MENTAL HEALTH AMONG AAPI WOMEN

Fact Sheet · Published May 2021

napawf
NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM

The mental health conditions of Asian American and Pacific Islander (AAPI) women have been insufficiently discussed or addressed despite their prevalence. In fact, little to no data exist for the mental health status of Pacific Islander women. 2017-2018 data from the U.S. Department of Health and Human Services' Office of Minority Health reveals that[1]:

- Suicide was the leading cause of death for Asian Americans ages 15-24.
- Asian American girls, in grades 9-12, were 20 percent more likely to attempt suicide compared to their non-Hispanic white peers.
- Only 43.9 percent of Asian American adults who experienced major depressive episodes received treatment, compared to 68.5 percent of white adults.

Data from the 2008 to 2012 National Surveys on Drug Use and Health found 5.3 percent of Asian females used mental health services compared to 10.3 percent of Black females, 15.1 percent of American Indian or Alaska Native females, 9.2 percent of Hispanic females, and 21.5 percent of white females.[2]

Mental health is a significant facet of an individual's wellbeing. Maintaining mental health is crucial to AAPIs' ability to live with dignity. Furthermore, it is crucial to recognize the cultural, legal, and economic barriers that silence AAPI women and prevent them from receiving proper mental health care. These barriers must be eliminated in order to ensure that they have full autonomy over their lives, their families, and their communities.

Specific Challenges for AAPI Women Affecting Mental Health

Asian American women have to deal with race as well as gender-specific stereotypes that can have a profound impact on their mental health. Gender-specific stereotypes objectify, hypersexualize, and/or render Asian American women invisible and label them as "exotic", "cute and small", and/or "worker bees" who lack leadership qualities.[3]

The "model minority" myth refers to the notion that AAPIs have achieved sufficient socioeconomic success in America simply through obedience and hard work and, as such, should be the model to which other people of color should aspire.[4] This concept, however, renders the challenges faced by AAPI communities invisible. This is especially pronounced in mental health discourse. Existing literature on mental health often excludes AAPI women entirely or completely aggregates different AAPI sub-groups, effectively homogenizing AAPI communities and leaving many invisibilized. For example, AAPI populations overall are often thought to fare better in terms of both mental and physical health outcomes when compared to U.S. adults on average. However, the percentage of Vietnamese adults experiencing severe psychological distress is comparable to the nationwide rate of 3.2 percent, while the percentage of Native Hawaiian and Pacific Islander adults experiencing severe psychological distress, at 4.1 percent, exceeds the nationwide rate.[5,6]

Anti-Asian Discrimination During the COVID-19 Pandemic

Experiencing both overt racism and microaggressions can negatively affect mental health. Since the outbreak of COVID-19, there has been a rise in anti-Asian discrimination ranging from racial slurs to cases of physical violence. From March 2020 to March 2021, there have been more than 6,500 reports of hate incidents against Asian Americans.[7] Asian American women have reported 2-3 times more incidents of discrimination than men.[8] In the last year, almost a third of AAPI women note that COVID-19 has caused their mental health to suffer.

A rise in the detention and deportation of AAPIs also leads to severe mental trauma and depression, as detailed in a report by the National Asian Pacific American Women's Forum (NAPAWF) and the Southeast Asian Resource Action Center (SEARAC).[9] Second-generation AAPI women also commonly experience transgenerational trauma and are especially at risk for both lifetime and 12-month disorders, the latter of which includes any depressive, anxiety, and psychiatric disorder.[10] Asian American adolescents and younger women also experience higher rates of Major Depressive Disorder than their peers, while elderly Asian American women report high rates of suicidal ideation.[11]

Additionally, the model minority myth portrays AAPIs as being affluent and socioeconomically insulated. In reality, financial instability causes immense stress that many health care providers fail to properly identify in the lived experiences of AAPI women and their families. Due to the race and gender wage gap, AAPI women, on average, typically lose $400,000 over a 40-year career.[12] Nepalese and Burmese women experience an even larger wage gap, making 54 cents and 52 cents, respectively, for every dollar white, non-Hispanic men made, making it more difficult to afford mental health services.[13] Erasure of socioeconomic challenges has dangerous implications for AAPI women's mental health, especially as economic instability intensifies stress and limits affordable options for quality mental health care. AAPI immigrants and refugees are especially affected, as AAPI refugees, often resettle in areas with concentrated poverty and limited social or economic infrastructure.[14]

In addition to struggling to shed the model minority label, lesbian, gay, bisexual, transgender, and queer (LGBTQ) AAPI folks experience compounded invisibility due to a significant dearth of data on the mental health of LGBTQ AAPI folks. LGBTQ individuals can face mental health challenges relating to discrimination, including physical threats, suicidal ideation, feelings of hopelessness, and exposure to conversion therapy.[15] In the 2015 U.S. Transgender Survey, 39 percent of AAPI respondents had experienced recent serious psychological distress, while 40 percent had attempted suicide at least once in their lifetime–a rate that exceeds the U.S. population rate of 4.6 percent by over 8 times.[16]

Barriers to Mental Health Care

Cultural stigma and lack of culturally competent care

The Substance Abuse and Mental Health Services Administration's 2015 data on mental health service utilization reveals that AAPI adults are three times less likely to seek mental health care than white adults.[17] In the U.S., mental health care frameworks are typically oriented to serve white and middle-class patients.[18] Providers may not recognize how gender, race, culture, and socioeconomic status contribute to unique mental health outcomes for some. Failure to recognize this can also reinforce the barriers to care that are predicated upon gender, race, culture, and socioeconomic status as well.

For others, providers may perpetuate problems by improperly diagnosing patients based on misinformed stereotypes, which can evoke discomfort and distrust among patients. AAPI patients, in particular, have been frequently misdiagnosed.[19] For AAPI women, the lack of culturally competent providers prevents many from accessing appropriate mental health care. Furthermore, while cultural values differ widely among diverse AAPI ethnic and religious groups, the stigmatization of mental health is salient among many. Resulting feelings of shame, guilt, or inadequacy further deter individuals from drawing attention to their mental health.[20]

Language accessibility

Language accessibility poses another major barrier for AAPI women who wish to seek mental health care. Approximately 90 percent of Southeast Asian Americans do not speak English at home.[21] 52 percent of Asian American immigrants are limited English proficient, Burmese (79 percent), Vietnamese (72 percent) and Cambodian (67 percent) are most limited English proficient.[22]

Moreover, a potential shortage of multilingual providers in the U.S. could lead to lack of access for AAPIs seeking mental health services.

Cost of care

The financial burden of mental health care has also increased greatly for AAPI women and families. One in three Asian Americans who have been diagnosed with depression was unable to see a doctor at some point in the last year due to cost.[23] Mental health providers are severely underrepresented in health insurance networks.[24, 25] Financial inaccessibility is especially heightened for AAPI women who do not have insurance coverage. More than any other racial or ethnic group, Asian Americans identify structural barriers as another reason for not seeking mental health care.[26] Overall, AAPI women are more likely to be uninsured if they are new immigrants, noncitizens, or have limited English proficiency due to policy and legal barriers.[27]

Policy Recommendations

In order to achieve improved mental health outcomes among AAPI women, policymakers, providers, and advocates must approach mental health as a compounded, intersectional issue rather than one that exists in a silo apart from one's other identities such as their race, sexual orientation and gender identity, immigration status, age, disability status, and income level. AAPI women do not live single issue lives; as such, policy approaches to improving mental health for AAPI women must take holistic and intersectional approaches. This includes:

- Increasing access to culturally and linguistically appropriate care.
- Expanding research and data collection, including the collection of disaggregated data, to better inform advocacy and policy making efforts.
- Access to comprehensive health care that includes coverage for mental health services without unnecessary legal or administrative barriers.

For more information and to find out about ways to support this legislation, please visit www.napawf.org/heal or contact Jennifer Wang, National Asian Pacific American Women's Forum, at jwang@napawf.org.

Endnotes

1 "Mental and Behavioral Health - Asian Americans." Department of Health and Human Services, Office of Minority Health. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=54

2 Substance Abuse and Mental Health Services Administration, "Racial/Ethnic Differences in Mental Health Service Use among Adults." 2015, https://store.samhsa.gov/product/Racial-Ethnic-Differences-in-Mental-Health-Service-Use-among-Adults/sma15-4906

3 American Psychological Association, "From Exotic to Invisible: Asian American Womens' Experiences of Discrimination" (2018). https://www.apa.org/pubs/highlights/spotlight/issue-119

4 https://depts.washington.edu/sibl/Publications/Model%20Minority%20Section%20(2011).pdf

5 National Center for Health Statistics, Health of non-Hispanic Asian adults: United States, 2010-2014, by Barbara Bloom and Lindsey I. Black. (2016), https://www.cdc.gov/nchs/products/databriefs/db247.htm

6 Cathy Hu, "Fighting the Stigma: Mental Health among Asian Americans and Pacific Islanders," Urban Institute, May 20, 2019, https://www.urban.org/urban-wire/fighting-stigma-mental-health-among-asian-americans-and-pacific-islanders

7 Cheah, C. S. L., Wang, C., Ren, H., & Zong, X. (2020). COVID-19 racism and racial discrimination experienced by Chinese American families. Department of Psychology, University of Maryland, Baltimore County

8 Stop AAPI Hate, "Attacks Against AAPI community Continue to Rise During Pandemic" News Release, (August 27, 2020), http://www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/PRESS_RELEASE_National-Report_August27_2020.pdf

9 National Asian Pacific American Women's Forum & Southeast Asia Resource Action Center. "Dreams Detained, in Her Words" (2018). https://www.napawf.org/our-work/content/2019/7/16/dreams-detained-in-her-words

10 David T. Takeuchi, et al., "Immigration-Related Factors and Mental Disorders Among Asian Americans," American Journal of Public Health 97, 1 (2007): 84-90, doi: 10.2105/AJPH.2006.088401. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1716230/

11 Buchanan, et al., Sexual Harassment, Racial Harassment, and Well-being among Asian American Women: An Intersectional Approach", Women in Therapy, December 2018

12 Jasmine Tucker, "Asian American and Pacific Islander Women Lose $10,000 Annually to the Wage Gap." The National Women's Law Center (March 2021). https://nwlc.org/wp-content/uploads/2020/01/AAPI-EPD-2021-v1.pdf

13 Center for American Progress (CAP) analysis of median earnings for full-time, year-round workers by AAPI subpopulation based on Steven Ruggles and others, "Integrated Public Use Microdata Series, U.S. Census Data for Social, Economic, and Health Research, 2015-2019 American Community Survey: 5-year estimates: Version 10.0" (Minneapolis: Minnesota Population Center, 2021), available at https://usa.ipums.org/usa/. Figures are based on women's and men's median earnings for full-time, year-round workers. White, non-Hispanic men made $58,000 annually, on average, between 2015 and 2019. Indian women represent those who self-selected "Asian Indian" as their race.

14 "Southeast Asian Americans and the School-to-Prison-to Deportation Pipeline," Southeast Asia Resource Action Center. https://www.searac.org/wp-content/uploads/2018/04/SEAA-School-to-Deportation-Pipeline_0.pdf

15 "National Survey on LGBTQ Mental Health." The Trevor Project, 2019, https://www.thetrevorproject.org/survey-2019/?section=Introduction

16 "2015 U.S. Transgender Survey: Report on the Experiences of Asian, Native Hawaiian, and Pacific Islander Respondents," National Center for Transgender Equality and National Queer Asian Pacific Islander Alliance, https://transequality.org/sites/default/files/docs/usts/USTS-ANHPI-Report-Dec17.pdf

17 Substance Abuse and Mental Health Services Administration, “Racial/Ethnic Differences in Mental Health Service Use among Adults.” 2015, https://store.samhsa.gov/product/Racial-Ethnic-Differences-in-Mental-Health-Service-Use-among-Adults/sma15-4906
18 Gayle Y. Iwamassa, “Recommendations for the Treatment of Asian-American/Pacific Islander Populations”, American Psychological Association, 2012, https://www.apa.org/pi/oema/resources/ethnicity-health/asian-american/psychological-treatment
19 Keh-Ming Lin, Freda Cheung, “Mental Health Issues for Asian Americans,” Journal of Psychiatric Services, 50, no.6 (1999): 774-780, https://ps.psychiatryonline.org/doi/full/10.1176/ps.50.6.774
20 Na-Yeun Choi and Matthew J. Miller, “AAPI College Students’ Willingness to Seek Counseling: The Role of Culture, Stigma, and Attitudes,” Journal of Counseling Psychology 61, no. 3 (2014): 340 - 351. https://www.researchgate.net/profile/Na_Yeun_Choi/publication/263899362_AAPI_College_Students'_Willingness_to_Seek_Counseling_The_Role_of_Culture_Stigma_and_Attitudes/links/5bd896254585150b2b91fdbd/AAPI-College-Students-Willingness-to-Seek-Counseling-The-Role-of-Culture-Stigma-and-Attitudes.pdf
21 “Southeast Asian American Journeys: A National Snapshot of Our Communities.” Southeast Asia Resource Action Center and Asian Americans Advancing Justice- Los Angeles, 2020. https://www.searac.org/wp-content/uploads/2020/02/SEARAC_NationalSnapshot_PrinterFriendly.pdf
22 Asian Americans Advancing Justice and Asian Americans Advancing Justice-LA, Inside the Numbers: How Immigration Shapes Asian American and Pacific Islander Communities. 2019, https://www.advancingjustice-aajc.org/sites/default/files/2019-06/1153_AAJC_Immigration_Final_Pages_LR-compressed.pdf
23 Connor Maxwell and Lisa Kwon, “4 Ways to Improve Access to Mental Health Services in Asian American Communities,” Center for American Progress (2018), https://www.americanprogress.org/issues/race/news/2018/10/10/459200/4-ways-improve-access-mental-health-services-asian-american-communities/
24 National Alliance on Mental Illness, “Mental Health Care: NAMI Report Finds Insurance Discrimination, Lack of Transparenct under Parity Laws,” News Release, (April 2015), https://www.nami.org/Press-Media/Press-Releases/2015/Mental-Health-Care-NAMI-Report-Finds-Insurance-Di
25 Ibid.
26 Substance Abuse and Mental Health Services Administration, “Racial/Ethnic Differences in Mental Health Service Use among Adults.” 2015, https://store.samhsa.gov/product/Racial-Ethnic-Differences-in-Mental-Health-Service-Use-among-Adults/sma15-4906
27 Marguerite Ro, “Moving Forward: Addressing the Health of Asian American and Pacific Islander Women,” American Journal of Public Health 92, Vol. 4 (2002): 516-519. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447107/

National Asian Pacific American Women’s Forum
P.O. Box 13255
Chicago, IL 60613
www.napawf.org

NAPAWF is the only organization focused on building power with AAPI women and girls to influence critical decisions that affect our lives, our families and our communities. Using a reproductive justice framework, we elevate AAPI women and girls to impact policy and drive systemic change in the United States.