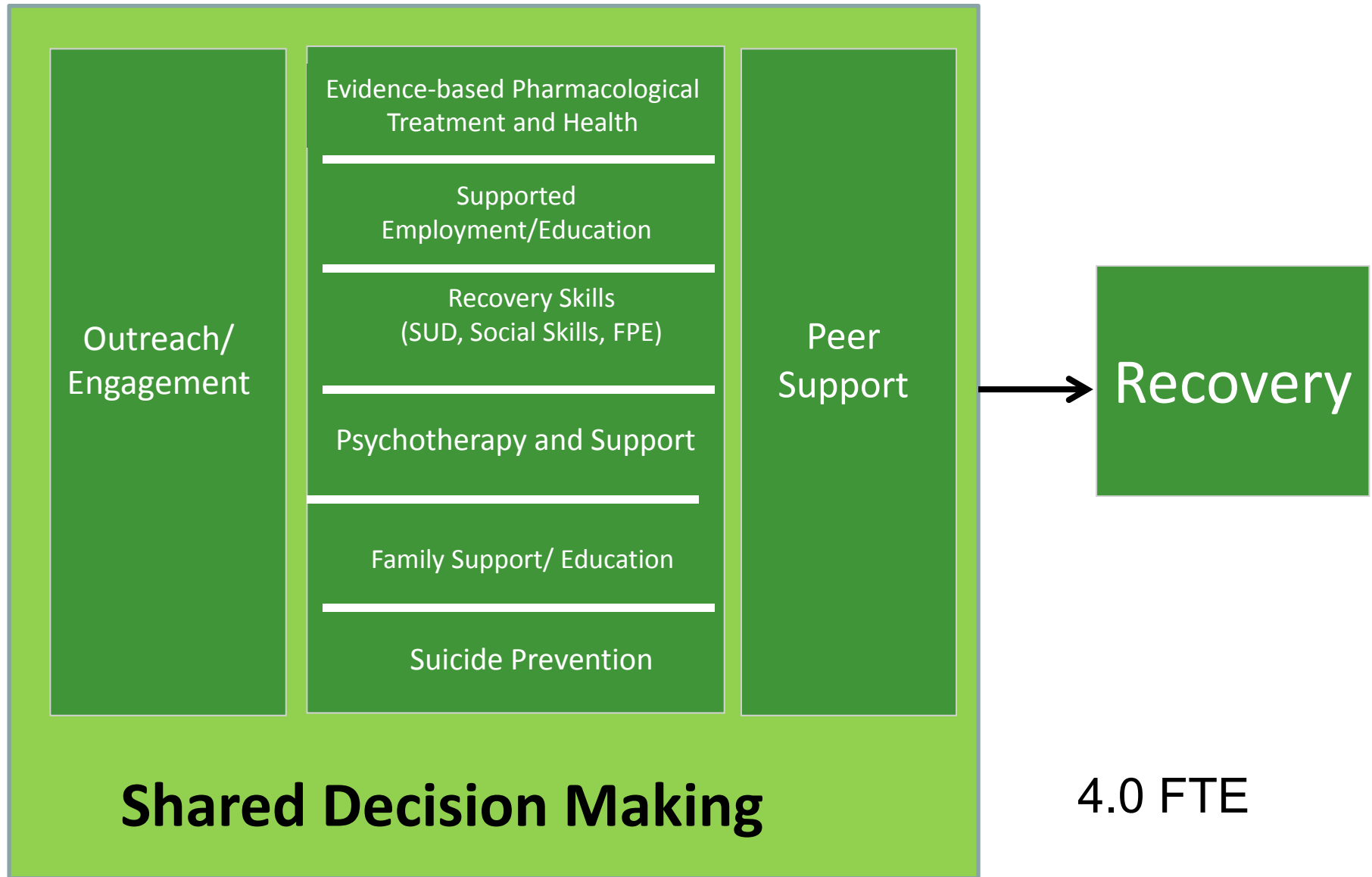
Goal is to provide rapid engagement and early intervention services to promote long term recovery and reduce disability



My health. My choices. My future.

OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don't. OnTrackNY helps people achieve their goals for school, work, and relationships.

OnTrackNY Team Intervention

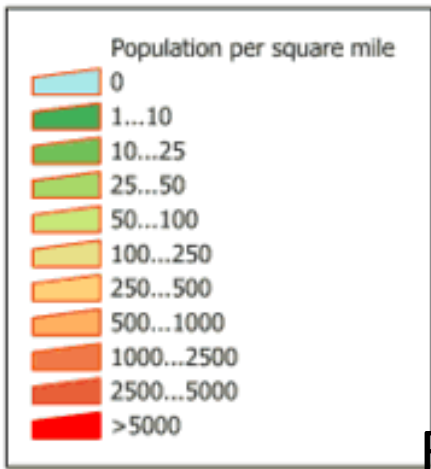


Shared Decision Making

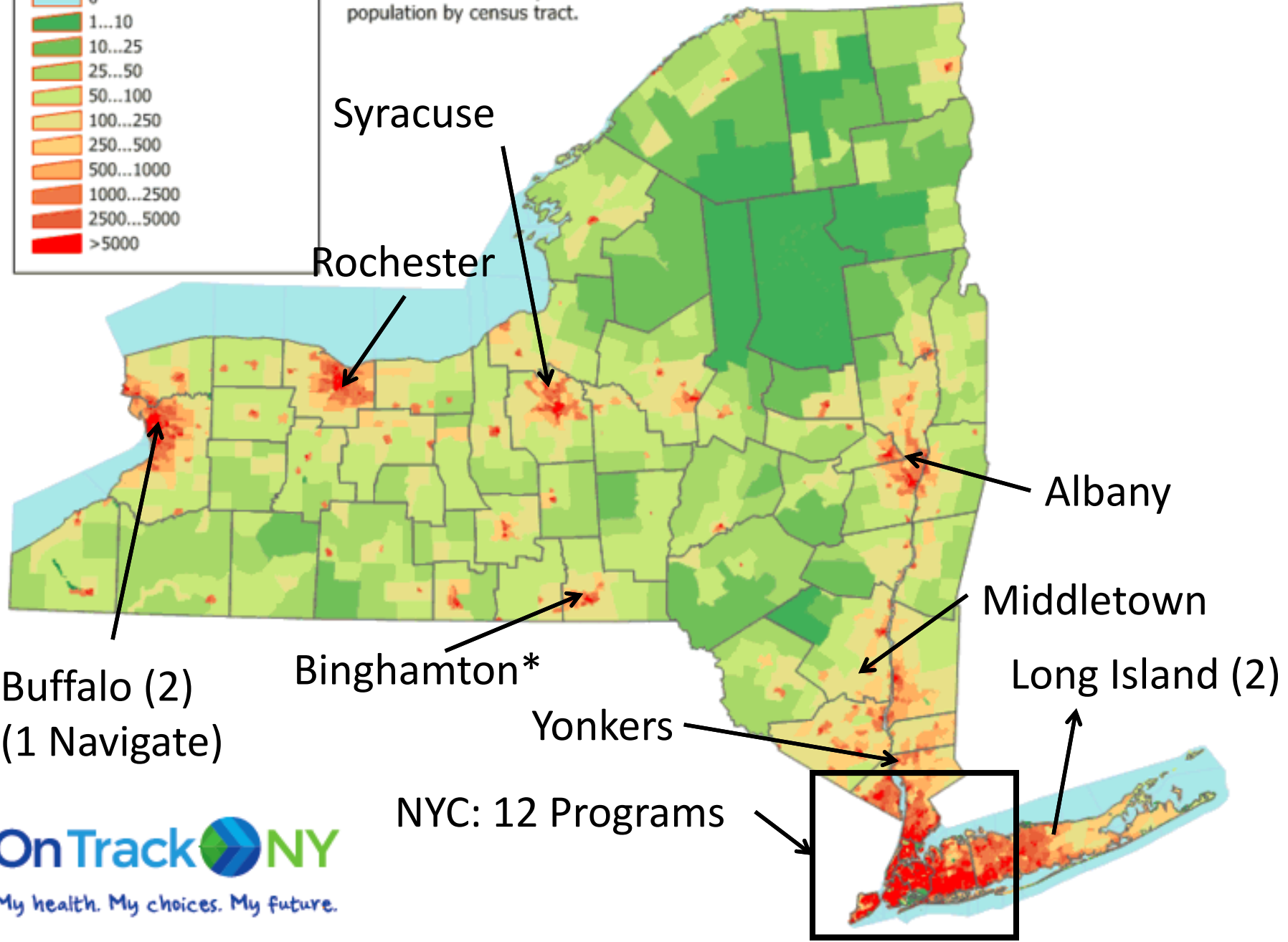
4.0 FTE

OnTrackNY Eligibility Criteria

- **Age:** 16-30
- **Diagnosis:** Primary psychotic disorder
- **Duration of illness:** Onset of psychosis must be ≥ 1 week and ≤ 2 yr
- **New York State Resident**



Source: U.S. Census Bureau
Census 2000 Summary File 1
population by census tract.



OnTrackNY Participants

Total # participants (2013-Current) = 711

- White: 291 (41%)
- Hispanic: 200 (28%)
- Black: 270 (38%)
- Asian: 64 (9%)



Cultural Competence

- Interpretive framework for symptoms, signs, behaviors
- Awareness of impact may reduce misdiagnosis
- Culture may help determine support and resilience OR contribute to vulnerability and stigma
- Helps shape the clinical encounter
- Affects help-seeking choices, adherence, course, recovery

Roberto Lewis-Fernández, available at

<http://www.sls.sll.se/upload/Transkulturellt%20Centrum/Robertos%20f%C3%B6rel%C3%A4sningar.pdf>

Cultural Formulation Interview

- Provides an opportunity for everyone in the room to put things together
 - Helps clinicians understand what came before the illness and how the family contextualizes the illness
 - Facilitates understanding of what will come after (e.g., how the client and family will relate to treatment, their goals/expectations, and what choices they will make)

CFI: Four Domains

- Cultural Definition of the Problem
- Cultural Perceptions of Cause, Context and Support
- Cultural Factors Affecting Self-Coping and Past Help Seeking
- Cultural Factors Affecting Current Help Seeking

Cultural Competence

Questions from the CFI:

- Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your problem to them?
- What do others in your family, your friends, or others in your community think is causing your [PROBLEM]?
- Are there any kinds of support that make your [PROBLEM] better, such as support from family, friends, or others?

Why Consider Family?

- When a young person faces mental health challenges, the family feels it too
- Family members can have a host of different feelings that are often overlooked
- Evidence suggests that considering the family and its experiences can have positive impact on the young person's journey towards recovery

Defining Family

- OnTrackNY endorses a broad definition of family
 - Includes the immediate, extended, blended and family of choice
 - Includes siblings, parents, grandparent, significant others, and other natural support people (e.g. friends, extended family)

Family in AAs



- **Early outreach and engagement with family is key**
- Family may consist of community leaders and extended family members
- Ask about preferences with participant and family
 - Meetings and sessions with client may involve multiple family members

Outreach and Engagement

“Go where the people are”



- Schools, community centers, medical providers
- Churches and settings where groups gather (e.g., Mekong-NYC, Mosques, Churches, Chinatown)
 - Example: “Cut It Out”, national antidomestic violence group, outreaching to women in nail salons

Outreach and Engagement



- Education
 - Lack of awareness of resources
 - Lack of understanding of mental illness and mental health providers
 - Address stigma
 - Promote recovery specifically around work, school, relationships
 - Share recovery stories, especially of Asian Americans with serious mental illness

Outreach and Engagement⁺



- Engage both clients and family members, and include community members (e.g., spiritual leaders, alternative medicine providers) if desired
- Address stigmatizing beliefs
 - Promote recovery specifically around work, school, relationships
 - Share recovery stories, especially of Asian Americans with serious mental illness



Intervention Tools

- Importance of culturally sensitive and competent mental health services
 - Assessing for and validating background and experiences
 - Discussion of “what matters most” with client and family
 - Cultural Formulation Interview

Intervention Tools

- Examine the match between the values of Asian-American children and their parents
 - Shared Decision making Tools
 - Medications, Support Employment and Education Services
 - Family values and needs assessment
 - Address cultural stigma of psychosis and its impact on what matters most to the participant

Break Out Group: Exercise

- Case Vignettes
- Question and Discussion



In the news, July 2017: New Bill Targets AAPI Mental Health Stigma

Stop Mental Health Stigma in Our Communities Act

“There comes a time when
silence is betrayal.”

- Martin Luther King, Jr.

Join the Conversation.

Break the Silence.