Youth Mental Health and Well-Being Among AANHPI: Focus Group Findings

Research Validation & Policy Discussion

June 20, 2024

ARG ALCOHOL RESEARCH GROUP
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Agenda

1. Introduction & Study Goals
2. R21 study findings-California Healthy Kids Survey
3. AAPI Data findings—Youth focus groups
4. What do we do with our findings?
    - Policy implications
    - Research implications
5. Next Steps

- Name
- Organization/School
- Experience working in mental health or with AANHPI communities

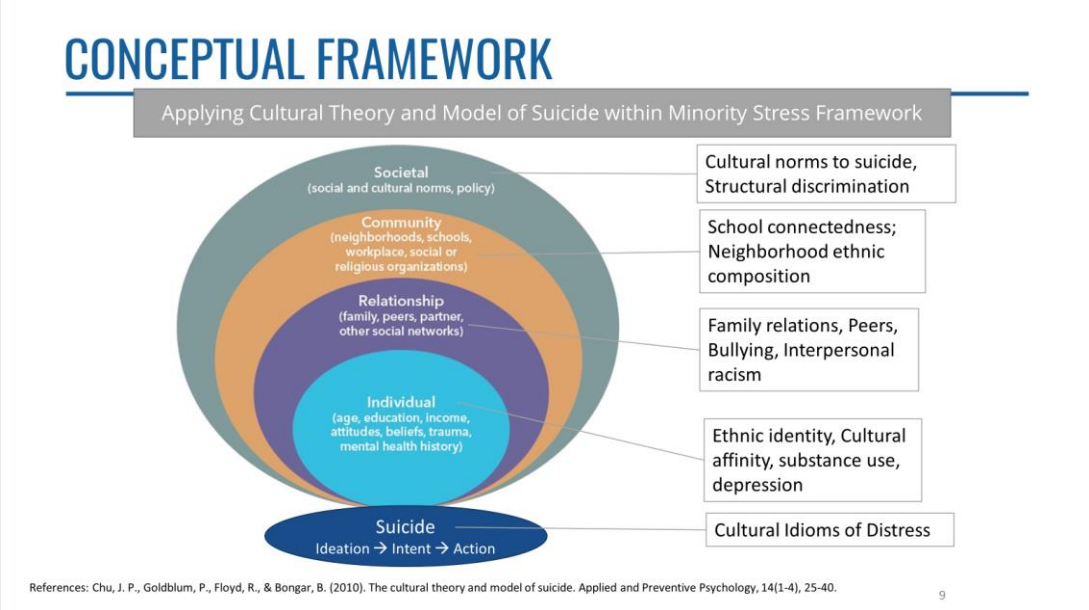
- **Icebreaker: Show you are watching or movie you have watched**

Today's Goals

- Present findings from California Healthy Kids Survey data and AAPI youth focus groups
- With your expertise and experiences, discuss and validate these findings
- Discuss research and policy implications to inform next steps

Study #1: AANHPI Youth Survey data from the California Healthy Kids Survey

January 2022-December 2024

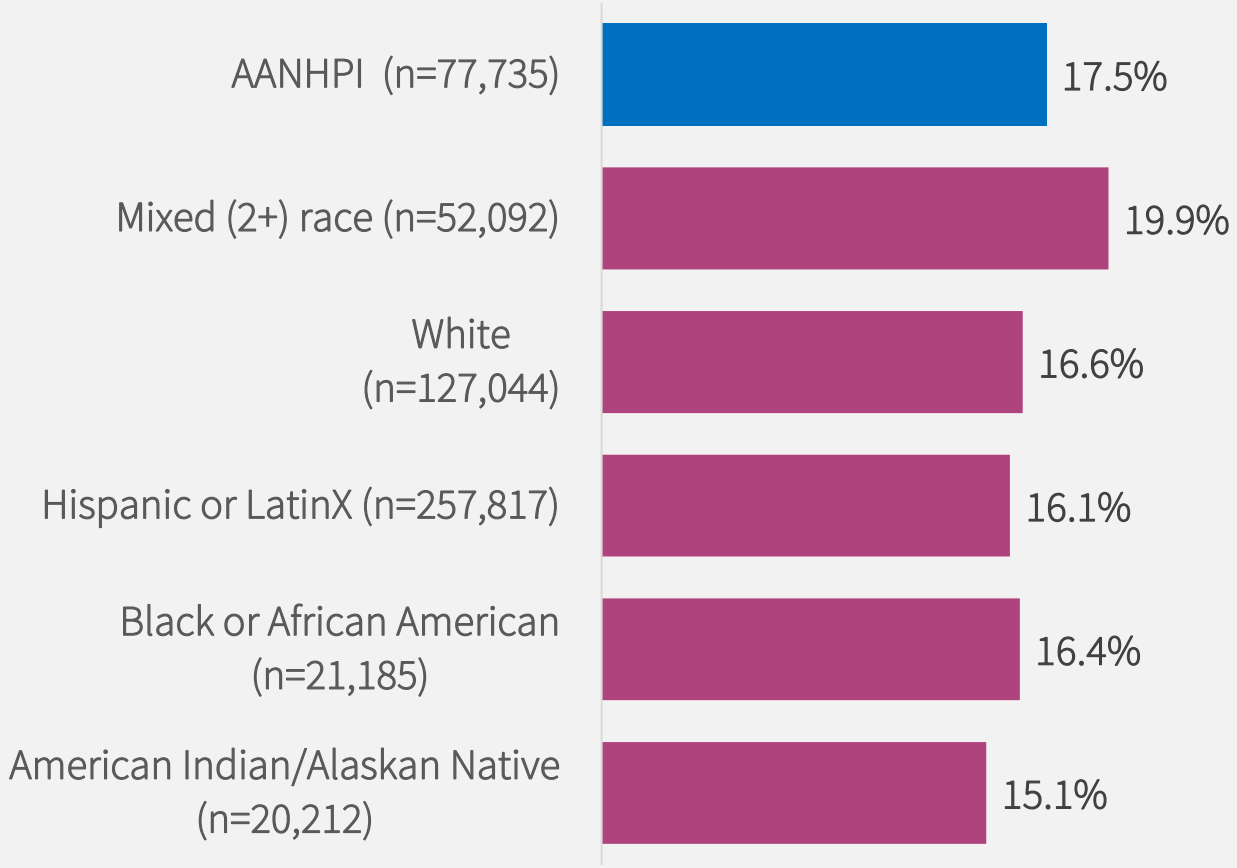


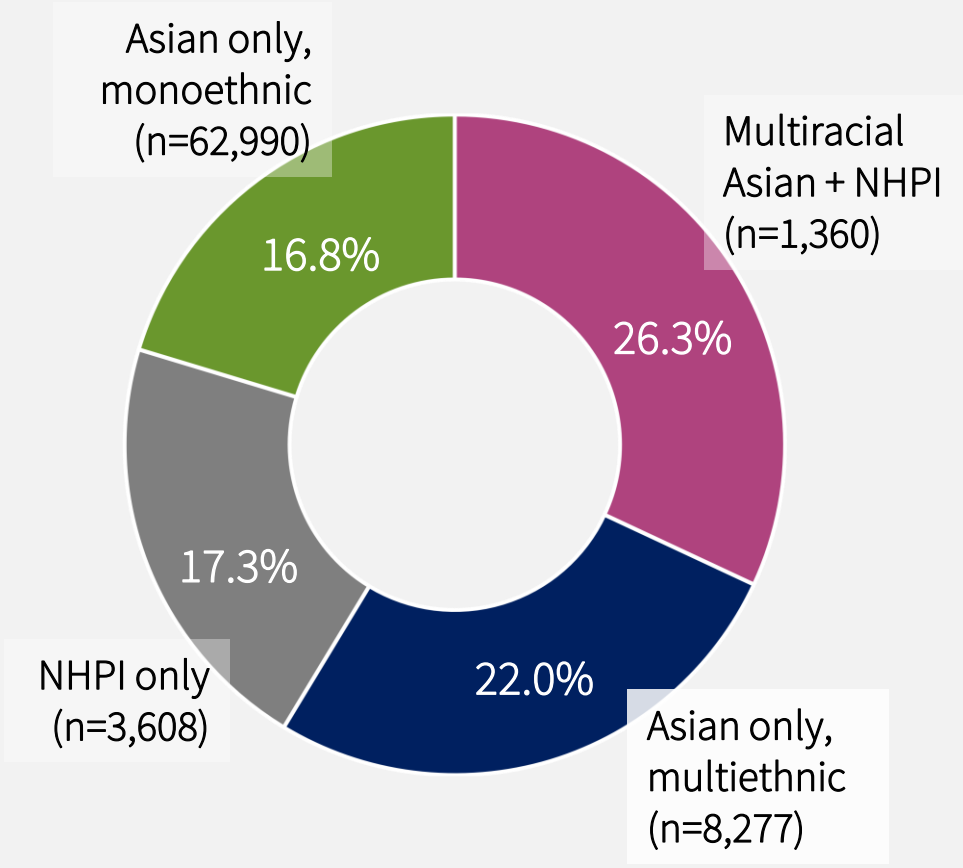
Study Goals

- Identify Asian American (AA) and Native Hawaiian and Pacific Islander (NHPI) subgroups at high risk for suicide ideation via data disaggregation
- Examine how culturally-relevant stressors and contexts elevate risk for suicide ideation

CHKS Data Disaggregation

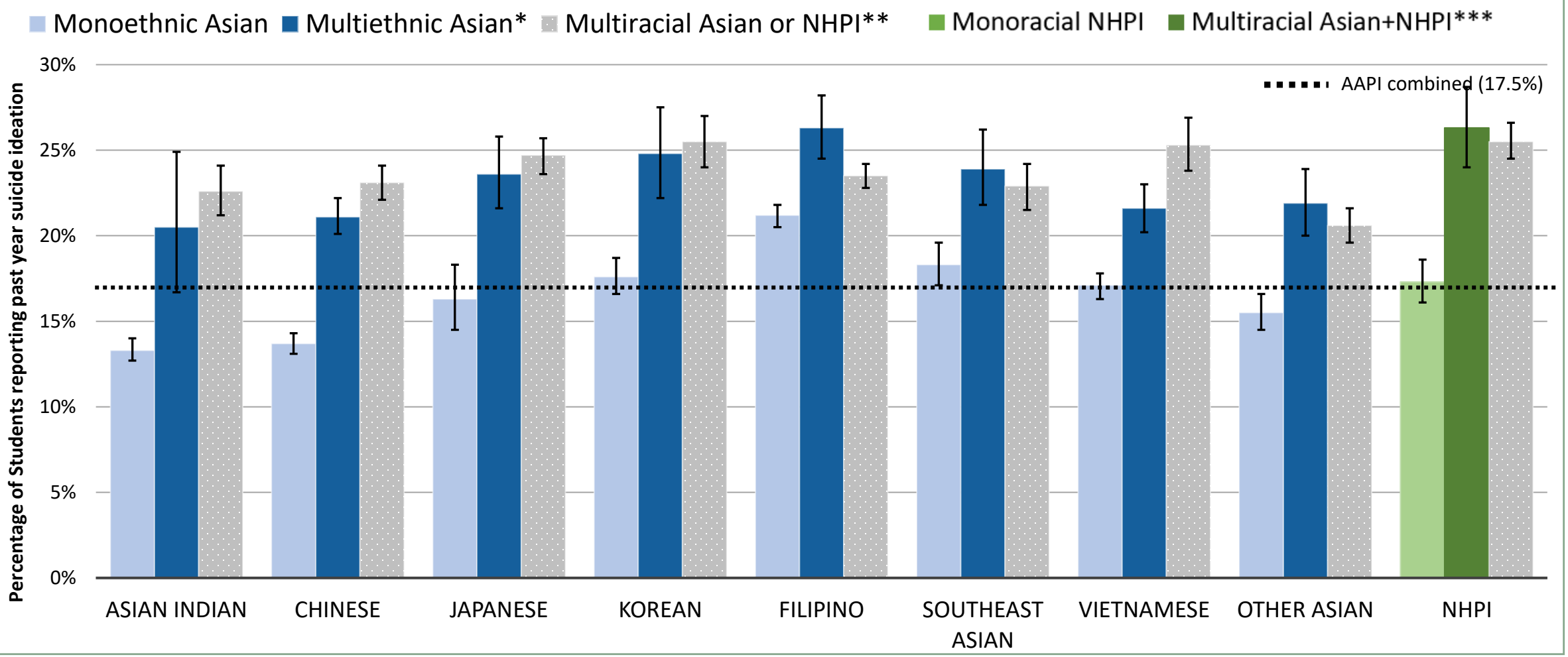
Figure 1. Prevalence of suicide ideation (SI) by race and ethnicity among 9th and 11th grade California students, pooled data 2017/18 and 2018/19





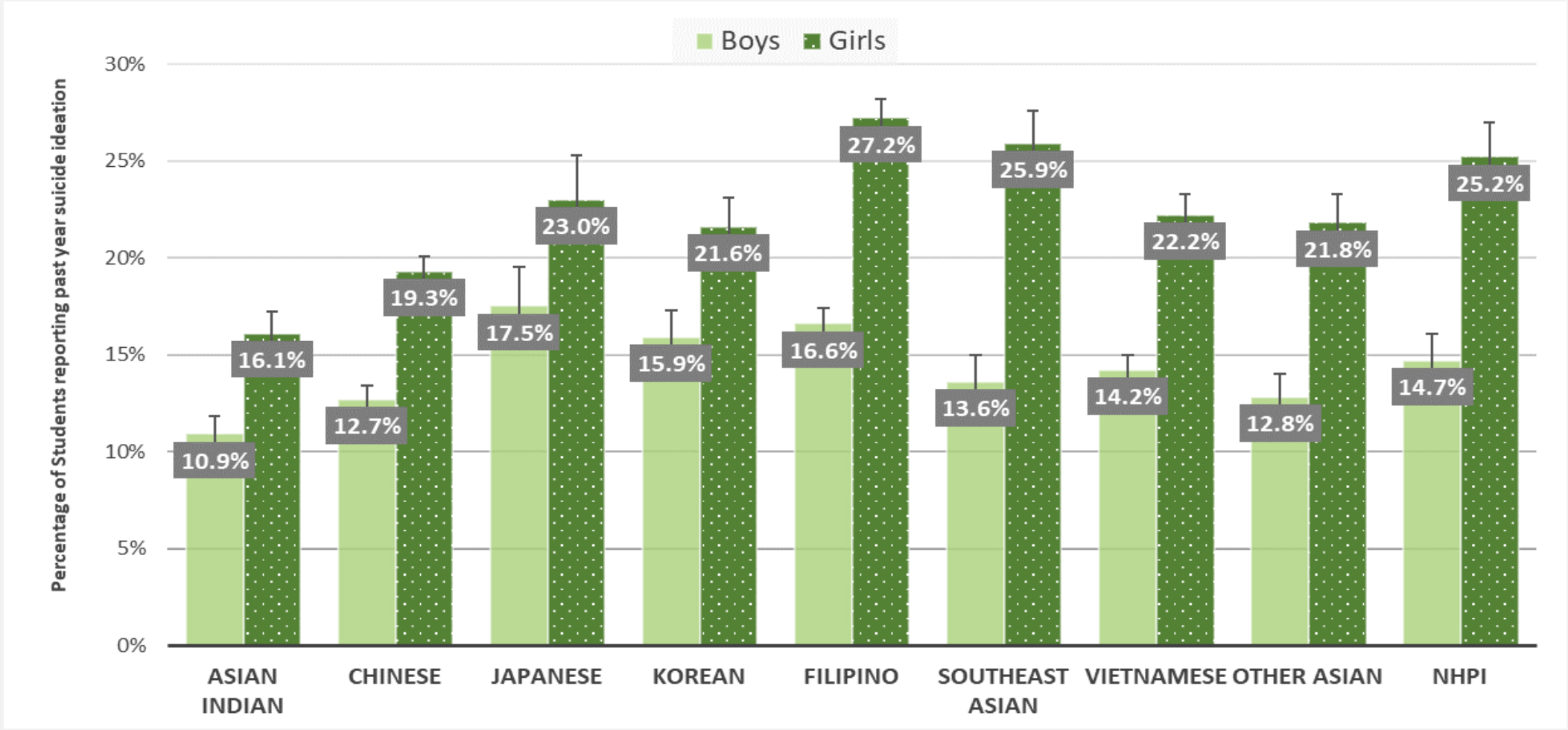
CHKS Data Disaggregation

Figure 2: Suicide ideation prevalence of Asian subgroups and NHPIs into monoethnic, multiethnic and multiracial identities



CHKS Data Disaggregation

Figure 3: Suicide ideation prevalence in stratified analysis of Asian subgroups and NHPI by girls and boys



CHKS Study Findings

Stratified logistic regression models for 9 AA and NHPI groups and by sex, adjusting for parent educ, grade level, free lunch, & survey year, and for school clustering:

- Poor grades associated with suicide ideation for all AANHPI groups [OR: 1.10 – 1.38]

- Race-specific bullying associated with suicide ideation for all AANHPI groups [OR: 1.46 – 1.87]

- Current alcohol, e-cigarette, and marijuana use associated with suicide ideation for all AANHPI groups

CHKS Study Findings

Poor grades and School Contexts

Table 1. Educational characteristics by AANHPI subgroup, CHKS

	Asian Indians	Chinese	Japanese	Korean	Filipino	Vietnamese	Other Southeast Asians	Other Asians	NHPI
% Grades-Mostly As	49.5	46.4	37.3	43.3	28.5	37.0	20.5	35.1	15.7
% Parents College Grad	82.5	69.6	77.0	80.7	65.7	47.4	35.0	60.7	37.0
% High-Achieving School	57.3	49.2	44.4	47.9	33.4	40.0	23.6	44.3	28.8
Association of Poor Grades and Suicide Ideation									
Girls (Adjusted Odds Ratios)	1.34***	1.29***	1.30***	1.29***	1.16***	1.20***	1.14**	1.19***	1.07***
Boy (Adjusted Odds Ratios)	1.28***	1.15***	1.38***	1.30***	1.10***	1.23***	1.12*	1.15***	1.18***

Grouped into East Asians + Asian Indians

Grouped into Other Asians

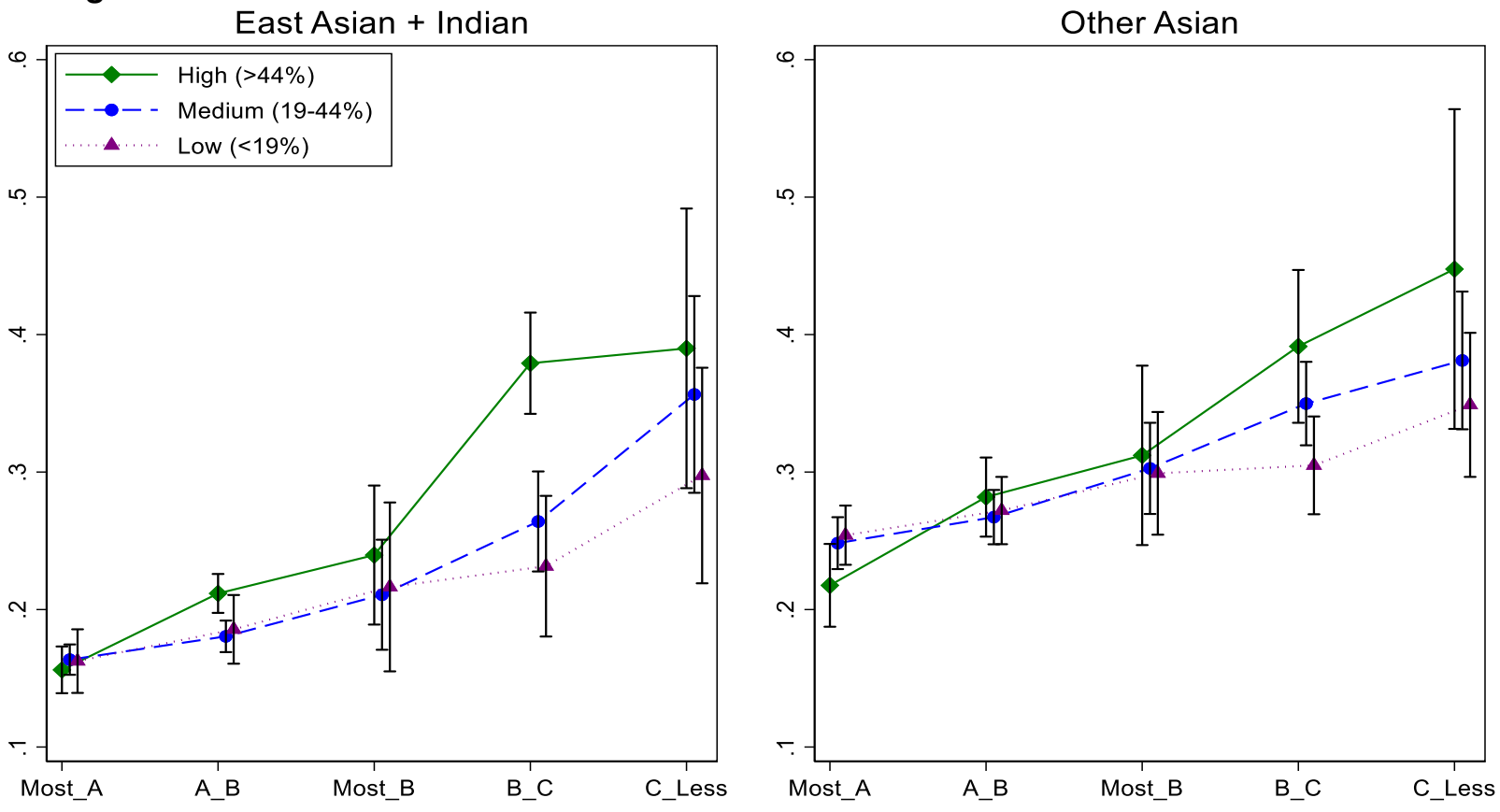
***p<0.001, **p<0.01, *p<0.05

CHKS Study Findings

Does being in a high-achieving school intensify the relationship between having poor grades and suicide ideation?

- Yes for Asian girls, and no for NHPI girls.
- For East Asian + Asian Indian girls, high-achieving schools mattered for suicide ideation (SI) risk starting with A-B grades, and get riskier for B-C grades
- For Other Asian girls, Mostly As are protective, but as grades get lower, being in a high-achieving school increased SI risk

Figure 4a. Predicted probability of suicide ideation by individual grades and school context for girls

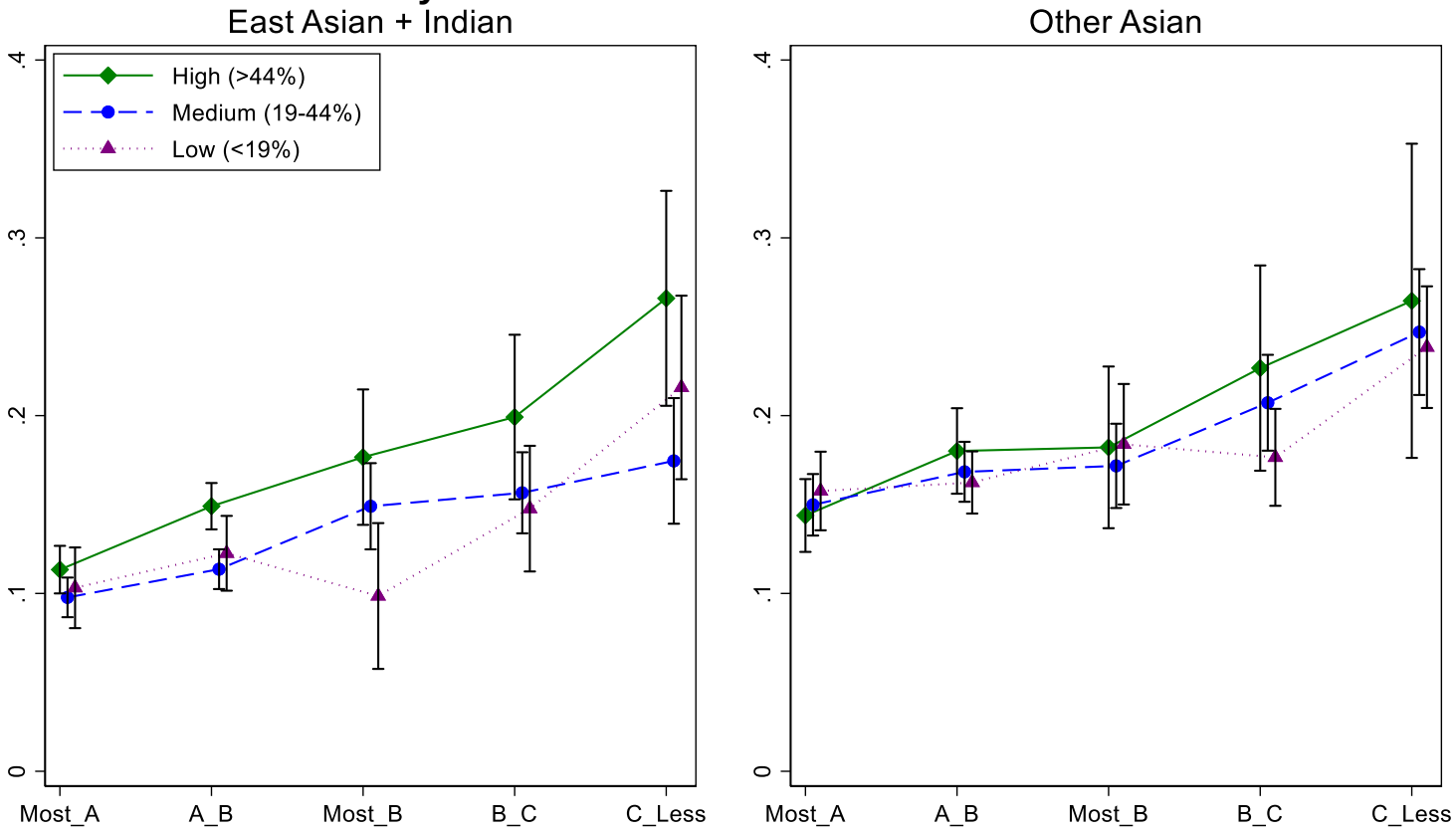


CHKS Study Findings

Does being in a high-achieving school intensify the relationship between having poor grades and suicide ideation?

- No for East Asian+Asian Indian and NHPI boys, and partially for Other Asian boys.
- For East Asian + Asian Indian boys, no matter the grades, being in a high-achieving school increased suicide ideation (SI) risk
- For Other Asian boys, high-achieving schools increased SI risk when grades get worse; Similar to Other Asian girls, but to a lesser extent
- For NHPI boys, school context does not matter on SI risk.

Figure 4b. Predicted probability of suicide ideation by individual grades and school context for boys



Key Takeaways

- Aggregating Asians and Native Hawaiian and Pacific Islanders (NHPI) masks who is most at risk for adolescent suicide:
  - Youth identifying as multiethnic Asian or multiracial Asian+NHPI
  - Girls

- Poor grades and bullying are consistent risk factors for all groups

- Contexts matter—Example of poor grades and school environment
  - For girls, being in a high-achieving school increases the risk of poor grades and suicide ideation
  - For boys, being in a high-achieving school has a direct association on suicide ideation.

Study #2: AANHPI Youth Voices

June 2023-June 2024

Study Goals

- Aim 1: Gather AANHPI adolescent perceptions of risks and protective factors for mental health, and explore facilitators, barriers and strategies for adolescent mental health services
- Aim 2: Identify service and policy gaps to address adolescent mental health risks for each AANHPI group through the integration of adolescent focus groups and survey data from CHKS

Thank you to our partner organizations!

Who was part of the research study? Youth participant demographics

- Youth between the ages of 14 and 17
- 52% female, 44% male, 4% other
- 88% mono-racial AANHPI, 12% multi-racial

AANHPI Group	Community Partner	N=66
Asian Indian	Saahas, Cerritos	6
Cambodian & Laotian	EBAYC, Oakland	8
Chinese	OCAPICA, Irvine	6
Filipino	AADAP, Carson	7
Hmong	EBAYC, Sacramento	9
Japanese	Kizuna/LTSC/Culver City HS, Los Angeles	7
Korean	KYCC, Koreatown	7
Pacific Islander	AARS, South SF	6
Vietnamese	OCAPICA, Anaheim	10

Generation status of youth

	N=66
Born outside of USA	9%
Born in USA, at least 1 parent born outside	77%
Born in USA, both parents born in USA	14%

Your close friends are…

	N=66
All of the same ethnicity as you	12%
More of the same ethnicity than non-AANHPI	36%
Both equally	30%
More non-AANHPI than of the same ethnicity	15%
All non-AANHPI	5%
Missing	2%

Language discordancy

N=66

Language spoken at home	Youth language proficiency (speak and read)		
	Both equally	More English than AANHPI	Only English
Only English	0%	5%	6%
English + 1 other language	14%	39%	20%
English + 2 or more other languages	0%	6%	0%
Only AANHPI language	6%	3%	1%

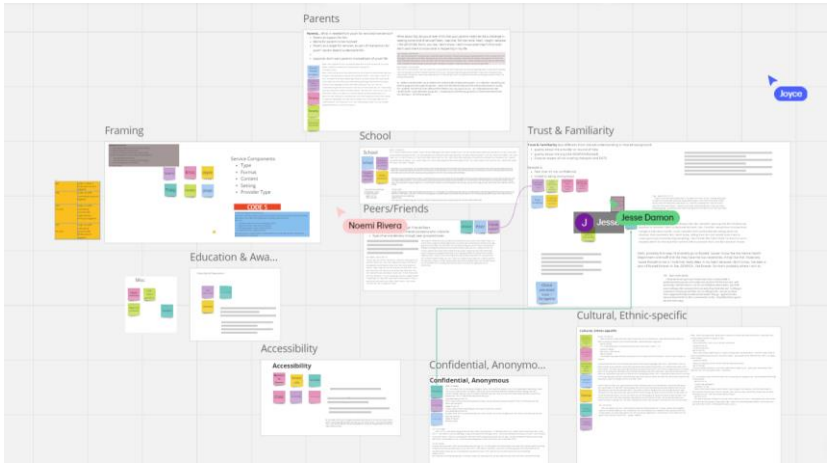
Parent education

	N=66
High school degree or less	27%
Some college	14%
College degree	23%
Graduate or professional degree	24%
Don’t know or missing	12%

How did we come up with our findings? Methods for qualitative analysis

- Data preparation: Audio files into transcripts via Temi, and then uploaded into Dedoose

- Step 1: Develop codebook
  - Asian and Pacific Islander identity
  - Mental health description and terms
  - Risk & protective factors
  - AANHPI contextual nuances
  - Service programs & interventions



- Step 2: Each transcript was assigned two coders to code each transcript. Additional memos were made to document interesting comments. Team met to refine codes and discuss discrepancies

- Step 3: Reviewed all the quotes for each code; the team engaged in a series of discussions to synthesize the final themes

- Step 4: Presented final themes to community partners for validation and discussion of implications

What we learned from youth

Themes

1. Youth identities

2. Mental health terminology and experiences

3. Building connections and trust

Theme 1:Youth identities

*"Asians as a whole, I feel like **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 17-year old male youth

What we learned:

- Youths voiced that the umbrella term "Asian American" or "Asian Pacific Islander" is too broad & does not express their individual blend of heritage, cultural, and ethnic identity

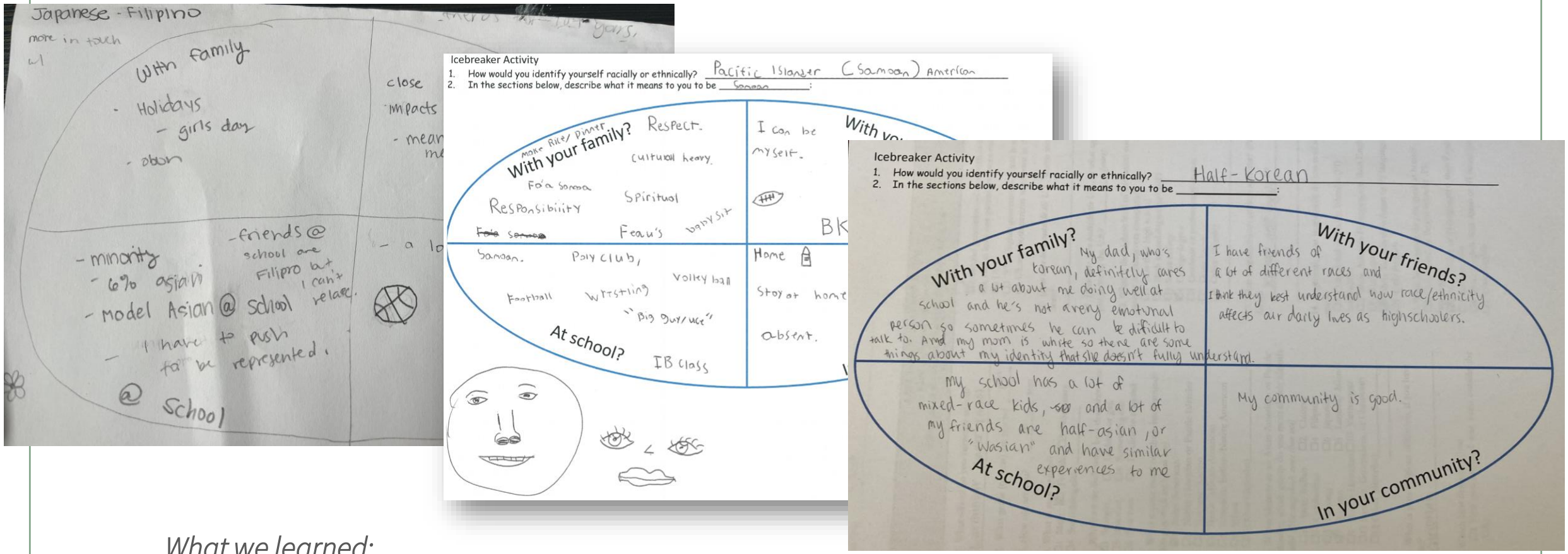
Theme 1: Youth identities

> *"**They don't really know what Hmong or Mien is**. They'll just assume we're one of the popular ones. Like, you know, Korean, Chinese."*
>
> *-Hmong 17-year old female youth*

What we learned:

- Preference for using specific group: "Filipino American" or "Hmong" to communicate their identity, especially for groups with smaller populations in California like Native Hawaiian and Pacific Islanders and Southeast Asians.

Theme 1: Youth identities



What we learned:

- Mixture of ethnic identities, sexual and gender identities, generational experiences, social norms, traditions, foods, languages, and religions
- Need to recognize multiple identities

Reflections and Validation

Theme 1 Findings:

- Youths voiced that the umbrella term "Asian American" or "Asian Pacific Islander" is too broad & does not express their individual blend of heritage, cultural, and ethnic identity

- Preference for using specific group: "Filipino American" or "Hmong" to communicate their identity, especially for groups with smaller populations in California like Native Hawaiian and Pacific Islanders and Southeast Asians.

- Need to recognize different ethnic identities, sexual and gender identities, generational experiences, social norms, traditions, foods, languages, and religions

Key Takeaway: AANHPI youths simultaneously carry with them different identities that emerge depending on the space they are in, whether with family, friends, community, or school.

What we learned from youth

Themes

1. Youth identities

2. Mental health terminology and experiences

3. Building connections and trust

Theme 2: Mental health terminology and experiences

*"I consider myself pretty fluent in **Vietnamese**, it's like **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 regards to mental health."*

-Vietnamese 15-year old female youth

*"In terms of talking about suicide with family, that's like a **taboo topic**."*

-Chinese 17-year old male youth

What we learned:

- It's hard to talk about mental health, and even harder to talk about suicide.
  - AANHPI words for mental health ≠ English words for mental health

Theme 2: Mental health terminology and experiences

*"If you talk about mental health, **they'll think you're crazy**."*

-Hmong 17-year old male youth

*"I kind of wanna keep that **image**, like it's good, like I am **living a good life.**"*

-Korean 16-year old female youth

*"In Japanese culture, **you don't** really **tell** people **about your mental state**."*

-Japanese 16-year old female youth

*"They [family] **don't want to talk about it.** Because they don't like showing any emotions, emotions [is] like open wounds."*

-Filipino 16-year old male youth

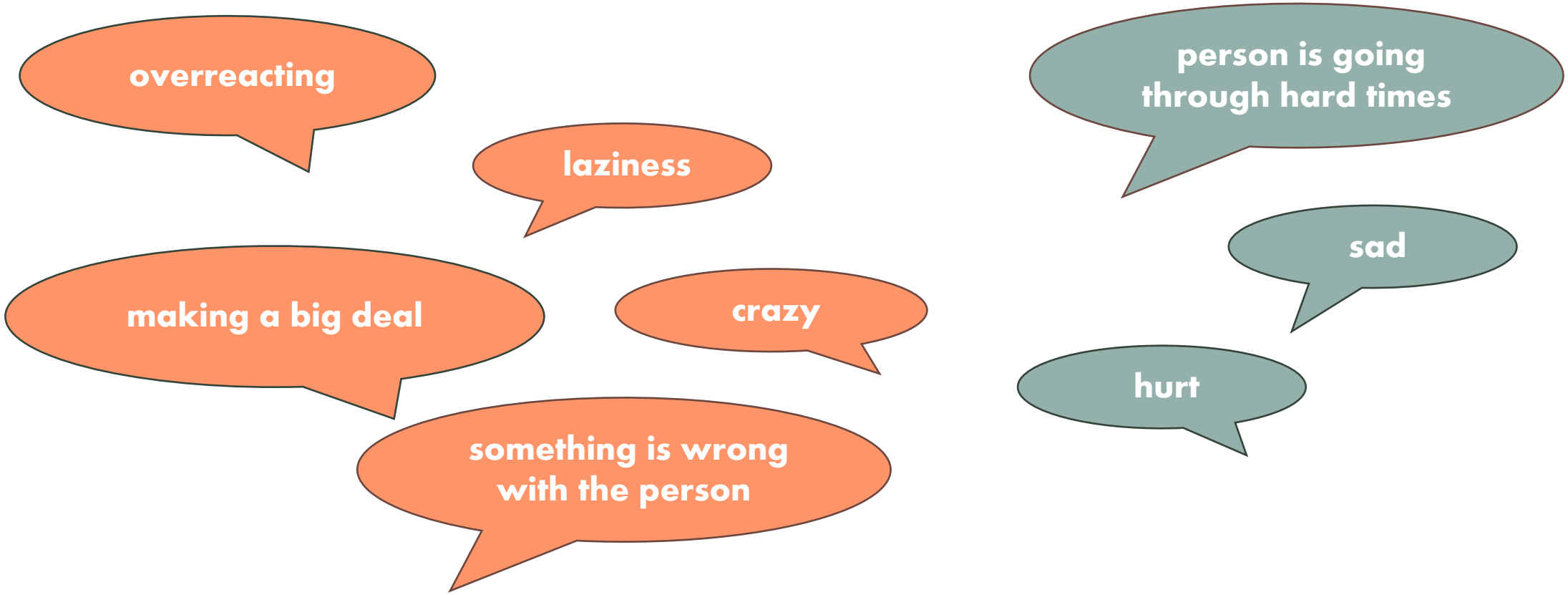
What we learned:

- Expressing negative mental health is difficult:
  - Stigma
  - Cultural and social expectations to uphold a positive image
  - Cultural beliefs around mental health
  - Cultural norm to stay silent

Theme 2: Mental health terminology and experiences

What we learned:

- At school, talking about mental health was normalized especially after COVID.
- When mental health is talked about with family and community, it is "described" as:



Reflections and Validation

Theme 2 Findings:

- It's hard to talk about mental health and suicide due to cultural norms, stigma, and lack of language/terms.

- Expressing mental health experiences is difficult.

- When mental health is talked about, it is "described" as:
  "personal going through hard times", "sad"
  "hurt", "overreacting", "making a big deal"
  "something is wrong with the person"
  "crazy", "laziness"

Key Takeaway: AANHPI Youth face additional barriers when it comes to talking about their mental health and well-being because of social and cultural norms, stigma, and language discordance.

What we learned from youth

Themes

1. Youth identities

2. Mental health terminology and experiences

3. Building connections and trust

How comfortable are you talking about mental health with*…

N=66

Scale 1 (not comfortable) to 10 (very comfortable)

	Low (1 – 3)	Moderate (4 – 7)	High (8 – 10)
Friends	6%	24%	68%
Teachers	30%	56%	12%
Parents, caregivers	26%	33%	39%
Older family members	30%	45%	23%
Staff at community org	11%	53%	35%

*Row% does not add up to 100% because 1 participant did not respond to the questions.

Theme 3: Barriers to seeking help:
Internalized stigma around mental health

*"[It is] **frowned upon to talk about your mental health**, to talk about what's really going on in your mind. We culturally supposed to [have] high expectations at all times."*

-Cambodian 17-year old male youth

*"There is this pressure to **keep up appearances**, like effortlessness."*

-Korean 16-year old female youth

What we learned:

Seeking help depends on:

- Stigma
- Cultural norm to stay silent
- Expectation that everything is good

Theme 3: Barriers to seeking help: *Communicating with parents & family*

*"**If my parents** were able to **speak English the way I** was able to **communicate with my friends**, I would be able to use more descriptive words to explain how I am feeling."*

-Vietnamese 15-year old female youth

*"It's not that bad. **You don't know what we [parents] have to go through**."*

-NHPI 16-year old female youth

*"That's something that **kind of confuses them**. These topics like mental health, gender, those types of stuff, they were never introduced [or] being affectionate."*

-Chinese 17-year old male youth

*After whatever my sister went through, **they were more aware and more open to how important it was**. So I sort of got it easy.*

-Chinese 15-year old female youth

What we learned:

Seeking help depends on:

- Language to talk about mental health
- Different life experiences & acculturation stage
- Parents and family's experience and knowledge of mental health
- Stigma and cultural norm to stay silent

Theme 3: Barriers to seeking help: *Schools and mental health service providers*

"At my school, there's regular counselors, ***some of them are nice, some of them aren't****."*

-Asian Indian 16-year old female youth

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

-Asian Indian 16-year old female youth

"I just wish we had ***more therapists that spoke more foreign languages****. To better* ***explain to our parents****."*

-Hmong 17-year old male youth

What we learned:

Seeking help depends on:

- Existing knowledge of provider
- Connect on culture, language, generation

Theme 3: Barriers to seeking help
Past experiences matter

"I fear that they'll say that it's like my fault."

-Korean 16-year old female youth

"Suck it up."

-Chinese 16-year old male youth

*"Everyone at school has been saying **it's not trustworthy** because the counselor has been going around telling the teacher."*

-NHPI 14-year old female youth

What we learned:

Seeking help depends on:

- Feeling misunderstood, dismissed and blamed (Different life experiences & acculturation stage)
- Privacy not protected

Theme 3: Barriers to seeking help: *Understanding mental health services*

"My mom tells me, if I go to a therapist and I tell them stuff, then ***they'll probably send me to the mental asylum*** *or something. "*

-Hmong 17-year old female youth

"You have to book appointments. If you need help, ***you have to wait three days*** *to talk to someone."*

-Vietnamese 15-year old female youth

What we learned:

Seeking help depends on:

- Misconception about mental health services
- Where, who, and how to access help + Lack of timely availability

Reflections and Validation

Theme 3 Findings:

To youth, finding connection and forming trust means

- feeling understood and supported without being judged
- their struggles are acknowledged and validated
- they receive help without feeling ashamed or embarrassed
- their privacy is protected

Key Takeaway: The decision of youth to seek help and who they seek help from depends on their perception of whom they can trust.

Overall Takeaways

Overall Takeaways

1. Visibility and Recognition of AANHPI Youth Mental Health Experiences
    - For AANHPI youth themselves
    - AANHPI Parents and Family
    - AANHPI Community
    - Schools
    - Policymakers/Funders

2. Similar risk and protective factors but social and cultural nuances that vary by specific group

3. Trust is essential for youth to seek mental health services
    - Requires time to build rapport and connections
    - Connect on culture, language, generation, shared identities and lived experiences

Practice & Policy Implications

1. Increase the visibility of AANHPI identities and their mental health experiences
    a. Data disaggregation and advance research and collection of AANHPI youth mental health experiences
    b. Acknowledge and validate AANHPI experiences of poor mental health and the burdens they carry in different contexts
        i. Educational outreach and media campaigns by and for AANHPI youth and their families
        ii. Improve mental health literacy that is youth-centered and translated to AA and NHPI languages
        iii. Incorporate trainings for schools and mental health providers about AANHPI youth mental health needs

Practice & Policy Implications

2. Reframe mental health services for AANHPI youth that focuses on building connections and trusts and allows for non-stigmatizing entry into culturally-specific and youth-centered mental health services from prevention, early intervention and treatment

a. Create 1-on-1 and group spaces for AANHPI youth in schools and community settings through school-community organization partnerships
b. Increase billable time for mental health service providers to build rapport and trust with youth in early intervention and treatment services
c. Increase mental health workforce by training AANHPI youth to serve as mental health peer ambassador/educators, and training adults with shared lived experiences to serve as mental health community health workers and licensed mental health professionals
d. Develop and incorporate anti-racist strategies for youth mental health services that eliminate preconceived notions of AANHPI youth, reduce their barriers to seeking services, and adapt culturally-specific strategies and youth-centered approaches for mental health services.

Discussion

1. Overall: What findings surprised you? What was missing or what did you want to learn more about?
2. Recommendations for Policy
3. Recommendations for Research

Next Steps

- Finalize our dissemination materials
  - Manuscripts
    - Paper #1: Suicide ideation prevalence using disaggregated data
    - Paper #2: Grades and school context on suicide ideation
    - Paper #3: Findings from AANHPI youth focus groups
  - Policy Memo
- Share back to the community partners, stakeholders and funder
- Future research proposal with community partners to advance this work

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Thank you!

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