Healthy Mind Initiative:
Promoting Mental Health and Well-being for Asian American Youth

A Partnership of SAMHSA
Asian Pacific American Officers Committee (APAOC)
Montgomery County Department of Health and Human Services,
Asian American Health Initiative

Montgomery County, MD
2018
6 Key Messages: Remember to CHERiSH

1. **C** Critical
   - Mental health is **CRITICAL** to overall physical, social, and emotional well-being

2. **H** Higher rate
   - Mental health problems occur at a **HIGHER RATE** in youth than one would expect

3. **E** Early warning signs
   - Know the **EARLY WARNING SIGNS** associated with mental health problems

4. **Ri** Risk
   - Know what could put youth at **RISK** for mental health problems or protect them

5. **S** Support, act, and link
   - Know how to **SUPPORT, ACT, and LINK WITH PROFESSIONAL TREATMENT** when necessary

6. **H** Heal and bounce back
   - Know that youth, with support, can **HEAL and BOUNCE BACK** from mental health problems
Mental health is critical to overall physical, social, and emotional well-being.
What is mental health?

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

What factors contribute to mental health problems? [Your thoughts? 1 minute]

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but help is available. People with mental health problems can get better and many recover.

https://www.mentalhealth.gov/basics/what-is-mental-health
Asian American Health Initiative’s video on mental health (5 min.)

[Watch at home on your own]

https://www.youtube.com/watch?v=Jhpww0S9OTg&index=2&list=PL_3fU078mfW9CDI2ViPYeMBYUcplxrUqT

https://www.youtube.com/watch?v=cgWSHqdqD9k&feature=youtu.be&list=PL_3fU078mfW9CDI2ViPYeMBYUcplxrUqT

Mental health problems occur at a higher rate in youth than one would expect.

Key Message 2

It is estimated that 1 in ___ teenagers have a severe mental health condition.

[Choose one response]

a. 3
b. 5

c. 10
d. 12
In recent years, MDE in the past year has risen among Asian adolescents. In 2016, 1 in 9 Asian adolescents had at least one MDE in the past year.

MDE: A period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure, and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, self-image or recurrent thoughts of death or suicide.
What was the leading cause of death in 2016?

- Youth, 12-19 years old, in the U.S.: Unintentional Injury
- AAPI Youth, 12-19 years old, in the U.S.: Suicide

AAPI only race in this age group with suicide as the leading cause of death

https://webappa.cdc.gov/sasweb/ncipc/leadcause.html
Substance use among youth and AAPI youth

60-70% of adolescents with substance use disorders have co-occurring mental illness (Hoffman et al., 2004; Turner et al., 2004)

Despite low substance use rates for AAPI in general, variation of severity and rates exist when data are disaggregated by ethnicity

**Binge drinking**
- Filipino and Asian Indian highest rates of heavy or binge drinking for Asian Americans (SAMHSA, 2002)

**Past year alcohol use**
- 30% Filipino, 25% Korean, 22% Japanese, 20% Chinese, and 16% Asian Indian (SAMHSA, 2002)

**Average number of drinks consumed per day in the past month on days when alcohol was used**
- 6.4 drinks NHPI, 3.4 Asian Americans, 5.3 Whites, 2.8 African Americans (SAMHSA, 2008)
Case Scenario 1 [5 minutes discussion]

Kennedy High School is a nationally ranked public high school located in an upper middle class low crime neighborhood.

- 3 student suicides (1 female, 2 male) at Kennedy High School in the past 7 months.
- Each of the students were involved in multiple after school activities and clubs, and enrolled in AP courses.
- Of the 3 students that died by suicide, none had a diagnosed mental illness.

Talking points after a suicide:
- Give accurate information about suicide
- Address blaming and scapegoating
- Do not talk about the method
- Address anger
- Address feelings of responsibility
- Encourage help-seeking

https://store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf

Does this scenario sound familiar to you?
What are some of the missed signs of students that die by suicide?
What could parents do after learning about the suicides?
What could the school do to help prevent additional suicides?
Know the early warning signs associated with mental health problems
Know the signs – act early

**Changes in Usual Behavior**
- Marked decline in school performance
- Poor grades in school despite trying very hard
- Difficulty concentrating that gets in the way at school or at home
- Severe worries or anxieties that get in the way of daily life, such as at school or socializing

**Mood Changes**
- Sustained negative mood
- Severe mood swings

**Changes in Daily Habits**
- Marked changes in sleeping and/or eating habits such as difficulty sleeping and poor appetite
- Frequent physical complaints
- Sudden non-responsiveness to parents/disappearing*

**Self-harm Behaviors**
- Sexual acting out
- Repeated risky use of alcohol and/or drugs
- Reckless driving
- Suicidal thoughts or attempts

*indicates an addition not noted in cited references

https://youth.gov/youth-topics/youth-mental-health/warning-signs

American Academy of Child and Adolescent Psychiatry, 2011
Case Scenario 2  [5 minutes discussion]

Cindy
• 16 year old female Asian American high school junior
• Academically ranked first, captain of debate team, concert mistress of school orchestra, and varsity tennis player
• Constantly worries about her college applications, feels pressured to get into an Ivy League college, and fears disappointing her family if she does not get in to one
• Stays up until 1 or 2am on most nights and wakes up at 6am to get ready for school
• Recently, she started to say no to going out with friends or any social activity
• Does not go to her church youth group anymore which she used to love

Cindy’s family
• Older sister and brother at highly ranked prestigious colleges
• Parents immigrated to U.S.
• Mom does not work outside of the home, sleeps often, only leaves the house to go to the grocery store and church, and does not like to socialize anymore
• Dad drinks alcohol often and smokes heavily and is a successful engineer
• Parents always tell Cindy to study hard and that getting into a good school is the most important thing

What are your thoughts about this scenario?
Are these ordinary teenage issues Cindy is dealing with or does she have a mental health problem?
Know what could put youth at risk for mental health problems or protect them
Academic Pressures

What factors are associated with your child’s mental health?

- Family Conflict
- Self-Image, Identity, and Ethnic Identity
- Parent-Child Relationship
- Intercultural and Intergenerational differences
- Biology, Genetics, and Family History
- Bullying, Discrimination, and Microaggressions
- Religious Identity
- English Proficiency
- Academic Pressures
- Social Media
- Substance Use
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Bronfenbrenner’s Ecological Model

What do you think affects mental health?

The mental health of your child?
Worries about academics and school are related to worse mental health among Asian students

School

• Poor grades were related to suicide risk among Asian American students (Whaley and Noel, 2013).

• Anxiety about time was related to risk for depression among Chinese middle school students (Huntsinger and Jose, 2006).

• Worry about school failure or grades was related to risk for depression among Asian high school students (Song et al., 2011).
Case Scenario 3  [10 minutes discussion]  

• Amanda and her mother never spoke of the ER visit again  
• At 20, Amanda sees a college campus doctor and tells her she may have bipolar disorder and refers her to a psychiatrist  
• Amanda’s mother tells her don’t see that doctor again he will put “bipolar” on your record and you will never be able to get a job; She never calls the psychiatrist  
• At 27 years old, Amanda tries to kill herself  
• Admitted to psych ward, and transferred to psychiatric hospital  
• Diagnosed with bipolar II disorder  
• Mother’s reaction was angry, and asked why no one told her  
• Mother said she could not stay with her for the holidays  
• Relationship has deteriorated due to the stigma and shame of mental illness  


What do you think happens to Amanda after the ER visit?
Stigma prevents people, including children, from telling someone about their mental health problems.

Common reasons why Asian Americans may not talk about mental health:

- Stigma, Saving face, Shame
- Cultural perceptions of mental health
- Somatization
- Religious or social acceptance
- Lack of knowledge
- Not knowing how to talk about it
Key Message 5

Know how to support, act, and link with professional treatment when necessary
Getting beyond “sure,” “fine,” and “don’t know”

How do you start conversation with your child about difficult topics? [Your thoughts? 1 minute]

Possible conversation starters [Discussion, 4 minutes]

• You don’t seem yourself today. Anything going on? How are you feeling?

• Sometimes when I’m not feeling like myself, it helps for me to talk to someone about how I’m feeling. I'm here to listen. Do you want to talk about it?

• I’m always here to listen, but if you are not ready to talk to me about it, you can always talk to another trusted adult like your school counselor about it. I want you to know I won’t judge you for whatever it is you have to tell me.

• When you don’t act like your regular self, I get worried about your safety. Do you have thoughts about harming yourself or others? Have you had feelings like this in the past?

Adapted from: https://www.mentalhealth.gov/talk/parents-caregivers
What parents can do to promote their child’s mental health

<table>
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<th>Individual</th>
<th>Family</th>
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| • Seek social support for oneself; learn about mental health  
• Learn about mental health practitioners: psychiatrists, psychologists, social workers, counselors, therapists.  
• Identify & build on child’s strengths | • Provide safe, supportive, and nurturing environment for child  
• Increase parenting knowledge about child and adolescent development  
• Increase awareness and skills to deal with cross-cultural issues and acculturation  
• If recommended, engage in family treatment such as family psychoeducation | • Work with child’s supports in the school, including teachers, counselors, coaches, aides, etc.  
• Promote peer support and friendships for child | • Seek support from community support systems such as faith-based organizations, pediatrician and/or primary care doctor, after-school and extracurricular youth programs, local mental health department, mental health support groups, etc. |
How do you seek help and support for your child?

- Contact pediatrician/primary care doctor or school guidance counselor
- Have your child screened and assessed for mental health problems by a professional
- Have the results of your child’s screening explained to you
- If treatment is recommended, find a therapist who is a good match for your child and your family
- Commit to a treatment plan that may include individual counseling, medications, family therapy, and family psychoeducation
What does good treatment and care look like?

Good treatment for Cindy is:

- Collaborative
- Comprehensive
- Individualized
- Culturally Appropriate
- Building on Child’s Strengths
- Coordinated

Treatment plan may include:

- Engagement of social supports,
- Peer support,
- Psychosocial, behavioral therapies,
- Medications,
- Outpatient care,
- Inpatient care or hospitalization
Case Scenario 2 Review

Cindy

- 16 year old female Asian American high school junior
- Academically ranked first, captain of debate team, concert mistress of school orchestra, and varsity tennis player
- Constantly worries about her college applications, feels pressured to get into an Ivy League college, and fears disappointing her family if she does not get in to one
- Stays up until 1 or 2am on most nights and wakes up at 6am to get ready for school
- Recently, she started to say no to going out with friends or any social activity
- Does not go to her church youth group anymore which she used to love

Cindy’s family

- Older sister and brother at highly ranked prestigious colleges
- Parents immigrated to the U.S.
- Mom does not work outside of the home, sleeps often, only leaves the house to go to the grocery store and church, and does not like to socialize anymore
- Dad drinks alcohol often and smokes heavily and is a successful engineer
- Parents always tell Cindy to study hard and that getting into a good school is the most important thing

- Collaborative
- Comprehensive
- Individualized
- Builds on Cindy’s strengths
- Culturally Appropriate
- Coordinated
Know that youth, with support, can **heal and bounce back** from mental health problems.
The route to treatment and recovery

- Seeking help and support is not an easy thing to do
- Children benefit from healthy and supportive environments
- Children have the capacity to be resilient with parental support and treatment
- Mental health is essential to overall well-being
6 Key Messages: Remember to CHERiSH

1. Mental health is **CRITICAL** to overall physical, social, and emotional well-being

2. Mental health problems occur at a **HIGHER RATE** in youth than one would expect

3. Know the **EARLY WARNING SIGNS** associated with mental health problems

4. Know what could put youth at **RISK** for mental health problems or protect them

5. Know how to **SUPPORT, ACT, and LINK WITH PROFESSIONAL TREATMENT** when necessary

6. Know that youth, with support, can **HEAL and BOUNCE BACK** from mental health problems

**CHERiSH your children!**
Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS) or the Office of Behavioral Health Equity of the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
thank you
Supplementary Slides
Case Scenario 4

Lucy is a sophomore at a high school with very few Asian students. Lucy’s parents immigrated to the U.S. 20 years ago, and she was born in the U.S. Even though Lucy has a lot of friends and is well-liked at school, she struggles with fitting in with her white friends. Lucy wishes her parents understood the way she thinks. She thinks her parents are too traditional and conservative. She also thinks that they think every decision she makes should include all of her family. Lucy appreciates her Chinese heritage but wishes her parents would let her be more independent like her white friends. Her parents do not let Lucy go out with friends on a school night or date. Lucy gets very frustrated because she knows that she is a good student and daughter, and that she would be good if she went out with her friends or dated. She gets so mad at her parents for not understanding her. Even though she has some Chinese friends who understand her better, she still doesn’t feel fully understood. Lucy starts to not care about school and what her parents say and starts drinking underage on the weekends with a new group of friends. Lucy’s grades drop but her parents don’t notice until her report card comes out 2 months later.

Does Lucy have a mental health problem or is she just going through normal teenage problems? What are signs that she may have a mental health problem? What are some solutions for helping Lucy?

As a parent, what do you think are the reasons Lucy’s parents do not want Lucy to go out on a school night or date? Why do you think Lucy is drinking with this new group of friends? What can you do?
Chue is Hmong and a senior in high school in a poor neighborhood and English is his second language. Many students in his school have never even heard of Hmong people and assume that he is Chinese. People always tell Chue that he is “supposed to be real smart.” One day Chue got his algebra 2 test back and it had a big red F on the front. Chue’s algebra teacher told him that she was disappointed in him and asked him why he didn’t study harder. Chue studied but not for very long because he has other responsibilities at home besides studying. Also, Chue has a very difficult time understanding algebra but has nobody to ask for help. Chue applied to college but did not get in. He had low test scores and his writing was poor due to English being his second language. Chue told himself that he shouldn’t have wasted his time applying because he knew he was not smart enough to get in to college. Instead of deciding to apply again, Chue chooses to believe that he is dumb since he has been told over and over again that he is supposed to be real smart.

What are some of the issues that are contributing to Chue feeling like he is dumb?

Who can help Chue improve his test scores? How can he be helped?

Is this situation affecting Chue’s mental health?
Case Scenario 6

Sammeksha is a 16 year old girl living with her parents and two older sisters who are in college. Sammeksha grew up in a religious Hindu family and they go to temple every Sunday. She does not like spending time with other girls from her temple. She prefers to be around her white friends. Sammeksha has told everyone at school to call her Sam. Other girls tease her that she is a “tomboy”. When she is away from home she dresses differently without her parents noticing. She wears non-gender specific clothes, pants and shirts. She likes to play baseball and basketball without her parents knowing. She also cut her hair short, which aggravated her father and made her upset mother cry. The fighting with her parents got worse when Sam announced that she is going to the prom with her best friend who is a girl, and wants to wear a tuxedo. Her parents locked her in her room the day of the prom to prevent her from going, to which she yelled, “I wish I was never born to this family, you don’t understand me... no one does, I hate you all!!” The relationship between Sam and her parents got worse when her parents threatened to move her back to India and to possibly arrange her marriage.

Does Sam have a mental health problem or is she just going through normal teenage problems?

What are some of the issues going on with Sam?

What are some solutions for helping Sam improve her relationship with her parents?
Phuc is a freshman in high school and is constantly made fun of for his Vietnamese name. Every time a teacher calls his name out loud, he can hear his classmates laughing. In the hallways sometimes he hears someone shouting his name and doing inappropriate gestures. Phuc tries to ignore it but gets very upset. He tries to tell all of his teachers to call him John instead but on any day when a roster of names is posted or when a substitute is filling in for a class at school, Phuc gets very nervous and anxious because his real name, Phuc, will be used. Phuc becomes consumed with thinking about ways to prevent being bullied about his name. Phuc does not have any social media accounts anymore because he used to get mean posts from classmates and eventually he closed his accounts to avoid the cyberbullying. Phuc can’t fully concentrate in class because he becomes paranoid that people are making fun of him all the time. Phuc’s family has no idea about the bullying, but one day he decides to let them know.

What can his family do to help Phuc in this situation?
What should Phuc do in this situation?
How can his school support Phuc?
Case Scenario 8

Jason stopped talking to his mom Maria because they had a fight. Two weeks later, Maria was pushing for her son to talk to her again and she told him, “Please just talk to me. Tell me anything, I don’t know what’s going on in your life anymore.” Her son who had seemed agitated to her since his birthday, decided to talk to her after her pleading. He told her that he was gay, depressed, and was having really bad thoughts about himself and for weeks has been thinking about hurting himself. Maria told him that he wasn’t gay but that he was confused and that this was normal teenage stuff. She told him that he needed to just wait until he met the right girl, and that he should go out with his friends to see a movie to feel better. Maria does not know that her son is sad all of the time and feels like nobody understands him and that he is never good enough as he is for anyone.

What are the warning signs that Maria’s son is in need of help?

Why doesn’t Maria help her son?

What can Maria do to help her son?
Vijay is a bright 13-year-old Sikh boy who is attending school with predominately white peers. He is bullied by other students because of his appearance, wearing of a turban. Boys at school often tease him by calling him names such as, turban head, potatoes head, and diaper head. Sometime they grab his turban in the locker room and remove it from his head, making fun of his hair. Vijay is shy and does not want to provoke violence. He deals with the situation by running away. He is unable to relate to other students since no one else wears a turban in his school. When asked about school, he lies to his parents telling them everything is okay. Vijay spends lot of his time alone on the internet and in his room. His Facebook profile does not show any picture of him due to fear of cyberbullying. Lately he has been giving away his small personal possessions, such as video games, CDs to his friends.

Does this scenario sound familiar to you?

What are the signs that may suggest Vijay’s intention of possibly harming himself?

What should be the initial interventions in Vijay’s situation?
LGBT youth with behavioral health issues

- Risk for negative experiences and outcomes
- Two to three times more likely to attempt suicide
- More likely than peers to:
  - Experience negative mental health and substance use
  - Experience harassment
  - Drop out of school
  - Experience homelessness
- Bullying and rejection by peers and family

Note: LGBT is an abbreviation for Lesbian, Gay, Bisexual, and Transgender