# The Changing Asian American Population: Mental Health Policy

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This report examines the population projections of Asians and Pacific Americans in the United States and raises policy implications for mental health issues. Obviously, the validity of the implications drawn are highly dependent on the adequacy of the projections, the quality of the available research, and the assumptions made. At this time, the projections concern Asian and Pacific Americans as an aggregate. While place of birth and age distributions are included, we do not know the projections for individual Asian and Pacific American groups, and other characteristics such as gender, socioeconomic class, and precise geographic distribution. Furthermore, mental health research on this population is scarce and relatively recent. Given these limitations, this report represents a preliminary attempt to identify mental health implications for the year 2020. While the focus is on mental health, many of the implications are pertinent to health, social, and human service issues in general.

The most striking aspect of the projections is the estimate that the Asian and Pacific American population will show substantial increases. According to Ong, the population of Asian and Pacific Americans will have a percentage growth of over 150 percent between the years of 1990 and 2020. The percentage increase of foreign born will probably be about 109 percent to 141 percent compared to the estimated figure of 197 percent to 244 percent for the American born. Thus, growth will be higher

for American-born than foreign-born Asian and Pacific Americans. The population in 2020 is likely to be somewhat older, with a slightly higher proportion of persons 65 years of age and older and a slightly lower proportion of those under age five. The most important projection is that the population will be over two-and-one-half times larger during this 30 year span. Given these possible changes, what are the implications for the mental health field? What kinds of policy recommendations should be made?

From the very outset, let me address myths and misunderstandings that have guided current mental health policies and practices and offer some recommendations in planning for the year 2020 in the areas of psychopathology, use of mental health services, adequacy of services, manpower, and community interventions. Action on these recommendations should have already been initiated years ago; it is particularly urgent now because of the anticipated heavy growth of the Asian and Pacific American population and because fruits of such actions take time to bear.

*Myth #1: Asian Americans are relatively well adjusted.*
*Recommendation:* Immediate attention should be placed on the initiation and funding of research dealing with Asian American mental health issues.

*Myth #2: Asian and Pacific Americans tend to avoid using social and mental health services and have less need for such services.*
*Recommendation:* We must increase the awareness that demand is not equivalent to need for services. Means must be found to increase the utilization, funding, and adequacy of services.

*Myth #3: Since Asian and Pacific Americans as a group do well educationally and are relatively well adjusted, there is no need to recruit and train more bilingual and/or bicultural personnel in order to work with, and to conduct basic and applied research on, Asian and Pacific Americans.*
*Recommendation:* Systematic efforts be made to increase the pool of mental health researchers and practitioners who can contribute to Asian and Pacific Americans.

*Myth #4: Mainstream forms of services and community interventions can be applied to Asian and Pacific Americans.*
*Recommendation:* Culturally relevant services and interventions need to be developed and established. While some Asian and Pacific Americans may be well served by mainstream services, many simply find such services unhelpful, strange, or foreign.

*Myth #5: The general public as well as the Asian and Pacific American community is well aware of mental health issues.*
*Recommendation:* Immediate efforts be made to educate Asian and Pacific American communities as well as the society at large about mental health issues.

*Myth #6: By improving mental health services and by promoting the acculturation of Asian and Pacific Americans, we can adequately address their mental health needs.*
*Recommendation:* Facilitating acculturation and improvement of services are insufficient courses of action. More generally, conditions that foster stress—stereotypes, racial intolerance, discrimination, poverty, culture conflicts, etc.—need to be addressed in improving mental health.

## Initiation and Funding of Mental Health Research on Asian and Pacific Americans

A paucity of research exists on Asian and Pacific Americans. Consequently, little is actually known about the mental health needs of Asian Americans, planning and systematic development of service programs have been hindered, and the general public has been free to incorrectly perceive Asian and Pacific Americans as being an exceptionally well-adjusted group. The fact is that the available research findings show that Asian and Pacific Americans do face significant mental health problems and stressors.

### Mental Health Problems

The public stereotype that Asian and Pacific Americans are relatively free of adjustment difficulties has hindered serious attempts to understand the mental health of this population. The critical issue is not whether mental health problems exist, since all groups encounter these

problems. The meaningful issues involve the extent of mental disorders, the nature of psychopathology, and the particular Asian and Pacific American groups at risk for disorders. Without understanding these issues, it is likely that the mental health needs of Asian and Pacific Americans cannot be adequately addressed, now and in the future when the population is expected to continue to rapidly grow.

What is the actual extent of mental disorders among Asian and Pacific Americans? The unfortunate fact is that no large-scale prevalence studies, which are used to specify rates of mental disorders, have been conducted on this population. The consequence is that we have no direct knowledge of the rates of mental disorders and cannot compare the various Asian and Pacific American groups with each other and with non-Asian-and-Pacific American groups. Since the current population is relatively small (about 3 percent of the U.S. population is Asian and Pacific American) and is composed of many different groups, researchers have had difficulty finding adequate and representative samples on which to conduct studies. Furthermore, lack of funding for research on Asian and Pacific Americans, problems in finding cross-culturally valid measures of psychopathology, etc., have also hindered attempts to study prevalence. The few available investigations of Asian and Pacific Americans are small-scale studies, often based on selected groups or on selected disorders; some are not true prevalence studies. They do, however, provide evidence that rates of psychopathology among Asian and Pacific Americans have been underestimated. Examples of selected groups included the work of Westermeyer and his colleagues who studied a small group of Laotian Hmong refugees in Minnesota.[1] Using various measures of psychopathology, they found that the refugees had very high rates of psychiatric disorders. Other studies have also revealed that Southeast Asian refugees are at risk for mental disorders.[2] Investigations by Kuo examined community samples of four different Asian American groups: Chinese, Japanese, Pilipino, and Korean.[3] Kuo found that Asian Americans had higher average scores on the measure than did Whites. About 19 percent of the Asian Americans were identified as being potential cases of depression on the measures. Other studies also suggest that the rates of emotional disturbance among Asian and Pacific Americans are not low.[4]

Personality studies also point to adjustment problems of Asian and Pacific Americans. D. Sue and his colleagues found evidence that Japa-

nese and Chinese American college students compared with non-Asian students tended to experience greater feelings of anxiety, loneliness, and discomfort.[5] Problems encountered by students were also found more recently by Sue and Zane who obtained similar results.[6] Chinese American students were found to experience anxiety, especially among recent immigrants. While the academic achievement levels (i.e., academic grades) of the Chinese students exceeded those of the general student body, these students still had high levels of anxiety. Obviously, personality studies as well as epidemiological investigations are subject to bias, since the measures used to assess psychopathology and adjustment may not be valid for different cultural groups. This possibility points to the unfortunate state of research on Asian and Pacific Americans in which the validity of assessment tools can be questioned. Nevertheless, *the outcomes from such research do not support the popular stereotype that Asian and Pacific Americans are well adjusted. The consistency of research findings from different investigators and from different research strategies strongly suggest that significant mental health problems exist.* Because the population is expected to increase rather rapidly in the next three decades, much more research is urgently needed.

### High Risk Groups

High risk groups are those that are particularly exposed to stressors and/or lack mental health resources (such as social supports, responsive mental health services, etc.) or encounter other conditions that increase the chances of mental disorders. At various times and by various constituencies, a whole host of groups such as the elderly, women, Southeast Asian refugees, and immigrants has been identified as high risk. I would like to focus on immigrants. With respect to Southeast Asian refugees, who have been traumatized by events in their native countries of Cambodia, Laos, and Vietnam, it is unclear what conditions will exist in these Southeast Asian countries in the future and whether refugees from these countries will continue to come to the U.S. What we do know is that the population projection shows a continuing high rate of immigration to the U.S.—easily doubling the current population of immigrants.

Recent immigrants certainly encounter numerous problems involving English language skills, minority group status, cultural conflicts, employment, etc., which are basic to survival and well being. The study by Sue and Zane demonstrated that new Chinese immigrants are more

likely to report anxiety than immigrants with longer periods of U.S. residency or American-born Chinese.[7] Other studies have revealed that Southeast Asian refugees are at particular risk for depression and post-traumatic stress disorder.[8] Although refugee status is not equivalent to immigrant status, many similar problems of living in a new culture exist. *The fact is that the continuing high rate of immigration and the implications for mental health demand immediate attention and the acquisition of more knowledge. This requires increased funding opportunities for research from local, state, and federal agencies.*

## Mental Health Services

In the past, utilization of mental health services was used as an indicator of psychopathology in particular populations. The assumption was that if one group had a high prevalence of mental disorders, that group would tend to utilize services more often than a group with a lower prevalence rate: Demand for services was a reflection of *need* for services. It is now widely recognized that demand does not indicate need, especially for some groups. Nevertheless, utilization of services must be examined since it reveals possible cultural differences in defining and approaching mental health problems, provides knowledge about the kinds of problems clients have, indicates the responsiveness of the mental health care system, and yields some insight into how to better treat or prevent problems. Discussed are studies of utilization and the adequacy of mental health services.

### Utilization

Almost all of the past studies of utilization rates of mental health services have demonstrated low rates of utilization among Asian and Pacific Americans. Kitano presented findings on the admission of patients to California state mental hospitals.[9] Admission rates for mental disturbance were many times lower for Japanese and Chinese Americans than for Caucasian Americans during each of the years from 1960 to 1965. Data from the state of Hawaii also revealed low Asian and Pacific American rates of admission to state hospitals for mental disorders. Chinese, Hawaiian, Japanese and Pilipino Americans all exhibited lower rates of admissions than expected from their proportions in the population.[10]

These and more recent studies consistently demonstrate that Asian Americans tend to be underrepresented in psychiatric clinics and hospitals compared to their populations.[11] The underrepresentation occurs whether students or non-student populations, inpatients or outpatients, and different Asian and Pacific American groups are considered. In one of the most comprehensive analyses, Matsuoka examined Asian and Pacific Americans' use of services at state and county mental hospitals, private psychiatric hospitals, Veteran Administration psychiatric services, residential treatment centers for emotionally disturbed children, non-federal psychiatric services in general hospitals, outpatient psychiatric clinics, multi-service mental health programs, psychiatric day/night services, and other residential programs in the U.S.[12] In general, Matsuoka found that utilization of services by Asian/Pacific Islander populations was low, regardless of their population density in various states of the U.S. The only exception to findings of underutilization is the results of a study by O'Sullivan, Peterson, Cox, and Kirkeby.[13] Analyzing the utilization rate for ethnic groups in the Seattle area, the investigators found that Asian Americans were not underrepresented as users of community mental health services. It is unclear why the results of this study are at variance with all of the others. One potential explanation is that the utilization figures for 1983 were compared with Seattle population data from the 1980 Census. If the Asian and Pacific American population showed a marked growth from 1980-1983 (Asian and Pacific Americans have been the fastest growing ethnic minority group in the U.S.), then they may indeed be actually underrepresented as clients. Perhaps the findings are unique to Seattle. In any event, underutilization appears to be the rule rather than the exception.

### Severity of Disturbance

The term "underutilization" implies that Asian and Pacific Americans are not using services when they need to. Is it possible that this population is relatively better adjusted than other populations, so that greater utilization of services is unnecessary? Every population underutilizes in the sense that not all individuals with psychological disturbance seek help from the mental health system. For example, in the Epidemiologic Catchment Area study which compared the prevalence rate of mental disorders with the rate of utilization of mental health care services, the vast majority of afflicted individuals did not seek services.[14] The real is-

sue is whether Asian and Pacific Americans with psychiatric disorders have a greater propensity to avoid using services than other populations. While this issue cannot be fully addressed in the absence of information on prevalence rates, considerable indirect evidence exists that Asian and Pacific Americans are more likely than the general population to underutilize services. As mentioned earlier, the available small-scale prevalence, personality, and needs assessment studies of Asian Americans suggest that considerable mental health problems exist; and yet, utilization is dramatically low. Other lines of evidence, such as severity of disturbance, also point to underutilization.

Sue and Sue analyzed the Asian American (primarily Chinese, Japanese, and Korean) students who utilized the student psychiatric clinic at the University of California, Los Angeles.[15] The findings revealed that Asian Americans underutilized mental health services and exhibit greater disturbance among the client population. Sue and Sue's inference was that moderately disturbed Asian Americans, unlike Caucasian Americans, are more likely to avoid using services (unless one takes the unusual and unsupported position that Asian Americans have low rates of overall disturbance but high rates of severe mental disorders).

Other studies demonstrate that the phenomena of low utilization and greater severity among Asian and Pacific American clients are not confined to students.[16] The National Research Center on Asian American Mental Health at UCLA acquired a large dataset on thousands of clients seen in the Los Angeles County Mental Health System from 1983-1988. Preliminary analysis of the dataset revealed that Asian and Pacific Americans are underrepresented in the outpatient mental health system. While they represented 8.7 percent of the County population, they comprised only 3.1 percent of the clients. Latinos were also underrepresented. On the other hand, Blacks used services proportionately greater than expected by their relative population. When the proportions of clients having a psychotic diagnosis were tabulated by ethnic group, Asian and Pacific Americans were more likely than Whites, Blacks, and Latinos to have individuals with a psychotic diagnosis in inpatient and outpatient services.

The evidence is quite convergent that few Asian and Pacific Americans use the mental health service system. This underutilization is found among all Asian and Pacific American groups studied, among inpatient or outpatient facilities, and among students or adults. Furthermore, the

studies consistently show that on a variety of measures Asian and Pacific Americans have greater disturbance levels than non-Asian clients. The alternative explanation that low utilization of services is caused by the low rate of mental disturbance is weakened by findings that Asian and Pacific Americans who do seek treatment are more severely disturbed than are Caucasian Americans. *These findings suggest low utilization of services does not mean that there is low need for services.* Lin, Inui, Kleinman, and Womack found that Asian Americans were more likely than Whites to have a delay in the recognition of mental health symptoms and then to actually participate in a treatment program.[17]

A number of factors affect utilization and effectiveness of mental health services. Some of the factors involve accessibility (e.g., including ease of using services, financial cost of services, and location of services), availability (e.g., existence of services), cultural and linguistic appropriateness of services, knowledge of available services, and willingness to use services. Obviously, the nature of one's problems influences utilization. Culturally-based factors are also important to consider, such as shame and stigma, conceptions of mental health, and alternative services as factors that affect utilization and appropriateness of mainstream services (i.e., services that are available to the general population of Americans). These have all been implicated as factors that account for low utilization among Asian and Pacific Americans.[18]

If Asian and Pacific Americans do not want services or do not use services, why should we be concerned? First, since Asian and Pacific Americans pay taxes for services, they are not receiving their fair share of services. Second, we cannot always demand that different clients adjust to a mental health system that responds only to a particular segment of the population. Services in a multicultural society must be multicultural and flexible to accommodate diverse ethnic groups. Third, the increasing size of the Asian and Pacific American population will mean increased pressures to address their mental health needs and increased demands for having services that are effective.

### Recommendations for Services

What kinds of services should be established? Under the concept of culturally responsive services, Uba and Sue have offered three suggestions to more effectively meet the mental health needs of Asian and Pacific Americans.[19] First, in mainstream mental health facilities where

there are few Asian and Pacific American personnel, service providers can receive training to work with Asian and Pacific American clients. Such training would cover assessment, psychotherapy, and case management and include issues such as cultural values and behaviors, pre- and post-migration experiences, etc. The intent of the training would be to enhance skills and knowledge about Asian and Pacific Americans. Special Asian and Pacific American consultants should be available to the service providers. Second, mainstream mental health programs should employ more Asian and Pacific American personnel, who are bilingual and bicultural. Such personnel can be of immense benefit in providing effective services. Sue et al. have found that when Asian and Pacific American clients are matched with therapists who are of the same ethnicity and who speak the clients' language, they stay in treatment longer, tend not to prematurely terminate services, and have better treatment outcomes.[20] Third, parallel or non-mainstream services should be created. Parallel services are those that may be similar to mainstream ones (e.g., a clinic or hospital) but specifically designed to service an ethnic population. For example, specific wards at San Francisco General Hospital and the Asian Pacific Counseling and Treatment Center in Los Angeles were created to serve Asian and Pacific Americans. They typically employ bilingual and bicultural personnel, post notices in English and Asian languages, serve "Asian" foods or drinks, etc.—all in an attempt to respond to the cultural needs of Asian and Pacific Americans. *These culturally-relevant services should be strengthened, and new parallel programs should be established. Local, state, and federal agencies should place these services and programs as a high priority in terms of funding and development.*

## Manpower and Personnel

Asian and Pacific Americans are underrepresented in the mental health field. For example, Howard et al. found that few doctorates in psychology were awarded to members of this population.[21] They noted that "...psychology has performed poorly in attracting Asian Americans to the discipline." Furthermore, the underrepresentation was particularly evident in the human service rather than academic areas of psychology. The same may be true of other disciplines pertinent to mental health (e.g., social work, sociology, psychiatric nursing, public health, anthropology, etc.).

Earlier, it was noted that when Asian American clients have thera-

pists of the same ethnicity, they tend to stay in treatment longer and to have better treatment outcomes. The effect was particularly strong for clients who did not speak English as the primary language. This suggests that it is important for Asian and Pacific Americans to have mental health professionals who are of the same ethnicity. *That Asian and Pacific Americans are probably underrepresented as mental health care providers and that having them as therapists is beneficial strongly imply that the mental health field should make special efforts to recruit and train more Asian and Pacific Americans. The beneficial effects also extend to research and theory development where the insights and experiences of Asian and Pacific Americans are needed.*

## Community Education

One of the most common stereotypes that Asian and Pacific Americans have had to combat is the popular belief that the group is a "model" minority. Such a belief undermines efforts to truly understand the group and to address mental health and other needs. For example, during the Los Angeles riots after the Rodney King verdict, the primary perception of the nation was that this was a Black-White issue. Efforts to rebuild Los Angeles were primarily directed to inner-city black areas. While such efforts should be undertaken, the nation as a whole was largely unaware that Korean Americans suffered about half of the total property damage from the rioting. The lack of knowledge of Asian and Pacific Americans, their needs, and problems must be rectified. *The media, educational system, community institutions, and leaders must acquire and transmit more accurate information about Asian and Pacific Americans.*

*Mental health education is important for Asian and Pacific American communities.* Many Asian and Pacific Americans are unfamiliar with Western mental health concepts and services available. They may consider mental health problems as shameful or private matters and lack understanding of how services can help. In such situations, education is needed to modify attitudes and to indicate methods by which problems can be addressed. The educational efforts can be made through schools, media (radio, television, ethnic newspapers, etc.), community forums, and other institutions, coordinated with mental health agencies.

Several points are important to make in educational messages:

1. Personal and interpersonal problems are common. These problems can involve generational conflicts in the family, difficulties

in adjusting to American society, anxieties, and depression. Unless the problems are addressed, individuals will continue to feel upset, have interpersonal problems, and fail to achieve more. There is no need to be ashamed of them. Shame simply hinders one's willingness to find means of overcoming problems.

2. Much can be done to prevent or overcome problems. Learning how to anticipate or manage problems by oneself and talking with others are often very helpful approaches. (The early identification of potential emotional problems, stress management techniques, and communications skills should be emphasized.)

3. Individuals should seek services for mental health problems when they confront problems that they cannot handle. While traditional, ethnic folk healing may be helpful, mental health services can be effective. One's problems are kept confidential (in accordance with laws) and therapists are available who can speak the ethnic language of clients. (A description of where services are available and the kinds of services available would be very helpful.)

These educational programs are intended to more accurately describe mental health problems and services, to offer a means of handling problems, and to make services more accessible and acceptable.

## Broader Social Issues and Mental Health

Understandably, many researchers and practitioners have advocated for changes in the mental health field in order to respond to the needs of Asian Americans. Others believe that cultural conflicts and adjustment problems will diminish, once Asian and Pacific Americans become more acculturated. The fact is, however, that mental health status is a function of many factors such as social class, access to resources, social environment, etc. For Asian and Pacific Americans, as well as other ethnic minority groups, cultural conflicts as well as minority group status are important considerations in mental health. The use of the term "minority" within the phrase "ethnic minority group" has been criticized. "Minority" has historically been associated with notions of inferiority and deficits. Furthermore, the concept of minority implies that there is a majority, and one could argue that there is no real ethnic majority group

in the United States (Whites can be conceived as including many different ethnic groups) or in the world. My use of the term is intentional. Rather than to imply that ethnic minority groups should be viewed as inferior or deficient, I want to convey the fact that minority status has an impact on the groups. Thus the situation of Asian and Pacific Americans, as well as African Americans, American Indians, and Latino Americans, is not solely a function of their own cultures. Rather, historical and contemporary forms of prejudice and discrimination have also been experienced. *To fully understand as well as to promote the well being of these groups, culture and minority group status must be analyzed and used as the basis for intervention.* Minority group status is used as a general concept to convey ethnic relationships in which some groups have experienced prejudice and discrimination. It is this status that distinguishes cross-cultural research, in which different cultural groups are examined, from ethnic minority research, in which cultural differences *and* ethnic relations are critical to consider.

Obviously, the effects of culture and minority status can be easily confounded. Over time, cultural values of a group may change as a result of ethnic relations. The main point is that the two effects are pertinent to the understanding of ethnic minority groups in general and Asian and Pacific Americans in particular. The particular cultural features of Asian and Pacific Americans and experiences with stereotypes, racial intolerance, and discrimination—all of which have a bearing on mental health—are important to address.

## Notes

Portions of this paper were adapted from "Mental Health Issues for Asian and Pacific Islanders" by Stanley Sue, a paper written for the Asian American Health Forum, San Francisco. We gratefully acknowledge the Forum's permission to include the adaptations.

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