



# Policy Brief

## Asian American<sup>1</sup> Mental Health: Implications for Research, Policy, and Practice

### **Asian Americans:**

A pan-ethnic term referring to persons with origins in the Far East, Southeast Asia, or the Indian subcontinent.

### **“Model minority” myth:**

The perception of Asian American individuals as a monolithic, culturally successful group. This bias serves to further deprecate other marginalized racial groups, contributes to limited social safety-net systems for Asian American communities, leads to misguided omission from diversity, equity, and inclusion initiatives, and promotes harmful cultural stereotypes.

### **“Perpetual foreigner” stereotype:**

The discriminatory social alienation and “othering” of Asian Americans, regardless of valid U.S. citizenship or otherwise country of origin.

### **Why Does This Matter?**

Asian Americans are the [fastest](#) growing racial and ethnic group in the United States. Despite being a highly heterogeneous population with significant variations in health disparities by subgroup, most existing healthcare data about Asian Americans are aggregated. This masks [social and health differences](#), and skews health policy and allocation of resources between Asian American subgroups. Importantly, Asian Americans are least likely to access mental health care across all racial-ethnic minority groups in the United States, leading to [wide disparities in mental health outcomes](#). The high cost of mental health treatment, [significant language barriers](#), [limited representation of AAPI mental health providers](#), and a [lack of knowledge surrounding available community and clinical resources](#) contribute to low mental health utilization rates among Asian Americans. Most recently, the COVID-19 pandemic saw a disproportionate [rise in mental health issues](#) amongst Asian Americans, compared to pre-pandemic years and compared to White individuals, due to race-based discrimination and economic stressors. Unfortunately, this worrying trend continues the longstanding structural racism against Asian Americans in the United States, reinforced by [xenophobic stereotypes such as “perpetual foreigners” and “model minorities”](#). While federal [political initiatives to reduce race-based violence](#) against Asian communities exist, current legislation falls short of addressing the mental health needs of Asian American communities. To address the mental health disparities among Asian Americans, a multipronged, interdisciplinary approach must be taken to tackle the unique structural, cultural, and practical mental health barriers experienced by this diverse demographic.

<sup>1</sup> Prior to 1997, the U.S. government classified Asians and Pacific Islanders through the term “Asian American and Pacific Islander” (AAPI), even though they originate from different geographic regions and comprise distinct ethnic subgroups. Despite the U.S. Census separating this term into “Asian Americans” and “Native Hawaiians and Other Pacific Islanders” (NHOPI) in 1997, AAPI is still used frequently as an umbrella term to encompass both groups in many seminal research studies. It is important to note that NHOPI groups experience a uniquely significant range of mental health disparities and require targeted research and public health promotion. Although this brief focuses on Asian American mental health, this brief also references important studies which collect aggregated AAPI data.

### **Facts at a Glance**

- Asian Americans recorded the [fastest](#) growth rate among all racial and ethnic groups in the United States between 2000 and 2019 and are projected to surpass 46 million by 2060.
- The Asian American community is made up of [more than 20 distinct ethnicities speaking at least 23 distinct languages](#), with associated [variability in mental health conditions and needs](#).
- People of Asian descent have a long history of being marginalized in the U.S.; examples include the [Chinese Exclusion Act of 1882](#), [Japanese internment during World War II](#), and [post-9/11 Islamophobic violence](#).
- Asian Americans are [3 times less likely](#) than their White counterparts to seek mental health services, partly due to cultural stigma surrounding mental health.
- Suicide was a [leading cause of death](#) for Asian Americans from ages 15 to 24 in 2017, compared to the 8<sup>th</sup> leading cause of death for the total United States population.
- [7.4%](#) of Asian Americans do not have health insurance, which impacts access to mental health services.
- The Federal Bureau of Investigation (FBI) documented a [77% increase from 2019 to 2020](#) in hate crimes against Asian people, the largest increase in race-based hate crimes compared to Black, White and Latinx groups.
- Between March 2020 and March 2022, [more than 11,400 hate incidents](#) against Asian American and Pacific Islander (AAPI) persons were reported to the organization Stop AAPI Hate.
- [68%](#) of Asian American young adults reported that they or their family experienced COVID-19 related discrimination in 2021.
- Depressive symptoms among Asian Americans [increased](#) from 4.4% to 23.1% during COVID-19 in 2021 due to anti-Asian discrimination.

# What the Research Says

**The research consistently shows that Asian Americans experience disparities in mental health outcomes:**

- Compared to the overall population in the U.S., Asian adults with a mental illness are [less likely](#) to seek and receive treatment.
- Asian American college students are [more likely](#) than White American students to have suicidal thoughts and to attempt suicide.
- Intersectional mental health concerns, such as those experienced by [Asian American LGBTQ+ individuals](#), [migrant Asian Americans](#), and [Asian American women](#), are understudied and underreported.

**Most recently, the COVID-19 pandemic has exacerbated mental health issues among Asian Americans:**

- In June 2020, the [Pew Research Center](#) found that 31% of Asians had been subject to discriminatory slurs or jokes because of their race/ethnicity since the start of the COVID-19 outbreak, compared to 21% of Black, 15% of Hispanic, and 8% of White individuals.
- Microaggressions have been [linked to increased mental health challenges](#) among Asian American adults.
- One in five Asian Americans who have experienced racism display signs of [racial trauma](#).
- Asian Americans are [overrepresented in sectors devastated by the pandemic](#) [i.e. retail and healthcare], exemplifying additional economic and employment-related stressors.

**Despite significant mental health disparities, barriers to receiving mental health services continue to exist:**

## **Cultural**

- [Family and community stigma](#), feelings of shame, and unwillingness to burden others contribute to disproportionately lower levels of help-seeking behavior.
- Discussing mental health concerns is [largely seen as taboo](#) and at odds with [the value of stoicism in many Asian cultures](#).
- Asian Americans tend to [somaticize psychological distress](#) and are more likely to seek treatment for physical ailments.
- Conflicts in [understanding the etiology and characteristics](#) of mental distress can lower utilization of mental health treatment for Asian Americans.

## **Structural**

- Mental health care data [has not been disaggregated](#) by Asian American subgroups, leading to lack of targeted resources, inaccuracy in health profile and inability to capture important cultural factors associated with health.
- Lack of sensitive, culturally and linguistically appropriate care [can deter help-seeking](#) and lead to underdiagnosing of mental health issues.
- The [model minority stereotype](#) contributes to a lack of awareness among public health practitioners on how to tackle health conditions and behaviors among the AAPI community, and creates unreasonable pressure on Asian Americans to meet societal and familial expectations.
- Americans of Asian descent have been scapegoated and marginalized during [public health crises](#) in U.S. history.
- [Racialization of diseases](#), such as Spanish flu, Ebola virus, Mexican flu, compounds biases and prejudices against ethnic groups and geographic locations.
- [Evidence suggests](#) a correlation between cultural notions of privacy, “down-played” perceptions of crime severity, and/or lack of familiarity with the American legal system with the documented [under-reporting of Anti-Asian hate crimes](#).
- The 1882 Chinese Exclusion Act, the forced internment of Japanese Americans during World War II, and attacks against South Asian Americans following 9/11 constitute a trend of historically documented transgressions against Asian Americans.
- Systemic prejudice, forced relocation, prohibition of cultural practices, and pandemics lead to the development of [intergenerational trauma](#) over the lifespan and across generations.

# Implications

Effectively addressing Asian American mental health disparities requires the mobilization of individuals, communities, researchers, practitioners, and policymakers in a collaborative effort. Fundamentally, this effort must center the strengths, natural supports, and protective factors among Asian American individuals and groups. Such an approach is ideal for confronting the compounded effects of intergenerational trauma and proliferated experiences of racial discrimination that concurrently harm Asian Americans. The following recommendations for interdisciplinary action towards research, policy, and practice aim to collectively improve Asian American well-being:

## Implications for Research:

- Screen for bias that may perpetuate notions of self-sufficiency and submissiveness among Asian Americans, as suggested by the “model minority” myth and “perpetual foreigner” stereotype.
- Conduct research on [the mental health impacts of acculturative stress](#) and social determinants of health among Asian American groups.
- Promote the collection of disaggregated and granular economic and public health-specific demographic data into Asian American ethnic subgroups.

- Evaluate and target the compounded challenges and mental health concerns experienced by individuals living with intersecting marginalized identities, including but not limited to, underrepresented Asian ethnic subgroups, Asian Americans with disabilities, Asian American migrants and refugees, Asian American women and children, and Asian American members of the LGBTQ+ community.
- Support and highlight research that evaluates the racial motives behind hate-crime incidents, rather than focusing solely on the incidents themselves as the object of analysis.
- Promote anti-racist media and increase engagement with media movements such as #WashTheHate and #stopAAPIHate, organizations that promote broader awareness of Asian American discrimination, as collaborators in salient research efforts.

## Implications for Policy:

- Coordinate efforts to [promote safety](#) for all Asian American within and across systems and settings:
  - Monitor, document and share incidences of anti-Asian violence and harassment.
  - Integrate culturally appropriate mental health professionals with law enforcement services to provide oversight and guidance on community mental health concerns.
  - Train religious and spiritual leaders, law enforcement, healthcare providers, and educators to recognize and address the signs of race-based trauma.
  - Advocate for universal background check regulations and gun control provisions that may reduce violent hate-motivated occurrences.
- Support policy for the meaningful inclusion of Asian Americans in administrative data and availability of disaggregated public health data.
  - Mobilize efforts to promote necessary funding to overhaul these data systems and modify data collection practices.
- Provide language-accessible, targeted economic and social support for Asian American-specific immigration concerns.
- Collaborate with government and public health agencies to provide targeted health, economic, and social assistance for victims of violence and discrimination.
- Integrate Asian American history in K-12 curriculums and community memorandums, while acknowledging the discrimination and racism experienced by past, present, and future Asian American generations.
- Promote policies that protect vital cultural supports such as cultural heritage centers and ethnic enclaves, acknowledging gentrification and forced relocation as threats to community mental health.
- Promote Asian American representation among positions of executive leadership in which they can make decisions about [national policy priorities; such priorities include community mental health.](#)
- Invest in culturally appropriate community mental health outreach; examples include mental health education and training programs, public awareness campaigns, intergroup contact approaches, and peer advocacy/support programs that cater to Asian Americans of all groups and demographics.

## Implications for Practice:

- Draw upon recent and on-going research regarding Asian Americans to [examine the impact of cultural factors](#) on social and cognitive processes that negatively affect mental health and prevent individuals from seeking care.
- Acknowledge the lived experiences of direct and covert racism that impact Asian American lives and encourage salient protective factors such as cultural identity and cohesive community spirit that exist within healthy Asian American communities.
- Support and consult with community leaders, religious entities, and researchers to institute culturally appropriate mental health interventions for Asian American individuals and communities that promote wellbeing beyond the clinical setting.
- Address health literacy disparities by diversifying language-accessible clinical resources and taking care to acknowledge and address the strong [stigma associated with psychiatric services](#) in Asian American communities.
- Utilize innovative models of care—such as telehealth and collaborative primary care services—to increase access to mental health care to individuals who may be otherwise unable to access such support.

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