

Cultural and Ethnic Factors in Mental Health Care Disparities amongst Asian Americans

Commentary

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While Asian Americans make up 7% of the US population [1], mental health care services remain underutilized by this population. For example, in one study of populations who had undergone cardiovascular care, it was found Asian Americans were significantly less likely than non-Hispanic white populations to seek mental health care specifically for mood disorders including anxiety, depression and bipolar disorder, thought disorders including schizophrenia, as well as developmental conditions including intellectual disabilities [2]. In another study of utilization of mental health services based on 2012-2016 data from the National Survey on Drug Use and Health [3], Asian Americans were less likely than their white counterparts to have used mental health treatment in the last year. Within the armed forces, active-duty personnel of Asian descent appear to be less likely to utilize mental health services when compared with non-Asian counterparts [4].

In addition to decreased utilization of mental health services amongst Asian Americans, this population also has unique challenges which may pose additional risk factors to experiencing mental health issues. A study of 367 Asian American adults found that both stress with acculturation as well as the direct result of experiences with racism were both found to be related to mental health difficulties [5].

The underlying reasons for the disparity in mental health utilization amongst Asian Americans, in our experiences, are multifold and complex, as discussed below. One of the largest factors affecting the disparities in mental health care utilization within Asian Americans is that of cultural attitudes. For most Asian American immigrants, conforming to the norms of a new culture takes three generations, which correlates to the time it takes for them to adopt western medical practices [6]. More specifically, there is a variety between the different coping behaviors and treatments that Asian populations use. Some of the cited attitudes in this review suggested that Chinese-Americans may be

more likely to try traditional herbs and acupuncture, Korean-Americans express themselves more through nonverbal communication, Japanese-Americans had more a delay in seeking expert assistance, and Vietnamese-Americans tended to use more home remedies and support from family members.

Regarding use of complementary and alternative medicine (CAM) therapies for mental health issues, a study of over 2,000 Asian Americans as part of the National Latino and Asian American Study found that while Asian Americans with severe mental health problems were more likely to access traditional medical services than CAM alone, their overall utilization of traditional mental health services was low [7]. There are different attitudes towards mental health disorders amongst Asian Americans which may affect mental health care utilization. There may be a tendency to see mental health as a sensory distress rather than a true medical problem [8]. Additionally, Lin & Cheung found that seeking medical care was less individualistic and more of a family decision making process, which may further introduce attitudes of stigma from family members towards the person seeking help.

Even among younger Asian Americans, one study of Asian American undergraduate students found that this younger population also voiced that cultural factors and stigma regarding mental health were issues that discouraged them from utilizing mental health services [9].

While Asian Americans are generally categorized as one group for the purposes of research into demographics and health care utilization, there is a diverse diaspora within the continent of Asia, with different genetic predispositions to disorders, a variety of cultural attitudes towards mental health care, and numerous spoken languages. One study of data from the Canadian Community Health Survey found that when comparing utilization of mental health services



amongst Chinese, South Asian and Southeast Asian groups without major depression, the Chinese cohort sought mental health care less than the other groups [10]. Another study of over 100,000 psychiatric inpatients in Ontario, Canada revealed that Chinese and South Asian ethnicity were themselves specific independent predictors of mental health illness severity at hospital presentation, though this data is averaged across numerous different psychiatric conditions [11]. A systematic review of the literature found that systemic issues of lacking ethnic concordant providers and decreased healthcare access were barriers to mental health care utilization in Korean and Vietnamese subpopulations [12].

Although the dearth of data regarding each individual ethnic group within Asian populations may limit our full understanding of differences in risk factors for mental health conditions and utilization of mental health care, there is promising research into positive factors leading to increased mental health care utilization amongst different subgroups. For example, [12] found that having access to a robust social network increased formal mental health care utilization amongst Chinese and Filipinx populations specifically. Further research into positive prognostic factors for mental health conditions of different Asian sub-populations may help us in caring for our diverse Asian population.

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