

## Addressing the Gaps in Healthcare and Mental Health

Session Description: The COVID-19 Pandemic exacerbated and shed light on gaps that exist in California's healthcare system. This session addresses these inefficiencies through several approaches. Such as, how we can close the care gap by understanding Asian American and Native Hawaiian/Pacific Islander Youth at Risk for Suicide in Los Angeles. Moreover, essential workers on the frontlines of the pandemic have faced profound health, economic, and social challenges. Findings from the Work and Wellness among Filipino Americans during COVID-19 Study examines the importance of addressing economic hardship and workplace safety concerns, supporting caregivers with recommended safety measures and access to financial and health resources.

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*Community Reactor: Glenn I. Masuda*

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*Community Reactor: Derek Hsieh*

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**Cindy Sangalang, Assistant Prof of Social Welfare & Asian American Studies**  
**Romeo Hebron, Executive Director of Filipino Migrant Center**

## **Work & Wellness among Filipino/x Americans (WWF) during the COVID-19 Pandemic Study**

**Dr. Cindy Sangalang**

- Aims
  - Project driven by aim to understand experiences and effects of COVID-19 pandemic on work, health, and family life for Filipinx Americans in CA, focusing on essential and low-wage workers
  - Aligned with Filipino Migrant Center’s organizing efforts and community-based participatory research (CBPR) framework to inform policy recommendations and additional research for improving Filipino community and workers’ conditions
- Background
  - High representation in essential workforce
    - Comprise nearly 1/3 of COVID-related deaths in first year of pandemic
  - High rates of pre-existing conditions that increase risk
  - Multigenerational, multifamily living arrangements
  - Stress of ongoing uncertainty, burnout, and discrimination
- Goals of research
  - Qualitative data to understand how the pandemic shaped work, health, and family
    - Survey data (410 workers)
    - Focus group data (12 groups with 11-42 workers)
    - Questions in Tagalog and English
    - In-person and online Nov 2021 - May 2022
  - Research guided by community needs
- Findings
  - Economic hardship
    - 55% survey participants earned well below state median income
    - Concerns around sick leave, wage theft
    - Especially home care
  - COVID safety at work
    - Majority feared contracting from coworkers, did not feel safe
    - Cumulative effects of pandemic
  - Health and mental health
    - 55% report experiencing burnout a few times a month, more every day
    - High rates of anxiety, depressive symptoms
    - Chronic exposure to trauma on the job
  - Anti-Asian racism
    - Fear of labeling as “disease carriers”
    - Older migrant women workers vulnerable to assault, especially on public transportation

**Romeo Hebron**

- Conversations started late 2020 between Dr. Sangalang and FMC about how to move forward with research and understanding needs of community
- Many community members were much more open about mental health issues faced during pandemic despite stigma
- Organizer approach! Typically, at grocery stores with clipboards, trying to explain importance of gathering information
  - Leadership development within community—people who now continue to be leaders in CBOs
- Next steps: what to do with data as orders lift, funding dwindles
- Taking lessons of uplifting voices of immigrants, frontline and essential workers
- Continue to honor and value the efforts of workers, especially low-wage workers
- Plan to host town halls, potlucks, other community sharing events
  - Project has already led to two developing campaigns
    - Focus group participants identifying wage theft at care facility she works with—connection with other focus group participants led to empowerment that helped her speak

up and talk about workplace issues. Facility owner who does not pay workers on time due to deprioritization is being investigated through intakes with coworkers

- Racial violence work—supporting family victims of anti-Asian hate incident assault, continuing campaign to support mental health as they attend court cases
- *“People who can make change are people in this room AND people in the community”*
  - Encourage continued, close coordination with organizations

**Belinda Chen, Doctoral student in Clinical Psychology at UCLA**  
**Dr. Derek Hsieh, Mental Health clinical program head at LAC Dept of Mental Health, Long Beach, API Family Mental Health Center**  
**Dr. Glenn Masuda, Senior Clinical Director at Pacific Clinics, the AP Family Center in Rosemead, CA**

## **Closing the Care Gap: Understanding Asian American and Pacific Islander Youth At-Risk for Suicide in Los Angeles County**

**Belinda Chen**

- Background
  - 2021 US Surgeon General declared state of emergency regarding mental health
  - Suicide is currently leading cause of death for youth 10-24.
  - Timely linkage to care is critical to follow-up after a suicide or self-harm episode
    - <50% of youth receive mental health care after attempted suicide
  - Youth of color experience the worst consequences of gap
  - AAPI youth of Alhambra are
    - 2x more likely to go without follow-up care
    - 4x as likely to have caregivers decline care
  - Mobile Crisis Response (MCR)
    - Created to decrease demand for emergency department visits and hospitalization
    - Licensed mental health professions go out to community to triage according to need
      - Large spectrum: From providing referrals to hospitalization
    - All LA residents eligible
- Aims: Understanding...
  - Who AAPI youth are served by MCR in LA County
  - What is the MCR experience
  - What happens to care after crisis
- Findings
  - Demographics
    - Typically had mood disorder diagnosis
    - Mostly English primary language
  - AAPI youth more likely to receive crisis services than routine mental health services
    - 1 of 50 in LAC identify as AAPI
    - 1 in 30 receiving MCR identify as AAPI
    - Lowest odds of receiving therapy compared to other racial/ethnic groups
      - Deploy culturally responsive, in-language care navigators
      - Implement statewide benefit mandates for private/commercial insurance to cover preventative mental health care
    - Identification more commonly seen in school setting than home
      - Identify needed supports for schools as a common point of entry into emergency care
      - Trauma-informed, family-centered approach
      - Prepare educators to meet the needs of AAPI youth experiencing psychiatric emergencies
    - Low acceptance by youth and caregivers, limited literacy, and language barriers may be reasons why youth are not receiving services
      - Increase culturally appropriate outreach to AAPI caregivers, focusing on prevention and early identification
      - Engage stakeholders—especially youth and families who have lived experiences

**Dr. Hsieh**

- Low rates of AAPI mental health care utilization is not due to lower level of need
- Findings are a part of overall pattern in AAPI community delaying help seeking for selves and family members until problem becomes so severe that they cannot be managed or tolerated

- Follow-up care after crisis service contact is underutilized, much needed strategy for targeting high risk subpopulation
- Even a caring postcard after a hospital discharge was associated with lowering risk of suicide after hospitalization
- Similar to what is seen in suicide in men—men will generally not seek for help, but will accept when help is offered
  - Thus, follow-up is very helpful
- 20 years ago, work as PMRT clinician on children’s’ crisis team at Harbor-UCLA at time was only MCR team with separate children's team
  - Routine visits day after hospitalization, home visits after returning
  - High volume of adult calls led to “all hands on deck” approach and merging the team
  - This also makes follow-up difficult aside from giving phone numbers of clinics
- Long waitlists for clinics reflects capacity issues—staff shortages and increased volume in requests especially for providers in children's services
- Bilingual, bicultural staff limitations also complicate the matter
- Speaks to age long dilemma that limited resources turns into putting out immediate fires while prevention is put on the backburner
- Recommendation for in-language care navigators is ideal and wonderful!
  - Helpful for parents to hear from cultural congruence, similar generation or slightly older who can help talk about benefits of mental health services
  - Personal experience can also help with messaging
  - Even if we are currently without resources for such a team, families can still get in-language information and video stories to help understand prevention and resources
- Recommendation for school as important point of entry where needs for mental health services for youth is identified
  - In addition to strengthening training, best practice protocols could also be developed and implemented
    - Ex. drop in school grades, truancy, etc.
    - Automatic trigger to reach out for screening
  - Involvement of peers in stigma reduction campaigns
  - School offerings of classes at primary and secondary levels—core classes on well-being, mindfulness, benefits of exercise, conflict resolution, understanding cultural differences in expressing care
- In-language community promotion campaigns
  - Important for recognition of the fact that AAPI adults and youth may not come into the clinic to seek help—thus education is important
  - Packaging as “skill-based education”

### Dr. Masuda

- Thank you to the researchers who go out to gather data in the community, from those in the institutions!
- Mid-80s: Going to schools in Alhambra/Monterey Park/etc—mostly saw issues in Spanish-speaking kids, only wanted Spanish-speaking service providers
  - Rise in gang violence and mental health needs reflected growing crisis
  - Need for allyship with organizations that work directly with kids—can’t be choosy, need to work with everyone
- Warm handoffs: Referrals commonly see “I was told to call you; I don’t know why”
  - Entities are not explaining well to parents why referrals are needed
  - Some schools are doing amazing! But some schools still struggle to identify the needs because they cannot understand the students
  - Intake: 20 minutes to explain who you are, why you’re here, everything not explained in handoff
  - Nature of treatment to be received, need for aftercare not covered
- On stigma
  - Cultural syntonics are important for understanding how to communicate mental health across generations
- Crisis responses
  - On Monterey Park shooting

- Many people came to agency the Monday after for support
  - Lunar New Year is a time to not talk about tragedy, to celebrate—saw drop-off in appointment attendance
- Culturally tailored messaging
  - Outcomes should encompass more than signing papers
  - Workforce shortage is difficult, half have been at agencies less than 6 months
    - Great resignation, but also post-pandemic retirement
  - Mental health as a career is not talked about until college
- Very amazing, resilient community, but we are failing to bring kids in for preventative care
- Need collaborative effort

## Policy Reactor

Jenny Bach

- Project looking into educational equity, alarming disparities amongst AAPI students
  - Focus groups on what has most impacted personal lives and education
  - Mental health ranked as a top priority for all selected students
  - Lack of culturally competent resources
  - Mental health taboo in home lives
  - Challenging to be matched with appropriate counselors
  - Varying levels of microaggressions and racism experienced on campuses
  - Had trouble identifying resource leads for appropriate care
    - Lack of inclusive languages
  - Intentionality and genuine advocacy needed rather than performative appearances
  - Resources offered felt uncomfortable due to feelings of judgment and condescension
  - Understaffed schools
  - Desire to separate private experiences and stories from school life for fear of sharing in non-confidential environment
- Focus group findings align with presentations of today
- State prioritization of mental health for youth
  - Seen in spending plan for 2022-2023
    - \$112 million higher education for enrollment in social work and behavioral health programs
    - \$88 million in postgrad training, loan repayments
    - \$35 million in general fund and mental health services providing financial assistance for students enrolled in behavioral education programs
- Statewide solutions flexible and responsive to local communities
  - Stephanie Nguyen: language access and incentivizing it
  - Helping youth leverage medical and community support dollars
- 988 suicide and crisis lifeline training in cultural humility using funding for this 988 hotline
- Discussion at city and state level on economic hardship, advocacy around raising wages, workplace safety, and additional protections
- Recommendations for uplifting advocacy
  - Organizing constituents to call lawmakers' offices
  - Continue building out research and surveys
  - Data disaggregation
  - Build collaborative partnerships to organize advocacy day for meeting with policymakers and legislators
  - General sharing of resources with partners to reach communities on the ground is helpful
  - Meetings with AAPI Leg Caucus to help update bill priorities, meet to draft and author bills or give feedback/provide research
- Looking back on rise in hate crimes, devastating impacts on community throughout pandemic, there's hope that recommendations will provide framework for mental health of youth and health care

## Audience Commentary

### Dr. David Yi, Remarks from the Commission of API Affairs for the State

- Cancer screening disparities—only AAs experience cancer as leading cause of death simultaneously demonstrating lowest screening rates
  - Broadly amongst AAPIs, cancer screening looks low
  - Disaggregation: AIAN, Korean Americans reflect low breast cancer screening rates
    - Important to push against the model minority myth
- Sarah Yi, daughter of David Yi
  - Master Plan for Kids' Mental Health
  - Personal lived experience and also receiving training on mental health volunteer crisis communication
  - Lack of accessibility to culturally competent resources, but more so lack of follow-up—what happens next? Is a big question
  - Issues with confidentiality
  - Want to see more conversations on the ground incorporating youth perspectives
  - Creative approaches to gathering perspectives — slam poetry, providing food and space for discussion

### Lisa Benson, LAC DMH

- All school districts have own mental health staff, social workers, behavioral health staff
- Schools assess kids and send to DMH
- Struggle with capacity
- Agree with meeting people where they are
- Primary care clinic collaboration
- 988 Update
  - Centralized crisis response
  - If a field response is needed, type of team is similar to what Dr. Hsieh described
  - Contracting additional teams to help build out workforce
  - Need to amp up culturally congruent, in-language services
  - Need funding to support students with scholarships to get to programs

### Chinatown Service Center

- Seeing definite workforce shortage of those qualified or interested (language capacity)
- People with qualifications are out there, but many filtered out of system
  - Need to assess those not captured when they apply
- Informally taking on role of communicating between inpatient and outpatient
  - Families in distress, language barriers
  - Lack of communication and warm handoff
  - Issues with many things being lost in translation
- Should we require schools to pass off students or should we work with families to make sure preventative follow-up service is provided before escalation
- *Dr. Anna Lau's response:* Assembly bill was passed to require local education authorities to provide comprehensive training to all school district staff on suicide prevention

### Audience Member

- Mahalo for presentations and work; having co-written the disaggregation piece—need for disaggregation and representation in mental health data
  - Need to see more data that reflects NHPI community and priorities
  - Spectrum of privilege, political and colonial experiences
  - Assimilation/biculturalism
- Suggestion given career in addiction
  - School-based healthcare center, bringing community health worker concept to teams that meets students where they are
  - Need an open door and many doors where students can anonymously enter and say they need help without needing a ride