



WELL TOGETHER: EXPLORING MENTAL HEALTH DISPARITIES AND SOLUTIONS IDENTIFIED BY THE COMMUNITIES AFFECTED

ASIAN PACIFIC ISLANDER COMMUNITY LISTENING SESSION SUMMARY



SESSION SUMMARY

THE OPPORTUNITY

Asian American Pacific Islander (AAPI) community members may experience mental health disparities for several reasons, such as cultural beliefs toward mental wellbeing and mental health needs, immigration history and status, and barriers to accessing services due to a mismatch between person and provider.¹ In October 2020, the Mental Health Services Oversight and Accountability Commission (MHSOAC) partnered with an AAPI cultural broker affiliated with Community Health for Asian Americans to hold a **virtual listening session** exploring these disparities and more. Listening session participants represented a broad range of countries, including Bhutan, Cambodia, Myanmar, Nepal, Thailand, and Tibet.

Throughout the discussion, participants raised several recommendations to promote wellness in the AAPI community and expand mental health services. These include expansion of supports that are linguistically appropriate and culturally relevant, both tangible and virtual, and outreach services targeting the AAPI community that provide information on how to connect with mental health resources and other types of supports. Participants also brought up the need for easier access to healthy food, housing, and personal protective equipment, and a focus on early identification of mental health concerns through linguistically appropriate information dissemination and screenings.



SESSION SUMMARY

Community and Culture

One common indicator of wellness shared by all participants was connectivity with others and the need for social interaction. Participants from the Laotian and Cambodian communities provided examples of social connection that included spiritual and cultural activities, such as attending temple or engaging in group meditation, and other opportunities to bond with one another. These opportunities to gather over common cultural interests allow community members to discuss shared challenges and provide support to one another in a way that is culturally respectful and relevant.

Participants also discussed concerns stemming from the COVID-19 pandemic and associated hardships resulting from shutdowns and quarantine. Specifically, participants discussed the how social isolation in their communities has resulted in increased reports of depression and anxiety. A Cambodian representative shared her experience during the pandemic, stating, “before [COVID-19], we socialize together, we enjoy being together ... but now, I’m afraid to take the bus.” In response, other listening session participants identified solutions for preserving the community’s connectivity to cultural and spiritual practices, such as using technology, social media, and smaller gatherings that adhere to public health guidelines.

Cultural and Linguistic Differences

For many of the listening session participants, cultural differences between their home country and Western culture was the foundation for most struggles. Several who shared their experiences described difficulty choosing between Western therapy and traditional practices, which focus heavily on attending temple, blessings, and prayer. One individual recommended that providers offer culturally relevant options through questions such as, “Would you like to meet with a Western therapist or choose a traditional healer?” Additionally, participants stated that younger generations may not agree with older generations on which cultural practices to adopt. The older generation often adheres to traditional practices, while the younger generation may seek assimilation into Western culture, resulting in family conflict and tension.

In addition to accessing linguistically appropriate providers, language barriers also present challenges with employment, and the widespread loss of income due to the COVID-19 pandemic only worsens those challenges. Listening session participants highlighted the stress experienced by parents as schools and



childcare centers shutdown and classes move online. Some participants discussed challenges AAPI parents are experiencing who may not speak English and have difficulty with technology needed for virtual learning, leaving these parents feeling helpless.

To address these challenges, participants identified the importance of cultural and linguistic competency and awareness of existing resources. Participants communicated the need for additional resources to assist with financial hardships and basic living and safety needs, such as “how to apply for EDD, how to apply for benefits... these kinds of resources available to the community.” The importance of community members sharing their existing knowledge with other community members was also emphasized. Additionally, a member of the Nepalese community encouraged outreach programs that provide education and information on ways to prevent depression and reduce anxiety, as well as culturally and linguistically competent surveys and screenings that identify mental health needs early on.

CONCLUSION AND CONSIDERATIONS

API listening session participants expressed concern that existing mental health disparities for their communities are worsening because of social distancing guidelines, which were put into place in response to the COVID-19 pandemic. Social and cultural connectedness, which often act to buffer against risk to mental wellness, is being disrupted and resulting in reports of increased mental health needs. As needs increase, so does the demand for culturally and linguistically competent mental health services. Participants also highlighted the importance of access to other types of resources such as financial assistance and access to basic living needs, which also influence mental wellness.

This listening session was one of **several sessions** organized with cultural brokers from African American, AAPII, Latinx, LGBTQ+, and Native American communities to support the Commission’s project exploring opportunities in prevention and early intervention in mental health.² A summary of each discussion, such as this document, will be disseminated, along with other material to support the project and its conclusions.

REFERENCES

1. California Department of Public Health, Office of Health Equity. (2013). Asian Pacific Islander (API) Population Report: In Our Own Words. Retrieved from https://cpehn.org/sites/default/files/api_population_report.pdf on November 4, 2020.
2. Visit www.mhsoac.ca.gov for more information.