AANHPI Youth Mental Health: Hearing Their Voices and Understanding Their Perspectives

SUMMARY STATEMENT

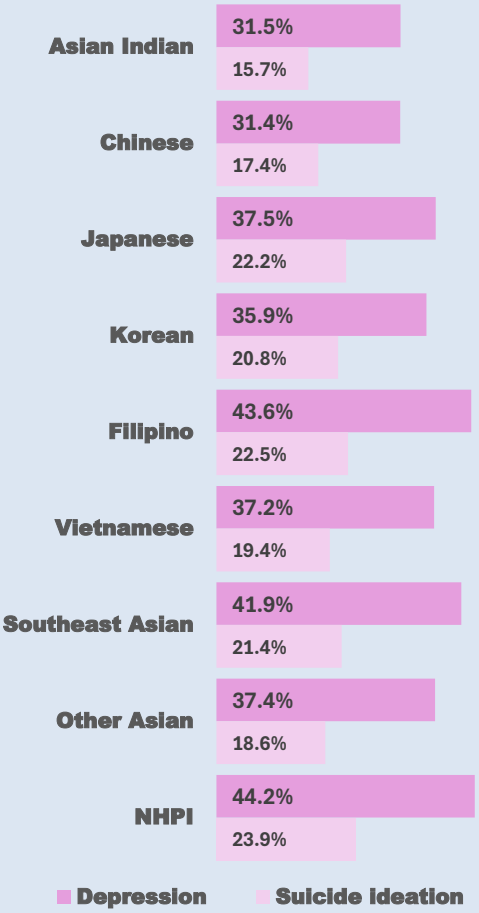
The Problem: The U.S. suicide rate for Asian American, Native Hawaiian and Pacific Islander (AANHPI) youths aged 5 – 24 years has doubled from 3.6 to 7.1 per 100,000 between 1999 and 2021.[1] Compared to their non-AANHPI peers, AANHPI youths are less likely to exhibit problems and seek help, making the mental health of AANHPI youths a pressing public health issue that needs to be addressed.[2-4]

Current study: This mixed-methods study disaggregated AANHPI data from the California Healthy Kids Survey (CHKS) 2021-2022 to examine depression and suicide ideation prevalence in California high school students. From October 2023-March 2024, nine AANHPI-specific focus groups (N=66, ages 14-17) were conducted to bring the voices of AANHPI youths to the forefront in understanding their perspectives of mental health and barriers to seeking help for mental health services.

Findings: We found, as an aggregate, that AANHPI high school students in California reported an alarmingly high prevalence of past year depression and suicide ideation, 33.9% and 16.9%, respectively. Disaggregated data demonstrated NHPI, Filipino, Southeast Asian (including Cambodian, Hmong, and Laotian), and Japanese youths reported the highest prevalence of depression and suicide ideation, as well as female youth and those identifying as multiethnic or multiracial. In the focus groups, two themes emerged: (1) AANHPI voices go unheard (due to internalized stigma, cultural norms to stay silent, differences in mental health terminology in English and AANHPI languages, generational and acculturation experiences), and (2) barriers to seeking help (due to negative past mental health experiences, limited parental knowledge, lack of clarity on navigating mental health service system, and the absence of trust and connections to mental health providers), all contribute to the invisibility of AANHPI youth mental health needs.

KEY FINDINGS

The Prevalence of Depression and Suicide Ideation in California High School Students, California Healthy Kids Survey (N=42,958), 2021-2022



Notes: Southeast Asians = Cambodian, Hmong, and Laotian. Information about the specific Asian groups in the "other Asian" category was not collected.

POLICY RECOMMENDATIONS

Recommendation #1:

Increase the visibility of AANHPI identities and their mental health experiences

a. Increase availability and access to disaggregated AANHPI youth mental health data that recognizes multiple identities by specific Asian and NHPI subgroups, multiethnic/multiracial, sexual and gender identities, etc.

b. Acknowledge and validate AANHPI experiences of poor mental health through community outreach and media campaigns, improving mental health literacy among AANHPI youth and families, and trainings on AANHPI youth mental health needs for schools and mental health providers

Recommendation #2:

Reframe youth mental health services to ensure non-stigmatizing entries through culturally-specific and youth-centered prevention, early intervention, and treatment services.

a. Create one-on-one and group spaces for youth in schools and community settings for prevention and early intervention services that do not require a mental health diagnosis.

b. Build in billable time for mental health service providers to build rapport and trust with youth

c. Grow the mental health workforce by training AANHPI youth to serve as peer educators, and training adults with shared lived experiences as mental health paraprofessionals or licensed professionals.

d. Develop and incorporate anti-racist strategies for youth mental health services in schools and communities that eliminate preconceived notions of AANHPI youth mental health, reduce barriers to services, and adapt culturally-specific strategies and youth-centered approaches for mental health services.

AANHPI VOICES GO UNHEARD

The perception that Asians are all the same

*"Asians as a whole, I feel **we're kind of put into a box where it's like you are all just Asian**. It's different from Southeast Asians or even Indians or Chinese, [but] you all get [to be] just Asian, but it's a different category."*
--Cambodian & Laotian focus group, 17-yr old male

AANHPI mental health experience: Generation and acculturation discordance with parents and family

*"Sometimes it feels like **there is a barrier between me and my elders**. Sometimes it feels better to talk about mental health with my friends or even my siblings. I feel it's more about relatability. We grew up in different situations and different environments."*
--NHPI focus group, 14-yr old male

AANHPI mental health experience: Cultural norm to stay silent & project strength

*"**[It is] frowned upon to talk about your mental health**, to talk about what's really going on in your mind. We're culturally supposed to [have] high expectations at all times."*
--Cambodian & Laotian focus group, 17-yr old male

*"**In Japanese culture, you don't really tell people about your mental state**. We only display a good version of ourselves."*
--Japanese focus group, 16-yr old female

AANHPI mental health experience: One-to-one translation of mental health terms is challenging

*"I consider myself pretty fluent **in Vietnamese, there are no words to describe mental health**. It's really hard. So even if [you are] fluent in Vietnamese, you can't really articulate your thoughts in regard to mental health."*
--Vietnamese focus group, 15-yr old female

BARRIERS TO SEEKING HELP

Internalized stigma around mental health

*"If you talk about mental health**, they'll think you're crazy**."*
--Hmong focus group, 17-yr old male

*"In terms of talking about suicide with family, **that's like a taboo topic**."*
--Chinese & Taiwanese focus group, 17-yr old male

Limited parental understanding

***"Parents aren't really aware of mental health.** I know personally my parents aren't too educated about it nor do they really believe in that stuff."*
--Vietnamese focus group, 15-yr old female

*"When they think their kid is talking to someone at school. They go against the idea **because they feel a social worker gonna take them away**."*
--Filipino focus group, 16-yr old male

Difficulty finding connections with providers

*"It's much easier to talk to another Asian Indian woman. I wouldn't be comfortable talking to an Indian man or a White woman. [Because] **they wouldn't really understand my experiences**."*
--Asian Indian focus group, 16-yr old female

*"**I just wish we had more therapists that spoke more foreign languages**. To better explain to our parents."*
--Hmong focus group, 17-yr old male

Lack of trust

*"We go to our friends more than a trusted adult or professional because **we can't trust [them]**."*
--Filipino focus group, 16-yr old male

*"Kids don't really want to talk to adults about their issues because there's a generation gap and also having it be confidential. Because **anyone in your surroundings can judge you**."*
--Korean focus group, 17-yr old female

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FUNDING

AAPI Data Project at UC-Riverside
(SSG Research & Evaluation:
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NIMH 1R21MH128817
(PHI/ARG: Camillia Lui)

PARTNER ORGANIZATIONS

KYCC · ocapica · EBAYC · AADAP · Saahas · kizuna · Little Tokyo Service Center · Asian American Recovery Services

FOR MORE INFORMATION

https://arg.org/aanhpi-youth-mental-health/

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