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COLLECTIVE HEALING: MOVING TOWARDS A MORE COMMUNITY-CENTERED APPROACH TO AAPI MENTAL HEALTH CARE

COMMUNITY NEEDS AND POLICY RECOMMENDATIONS

CACF
Coalition For Asian American Children+Families

Background

Community-based organizations (CBOs) are uniquely attuned to the challenges and strengths of their communities, as they are already embedded in neighborhoods and have established long-standing relationships with community members. Often serving as the first point of contact for many individuals and families in the community, CBOs offer not only direct mental health and social service support but also linkages to external resources for further care. Asian American and Pacific Islander (AAPI)-led and -serving CBOs have witnessed firsthand how the COVID-19 pandemic and the rise in anti-Asian racism have exacerbated the mental health issues and needs of the AAPI communities of New York City (NYC) in the past several years.

Thus, the Coalition for Asian American Children and Families (CACF) prioritizes understanding and advocating for the mental health needs of the AAPI community in NYC and identifying community-centered solutions for them. Over the past year, we have done this work in collaboration with CACF's Project CHARGE. Since 2008, CACF's Project CHARGE has brought together AAPI-led and -serving CBOs that share an interest in health justice and racial equality. It is currently a collaborative of 17 organizational partners, including social service providers, community health centers, research centers, and a settlement house.

More recently, CACF's Project CHARGE has launched advocacy activities around AAPI mental health needs in the form of several virtual gatherings that allowed for open dialogue among AAPI community members who either work directly in mental health programs or are interested in further advocating for better mental health care. In March 2022, CACF and Council Member Linda Lee co-hosted a community convening for CACF members and partners to collectively discuss mental health issues that impact the AAPI community and propose community-centered strategies to address these issues. Attendees included CBOs and mental health practitioners who serve and/or live in the AAPI communities of NYC. In May 2022, CACF's Project CHARGE, alongside Congresswoman Grace Meng and Council Member Linda Lee, hosted an interdisciplinary panel discussion around AAPI mental health that addressed pertinent topics, such as access, long-term healing, and holistic preventative care.

Often, dominant conversations regarding the mental health issues within the AAPI community center the role of stigma. While it is important to acknowledge that stigma of mental health exists in the AAPI community, placing stigma at the forefront of the conversation puts the burden of healing on the community. Thus, it is crucial to recognize the systemic issues that lead to this stigma in the community and to move the conversation beyond the topic of stigma. These systemic issues are highlighted in this brief with recommendations for how the current mental health care system in place can better meet the needs of the AAPI community so that healing can occur.

The AAPI mental health needs and community-centered recommendations identified in this policy brief are informed by the work CACF has been doing with its members and partners. The supporting quotes throughout this brief are directly from the community convenings hosted by CACF.

Executive Summary

AAPI Mental Health Needs & Recommendations

LINGUISTICALLY ACCESSIBLE & CULTURALLY RESPONSIVE CONVENTIONAL CARE

1. Invest funds and resources into AAPI-led and -serving CBOs that provide conventional mental health services to the AAPI community.
2. Revise the licensure and/or educational requirements of mental health students and practitioners to include cultural responsiveness.
3. Create more opportunities to increase the number of mental health practitioners that speak the languages of the communities they serve and for those most impacted in our communities to enter the mental health field.
4. Improve visa procurement for international practitioners to improve access to culturally responsive services.

HOLISTIC MENTAL HEALTH CARE

1. Support and uplift holistic mental health care approaches. Holistic mental health includes practices such as reiki, healing circles, and acupuncture.

FINANCIAL & INSURANCE-RELATED ACCESS TO CARE

1. Improve coordination and communication between city and state agencies and the organizations that directly serve the community.
2. Advocate for improved access to health care insurance and expansion of mental health coverage by insurance plans. In addition, provide financial support to mental health care sites to encourage expanding the insurance plans they will take.

NON-CARCERAL APPROACHES TO CARE

1. YOUTH: Create long-standing initiatives through the AAPI youth and young adult population, our future generations, to create a culture of positive and safe mental health discussion. Teach youth to become the voices to advocate for themselves and their community.
2. OLDER ADULTS (65+): Advocate and educate AAPI community members–especially the elderly–about mental health issues and the types of care that are available to them. Encourage open discussions about mental health and wellness among AAPI elders by promoting mental health literacy and reframing mental health in positive terms.
3. INTERGENERATIONAL: In addition to age-specific spaces, it's necessary to have intergenerational community spaces as well. Encouraging intergenerational discussion surrounding distinct generational mental health experiences and forms of mental health care can help build a collective community and bridge the gap of knowledge.

RESEARCH

1. Prioritize the disaggregation of mental health data to better account for the diversity of ethnic identities within the AAPI population.
2. Invest in more community-based participatory mental health research for the AAPI community.

1. Linguistically Accessible & Culturally Responsive Conventional Care

The COVID-19 pandemic and the rise of anti-Asian racism have intensified the mental health issues of the AAPI community in NYC, causing an even higher demand for conventional mental health services. Despite this increased demand, there is still a lack of access to these services due to an absence of linguistically accessible and culturally responsive care.

There are linguistic barriers for many AAPI New Yorkers seeking conventional mental health care services. The AAPI population has the highest rate of linguistic isolation of any group in NYC, as 42% of the community has no one over the age of 14 in the household that speaks English well or at all (New York City Department of Health and Mental Hygiene, 2021). Thus, there is a major need for mental health practitioners that speak languages spoken by AAPI New Yorkers. Even AAPI-led and -serving CBOs struggle to meet this need due to inadequate funding and a lack of capacity for enough multilingual practitioners within their own programs.

"The same people are repeatedly entering the system without receiving help, due in part to linguistic barriers, such as the limited number of staff members at CBOs who speak languages other than English."

In addition to a lack of linguistic accessibility, there are also cultural barriers that hinder the quality of services provided. There are educational gaps in the cultural responsiveness training of practitioners that cause a lack of understanding of culturally-specific experiences within the AAPI community.

"You want someone who understands the cultural context of the community and being bicultural with American. Counselors need to understand the intricacies of that; [these counselors] are hard to find."

"Standardized mental health screenings can be revised to be more culturally relevant and appropriate...When asking questions about alcohol and substance abuse, for instance among members of the Muslim community, it is important to adjust questions so they will not offend clients and will encourage clients to answer more accurately."

Recommendations

Linguistically Accessible & Culturally Responsive Conventional Care

1. Invest funds and resources into AAPI-led and -serving CBOs that provide conventional mental health services to the AAPI community in NYC.

CBOs have been crucial in providing both linguistically accessible and culturally responsive conventional mental health care, as they have established longitudinal relationships with the communities they serve. These direct connections allow them to respond to the diverse mental health needs of their AAPI community members. Therefore, the city and state governments must prioritize funding these AAPI-led and -serving CBOs. Funding should not include burdensome stipulations regarding how, when, and where funds are spent so that CBOs have flexibility in the usage of funds for important organizational functions such as personnel, building space, and other resources.

2. Revise the licensure and/or educational requirements of mental health students and practitioners to include cultural responsiveness.

Providing trainings on cultural responsiveness must be a central priority for the mental health field, starting from the education of students intending to obtain licensure as practitioners. Cultural responsiveness trainings should be routinely administered in mental health care settings, as becoming culturally responsive requires a lifelong commitment to self-reflection and self-critique (Waters & Asbill, 2013). These trainings should be developed in partnership with CBOs who are familiar with the communities the mental health system serves.

3. Create more opportunities to increase the number of mental health practitioners that speak the languages of the communities they serve and for those most impacted in our communities to enter the mental health field.

In order to create a more culturally responsive workforce, policy and funding must be used to not only encourage individuals to stay in the mental health field, but also to break down barriers that make it difficult for people from marginalized backgrounds to enter the field. Efforts can be directed towards alleviating the cost of education and further training for people from marginalized backgrounds. In addition, there should be an increase in funding for institutions that focus on addressing mental health disparities by prioritizing the diversification of the mental health profession. For example, just recently, $4 million in federal funding was allocated to the State University of New York (SUNY) and the City University of New York (CUNY) in partnership with the New York State Office of Mental Health, in order to support underrepresented students entering or enrolled in mental health degree programs at the two universities.

4. Improve visa procurement for international practitioners to improve access to culturally responsive services.

A major way CBOs provide culturally responsive and linguistically accessible mental health care is through the staffing of international practitioners that come from the same countries and thus speak the same languages of the communities the CBOs serve. However, CBOs that provide direct mental health services to the AAPI community often encounter financial, legal, and oftentimes lengthy obstacles with acquiring and/or maintaining visas for their international staff members that do not have American citizenship.

"For a long time, bilingual and bicultural mental health professionals have often been international students. However, anti-immigration rhetoric in the past few years have barred these students from working in the United States."

2. Holistic Mental Health Care

What are considered to be conventional mental health services do not always meet the needs of our community. Conventional mental health care is defined in this brief as the standard form of mental health services in Western society, which includes psychotherapy and pharmaceutical medication. The systemic issues of linguistic and cultural barriers continue to persist throughout our Western healthcare system, so many of our AAPI community members hesitate to seek out conventional mental health care services.

Therefore, community members often seek holistic forms of mental health care that may better meet their cultural and linguistic needs. **In fact, holistic practices, such as reiki, healing circles, and acupuncture, have been proven to benefit mental well being (Shafran, Bennett, & McKenzie Smith, 2017).**

"While some women do not feel comfortable going to therapy, they are able to access some services through these healing circles. [Healing circles] help increase access for people who [may not initially] feel comfortable in an individual setting. These are places where they can get resources and strength from a group."

CBOs play a major role in providing holistic mental health services to community members. They provide a safer space for community members to share their mental health struggles.

"Clients have preferred going to community-based clinics over hospitals, as 'therapy is very vulnerable'. They want to be in an environment that is comfortable, and a lot of time, that is not a hospital setting."

However, these treatments are not widely acknowledged in our current mental health care system.

Recommendations

Holistic Mental Health Care

1. Support and uplift holistic mental health care approaches.

Systemic barriers to treatment continue to exacerbate community members' hesitancy around trying to access conventional mental health care services. Thus, it is critical to support and raise awareness for holistic care options that can provide a larger range of culturally responsive care to our AAPI community. One way of implementing this recommendation is by investing funds and resources into holistic wellness centers and CBOs that provide holistic care options so that they are able to offer their services at reduced costs and/or no cost more frequently to community members.

3. Financial and Insurance-Related Access to Care

Poverty and decreased health insurance coverage exacerbate difficulties for many in the AAPI community who experience mental health issues and seek mental health care. The AAPI population has the highest rate of poverty of all racial groups in NYC (Poverty Tracker Research Group at Columbia University, 2022). Navigating the day to day with constant financial barriers can have detrimental mental health effects on people.

"...Poverty is a huge issue. Basic needs are a huge source of anxiety, stress, and depression. It's in almost everybody."

Not only does poverty negatively impact people's mental health, but it also makes it very challenging for them to seek care for their mental health issues.

"Poverty is a barrier to engagement in mental health services. If you're in survival mode, you won't go to a connection circle or go to therapy."

In addition to poverty, AAPI adult New Yorkers are twice as likely to be uninsured as their white counterparts (New York City Department of Health and Mental Hygiene, 2021).

"The hardest thing is that people have no choice in who they see or where they go. They are constrained by insurance."

Recommendations

Financial and Insurance-Related Access to Care

1. Improve coordination and communication between city and state agencies and the organizations that directly serve the community.

CBOs are the backbone of the community, as they actively build strong relationships with the communities they serve to better understand their mental health needs. However, they are constantly at capacity due to a lack of open dialogue with local and state governments, who are capable of providing funding support and resource sharing. City agencies should prioritize streamlining coordination and communication with AAPI-led and -serving CBOs to improve access to services and to allow for better sharing of resources among mental health care sites.

"Progress in addressing mental health needs within and beyond New York City's [AAPI] communities remains limited partly due to the lack of coordination and communication between city and state agencies. City and state agencies function in siloes."

2. Advocate for improved access to health care insurance and expansion of mental health coverage by insurance plans. In addition, provide financial support to mental health care sites to encourage expanding the insurance plans they will take.

4. Non-Carceral Approaches to Care

Crisis intervention is a last resort for many in both the AAPI community and other marginalized communities, as it often leads to the involvement of police and the carceral system. Since 2015, police in NYC have killed at least 18 people experiencing mental health crises, 15 of whom were people of color (Jenkins, Rich, & Muyskens, 2021). This jarring reality of mental health crisis intervention has led to more fear around mental health support, leading to individuals reaching out for help only when they are in dire need.

The police and criminal justice system instill fear in the community. **In times of crisis, many fear police involvement due to the possibility of an escalation of the situation.**

"The mental health system is deeply tied in with carceral systems. Clients do not get a say in how they receive treatment and whether or not to receive treatment. Clients end up getting into the mental health system through being in and out of hospitals (where they are dehumanized) and prisons. Many people are mandated to be in treatment by the court and if they don't comply, social workers have to call the cops to hospitalize clients. Because there is such a deep stigma in AAPI communities they don't reach these services until they reach crisis point and then they get retraumatized in the system."

There is a major need to cultivate long-term community healing spaces for the AAPI population so that mental health crises in the community can be reduced, and thus, community members can avoid interacting with the carceral system. Both young and old AAPI community members tend to seek out support for mental health issues from their personal networks, such as friends or family members, rather than professional help, partially due to the lack of accessible options for professional mental health care (Spencer et al., 2010). Seeking support for mental health issues through personal networks can be bolstered as a community strength if individuals are given the proper resources.

Recommendations

Non-Carceral Approaches to Care

1. YOUTH: Create long-standing initiatives through the AAPI youth and young adult population, our future generations, to create a culture of positive and safe mental health discussion. Teach youth to become the voices to advocate for themselves and their community.

Suicide is the leading cause of death for both the AAPI youth population (ages 15-19) and young adult population (ages 20-24) (Centers for Disease Control and Prevention, 2018), yet youth in our community often struggle to have conversations surrounding mental

health and mental health access. There needs to be greater investment in community-building mental health support for youth AAPI community members to prevent crisis escalation and to generate long-term systems of community mental health care. An example of an AAPI youth-centered initiative is CACF's Asian American Student Advocacy Project (ASAP), a program that educates, trains, and equips its youth leaders to be self-aware and informed advocates for their communities. ASAP seeks to build a community of AAPI youth whose voices are heard and incorporated, and to create a collective power for positive change, particularly in education. More specifically, ASAP's mental health campaign aims to identify specific mental health needs and challenges faced by AAPI youth in public high schools and to advocate for cultural humility and culturally responsive mental health services in schools. CACF's Healing-Centered Youth Workshop series, which was developed and implemented collaboratively with 8 other AAPI youth-serving CBOs, holds racial healing and racial literacy as core components of mental wellbeing. Both programs aim to foster a sense of positive self-identity and belonging, with the idea that healing and wellbeing are rooted in community connections and community-based healing and self-advocacy.

2. OLDER ADULTS (AGES 65 AND UP): Advocate and educate AAPI community members–especially the elderly–about mental health issues and the types of care that are available to them. Encourage open discussions about mental health and wellness among AAPI elders by promoting mental health literacy and reframing mental health in positive terms.

The COVID-19 pandemic and rise in anti-Asian violence have deeply impacted the safety and mental health of AAPI older adults in particular. The past several years have led to an increase in fear for the AAPI older adult population, which has in turn increased social isolation that impacts both their physical wellbeing and mental health (Jeung et al., 2022). It is critical to establish support groups for social connection and increase culturally responsive conversations around mental health for our AAPI older adult population. Studies have shown that access to aging-friendly communities provide a sense of belonging and safety, which also significantly benefits the mental health of older adults (Newman et al., 2020). An example of an AAPI older adult-centered initiative is the South Asian Council for Social Services' (SACSS) Senior Support program. SACSS offers seniors various programs such as individual and group counseling and senior support groups to address any mental health concerns. In addition, SACSS hosts a senior center twice a week to bring together AAPI older adults to engage and enjoy one another's company.

3. INTERGENERATIONAL: In addition to age-specific spaces, it's necessary to have intergenerational community spaces as well. Encouraging intergenerational discussions around distinct generational mental health experiences and forms of mental health care can help build a collective community and bridge the gap of knowledge. In general, research has shown that intergenerational

programming has positive impacts on younger and older adults' wellbeing (Zhong et al, 2020). In particular, such programs have shown to reduce the risk of loneliness and social isolation in the older adult population, as these programs can increase a sense of meaningfulness (Murayama et al, 2014).

"An integrated model would look different for every community. For us, this means churches, temples, shamans, rituals, doing community organizing work, family work, and talking about intergenerational trauma affecting the collective community and individuals."

5. Research

The AAPI population has historically been overlooked in clinical research, outreach, and advocacy efforts on mental health. Therefore, there remains a lack of understanding, data, and research on the AAPI community's lived experiences, needs, healing practices, and knowledge around mental health. Moreover, in NYC, the single category "AAPI" represents over 30 ethnic minority subgroups and over 50 languages. Aggregated data collection on the mental health of AAPI individuals has led to widespread generalizations, obscuring the specific needs of our diverse community.

Recommendations

Research

1. Prioritize the disaggregation of mental health data to better account for the diversity of ethnic identities within the AAPI population.

Most current data collected by city and state agencies lumps all of our diverse groups together as a single entity, thereby masking substantial diversity (ancestry and language) and various disparities in our community. Disaggregation of mental health data would break down the data into more granular ethnic and language subcategories that will help identify the specific mental health needs in our community that have historically gone unseen and unaddressed by lawmakers and government agencies.

2. Invest in more community-based participatory mental health research for the AAPI community.

Research institutions must prioritize conducting community-based participatory research (CBPR) on the lived experiences, needs, healing practices, and knowledge of mental health in the AAPI population. CBPR involves partnerships between researchers and community members at every step of the research process. Thus, knowledge is co-created by the community and the researchers. This form of research will better represent the mental health experiences of the AAPI community through their point of view.

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Mind the Gap Initiative
NY Coalition for Asian American Mental Health
NYU Center for the Study of Asian American Health
Sapna NYC
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