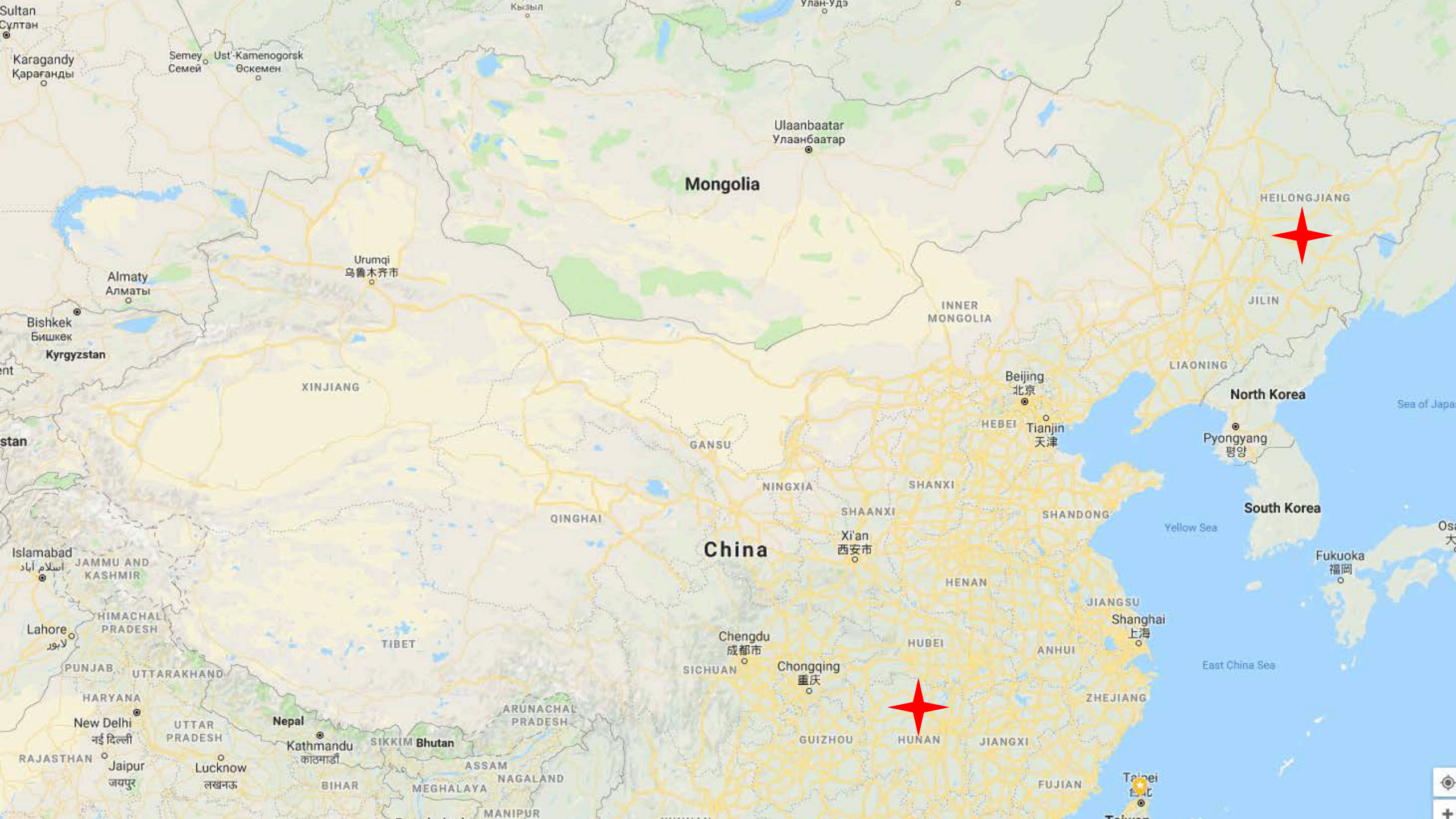




ASIAN AMERICAN
MENTAL HEALTH AND THE
MODEL MINORITY MYTH

ANDREW WEI

06/07/2019



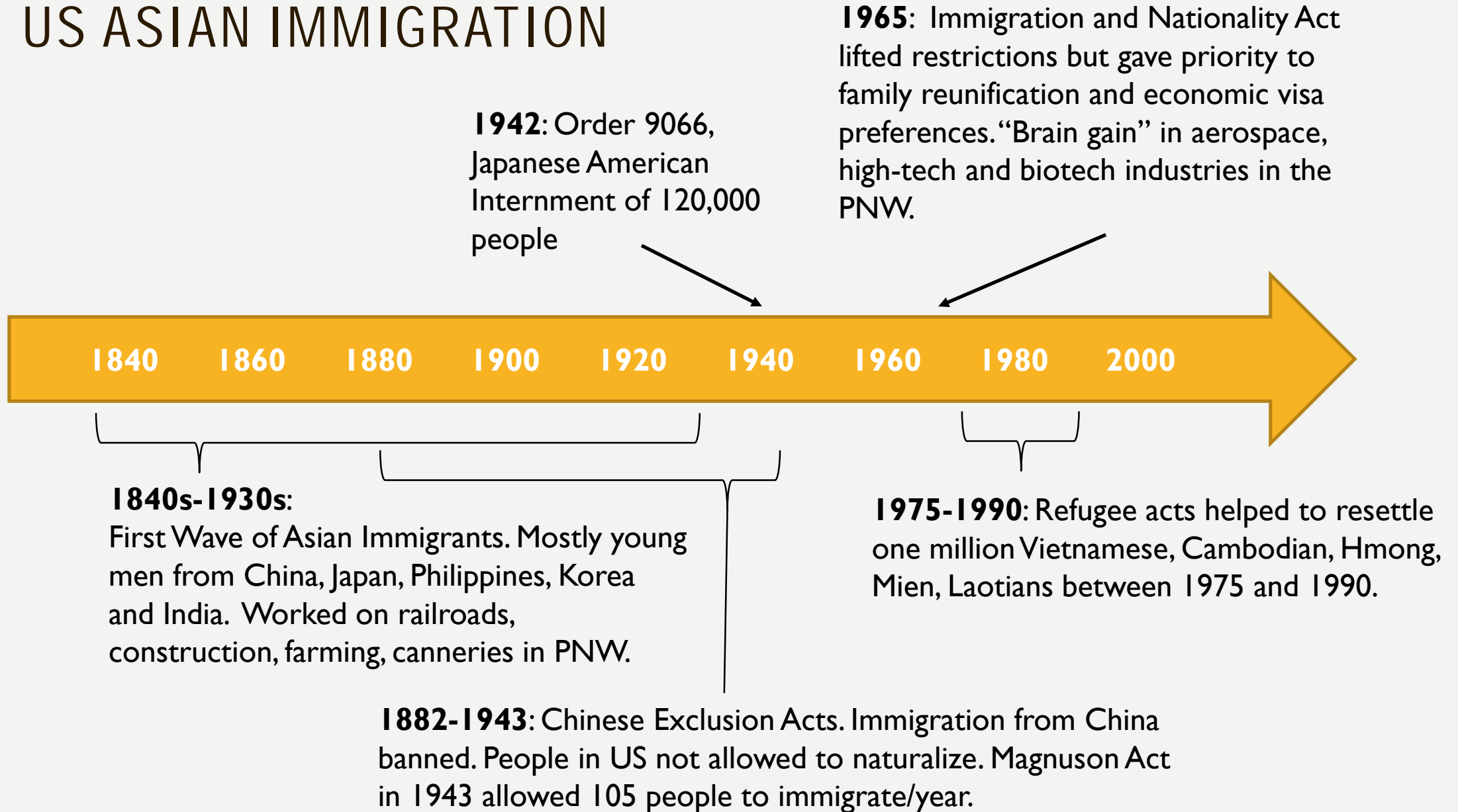
GUIDELINES AND LIMITATIONS

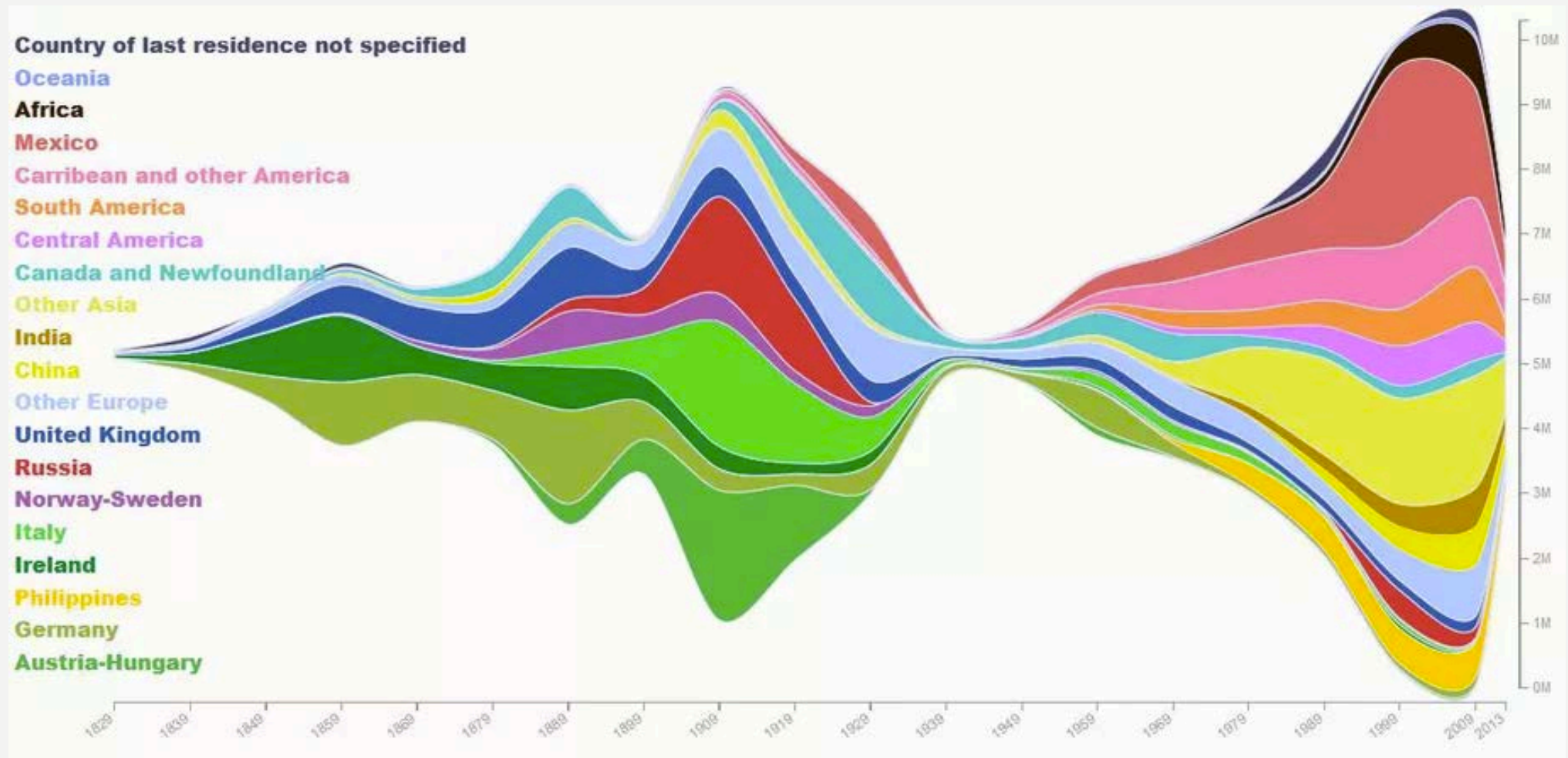
- Race is a social construct determined by social, economic and political forces
- Asian Americans and Pacific Islanders (AAPI) as a race in America constitute a huge, diverse, multi-cultural and multi-ethnic population. In no way is this presentation meant to be exhaustive or representative of all AAPI
- Thank you to all of the Asian American activists, social scientists, providers and leaders who have made this presentation possible

OBJECTIVES

- 1) Understand and debunk the model minority myth
- 2) Appreciate mental health disparities in Asian populations
- 3) Understand the impact of the model minority myth on mental health in Asian populations
- 4) Advocate for access to mental health services in Asian American communities
- 5) Connect patients to appropriate mental health services

US ASIAN IMMIGRATION

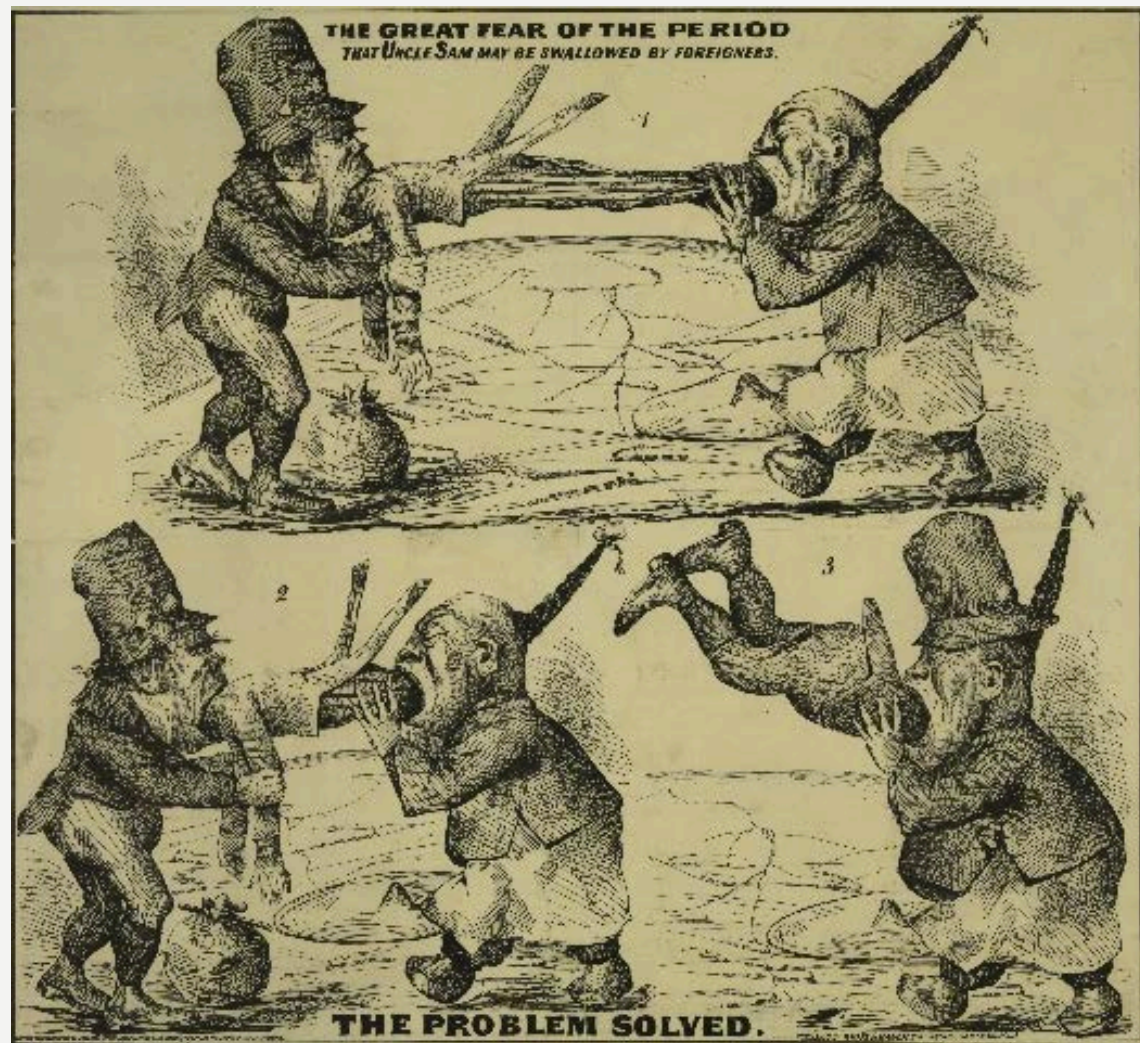






"The Great Fear of the Period—That Uncle Sam May Be Swallowed by Foreigners. The Problem Solved." This cartoon positions the viewer on the northern border of the continental United States, with the Atlantic Ocean to the left and the Pacific to the right, with the soon-to-be-completed transcontinental railroad in the background. As the Irishman travels west and the Chinese man travels east, they first consume Uncle Sam—then the Chinese man consumes his Irish counterpart. (San Francisco: White & Bauer Lithographers, late 1860s). Courtesy of the Library of Congress."

<https://aaww.org/yellow-peril-scapegoating/>



HIP! HURRAH!

CHINESE EXCLUDED

The
Democratic Chinese Exclusion Bill
Has Been Signed by
OUR DEMOCRATIC PRESIDENT

Hip! Hurrah! The White Man is on Top.
Let every DEMOCRAT and all other GOOD Citizens
turn out and Ratify this
DEMOCRATIC MEASURE

At the
HORTON HOUSE PLAZA
This Wednesday Evening at 8 O'clock.

To-Night

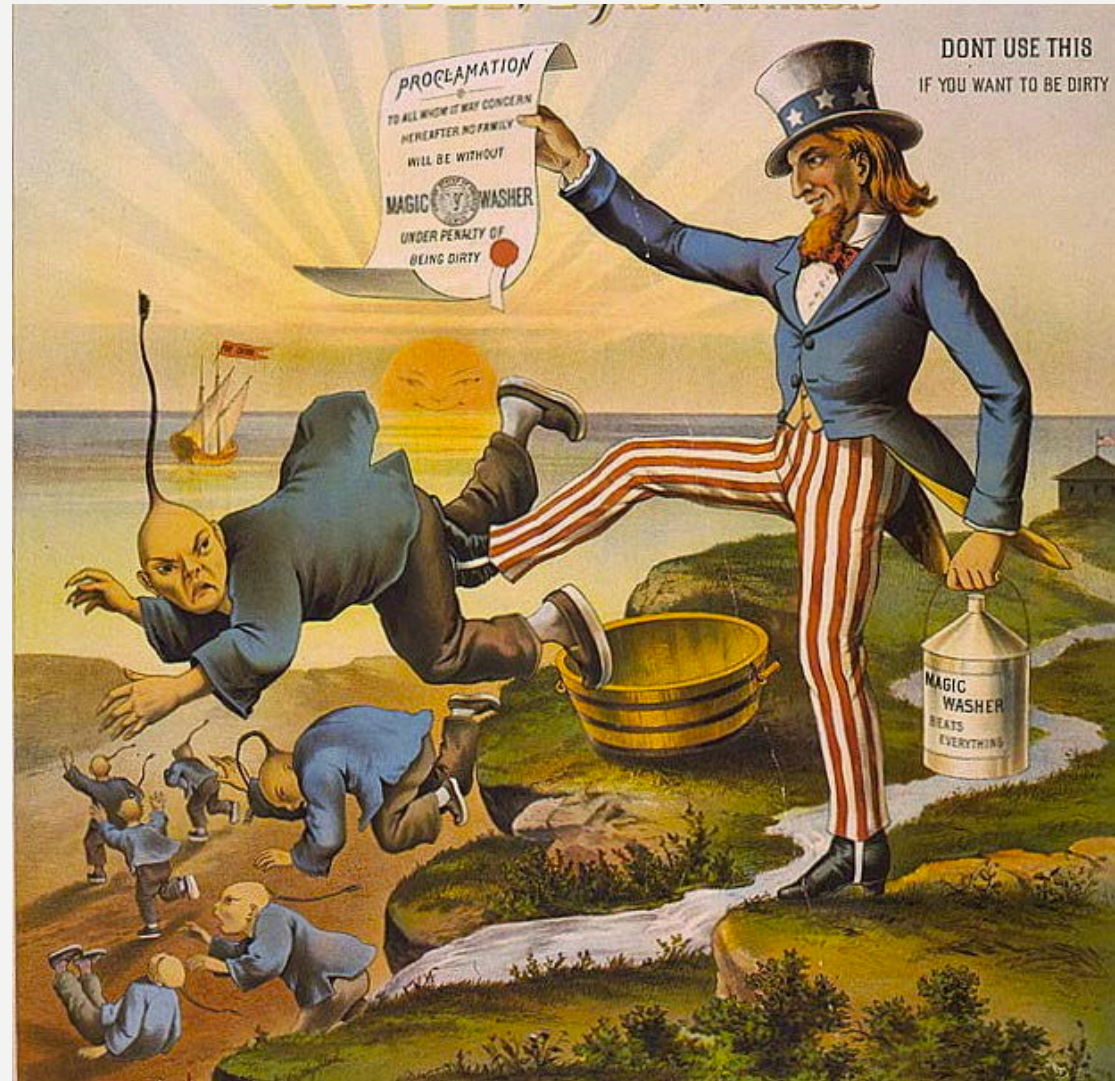
Speeches will be made by Leading Democratic Orators.

COME OUT AND RATIFY!
Come Everybody!

NO MORE CHINESE!

By Order of
Democratic County Central Committee.

Frederick, Hunsberger & Co., Press, Printers, 124 Fourth Street.



<https://static1.squarespace.com/static/53f20d90e4b0b80451158d8c/t/56ce049bab48de6b99b5eacc/1456342176169/?format=300w>

<https://upload.wikimedia.org/wikipedia/commons/archive/3/38/20170616061948%21Coolieusa.jpg>

Chinese Reconciliation Park in Tacoma



Japanese Internment

**WESTERN DEFENSE COMMAND AND FOURTH ARMY
WARTIME CIVIL CONTROL ADMINISTRATION**
Presidio of San Francisco, California
May 23, 1942

**INSTRUCTIONS
TO ALL PERSONS OF
JAPANESE
ANCESTRY**
Living in the Following Area:

All of that portion of the County of Santa Clara, State of California, lying generally north and northwest of the following boundary: Beginning at the point on the Santa Cruz-Santa Clara County line, due west of a line drawn through the peak of Loma Prieta; thence due east along said line through said peak to its intersection with Llagas Creek; thence downstream along said creek toward Madrone to the point where it is crossed by Llagas Avenue; thence northeasterly on Llagas Avenue to U. S. Highway No. 101; thence northerly on said Highway No. 101 to Cochran Road; thence northeasterly on Cochran Road to its junction with Steeley Road; thence easterly on Steeley Road to Madrone Springs; thence along a line projected due east from Madrone Springs to its intersection with the Santa Clara-Stanislaus County line; together with all portions of Santa Clara County not previously covered by Exclusion Orders of this Headquarters.

Pursuant to the provisions of Civilian Exclusion Order No. 96, this Headquarters, dated May 23, 1942, all persons of Japanese ancestry, both alien and non-alien, will be evacuated from the above area by 12 o'clock noon, P. W. T., Saturday, May 30, 1942.

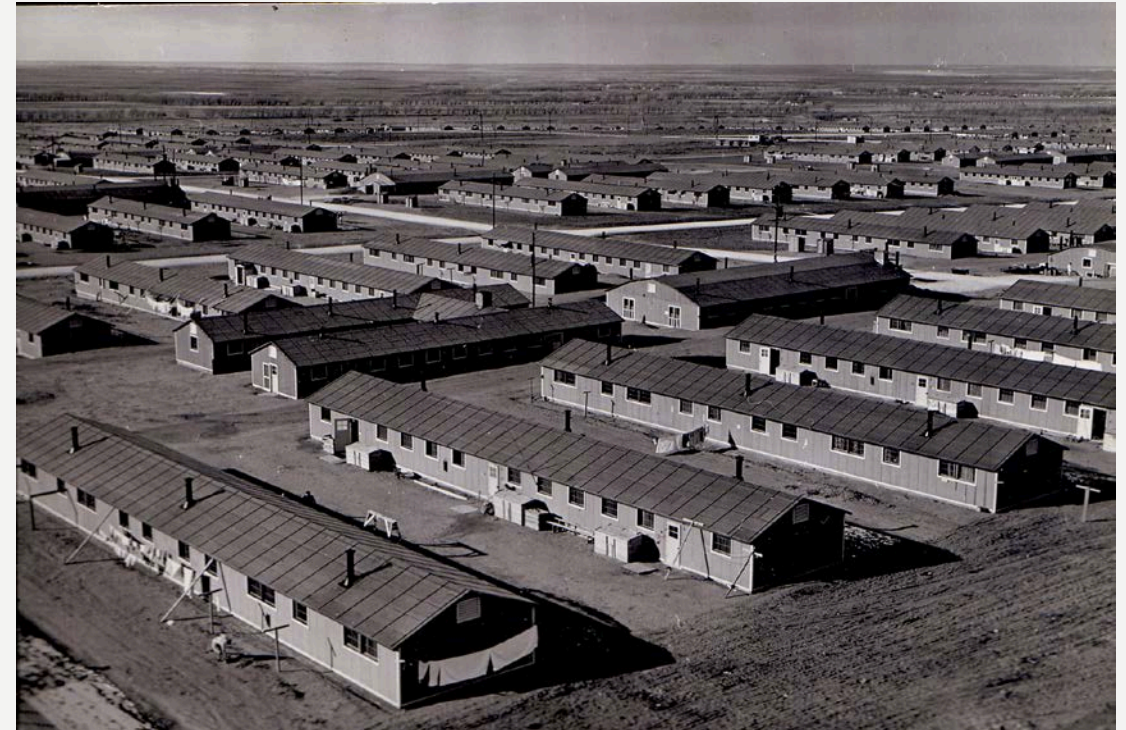
No Japanese person will be permitted to move into, or out of, the above area after 12 o'clock noon, P. W. T., Saturday, May 23, 1942, without obtaining special permission from the representative of the Commanding General, Northern California Sector, at the Civil Control Station located at:

Men's Gymnasium,
San Jose State College,
4th and San Carlos Streets,
San Jose, California.

Such permits will only be granted for the purpose of uniting members of a family, or in cases of grave emergency.

The Civil Control Station is equipped to assist the Japanese population affected by this evacuation in the following ways:

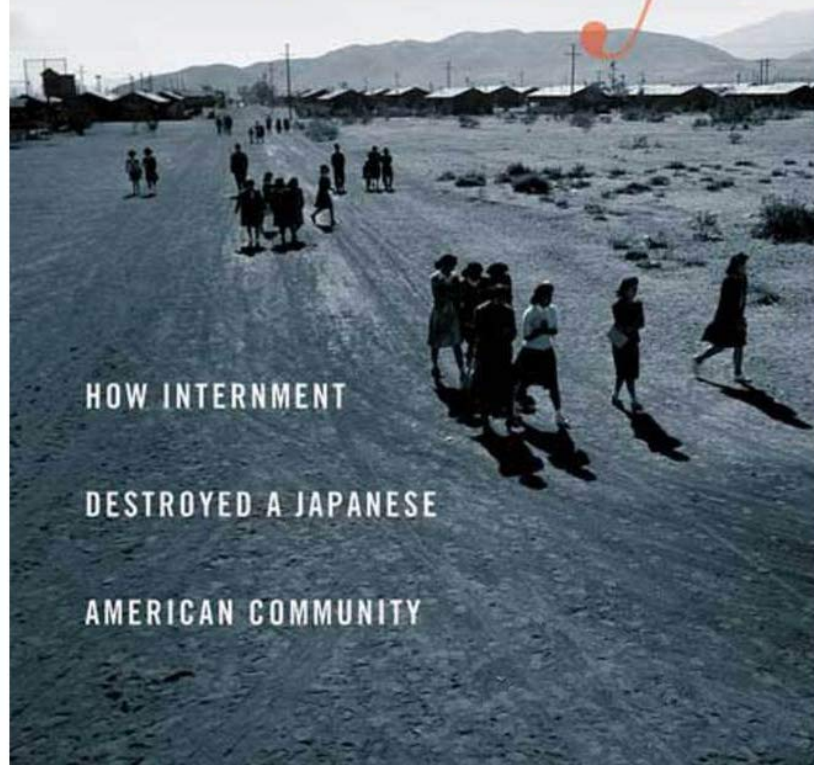
1. Give advice and instructions on the evacuation.
2. Provide services with respect to the management, leasing, sale, storage or other disposition of most kinds of property, such as real estate, business and professional equipment, household goods, boats, automobiles and livestock.
3. Provide temporary residence elsewhere for all Japanese in family groups.
4. Transport persons and a limited amount of clothing and equipment to their new residence.



Joseph McClelland -- <https://www.sapiens.org/wp-content/uploads/2016/11/Copy-of-03-mcalbump21b-Joseph-McClelland-408x270.jpg>

DAVID NEIWERT

Strawberry Days



HOW INTERNMENT

DESTROYED A JAPANESE

AMERICAN COMMUNITY

President Signs Rights Bill Into Law, Makes TV Appeal for End to Hatred

Pay Bill Is Adopted By Senate, Includes Raise for Congress

By Mike Causey
Staff Reporter

After nearly six hours of oratory and amendments, the Senate yesterday approved the \$540-million Federal pay raise bill by a 58-to-21 vote.

The bill would boost the pay of 1.7 million Federal executives and classified and postal employes from 3 to 22 per cent, effective July 1. Members of Congress would get a \$7500 increase next Jan. 1.

About 260,000 Federal and District government employes in the Washington area are affected by the bill. Classified and related employes would get an average 4.3 increase and postal workers an average 3.6 per cent increase.

Legislative employes would get an average raise of 9 per cent. Five executive salary levels would be established and executives assigned to each of them. Cabinet members would be raised \$10,000 to \$35,000.

Flood of Amendments

Despite the lopsided tally, there were many bruised feelings after the final vote had been taken. Sen. Frank Lausche (D-Ohio), who offered

Ike-Scranton Story Traced To Phone Call

By Morton Mintz
Staff Reporter

A mysterious phone call in the night became a key element yesterday in the surprising report that former Presi-



Long Battle in Congress Ends With House Voting 289 to 126 for Passage

Lawmakers Set Several 'Firsts' During Debate

By Richard L. Lyons
Staff Reporter

The House gave final congressional approval to the landmark civil rights bill yesterday after a one-hour debate in which leaders urged national acceptance and restraint.

The vote of 289 to 126 by which the House accepted the Senate bill and brought the year-long struggle to a close had been foreordained. But the event was historic.

It marked the first time since Reconstruction days that Congress had enacted a truly comprehensive civil rights bill. Bills passed in 1957 and

Collins to Direct New Community Relations Service

By Laurence Stern
Staff Reporter

As a solemn assemblage of congressional, religious and civil rights leaders looked on, President Johnson signed into law last night the Nation's strongest civil rights act.

"Let us close the springs of racial poison," entreated the President as he put his pen to the bill. "Let us lay aside irrelevant differences and make our Nation whole."

The climax to the year-long struggle for the civil rights law came in the ornate East Room of the White House some five hours after it had cleared its tortuous path through Congress.

President Johnson stressed that the new law "does not restrict the freedom of any American, so long as he respects the rights of others."

Roll-call vote in House on rights bill. Page A10
Goldwater concerned that the civil rights situa-



Success Story, Japanese-American Style

By WILLIAM PETERSEN

ASKED which of the country's ethnic minorities has been subjected to the most discrimination and the worst injustices, very few persons would even think of answering: "The Japanese Americans." Yet, if the question refers to persons alive today, that may well be the correct reply. Like the Negroes, the Japanese have been the

object of color prejudice. Like the Jews, they have been feared and hated as hyperefficient competitors. And, more than any other group, they have been seen as the agents of an overseas enemy. Conservatives, liberals and radicals, local sheriffs, the Federal Government and the Supreme Court have cooperated in denying them their elementary rights—most notoriously in their World War II evacuation to internment camps.

WILLIAM PETERSEN is a professor of sociology at the University of California at Berkeley. His latest book is "The Politics of Population."

Generally this kind of treatment, as we all know these days, creates what might be termed "problem mi-

**DANGER-MYSTERY
THRILLS**

You'll never forget



The **MYSTERIOUS
DR. FU MANCHU**

a Paramount Picture



**EMPEROR
FU MANCHU**



SAX ROHMER

NEW YORK TIMES BESTSELLER

With a New Afterword

BATTLE
H Y M N
OF  THE
T I G E R
M O T H E R

This is a story about a mother, two daughters, and two dogs.

This was *supposed* to be a story of how Chinese parents are better at raising kids than Western ones.

But instead, it's about a bitter clash of cultures, a fleeting taste of glory, and how I was humbled by a thirteen-year-old.

AMY CHUA



MODEL MINORITY MYTH

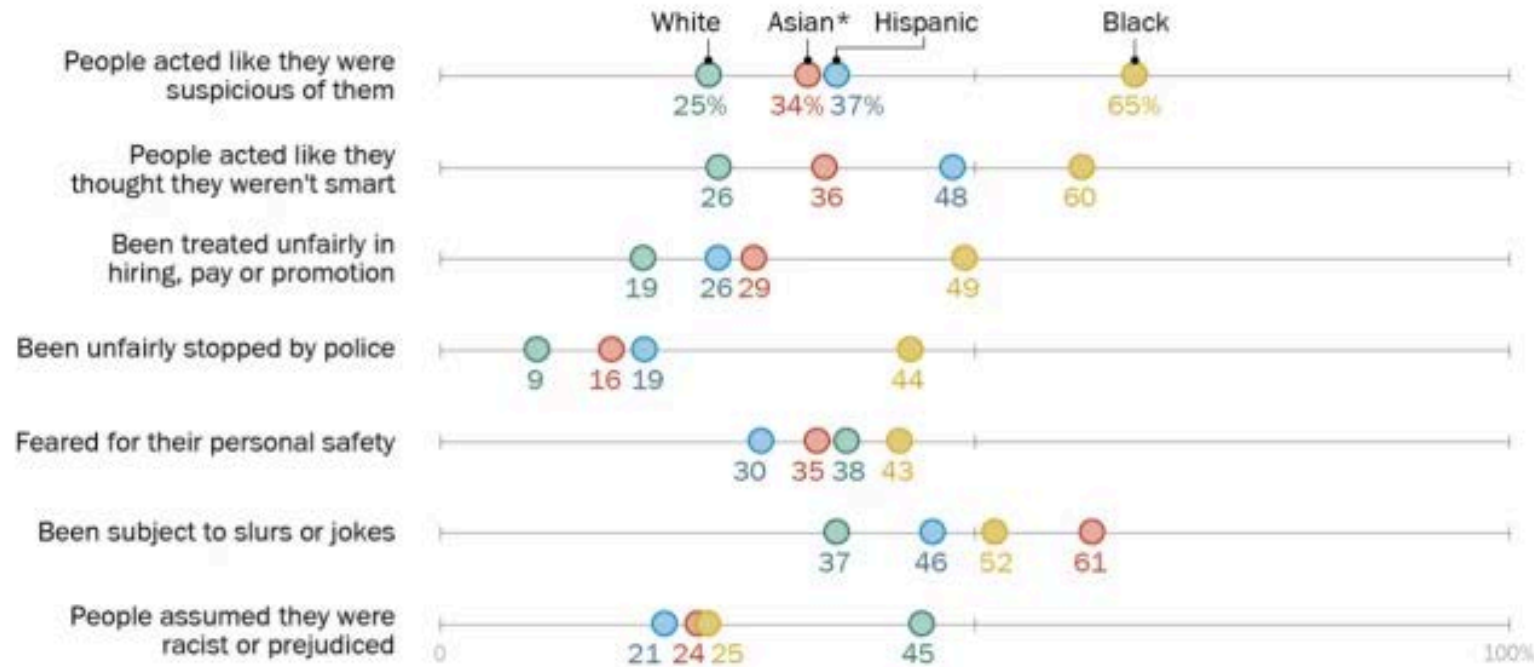
- AAPI perceived as hard-working, law-abiding, family-oriented, non-complainers
- Cultural values of education and hard work leading to upward socioeconomic mobility and overcoming racial barriers
- AAPI are successful so why can't other minorities also be successful

BROAD CONSEQUENCES OF THE MODEL MINORITY MYTH

- Gross simplification of an extremely diverse group of 10 million + people in the united states
- Implies that the “culture” of other minorities is to blame for all the disparity in our communities
- Hides racism against Asian American and turns Asian Americans into a racial threat.

Most blacks say someone has acted suspicious of them or as if they weren't smart

% of each group saying each of the following has happened to them because of their race or ethnicity



*Asians were interviewed in English only.

Note: Whites, blacks and Asians include those who report being only one race and are non-Hispanic. Hispanics are of any race.

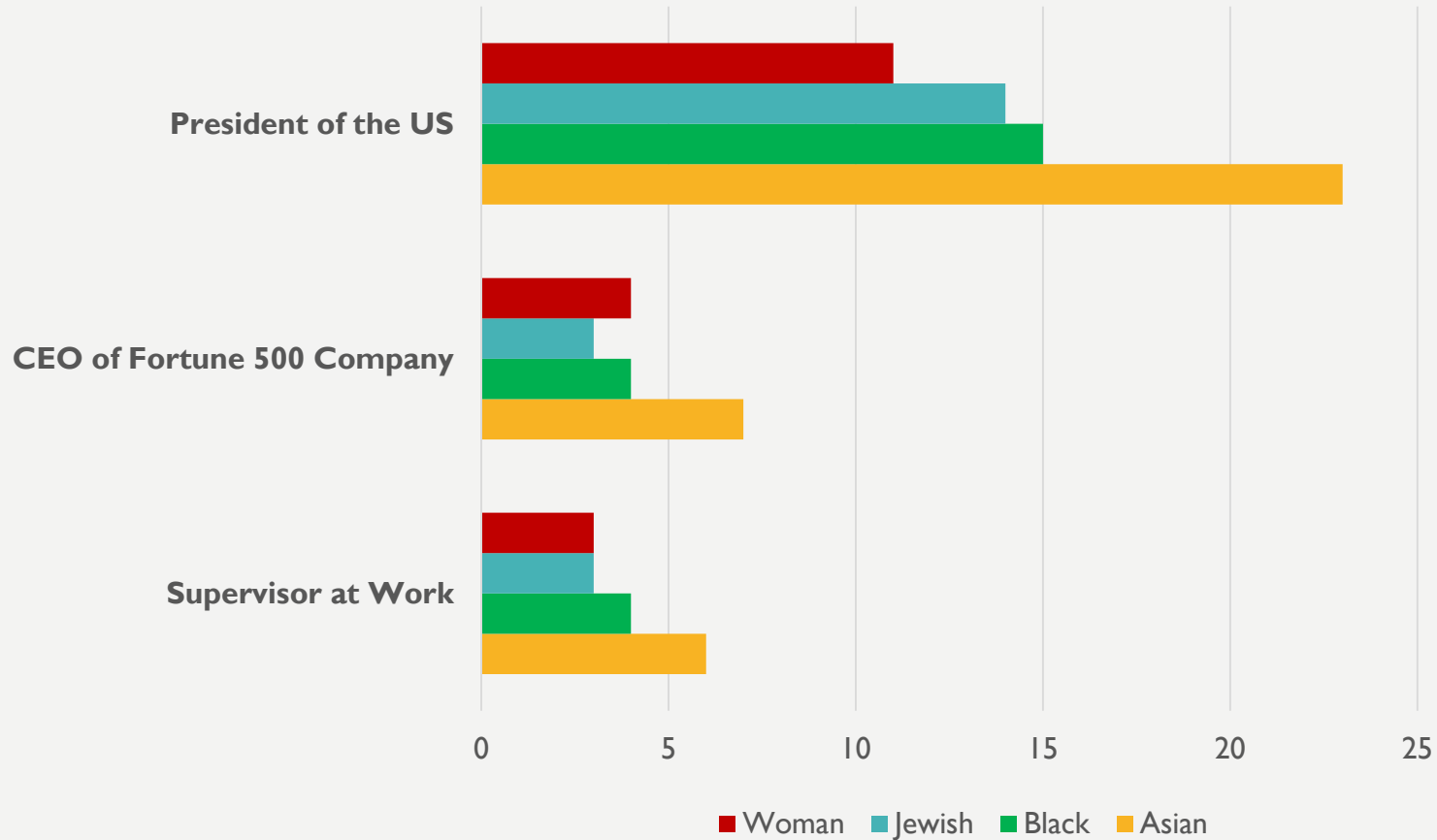
Source: Survey of U.S. adults conducted Jan. 22-Feb. 5, 2019.

"Race in America 2019"

PEW RESEARCH CENTER

Percentage of respondents who answered they would be “uncomfortable” about having a member of the following groups. 1,216 adults surveyed March 1-14, 2001.

Asian Americans in Positions of Power



MODEL MINORITY MYTH'S EFFECT ON MENTAL HEALTH

- **Decreased perception that there is a problem in this community both from outside and within the community, which leads to decreased resource allocation**
- **Decreased likelihood for an individual or family who cares for the individual with mental health disorders to seek treatment**
- **Oversimplification of a diverse, multi-ethnic people; rendering the mental health needs of some groups invisible**

HEALTH CARE UTILIZATION

- Patient with schizophrenia generally did not seek help in mental health system until 3 years after initial onset of psychotic symptoms

Lin, K., & Cheung, F. (1999). Mental Health Issues for Asian Americans. *Psychiatric Services*, 50(6), 774-780.

- Lower percentage of Asian Americans (34.1%) with probable DSM-IV diagnosis during 12-month period sought service compared with (41.1%) White Americans.

Abe-Kim, J., Takeuchi, D., et al. (1997). Use Of Mental Health-Related Services Among Immigrant And US-Born Asian Americans: Results From The National Latino And Asian American Study. *American Journal of Public Health*, 91-98.

- Nationally, Asian Americans 3x less likely to utilize mental health services as whites

Matsuoka JK, Breaux C, Ryujin DH. National utilization of mental health services by Asian Americans/Pacific Islanders. *J Community Psychol*. 1997;25(2):141-145 v

Table 2Lifetime prevalence of mental health service utilization among 43,093 people with specific mental disorders, by racial and ethnic subgroup^a

Mental disorder	Asian (N= 1,332)			White (N=24,507)			Black (N=8,245)			Hispanic (N=8,308)			Native American (N=701)			P
	Total N	N used services	%	Total N	N used services	%	Total N	N used services	%	Total N	N used services	%	Total N	N used services	%	
Mood disorder																
Major depression	141	61	38.8	4,596	3,021	65.8	1,026	506	46.9	1,175	678	53.6	183	129	65.0	<.001
Dysthymia	30	20	66.3	1,235	981	80.2	300	199	59.8	299	215	63.5	54	45	78.9	<.001
Bipolar disorder (I, II)	60	16	18.8	1,361	759	54.6	485	197	39.5	455	191	39.5	68	49	67.2	<.001
Any mood disorder	188	70	34.2	5,286	3,280	61.7	1,326	595	42.6	1,433	754	47.0	210	142	63.7	<.001
Anxiety disorder																
Social phobia	49	10	17.9	1,318	458	33.4	275	79	24.0	281	87	29.9	60	24	35.3	.101
Generalized anxiety disorder	30	19	61.8	1,300	792	61.1	292	156	49.0	268	151	57.2	48	30	61.7	.183
Agoraphobia or panic disorder	32	17	49.8	1,428	1,010	69.2	314	185	57.4	337	216	60.3	66	45	67.6	.004
Specific phobia	88	10	10.5	2,413	671	27.4	775	125	14.3	671	126	17.8	83	23	24.7	<.001
Any anxiety disorder	155	37	24.3	4,545	1,689	36.2	1,217	324	24.7	1,156	344	29.6	168	64	35.4	<.001
Substance use disorder																
Alcohol disorder	53	7	14.1	1,881	337	16.8	407	68	16.7	489	94	20.9	70	21	27.0	.190
Drug disorder	151	13	7.6	6,085	420	6.8	1,438	138	10.1	1,118	106	9.5	256	22	7.1	.017
Any DSM-IV psychiatric disorder	384	101	25.0	11,146	4,953	42.8	3,015	1,037	33.6	2,793	1,143	37.7	393	198	47.3	<.001

^aPrevalence is expressed as weighted percentages.

34.2% AA vs 61.7% White

24.3% AA vs 36.2% White

Prevalence by subgroups

Table 2 Lifetime prevalence of mental disorders among Asian American subethnic groups

Mental disorder	East Asians (n = 648)			Southeast Asians (n = 485)			South Asians (n = 298)			χ^2	df	p
	N	%	SE	N	%	SE	N	%	SE			
%												
Mood disorders												
Major depression	72	11.1	1.2	59	12.2	1.5	30	10.1	1.7	0.8	2	0.66
Dysthymia	15	2.3	0.6	18	3.7	0.9	7	2.4	0.9	2.3	2	0.34
Bipolar disorder (I/II)	25	3.8	0.8	30	6.2	1.1	14	4.7	1.2	3.3	2	0.19
Any mood disorder	87	13.4	1.3	82	16.9	1.7	39	13.1	2.0	3.3	2	0.19
Anxiety disorder												
Social phobia	27	4.2	0.8	20	4.1	0.9	8	2.7	0.9	1.4	2	0.5
Generalized anxiety disorder	17	2.6	0.6	10	2.1	0.6	6	2.0	0.8	0.5	2	0.77
Agoraphobia or panic disorder	16	2.4	0.6	16	3.3	0.8	11	3.7	1.10	1.3	2	0.53
Specific phobia	40	6.2	0.9	38	7.8	1.2	19	6.4	1.40	1.3	2	0.52
Any anxiety disorder	74	11.4	1.2	65	13.4	1.5	34	11.4	1.80	1.2	2	0.55
Substance use disorder												
Alcohol disorder	35	5.4	0.01	21	4.3	0.01	8	2.7	0.01	3.6	2	0.17
Drug disorder	66	10.2	0.01	75	15.5	0.02	31	10.4	0.02	8.2	2	0.02*
Any substance use disorder	85	13.1	0.01	81	16.7	0.02	33	11.1	0.02	5.5	2	0.06
Any DSM-IV psychiatric disorder	178	22.5	0.02	168	34.6	0.02	73	24.5	0.02	11.0	2	0.004***

* $p < 0.05$, ** $p < 0.01$,
*** $p < 0.001$

Lee, S., Martins, S., & Lee, H. (2014). Mental Disorders and Mental Health Service Use Across Asian American Subethnic Groups in the United States. *Community Mental Health Journal*, 153-160.

Original Contribution

FREE

August 3, 2005

Mental Health of Cambodian Refugees 2 Decades After Resettlement in the United States

Grant N. Marshall, PhD; Terry L. Schell, PhD; Marc N. Elliott, PhD; [et al](#)

Article Information

JAMA. 2005;294(5):571-579. doi:10.1001/jama.294.5.571

Cross-sectional, face-to-face interviews in Khmer language 586 Cambodian adults who lived during Khmer Rouge reign and immigrated to US prior to 1993. 99% experience near-death due to starvation, 90% family or friend murdered, 70% exposure to violence after settlement in the US.

62% PTSD, 51% MDD

SUICIDE RISK

“According to the Centers for Disease Control and Prevention in general Asian Americans report fewer mental health concerns than do whites. However:

- **18.9** percent of Asian American high school students report considering suicide, versus **15.5** percent of whites.
- **10.8** percent of Asian American high school students report having attempted suicide, versus **6.2** percent of whites.
- Asian American high school females are twice as likely (**15** percent) to have attempted suicide than males (**7** percent)
- Suicide death rates are 30 percent higher for 15-24 year old Asian American females than they are for white females (**5.3 versus 4.0**).

Office of Minority Mental Health. (2016). Retrieved from <http://minorityhealth.hhs.gov/templates/content.aspx?ID=6476>

<https://www.mentalhealthamerica.net/issues/asian-american-pacific-islander-communities-and-mental-health>

According to the Centers for Disease Control and Prevention, Asian American women ages 65 and older had a higher suicide rate — 6.5 per 100,000 — than any other racial or ethnic group between 2004 and 2007. White women had the next highest suicide rate: 4.3 per 100,000.

Xu, J., Kochanek, K.D., Murphy, S. L., & Tejada-Vera, B. (2010). Deaths: Final data for 2007. National Vital Statistics Reports, 58, 10

	Suicidal Ideation
Sex and Nativity	
US-born women	15.93%
Immigrant women	7.92%
US-born men	8.53%
Immigrant Men	7.05%
X2	3.30, p = 0.0323
Years in the US	
US Born	12.20%
0-5	6.04%
6-10	6.44%
11-20	7.93%
21+	8.46%
X2	4.17, p=0.0076

Critically Acclaimed One Woman Show - Toured for 7 Years and 50 Engagements!

KRISTINA WONG

WONG FLEW OVER THE CUCKOO'S NEST

A COMEDY ABOUT DEPRESSION

WINNER
BURBANK INTERNATIONAL
FILM FESTIVAL



"*COMPELLING...*"
- NY Arts Magazine

"*WICKEDLY SATIRIC...*"
- American Theatre Magazine

"*RAUCOUS AND IRREVERENT...*"
- The Associated Press



Volume 41 March 2019 ISSN 1876-2018

ASIAN JOURNAL OF PSYCHIATRY




[Asian J Psychiatr](#). 2014 Feb;7(1):66-7. doi: 10.1016/j.ajp.2013.12.001. Epub 2013 Dec 17.

Special issue on psychopathology in Asians and the DSM-5: culture matters.

[Chang_EC](#)¹, [Kwon_P](#)².

“Specifically, we believe that there may be potential hazards in using a product that was historically derived from, and designed to account for, the behaviors of most Westerners (i.e., individuals of European descent), in culturally different groups, especially in Easterners (i.e., individuals of Asian descent).”

Culture and Context in Mental Health Diagnosing: Scrutinizing the DSM-5 Revision

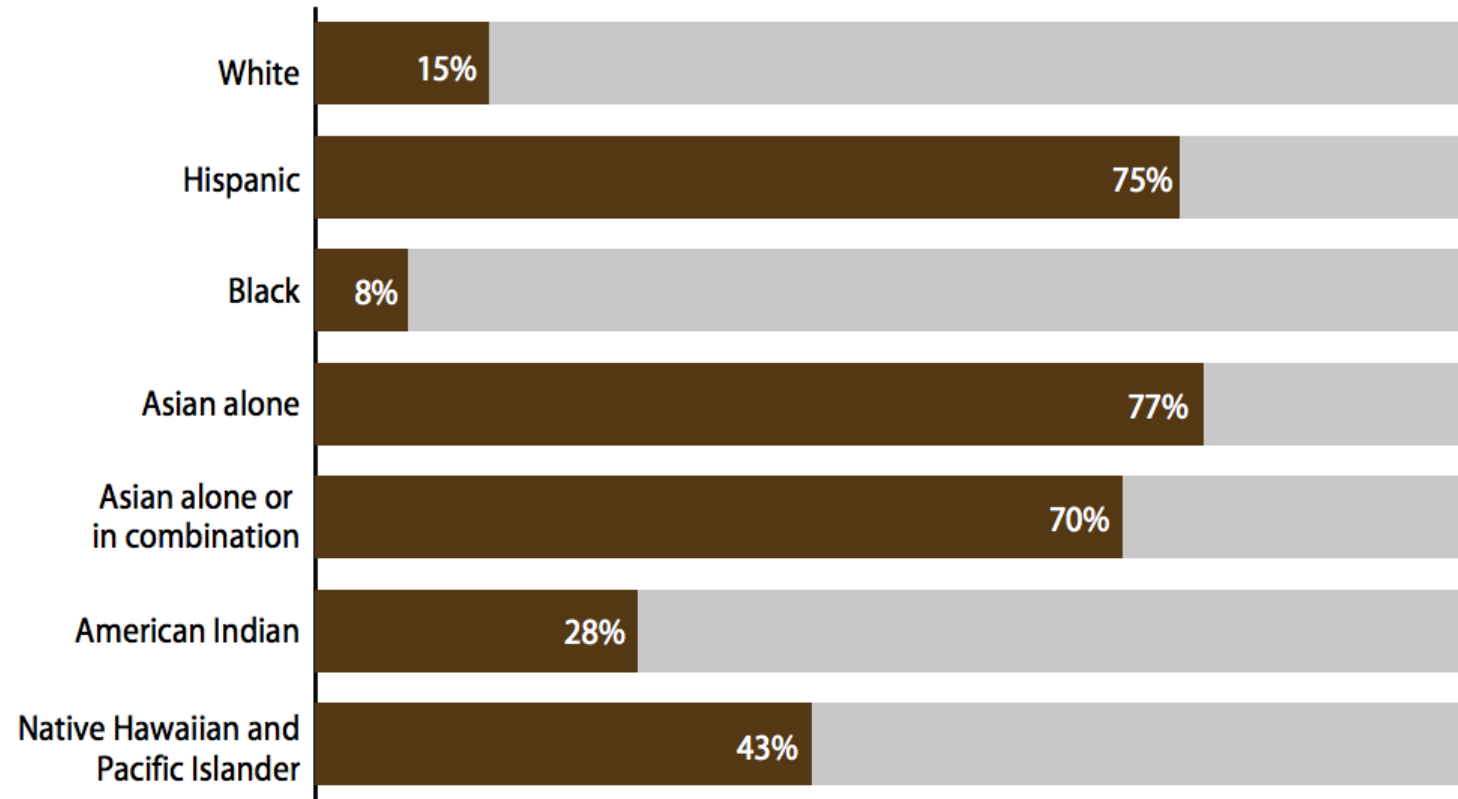
Anna Bredström¹ 

DSM is ethnocentric – evaluating other people/cultures according to the standards of one’s own culture

[t]he rate of fears about mental and somatic symptoms of anxiety appears to vary across cultures and may influence the rate of panic attacks and panic disorder [...]. Also, cultural expectations may influence the classification of panic attacks as expected or unexpected. For example, a **Vietnamese individual who has a panic attack after walking out into a windy environment** (trúng gió; ‘hit by the wind’) **may attribute the panic attack to exposure to wind as a result of the cultural syndrome that links these two experiences, resulting in classification of the panic attack as expected.** Various other cultural syndromes are associated with panic disorder, including ataque de nervios (‘attack of nerves’) among Latin Americans and khyâl attacks and ‘soul loss’ among Cambodians ... (American Psychiatric Association 2013a, 211)

FIGURE 3.1

Percent who speak a language other than English at home



Note: Among ages 5 and older.

Source: Authors' analysis of Public Use Microdata Sample from Bureau of the Census, "American Community Survey 2008-2012 American Community Survey 5-year Estimates," available at http://www.census.gov/acs/www/data_documentation/pums_data/ (last accessed May 2014).

TABLE 3.1
Prevalence of Asian languages spoken at home

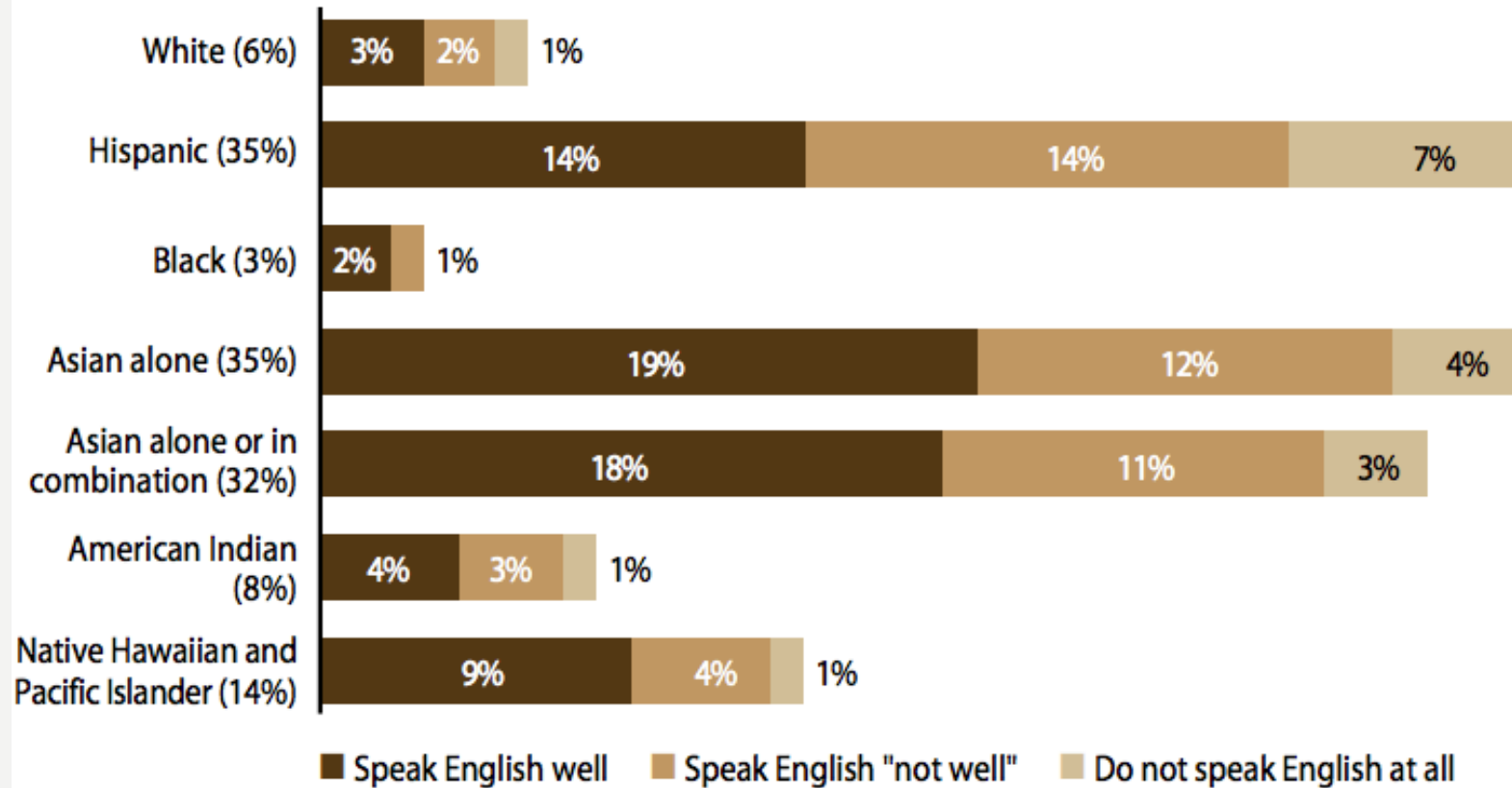
Chinese*	2,720,325	Formosan	77,630
Tagalog	1,599,040	Other Indian	69,733
Vietnamese	1,367,910	Marathi	69,732
Korean	1,130,727	Indonesian	65,700
Hindi	638,307	Samoan	63,861
Japanese	449,309	Burmese	55,068
Urdu	377,153	Kannada	46,261
Gujarati	368,925	Tongan	28,823
Panjabi	255,280	Bisayan	28,226
Telugu	235,307	Sinhalese	26,281
Bengali	231,468	Hawaiian	25,408
Hmong	217,921	Chamorro	19,975
Mon-Khmer, Cambodian	205,761	Mien	17,268
Tamil	177,345	Other Pakistani	15,269
Thai	155,242	Sebuano	14,770
Laotian	150,600	Malay	12,396
Malayalam	137,679	Other Indo-European languages	52,621
Ilocano	88,769	Other Asian languages	69,607
Nepali	78,360	Other Pacific Island languages	61,996

Note: Among ages 5 and older. *Of the 2.7 million Chinese speakers, about 472,000 and 454,000 specified Mandarin and Cantonese, respectively.

Source: Authors' analysis of Public Use Microdata Sample from Bureau of the Census, "American Community Survey 2008-2012 American Community Survey 5-year Estimates," available at http://www.census.gov/acs/www/data_documentation/pums_data/ (last accessed May 2014).

FIGURE 3.2

Limited English Proficient (LEP) population by English-speaking ability

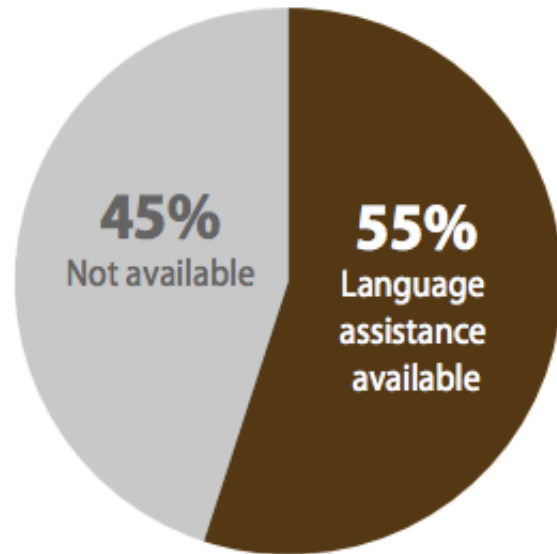


Note: Among ages 5 and older. Figures add up to the total limited English proficient population (those who speak English less than "very well")
Source: Authors' analysis of Public Use Microdata Sample from Bureau of the Census, "American Community Survey 2008-2012 American Community Survey 5-year Estimates," available at http://www.census.gov/acs/www/data_documentation/pums_data/ (last accessed May 2014).

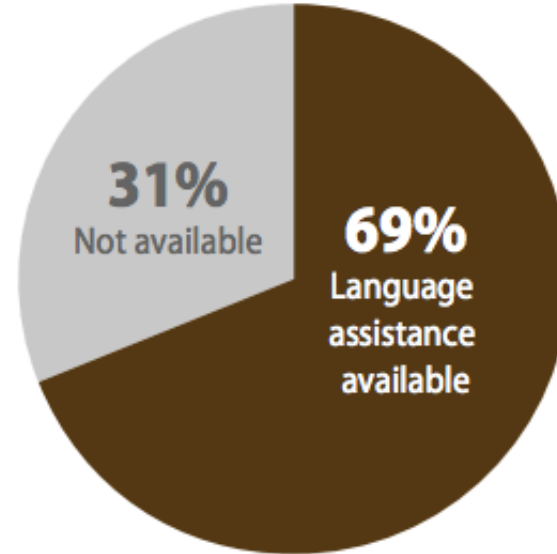
FIGURE 3.4

Access to language assistance among limited English proficient voters in Section 203 jurisdictions

Voted in person



Voted by mail



Source: Asian American Justice Center, Asian and Pacific Islander American Vote, and National Asian American Survey, "Behind the Numbers: Post-Election Survey of Asian American and Pacific Islander Voters in 2012" (2013), available at <http://naasurvey.com/reports/aapipes-2012.html>.

MODEL MINORITY MYTH'S EFFECT ON MENTAL HEALTH

- **Decreased perception that there is a problem in this community both from outside and within the community, which leads to decreased resource allocation**
- **Decreased likelihood for an individual or family who cares for the individual with mental health disorders to seek treatment**
- **Oversimplification of a diverse, multi-ethnic people; rendering the mental health needs of some groups invisible**

COMMUNITY RESOURCES



Linguistic Services Department

747 Broadway

Seattle, WA 98122

Office Hours: Monday - Friday, 7:30 a.m.-4:30 p.m.

Phone:

206-215-2362

206-386-3019

Fax:

206-215-1731



Patient handouts in Chinese, Karen, Khmer,
Vietnamese

HHS.gov U.S. Department of Health & Human Services Explore HHS

THINK CULTURAL HEALTH

About Us National CLAS Standards Education Resources Contact

National CLAS Standards

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

[View the Standards \(PDF - 48 KB\)](#)

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area

SCREENING TOOLS?

- **PHQ9 in other languages**

- <https://www.health.state.mn.us/people/womeninfants/pmad/tools.html>

- **Edinburgh Postnatal Depression Scale (Chinese, Japanese, Malay, Vietnamese, Punjabi)**

- <https://www.mcpapformoms.org/Docs/Edinburgh%20Depression%20Scale%20Translated%20Government%20of%20Western%20Australia%20Department%20of%20Health.pdf>

- **Really Nice collection of translated mental health information and Geriatric Depression Scale in different languages**

- <https://ncihc.memberclicks.net/assets/documents/mental%20health%20care%20in%20translation.pdf>



“We connect everyone to the dynamic history, cultures, and art of Asian Pacific Americans through vivid storytelling and inspiring experiences to advance racial and social equity.”

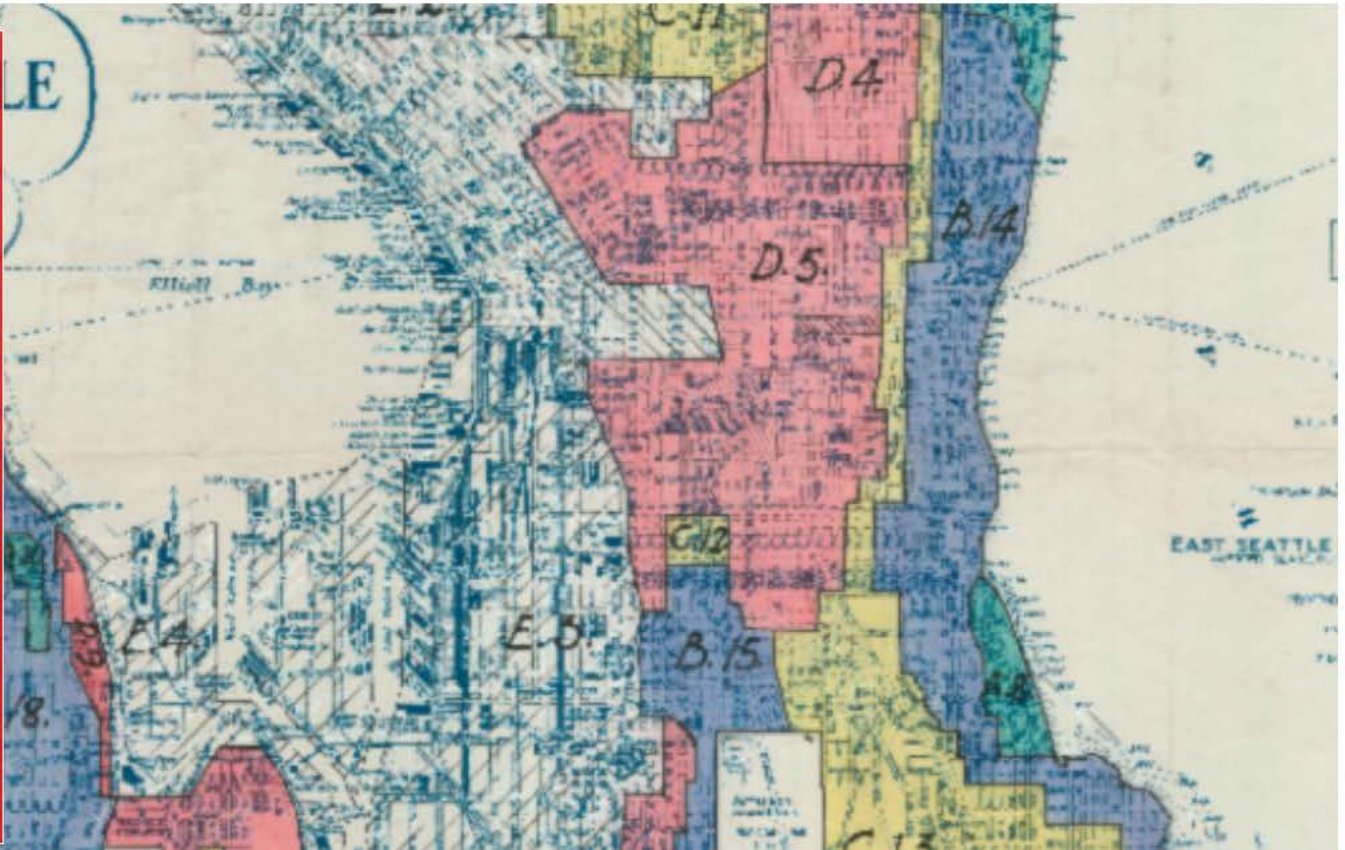
— The Wing Mission

Excluded, Inside The Lines

Opens Mar 8 2019

- GRADE OF SECURITY:
- A. BEST.
 - B. STILL DESIRABLE.
 - C. DEFINITELY DECLINING.
 - D. HAZARDOUS.
 - E. BUSINESS.
 - F. INDUSTRIAL.

[BUY TICKETS](#)



ACRS



“ACRS promotes social justice, and the well-being and empowerment of Asian Americans and Pacific Islanders, and other underserved communities – including immigrants, refugees and American-born – by developing, providing and advocating for innovative community-based multilingual and multicultural services.”



“MultiCare Asian Counseling Services have been meeting the unique needs of immigrants and refugees from Cambodia, Korea, Vietnam and the Pacific islands since 1985. We help people achieve well-being and self-sufficiency in a way that honors their cultural identity.” “Most of our team is bilingual. Most of our counselors also have direct experience dealing with the challenges immigrants and refugees face.”

<https://www.multicare.org/behavioral-health-programs-adults-asian/>



“We view our mission as our highest priority: to bring healing, hope, and recovery to the entire community, by first focusing on those recently immigrated and delivering quality treatment for all suffering with gambling and substance use disorders as well as families torn apart by domestic violence and mental illness. Currently we provide treatment programs for those for whom English is a second language, including Korean, Samoan, and Vietnamese, as well. ACTS serves about 700 to 800 clients per year and we would be excited about adding you!”

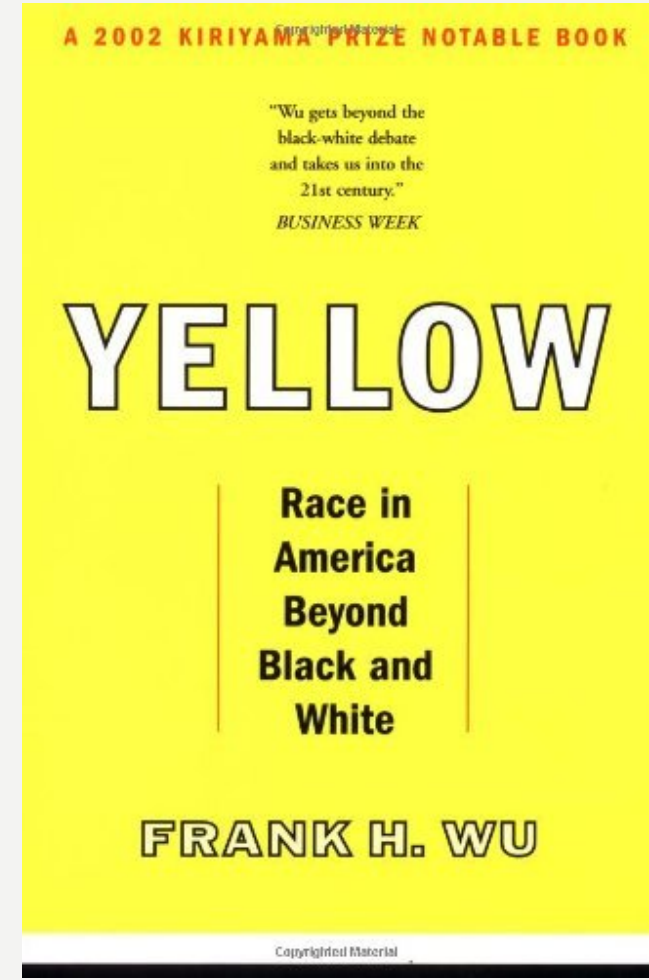
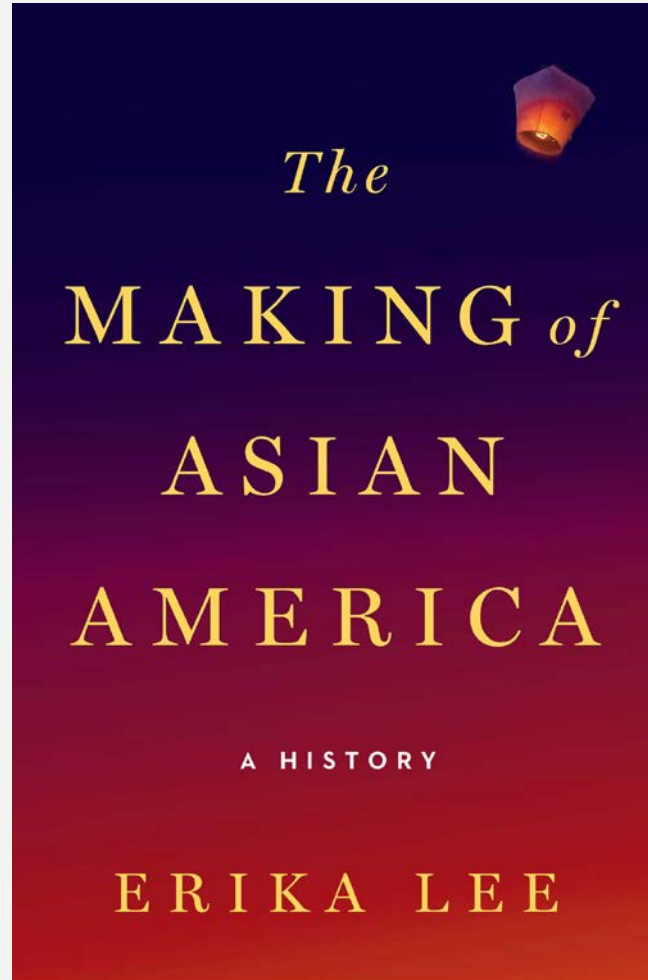
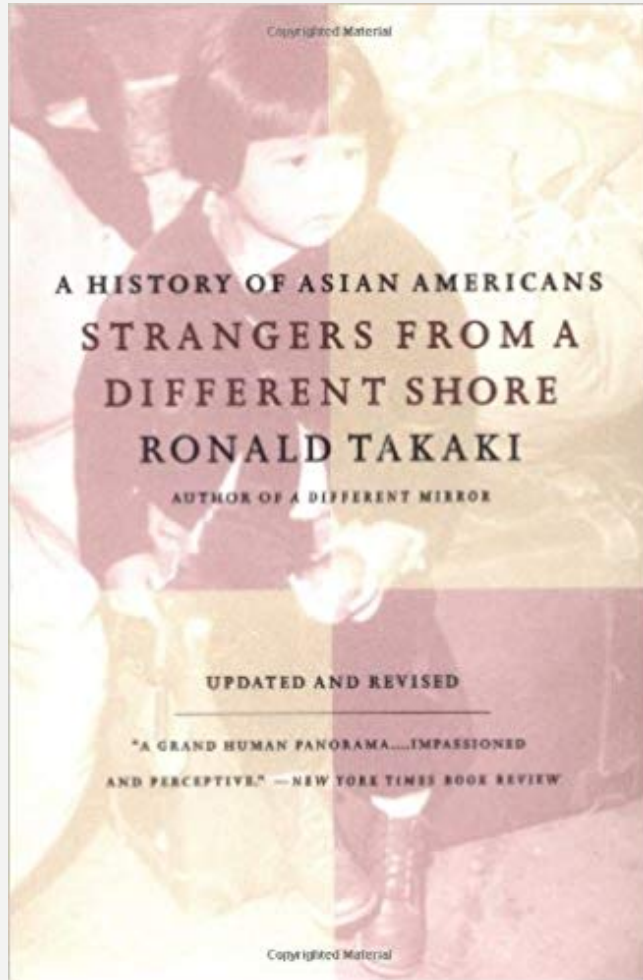
Locations in Tacoma and Lakewood



X



Further Reading



BIG PICTURE

- 1) Collect disaggregated health data on Asian Americans
- 2) Provide affordable access to mental health service for all people
- 3) Provide linguistically and culturally appropriate mental health services for all people
 - “Title VI of Civil Rights Act of 1964, patients have legal right to access health care in their preferred language; as of 2012, only 18% of hospitals offered staff formal assessment of foreign language prof and less than 1/3 required residents to receive any interpreter training”
- 4) Increase cultural humility and diversity among health care staff, especially mental health workforce

THANK YOU

- Asian American Activists
- Belinda and Maureen
- Jess Guh
- Diversity Committee
- Carla
- Kelly
- R3 class
- Denise

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