Addressing Mental Health for Asian American Communities

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Asian American Health Initiatives (AAHI)
History of AAHI

• One of the Three Initiatives in MC
• 2002 - AACP Lunched
• 2004 – AAHI Formed
• 2005 – Steering Committee Established
Need for AAHI

- Rapid growth of Asian Americans in Montgomery County
- Linguistic and cultural barriers to health care
- Widening of health disparities
AAHI Steering committee

- Comprises a professionally and ethnically diverse group of stakeholders from the local community
- Advocate, Advise, and Assist AAHI
- Not Chartered, Self Governed
Asian Americans Population in Montgomery County

Population:
- 1990: 8.10%
- 1995: 11.30%
- 2000: 13.30%
- 2005: 13.90%
- 2010: 14.70%
- 2015: (value not shown)

Year:
- 1990
- 1995
- 2000
- 2005
- 2010
- 2015
Socioeconomic Barriers

- 31.1% LEP population
- 11.6% uninsured
- 8.5% Has no high school diploma (higher than Whites and African Americans in the County)
- 44.3% are housing-cost burdened, spending 30% or more of their incomes on rent
Mental Health Needs

Suicide Rates
- 10th leading cause of death overall
- 2nd leading cause of death for 15-24 year-olds
- 3rd leading cause of death for 25-34 year-olds
- Asian American women 65+ have the highest suicide rate of all women in that age group in the US
- Age-adjusted suicide rate: 6.0 per 100,000
Mental Health Needs

• High numbers of depressive symptoms
  ➢ Adolescents and young adults - pressure from family & school
  ➢ Adults – change of environment, language & culture barriers
  ➢ Seniors - isolation and loneliness
Barriers for Asians

- Stigma and negative perceptions
- Lack of awareness & understanding
- Family value
- Lack of linguistically and culturally competent providers
- Costs
Conclusions

Mental Health for Asian Communities
• Diversity in Population
• Linguistic & Cultural Differences
• Difficulties in Outreach
• Lack of Competent Services

Require Unique Approaches in Dealing with AA Communities